



## Facts on Transitional Services for Youth with Mental Illnesses

*Providing comprehensive support services to youth with mental illnesses transitioning into adulthood is critical to their success. Many youth age out of children's services without any transitional planning and lack skills necessary to manage their illnesses and accomplish their goals. These youth face the challenge of entering adulthood without proper services and support.*

### Prevalence

- More than 3 million transition age youth have been diagnosed with a Serious Mental Illness.<sup>1</sup>
- Adolescents transitioning to adulthood with a Serious Mental Illness are three times more likely to be involved in criminal activity than adolescents without an illness.<sup>2</sup>
- Incarcerated youth age 18-22 are more likely to have a mental illness than younger adolescents in the juvenile justice system.<sup>3</sup>
- Transitional age youth with a Serious Mental Illness have higher rates of substance abuse than any other age groups with mental illness.<sup>4</sup>
- Rates of Serious Mental Illness are highest among young adults age 18, and rates decrease for each year thereafter.<sup>5</sup>

### Unmet Needs and Consequences

- **Education and Employment.** Young adults with a Serious Mental Illness face many challenges when transitioning from school to adulthood.<sup>6</sup> Over 60 percent of young adults with a Serious Mental Illness are unable to complete high school. These young adults are often unemployed, unable to participate in continuing education, and lack successful skills necessary for independent living.<sup>7</sup>
- **Increased Risk of Suicide.** An estimated 20 percent of youth receiving treatment for emotional or behavioral problems have either contemplated suicide or attempted suicide.<sup>8</sup> Less than 40 percent of youth at risk of suicide receive treatment.<sup>9</sup> Suicide is the third leading cause of death among young adults age 15 to 24.<sup>10</sup>

## **Effective Services**

- **Individualized Services.** Youth in transition need services that assist them in employment, housing, and education. Research shows that these services are most effective when they are tailored to meet the goals of each young person. Services and supports also need to be developmentally appropriate in order to build on the strengths of youth in transition.<sup>11</sup>
- **Personal Responsibility and Parental Support.** Services are most effective when youth are able to develop problem-solving skills and learn to experience consequences through their decisions. Parental involvement is key in guaranteeing that youth have a safety net of support.<sup>12</sup>

## **Barriers to Meeting Needs**

- **Gaps in Services.** No system or agency is responsible for youth with mental illness transitioning into adulthood. Youth with mental illness may be involved with service systems such as special education, child welfare, and juvenile justice. When these youth age out of their respective youth system they are often ignored or neglected in the transition period to adulthood.<sup>13</sup>
- **Under Utilization of Services.** Many adolescents and youth in transition do not receive specialty services despite the availability of services. This is often due to the stigma associated with mental illness and mental health services. Furthermore, cost of services and dissatisfaction with services prevent youth from receiving treatment.<sup>14</sup>
- **Lack of Support.** Many transitional youth lack the personal connections and friendships necessary for successfully managing their illness. Transitional youth are often separated from their families and do not receive adequate support.<sup>15</sup>

## **Recommendations**

Policymakers can promote improved treatment by:

- Creating a comprehensive service system for youth in transition that extends services between adolescence and adulthood.
- Encouraging the adult mental health system to develop programs and services for young adults age 19-25.
- Ensure continued Medicaid eligibility through age 24 for youth on SSI at age 18.

- Providing funding to SAMHSA in order to increase technical assistance, research, and demonstration projects to develop proven services specifically designed for transitional youth.

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<sup>1</sup> Vander Stoep A., Beresford S., Weiss N., McKnight B., Cauce M., and Cohen P., (2000). Community-based Study of the Transition to Adulthood for Adolescents with Psychiatric Disorders. *American Journal of Epidemiology*, 152, no4, 352-362

<sup>2</sup> Vander Stoep, A., Beresford S., Weiss N., McKnight B., Cauce M., and Cohen P., (2000). Community-based Study of the Transition to Adulthood for Adolescents with Psychiatric Disorders. *American Journal of Epidemiology*, 152, no4, 352-362

<sup>3</sup> Teplin L., (1994). Psychiatric and Substance Abuse Disorders among male urban jail detainees. *American Journal of Public Health*, 84, 290-293.

<sup>4</sup> U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General--Children and Mental Health*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

<sup>5</sup> U.S. Department of Health and Human Services. (2001). Results from the 2001 National Survey on Drug Use and Health: Prevalence and Treatment of Mental Health Problems. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

<sup>6</sup> Carson, R., Sitlington, P., and Frank, A., (1995). Young Adulthood for Individuals with Behavioral Disorders: What Does it Hold? *Behavioral Disorders*, 20, 127-135

<sup>7</sup> Hagner, D., Cheney, D., and Malloy J., (1999). Career Related Outcomes of a Model Transition Demonstration for Young Adults with Emotional Disturbance, *Rehabilitation Counseling Bulletin*, March, Vol 42, 3.

<sup>8</sup> U.S. Department of Health and Human Services (2002). Results from the 2002 National Survey on Drug Use and Health. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. a

<sup>9</sup> U.S. Department of Health and Human Services (2002). The National Household Survey on Drug Abuse Report. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

<sup>10</sup> Miniño AM, Arias E, Kochanek KD, Murphy SL, Smith BL. Deaths: final data for 2000. *National Vital Statistics Reports*, 50(15). Hyattsville, MD: National Center for Health Statistics, 2002.

<sup>11</sup> Clark, H., (2003). Transition to Independence Process Definition and Guidelines, TIP System and Development and Operations Manual, University of South Florida.

<sup>12</sup> Clark, H., (2003). Transition to Independence Process Definition and Guidelines, TIP System and Development and Operations Manual, University of South Florida.

<sup>13</sup> Davis M., and Vander Stoep A., (1997). The Transition to Adulthood for Youth Who Have Serious Emotional Disturbance: Developmental Transition and Young Adult Outcomes, *The Journal of Mental Health Administration*, 24:4.

<sup>14</sup> U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General--Children and Mental Health*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

<sup>15</sup> Davis M., and Vander Stoep A., The Transition to Adulthood among Adolescents Who have Serious Emotional Disturbance. Delmar, NY: The National Resource Center on Homelessness and Mental Illness Policy Research Associates, Inc., 1996.