

Annual Conference on Child, Adolescent, and Young Adult Behavioral Health

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INSTITUTE OF MEDICINE AND
NATIONAL RESEARCH COUNCIL
OF THE NATIONAL ACADEMIES



INVESTING IN THE HEALTH AND WELL-BEING OF YOUNG ADULTS

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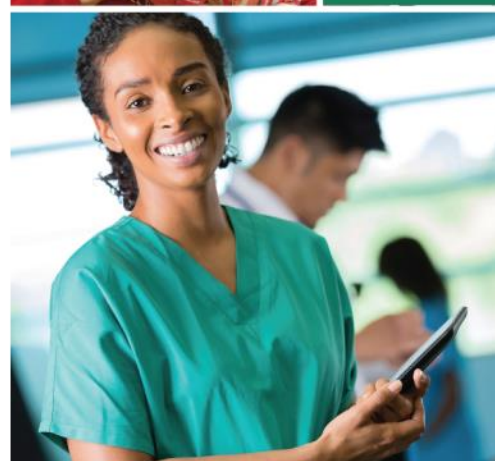
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INVESTING IN THE HEALTH AND WELL-BEING OF YOUNG ADULTS



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The Institute of Medicine asks and answers the nation's most pressing questions about health and health care.



- The IOM is an independent, nonprofit organization that works outside of government to provide unbiased and authoritative advice to decision makers and the public.
- The IOM serves as an advisor to the nation **to improve health**
 - Unbiased, authoritative advice
 - Evidence-based recommendations
 - Committees composed to avoid conflicts of interest
 - Neutral venue for open dialogue and discussion
 - Honorific organization

The IOM's Unique Study Process



Abbreviated Study Statement of Task

- **Review the state of the science and policies** pertinent to the life course of young adults (approximately 18-26 years old).
- **Provide recommendations** for policy, programs, research, systems development and service delivery, primarily targeted at federal and state governments.



Committee Membership

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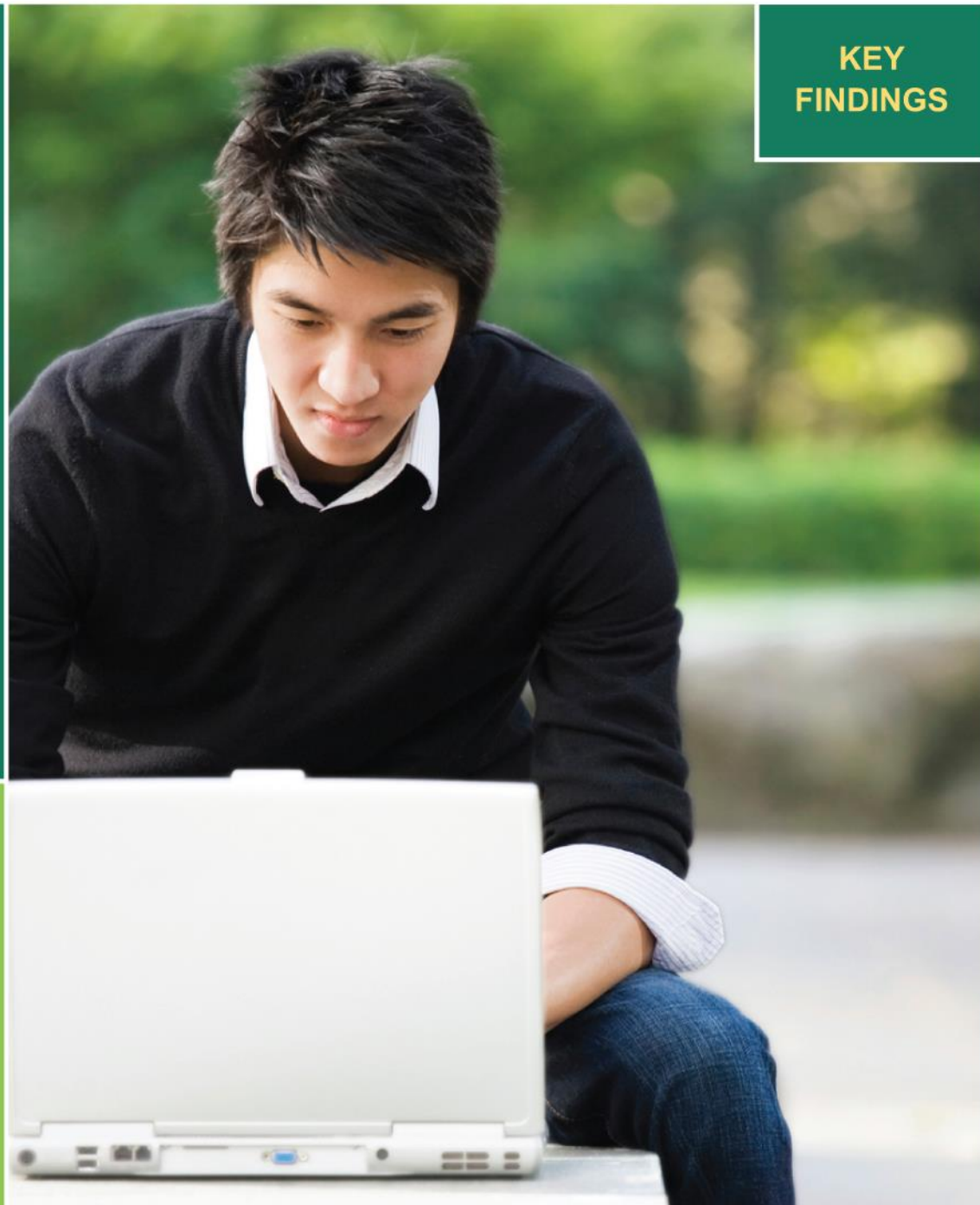
This plenary will highlight:

1. Key findings for young adults in general
2. Medical care and behavioral health care recommendations for young adults
3. Recommendations for marginalized populations of young adults
4. Perspectives from young adults on the report



**Young adulthood
is a critical
developmental
period.**

**KEY
FINDINGS**





**The world has
changed in ways
that place greater
demands on
young adults.**

Economic restructuring, advances in information and communication technologies, and changes in the labor market have radically altered the landscape of risk and opportunity in young adulthood.

Young adults today follow less predictable pathways than those in previous generations.

Pathways are more diverse now in **timing** and **sequencing** of:

- leaving home
- completing school
- entering the workforce
- forming a romantic partnership
- becoming a parent





**Inequality can be
magnified during
young adulthood**

17% of 16-24 year olds are neither in school nor working

The earnings gap between those with a BA and those with only a high school diploma has roughly doubled since 1980

Young adults are surprisingly unhealthy

37% of young adults are obese

Young adults are more likely to be injured or die in motor vehicle crashes than adolescents or 26-34 year olds

One-fifth of young adults aged 18-25 had a mental illness in the past year, yet two-thirds did not receive treatment



Supporting young adults will benefit society

Young adults aged 25 or younger account for over 40 percent of active duty military personnel and about half of enlisted servicemen and women

The “elder dependency ratio” (ratio of individuals in the population aged 65 and older to the working-age population) is rapidly increasing

Many young adults are parents; approximately half of all first births are to women aged 26 or younger.

KEY
FINDINGS



Conclusions and Recommendations

- Cross Cutting Recommendation (chapter 9)
- Relationships (chapter 3)
- Education and employment (chapter 4)
- Civic engagement and national service (chapter 5)
- Public health (chapter 6)
- **Health care system (chapter 7)**
- **Government investments in marginalized young adults (chapter 8)**



Overall Conclusions

Fragmented and uncoordinated policies and programs for young adults.

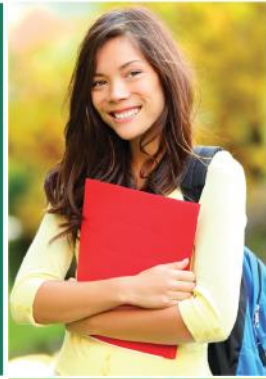
Policy and program for young adults often are inadequately focused on their developmental needs and on specific interventions that would facilitate a successful transition to adulthood.

Limited evidence base on interventions, policies and programs that are effective for young adults.



Cross Cutting Recommendation

Federal, state, and local governments and nongovernmental entities that fund programs serving young adults or research affecting the health, safety, or well-being of this population should **differentiate young adults from adolescents and older adults** whenever permitted by law and programmatically appropriate.



To implement this recommendation:

- **modify reporting of data to identify young adults (aged 18-26) as a distinct age group** in all reports, evaluations, and open data systems in which they are included;
- **enhance new or existing surveys or experimental research** focused on either adolescents or adults to advance knowledge regarding the health and well-being of young adults and healthy transitions into young adulthood;
- **ensure that services provided to young adults are developmentally and culturally appropriate**, recognizing that while adolescent or general adult services may sometimes be appropriate, modifications to existing services or entirely new approaches may be needed;



To implement this recommendation:



continued

- **engage diverse young adults** in designing and implementing programs and services;
- **support workforce training** for health and human services providers to develop the skills and knowledge needed to work with young adults and their families;
- **seek opportunities for coordinating services and, where possible, integrating them** to achieve greater effectiveness and efficiency; and
- develop, implement, and evaluate systematic policy and program experiments to **help identify the most effective approaches** to improving the prospects of young adults.

In-Depth: Key Findings on Behavioral Health



Behavioral health among young adults is a critical concern.

- Nearly 2/3 of the burden of disability in young adults in the U.S. is associated with mental health or substance use disorders.
- Young adulthood marks the peak in substance use, and the typical age of onset of psychotic disorders—the most serious mental health condition.
- Compared with those aged 25-34, young adults aged 18-25 have higher rates of serious psychological distress, and they are more likely to think about, plan for, and attempt suicide.
- Compared with adolescents, young adults are more likely to complete suicide.

In-Depth: Key Findings on Behavioral Health



Yet only a quarter of young adults with these experiences receive treatment or services, and they are more likely than older adults and adolescents to drop out of or discontinue treatment.

“Many people think, ‘you just have the blues, and you will get over it.’ Many people don’t recognize the long-term effects in terms of employment, general quality of life, etcetera.”*

Key Finding and Recommendation: Health Care



The transition from child/adolescent to adult medical and behavioral health care is often associated with poor outcomes among young adults.

Recommendation: Improve the transition process for all young adults moving from pediatric to adult medical and behavioral health care.* (rec 7-1)

“Even with insurance, it is still hard to access health care. It is so complicated and you don’t really learn in school how to navigate it.”*

**To see the full recommendations, download the report at www.iom.edu/youngadults*

Key Findings: Health Care



“Most young adults don’t want to pay for anything if they can, so even though preventive care is for your benefit and you can access it at any time, some people don’t realize that that is the case. They think they may not be covered and may have to pay for services.”

- Young adulthood provides an important opportunity for prevention.
- Yet young adults rarely receive preventive counseling on important issues for this age group.
- And there is no consolidated package of preventive medical, behavioral, and oral health guidelines specifically focused on young adults.

Recommendations: Health Care



Improve preventive care for young adults:

- **Develop a consolidated set of standardized US Preventive Services Task Force evidence-based recommendations for clinical preventive services for young adults.** *(rec 7-2)*
- **Adopt these recommendations widely, include these services in quality performance metrics, and require compliance reporting.** *(rec 7-3)*

Key Finding and Recommendation: Health Care



While there are effective behavioral health treatments and strategies for adults, the efficacy of these treatments specifically for young adults is largely undemonstrated

Recommendation: Develop evidence-based practices for medical and behavioral health care, including prevention, for young adults.

(rec 7-4)

Marginalized Young Adults



Marginalized young adults are a heterogeneous group, but they often share characteristics and experiences.

For example:

- Low income
- Behavioral health problems

Similarly, there is considerable overlap in the populations targeted by the many programs that serve marginalized young adults.

For example, programs for:

- Young adults aging out of foster care
- Young adults in the justice system
- Homeless young adults
- Young parents

Key Finding: Research on Marginalized Young Adults



There is no comprehensive view of populations of marginalized young adults, and this limits the development of policies and programs intended to reduce their marginalization.

“When a young person goes into the foster care system and ends up in the criminal justice system, it is hell to get all the data that was in the foster care system to that other system so that they understand what the young person went through, the services he needed, and whether or not he needs them again.”

Recommendations: Research on Marginalized Young Adults*



Incorporate a **greater focus on marginalized young adults in ongoing and new population-based studies** of young adults

Make better use of administrative data for describing the overlap of populations, trajectories into and out of systems, and evaluating policies and programs affecting young adults

**To see the full recommendations, download the report at www.iom.edu/youngadults*

Key Findings: Policies and Programs for Marginalized Young Adults



“A huge problem is we still have many systems that address one aspect of an individual, so at one time the individual will get mental health services, and then when that is done, the individual will get academic services, and then financial. But we need all of those services at the same time in order to have our basic needs met. Then we can move forward to reaching our full potential.”

- Fragmented programs have narrow and idiosyncratic eligibility criteria that pose obstacles to young adults’ getting the help they need, often create lapses in help when it is provided, and too often are stigmatizing.
- Major entitlement programs intended to help vulnerable populations provide limited support for young adults, and discretionary programs targeting these populations often fall far short of meeting demonstrable need.

Key Findings: Policies and Programs for Marginalized Young Adults



- Variations in the categorization of marginalized young adults across programs result in a lack of accountability, with multiple distinct outputs and outcomes being associated with the plethora of programs.
- There is no collective accountability for improving the overall health and well-being of marginalized young adults.

Recommendations: Policies and Programs that Serve Marginalized Young Adults



Enable **more flexible and efficient eligibility determination and service provision** for marginalized young adult populations

Create **accountability for achieving improvement on a limited set of key outcomes** for marginalized young adults

Emphasize **evaluation of programs aimed at improving outcomes across multiple vulnerable populations**

A Young Adult's Perspective on the Recommendations



- Are there important points that are missing from the recommendations?
- What areas people should pay the most attention to in order for these recommendations to be successful?
- What challenges could arise from these recommendations?
- If these recommendations are successfully implemented, will they actually address concerns?

A Young Adult's Perspective on the Recommendations: Jennifer Collins



- Describe the key points in other chapters (such as relationships or public health) that are important for this audience to know about
- Some areas of interest include:
 - ACA impact
 - Policy/institution focus with personal experience examples
 - Marginalized communities and foster care
 - Race/ethnicity and LGBT issues

For more information, visit
www.iom.edu/youngadults

Starting a career is an important part of entering adulthood.
But poor mental and physical health can make it harder
to find and keep a job.

Where does health fall on your to-do list?

- text Anthony about dinner
- LAUNDRY ☹️
- update resume
- groceries - bread, bananas, eggs
- go to gym w/ Kayla
- Schedule physical

Learn more:
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