Overview: Challenges for Youth with Psychiatric Disabilities as they Transition to Adulthood

This webcast series represents collaboration between VCU CTI and UMass Medical School’s Transitions RTC

Maryann Davis, PhD
Learning and Working Transitions RRTC

Overview

1. Definition and prevalence
2. Typical development
3. Changing development
4. Development in youth with psychiatric disabilities
5. Challenges
6. Helpful Strategies
7. Resources

Serious Mental Health Conditions (SMHC)

- Serious Emotional Disturbance OR Serious Mental Illness OR Psychiatric Disability
- MH diagnosis causes substantial functional impairment in family, social, peer, school, work, community functioning, or ADLs
- Exs; Major depressive, bipolar, generalized anxiety disorders, anorexia nervosa, disruptive, impulse-control, & conduct disorders
- Not these disorders (these can co-occur)
  - neurodevelopmental disorders (e.g. intellectual disability, autism, learning disorder)
  - neurocognitive disorders (e.g. traumatic brain injury, delirium)
  - substance use disorders

Acknowledgements

• The contents of this presentation were developed under grants from the National Institute on Disability, Independent Living, and Rehabilitation Research and from the Center for Mental Health Services Subs...
Prevalence

- Prevalence rates of Serious Emotional Disturbance or Serious Mental Illness 4-9% (Costello et al., GAO)

- Applied to 15-30 year olds in 2014 (Census estimate)

- Yields estimate of 2.7-6.3 million with serious mental health condition in transition to mature adulthood

Major Causes of Burden Due to Disability U.S. 15-24 Yr. Olds

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>Substance Use</th>
<th>Other Neurocog</th>
<th>Other Communicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.2</td>
<td>54.1</td>
<td>10.1</td>
<td>18.8</td>
</tr>
<tr>
<td>22.2</td>
<td>15.9</td>
<td>17.2</td>
<td>22.6</td>
</tr>
<tr>
<td>Female 15-19</td>
<td>Female 20-24</td>
<td>Female 15-19</td>
<td>Female 20-24</td>
</tr>
</tbody>
</table>

Data from (WHO) Global Burden of Disease: 2004 update, estimate 5/13/13


Important Characteristics of TRANSITION-AGE YOUTH

Psychosocial Developmental Changes

- Cognitive development (how we think)
  - Anticipating consequences of actions and intentions
  - Complex strategies planning
  - Behavior and cognitive control towards emotional and social situations

- Identity formation
  - Distinctive authority
  - Exploration
  - Self-termination

Psychosocial Developmental Changes

- Social development
  - Peer influence (positive and negative)
  - Meet age can be inappropriate

- Psychosocial development
  - Sensitivity and sexual relationships
  - Resolving gender identity and sexual orientation
  - Common age to have children

Developmental Changes Underlie Abilities to Function Maturity

- Complete schooling & training
- Live in a household
- Earn a living wage
- Own & manage a home
- Be a good citizen
- Be financially self-supporting
- Be a good parent
- Be a good citizen

- Physical development
  - Height & weight
  - Physical endurance
  - Ability to drive
  - Physical fitness
  - Physical activity
Balance of self-determination and family support
- More family involvement than older adults
- Less family involvement than younger youths

FOR YOUTH WITH SMHC

Role Functioning is Compromised

<table>
<thead>
<tr>
<th>Role Functioning</th>
<th>SMHC in Public Services</th>
<th>General Population without SMHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Working</td>
<td>1.0%</td>
<td>16.4%</td>
</tr>
<tr>
<td>Below Poverty</td>
<td>1.0%</td>
<td>14.4%</td>
</tr>
<tr>
<td>In School</td>
<td>1.0%</td>
<td>13.2%</td>
</tr>
<tr>
<td>Daily Parent</td>
<td>1.0%</td>
<td>13.2%</td>
</tr>
<tr>
<td>Not Married</td>
<td>1.0%</td>
<td>13.2%</td>
</tr>
</tbody>
</table>

χ² (df=1)=31.4, p<.001
χ² (df=1)=5.5, p<.02

Psychosocial Development is 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

Peak Age for Substance Abuse / Dependence

• Among young adults ages 18-25 with a SMHC
  - 48% report past-year illicit substance use
  - 36% meet criteria for a Substance Use Disorder
  (SAMHSA, 2003)

Abbreviated Study Statement of Task

• Review the state of the science and policies pertinent to the life course of young adults (approx 18-26 yrs old).

• Provide recommendations for policy, programs, research, systems development and service delivery, primarily targeted at federal and state governments.
Schooling & Working in Youth

- Earnings prospects of those without any post-secondary education or training credential, and especially for high school dropouts are now very limited (Autor et al., 2008; Card & Dinardo, 2006)
- The additional obstacles posed by the Great Recession (2007-2009) and slow recovery for youth entry into the labor force is of national concern (IOM, 2013)
- Concern is greatest for disadvantaged or vulnerable young people (Edelman & Holzer, 2013)

Compromised Secondary Education

- Youth with SMHC have over 6 times the risk of school dropout of those without SMHC
- 46% - Proportion of failure to complete secondary education attributable to MH conditions (Vander Stoep et al., 2003)

Compromised Secondary Education

- Special Ed students with emotional disturbance have the highest rate of high school incompletion; 44% vs. 14-29% (NLTS-2; http://www.nlhs2.org/data_tables/tables/15/ntaDiplomafrm.html)
- Lowest rates of school performance (attendance, grades, grade retention) still for emotional disturbance; NLTS2
- Only small fraction of students with SMHC receive special ed services (Forness et al., 2012)

Post Secondary School/Work Engagement Low

- NLTS2 - 42% of students in ED category who were out of school were in paid employment (compared to 57% cross disability)
- Students with ED had shortest duration of jobs (8 mos vs. 10 cross disability)
- 34% attended some post secondary education or training (compared to 45% cross disability)
Systems Challenges

Eligibility Barriers

- Davis & Koroloff (2005) found eligibility criteria or target population definitions differed between child and adult mental health systems in all but one state.

- Adult criteria were generally more restrictive.

Medicaid Disenrollment

- Among youth with SMHC, major disenrollment occurred at ages 18 & 19 (Pullmann, Helfinger & Mayberry, 2010).

- Among young adults with recent psychiatric hospitalization, major disenrollment around age 21 if (Davis et al., 2014):
  - Enrolled in Medicaid through Families&Children/CHIP
  - And did not see a primary care doctor recently (83% disenrolled.)
IOM Key Finding and Recommendation: Health Care

While there are effective behavioral health treatments and strategies for adults, the efficacy of these treatments specifically for young adults is largely undemonstrated

Recommendation: Develop evidence-based practices for medical and behavioral health care, including prevention, for young adults. (rec 7-4)

Evidence-Supported Approaches
- Motivational Interviewing
- Check and Connect (prevent school dropout)
- Individual Placement and Support (employment)
- For 1st Episode Psychosis
  - Individual Placement and Support for Early Psychosis (education and employment)
  - Coordinated Specialty Care

New Models
- Achieve My Plan (increase self-determination)
- Better Futures (post secondary prep for foster care youth)
- Multisystemic Therapy – Emerging Adults (recidivism reduction & mental health tx)
- Project RENEW (secondary & post secondary ed support and services)
- Transition to Independence Process (TIP; guidelines for service systems)

Models in initials stages
- Individual Placement & Support for high school age youth
- Peer Academic Supports for Success (PASS) – peer coaches for college academic success
- Cornerstone – support and care coordination during child to adult system transition
- EASA Connections - peer-delivered web-based decision support tools for those in early psychosis services

Common Themes of Developmental Adaptations
- Youth Voice: all developing models put youth front and center, and provide tools to support that position
- Involvement of Peers roles: several interventions try to build on the strength of peer influence
- Balance youth/family: delicate dance with families, no clear guidelines
- Emphasize in-betweeness: simultaneous working & schooling, living w family & striving for independence, finishing schooling & parenting etc.

Strategies for Youth
- Join youth-run support/advocacy groups
  - Youth Move http://www.youthmovenational.org/
  - Active Minds http://www.activeminds.org/
  - NAMI on Campus http://www.nami.org/namioncampus
- Stay in touch with other youth
  - http://www.voices4hope.net/
Strategies for Professionals & Providers

- Training in motivational interviewing strategies
- Training in working with this age group:
  - Psychiatric Rehabilitation Association certificate in children, families, & young adults
  - Transition to Independence Process (TIP) http://www.tipstars.org/
- NAMI parents as teachers as allies
- Training to help identify MH conditions/needs
  - Mental Health 1st Aid http://www.mentalhealthfirstaid.org/cs/

Some helpful websites

- Transitions RTC: http://labs.umassmed.edu/transitionsRTC/#sthash.rb8rwGkz.dpuf
- Voices for Hope: http://www.voices4hope.net/
- Pathways RRTC: http://www.pathwaysrtc.pdx.edu/
- NAMI for Young Adults: http://strengthofus.org/
- ReachOut.com: http://us.reachout.com/

Some helpful websites

- Check and Connect: developing evidence based approach to facilitate school engagement and completion in youth with emotional/behavioral conditions; http://checkandconnect.org/
- Negotiating the Transition Years – special issue of NAMI Beginnings: http://www.nami.org/TextTemplate.cfm?Section=CAAC&Template=/ContentManagement/ContentDisplay.cfm&ContentID=38220&MicrositeID=0