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

Maryann Davis, Ph.D., Director
Learning & Working During the Transition to Adulthood
Rehabilitation Research & Training Center
Department of Psychiatry
University of Massachusetts Medical School
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Visit us at: http://labs.umassmed.edu/TransitionsRTC

The content of this presentation does not necessarily reflect the views of the funding agencies, nor their endorsement.
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
Transitions RTC

Birth → 18-21 Yrs. → Death

**CHILD SYSTEM**

- Special Education
- Child Welfare
- Juvenile Justice
- Child Mental Health

**ADULT SYSTEM**

- Criminal Justice
- Adult Mental Health
- Housing
- Vocational Rehabilitation
- Substance Abuse
Interorganizational Relationships Between Providers - *Baseline*

1. Child & Both
2. Child & Both
3. Child
4. Adult & Both
5. Child & Both
6. Adult
7. Child & Both
8. Adult & Both

Davis, Koroloff, & Johnsen, in press
Interorganizational Relationships Between Providers – *Time 2*

1. Child
2. Mixed
3. Child
4. Mixed
5. Child & Both
6. Child
7. Adult
8. Adult & Both
Youth with SMHC Struggle as Young Adults

<table>
<thead>
<tr>
<th>Functioning among 18-21 yr olds</th>
<th>SMHC in Public Services</th>
<th>General Population/without SMHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate High School</td>
<td>23-30%</td>
<td>81-93%</td>
</tr>
<tr>
<td>Employed</td>
<td>46-51%</td>
<td>78-80%</td>
</tr>
<tr>
<td>Homeless</td>
<td>30%</td>
<td>7%</td>
</tr>
<tr>
<td>Pregnancy (in girls)</td>
<td>38-50%</td>
<td>14-17%</td>
</tr>
<tr>
<td>Multiple Arrests by 25yrs</td>
<td>44%</td>
<td>21%</td>
</tr>
</tbody>
</table>

Functioning Different from “Mature” Adults’

Area of Functioning

18-30 yr olds  35-54 yr olds

Not Working**

Below Poverty*

In School*

Daily Friend*

Not Married*

% of Respondents

*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
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)
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

<table>
<thead>
<tr>
<th>Feature</th>
<th>% MH</th>
<th>% Without MH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making new friends</td>
<td>39.8</td>
<td>19.0***</td>
</tr>
<tr>
<td>Having shared interests</td>
<td>38.3</td>
<td>19.0 **</td>
</tr>
<tr>
<td>Planning social activities</td>
<td>32.0</td>
<td>45.6*</td>
</tr>
<tr>
<td>Blogging</td>
<td>31.3</td>
<td>1.3 ***</td>
</tr>
</tbody>
</table>

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

Gowen & Gruttadaro 2011
Common Themes

- **Youth Voice**: all developing models put youth front and center, and provide tools to support that position
- **Involvement of Peers supports**: several interventions try to build on the strength of peer influence
- **Struggle to balance youth/family**: delicate dance with families, no clear guidelines
- **Technology**: utilizing web-based games, texting to engage or schedule, remote therapy
- **Emphasize in-betweeness**: 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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