

# Emerging Adults as a Vulnerable Group: *Community mental health, serious mental health problems, and youth who “age out” of care*

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Visit us at: <http://labs.umassmed.edu/TransitionsRTC>

*The content of this presentation does not necessarily reflect the views of the funding agencies, nor their endorsement.*



Transitions RTC



# Overview

1. Who is vulnerable?
2. Organization of Service Systems
3. Age-appropriateness of Evidence Based Practices
4. Current research directions
5. Discussion/Questions



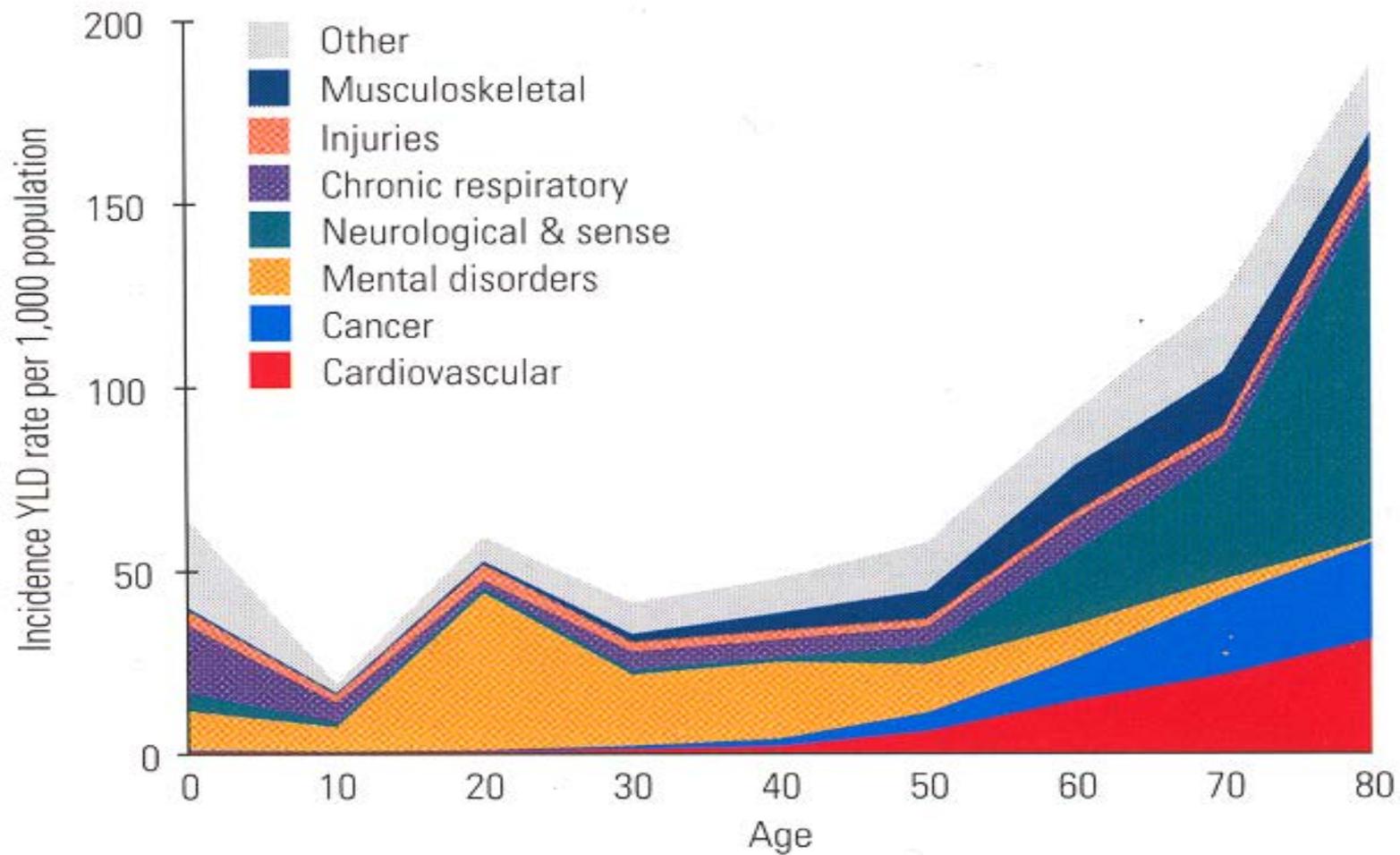
# Research is in its Infancy

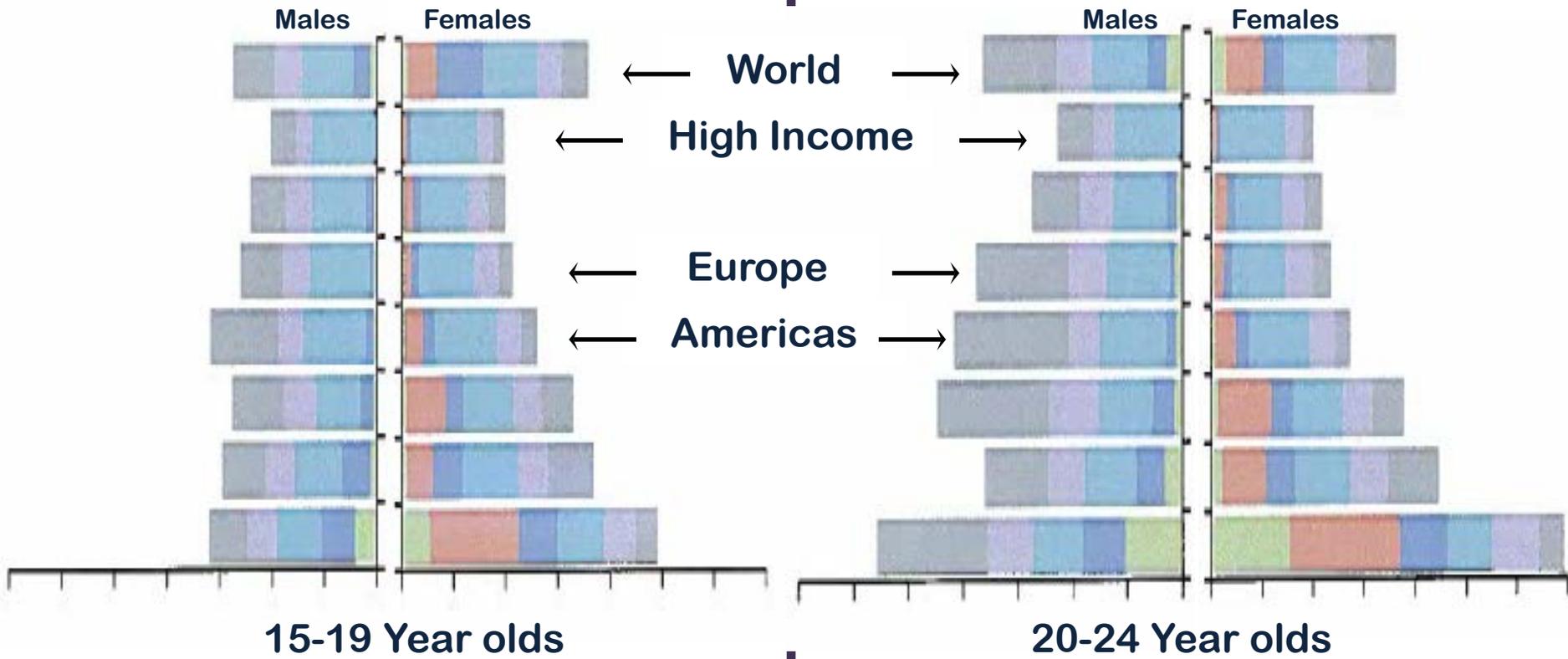
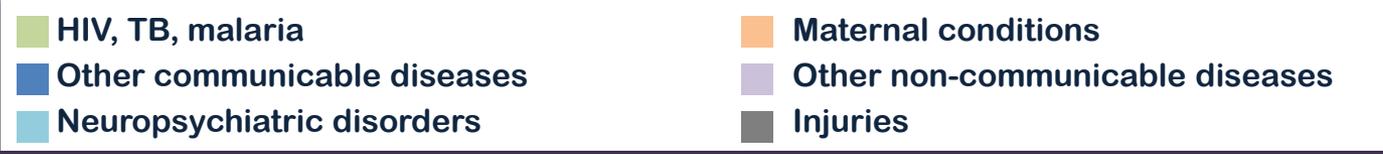


- Little Research in this age with Serious Mental Health Conditions
- Extension of knowledge from others..... other ages with SMHC or same age with other challenges
- Field is growing



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



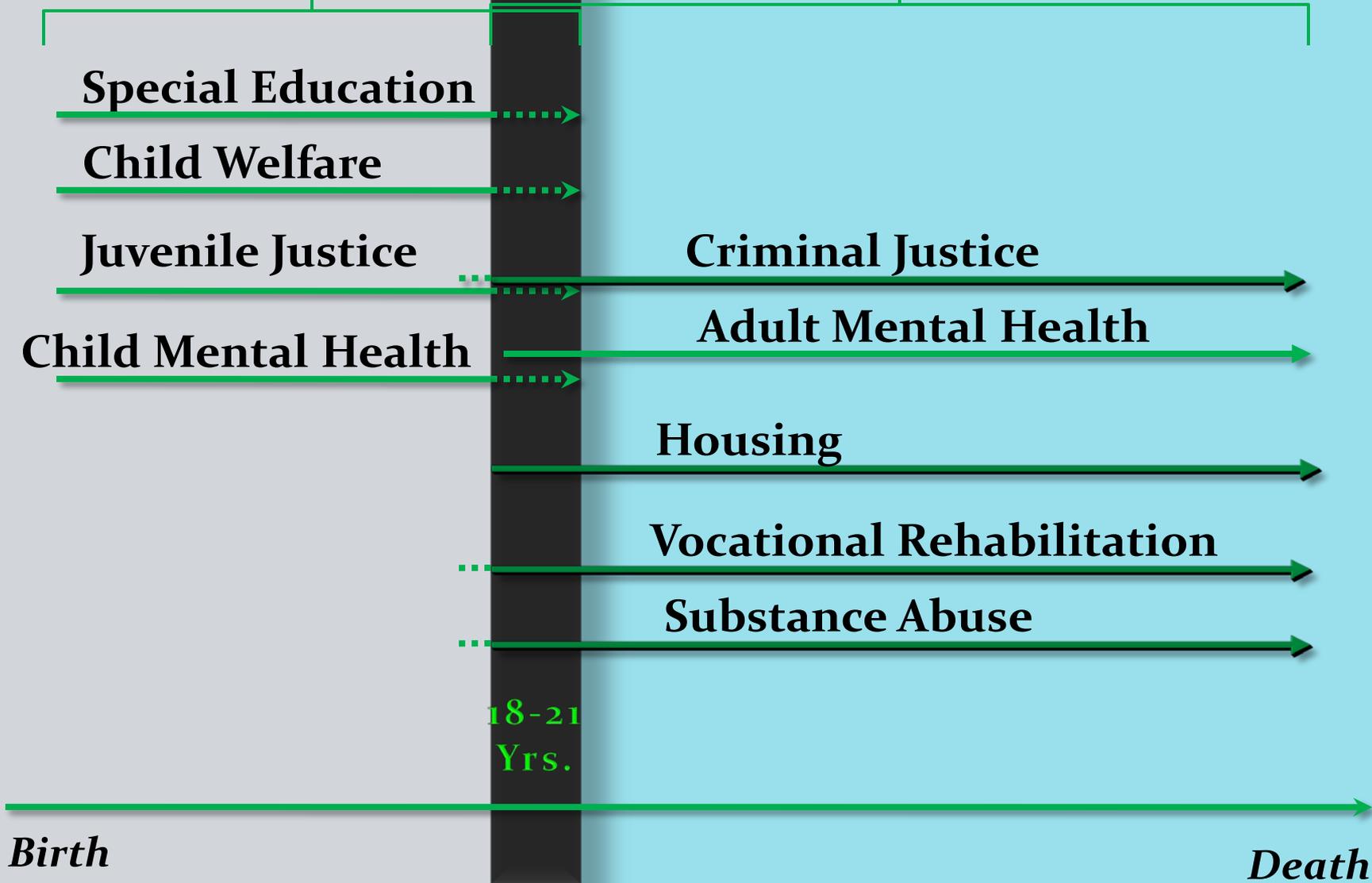


## Major causes of disease burden in Disability Adjusted Life Years



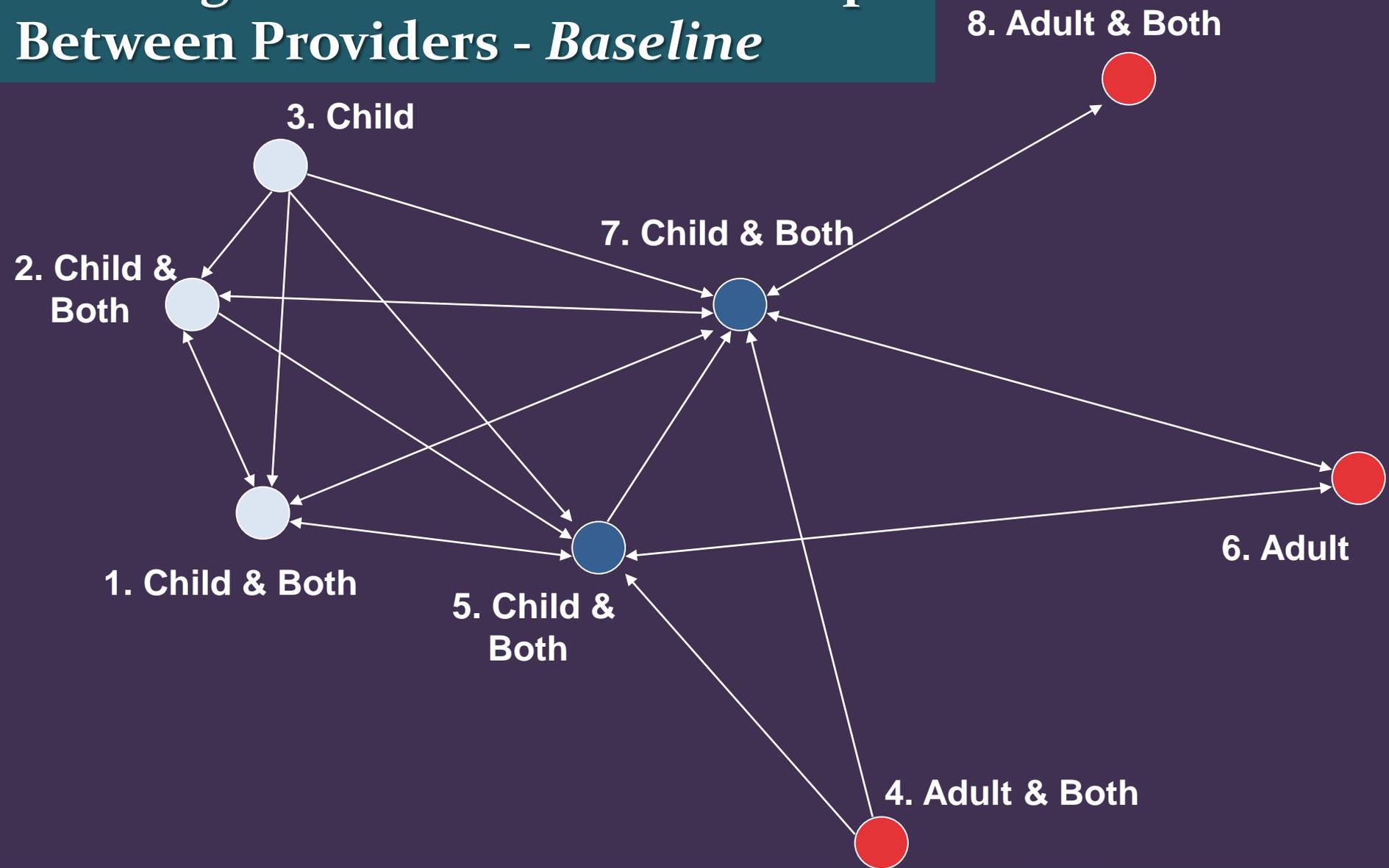
*CHILD SYSTEM*

*ADULT SYSTEM*

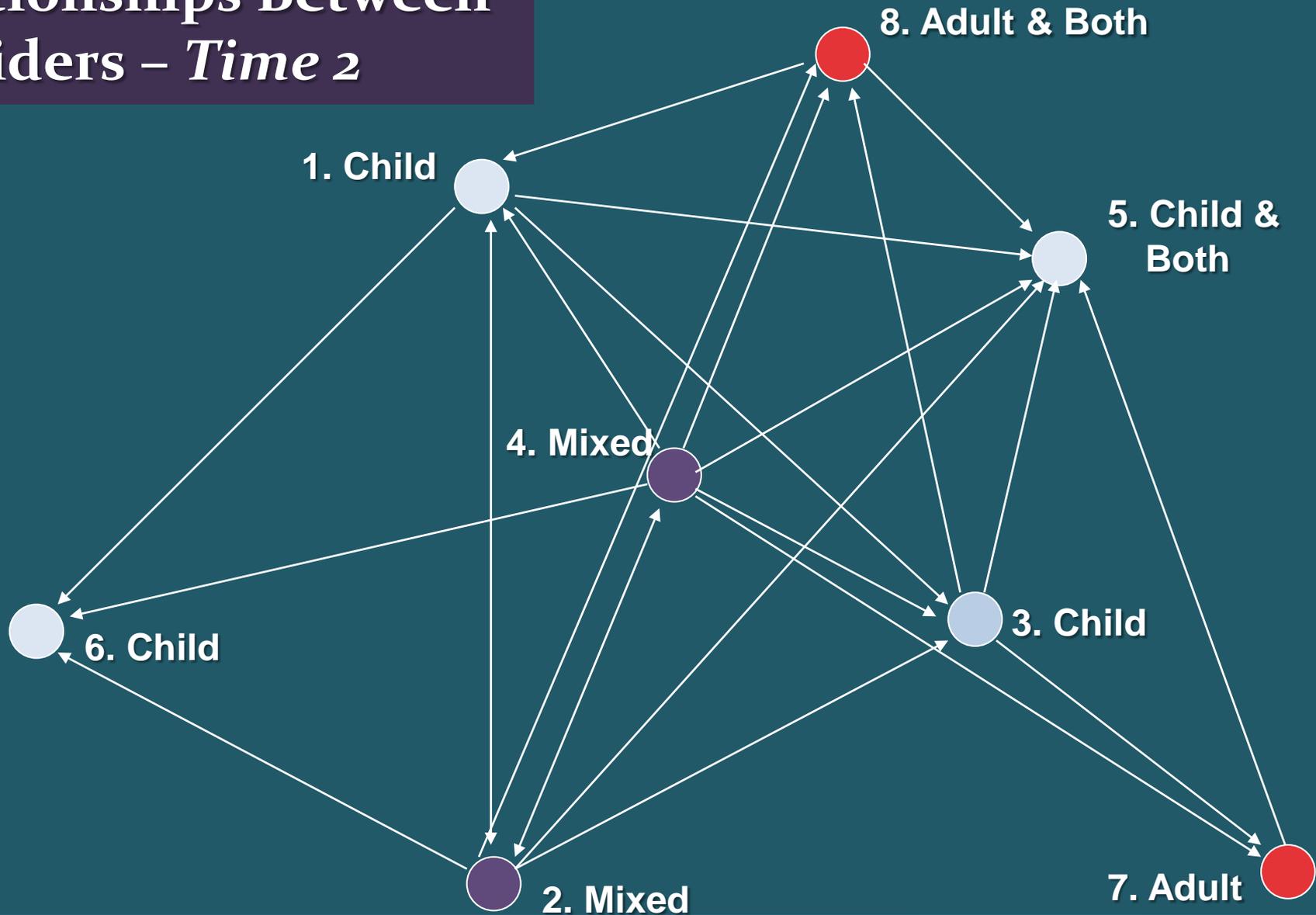


AGE → → → → → → →

# Interorganizational Relationships Between Providers - *Baseline*



# Interorganizational Relationships Between Providers – *Time 2*



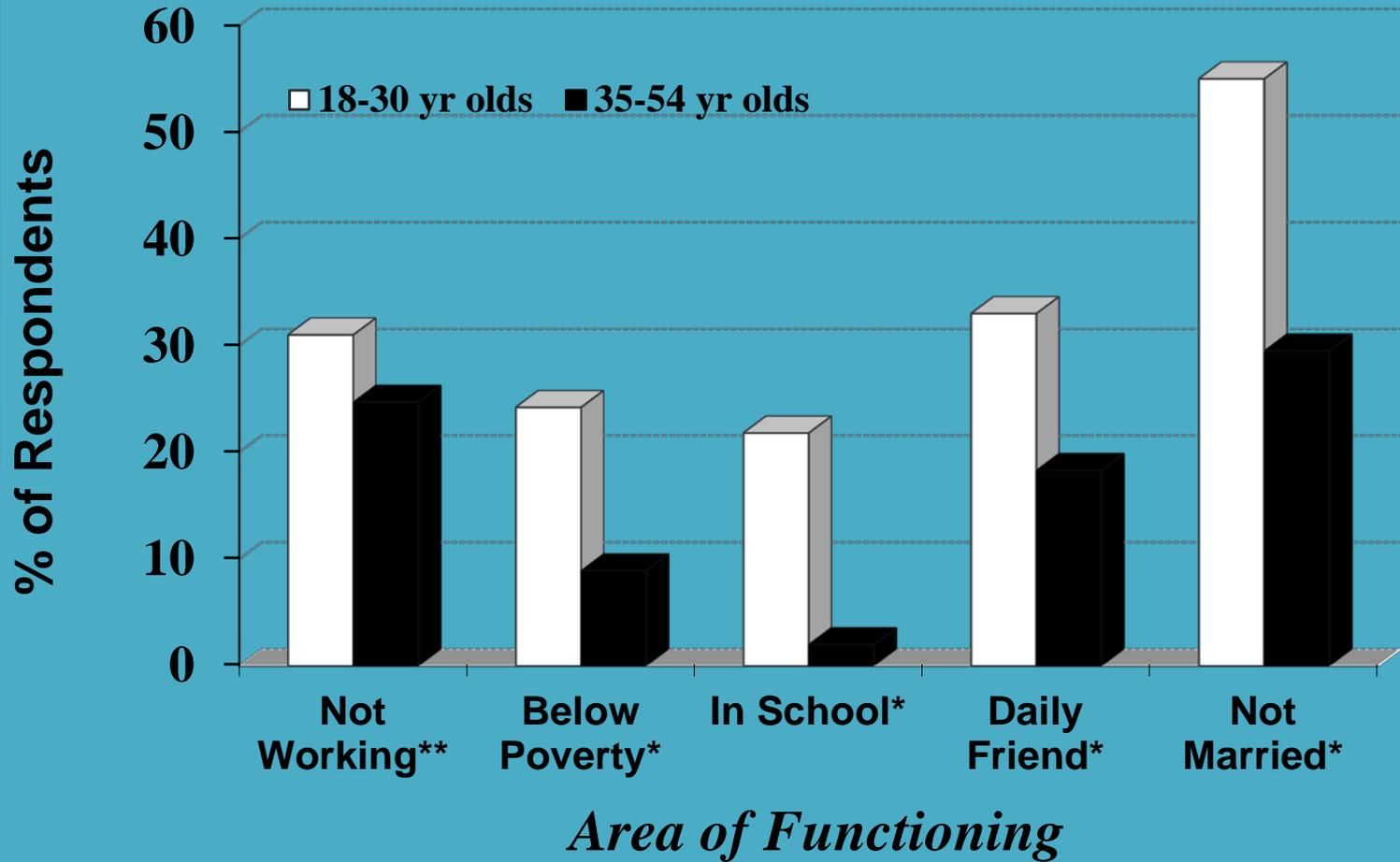
# Youth with SMHC Struggle as Young Adults

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

(Valdes et al., 1990; Wagner et al., 1991; Wagner et al., 1992; Wagner et al., 1993; Kutash et al., 1995; Silver et al., 1992; Embry et al., 2000; Vander Stoep, 1992; Vander Stoep and Taub, 1994; Vander Stoep et al., 1994; Vander Stoep et al., 2000; Davis & Vander Stoep, 1997)



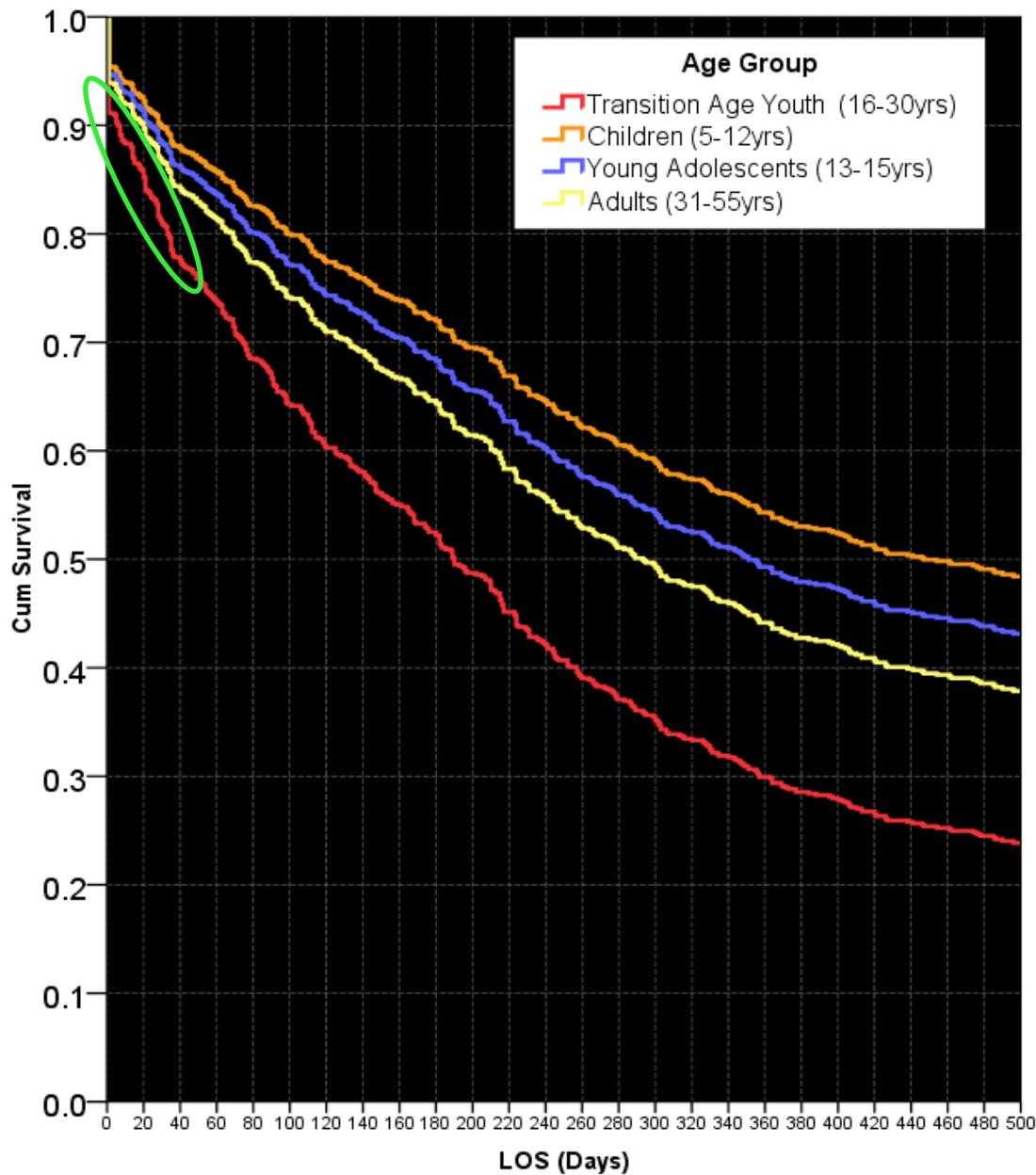
# Functioning Different from “Mature” Adults’



\* $\chi^2$  (df=1)=31.4-105.4, p<.001

\*\*  $\chi^2$  (df=1)=5.5, p<.02





**Transition Age Youth Quickly Lost from Treatment**



# Does the Evidence Base Apply?

- Clinical trials often include emerging adults – good enough?
  - Power to detect age differences
  - Analyzing/reporting age differences
- Clinical trials focused on emerging adults
  - Apply as is
  - Adapt for this age group



# Treatment Retention

- Motivational Interviewing (MI)-Based Strategies increases TR in adults and adolescents (e.g. Vasilaki, Hosier, & Cox, 2006; Feldstein & Ginsburg, 2007)
- Adolescents organized by parents
- Adults' mature executive functioning and responsibility taking
- Testing minor adaptation for 17-30 yr olds (Mistler, Sheidow, Fortuna, Davis)



# Employment Supports

- Individualized Placement & Support (IPS; Bond, 1998)
  - Effective with EA's in 1<sup>st</sup> Episode Psychosis (*Major, et al., 2010; Porteous & Waghorn, 2007; Killackey, Jackson, & McGorry, 2008*)
  - Adapted IPS (*Nuechterlein et al., 2008*) – effective 1<sup>st</sup> Episode Psychosis – added training, families, supported education
  - Adapted IPS (*Froundfelker & Fagan*) – young adult intensive MH service users - added peer mentor
- Life Coaches or VR (*Davis, Sheidow, Henry*)
- Paid Internship (*Davis, Henry, Frazier*)



Student



Worker

# Models under Development

## Achieve My Plan (*Walker & Powers*)

- To increase participation in meetings
- 3 meetings with a “prep person” before initial meeting
- 1 prep meeting include support person of choice
- Youth communicates AMP process to family
- Prep person communicates with team in preparation and orientation
- Training for staff (i.e. school, program etc.)

[http://www.rtc.pdx.edu/AMP/pgVideo\\_AMP\\_ImportanceOfYPP.shtml](http://www.rtc.pdx.edu/AMP/pgVideo_AMP_ImportanceOfYPP.shtml)



# Other Research

*Research on use of internet to support transition age youth with SMHC (N=207)*

Most Enjoyable Features of Social Networking Sites

Feature	% MH	% Without MH
Making new friends	39.8	19.0***
Having shared interests	38.3	19.0**
Planning social activities	32.0	45.6*
Blogging	31.3	1.3***

- #1 purpose; Ability to connect and socialize (87%)



# Common Themes

- Youth Voice; all developing models put youth front and center, and provide tools to support that position
- Involvement of Peers supports; several interventions try to build on the strength of peer influence
- Struggle to balance youth/family; delicate dance with families, no clear guidelines
- Technology; utilizing web-based games, texting to engage or schedule, remote therapy
- Emphasize in-betweenness; simultaneous working & schooling, living w family & striving for independence, finishing schooling & parenting etc.



# Resources

## RESEARCH

Visit us at: <http://labs.umassmed.edu/TransitionsRTC>  
Pathways RRTC <http://www.pathwaysrtc.pdx.edu/>

## SOCIAL NETWORK SITES

<http://strengthofus.org/>

<http://www.whatadifference.samhsa.gov/index.html>

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