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Transitioning to Adulthood for Young Adults with Mental Health Issues

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About one in five teen suffers from diagnosable mental health disorders, although it is unknown exactly how many of those problems persist into adulthood. Nevertheless, it is safe to say that for many, the problems identified in adolescence follow them into adulthood. One study, for example, found that about three-fourths of those with a diagnosable mental disorder at age 26 had first been diagnosed in their teens.[1]

As the road to adulthood has become more diverse and demanding over the past few decades, it is perhaps not surprising that youth with mental disorders are struggling to attain the markers of adulthood—graduating from high school, completing college, getting a job, forming close relationships, and starting a family. Transitions are almost always difficult, but for young people with mental health problems, moving into adulthood is made more difficult by the complexity of their individual mental health conditions and the complexity of the mental health system. J. Heidi Gralinski-Bakker and coauthors, and Phillip Lyons and Gary Melton in their chapters in *On Your Own without a Net: The Transition to Adulthood for Vulnerable Populations*, edited by D. Wayne Osgood, E. Michael Foster, Constance Flanagan, and Gretchen Ruth (forthcoming, University of Chicago Press), take a closer look at this group of young adults with mental disorders, focusing particularly on those who do manage to "make it" as an adult.[2] This brief highlights the key points in those chapters.

Treatment Options for Young Adults with Mental Disorders

As Gralinski-Bakker and coauthors report, in 2001 about 18% of, or about 4.3 million, teens aged 12–17 received treatment for mental health problems. This likely represents only about one-third of those who need treatment. Of those receiving treatment in 2001, they report, about 2 million used school-based health services, and about 2 million used specialty mental health services. An estimated 332,000 received care in residential or inpatient settings. The most common conditions among teens are mood, anxiety, and disruptive behavioral disorders. About 3%–8% of high school students suffer from a depressive mood disorder at a given point in their teen years. Approximately 4% experience anxiety disorders, and 2% have disruptive behavior disorders. Of these, about 2% are classified as severe, accompanied by marked functional impairment; about 8% are classified as moderately severe; and 10% are milder forms of disorders.

Although the likelihood of a mental disorder following one into adulthood is quite high, service use drops off as youth move into adulthood. Among the population receiving mental health care in 1997, for example, Gralinski-Bakker and coauthors report that 13% receiving outpatient services were teens compared with only 10% of young adults aged 18–24. Among those receiving inpatient or residential care, the gap was even greater; 38% of teens were receiving such care compared with 18% of young adults. Perhaps part of the decline in service use stems from the

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[1] J. Kim-Cohen et al., "Prior Juvenile Diagnoses in Adults with Mental disorder," *Archives of General Psychiatry*, vol. 60 (2002), pp. 709-17.

[2] *On Your Own without a Net* is a project of the Network on the Transitions to Adulthood, sponsored by the John D. and Catherine T. MacArthur Foundation. The network is documenting the economic, developmental, educational, and societal changes facing young adults aged 18 to 30. For more information, see www.pop.upenn.edu/transad.

abrupt system changes that occur at age 18 or 21. Young adults typically find themselves cut off from the services they had received as teens, and the service options before them as adults are fragmented and complex.

As Lyons and Melton outline in their chapter, turf battles among public agencies serving youth; competition among private hospitals; multiple, sometimes overlapping goals among various systems; the nature of mental health care financing; and managed care philosophies often work at odds with one another and against efforts to streamline and unify services.

In addition, similar issues as those outlined in the brief by Blum and White/Gallay on the health care system apply to the mental health system. Eligibility for many public programs, such as Medicaid and Social Security, changes at age 18, as do admission criteria for independent living programs and vocational rehabilitation programs. Youth are also often no longer covered by their parents' private insurance. The public school system is a major provider and broker of therapeutic services for youth, and graduation not only signals an end to primary education but also often to mental health services for many.

Further complicating the issue, Lyons and Melton argue, is the nature of the mental health needs of youth. Youth often fall into one of three broad categories of conditions, each of which calls for different types of intervention and service, and each of which usually brings the youth into the service system through different doors. Youth with mood disorders or substance abuse, for example, often enter through schools' health systems, whereas those with conduct problems are often referred by school personnel to the juvenile justice system. Students with emerging chronic thought disorders, the most serious form of mental health disorders, rarely find programs specifically designed for them. However, after they leave high school, young adults with schizophrenia or other major disorders may find a variety of specialized programs, while the same mental health centers rarely have specialized programs for young adults with other kinds of problems.

Outcomes for Young Adults with Mental Disorders

Youth with a history of mental disorders often struggle in life. As Gralinski-Bakker and coauthors note, they are at higher risk of dropping out of high school, not finishing college, having unplanned pregnancies, abusing drugs or alcohol, and being unemployed. They are also more likely to have a criminal past. About 24%–39% of youth with mental disorders experience at least one of these outcomes compared with 7%–10% of those without disorders. In addition, youth with mental health issues often struggle to develop a sense of autonomy, form mature relationships with parents, develop and sustain close relationships with friends, and learn skills necessary to cope emotionally, socially, and financially as an independent adult.

Gralinski-Bakker and coauthors' study of 70 youth in inpatient treatment as teens showed that by age 25, only about one-half had completed high school, and fewer than 10% had completed college. This compared with 98% and 70%, respectively, for a group of similar youth without mental disorders. Former patients were also often lonely and had low self-worth. Friends described them as more hostile and less well-adjusted than peer assessments provided by the comparison group. A Scandinavian study, the authors report, found that 44% of youth who had been in inpatient care as teens committed serious crimes during a 33-year follow-up.[3]

Resilient Youth

Yet not all youth have poor outcomes. In fact, about one-fourth of the youth in the Scandinavian study avoided death, disability, and crime. Those who met with better success in life tended to score higher on intelligence tests, have few disciplinary problems in school, and have no history of disruptive behavior or substance abuse.

Likewise, based on their study of former inpatients, Gralinski-Bakker and coauthors identified important characteristics of resilient youth. Those who could step back and consider their actions and motives tended to show

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[3] . E. Kjelsberg and A. Dahl, "A Long-Term Follow-up of Adolescent Psychiatric Inpatients: Part 1," *Act Psychiatrica Scandinavica*, vol. 99 (1999), 231-36.

better outcomes, as did those who took responsibility for their actions rather than being constantly shaped by the behaviors of others and adverse conditions they did not influence. Resilient youth were also better able to understand themselves in complex ways, set goals, and persist toward attaining them, and adjust their own ratings of self-esteem and confidence over time. Moreover, they told their stories in a more coherent way, in contrast to the often disjointed narratives of the average group. In relationships, the resilient youth saw friendships and close relationships as a key resource in their lives.

Future Work

Knowing who will transition successfully and who will not may be a difficult task, but as Lyon and Melton argue, knowing when the transition will occur is not. As such, the authors argue, we can and should plan accordingly. Planning in advance of release from juvenile detention or prison for youth with conduct disorders, for example, can ease the transition and secure the necessary supports. Families, social support networks, and the broader community should be fortified to provide support. Accessible, community-based supports are integral to success, the authors argue, and families must be involved. With training and assistance, families can help bridge the support gap at critical points in the transition. Finally, the U.S. Surgeon General has called stigma "the most formidable obstacle to future progress in the arena of mental illness and health." It is a key reason that nearly two-thirds of all individuals with mental health problems do not seek treatment.

Youth with serious mental disorders face a matrix of difficulties as they grapple with adulthood. The preponderance of poor outcomes underscores the need to better understand the process that places young adults at risk for continued problems. Doing so will make it easier to target scarce resources better to help those in greatest need. It is also incumbent on researchers to explore further the characteristics that define those youth who do succeed against the odds.

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[1] R. Cook, A National Evaluation of Title IV-E Foster Care Independent Living Programs for Youth: Phase 1 Final Report (1990), and Phase 2 Final Report (1991). Volumes 1 and 2. Rockville, MD: Westat, Inc. M. Wagner and J. Blackorby, "Transition from High School to Work or College: How Special Education Students Fare," The Future of Children,6(1)(1996): 103–120.