

# The Transition to Adulthood; What the Research Tells Us

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Youth In Transition: Building Bridges to a Successful Adulthood  
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# Acknowledgements

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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.*



# Overview

1. Who is vulnerable?
2. Organization of Service Systems
3. Unique development
4. Challenges to functioning
5. Implications for services
6. Discussion/Questions



- 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

Research is in its Infancy



# Special Issues of Journals

- The Journal of Behavioral Health Services & Research, 2008, Issue 4
- Guest Editors:  
Hewitt B. Rusty Clark,  
Nancy Koroloff,  
Jeffrey Geller and  
Diane L. Sondheimer
- Psychiatric Rehabilitation Journal, 2012, Issue 1
- Guest Editors:  
Maryann Davis,  
Nancy Koroloff, and  
Marsha Langer  
Ellison

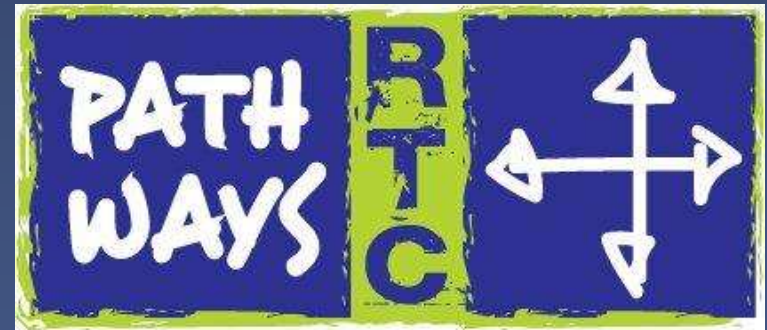
# Two Rehabilitation Research and Training Centers



## Learning and Working During the Transition to Adulthood RRTC

UMass Medical School,  
Department of Psychiatry  
Center for Mental Health Services Research

<http://labs.umassmed.edu/transitionsRTC/>



## Pathways to Positive Futures RRTC

Portland State University  
School of Social Work  
Regional Research Institute for Human  
Services

<http://www.pathwaysrtc.pdx.edu/>

# Healthy Transitions Initiative

- Center for Mental Health Services funded 7 sites in 2009 to develop supports and change infrastructure for transition age youth up to age 25
- Georgia, Maine, Maryland, Missouri, Oklahoma, Utah, and Wisconsin

<http://www.umassmed.edu/uploadedFiles/cmhsr/TAY/HealthyTransitionsInitiative.pdf>

- System of Care grants – new statewide implementation; 2 states funded for transition age youth focus (MA, OH)



# Social Networking Sites

- ◉ *National Alliance on Mental Illness:*

<http://strengthofus.org/>

- ◉ *Youth Move*

<http://www.youthmovenational.org/forum>

- ◉ *Substance Abuse & Mental Health Services Administration*

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





# Prevalence

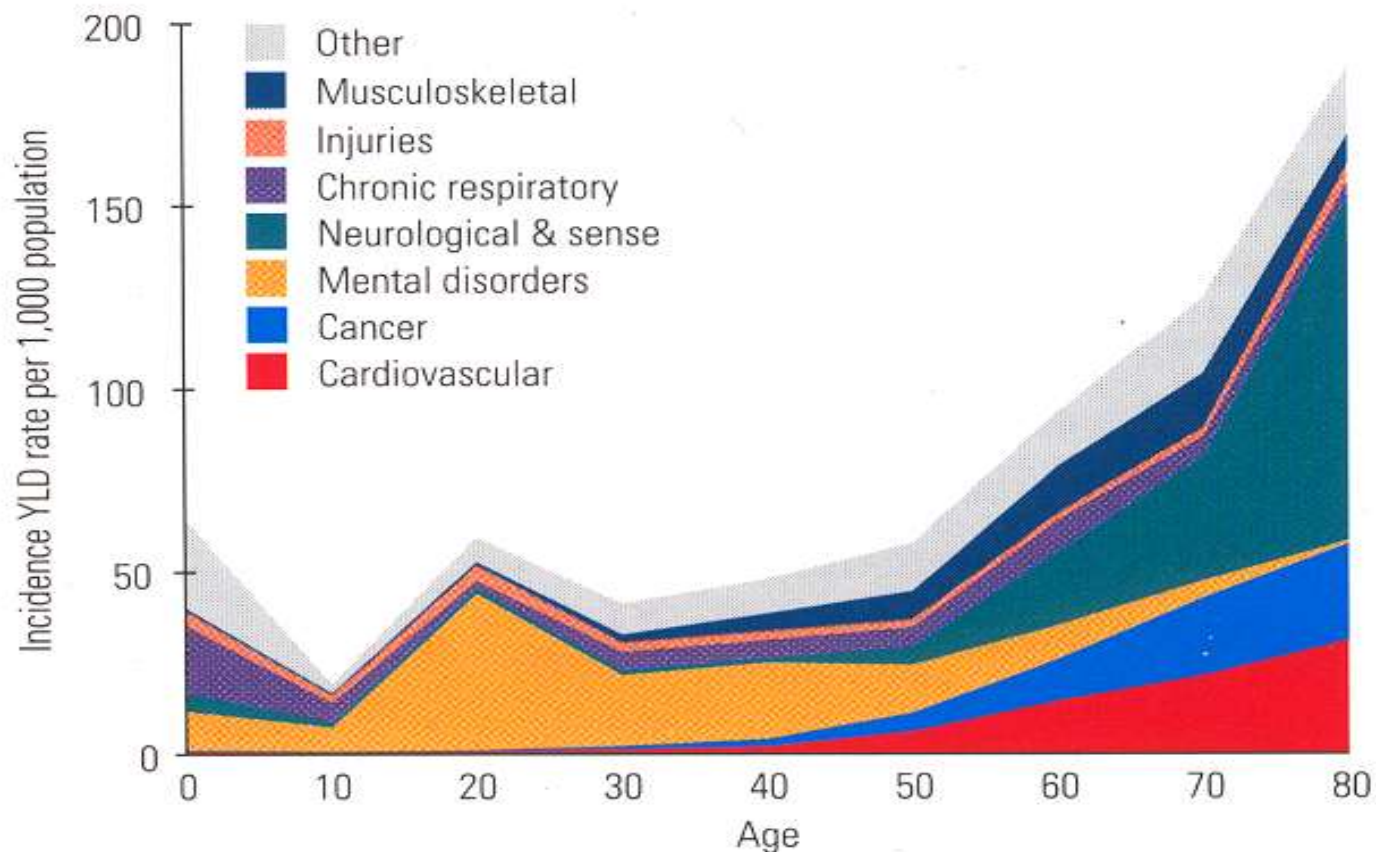


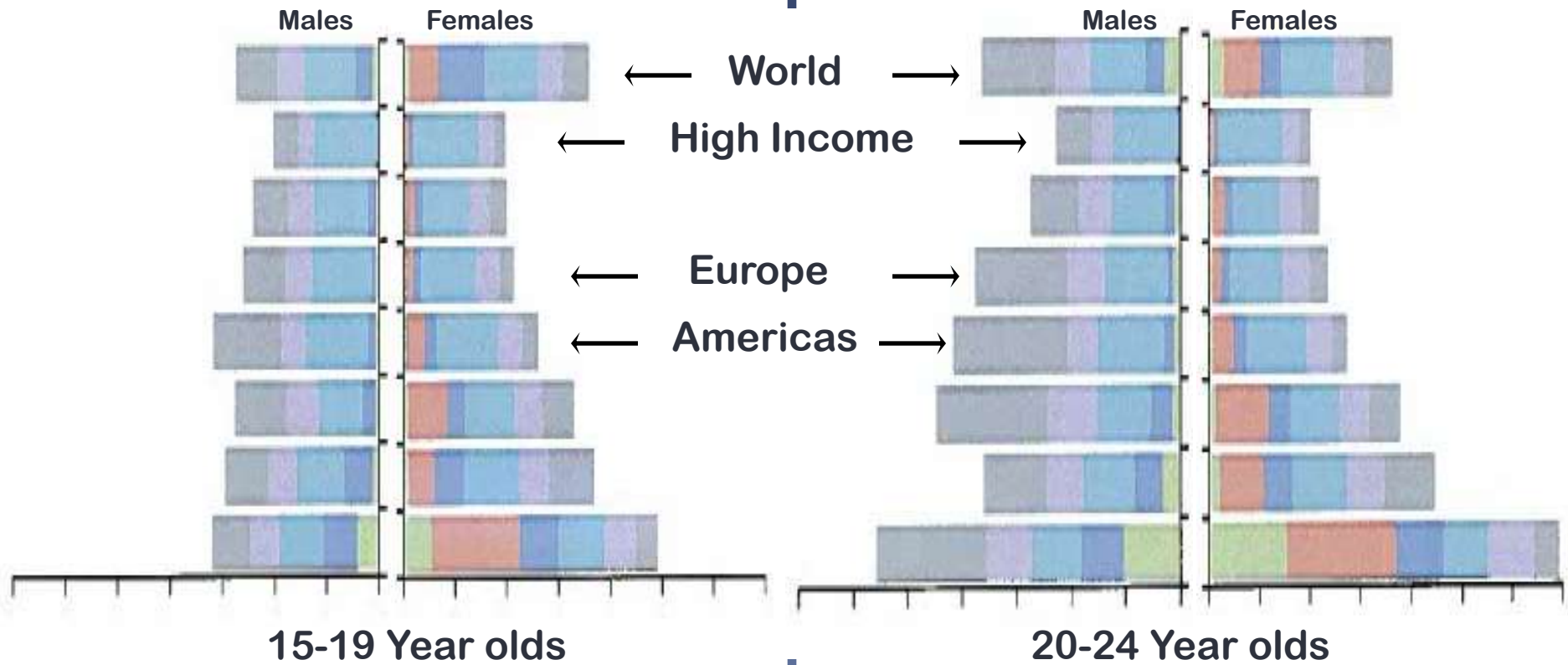
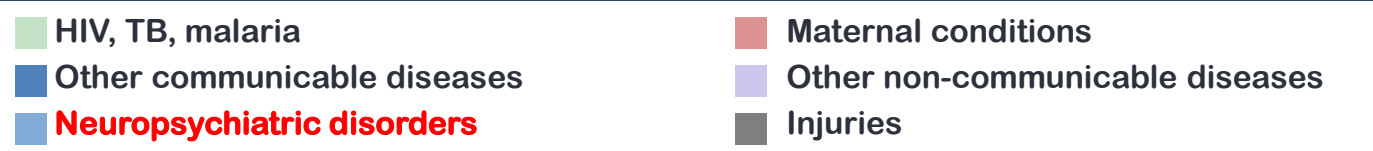
- Prevalence rates of Serious Emotional Disturbance or Serious Mental Illness 4-9% (Costello et al., GAO )
- Applied to 15-30 year olds in 2009 (Census estimate)
- Yields estimate of 2.5-5.8 million with serious mental health condition in transition to mature adulthood



# MH is the Health Issue of the Young

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





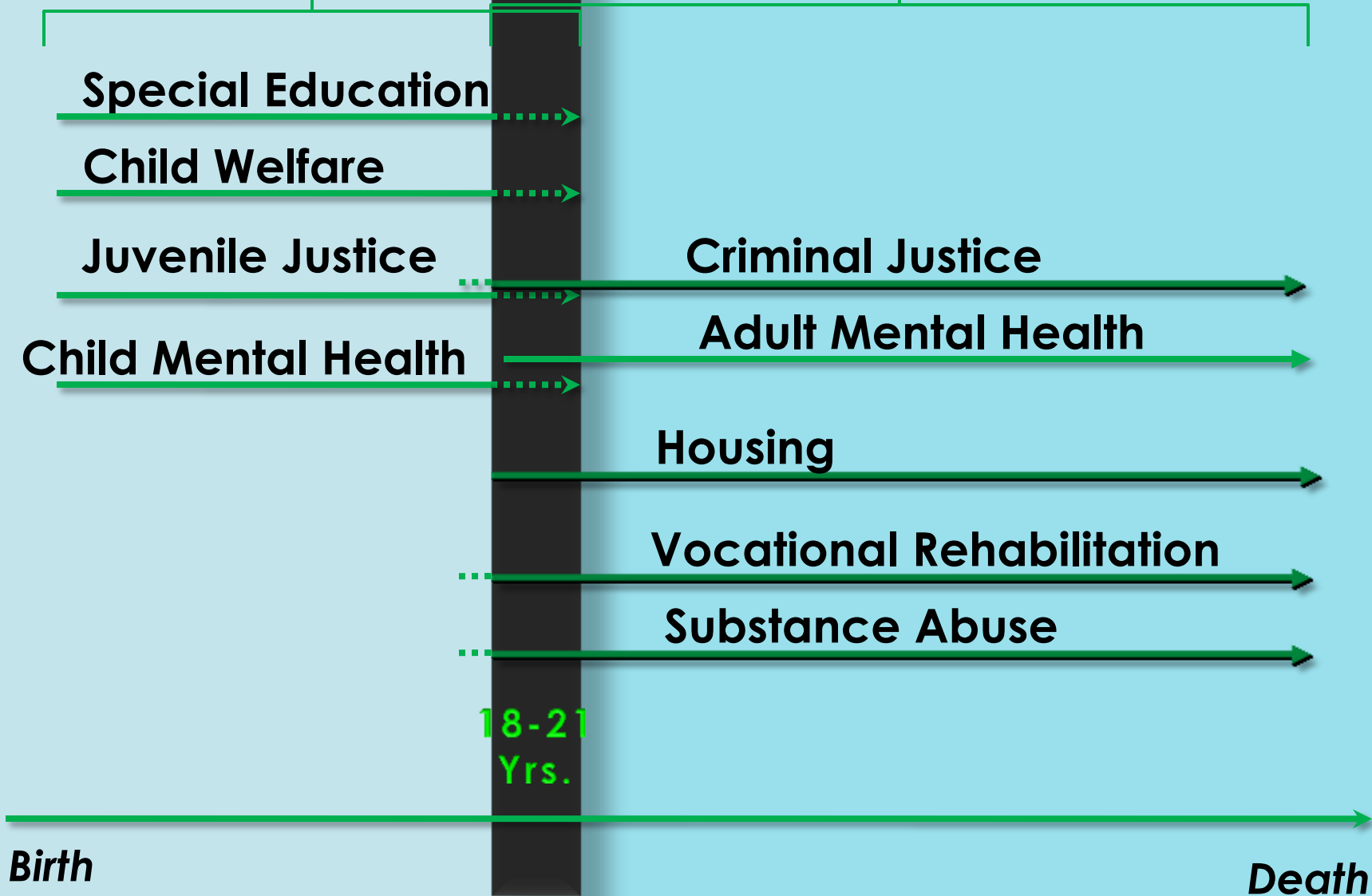
## Major causes of disease burden in Disability Adjusted Life Years IN THE WORLD

# Summary

1. The size of the group of young people who struggle with mental health during the transition to adulthood is large
2. Mental health issues are the health issues of young people
3. This is true around the globe

# CHILD SYSTEM

# ADULT SYSTEM



**AGE** → → → → → → → →

# Unique System Issues

- Parity with other medical conditions only recently achieved but not yet embraced
- Treatment of symptoms paid for by health care coverage
- Rehabilitation not covered by health care
- State MH agencies provide rehabilitation services
- Many adolescents with SMHC don't qualify for state adult MH services
- Vocational Rehabilitation Agencies less well prepared for SMHC
- <http://bazelon.org.gravitatehosting.com/Where-We-Stand/Access-to-Services/Health-Care-Reform/Final-Law-and-Bazelon-Analyses.aspx>



# Some Implications of the Affordable Care Act

- Limited Medicaid coverage to childless adults with incomes at or below 133 percent of poverty
- Greatly improves a Medicaid state option for home and community based services for people with disabilities, including those with serious mental illnesses
- Expands Medicaid's focus on home and community based care in several ways





# ACA Implications cont'd

- Young adults (up to age 26) must be allowed to remain on their parents' health insurance, if their parents so desire
- Health insurers can not discriminate based on a person's mental or physical disability





# Disability Changes

- SSI definitions change at age 18 (more narrow)
- Delicate walk between working and disability income
- *Going to Work: A Guide to Social Security Benefits and Employment for Young People with Disabilities*

[http://www.communityinclusion.org/article.php?article\\_id=211](http://www.communityinclusion.org/article.php?article_id=211)

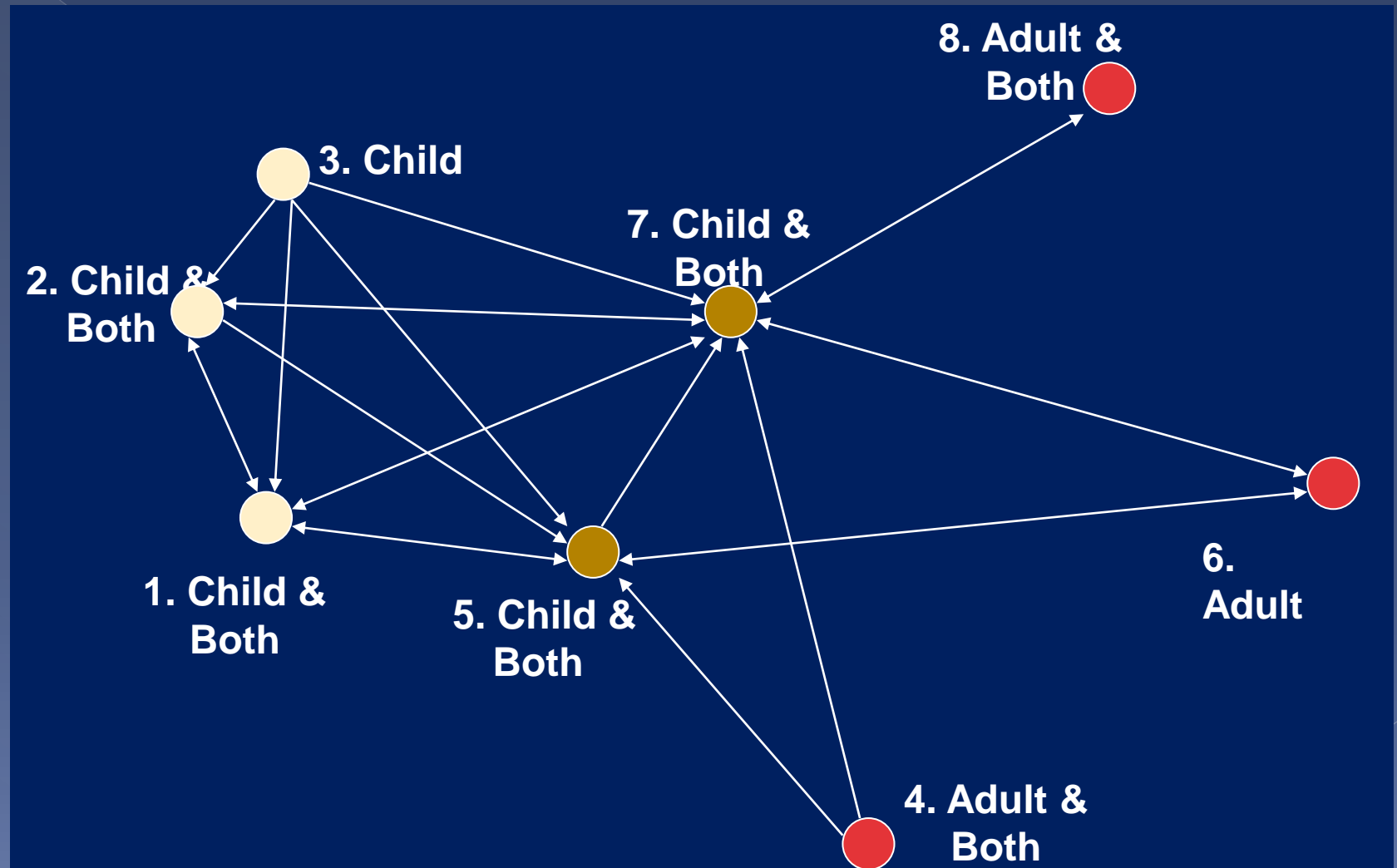
Developed by the Work Without Limits grant to the Center for Health Care Policy and Research/UMass Medical School



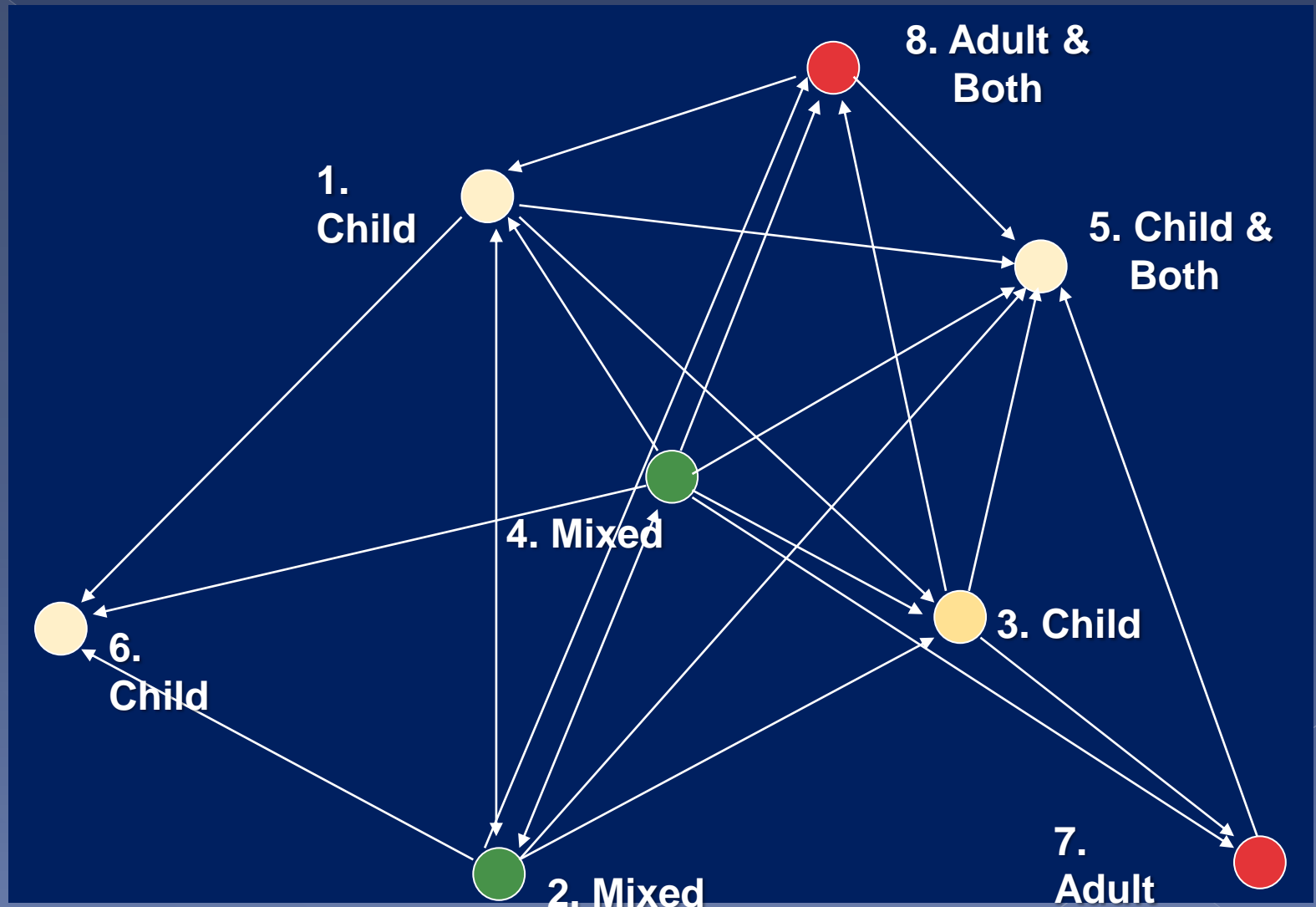
# Research About Systems

How does research  
inform our thinking  
about these diverse  
systems?

# Inter-organizational Relationships Between Providers - *Baseline*



# Inter-organizational Relationships Between Providers – Time 2



# Imminent Enrollment Lapses in Medicaid after Psychiatric Hospitalization in Young Adults.

Davis, M., Abrams, M., Wissow, L., & Slade, E. (2011, July).  
Poster presented at *the 21<sup>st</sup> NIMH Conference on Mental Health Services Research*, Washington, DC, NIMH.

# Young Adult Medicaid Disenrollment One Year After Psychiatric Hospitalization

## Disenrollment

Node 0		
Category	%	n
No	67.6	797
Yes	32.4	382
Total	100.0	1179

**32% Disenrolled**

## Family & Child/Limited

Node 1		
Category	%	n
No	52.3	250
Yes	47.7	228
Total	40.5	478

## Enrollment Category

Improvement=0.032

## Disabled/Fostercare

Node 2		
Category	%	n
No	78.0	547
Yes	22.0	154
Total	59.5	701

## Pregnancy

Improvement=0.013

No

Node 3		
Category	%	n
No	45.2	164
Yes	54.8	199
Total	30.8	363

Yes

Node 4		
Category	%	n
No	74.8	86
Yes	25.2	29
Total	9.8	115

## Disenrollment Pre-Discharge

Improvement=0.025

No

Node 5		
Category	%	n
No	87.0	440
Yes	13.0	66
Total	42.9	506

Yes

Node 6		
Category	%	n
No	54.9	107
Yes	45.1	88
Total	16.5	195

## Age > 20 Yrs

Improvement=0.007

No

Node 7		
Category	%	n
No	35.1	66
Yes	64.9	122
Total	15.9	188

Yes

Node 8		
Category	%	n
No	56.0	98
Yes	44.0	77
Total	14.8	175

## Primary Care Visits

Improvement=0.001

No

Node 9		
Category	%	n
No	82.4	187
Yes	17.6	40
Total	19.3	227

Yes

Node 10		
Category	%	n
No	90.7	253
Yes	9.3	26
Total	23.7	279

## Outpatient Mental Health Clinic Visits

Improvement=0.002

No

Node 11		
Category	%	n
No	43.7	31
Yes	56.3	40
Total	6.0	71

Yes

Node 12		
Category	%	n
No	61.3	76
Yes	38.7	48
Total	10.5	124

## Somatic ER Visits

Improvement=0.001

Yes

Node 13		
Category	%	n
No	75.9	63
Yes	24.1	20
Total	7.0	83

No

Node 14		
Category	%	n
No	86.1	124
Yes	13.9	20
Total	12.2	144

## Race

Improvement=0.002

Black/Hispanic

Node 15		
Category	%	n
No	96.9	123
Yes	3.1	4
Total	10.8	127

Caucasian/Other

Node 16		
Category	%	n
No	88.1	104
Yes	11.9	14
Total	12.2	118

High Risk

High Risk

Low Risk

**65% Disenrolled**

- Child & Family enrollment
- Not pregnant
- <21 yrs old

**56% Disenrolled**

- Disabled/FC
- Pre disenrollment
- No Outpatient MH

# Effects of Medicaid Lapses on Young Adults' Use of Outpatient Services after Inpatient Stays

Investigators: Eric Slade<sup>1</sup>  
Larry Wissow<sup>2</sup>  
Maryann Davis<sup>3</sup>  
Michael Abrams<sup>4</sup>

Analysts: Susan Chen<sup>4</sup> and Jack Clark<sup>4</sup>

<sup>1</sup> University of Maryland School of Medicine and the U.S. Department of Veterans Affairs, VISN5 MIRECC

<sup>2</sup> Johns Hopkins University, Bloomberg School of Public Health

<sup>3</sup> University of Massachusetts, School of Medicine

<sup>4</sup> Hilltop Institute, University of Maryland Baltimore County

Research funding from NIMH R34-MH081303

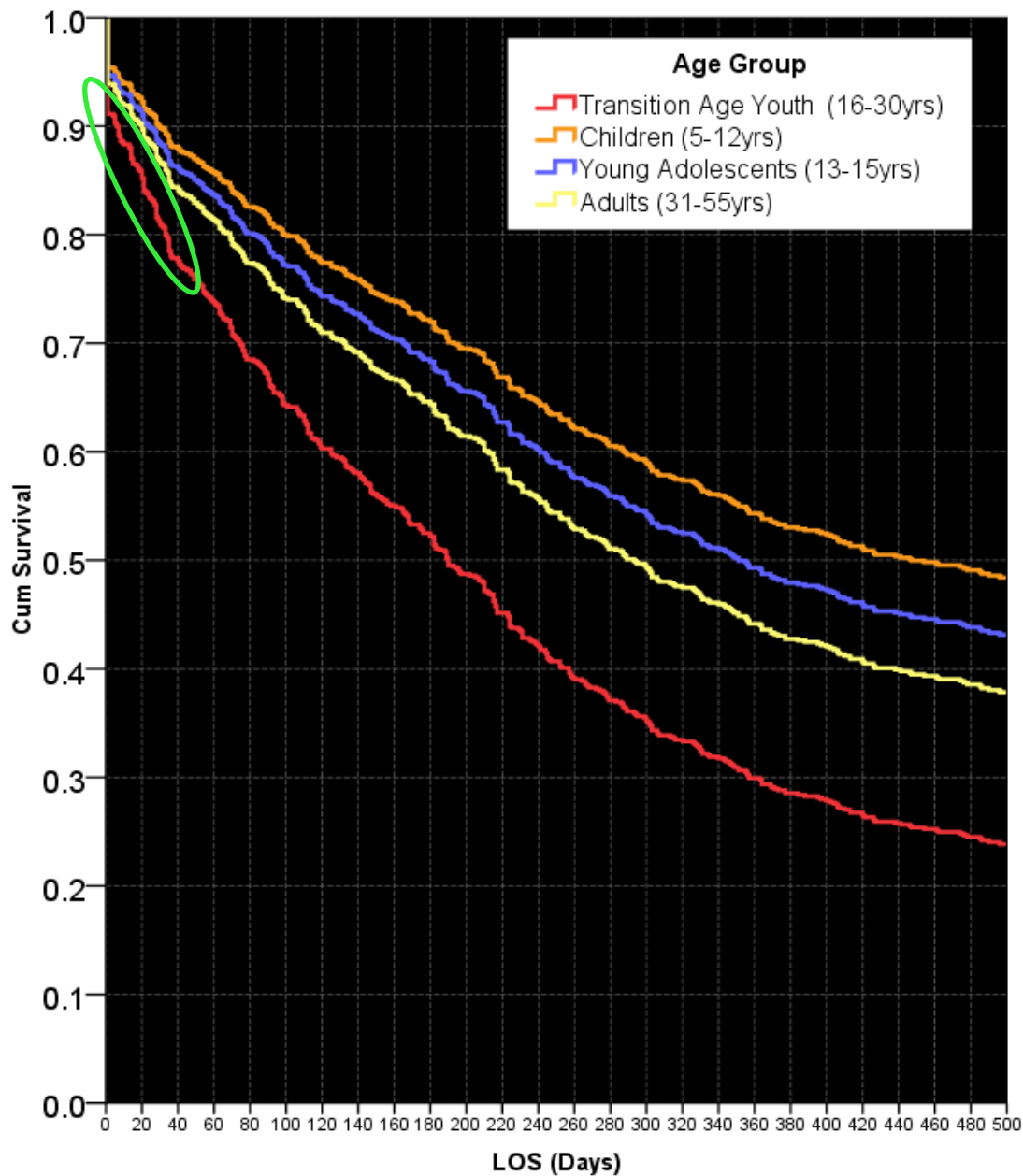
# Mean use of mental health services first 365 days post discharge [N=1179]

	No Lapse	Lapse	P
Days not enrolled in Medicaid (mean)	0	167	* <.001

\*  $P < .05$ ; † Only persons with some use of services in category







**Transition Age Youth Quickly Lost from Treatment**

# Summary

1. Transition ages span child and adult services
2. The “System” adds complications of child system to complications of adult system
3. Funding/eligibility issues contribute to discontinuities
4. “In-betweeness” reduces attention to their needs
5. Standard services often mismatch to needs

# Psychosocial Development

## *Adolescence to Adulthood*

Identity Formation

Cognitive

Moral

sexual

Social

**Developmental change on every front**



# Typical Cognitive Development

## *INCREASING ABILITY TO THINK ABSTRACTLY*

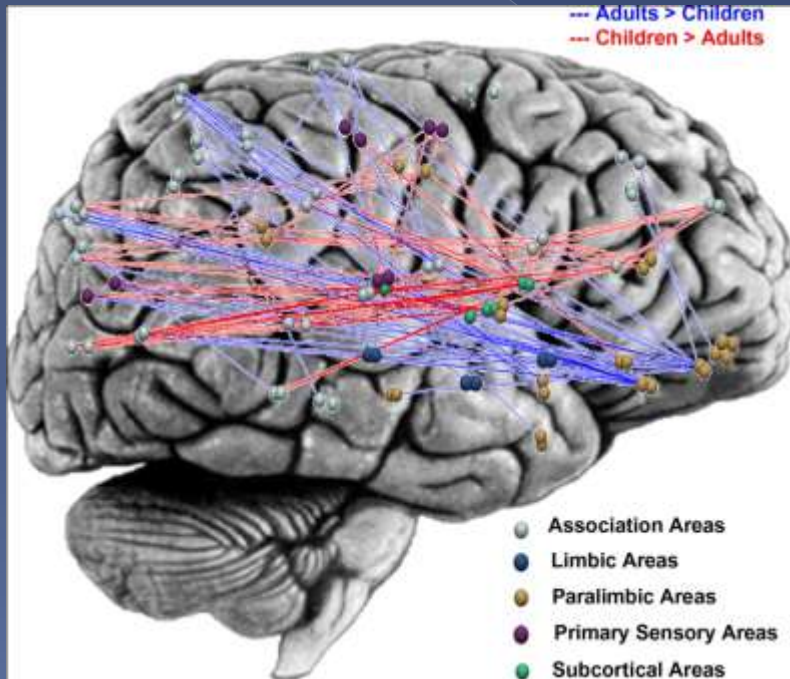
**Thinking hypothetically;** "If I become pregnant I probably won't finish high school, but my boyfriend might marry me, but if he doesn't....."

**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**

# Psychosocial Development in Those with Serious Mental Health Conditions

- Research limited to adolescence – but implications hold for emerging adults

Psychosocial Delay  
on Every Front

- *Individuals will vary in their level of development*
- *Individuals may be more mature in one area than another*



# Developmental Implications

*Supports need to be developmentally appropriate*



# Developmental Implications

**Support  
Increased  
Autonomy**



**Make Decisions**



**Financially  
self-supporting and  
responsible**



**Head a  
household**



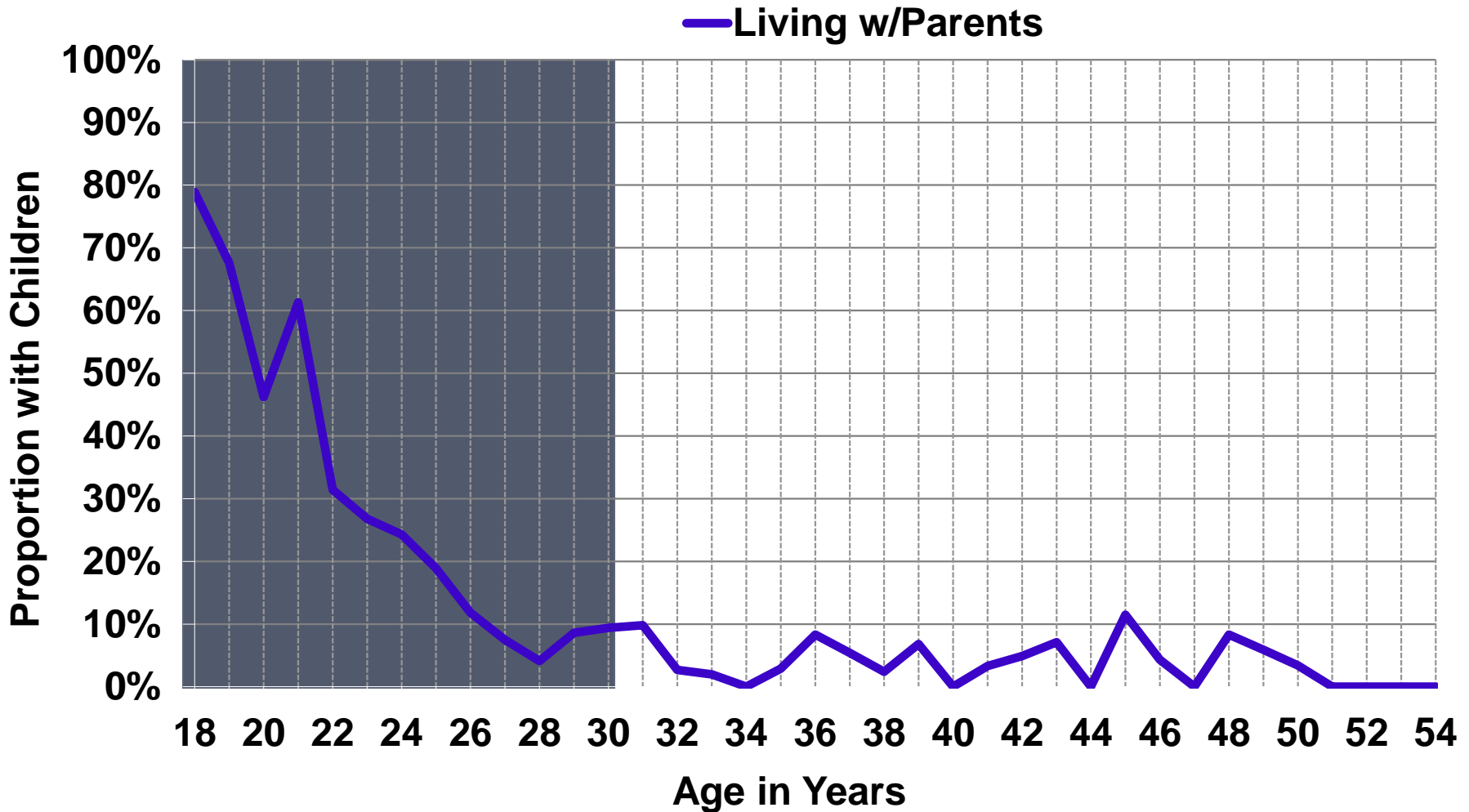


# Making Services Appropriate for Developmental Stage

## Examples:

- If “executive functioning” less mature – make plans together for how to overcome distractions
- Peer context important – group treatment settings that include much older or younger individuals may not appeal
- Sexuality is important- build pregnancy and parenting plans (even if it is NOT in plan) into planning
- Romantic relationships – social support may come from partner/spouse/boy or girl friend
- Immature Identity Formation – resist urge to parent or be authority, allow for experimentation
- **Identity Formation Process – incorporate youth voice/ownership**

# Living with Family – (NCS Data)



# Developmental Implications

Settersten, Jr, R.A., Furstenberg, F.F., & Rumbaug, R.G. (2005). *On the Frontier of Adulthood: Theory, Research, and Public Policy*. Chicago, The University of Chicago Press.

## ☉ *Need supports to launch adulthood*

- > Families continue to be an important resource to their emerging adult child*
- > Families face the many challenges of child with chronic health condition*
- > Many families in the public sector struggle with poverty, single parenting, mental health, substance use, incarceration*



# Summary

1. The transition to adulthood is a unique developmental period
2. Rapid change throughout
3. Efficacy of services designed for adolescents or adults likely to be limited
4. Need to provide good MH care while supporting the development of skills and capacities for mature adulthood



# Developmental Changes Underlie Abilities to Function More Maturely



**Complete schooling  
& training**



**Contribute to/head  
household**



**Obtain/maintain  
rewarding work**



**Develop a  
social network**



**Become financially  
self-supporting**



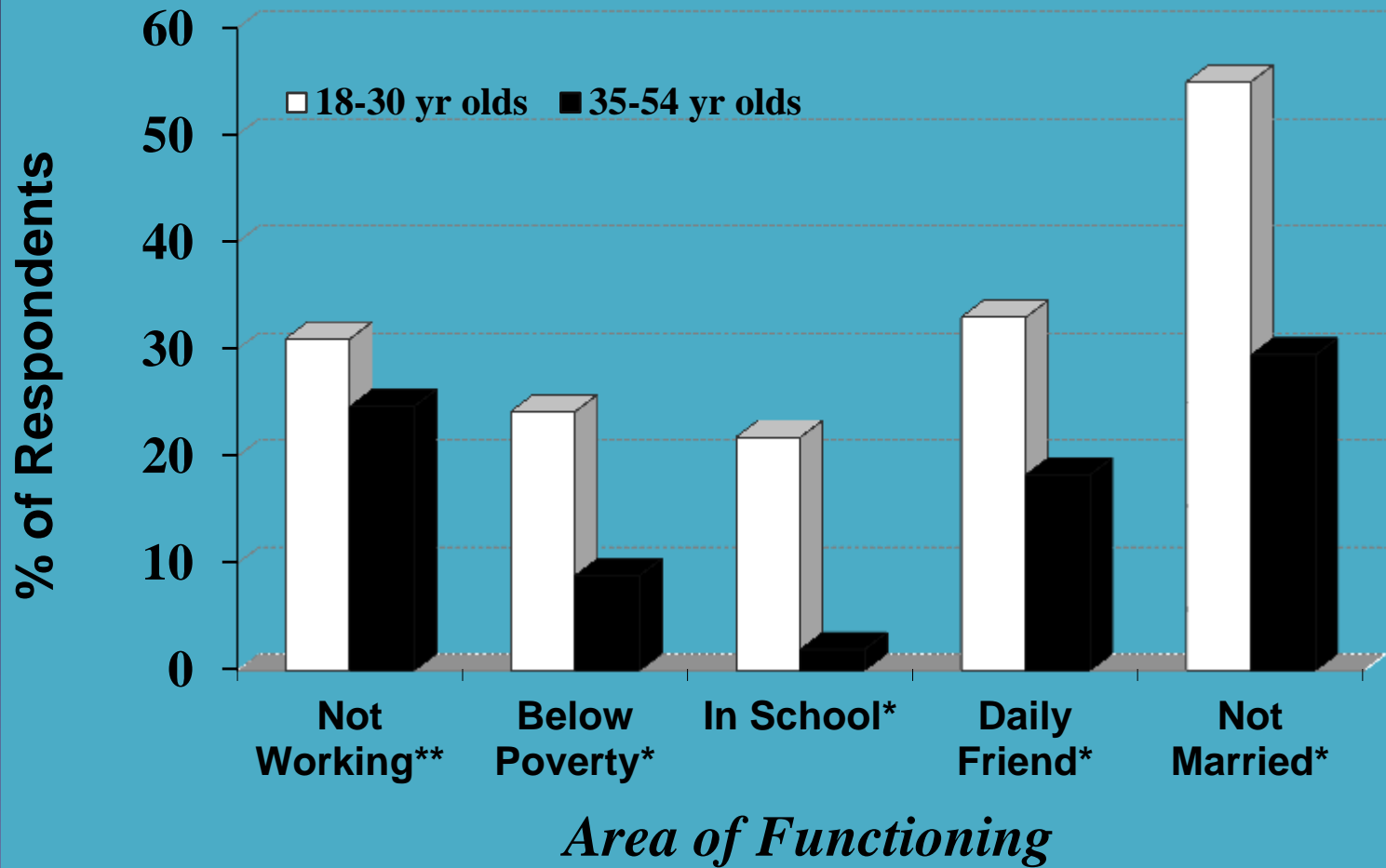
**Be a good citizen**

# Youth with SMHC Struggle as Young Adults

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

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; Newman et al., 2009

# Functioning Different from “Mature” Adults’

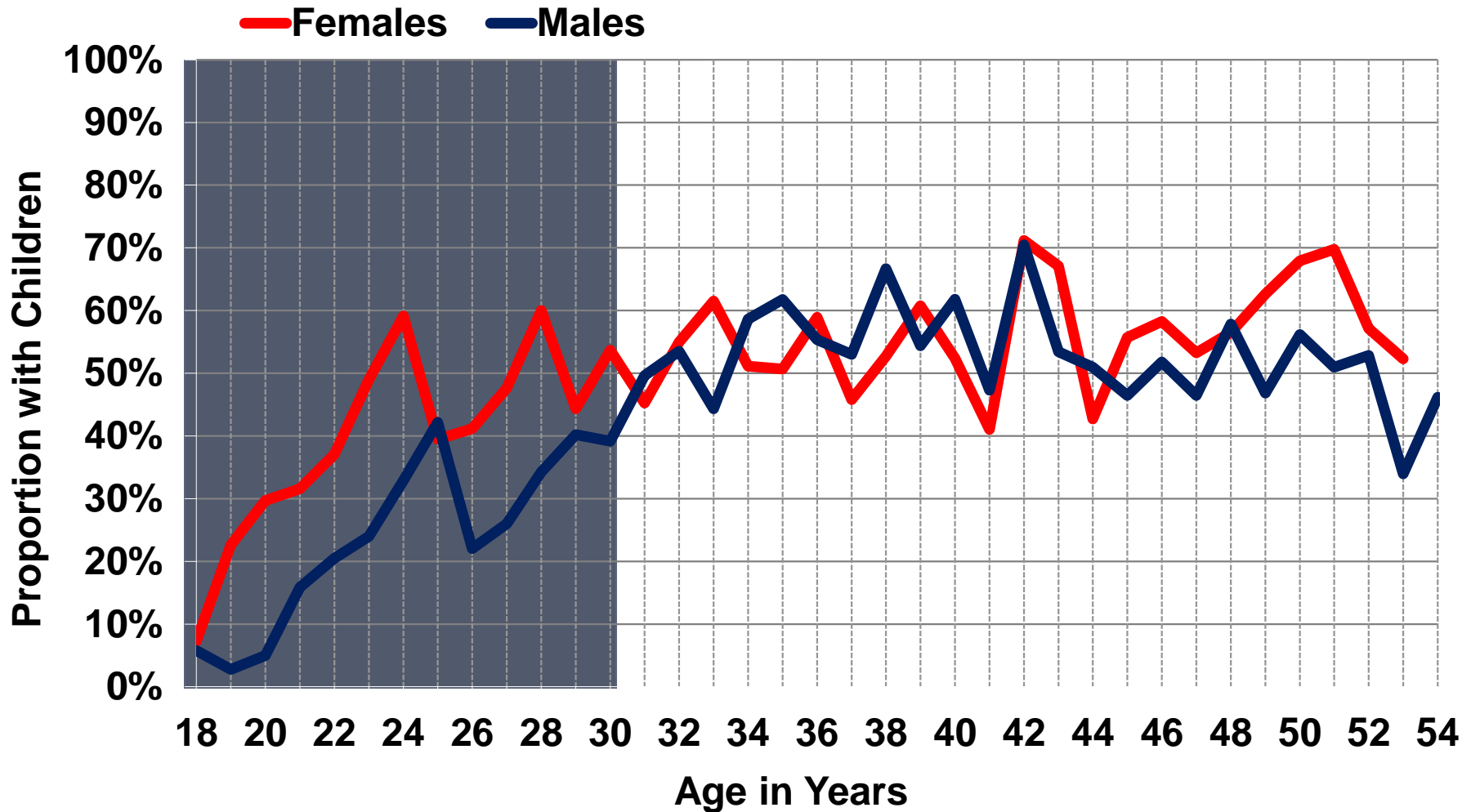


\* $\chi^2$  (df=1)=31.4-105.4, p<.001

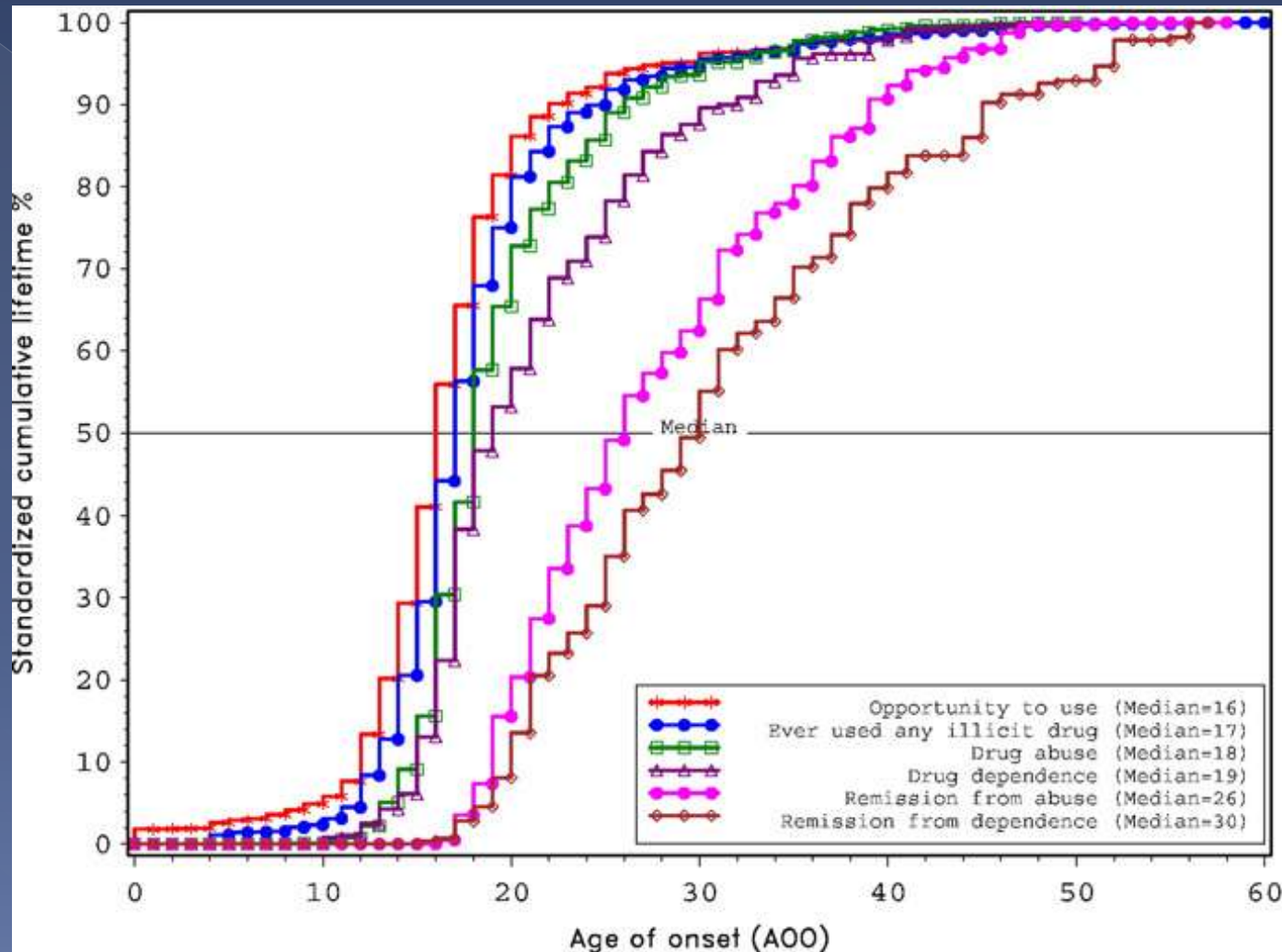
\*\*  $\chi^2$  (df=1)=5.5, p<.02



# Becoming Parents *(NCS Data)*



# Substance Use is Age Typical



Swendsen, J., Anthony, J.C., Conway, K.P., Degenhardt, L., Dierker, L., Glantz, M., He, J., Kalaydjian, A., Kessler, R.C., Sampson, N., & Merikangas, K.R. (2008). Improving targets for the prevention of drug use disorders: Sociodemographic predictors of transitions across drug use stages in the national comorbidity survey replication. *Preventive Medicine: An International Journal Devoted to Practice and Theory*. 47(6), 629-634.

M. Davis 2/16/2012 Transitions RTC

# Common 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)

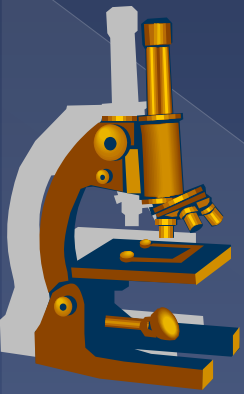




# Summary

1. Young people with MH conditions struggle to attain adult functioning and their own goals
2. Services need to address the needs of the whole individual to support community inclusion and full life
3. Functioning will parallel development; rapidly change across this period





# Gap

Scientific Knowledge  $\wedge$  Practice

## Science tells us

- Transition period encompasses radical psychosocial developmental change
- Delayed in those with Serious Mental Health Conditions (SMHC)
- Families are important during the transition years
- Young adult social networks provide opportunities and risks
- Fare poorly in young adult role functioning





# Gap

Scientific Knowledge  $\wedge$  Clinical Practice

## Good Practice with TAY

- Shape practice to individual's developmental maturity – *No Direct Evidence of How*
- Shape practice to parent-child developmental maturity – *No Direct Evidence of How*
- Treat underlying causes/correlates of problems – *No Direct Evidence of How*
- Help develop skills for valued social roles – *No Direct Evidence of How*



# Comprehensive Guide

Transition to Independence Process (TIP) System – values and framework for services and programs for transition age youth and young adults with serious mental health conditions.

<http://www.tipstars.org/>

