

POLICIES TO SUPPORT YOUTH IN TRANSITION TO ADULTHOOD

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Why Change?

- Poor outcomes
- Possibility of better outcomes

What to Change?

- ↓ Policies that interfere with good practices
- ↑ Policies that support or enhance practices

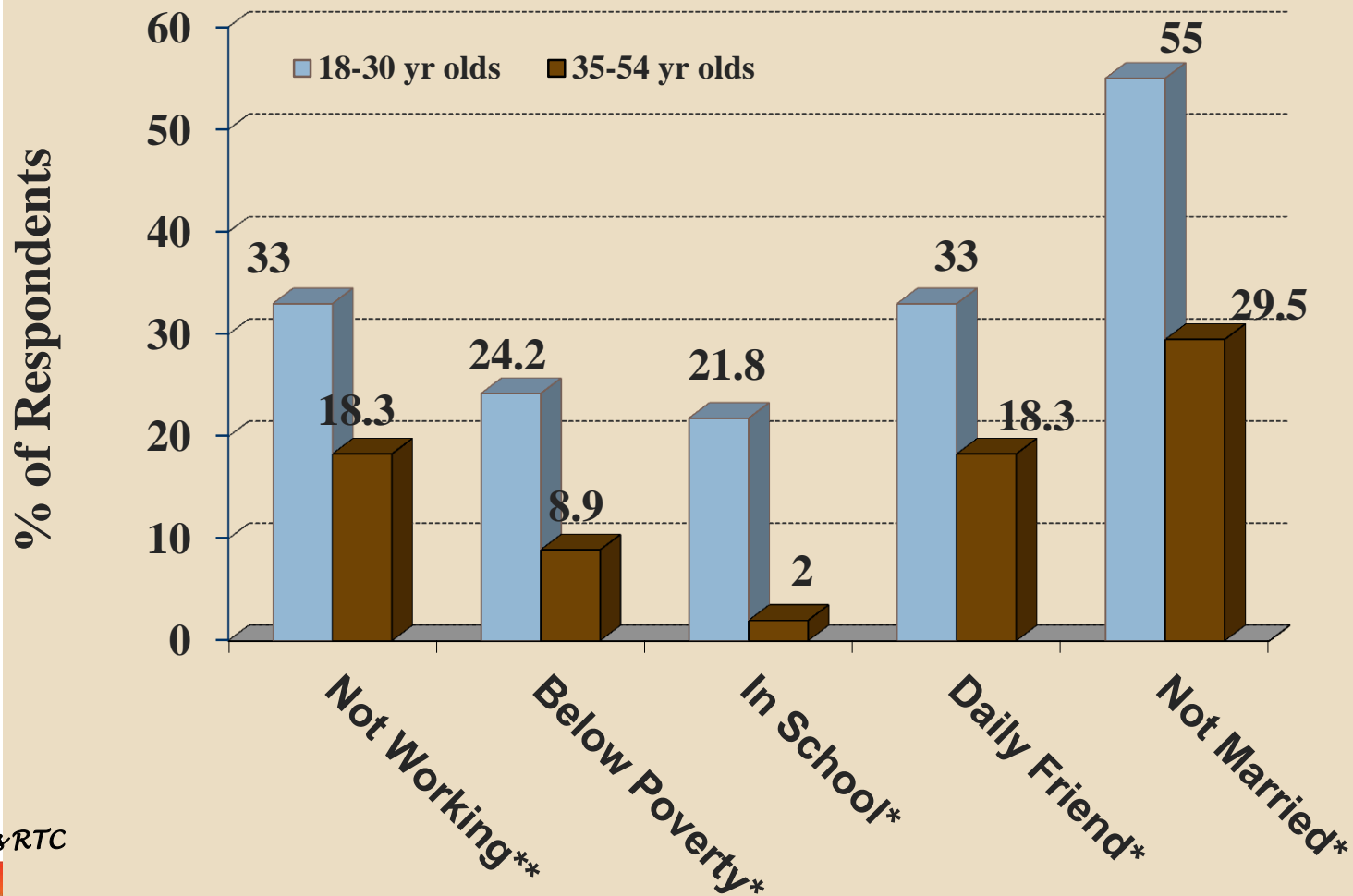
Youth in Transition to Adulthood; Older Adolescents and Emerging Adults



Youth with SMHC Struggle as Young Adults

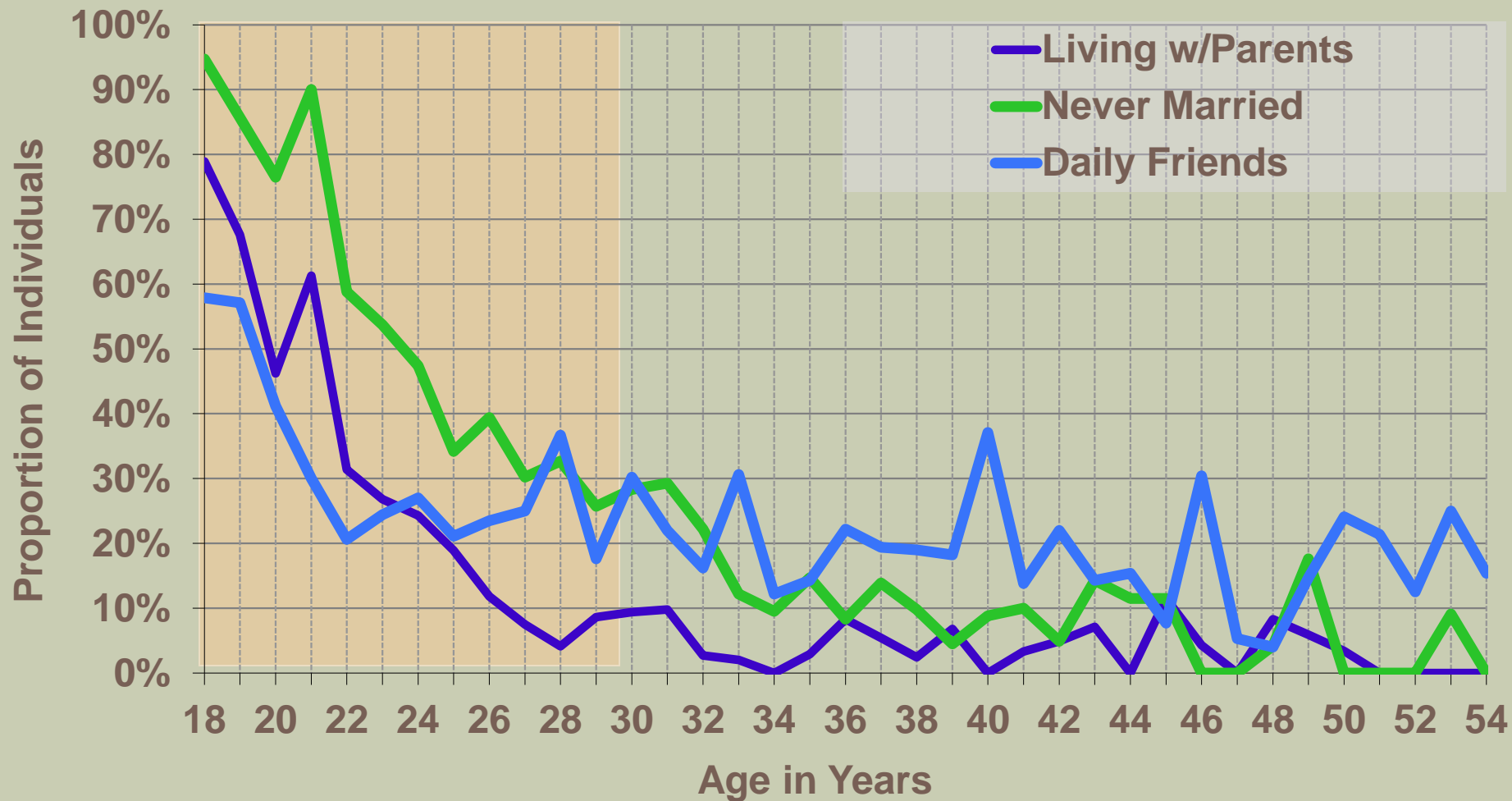
Functioning among 18-21 yr olds	SMHC in Public Services	General Population/ without SMHC
Complete High School	23-65%	81-93%
Employed	46-51%	78-80%
Homeless	30%	7%
Pregnancy (in girls)	38-50%	14-17%
Multiple Arrests by 25yrs	44%	21%

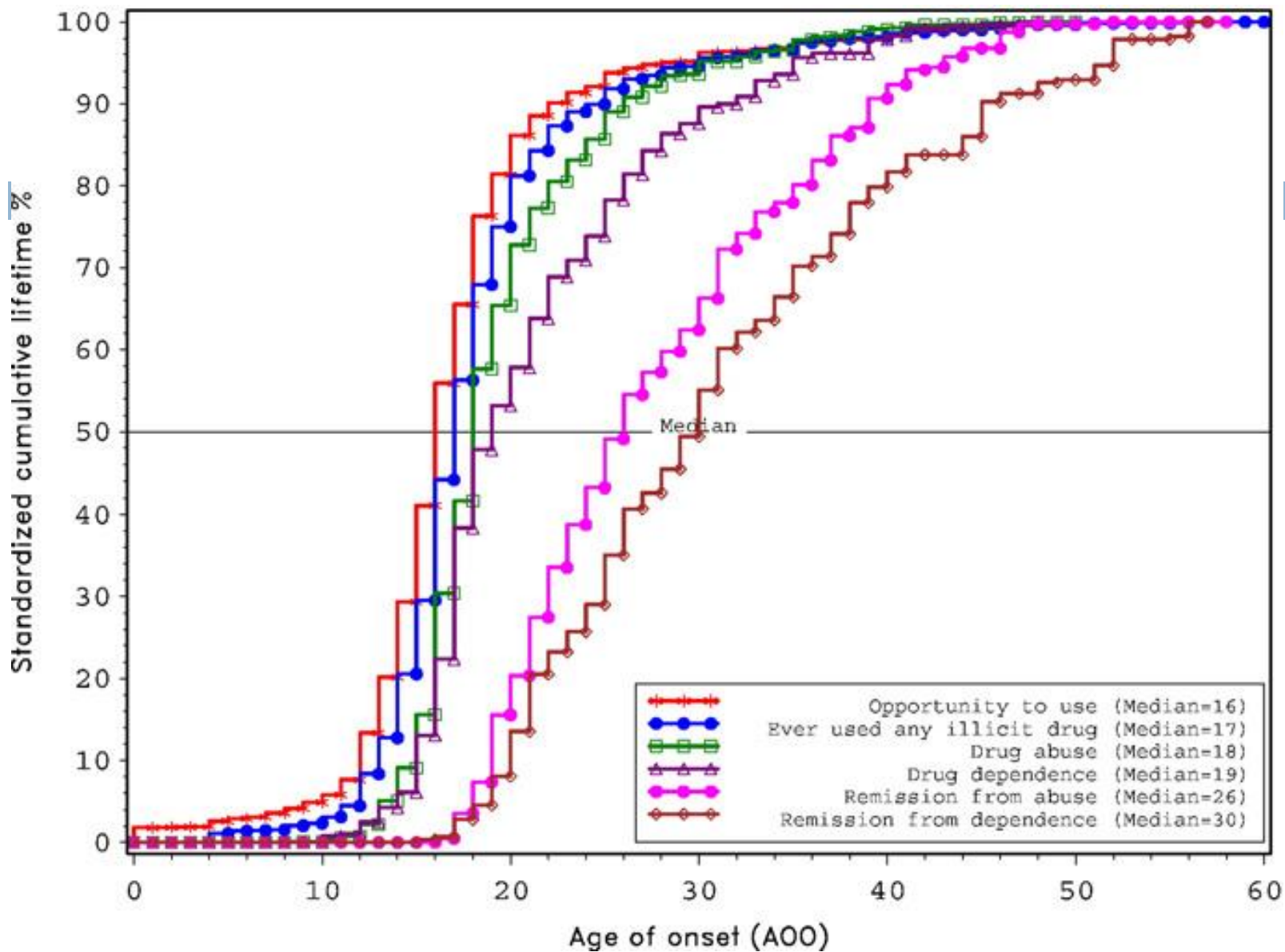
Functioning in Adults with Psychiatric Disorders; *Young Adults Differ from Mature Adults*



Young Adult Changes

National Comorbidity Study (N=1110)





Co-occurring Substance Abuse/Dependence

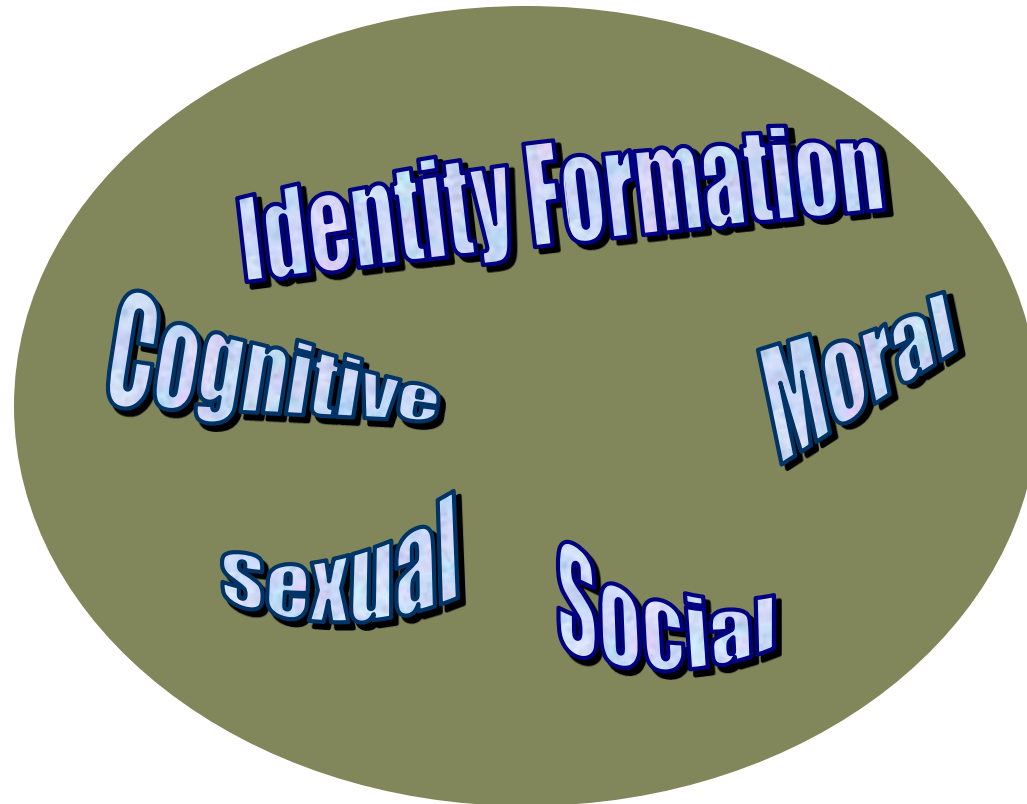
- **Young adults ages 18-25 with a serious mental illness**
- **48% report past-year illicit substance use**
- **36% meet criteria for a Substance Use Disorder**

(SAMHSA, 2003)



Psychosocial Development

Adolescence to Adulthood



Developmental change on every front



Typical Cognitive Development

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....."

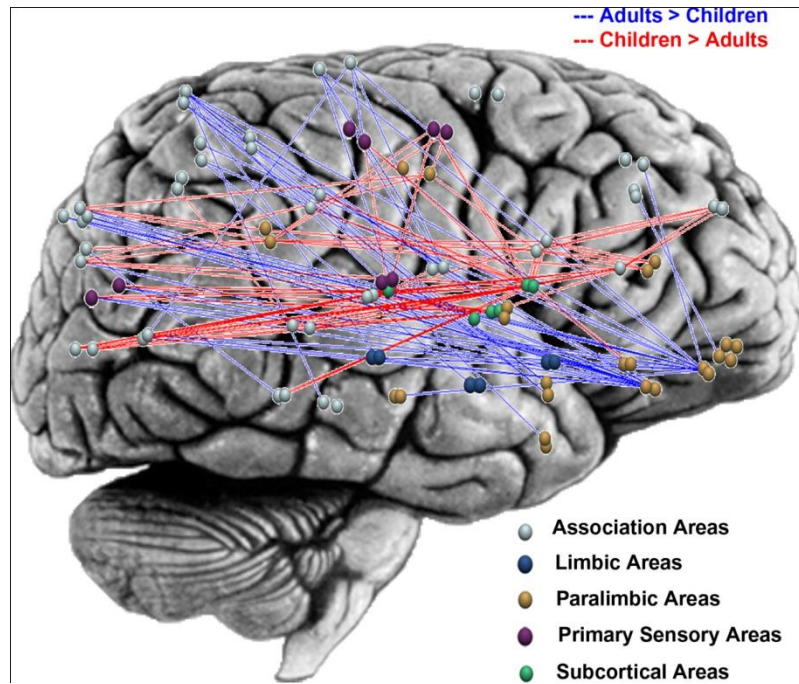
Planning; "Before I get an apartment I need to get a job, save money, and work on a budget."

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.



Behavior Control Towards Emotional Stimuli



- 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



Typical Social Development



- 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



Biopsychosocial Development in Youth with Serious Mental Health Conditions

With the exception of sexual development, as a group, youth with serious MH conditions are delayed in every area of biopsychosocial development.



Transition has Changed

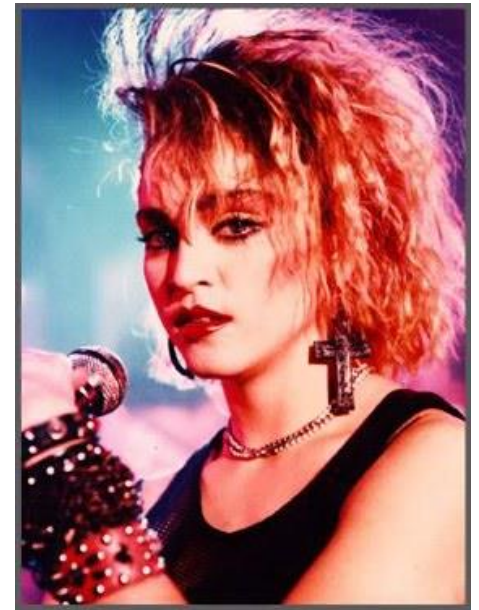
- **Bachelor's degree is the economic equivalent of high school degree in the 60's**
- **Fewer opportunities to earn incomes that allow for independence (with college degree)**
- **Unaffordable housing**
- **More dependence on families for longer time**

(Settersten, Furstenberg & Rumbaut, 2004)

Each Generation has its Youth Culture

"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.'"⁶





facebook



Culturally Competent Service Guidelines

- Respect
- On staff
- Education and training
- “Culture” data collected and integrated in MIS
- Develop participatory collaborative partnerships with youth community
- Develop, implement & promote organizations’ plans to develop “youth competent” services

<http://home.fmhi.usf.edu/content/EmployeeResources/natlStandardsforDiversity.pdf>



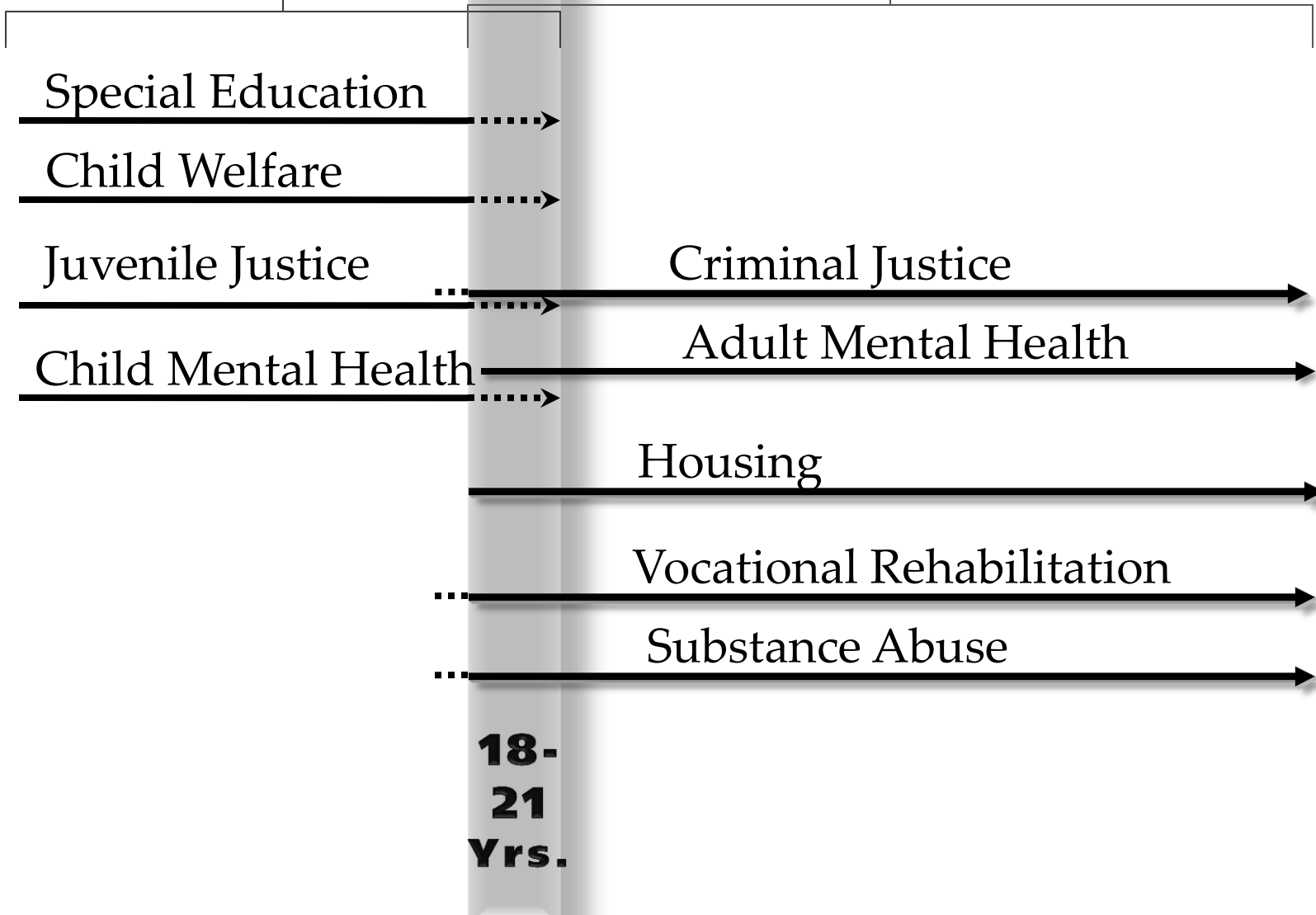
Conclusions

- Services as Usual Not Effective
- Comprehensive Supports are Needed
- Functioning and culture in transition years different from older and younger
- Great room for improvement
- Policy and practice changes are needed



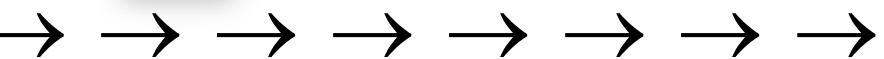
CHILD SYSTEM

ADULT SYSTEM



Birth

AGE



Death



Transitions RTC

Key Policy Tenets for TAY

1. Promote a density of developmentally-appropriate and appealing services from which individualized service and treatment plans can be constructed.
2. Provide continuity of care from ages 14 or 16 to ages 25 or 30.
3. Provide continuity/coordination of care across the many systems that offer relevant services.
4. Support family role to ages 25-30.
5. Support expertise in this age group and disability population.

Davis & Koyanagi (2005)



Key Policy Tenets for TAY

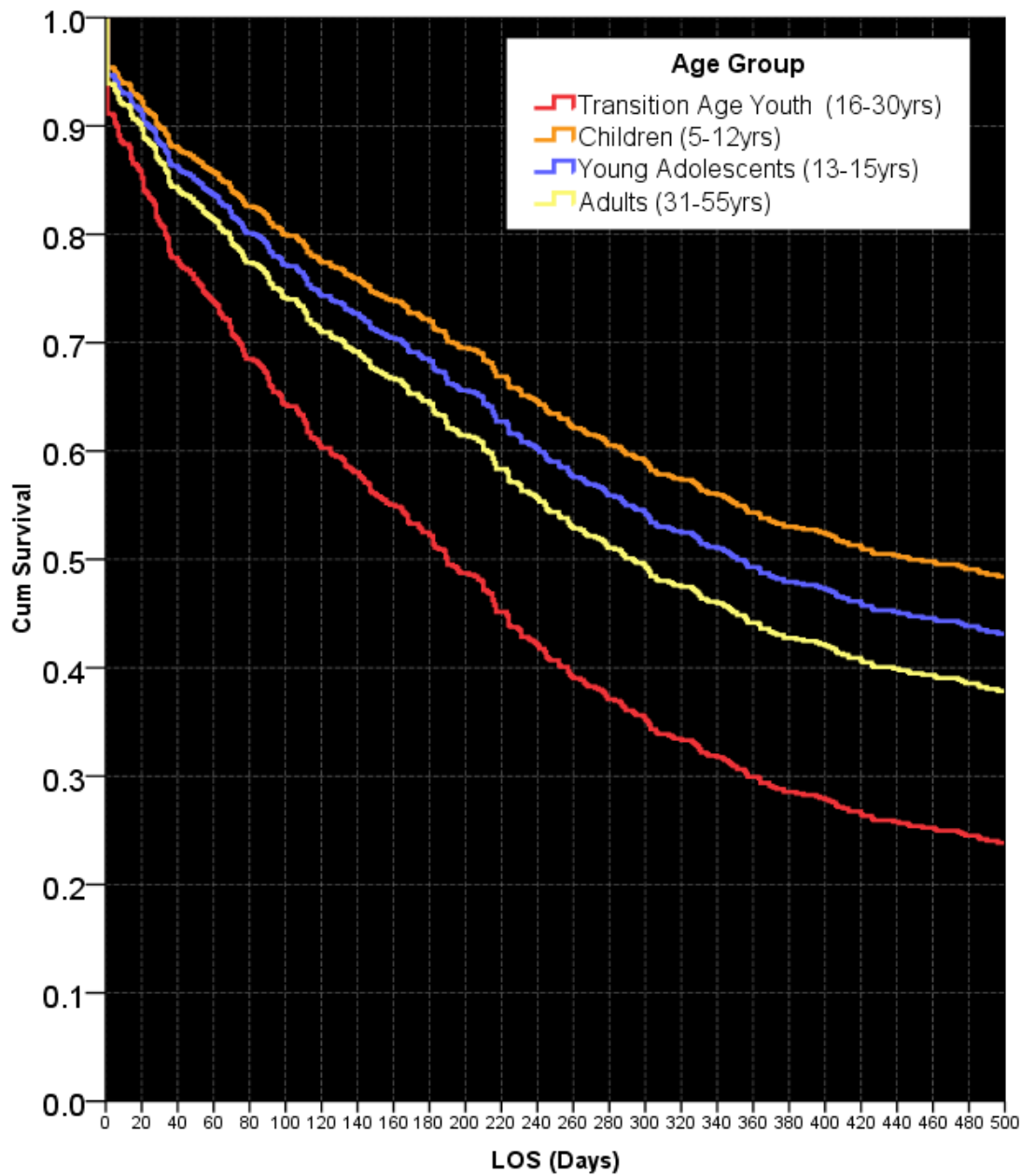
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Promote Developmentally-Appropriate Services

TYPE OF SERVICE	% of states with service (n=43)	
	<i>Adult MH</i>	<i>Child MH</i>
Any Transition Services	48.8	69.8



**Transition Age Youth
Quickly Lost from
Treatment**

Many approaches under development

- Peer mentors, peer coaches, peer specialists, peer advisory councils
- Youth lead service & support planning processes
- Better engagement
- Better secondary school completion; Check & Connect
- Career development, not just jobs; pursuit of education AND work, building blocks
- Comprehensive supports; MH, SA, careers, relationships, parenting, housing & IL etc.



Key Policy Tenets for TAY

2. Provide continuity of care from ages 14 or 16 to ages 25 or 30.

Davis & Koyanagi (2005)



Age Continuity

From Davis & Koroloff, (2006)

Concept	Value	% State Policies	
		Child	Adult
Included diagnoses when diagnosis a qualifying condition (Child N=38, Adult N=44)	Psychotic disorders	100.0	100.0
	Major affective disorders	100.0	100.0
	Borderline personality disorder	100.0	76.7
	Post traumatic stress disorder	92.1	65.1
	Attention deficit/disruptive behavior disorders	97.4	39.5

Consequences of Population Policy Differences



- **Systems are built around their target population, underlies many of the conflicts between child/adult systems**
- **Supports false dichotomy of adulthood/adolescence**
- **Circular argument that you provide services to priority population, and you don't others because others aren't served well**
- **Denies ownership of the whole mental health population**



Continuity is Lacking

- Network analysis of 102 organizations that could serve transition-age youth in single county
- For 46% of service types (56 types), not a single program in this Transition Network offered that service to 14-25 year olds continuously (i.e., without requiring a change in program or staff)
- Of the 789 individual services offered in the Transition Network, 99 (12.5%) offered continuity from ages 14-25



Who Connects Across Age Boundaries?

- Large programs that connect because of size
- Programs that self-report as generally collaborating with other programs
- Programs that perceive *funders* and *leadership* from important stakeholders as desiring better cross-age coordination

Key Policy Tenets for TAY

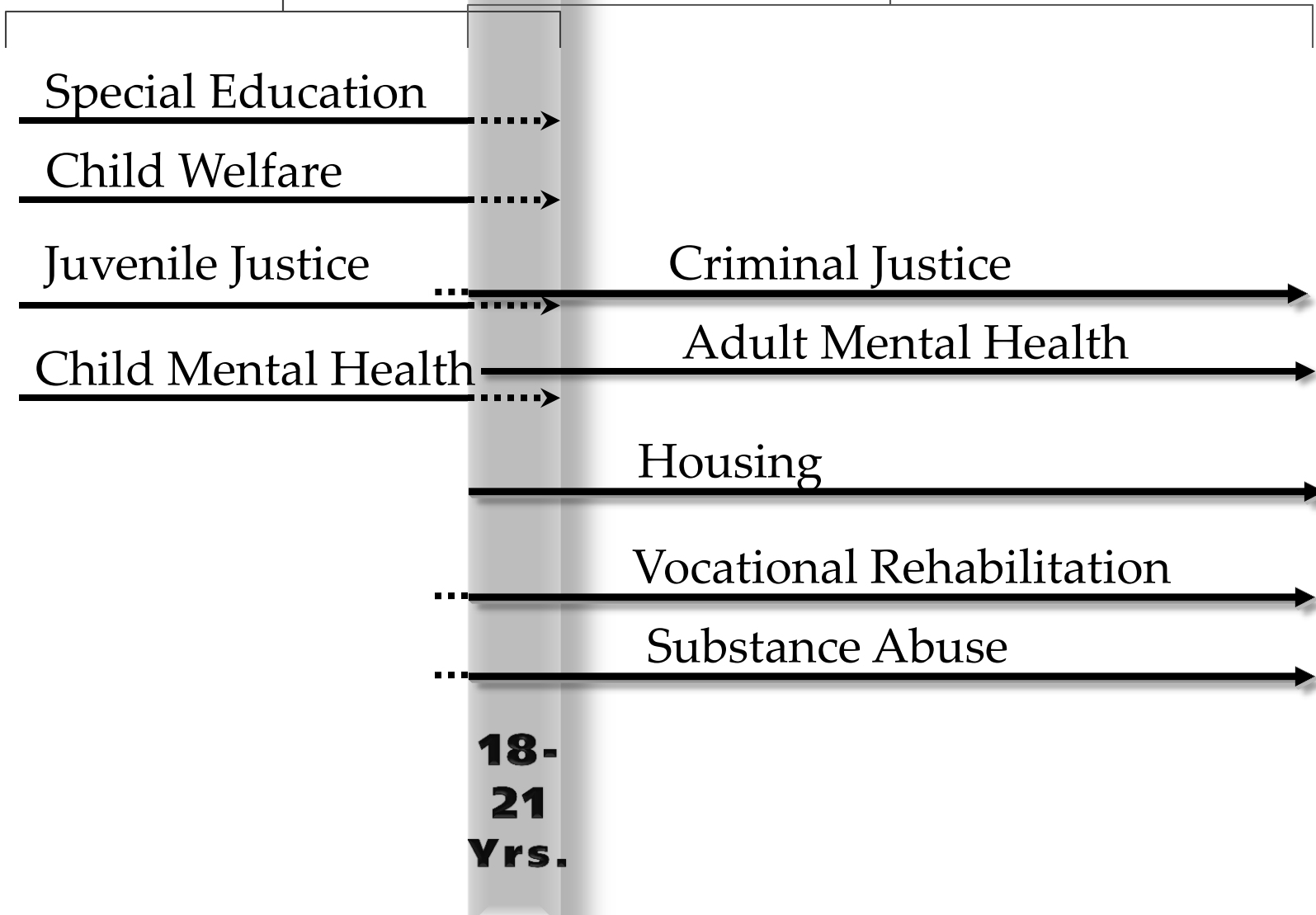
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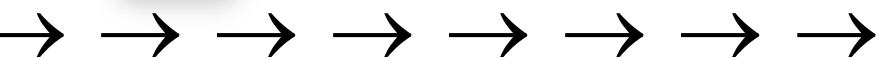
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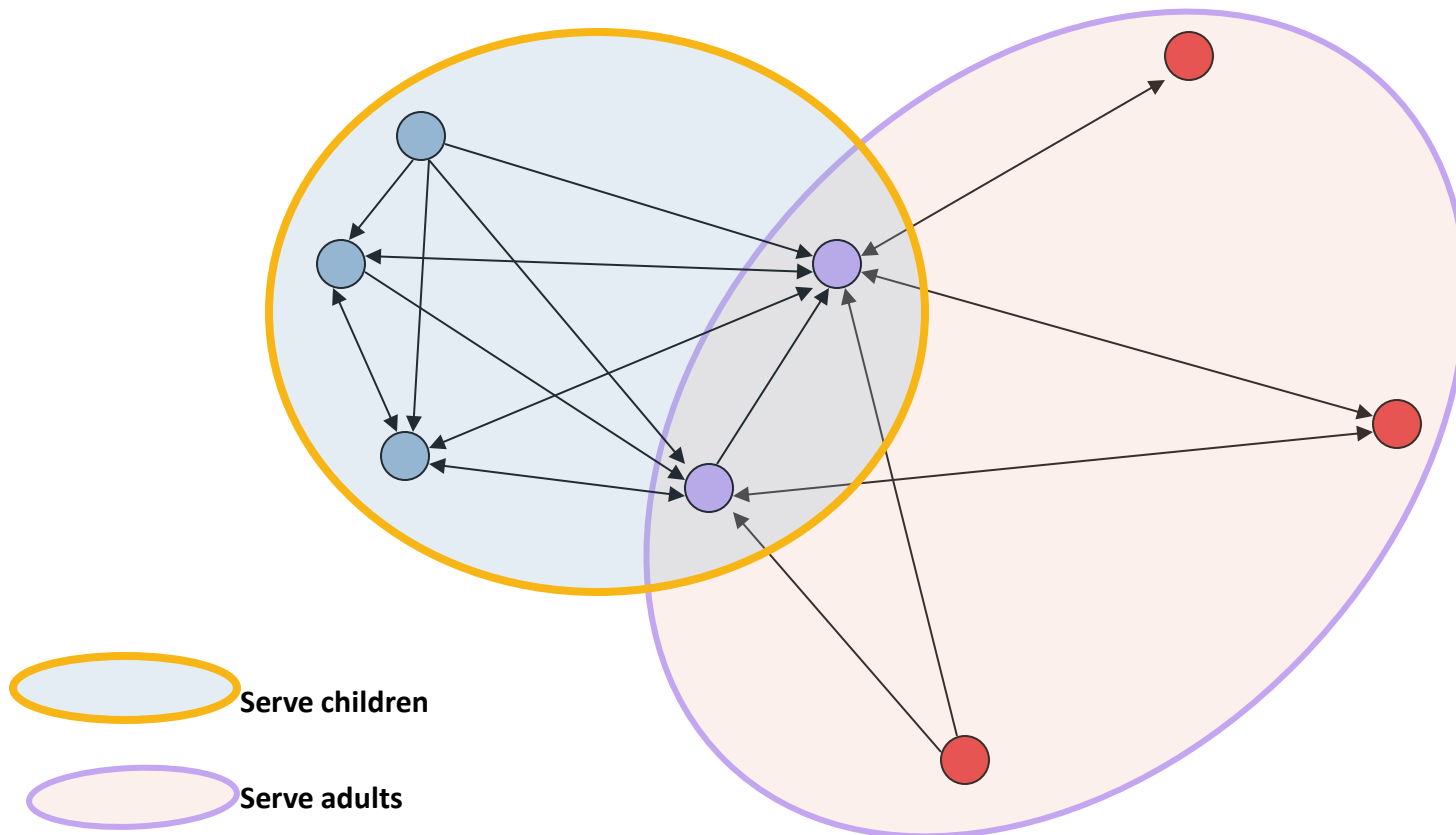
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Transitions RTC

Segregated Child and Adult Systems

Block analysis of Clark County PYT; prior to grant implementation



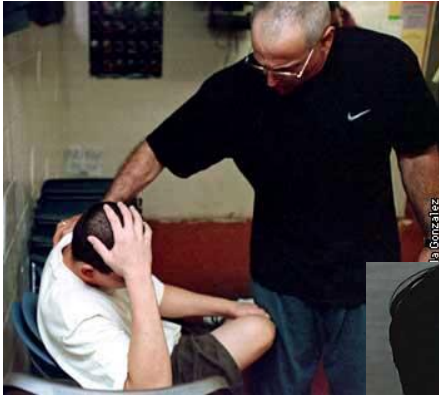
Key Policy Tenets for TAY

4. Support family role to ages 25-30.

Davis & Koyanagi (2005)



Family Relations



- **Young people and parents must adjust to the growing need for independence while remaining emotionally related**
- **Children dependent on families for longer – than in the past**
- **Family support can reduce income disparities**





Policy Tenets for TAY

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