Navigating the Transition to Adulthood with a Serious Mental Health Condition

Kathryn Sabella, M.A. Ph.D (cand.)
Transitions Research and Training Center
Systems and Psychosocial Advances Research Center (SPARC)
Department of Psychiatry
University of Massachusetts Medical School

NAMI CT Annual Conference
October 27th, 2017

The Learning & Working Center

Acknowledgements

The Learning & Working Center at Transitions RTC is a national effort that aims to improve the supports for youth and young adults, ages 14-30, with serious mental health conditions to successfully complete their schooling and training and move into rewarding work lives. We are located at the University of Massachusetts Medical School, Worcester, MA, Department of Psychiatry, Systems & Psychosocial Advances Research Center.

Visit us at:

http://www.umassmed.edu/TransitionsRTC

Overview of Workshop

- Definitions
- Cognitive & Psychosocial Development
- Social & Cultural Considerations
- The Role of Family (hint: It's complicated!)
- Unique Challenges Young Adults Encounter when Living with a Mental Health Condition
- Implications for Supports and Services and a Review of Promising Practices
- Conclusions

Defining Young Adulthood

- Varying terminology: Emerging Adults, Transition Age Youth, Young Adults

- Broadly ages 14-30, most often 16-25

- "Emerging adulthood" is understood as the distinct period of life course characterized by change and exploration of life directions

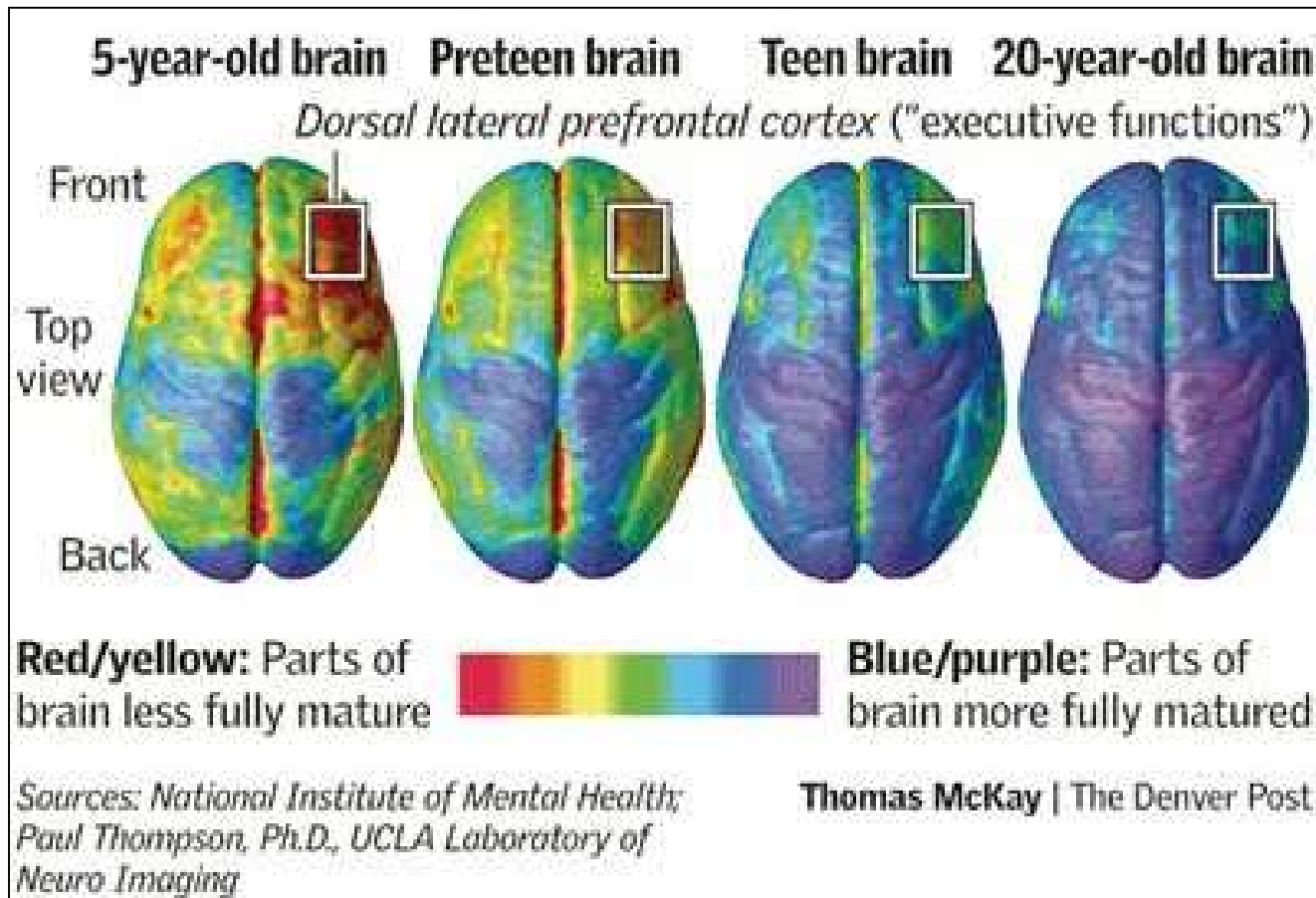# PART I: COGNITIVE AND PSYCHOSOCIAL DEVELOPMENT IN TRANSITION TO ADULTHOOD

Developmental changes on every front

"What the heck were you thinking?" The Prefrontal Cortex

- Handles logic, empathy, creativity, self-regulation, self-awareness, predicting, planning, problem-solving, attention

5-year-old brain   Preteen brain   Teen brain   20-year-old brain

Dorsal lateral prefrontal cortex ("executive functions")

Front
Top view
Back

Red/yellow: Parts of brain less fully mature

Blue/purple: Parts of brain more fully matured

Sources: National Institute of Mental Health; Paul Thompson, Ph.D., UCLA Laboratory of Neuro Imaging

Thomas McKay | The Denver Post

RISK-TAKING: Impulsivity

- The teenage brain is <u>less able</u> to inhibit impulsive behaviours than the adult brain is. This means that in situations where an adult might stop themselves from acting out impulsively, a teenager might not.

- Luckily, as the brain matures, adolescents are more able to control their behaviour and are more able to voluntarily suppress impulsive behaviours.

- This is because as the brain matures, **more brain circuits are recruited** to help suppress impulsivity!

- The adult-like ability to inhibit behaviors matures <u>gradually</u> during childhood & adolescence. Efficient control of impulsive acts is not <u>fully</u> developed until mature adulthood.

Executive Functioning Delays

- Impact on school and job performance

- Motivation strongly related to perceived rewards

- Less self-awareness = less self-advocacy

- Improves over time (e.g. ability to think hypothetically, insight & foresight)

Typical Moral Development

REVERENDFUN.COM COPYRIGHT GCI, INC.

01-19-2007

YOU'RE PLANNING ON BEING HERE A WHILE, AREN'T YOU?

- Increased ownership of own set of rights and   wrongs
- More gray areas (not clearly wrong or right)
- Increased empathy: ability to put oneself in someone else's shoes

Typical Social and Social-Sexual Development

- Peer relationships are of **paramount** importance
- More complex friendships
- New types of intimacy
- Sexual orientation explored
- Resolving gender identity
- Childbearing decisions

Typical Identity Development

Earlier psychological thinkers (e.g. Erikson) saw adolescence as critical time of identity formation and "roleless roles". Now that is in YA

- Experimentation to identify "Who am I?"
- Boundary pushing, rejection of authority

"Don't call me a teenager. From now on, I want to be referred to as a pre-adult."

Developmental Changes Underlie <u>Abilities</u> 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

PART II: SOCIAL & CULTURAL CONSIDERATIONS

Young adults' biological development has probably not changed in many generations but **the world has changed in many ways**

"Extended" Young Adulthood

- Arnett (2000) argues that because social patterns in most industrialized countries have delayed the achievement of normative adulthood roles this exploration period is now occurring later in life.

- The "milestones" of adulthood are being pushed later and later
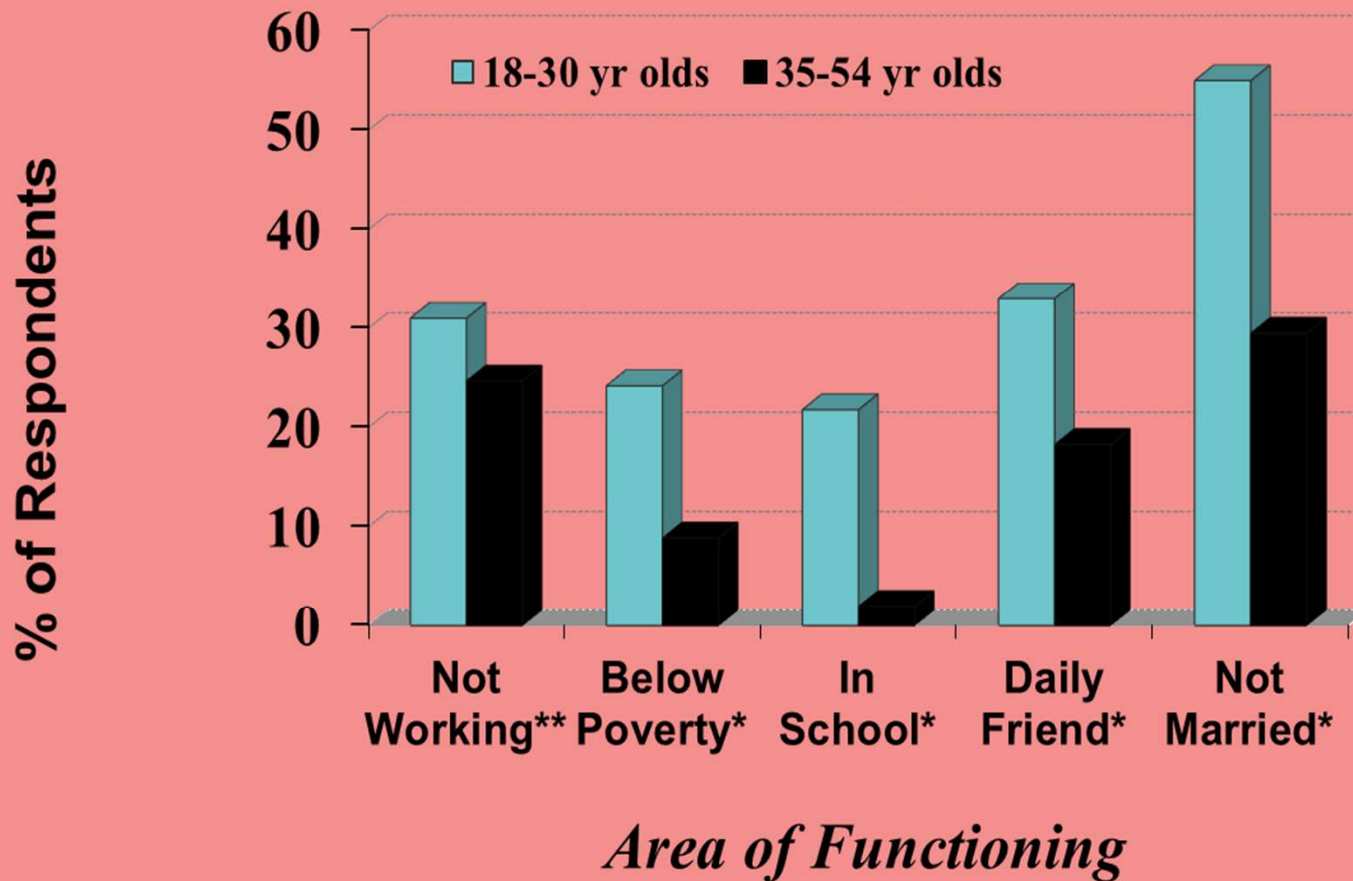 - Marriage
  - Childbirth
  - Independent Living

"Extended" young adulthood

- Median age of marriage (Arnett, 2006)

  1950: Men age 22, Women age 20

  2000: Meg age 27, Women age 25

- Median age of first childbirth (Arroyo et al., 2013)

  1980: age 23

  2010: age 26

- Still living at home(Fry, 2003)

  1968: 32%

  2010: 36%

Role functioning compared to older adults

$*\chi^2 (df=1)=31.4-105.4, p<.001$ $** \chi2 (df=1)=5.5, p<.02$

Changes in U.S. Economy

- Traditional manufacturing & blue-collar sectors ↓
- Information and service sectors ↑

| **Primary Labor Market**
Secure and stable professional and managerial jobs with benefits |
| :---: |
| **Secondary Labor Market**
Insecure and unstable jobs with low wages and few benefits |

Education and the Economy

- "Rate of return" increasing: each additional year of education returned, on average, a 9% increase in earnings (Borjas, 2005).

- High school diploma no longer a ticket to the middle class (Goldin & Katz, 2008; Schneider, 2007)

- GED has decreasing societal value

- But post-secondary education costs are rising! Increased pressure to perform well in high school.
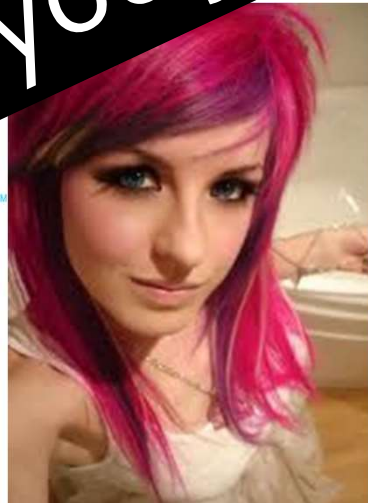
Youth sub-culture
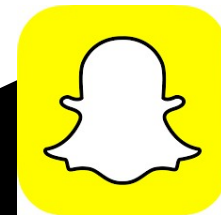
"you just don't get it"

twitter

tumblr.

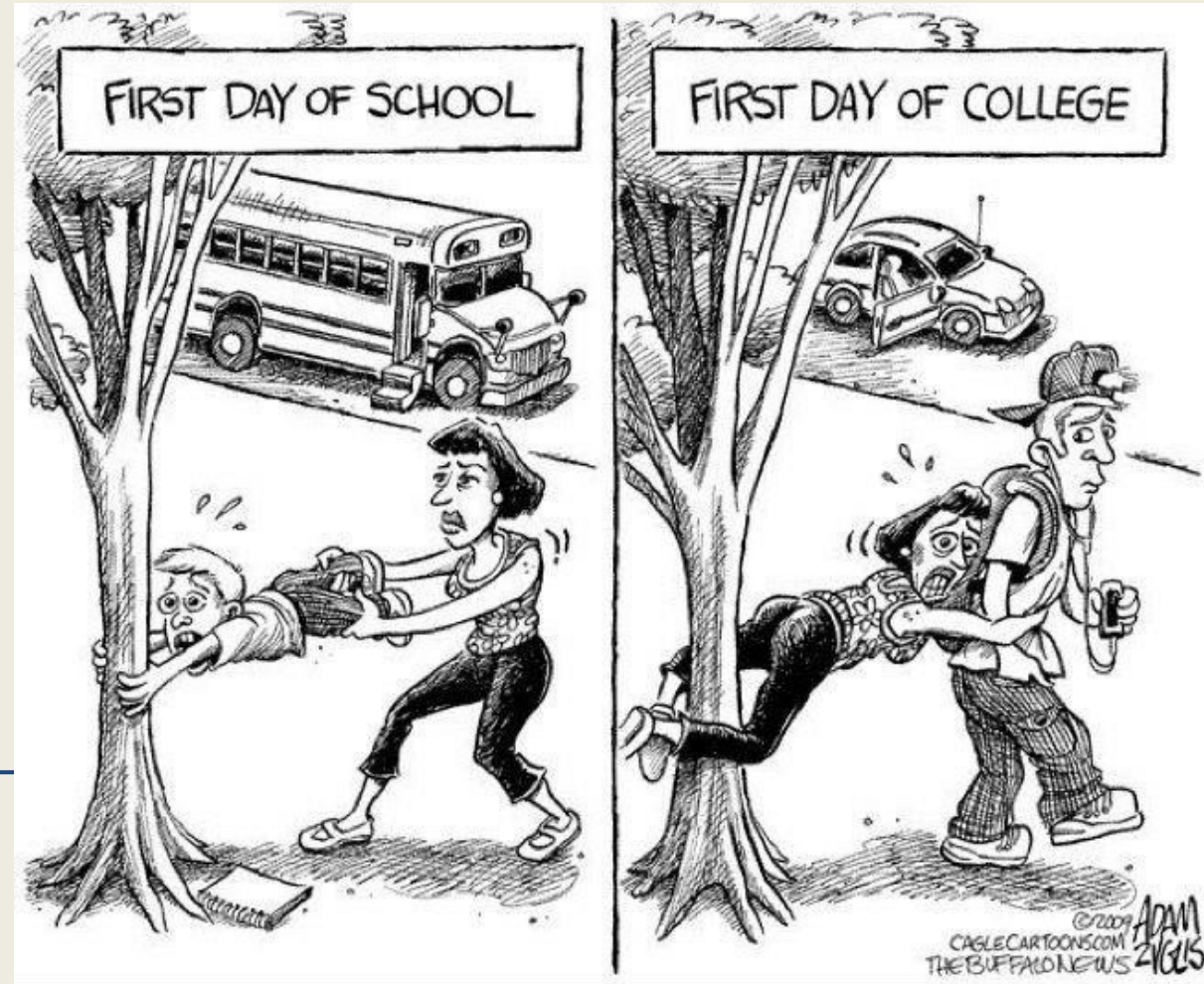"Selfie"

Youth sub-culture

Communication:
- Technology use
- Social media
- Texting, sexting
- Instant gratification

Peer influence
- Acceptable forms of expression, status symbols (i.e. "now trending")
- Drugs and alcohol
- Bullying more prevalent with the dawn of social media
- Increased competition re: school performance

PART III: FAMILY DYNAMICS

Family = another developmental aspect with dramatic changes

•A dance between the young adult and their parent/s requiring a delicate balance of individuation & connectedness, growing self-sufficiency/dependence

•Implications for identity formation: individuating from their parents while maintaining family connectedness

•Growing need for independence while remaining emotionally related; i.e. "in-betweeness"

Benefits of Family Support

- Allows for safety net as young adults strive to finish their education/training and enter work world

- Those with more family resources are *more* likely to complete higher education and successfully obtain employment

- Those with *less* family resources tend to have to work more while attending higher education and not complete higher education (while racking up debt)

- It's complicated! Sometimes a gap in what young adult wants versus what the parents want

REMEMBER: not all families are healthy, supportive, or beneficial. Legal independence can sometimes be a positive thing. Know the background & youth preference.

PART VI: YOUNG ADULTS WITH SERIOUS MENTAL HEALTH CONDITIONS

Psychosocial Development Delayed

◆ Cognitive, moral, social, and identity formation development delayed in youth with SED (Davis & Vander Stoep, 1997)

◆ Developmental tasks of transition are the same as for all young people

◆ Just as desirous as peers for adult freedoms

Education outcomes

- Special Education students with EBD have the highest rate of High School incompletion; 44% *vs.* 14-29% (NLTS-2; http://www.nlts2.org/data_tables/tables/15/ntaDiplomafrm.html)

- Lowest school performance; attendance, grades, grade retention (NLTS2)

- Only about 8% of students with the most serious EBD receive special education services (Forness et al., 2012)

- Those with SMHC that do go on to college:
  - Have higher rates of part-time student status (Newman, 2011)
  - Higher dropout rates (~86%)
  - Lower graduation rates (Kessler, et al., 1995; Salzer, Wick, & Rogers, 2008)
 - Accrue student debt (Sabella et al., 2017)

Employment Outcomes

- Young adults with psychiatric disabilities in adolescence have lower employment rates compared to same age peers in other disability groups or in the general population (Frank, 1991; Neel, 1988; Newman et al., 2011; Vander Stoep et al., 2000)

- Young adults with anxiety or depression less employed than mature adults (Waghorn, Chant, & Harris, 2009)

- When employed, typically short-term jobs in the service or retail industries with limited growth over time (Sabella et al, 2017)

Substance Use Disorders

Figure 49. Past Year Substance Use Disorder among Adults Aged 18 or Older with Any Mental Illness in the Past Year, by Age Group: Percentages, 2008-2014
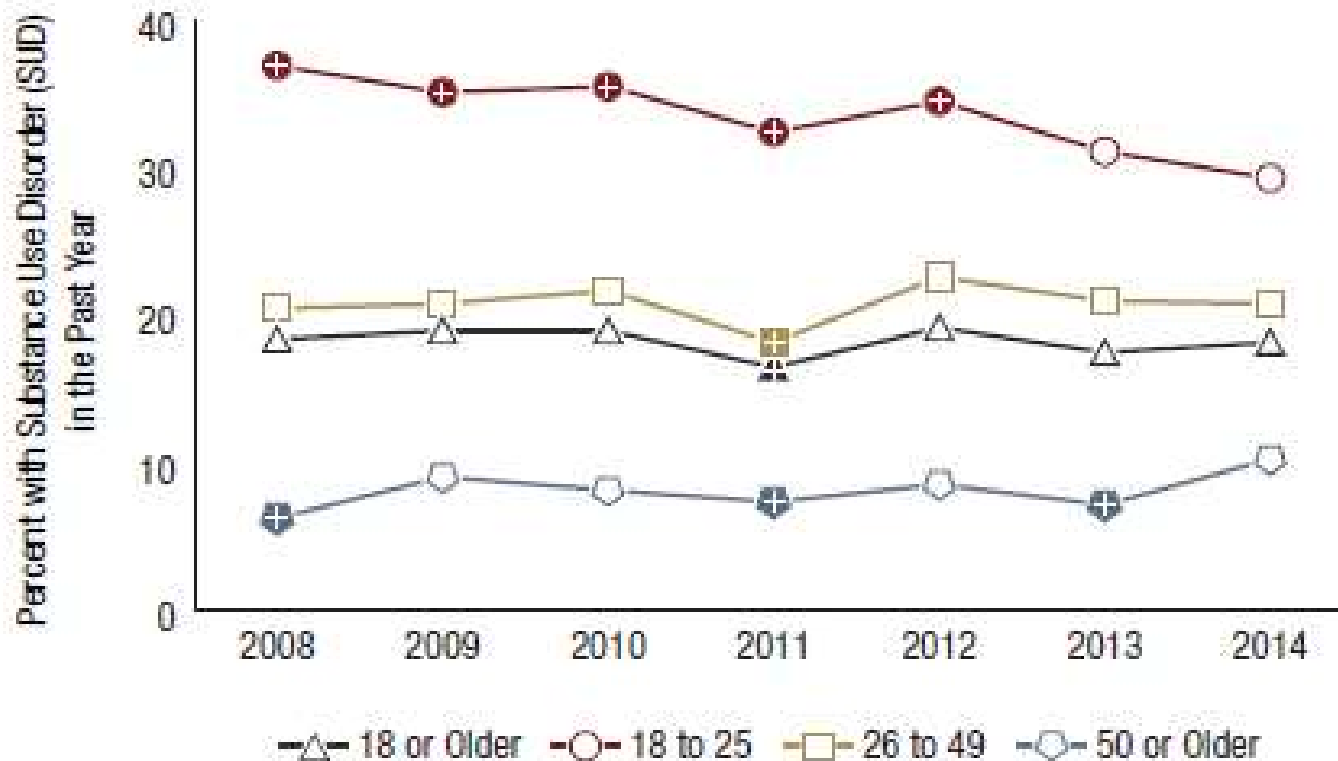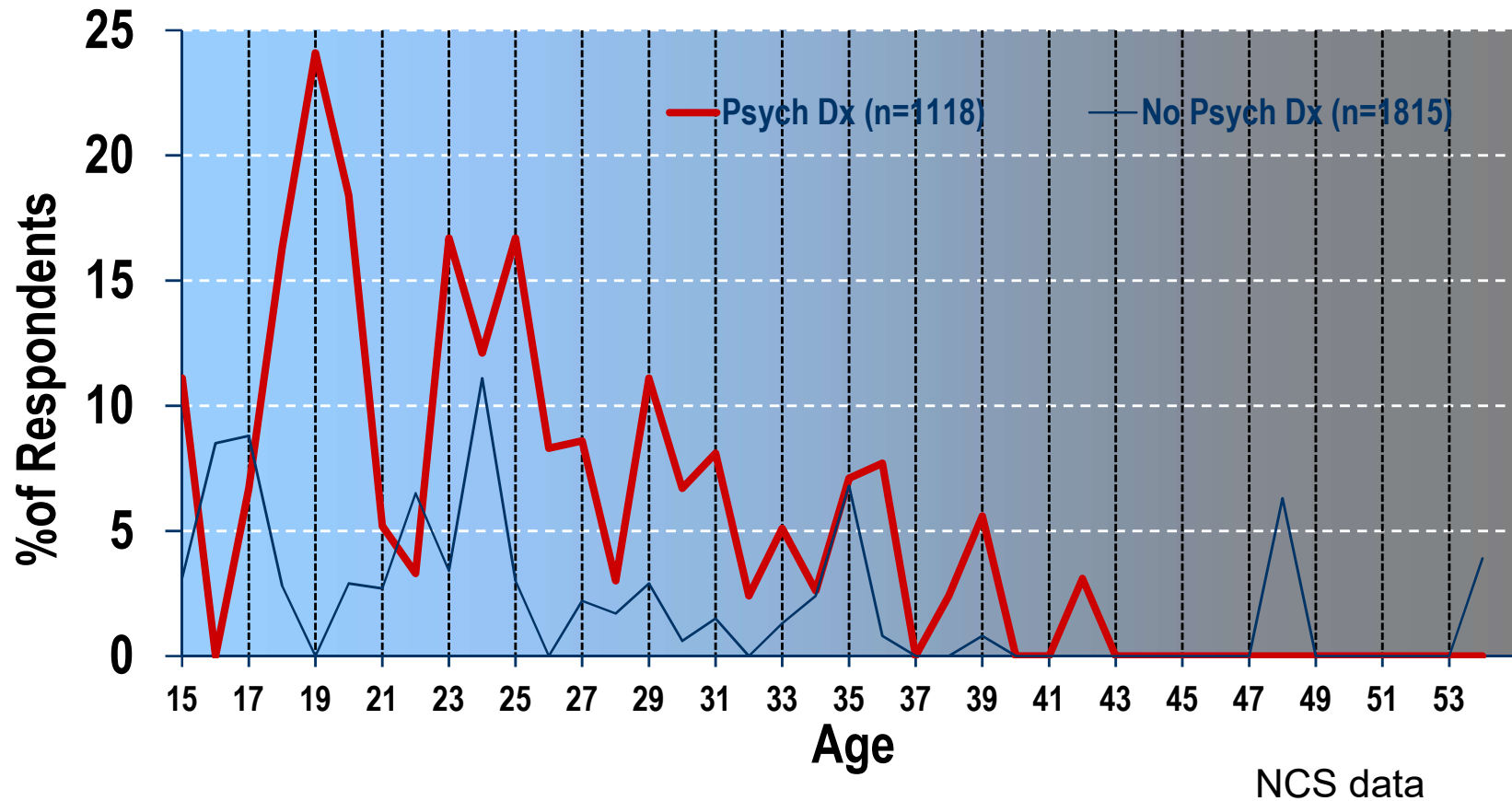
+ Difference between this estimate and the 2014 estimate is statistically significant at the .05 level.
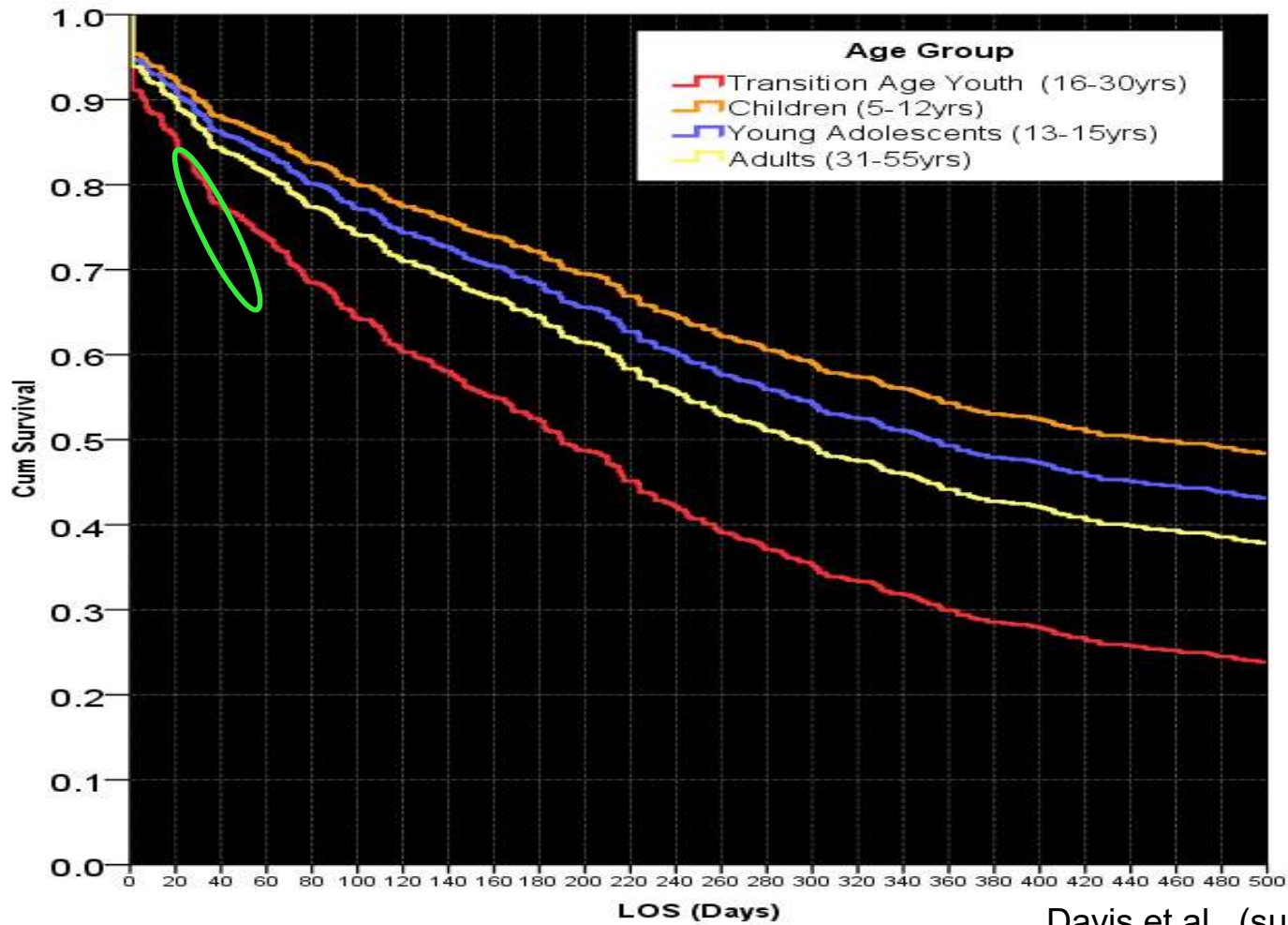
SAMHSA 2014, pg. 32)

Other challenges

- Parenting at earlier ages
- Justice system involvement

NCS data

Transition Age Youth Most Quickly Lost from Treatment

Davis et al., (submitted)

CHILD SYSTEM   18-21 Yrs.   **ADULT SYSTEM**

Housing →

Vocational Rehabilitation →

Substance Abuse →

Juvenile Justice → ····→ Criminal Justice →

Child Mental Health → ····→ Adult Mental Health →

Medicaid → ····→ Medicaid →

Medical Health → ····→ Medical Health →

Higher Education →

Education → ····→

Child Welfare → ····→

Birth   AGE→ → → → → → → →   Death
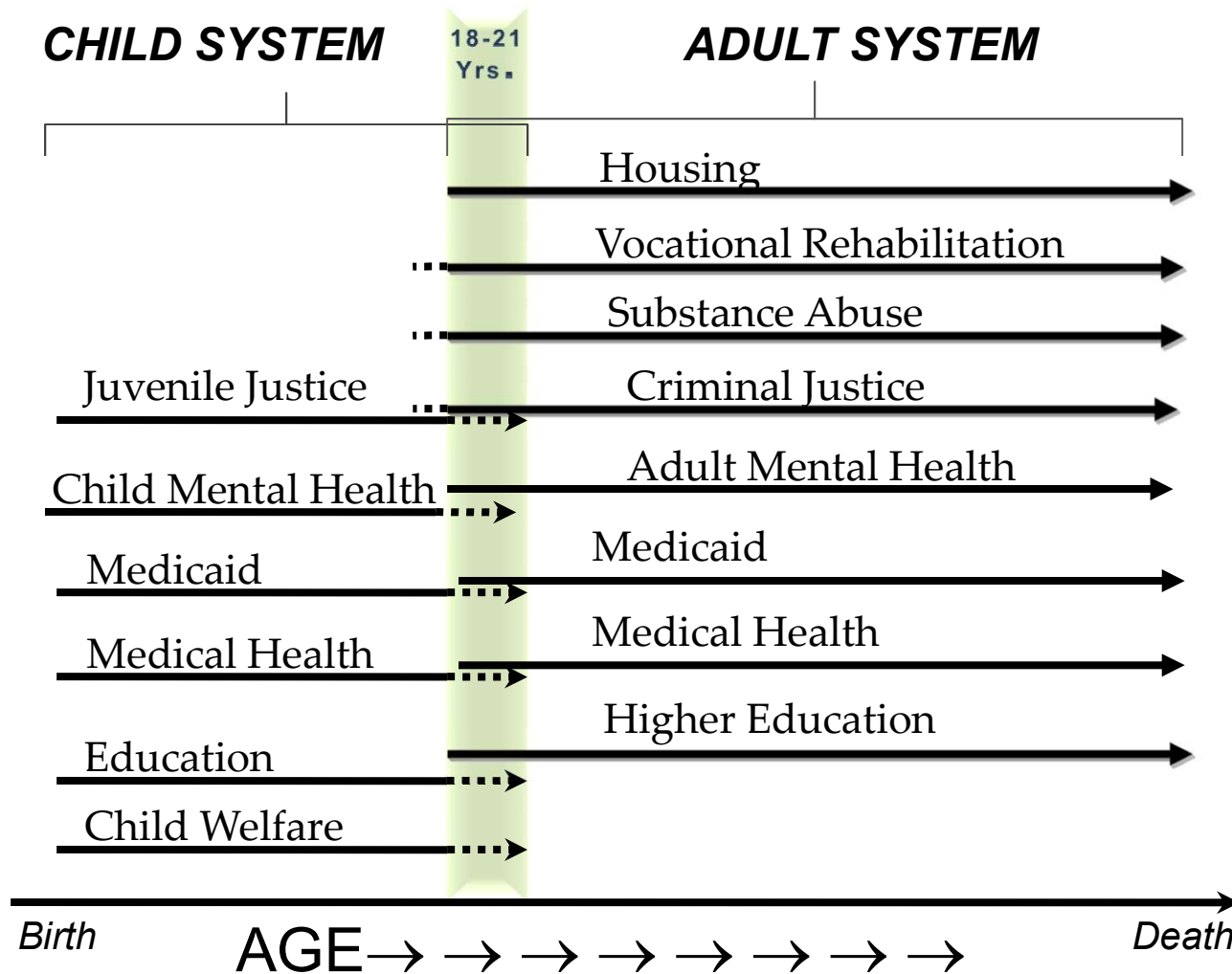
No evidence-based practices specifically for young adults with SMHC

'Crisitunity'

A moment in TAY mental health where crisis *can* meet opportunity

(brilliant concept shared by my colleague, Michelle Munson at NYU)

IMPLICATIONS FOR SUPPORTS & SERVICES

A Review of Promising Practices

Supports should be Developmental Appropriate & Culturally Appealing

- If cognitive development still fairly concrete – use examples, make ideas concrete, repetition, feedback

- Immature identity formation – resist urge to parent or be authority, allow safety net for experimentation

- Peer context important – critical role of peers; group treatment settings that include much older or younger individuals may not appeal

- Culture – make room for creative ways of communication (via text or apps) and recognize fear of stigma

Implications: One size does not fit all

- Family relationships are complicated and can be very diverse. Often there is a difference in opinion on the preferred level of family involvement.

- Pathways are more diverse and less predictable than in previous generations in terms of timing and sequencing in terms of leaving home, completing school, entering the workforce, forming a romantic relationship and parenting.

- Be comprehensive! Address all life domains (education, employment, housing, physical health)

The Importance of Youth Voice: Design and Delivery of Services

Young Adult Peer Mentors: A Promising Practice. Examples:

- Massachusetts DMH Young Adult Peer Mentors
- Peer Worker Toolkit (UMass Transitions RTC): Effectively Employing Young Adult Peer Providers
- Just Do You and Cornerstone Program, both involve near-age Recovery Role Models (NYU, Michelle Munson)

Young Adult Advisory Boards: they are the experts! Involve them in service design!

Importance of Youth Voice: Shared Decision Making

- Young adults are more engaged and committed to services that they had an active voice in

- Valuable life skills gained: negotiation, effective communication, advocacy

- Increased self-efficacy/self-determination leads to: optimism, better coping skills, increased mental health, healthy habits   http://www.pathwaysrtc.pdx.edu/proj-3-amp

- Motivational Interviewing (MI) as an effective approach

Holistic Approaches

- Traditional wraparound services, with adaptations for young adults (e.g. Peer Mentors, Transition Facilitators)
  - Being tested in many areas (e.g. Oklahoma ON-IT)
- Centerstone Program, NYU (Michelle Munson)
- Multi-Systemic Therapy for Transition Age Youth (aka the TAY Program)
  - For 17-21 year olds with Mental Illness and/or Substance Abuse and Justice System Involvement
  - Randomized Control Trial in CT and Tennessee
  - Pilot data showed pre-post reductions in MI symptoms, substance use, recidivism

Supported Employment and Education

- Education and employment exploration is normative at this stage of life
- Often navigating both simultaneously or going back and forth
- Interest inventories and strengths and weaknesses assessments are critical
- Promising Models:
  - HYPE: Helping Youth on the Path to Employment: An approach to supporting career exploration in young adulthood (Rutgers and UMass)
  - Individualized Placement and Supports (IPS) adaptations (UMass, Marsha Ellison)

CONCLUSIONS

'Crisitunity'

A moment in TAY mental health where crisis *can* meet opportunity

(brilliant concept shared by my colleague, Michelle Munson at NYU)

It's an exciting time!

- Increased national attention on needs of young adults with mental health conditions

- Institute of Medicine Report on the Health and Well-Being of Young Adults

- Now is the Time – Healthy Transitions Initiative, 16 grantees testing approaches to improving supports and outreach for young adults with, or at risk of, serious mental health conditions
  - CT STRONG!!!

- Early intervention and prevention is key

Need Help?

www.umassmed.edu/TransitionsRTC

THANK YOU!

Kathryn.Sabella@umassmed.edu