



# Barriers and Challenges to Successful Transition of Young People with Emotional Behavioral Disorders (A Systematic Review)

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## ABSTRACT

The overriding aim of this study was to provide a critical and comprehensive qualitative review of the current evidence regarding the barriers and challenges that delay successful transition of children and youths with emotional behavioral disorders (EBD) from the child- to adult-centered care systems.

**Methodology:** To achieve the research aim mentioned above, empirical studies were electronically searched from leading databases such as NCBI, MEDLINE, EMBASE, PsycINFO, Proquest, CINAHL, and Google Scholar among other databases. Journals and reference lists relating to the transition of young people with EBD were also hand-searched to help in identifying unpublished manuscripts.

**Results and Discussion:** In total, 11 studies were identified and included in this systematic review. Following a careful and a critical analysis of the various evidence-based studies reviewed, it emerged that the primary barriers and challenges to successful transitional care include: funding restrains and lack of resources; training gaps and different working practices and treatment philosophies between child- and adult-centered care systems; lack of transition services such as age-specialized case management and vocational support; as well as poor communication and collaboration between child- and adult-centered care systems. Other barriers identified in the available evidence-based literature, though they were reported to have a minor impact on successful transitional care include the general practitioners' failure to refer young people, young people are not engaging in any kind of services because of stigmatizing attitudes, and incapacity to engage in outreach work.

**Conclusions and Recommendations:** Though most of the studies reviewed in this systematic review are US and UK based, there is high-quality evidence to affirm that the above-listed factors are the main challenges and barriers to the successful transition of young people with EBD from the child- to adult-centered care systems. Therefore, a robust transitional care for young people with EBD may be achieved by filling the policy-practice gap and addressing the barriers mentioned above.

**Keywords:** Transition, child-centered care systems, adult health care systems, children, youths, emotional behavioral disorders, challenges, barriers.



## Introduction

There has been an increasing number of children with chronic conditions such as emotional and behavioral difficulties (EBD) who survive into adulthood. Indeed, a report published by the National Center on Inclusive Education (NICE) show that in the USA alone, the number of youths and young adults with EBD who require an on-going specialized care ranges between three and four million, and that more than two million youths and young adults with EBD requiring to transition from children- to adult-centered health care systems every year (NICE, 2017). However, many sources have acknowledged that the journey through adolescence to adulthood is quite challenging especially for children with long-term health conditions such as EBD, since they are required to adapt to the changes in the care they need and the manner in which it is provided (Betz, 2017; White, Scott Jr, & Munson, 2018). The difficulties experienced during the transition process have over time made the transition of youths with EBD an area of interest for many researchers as they seek to identify the best transition practices and how they can overcome the challenges involved (Betz, 2017).

Transition of children and youths with EBD from child-centered health care systems to adult health care systems has in the past attracted the attention of a substantial number of researches. Indeed, based on the literature analysis carried out in this study, the concept of transition of children and youths with EBD from child-centered health care systems to adult health care systems was published for the first time in 1988 (Neel et al., 1988). Since then, other bodies of literature have been published on the same, even though the vast majority of the available literature is not evidence-based or empirical. Besides that, a critical review of the available empirical literature reveals numerous inconsistencies right from the description of the services offered in child and adult-centered health care systems, through the transition process, to the effectiveness of the practices used to facilitate the transition process (Singh & Tuomainen, 2015; McManus & White, 2017; ; Broad et al., 2017; White, Scott Jr, & Munson, 2018).

In brief, though there is an increasing body of literature on the transition of youths with EBD from child-centered to adult health care systems, research in this area lacks a comprehensive qualitative review and integration of distinct concepts of youths' transition. There also exist significant inconsistencies in the available literature that warrant a systematic and a comprehensive review of the literature concerning this element so that generalized conclusions can be arrived at. At the time this study was conducted, no such review had been carried out, an aspect that probably explains why there exist enormous variations in the available literature concerning the transition of the youths with EBD to adult health care systems. Such inconsistencies, as well as the general lack of a comprehensive review of the available literature on this topic, underscore the need for conducting an all-inclusive qualitative review and integration of the available evidence-based literature concerning the transition of the children and youths with EBD to adult health care systems.

In response to this literature gap, the purpose of this research is to provide a critical and comprehensive qualitative review of the challenges and barrier that hamper successful transition of youths with EBD from child-centered health care systems to adult health care systems. In particular, this systematic review sought to systematically



identify time-trend studies exploring the transition of children with EBD to adult health care systems, besides summarizing the available empirical evidence on the challenges and barrier impending successful transition of youths with EBD from the child- to adult-centered healthcare systems. It is worth noting that though transition of this category of youths to adult care systems encompasses many elements, the focus of this review is strictly limited to the challenges and barriers experienced during the transition process. Other crucial components such as the transitional care practices used among other aspects could not be covered in this research due to its limited scope/size and time required to complete it, hence reserved for future studies.

This systematic review is expected to shed more light on the challenges and barriers facing the transition process of children and youths with EBD from child-centered health care systems to adult health care systems, besides helping in reducing the existing confusion/ inconsistencies surrounding this topic. The review is also expected to be helpful in providing a state-of-the-art overview of the existing knowledge in this area and in prospecting for future theoretical and empirical developments. Doing so is expected to enrich the currently available literature on this topic. This study has also provided critical insights to future researchers who may use it to infer their literature as well as identify other research gaps proposed in the last section of this paper.

Finally, this review is expected to have significant policy and practice implications on the transition of children and youths with EBD to adult health care systems. For example, this systematic review has availed compelling evidence about the challenges facing the transition process and how they can be overcome. In addition, based on the aggregate findings made in the reviewed studies, a recommendation has been provided at the end of the present study on how the transition of the children and youths with EBD to adult health care systems can be made smooth.

## Methodology

### Literature Search Techniques Used

As mentioned above, this systematic review was seeking to provide a comprehensive and critical qualitative review of the challenges and barrier that hamper successful transition of children and youths with EBD to adult health care systems. In this regard, the author sought to include published or unpublished empirical/ primary studies that had investigated the factors that hinder transition of youths with EBD to adult health care systems. For the published studies, the author mainly targeted studies that had been published in peer-reviewed journal articles since authenticity of such articles is assured because of the lengthy and cautious process of reviewing an article before it is published (Kuo et al., 2009). Studies published in reputable organizational reports were also given a priority because authenticity and integrity of the information published in such reports are also guaranteed. Results or outcomes of the literature search are provided in the next section and summarized in figure 1; the PRISMA study flowchart.

To retrieve the necessary primary-literature materials/ sources, the author consulted different online databases so as to get empirical evidence on the research topic from as



many sources as possible. In this regard, the search was undertaken in last week of March and the first two weeks of April 2018, and it involved consulting various databases such as Google Scholar, Medscape, Emerald Insight, NCBI, CINAHL, EMBASE, Medline, PsychINFO, ProQuest, and EBSCOhost, whereby the author utilized different literature search techniques and search terms or Boolean searches as illustrated in table 1 below.

The search terms used included: transition, adult health care systems, children, youths, emotional behavioral disorders, mental disorders, emotional disturbance, challenges, and barriers. These terms were also combined to form phrases or narrow down the results and increase the effectiveness of the retrieval. For example, “challenges and barriers hindering transition of the children with emotional behavioral disorders to adult health care systems” was a common search phrase that helped in retrieving the relevant literature. These search terms were also joined with operators “AND,” “NOT,” and “OR” as shown in the Boolean search table below.

**Research question:** what are some of the barriers and challenges that affect a Successful Transition of Young People with Emotional Behavioral disorder?

Table 1: ‘Search plan’ table filled out for the research topic

	Concept 1	And ➔	Concept 2	And ➔	Concept 3	And ➔	Concept 4	And ➔	Concept 5
<b>Key terms /words as stated in the topic description above</b>	Challenges		Transition		Children		Emotional Behavioral Disorder		Adult healthcare systems
	<b>OR</b> ↓		<b>OR</b> ↓						<b>OR</b> ↓
<b>Synonyms and alternate spelling,</b>	Barriers, factors hindering		Change, shift, move, switch, evolution, interface, transfer, ‘continuity of care		Youths, adolescents		Emotional and Behavioral Difficulties, Emotional Behavioral Disability, Emotional disturbance (ED), Serious emotional disturbance (SED), mental health services		Adult systems of care, adult-centered healthcare systems, adult mental health services



Words to be excluded in the search	NOT ↓		NOT ↓						NOT ↓
							Autism Spectrum Disorder		

Other than using the Boolean search technique described above, the author also tailed the referenced sources in some of the journals (commonly referred to as footnote chasing or citation searching). This technique involves searching bibliographies of relevant studies and reviews to identify further published, unpublished, and researches in progress concerning the topic. The author could also trace related and more recent studies in Google Scholar by clicking "cited by," especially when the search results were too basic. Doing so helped me in retrieving newer papers that had referenced them. Moreover, the use of synonyms and alternating the search terms significantly increased the number of hits or search results. As Kacem and Mayr (2017) suggest, the above-listed techniques are quite effective in the state-of-the-art academic search engine such as Google Scholar.

Besides searching for the relevant literature from the databases mentioned above using the electronic search technique discussed above, the author manually searched for possible empirical studies on the topic under review in the Duquesne University library. In this case, the author utilized the library search catalogues to locate print information materials on the subject area. Nevertheless, manual searching of the literature was not effective as it was faced with numerous drawbacks. For example, accessing updated materials on this area was futile since the three studies identified manually had been published more than ten years ago, hence disqualified because they did not meet the inclusion criteria set in this study as discussed below.

### Inclusion and Exclusion Criteria

As a method of minimizing biases during the selection of the studies to be reviewed, besides ensuring that only the most relevant information materials were included in this study, the author established explicit inclusion and exclusion criteria for the primary studies to be reviewed. The set inclusion and exclusion criteria were guided by practical issues such as the language, participants or subjects, research design, setting, sampling method, and publication date among others, as recommended by Keele (2007). With regards to the date of publication, only studies that had been conducted within the past ten years (between 2008 and 2018) were considered for inclusion. This requirement was aimed at ensuring that only updated studies were included in the present systematic review and that the findings made were relevant to the current society.

Secondly, for a material to be reviewed in this study, it had to be a primary research. In this case, secondary sources of data such as books were excluded in the present review regardless of how relevant they seemed to be. Thirdly, concerning the language, this study was strictly limited to primary studies conducted and written in



the English language to avoid language barrier. Forth, for material to qualify for a review, it must have involved children, youths, or adolescents with at least one of the many emotional behavioral disorders who were observed while transitioning from child-centered care systems to adult systems of care. As noted by CPIR (2017), emotional behavioral disorders is an umbrella term that refers to mental disorders, also known as emotional disturbance and behavioral disorders, such as anxiety disorders, depression, bipolar, attention-deficit/hyperactivity disorder, conduct disorder, eating disorders, and schizophrenia among many other conditions. Finally, for a study to be reviewed, the challenges/ difficulties experienced during the transition process were required to have been one of the study outcomes.

### Data Extraction and Analysis

The data collection/extraction exercise involved documenting information obtained from the primary studies. To ensure that the author has captured all the necessary concepts/ constructs concerning the challenges and barrier that hamper successful transition of children and youths with emotional behavioral disorders to adult health care systems, THE AUTHOR designed data collection forms/ chart, commonly known as the synthesis matrix, (refer to Appendix I) that were used to enter information regarding the primary studies. These forms captured general information such as the names of the authors, year of publication, setting, objectives, publication details, and space for additional notes. They also captured the participants' information (sample size, gender, age, and ethnicity) and the key outcomes, findings, ideas, or arguments, that is; the main barriers and challenges to effective transitional care.

The data collection/ extraction exercise commenced with the screening of the titles, abstracts and the content of the articles that met the inclusion criteria described above, to ensure that they were resourceful for the completion of the current study. By screening the abstract, the author was able to capture items such as the methodology and sample size used in a study, gender, age, ethnicity, setting, and the key outcomes/ findings of a study. After ascertaining the relevance of an article to the current study, the author would feed the publication details into the extraction forms discussed above. The collected data were then analyzed using the thematic data analysis technique, a qualitative data analysis approach that involves examining, pinpointing, and recording patterned meaning or 'themes' across a dataset. As a result, five broad themes were developed from the concepts identified using a constant comparison method. Further details about the five themes are provided in the following section.

### Inter Observer Agreement (IOA)

In any literature review the author needs to review about 30% of the articles that the researcher code. The reviews should have a high agreement, the minimum of the agreement is 80% for the screening and coding portions. IOA is calculated by taking the number of agreements between the independent observers and dividing by the total number of agreements plus disagreements. The coefficient is then multiplied by 100 to compute the percentage (%) of agreement. The acceptable percentage of the agreement is 80%.

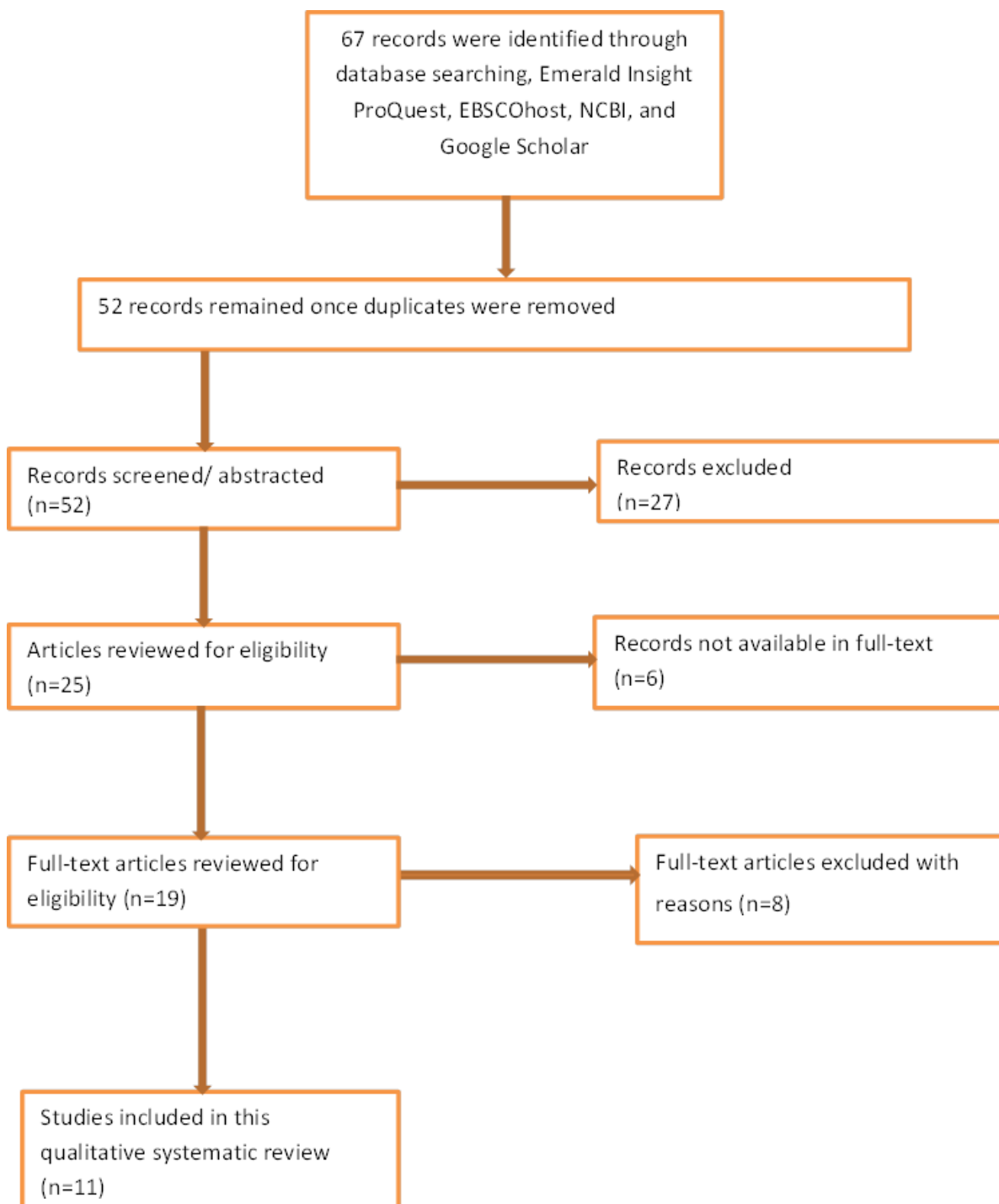


## Results and Discussion

### Literature Search Outcomes

Following the literature search described above, a total of 67 records were identified. However, the 67 records identified contained numerous duplicates because a material would be available in more than one database. As a result, the duplicated results were removed leading to a total of 52 records. The 52 unique records were then screened/abstracted in an effort to identify the potentially relevant studies. As a result, 27 materials were excluded because they were not primary/ empirical studies, or else could not be accessed. The 25 studies that remained were screened independently. Out of the 25 studies subjected to further scrutiny, only 19 of them were available in full text. The rest (6 studies) were only available in journal-article format, hence were very brief and did not include all the details necessary for this review. Therefore, a total of 19 studies were subjected to scrutiny in full text.

Following a critical assessment of the 19 studies retrieved in full text, only 11 of them met the set inclusion criteria discussed in the previous section. Seventeen of the full-text articles were excluded with reasons, for example, for involving the wrong a population, or for not investigating the challenges and barrier that hamper successful transition of youths with emotional behavioral disorders to adult health care systems. The figure below provides a summary of the literature search, identification, and screening process.



**Figure 1: The literature search flow diagram (PRISMA study flowchart)**

### **Barriers and Challenges to Successful Transitional Care Poor Communication and Collaboration Between CCCS and ACCS**

Studies conducted on this arena from the staff (managers and clinicians) perspectives on the barriers and challenges facing transitional care for youths with EBD to adult care systems have identified various factors as the primary impediments



to successful transition. One of the core barriers acknowledged in the reviewed studies is poor communication between the child-centered care systems (CCCS) and the adult-centered care systems (ACCS) (Arcelus, Bouman, & Morgan, 2008; Jivanjee, Kruzich, & Gordon, 2009; Hovish et al., 2012; Singh et al., 2010; Davis & Sondheimer, 2013; Sakai et al., 2014; Moscoso, Jovanovic, & Rojnic, 2015; Singh & Tuomainen, 2015). In Sakai et al. study, for example, it was established that poor communication between the managers and clinicians of the two care systems led to role confusion and a lack of understanding of each other's services, thereby hampering successful transition of the youths with EBD to adult care systems.

In Jivanjee and colleagues' study, the researchers noted that communication between the child-centered and adult health-care systems was hampered by various obstacles, among them separate governance structures and funding, which lead to distinct systems with rigid confines and lack of understanding of services across the divide. In contrast, Jivanjee, Kruzich, and Gordon (2009), linked poor communication and collaboration between CCCS and ACCS to the logistic, legal, and clinical differences, together with resources and time constraints, which jointly prevented the two care systems working together to provide parallel care. In particular, these hindrances brought about confusion regarding where the responsibility of clinical lies. In Singh et al. (2010) research, the researchers noted that the current information technology systems, especially in CCCS, did not allow managers and clinicians to access high-quality information on caseloads, there was inconsistent documentation, and CCCS and ACCS used different systems to transfer electronic information and referrals to lengthy waiting lists.

### **Training Gaps and Different Treatment Philosophies Between CCCS and ACCS**

Training gaps and different treatment philosophies and working practices between child-centered and the adult-centered care systems is another notable barrier of transitional care for youths with EBD (Gilmer et al., 2012; Hovish et al., 2012; McLaren et al., 2013; Sakai et al., 2014). In a two stage survey involving 100 clinicians and managers of CCCS and ACCS, Gilmer et al. (2012), established that the lack of training was the primary concern about transition for children with EBD to adult care systems. The researchers also noted that the two care systems differed in their conceptual and theoretical views of diagnosis and treatment, besides having quite different professional training and service organization. These differences, according to Sakai et al. (2014) and Gilmer et al. (2012), heighten the problems the care systems interface, and hence create barriers in transition.

The above-listed studies concluded that there exist unacceptable variations in service provision, brought about by the difference in training of the healthcare providers in CCCS and ACCS, and this was a major barrier to successful transition of young people with EBD to adult care systems (Gilmer et al., 2012; Hovish et al., 2012). They also linked the difference in working practices and treatment philosophies between CCCS and ACCS on training gaps of the two categories of care providers (Hovish et al., 2012; McLaren et al., 2013; Sakai et al., 2014).



### Lack of Transition Services

The systematic review of the available evidence-based literature carried out in this study shows major gaps in the delivery of transitional care for youths with emotional behavioral disorders to adult health care systems. In this regards, the general lack of services was found to be among the main barriers and challenges hampering successful transition of youth with EBD to adult care systems (Marcer, Finlay, & Baverstock, 2008; Pottick et al., 2008; Singh et al., 2008; McLaren et al., 2013; McGorry et al., 2014; Reale et al., 2015; Cappelli et al., 2016). The main services reported to lack in the reviewed studies included the lack of acceptable, responsive, and age-appropriate adult services, which jointly limited the uptake of adult mental health services/ care by young people past the upper age limits for child-centered care systems. In particular, youths with specific chronic EBD such as ADHD (Marcer, Finlay, & Baverstock, 2008; Singh et al., 2010; McGorry et al., 2014) and emotional/neurotic disorders (Singh et al., 2010), were found to be the most affected. Such challenges significantly minimized transfer rates between child-centered care systems and adult-centered care systems.

In Reale et al. (2015) study, it was established that more than a quarter of child state mental care systems and half their adult equivalents did not offer transition services that addressed the need of 'emerging adults.' Indeed, only a few care systems (about 22% of child systems and 8% of adult systems) were reported to provide multiple transition services such as transition protocols, supported housing, peer-support, age-specialized case management, and vocational support among other services, at any site. Continuity of the necessary services that would facilitate transition of young people with EBD to adult care systems was reported to be hampered by the separate child and adult mental care systems, lack of clarity on how to access adult mental care, as well as the lack of a shared client planning system between the CCCS and ACCS. Other barriers acknowledged in Reale et al. (2015) study include lack of prioritization of transition-aged youths, poor leadership, and system fragmentation as discussed elsewhere in this paper.

### Funding Restraints

Lack of resources, particularly funding restraints, has been re-affirmed in the available evidence-based literature as a core barrier to good quality transitional care (Singh et al., 2010; Hovish et al., 2012; McGorry et al., 2014; Reale et al., 2015; Moscoso, Jovanovic, & Rojnic, 2015). Indeed, virtually all of the studies that identified the problem of lack of transition services as a barrier to transition of young people with EBD to adult care systems acknowledged the problem of limited fiscal resources, with some of the studies drawing a close line between the two. Singh et al. (2010) and Hovish et al. (2012), for example, observed that limited fiscal resources as well as funding delays and cuts hindered the development of health services for young adults, thereby having a negative impact on transition.

An interesting observation was made by Moscoso, Jovanovic, and Rojnic (2015) concerning the problem of lack of resources as a barrier to effective transitional care. The researchers noted that besides the lack of resources, separate funding



structures led to distinct systems that had rigid boundaries, thereby making it difficult for CCCS and ACCS to provide parallel care. In their study, Moscoso and colleagues concluded that provision of transitional care was not prioritized within in most mental health-services. They argued that services for children and young people with EBD whose number was considered to be relatively small would ‘lose out’ against the large and various range of services for adults (Moscoso, Jovanovic, & Rojnic, 2015).

### **Other Barriers to Successful Transitional**

Other barriers to successful transitional care for young people with EBD as acknowledged in the reviewed sources include general practitioners’ failure to refer young people (Singh et al., 2010; Hovish et al., 2012; McGorry et al., 2014), youths declining to engage with the services as a result of stigmatizing attitudes (Hovish et al., 2012; McGorry et al., 2014; Sakai et al., 2014), and incapacity to engage in outreach work (Singh et al., 2010). With regards to the issue of the general practitioners not referring young people to adult care systems, Singh et al. (2010) observed that failure to make referrals by CCCS professionals and users refusal to accept referral to adult care systems were the main reasons why only a small number (70 out of 154) of the young people crossed the transition boundary were accepted in ACCS. Singh and colleagues linked users’ refusal to accept referral to adult care systems to stigma, while Hovish et al. (2012) and McGorry et al. (2014) studies associated the high refusal rate with abrupt and unplanned transition, as well as failure to involve the affected young people and their families during the transition process.

Related findings were made by Sakai et al. (2014) who noted that a large number of young people were not willing to transition or engage with adult care systems because of the stigma attached accessing mental health care. In addition, Sakai and colleagues argued that young people did not engage well with adult services because of not knowing what was available for them, or because of unhelpful beliefs and stigma about autonomy (Sakai et al., 2014). The problem of young people not engaging with adult services has also been associated with them lacking an understanding of adult services, lack of support during transition, as well as the insecurity arising from the fear of the unfamiliar (McGorry et al., 2014).

### **Discussion and Summary**

The present systematic review, which to the best of the researcher’s knowledge is the first in the transitional care involving youths with EBD, clearly illustrates the primary barriers and challenges to successful transition for young people with EBD from child- to adult-centered care systems. The review has provided sufficient evidence to show the primary factors that impede effective transitional care among this category of people. As a whole, the reviewed studies show that the primary barriers and challenges to successful transitional care include: funding restrains and lack of resources; training gaps and different working practices and treatment philosophies between child- and adult-centered care systems; lack of transition services such as age-specialized case management and vocational support; as well as poor communication and collaboration between child- and adult-centered care systems. Other barriers identified in the available evidence-based literature, though they were reported to have minor impact



on successful transitional care include the general practitioners' failure to refer young people, youths' refusal to engage with services because of stigmatizing attitudes, and incapacity to engage in outreach work.

### Policy and Practice Implications

The issues/ challenges reported in this systematic review pose policy and practice implications starting with how mental care systems are organized, how they incorporate various areas of provision, as well as how mental health services are custom-built and funded. They also pose workforce training implications. With regards to the problem of training gaps and different working practices and treatment philosophies between children- and adult- centered care systems, there is a need for fostering a better understanding of the roles and the treatment methods used by professionals working in young people-centered care systems and those working in services for adults.

Besides that, it is necessary for mental health services to prioritize the needs of transition-aged youths by allocating significant funding or looking for low-cost approaches to facilitate transition of youths with EBD to adult care systems. Finally, there is a need for providing more information about what adult-centered care systems do and about the available alternative services such as the voluntary sector, which according to Singh and Tuomainen (2015), is rarely acknowledged. This may be an effective way of promoting accessibility and engagement of youths with EBD to the services offered in such systems. Making adult-care services more friendly to the youths may also help in reducing the number of youths disengaging from such services as reported in this study, only to show up at a later date while in crisis.

### Strengths and Weakness of This Systematic Review

Though the literature search strategy used in the present study was quite rigorous, it is surprising to note that virtually all the identified papers/ records were UK and USA- based. This occurrence can partly be attributed to limiting the search for the literature to publications written in the English language only. Nonetheless, using studies conducted in the two settings only limit the generalizability of this systematic review. In other words, the barriers and challenges reported in the two countries as the core impediments to transitional care for children and youths with EBD to adult care systems may not necessarily be the same in other countries, particularly in the developing countries. Indeed, there is very elusive literature on the provision of healthcare care and transition of children with EBD in the developing countries. As a result, this is an area that future studies may consider emphasizing on.

Another area that future studies may focus on is on identifying the best transitional care practices as well as evaluating the effectiveness of the different models of transitional care used so that the most effective model can be identified and recommended. Though assessing the effectiveness of the models used and identifying the best transitional care practices was not within the scope of this systematic review due to its limited size, skimming and scanning of the available literature on the transition of youths with EBD to adult care systems has confirmed that the available evidence-based literature is quite elusive. This is despite the fact that sources have



over time emphasized on the importance of transition (Cappelli et al., 2016; McManus & White, 2017). As a result, there is a need for conducting more quality primary studies on this area if practitioners really believe in evidence-based practice as well as service delivery.

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### Appendix I: Synthesis matrix

Authors & year	Topic	Methodology	Key themes
Singh & Tuomainen, 2015	Transition from child to adult mental health services: needs, barriers, experiences and new models of care.	Qualitative	<ul style="list-style-type: none"> <li>Poor communication</li> <li>Collaboration between CCCS and ACCS</li> </ul>
Arcelus, Bouman, & Morgan, 2008	Treating young people with eating disorders: transition from child mental health to specialist adult eating disorder services.	A qualitative study	<ul style="list-style-type: none"> <li>Poor communication</li> <li>Lack of collaboration between CCCS and ACCS</li> </ul>
Cappelli et al., 2016	Transitioning youth into adult mental health and addiction services: an outcomes evaluation of the youth transition project.	A qualitative study	<ul style="list-style-type: none"> <li>Lack of transition services</li> </ul>
Davis & Sondheimer, 2013	State child mental health efforts to support youth in transition to adulthood.	Qualitative study	<ul style="list-style-type: none"> <li>Poor communication</li> <li>Lack of collaboration between CCCS and ACCS</li> </ul>
Gilmer et al., 2012	Change in mental health service use after offering youth-specific versus adult programs to transition-age youths.	A quasi-experimental,	<ul style="list-style-type: none"> <li>Training gaps</li> <li>Different treatment philosophies between CCCS and ACCS</li> </ul>
Authors & year	Topic	Methodology	Key themes



Hovish et al., 2012	Transition experiences of mental health service users, parents, and professionals in the United Kingdom: a qualitative study.	A qualitative study	<ul style="list-style-type: none"> <li>• Poor communication and collaboration between CCCS and ACCS</li> <li>• Training gaps and different treatment philosophies between CCCS and ACCS</li> <li>• Funding restraints</li> <li>• Failure to refer young people</li> <li>• Young people not engaging with services because of stigma</li> </ul>
Jivanjee, Kruzich, & Gordon, 2009	The age of uncertainty: Parent perspectives on the transitions of young people with mental health difficulties to adulthood.	A qualitative study	<ul style="list-style-type: none"> <li>• Communication between the child-centered and adult health-care systems</li> </ul>
Marcer, Finlay, & Baverstock, 2008	ADHD and transition to adult services—the experience of community paediatricians.	A qualitative study	<ul style="list-style-type: none"> <li>• General lack of services eg reviewed studies included the lack acceptable, responsive, and age-appropriate adult services.</li> </ul>
McLaren et al., 2013	‘Talking a different language’: an exploration of the influence of organizational cultures and working practices on transition from child to adult mental health services.	A qualitative study	<ul style="list-style-type: none"> <li>• Lack of transition services</li> <li>• Training gaps and different treatment philosophies between CCCS and ACCS</li> </ul>
<b>Authors &amp; year</b>	<b>Topic</b>	<b>Methodology</b>	<b>Key themes</b>



McGorry et al., 2014	Cultures for mental health care of young people: an Australian blueprint for reform.	Quantitative study	<ul style="list-style-type: none"> <li>• Lack of transition services</li> <li>• Funding restraints</li> <li>• Failure to refer young people</li> <li>• Young people not engaging with services because of stigma</li> <li>• Stigma</li> </ul>
Moscato, Jovanovic, & Rojnic, 2015	Transition from adolescent to adult mental health services in Europe from the provider's perspective.	A qualitative study	<ul style="list-style-type: none"> <li>• Funding restraints</li> <li>• Poor communication and collaboration between CCCS and ACCS</li> </ul>
Pottick et al., 2008	US patterns of mental health service utilization for transition-age youth and young adults.	Quantitative study	Lack of transitional care service eg the lack of age-appropriate adult services
Singh et al., 2008	Transitions of care from child and adolescent mental health services to adult mental health services (TRACK study): a study of protocols in Greater London.	Quantitative	<ul style="list-style-type: none"> <li>• General lack of services</li> </ul>
<b>Authors &amp; year</b>	<b>Topic</b>	<b>Methodology</b>	<b>Key themes</b>
Reale et al., 2015	Transition to adult mental health services for young people with attention deficit hyperactivity disorder in Italy: Parents' and clinicians' experiences.	Qualitative	<ul style="list-style-type: none"> <li>• Lack of transition services</li> </ul>



Sakai et al., 2014	Mental health beliefs and barriers to accessing mental health services in youth aging out of foster care.	Qualitative	<ul style="list-style-type: none"> <li>• Training gaps and different treatment philosophies between CCCS and ACCS</li> <li>• Poor communication and collaboration between CCCS and ACCS</li> <li>• Young people not engaging with services because of stigma</li> </ul>
Singh et al., 2010	Process, outcome and experience of transition from child to adult mental healthcare: multi perspective study.	Qualitative	<ul style="list-style-type: none"> <li>• Poor communication and collaboration between CCCS and ACCS</li> <li>• Lack of transition services</li> <li>• Funding restraints</li> <li>• Practitioners' failure to refer young people</li> <li>• Incapacity to engage in outreach work</li> </ul>