THE TRANSITION TO ADULTHOOD FOR YOUTH AND YOUNG ADULTS WITH SERIOUS MENTAL HEALTH CONDITIONS: PITFALLS AND PROMISES

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Improving Mental and Behavioral Health Services for Better Lives and Stronger Communities

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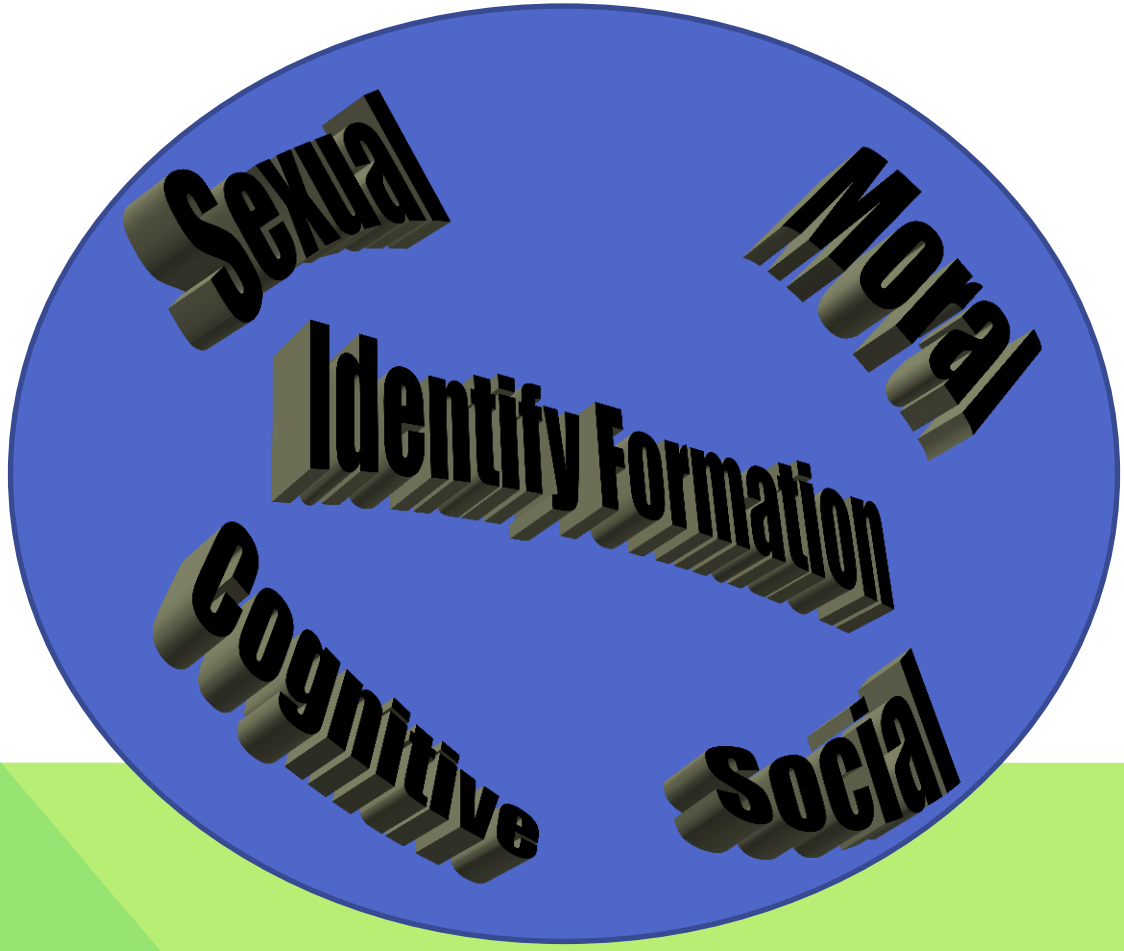
Mission of the Transitions RTC:
to promote the full participation in socially valued roles of transition-age youth and young adults (ages 14-30) with serious mental health conditions. We use the tools of research and knowledge translation in partnership with this at risk population to achieve this mission.

OBJECTIVES

- Describe the differences between mature adults and young adults
- Describe the importance of youth culture to understanding young adults
- Identify how the developmental trajectory for young adults with behavioral health conditions differs from that of typical young adults
- Explain how the divide of child and adult services makes young adults with behavioral challenges an underserved group
- Enumerate strategies for the successful engagement and retention of young adults in behavioral health services.

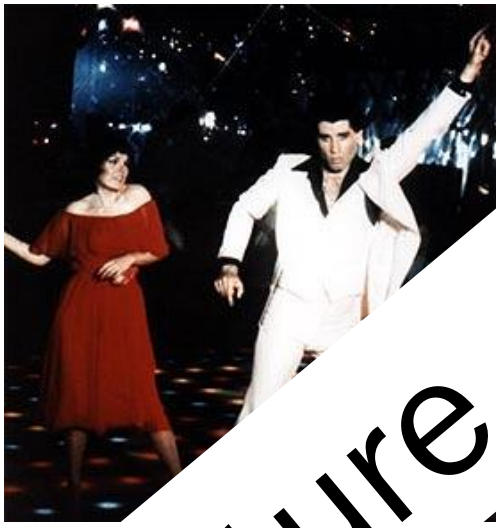
EMERGING ADULTHOOD: DIFFERENCES BETWEEN YOUNG ADULTS AND (NO-LONGER YOUNG) ADULTS

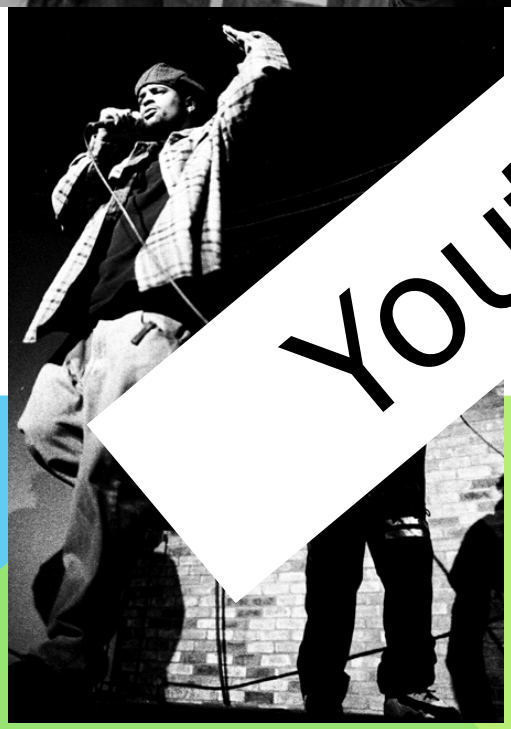
PSYCHOSOCIAL DEVELOPMENT TRANSITION TO ADULTHOOD



Developmental change on every front

Youth Culture





Instagram

tumblr.

facebook

TYPICAL DEVELOPMENT

Cognitive:

- Increasing ability to think abstractly
- Hypothetical thinking (if, then)
- Increasing ability for insight

Moral:

- Increased ownership of own set of rights and wrongs
- Increased empathy

Social:

- Peer relationships are of paramount importance
- More complex friendships

Social-Sexual:

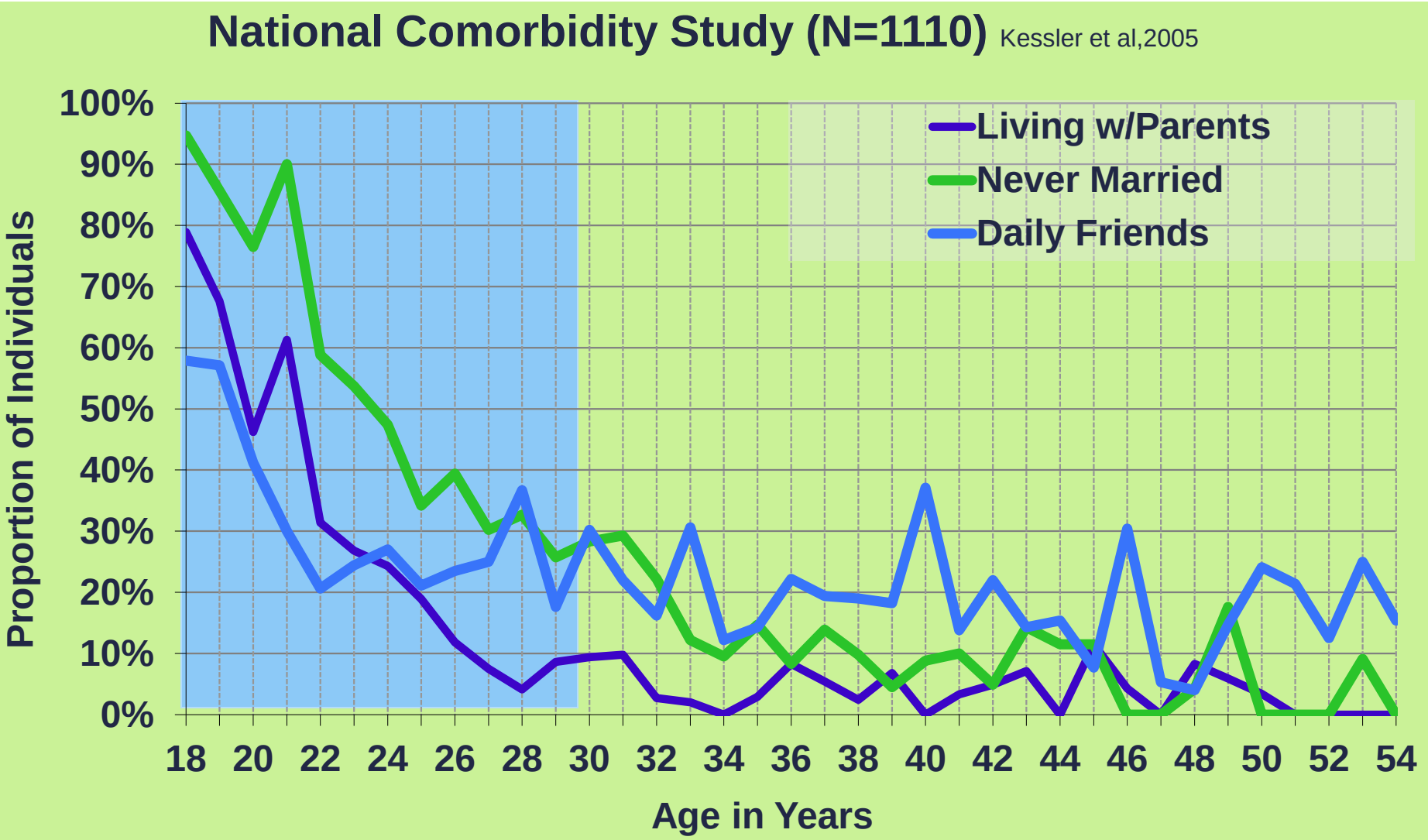
- New types of intimacy
- Sexual orientation explored

Identify Formation:

"Who am I?"

Boundary pushing, rejection of authority

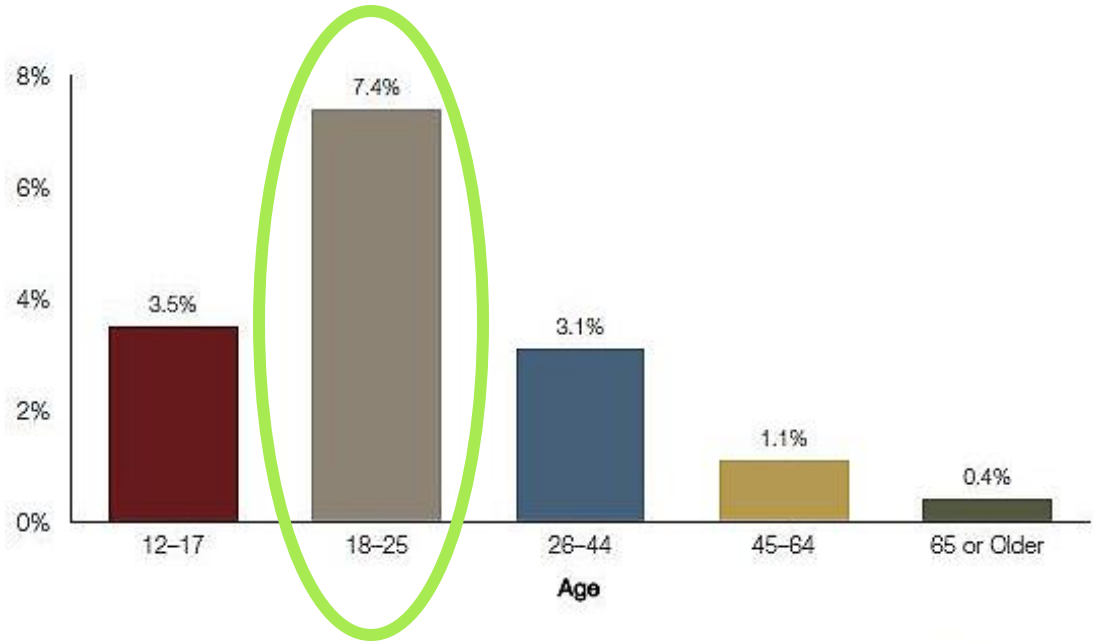
YOUNG ADULT CHANGES



Substance Use Disorders & Substance Use More Common in Younger Adults

Past-Year Illicit Drug Dependence or Abuse Among Individuals Aged 12 or Older, by Age (2013)

In 2013, young adults aged 18–25 had the highest percentage of illicit drug dependence or abuse (7.4%) among persons 12 or older.



2.6%

In the United States, 2.6% of individuals aged 12 or older (an estimated 6.9 million individuals) in 2013 were dependent on or abused illicit drugs within the year prior to being surveyed. This percentage has not changed significantly since 2009.

In 2013, illicit drug dependence or abuse was more prevalent among males (3.4%) than among females (1.9%).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

HOW DO YOUNG ADULTS WITH SERIOUS MENTAL HEALTH CONDITIONS DIFFER FROM TYPICAL YOUNG ADULTS?

BIOPSYCHOSOCIAL DEVELOPMENT IN YOUTH WITH SERIOUS MENTAL HEALTH CONDITIONS (SMHC)

50% of psychiatric conditions have onset before age 14 and 75% before age 25 (Kessler, et al, 2005)

POTENTIAL CHALLENGES/DELAYS

Cognitive:

- Impeded ability to develop and execute plans, weigh pros and cons of actions
- High rates of learning disabilities

Moral:

- Difficulty recognizing society's moral standards and responding to social nuances
- Moral difficulties → increased criminal behavior

POTENTIAL CHALLENGES/DELAYS

Social:

- Difficulty participating in complex relationships
- Social repercussions → further emotional pain

Identity:

- Difficulty making role choices
- Prolonged and sometimes stronger rejection of authority

Delays in one area can affect another area

DEVELOPMENTAL CHANGES UNDERLIE ABILITIES TO FUNCTION MORE MATURELY

Complete schooling & training

Contribute to/head household

Obtain/maintain rewarding work

Develop a social network

Become financially self-supporting

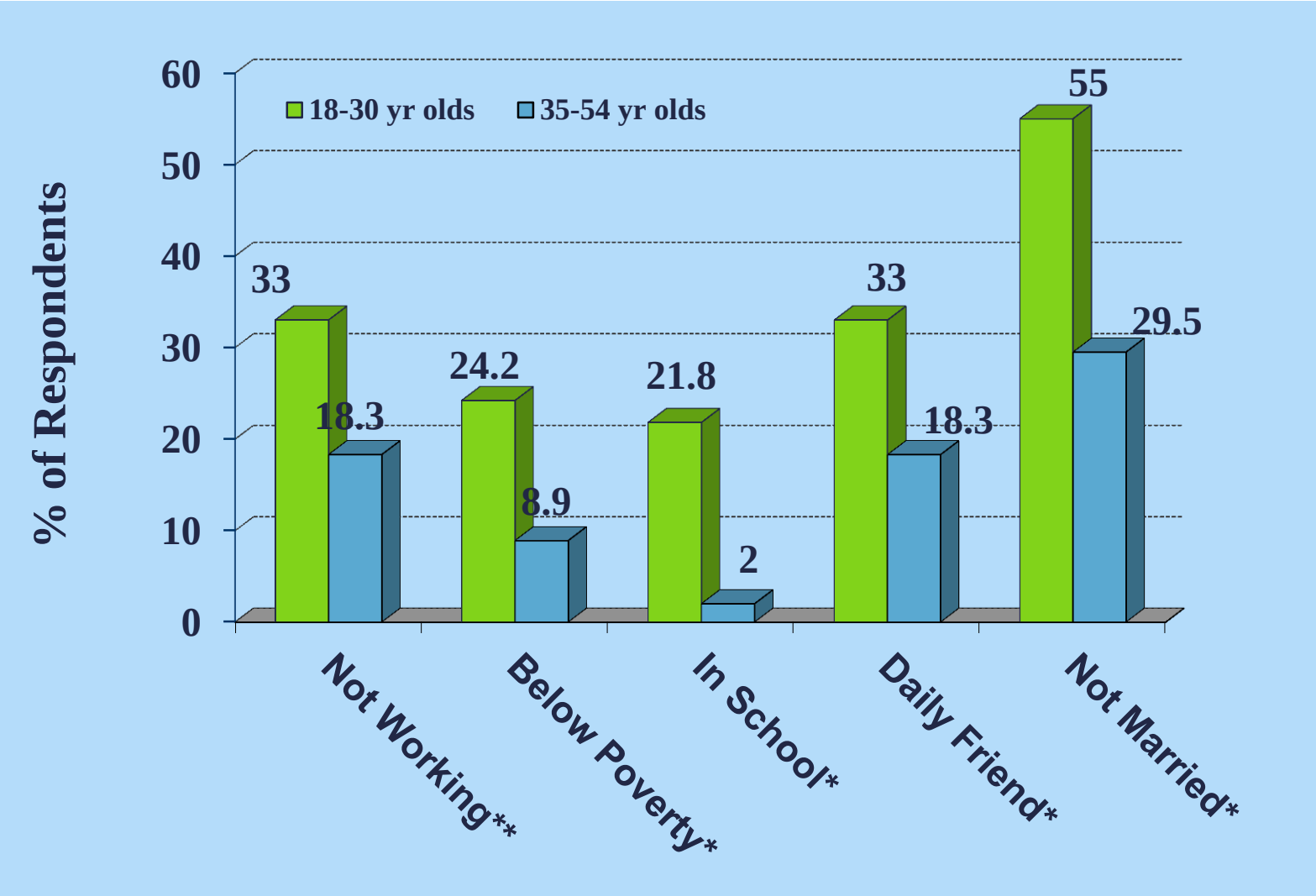
Be a good citizen

Youth with SMHC Struggle as Adults

Functioning among 18-21 yr olds	With SMHC	General Population/ without SMHC
Graduate High School	23-30%	81-93%
Employed	46-51%	78-80%
Homeless	30%	7%
Pregnancy (in girls)	38-50%	14-17%
Multiple Arrests by 25yrs	44%	21%

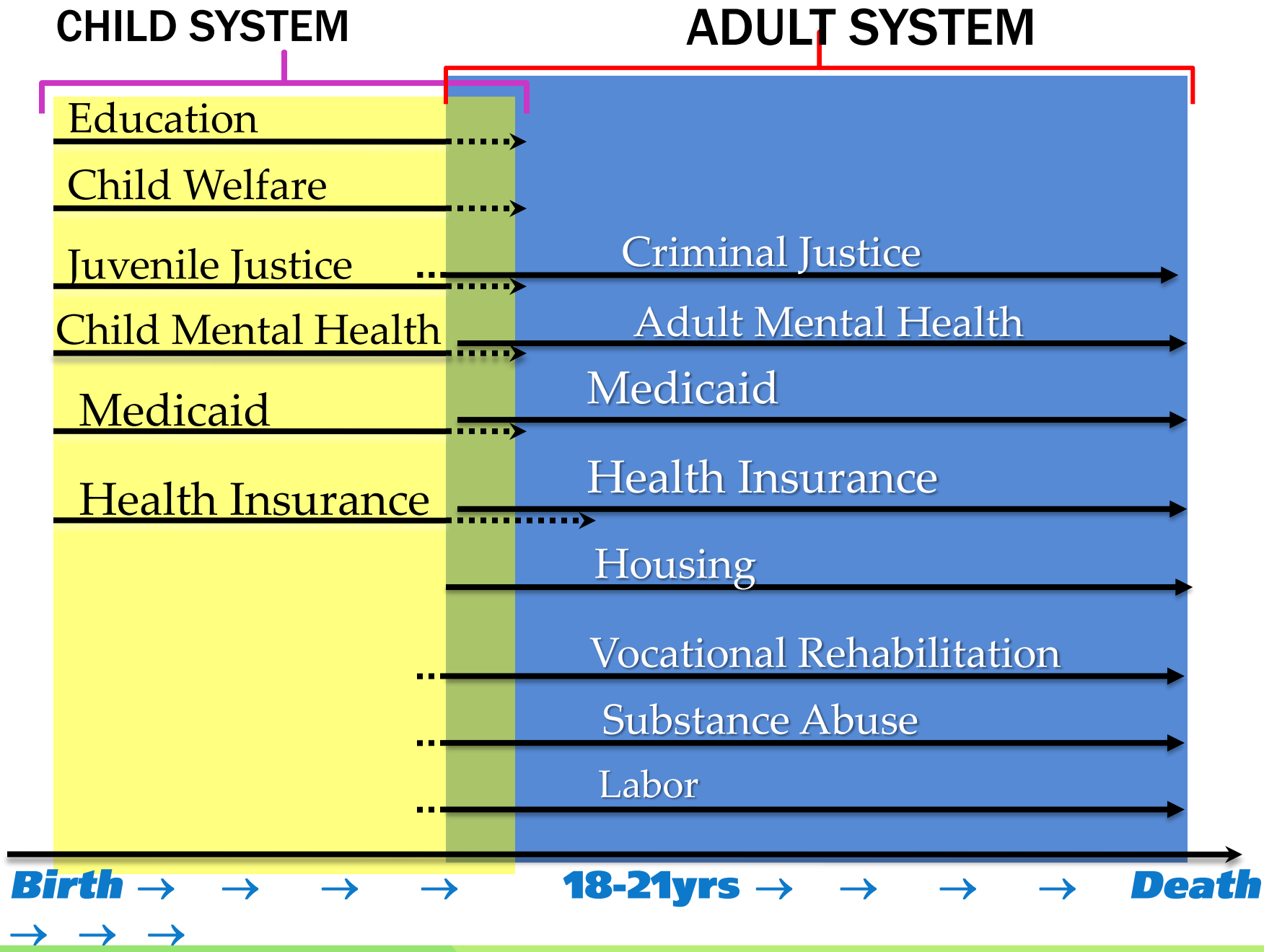
(Valdes et al., 1990; Wagner et al., 1991; Wagner et al., 1992; Wagner et al., 1993; Kutash et al., 1995; Silver et al., 1992; Embry et al., 2000; Vander Stoep and Taub, 1994; Vander Stoep et al., 1994; Vander Stoep et al., 2000; Davis & Vander Stoep, 1997)

FUNCTIONING IN ADULTS AND YOUNG ADULTS WITH CURRENT PSYCHIATRIC DISORDERS KESSLER ET AL,2005



*χ^2 (df=1)=31.4-105.4, p<.001 ** χ2 (df=1)=5.5, p<.02

WHAT ARE THE SYSTEMS ISSUES?


CHILD SYSTEM
ADULT SYSTEM
Education
Child Welfare
Juvenile Justice
Child Mental Health
Medicaid
Health Insurance
Criminal Justice
Adult Mental Health
Medicaid
Health Insurance
Housing
Vocational Rehabilitation
Substance Abuse
Labor
Birth
18-21yrs
Death

FRAGMENTATION ISSUES THAT HINDER GOOD TRANSITION SUPPORT

Most Commonly Stated Themes About Fragmentation from State Adult Mental Health Administrators (N=50)

Topic
1. Child/Adult MH Relationships
2. Eligibility Differences
3. Territoriality
4. Separate Funding of Child/Adult MH
5. Poor Handshaking
6. System Culture Differences
7. Different Funding Levels
8. Family *vs.* Individual Focus
9. Child System Owns The Issue

From Davis & Hunt, (2005)

Serious Mental Illness

ELIGIBILITY DIFFERENCES

PRACTICE ISSUES

Clinician/provider Training

- "Child" providers not trained for young adults
- Adult providers not trained in developmental psychology/human development

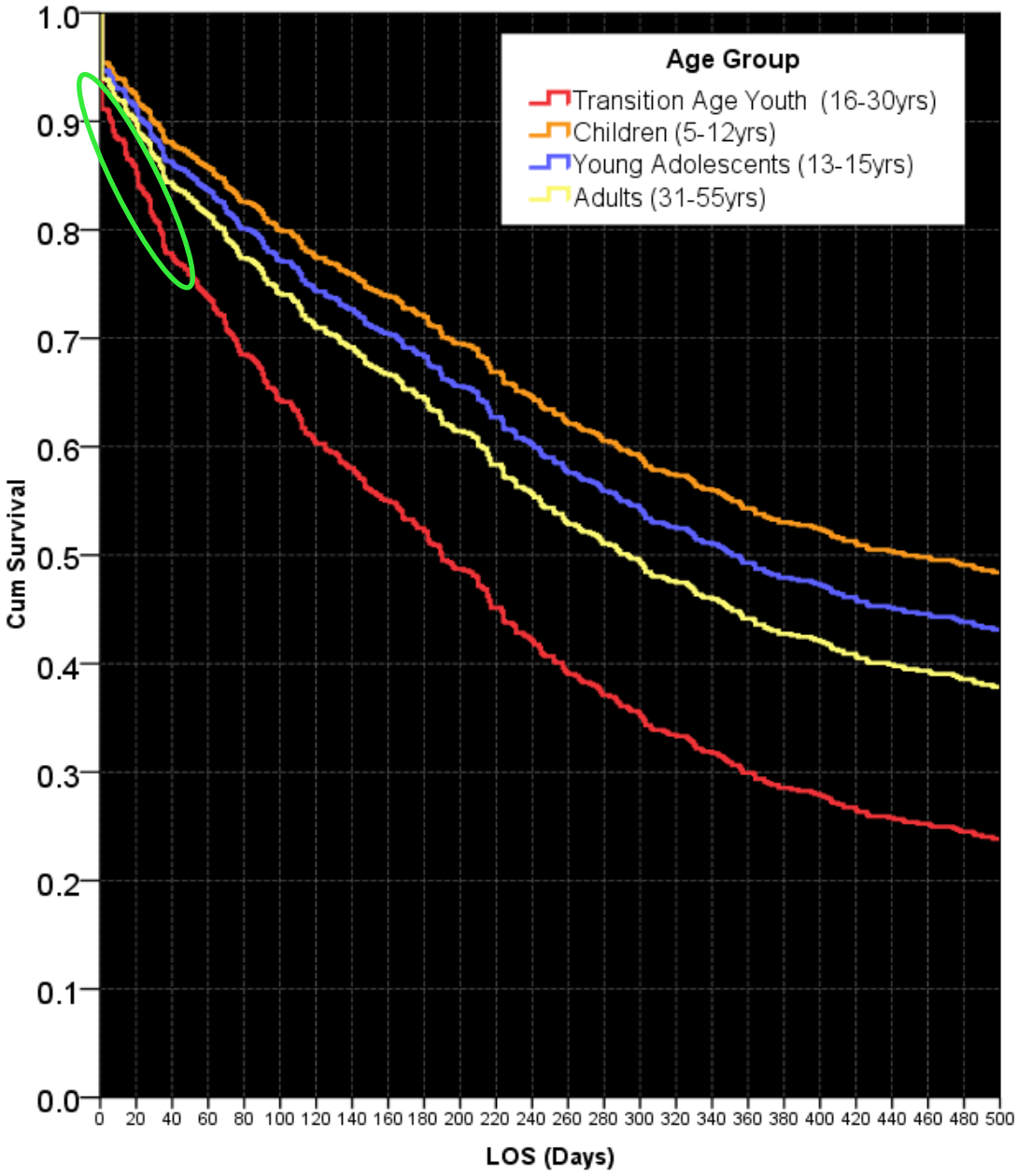
Family Engagement

- Child systems emphasize parental involvement – may underemphasize youth self-determination
- Adult system emphasize adult responsibility/autonomy – may underemphasize family support

Provider Resource Knowledge Base

- Adult systems have knowledge about vocational and housing supports
- Child systems have knowledge about educational supports and family involvement

SUCCESSFUL ENGAGEMENT AND RETENTION OF YOUNG ADULTS IN BEHAVIORAL HEALTH SERVICE



Transition Age Youth Quickly Lost from MH Treatment

Olfsun et al, 2002

PRACTICES THAT ARE "UNIQUE TO THE POPULATION"

Age Specific Programming

Tolerance for Missed Appointments and Gaps in Services

Protecting Non-Patient Role

Adapting Practices to Fit Developmental Changes

Continuous Support

Focus on Both Work and School

Youth-Oriented Engagement Practices

Helping Youth on the Path to Employment:
Survey of Innovative practices for career development. (Ellison et al, 2015)

YOUTH ORIENTED ENGAGEMENT AND RETENTION

- Build relationships (trusting, genuine, and understanding)
- Service flexibility for no shows or gaps
- Goal focus
- Assertive outreach – in the community; gentle but proactive
- Non-treatment environment
- Avoiding Diagnosing/Labeling Due to Stigma
- Younger staff, connection with youth culture, willingness to engage with social media, ability to text

"It's a matter of doing everything you can within your own network … finding friends, calling … going to a place where you think they might have been last employed. So the idea is, I basically say to them, it's like you really should know what they had for breakfast. So the idea is to really keep them engaged."

MEETING THEM WHERE THEY'RE AT

Literally, service provision in the community, mall, home, school

Figuratively, responding to their felt needs and goals at that time

Varying intensity of services according to need

"Meet them where they're at, on their terms, as often as you need to."

"We've had people who were literally unwilling to come out of their room, in fact we had one fellow who was literally in his closet, and we did a series of home visits and we have communicated with people using sticky notes…we're about as flexible as we can be"

PRACTICES FOR "MEETING THEM WHERE THEY'RE AT"

- Varying Intensity of Services
- Service Provided According to Need
- Rapid Response to Goals/Needs
- Considering all Possible Resources
- Meeting Anywhere in the Community
- Goal Setting is Not Dependent on Assessments
- Using Stages of Behavioral Change Model
- Matching Interests to Jobs
- Varied Education Outcomes are Supported
- Facilitating Communication Between Systems when the Individual Can't

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