

LEARNING AND WORKING DURING THE TRANSITION TO ADULTHOOD

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Learning & Working RRTC



HUGE BUGS!



ACKNOWLEDGEMENTS

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UMASS MEDICAL SCHOOL

TRANSITIONS RESEARCH AND TRAINING CENTER

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:

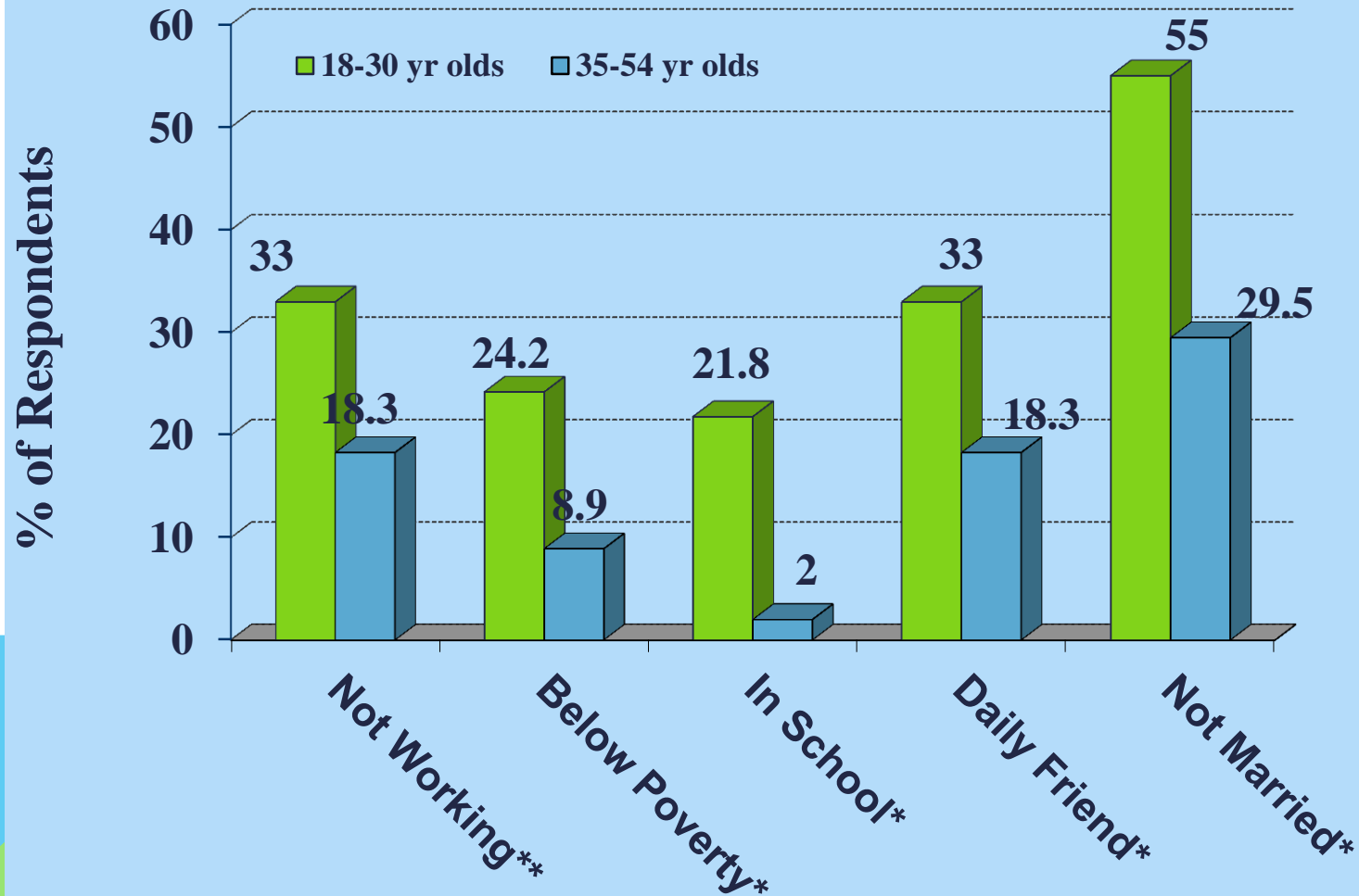
- Understanding important ways in which young adults with serious mental health conditions differ from mature adults
 - Understanding systems issues and elements of adult approaches and interventions that contribute to inadequate support for young adults with serious mental health conditions
 - Learning 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
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**HOW DO YOUNG ADULTS
WITH SERIOUS MENTAL
HEALTH CONDITIONS DIFFER
FROM MATURE ADULTS?**

BIOPSYCHOSOCIAL DEVELOPMENT IN YOUTH WITH SERIOUS MENTAL HEALTH CONDITIONS (SMHC)

**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

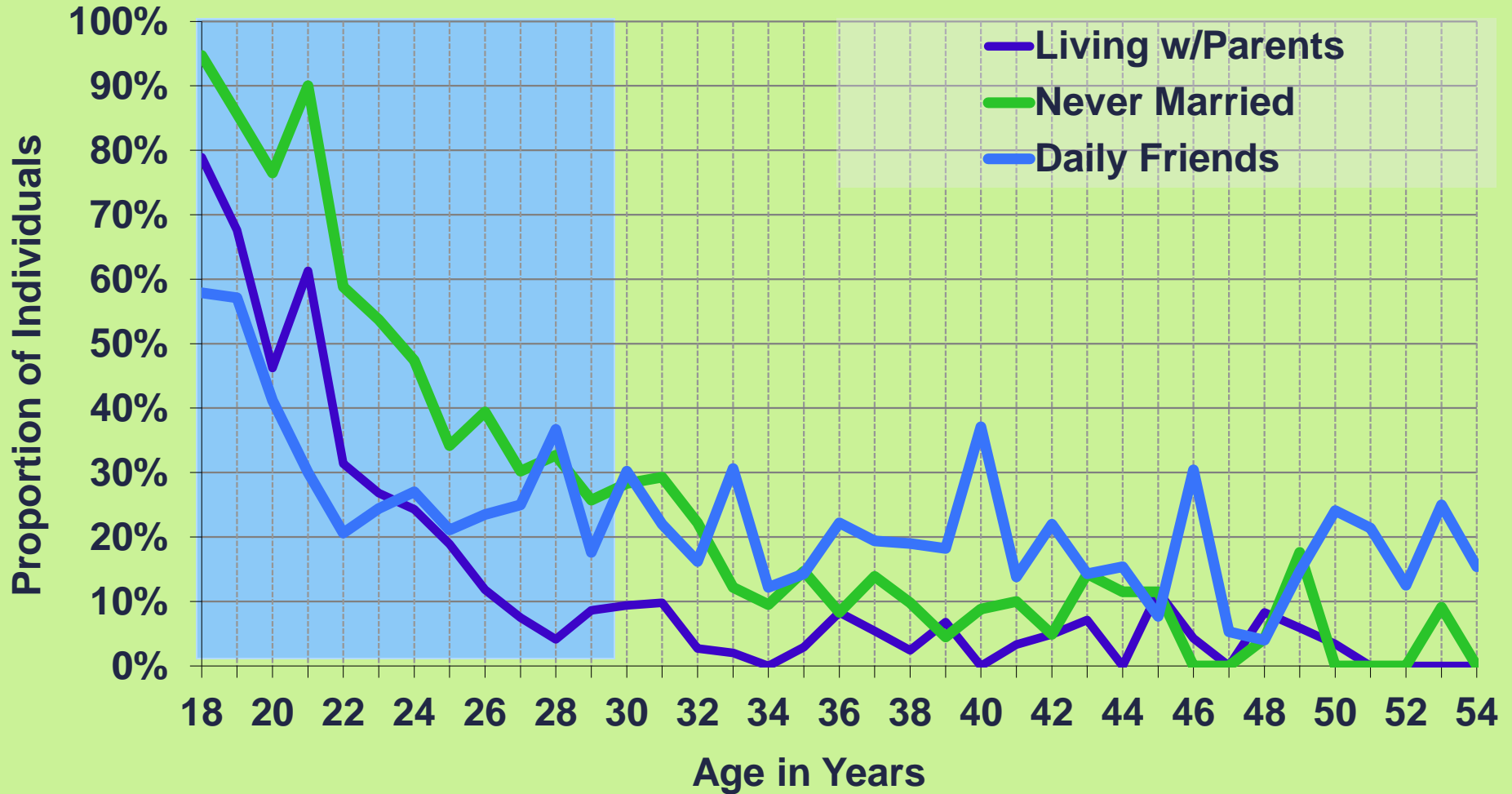


* χ^2 (df=1)=31.4-105.4, $p < .001$

** χ^2 (df=1)=5.5, $p < .02$

YOUNG ADULT CHANGES

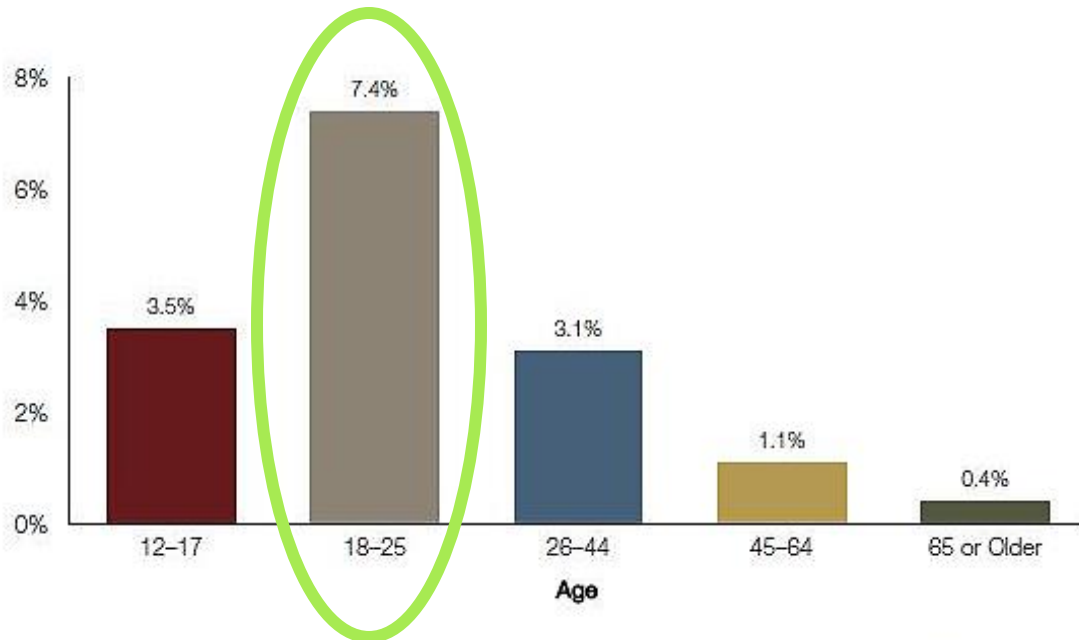
National Comorbidity Study (N=1110)



Past-Year Illicit Drug Dependence or Abuse Among Individuals Aged 12 or Older, by Age (2013)

Substance Use Disorders & Substance Use More Common in Younger Adults

In 2013, young adults aged 18–25 had the highest percentage of illicit drug dependence or abuse (7.4%) among persons 12 or older.



2.6%

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%).

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.'"



William and Mary Morris'
Dictionary of Word and Phrase Origins



Youth Culture



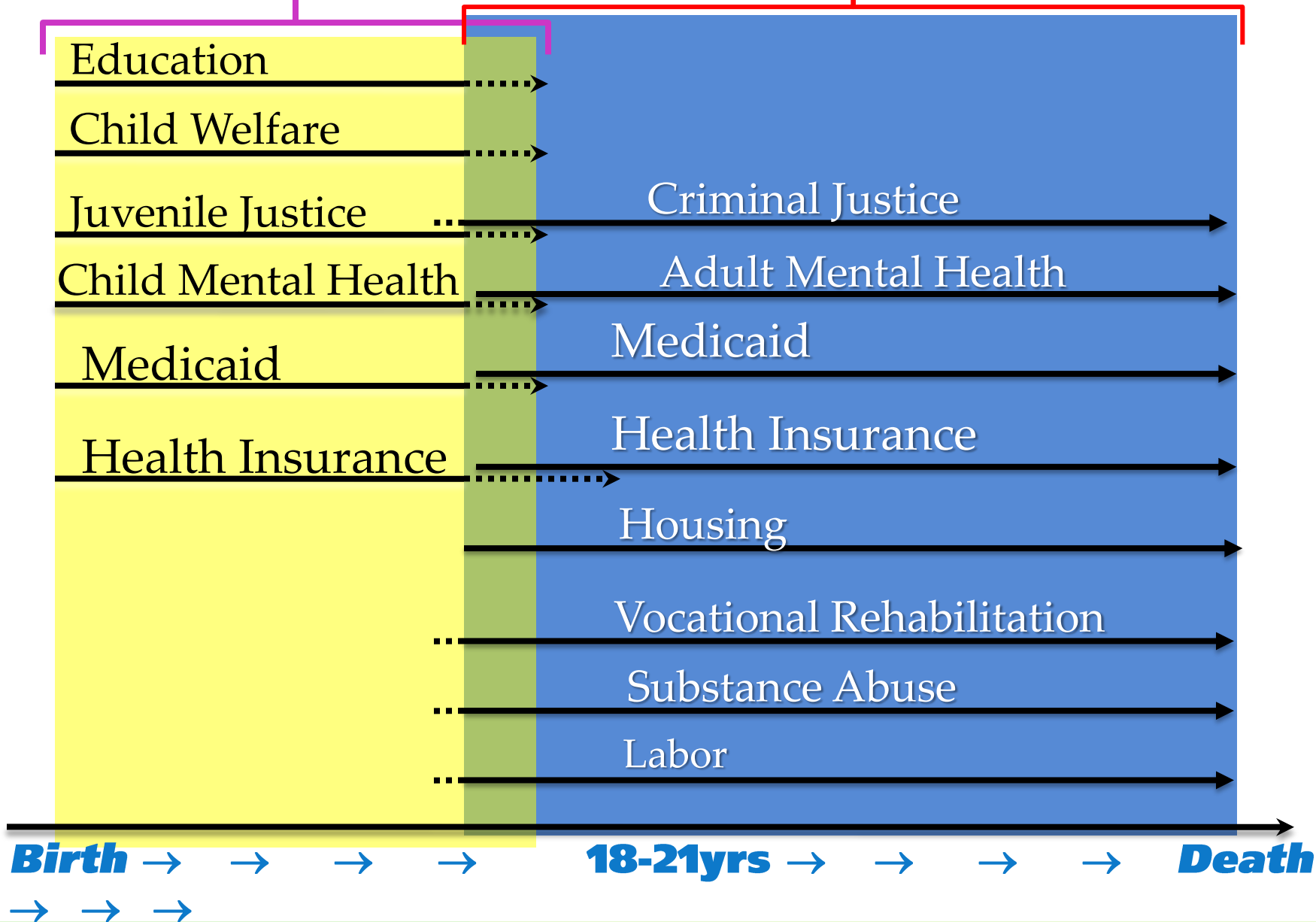
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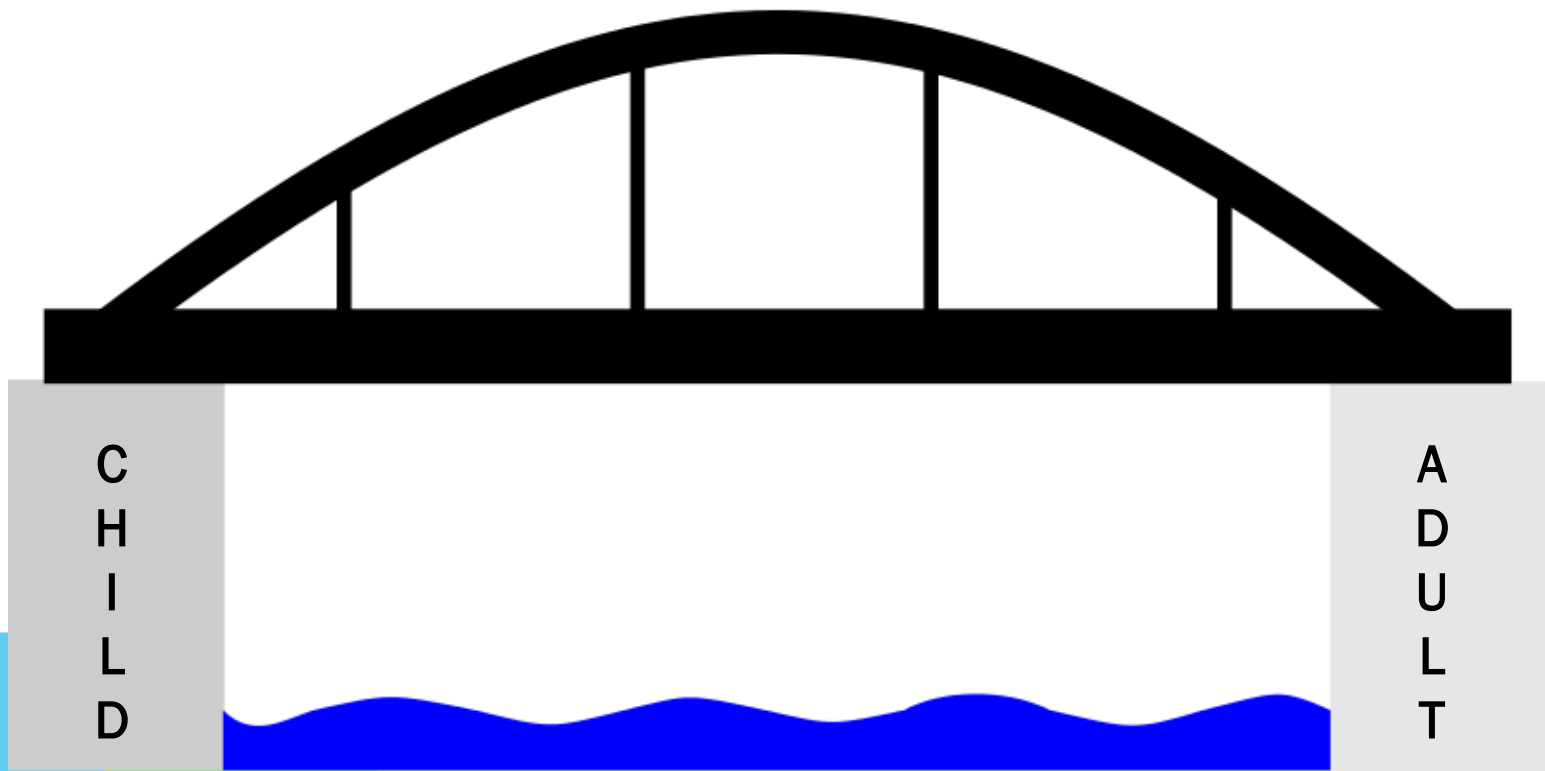
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WHAT ARE THE SYSTEMS ISSUES

CHILD SYSTEM

ADULT SYSTEM





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BUILD A BRIDGE

FRAGMENTATION ISSUES THAT HINDER GOOD TRANSITION SUPPORT

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

Topic

1. Child/Adult MH Relationships

2. Eligibility Differences

3. Territoriality

4. Separate Funding of Child/Adult MH

5. Poor Handshaking

6. System Culture Differences

7. Different Funding Levels

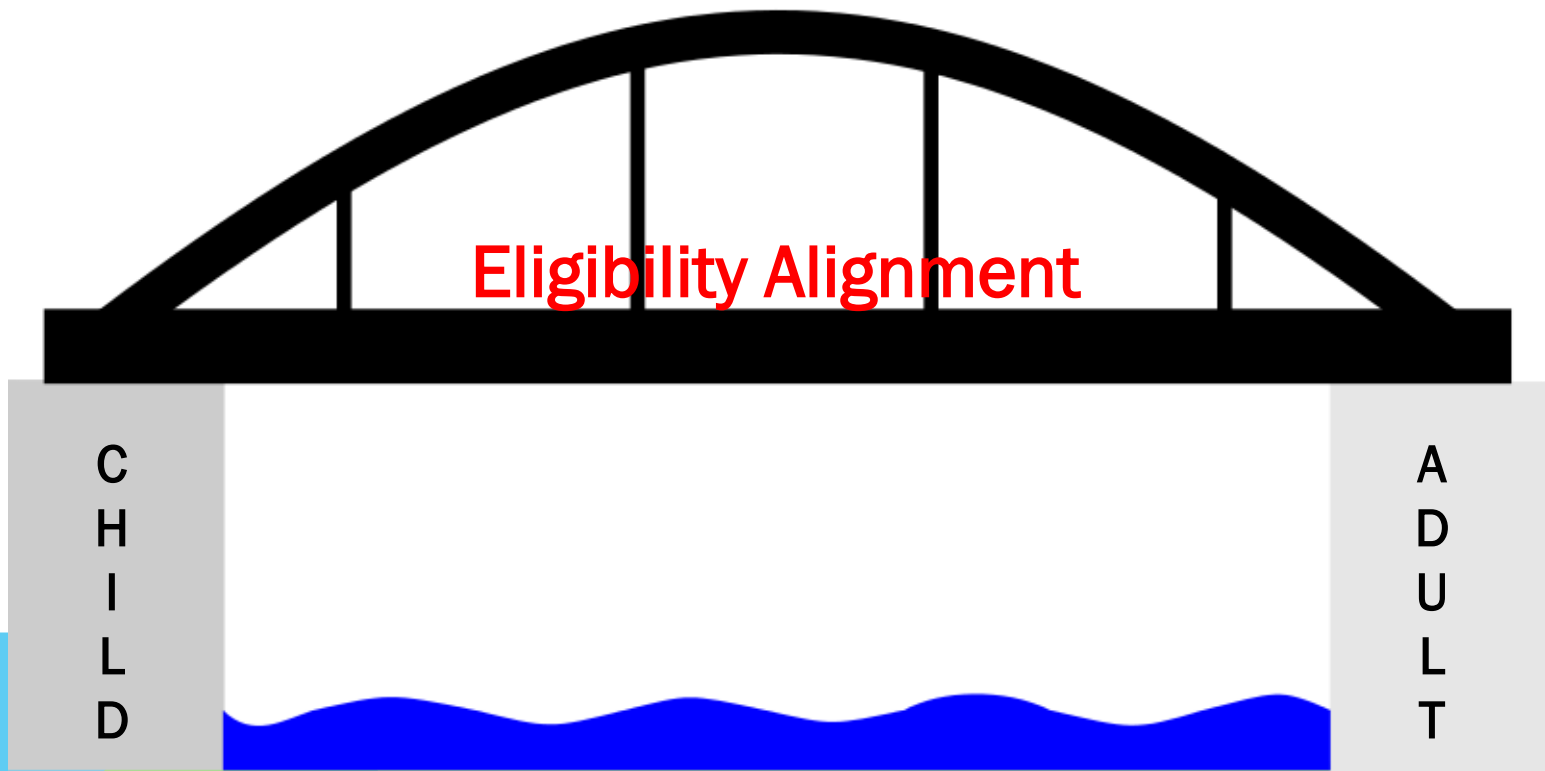
8. Family vs. Individual Focus

9. Child System Owns The Issue



Serious Mental Illness

ELIGIBILITY DIFFERENCES



BUILD A BRIDGE

Per Capita Budget

May fund:

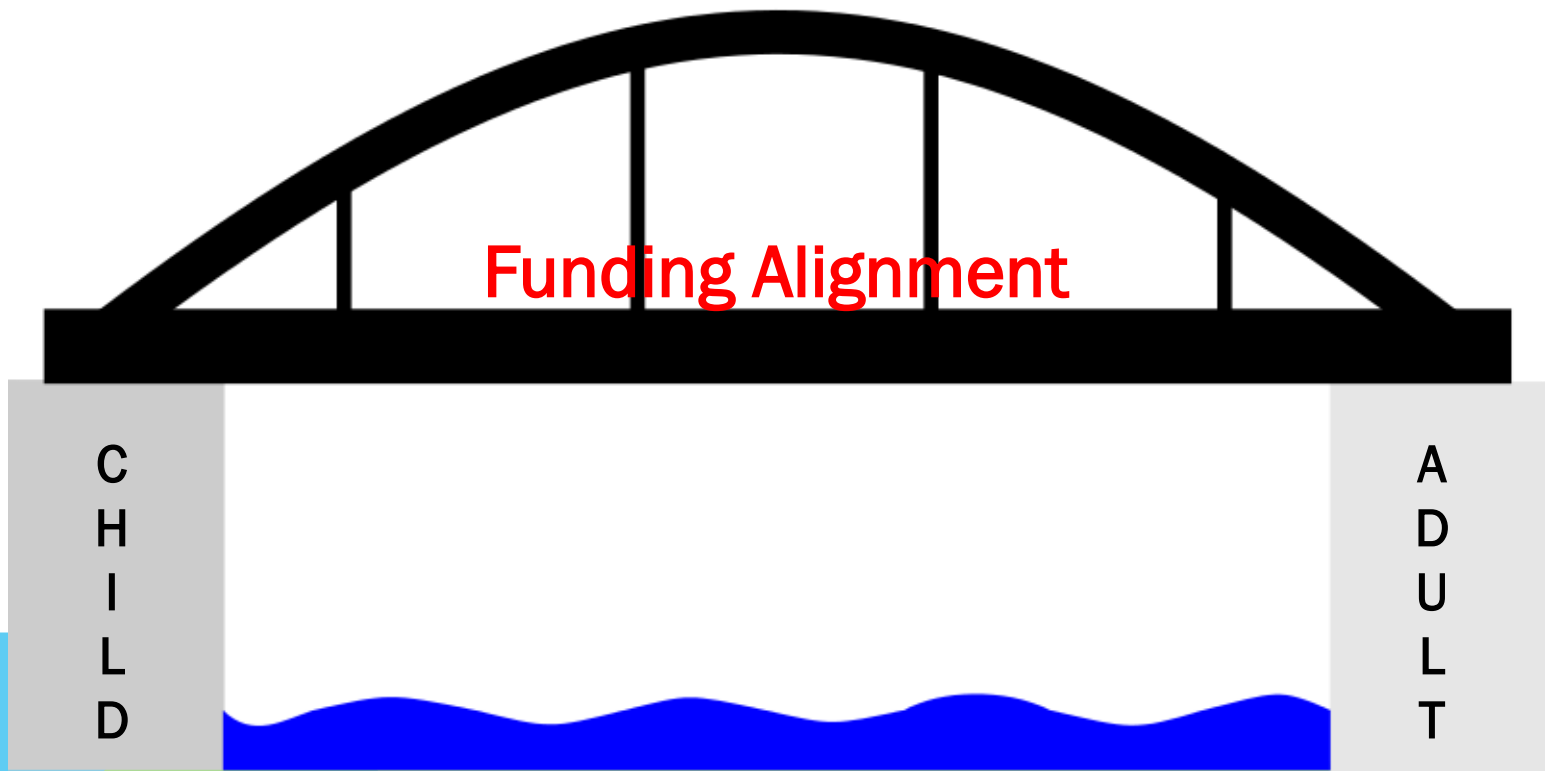
Less home-based
Higher Caseloads
More group care



May fund:

Flexible Fund
In-home treatment
Caregiver respite

FUNDING ISSUES



BUILD A BRIDGE

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



Practice Alignment

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BUILD A BRIDGE

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



**Department of
Children & Families**

MH

Child Welfare

Juvenile Justice

MOU

**Department of Addictions
& MH Services**

DMH

→ Young Adult Services

→ Adult Services

CONNECTICUT

**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

CALIFORNIA

**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. AJP, 2012, S131-137)

↑ non alcohol substance problem

↑ with high blood alcohol at suicide

↑ relationship problems

↓ financial and medical health problems

↑ associated with impulsive/aggressive

(McGirr et al., Psych Med, 2008, 407-417)

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

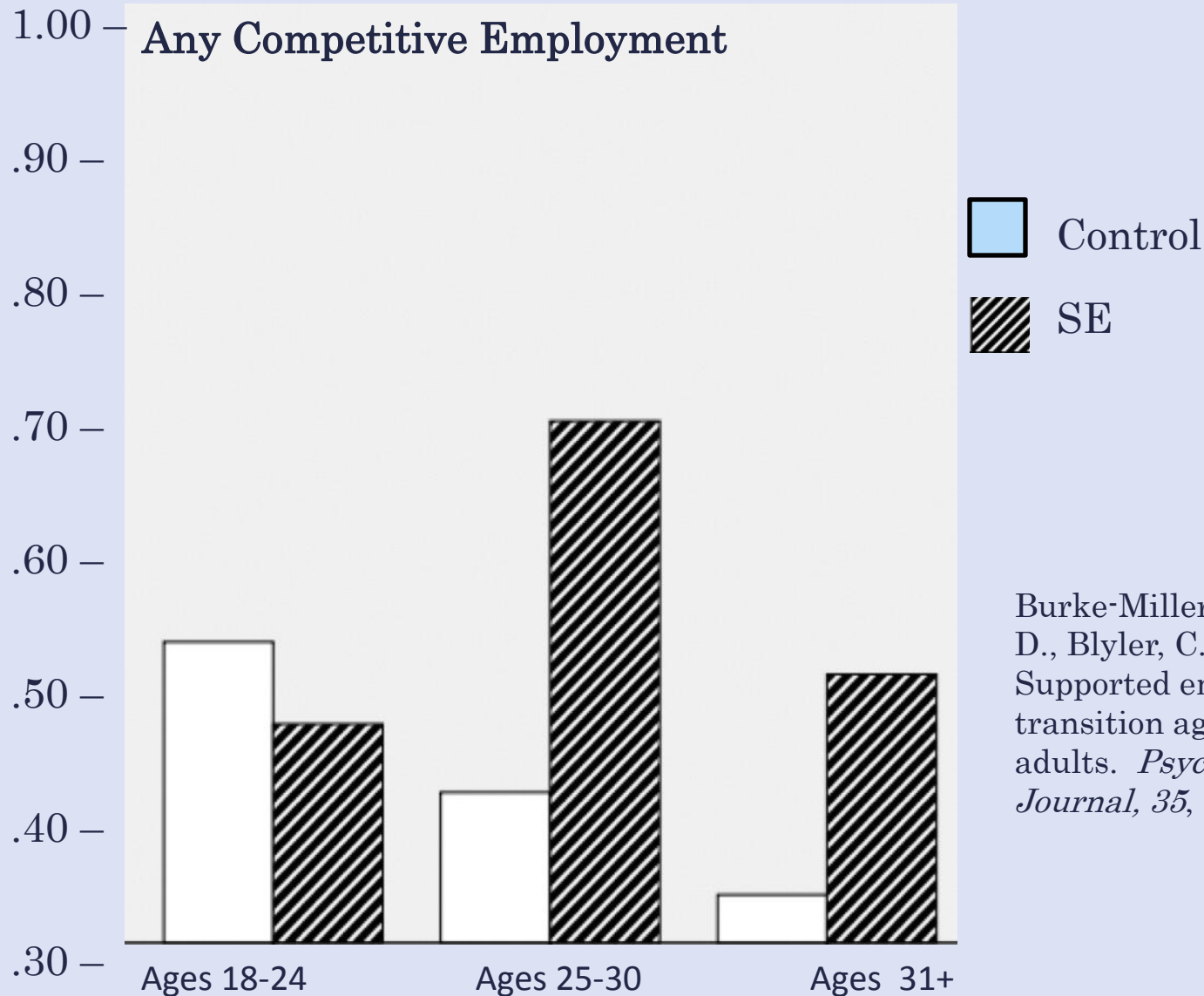
Clinical trials conducted across ages

- 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)



Employment Intervention Demonstration Program Supported Employment Randomized Trial



Burke-Miller, J., Razzano, L., Grey, D., Blyler, C., & Cook, J. (2012). Supported employment outcomes for transition age youth and young adults. *Psychiatric Rehabilitation Journal*, 35, 171-179.

**NEW RESEARCH TARGETING
TRANSITION AGED YOUTH AND
YOUNG ADULTS UNDER
DEVELOPMENT**

SUPPORTED EDUCATION

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
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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.

	EASA	LEARN	University of Minnesota
Setting	Community mental health settings	Community mental health settings	4-year university
Service Approach	Integrated with other young adult services	Stand alone service	Integrated with other university services
Scope	Statewide	Multicounty	Campus-wide
Target Population	First-episode schizophrenia-related conditions	Individuals of any age receiving community mental health services	University students
Primary Staffing	Occupational therapists	Education coaches	Varies by academic organization
Primary Referral Sources	Hospital and outpatient mental health settings	Community mental health programs and campus counseling departments	Offices of disability, mental health services, and counseling
Financing	State mental health block grant and state general funds; some department of vocational rehabilitation and Medicaid funding	State contract for SED services	Varies by academic organization; very limited targeted funds

FINDINGS RELEVANT TO DEVELOPMENTAL ACTIVITIES OF TRANSITION AGE YOUTH AND YOUNG ADULTS

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
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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

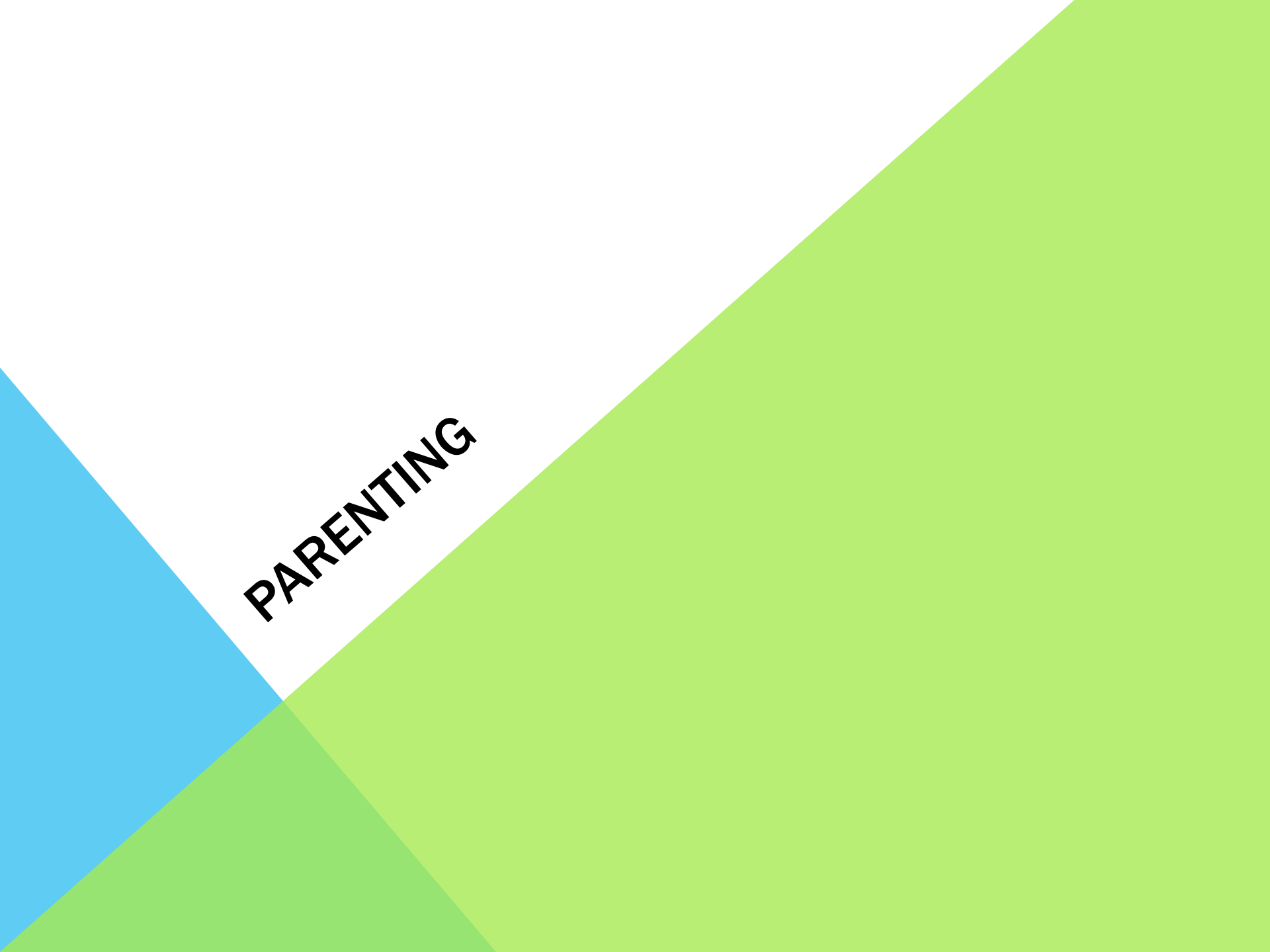
- Braided funding from multiple sources, Medicaid and vocational rehabilitation options

Research

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

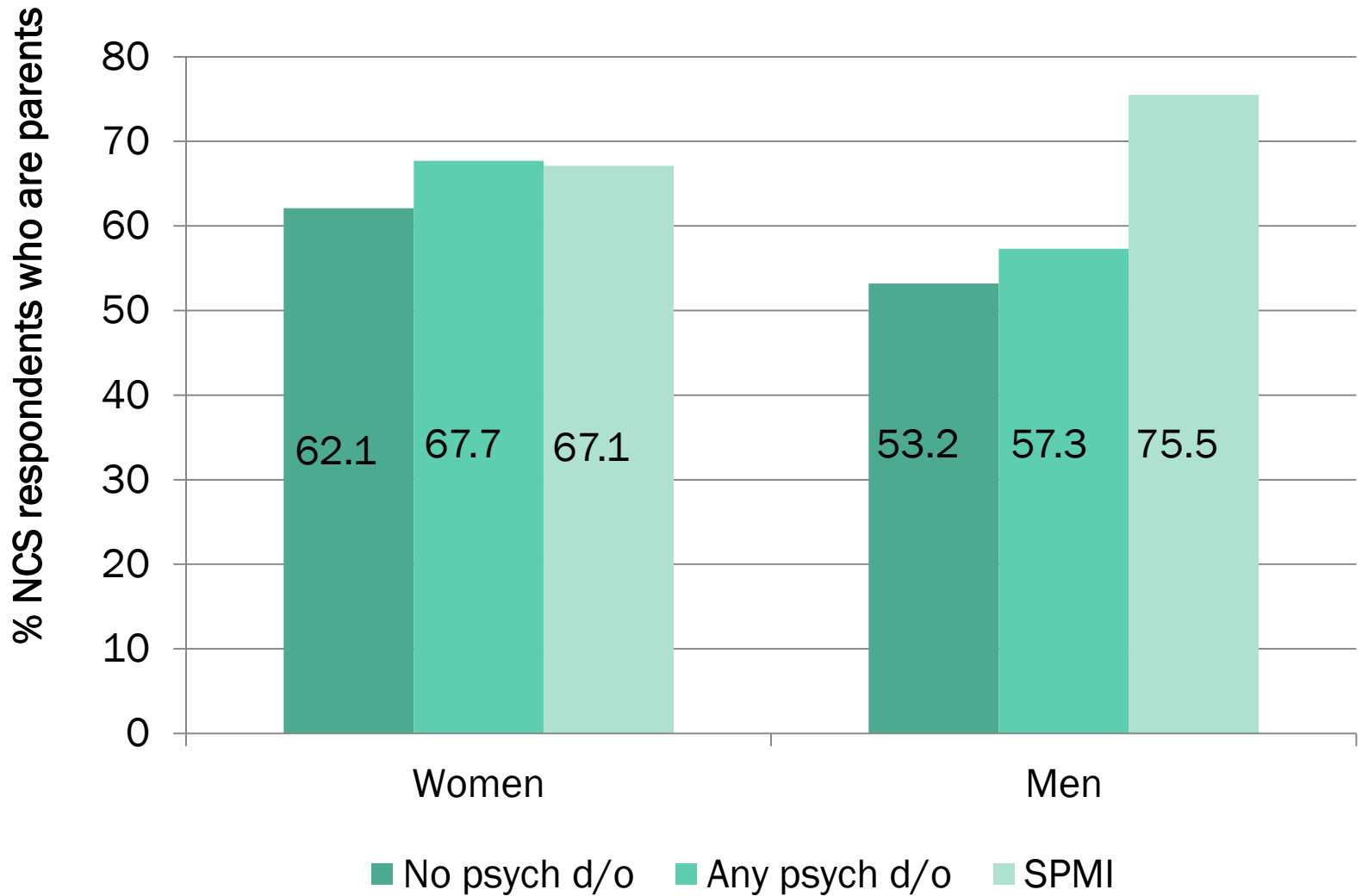
Report will be available in the Fall





PARENTING

NCS: Prevalence of Parenthood



AVERAGE AGE OF BIRTH OF FIRST CHILD

GENERAL POPULATION

Women: 24 - 26

Men: 27 - 28

LIFETIME PREVALENCE
OF PSYCHIATRIC
DISORDER

??

??

(Martin et al., 2013)

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

Mothers (n=1899)			
Disorders (Lifetime Prevalence)	% of Mothers	Average Age of Illness Onset	Average Age at Birth of First Child
Affective	25.7	25.7	21.9
Anxiety	32.4	15.7	21.9
PTSD	11.3	16.8	21.1
Nonaffective Psychosis	0.9	23.4	19.5
Any Psychiatric*	46.8	17.2	21.9

* 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)



HOW ARE STATE MENTAL HEALTH AUTHORITIES (SMHAS) RESPONSIVE TO FAMILIES LIVING WITH PARENTAL MENTAL ILLNESS

	<u>1990</u>	<u>1999</u>
Identify as parents	31%	24%
Assessment parenting skills/functioning	45%	22%
Programs for parents	55%	29%
Hospital policies for parents	0%	4%

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 **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.
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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.
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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?
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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
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TRANSITIONS RESEARCH AND TRAINING CENTER
LEARNING AND WORKING DURING THE TRANSITION TO ADULTHOOD REHABILITATION
RESEARCH AND TRAINING CENTER

University of Massachusetts Medical School
Department of Psychiatry

Systems and Psychosocial Advances Research Center (SPARC)

Visit us at: <http://www.umassmed.edu/transitionsRTC>

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