HTA Austria
Austrian Institute for
Health Technology Assessment
GmbH

Appendix: Transition from Child and Adolescent to Adult Mental Health Services

Analysis of International Models and Recommendations for Action for Austria

Final report

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Analysis of International Models and Recommendations for Action for Austria

Vienna, October 2025

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Content

1 Inclusion Criteria for Mental Health Conditions

The inclusion of conditions for RQ2 followed a predefined rule based on three criteria: (1) elevated dropout risk or low referral rates to AMHS, (2) high disease burden or prevalence among adolescents, and (3) emergence or marked increase in prevalence during late adolescence. Data for criteria (2) and (3) were derived from the *Global Burden of Disease Study 2024: Worldwide Prevalence and Disability From Mental Disorders Across Childhood and Adolescence*.

Disorders ranking among the top four disorders in terms of years lived with disability (YLDs) or prevalence across all age groups were classified as "high burden." For criterion (3), we defined 'emerging or peaking in adolescence' using a low-baseline–aware rule. For disorders with prevalence at ages 10–14 ≥0.5%, an absolute rise of prevalence of ≥0.8 to ages 20–24 was required; for disorders with baseline <0.5%, we accepted an absolute rise of ≥0.3. The age-specific maximum had to occur at 15–19 or 20–24. Evidence for criterion (1) was drawn from peer-reviewed studies reporting dropout, referral, or service disengagement rates; each condition was coded as meeting the criterion if at least one such study identified elevated transition risk.

GBD Study: Global Prevalence of Mental Disorders Aged five to 24 Years. Adapted from Kieling C, Buchweitz C, Caye A, et al. Worldwide Prevalence and Disability From Mental Disorders Across Childhood and Adolescence: Evidence From the Global Burden of Disease Study. JAMA Psychiatry. 2024;81(4):347–356. doi:10.1001/jamapsychiatry.2023.5051.

	Prevalence % (95% UI)			
Mental Disorder	**Age 10-14**	**Age 15-19**	**Age 20-24**	**Change 10-14 to 20-24**
Anxiety Disorders	**3.35 (2.28–4.67)**	**4.34 (3.23-5.70)**	**4.58 (3.25-6.27)**	**Δ = 1,23**
ADHD	**2.87 (1.93–4.02)**	**2.26 (1.58-3.16)**	**1.61 (1.15-2.34)**	Δ = -1,26
ASD	0.41 (0.34–0.49)	0.40 (0.33-0.47)	0.38 (0.32-0.46)	Δ = -0,03
Bipolar Disorder	0.16 (0.11–0.23)	0.58 (0.40-0.80)	0.72 (0.52-0.96)	**Δ = 0,56**
Conduct Disorder	**3.27 (2.28–4.43)**	**2.00 (1.37-2.80)**	NR	Δ = -1,27
Depressive Disorders	**0.98 (0.65–1.37)**	**2.69 (2.05-3.45)**	**3.85 (2.96-4.91)**	**Δ = 2,87**
Eating Disorders	0.10 (0.07–0.16)	0.32 (0.21-0.49)	0.42 (0.26-0.62)	**Δ = 0,32**
Schizophrenia	0.01 (0–0.01)	0.07 (0.04-0.10)	0.24 (0.17-0.34)	Δ = 0,23

Explanation: This table presents the prevalence of certain mental health conditions among 10 to 24-year-olds, based on data from the Global Burden of Disease Study. The final column displays the absolute difference in prevalence (%), highlighting the disorders that have experienced the greatest increase or decrease during adolescence and early adulthood. We calculated absolute changes in prevalence (%) between age groups to identify disorders with the most pronounced increases during adolescence, and these results are intended for descriptive comparison only; no statistical testing was performed. Bolded values indicate the highest prevalence rates or the most significant increases in prevalence during adolescence and were used to inform our inclusion criteria.

Abbreviations: ADHD = Attention Deficit and Hyperactivity Disorder; ASD = Autism Spectrum Disorder; NR= not reported.

Highest years lived with disability (YLDs) contributors (10–25 years, both sexes):

- Anxiety disorders - large contributor across all age bands
- Depressive disorders - strong increase during adolescence
- Conduct disorder - prominent in early to mid-adolescence (10–19 y), decreases afterwards

- Substance use disorders - sharp increase in 15–24 y

Although substance use disorders (alcohol and drug use disorders) are classified separately from mental disorders in the Global Burden of Disease hierarchy, their inclusion is essential for a comprehensive understanding of the burden of mental health conditions. The global epidemiological importance of substance use disorder is considerable: in 2019, more than 31 million young people aged 5-24 years (1.22% of this age group) were estimated to have a substance use disorder and accounted for 4.30 million YLDs, making up 2.8% of YLDs from all causes. Notably, substance use disorders are among the top ten global contributors to YLDs, underscoring their significant disease burden.

All criteria were weighted equally, and conditions meeting at least two of the three criteria were included:

Evaluation of Inclusion for Mental Health Conditions

Condition	Key Criteria	Inclusion in Literature Search
Anxiety Disorders	High dropout rates [28] Low chances of being referred to or accepted by AMHS [25, 31, 32] High burden of disease (YLD)/prevalence rates [3] Disorders emerging/occurring in late adolescence [3]	✓
Autism Spectrum Disorder	Low chances of being referred to or accepted by AMHS [25, 32]	✗
Attention Deficit Hyperactivity Disorder	Low chances of being referred to or accepted by AMHS [25, 31, 32] High burden of disease (YLD)/prevalence rates [3]	✓
Bipolar Disorder	Disorders emerging/occurring in late adolescence [3]	✗
Conduct Disorder	Low chances of being referred to or accepted by AMHS [25, 32] High burden of disease (YLD)/prevalence rates [3]	✓
Depressive Disorders	High dropout rates [28] High burden of disease (YLD)/prevalence rates [3] Disorders emerging/occurring in late adolescence [3]	✓
Eating Disorders	Low chances of being referred to AMHS [25] Disorders emerging/occurring in late adolescence [3]	✓
Substance Use Disorders	High burden of disease (YLD)/prevalence rates [3] Disorders emerging/occurring in late adolescence [3]	✓
Schizophrenia	NA	✗

Explanation: Inclusion in Analysis: Conditions were selected if at least two predefined criteria were met: ✓ = included; ✗ = not included.

Abbreviations: NA = not applicable.

Conditions not meeting this threshold (e.g. ASD, bipolar disorder, schizophrenia) were excluded but are discussed where relevant.

2 Search Strategy Protocol

2.1 Full Search Strategy for RQ1

Complete Search Strategy per Country (RQ1)

Country	TRIP Database	Guidelines International Network	WHO MINDbank	Youth Wiki	Google/Google Scholar	National Websites of		
						Ministries of Health	Public Health Institutes	Guidelines
Australia	Date: 13.02.2025 Search String: (transitional psychiatry OR transitional care for emerging adults OR transition to adult care OR transfers OR transitions between child to adult mental health services OR transitional OR adolescent psychiatry OR transition services in mental health	Date: 13.02.2025 Search Strategy: "Transition"; "Child to adult mental health services"; "Transitional Psychiatry"; "Mental Health Transition"; "CAMHS to AMHS"; "health service transition"; "pediatric transition"; "adolescent psychiatry"; "adolescent mental health service";	Date: 13.02.2025 Search Strategy: Browse by research types/topics -> "Child and Youth Mental Health Policies, Laws, Strategies & Plans, Service Standards"; "Mental Health Policies"; "Mental Health Strategies and Plans"; "Mental Health Service Standards"; "WHO Country Profiles: Mental Health in Development	Database not suitable	Date: 19.02.2025 Search String: ("transition" OR "transitional") AND ("psychiatry" OR "health service*" OR "mental health service*") AND ("child" OR "children" OR "adolescents*" OR "emerging adults" OR "pediatric" OR "CAMHS") AND (guidelines OR strategies OR "actions plans" OR "protocols" OR "standards") AND ("Australia")	Date: 17.02.2025 Search Strategy: Australian Government - Department of Health and Aged Care (https://www.health.gov.au/about-us/the-australian-health-system) -> Publications -> Health Sector -> Mental Health & Suicide Prevention **Results: 184**	Date: 17.02.2025 Search Strategy: Australian Government - Australian Institute of Health and Welfare (https://www.aihw.gov.au/) -> Reports -> Mental Health & Children and Youth **Results: 68**	Date: 14.02.2025 Search Strategy: RACGP (https://www.racgp.org.au/) -> Clinical Resources -> Clinical Guidelines -> Mental Health & Peadiatric and child health **Results: 15**

	OR transition from child to adult mental healthcare OR transition-to-adulthood services OR pediatric adult transition in psychiatry OR transition from child to adult mental health services OR mental health service transitions OR transition care) AND Australia Filter: Guidelines **Results: 517**	"service transition"; "mental health service transition"; "transitional health services"; "transitional" Filter: Australia **Results: 0**	(WHO proMIND) & Browse by administrative region or organisation -> "Australia"; "National Resources" **Results: 47**					
Belgium	Database not country-specific, suitable only for UK and Australia	Date: 13.02.2025 Search Strategy: "Transition"; "Child to adult mental health services"; "Transitional Psychiatry"; "Mental Health Transition"; "CAMHS to AMHS"; "health service transition"; "pediatric transition"; "adolescent psychiatry";	Date: 13.02.2025 Search Strategy: Browse by research types/topics -> "Child and Youth Mental Health Policies, Laws, Strategies & Plans, Service Standards"; "Mental Health Policies"; "Mental Health Strategies and Plans"; "Mental Health Service Standards"; "WHO Country Profiles:	Date: 13.02.2025 Search Strategy: Country resources: Belgium (Flemish, French and German-Speaking-Community); Policy Field 7.5 -> mental health **Results: 11**	Date: 24.02.2025 Search String: ("transition" OR "transitional") AND ("psychiatry" OR "health service*" OR "mental health service*") AND ("child" OR "children" OR "adolescents*" OR "emerging adults" OR "pediatric" OR "CAMHS") AND (guidelines OR strategies OR "actions plans" OR "protocols"	Date: 18.02.2025 Search Strategy: Federal Public Service Health, Food Chain Safety, Environment (https://www.health.belgium.be/en) -> Publications and Research -> Health **Results: 49**	Date: 18.02.2025 Search Strategy: Sciensano (https://www.sciensano.be/en) -> Reports, publications and resources -> "transition"; "overgang"; "transitie"; "mental health"; "psychiatry2 **Results: 183**	Date: 18.02.2025 Search Strategy: Belgium Health Care Knowledge Centre (https://kce.fgov.be/en) -> Publications -> "Overgang"; "Transitie"; "Psychiatrie"; **Results: 23**

		"adolescent mental health service"; "service transition"; "mental health service transition"; "transitional health services"; "transitional" Filter: Belgium **Results: 0**	Mental Health in Development (WHO proMIND) & Browse by administrative region or organisation -> "Belgium"; "National Resources" **Results: 3**		OR "standards") AND ("Belgium") / (“overgang“ OR ”transitie”) AND (“psychiatrie“ OR “gezondheidsdienst*” OR “geestelijke gezondheidsdienst*”) AND (”kind” OR ”kinderen” OR “adolescenten*” OR “opkomende volwassenen” OR ”pediatrisch”) AND (richtlijne* OR strategieë* OR “”actieplanne*" OR “protocolle*” OR “standard*” AND ("België" OR "belgisch")			
Denmark	Database not country-specific, suitable only for UK and Australia	Date: 13.02.2025 Search Strategy: "Transition"; "Child to adult mental health services"; "Transitional Psychiatry"; "Mental Health Transition"; "CAMHS to AMHS"; "health service transition";	Date: 13.02.2025 Search Strategy: Browse by research types/topics -> "Child and Youth Mental Health Policies, Laws, Strategies & Plans, Service Standards"; "Mental Health Policies"; "Mental Health Strategies	Date: 13.02.2025 Search Strategy: Country resources: Denmark; Policy Field 7.5 -> mental health **Results: 4**	Date: 18.02.2025 Search String: ("transition" OR "transitional") AND ("psychiatry" OR "health service*" OR "mental health service*") AND ("child" OR "children" OR "adolescents*" OR "emerging adults" OR "pediatric" OR	Date: 17.02.2025 Search Strategy: Indenrigs- og Sundhedsministeriet (https://www.ism.dk/) -> health publications **Results: 172**	Date: 17.02.2025 Search Strategy: Syddansk Universitet (https://portal.findresearcher.sdu.dk/en/organisations/statens-institut-for-folkesundhed/publications/) -> Reports -> "transition to adult service*" **Results: 55**	Date: 17.02.2025 Search Strategy: Sundhedsstyrelsen (https://www.sst.dk/da/Borger) -> Publications -> Mental Disorders **Results: 64**

		"pediatric transition"; "adolescent psychiatry"; "adolescent mental health service"; "service transition"; "mental health service transition"; "transitional health services"; "transitional" Filter: Denmark **Results: 0**	and Plans"; "Mental Health Service Standards"; "WHO Country Profiles: Mental Health in Development (WHO proMIND) & Browse by administrative region or organisation -> "Denmark", "National Resources" **Results: 7**		"CAMHS") AND (guidelines OR strategies OR "actions plans" OR "protocols" OR "standards") AND ("denmark" OR "danish") / ("overgang" OR "transitie") AND ("psykiatri" OR "sundhedstjeneste*" OR "mental sundhedstjeneste*" OR "psykisk sundhedstjeneste*" OR "mental sundhedstjeneste*") AND ("barn" OR "børn" OR "unge*" OR "teenagere*" OR "nye voksne" OR "pædiatrisk") AND ("retningslinjer" OR "strategier" OR "handlingsplaner" OR "protokoller" OR "standarder") AND ("danmark" OR "dansk")			

Germany	Database not country-specific, suitable only for UK and Australia	Date: 13.02.2025 Search Strategy: "Transition" Filter: Germany **Results: 4**	Date: 13.02.2025 Search Strategy: Browse by research types/topics -> "Child and Youth Mental Health Policies, Laws, Strategies & Plans, Service Standards"; "Mental Health Policies"; "Mental Health Strategies and Plans"; "Mental Health Service Standards"; "WHO Country Profiles: Mental Health in Development (WHO proMIND) & Browse by administrative region or organisation -> "Germany"; "National Resources" **Results: 5**	Date: 13.02.2025 Search Strategy: Country resources: Germany; Policy Field 7.5 -> mental health **Results: 6**	Date: 19.02.2025 Search String: ("transition" OR "transitional") AND ("psychiatry" OR "health service*" OR "mental health service*") AND ("child" OR "children" OR "adolescents*" OR "emerging adults" OR "pediatric" OR "CAMHS") AND (guidelines OR strategies OR "actions plans" OR "protocols" OR "standards") AND ("Germany" OR "german") / ("Transition" OR "Übergang") AND ("Psychiatrie" OR "Gesundheitsdienste" OR "Mentale Gesundheitsdienste") AND ("Kind" OR "Kinder" OR "Jugendliche" OR "pädiatrisch*" OR "KJP") AND (Richtlinie* OR Strategie* OR "Aktionspläne" OR	Date: 14.02.2025 Search Strategy: Bundesministerium (https://www.bundesgesundheitsministerium.de/) -> Publications: "Transition"; "Übergang"; "Transitionspsychiatrie"; "Psychisch" **Results: 81**	Date: 14.02.2025 Search Strategy: Deutsche Gesellschaft für Public Health (https://www.dgph.info/) -> Publikationen **Results: 27**	Date: 14.02.2025 Search Strategy: AWMF (https://register.awmf.org/de/start) Leitliniensuche: "Transition"; **Results: 145**

					"Aktionsplan" OR "Protokoll*" OR "Standard*") AND ("Deutschland" OR "deutsch")			
Netherlands	Database not country-specific, suitable only for UK and Australia	Date: 13.02.2025 Search Strategy: "Transition"; "Child to adult mental health services"; "Transitional Psychiatry"; "Mental Health Transition"; "CAMHS to AMHS"; "health service transition"; "pediatric transition"; "adolescent psychiatry"; "adolescent mental health service"; "service transition"; "mental health service transition"; "transitional health services"; "transitional" Filter: Netherlands **Results: 0**	Date: 13.02.2025 Search Strategy: Browse by research types/topics -> "Child and Youth Mental Health Policies, Laws, Strategies & Plans, Service Standards"; "Mental Health Policies"; "Mental Health Strategies and Plans"; "Mental Health Service Standards"; "WHO Country Profiles: Mental Health in Development (WHO proMIND) & Browse by administrative region or organisation -> "Netherlands"; "National	Date: 13.02.2025 Search Strategy: Country resources: Netherlands; Policy Field 7.5 -> mental health **Results: 7**	Date: 24.02.2025 Search String: ("transition" OR "transitional") AND ("psychiatry" OR "health service*" OR "mental health service*") AND ("child" OR "children" OR "adolescents*" OR "emerging adults" OR "pediatric" OR "CAMHS") AND (guidelines OR strategies OR "actions plans" OR "protocols" OR "standards") AND ("Netherlands" OR "dutch") / (“overgang“ OR “transitie”) AND (“psychiatrie“ OR “gezondheidsdienst*” OR “geestelijke gezondheidsdienst*”)	Date: 17.02.2025 Search Strategy: Ministry of Health, Welfare and Sport (https://www.government.nl/ministries/ministry-of-health-welfare-and-sport) -> Documents -> Mental Health "Overgang" **Results: 3**	Date: 18.02.2025 Search Strategy: National Institute for Public Health and Environment (https://www.rivm.nl/en) -> Publications -> ("mental health" AND "adolescents"/"children"); ("transition"); ("overgang"); ("geestelijke gezondheid" **Results: 141**	Date: 18.02.2025 Search Strategy: Richtlijnendatabase (https://richtlijnendatabase.nl/) -> "overgang"; **Results: 128**

			Resources" **Results: 6**		AND (”kind” OR ”kinderen” OR “adolescenten*” OR “opkomende volwassenen“ OR “pediatrisch”) AND (richtlijne* OR strategieë* OR ””actieplanne*" OR “protocolle*” OR “standard*” AND (“Nederland” OR “nederlands”)			
Switzerland	Database not country-specific, suitable only for UK and Australia	Database not suitable	Date: 10.03.2025 Search Strategy: Browse by research types/topics -> "Child and Youth Mental Health Policies, Laws, Strategies & Plans, Service Standards"; "Mental Health Policies"; "Mental Health Strategies and Plans"; "Mental Health Service Standards"; "WHO Country Profiles: Mental Health in Development (WHO proMIND) & Browse by	Database not suitable	Date: 10.03.2025 Search String: ("transition" OR "transitional") AND ("psychiatry" OR "health service*" OR "mental health service*") AND ("child" OR "children" OR "adolescents*" OR "emerging adults" OR "pediatric" OR "CAMHS") AND (guidelines OR strategies OR "actions plans" OR "protocols" OR "standards") AND ("switzerland" OR "swiss") / ("Transition" OR	Date: 10.03.2025 Search Strategy: Bundesamt für Gesundheit BAG (https://www.bag.admin.ch/bag/de/home.html) -> Publications -> Evaluationsberichte, Tätigkeitsberichte, Bundesratberichte, Broschüren und Poster -> Gesundheitsversorgung, Nichtübertragbare Krankheiten und Sucht, Berichte über die Aktivitäten des	Date: 10.03.2025 Search Strategy: Swiss Tropical and Public Health Institute (https://www.dgph.info/) -> Publikationen -> "transition", **Results: 36**	Date: 10.03.2025 Search Strategy: Online-Plattform "Guidelines Schewiz" (https://guidelines.fmh.ch/?l=1&c=625&jsessionid=_7a50e56c-d866-42dc-8f25-c679d26fbe9a_0) Leitliniensuche -> Fachrichtung: Kinder- und Jugendpsychiatrie, Kinder- und Jugendmedizin, Psychiatrie und Psychotherapie **Results: 5**

			administrative region or organisation -> "Switzerland"; "National Resources" **Results: 0**		"Übergang") AND ("Psychiatrie" OR "Gesundheitsdienste" OR "Mentale Gesundheitsdienste") AND ("Kind" OR "Kinder" OR "Jugendliche" OR "pädiatrisch*" OR "KJP") AND (Richtlinie* OR Strategie* OR "Aktionspläne" OR "Aktionsplan" OR "Protokoll*" OR "Standard*") AND ("Schweiz" OR "schweizer*")	BAG für die Gesundheit von Kindern und Jugendlichen, **Results: 254**		

United Kingdom	Date: 13.02.2025 Search String: (transitional psychiatry OR transitional care for emerging adults OR transition to adult care OR transfers OR transitions between child to adult mental health services OR transitional OR adolescent psychiatry OR transition services in mental health OR transition from child to adult mental healthcare OR transition-to-adulthood services OR pediatric adult transition in psychiatry OR transition from child to adult mental health services OR mental health service transitions OR transition care) AND UK	Date: 13.02.2025 Search String: "Transition" Filter: UK **Results: 3**	Date: 13.02.2025 Search Strategy: Browse by research types/topics -> "Child and Youth Mental Health Policies, Laws, Strategies & Plans, Service Standards"; "Mental Health Policies"; "Mental Health Strategies and Plans"; "Mental Health Service Standards"; "WHO Country Profiles: Mental Health in Development (WHO proMIND) & Browse by administrative region or organisation -> "United Kingdom"; "National Resources" **Results: 15**	Database not suitable	Date: 18.02.2025 Search String: ("transition" OR "transitional") AND ("psychiatry" OR "health service*" OR "mental health service*") AND ("child" OR "children" OR "adolescents*" OR "emerging adults" OR "pediatric" OR "CAMHS") AND (guidelines OR strategies OR "actions plans" OR "protocols" OR "standards") AND ("UK" OR "United Kingdom" OR "England")	Date: 14.02.2025 Search Strategy: NHS England (https://www.england.nhs.uk/) -> publications -> Mental Health & Department of Health and Social Care (https://www.gov.uk/government/organisations/department-of-health-and-social-care) -> Guidance and regulation / Research and statistics / Policy Papers and consultations: "Transition" **Results: 379**	Date: 14.02.2025 Search Strategy: UK Health Security Agency (gov.uk/ukhsa) -> Research Output: "Transition" "Transitional Psychiatry" "Paediatric to Adult Services" **Results: 237**	Date: 14.02.2025 Search Strategy: NICE (https://www.nice.org.uk/)-> NICE Guidance ->Health and social care delivery -> Service transition -> Guidance & Quality Standards **Results: 5**

	Filter: Guidelines **Results: 801**							

Cross-National	Date: 24.02.2025 Search String: (transitional psychiatry OR transitional care for emerging adults OR transition to adult care OR transfers OR transitions between child to adult mental health services OR transitional OR adolescent psychiatry OR transition services in mental health OR transition from child to adult mental healthcare OR transition-to-adulthood services OR pediatric adult transition in psychiatry OR transition from child to adult mental health services OR mental health service transitions OR transition care) AND Europe	Date: 24.02.2025 Search Strategy: "Transition"; "Child to adult mental health services"; "Transitional Psychiatry"; "Mental Health Transition"; "CAMHS to AMHS"; "health service transition"; "pediatric transition"; "adolescent psychiatry"; "adolescent mental health service"; "service transition"; "mental health service transition"; "transitional health services"; "transitional" Filter: WHO **Results: 0**	Date: 24.02.2025 Search Strategy: Browse by WHO Resources -> "WHO Global Strategies and Action Plans" & "WHO Regional Strategies and Action Plans" **Results: 49**	Database not suitable	Date: 24.02.2025 Search String: ("transition" OR "transitional") AND ("psychiatry" OR "health service*" OR "mental health service*") AND ("child" OR "children" OR "adolescents*" OR "emerging adults" OR "pediatric" OR "CAMHS") AND (guidelines OR strategies OR "actions plans" OR "protocols" OR "standards") AND ("WHO" OR "world health organization" OR "OECD" OR "Organisation for Economic Co-operation and Development" OR "UNICEF" OR "United Nations International Children's Emergency Fund")	Date: 24.02.2025 Search Strategy: WHO int. & WHO Europe -> Publications -> "Mental Health"; "Adolescent Health"; "Adolescent mental health"; "Child Health" **Results: 440**	Date: 24.02.2025 Search Strategy: Publications -> Policy Papers and briefs; Reports and research papers -> "Health" -> "Mental Health"; " **Results: 36**	Date: 24.02.2025 Search Strategy: UNICEF & UNICEF Data -> Publications -> "health" / "Adolescents" -> "Accessibility and inclusivity"; "Adolescent and youth participation"; "Adolescent health and development"; "Adolescents Mental health"; Filter: Annual report, Article, Document, Programme, Report **Results: 88** Screening of Title/Abstract (if available), rapid screening of potential documents with search function of Keywords like "transition" or "mental health"

	Filter: Guidelines **Results: 621**							
Austria	Database not country-specific, suitable only for UK and Australia	Database not suitable	Date: 05.03.2025 Search Strategy: Browse by research types/topics -> "Child and Youth Mental Health Policies, Laws, Strategies & Plans, Service Standards"; "Mental Health Policies"; "Mental Health Strategies and Plans"; "Mental Health Service Standards"; "WHO Country Profiles:	Date: 05.03.2025 Search Strategy: Country resources: Denmark; Policy Field 7.5 -> mental health **Results: 2**	Date: 06.03.2025 Search String: ("transition" OR "transitional") AND ("psychiatry" OR "health service*" OR "mental health service*") AND ("child" OR "children" OR "adolescents*" OR "emerging adults" OR "pediatric" OR "CAMHS") AND (guidelines OR strategies OR "actions plans" OR "protocols"	Date: 06.03.2025 Search Strategy: Bundesministerium für Soziales, Gesundheit, Pflege und Konsumentenschutz (https://www.sozialministerium.at/) -> Themen -> Gesundheit -> "Kinder- und Jugendgesundheit"; "Adolescent Health";	Date: 05.03.2025 Search Strategy: Publications -> "Psychosocial Health"; " **Results: 150**	Date: 06.03.2025 Search Strategy: Österreichische Gesellschaft für Kinder- und Jugendpsychiatrie -> Journal "Neuropsychiatrie" -> Keywords: (Transition OR Transitionspsychiatrie) **Results: 29**

			Mental Health in Development (WHO proMIND) & Browse by administrative region or organisation -> "United Kingdom"; "National Resources" **Results: 1**		OR "standards") AND (Austria OR austrian) ("Transition" OR "Übergang") AND ("Psychiatrie" OR "Gesundheitsdienste" OR "Mentale Gesundheitsdienste") AND ("Kind" OR "Kinder" OR "Jugendliche" OR "pädiatrisch*" OR "KJP") AND (Richtlinie* OR Strategie* OR "Aktionspläne" OR "Aktionsplan" OR "Protokoll*" OR "Standard*") AND ("Österreich" OR "österreichisch*")	"Adolescent mental health"; "Child Health"		

2.2 Full Search Strategy for RQ2

Complete Search Strategy per Country (RQ2)

Country	TRIP Database	Guidelines International Network	WHO MINDbank	Youth Wiki	Google/Google Scholar	National Websites of		
						Ministries of Health	Public Health Institutes	Guidelines

Australia	Date: 05.03.2025 Search String: (transitional psychiatry OR transitional care for emerging adults OR transition to adult care OR transfers OR transitions between child to adult mental health services OR transitional OR adolescent psychiatry OR transition services in mental health OR transition from child to adult mental healthcare OR transition-to-adulthood services OR pediatric adult transition in psychiatry OR transition from child to adult mental health services OR mental health service transitions OR transition care) AND (UK OR United	Date: 05.03.2025 Search Strategy: "Transition"; "Child to adult mental health services"; "Transitional Psychiatry"; "Mental Health Transition"; "CAMHS to AMHS"; "health service transition"; "pediatric transition"; "adolescent psychiatry"; "adolescent mental health service"; "service transition"; "mental health service transition"; "transitional health services"; "transitional"; "ADHD"; "Depression"; "eating disorder"; "substance abuse"; "anxiety"; "conduct disorder" Filter: Australia **Results: 13**	Date: 05.03.2025 Search Strategy: Browse by research types/topics -> "Child and Youth Mental Health Policies, Laws, Strategies & Plans, Service Standards"; "Mental Health Policies"; "Mental Health Strategies and Plans"; "Mental Health Service Standards"; "WHO Country Profiles: Mental Health in Development (WHO proMIND) & Browse by administrative region or organisation -> "Australia"; "National Resources" **Results: 47**	Database not suitable	Date: 06.03.2025 Search String: ("transition" OR "transitional") AND ("psychiatry" OR "health service*" OR "mental health service*") AND ("child" OR "children" OR "adolescents*" OR "emerging adults" OR "pediatric" OR "CAMHS") AND (guidelines OR strategies OR "actions plans" OR "protocols" OR "standards") AND ("Australia") AND (Depression OR Depressive OR Anxiety OR ADHD OR "attention deficit hyperactivity" OR "conduct disorder" OR "substance abuse" OR "eating disorder")	Date: 07.03.2025 Search Strategy: Australian Government - Department of Health and Aged Care (https://www.health.gov.au/about-us/the-australian-health-system) -> Publications -> Health Sector -> Mental Health & Suicide Prevention **Results: 184**	Date: 07.03.2025 Search Strategy: Australian Government - Australian Institute of Health and Welfare (https://www.aihw.gov.au/) -> Reports -> Mental Health & Children and Youth **Results: 68**	Date: 07.03.2025 Search Strategy: RACGP (https://www.racgp.org.au/) -> Clinical Resources -> Clinical Guidelines -> Mental Health & Peadiatric and child health **Results: 15**

	Kingdom) AND (depression OR anxiety OR conduct disorder OR eating disorder OR substance abuse OR ADHD) Filter: Guidelines **Results: 512**							
Belgium	Database not country-specific, suitable only for UK and Australia	Date: 05.03.2025 Search Strategy: "Transition"; "Child to adult mental health services"; "Transitional Psychiatry"; "Mental Health Transition"; "CAMHS to AMHS"; "health service transition"; "pediatric transition"; "adolescent psychiatry"; "adolescent mental health service"; "service transition"; "mental health service transition";	Date: 05.03.2025 Search Strategy: Browse by research types/topics -> "Child and Youth Mental Health Policies, Laws, Strategies & Plans, Service Standards"; "Mental Health Policies"; "Mental Health Strategies and Plans"; "Mental Health Service Standards"; "WHO Country Profiles: Mental Health in Development (WHO proMIND) & Browse by	Date: 05.03.2025 Search Strategy: Country resources: Belgium (Flemish, French and German-Speaking-Community); Policy Field 7.5 -> mental health **Results: 11**	Date: 06.03.2025 Search String: ("transition" OR "transitional") AND ("psychiatry" OR "health service*" OR "mental health service*") AND ("child" OR "children" OR "adolescents*" OR "emerging adults" OR "pediatric" OR "CAMHS") AND (guidelines OR strategies OR "actions plans" OR "protocols" OR "standards") AND ("Belgium") AND (Depression OR Depressive OR Anxiety OR ADHD OR	Date: 07.03.2025 Search Strategy: Federal Public Service Health, Food Chain Safety, Environment (https://www.health.belgium.be/en) -> Publications and Research -> Health **Results: 49**	Date: 07.03.2025 Search Strategy: Sciensano (https://www.sciensano.be/en) -> Reports, publications and resources -> "mental health" **Results: 52**	Date: 07.03.2025 Search Strategy: Belgium Health Care Knowledge Centre (https://kce.fgov.be/en) -> Publications -> "Overgang"; "Transitie"; “Psychiatrie“; “Depressie“ “Angs“ “ADHD“ “gedragsstoornis” “middelenmisbruik” “eetstoornis” **Results: 35**

		"transitional health services"; "transitional"; "ADHD"; "Depression"; "eating disorder"; "substance abuse"; "anxiety"; "conduct disorder" Filter: Belgium **Results: 7**	administrative region or organisation -> "Belgium"; "National Resources" **Results: 5**		"attention deficit hyperactivity" OR "conduct disorder" OR "substance abuse" OR "eating disorder") / (“overgang“ OR ”transitie”) AND (“psychiatrie“ OR “gezondheidsdienst*” OR “geestelijke gezondheidsdienst*“) AND (”kind” OR ”kinderen” OR “adolescenten*” OR “opkomende volwassenen“ OR ”pediatrisch”) AND (richtlijne* OR strategieë* OR ““actieplanne*" OR “protocolle*” OR “standard*” AND ("belgië" OR "belgisch") AND (Depressie OR Depressief OR Angst OR ADHD OR “aandachtstekort-hyperactiviteit” OR “gedragsstoornis” OR “middelenmisbruik” OR “eetstoornis”)			

Denmark	Database not country-specific, suitable only for UK and Australia	Date: 05.03.2025 Search Strategy: "Transition"; "Child to adult mental health services"; "Transitional Psychiatry"; "Mental Health Transition"; "CAMHS to AMHS"; "health service transition"; "pediatric transition"; "adolescent psychiatry"; "adolescent mental health service"; "service transition"; "mental health service transition"; "transitional health services"; "transitional"; "ADHD"; "Depression"; "adfærdsforstyrrelse"; "Stofmisbrug"; "stoffer" "eating disorder"; "anxiety" "conduct disorder" Filter: Denmark **Results: 24**	Date: 05.03.2025 Search Strategy: Browse by research types/topics -> "Child and Youth Mental Health Policies, Laws, Strategies & Plans, Service Standards"; "Mental Health Policies"; "Mental Health Strategies and Plans"; "Mental Health Service Standards"; "WHO Country Profiles: Mental Health in Development (WHO proMIND) & Browse by administrative region or organisation -> "Denmark", "National Resources" **Results: 7**	Date: 05.03.2025 Search Strategy: Country resources: Denmark; Policy Field 7.5 -> mental health **Results: 4**	Date: 06.03.2025 Search String: ("transition" OR "transitional") AND ("psychiatry" OR "health service*" OR "mental health service*") AND ("child" OR "children" OR "adolescents*" OR "emerging adults" OR "pediatric" OR "CAMHS") AND (guidelines OR strategies OR "actions plans" OR "protocols" OR "standards") AND ("denmark" OR "danish") AND (Depression OR Depressive OR Anxiety OR ADHD OR "attention deficit hyperactivity" OR "conduct disorder" OR "substance abuse" OR "eating disorder") / ("overgang" OR "transitie") AND ("psykiatri" OR "sundhedstjeneste*" OR "mental sundhedstjeneste*"	Date: 07.03.2025 Search Strategy: Indenrigs- og Sundhedsministeriet (https://www.ism.dk/) -> health publications **Results: 172**	Date: 07.03.2025 Search Strategy: Syddansk Universitet (https://portal.findresearcher.sdu.dk/en/organisations/statens-institut-for-folkesundhed/publications/) -> Reports -> "Transition to adult AND (ADHD OR eating disorder OR conduct disorder OR anxiety OR depression OR substance abuse) **Results: 102**	Date: 07.03.2025 Search Strategy: Sundhedsstyrelsen (https://www.sst.dk/da/Borger) -> Publications -> Mental Disorders **Results: 150**

					OR "psykisk sundhedstjeneste*" OR "mental sundhedstjeneste*") AND ("barn" OR "børn" OR "unge*" OR "teenagere*" OR "nye voksne" OR "pædiatrisk") AND ("retningslinjer" OR "strategier" OR "handlingsplaner" OR "protokoller" OR "standarder") AND ("danmark" OR "dansk") AND (Depression OR Depressiv OR Angst OR ADHD OR "opmærksomhedsunderskud og hyperaktivitet" OR "adfærdsforstyrrelse" OR stofmisbrug OR spiseforstyrrelse)			
Germany	Database not country-specific, suitable only for UK and Australia	Date: 05.03.2025 Search Strategy: "Transition"; "Child to adult mental health services"; "Transitional Psychiatry"; "Mental Health Transition";	Date: 05.03.2025 Search Strategy: Browse by research types/topics -> "Child and Youth Mental Health Policies, Laws, Strategies & Plans, Service Standards";	Date: 05.03.2025 Search Strategy: Country resources: Germany; Policy Field 7.5 -> mental health **Results: 6**	Date: 06.03.2025 Search String: ("transition" OR "transitional") AND ("psychiatry" OR "health service*" OR "mental health service*") AND ("child" OR "children"	Date: 07.03.2025 Search Strategy: Bundesministerium (https://www.bundesgesundheitsministerium.de/) -> Publications: "Transition"; "ADHS";	Date: 07.03.2025 Search Strategy: Deutsche Gesellschaft für Public Health (https://www.dgph.info/) -> Publikationen **Results: 27**	Date: 07.03.2025 Search Strategy: AWMF (https://register.awmf.org/de/start) Leitliniensuche: "Transition, ADHS"; "Transition, Depression";

		"CAMHS to AMHS"; "health service transition"; "pediatric transition"; "adolescent psychiatry"; "adolescent mental health service"; "service transition"; "mental health service transition"; "transitional health services"; "transitional"; "ADHD"; "Depression"; "eating disorder"; "substance abuse"; "anxiety"; "conduct disorder" Filter: Germany **Results: 13**	"Mental Health Policies"; "Mental Health Strategies and Plans"; "Mental Health Service Standards"; "WHO Country Profiles: Mental Health in Development (WHO proMIND) & Browse by administrative region or organisation -> "Germany"; "National Resources" **Results: 13**		OR "adolescents*" OR "emerging adults" OR "pediatric" OR "CAMHS") AND (guidelines OR strategies OR "actions plans" OR "protocols" OR "standards") AND ("Germany" OR "german") AND (Depression OR Depressive OR Anxiety OR ADHD OR "attention deficit hyperactivity" OR "conduct disorder" OR "substance abuse" OR "eating disorder") / ("Transition" OR "Übergang") AND ("Psychiatrie" OR "Gesundheitsdienste" OR "Mentale Gesundheitsdienste") AND ("Kind" OR "Kinder" OR "Jugendliche" OR "pädiatrisch*" OR "KJP") AND (Richtlinie* OR Strategie* OR "Aktionspläne" OR "Aktionsplan" OR	"Depression"; "Angststörung", "Verhaltensstörung", "Essstörung", "Substanzmissbrauch" **Results: 22**		"Angststörung"; "Verhaltensstörung"; "Substanzmissbrauch"; "Essstörung" **Results: 307**

					"Protokoll*" OR "Standard*") AND ("Deutschland" OR "deutsch") AND (Depression OR Angststörung* OR ADHS OR "Aufmerksamkeitsdefizit-Hyperaktivität" OR "Verhaltensstörung" OR "Substanzmissbrauch" OR "Essstörung")			
Netherlands	Database not country-specific, suitable only for UK and Australia	Date: 05.03.2025 Search Strategy: "Transition"; "Child to adult mental health services"; "Transitional Psychiatry"; "Mental Health Transition"; "CAMHS to AMHS"; "health service transition"; "pediatric transition"; "adolescent psychiatry"; "adolescent mental health service"; "service transition"; "mental health	Date: 05.03.2025 Search Strategy: Browse by research types/topics -> "Child and Youth Mental Health Policies, Laws, Strategies & Plans, Service Standards"; "Mental Health Policies"; "Mental Health Strategies and Plans"; "Mental Health Service Standards"; "WHO Country Profiles: Mental Health in Development (WHO proMIND) &	Date: 05.03.2025 Search Strategy: Country resources: Netherlands; Policy Field 7.5 -> mental health **Results: 7**	Date: 06.03.2025 Search String: ("transition" OR "transitional") AND ("psychiatry" OR "health service*" OR "mental health service*") AND ("child" OR "children" OR "adolescents*" OR "emerging adults" OR "pediatric" OR "CAMHS") AND (guidelines OR strategies OR "actions plans" OR "protocols" OR "standards") AND ("Netherlands" OR "dutch") AND (Depression OR	Date: 07.03.2025 Search Strategy: Ministry of Health, Welfare and Sport (https://www.government.nl/ministries/ministry-of-health-welfare-and-sport) -> Documents -> Mental Healthcare **Results: 3**	Date: 18.02.2025 Search Strategy: National Institute for Public Health and Environment (https://www.rivm.nl/en) -> Publications -> "Transition, ADHD, anxiety, depression, substance abuse, eating disorder, conduct disorder"; **Results: 442**	Date: 07.03.2025 Search Strategy: Richtlijnendatabase (https://richtlijnendatabase.nl/) -> "overgang"; **Results: 130**

		service transition"; "transitional health services"; "transitional"; "ADHD"; "Depression"; "eating disorder"; "substance abuse"; "anxiety"; "conduct disorder" Filter: Netherlands **Results: 7**	Browse by administrative region or organisation -> "Netherlands"; "National Resources" **Results: 3**		Depressive OR Anxiety OR ADHD OR "attention deficit hyperactivity" OR "conduct disorder" OR "substance abuse" OR "eating disorder") / (“overgang“ OR “transitie”) AND (“psychiatrie“ OR ”gezondheidsdienst*” OR “geestelijke gezondheidsdienst*”) AND (”kind” OR ”kinderen” OR “adolescenten*” OR “opkomende volwassenen“ OR “pediatrisch”) AND (richtlijne* OR strategieë* OR ””actieplanne*" OR “protocolle*” OR “standard*” AND (“Nederland” OR “nederlands”) AND (Depressie OR Depressief OR Angst OR ADHD OR “aandachtstekort-hyperactiviteit” OR “gedragsstoornis” OR			

					"middelenmisbruik" OR "eetstoornis")			
Switzerland	Database not country-specific, suitable only for UK and Australia	Database not suitable	Date: 10.03.2025 Search Strategy: Browse by research types/topics -> "Child and Youth Mental Health Policies, Laws, Strategies & Plans, Service Standards"; "Mental Health Policies"; "Mental Health Strategies and Plans"; "Mental Health Service Standards"; "WHO Country Profiles: Mental Health in Development (WHO proMIND) & Browse by administrative region or organisation -> "Switzerland"; "National	Database not suitable	Date: 10.03.2025 Search String: ("transition" OR "transitional") AND ("psychiatry" OR "health service*" OR "mental health service*") AND ("child" OR "children" OR "adolescents*" OR "emerging adults" OR "pediatric" OR "CAMHS") AND (guidelines OR strategies OR "actions plans" OR "protocols" OR "standards") AND ("switzerland" OR "swiss") AND (Depression OR Depressive OR Anxiety OR ADHD OR "attention deficit hyperactivity" OR "conduct disorder" OR "substance abuse"	Date: 10.03.2025 Search Strategy: Bundesamt für Gesundheit BAG (https://www.bag.admin.ch/bag/de/home.html) -> Publications -> Evaluationsberichte, Tätigkeitsberichte, Bundesratberichte, Broschüren und Poster -> Gesundheitsversorgung, Nichtübertragbare Krankheiten und Sucht, Berichte über die Aktivitäten des BAG für die Gesundheit von Kindern und Jugendlichen, **Results: 254**	Date: 10.03.2025 Search Strategy: Swiss Tropical and Public Health Institute (https://www.swisstph.ch/en/) -> Publikationen -> "ADHD", "attention deficit hyperactivity", "anxiety", "conduct disorder", "substance abuse" **Results: 32**	Date: 10.03.2025 Search Strategy: Online-Plattform "Guidelines Schweiz" (https://guidelines.fmh.ch/?l=1&c=625&jsessionid=_7a50e56c-d866-42dc-8f25-c679d26fbe9a_0) Leitliniensuche -> Fachrichtung: Kinder- und Jugendpsychiatrie, Kinder- und Jugendmedizin, Psychiatrie und Psychotherapie **Results: 5**

			Resources" **Results: 0**		OR "eating disorder") / ("Transition" OR "Übergang") AND ("Psychiatrie" OR "Gesundheitsdienste" OR "Mentale Gesundheitsdienste") AND ("Kind" OR "Kinder" OR "Jugendliche" OR "pädiatrisch*" OR "KJP") AND (Richtlinie* OR Strategie* OR "Aktionspläne" OR "Aktionsplan" OR "Protokoll*" OR "Standard*") AND ("Schweiz" OR "schweizer*")			

United Kingdom	Date: 05.03.2025 Search String: (transitional psychiatry OR transitional care for emerging adults OR transition to adult care OR transfers OR transitions between child to adult mental health services OR transitional OR adolescent psychiatry OR transition services in mental health OR transition from child to adult mental healthcare OR transition-to-adulthood services OR pediatric adult transition in psychiatry OR transition from child to adult mental health services OR mental health service transitions OR transition care) AND UK AND	Date: 05.03.2025 Search Strategy: "Transition"; "Child to adult mental health services"; "Transitional Psychiatry"; "Mental Health Transition"; "CAMHS to AMHS"; "health service transition"; "pediatric transition"; "adolescent psychiatry"; "adolescent mental health service"; "service transition"; "mental health service transition"; "transitional health services"; "transitional"; "ADHD"; "Depression"; "eating disorder"; "substance abuse"; "anxiety" "conduct disorder" Filter: UK **Results: 40**	Date: 05.03.2025 Search Strategy: Browse by research types/topics -> "Child and Youth Mental Health Policies, Laws, Strategies & Plans, Service Standards"; "Mental Health Policies"; "Mental Health Strategies and Plans"; "Mental Health Service Standards"; "WHO Country Profiles: Mental Health in Development (WHO proMIND) & Browse by administrative region or organisation -> "United Kingdom"; "National Resources" **Results: 15**	Database not suitable	Date: 06.03.2025 Search String: ("transition" OR "transitional") AND ("psychiatry" OR "health service*" OR "mental health service*") AND ("child" OR "children" OR "adolescents*" OR "emerging adults" OR "pediatric" OR "CAMHS") AND (guidelines OR strategies OR "actions plans" OR "protocols" OR "standards") AND ("UK" OR "united kingdom" OR "england") AND (Depression OR Depressive OR Anxiety OR ADHD OR "attention deficit hyperactivity" OR "conduct disorder" OR "substance abuse" OR "eating disorder")	Date: 07.03.2025 Search Strategy: NHS England (https://www.england.nhs.uk/) -> publications -> Mental Health & Department of Health and Social Care (https://www.gov.uk/government/organisations/department-of-health-and-social-care) -> Guidance and regulation / Research and statistics / Policy Papers and consultations: "Transition" **Results: 681**	Date: 07.03.2025 Search Strategy: UK Health Security Agency (gov.uk/ukhsa) -> Research Output: "Transition" "Transitional Psychiatry" "Pediatric to Adult Services" **Results: 237**	Date: 07.03.2025 Search Strategy: NICE (https://www.nice.org.uk/)-> NICE Guidance ->Mental health, behavioral and neurodevelopmental conditions ->Alcohol Use Disorder, Addiction, Anxiety, Attention Deficit Disorder, Depression, Drug Misuse, Eating Disorder, Personality Disorder -> Guidance & Quality Standards **Results: 57**

	(depression OR anxiety OR conduct disorder OR eating disorder OR substance abuse OR ADHD) Filter: Guidelines **Results: 809**							
Cross-National	Date: 05.03.2025 Search String: (transitional psychiatry OR transitional care for emerging adults OR transition to adult care OR transfers OR transitions between child to adult mental health services OR transitional OR adolescent psychiatry OR transition services in mental health OR transition from	Date: 05.03.2025 Search Strategy: "Transition"; "Child to adult mental health services"; "Transitional Psychiatry"; "Mental Health Transition"; "CAMHS to AMHS"; "health service transition"; "pediatric transition"; "adolescent psychiatry"; "adolescent mental health service"; "service transition";	Date: 05.03.2025 Search Strategy: Browse by WHO Resources -> "WHO Global Strategies and Action Plans" & "WHO Regional Strategies and Action Plans" **Results: 49**	Database not suitable	Date: 06.03.2025 Search String: ("transition" OR "transitional") AND ("psychiatry" OR "health service*" OR "mental health service*") AND ("child" OR "children" OR "adolescents*" OR "emerging adults" OR "pediatric" OR "CAMHS") AND (guidelines OR strategies OR "actions plans" OR "protocols" OR "standards") AND ("WHO" OR "world health organization"	Date: 24.02.2025 Search Strategy: WHO int. & WHO Europe -> Publications -> "Mental Health"; "Adolescent Health"; "Adolescent mental health"; "Child Health" **Results: 322**	Date: 24.02.2025 Search Strategy: Publications -> Policy Papers and briefs; Reports and research papers -> "Health" -> "Mental Health"; " **Results: 36**	Date: 07.03.2025 Search Strategy: UNICEF & UNICEF Data -> Publications -> "health" / Filter: Country profiles, Guidance, Article, Publications **Results: 195**

	child to adult mental healthcare OR transition-to-adulthood services OR pediatric adult transition in psychiatry OR transition from child to adult mental health services OR mental health service transitions OR transition care) AND (WHO OR OECD OR UNICEF) AND (depression OR anxiety OR conduct disorder OR eating disorder OR substance abuse OR ADHD) Filter: Guidelines **Results: 1246**	"mental health service transition"; "transitional health services"; "transitional"; "ADHD"; "Depression"; "eating disorder"; "substance abuse"; "anxiety" "conduct disorder" Filter: WHO **Results: 0**			OR "OECD" OR "Organisation for Economic Co-operation and Development" OR "UNICEF" OR "United Nations International Children's Emergency Fund") AND (Depression OR Depressive OR Anxiety OR ADHD OR "attention deficit hyperactivity" OR "conduct disorder" OR "substance abuse" OR "eating disorder")			

2.3 Literature Search Results

For RQ1, the search yielded a total of 72 documents across seven countries and one cross-national category (after de-duplication). The United Kingdom produced the highest number of results (n = 25), followed by Australia (n = 16), Denmark (n = 9), and Switzerland (n = 6). Fewer results were identified for Belgium, the Netherlands, and Germany, each yielding four results. Cross-national sources also yielded a total of four results. The relatively high yield in the UK and Australia may correspond with their earlier recognition of transitional care as a policy priority. For RQ2, a total of 26 documents were identified for screening (after de-duplication). The UK (n = 10) accounted for the majority of findings, followed by Denmark (n = 6), the Netherlands (n = 5), Germany (n = 3), and Australia (n = 2). Other countries, such as Switzerland, Belgium, and cross-national categories, yielded no eligible hits.

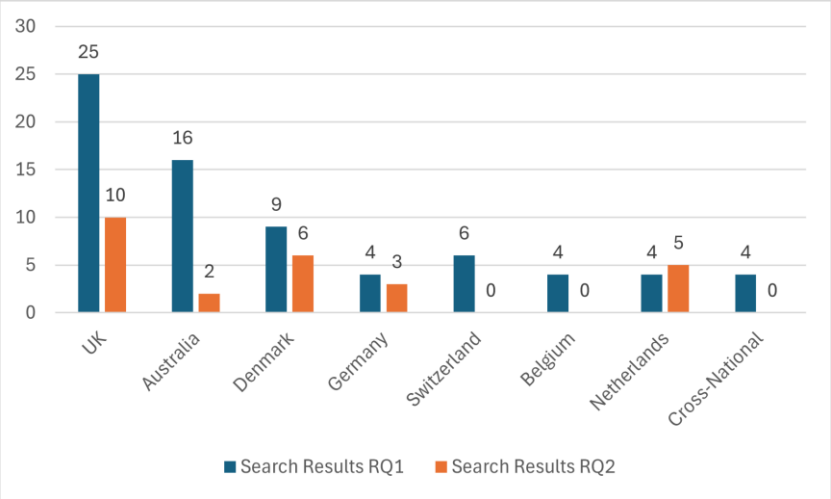

Figure 2-1: Comparison of Literature Search Results by Country: RQ1 vs. RQ2

3 Document Inclusion

3.1 Included Documents for RQ1

Included documents per country (RQ1)

Country	Title	Document Aim	Publishing Body / Institution	Year	Type of Document	Language	Reference
AU - Australia	Supporting Young People During Transition to Adult Mental Health Services	To outline responsibilities of NSW specialist mental health services to ensure continuity of care and safety are maintained during the period of service transition	NSW Health - Ministry of Health	2023	Guideline	English	[1]
AU - Australia	Transition of care for young people receiving mental health services	Provide guidance and recommendations to support effective transitional care planning for young people in mental health services	Queensland Health	2021	Guideline	English	[2]
AU - Australia	South Australian Youth Mental Health System of Care Operational Guidelines	Implement a state-wide youth mental health system of care for 16–24-year-olds	Government of South Australia. SA Health	2014	Guideline	English	[3]

DK - Denmark	Anbefalinger for transition fra børne- og ungeområdet til voksenområdet i sygehusregi	Ensure well-organised transition pathways for young people with chronic or long-term conditions	Denish Health Authority	2020	Recommendation	Danish	[4]
DE - Germany	Richtlinie des Gemeinsamen Bundesausschusses über die berufsgruppenübergreifende, koordinierte und strukturierte Versorgung insbesondere für schwer psychisch kranke Kinder und Jugendliche mit komplexem psychiatrischen oder psychotherapeutischen Behandlungsbedarf (KJ-KSVPsych-RL)	Regulate interprofessional, coordinated, and structured care, especially for severely mentally ill children and adolescents	Gemeinsamer Bundesausschuss (G-BA)	2024	Guideline	German	[5]
NL - Netherlands	Jongeren in transitie van kinderzorg naar volwassenenzorg	Better organisation and content of transition care for young people	Federation of Medical Specialists	2022	Quality Standard	Dutch	[6]
CH - Switzerland	Stationäre und tagesklinische Angebote der psychiatrischen Gesundheitsversorgung an der Schnittstelle des Jugend- und Erwachsenenalters in der Schweiz	Overview and evaluation of inpatient and day clinic offers at the interface of youth and adult psychiatry in Switzerland	Zürcher Hochschule für Angewandte Wissenschaften	2020	Government Report	German	[7]
UK - United Kingdom	Delivering better outcomes for children and young adults – new service models and better transitions across mental health	Identify challenges and propose service models to improve transitions from CAMHS to AMHS	Royal College of Psychiatrists	2022	Position Statement	English	[8]
UK - United Kingdom	Transition from children's to adults' services for young people using health or social care services	Support effective and person-centred transitions from children's to adult health and social care services	National Institute for Health and Care Excellence (NICE)	2016	Guideline	English	[9]

UK - United Kingdom	Transitions from adolescent secure to adult secure inpatient services	Give clear guidance for the positive transition of young people from adolescent secure inpatient units to adult secure inpatient units	NHS England and NHS Improvement	2020	Practice Guidance	English	[10]
UK - United Kingdom	Planning mental health services for young adults – improving transition: A resource for health and social care commissioners	Support health and social care commissioners to plan and commission improved transition from CAMHS to AMHS	National Mental Health Development Unit (NMHDU)	2011	Commissioning Resource Guide	English	[11]
UK - United Kingdom	Meeting the needs of young adults within models of mental health care	Describe new models for young adult mental health care, identify challenges and principles for service design	National Collaboration Centre for Mental Health	2022	Service Planning and Development	English	[12]
UK - United Kingdom	Transition from children's to adults' services. Quality Standard	Define measurable standards for effective transition from children's to adults' services	National Institute for Health and Care Excellence (NICE)	2023	Quality Standard	English	[13]

3.2 Included Documents for RQ2

Indication	Country	Title	Document Aim	Publishing Body / Institution	Year	Type of Document	Language	Reference
ADHD	AU - Australia	Australian Evidence-Based Clinical Practice Guideline for Attention Deficit Hyperactivity Disorder (ADHD)	Provide evidence-based clinical practice recommendations for ADHD in Australia	Australian ADHD Professionals Association (aadpa)	2022	Guideline	English	[14]
ADHD	UK - United Kingdom	Attention Deficit Hyperactivity Disorder: Diagnosis and Management	Diagnosis and management of ADHD in children, young people and adults	National Institute for Health and Care Excellence (NICE)	2019	Guideline	English	[15]
ADHD	UK - United Kingdom	Recommendations for the transition of patients with ADHD from child to adult healthcare services: a consensus statement from the UK adult ADHD network	Formulate recommendations for effective transition of patients with ADHD from child to adult healthcare services	National Institute for Health and Care Excellence (NICE)	2016	Guideline	English	[16]
ADHD	UK - United Kingdom	Bridging the gap: Optimising transition from child to adult mental healthcare	Explore reasons for suboptimal transition and development of roadmap for improvements.	European Brain Council, GAMIAN-Europe	2017	Expert Policy Paper	English	[17]

Depression	NL - Netherlands	Achtergronddocument Transitietool depressieve-stemmingsstoornissen	Support professionals in counselling young people with depressive mood disorder during the transition from youth to adult mental health care	Kenniscentrum Kinder- en Jeugdpsychiatrie	2019	Background Document	Dutch	[18]
Depression	UK - United Kingdom	Depression in children and young people: identification and management	Identification and management of depression in children and young people aged 5 to 18	National Institute for Health and Care Excellence (NICE)	2019	Guideline	English	[19]
Conduct Disorder	UK - United Kingdom	Antisocial behaviour and conduct disorders in children and young people: recognition and management	Recognition and management of antisocial behaviour and conduct disorders in children and young people	National Institute for Health and Care Excellence (NICE)	2017	Guideline	English	[20]

4 Quality Assessment

4.1 QA for RQ1

			R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2		R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2
Item	min	max	**[3]**		**[1]**		**[2]**		**[4]**		**[5]**		**[6]**		**[7]**	**[8]**		**[12]**		**[11]**		**[9]**		**[13]**		**[10]**	
1. Overall objective(s) specifically described	1	7	7	7	7	7	6	7	7	7	7	7	7	7	n.a.	7	7	7	7	7	7	7	7	7	7	7	7
2. Health question(s) specifically described			n.a.	n.a.	n.a.	n.a.	n.a.		n.a.		n.a.		n.a.		n.a.	n.a.		n.a.		n.a.		n.a.		n.a.		n.a.	
3. Population specifically described	1	7	7	7	7	7	7	7	7	7	7	7	7	7	n.a.	7	7	7	7	7	7	7	7	7	7	7	7
Domain 1. Scope and Purpose	4	28	**100,0%**		**100,0%**		**95,8%**		**100,0%**		**100,0%**		**100,0%**			**100,0%**		**100,0%**		**100,0%**		**100,0%**		**100,0%**		**100,0%**	
4. The guideline development group includes individuals from all the relevant professional groups.	1	7	7	6	3	2	5	3	7	7	5	3	7	7	n.a.	5	6	6	6	5	6	7	7	7	7	6	6
5. The views and preferences of the target population (patients, public, etc.) have been sought.	1	7	5	5	2	2	4	4	5	6	4	3	6	7	n.a.	4	5	3	2	4	5	6	7	6	6	4	4
6. The target users of the guideline are clearly defined.	1	7	4	4	6	5	4	6	6	7	7	7	7	7	n.a.	4	3	4	3	7	7	7	7	7	7	7	6
Domain 2. Stakeholder Involvement	6	42	**69,4%**		**38,9%**		**55,6%**		**88,9%**		**63,9%**		**97,2%**			**58,3%**		**50,0%**		**77,8%**		**97,2%**		**94,4%**		**75,0%**	
7. Systematic methods were used to search for evidence.	1	7	2	1	2	1	2	1	3	5	2	3	6	7	n.a.	3	2	4	5	2	3	7	7	4	5	2	2
8. The criteria for selecting the evidence are clearly described.			n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.	n.a.		n.a.		n.a.		n.a.		n.a.		n.a.	
9. The strengths and limitations of the body of evidence are clearly described.			n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.	n.a.		n.a.		n.a.		n.a.		n.a.		n.a.	

10. The methods for formulating the recommendations are clearly described.			n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.	
11. The health benefits, side effects, and risks have been considered in formulating the recommendations.			n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.	
12. There is an explicit link between the recommendations and the supporting evidence.	1	7	3	3	4	3	5	3	4	4	4	3	7	7	n.a.	4	3	5	4	4	5	7	7	7	7	3	2
13. The guideline has been externally reviewed by experts prior to its publication.			n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.	
14. A procedure for updating the guideline is provided.			n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.	
Domain 3. Rigour of Development	4	28	**20,8%**		**25,0%**		**29,2%**		**50,0%**		**33,3%**		**95,8%**			**33,3%**		**58,3%**		**41,7%**		**100,0%**		**79,2%**		**20,8%**	
15. The recommendations are specific and unambiguous.			n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.	
16. The different options for management of the condition or health issue are clearly presented.			n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.	
17. Key recommendations are easily identifiable.	1	7	7	6	7	6	7	7	7	7	7	6	7	7	n.a.	7	7	7	6	6	6	7	7	7	7	6	5
Domain 4. Clarity of Presentation	2	14	**91,7%**		**91,7%**		**100,0%**		**100,0%**		**91,7%**		**100,0%**			**100,0%**		**91,7%**		**83,3%**		**100,0%**		**100,0%**		**75,0%**	
18. The guideline describes facilitators and barriers to its application.	1	7	3	3	4	4	3	4	4	6	3	3	6	6	n.a.	6	6	7	7	5	5	7	7	5	4	3	3
19. The guideline provides advice and/or tools on how the recommendations can be put into practice.			n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.	
20. The potential resource implications of applying the recommendations have been considered.	1	7	4	3	3	4	3	3	4	5	3	3	5	6	n.a.	6	5	7	7	4	4	5	6	4	4	4	3
21. The guideline presents monitoring and/or auditing criteria.	1	7	7	7	7	7	5	5	7	5	5	5	7	7	n.a.	2	2	5	4	7	7	4	4	7	7	2	2
Domain 5. Applicability	6	42	**58,3%**		**63,9%**		**47,2%**		**69,4%**		**44,4%**		**86,1%**			**58,3%**		**86,1%**		**72,2%**		**75,0%**		**69,4%**		**30,6%**	

22. The views of the funding body have not influenced the content of the guideline.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
23. Competing interests of guideline development group members have been recorded and addressed.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Domain 6. Editorial Independence													

4.2 QA for RQ2

			R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2	R1	R2
Item	min	max	**[14]**		**[18]**		**[20]**		**[15]**		**[17]**		**[19]**		**[16}**	
1. Overall objective(s) specifically described	1	7	7	7	7	7	7	7	7	7	7	7	6	7	6	4
2. Health question(s) specifically described			n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.	
3. Population specifically described	1	7	7	7	7	7	7	7	7	7	5	5	7	7	4	3
Domain 1. Scope and Purpose	4	28	**100,0%**		**100,0%**		**100,0%**		**100,0%**		**83,3%**		**95,8%**		**54,2%**	
4. The guideline development group includes individuals from all the relevant professional groups.	1	7	7	7	6	7	7	7	5	7	6	7	7	7	6	6
5. The views and preferences of the target population (patients, public, etc.) have been sought.	1	7	6	5	7	7	4	6	4	5	5	4	4	4	7	7
6. The target users of the guideline are clearly defined.	1	7	7	7	7	7	7	7	7	7	5	4	7	7	6	5
Domain 2. Stakeholder Involvement	6	42	**91,7%**		**97,2%**		**88,9%**		**80,6%**		**69,4%**		**83,3%**		**86,1%**	

7. Systematic methods were used to search for evidence.	1	7	7	7	6	7	7	7	7	7	3	2	7	7	3	2
8. The criteria for selecting the evidence are clearly described.			n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.	
9. The strengths and limitations of the body of evidence are clearly described.			n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.	
10. The methods for formulating the recommendations are clearly described.			n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.	
11. The health benefits, side effects, and risks have been considered in formulating the recommendations.			n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.	
12. There is an explicit link between the recommendations and the supporting evidence.	1	7	7	7	6	5	7	7	7	7	5	5	7	7	5	4
13. The guideline has been externally reviewed by experts prior to its publication.			n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.	
14. A procedure for updating the guideline is provided.			n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.	
Domain 3. Rigour of Development	4	28	**100,0%**		**83,3%**		**100,0%**		**100,0%**		**45,8%**		**100,0%**		**41,7%**	
15. The recommendations are specific and unambiguous.			n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.	
16. The different options for management of the condition or health issue are clearly presented.			n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.	
17. Key recommendations are easily identifiable.	1	7	7	7	6	7	7	7	7	7	5	6	7	7	7	7
Domain 4. Clarity of Presentation	2	14	**100,0%**		**91,7%**		**100,0%**		**100,0%**		**75,0%**		**100,0%**		**100,0%**	
18. The guideline describes facilitators and barriers to its application.	1	7	7	6	5	6	5	5	5	5	5	5	4	3	4	5
19. The guideline provides advice and/or tools on how the recommendations can be put into practice.			n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.	
20. The potential resource implications of applying the recommendations have been considered.	1	7	6	6	4	4	4	5	6	5	4	4	3	6	3	2

21. The guideline presents monitoring and/or auditing criteria.	1	7	5	5	5	5	4	5	6	6	3	2	5	5	4	4
Domain 5. Applicability	6	42	**80,6%**		**63,9%**		**61,1%**		**75,0%**		**47,2%**		**55,6%**		**44,4%**	
22. The views of the funding body have not influenced the content of the guideline.			n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.	
23. Competing interests of guideline development group members have been recorded and addressed.			n.a.		n.a.		n.a.		n.a.		n.a.		n.a.		n.a.	
Domain 6. Editorial Independence																

4.3 Country-Specific Distributions

4.3.1 Country-Specific Distributions for RQ1

The country-specific results showed high overall scores in the Netherlands, Denmark, and the UK. In contrast, documents from Germany and Australia displayed greater variability, especially in areas related to stakeholder involvement and methodological rigour. This, as already mentioned, may reflect the inclusion of non-guidelines papers alongside more fully developed practice guidelines.

The Swiss ZHAW (2020) [78] document was included in the analysis because there is a lack of a national guideline on psychiatric transition in Switzerland. However, rather than representing a clinical or policy guideline, the document is a descriptive report (Bestandsaufnahme) that maps existing services and outlines initial health policy considerations. Due to its exploratory nature, the document was not included in formal quality appraisal.

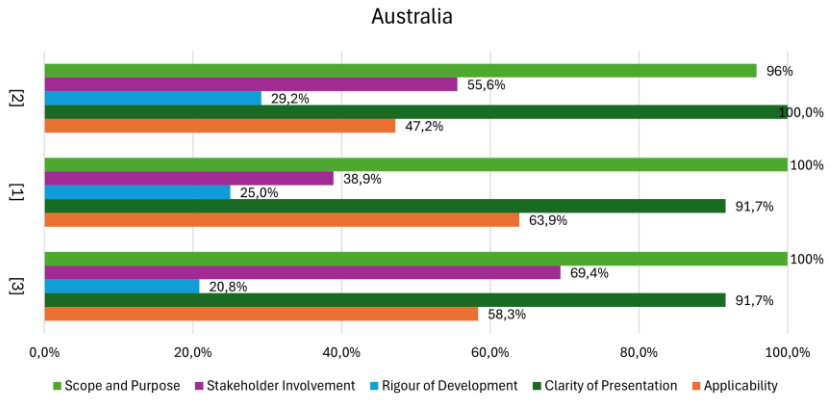

Figure 4-1: Quality Appraisal of Studies Included in RQ1 for Australia

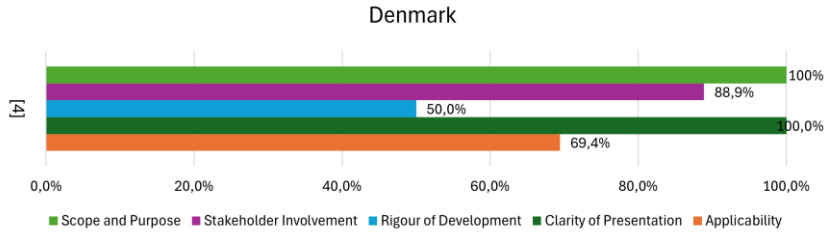

Figure 1-2: Quality Appraisal of Studies Included in RQ1 for Denmark

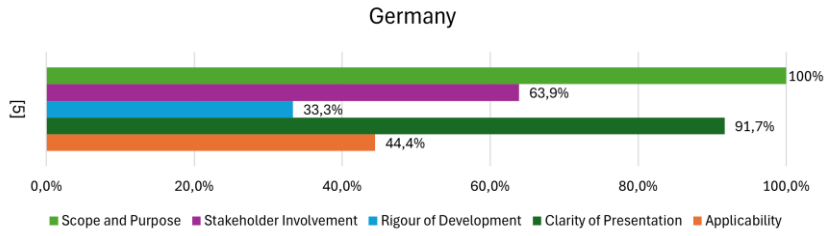

Figure 1-3: Quality Appraisal of Studies Included in RQ1 for Germany

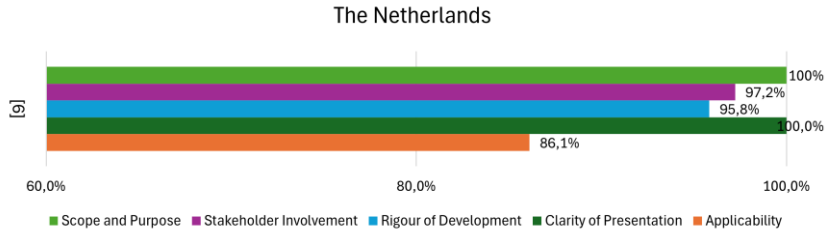

Figure 1-4: Quality Appraisal of Studies Included in RQ1 for the Netherlands

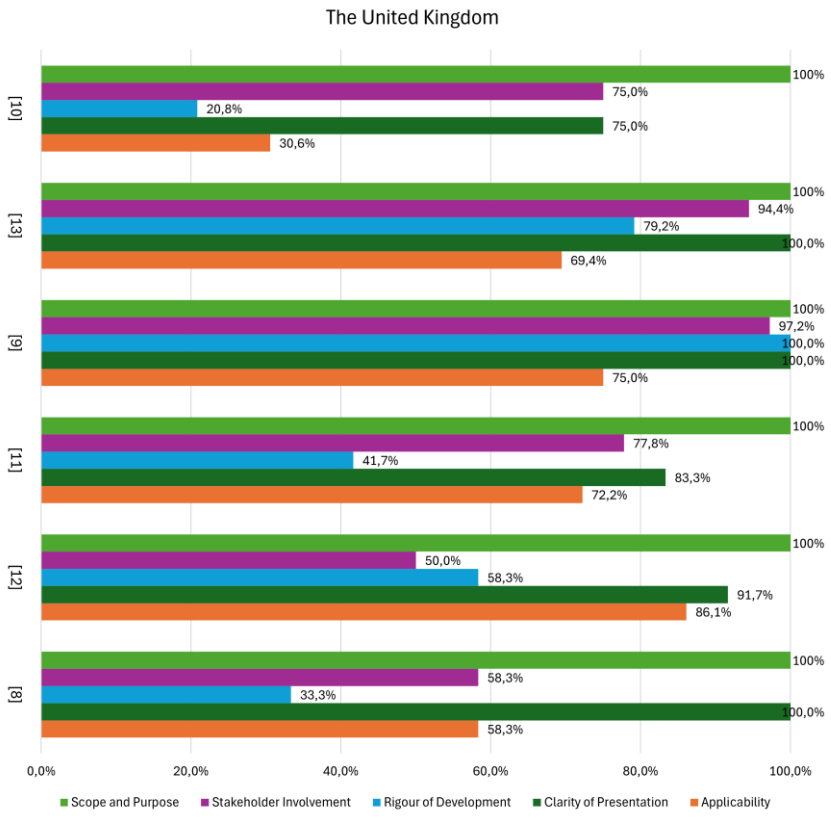

Figure 1-5: Quality Appraisal of Studies Included in RQ1 for the UK

4.3.2 Country-Specific Distributions for RQ2

At the country level, Australia and the Netherlands showed very good to excellent performance throughout all areas, although these results were based on an assessment of only one national guideline per country and should therefore be interpreted with caution. By contrast, the UK sample was more diverse and therefore exhibited greater variation across domains. This was evident in greater variability across all areas, especially Domains 1 and 3. Nevertheless, scores for Domain 2 and particularly Domain 4 remained consistently high, while Domain 5 scored in the middle range across most documents.

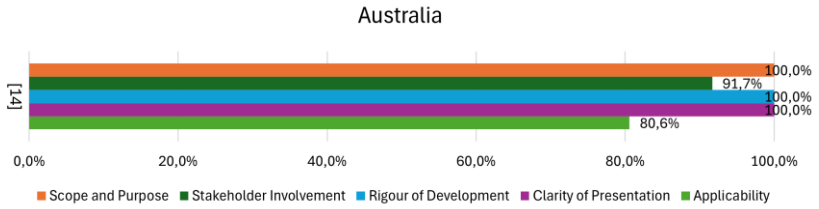

Figure 1-6: Quality Appraisal of Studies Included in RQ2 for Australia

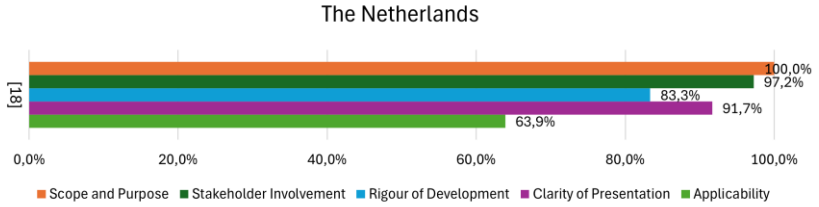

Figure 1-7: Quality Appraisal of Studies Included in RQ2 for the Netherlands

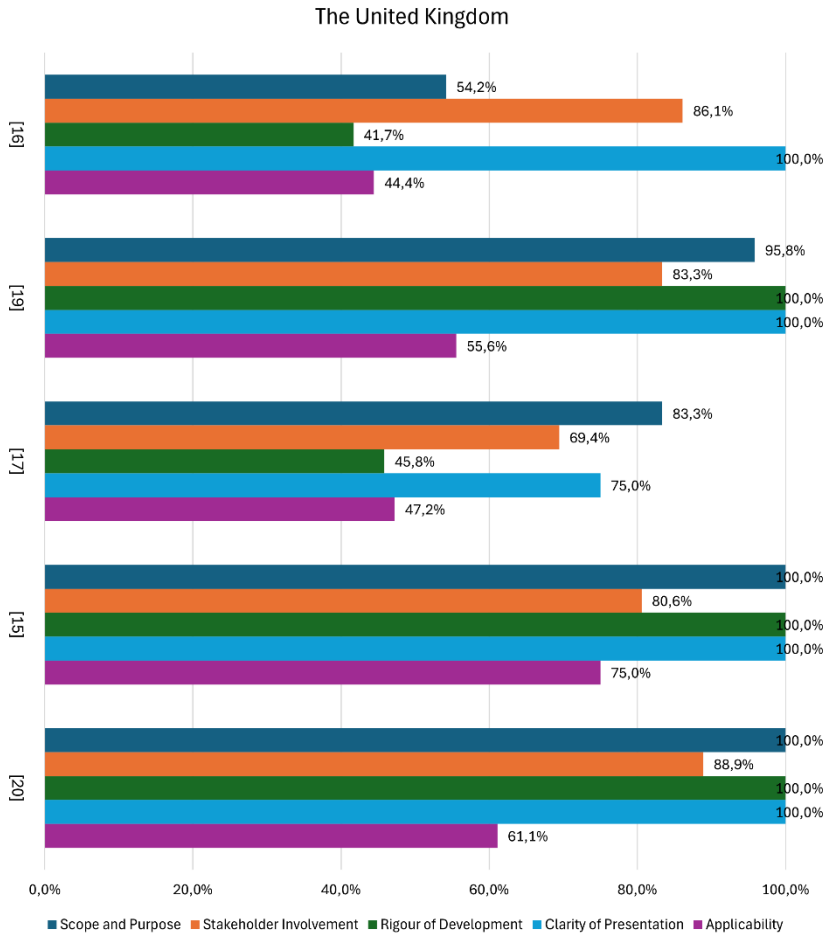

Figure 1-8: Quality Appraisal of Studies Included in RQ2 for the UK

5 Data Extraction Protocol

5.1 Data Extraction for RQ1

Data Extraction Protocol for RQ1

Australia	Belgium	Denmark	Germany	Netherlands	Switzerlands	United Kingdom
Basic Model Information						
Title: Supporting Young People During Transition to Adult Mental Health Services Country: Australia Publisher: NSW Health - Ministry of Health Publication Type: Guideline Type of Policy: Mental Health Transition Policy (Guideline) Year: 2023	NA	Title: Anbefalinger for transition fra børne- og ungeområdet til voksenområdet i sygehusregi Country: Denmark Publisher: Denish Health Authority Publication Type: Recommendation Type of Policy: National Recommendation Year: 2020 Document Aim: Ensure well-organised transition pathways for young people with chronic or long-term conditions	Title: Richtlinie des Gemeinsamen Bundesausschusses über die berufsgruppenübergreifende, koordinierte und strukturierte Versorgung insbesondere für schwer psychisch kranke Kinder und Jugendliche mit komplexem psychiatrischen oder psychotherapeutischen Behandlungsbedarf (KJ-KSVPsych-RL) Country: Germany Publisher: Gemeinsamer Bundesausschuss (G-BA) Publication Type: Guideline	Title: Jongeren in transitie van kinderzorg naar volwassenenzorg Country: Netherlands Publisher: Federation of Medical Specialists Publication Type: Quality Standard Type of Policy: Clinical Guideline Year: 2022 Document Aim: Better organisation and	Title: Stationäre und tagesklinische Angebote der psychiatrischen Gesundheitsversorgung an der Schnittstelle des Jugend- und Erwachsenenalters in der Schweiz Country: Switzerland Publisher: Zürcher Hochschule für Angewandte Wissenschaften Publication Type: Government Report	Title: Delivering better outcomes for children and young adults – new service models and better transitions across mental health Country: United Kingdom Publisher: Royal College of Psychiatrists Publication Type: Position Statement Type of Policy: Position Statement for better

Document Aim: To outline responsibilities of NSW specialist mental health services to ensure continuity of care and safety are maintained during the period of service transition Funding: NR Language: English [1]		Funding: Government funded (rate pool 2019-2022 and National Diabetes Action Plan 2017) Language: Danish [4]	Type of Policy: Cross-professional care coordination policy Year: 2024 Document Aim: To regulate interprofessional, coordinated, and structured care especially for severely mentally ill children and adolescents Funding: NR Language: German [5]	content of transition care for young people Funding: NR Language: Dutch [6]	Type of Policy: Needs Assessment / Bestandsaufnahme Year: 2020 Document Aim: Overview and evaluation of inpatient and day clinic offers at the interface of youth and adult psychiatry in Switzerland Funding: Federal Office of Public Health (BAG) Language: German [7]	transitions across mental health Year: 2022 Document Aim: Identify challenges and propose service models to improve transitions from CAMHS to AMHS Funding: NR Language: English [8]
Title: Transition of care for young people receiving mental health services Country: Australia Publisher: Queensland Health Publication Type: Guideline Type of Policy: Mental Health Transition Policy (Guideline)						Title: Transition from children's to adults' services for young people using health or social care services Country: United Kingdom Publisher: NICE Publication Type: Guideline Type of Policy: Service transition guideline

Year: 2021 Document Aim: Provide guidance and recommendations to support effective transitional care planning for young people in mental health services Funding: NR Language: English [2]						Year: 2016 Document Aim: Support effective and person-centred transitions from children's to adult health and social care service Funding: NR Language: English [9]
Title: South Australian Youth Mental Health System of Care Operational Guidelines Country: Australia Publisher: Government of South Australia. SA Health Publication Type: Guideline Type of Policy: Youth Mental Health Service Implementation Guidelines Year: 2014						Title: Transitions from adolescent secure to adult secure inpatient services Country: United Kingdom Publisher: NHS England and NHS Improvement Publication Type: Practice Guidance Type of Policy: Transition Policy in Secure Services Year: 2020 Document Aim: Good practice standards and

Document Aim: To implement a state-wide youth mental health system of care for 16–24-year-olds Funding: NR Language: English [3]						give clear guidance for the positive transition of young people from adolescent secure inpatient units to adult secure inpatient units Funding: NR Language: English [10]
						Title: Planning mental health services for young adults – improving transition: A resource for health and social care commissioners Country: United Kingdom Publisher: National Mental Health Development Unit (NMHDU) Publication Type: Commissioning Resource Guide Type of Policy: Service Planning and

						Commissioning for Transition Year: 2011 Document Aim: To support health and social care commissioners to plan and commission improved transition from CAMHS to AMHS Funding: NR Language: English [11]
						Title: Meeting the needs of young adults within models of mental health care Country: United Kingdom Publisher: National Collaboration Centre for Mental Health Publication Type: Guidance Report Type of Policy: Service Planning and Development

						Year: 2022 Document Aim: To describe new models for young adult mental health care, identify challenges and principles for service design Funding: NHS England and NHS Improvement Language: English [12]
						Title: Transition from children's to adults' services. Quality Standard Country: United Kingdom Publisher: NICE Publication Type: Quality Standard Type of Policy: Transition Standard Year: 2023 Document Aim: To define measurable standards for effective

						transition from children's to adults' services Funding: NR Language: English [13]
Stakeholder Involvement in Policy Development						
Ministry of Health, Local Health Districts, Speciality Network Governed Statutory Health Corporations [1]	NR	Danish Health Authority, hospitals, interdisciplinary working group [4]	Service providers, incl. physicians, psychotherapists, non-medical coordinators, SHI-authorised care actors [5]	FNO and JongPIT, working groups and steering committee consisting of representatives of professional associations, patient organisations and other stakeholders [6]	ZHAW, BAG, psychiatric clinics, expert panels [7]	Child and Adolescent and General Adult faculties, NHS England, devolved nations, participation group [8]
Queensland Health, Hospital and Health Services, consumers and carers, Mental Health Alcohol and Other Drugs Branch [2]						NICE committee, health and social care practitioners, stakeholders [9]

Mental Health and Substance Abuse Division, SA Health staff, unions, consumer and carer networks, Mental Health Coalition of SA [3]						NHS England, National Adult Secure and CAMHS Secure Transitions Task and Finish Group, Patient and Public Voice members of Adult Secure Clinical Reference Group [10]
						NMHDU, NCSS, SCIE, expert in the field of mental health [11]
						NCCMH, local commissioners, VCSE partners, young people, NHS providers [12]
						NICE, Department of Health and Social Care, endorsing and supporting organisations [13]
Target User of Policy						
All clinical staff in NSW Mental Health Services [1]	NR	Healthcare professionals in hospital care [4]	Healthcare providers and institutions working with mentally ill children and adolescents	Healthcare providers (teams) responsible for the transition of care	Mental health professionals, policymakers	Service providers, commissioners, NHS staff, local authorities

			[5]	[6]	[7]	[8]
NSW clinical staff, LHDs, SNs [2]						Health and social care providers in children's and adult health, mental health and social care services, other practitioners working with young people who use health and social care services, YP using health or social services [9]
NR (all stakeholders) [3]						Clinicians in secure CAMHS and adult services, commissioners [10]
						Commissioners, GP Consortia, CAMHS/AMHS providers, local authorities, public health [11]
						Commissioners, policy makers, service planners [12]
						Service providers, health and social care commissioners, young people who will transfer,

						families and carers of the young people [13]
Setting						
Community-based or inpatient specialist Child and Adolescent Mental Health Service (CAMHS) care and Youth Mental Health Service (YMHS) care to Adult Mental Health Service (AMHS) [1]	NR	Hospital-based (psychiatric and somatic care) [4]	Multisectoral (inpatient, outpatient, rehabilitation, home care, school settings) [5]	Pediatric and adult outpatient wards, joint transition clinics [6]	Inpatient, Day Clinic [7]	Mental health services [8]
Child and youth mental health services and adult mental health services, child and youth mental health services in a different geographical location, general practitioner or other primary health care provider, private practitioner or non-government organisation [2]						Health and Social Care Services [9]

Community, primary care, specialist mental health [3]						Secure inpatient mental health services [10]
						CAMHS, AMHS [11]
						CAMHS, AMHS [12]
						Health and social care, mental health care, education, specialist services [13]
Eligibility						
Moderate to severe mental health issues transitioning from CAMHS/YMHS to AMHS [1]	NR	YP with moderate to severe mental or chronic somatic disorders in pediatric care [4]	Children and adolescents with severe mental illnesses and complex treatment needs [5]	YP living with a chronic condition of a somatic and/or psychological nature, with or without (mental) disability, during the transition age [6]	NR [7]	NR [8]
NR [2]						Users of health or social care services [9]

Mental Health Care not served by Tier 1 (primary healthcare) & 2 (secondary healthcare), moderate to high risk, need for multidisciplinary service [3]						YP in adolescent secure services referred to adult secure pathway [10]
						YP with mental health needs transitioning from CAMHS [11]
						Young adults with mental health needs [12]
						NR [13]
Age Range						
14 - 25 [1]	NR	12-24 [4]	0-21 (beyond 21 if necessary for treatment continuity) [5]	12/13-25 [6]	16-30 (often no upper age limit as disease- and canton-specific) [7]	0-25 [8]
NR (varies by developmental needs)						0-25 [9]

[2]						
16 - 24 [3]						17.5–18 [10]
						NR [11]
						18-25 [12]
						NR [13]
Vulnerable or High-Risk Population						
Out-of-home care, Homeless, Special education, Aboriginal, CALD, Refugees, LGBTI, Intellectual disabilities, Chronic illness [1]	NR	YP who are first diagnosed with a chronic or long-term illness from the age of 16-17, therefore have not undergone an early transition program that focuses on gaining knowledge an skills to manage their own illness early decision as to whether start program in child and adolescent or adult setting; young people who cannot be referred directly to an adult department, e.g. young people with neurodevelopmental disorders; young people with multiple diseases or physical-psychological comorbidities, who	NR [5]	Youth with intellectual disabilities, in foster care, refugees, low literacy, no residence status [6]	NR [7]	NR [8]

		therefore have many simultaneous transitions; young people with diseases that are not only treated in hospitals, but also require a high degree of social interventions municipalities, and where there may be transitions in several sectors; young people with a co-occurring addiction and a need for a special follow-up course prescription [4]				
Aboriginal and Torres Strait Islander people, CALD, LGTBI, rural and remote youth, those with trauma or abuse history, or in state care [2]						Disabled youth, care leavers, young offenders, neurodevelopmental conditions [9]
Aboriginal/Torres Strait Islander youth, refugees, rural youth, substance abusers, homeless, LGBTQ+, disabled youth, others [3]						Looked-after children [10]
						Looked-after children, special education needs,

						not able to return home, home patient care [11]
						NR [12]
						NR [13]
Service Integration and Coordination						
Referral and Transition Process						
Early Transition identification (6 months prior to transition) and planning with shared information; communication protocols; risk assessment of appointment keeping, health issues tracking, communication, daily activities and safety plan; transition decision not based only on age alone, consideration of developmental stage, severity, complexity of condition and degree of risk, cultural identity,	*UK's coordination of transition model (coordinating existing CAMHS and AMHS services without changing their structure, focusing on collaboration and continuity of care for neurodevelopmental conditions) and Australia headspace model (additional specialised services for youth from 16 to 24 or 30, targeting those developing symptoms during puberty and*	3 Phase Model (early transition, transition and follow-up), early transition planning from age 12-14 after hollistic assessment of readiness and maturity and at relatively calm phase of the disease (questionnaire to assess HL in form of supporting the dialogue, not in form of check-list because of exam-like feeling); transition at age 18-20 with planning 6-12 months prior; transition plan in collaboration with YP, parents, peers and adult department incl. medical summary and relevant information; structured process over several years at the young person's pace	Planned and organised together with patient and relevant caregivers; structured, based on the patient's stage of development and illness; early preparation; interprofessional case discussions [5]	Joint consultation; individual transition plan; developing institution-level transition policies and strategies; jointly determining content and choices of materials and tools for transition care; deploying evaluation tools [6]	Timely planning of treatment setting in the transition process; close co-operation between outpatient and inpatient institutions; involvement of primary care providers; closer coordination between cantonal and national institutions for holistic integrated care; elastic upper age limit of up to 21 or 25 years in care planning and service development (controversial among experts, as would	Specialist staff for transitions; new flexible boundary models for transitions built around individual patient's needs (0-25); early identification, early access, flexibility and choice; clear transition protocols and procedures [8]

education, employment, family and carer supports, housing, community environment, availability of services and access (TRAQ) [1]	*adolescence); flexibility, allowing for adaptations based on clinical situations*	[4]			probably merely shift some interface problems) [7]	
Clear assessment of readiness with emphasis on developmental stage and existing support available, mental and physical health, psychosocial and psychoeducation needs, cultural and spiritual needs, pharmacological and therapeutic interventions, educational and vocational and housing needs; early preparation and planning; identification of all possible stakeholders; identification and selection of most suitable service option; development of individual transition plan;				*2015 systems change in Dutch mental health care, which transferred adolescent mental health services to welfare, caused inefficiencies and conflicted with standards of care for transition psychiatry. The K-EET network was developed to mitigate these issues, but funding and implementation challenges persist. Need for early intervention, transition coaches, and integrated care systems*		Named worker; early planning; transition plan; at least annual review of transition planning and plan; not based on rigid age threshold; take place at a time of relative stability; joint meetings; personalised planning; agreeing goals with young person, all relevant outcomes considered (education, employment, community inclusion, health and wellbeing, independent living and housing options); assessment of YP ability to manage condition, self-confidence and readiness to move to adults' services

crisis management and follow-up [2]						[9]
Planned transitions with 6-month preparation; at time point of relatively stable emotional well-being; clear, concise and relevant information protocol; care review including review of care plan, interventions and risk assessment [3]				*Differences in financial systems between youth and adult care in the Netherlands add complexity to the transition*		Early identification of future care pathway; flexible planning; joint assessments by adolescent and adult secure services; access assessments before and no later than 17.5 years; early pathway planning; consideration of physical, procedural and relational security needs, flexibilty in transition age where clinically appropriate (ability for some young people to remain in adolescent secure inpatient units for a short period, maximum one year, or to transfer to an adult secure unit prior to their 18th birthday) [10]
				Transitions are not only clinical but also organisational		Transition plan (at least 6 months prior, incl. education, employment, housing, identification of support or carers); early

						planning; transition protocol should promote person-centred planning, enable continuity of care, contain flexibility in decision-making, have sufficient detail in operational procedures to ensure efficacy and consistency [11]
						Flexible age boundaries, YPs over 18 who present for the first time with a mental health problem should be given choice, where possible, of receiving care from youth service that goes up to 25 or adult mental health service; early access, flexibility and choice; early identification [12]
						Planning by 13-14 years (immediately if entered later) involving all services (incl GP), YP and carers; coordinated

						transition plan (meets young person's individual needs, incl. available local services to support transition and link to other plans in their care) by both services and agreed by YP and carers [13]
Integration between CAMHS and AMHS						
Co-planning and coordination with timely exchange of information; shared protocols and documentation; joint working teams and joint meetings; designated transition coordinator [1]	*Allocate resources within the existing care teams to have a referee person (e.g., a nurse) who can accompany patients and families through the transition process*	Clear agreements for organisation and structuring of programs (co-operation agreements) and who has formal patient responsibility in different phases of transition process; overlap between pediatric and adult care; coordinated collaboration between the departments; shared outpatient settings where possible; prior meetings/visits in adult department together with written material about new treatment center; contact persons/coordinators/coordinators (e.g. doctors, nurses) to coordinate and ensure that patient's transition according to plan and clear contact person; collaborative (network/interdisciplinary)	At least one case discussion with referring doctor providing further treatment; structured collaboration and regular discussions between CAMHS and AMHS with emphasis on patient-related and cross-patient coordination; shared treatment plan; coordinated by a non-medical professional to overview implementation of overall treatment plan, responsible for continuous exchange of information for adolescents; feedback systems; digital support; intersectoral collaboration [5]	Joint protocols; transition coordinator (healthcare provider), appropriate to the young person's developmental level, abilities and limitations, for quality and safety of transition (YP should be included in appointing - relationship of trust) to support, coordinate, supervise, link function, draw transition plan, advocate for YP; annual consultations with transition coordinator; information sharing (mission and vision) through individual transition plan; same	Psychiatric clinics that manage both CAMHS and AMH could establish independent operating area in adolescent section under one management; appointment of well-networked, continuously long-term case-managing specialist; case Management: specific office with clinical case manager responsible for monitoring transitional psychiatric cases, screening and indicating critical and severe cases, ensuring coordinated planning and networking	Five models for improved service alignment; development of integrated care systems (ICSs) and provider collaboratives; transition jointly planned and commissioned; transition coordinator to take away administrative burden of managing transitions and focus on patients' mental health needs [8]

		meetings with school, caseworker, educational counsellor etc. [4]		doctor/nurse until 24 years; transition clinics for contact of YP and adult care with joint consultation of all parties [6]	of treatment providers involved [7]	
Encouraged collaboration; transition coordinator to plan and coordinate; clear and regular communication; prior introduction to adult service; joint planning; shared decision-making; documented and accessible plans and clear, effective, and timely documented communication [2]				*Transition coaches to help patients from 17 to 18, as their developmental age often lags their calendar age*	*Both services should continue to converge in certain characteristics and sensitise their professionals to the problem of the different 'culture' in adult psychiatry vs. child/adolescent psychiatry in order to avoid a 'culture shock'*	Joint planning and agreed transition protocols; joint mission statement or vision for transition; integrated working across services; information-sharing; 'named worker' to oversee, coordinate or deliver transition support, link between YP and practitioners involved, arrange appointments with GP, help navigate services, support family, provide advice etc. for minimum of 6 months before and after transfer (healthcare provider with meaningful relationship with YP); meeting of YP and adult care provider and visits before transfer by joint appointments; joint clinics; pairing

						practitioner from children's services with one from adults' services; personal folder shared with adults' services (for example, 3 months before transfer), containing profile, information about health condition, education and social care needs, preferences about parent and carer involvement, emergency care plans, history of unplanned admissions, strengths, achievements, goals, written information about what to expect from services and what support is available in accessible format for YP and carers incl. benefits and financial support available; shared IT and plans and information; jointly review systems and practices to identify needed changes to support sharing responsibility [9]

Care coordinator; involvement of all required and appropriate service partners in care planning and delivery process; coordination and communication [3]						Parallel case/pathway planning (months prior to transition); shared access assessments; graded transitions (multiple visits, meeting key members of adult secure team, phased transition of therapy e.g. via attendance in individual and/or group psychological therapy sessions); provision of information packs; involvement of case managers; discussions (urgency, level of security, initial assessment/treatment needs); pre-admission visits [10]
Clear communication and information						Face to face meetings between lead professionals; exchange of written information; plan when care will be transferred, who is new named key worker or care coordinator, what services are available, including crisis or out-of-hours services; face-to-

						face introduction of patient to new key workers with support by CAMHS key worker [11]
Warm handovers, where care is maintained until the young person is fully connected to the next service						Integrated pathways, including joint meetings, training and education opportunities, development and use of coordinated care plan; transitions teams responsible for proactively identifying young people requiring continued support and providing case management to support transition process; initial joint referral meeting between CYPMHS and adult mental health services [12]
						Coordinated planning; practitioner meetings before transfer (in person or online), incl. what is working well in the transition planning and what can be improved,

						review of the young person's clinical needs, psychological status, social and personal circumstances, caring responsibilities, educational and vocational needs, cognitive abilities, and communication needs; named worker to coordinate care and support before, during and after transfer, main link with other practitioners, arrange appointments, information and details sharing (from care provider group identified together with YP); pre-admission visits with introduction to key service staff and information in form of welcome pack; joint meetings; equal partnership [13]
Continuity of Care						

Parallel care (engagement of receiving care team well in advance of the time of transition, involvement of treating CAMHS/YMHS team with young person and family where appropriate); information transfer [1]	NR	Same doctor/nurse until 24 years; YP should see one or more of same counsellors several times after transition, with follow-up meeting after transition (incl. immediately after transition); focus on self-management (with disease-related knowledge and healthy lifestyles); joint transition phase where CAMHS and AMHS carry transition out together (e.g., joint adolescent outpatient clinic), responsibility can be transferred midway through process, but both parties are involved in transition for a while [4]	Regular assessment of progress of treatment and achievement of treatment goals [5]	First year after transfer, at least one evaluation meeting with same practitioner; periodic consultation; involvement of other relevant healthcare providers or professionals, including the GP, to coordinate recommendations for re-referral if YP does not come to appointments [6]	NR [7]	NR [8]
Contact with CAMHS post transition; documented and accessible plans, and clear, effective, and timely documented communication [2]			*Track models for continuous treatment by the same practitioner, regardless of setting*	*CAMH professionals should provide clear instructions to GPs, for example, through detailed discharge letters or short phone calls. Guidance should include what to monitor and when to refer to adult mental health care*		Same practitioner continuity for first 2 attended appointments after transfer; annual plan review; follow-up and inclusion of other professionals like GP if disengaged, and relevant provider should refer back to named worker with clear guidance on re-referral or alternative way to meet support needs [9]

Co-care (3-6 months); continued care with open re-entry; information sharing [3]			*Existence of an early detection centre: Young people with initial mental health problems are able to get appointments with psychologists or specialists at an early stage, which enables seamless inpatient admission if necessary, and vice versa. Specific individual and group therapy programs for young adults undergoing inpatient treatment were continued on an outpatient basis where possible. However, real continuation of treatment difficult, as always a change of practitioner between inpatient and outpatient settings*	*In adolescence, symptoms can be diffuse but may signal serious conditions like psychotic spectrum or bipolar disorders. Sometimes symptoms disappear without progressing, and no further care is needed (about 50% of adolescents according to MILESTONE) - regular monitoring (being in care) might help prevent symptoms from worsening, even if no improvement is visible - for conditions like eating disorders, even when symptoms improve, monitoring is important due to the high risk of relapse shortly after recovery and prodromal symptoms of disorders like schizophrenia also require close observation*		Pre- and post-transition CPA and CETR meetings (minimum of six months prior to and six months following move) [10]
						NR [11]

						Subsequent joint case meetings between CAMHS and AMHS [12]
						Annual review meeting (at least once); contact by adult services if missed appointments/initial meeting with further opportunities to engage, involvement of other relevant practitioners, understand reason for non-attendance, refer back to the named worker or children's service with clear guidance on re-referral [13]
Treatment Approach						
Provided Services						
Care coordination, navigation, peer support, focus on education and skills development; age and literacy-level-appropriate communication tools (e.g., social media);	NR	Patient education (resilience, independence, coping with illness) with introduction to patient rights; limited confidentiality; informed consent and access to documents; 'youth hours', i.e. flexible/late hours; 'youth tracks' with special focus on young people's issues and	Individualised overall treatment plan (therapy goals, information on the need for medical and psychotherapeutic measures, need for medication, remedies and other introductory measures, crisis	E-health support; peer mentoring; coaching/mentoring, education in "deciding-together" and self-management; psychosocial care; individual consultation	Treatment-integrated additional schooling and educational counselling as part of day clinic or inpatient stay; mobile treatment for clinical case management with relationship, support and	Access to advocacy; high-quality information about AMHS co-produced with young adults in different media/languages;

accessible, jargon-free information materials [1]		where young people are separated from younger children or from adults with any late complications; 'Split-Visits' part of conversation with young person alone and part of conversation with the young person and parents/network members together to train to meet healthcare professionals alone, support young people's development and autonomy, strengthen communication; psychosocial support; group programs (consultations) with peers to share experiences; digital tools for communication/counselling (MinSP platform) to stay in the same service for people who move e.g. for university [4]	intervention plan); psychoeducation; training; supplemented by communication media and digital applications [5]	to build self-confidence (YP is point of contact); understandable verbal and written information on adult care services with description of transition process, counselling options and differences in child and adult care [6]	coordination function that accompanies transition phase continuously and spans interfaces between CAMHS and AMHS [7]	clinical information from specialist CAMHS [8]
Education regarding the potential impact of service delivery differences; promotion of self-determination/self-management; peer support; psychoeducation for young people, their family, carers and significant others; age and literacy-level-			*Peer support is a well-received offer for patients with anxiety or depressive disorders, i.e. affective disorders, as well as personality or maturational disorders, as they can quickly identify with the peer group and benefit greatly from each other; however, disease groups such as schizophrenic psychoses or schizophrenia*			Transition support developmentally appropriate; transition coordination; peer support; coaching and mentoring; advocacy; self-management and decision-making training; use of mobile technology; equal partnership; education; support in aspects of

appropriate communication tools (e.g., social media) [2]			*tend to be underrepresented in peer groups, as it is more difficult for them to integrate into the patient community due to their illness*			transition (education, employment, community inclusion, health and wellbeing, independent living and housing options); meetings with chance to raise concerns and queries separately from carers [9]
Assessment (mental state, safety and risk assessment, indications for psychiatric review, specialist questions tailored to developmental need, environmental and psychosocial circumstances); care coordination; individual therapy; group work; medical care; communication with young people utilising relevant tools and methods, others; digital technologies to support care where appropriate, including referral to online support services such as e-headspace, use						Skype e.g. for online consultations; Information-sharing using social media [10]

of evidence based apps, jawbone as adjunct to therapy tool to facilitate therapeutic outcomes [3]						
						NR [11]
						Peer support [12]
						NR [13]
Care Pathway						
Transition planning; support pre-/during/post-transfer; avoidance of multiple simultaneous transitions [1]	NR	Phased transition model with early transition, transfer, and follow-up stages [4]	Structured phased treatment plan [5]	NR [6]	NR [7]	Integrated care pathways [8]
Clear referral pathways, developmentally appropriate, peer-driven, individualised plans [2]						Personalised and developmentally-appropriate transition pathways [9]

Review of care and client participation in care planning -> transparent supportive transfer of care with personal handover, maximum contact with family and other providers -> open re-entry [3]						Pathway tailored to mental state [10]
						NR [11]
						Clear access pathways across adult services and children and young people's services require significant relationship building, strong communication and collaborative working [12]
						NR [13]
Therapeutic Model						
Recovery-focused, person-centred	NR	Recovery-oriented, using HEADS/THRxEADS models	Patient-centered [5]	Person-centred [6]	Development-oriented concept (personality, socialisation, training)	Developmentally-appropriate, person-centred, co-produced

[1]		[4]			[7]	with youth, need and complexity-based [8]
Trauma-informed, person-centred, recovery-oriented [2]						Person-centred, strengths-based, youth-led [9]
Recovery-oriented, trauma-informed, culturally sensitive [3]						NR [10]
						NR [11]
						Need and complexity-based (THRIVE framework) age-appropriate care; youth-friendly non-stigmatising [12]
						Person-centred, developmentally appropriate [13]

Participation						
Actively involved in care planning, service design and delivery and evaluation of services and coproduction of transition policies, supporting materials and tools; age-appropriate involvement of family/carers (cultural diversity) [1]	NR	Split-visit consultations; family support training; active inclusion; training through group events; after transition support needs continuously evaluating whether sufficient and appropriate; involvement of partner after transition [4]	Relevant reference persons from social environment are involved in accordance with age and development [5]	YP leads care decisions; parent roles involved, but involvement over time adjusted according to YP; agreements on individual transition plan [6]	NR [7]	Co-production, participation of family members [8]
Full involvement in planning and decision-making; collaboration that is family and community connected [2]					*Patients themselves should be involved in the transition as early as possible*	Co-production, planning and piloting, family involvement (regular asking YP of how and how much involved); feedback mechanisms [9]
Care planning in partnership with youth and family/supports; involvement of YP and their carers actively engaged and involved in all aspects of service delivery, policy, planning and evaluation;					*The involvement of the patient's families should be customised (depending on the patient's relationship with the family and if the patient wishes for them to be involved)*	Active role in planning; pre-transfer visits; Care Programme Approach (CPA) and Care, Education and Treatment Reviews (CETR) participation [10]

opportunity to provide feedback [3]						
						Family involvement; equal partnership [11]
						Family involved in care, co-production at all stages, including design, delivery and evaluation of services (co-production principle sits above all others, as it creates right context for remaining principles to be appropriately realised) [12]
						Full involvement of YP and their family/carers; equal partnership [13]
Workforce, Training and Infrastructure Requirements						
Defined Responsibilities						

NR [1]	NR	Contact person/team in both child and adult departments [4]	Reference doctor/psychotherapist lead; delegated coordination to non-medical coordinator [5]	Clearly defined, coordinated by transition coordinator [6]	NR [7]	NR [8]
NR [2]						NR [9]
NR [3]						NR [10]
						NR [11]
						NR [12]
						NR [13]
Multidisciplinary Involvement						
CAMHS, AMHS, transition coordinator, primary care, NGOs, cultural specialists, other relevant services and agencies	NR	Doctors, nurses, psychologists, dieticians, social workers, occupational and physiotherapists, educators, other relevant professionals [4]	Medical specialists and psychotherapists, as well as other relevant service providers, e-.g, for social therapy [5]	YP and family in the transition process, primary care providers in care and welfare, colleagues in education [6]	Interdisciplinary networking with developmental psychology and social pedagogy; systematically interact with outpatient transitional psychiatric	Partnerships and integrated working [8]

(e.g., substance abuse treatment) [1]					and socio-educational services (integrated care) [7]	
All teams; transition coordinator; family, carers and significant others, other community organisations and educational/vocational providers, as appropriate [2]						Children's and adults' practitioners, education professionals, GPs, outcome-sharing with all involved in delivering care for the YP (all practitioners, including GPs) [9]
Multidisciplinary teams incl. OTs, social workers, psychologists, peer workers, nurses, etc., care coordinator [3]						Named professionals, case Managers [10]
						Engagement between commissioners and local clinicians, as well as with young people and their families [11]
						Multi-sectoral and clinical leadership focus on co-production, getting the right

						interventions in place and partnering across organisations; partnerships and integrated working across primary care, physical health care, youth and criminal justice, education providers, social care, adult mental health services and VCSE sector [12]
						Health and social care, GP [13]
Training and Qualification Requirements						
Training in developmental and person-centred practices [1]	*Need for clinical training and interdisciplinary education to modify practices and improve care*	Joint training across wards and specialities for common knowledge and language about target group and cross-collaboration; youth ambassador training; peer training and feedback; developmentally appropriate communication; professional knowledge and skills for young people's psychosocial development and health and well-being issues	Professional qualification or 2 years of relevant experience required for coordinators [5]	Training in developmentally appropriate care [6]	Specific integrated specialist skills from both disciplines; certified further training program for competence in transitional psychiatry; broad-based specialist society for professional-political definition, dissemination, implementation and quality assurance with subgroup on transitional	Training across each age range and understanding of age-appropriate options and flexibility; youth services credential - training CAMHS specialists to work up to 25 and AMHS specialists to work down to 14/16; protected time for leadership; training resource allocation

		[4]			psychiatry within existing interdisciplinary organisation [7]	[8]
Training on developmental needs, education and training needs for peer workers and mentors [2]	*A master's degree in specific psychiatry of transition as a tool to broaden knowledge and modify practices*		*Additional qualifications as a solution to provide both child and adolescent psychiatrists and adult psychiatrists with overlapping competencies*			Training that involves face-to-face interaction, e.g. shadowing; listening to young people's views and experiences through e-learning or case-study videos, or through case-based discussion, reflecting on practice and shared learnings [9]
Training and development in engaging with the unique needs of priority populations; core and specialist training via Training and Development Committee [3]			*Possibility of additional qualification for adult psychiatrists in the field of adolescent psychiatry with a 1- to 2-year additional training program and vice versa, that child and adolescent psychiatrists actually work in the adult field, e.g., for one year in adult psychiatry, in order to familiarise themselves much more quickly with psychiatric problems in adults*			NR [10]

						Build and retain capacity and competency across AMHS and CAMHS [11]
						Training and support to ensure professionals across services are able to identify emerging mental health problems and can provide appropriate care [12]
						NR [13]
Workforce Retention and Sustainability Strategies						
NR [1]	*The stimulating nature of working with youth and the visible impact on their lives contribute to high retention rates*	NR [4]	NR [5]	NR [6]	NR [7]	Careful consideration of workforce issues because of workforce shortages [8]
NR [2]			*Tasks should be distributed across professional groups, so treatment should not only be provided by psychotherapists and medical specialists, but also by nursing staff, occupational therapists and*	*The numbers that people who work in acute mental health situations have to treat should be lower than the numbers to treat in an average*		NR [9]

			social workers, all of whom should have clear responsibilities; important to have clear agreements and role boundaries, tasks must remain within the professional groups' areas of expertise to ensure quality and safety	*practice for children and adolescents*		
NR [3]				*CAMH professionals should avoid unnecessary referrals, and AMHS should take GP signals or CAMHS referrals seriously, especially for patients with a history of child mental health care.*		NR [10]
Financial incentives with regional staff receiving extra bonuses for relocation, additional payments for one- or two-year commitments and accommodation support				*GPs should not be made fully responsible for mental health care, but be supported with clear information about monitoring*		NR [11]
Meaningful work, feelings of being valued, appropriate remuneration, and interesting roles are				*Stronger agreements and mutual trust between disciplines can help professionals feel less*		NR [12]

essential for long-term staff retention				*isolated in managing complex cases*		
Less psychiatry-oriented models, broader mental health roles						NR [13]
						Promising strategies and models: focus on needs, not diagnosis; promoting use of community resources; encouraging reduced reliance on specialist services unless necessary -> Multi-agency youth services like youth hubs (reducing specialised service demands) and student mental health services (e.g., school mental health programs)
Infrastructure Resources						
NR [1]	NR	Youth-friendly facilities to spend time without disturbance, and having relevant information material targeted in the waiting areas and for distribution [4]	Central and extended team infrastructure required; public list of authorised providers [5]	Dedicated transition clinics, digital platforms [6]	NR [7]	NR [8]

Clinical documentation, eLearning modules, flowcharts, video resources [2]			*The spatial conditions must be appropriate for young people*			NR [9]
NR [3]						NR [10]
						NR [11]
						Digital tool; youth spaces; shared information and data management systems [12]
						NR [13]
Implementation and Governance						
Roll-Out and Implementation						
NICE Baseline Assessment Tool used in conjunction with the NICE guideline to support local implementation	*Heterogeneous nature of Belgium's healthcare system allows implementation of different models*	Three-phase model implemented across hospitals with working group input [4]	Central and extended teams, overall treatment plans, coordination, evaluation planned after 5 years [5]	National promotion as part of high-quality, person-centered care, emphasising coordination, continuity, and social participation; key	NR [7]	NR [8]

[1]	*according to local needs and resources*			strategies include mobilising role models, integrating into ongoing initiatives, securing recognition by health authorities, sharing best practices, youth and parents engaged via schools and associations, mandatory integration into training programs across medical and paramedical disciplines, integrating the quality standard into local protocols and care pathways, healthcare providers encouraged to appoint transition lead, adapt ICT/EHR systems, use toolkits, facilitate joint consultations, and actively monitor no-shows, institutions should ensure visibility of standard online, promote peer-support and youth engagement, and structurally support double consult times and interprofessional meetings, youth and		

				parent involvement, advisory council input, and feedback loops [6]		
NR [2]				*Challenges in implementing transition psychiatry guidelines due to the 2015 systems change*		NR [9]
Phased roll-out with review at 12 months; central coordination, consultation and feedback [3]						NR [10]
						CQUIN indicators, QIPP-linked efficiencies [11]
						NR [12]
						NR [13]
						Resource allocation (system-wide resourcing) must be considered alongside transition

						strategy as pressure increases because of youth mental health crisis and rising prevalence
						Lifespan and systems-based approach required: Support must extend from early childhood through adulthood; investment in early years reduces long-term mental health demand (prevention and early intervention); strengthening parenting support and early family services is critical and adult mental health services should consider impact on patients' children for improved outcomes for children
Favourable Factors						
Shared responsibility, joint planning, development and commissioning of services, training in developmentally appropriate services and	*Change of mindset and awareness campaign in CAMHS and AMHS teams to prepare for transition process*	NR [4]	Participatory model; detailed role assignment; strong coordination across sectors [5]	Communication and dissemination; summary of content; clear improvement over current situation; recommendations are unambiguous; for users, being aware of the	Binding quality standards in accordance with international guidelines for services with transitional psychiatric focus; specific financial incentives as initialising measure, e.g. in the form	Leadership; co-production to ensure buy-in and successful implementation; identification of variances between CAMHS and AMHS; development of

person-centred practice (NICE) [1]				quality standard and feeling competent to apply it; at system level, laws and regulations, finances and funding systems; self-management of health by the young person and self-direction are important elements of successful transition [6]	of specific remuneration for reciprocal transitional psychiatric consultations between the wards [7]	common language by all mental health specialities; funding; planning and commissioning of services guided by data and population health management to ensure local needs; preventative approaches that reduce the number of children and young people needing specialist mental health services [8]

Early planning; stakeholder involvement; resource availability; acknowledgement of different service delivery models between child and youth mental health services, and adult mental health services, and other service providers [2]	*Allowing joint consultations between child and adult psychiatrists to be reimbursed for both, as this is a key component of the coordination of transition model (two consultations of a psychiatrist within the same day can't be refunded)*		*Expanding the framework of legal possibilities for making the transition with joint therapies or therapy concepts in some cases, as adult units are not designed for the legal conditions and requirements of minors (e.g. supervisory duties)*	*Early detection and intervention modules are recommended to prevent severe illness and reduce treatment costs*	*Closer cooperation between adult psychiatry and child and adolescent psychiatry institutions, and regular exchange (e.g. joint further education and training, conferences, specialist events) and the opportunity for staff to gain insights into each other's work*	Shared vision and policy for transition; joint commissioning arrangements and pooled budgets between children's and adults' services, across health, education and social care; strong and sustainable links with special schools, looked-after children's teams, and other local teams involved in supporting and protecting children to help identify young people who have disengaged, or may be disengaging, with services [9]
NR [3]	*Implementation of different models according to local needs and resources*		*Interdisciplinary integration: doctors, therapists and social workers from child, adolescent and adult psychiatry, counselling centres, assisted living facilities, addiction counselling and other social psychiatric providers*	*Organisations that treat people across the full age range (e.g., 0–100) can refer within their own system, therefore, better chances for "warm transitions" with short communication lines and shared care*		NR [10]

Care navigation models (personnel helping individuals navigate complex service systems) effective			*Primary care: General practitioners and paediatricians should be involved in early detection and informed about transition services - e.g., to choose appropriate care pathways directly (e.g., adult treatment instead of CAMHS for older adolescents)*	*Trust and collaborative networks and clear agreements between services*		Facilitating local Transitions Forum, including representatives from CAMHS, AMHS, voluntary sector, service user groups to review and monitor transition protocols, provide arena for debate and service development, analyse, plan, do and review - Joint Strategic Needs Assessment (JSNA); enabling young people to access services they want, through personalisation (individual as commissioner of own care and support); develop enhanced local quality standards and explicit service specification as one approach across country [11]
Focus on supporting the entire consumer journey, not just the transition point			*The structural conditions necessary to realise, include infrastructural, personnel, and financial conditions*	*Integrated and connected care structure*		NR [12]

				Services should be low-key and not overly intensive, but still provide continuity of care		NR [13]
Hindering Factors						
Service Boundaries (e.g., eligibility for adult services) [1]	*Centralised system with strict laws, leading to challenges in implementing transition models*	Lack of established adult programs for some diseases; sectoral fragmentation [4]	Potential delays in coordination; unclear cross-sector obligations; missing data on incentives [5]	Cost-effectiveness [6]	Shortage of specialist physicians; lack of inpatient beds in the field of pediatric psychiatry; economic pressure [7]	Workforce shortages [8]
NR [2]			*Different billing systems for CAMHS and AMHS*	*Difficulty of diagnosing YP accurately*	*Funding: Funding of care services is based on inpatient and outpatient services; intermediate services are billed as outpatient services. The remaining costs of services that are not covered by health insurance (support, social pedagogy, etc.) are covered by the cantons and have to be renegotiated time and again - no planning security. As a result, these services are not very widespread in Switzerland*	NR [9]

					because they often can't cover their costs	
NR [3]				*YP often move for study or work, which makes it harder to ensure smooth transitions between regions*	*Overall shortage of specialists in psychiatric care (doctors, psychologists and nurses)*	NR [10]
Complex and fragmented funding model complicates coordination at transition points and hinders consistent implementation				*Waiting lists, shortage of funding and staff in mental health care, and poor coordination between child and adult services can delay or block care*		NR [11]
Service system fragmentation, poor				*Overburdened professionals due to high*		NR

integration and lack of care coordination - importance of primary care				*administrative workload while treating complex patients*		[12]
Low health literacy (where to seek help or what steps to take next in their care journey)				*Lack of flexibility in financial and organisational systems (e.g., strict referral rules)*		NR [13]
No formal implementation strategy, and as a result, models can vary significantly across local health districts, resulting in a lack of statewide consistency						*Severe workforce shortages across all mental health disciplines, especially in rural and regional areas and high staff turnover and poor retention*
						"perfect storm" of challenges: Ageing workforce; High cost of living; Housing pressures; Perceived toxic work environments, especially in health systems; High turnover among young professionals
						High vacancy rates, long waiting times to see psychiatrists, limited psychiatrist contact and

						systemic reliance on diagnosis-based access
Cost and Resource Allocation						
Funding Source and Cost Estimation						
NR [1]	NR	NR [4]	Nr [5]	Clarifying available funding mechanisms to address barriers to cost-effective implementation; transition care part of purchasing agreements (coordination and continuity) between health insurer and care provider, and municipality and care provider Budget-Impact-Analysis Depression: implementation additional costs of €6,507 per patient - this accounts for components such as increased consultations, joint "warm" transfer, and involvement of transition coordinator (only direct healthcare costs related to medical	Adapted tariffs to promote establishment of specific transitional psychiatric services, with expected effect on savings through a reduction in current problem of cost-intensive treatment interruptions due to inappropriate care [7]	Clear funding arrangements for YP and for implementation; funding should move from age-segregated approach to family-focused approach [8]

				consultations and contact moments with healthcare providers have been included, costs related to drugs, interventions or productivity losses have not been considered); If transition care implemented for all, estimated total additional investment required from Dutch society €882,327,864 over five years, alternatively, if provided to only half, additional €441,163,932; direct costs relatively easy to quantify, not true for expected impact of interventions on patients (and society) as effectiveness of transition care has not yet been well studied, although experts expect great added value (and benefits); expected effects of transition care include fewer no-shows in healthcare, improved connection to adult		

				care, reduced mental health-related admissions, lower absenteeism in school/work, fewer suicides, greater compliance, enhanced care quality (not easy to measure and express in terms of costs and benefits); within set of interventions calculated, transition coordinator is intervention with highest cost [6]		
NR [2]			*Clinics must adhere to certain staffing ratios (PPP Directive); otherwise, financial penalties, cost pressure, lead to minimum staffing in order to save costs; staff can be reallocated internally between wards to balance out requirements*		*Complex and high effort for compensation for coordination work (with families, schools, training companies or employers)*	NR [9]
NR [3]			*Additional resources possible through third-party funding*			NR [10]
						NR

						[11]
						Commissioners need to consider appropriate funding model to meet the needs and demand [12]
						NR [13]
Economic Feasibility						
NR [1]	*The first model, coordination of transition, is not expensive but requires a change of mindset and awareness among clinical teams*	NR [4]	NR [5]	NVK expects that cannot be cost-effective with current care product; early detection can save costs, (too) late intervention costs more (not only financially) to the tide [6]	NR [7]	NR [8]
NR [2]	*The cost-benefit analyses that have been done on the Australian, UK and US models are really promising, but they are very long term, meaning that patients will end up developing less psychiatric disorders,*		*The budget must be higher; the budget for adult psychiatric care is insufficient, it must be based on at least the budget for child and adolescent psychiatric care (better equipped in terms of personnel and finances because more supportive services are*			NR [9]

	they will integrate better into society and also into working life, they will be more willing to graduate and then contribute to society, and they will then use less care in the health system, meaning less long hospital stays, less strong treatments, electroconvulsive therapy and so on. The problem with governments and policymakers is that they want to see results quite soon.		*required), ideally even above the level of child and adolescent psychiatric care, because adult care is also included*			
NR [3]						NR [10]
Short-term incentives may appear costly but are more economical in the long term						NR [11]
						NR [12]
						NR [13]

Evaluation and Effectiveness						
Quality Indicators						
NR **[1]**	NR	Quality of life, adherence, disease control, satisfaction; Health competency assessment; frequency of unplanned hospitalisations and emergency visits; no-shows, statements of disease control (e.g. HbA1c, lung function, disease activity); quality of life (general or health-related); self-care and adherence [4]	Quality of care; whether care objectives set out have been achieved, and whether requirements of guidelines are suitable for fulfilling them; unwanted effects and obstacles to implementation [5]	Visibility in education, media, and policy (impact scope) and measurable changes in transition care practices (impact quality), including reasons for success or barriers [6]	NR [7]	NR [8]
NR [2]			*Continuity, meaning no long periods without therapeutic or other contact, and minimal lost information, ensuring all information and pre-treatments are present and passed on, so there is no need to start from scratch*			NR [9]

HoNOS-CA outcomes, episode length, referrals, NOCC scores on initial assessment and on discharge, family involvement, Length of time from referral to first assessment, engagement in care plan development/review, wellbeing measures [3]			*Evaluation of structural quality, e.g. how are the respective areas equipped, and evaluation of results*			NR [10]
						Service user and carer satisfaction with transition process; CAMHS leavers; age upon discharge; how many transfer to adult mental health services, how many to other services; crisis in year after discharged from CAMHS [11]
						NR [12]
						Proportion of young people aged 13–14 who have started transition planning, proportion of

						young people (and their families/carers) satisfied with transition planning and transfer, including involvement, rate of non-attendance at adult services' meetings or appointments post-transfer, proportion of young people who continue to engage with adult services at 1 or 2 years post-transfer, or at age 2, proportion of YP (aged 13–14+) with a coordinated transition plan, proportion who had a meeting in the last 12 months to review transition planning, proportion with a named worker coordinating care before, during, and after transfer, proportion who met an adult service practitioner before transfer, proportion who missed initial appointments but were followed up and given further chances to engage (within first 3

						meetings or within first 12 months) [13]
						Mental health outcomes, Parent outcomes, Employment and education outcomes (Time off work and education, Youth unemployment and sick leave rates)
Evaluation Methods and Timeframes						
NR **[1]**	*Long-term cost-effectiveness studies on the specific care for youth model, as the benefits may not be immediately visible, but could lead to reduced long-term costs in the health system*	Patient experience/satisfaction surveys [4]	Evaluation within 5 years post-implementation [5]	Mirror meetings with young people who have gone through the transition process or using (generic) questionnaires for needs and experiences of young people and parents/carers, all concerned healthcare providers receiving outcomes; evaluating quality standard's implementation and impact after 3 to 5 years [6]	NR [7]	NR [8]

NR [2]	*Quebec self-learning tool as a gold standard for evaluating, providing regular feedback to clinics, allowing them to adjust their weaknesses and to strengthen their strengths*		*Within a period of five years, with comparison group*			Accountable executive for championing transitions at strategic level and manager for liaising with executive; championing, implementing, monitoring and reviewing effectiveness of transition strategies and policies per org., integrated planning structures; integrated youth forums for transition to provide feedback and gap-analysis [9]
Qualitative and quantitative evaluation; review of any targets set at regular twelve-month intervals; review measurements to ensure ongoing relevance [3]	*Retrospective data collection and analysis for an overview of this specific professional care for 16-24 year olds over a four-year period. Anticipating that many child psychiatrists would refer patients for transition work, more GPs, more psychologists and more school teachers and counsellors ended up sending*					NR [10]

	adolescents and young adults for initial assessment; so they began to question whether they weren't really facilitating continuity of care (change of model)					
						NR [11]
						Quality Improvement (QI) to improve services - made up of number of different methods and approaches, use knowledge, skills and experience of people who use and provide care to test and implement change; critical external assessment and robust research approach [12]
						NR [13]

						External evaluation to avoid bias and ensure objectivity
						At least annual review of transition planning and plan
Monitoring						
Your Experience of Service (YES) survey, adherence to protocols, patient outcome tracking, remaining engagement **[1]**	NR	Individual transition programmes and departments' transition programmes should be continuously monitored and evaluated [4]	Monitoring integrated through treatment review every 6 months; case discussions [5]	Periodic and post-transfer evaluations, goals on young person's strengths [6]	NR [7]	NR [8]
Engagement with new service, planned follow-up and feedback mechanisms post-transition [2]						Service gaps, training needs, data sharing barriers [9]
Annual monitoring using national and local tools [3]						NR [10]
						NR [11]

						NR [12]
						For quality indicators: information recorded by health and care practitioners and provider organisations (e.g., patient or client records); patient or client survey [13]
Best-Practice Transition Models and Characteristics (Consultation Question)						

While transition clinics are in place for some chronic physical health conditions, mental health lacks formal structures for this purpose.	*Two main models: the UK's coordination of transition model and the Australia headspace model.*	*NR*	*Infrastructure: child and adolescent psychiatry and adult psychiatry located in the same building, which means there is a short physical distance*	*Allowing patients in child mental health care to bypass waiting lists when transitioning to adult care, recognising past treatment in child mental health as a risk factor, and ensuring adult services prioritise these cases without questioning referrals; offering priority access for vulnerable YP when moving to a new region; enabling continued treatment within the same team, even with different funding systems*	*Consensus on what a best-practice service should include: specific integrated expertise from both disciplines, development-oriented concept (personality, socialisation, education), interdisciplinary approach (KJP, EP, developmental psychology, social pedagogy), systematic interaction with outpatient transitional psychiatric and socio-pedagogical services (integrated care), also sufficient space for secondary prevention efforts, early detection and early intervention*	*Existing policies like NICE guidance do not effectively translate to real-world practice due to lack of resources*
Policy expectations for warm handovers: There is a clear policy directive that transitions from child and adolescent to adult mental health services (typically around age 17–18) should include a warm handover — a	*The UK model involves coordinating existing CAMHS and AMHS services without changing their structure, focusing on collaboration and continuity of care for neurodevelopmental conditions.*		*However, if the services are distant, cooperation agreements and coordination are required*			*Some transition models, such as monthly transition clinics and integrated care meetings, show promise by facilitating communication and planning between child and adult services.*

coordinated and supportive transfer.						
Despite policy, implementation in clinical settings varies greatly - The quality and consistency of warm handovers depend on local practices and individual clinicians.	*The Australia headspace model adds specialised services for youth from 16 to 24 or 30, targeting those developing symptoms during puberty and adolescence. All the spikes in the house allow adolescents to access the facilities freely, either anonymously or without an appointment, and there are peer volunteers as well as professional clinicians available in a youth-friendly environment.*					*Key elements for success:* *- Financial levers and incentives* *- Collaborative working across subsystems and a community-based approach* *- Prevention and early intervention as essential components* *- Psychiatry alone is insufficient; models like I Thrive offer supportive solutions without replacing specialised services*
The headspace model (12-24) is emphasised as a nationally recognised initiative for smoothing transition points	*Belgium has some flexibility in its national health system, allowing for adaptations based on clinical situations.*					
Youth mental health models reduce the need for abrupt transitions between services, allow young people to remain in						

developmentally appropriate services until they are mature enough to make independent decisions, provide comfortable, accessible services with high-quality care and is particularly important as under-18s often rely on parental support for access to care						
Disease-Specific Relevance for Transition						
	Distinction between neurodevelopmental conditions such as intellectual disability, ADHD, autism, correlated or not with anxiety or depression, receiving care in CAMHS already for a long time -> model of the coordination of transition: not change the existing services, bridging the gap and consolidating a protocol of collaboration between the existing CAMHS and AMHS and		*Adolescents or young adults who are socially poorly integrated in childhood and adolescence, i.e. who come from broken homes or grow up in institutions or youth centers have a higher care ratio in the child and adolescent psychiatric sector, especially as inpatients, than in the adult sector; difficult to maintain care for patients with very high needs, because different staff ration in the adult sector. These are primarily adolescents with dangerous self-harming behaviour or with recurring, acute or other-*	*Anorexia nervosa presents a complex case, as it requires both somatic and psychiatric care. For this disease, early detection and intervention are very important, as thought that anorexia after a few years, sort of becomes biologically ingrained*	*Treatment of patients with addiction problems, as they are often not included in the (rather limited) services available*	*Notable gap in adult services for neurodevelopmental disorders like autism and ADHD, leading young people to fall through the cracks*

	strengthening the continuity of care; youth who did not receive care before but start with puberty/adolescence to have some specific symptoms that might be, or not, early signs of a disorder, really a chronic one, like bipolar disorder, schizophrenia, personality disorders -> when they knock at the door of CAMHS, they are too old and clinical presentation is atypical, and on the other hand, they are suffering and they are dysfunctioning, so they need the help -> model of specific care for youth: Additional service specifically conceived and targeting youth from 16 or 15 years old until 24-25 or sometimes even 30, add on to the already existing services, main objective is facilitating the access to care (specialized care) (Australia headspace);		*threatening illnesses, or with impulsive or emotionally unstable personality traits*			

	UK model involves coordinating existing CAMHS and AMHS services without changing their structure, focusing on collaboration and continuity of care for neurodevelopmental conditions; the Australia headspace model adds specialized services for youth from 16 to 24 or 30, targeting those developing symptoms during puberty and adolescence					
			Loss of relationships/carers, for example when patients have to move out of youth homes because they are of age, at the same time as the loss of child and adolescent therapists - several breaks at once, not only in treatment, but also in care, in the residential landscape, in social contacts	*Stress from poor transitions or long waiting lists can worsen mental health during this critical period*		*Eligibility for AMHS based on severity - typically includes: schizophrenia, bipolar disorder, anorexia, personality disorder; reluctance in CAMHS to diagnose, especially personality disorders - Misalignment with adult service criteria, which requires diagnosis for access (diagnosis-based pathways = diagnosis-led rather than*

						needs-led); personality Disorder, therefore sometimes diagnosed at 18 to ensure AMHS access -> controversial practice, creates tension. *Key issue: resource constraints, not clinical needs*
			The severity of the mental illness is decisive - not the diagnosis group; Young people with "Severe Mental Illness (SMI)" are relevant - i.e. severe, chronification-prone courses that lead to functional limitations and participation deficits; those affected make up only around 1% of the total population but are highly relevant as they could potentially become the "young chronic sufferers of tomorrow"; these can be mental illnesses, but they can also be affective illnesses such as depression or bipolar disorder, or severe addictions.			
			Developmental stage is just as important as diagnoses - A			

			successful transition depends just as much on the degree of psychosocial maturity as on the illness itself; mature adolescents (intellectually and psychosocially) usually cope well with transitions - Young people with typical adolescent coping patterns, a lack of personal responsibility and a lack of acceptance of their illness, on the other hand, need educationally supported transition structures (more in CAMHS). - Adult psychiatry demands sudden personal responsibility, which many are unable to fulfil			

This table provides an overview of all extracted information used in the synthesis of international and national findings. All content derived from written documents is referenced accordingly with in-text citations. Information presented in italic font reflects insights from expert consultations; these statements represent interpreted content based on interview synthesis and are not direct quotations. The structure of the table follows the predefined thematic categories used for data extraction.

5.2 Data Extraction for RQ2

ADHD	Depression	Conduct Disorder

Basic Model Information		
Title: Australian Evidence-Based Clinical Practice Guideline for Attention Deficit Hyperactivity Disorder (ADHD) Country: Australia Publisher: Australian ADHD professionals association (aadpa) Publication Type: Evidence-Based Clinical Guideline Type of Policy: Clinical Practice Guideline Year: 2022 Document Aim: Provide evidence-based clinical practice recommendations for ADHD in Australia Funding: Australian Government's Department of Health (Grant Agreement ID: 4-A168GGT) Language: English [14]	Title: Depression in children and young people: identification and management Country: Netherlands Publisher: Kenniscentrum Kinder- en Jeugdpsychiatrie Publication Type: Transition Tool Background Document Type of Policy: Practice-based Guidance Year: 2019 Document Aim: To support professionals in counselling young people with depressive mood disorder during the transition from youth to adult mental health care Funding: ZonMw (project number 636110003) Language: Dutch [18]	Title: Antisocial behaviour and conduct disorders in children and young people: recognition and management Publisher: NICE Publication Type: Guideline Type of Policy: Clinical Guideline Year: 2017 Document Aim: Recognition and management of antisocial behaviour and conduct disorders in children and young people Funding: NR Language: English [20]
Title: Bridging the gap: Optimising transition from child to adult mental healthcare Country: United Kingdom Publisher: European Brain Council, GAMIAN-Europe Publication Type: Expert Policy Paper Type of Policy: Policy recommendations Year: 2017	Publisher: NICE Publication Type: Guideline Type of Policy: Clinical Guideline Year: 2019 Document Aim: Identification and management of depression in children and young people aged 5 to 18 Funding: NR Language: English	

Document Aim: To explore reasons why transition is suboptimal and to create a roadmap for improvements Funding: Shire Language: English [17]	[19]	
Title: Attention deficit hyperactivity disoder: diagnosis and management Publisher: NICE Publication Type: Guideline Type of Policy: Clinical Guideline Year: 2019 Document Aim: Diagnosis and management of ADHD in children, young people and adults Funding: NR Language: English [15]		
Title: Recommendations for the transition of patients with ADHD from child to adult healthcare services: a consensus statement from the UK adult ADHD network Publisher: UK Adult ADHD Network (UKAAN) Publication Type: Consensus Statement Type of Policy: Practice Recommendation		

Year: 2016 Document Aim: To formulate recommendations for effective transition of patients with ADHD from child to adult healthcare services Funding: no funding Language: English [16]		
Age Range		
NR [14]	12 to 24 years [18]	< 19 [20]
NR [17]	5-18 [19]	
5-18 [15]		
NR [16]		
Scope and Target Population		
Eligibility		
NR [14]	Diagnosis of depressive mood disorder [18]	NR [20]

NR [17]	Mild, moderate, severe depression with/without psychotic features [19]	
ADHD diagnosis per DSM-5 or ICD-11; moderate or severe impairment in 2+ settings [15]		
Significant ongoing symptoms of ADHD or comorbidities requiring treatment [16]		
Condition-Specific Transition Services		
Referral and Transition Process		
Early identification (at least 12 months before 18th birthday), transfer to adult care should occur around the age of 18 years or in line with the completion of secondary school; referral from the existing service, transfer of appropriate information, and acceptance by the accepting agency, with subsequent care and responsibility for future transfers; transition plans to guide planning of transition support and transfer of care arrangements, including risk assessment and management strategies; high-risk group, those with severe symptoms or co-occurring symptoms, require early identification to allow sufficient planning [14]	Start planning early (waiting times in mind); assess readiness individually and take into account prognosis of depression, estimated duration of treatment, nature of the problem, wishes of the adolescent and possibilities within the treatment setting, developmental age, specific needs, individual abilities - if estimated that depression will be persistent, earlier transition to adult mental health care than 18th birthday, stretching youth mental health services to be considered when predicted that depression treatment will be able to conclude within a foreseeable time after 18th birthday; transfer at clincial stability; focus on promoting independece, concluding care at youth mental health centre with final interview [18]	Planned, phased discharge and CAMHS-AMHS transition [20]

Planned and purposeful transition, assess need for transition to adult services, start early, flexible timing of transition according to developmental stage (up to 25 years) at clinical stability, support and treatment based on patient's needs, shared crisis-management plans, patients and parents involved [17]	CAMHS continues care if 17-year-old recovering from first episode until discharge considered appropriate (also if YP turns 18); referral to AMHS if second/subsequent episode or ongoing symptoms [19]	
Reassessment at school-leaving age of transition necessity, formal transition meeting between CAMHS and AMHS, use of Care Programme Approach if ≥16 [15]		
Planned well in advance; involve both CAMHS and AMHS; completed by age 18 where possible; gradual process; joint meetings recommended; clear transition protocols developed jointly by commissioners, CAMHS/paediatric services, AMHS, primary care, and other agencies, and available to all clinical teams should specify timeframes, lines of responsibility, who should be involved, how young person should be prepared, and what should happen if AMHS are not able to accept the referral, allowing for flexibility in age of transition to accommodate developmental needs and stages and at time of clinical stability [16]		
Integration between CAMHS and AMHS		

Anticipation and comprehensive planning of transition points, from time of diagnosis onward; shared responsibility among treating clinicians; Collaboration between referring and receiving services; shared care and planning meetings; involvement of primary care, patients and their families (where appropriate, e.g., care options available, how to navigate health systems, establish support links); trained transition lead to coordinate process and enable optimal transition and handover (paediatrician, general practitioner, psychiatrist, psychologist, other allied health professional, or a dedicated transition lead); [14]	Shared responsibility, joint meetings before transfer (also digital), shared documentation; transition coordinator (professional from various fields if in team, otherwise professional) to coordinate and deliver support to young person and parents, making arrangements with GPs, supporting young person by promoting independence in areas of education and work, health, social functioning and independent living, monitor and evaluate, prepare young person and parents; warm handover recommended; 'treatment passport', containing symptoms and which approach has been used, young person write their own handover letter, naming what the new practitioner needs to know about them [18]	Collaborative care plans and support during referral periods [20]
Communication and information sharing between CAMHS and AMHS, common language, collaboration, sharing of resources, case manager to oversee transition, Joint working, shared access to records, continuity during transition; Joint sessions, flexible transition age, case manager [17]	NR [19]	
Local protocols for information sharing, communication between CAMHS and AMHS; transition completed by age 18 [15]		
CAMHS and AMHS close collaboration; healthcare jurisdictions to use similar care pathways and outcome measures across different patient age groups; not discharged by children's services until seen by adult services and care has formally been taken over; key worker/lead clinical to coordinate the care needed; CPA - planned assessment of need with young person and parents/carers and clearly documented plan of action [16]		

Continuity of Care		
Comprehensive information exchange to ensure continuity of care; streamlined communication systems between relevant health services to support and monitor the care [14]	Planning and monitoring instruments (e.g. DASS-21, IDAS); at least 2 post-transfer meetings with same healthcare providers; transition coordinator until stability post-transfer, build on treatment in youth mental health care (no starting over with diagnostics and interviews) [18]	Supports during transition, care planning with access in crisis [20]
Joint sessions with both providers, 6- or 12-month appointments with AMHS for re-assessment/re-evaluation of patient, GP as primary point of contact for follow-up and treatment monitoring [17]	NR [19]	
Comprehensive reassessment post-transition, including personal, educational, occupational and social functioning, and assessment of any coexisting conditions, especially drug misuse, personality disorders, emotional problems and learning difficulties [15]		
Involvement of GP during process; CPA - planned assessment of need with young person and parents/carers and clearly documented plan of action; shared care arrangements between primary and secondary care services for prescription and monitoring of ADHD medications; referral letter from children's services including diagnostic summary, treatment history, rationale and response, side effects, compliance, abuse and diversion issues, ongoing treatment needs, any psychiatric and medical comorbidities, any other ongoing needs - social, financial, accommodation or occupational and updated risk assessment; joint working period if complex/anxious		

[16]		
Provided Services		
Accessible and readily understandable education and support before and during the process for patients and carers (skill development to improve decision-making, motivational interviewing, screening and optimisation of medication adherence, and medication counselling, individualised learning plans and vocational and psychosocial support and linkages, long-term monitoring, driving, tobacco, alcohol, other drug use) [14]	Preparation and discussion for transfer (3 good questions from the Patient Federation Netherlands: 1. What are my options? 2. What are the pros and cons of those options? 3. What does that mean in my case?) - on course of action, similarities and differences between youth and adult services, other sources of information and time to think about it; alternatives if cut-off and self-help groups; parent involvement (decision of YP on how much involved); joint transition meetings to inform YP of their rights, guided transition meetings, parent and peer involvement [18]	NR [20]
ADHD-specific self-help groups [17]	Comprehensive information about treatment of depression in adults and local services and support groups suitable; engagement of YP and parents or carers in treatment decisions, full account of patient and parental/carer expectations [19]	
Involvement of YP and families (if appropriate) in planning of transition [15]		

Psychoeducation, open discussion about ADHD, benefit of evidenced-based psychological and pharmacological treatment, concerns about stigma associated with referral to AMHS; direct psychological treatment should be considered (individual and/or group Cognitive Behavioural Therapy) to support young people during key transitional stages, with skills development focus and target range of areas including ADHD symptoms, social skills, interpersonal relationship problems, problem solving, self-control, dealing with and expressing feelings; needs and wishes of parents should respected and ongoing involvement with young person negotiated; parents prepared and facilitated to aid child's gradual move towards independence and autonomy; full involvement of YP [16]		
Condition-Specific Transition Challenges		
Geographic location; existing linkages to relevant supports in the community; availability of and access to appropriate services; availability of dedicated time, resources and personnel; lack of public adult ADHD services, leading to receive care in the private sector, resulting in significant costs; disjointed care, anxiety and stress for people with ADHD and their families, and gaps in care, resulting in poorer health outcomes; missing availability of transition leads in adult settings, transition lead roles should be included in economic evaluations assessing cost benefits of effective transition between services for those with ADHD; role change from 'passive recipient of care' to active self-management' and relationship-building skills may not be feasible for a person with ADHD depending on level of impairment; resources available and their costs vary according to the sector, stage of life, the provider and location, and determine the interventions available [14]	Inadequate preparation for transition, knowledge gaps between services, parental exclusion post-18, cost burden post-18, waiting lists, inconsistent protocols [18]	Transition evokes strong emotional responses; gaps for looked-after youth and those with limited access to care; stigma [20]

Timing of transition, availability of care, differences in CAMHS-AMHS practices, poor medication adherence, lack of accountability, social stigma (applicable to other mental health issues), cost of medication [17]	Unclear boundaries between CAMHS and AMHS; inconsistent transition timing; lack of continuity planning; variable readiness assessment [19]	
lack of awareness; transition gaps; service fragmentation [15]		
Lack of services; rigid age thresholds; inconsistent eligibility; communication breakdowns; absence of transition policies; AMHS reluctance to accept ADHD patients; low medication adherence; stigma, psychoeducational material high-quality, comprehensive, impartial and appropriately written information for young people and parents, about ways that young people can manage their own symptoms and problems, access advice and support, developed in media format readily accessed by young people [16]		
Integration or Alignments		
Gaps in public service provision, integration with NDIS, funding for care coordination; Economic evaluations to assess cost-benefits should be integrated into service frameworks, combined with robust methods of attaining feedback from persons and their parents and carers [14]	Aligns with EBRO and NICE frameworks; outlines research needs [18]	Aligns with NICE guidance on transition services; addresses NHS service integration; highlights long-term care planning [20]
NR [17]	Aligns with NICE guidance on transition services; addresses NHS service integration; highlights long-term care planning [19]	

Aligns with NICE guidance on transition services; addresses NHS service integration; highlights long-term care planning [15]		
Aligns with NICE and TRACK study [16]		
Inductive Themes		
[14]	Discontinuous Care: Good discharge letter for GP (what treatment has focused on, what was effective, risk of relapses, what can be worked on in case of relapse), naming where young adult can seek help again, if young adult returns to care, make use of already documented information as much as possible, e.g. by contacting the previous practitioner Implementation: Person responsible for developing and communicating the transition policy; platforms where young people can share experiences and provide points for improvement [18]	[20]
Prevention: Need for increased ADHD (across the lifespan) and transition management education for medical professionals (including GPs), public awareness campaigns for ADHD symptoms and treatment (public, parents and schools) Access to Services: Increase number of professionals specialised, ensure costs are not a barrier to patient engagement, protocols for adolescents who may not meet AMHS entry criteria but require ongoing support [17]	[19]	

[15]		
Training: Inform and educate allied professionals who may come into contact with young people with ADHD for first time during the transition period, e.g. forensic medical examiners and those working in probation services and correctional units and prisons Support: Parallel services that can provide information and support for parents/carers during transition [16]		

6 Category System

Deductive and Inductive Category System

Characteristics	
Stakeholder Involvement in Policy Development	
Target User of Policy	
Setting	
Eligibility	
Age Range	
Vulnerable or High-Risk Population	
Service Integration and Coordination	
Referral and Transition Process	
	Timing of Transition
	Coordination Mechanism
	Preparation and Support Actions
Integration between CAMHS and AMHS	
	Transition Coordinator Roles
	Joint Working Mechanisms
	Information Sharing Process
	Service Alignment Strategies
Continuity of Care	
	Parallel Care during Transition
	Post-Transition Follow-Up
	Disengagement and Re-entry Strategies
Treatment Approach	
Provided Services	
	Psychoeducation / Empowerment
	Clinical Assessment / Treatment
	Peer Support / Mentoring
	Use of Digital Tools
Care Pathway	
	Phased Integrated Care Pathways
	Individualised Planning
Therapeutic Model	
Participation	
	Shared Decision-Making Mechanisms
	Family Involvement
	Support, Training and Feedback
Workforce, Training and Infrastructure Requirements	
Defined Responsibilities	
Multidisciplinary Involvement	
Training and Qualification Requirements	

Collaboration Strategies	
Workforce Retention and Sustainability Strategies	
Infrastructure Resources	
Implementation and Governance	
Implementation Strategies and Lifespan Approaches	
Evaluation	
Governance	
Key Enablers	
Hindering Factors	
Cost and Resource Allocation	
Funding Source and Cost Estimation	
	Funding
	Economic Evaluation
Economic Feasibility	
Evaluation and Effectiveness	
Quality Indicators	
Evaluation Methods	
Timeframe	

7 Expert Consultations Questionnaire Structure

7.1 International Expert Consultations

General Information on the Organisation of Transitional Psychiatry

1. Can you briefly describe your role and how it relates to the topic of the transition from CAMHS to AMHS?
2. From your perspective, how would you describe the current state of transition from CAMHS to AMHS policies or strategies in your country?

Best-Practice-Models, Implementation, Evaluation, Personnel Resources, Costs

1. Which service models for transition do you think work particularly well, or less well? What are the main advantages or challenges?
2. How is continuity of care ensured after the transfer from child and adolescent psychiatry to adult psychiatry? Where do you see gaps or tried and tested approaches?
3. Which mental illnesses pose particular challenges during the transition? What approaches, structures or support services are needed to overcome these challenges?
4. How should patients and their families be involved and supported in the transition process? Where are there good approaches, where is there a need to catch up?

Evaluation

1. Has the effectiveness of the transition been reviewed in your context? If so, what were the key findings?
2. How was (or should) this evaluation be carried out? Which methods or indicators do you think are particularly suitable?

Labour force (roles, sustainability)

1. What challenges do you see in securing qualified staff in the long term (e.g. shortage of skilled labour, fluctuation)? And what strategies could help to ensure the sustainability of the workforce in the area of transition?
2. How should the roles of the actors involved be defined in order to ensure a clear distribution of tasks and good cooperation?

Costs and Resources

1. Is there any information - or do you have any estimates - on the economic feasibility or cost estimate of such services?

Recommendations and Final Assessments

1. What advice would you give to countries that want to develop or improve a national transition strategy? Are there any lessons from your country that could be relevant for Austria?
2. Is there anything else that you think we should consider?

7.2 National Expert Consultations

Areas of consensus in different countries: Integration and coordination, treatment and services, skilled labour, training and infrastructure, implementation and governance

During our data collection phase, an international consensus emerged on the key principles of good transitional care, as demonstrated by both the written and verbal data. These include early, developmentally appropriate transition planning, a 'warm transfer' and coordinated handover between CAMHS and AMHS, and structured follow-up phases. The countries consistently recommend the integration and coordination of services through joint protocols, formal co-operation agreements and the involvement of networks that go beyond clinical care, for example, from the areas of education, primary care and social services. In addition, a flexible, youth-friendly approach to treatment is recommended, along with psychoeducation, digital tools, stigma-sensitive models, family inclusion and peer support. At an organisational level, it is recognised that clear role definitions, a physical environment adapted to the needs of young people and systematic professional training in youth-centred care promote continuity. Implementation strategies such as phasing, cross-sectoral governance structures, and the appointment of transition coordinators support these principles.

1. How can Austria ensure that the internationally recognised transition principles are applied consistently and systematically throughout the country? What mechanisms, such as national frameworks, clinical standards or funding incentives, could support this?
2. Do you generally agree with the identified principles of transition? In your opinion, are there any additions, nuances or contradictory experiences?

International models of transitional psychiatry

Two models of transitional psychiatry were prevalent in the countries included: the coordination model (e.g., UK) aims to bridge the gap between existing CAMHS and AMHS services and the youth-specific services model (e.g., Headspace in Australia) offers new, flexible, adolescent-specific services. There is evidence that no single transition model is suitable for all clinical scenarios. According to expert consultations, the coordination model may be particularly suitable for individuals who have been in treatment in CAMHS for a long time and suffer from persistent mental illness. The youth-specific services model, on the other hand, could meet the needs of young people with emerging, unclear or undiagnosed mental health conditions by offering flexible, youth-friendly entry points. There is evidence of the importance of adaptable, cross-sector collaboration and the importance of addressing psychosocial development, not just age. In addition, many countries recommend more flexible age limits to allow earlier access to AMHS or to extend CAMHS services beyond the age of 18. The aim is to better align care settings with the developmental needs and clinical course of young people. One of the key challenges that goes beyond model design is the inadequate availability of adult services for neurodevelopmental disorders (e.g. ADHD), substance use disorders and complex behavioural problems. The experts also emphasise how important it is to consider a history of CAMHS as a priority indicator for access to AMHS.

1. How could Austria strategically combine elements of both models, the coordination model and the adolescent-specific access model, to serve individuals with a long history of mental health disorders, as well as late-entry cases with emerging, unclear or undiagnosed mental health problems?

2. Should previous treatment in CAMHS act as a formal prioritisation criterion for access to AMHS, and how could this be regulated?
3. How can cross-sector partnerships (e.g. with education and primary care) be structured to support early detection and symptom monitoring?

Sustainability of the Labour Force

Ensuring staffing sustainability remains a major challenge. Experts report difficulties in staffing, especially in underserved areas. Strategies suggested by the experts interviewed include clarifying roles, cross-sector collaboration, improving working conditions, financial incentives, cross-age qualifications, appropriate referral practices and community-based models of care. Training in transitional psychiatry and work-based learning is also crucial, especially where services for 16-25-year-olds overlap.

1. Which personnel sustainability strategies (e.g. financial incentives, joint training and cross-sectoral tasks) would be advantageous and feasible in the Austrian context?

Enabling and Hindering Factors for Implementation

The experts reported various factors, both hindering and favourable, with regard to implementation. Factors such as data-driven planning, joint processing, attention to good practice, transition coordinators, adaptation of information systems, integration of training and quality standards, monitoring of engagement, as well as the creation of opportunities for feedback and the involvement of peers were mentioned as beneficial for implementation. On the other hand, persistent obstacles such as staff shortages, legal inconsistencies between CAMHS and AMHS and fragmented funding structures were mentioned as obstacles.

1. To what extent is the legal framework between the CAMHS and AMHS in Austria not harmonised, and what adjustments would be necessary?
2. How could strategic planning and targeted resource allocation be used to address staff shortages, regional discrepancies and the lack of adult equivalents for some youth services (e.g. ADHD)?

Costs and Resource Allocation

Flexible and needs-based financing structures are required to ensure sustainability. International experience shows that the current financing models often impair the continuity of care.

1. Which structural features of the Austrian funding system are the main obstacles to continuity between age groups, and how could these be adapted?
2. How could the funding streams and contractual agreements between health insurers, service providers and municipalities be reorganised to support a successful transition?

Evaluation and Effectiveness

International experts recommend the use of the following indicators for evaluation: process indicators (e.g. early initiation of transition planning, frequency of coordinated meetings, satisfaction of young people and families), measures of engagement (e.g. ongoing care rates, missed appointments, follow-up care and crisis contacts), clinical outcomes (e.g. symptom progression, emergency service utilisation), broader functional measures (educational attainment, unemployment, sickness absence) and system-level benchmarks (e.g. policy integration and structural change). A mixed methods approach could be adopted, including patient and family surveys, staff questionnaires, external assessments and ongoing feedback models such as self-learning systems and QI frameworks. Annual monitoring and longer-term evaluations after three to five years can help to capture both immediate results and sustainable effects at system level.

1. How can evaluation approaches be embedded in a sustainable way?

2. Which outcome areas (clinical, functional or system level) should be prioritised in the evaluation, and who should set these priorities?

Recommendations and Final Assessments

1. Is there anything important that has not yet been included that you would like to add?

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