

Position Statement: Transition Age Youth & Mental Illness

Overview

Transition age youth (ages 18-24) can be especially vulnerable to mental illness. With significant life changes and growing independence from caregivers, this age can be exceptionally stressful. This stress can exacerbate mental illness. Effects from lack of mental illness treatment can be profound, such as health and development concerns, lower educational achievements, substance abuse, violence, and poor reproductive and sexual health (Patel, Flisher, Hetrick, & McGorry, 2007). NAMI Dekalb believes it is imperative to address the needs of this population and avoid the destructive consequences lack of treatment generates.

Background

Transition age youth with mental illness face additional obstacles that other groups do not have to face. For example, young adults in this age group experience a significant amount of life changes, such as new living arrangements and increased independence and responsibility. Times of transition exacerbate mental health disorders. Also, many mental illnesses, especially mood, anxiety, and substance abuse disorders, emerge during adolescence and early adulthood (de Girolamo, Dagani, Purcell, Cocchi, & McGorry, 2012). All these factors combined make this population very susceptible to mental illness complications.

Adding to this turbulence is the abrupt transition from pediatric mental health care to adult mental health care. Recently, practitioners have begun to provide gradual transitions to adult care for physical disorders, such as cystic fibrosis, diabetes, cerebral palsy, and many others (Singh & Tuomainen, 2015). However, the mental health care community has yet to embrace this model of treatment. Mental health care transitions often include arbitrary cut-offs, which create discontinuities in care. These discontinuities often lead to disengagement of services and poorer clinical outcomes (Singh, 2009).

Discontinuation of services is especially prevalent among youth transitioning out of foster care. In a study by McMillen and Raghavan, service discontinuity in mental health services was the norm for youth leaving the foster care system. This study also found that absence of Medicaid payments negatively affected the likelihood that youth continued mental health treatment after transition out of foster care (McMillen & Raghavan, 2009). With limited options to continue care, these youth often abandon mental health care altogether.

Cultural stigma is a common issue in the utilization of mental health services for many populations. However, this factor especially affects transition age youth. Individuals in this stage

are attempting to assimilate into adult life. With this endeavor comes a greater focus on social image, peer acceptance, and identity consolidation (Moses, 2010). Reported in a study examining the role of stigma in adolescent mental illness, close to half (46%) of subjects reported experiencing stigmatization by family members, which often took the form of unwarranted assumptions, distrust, avoidance, pity, and gossip (Moses, 2010). This stigma leads to a denial of mental illness and rejection of mental health care services.

Young adulthood is often characterized by experimentation. Testing limits seems to be a common practice among young people. Youth who lack mental illness treatment often attempt to self-medicate with alcohol and drug use. Studies have shown there is a correlation between violence and mental illness with substance abuse disorders (Swanson, Holzer, Ganju, & Jono, 1990). This correlation can have devastating effects not only on the individual's life but also on the surrounding community. Conversely, some studies have shown that youth who see themselves as having a greater responsibility to their communities recognize their substance abuse as problematic and take steps to change it (Goodman, Henderson, Peterson-Badali, & Goldstein, 2015). This connection is not only applicable to substance abuse disorders but also other mental health disorders as well. Other studies have shown that the "key to promoting youth mental health is through the strengthening of the fundamental nurturing qualities of the family system and community networks while explicitly acknowledging the rights of young people" (Patel et al., 2007). These studies suggest that programs which promote community and independence, such as peer-led support groups, could be especially effective in treating transition age youth mental illness.

Call to Action

NAMI DeKalb presents the following suggestions to address mental health issues common to transition age youth:

- Develop care programs that gradually transition youth from pediatric mental health care to adult.
- Provide financial and social support programs for youth transitioning out of foster care.
- Increase mental health awareness with promotional activities around college campuses, such as the NAMI on Campus program.
- Increase access to peer-led mental health support groups, such as NAMI Connection Recovery Support groups.

References

- de Girolamo, G., Dagani, J., Purcell, R., Cocchi, A., & McGorry, P. D. (2012). Age of onset of mental disorders and use of mental health services: needs, opportunities and obstacles. *Epidemiology and Psychiatric Sciences*, *21*(1), 47–57.
- Goodman, I., Henderson, J., Peterson-Badali, M., & Goldstein, A. L. (2015). The relationship between psychosocial features of emerging adulthood and substance use change motivation in youth. *Journal of Substance Abuse Treatment*, *52*, 58–66.
- McMillen, J. C., & Raghavan, R. (2009). Pediatric to adult mental health service use of young people leaving the foster care system. *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, *44*(1), 7–13.
- Moses, T. (2010). Being treated differently: stigma experiences with family, peers, and school staff among adolescents with mental health disorders. *Social Science & Medicine*, *70*(7), 985–993.
- Patel, V., Flisher, A. J., Hetrick, S., & McGorry, P. (2007). Mental health of young people: a global public-health challenge. *The Lancet*, *369*(9569), 1302–1313.
- Singh, S. P. (2009). Transition of care from child to adult mental health services: the great divide. *Current Opinion in Psychiatry*, *22*(4), 386–390.
- Singh, S. P., & Tuomainen, H. (2015). Transition from child to adult mental health services: needs, barriers, experiences and new models of care. *World Psychiatry: Official Journal of the World Psychiatric Association*, *14*(3), 358–361.
- Swanson, J. W., Holzer, C. E., 3rd, Ganju, V. K., & Jono, R. T. (1990). Violence and psychiatric disorder in the community: evidence from the Epidemiologic Catchment Area surveys. *Hospital & Community Psychiatry*, *41*(7), 761–770.