Emerging Adults as a Vulnerable Group:
Community mental health, serious mental health problems, and youth who "age out" of care

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University of Massachusetts Medical School
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NiDRR

A Life in the Community for Everyone
SAMHSA
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
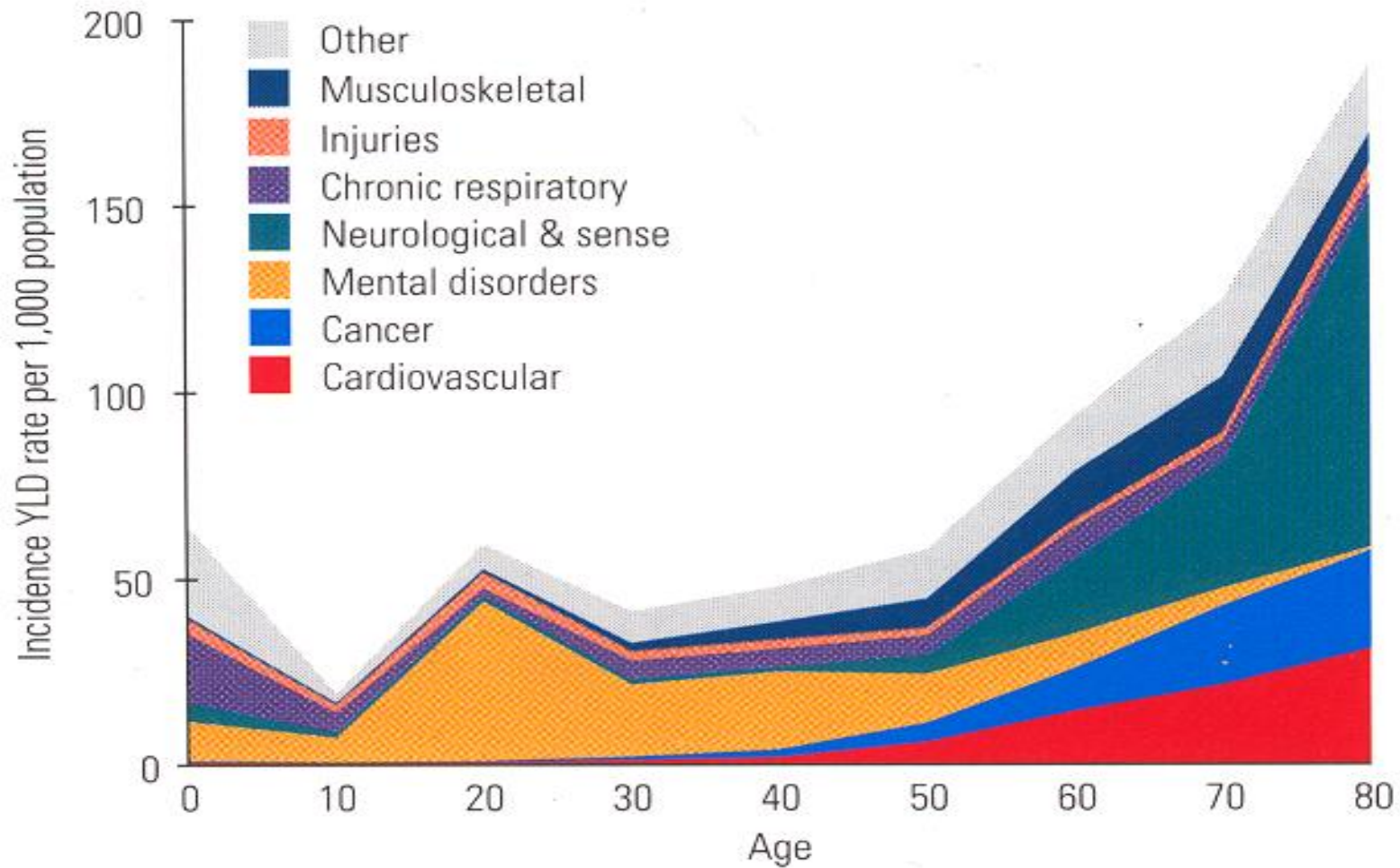
Overview

1. Who is vulnerable?
2. Organization of Service Systems
3. Age-appropriateness of Evidence Based Practices
4. Current research directions
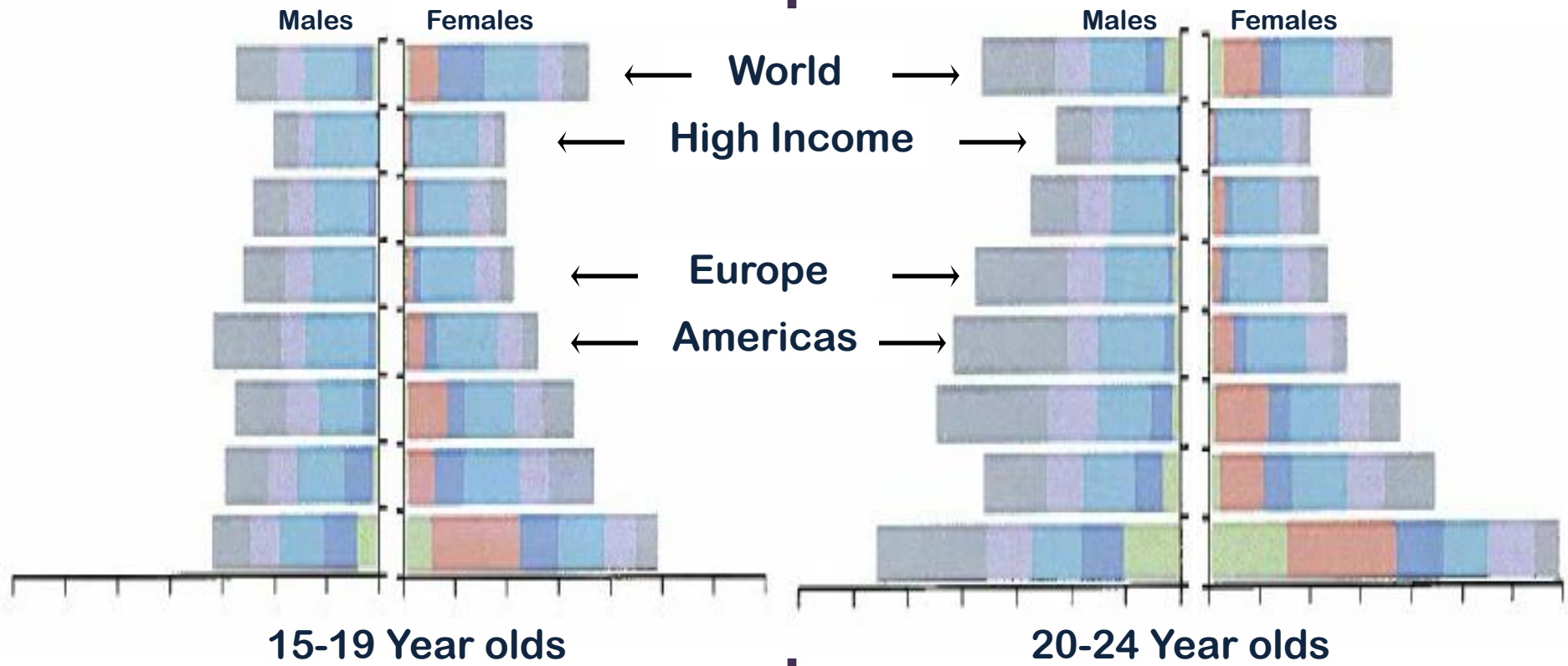5. Discussion/Questions

Research is in its Infancy

- Little Research in this age with Serious Mental Health Conditions
- Extension of knowledge from others...... other ages with SMHC or same age with other challenges
- Field is growing

Figure 6 Incident YLD Rates per 1,000 Population by Age and Broad Disease Grouping, Victoria 1996
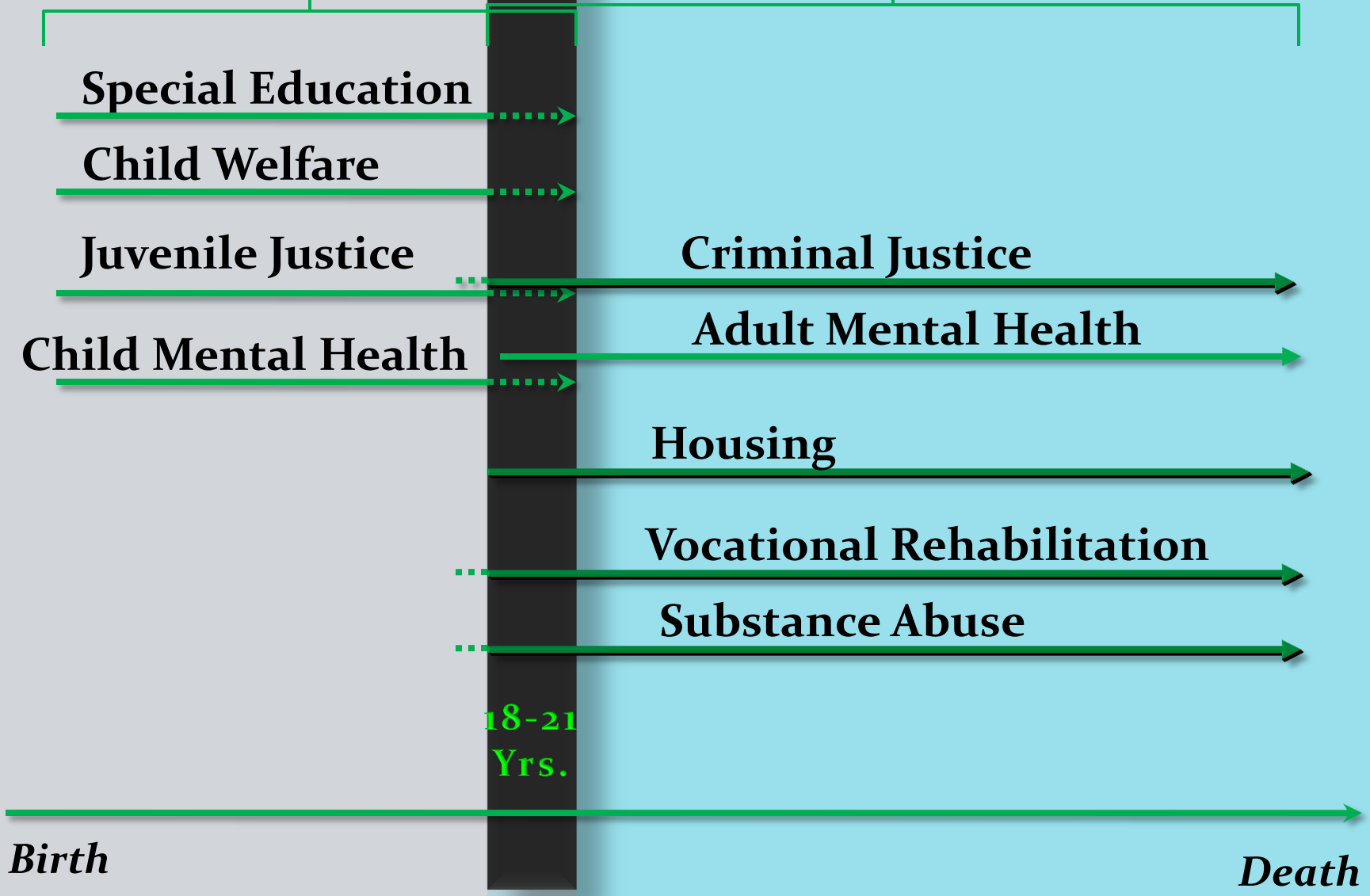
Legend:
- HIV, TB, malaria
- Other communicable diseases
- Neuropsychiatric disorders
- Maternal conditions
- Other non-communicable diseases
- Injuries

Males | Females — World
Males | Females — High Income
— Europe
— Americas

15-19 Year olds

20-24 Year olds

Major causes of disease burden in Disability Adjusted Life Years

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Interorganizational Relationships Between Providers - *Baseline*

8. Adult & Both

3. Child

7. Child & Both

2. Child & Both

1. Child & Both

5. Child & Both

6. Adult

4. Adult & Both

Interorganizational Relationships Between Providers – *Time 2*

8. Adult & Both

1. Child

5. Child & Both

4. Mixed

6. Child

3. Child

2. Mixed

7. Adult

Davis, Koroloff, & Johnsen, in press
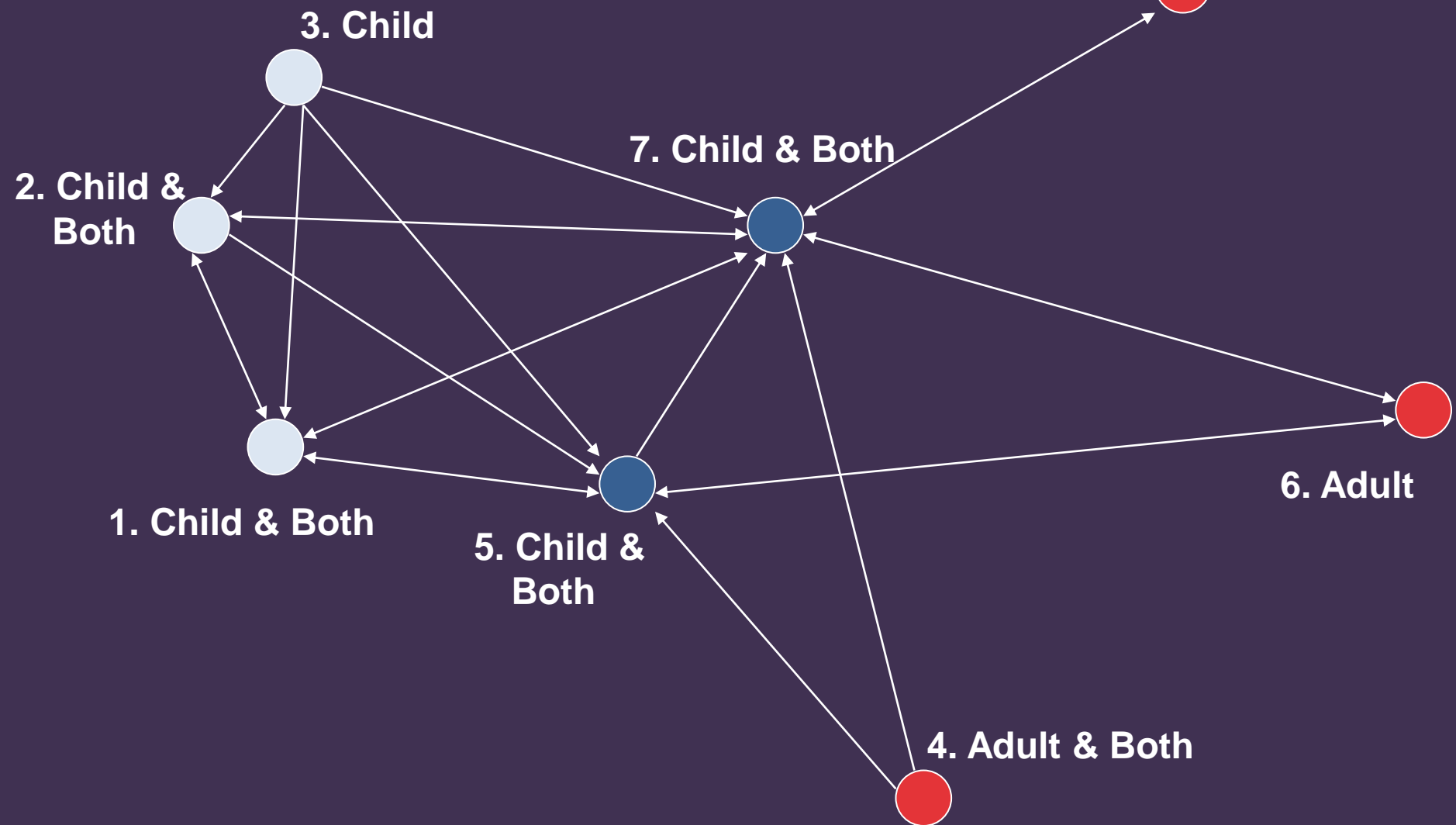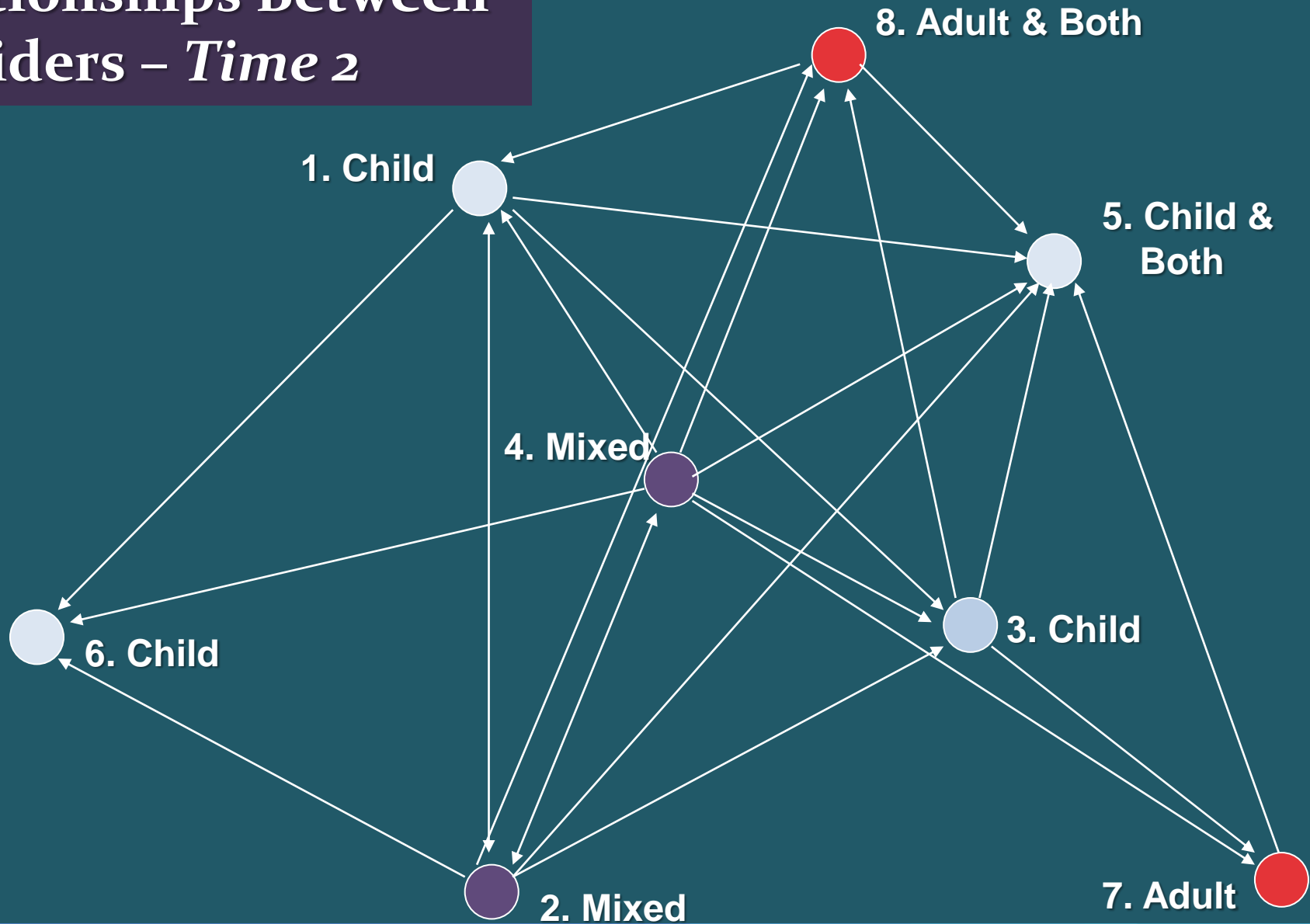
Youth with SMHC Struggle as Young Adults

Functioning among 18-21 yr olds	SMHC in Public Services	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, 1992; Vander Stoep and Taub, 1994; Vander Stoep et al., 1994; Vander Stoep et al., 2000; Davis & Vander Stoep, 1997)
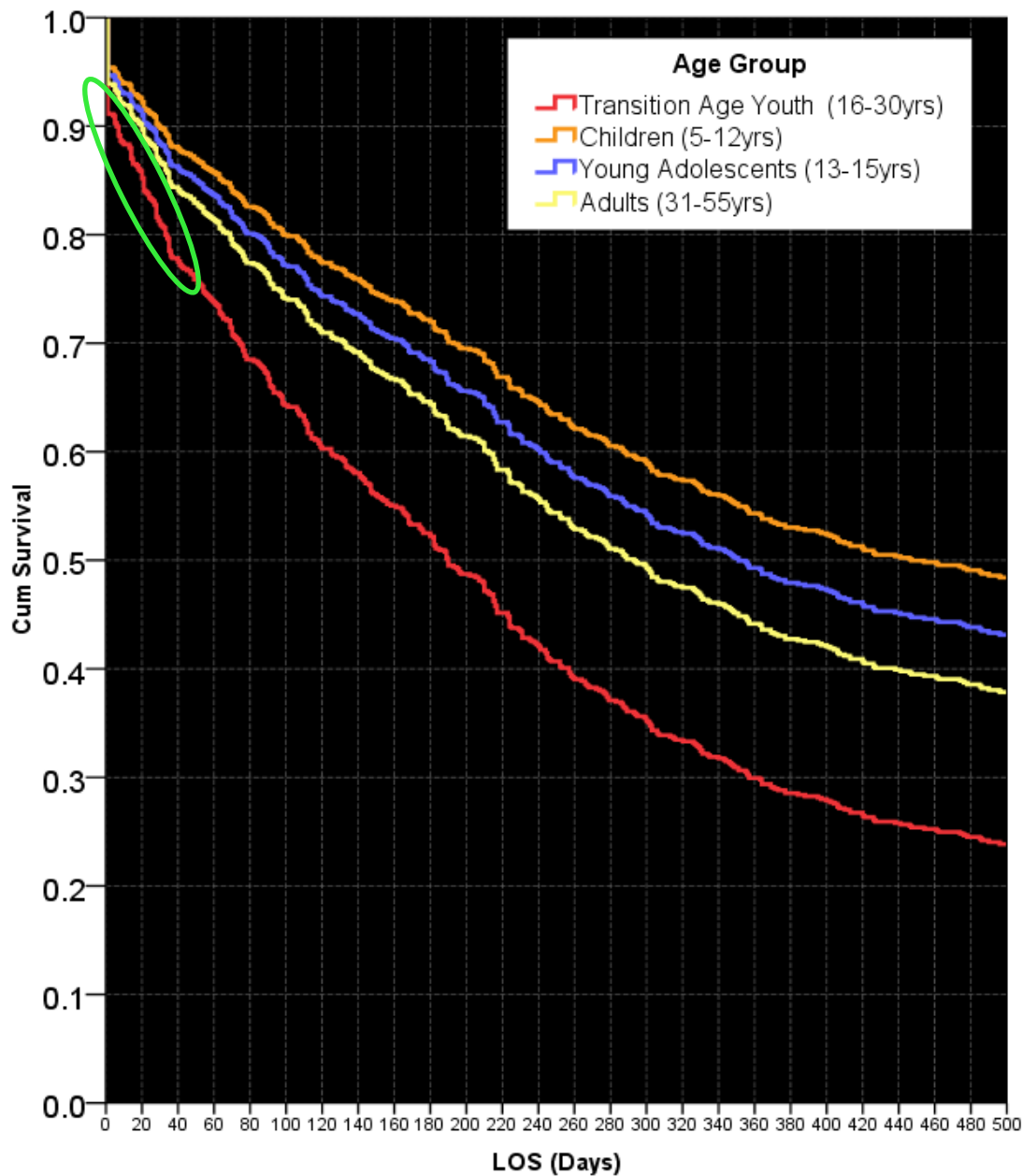
Functioning Different from "Mature" Adults'
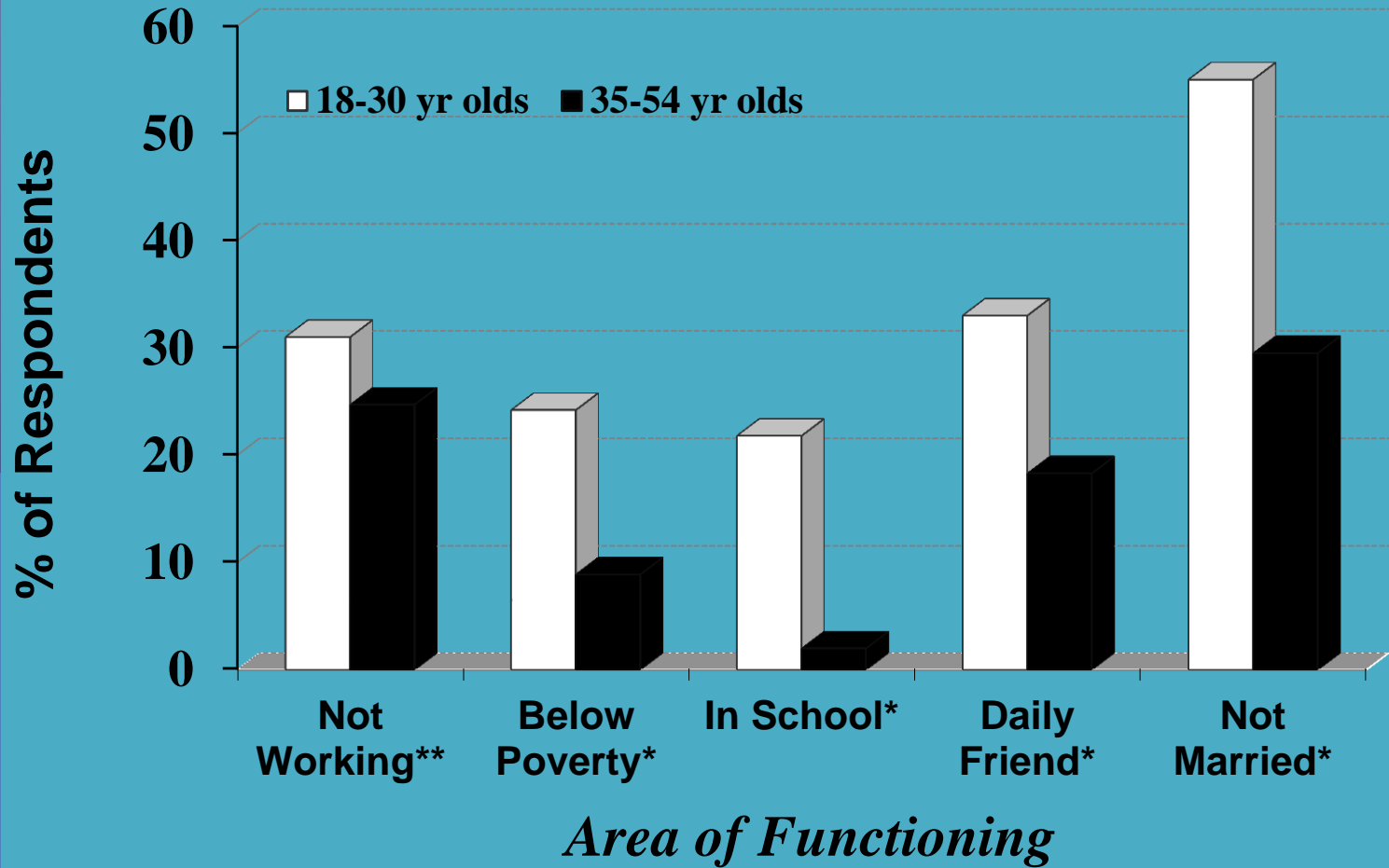
*χ² (df=1)=31.4-105.4, p<.001   ** χ2 (df=1)=5.5, p<.02

Transition Age Youth Quickly Lost from Treatment

Does the Evidence Base Apply?

- Clinical trials often include emerging adults – good enough?
  - Power to detect age differences
  - Analyzing/reporting age differences
- Clinical trials focused on emerging adults
  - Apply as is
  - Adapt for this age group

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Treatment Retention

- Motivational Interviewing (MI)-Based Strategies increases TR in adults and adolescents (e.g. Vasilaki, Hosier, & Cox, 2006; Feldstein & Ginsburg, 2007)

- Adolescents organized by parents

- Adults' mature executive functioning and responsibility taking

- Testing minor adaptation for 17-30 yr olds (Mistler, Sheidow, Fortuna, Davis)

Employment Supports

- Individualized Placement & Support (IPS; Bond, 1998)
  - Effective with EA's in 1st Episode Psychosis (*Major, et al., 2010; Porteous & Waghorn, 2007; Killackey, Jackson, & McGorry, 2008*)
  - Adapted IPS (*Nuechterlein et al., 2008*) – effective 1st Episode Psychosis – added training, families, supported education
  - Adapted IPS (*Froundfelker & Fagan*) – young adult intensive MH service users - added peer mentor
- Life Coaches or VR (*Davis, Sheidow, Henry*)
- Paid Internship (*Davis, Henry, Frazier*)

Chronicle / Carlos Avila Gonzalez

Chronicle / Michael Maloney

Student   **Worker**

Models under Development

Achieve My Plan (*Walker & Powers*)

- To increase participation in meetings
- 3 meetings with a "prep person" before initial meeting
- 1 prep meeting include support person of choice
- Youth communicates AMP process to family
- Prep person communicates with team in preparation and orientation
- Training for staff (i.e. school, program etc.)

http://www.rtc.pdx.edu/AMP/pgVideo_AMP_ImportanceOfYPP.shtml

Other Research

Research on use of internet to support transition age youth with SMHC (N=207)

Most Enjoyable Features of Social Networking Sites

Feature	% MH	% Without MH
Making new friends	39.8	19.0***
Having shared interests	38.3	19.0 **
Planning social activities	32.0	45.6*
Blogging	31.3	1.3 ***

- #1 purpose; Ability to connect and socialize (87%)

Common Themes

- <u>Youth Voice</u>; all developing models put youth front and center, and provide tools to support that position

- <u>Involvement of Peers supports</u>; several interventions try to build on the strength of peer influence

- <u>Struggle to balance youth/family</u>; delicate dance with families, no clear guidelines

- <u>Technology</u>; utilizing web-based games, texting to engage or schedule, remote therapy

- <u>Emphasize in-betweeness</u>; simultaneous working & schooling, living w family & striving for independence, finishing schooling & parenting etc.

Resources

RESEARCH

Visit us at: http://labs.umassmed.edu/TransitionsRTC
Pathways RRTC http://www.pathwaysrtc.pdx.edu/

SOCIAL NETWORK SITES

http://strengthofus.org/

http://www.whatadifference.samhsa.gov/index.html

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