The Transition to Adulthood; What the Research Tells Us

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Youth In Transition: Building Bridges to a Successful Adulthood
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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. Unique development
4. Challenges to functioning
5. Implications for services
6. Discussion/Questions
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

Research is in its Infancy
Special Issues of Journals

  - Guest Editors:
    Hewitt B. Rusty Clark, Nancy Koroloff, Jeffrey Geller and Diane L. Sondheimer

- **Psychiatric Rehabilitation Journal**, 2012, Issue 1
  - Guest Editors:
    Maryann Davis, Nancy Koroloff, and Marsha Langer Ellison
Two Rehabilitation Research and Training Centers

Learning and Working During the Transition to Adulthood RRTC
UMass Medical School, Department of Psychiatry
Center for Mental Health Services Research
http://labs.umassmed.edu/transitionsRTC/

Pathways to Positive Futures RRTC
Portland State University
School of Social Work
Regional Research Institute for Human Services
http://www.pathwaysrtc.pdx.edu/
Healthy Transitions Initiative

- Center for Mental Health Services funded 7 sites in 2009 to develop supports and change infrastructure for transition age youth up to age 25
- Georgia, Maine, Maryland, Missouri, Oklahoma, Utah, and Wisconsin

http://www.umassmed.edu/uploadedFiles/cmhsr/TAY/HealthyTransitionsInitiative.pdf

- System of Care grants – new statewide implementation; 2 states funded for transition age youth focus (MA, OH)
Social Networking Sites

- National Alliance on Mental Illness:  
  http://strengthofus.org/

- Youth Move  
  http://www.youthmovenational.org/forum

- Substance Abuse & Mental Health Services Administration  
  http://www.whatadifference.samhsa.gov/index.html
Prevalence rates of Serious Emotional Disturbance or Serious Mental Illness 4-9% (Costello et al., GAO)

Applied to 15-30 year olds in 2009 (Census estimate)

Yields estimate of 2.5-5.8 million with serious mental health condition in transition to mature adulthood
MH is the Health Issue of the Young

Figure 6 Incident YLD Rates per 1,000 Population by Age and Broad Disease Grouping, Victoria 1996

- Other
- Musculoskeletal
- Injuries
- Chronic respiratory
- Neurological & sense
- Mental disorders
- Cancer
- Cardiovascular
Major causes of disease burden in Disability Adjusted Life Years IN THE WORLD

The size of the group of young people who struggle with mental health during the transition to adulthood is large.

Mental health issues are the health issues of young people.

This is true around the globe.
Unique System Issues

- Parity with other medical conditions only recently achieved but not yet embraced
- Treatment of symptoms paid for by health care coverage
- Rehabilitation not covered by health care
- State MH agencies provide rehabilitation services
- Many adolescents with SMHC don’t qualify for state adult MH services
- Vocational Rehabilitation Agencies less well prepared for SMHC
- [Link to Bazelon Analyses](http://bazelon.org.gravitatehosting.com/Where-We-Stand/Access-to-Services/Health-Care-Reform/Final-Law-and-Bazelon-Analyses.aspx)
Some Implications of the Affordable Care Act

- Limited Medicaid coverage to childless adults with incomes at or below 133 percent of poverty
- Greatly improves a Medicaid state option for home and community based services for people with disabilities, including those with serious mental illnesses
- Expands Medicaid’s focus on home and community based care in several ways
ACA Implications cont’d

- Young adults (up to age 26) must be allowed to remain on their parents’ health insurance, if their parents so desire.
- Health insurers can not discriminate based on a person’s mental or physical disability.
Disability Changes

- SSI definitions change at age 18 (more narrow)
- Delicate walk between working and disability income
  
  Developed by the Work Without Limits grant to the Center for Health Care Policy and Research/UMass Medical School
Research About Systems

How does research inform our thinking about these diverse systems?
Inter-organizational 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
Inter-organizational Relationships Between Providers – *Time 2*

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

Davis, Koroloff, & Johnsen, 2012
Imminent Enrollment Lapses in Medicaid after Psychiatric Hospitalization in Young Adults.

Young Adult Medicaid Disenrollment One Year After Psychiatric Hospitalization

65% Disenrolled
• Child & Family enrollment
• Not pregnant
• <21 yrs old

32% Disenrolled

56% Disenrolled
• Disabled/FC
• Pre disenrollment
• No Outpatient MH

Correct Classification; 42% Disenrollment, 88% Complete Enrollment, 73% Overall
Effects of Medicaid Lapses on Young Adults’ Use of Outpatient Services after Inpatient Stays

Investigators:  Eric Slade\textsuperscript{1}  
Larry Wissow\textsuperscript{2}  
Maryann Davis\textsuperscript{3}  
Michael Abrams\textsuperscript{4}  

Analysts:  Susan Chen\textsuperscript{4} and Jack Clark\textsuperscript{4}  

\textsuperscript{1} University of Maryland School of Medicine and the U.S. Department of Veterans Affairs, VISN5 MIRECC  
\textsuperscript{2} Johns Hopkins University, Bloomberg School of Public Health  
\textsuperscript{3} University of Massachusetts, School of Medicine  
\textsuperscript{4} Hilltop Institute, University of Maryland Baltimore County  

Research funding from NIMH R34-MH081303
### Mean use of mental health services first 365 days post discharge [N=1179]

<table>
<thead>
<tr>
<th>Days not enrolled in Medicaid (mean)</th>
<th>No Lapse</th>
<th>Lapse</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>167</td>
<td>*</td>
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</table>

* P<.05; † Only persons with some use of services in category

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Transition Age Youth Quickly Lost from Treatment
1. Transition ages span child and adult services
2. The “System” adds complications of child system to complications of adult system
3. Funding/eligibility issues contribute to discontinuities
4. “In-betweeness” reduces attention to their needs
5. Standard services often mismatch to needs
Psychosocial Development

Adolescence to Adulthood

Identity Formation
Cognitive
Sexual
Moral
Social

Developmental change on every front

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INCREASING ABILITY TO THINK ABSTRACTLY

Thinking hypothetically; "If I become pregnant I probably won't finish high school, but my boyfriend might marry me, but if he doesn't......."

Planning; "Before I get an apartment I need to get a job, save money, and work on a budget."

Insight; "Every time an older man questions what I do I get terribly angry - he reminds me of my father."

These changes allow them to examine their choice process, and have a better understanding of themselves and others.
Executive system (planning, organizing etc) connections to emotional/reward system gets stronger/faster/better

Increasingly better at controlling goal-directed behavior from emotional distractions

KNOW what to do mid adolescent, but hard to EXECUTE plans
Friendships become more complex, involving mutuality, intimacy, and loyalty.

Peer relationships are of Paramount importance.

Peer context changes; school to work transition
Typical Moral Development

↓ Externally reinforced rights and wrongs
↓ Rigid interpretation (applies to everyone in all situations)

↑ Empathic responses & Golden Rule
↑ Sacrifice for the greater good
Typical Identity Formation

Answering the question; **Who am I?**
Who am I that I am *not* my Parents?
Who am I as a student, worker, romantic partner, parent, friend?
Who am I in the World?
What do I like to do and who do I want with me?
Typical Sexual Development

Life-impacting and safety issues

Address sexual orientation

New types of intimacy

Different roles in peer group
Psychosocial Development in Those with Serious Mental Health Conditions

- Research limited to adolescence – but implications hold for emerging adults

- Individuals will vary in their level of development
- Individuals may be more mature in one area than another
Developmental Implications

Supports need to be developmentally appropriate
Developmental Implications

Support Increased Autonomy

Make Decisions

Head a household

Financially self-supporting and responsible
Examples:

- If “executive functioning” less mature – make plans togethre for how to overcome distractions
- Peer context important – group treatment settings that include much older or younger individuals may not appeal
- Sexuality is important- build pregnancy and parenting plans (even if it is NOT in plan) into planning
- Romantic relationships – social support may come from partner/spouse/boy or girl friend
- Immature Identity Formation – resist urge to parent or be authority, allow for experimentation
- **Identity Formation Process** – incorporate youth voice/ownership
Living with Family — (NCS Data)

Proportion with Children

Age in Years

Living w/Parents

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Need supports to launch adulthood

- Families continue to be an important resource to their emerging adult child
- Families face the many challenges of child with chronic health condition
- Many families in the public sector struggle with poverty, single parenting, mental health, substance use, incarceration

Summary

1. The transition to adulthood is a unique developmental period
2. Rapid change throughout
3. Efficacy of services designed for adolescents or adults likely to be limited
4. Need to provide good MH care while supporting the development of skills and capacities for mature adulthood
Developmental Changes Underlie Abilities to Function More Maturely

- Complete schooling & training
- Contribute to/head household
- Develop a social network
- Become financially self-supporting
- Obtain/maintain rewarding work
- Be a good citizen
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>
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</thead>
<tbody>
<tr>
<td>Graduate High School</td>
<td>23-65%</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>
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Functioning Different from “Mature” Adults’

Area of Functioning

*χ² (df=1)=31.4-105.4, p<.001
** χ² (df=1)=5.5, p<.02
Becoming Parents (NCS Data)

Graph showing the proportion of females and males with children over different age groups.

- **Y-axis**: Proportion with Children
- **X-axis**: Age in Years
- **Legend**:
  - Females (Red)
  - Males (Blue)

The graph indicates that the proportion of individuals with children increases with age, with females generally having a higher proportion than males, particularly in the age range of 18 to 30 years.
Common Co-occurring Substance Abuse/Dependence

- Young adults ages 18-25 with a serious mental illness
- 48% report past-year illicit substance use
- 36% meet criteria for a Substance Use Disorder

(SAMHSA, 2003)
Summary

1. Young people with MH conditions struggle to attain adult functioning and their own goals
2. Services need to address the needs of the whole individual to support community inclusion and full life
3. Functioning will parallel development; rapidly change across this period
Science tells us

- Transition period encompasses radical psychosocial developmental change
- Delayed in those with Serious Mental Health Conditions (SMHC)
- Families are important during the transition years
- Young adult social networks provide opportunities and risks
- Fare poorly in young adult role functioning
Good Practice with TAY

- Shape practice to individual’s developmental maturity – *No Direct Evidence of How*
- Shape practice to parent-child developmental maturity – *No Direct Evidence of How*
- Treat underlying causes/correlates of problems – *No Direct Evidence of How*
- Help develop skills for valued social roles – *No Direct Evidence of How*
Transition to Independence Process (TIP) System – values and framework for services and programs for transition age youth and young adults with serious mental health conditions.

http://www.tipstars.org/