

An Atmosphere of Healing: Psychosocial Considerations in the Management of Mental Health Disorders in the TAY population

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Objectives

- Define transitional age youth
- Discuss the importance of focusing on this age group
- Review normal stage related development within TAY time frame
- Challenges faced during this stage/age
- Reasons for low engagement
- How we (psychiatrists) can help

Note

- Throughout presentation, I will switch between literature in transitional age youth and emerging or young adulthood

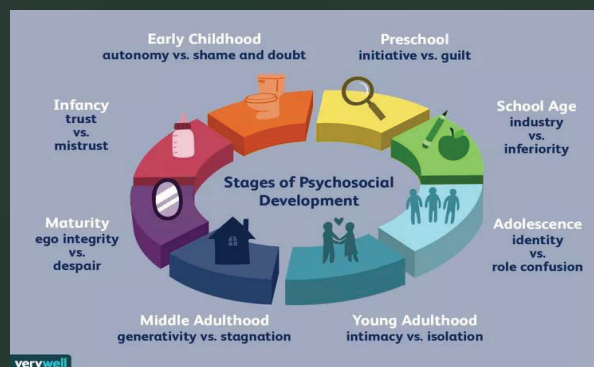
Who is considered Transitional Age Youth?

- The APA position statement defines the transitional age youth as the transition from adolescence to adulthood, typically ages 16 to 25 years old
- This period of development is characterized by “changes in social roles and function, family and peer supports, exposure to substances, unfamiliar educational and vocational exposures, and changes in healthcare providers from the pediatric to adult setting”

Why focus on this age group?

- The position statement goes on to highlight the vulnerability of many individuals we serve within this age group
- Vulnerable populations: individuals with emotional, intellectual or medical disabilities, those aging out of foster care, those with special educational needs, juvenile justice exposure and minority populations.
- Stage in which mental health conditions present or worsen superimposed with normal life stressors AND treatment engagement decreases
 - 50% of MH disorders develop by 14 and 75% by age 24

Erikson's Stages of Psychosocial Development



“Normal” factors faced by TAY

- Not just another adult
- Consider the developmental stage
- Identity v. Role confusion, Intimacy v. Isolation
 - Gender roles, family of origin roles
- Neurodevelopment- myelination and synaptic pruning in PFC
- “Adulting” roles
 - driver’s license, higher education, career exploration, dating, serious dating, marriage, paying bills etc.
 - Moving out of parent’s home and responsible for own health care

Erikson zoomed in

- Stage 5: Identity v. Role Confusion
- Exploration of beliefs, goals, and values while searching for personal identity and a sense of self.
- Success: Leads to *fidelity* – “alignment with the standards and expectations of the social group to which we belong”
 - Sense of being true to yourself, knowing who you are and where you fit into society
- Failure: Inability to create a sense of identity within society (“*Who am I? I don’t know who I want to be when I am older*”)
 - Sense of confusion, insecurity of ourselves, our future, and how we fit into it

Erikson Zoomed in

- Stage 6: Intimacy v. Isolation (18 to 40)
- Seeking long term relationships outside of our family of origin
- Success: *Love* marks the ultimate success of stage six – when relationships are meaningful and lasting.
- Failure: inability to form lasting, healthy relationships may result in loneliness, a sense of isolation, and depression.
- Builds upon the prior stage, “those with a poor sense of self are typically emotionally isolated and less committed to relationships”

Emerging adulthood

- Developmental psychology describes the 18-29 (later studied to age 25 yo) age range as “emerging adulthood”
 - Jeffrey Arnett posits 5 traits: identity explorations, instability, self-focus, feeling in between, and possibilities/optimism
- Identity explorations- exploring and discovering who they are
- Instability- multiple aspects of life change multiple times
- Self focus- fewer social obligations to others
- *Feeling in between*- feeling neither adolescents nor adults
- Possibilities/optimism- belief that anything is possible for them

Mental health trends in TAY

- Highest mental illness prevalence than any other stage
- Substance use disorders increase
- 2021 National Survey on Drug Use and Health by SAMHSA
 - Young adults aged 18-25 years have the highest prevalence (33.7%) of any mental illness (AMI) in than other adults (28% in 26-49, 15% in >50)
 - Young adults with AMI receiving mental health services was lower than any other age group
 - Young adults aged 18-25 years had the highest prevalence of SMI
 - Similar trends in multiple studies over the last 20 years
- Those with substance use disorders used even less services

Disparities in a disparaged population

- In 2020, Hispanic and youth of multiple races (18 to 24 yo) reported higher rates of anxiety or depressive disorders. Hispanic and Black youth reported higher substance use (CDC)
- Black young adults were found to utilize services at lower rates than white counterparts
- Lack of insurance peaks
- Those with intellectual disabilities age out of the school system
- Age out of the foster care system
- Age out of juvenile justice system

Why is engagement so low?

- Systematic review in 2010 identified several themes
- Stigma, stigma, stigma
 - Higher in rural areas
- Confidentiality and trust
- Lack of accessibility
- *Self-reliance*
- Concerns about the provider
- Knowledge about mental illness and mental health services
- Fear or stress about help seeking

What can we do to help?

- The same review reported that in all 3 studies on “facilitating factors”, **positive past experiences** improved help seeking behavior
- That tells me, we can make a difference

Case 1

- 19 yo female with a history of ADHD, depression and suicidal gestures who is now in college begins endorsing worsening delusional beliefs. Patient does not initially have other psychotic phenomena.
- On return appointment, she shares that she has been hearing whispers as well. Patient is started on a second generation antipsychotic.
- Upon the next appointment, she states that she stopped the medicine for a few days, thinking she did not need it. She restarted it after a worsened psychotic episode.
- Patient states however, that her family “does not believe her”.
- What is the next step?

Case 2

- 18 yo male with a history of depression and ADHD who has been stable on stimulant dose for a few years mentions that he is wondering if his stimulant needs to be increased. He reports that it seems to not be lasting as long.
- Upon further history, patient endorses that he has been working three jobs in order to save money for renting an apartment with friends. He also endorses that in efforts to wind down, he drinks excessively every night after his shifts.
- How do you address his desire for increased stimulant dose?

Set the atmosphere

- Acknowledge that this experience can be difficult- vulnerable, feelings of failure by needing psychiatric care, worries about future
- Make yourself human (as appropriate)
- Remind them that the information they share is confidential
- Yet, if appropriate, invite them to bring a family member(s)
- Emphasize the desire for a partnership and identify their goals
- It's not just what you prescribe but *how* you prescribe

Set the Atmosphere

- Emphasize their strengths
- Ask about school and developmental history
- Address any elephants (stigmatizing subjects)
- Educate, educate, educate (if you don't, tik tok will)
- Let them know it is okay to disagree with you
- Show compassion

So what did I do

- Case 1: Suggested a family session. Explained to the patient that her condition was most consistent with a schizophrenia type disorder but that I was not sure because we are catching her symptoms early. Either way, the treatment would be the same. Provided assurance that I would be happy to speak with her family as well.
- Case 2: I addressed that over working and alcohol use. I asked him to consider what he is really asking the medicine to do. I addressed underlying mood difficulty (loneliness due to lack of social time) leading him to drink and encouraged decreasing alcohol intake.

Reflection

- Let's Pause
- Think about your life. Think about the life changes that happened to you between the ages of 16 and 26.
- Maybe even zoom in to college and medical school.
- Imagine the life events and decisions that set the course of your life
- Who/what were the pivotal interactions you had?
- Imagine how things would be different if you had not had those interactions.

The Charge

- We CAN and should make every effort to engage transitional age youth in mental health treatment

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■ Thank you!