

Position Statement on Transitional Aged Youth

Approved by the Board of Trustees, December 2024

Approved by the Assembly, November 2024

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“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

Issue:

The transition from adolescence to adulthood, typically aged 16 to 25 years, is a critical period during which many mental illnesses initially present or worsen. Transitional aged youth (TAY) are vulnerable to poor mental health outcomes, particularly those with emotional, intellectual, or medical disabilities; those aging out of foster care; those with special educational needs; those with juvenile justice exposure; and those from minority populations. Engagement in mental health services is disproportionately low for TAY. They are often lost to follow-up when navigating the transition from pediatric to adult care due to limited healthcare literacy or financial barriers to accessing care. Given the obstacles and barriers to accessing mental healthcare during this developmental phase, both adult and child psychiatrists play a vital role in ensuring the successful transition of transitional aged youth from child and adolescent to adult mental health services.

APA Position:

Child and adolescent and adult mental health treatment should be informed by TAY developmental needs.

The APA supports:

- 1. Early discussions about healthcare transitions both in the clinic and between child and adult clinicians as a routine part of mental health assessments for all adolescents and their families to ensure transition of care planning.**
- 2. The inclusion of educational opportunities and interventions to prepare trainees in adult and child mental health and to include clinical opportunities for engagement and familiarity with TAY, knowledge and understanding of the process of transitioning to adulthood, and tools to apply these skills after completion of their training.**
Policies that reduce and/or remove financial barriers to access mental healthcare for transitional aged youth–
- 3. Reimbursement for time spent facilitating these transitions through actions such as outreach to new providers, case management services, and referrals to educational or vocational organizations.**
- 4. Advocacy to support educational opportunities, clinical services, research, and outreach in TAY mental health.**
- 5. Educational programming to promote health literacy and mental health resilience among TAY.**

Collaborators: Council on Children, Adolescents, and Their Families; College Mental Health Caucus