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Substance Abuse and the Functioning of Transition-Aged Youth with Psychiatric Disorders

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*Study funded through contract with the
MA Department of Mental Health*

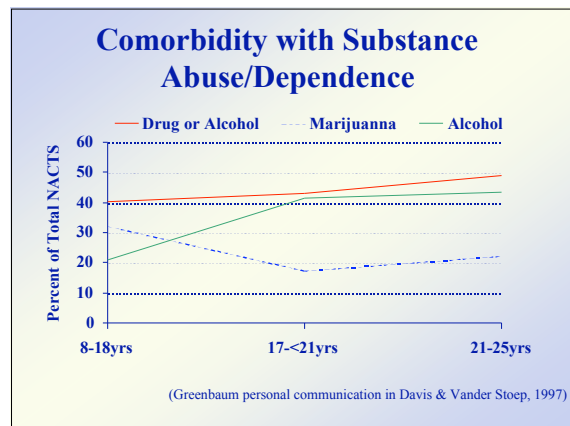
Youth with SED Struggle as Adults

- ◆ **Few Graduate from High School**
23-30% vs. **61% in community** vs. 81-93% in general population
- ◆ **Employment Rates are Low**
46-51% vs. **59%** vs. 78-80%
- ◆ **Greater Risk of Homelessness**
30% vs. 7% in general population
- ◆ **Higher Pregnancy Rates in Women**
38-50% vs. **38%** vs. 14-17%
- ◆ **Higher Arrest Rates**
43-64% arrested, 24% trouble, 11-30% non SED/PD

(Valdes et al., 1990; Wagner et al., 1991; Wagner et al., 1992; Wagner et al., 1993; Kutash et al., 1995; Silver et al., 1992; Vander Stoep, 1992; Vander Stoep and Taub, 1994; Vander Stoep et al., 1994; Vander Stoep et al., 2000; Davis & Vander Stoep, 1997)

Tapping Different Populations

- ⊙ Service-based sampling captures served population and follows functioning regardless of subsequent setting.
- ⊙ Community-based samples capture unserved and some served children (with families in community) and follows functioning regardless of subsequent setting.
- ⊙ Comparison suggests on most outcomes community-based sample functioning intermediate though impaired (Vander Stoep et al., 2000)



National Comorbidity Survey (NCS)

- ⊙ Nationally representative cross-sectional mental health survey conducted from 9/90 – 2/92
- ⊙ Household sample of non-institutionalized, civilian persons aged 15-54 in the 48 contiguous states, including a supplemental sample of student living in campus group housing
- ⊙ *DSM III-R* assigned using a modification of the Composite International Diagnostic Interview (UM-CIDI)

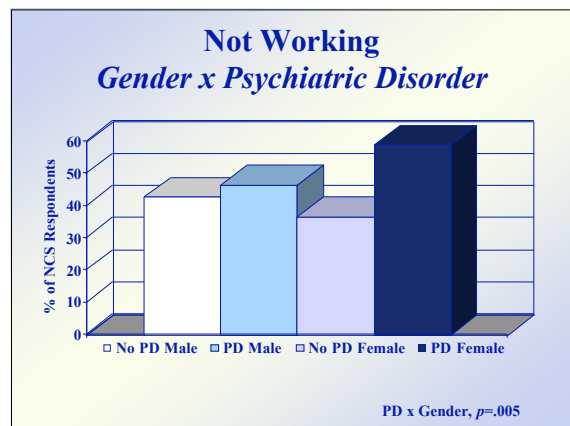
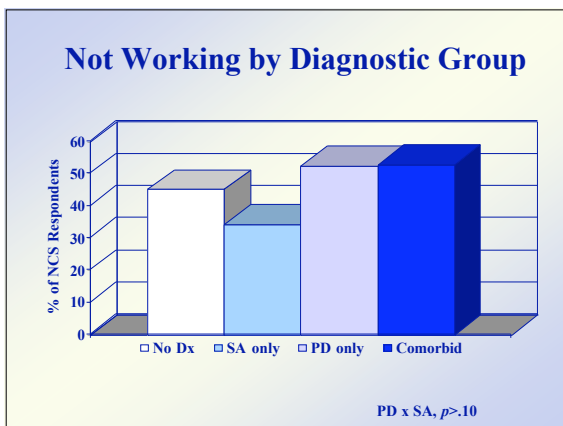
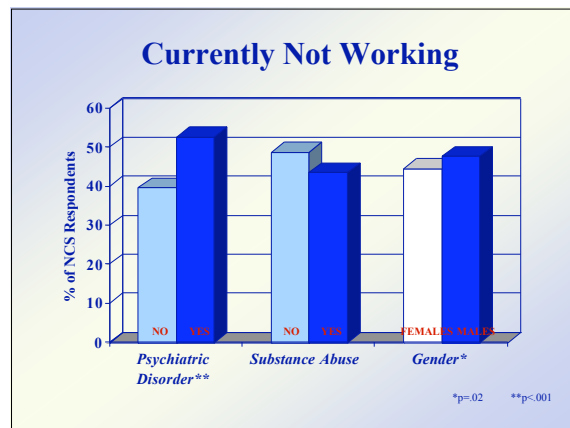
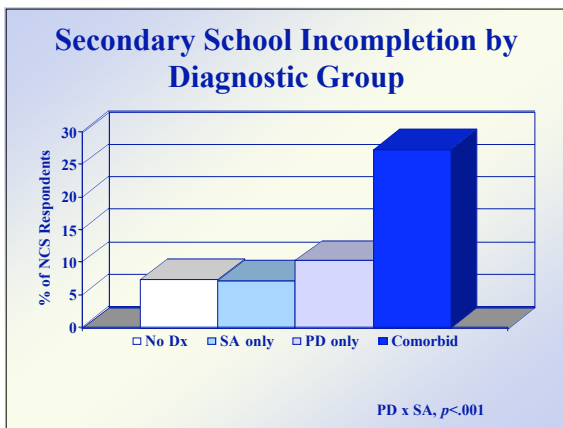
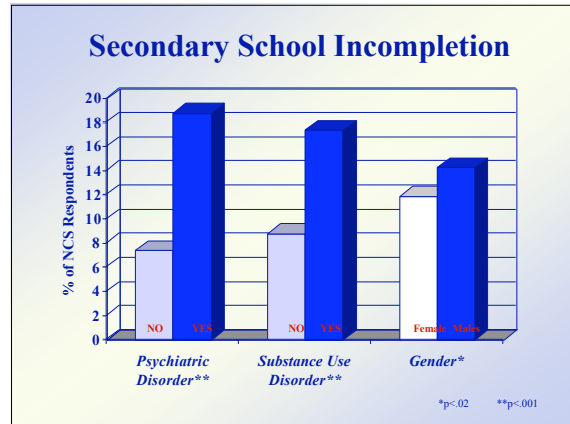
Methods

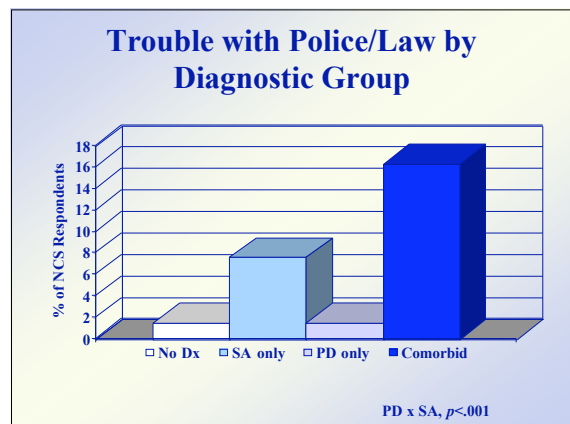
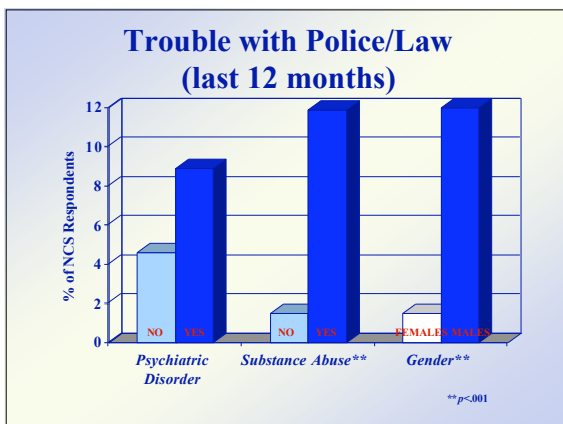
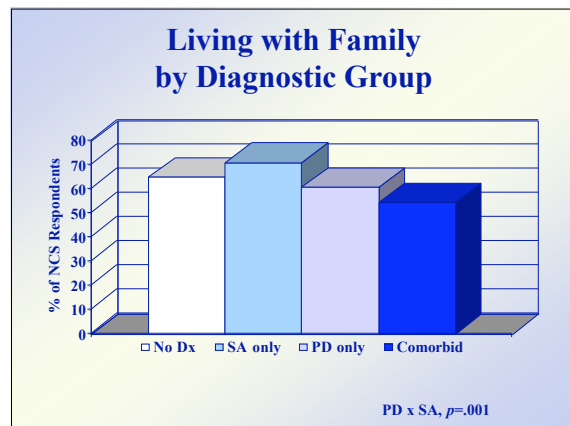
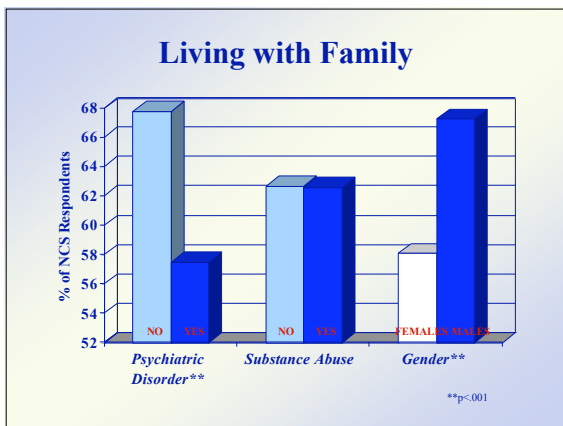
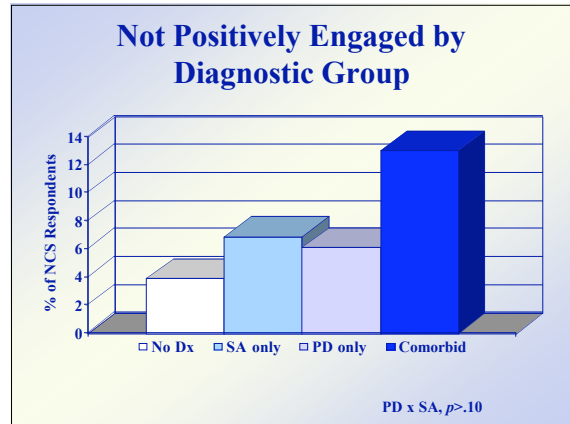
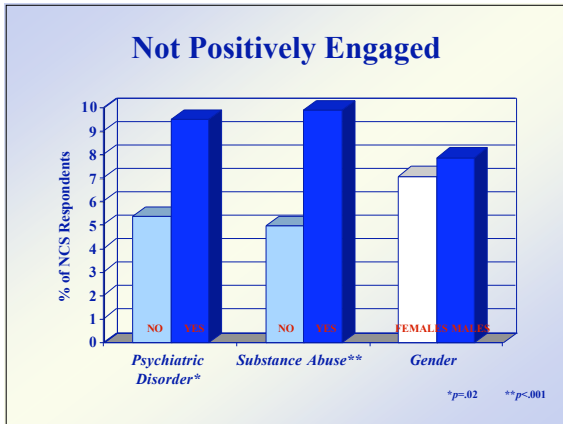
- ⊙ Analyses used 15 – 25 year olds from the Part II subsample (*n*=1598)
- ⊙ Used lifetime prevalence of substance use and psychiatric disorders.
- ⊙ Used four diagnostic groups: No diagnosis, Substance abuse only, Psychiatric disorder only, and Comorbid.
- ⊙ Independent variables included: gender, minority status, age, history of physical abuse, geographic region, urbanicity, parental education level, and having been raised by natural mother

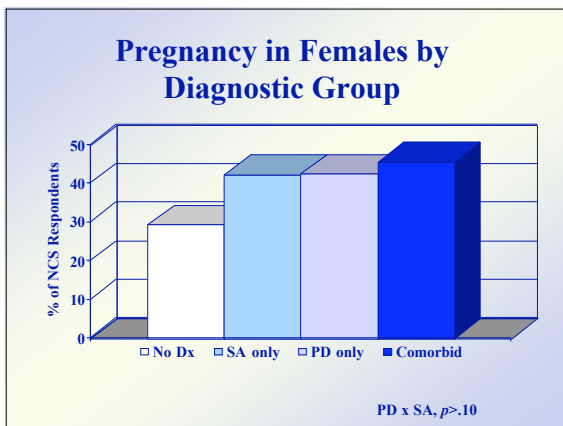
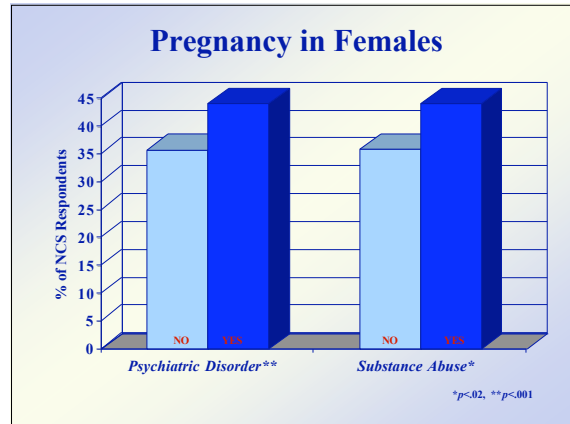
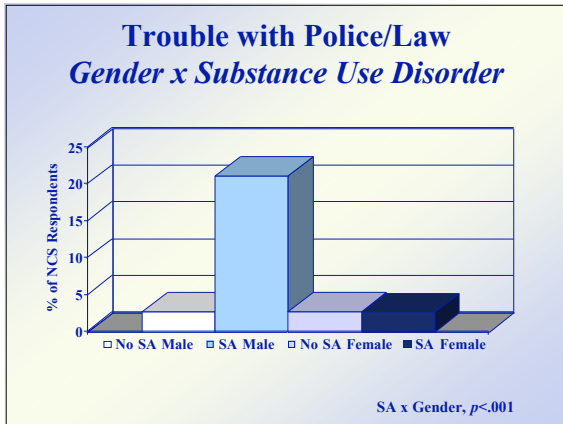
Diagnostic Group Differences Among NCS Respondents Age 15-25 Years (n=1598)

	None n=756	Psych Only n=441	SA only n=122	Comorbid n=216
Male Gender*	49%	40%	77%	56%
Non White Race*	35%	36%	9%	19%
Mean Age (S.D.)*	19.4 (3.2)	19.3 (3.2)	21.0 (2.5)	20.9 (2.9)
Physical Abuse History<15*	20%	31%	25%	41%

* p<.001 Geographic Region also significantly different (p=.011)







Conclusions

Limitations

- ◆ Findings generalizable to youth in transition functioning in “household” situations
- ◆ Psychiatric/Substance Use condition is lifetime occurrence at any level that meets dx criteria (includes many with less severe than SED)

Conclusions

There are major gender differences in the completion of developmental tasks during the transition to adulthood, particularly in

- ◆ High School Incompletion
- ◆ Not Working
- ◆ Living with Family
- ◆ Trouble with the Law
- ◆ (Pregnancy)

It is important for transition studies to examine transition issues for each gender

Conclusions cont'd

The presence of Substance Use Disorders is significant in understanding young adult outcomes among youth with Psychiatric Disorders; particularly for

- ◆ High School Incompletion
- ◆ Positive Engagement
- ◆ Living with Family
- ◆ Trouble with Police/Law

Less so for not working or pregnancy

Conclusions cont'd

Youth with comorbid SED and Substance Use Disorders are likely to fare much worse during the transition period than youth with either condition alone for most areas of functioning.