



Mental Health Association in California

1127 – 11th Street, Suite 925, Sacramento, CA 95814

tel: 916-557-1167 • fax: 916-447-2350 • e-mail: mail@mhac.org • website: www.mhac.org

Enabling Transition Age Youth To Gain Successful Independence – A Key To Overall System Success

Seventy five percent of all mental illnesses will occur by the age of 25 This means that **if we haven't succeeded with reaching people by this age we usually will not have succeeded in prevention and early intervention.** Our experience with adults and older adults indicates that starting care at a later date significantly diminishes our overall chances of success.

Moreover, because this is the time of beginning childbearing our education for future parents and future children must include educating this population.

The key outcome for the prevention and early intervention programs of the Mental Health Services Act and the transformation of the entire mental health system is to **prevent a mental illness from causing disability or threatening life.**

Transition age youth is the age at which most of our answers will appear. **Children with serious emotional disturbance may be discharged from services at an earlier age. However, we really won't know how successful we have been until they reach the age of transitioning** from the dependency of childhood to the independence of adulthood.

Adult services similarly are geared to creating independence and employment. However, our track record and ability to succeed with those who do not enter the system until after they are 25 shows that for people that have lived with a severe mental illness for any considerable period of time a far smaller percentage winds up becoming fully employed and leading fully independent productive lives.

Accordingly, **the best measure of our efforts to serve adults and older adults will be our success in putting in place the services and supports necessary during the transition age youth years for people to be able to live productive lives and not be dependent on public assistance for many years.**

This also reflects the need for outreach to underserved communities and culturally competent services. Seventy percent of Californians under 25 are people of color with that percentage rising as we go with younger people. Presently transition age youth is 70% people of color and over time that too will rise to an even higher percentage.

Transition Age Youth Key Statistics

Transition age youth (TAY) are generally described as people between the ages of 16 and 25. Their mental health needs are considerable and critical to every single thing that we do for the following reasons:

1. This is the age at which most often the onset of schizophrenia or bipolar disorder occurs.
2. This age group has the second highest suicide attempt rate (only the elderly have a higher rate.)
3. Transition itself presents mental health challenges as people transition from a life of dependency on parents (natural or foster) to being independent adults.
4. This is the group that is at highest risk for homelessness.
5. This is the age that determines whether people become self sufficient, independent, successful, productive, members of society or fail and wind up dependent on various forms of support for many years.
6. Those between the ages of 18 to 25 have the highest rate of being uninsured and thus the greatest difficulty in access to health care.
7. This population in California is 37% Caucasian. It is 41% Latino, 12% Asian and Pacific Islander, 7% African American, 2% multiracial, and 1% Native American.
8. This is a group that has been extremely difficult to engage and retain in traditional forms of mental health care.
9. This age group is at highest risk for developing alcohol and substance abuse addiction.
10. This is the age at which people first become parents, particularly the high risk births that are often associated with people with any other problems such as poverty, lack of a high school degree or mental health or substance abuse disorders.

Categories of TAY

There are many ways in which transition age youth are looked at in terms of their needs for mental health care. Those who qualify for community services and supports fall into at least three categories:

1. Those who are aging out of the children's mental health system and have serious emotional disturbances that still require significant mental health care but do not have an adult diagnosis such as schizophrenia, bipolar, severe depression, obsessive compulsive disorder or other disabling form of anxiety disorders.
2. Those in the early stages of the onset of an adult mental illness.
3. Those that have not been served in the children's system but need and have had a severe and persistent mental illness that has been present for a year or more.

Within each of these three subparts we must also differentiate based on their age and circumstance. Those who are under 18 are not legally adults, they are dependents of someone (either their natural parent or a foster parent or designated organization or individual). Those who are 18 to 25 generally are adults but the needs for these

individuals vary based upon other factors impacting them such as at-home vs. out-of-home, age, poverty, education, ethnicity, employment, etc.

MHAC Projects

Our two lead transition age youth focused projects are to establish transition age youth networks for advocacy both in county and state levels as well as building centers where they can have self directed support for assistance in meeting their non clinical needs.

These centers will also be a place for those who are already receiving care in the system to manage their lives and make sure they are getting all of the benefits they are entitled to whether that be health insurance, primary healthcare, specialty care, job training and other programs. Whatever their needs are, these centers will be key centers to support all of their non clinical needs. They will be largely run by youth themselves and designed to be culturally appropriate to the youth of each community in which they are located.

These centers can also be an entry point into mental health care for those youth experiencing any kind of a problem who have not yet been identified as having a potentially severe mental illness and whether it is identified or not, have not yet received appropriate care.

Our other programs which are not focused directly on transition age youth are still going to have the results with transition age youth be a large determinant of our success.