Adolescent experiences of the transition from child to adult public mental health services

Kaleigh Emerson, MPH; Deborah A. Cohen, PhD, MSW; Vanessa V. Klodnick, PhD, LCSW

Background

- In Texas, over 60% of youth discontinue mental health services at age 18.
- By age 19, less than 10% of those transferred from child mental health services are still active in services.
- This is the age when major mental illnesses most often first emerge and are most responsive to treatment.

Methodology

- Longitudinal qualitative study, n=19
- Semi-structured interviews (baseline, 6 months, 12 months) and monthly smartphone surveys
- 17-19 years of age. Serious Emotional Disturbance dx. History of child mental health services. Aging out of child services within next six months or aged out within last two years. Recruited by child provider and adult intake.

Participant Characteristics

- 11 (57.9%) female; 6 (31.6%) male; 2 (10.5%) transgender or gender non-conforming
- 14 (73.7%) White; 4 (21.1%) Black or African American; 2 (10.5%) Asian; 11 (57.9%) Hispanic or Latino
- 12 (63.2%) identify as LGBTQ+
- Baseline: 15 (78.9%) in services; 6 months: 4 (21.1%) in services

Results

Different relationships to child and adult providers

- Child providers seen as more supportive than adult providers
- Some youth discontinued services after transferring to adult side

"When I was young, there was a lot of emphasis on trying to help me and when I got older that definitely changed. When I was young, a lot of people felt empathy for me because I was young and feeling such negative emotions. They helped me with my insurance, the process; it was so easy and seamless, very inexpensive. And then it changed when I got older."

Focus on Life Goals

- Transition-age youth are focused on life goals and indirectly focused on mental health needs

"It would be nice to have a program that helps with finding jobs that I'm passionate about. I'm someone who feels like I need to have a purpose in life to want to live. A jobs program and rental assistance would be really, really, really great for my age group. Not only a job program, but a job program that pays a livable wage."

Provider Follow-up Processes

- Child services were usually consistent; providers would contact young clients if they missed an appointment
- Adult services were truncated; providers relied on the youth to follow-up if they missed appointments

"They said I would be able to be seen today and get a prescriber same day if I came in early enough. So I came in, waited, and then had a meeting where I was drilled about how I was going to be able to pay for services, which I'd never experienced before, ever, ever. The financial meetings always happened after I was already getting care. After all that, the intake said that I wouldn't be able to see a prescriber that day and... well, it wasn't true... but the appointment was going to be $70. And I just didn't go back."

Change in Services During a Period of Other Life Changes

- This age is a time of significant change regarding development, peer and family relationships, school, work, and health care changes

"I met my first therapist was when I was 14, and I had her 'til I was 18 and she was like a really good friend. But after I turned 18, my Medicaid stopped, so I just stopped seeing her. And that's when shit kind of hit the fan. And now that I think about it, when I stopped seeing my therapist, it just kind of went downhill..."

Discussion

- Transition practices and policies need to be developed, studied, and refined
- More focus on young adult development, not just mental health symptoms: employment, education, independent living, relationships (family, friends, therapists)
- Engagement practices developmentally attuned to young adults: texting, near-age peer support, flexible scheduling, follow-ups

The University of Texas at Austin
Texas Institute for Excellence in Mental Health
Steve Hicks School of Social Work

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kaleighemerson@austin.utexas.edu