

Teen and Young Adult Study

**Part of MHSA
Innovations Planning**

Sierra Family Medical **Clinic**

Study Goal

A community conversation on how to create an integrated and comprehensive safety net for teens and young adults with serious mental health conditions in Nevada County.

Outcome of the Study

The primary outcome will be learning how to increase integrated health and wellness services for this underserved age group in a culturally competent and emotionally safe manner that promotes recovery/discovery, empowerment and resilience.

Components of the Study

- Local Survey of Young People, Parents, Public and Private Providers, Community Stakeholders
- Research as to Unique Aspects of Young Adults with Serious Mental Health Conditions (SMHC)

And More to Still Come

- What Other Communities Are Doing
- Treatment models including for those with Co-Occurring Mental Health and Substance Used Disorders (COD)
- Education, Employment and Housing models and supports

Young People with Mental Health Conditions Are Unique

**Biological, Emotional and
Psychosocial Development**

What the Research Says

“Too often we try to motivate others by indoctrinating them in our values rather than by appealing to theirs...”

~Steven Reiss, Ph.D

“If you want to motivate
someone...you would be
wise to focus on what
they care about.”

~Steven Reiss, Ph.D

The Prevalence of Mental Illness on Young People

- 21% of youth aged 13-18 live with mental illness severe enough to cause significant impairment in their day-to-day lives.

Journal of the American Academy of
Child and Adolescent Psychiatry

- One in four young adults between the ages of 18 and 24 have a diagnosable mental illness.
- More than 25 percent of college students have been diagnosed or treated by a professional for a mental health condition within the past year. (2012)

SAMHSA and American College Health Association

A Condition of the Young

- 50% of mental illness strikes youth by the age of 14 and 75% occurs by age 25.
- Therefore, mental illness is a condition of the young. Yet, science does not provide sufficient answers as to how to help these young people.

Thomas Insel, Director of the National
Institute of Mental Health

Mental Illness can Start Early

- Symptoms of anxiety disorders tend to emerge by age 6, mood disorders by age 13, and substance use disorders by age 15.

NIMH

And Yet

The average delay between onset of symptoms and intervention is 8-10 years

- Only 40% of youth with mental illness receive treatment

National Institute of Mental Health

Most Significantly

**Suicide is the third leading
cause of death for
teenagers and
young adults.**

The Challenge of Diagnoses

- Unlike our definitions of ischemic heart disease, lymphoma, or AIDS, the DSM diagnoses are based on a consensus about clusters of clinical symptoms, not any objective laboratory measure.

National Institute of Mental Health

More from NIMH

Symptom-based diagnosis, once common in other areas of medicine, has been largely replaced...as we have understood that symptoms alone rarely indicate the best choice of treatment.

Patients with mental disorders
deserve better.

A New Approach

NIMH has launched the Research Domain Criteria (RDoC) project to transform diagnosis by incorporating genetics, imaging, cognitive science, and other levels of information to lay the foundation for a new classification system. However, this will take years to develop.

Brain not fully developed for Young People

Greater risk of impulsivity on top of an already challenging reality—in general a 20 year old is:

50 percent more likely to do something risky if two friends are watching than if he's alone

As a number of researchers have put it,
“the rental car companies have it right.”

The brain isn't fully mature when we are
allowed to:

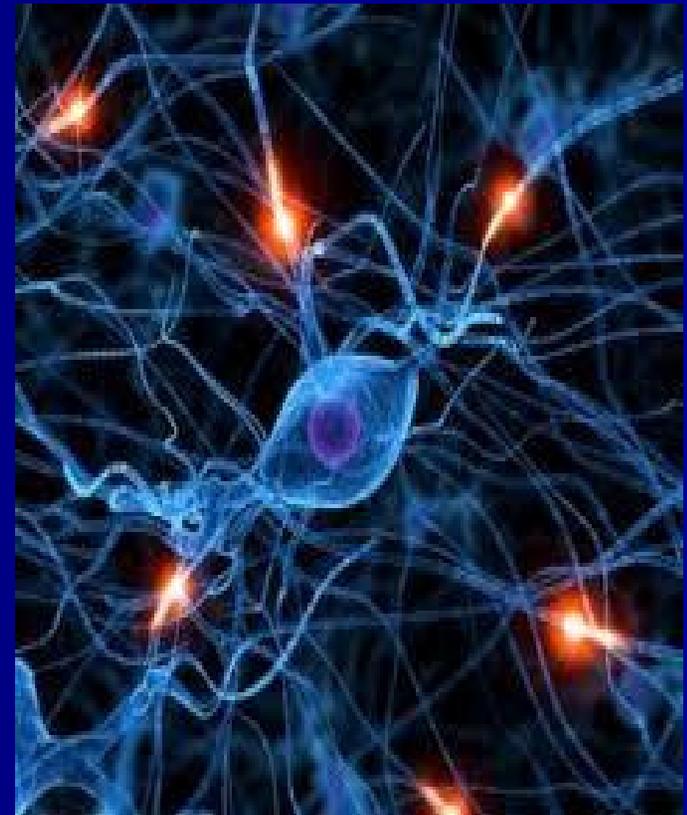
- drive at 16
- vote 18
- drink at 21

But closer to 25, when we
are allowed to rent a car.

Young People in General

- poor judgment
- impaired ability to plan and organize behavior to reach a goal

The younger brain is also more reactive to negative reinforcement



And then there's the realities faced by Young People with Mental Health Conditions



If you do an MRI [brain scan] of areas of the brain such as the frontal cortex, hippocampus, or caudate, you see that these areas are smaller in patients with recurrent mood disorders.



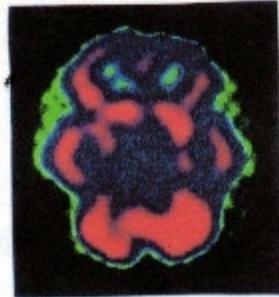
Atrophied brain cells, as seen in the brain of a depressed patient



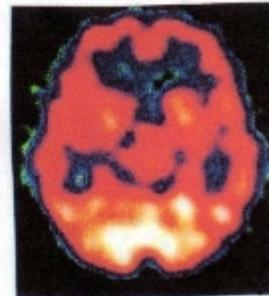
Healthy brain cells, with cellular resilience and connectivity restored after treatment

Reproduced with permission of Hussein Manji, MD former Chief of the Laboratory of Molecular Pathophysiology at the National Institute of Mental Health (NIMH).

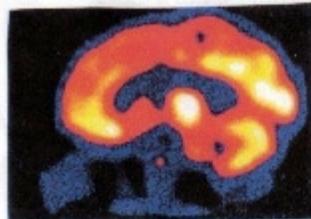
Mental Illnesses are Brain Disorders



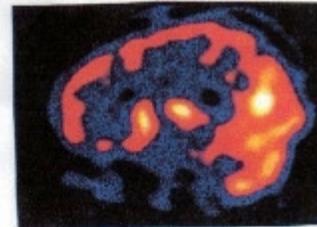
Brain function by SPECT scan
in a person with depression



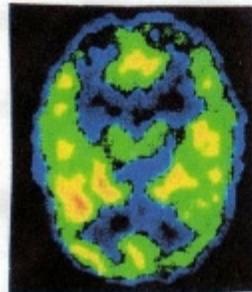
Brain function by SPECT scan
in healthy brain



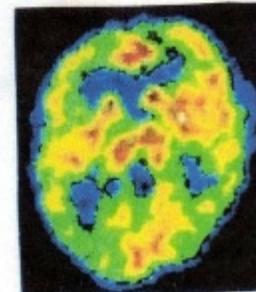
Brain function by SPECT scan
in a person with bipolar disorder



Brain function by SPECT scan
in healthy brain



Brain function by PET scan
in a person with schizophrenia



Brain function by PET scan
in healthy brain

NAMI Nevada County--The County's Voice on Mental Illness
PO Box 1313 Grass Valley CA 95945 (530) 272-4566 www.nccn.net/~ncami

Vulnerability to Depression Can Be Contagious

Research study conducted at the University of Notre Dame:

Students with roommates with a tendency to respond negatively to stressful life events were more vulnerable to depression even if they have never experienced a depressive episode.

The researchers concluded that vulnerability to depression is contagious.

Common Characteristics to Remember

- Age group least likely to seek help
- As a group, young people with mental health conditions are delayed in every area of psychosocial development that has been examined to date. (See handout from Transitions RTC)

“I Hate Myself!”

- Young people with mental health conditions can experience internal processes of confusion, perceptual distortions, self-hatred/worthlessness
- Not a homogeneous group—bringing some together can create significant problems and risks (we found this to be true with our focus group)

Impact of Developmental Challenges

Young people can struggle with having:

- highly compromised educational attainment,
- under- and unemployment,
- limited friendships,
- increased homelessness,
- higher rates of incarceration.

This was all validated in our local survey

And to Make Matters Worse

The majority of young people do not receive any services for their mental health condition

Why?

“I Want to have a Mental Illness”

- Stigma by everyone, including the young person
- Diagnostic limitations—disparity between providers and lack of objective criteria
- Immaturity of the young person

Primary Care Providers

Research shows that many primary care providers recognize depression in young people but are troubled as to how to best treat the condition.

Recognizing the courage it takes to seek help

- Are service providers friendly and engaging? What do young people need in order to feel engaged?
- Do providers understand developmental realities? Recognizing that behaviors can be symptoms of mental health conditions vs “behaving poorly or badly.”

Are You Kind?

- Expect ignorance and struggle within the family system, but be strength-based.
- Do providers really understand the impact of having a serious mental health condition on the individual and family?

Columbia University Research

“Young adults with serious mental illnesses between 18-25 years old are an important, vulnerable and little understood minority in the community mental health system”

What Does that Mean?

- Young adults hover between the last developmental stages of adolescence and the beginnings of full adulthood.
- They struggle to get their needs met in a system not designed specifically for them.

Culture Shock

- Clients in community mental health treatment programs are typically in their 30's and 40's.
- To a 20-year old who enters the adult mental health system for the first time, even a 35-year old fellow patient seems old.

Negative Impact of Mixing Ages

- The older adult who struggles with his/her own illness can be frightening and intimidating to the younger person.
- This may have a negative impact on the latter's ability to attach to the treatment program and acquire the help they needed.

“Why wouldn’t I act out?”

“...dissatisfaction with program services, emotional reactions to the illness and disability of older clients, and difficulty in feeling a sense of belonging are expressed verbally and behaviorally in a number of ways.

“Keep them alive in their 20s”

“The dropout and rehospitalization rates for these young adults are high. They have a tendency to act out sexually, to use drugs and alcohol, or to create other crises which require immediate staff intervention.”

~<http://www.columbia.edu/cu/csswp/research/current/treatm.htm>

Parents' Fears



Co-Occurring Mental Health and Substance Use Conditions

- Mental health symptoms typically precede the onset of substance use.
- Delay of diagnoses and treatments can lead to increased substance use.

- Treatment groups can be a challenge for those with significant mental health symptoms and substance use problems, and can be risky due to developmental factors.
- Expectations as to the timeframe to wellness often too short

From The National Co-Morbidity Survey

- The mental disorder developed first in more than 85% of young people.
- The median age of onset for the mental disorder was 11 years old.

- The median age of onset for substance abuse disorder, depending on geography, ethnicity, and gender, was somewhere between 17 and 21 years of age. (Other research states it begins by age 15.)

SUD

(Substance Use Disorders)

- Individuals without a mental health condition become involved with the use of alcohol and drugs because they want to change the way they feel.
- These single-disorder individuals start out feeling o.k., but want to feel even better.
- Then substance abuse and addiction can make them feel much worse.

Young People with COD

(Co-Occurring Mental Health and
Substance Use Conditions)

- But for depressed or anxious, shy, fearful, or hyperactive children and adolescents, the motivation for drug use is very different.
- They are trying to just feel normal.

Nevada County Study

- Focus Group of 9 young people that created survey and included representatives from:

LGBTQ, NCBH, private care, SSI, college students, employed, white, Latina, Asian, African American, single, married, parents, co-occurring mental health and substance use disorders (COD), psychotic, anxiety, mood, dissociative disorders

What We Learned As Well

- As the research shows, this was not a homogenous group, even though everyone knew at least one other person.
- There were problems in accepting others' views as well as several experienced worsening symptoms.

Local Participation

- Local young people, parents, adult consumers over age 30, community stakeholders from faith, justice, business, education, health/mental health and social services were individually surveyed or interviewed in small groups.
- All together, 117 individuals participated.

What We Found Locally (n=42)

- 85% struggled with school, even with supports
- 7% were successfully employed, supporting themselves
- 74% reported experiencing some type of trauma

- 63% had been hospitalized in an acute psychiatric hospital at least once
- 86% used substances of some kind other than prescriptions
- 40% had some criminal justice contact

- 84% felt that they had a hard time making friends
- 19% were in stable housing away from family (2 were homeless)
- 90% struggle with self-advocacy

What Young People Want

- To work, go to school, have relationships, friends
- To be integrated into the community and not be “separate”—don’t call us “TAYs” (Transition Age Youth)

What Parents Want

- Their child to live, to be safe, and live as independently as possible—they often recognize the emotional immaturity, but often are not sure what to do.
- Parents and family can be confused, angry, resistant, in denial, traumatized and need tremendous support, education and compassion.

To Be Expected

Because these conditions can have a genetic predisposition that is triggered by environmental factors,* some family members may also be struggling with SMHC and be in need of support.

*Dr. Kay Redfield Jamison, Professor of Psychiatry,
Johns Hopkins University

Providers

- May assess needs but often do not actively link with services e.g. social services, SSI, housing, education, work or volunteer opportunities
- See high need for helping young people improve emotional self-regulation

Comment

- There was a common perception across all stakeholder groups that if young adults have a substance use issue, they will often be screened out of services rather than address an underlying mental health condition.
- Input from those other than the individual may not be sought/valued, e.g. psychiatric history with previous mental health providers, family members and other significant persons in the individual's life.

What We Can Do

- Understand the developing brain: expectations need to be aligned
- Accept and support young people's emotional and developmental needs—stress causes us to regress

Family and Friends Matter

- Research shows:
 - Individuals without effective family supports are six times more likely to relapse
 - Strengthening existing personal supports (i.e. families, partners, friends) is essential for long-term wellness

Help build resilience

- Developmentally appropriate engagement strategies—most young people with SMHC are very vulnerable
- Effective treatments and services that are welcoming to young people (“friendly, caring”) **and** engage/develop their support system

Understanding and Hope

- Help young people and their families/supports understand the conditions and learn strategies to manage.
- Nurture a sense of purpose, finding hope.

In Summary

1. One in 4 to 5 young people have a mental illness that can strike early
2. Diagnostic process is complex
3. Substance use often follows
4. Emotional immaturity is the norm

Summary (cont.)

5. Common life struggles are more challenging
6. Suicide is a real risk
7. Treatment needs to meet their uniqueness and not be part of typical adult approaches

We have to rethink how young adults,
in particular, are helped.

~ ~

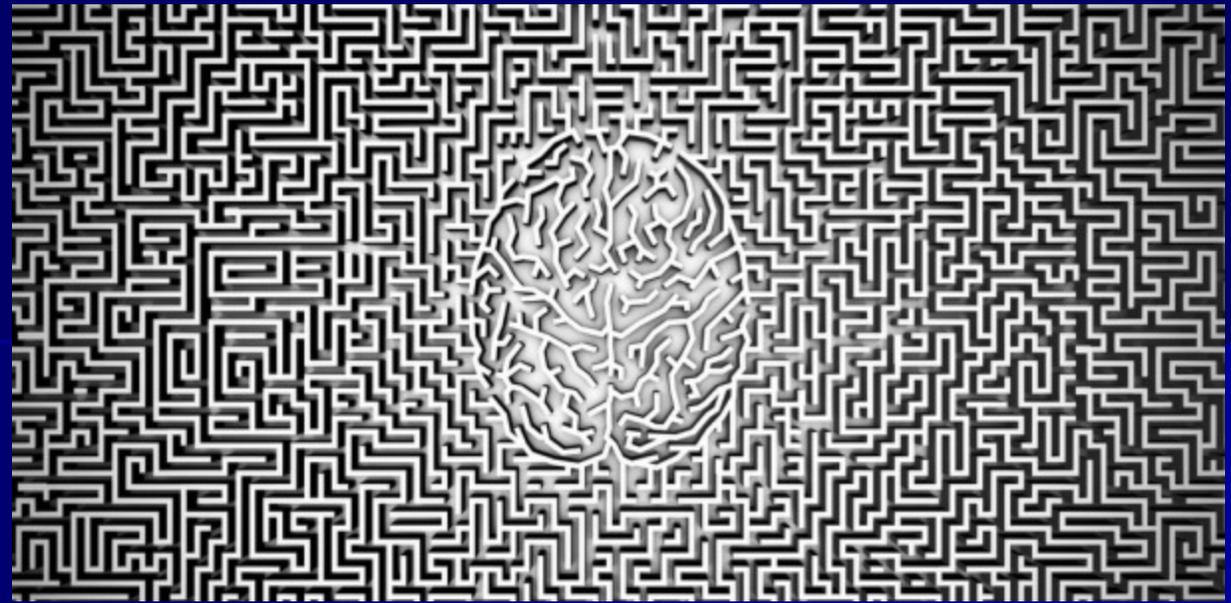
We can't continue to do
what we've been doing and
expect different results...

~Steven Reiss, Ph.D

How can we change to
support young people
with mental health
conditions?

Still To Come

- What Other Communities Are Doing
- Treatment models including for those with COD
- Education, Employment and Housing models and supports



“It takes
courage
to grow up and turn out
to be who you
really are.”

e.e. cummings

www.thesassysix.com

