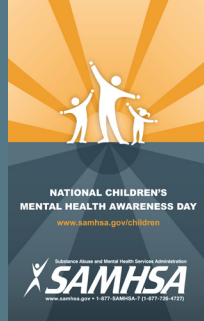


SAMHSA: Promoting Recovery and Independence for Older Adolescents and Young Adults Who Experience Serious Mental Health Challenges



National Children's Mental Health Awareness Day—May 9, 2013

The transition to adulthood can be a difficult process as older adolescents and young adults begin to establish their future educational plans, careers, living situations, relationships, and roles in the community. This journey usually begins around age 16 and often extends until the mid to late 20s, which marks a critical developmental period when older adolescents and young adults must increasingly depend upon their own capacities to become more self-sufficient as they work toward independence.

Nearly 20 percent of young adults, aged 18–25 living in U.S. households, had a mental health condition in the past year, and of these, more than 1.3 million had a disorder so serious that their ability to function was compromised. More than a third of those 1.3 million young adults also had a substance use disorder.¹ Compared with their peers, these young people were more likely to experience homelessness,² be arrested,³ drop out of school,⁴ and be unemployed.⁵ Of all long-lasting health conditions, mental health disorders produce the greatest disability within this age group.⁶ Furthermore, 18- to 25-year-olds with mental health conditions are significantly less likely to receive mental health services as compared with other adults.⁷

This report describes how SAMHSA programs and services positively impact older adolescents and young adults with mental health challenges in real-world domains, including employment, housing, education, social connectedness, and emotional well-being.

Before Entering SAMHSA Programs, Older Adolescents and Young Adults Reported Substantial Life Challenges

Data show that older adolescents and young adults with mental health challenges often face difficult and complex life concerns. In the 6 months *before* entering SAMHSA's **Comprehensive Community Mental Health Services for Children and Their**

Families Program, referred to as the **Children's Mental Health Initiative (CMHI)**, older adolescents and young adults reported many such challenges:

- More than one quarter (27%) had experienced four or more types of potentially traumatic events, such as physical abuse, sexual abuse, or witnessing domestic violence.
- Almost one half (48%) said that they did not have an adult with whom they could talk about important things.
- Nearly 1 in 10 (9%) participants 18 and older had experienced a period of homelessness.
- 16% were neither enrolled in school nor employed.
- 10% reported having made a suicide attempt, and 28% had suicidal thoughts.
- One quarter (25%) had been arrested.
- 12% were identified as having a serious substance use concern.

Among those entering the SAMHSA **Emerging Adults Initiative (EAI)**, fewer than one half (48%) of youth with mental health concerns reported dealing effectively with daily problems in social situations, school, or work.

Furthermore, according to a SAMHSA national survey, young adults with serious mental illnesses were nearly three times more likely than their peers to have changed their living situations more than eight times in the past 5 years.¹

Among those served through 10 of SAMHSA's adolescent substance abuse treatment programs, during the year prior to intake, 8% were homeless, 13% were at risk of homelessness, 72% had a history of victimization, 72% had one or more substance use disorders, 57% had one or more mental health disorders, 50% committed crimes other than use/possession, and 17% had suicidal thoughts.





SAMHSA Initiatives Address These Unique Challenges

Two SAMHSA initiatives implement approaches that provide older adolescents and young adults with individualized, seamless, and coordinated services. These initiatives use a system of care (SOC) approach,⁸ which seeks to create a coordinated network of effective public and private community-based services and supports.

The first initiative is the **Comprehensive Community Mental Health Services for Children and Their Families Program (CMHI)**. This initiative focuses on improving mental health outcomes for children and youth from birth to age 21. Grantees receive funding to implement system of care values and principles. Systems of care build meaningful partnerships with older adolescents, young adults, and their families; address cultural and linguistic needs; and use evidence-based practices to improve functioning at home, in school, in the community, and throughout life. For older adolescents, and young adults, SOC provides connections to peer and adult mentors who teach and model valuable life skills, and help create opportunities for education and employment.

The **Emerging Adults Initiative (EAI)** provides funding to seven states to create developmentally appropriate SOC services specifically for older adolescents and young adults aged 16–25. This initiative tailors services and supports to address the unique strengths and needs of this age group.

In addition to a SOC approach, other SAMHSA initiatives focus on substance use issues of older adolescents and young adults and the implementation of evidence-based assessments, interventions, and treatments to promote prevention and recovery. Since 1998, data have been collected from 10 programs serving the needs of young adults, demonstrating the importance of addressing substance use in this population.

SAMHSA's **Pregnant and Postpartum Women Program (PPW)** serves young women aged 18–24 who are pregnant or postpartum. This program approaches service delivery from a family-centered perspective and supports evidence-based parenting and treatment models, including trauma-specific services in a trauma-informed context.

SAMHSA: Promoting Recovery and Building Resilience toward Independence

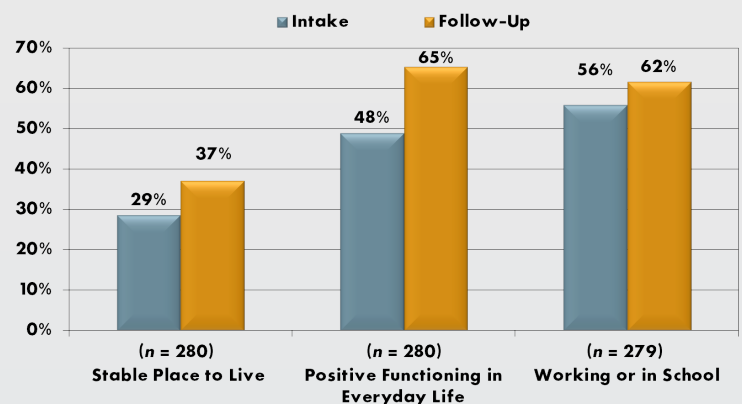
The good news is that, after receiving services through SAMHSA programs, older adolescents and young adults, aged 16-21, made substantial gains. **CMHI** participants showed marked improvement:

- 28% showed a significant improvement in their behavioral and emotional health within the first 6 months, and 38% showed significant improvement within the first year.
- Homelessness dropped by 36% after 6 months in services among those 18 and older.
- Participants reported that they had greater confidence in their abilities to perform important life skills such as preparing meals and securing rental agreements.

Results from **EAI** participants, from baseline to 6 month reassessment, were also encouraging (see Figure 1):

- The number stating that they had positive functioning in everyday life increased by 37%.
- Those who reported having a stable place to live within the community increased by 30%.
- The number of older adolescents and young adults who were either working or enrolled in school increased by 10%.

Figure 1. EAI: Older Adolescents and Young Adults (Aged 16–25 Years) Show Improvement

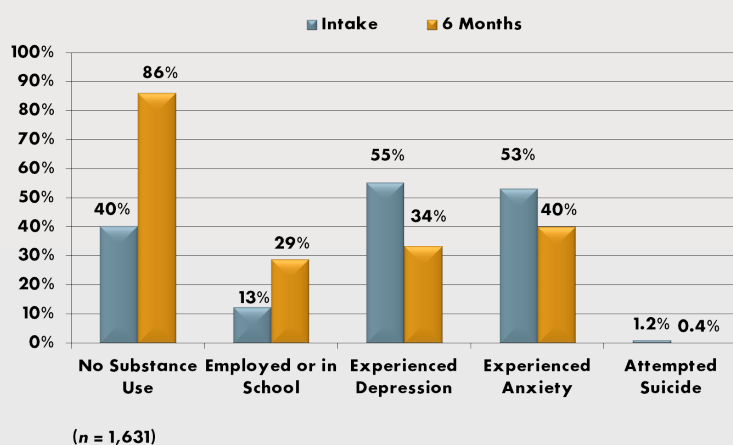


Older adolescents and young adults in substance abuse treatment also showed impressive gains. From intake to the last interview about 8 months after intake into SAMHSA's adolescent substance abuse treatment programs, there were the following positive changes in their lives:

- 80% increase in the number of young adults who were living in the community.
- 34% decrease in the number of young adults who reported experiencing mental health concerns, such as depression or anxiety.
- 10% increase in the number who were enrolled in school or working.

In SAMHSA's **Pregnant and Postpartum Women Program**, there were positive outcomes from intake to 6-month follow-up (see Figure 2).

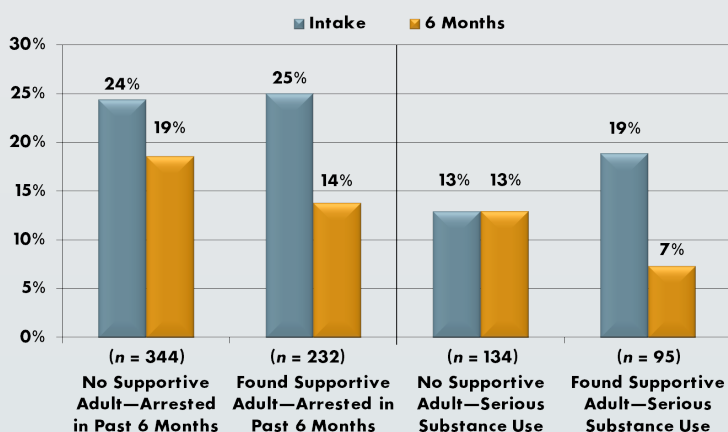
Figure 2. PPW: Positive Outcomes for Service Recipients (Aged 18–24 Years)



Working with Older Adolescents and Young Adults to Connect with Supportive Adults

Older adolescents and young adults with a supportive adult in their lives are more likely to attend and participate in school, finish high school, continue on to college, and form more positive attitudes and relationships.⁹ CMHI has had success in connecting older adolescents and young adults with supportive adults. Specifically, among those who reported not having a supportive adult at intake, 40% found a supportive adult within 6 months. At follow-up, the number of arrests and serious substance use problems were fewer in individuals who found a supportive adult within 6 months of participation in CMHI (see Figure 3).

Figure 3. CMHI: Supportive Adults Help Older Adolescents and Young Adults (Aged 16–21 Years) Recover More Quickly



Treatment and Prevention: SAMHSA's Public Health Focus

Through its programs, SAMHSA is providing much-needed treatment services to older adolescents and young adults who are transitioning into adulthood while recovering from a mental health and/or substance use condition. SAMHSA is also committed to creating programs designed to promote positive mental health and well-being, and to finding ways to prevent mental health and substance use conditions from occurring. For more information about SAMHSA's promotion and prevention activities, please visit www.samhsa.gov/children.



Opportunities

Building resilience and independence among older adolescents and young adults with mental health and/or substance use conditions takes collaboration among all members of the community. Because older adolescents and young adults have needs specific to their developmental stage, SAMHSA and its partners have worked to identify best practices and programs to meet these needs. In terms of access to care, the Affordable Care Act will improve health care coverage for this population, including extending benefits to over 3 million young adults aged 18–25. Everyone can promote a positive transition to adulthood by serving as mentors; teaching, reinforcing, and modeling good decision making; and creating a sense of belonging. More information about how to help older adolescents and young adults can be found at www.samhsa.gov/children.

Sources of Data

Children, youth, older adolescents, and young adults receiving services in federally funded systems of care in the **Children's Mental Health Initiative (CMHI)** range in age from birth through 21 years and must meet the standardized diagnostic criteria for serious emotional disturbance.¹⁰ Findings reported are for those who are aged 16 through 21 years. Findings reported here are based on data collected through December 2012 by the national evaluation of system of care communities funded between 2002 and 2009. There were 13,121 children and youth with data available at program entry overall, and 2,600 of these (19.8%) were between the ages of 16 and 21.

Data from the **Emerging Adults Initiative (EAI)** are from SAMHSA's Transformation Accountability System (TRAC). Measures were administered at entry into services and after 6 months through January 2013. There were 280 participants with complete data.


Data were provided from 10 SAMHSA substance use treatment programs. Data were available from 3,976 participants across all programs and were collected at intake and after discharge from services.

Highlights

Older adolescents and young adults who are recovering from mental health and substance use challenges face difficulties as they move fully into the role of an adult. Many SAMHSA programs provide greatly needed services to this population. Those who received help from SAMHSA-funded programs showed improvements:

- Reduced behavioral and emotional problems.
- Increased rates of employment and enrollment in school.
- Reduced rates of homelessness and improved housing stability.
- Improved daily life skills.
- Fewer substance use issues.

Spotlight: Better Futures



Although most youth in foster care (70%) want to go to college or vocational school, only 20% who complete high school go on to attend college. **Better Futures** is a collaborative project of the Research and Training Center on Pathways to Positive Futures (Portland, OR) co-funded and administered by SAMHSA and the U.S. Department of Education's National Institute on Disability and Rehabilitation Research. **Better Futures** encourages youth in foster care who have serious mental health concerns to continue their education beyond high school. Youth in **Better Futures** participate in a 4-day Summer Institute on a college campus, including individual coaching—typically provided by a slightly older peer who is in college and has foster care and mental health services experience—and peer-delivered workshops. Data from the program indicate that youth participating in the institute show improvement on measures assessing quality of life, self-determination, confidence in college planning, hopefulness, and involvement in planning for the transition to adulthood. Additionally, youth who complete coaching are more likely to actually apply and be accepted to college (61%) compared with a similar group who did not participate in the program (33%).

One **Better Futures** participant, who is now pursuing a double major in computer science and electrical engineering, said, "This path that I'm on is thanks to **Better Futures** and the help and support I received."

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