LEARNING AND WORKING DURING THE TRANSITION TO ADULTHOOD

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HUGE BUGS!
ACKNOWLEDGEMENTS

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One of two RTCs in the US focusing on issues specific to transition age youth with serious mental health conditions

- UMMS Transitions RTC – emphasis on education and employment
- Portland State University Pathways RTC – emphasis on community integration

RTCs have three distinct arms

- Research
- Knowledge Translation and Dissemination
- Technical Assistance

In 2014, Transitions RTC awarded renewal of 5 year grant funded by NIDLRR/SAMHSA

All work in partnership and collaboration with youth and young adults with lived mental health experience
OBJECTIVES INCLUDE:

• Understanding important ways in which young adults with serious mental health conditions differ from mature adults

• Understanding systems issues and elements of adult approaches and interventions that contribute to inadequate support for young adults with serious mental health conditions

• Learning about some current research efforts specifically targeting young adults with serious mental health conditions that will inform targeted interventions for young adults with serious mental health conditions moving forward
HOW DO YOUNG ADULTS WITH SERIOUS MENTAL HEALTH CONDITIONS DIFFER FROM MATURE ADULTS?
With the exception of sexual development, as a group, individuals with serious mental health conditions (SMHC) prior to adulthood are delayed in every area of biopsychosocial development. 50% of psychiatric conditions have onset before age 14 and 75% before age 25 (Kessler et al 2005).
FUNCTIONING IN ADULTS AND YOUNG ADULTS WITH CURRENT PSYCHIATRIC DISORDERS

% of Respondents

- Not Working**: 18.3%
- Below Poverty*: 24.2%
- In School*: 21.8%
- Daily Friend*: 33%
- Not Married*: 55%

18-30 yr olds
35-54 yr olds

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

National Comorbidity Study (N=1110)

- Living w/Parents
- Never Married
- Daily Friends

Proportion of Individuals

Age in Years

18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54
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.

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%).

"In America, a flapper has always been a giddy, attractive and slightly unconventional young thing who, in [H. L.] Mencken's words, 'was a somewhat foolish girl, full of wild surmises and inclined to revolt against the precepts and admonitions of her elders.'"
WHAT ARE THE SYSTEMS ISSUES
FRAGMENTATION ISSUES THAT HINDER GOOD TRANSITION SUPPORT

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

<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
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<tbody>
<tr>
<td>1.</td>
<td>Child/Adult MH Relationships</td>
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<td>2.</td>
<td>Eligibility Differences</td>
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<td>3.</td>
<td>Territoriality</td>
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<td>4.</td>
<td>Separate Funding of Child/Adult MH</td>
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<td>5.</td>
<td>Poor Handshaking</td>
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<td>6.</td>
<td>System Culture Differences</td>
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<td>7.</td>
<td>Different Funding Levels</td>
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<td>8.</td>
<td>Family vs. Individual Focus</td>
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<td>9.</td>
<td>Child System Owns The Issue</td>
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</table>

From Davis & Hunt, (2005)
ELIGIBILITY DIFFERENCES

Serious Mental Illness

- Schizophrenia
- Bipolar
- General Anxiety
- PTSD
- Dysthymia
- Impulse Control

ELIGIBILITY DIFFERENCES
Eligibility Alignment
FUNDING ISSUES

Per Capita Budget

May fund:
- Less home-based
- Higher Caseloads
- More group care

May fund:
- Flexible Fund
- In-home treatment
- Caregiver respite
BUILD A BRIDGE

Funding Alignment
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
BUILD A BRIDGE

Practice Alignment
MADISON, WI

NARROW BRIDGE
Original PACT program
Obtained approval to “reach down” to 16&17 year olds with Serious Mental Illness
PACT designed to serve individuals for life
Served them with same PACT team – but retrained to understand child system
Mixed caseloads
CA Proposition 63: Mental Health Services Act; Transition-age youths designated a priority population, but no specific call for child-adult system connections

Stimulated provision of youth-specific outpatient programs in San Diego

Youths in youth-specific (vs. youths in adult services) had 12.2 more outpatient visits per year (p<.001)

Gilmer et al., 2012
GAPS AND CHALLENGES OF ADULT APPROACHES WITH THIS AGE GROUP
SUICIDE: EXAMPLE OF IMPORTANT AGE
DIFFERENCES IN CLINICAL TARGETS

Younger vs. Older (Kaplan et al. AJPH, 2012, S131-137)

- non alcohol substance problem
- with high blood alcohol at suicide
- relationship problems
- financial and medical health problems

- associated with impulsive/aggressive

EVIDENCE OF TREATMENT EFFICACY OF ADULT APPROACHES IN THIS AGE GROUP REQUIRES

Clinical trials conducted across ages
  • Sufficient sample size of young adults
  • Conduct analyses to detect age differences

Clinical trials conducted within the age group (e.g. college students, early episode psychosis)
NEW RESEARCH TARGETING TRANSITION AGED YOUTH AND YOUNG ADULTS UNDER DEVELOPMENT
SUPPORTED EDUCATION

Feasibility Study for Demonstration of Supported Education to Promote Educational Attainment and Employment among Individuals with Serious Mental Illness

Transitions RTC in partnership with the Research Triangle Institute

Funded by the Office of the Assistant Secretary for Planning and Evaluation
WHAT IS SUPPORTED EDUCATION

Supported education (SEd) interventions help individuals with serious mental illness achieve their educational goals.

SEd services include supports to help individuals with mental illness take advantage of skill, career, educational and inter-personal development opportunities within postsecondary educational environments.

SEd helps individuals with serious mental illness to successfully
- set and achieve an educational goal (e.g., training certificate or degree),
- improve educational competencies (literacy, study skills, time management),
- navigate the educational environment (e.g., applications, financial assistance),
- improve educational attainment.
WHY THINK ABOUT EDUCATION NEEDS?

More than 50% of students 14 years and older with a mental disorder drop out of high school (Armstrong, Dedrick, & Greenbaum, 2003), the highest drop-out rate for students of any disability group (US Department of Education, 2004).

Students with psychiatric conditions have a post–high school employment rate of only 50% (National Longitudinal Transition Study (NLTS & NLTS2; Wagner & Newman, 2012).

Students with mental health conditions who attend college experience longer delays in entering college (Newman et al., 2011) and continue to show high dropout rates (Salzer, Wick, & Rogers, 2008).

Educational attainment is strongly linked with employment and wage earnings (U.S. Department of Labor, 2010) and predicts later employment among adults with mental illness (Burke-Miller et al., 2006; Elison, Russinova, Lyass, & Rogers, 2008; Rogers, Anthong, Lyass, & Penk, 2006).
CORE FEATURES OF SUPPORTED EDUCATION

- Specialized staff with time allocated explicitly to SEd programs
- Service coordination with professionals outside of the SEd program
- Coordination with postsecondary education institutions to facilitate course access or within-course assistance
- Specialized career counseling, including vocational planning
- Skill building to facilitate integration into the academic environment, including stress and time management and academic or study skills training
- Financial assistance
- On-campus information about student rights and resources
- Access to tutoring, library assistance, and other educational support
- Mentoring and support, individual or group support, or peer support
- General support (off-campus support preferred) for the barriers and life stressors that can lead to educational attrition
SUPPORTED EDUCATION STUDY COMPONENTS

Literature Review – comprehensive review of Supported Education literature since 2010

Environmental Scan – 14 unstructured discussions with Supported Education researchers, program managers and other key informants

Site Visits - three programs implementing Supported Education service delivery models
SITE VISITS

- Early Assessment and Support Alliance. The Early Assessment and Support Alliance (EASA) program is a statewide effort in Oregon to address the needs of young adults, which includes educational needs. EASA focuses on individuals experiencing a first episode of schizophrenia-related conditions.

- Learning Enhancement and Resource Network. The Learning Enhancement and Resource Network (LEARN) program is a standalone SEd program based in a New Jersey community-based mental health center. LEARN supports individuals of any age with mental health concerns in achieving their educational goals.

- The University of Minnesota. The University of Minnesota has a campus-wide initiative to support the mental health needs of all students. Their Provost Committee on Student Mental Health has prioritized mental health and wellness campus-wide, and has created a culture of attention and resources to support student mental health.
<table>
<thead>
<tr>
<th></th>
<th>EASA</th>
<th>LEARN</th>
<th>University of Minnesota</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Setting</strong></td>
<td>Community mental health settings</td>
<td>Community mental health settings</td>
<td>4-year university</td>
</tr>
<tr>
<td><strong>Service Approach</strong></td>
<td>Integrated with other young adult services</td>
<td>Stand alone service</td>
<td>Integrated with other university services</td>
</tr>
<tr>
<td><strong>Scope</strong></td>
<td>Statewide</td>
<td>Multicounty</td>
<td>Campus-wide</td>
</tr>
<tr>
<td><strong>Target Population</strong></td>
<td>First-episode schizophrenia-related conditions</td>
<td>Individuals of any age receiving community mental health services</td>
<td>University students</td>
</tr>
<tr>
<td><strong>Primary Staffing</strong></td>
<td>Occupational therapists</td>
<td>Education coaches</td>
<td>Varies by academic organization</td>
</tr>
<tr>
<td><strong>Primary Referral Sources</strong></td>
<td>Hospital and outpatient mental health settings</td>
<td>Community mental health programs and campus counseling departments</td>
<td>Offices of disability, mental health services, and counseling</td>
</tr>
<tr>
<td><strong>Financing</strong></td>
<td>State mental health block grant and state general funds; some department of vocational rehabilitation and Medicaid funding</td>
<td>State contract for SEd services</td>
<td>Varies by academic organization; very limited targeted funds</td>
</tr>
</tbody>
</table>
Criticality of academic achievement to the development of human and social capital

- Human Capital – education as lynchpin to later vocational success, and employment as link to higher income to reduce dependence on disability benefits

- Social Capital – education attainment as developmental milestone often interrupted by mental illness
WHAT’S NEXT WITH SUPPORTED EDUCATION

Model development
• Great variability exists across programs and services that provide education supports to individuals with mental health conditions (service setting, target population)
• Need for manualized Supported Education core components, staffing requirements, shared inputs, outcomes, goals, and measurement/evaluation
• Tackle how to integrate Supported Employment (Individual Placement and Support) with Supported Education

No singular funding model
• Braided funding from multiple sources, Medicaid and vocational rehabilitation options

Research
• No randomized clinical trials with sufficient power to identify differences in Supported Education outcomes for youth and young adults

Report will be available in the Fall
PARENTING
NCS: Prevalence of Parenthood

% NCS respondents who are parents

Women
- No psych d/o: 62.1
- Any psych d/o: 67.7
- SPMI: 67.1

Men
- No psych d/o: 53.2
- Any psych d/o: 57.3
- SPMI: 75.5
AVERAGE AGE OF BIRTH OF FIRST CHILD

GENERAL POPULATION

Women: 24 - 26
Men: 27 - 28

(Martin et al., 2013)

LIFETIME PREVALENCE OF PSYCHIATRIC DISORDER

??
??
### Age at Illness Onset* & Birth of First Child in NCS Mothers

<table>
<thead>
<tr>
<th>Disorders (Lifetime Prevalence)</th>
<th>% of Mothers</th>
<th>Average Age of Illness Onset</th>
<th>Average Age at Birth of First Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affective</td>
<td>25.7</td>
<td>25.7</td>
<td>21.9</td>
</tr>
<tr>
<td>Anxiety</td>
<td>32.4</td>
<td>15.7</td>
<td>21.9</td>
</tr>
<tr>
<td>PTSD</td>
<td>11.3</td>
<td>16.8</td>
<td>21.1</td>
</tr>
<tr>
<td>Nonaffective Psychosis</td>
<td>0.9</td>
<td>23.4</td>
<td>19.5</td>
</tr>
<tr>
<td>Any Psychiatric*</td>
<td>46.8</td>
<td>17.2</td>
<td>21.9</td>
</tr>
</tbody>
</table>

* Excludes substance abuse only and antisocial personality disorder
AVERAGE AGE OF BIRTH OF FIRST CHILD

GENERAL POPULATION

Women: 24 - 26
Men: 27 - 28

(Martin et al., 2013)

LIFETIME PREVALENCE OF PSYCHIATRIC DISORDER

Women – 19 - 21
Men – 24-25

(NCS data)
<table>
<thead>
<tr>
<th>Category</th>
<th>1990</th>
<th>1999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify as parents</td>
<td>31%</td>
<td>24%</td>
</tr>
<tr>
<td>Assessment parenting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>skills/functioning</td>
<td>45%</td>
<td>22%</td>
</tr>
<tr>
<td>Programs for parents</td>
<td>55%</td>
<td>29%</td>
</tr>
<tr>
<td>Hospital policies for parents</td>
<td>0%</td>
<td>4%</td>
</tr>
</tbody>
</table>
VARIATION IN SMHA RESPONSIVENESS?
POSSIBLE EXPLANATIONS:

• Unaware of prevalence of parenthood
• Many SMHA clients without custody
• Responsibility of other systems or agencies, or other divisions within agency
• Limited resources
• Pandora’s box?
WHY IS THIS IMPORTANT? TRANSITION AGE PARENTS ARE A VULNERABLE POPULATION

• Two-thirds of parents under age 25 are single parents, mostly outside of marriage, making them more than twice as likely as older parents to be leading a single-parent household.

• Young parents are more likely than older parents to be parenting young children.

• Young parents who are making the transition to parenthood tend to come from a lower socioeconomic background, with fewer years of completed education, and are more likely to receive public assistance (Driscoll et al., 1999; Lichter et al., 2003; Mincieli et al., 2007; Smock and Greenland, 2010) - these patterns hold across race and ethnicity.

• “Parents without careers” at age 24 had the most limited educational achievement. Of those who did work, the majority worked part-time, at low-level service jobs, and at low salaries and were also the least likely to raise the quality of their employment later in life. (Osgood et al.)
PARENTS WITH A MENTAL HEALTH CONDITION ARE A VULNERABLE POPULATION

• Parents living with serious mental health conditions are less likely to be employed, and more likely to be living in poverty and dependent on government assistance than those without serious mental health conditions (Luciano, Nicholson & Meara, 2014).

• Parents with mental illness are less well educated, and are more likely to have substance abuse disorders and be in poor health compared to their well counterparts.

• These challenges may undermine individuals’ functioning as parents, strain the resilience of their children, and impede progress towards various life goals.
CAREER DEVELOPMENT ACTIVITIES IN YOUNG ADULTHOOD AMONG INDIVIDUALS WITH SMHC

- Little is known about the career development activities and pathways of transition aged youth and young adults, including young parents, with SMHCs.

- **Employment and education are critical** for young adults living with serious mental health conditions as they work toward recovery.

- Employment is often the **number one goal for adults with psychiatric disabilities** because it provides structure, daily activity, meaning, social contact, community integration, self-esteem, increased income and a better quality of life (Nicholson, 2014).

- Work and school can enhance **financial security, vocational choice, and operate against the social isolation** that so often plagues young adult parents, especially those with disabilities.
NEW STUDY OF EMPLOYMENT AND SCHOOLING EXPERIENCES

Transitions RTC researchers leading a study to develop a better understanding of transition age youth and young adults with serious mental health conditions, including young parents, early career development activities over time to inform the development of future interventions to produce better career outcomes for this group.

Research Questions

1) What are the career development activities and experiences of Y&YAs, including young parents, with serious mental health conditions (SMHC) and how do these activities accumulate over time?

2) What are the barriers and facilitators to pursuing career goals and sustaining employment for Y&YA, including young parents, with SMHC?

3) What are the needed supports and potential malleable factors that could be the target of future interventions and services for Y&YA, including young parents, with SMHC?
REVIEWING AGAIN OUR OBJECTIVES:

• Understanding important ways in which young adults with serious mental health conditions differ from mature adults

• Understanding systems issues and elements of adult approaches and interventions that contribute to inadequate support for young adults with serious mental health conditions

• Learning about some current research efforts specifically targeting young adults with serious mental health conditions that will inform targeted interventions for young adults with serious mental health conditions moving forward