



Early Intervention Mental Health Services for Adolescents and Young Adults

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Critical Developmental Tasks of Adolescents and Young (Emerging)Adults

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- Neurodevelopmental changes
- School Success and Completion
- Navigation of Social Relationships
- Establish Self-Identity & Competence in Relational Context
- Experimentation/Self-Regulation – socially, emotionally, cognitively
- Establish Problem-solving Capacity
- Reconfiguring Family Relationships
- Launching into Independence
- Preparation/Initiation into Employment

But, Critical Points of Vulnerability

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- Mental and substance use disorders → disorders of adolescence and early adulthood
- Half of all life-time cases of mental illnesses start at age 14
- Symptoms in $\frac{3}{4}$ of individuals with mental illnesses appear by age 24.
- About 1 in 10 children and teens suffer from a serious emotional disorder
- 90% of people who develop a mental disorder show warning signs during their teen years

Resources:

Kessler, R.C., et al. (2005) *Lifetime Prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replications*. *Archives of General Psychiatry*, 62(6), 593-602

American Psychiatric Foundation 2012

Systems of Care: Addressing the Mental Health Needs of Young Children and Their Families, 2010 (2010 Short Report)

Helping Children and Youth Who Have Experienced Traumatic Events (2011 Short Report)

Promoting Recovery and Resilience for Children and Youth Involved in Juvenile Justice and Child Welfare Systems (2012 Short Report)



Scope of the Issue

- Nearly 30 percent of young adults ages 18 to 25 living in U.S. households had a mental health condition in the past year, and of these, more than 2.5 million (7.6 percent) had a disorder so serious that their ability to function was compromised.
- A 2011 national SAMHSA survey also found that 35.2 percent of young adults ages 18 to 25 had used illicit drugs in the past 12 months.

Resources:

Kessler, R.C., et al. (2005) *Lifetime Prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replications*. *Archives of General Psychiatry*, 62(6), 593-602

SAMHSA National Survey on Drug Use and Health

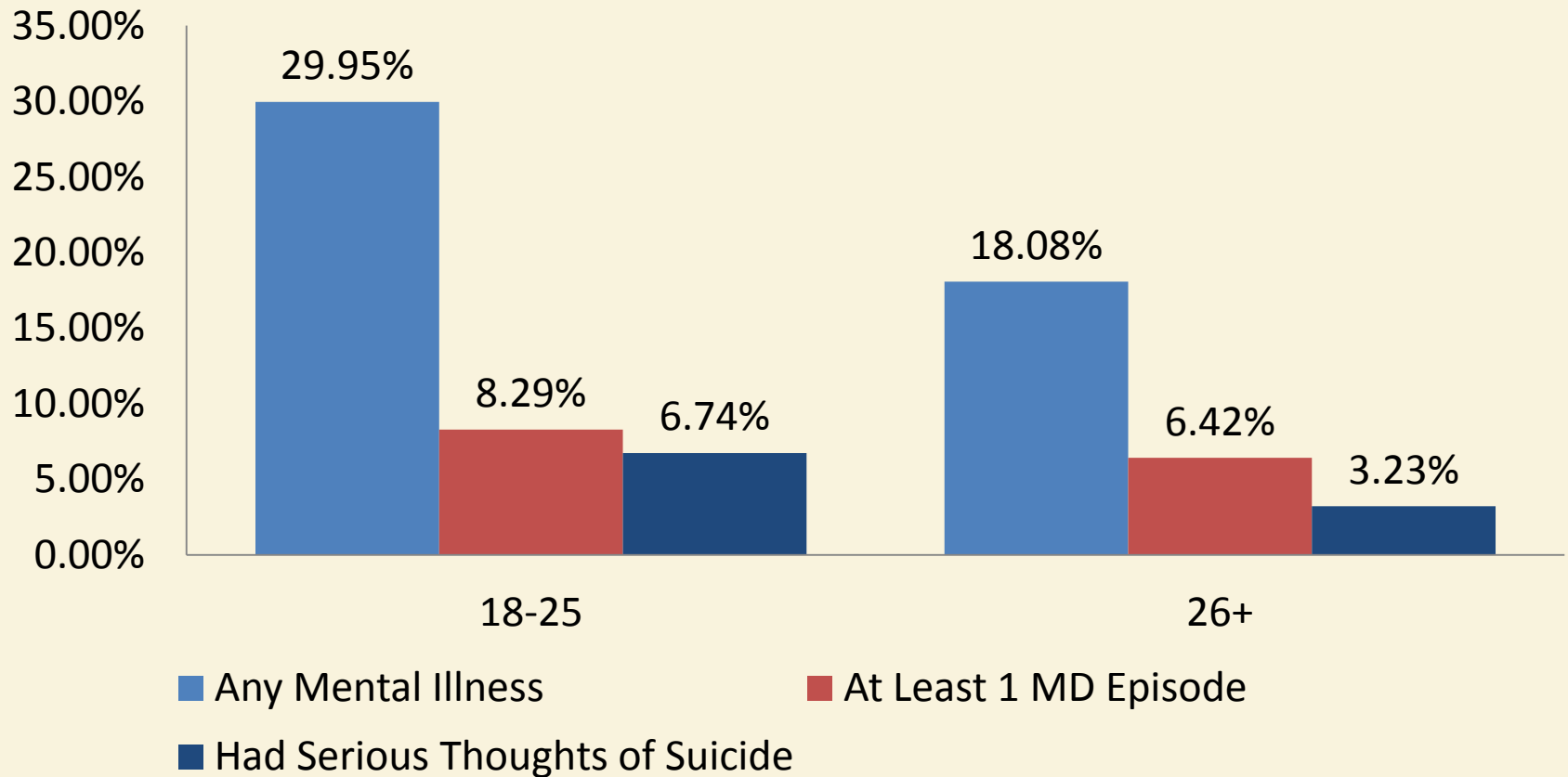
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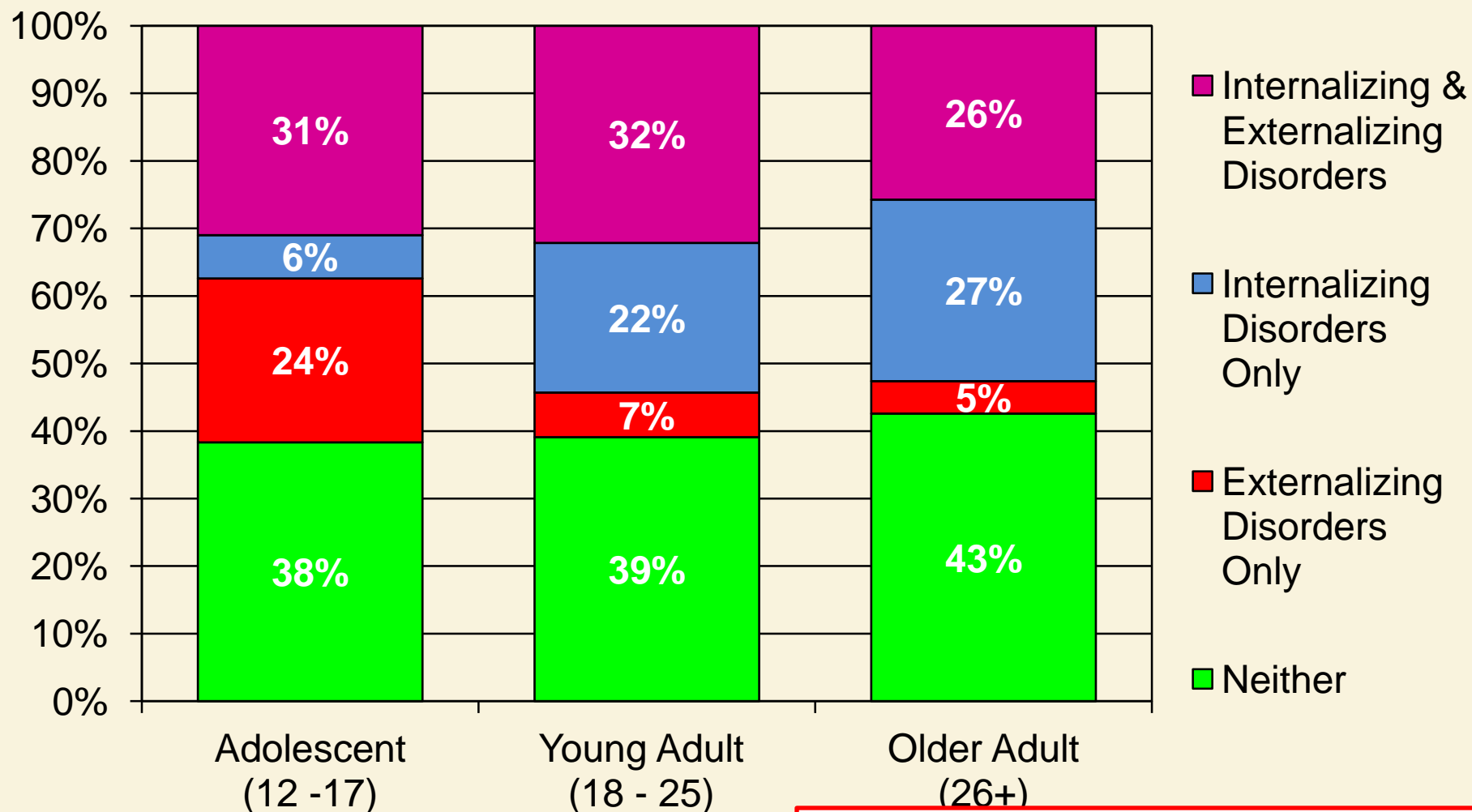
Mental Health Differences between Young Adults and Adults

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SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010 and 2011 (2010 Data – Revised March 2012).

The Pattern of Mental Health Disorders Varies by Age

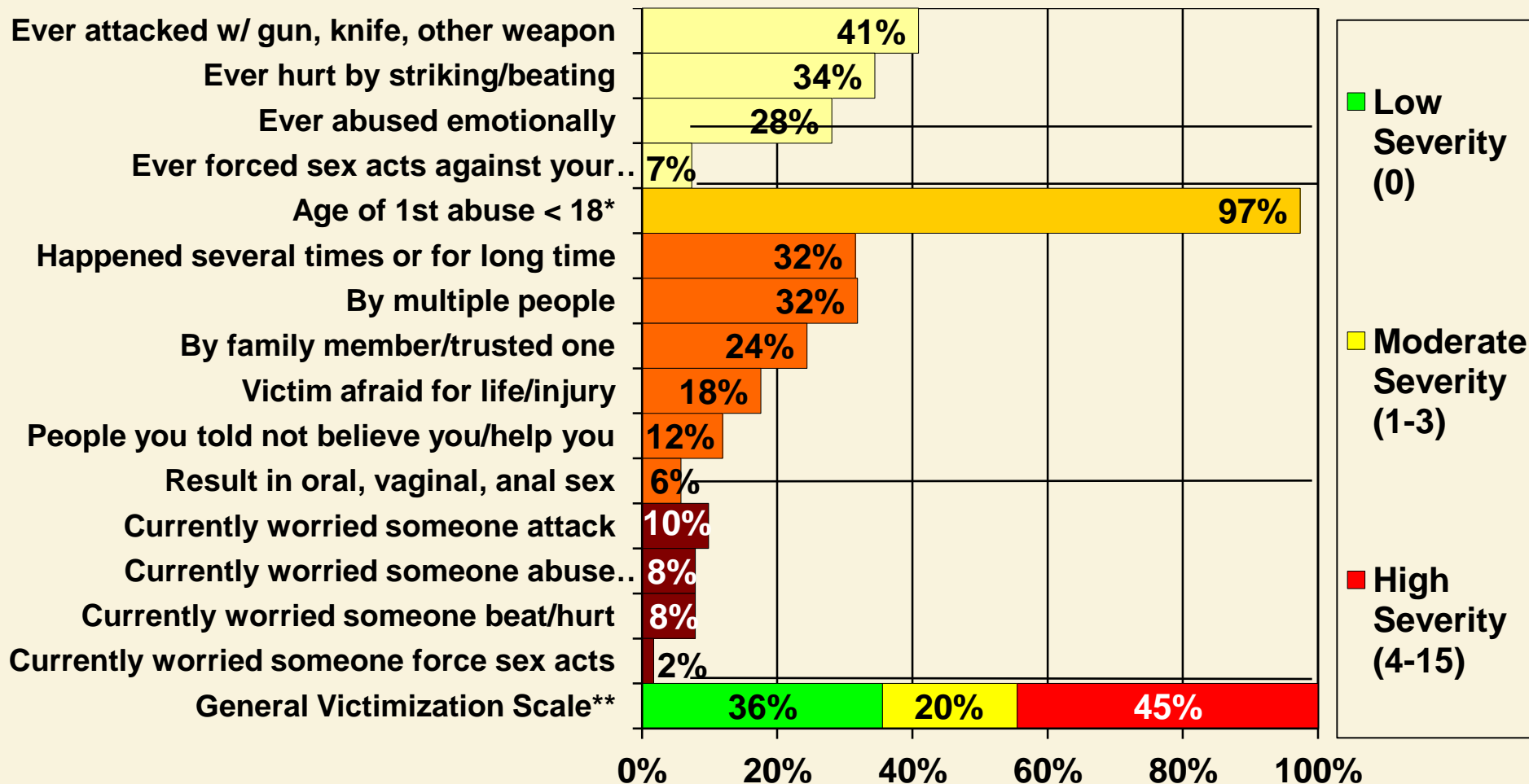


Adolescents more likely to have both or externalizing; YA to have both or Internalizing; and adults internalizing

Source: SAMHSA 2011 GAIN Summary Analytic Data subset Courts(n=3,581)

Severity of Victimization Scale

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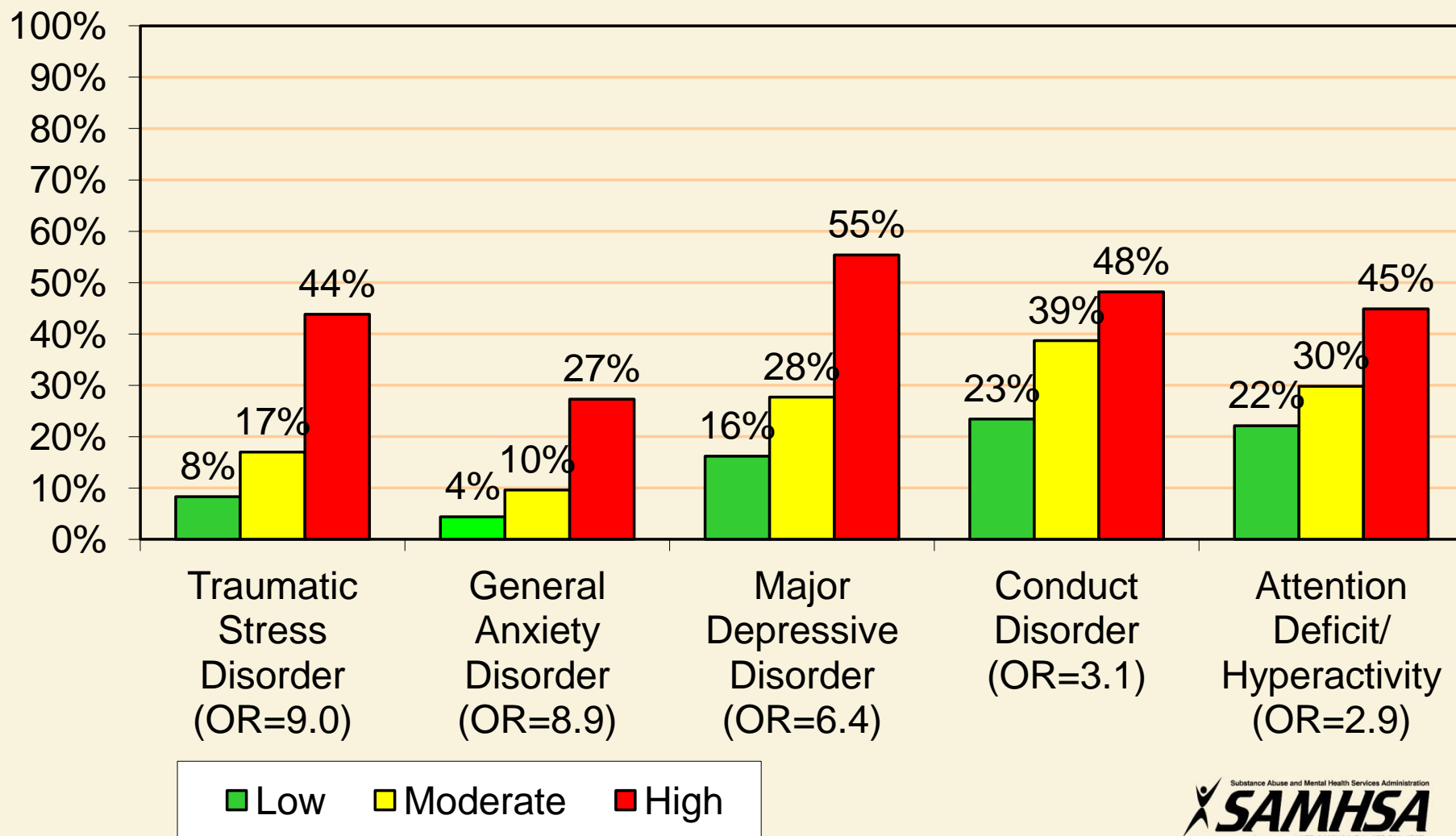


*n=3,230

**Mean of 15 items

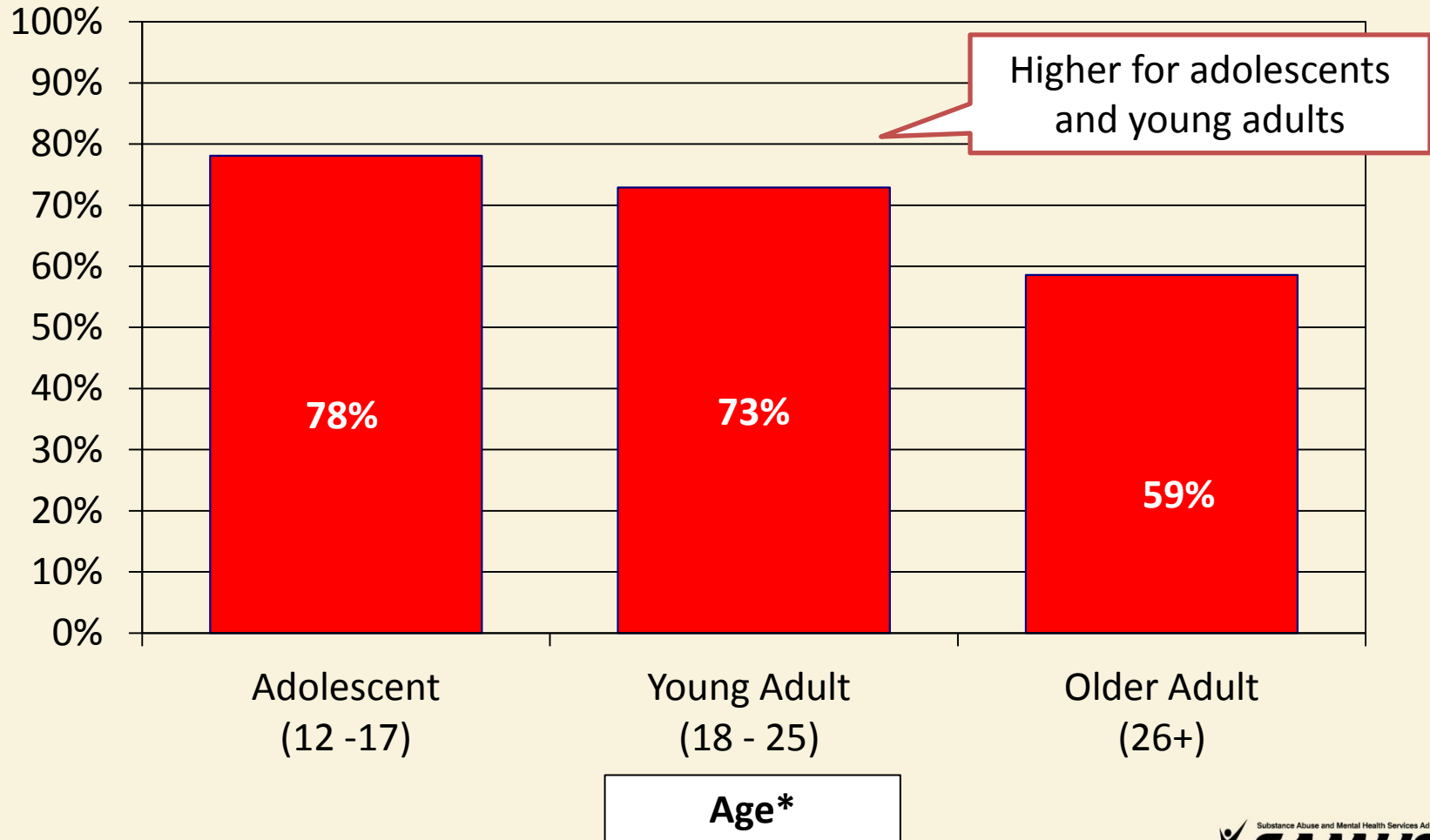
Mental Health Disorders Increase with the Severity of Victimization

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Unmet Need for Mental Health Treatment Within 3 Months after Intake by Age

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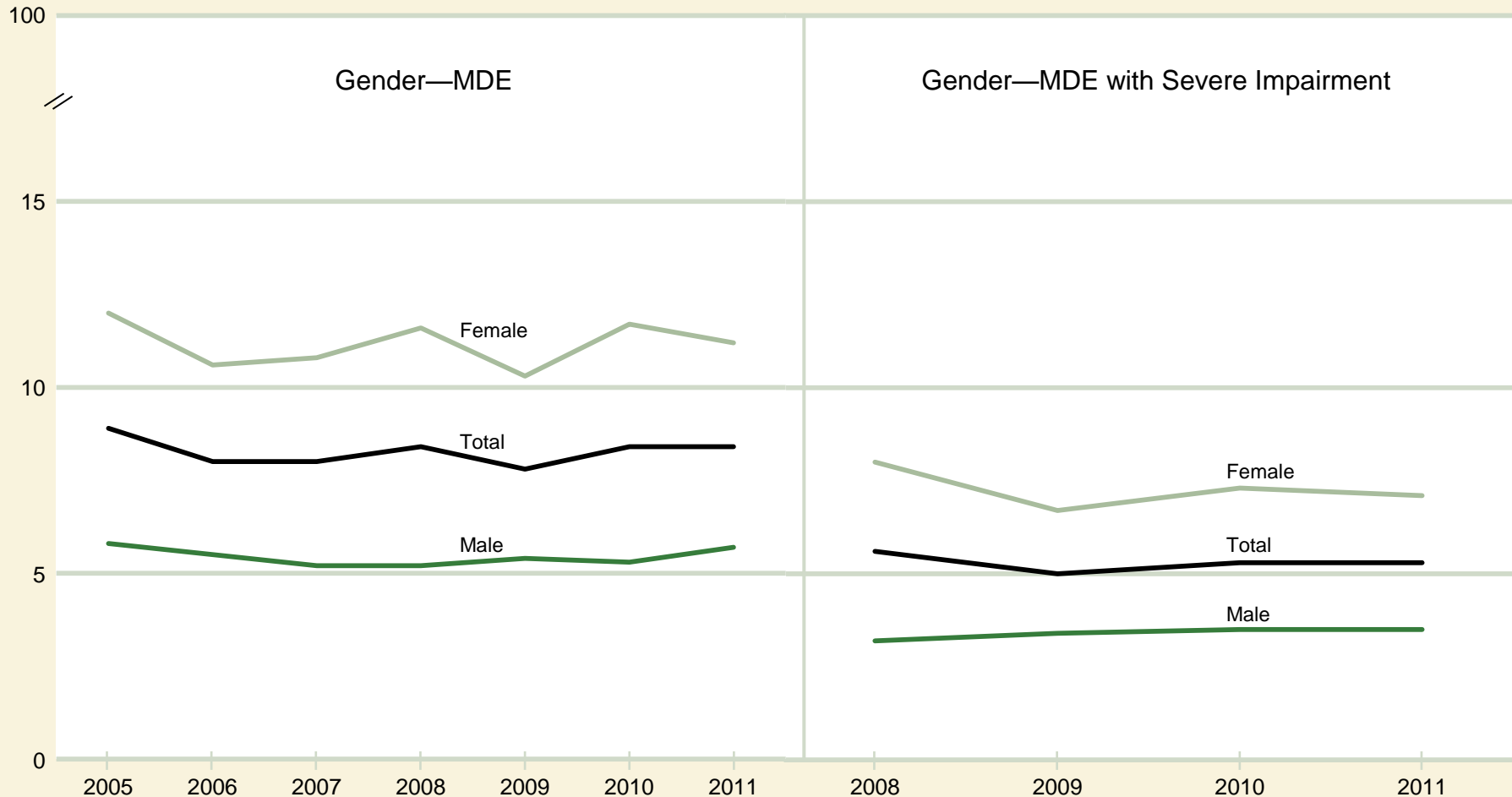


Source: SAMHSA 2011 GAIN Summary Analytic Data subset to Treatment Drug Courts (n=1,673). * p<.05

Percentage of young adults aged 18–24 who had at least one Major Depressive Episode (MDE) or MDE with Severe Impairment in the past year by gender, 2005–2011

Percent

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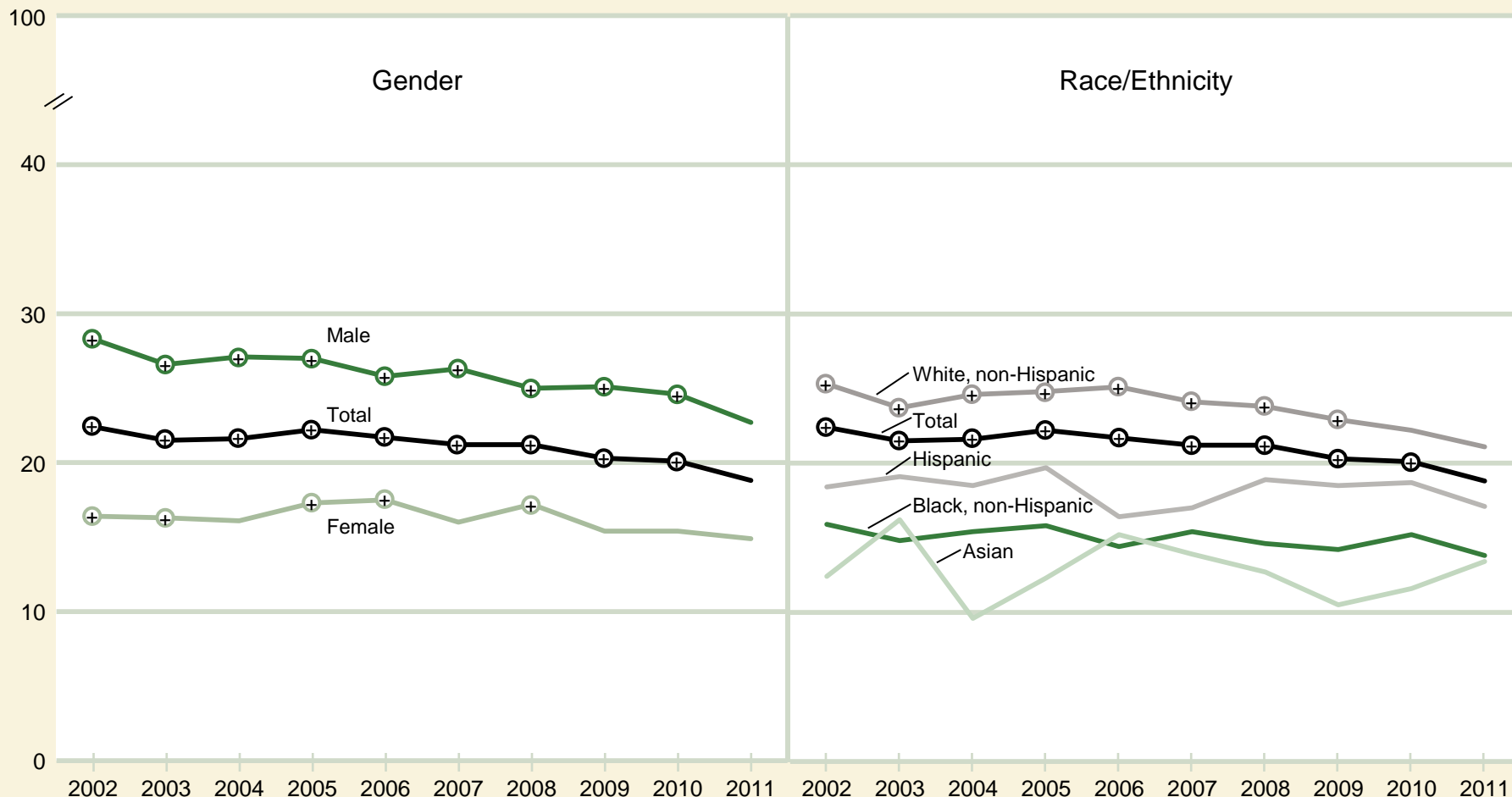


NOTE: Major Depressive Episode (MDE) is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had at least four additional symptoms (such as problems with sleep, eating, energy, concentration, and feelings of self-worth) as described in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

Percentage of young adults aged 18–24 who had illicit drug or alcohol dependence or abuse in the past year by gender and race/ethnicity, 2002–2011

Percent

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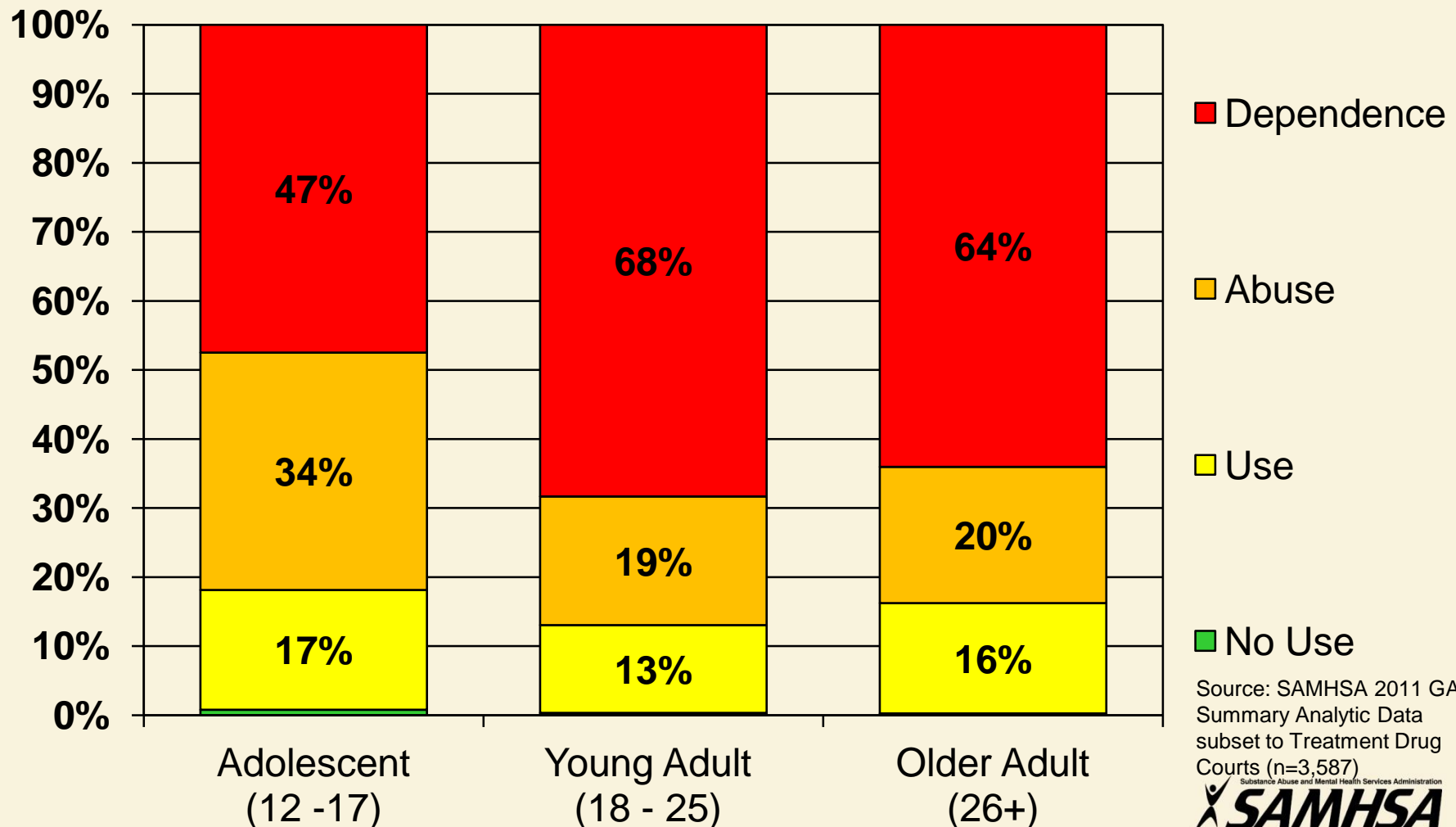
* Low precision; no estimate reported.

NOTE: Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*.

+ Difference between this estimate and the 2011 estimate is statistically significant at the .05 level.

Past Year Substance Severity of Use Goes up with Age

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Source: SAMHSA 2011 GAIN
Summary Analytic Data
subset to Treatment Drug
Courts (n=3,587)

Implications for Life Outcomes

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- 53 percent of individuals ages 18 to 25 with serious mental health problems enrolled in postsecondary education, compared to 67 percent of young adults of the same age without serious mental health challenges (2009).
- 50 percent of individuals ages 18 to 25 with a serious mental health problem were employed, compared to 66 percent of young adults of the same age with no serious mental health challenges (2009).
- Intergenerational Impact: maternal depression and substance use creates risk environment for young children (2009, IOM Study)

Service Outcomes

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- Effective Treatments for Mental Health Disorders
- Getting the right intervention at the right time to right individual
- General outcomes in SAMHSA programs:
 - 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.

Who Are the Young Adults Receiving CMHI Services and Supports?

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

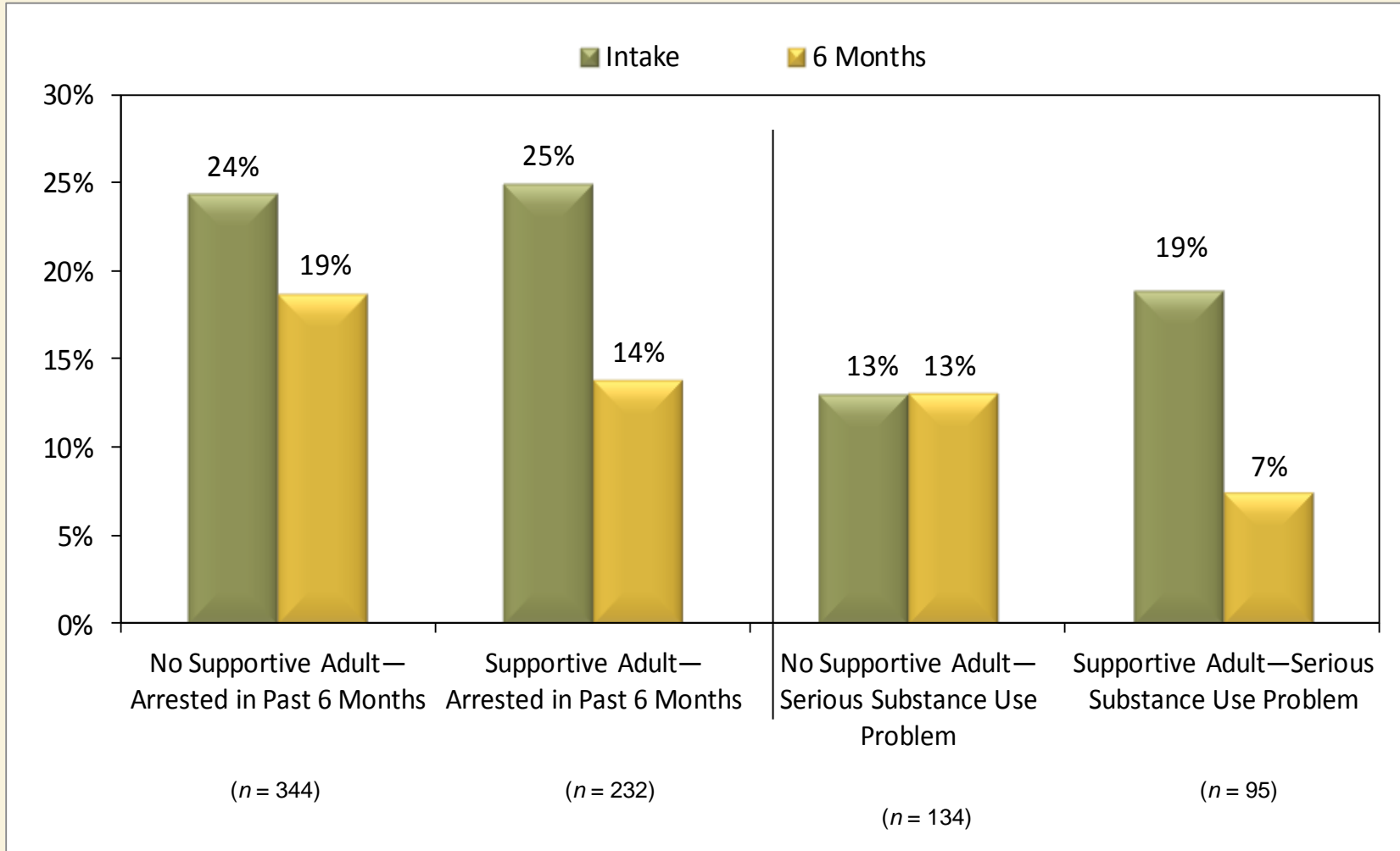
CMHI: Young Adults Have Fewer Symptoms, More Stable Housing, and More Life Skills

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- 28 percent showed a significant improvement in their behavioral and emotional health within the first 6 months, and 38 percent showed significant improvement within the first year.
- Homelessness dropped by 36 percent after 6 months in services among those ages 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 after 6 months in services.

CMHI: Supportive Adults Help Older Adolescents and Young Adults (Aged 21-21) Recover More Quickly

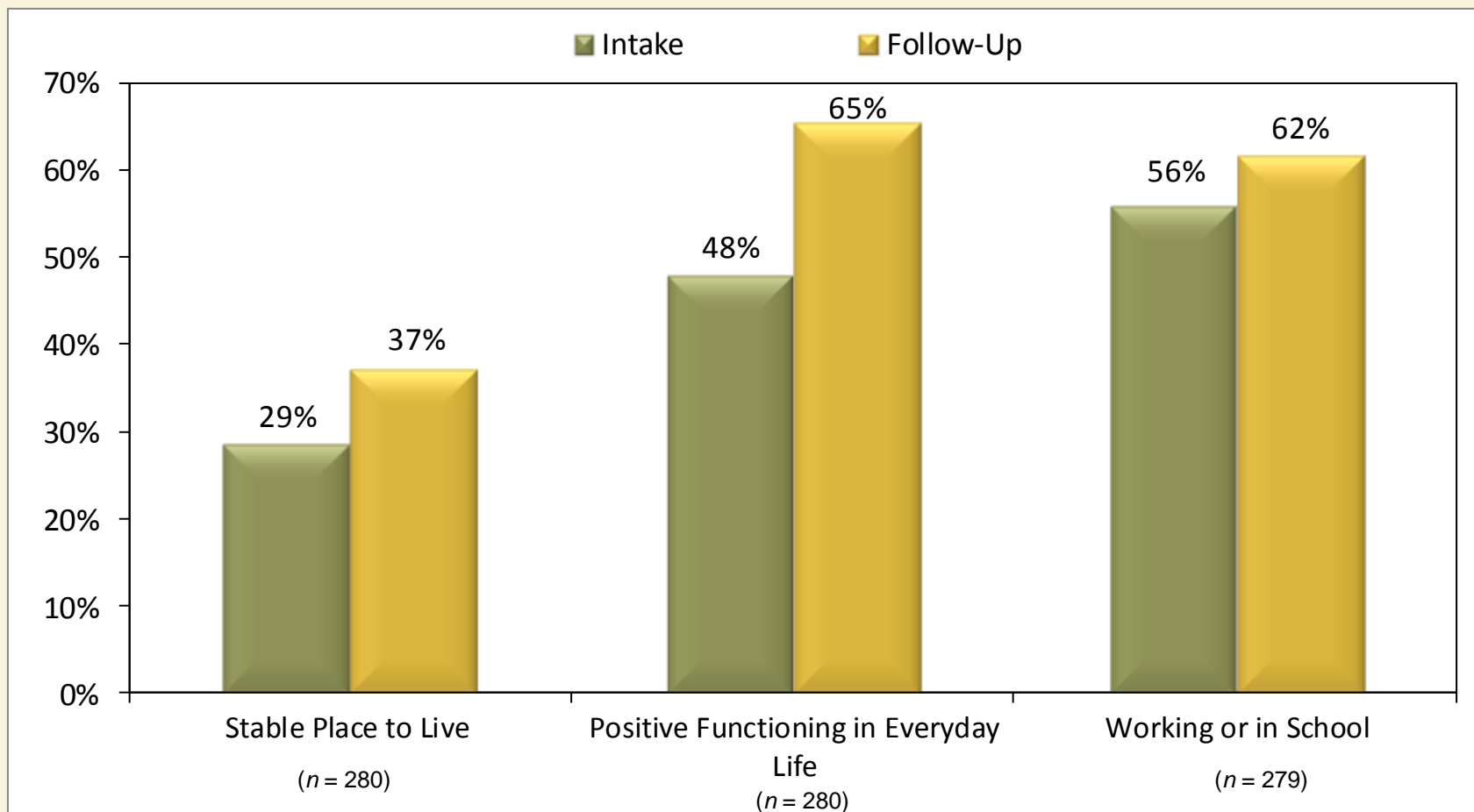
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Source: SAMHSA Children's Mental Health Awareness
Day Short Report, May 2013

EAI: Young Adults Show Improved Functioning, More Stable Housing, and More Functional Engagement

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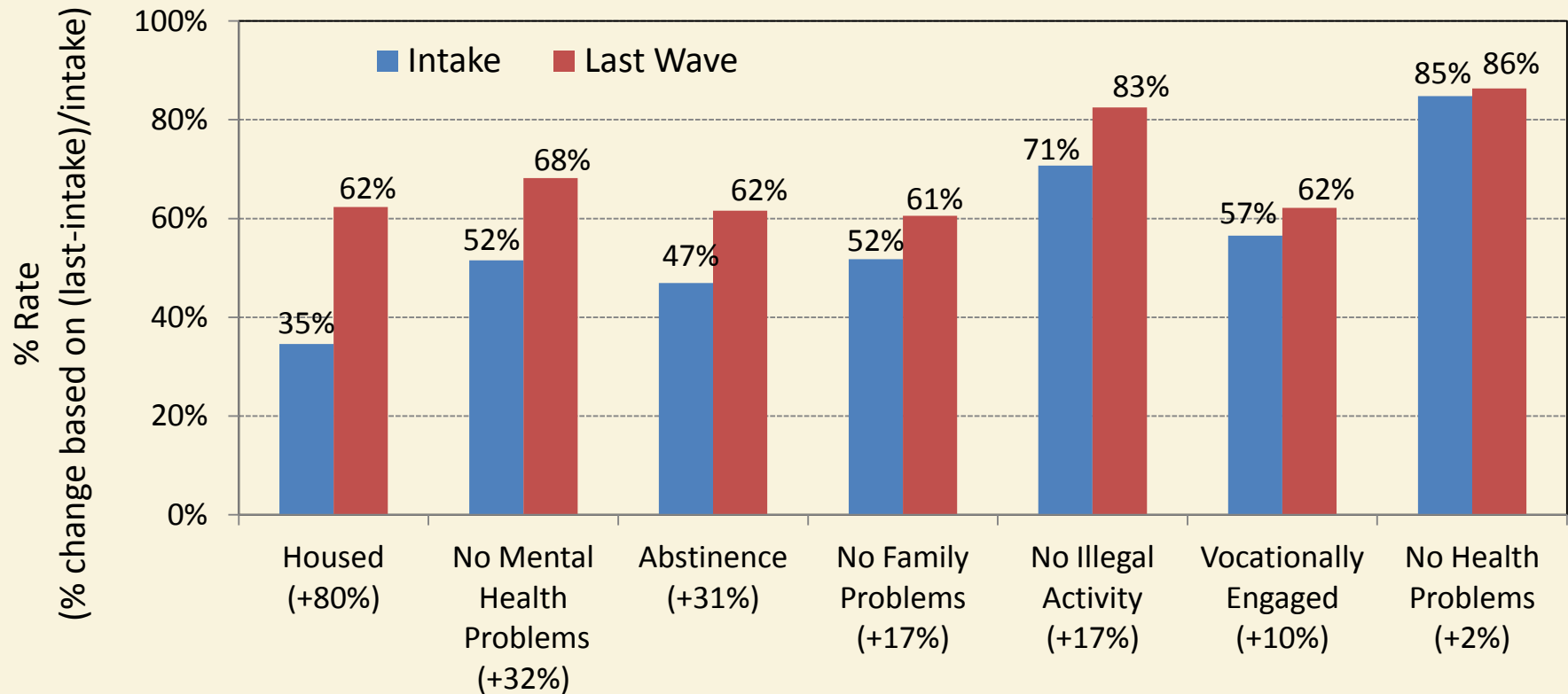


Source: SAMHSA Children's Mental Health Awareness Day Short Report, May 2013

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Treatment Outcomes in SAMHSA's Adolescent Treatment Programs (1998–2011)

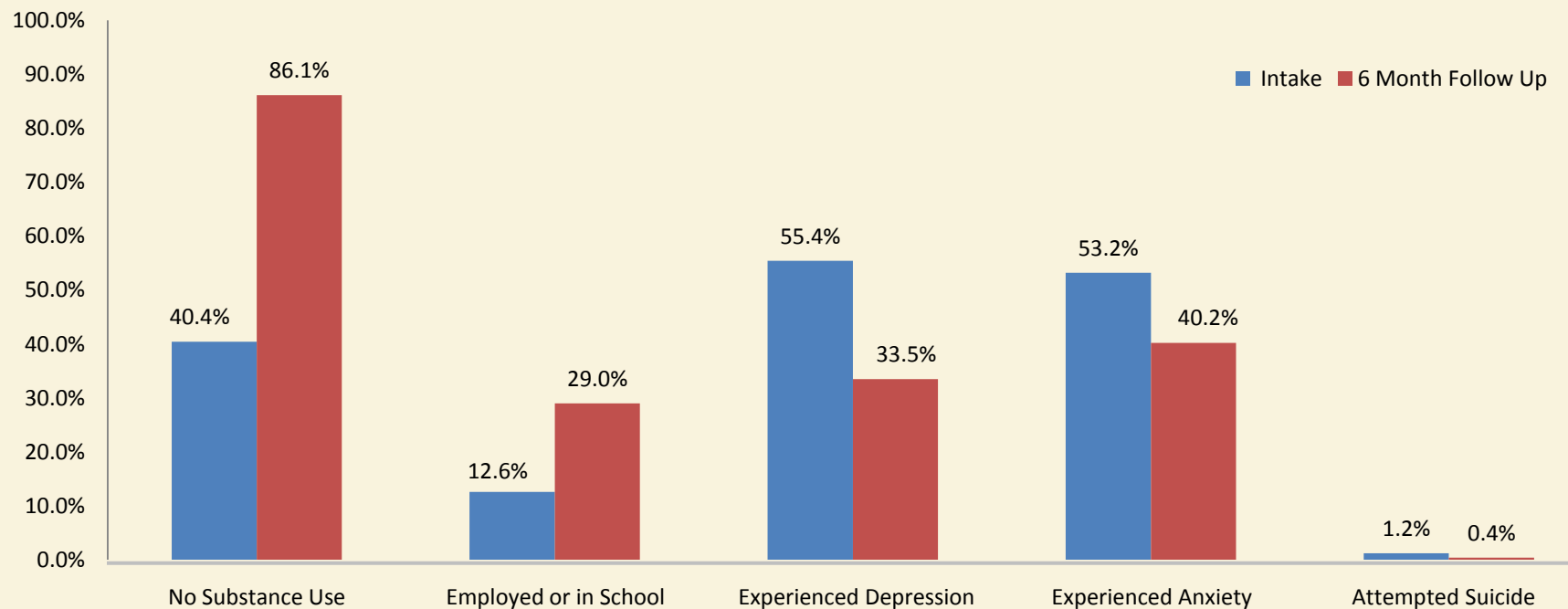
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Source: Data on 3,976 emerging adults (ages 18–25) from GAIN Coordinating Center (2012). Chapter 5 Subset of Overview by Age. Briefing Book Slides on All Grantees in the 2011 SAMHSA/CSAT Summary Analytic File. Normal, IL: Chestnut Health Systems. November 2012. Retrieved from: <http://www.gaincc.org/slides>

Treatment Outcomes for Young Adult Women in SAMHSA's PPW Program (2003–2012)

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Source: SAMHSA/CSAT PPW Data on 1,631 young adult women (ages 18–24).

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Future Directions

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- Scaling Up Effective Programs – prevention, screening, assessment, treatment, recovery
- Increasing efforts to intervene early and prevent onset of disorders and promote resilience
- Expanding the Workforce to address MH issues for adolescents and young adults
- Cross-sector collaborations to improve access to natural settings of adolescents and young adults.