

Introduction to the Special Issue: Empirically-based Interventions for Emerging Adults with Serious Mental Health Conditions

Janet S. Walker, PhD

Eileen M. Brennan, PhD

Pauline Jivanjee, PhD

Nancy Koroloff, PhD

Celeste L. Moser, MS

Young people in late adolescence and early adulthood have higher rates of serious mental health conditions (SMHCs) than any other age cohort in the U.S. population, yet they are also the age group least likely to engage in services. Research evidence developed over the past decade and a half has amply documented the poor outcomes and difficult life trajectories experienced by older adolescents and young adults with SMHCs; however, only recently has attention been turned to developing interventions that respond to their unique needs and preferences. This special issue of the *Journal of Behavioral Health Services & Research* highlights new research that contributes to knowledge about interventions and programs that are successful in improving outcomes for emerging adults—older adolescents and young adults between the ages of about 17 and 25 years—who experience serious mental health conditions.

The papers that comprise this special issue describe research that is grounded in what can be described as a “positive developmental” approach to working with emerging adults with SMHCs.

Address correspondence to Janet S. Walker, PhD, Research and Training Center for Pathways to Positive Futures, Regional Research Institute, School of Social Work, Portland State University, Portland, OR, USA. Email: janetw@pdx.edu.

Eileen M. Brennan, PhD, Research and Training Center for Pathways to Positive Futures, Regional Research Institute, School of Social Work, Portland State University, Portland, OR, USA.

Pauline Jivanjee, PhD, Research and Training Center for Pathways to Positive Futures, Regional Research Institute, School of Social Work, Portland State University, Portland, OR, USA.

Nancy Koroloff, PhD, Research and Training Center for Pathways to Positive Futures, Regional Research Institute, School of Social Work, Portland State University, Portland, OR, USA.

Celeste L. Moser, MS, Research and Training Center for Pathways to Positive Futures, Regional Research Institute, School of Social Work, Portland State University, Portland, OR, USA.

Journal of Behavioral Health Services & Research, 2015. 127–130. © 2015 National Council for Behavioral Health. DOI 10.1007/s11414-015-9456-9

The lead article¹ for the issue describes this positive developmental approach in terms of a set of core features that are shared across a number of interventions and programs that have empirical evidence of effectiveness for the population. The article points out that, despite the apparent success and growing popularity of interventions and programs that incorporate these shared features, there has not been any clear theoretical description of why or how interventions built around the features should “work” to produce desired outcomes. The article draws on existing research and a blend of theories, including theories of positive development, self-determination, ecological systems, and social capital, to propose a general theory of change for positive developmental approaches to improving outcomes for emerging adults with SMHCs. The paper argues that a clearer theoretical specification can contribute to the creation of efficient strategies for building the research base and for training providers to work more effectively with the population.

The subsequent papers included in this special issue reflect the diversity of strategies that are being used to develop and evaluate interventions that include features of the positive developmental approach and that are designed specifically to improve outcomes for emerging adults with SMHCs. Several of the papers focus on efforts to adapt interventions that have evidence of success with other populations,²⁻⁴ while another paper focuses on an intervention originally developed specifically for emerging adults with SMHCs.⁵ An additional paper describes research on a culturally grounded intervention approach focused on supporting positive cultural identity and healthy development among American Indian/Alaska Native (AI/AN) young people,⁶ while the final paper in this special issue explores the potential of policy interventions to improve state and local service systems and service coordination, with the aim of improving outcomes for emerging adults.⁷

Further diversity is apparent among the papers in terms of the specific populations that are the focus of intervention, as well as the stage of intervention development or implementation that is described. While several of the papers focus on general populations of young people with SMHCs, others focus on specific sub-populations, including young people who are involved in the foster care or justice systems, and young people of AI/AN heritage. The issue includes papers that represent a diversity of steps of intervention research, from theory development and initial exploration to open and randomized controlled trials. The diversity among the papers, as well as their shared focus on positive development, comes into clearer focus as they are considered one by one.

The Better Futures intervention, developed by Geenen et al.,² aims at empowering emerging adults who experience significant mental health conditions and who are also in the guardianship of the state foster care system. Better Futures supports their success in entering post-secondary education through college-preparation experiences, near-peer support, and mentoring. In the randomized controlled efficacy study, Geenen et al.² found Better Futures participants made significant gains in post-secondary participation, self-determination, hope for their future, and mental health empowerment, as compared to those assigned to typical community services.

The article authored by Davis et al.³ describes the development of an effective intervention to reduce recidivism among young people aged 17–21 years with serious mental health challenges who are also involved in the juvenile or adult justice system. The researchers modified multisystemic therapy (MST), an approach known to be effective in reducing re-offending among juveniles in the general population. The authors describe the adaptation for emerging adults with SMHCs (MST-EA) and summarize the results from a feasibility study that shows significant reductions in participants’ mental health symptoms and justice system involvement.

Using community-based participatory research methods, Friesen et al.⁶ examine a culturally-based model of services developed by the Native American Youth and Family Center (NAYA). In combination, three studies at NAYA demonstrated that culturally based interventions, guided by the Relational Worldview,⁸ are being used to support low-income urban AI/AN youth to overcome traumatic histories and current oppressive conditions, address mental health needs holistically, and enhance their well being during the transition to adulthood.

Ellison et al.⁴ report on the successful feasibility test of an adaptation of the Individual Placement and Support (IPS) model of supported employment that was offered at Thresholds, a psychiatric treatment program for emerging adults with long-standing mental health needs. The IPS model of supported employment has been well established as an effective vocational program for adults with serious mental health conditions,⁹ but was adapted to better meet the needs of young people by incorporating peer mentoring, career development, and supported education. The adapted model resulted in positive employment and/or education outcomes for nearly half of participants.

Dresser, Clark, and Deschênes⁵ examine the results of two implementation studies of the Transition to Independence Process (TIP) model, an intervention developed specifically for young adults with serious mental health conditions. To insure implementation quality and sustainability of the TIP model across sites, fidelity and outcome measurement tools were developed and tested in collaboration with the Stars Behavioral Health Group. The first study provides evidence of the tools' reliability and fidelity, while the second study documents improvements in key transition domains for young people enrolled in a newly-implemented TIP program.

The article by Delman et al.¹⁰ offers the most direct insight into the preferences and needs of young people. Young adults were interviewed about their experiences making medication decisions with their psychiatrists. The researchers found that psychiatrists' resistance to clients' active participation in decision making and limited client self-efficacy were the primary barriers to the active participation and empowerment of young people in the process of making psychotropic medication decisions. Psychiatrists' openness to the young person's perspective and availability outside of office hours supported active participation in shared decisions.

The final paper in this special issue concentrates on efforts to create intentional system and policy change at both the community and state levels. Walker et al.⁷ describe the development and implementation of two web-based assessments that allow states and communities to evaluate the extent to which they have developed the capacity to provide comprehensive, coordinated services and supports for emerging adults with serious mental health conditions. Working with seven states that had received federal resources to develop services for young adults, the researchers were able to document the change over time in system infrastructure in these jurisdictions.

In proposing a theory of change based on positive youth developmental approaches, Walker¹ has challenged service providers, youth and family advocates, and policymakers to make explicit the elements and processes that are believed to contribute to improved outcomes for emerging adults with SMHCs. Each set of authors has taken up that challenge and has contributed evidence situated within a positive development framework.

The innovative strategies incorporated into the studies in this special issue are likely a harbinger of further innovations to come. The studies in this special issue provide evidence of a natural dynamic that gains momentum as positive developmental interventions and programs are developed and implemented. As the work progresses, it becomes increasingly obvious that young people's perspectives should be empowered not just within their own treatment and services, but also in developing and implementing policy in organizations and systems, and in all facets of research.¹¹ As young people become more actively engaged in efforts to improve services and systems, it is likely they will advocate for a wider spectrum of intervention and support strategies, including health and wellness strategies, peer support, culturally-based strategies, mentoring, and youth/young adult-led programming. Further research will be needed to explore how these positive development-oriented strategies should be structured and implemented so as to ensure they produce outcomes as intended.

As new interventions, programs, and support strategies are developed and implemented, research will be required to establish the most effective ways of training and supporting providers (including the providers of peer interventions and other non-traditional strategies) so they acquire the needed competencies. Additionally, systems-change research will be required to build knowledge about

effective strategies for making services and supports more accessible, for reducing service fragmentation, and for facilitating widespread replication of effective programs, interventions, and models of service delivery and workforce development. As policy makers and program developers increasingly turn attention and resources to improving outcomes for emerging adults with SMHCs, so too must researchers intensify efforts to build the knowledge base.

References

1. Walker JS. A theory of change for positive developmental approaches to improving outcomes among emerging adults with serious mental health conditions. *Journal of Behavioral Health Services & Research*, 2015; 42(2).
2. Geenen S, Powers LE, Phillips LA, et al. Better Futures: A randomized field test of a model for supporting young people in foster care with mental health challenges to participate in higher education. *Journal of Behavioral Health Services & Research*, 2015; 42(2).
3. Davis M, Sheidow AJ, McCart MR. Reducing recidivism and symptoms in emerging adults with serious mental health conditions and justice system involvement. *Journal of Behavioral Health Services & Research*, 2015; 42(2).
4. Ellison ML, Klodnick V V, Bond GR, et al. Adapting supported employment for emerging adults with serious mental health conditions. *Journal of Behavioral Health Services & Research*, 2015; 42(2).
5. Dresser K, Clark HB, Deschênes N. Implementation of a positive development, evidence-supported practice for emerging adults with serious mental health conditions: The Transition to Independence Process (TIP) Model. *Journal of Behavioral Health Services & Research*, 2015; 42(2).
6. Friesen BJ, Cross TL, Jivanjee P, et al. Meeting the transition needs of urban American Indian / Alaska Native youth through culturally based services. *Journal of Behavioral Health Services & Research*, 2015; 42(2).
7. Walker JS, Koroloff N, Mehess SJ. Community and state systems change associated with the Healthy Transitions Initiative. *Journal of Behavioral Health Services & Research*, 2015; 42(2).
8. Marshall T, Goldberg RW, Braude L, et al. Supported employment: Assessing the evidence. *Psychiatric Services*, 2014; 65(1): 16–23.
9. Cross T, Friesen BJ, Jivanjee P, et al. Defining youth success using culturally appropriate community-based participatory research methods. *Best Practices in Mental Health*, 2011; 7(1): 94–115.
10. Delman J, Clark JA, Eisen SV, et al. Facilitators and barriers to the active participation of clients with serious mental illnesses in medication decision making: The perceptions of young adult clients. *Journal of Behavioral Health Services & Research*, 2015; 42(2).
11. Fleming J. Young people's involvement in research: Still a long way to go? *Qualitative Social Work*, 2011; 10(2): 207–223.