

# Issue Brief

## Supporting the Transition to Adulthood

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Research on adolescents with serious emotional disturbance (SED) and their transition into adulthood is a small but growing field. Research to date, much of which has been conducted by researchers here at the CMHSR, reveals four major themes which are summarized below.

### Difficulty Assuming Adult Roles

Youth with SED struggle to transition from adolescent to adult roles and functioning. Longitudinal studies of youth in residential treatment or special education have demonstrated that less than half complete high school, they are underemployed, often have comorbid substance abuse, and are likely to experience homelessness, and get into trouble with the law.<sup>1,2,3,4</sup> A study of state child mental health system-involved adolescents in Massachusetts found 65% had been arrested by age 25.<sup>5</sup>

### Vulnerable Youth and Families

The typical transition into independent adult relies on the young person attaining a certain level of psychosocial development and skills, continued assistance from families, and a safety net that softens the consequences of mistakes or experimentation well into young adulthood. Youth with SED are lacking in each of these factors.<sup>1</sup> They enter the transition stage developmentally delayed in all psychosocial areas. The transition period is typically a difficult balance for any family as they strive to support a young person's independence

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and experimentation while providing an emotional and concrete base of support. Families of youth with SED are often challenged by poverty, single parenting, and a history of separations from the youth because of protection, treatment or other needs. These challenges can hamper supports that families can provide. Families want to be involved in helping their child during the transition period and are greatly disappointed in the type of transition support they and their child are able to get from mental health, and other systems.<sup>6</sup>

### Limited Supports from Service Systems

Formal services woefully under-support transition needs. Across the nation, state child mental health systems offer few specific supports to address the concrete needs of transitioning youth; independent living preparation, supported high school and post secondary education, supported housing, vocational/career development and support. Furthermore, for each state

but one, eligibility for child mental health services ceases upon reaching a particular birthday, typically their 18<sup>th</sup> birthday. If transition supports are to continue youth must qualify for adult mental health services, but, with rare exception,

that criteria is more restrictive than child mental health eligibility, resulting in a significant number of child mental health clients being denied continued supports by virtue of having reached a particular age, rather than a change in need for services.<sup>7</sup> Currently no single site in the country offers comprehensive transition supports to youth from the state child mental health system continuously from ages 16-25. Generally, state adult mental health systems have not begun to address transition needs even

within the young adult population that is eligible for their services.

## Barriers and Solutions

It is clear that system barriers to improving transition supports for youth and young adults in mental health systems are myriad and refractory.

Administrators from states that have made significant progress attribute their success to 1) dogged leadership and advocacy that raises the issue to the highest priority and maintains its visibility, and 2) use of a small amount of "new" money, such as part of the federal Mental Health Block Grant funds, to establish new practices from which more can be grown. Having the first is essential to obtaining the second.<sup>7</sup>

## Recommendations

The following recommendations are made to aid in development of policies, contract language, and funding mechanisms that promote provision of concrete, age-appropriate transition supports to public mental health system client ages 16-25:

- Embrace the transitioning mentally ill population by providing leadership that keeps the transition issue at the forefront, seeks every opportunity for change, and results in continuous, comprehensive supports for any public service system involved client aged 16-25.
- Develop strong sources of youth voice for guiding the development of transition supports, practices, and policies by funding leadership training and the support of youth advocacy organizations.
- Eliminate the requirement that child mental health clients meet adult mental health eligibility once they have attained adult age.
- Promote the consistency of therapeutic or beneficial relationships, such as in case management, from ages 16-25.
- Implement formal transition planning beginning at an early age (14) and continuing until age 25.
- Insure that transition planning focuses on maximizing adult functioning, as well as promoting a smooth transition into adult services when appropriate.
- Ensure a sufficient density of age-appropriate state-

supported transition supports for 16-25 year olds.

- Engage other child and adult systems so that youth and young adults in mental health systems can access needed services and supports in other systems.

## Relevant Literature

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