

Emily: [00:00:00] Welcome back to Stay Tuned, Supporting Transition Aged Youth. This podcast is brought to you by the Transitions to Adulthood Center for Research at UMass Chan Medical School, Department of Psychiatry, and in partnership with our research sponsor, the National Institute for Disability, Independent Living, and Rehabilitation Research.

I'm your co host Emily.

Mei: And I'm your co host Mei.

Emily: And today we're joined by Michelle Mullen. Michelle, would you like to introduce yourself?

Michelle: Hi, my name is Dr. Michelle Mullen, and I'm a faculty member here at UMass Chan Medical School, and I'm so excited to be with you guys today.

Emily: We're so excited to have you.

So, Michelle, you talk a lot in your work about preventing disability and keeping young adults out of a system that breaks them. Could you explain what that means and the importance behind prevention rather than recovery?

Michelle: Yeah, thanks for the question. I think, [00:01:00] um, one of the things that I have been trying to do in my work is to redefine what it looks like and how we talk about young adults who experience mental health conditions or symptoms.

And I think of the way that our system is set up, the mental health system is intended to focus on people who cannot do daily living activities and very difficult times doing things. And that is a construct that is very, very old. And I don't think it really applies to most people these days. And so this Older system is now talking to people who are younger and younger and are using the same types of language that they did in the 1970s and eighties when people were coming out of long-term psychiatric hospitalizations and they were institutionalized.

And so we tell young people that they're. too sick to work, that [00:02:00] they're mentally ill, that they're disabled. And all of those are really strong messages saying like, you are unable to do something and you have a life sentence of inability, which I think is the wrong thing to tell a young person as they're like learning and growing.

And so all young adults struggle. That's actually the part of young adulthood, right? It's like super powerful. It's great. You're like. Finding yourself and finding yourself again and again and again. And if we then start to insert like messages over and over again, that you're sick, you're ill, you can't do things you shouldn't, you should avoid stress.

What we're doing is we're creating a different type of person that that first came into our office. or our system. And so really thinking about what type of language we use, I think is incredibly important. And so we focus a lot on recovery, but for young adults, they're discovering, they're not recovering.

Like you're figuring out like, Oh, this is like really hard for me to do. Maybe I need to find out some new strategies, or maybe I need [00:03:00] a support for this. Or maybe I completely avoid this because this is like something I don't want to do. But instead of having that narrative of like, how do we figure out the things that you need to be successful?

We're saying like, oh, this is because you're mentally ill. And that is a terrible statement to say to anyone, let alone a young person who's just starting to create an identity for themselves. There are messages shouldn't be about like what you can't do, but rather like how do you do something. And so, our work really focuses on how do you do the things that you want and like how do you explore the things that you want, everyone has limitations, every single human with or without a mental health condition, and so it should not be different.

For people with mental health conditions versus diabetes, like you would never hear a clinician tell a young person who has diabetes, you're too sick to work. They think like, how do we manage your condition so you can do this thing that you want to do? But we don't talk like that, mostly. I mean, we do in our work, but like the larger system is really antiquated in [00:04:00] how they think about and talk about things with young adults.

Mei: I think going back to high school, like I really did let my mental illness define what I could and couldn't do. And I think that really bled into how much school I let myself miss even. Cause I was like, Oh yeah, I'm too sick to go to school. I can't do it today. And obviously, you know, that is a valid symptom of depression is not wanting to do things, but I think I kind of.

Took my diagnosis and ran with it, especially, you know, I was told things like, Oh, you are too mentally ill, like even defined like where I should and shouldn't apply to college because, oh, I want you close to home. Like I don't want you going too far because you won't be able to manage it yourself.

Michelle: I appreciate you sharing that. You sharing that because I think that the the devastating part of that is that that narrative carries on further than just [00:05:00] high school.

Like, let's face it. Lots of like young people want to skip school period. End of statement. And. So, but like thinking about like how parents and how like caretakers could reframe it, like how many mental health days do we need? Like, and having it like a choice point of, all right, so I have six mental health days that I can take.

Is today the day that I take it? Or do I take it at another time? I don't want to minimize people's real experiences because many people need to be hospitalized during, um, high school. They need treatment during middle school and high school. Like those are really hard years for young people, but there's the additional narrative that is not just hard in that space, but it also becomes like a narrative that you believe later on, like, oh, I can't do this because right.

It's like the incapable narrative and that. Makes it more difficult to try new things during the time that you're supposed to be trying new things. But then again, it's also not helpful to be like, well, what if I didn't have this? Or what if I didn't have that narrative? Like, would I have done different things?

Like, [00:06:00] it's really like the choice point from here forward to be thinking about, like, is this something I want to try or not? So Emily, I'm sorry I interrupted you.

Emily: That's okay. Yeah, no, I love that. And I just going to say that, you know, I think I had a similar experience may were in high school, especially like I definitely, you know, really let like my like depression and anxiety like define who I was.

And like, that was a huge part of my like, You know, like, personality almost. Um, and I think, you know, I, thankfully, like, I was pretty lucky once I got to undergrad and I had a really good therapist in undergrad and he was very, like, um, he, he didn't like to focus on diagnosis, you know, and so I think a lot of my sort of, like, initial work with him was sort of Like, Oh, well, like, yes, you may have depression and you have anxiety, but like, that's not who you are, you know, and I feel like Michelle has a lot of like what your, your work centers on to where it's like, [00:07:00] yeah, you may have these things and they are very real struggles and they definitely do impact the way that, you know, you, you work and you go to school and you, you know, see yourself in the world and everything like that.

But It's not you like it's not the core of who you are and like it is something that you can, you know, work through or like work with and like find strategies that can make it easier even if you are struggling with these things.

Michelle: So I think that these are really important things for young people to hear and it's, you know, it's, this is not a unique experience.

Like if someone came from like poverty, intergenerational poverty, like they wouldn't want to hang their hat on like, I can't do this because I don't have X, Y, or Z. Right. But like marginalized young adult populations. I mean, it's already hard enough to be young. Right. Just period. End of statement, middle school, high school, college.

Like we often say, just get them through their twenties, you know, it's a bumpy time for everyone. And so, but minimizing, [00:08:00] like we talk about it, like there's these speed bumps in the road. And if you don't have good people, good narratives, healthy supports that when you hit a speed bump, young adults take off and they like fly into the house that's on the side of the road.

But rather we want to teach the skills. We want to get good supports. We want to develop healthy narratives. So when you hit a bump, you go over it. You recognize that's the bump, like the bump may be high. It may be long, but it's still a bump. Right. But thinking about like it get, we can get through this process as compared to like really lose their footing and slip into a place where it's very self defeatist, the system responds in a certain type of way.

And so when we start to envision, like, what does a system look like that should be more, that could be more helpful to young adults, even that narrative alone, like this is a speed bump, you know, like we're going to get through it. What do we need to be able to get through that process and then start to build the resources, the services, the skills, the strategies that are required [00:09:00] to be able to manage that environment.

But environments make a difference. Like if you're in a toxic environment, that's very, very hard to manage. So sometimes changing environments is what young people need to do. Switching schools from middle school to high school, high school to college, high school to work, right? All of those changes in environments helps.

It's like a time to redefine oneself and leave the old narratives behind. But I think thinking about like how we talk to young people and even the language

that we use very infrequently will I ever say mental illness. There is like very few conditions of the body that are now referred to as illness or sickness.

Even the most significant ones are not considered illness, but instead we use this language and we create a narrative that young people are sick and they're not. I remember having a conversation with a young person and she's like, well, I'm mentally ill. And I was like, Oh, You're mentally ill. I was, I, I thought you went to a really competitive like college and [00:10:00] she's like, I do.

And I was like, I thought you were in a really competitive major. She's like, I am. And I was like, and I thought that you worked in like a really hard job. She's like, I do. And I was like, okay, so how are you ill and sick? And she's like, Oh my God. I was like, yeah, you're not, you just have something that you have to manage.

Everyone has something they have to manage. So just like the shifting of that, like young people should never think that they're too ill to do anything. Some people don't want to do stuff and that's cool, but like too sick to do something. I don't know. It's a very toxic statement for a young person to hear over and over.

Mei: I don't know how the term mentally ill has become such a thing with like the younger generation, myself included. I think I've, I've definitely said mental illness, a lot, and I really I'm beginning to question like how did that even happen.

Michelle: It is grounded in, like, a very terrible system, [00:11:00] right? There is a lot of work done on the history of mental health. And how institutions were used as like harbingers of like people who were disruptors to society, women, people of color. There were some people who had like very severe conditions, but it became a narrative of our culture.

And then like you had the institutionalization, which then take took people who were institutionalized in ways that were not helpful to themselves or to society and release them onto the street. And then there was this public perception of what mental health conditions look like. And those folks were not set up for success to be released from institutions the de institutionalization movement, it is.

It's wild, wild what has happened in mental health and a part of our system is still like grounded in institutionalization, even though it's community based services. So I'll give you an example. [00:12:00] When someone comes into a community mental health program and they're starting services, young people

and older people alike during intake, they often ask someone if they have SSI, which is, um, a supplemental insurance that is given by the federal government that pays for community mental health services.

And because most community mental health services does not take private insurance, they encourage people and start the process of signing up for SSI. For most people, they don't realize they think like, yeah, sure, if it pays for my service, of course, I'll do that. What they don't realize is that they're signing up for the narrative is I'm too sick to work because SSI is given to people whose mental health condition is so severe that they're too sick to work.

But our system, our community mental health system is based on SSI payment. So that means to get [00:13:00] services that could be helpful to you, you have to say that you're too sick to work. So then a person who's largely uninformed about what would happen is then caught in the system to get the services I need.

I have to say I'm too sick to work. And when you apply this to a young person who's just entering the world of work, You are creating an identity of too sick to work. And what do young people do after they finish high school? They go to school, they go to work. Those are the two things, right? I mean, they find their own housing, they find their partners, like, those two things are fundamental to how you set up the rest of your life.

And so when we start to think like, community mental health is better than these other past experiences of institutions, the answer is yes, for sure. But it's still based on a model of being too sick to be able to do independent adult activities. Which is really messed up for a young person. Yeah,

Emily: and I didn't even really know that was a thing until like talking to you.

If [00:14:00] you had someone coming to you and was dealing with, you know, SSI and everything, but they aren't, you know, too sick to work, what would you suggest that they do?

Like, what would be your first course of action with them?

Michelle: Yeah. I think Just like a broken bone, like sometimes you have to break it and reset it like for it to like function properly later. Right? So our system is not set up for modern day young adults. It is set up for 1970s, like 80s perception of what mental health conditions look like.

So as a note, like in some states, the rate of unemployment for adults with mental health conditions are like are upwards of like 99%. Right. So they range from 80 to 90%. It's really, it's It's astonishing. And it's I argue that it's probably not alone because of the mental health condition, but rather the fear of leaving their benefits.

And so, if a young person is not on social security when they [00:15:00] come for services, I would encourage for them to think through like, is SSI. The answer to your current and future problems. And if it is, then let's talk about what those things are. But more than likely, it's probably not. And are there other ways to access the insurance component of SSI Medicaid and paid employment?

Often provides more money per month, even if you do it in a part time job, then, um, S. S. I. Here's the most messed up part about it is that S. S. I. Is also means based, which means. That you actually have to live in poverty to get it. Okay. I know. So let's think about that. So you're young, let's say you're 20, you're like struggling.

Someone tells you that you need services. You go to your local community mental health organization. They're like, okay, great. Let's set you up with insurance. So we get paid. Let's get you connected. [00:16:00] And then they're going to encourage you not to work so that you can get social security. Now SSI typically is not given the first time you apply or the second time you apply.

Maybe you get it on the third time you apply. It's a persistence game. So now you're waiting years and years to get SSI. And you have to uphold this narrative of I'm too sick to work. And then you get a check that actually keeps you in poverty. It is a poverty based payment. It is like the lowest level of payment that you can get.

So let's say you get 700 a month, right? So it varies from state to state, but we can say 700 at this point is what you can estimate. So at \$2,700 a month, like if you're living with someone, like you can be okay on \$700, but what does that look like when you're 45 on \$700 a month? 25, 35, 45, you are living in poverty.

So then you start to think how much of what we see in adults' mental health is because [00:17:00] of the mental health condition, or is it because you're living in poverty, you're not working. You're hanging out in a program all day that's telling you that you're too sick to do x, y, and z. And then after you're in the system for a while, they're like, why aren't you working?

You need to go out and get a job. So the way that we stop that from happening is to stop the narrative with young adults. It's like, yes, of course you should work. Yes, of course you should go to school. Let's figure out what are the things that you need to do that. And that's why my focus is on executive functioning skills, because executive functioning skills, it may seem like a foolish little thing, but it's like, how do you manage your time?

How do you manage your tasks? How do you set up a list of things to do so that you're moving towards your goals? How do you remember a thousand things that you need to do? So that the narrative doesn't come back to like, Oh, I knew I was too sick to work, or I knew I was too mentally ill to do this, but rather like, Oh yeah, I'm not using my calendar.

Of course, I'm not remembering that I'm supposed to do this at work. So it changes the narrative and it gives a set [00:18:00] of skills that people can use to be able to manage their mental health condition. I need to fill my scripts. I need to go to my doctor's appointment in my calendar. There's a reminder in three months that I need to call express scripts and make sure that my next three months of meds are coming.

Right. So like it is a way of taking out the noise and the narrative that you're too sick to do something because it's not that it's that our system doesn't teach skills so that young adults could be self sufficient or at least like. Mostly independent young adults. I mean, I'm not even self sufficient and I'm old.

Like the idea is that you're not self sufficient. The idea is that you can manage the life that you want to have and to be able to make enough money that you're not living in poverty. So the idea of like, how does the system change is that we have to really think through like, how do we fund services?

What type of services do we fund? What types of stories do we tell young adults? Are they really? terrible Grimm's fairy tales that scare them into thinking that they're too sick, [00:19:00] or are they like others, you know, they're informed by science and research, which is like. You know, if you have the right services and supports that you can do the things that you need and play to your strengths.

Everyone does it. No one sets themselves up to do things that they're not good at. I mean, sometimes we do, but eventually we learn how we're not good at them, you know? So, I mean, I think what I would say is that we need to take a hard look at how our big P policies like, like, Federal level trickle down to state level so that we're supporting young adults to get good jobs, go to school, get

trained and live the best lives that they can, knowing what their own limitations are because we all have them.[00:20:00] [00:21:00]

Mei: Very informative because I knew bits and pieces, but it's really helpful when you put the whole, I guess, story together. Um, and I feel like you've kind of touched on what you're, you've been working on, which is fast and hype, hype on campus. So I don't know if you want to get more into that about like what you do and what your baby is.

Michelle: Yeah, so I'd love to. Thanks. Um, so. My so I'm not alone in this effort like I have a great team and have had wonderful teams through each of the institutions that I've worked at. And so this is like a shared baby with lots of folks. So, um, I lead a group that helps to develop and test interventions that help young adults.

Develop meaningful careers. So it is really like the launching point of like, how do we get young adults to identify what they would [00:22:00] like to pursue, how they'd like to pursue it, and then give them the skills and resources that they need to pursue those things, right? So like we don't dictate if someone goes to college or not, because college is not for everyone.

But we also know that typically high school alone is not enough to be able to develop a career where you're not worried about money. Precarious employment means like sometimes I work, sometimes I don't, um, or living in poverty. Like my main goal is for people not to live in poverty. That is a very, very stressful experience.

You can be a happy, happy human, but poverty applies so many additional pressures and it affects so many different outcomes of your life that you may, some people may not even be aware of. So the idea of successfully launching young adults to a career that like makes them feel meaningful. That they're contributing to something that they want to do that also allows them to earn a livable family wage is how people refer to it.

So enough money that you can do the things that you would [00:23:00] like to do without worrying. So hype is called helping youth on the path to employment. That's what hype stands for.

And so hype is actually a blended intervention that focuses on education and employment because they're so closely tied. Employment informs education and education informs, uh, employment. So we focus on what we would consider some, uh, career development theory called plans happenstance. And plans

happenstance is really cool because it's like, yeah, goals are important and people should have goals, but really.

Focus on the traits that make people successful, right? So, like, every experience you have either concretizes your pathway to your goal at the moment, or it shifts it. I actually, I got a job. I hated doing this. I'm never doing that. So I'm going to change my major and I'm going to do this. Right. So like thinking about like how each of those experiences, [00:24:00] like mold you to your future human.

Like I never thought I would be doing this at 13, 18, 21, 25. Like this is not what my life looked like, but at some point, like I had enough experiences to concretize my pathway. And so hype. is intended to help young people support them through that process. And so we don't punish people for having a short job.

It's instead like, Oh, you lasted three hours. Great. What'd we learn? What are we never doing? It can't be, no, but rather like building each of those experiences to inform the next experience. So we want for young adults with mental health conditions to be treated the same way that young adults without mental health conditions are treated.

And that is typically not what happens in the system. So for instance, if you go to a vocational rehabilitation agency in your state, a successful closure is that you work somewhere for 90 days, three months. And so those that that's for people who have what would be considered disabilities, [00:25:00] including mental health conditions.

Um, and 90 days, that's a really long time for a young person to work at a job. So like, And that is considered unsuccessful if someone doesn't stay for 90 days, but for us, we're like, okay, so how do we get you the next job? How do we learn from those experiences? So embedded in hype is this idea of like work informed school schools informed work, it's not doesn't necessarily need to be college, but it could be any type of training vocational certification.

It could be college, it could be graduate school. It could be an apprenticeship. And then that informs how we support work. And then undergirding that, we really try to focus on executive function skills because that is what helps people to stay in jobs that they want. It doesn't necessarily help people stay in jobs that they don't want.

Like, if you hate something, you're going to leave it anyway. But if you like the job that you're in, oftentimes people leave because of their manager, that they don't like the person that they're [00:26:00] working for, or they don't have the skills to be able to do the job. So executive functioning skills and helps to manage those competing demands that young adults see and even older adults, everyone has it like five different people are telling you what you need to do.

And like, how do you actually get those things done? And that is called fast. Um, and fast is a 12 week cognitive remediation intervention that we use to teach executive functioning skills. And it's been shown to be really effective for college students. we've seen like a significant improvement in retention.

So as people stay in school for longer, um, than if, than those that don't receive the intervention. So that's hyper advanced.

Emily: I wanted to kind of go back to what you had said about, , the current system and, like, the unemployment and the poverty cycle. I feel like all of those things really, you know, they rob young adults of having those experiences of being able to work at a job for three hours and deciding, oh, I really [00:27:00] don't like this. I'm going to try something else, you know, or going to school and like changing their major three times or even getting out of school and then starting their first job and being like, actually, I don't want to do this. I want to go back to school or I want to do something completely different.

And I feel like those are like such important parts of being a young adult and like, oh, just finding who you are and like, Figuring out what makes you happy and fulfilled and, like, successful and what will, you know, allow you to, like, have the life that you want and not be getting whatever, like, 700 a month for the rest of your life and then be stuck at these programs all day that are, like, keeping you in the cycle, you know?

So, yeah, I think what you're doing is really, really important and I really like the way that you're shifting that narrative and that, um, You know, the view of like how young adults with mental health conditions, like, you know, it's not like you can't do these things. It's just that you need different support or you need different tools and like [00:28:00] finding what those tools are and how to implement them that's really important.

Michelle: You know, I thank you. I appreciate that. And I think what we're trying to do is to help young people. So like, if older people don't like what we're doing, like, I'm actually least concerned about, right. But it's like, how do we act in service for young people?

And I think often what we fall on when someone has a mental health condition, and they fail a class, or they lose a job, then people often fall on like, well, it's because you have a mental health condition. But it's like, uh, That happens to everyone, right? So like that is a normative experience. So we have to stop pathologizing normative experiences.

People have a lot of short term jobs when they're young and they're supposed to, that is called vocational maturation. And like, you need to have those short term jobs to find out what you hate doing. So you know what you want to do, right? So like. Most of what we do to young adults is pathologize them.

And that's the breaking of young adults. And if you think that there's [00:29:00] something wrong with you, then that is something that has been taught to you as compared to like, you know what, I don't really succeed under these conditions. And so I'm going to go find something else to do, or I don't like it. If someone talks to me like this, right.

And there's no, there's nothing to say about like your own personal development process. Everyone's doing that, but the blaming it on a mental health condition, like. We all have to change things about ourselves to be successful. So it's not absolving young adults of responsibility of like change and growth and maturation, but it is also providing them with the lens of like, this happens to everyone.

And now you have to make sense of it as like, this is my growth process. And so the growth mindset is like very helpful for us, which is like, how can we learn from this experience and then how do we not repeat the same errors? Now everyone repeats the same errors. Like Periodically. And so also not pathologizing that for young people with mental health conditions, right?

So like it has that is a universal experience. How many times it [00:30:00] happens ranges. But the idea is that we learn and grow from each of those. So those short term jobs, those failed courses, the time that you had to withdraw from school because you couldn't manage the things like those are learning opportunities.

They're not intended to be like this. I told you so moments. I told you so moments are not helpful for people. One young people, one young person said to us, and we did this like epic thing in the development of hype. We brought together a bunch of young people and a bunch of experts. And put them in the same room for days together to co learn.

And it was really, I call that the peak of my career. It was the best ever. It was so cool. Um, so there was like legitimate experts, like who studied this thing or like world renowned researchers and practitioners. And then there were a bunch of like 20 year olds in the room and they were like, you know what, don't be a dream crusher.

That's what your job is like, don't [00:31:00] crush our dreams and like that really stuck with me because often we're like, Oh, you can't do that. Oh, you can't do that. That's not realistic. And it's like, who are you to say that's realistic, but it's really to change the frame of like, all right, how are we learning from this experience?

So that's what the intention of hype is to do for both our service system, like how can you approach young adults differently, but then for young adults to hear a different message from people that support or intended to support them.

Emily: As young adults, especially if, like, We've been in the system and we're already hearing all these messages like how, how can young adults reduce that self blame and begin to rewrite their narrative of being like too sick.

Michelle: So I refer to those things as the system effects, and I challenge people to mental health practitioners the system like how much of what you're seeing is a system effect, and how much of that is the effect of the mental health condition. Because arguably most of what we see are system effects, what we do to young people, and then we tell them that they're to blame or they have to [00:32:00] fix it, which is actually the effect of the system.

So I think this is like the question that needs to be answered is like, how do we change the system? And so one step I think would be to have unique young adult services. Because young adults are different than children, and they're different than older adults, they are a population in and of themselves that require a different set of interventions, a different set of services, a different set of expectations, which is, there's no failures, right?

Like, that is not the lesson, or that is not what you should be hearing from people that people that you're a failure so young in life, because that is the stuff that You know, as you had said, you're like a sponge at that age, you absorb, absorb, absorb, and at some point you stop absorbing, but if you only absorb toxic messages.

Then that's what you start to believe that is now inside you. So we don't want to ring people out and like to have them reabsorb new [00:33:00] messages, but

rather let's just start from the beginning where young adults are getting the right messages, which is like, okay, so maybe ELA is like a more difficult thing for you to do, but you rock it at math.

So let's get you the services that you need for ELA so that you can compose, you know, a paper without crying four times and like. You know, rage quitting work. Like let's just. Let's figure out how to get through your English types of classes, and let's rock out on the math stuff like what are our strengths, what are the things that you'd be interested in doing and so we don't take that perspective, generally speaking, right, we don't focus on the things that young adults need.

And so when we start to think about like what our group is thinking or are considering as real triggers is that you have these like low baseline things that are happening within the human, right? So whatever the experience is, um, and it may be a mental health condition. It may be a physical [00:34:00] condition.

It may be life experiences. It may be anything. And then you start to build, um, like stress. from school, and we see this a lot, right? So I think a doctor once told me that, um, uh, Irritable Bowel Syndrome, 60% of elementary students have Irritable Bowel Syndrome. And it's like, do they really have Irritable Bowel Syndrome?

Or is that what elementary school is doing to children? Like, it's probably not actually IBS. It's probably that school is really hard and stressful for these little tiny humans. And they don't know where to put the stress. So they're like GI tract gets messed up. And so when we start to think about like what school does to people is the first system that they interact with that potentially could break them or make them think certain things about them.

So once we start to add these expectations onto young people, then if we're not providing the tailored supports. at that point, then what [00:35:00] we start to see is other levels of symptoms. So symptoms start to increase because they don't have the coping strategies or the skills necessary to manage those expectations.

So then any type of baseline thing that's happening with them then gets exacerbated. So then we see that symptoms increase, and then we provide mental health Like clinical care, like how do you manage your symptoms, but it's these baseline things that are triggering people's symptoms, right? So there is a lot of literature out there about cognitive load, which is how much information you can handle coming in and how cognitive load then.

Turns to overload and overload then become stressful and then stressful situations trigger more stress responses. And so if we just focus on like how do we manage the cognitive overload and the emotional overload capacities that happened earlier on, we may not have the same type of effects so that young adult service.

Is critically [00:36:00] important because they manage it differently than children, they manage it differently than adults, and they have different expectations, you're literally launching into like your adulthood, which is very different than kids, because they're being managed by their parents, and very different than adults there are different expectations.

So when we think about like, how do we create, how do we change the system, young adults need to have their own separate like lane. Or pool, um, for services and interventions and we have to think about how we talk to them because you know, that's what you hear at the end of the night are the things that people said, either positive or negative.

And sadly, it's mostly negative things. Those things just replay in people's minds. So we talk a lot about like how hands can hurt, but words can hurt too. And for a really long time. So I think that would be the first place that we start is like, how do we carve out. really different young adult services and not assume that child interventions and adult interventions work [00:37:00] for young adults.

Emily: I'm in grad school right now for psychology. And, um, one thing that has always bothered me because I do want to work mostly with like adolescents and young adults in the future. And it's always bothered me that it's either like the classes will be children and adolescents lumped together or adults and then there's like no in between or there's no just adolescence. So I completely agree like we need to start to sort that out and figure out like specific, you know, interventions and resources for these age groups.

Mei: Yeah, can I just have a quick story time?

Very relevant to that.

Um, so I went inpatient when I was 17 years old, about to turn 18. And obviously I'm still considered pediatric. So the inpatient ward they sent me to was for children all the way from like elementary school to, I guess, End of the line high school.

So there I was, 17 years old, already, you know, accepted to college, ready [00:38:00] to, well, clearly not ready, but, you know, thinking about next steps after high school. And I'm here sitting with like seven year olds and there wasn't much that they did to change, you know, the therapy groups I was in. Um, like, as A 17 year old sitting in groups with literal their Children, you know, I have a lot different things to say than a child struggling with their depression and anxiety and what other mental health conditions they had.

Um, but there was just no other option. And. You know, additionally, this is another thing, but lack of beds as well. So there wasn't really anywhere else to put me. And I know a lot of my friends who have been inpatient, once they were 18, and we're all in our young 20s, low 20s, they're with full blown older adults.

who

clearly are at completely different phases of their life. [00:39:00] So it is really interesting to see the lack of inpatient options for young adolescents. It's, I, it really made me scratch my head when I was being told in my inpatient ward, you're not allowed to sit next to the six year old boy because we can't have boys and girls sitting next to each other.

A 17 year old. It was just insane to me.

Michelle: I think that's a really good example, actually. And even like the rules, um, were not helpful for you. Like what are you going to, why couldn't you sit next to a little boy? Like you sit next to them on a bus. Like why can't you sit next to them period.

But I think that this is a really good example. Right. And even young adulthood has so many discrete phases. So like adolescence through young adulthood, like. You are very, very different every year, every year at certain phases of your life. When you get to a certain point, like five years doesn't make a difference between age groups, you know, but like at [00:40:00] certain points, like five years is a lifetime, like 13 to 18.

That's a lifetime six to 11. I mean, lifetime. So I think that this is a very good point. About like how services are not actually focused on young adulthood, and that really makes a difference because the services that you needed are wildly different than the services that a six year old would need. And whether or not inpatient is the thing that people need is for a whole other topic but like services need to be specified to be helpful.

To the human, whoever the human is, but like health needs to be helpful to be helpful. Right. So, and that's not helpful health. You're just, what does that look like for you? How do you, how do you make something like meaningful to a six year old and meaningful to a 17 year old? At the same time,

Mei: I would love to get more specific, um, and see what are your thoughts on, like, how, how do you hope that the [00:41:00] future of mental health care can look like for younger generations, and how can future clinicians begin to work towards those goals.

Michelle: Yeah. Well, that's a good question. You know, I was very, um, lucky. I found a master's program, like literally just fell into it. So when we talk about plans happenstance, like I fully believe in that because like you literally never know what's going to happen. You think you may know what happens tomorrow, but you really actually don't know what happens tomorrow.

So I fell into this program. It was at Boston university. Um, and it was a psychiatric rehabilitation program. Um, And what that means is that it helps people like the focus of the program. It was a clinical program that helped people return to work. And there was a psychiatric rehabilitation component, which is just for people with mental health conditions.

And. I am, I feel so lucky to this [00:42:00] day that I had that experience. I didn't seek it. I didn't even know what exists. I didn't even know what it was when I like started on my first day. Like I had a, like an idea, but, um, but what it really did was like underscore the humanness And these baseline assumptions of clinical psychology that we always hear in like clinical programs.

And for me that was so helpful, because it returned, I can't say it returns but it focused, like the humanists at the center of service like. Why are we assuming that someone can't do something because they have a mental health condition? Like, why aren't we building supports around them? Why, what are the accommodations or assistive technology that someone needs to be successful?

So instead of really focusing on like a deficit model of sickness and illness, it was like, okay, so like, what do you need to be successful? And I really feel like that needs to be the focus of any provider who works with anyone. But most specifically the young people, because [00:43:00] this idea like you could literally change someone's life by a statement and the idea that we are using now, there is differential power there is so people are like, there's no power dynamic, there is your provider, and a person is a recipient of service.

And, but you should be able to use that positionality for good. And be really thoughtful about how you're impacting a young person. And so I would argue that clinicians need to be trained in ways that reduce harm and think about what language, you know, I say to people, like, if you're a provider and you're using clinical language.

All you're showing is that you can't relate to a young person. They don't need to be a clinical psychologist. They don't need to be MSW. You don't need to teach them their, your language. You need to talk to them in their language. So what you are doing is [00:44:00] accessible to them. So I would love for providers, practitioners, prescribers to think about like, How they interact with a young person, what's the goal is the goal for them to take medicine or go to treatment.

No, the goal is for them to pursue the things that they want to pursue and happy and healthy ways. And so clinical methods are steps to that, but it's not the goal. No one has a goal. My goal is to take medicine. No, it's not. That's no one's goal. Okay, it's not a goal of someone. It's not a goal of a young person.

Their goal is to be able to go to school and not feel distress. Their goal is to be able to date someone and have it go successfully. Their goal is to live independently. It's not to take medicine. So I feel like clinicians in our system need to fit into the world of young people as compared to making young people fit into their world.

Like, That is not someone's goal. Our goals should be aligned with the young person's goal. And if taking medicine or going to do [00:45:00] it using particular coping skills or techniques help someone to achieve their goal, they're more likely to do it. But if you talk in language that's not accessible or that makes them feel different or that makes them feel stupid or sick, then that's what you're creating.

You're creating someone who does not feel empowered in a system. You're creating people that feel sick that feel dumb that feel like they can't make choices without someone approving it. And that's not the adults that we want to help create. We want to be able to help create adults that feel empowered that know how to make good decisions that feel informed, like, feel empowered to ask people about how to make informed decisions.

Right. I feel hopeful. But if our services don't undergird those types of skills and approaches, then what are we, what are we really asking for? Like, and then we blame it on the person that they can't do those things later. It's like, well, you

didn't teach them to do it. You [00:46:00] actually taught them to depend on you.

And now you're saying it's them that are broken because they depend on the system, but we made them depend on a system. So I think when I think about young adult services, I think about like, well, what do you need to do to launch a young adult successfully? With or without a mental health condition and then do that with mental health expertise, you know, be nice, be thoughtful, you know, be respectful and help them to meet the need.

We have a saying like if you're helpful to people, they'll ask you for everything right because the system is often not helpful. So be helpful and young people will do what you know you teach them because they're coming to be helped. They're not coming for any other reason. But we want to make people good patients and we want to make them show up on time, sit quietly, do what they need to do.

But that's not what young adults do, you know, young adults like want to break the system. They want to like achieve [00:47:00] equality. They, I mean, that's what young adults do. That is like the beauty of them. And so I want to be able to help create a system that does just that. But I think young adult services is required for that because otherwise if practitioners don't know how to do it naturally, our current training for professionals doesn't do it.

Emily: Yeah, I, yeah, I completely agree with all of that, especially the the part about, you know, not necessarily using clinical language with, uh, with our clients and like with young people, especially, you know, like, not just teaching them all of these, like, terms for our field that, like, aren't necessarily even gonna do anything for them, you know?

Um, like for me, Personally, I, this year, I'm going into my last year of my grad program. And, um, so I was, you know, this past, this past year, I've been looking for an internship and everything. Um, [00:48:00] and I've always been very drawn to more like, you know, like person centered theories or like feminist or like strengths based, um, those types of theories.

And, um, for me, when I was looking for my internship. One of the most important things, and one of the hardest things, actually, was finding, uh, was finding one that wasn't just strictly cognitive behavioral therapy. And there's nothing wrong with CBT, but I think for me and my, like, future goals and my practice and everything, that is a huge part of, like, what I'm trying to do is, like,

really meet that person where they're at in their world, in their, like, language, their terms, everything.

So it's not like I'm like, you know, that power difference, the difference where it's like, I'm, you know, the clinician and I'm, like, teaching them all these things and, like, this is, these are the terms that we use in this field and all that kind of stuff. It's, like, I want to meet them where they are and, like, find out how they view the world and, like, the language they use about themselves and about [00:49:00] the, about others in the world and, like, you know, just, like, how they view everything and not try to fit them into, like, A box that's, you know, like what our system has set up.

Um, and I think that is really important. Like, you know, we definitely do need to focus more on what do generation like these newer generations. What do they need? And like, because we do see the world in a very different way than like, you know, older adults do like, you know, with The Internet and social media and just like things changing so quickly, like, it's completely different than, like, are you saying, like, in, like, the 70s and the 80s, and these systems were created and, like, are still being upheld.

Like, we just, we really need a total, like, renovation. And I think the best way to do that. Is to listen to the young adults and like these teenagers and like just how they view things and like what they need and what they think will be helpful for them and then like starting from there and working with them [00:50:00] instead of trying to like fit them into these boxes.

Michelle: So, you know, I think that's a very interesting. Thank you for sharing. I think it's an interesting like perspective of like, how do you redo the system, but you know, adults don't trust young people and young people don't trust adults. Right. So like, and that is like old age thing like. There was during the Vietnam War, there was like never trust someone over 30, right?

So like, but then like young adults show you who they really are and adults don't trust it. They're like, yeah, but you need this, you know? And I think that there is that bi directional learning that needs to happen from both sides. And if I were to think about like, You know, interventions that are helpful.

Those manualized interventions are super helpful, but it's not the only way. It's a very important way and people should use like CBT and DBT for folks and like evidence works and we want for evidence to drive the process. But we also know that like how you approach a young person, a person works in the type of

[00:51:00] language like telling someone that they're being resistance is not helpful to a young person, right?

Like, yeah. So thinking about like what do we say and how do we say it and how do we like partner with young adults I think is important

so, this idea of preventing disability is possible. I mean, sometimes it takes a while for things to, you know, get some traction but the way that we think about disability is not the way that it's actually disabling like poverty is disabling. Mental health conditions at times you can have like be really affected that you have a difficult time doing things, but that's temporary poverty is like a very permanent type of implication.

And if you're not getting people out of poverty, and if you're not changing these kinds of mindsets, if you're not reaching young adults where they are, then we're setting them up for like a very hard hard life because of what we do. So like thinking about like how do we prevent those things it starts with [00:52:00] practitioners.

You know, it is influenced by policies, but there's like a significant amount of work that needs to be done so that practitioners work with young adults in a way that they need to be worked with, that skills and strategies and supports are identified the way that they should be, so that we're not setting people up to become good patients, but instead we're setting them up to be like thriving adults.

Emily: Yeah, right. Yeah. And that, I think that segues really nicely into one of our last questions, which was about, um, you know, like, if, if people are already caught up in this system, you know, with, like, poverty and unemployment and social security, like, how, how would you suggest getting them out of that or, like, making it more helpful for them while they're in it?

Um, You know, I mean, like, prevention is also great and, like, very important, but, like, if someone is, someone listening right now is already, like, caught up in that system, like, what [00:53:00] can they do to either get out or, like, just make it more beneficial for them?

Michelle: Oh, well, I would first be sending, like, lots of love and, like, there's ways to exit, right, the system.

Um, And I think if you're young, then finding like a helpful adult who's invested in you and helpful adults, not just one, um, because it's often hard to do

anything alone, right? So if you're stuck in the system, if you are on SSI and you don't want to be, or you want to be able to go back to work and not worry, or if you want to go to school, like there are ways to do that.

And so SSA, the social security administration. Um, has like policies and procedures that can be helpful, but they're often not accessible. So like creating an exit plan of like, how do I get off of SSI? How, what do I want to do? How do I return to school? What kind of job I'm interested in? And I think helpfully there are supported employment [00:54:00] programs.

Um, in people's like somewhat in their locations, they're becoming fewer and fewer, but support employment programs are available in most people's counties, and they can help people to identify what their interests are and their preferences. There's something called an SDS is the self directed search. Um, There's also something through Onet that a lot that helps people to identify their preferences and their interests because sometimes you're like, I don't even know what I want to do.

And if you don't know what you want to do with them be feels riskier to like give up a check that you're getting. Even if it's a small check and it doesn't really go towards much still feel scary. And so most states have an, an alternate option of getting on Medicaid. And so that is like poverty based.

So if you make under a certain amount of money, then you can apply to get on Medicaid in your state. Now, some states have like policies that do not support that. So looking up like what is the [00:55:00] threshold of income to apply for Medicaid in some states, it's up to a hundred thousand dollars, 60, 000. So if you're 20, you may or may not be making 20, 000 dollars without a college degree, but that's one way of like thinking about what's my plan.

But, so support employment can be super helpful for people to start that process of coming -of like getting off of social security and getting back into work and to school. First people who struggle, um, because they don't have financial means to get to college often people think it's off the table for them, but college is actually like a really great um, way. Um, if you, um, do not have a lot of financial resources, there's a ton of financial aid, for students who come from marginalized backgrounds and poverty. Um, so helping to look towards that. And so there's these things called the one stop centers, um, in for every [00:56:00] county in the nation, and they help people get connected to school, training, and employment.

Um, and so that may be uh, an option for people to look at. There's also options to be able to find what are some good scholarships for going back to school. But often when people are thinking like, I don't have secure housing. I don't have a lot. I don't know when I'm going to eat all the time, but I have these like goals, then sometimes if your college bound, college is a good option because it comes with housing, you know, it comes with the food plan and college is becoming more and more expensive, but.

Thinking about like how do I invest in myself so that later on I have the college degree so I can get other jobs is important, but similarly like apprenticeship programs like going down to like the one stop or a support employment organization can be really helpful because they can identify internships apprenticeships.

Like some unions like pay an awful lot of money for people to learn a [00:57:00] skill, right? There are vocational technical schools that, you know, six months you have a HVAC certification and you can be off making 60, 70, 000. So it's often just that, you know, there's a saying like, uh, knowledge is power.

Right. And like. You don't actually know what that means until you know things that other people don't. And you're like, if you only knew these things, then things could be different for you. It really is like finding, um, an adult who wants to be helpful to you, who can be helpful to you, and then finding the right resources.

And we're also helpful and like provide if someone has like a specific question hype at UMass that edu is our general email address that people can like reach out and if they have questions, if we can be helpful, we will, um, at UMass in our center, we have technical assistance hours that we can provide to groups of people if they need additional assistance.

And so Um, Reaching out. [00:58:00] That's one of the best ways to get connected to additional services. So if we can be helpful, we will.

Mei: Thank you so much.

Michelle: Well, I appreciate you guys. Thank you for having me today. It was great.

Emily: Thank you so much, Michelle. This was great. I feel like it was very informative and you gave lots of great options for people and shed a lot of light

onto what the system is like and how we can make it better. And, you know, there's there's hope for improvement

Michelle: there is. There's always hope.

Emily: If you'd like to contact us, you can email us at stay tuned at umassmed.

edu and check out the transitions ACR website at umassmed. edu slash transitions ACR. Thanks for being here and be sure to stay tuned for next time.