Becoming an Adult:
Challenges for Those with Mental Health Conditions

Research Brief 3 TRANSITIONS RTC 2011

Introduction

The transition to adulthood is a continuous process of rapid developmental change that starts accelerating at age 16, and for most, is completed by age 30. It is an important and exciting time for all young people. During this period, most individuals take steps to live more independently and to depend less on family support. These steps, which involve completing school and training, launching work lives, and developing relationships with others, can greatly influence much of their future adult life. However, for youth and young adults with serious mental health conditions the changes during this stage of life are challenging and complex.

Serious mental health conditions (SMHC) are psychological in origin and result in significant functional impairment. SMHC include both serious mental illnesses and serious emotional disturbances.[1] SMHC do not include developmental disorders, substance use disorders, or mental disorders caused by medical conditions. It is estimated that 6-12% of transition-age youth and young adults struggle with a serious mental health condition (2.4-5 million individuals).[2]

During the transition to adulthood individuals are neither children nor mature adults; their development, functioning, and service needs are different from those who are older or younger. This brief will describe psychosocial development and family life cycle changes during the transition to adulthood in typical youth and youth with SMHC. We also describe additional challenges this population faces, and what can be done to support them and improve their outcomes.

Typical development

Psychosocial development occurs in five main areas:

- Cognition (thinking)
- Moral reasoning
- Social cognition
- Sexual orientation and gender identity
- Identify formation

*Images in photographs contain professional models

Psychosocial development begins in infancy and reaches maturity in adulthood. Increased maturity in these areas underlies increased functional capacities. For example, increased abilities for abstract thinking are needed to have the ability to put oneself in another's "shoes", which is necessary for the development of empathy and embracing the golden rule, which is needed to have increasingly sophisticated relationships, or appropriate social interactions at work. Recent research also indicates that the expression of maturity in these areas is modified by peer presence and impulses, and that this influence diminishes with maturity.[3,4] Table 1 summarizes the changes in each area of psychosocial development.

Unique aspects for those with serious mental health conditions (SMHC)

As a group, young people with SMHC are delayed in every area of psychosocial development that has been examined to date.[1] Table 1 highlights the typical features of each stage of psychosocial development in adolescence and young adulthood, and describes some of the additional challenges that young adults with SMHC often face. It is important to note that the descriptions below depict this population as a group. Individuals will vary in their level of maturation.

Table 1. Stages of Psychosocial Development in Adolescence and Young Adulthood

Stage of Development	Highlights of each stage	Consequences of developmental delay & potential additional challenges for those with SMHC
Cognitive Development	Increased capacities for • Thinking abstractly • Thinking hypothetically (if X, then Y) • Having insight or self-awareness • Simultaneous consideration of multiple ideas • Future planning • Calibrating risks and rewards • Regulating undue peer influence on judgment	• Delays can impede abilities to: ○ develop & execute plans ○ weigh pros and cons of actions ○ make changes based on self-awareness ○ regulate peer influence on judgment • Additional challenges; High rates of co-occurring learning disabilities and developmental disorders, which challenge cognitive development & learning
Social Development	• Friendships become more complex, involving mutuality, intimacy and loyalty • Increased perspective taking • Influence of peer relationships peak, then decline into adulthood • Social context shifts from lots of daily contact with many classmates to smaller social networks and work social settings	• Delays can impede abilities to: ○ Participate in the increasingly complex peer relationships ○ Put themselves in others' shoes ○ Think hypothetically about social actions (i.e. plan and anticipate consequences) ○ Negotiate the nuances of workplace social rules • Combination of social immaturity and symptoms can inhibit quality and quantity of relationships across settings (e.g. school, work, family) • Social repercussions can produce emotional pain
Moral Development	• Increased ownership of own set of rights & wrongs • More able to understand "mitigating circumstances" of moral rules • More empathic responses/use of Golden Rule • Ability to see and act on rationale for sacrifice for the greater good	• Delays in understanding and acting on the nuances of peers' social rules and society's moral standards may contribute to: ○ Compromised success in school or work ○ Increased criminal behavior ○ Reduced quality and quantity of friendships
Social-Sexual Development	• Provides new forms of emotional intimacy • Skills to negotiate sexual relationships typically on par with social development • Sexual behavior can impact roles in peer groups • Sexual orientation and gender identity resolves	• Delays can impede abilities to: ○ Have healthy sexual relationships ○ Practice safe sex • Sexual abuse histories can additionally impede abilities to form healthy sexual relationships • Individuals who have alternative gender identities or sexual orientation are at greater risk of physical abuse, homelessness, and suicide
Identity Formation	• Seeking answers the question…Who am I? • Is a prerequisite for feeling unique while feeling connected to others • Produces boundary pushing • Some experimentation needed to try out aspects of identify • Rejection of authority facilitates ownership of identity choices	• Delays can contribute to: ○ Prolonged experimentation and rejection of authority beyond typical ages ○ Difficulty making role choices; occupation, friend, spouse[5] ○ Undue influence of others on self evaluation (not sufficiently distinct from others)[6] • Self-image is often poor [7,8]

Typical Family Life Cycle Stages

The transition to adulthood also represents changing dynamics in family functioning. As adolescents begin to exert increased levels of independence and move into adult roles, the role of parents in decision-making and nurturing shifts, parental focus on child-rearing diminishes, and changes in family structure occur.[9] These changes vary depending on family cultural background and other factors such as divorce or blended families. Many parents or parental figures of youth with SMHC face additional challenges and family relationships may be complicated by youth involvement in public systems. Overall, the issues that face many families of youth with SMHC can make this challenging stage of the family life cycle even more difficult. See Table 2 below for more details.

Why is it important to understand these developmental changes?

1. They help define why services for this age group need to be tailored to their developmental needs.
2. They help us design interventions that are developmentally appropriate.
3. They help differentiate between behavior at these ages that are "typical" aspects of healthy development and ones that are atypical.
4. They likely result in highly compromised educational attainment, under- and unemployment, limited friendships, increased homelessness, and higher rates of incarceration. (See next section)

What else is important to know about the transition period?

Individuals with SMHC face extra challenges to the typical bumps in the road most people face during the transition years. Because of developmental delay along with other contributing factors, successful movement into adult roles and adult role functioning for young people with SMHC is often compromised:

- High school dropout rate: 45% of special education students with SMHC [10]
- Post high school employment: Students with SMHC 42%, same age general population 66% [11]
- Homelessness: 33% of adolescent discharged from residential treatment [12]
- Arrested during transition years: 69% of male, 46% of female intensive MH service users[13]

Effective developmentally appropriate & appealing services are rare.[14] There are few established evidence based practices (EBP) for the full age range of the transition years. Some EBP's are only for adolescents, others are only for adults and have not demonstrated efficacy with young adults. Because of the developmental uniqueness of young adulthood, "adult" evidence based practices that have not tested whether they are effective specifically in this age group cannot be assumed so. There is also no research assessing the availability of EBP's or programs that follow systematically designed practice guidelines for this age

Table 2. Stages of the Family Life Cycle

Stage	Family Features	Changes	Potential additional challenges families of children with SMHC may face
Families with adolescents	Increasing flexibility of family boundaries for child's independence and grandparent frailties	• Parent/child relationships shift to permit adolescents' dependence to wax and wane • Refocus on midlife marital and career issues • Shift toward caring for an older generation	• Stresses of raising a child with a chronic health condition • Many youth involved with public systems have been in out-of-home care, which typically restricts parental roles during the time away, if not implicitly communicating parental incompetence • Higher family rates of: ○ Single parent household ○ Poverty ○ Mental health conditions ○ Substance use ○ Incarceration • Challenges can impede successful "launch" during transition years
Launching children & moving on	Accepting a multitude of exits from and entries into the family system (i.e. birth of grandchildren, passing of elders)	• Renegotiation of marital system as dyad • Children and parents develop adult-to-adult relationships • Inclusion of in-laws and grandchildren • Loss of senior generation	

group (e.g. 15,16). However, findings about general age-tailored practices indicate that 25% of state child MH systems and 75% of state adult MH systems have no age-tailored services for this age group. The availability of these programs in states that have them are generally limited to a few geographic areas. [17]

For youth in transition, services and supports can end arbitrarily. Adolescents with SMHC are often in special education, child welfare, mental health, or juvenile justice systems. Children's systems can complicate the transition to adulthood by terminating eligibility for their services at a specific age designated as the end of childhood (typically age 18 or 21), while failing to adequately prepare adolescents for functional adult roles or ensuring accommodation in the adult service system.[1] The majority of adolescents with SMHC, however, do not receive any services for their mental health condition.[18] Access to public adult mental health services is more restrictive than child services producing an arbitrary barrier to needed services when youth age out of children's services. [19]

TAKE HOME MESSAGE

The challenges:

- Young people with SMHC are in a unique stage of development during the transition to adulthood
- Their psychosocial development is often delayed
- Their successful entry into valued adult roles is often seriously compromised
- They need supports and interventions tailored to their unique developmental needs
- These types of services are rare and few evidence-based approaches have been established
- The bifurcated configuration of child and adult service systems pose arbitrary barriers

Remedies:

- More evidence-based practices need to be developed
- EBP's and other well-informed, developmentally appropriate approaches need to be widely available and accessible
- Policies need to ensure continuation of these supports from adolescence into adulthood until adult functioning is well established

References

(1) Federal Register, Vol. 58, No.96, P. 29422. **(2)** Davis, M., Vander Stoep, A. (1997). The transition to adulthood for youth who have serious emotional disturbance: Developmental Transition and young adult outcomes. Journal of Mental Health Administration, 24(4), 400-426. **(3)** Keating, D.P. (2004) Cognitive and brain development. In Handbook of Adolescent Psychology (2nd edn) (Lerner, R.J. and Steinberg, L.D., eds), pp. 45–84, Wiley. **(4)** Steinberg, L.D. (2005). Cognitive and affective development in adolescence. TRENDS in Cognitive Sciences, 9, 69-74. **(5)** Erikson E: Identity: Youth and Crisis. New York: Norton, 1968. **(6)** Marcia JE: Identity in adolescence. In: Adelson J (Ed.): Handbook of Adolescent Psychology. New York: John Wiley, 1980, pp. 159-177. **(7)** Ball L, Chandler M. (1989). Identity formation in suicidal and nonsuicidal youth: The role of self-continuity. Development & Psychopathology , 1:257-275. **(8)** Koenig L. (1988). Self-image of emotionally disturbed adolescents. Journal of Abnormal Child Psychology, 16: 111-126. **(9)** Carter B, McGoldrick M, eds. Overview: The expanded family life cycle: Individual, family and social perspective. 3 ed. Boston: Allyn and Bacon; 2005. Carter B, McGoldrick M, eds. The Expanded Family Life Cycle: Individual, family and social perspectives. **(10)** Planty, M., Hussar, W., Snyder, T., Provasnik, S., Kena, G., Dinkes, R., et al. (2008). The condition of education 2008 (NCES 2008-031). Washington, DC: National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education. Retrieved June 19, 2009, from http://nces.ed.gov/pubs2008/2008031.pdf. **(11)** Newman, L., Wagner, M., Cameto, R., and Knokey, A.-M. (2009). The Post-High Outcomes of Youth With Disabilities up to 4 Years After High School. A Report From the National Longitudinal Transition Study-2 (NLTS2) (NCSER 2009-3017). Menlo Park, CA: SRI International. **(12)** Embry L., Vander Stoep, A., Evens, C., Ryan ,K. D., & Pollock, A. (2000). Risk factors for homelessness in adolescents released from psychiatric residential treatment. Journal of the American Academy of Child and Adolescent Psychiatry, 39, 1293-1299. **(13)** Davis, M., Banks, S., Fisher, W., Gershenson, B., & Grudzinskas, A. (2007). Arrests of adolescent clients of a public mental health system during adolescence and young adulthood. Psychiatric Services, 58, 1454-1460. **(14)** Davis, M., Green, M., & Hoffman, C. (2009). The service system obstacle course for transition-age youth and young adults. In H.B. Clark and D. Unruh, (Eds.). Transition of Youth and Young Adults with Emotional or Behavioral Difficulties: An Evidence-Based Handbook. Baltimore: Paul H. Brookes, Co. pp. 25-46. **(15)** Clark, H. B., & Hart, K. (2009). Navigating the obstacle course: An evidence-supported community transition system. In H.B. Clark & D.K. Unruh (Eds.), Transition of youth and young adult with emotional or behavioral difficulties: An evidence-supported handbook. Baltimore: Brookes Publishing. Pp. 47-94. **(16)** Wagner, M., & Davis, M. (2006). How are we preparing students with emotional disturbances for the transition to young adulthood? Findings from the National Longitudinal Transition Study-2. Journal of Emotional and Behavioral Disorders,14, 86-98. **(17)** Davis, M., Geller, J., & Hunt, B. (2006). Within-state availability of transition-to-adulthood services for youths with serious mental health conditions. Psychiatric Services, 57, 1594-1599. **(18)** Costello EJ, Janieszewski S: Who gets treated? Factors associated with referral in children with psychiatric disorders. Acta Psychiatrica Scandinavica 1990; 81:523-529. **(19)** Davis, M., & Koroloff, N. (2006). The great divide: How public mental health policy fails young adults. In Community Based Mental Health Services for Children and Adolescents, Vol. 14.W.H. Fisher (Ed.). Oxford, UK, Elsevier Sciences. pp.53-74.

Visit us online at http://labs.umassmed.edu/transitionsRTC

University of Massachusetts Medical School

Suggested Citation: Davis, M., Sabella, K., Smith, L. M, & Costa, A. (2011). ***Becoming an Adult: Challenges for Those with Mental Health Conditions.*** Transitions RTC. Brief 3. Worcester, MA: UMMS, Dept. of Psychiatry, CMHSR, Transitions RTC.

This publication can be made available in alternative formats upon request through TransitionsRTC@umassmed.edu.

The contents of this brief were developed with funding from the US Department of Education, National Institute on Disability and Rehabilitation Research, and the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (NIDRR grant H133B090018). Additional funding provided by UMass Medical School's Commonwealth Medicine division. The content of this brief does not necessarily reflect the views of the funding agencies and you should not assume endorsement by the Federal Government.

The Transition RTC is part of the Center for Mental Health Services Research, a Massachusetts Department of Mental Health Research Center of Excellence