

YOUNG ADULTS' RECOVERY: MANAGING CHANGE

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Managing change can be informed by reviewing relevant literature and analyzing demographic, assessment, and programmatic information. A study of young adults with behavioral health needs who participated in treatment provides an example.

Transition-aged youth (TAY), ages 18 to 25, have higher rates of substance use disorders (SUD) than adolescents or adults over 25. Overall, in 2020, 30.6% of TAY experienced mental illness, and 9.7% had serious mental illness with related significant or severe functional impairments. Although TAY reported lower levels of behavioral health service utilization and recovery than older adults, predictors of behavioral health recovery for TAY have seldom been explored (SAMHSA, 2021).

Recovery, "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential" (SAMHSA, 2012) includes health management, having a safe, affordable place to live, purpose, and community support and involvement.

In addition to supporting behavioral health treatment, in 2019, Indiana's Division of Mental Health and Addiction (DMHA) funded six TAY programs across several counties.

Methods

A mixed methods study examined themes in program reports and used statewide administrative data to examine recovery predictors for TAY with behavioral health or substance use disorders (SUD).

For the quantitative study, Recovery was operationally defined as a Recovery Rate, the number of Resolved Needs divided by the number of Actionable ANSA needs EVER identified (Cordell et al., 2016; Lyons, 2009), the dependent variable. Predictor variables were entered into a hierarchical linear regression (HLR) in four blocks:

Recovery

TAY Program Themes

In 2018, DMHA put out a request for funding for TAY projects to assist 14 to 26-year-old youth with successfully transitioning to adult activities and responsibilities while maintaining sufficient mental wellness. Organizations determined the best approach for the organization (evidenced-based practice required) and service location.

TAY programs included a variety of approaches: Life Skills Groups (Casey Foundation), Transition to Independence Process (TIP), Prevention, and the Critical Time Intervention Model.

Themes emerging from annual program reports and a survey:

Developmental Needs

....the lack of transportation can prevent youth from getting to the necessary resources....Youth that are experiencing homelessness have struggled the most in making improvement" (A)

"In the transitional aged youth population, not only are we seeing an increase in traditional needs, such as housing, utility support, budgeting, occupational needs, etc.., but also an increase in needs relating to healthy social support, being the primary financial provider/financial contributor for their family unit, connectedness, increased mental health symptom management, sexual development, LQBTQ+ supports, and substance use." (B)

"TAY don't feel confident to try a new job... programs have been successful, but more supports in assisting TAY in transitioning to enjoyable and steady employment are needed. "(F)

Unexpected

"The need for ongoing supports in ... rural communities has grown to an unexpected need." (C)

"Parents do not have a realistic understanding of the current barriers to independence: lack of available housing, pricing/being unaffordable, youth with no credit, no references, having money saved for rental deposits, employment stability, short term employment/longevity. Youth have poor money management skills which are not being taught at home or at school." (F)

Stigma

"I'm Mexican and we don't believe in mental health care, so getting me to go to therapy is incredible." (A)

"Youth who identify as anything other than heterosexual are at increased risk of negative health outcomes."(B)

Success

"TAY have best success in transitioning when they find mentorship within the field of their interest that can be supportive...TAY succeed when they can move to a kinship placement such as staying with a teacher, family of a friend or adult co-worker that can step in to provide daily needs such as housing, food, emotional support" (F)

"There is a need for providers that "look like them" in order to have respect/build relationship as a provider. Male mentorship is a need to support positive, healthy male development." (F)

Many TAY participated in state-funded behavioral health treatment and support services

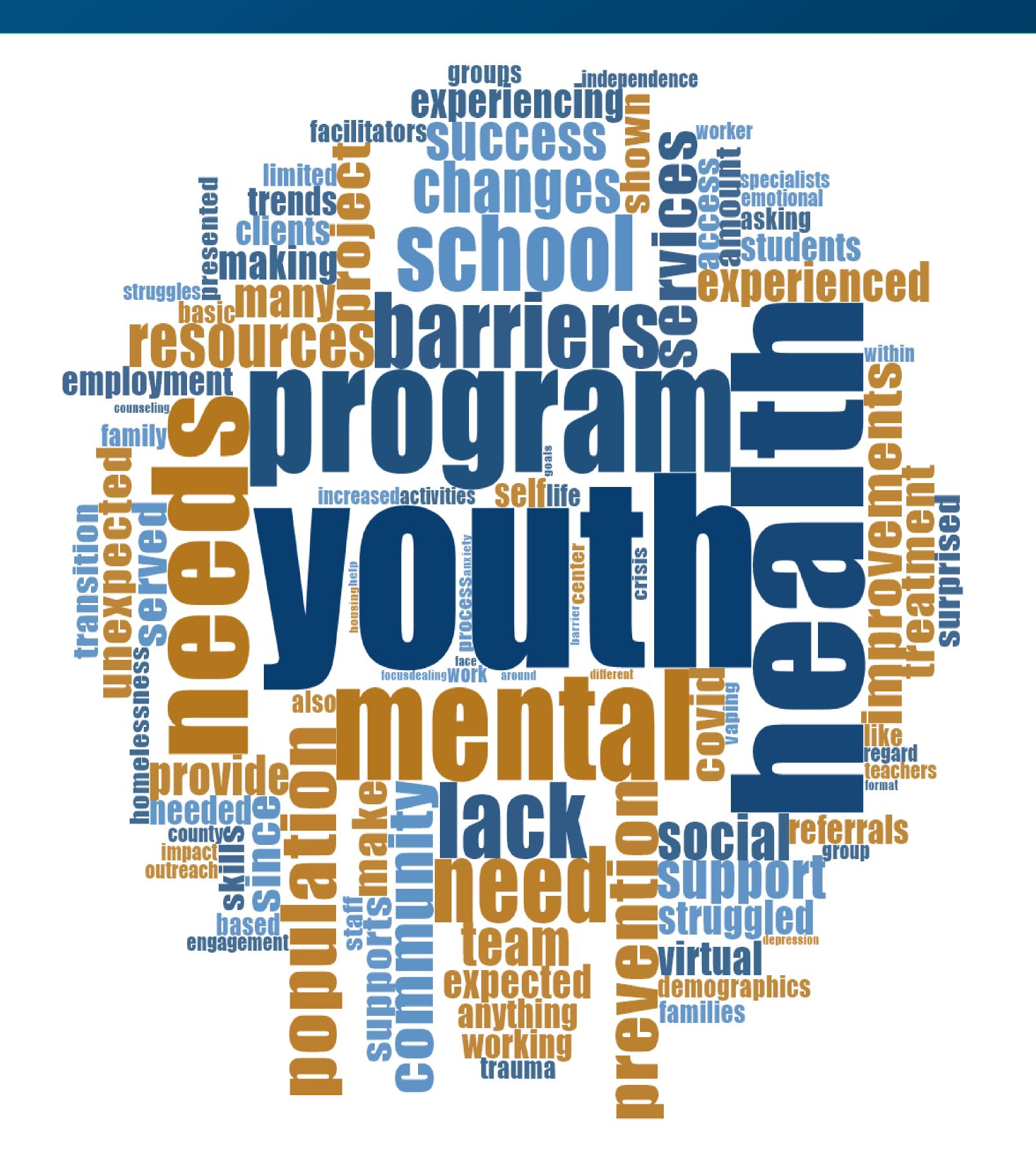
In addition to effectively addressing substance use and mental health concerns, young adults' recovery is related to developmental tasks (employment, Independent living, social relationships), involvement in managing one's health, and developing resiliency.

> Attention to social determinants of health, such as race/ethnicity and transportation, is necessary for service access.

Service adaptations for TAY, people of color and/or LGBTQ+ are essential for engagement, involvement in recovery, and to support equitable outcomes.

Managing change involves attention to developmental, cultural, and behavioral health needs. Concurrently utilize and develop strengths, monitor progress, and update intervention plans based on progress.

Ongoing quality improvement initiatives and additional research are needed!





Description of HLR Variables

Variable	Mean	Standard Deviation
Recovery Rate	.2316	.29055
Female	.4975	.50009
People of Color	.2667	.44339
Employment	1.17	1.219
Transportation	.62	.856
Residential Stability	.76	.972
Substance Use	1.60	.831
Depression	1.51	.929
Anxiety	1.56	.912
Involvement in Recovery	1.19	1.049
SUD Recovery Support	1.56	1.236
Social Functioning	1.35	.943
Optimism	1.35	.853
Medication Management	.53	.499
Duration in Treatment (Years)	.89	.98218

Hierarchical Regression Summary for Variables Predicting Recovery of TAY

Variable	Model 1		Model 2		Model 3			Model 4				
	В	β	SE	В	β	SE	В	β	SE	В	β	SE
Constant	.28***		.01	.58***		.02	.63***		.02	.56		.02
Female	01	01	.01	.03**	.06	.01	.03***	.06	.01	.03**	.06	.01
People of Color (POC) ^a	05***	07	.01	06***	10	.01	05***	08	.01	05***	08	.01
Employment	01*	04	.01	.01*	.04	.00	.02***	.08	.00	.02***	.08	.01
Transportation	00	00	.00	.01	.03	.01	.02**	.05	.01	.01*	.04	.01
Residential Stability	02**	10	.01	.01	.02	.01	.02**	.06	.01	.02**	.06	.01
Depression				06***	20	.01	- .0 5***	15	.01	05***	15	.01
Anxiety				07***	22	.01	05***	17	.01	- .0 6***	18	.01
Substance Use Disorder				11***	30	.01	07***	20	.01	06***	18	.01
Involvement in Recovery							04***	15	.01	04***	15	.01
SUD Recovery Support							- .02 ***	10	.01	02***	09	.01
Social Functioning							- .0 6***	18	.01	06***	19	.01
Optimism							01	03	.01	01	03	.01
MET ^b										.04***	.07	.01
Duration ^c										.05***	.17	.01
R ²		.013			.239)		.3	319		.350)
ΔR ²		.013			.226	5		.0	81		.031	

Note. N = 2,575. aNon-Hispanic White was the reference group. bEvidenced-based treatment included Motivational Enhancement Therapy (MET) with business as usual as the reference group. $^{\circ}$ Duration = years in treatment in this episode of care. $^{*}p < .05$; $^{**}P < .01$; $^{***}p < .001$.

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