We are living in a period of great opportunity. Real attention is finally being paid to the challenges and preferences expressed by youth and young adults of transition age with serious mental health conditions. For years, young people and their families have complained that their voices aren’t heard and their needs aren’t met by either the child or adult serving systems. Each of these systems is complex, often disjointed, and there is a major chasm between systems serving children and systems serving adults. Youth previously involved in child systems often find an abrupt and difficult adjustment accessing needed services in the adult system; many young adults find that adult systems don’t fit their needs. Many service providers and policy makers have also bemoaned the myriad barriers to providing good quality care for this age group, and researchers have demonstrated that existing services result in poor school completion, underemployment, substance use, pregnancy, and arrests for many in this population. As advocacy organizations and innovative service providers are currently making some progress, funders, policy makers and staff at the federal level are also convinced that youth and young adults need special services and supports and are investing in moving forward both our knowledge about how to provide services and supports, as well as the effectiveness of those services.

Many different voices and factors have come together to highlight the challenges faced by young people with mental health conditions as they move into adult life. There is an increasing understanding of the developmental trajectory of young adults, including the benchmarks and challenges typically faced by individuals as they move into adulthood.1,2 Our understanding of the barriers and challenges that young people with serious mental health conditions face as well as their preferences for how services are structured and delivered continues to sharpen and focus. This is particularly true with regard to the problems related to building a successful adult life, such as pursuing higher education and finding a career, and, for young people in foster care and other residential settings, the need to achieve independence with limited adult support. At the state and federal levels, there is recognition of the limits placed on the ability to support young adults by policies and funding mechanisms that make moving from child serving systems into adult serving systems difficult. Increasingly, young people are becoming involved in identifying challenges and creating solutions that they find acceptable and developmentally appropriate. Their voice is growing louder as both national organizations (e.g., Youth Move National) and state and local organizations of young people gain strength. The leadership of federal divisions such as SAMHSA, Department of Education, Department of Labor, as well as the Children’s Bureau and OJJDP are collaborating in federal partnerships to develop solutions that cross federal bureaus and deploy federal resources most efficiently.
Within the mental health field, there is an increase in the number of demonstrations or pilot programs that are underway. The Center for Mental Health Services within SAMHSA has funded two waves of demonstration projects, the Partnership for Youth Transition (2002-2006), and more recently the Healthy Transitions Initiative (2009-2013). These projects have and will continue to develop innovative ways of working with and for youth and young adults as they leave the child mental health service system. Similar demonstrations have been funded in child welfare and in education. There is increasing interest in conducting research focused on young adults; at the 2010 Child Mental Health Research Conference, there were two symposia highlighting studies focused on services for transition-aged youth, and several additional papers and posters. In 2008 the Journal of Behavioral Health Services and Research published a special issue on research related to services for transition-aged youth, and in 2009 a second edited book was released from Brooks Publishing Inc. titled, Transition of Youth and Young Adults with Emotional or Behavioral Difficulties. Perhaps most prestigious for the research community, is the fact that NIMH has now funded six research projects specifically investigating mental health services and interventions for this age group, with a variety of additional studies that shed light on service or treatment needs. All of this suggests that the field is poised to move rapidly forward toward a service system that is evidence-based, developmentally appropriate and acceptable to young people.

With all of this activity, stakeholders are faced with the dilemma of how to synthesize the information resulting from these activities, and how to prioritize their efforts. In our view, there are four streams of information and experience that need to come together and inform each other:

1. **Information from youth and young adults about their experiences and preferences.** With the increased number of youth and young adult advocacy organizations comes easier access to their voices and experiences that can help inform policy and practice. Many of these organizations have gathered the stories of their members and published them in various media. These organizations can also form associations with each of the three additional sources of information (following this paragraph), to inform their efforts. Youth and young adult voice products can be found, most commonly, on web sites or in the unpublished reports of organizations. (See, for example, www.pathwaysrtc.pdx.edu/speakout/somain.php and www.cqi-mass.org/youthProject.aspx.)

2. **Information from individual programs that are doing innovative programming.** These programs are often small in scale but they generate utilization data about the services offered, and information about the demographics of the young people involved. These projects generate good information about implementation issues and the preferences of young people, although information about outcomes is often anecdotal. These programs often lay the groundwork for developing formalized models of treatment that can be experimentally evaluated. One of the challenges in taking advantage of the knowledge gained through innovative programs is accessing that knowledge. Programs such as these are usually not published in the peer review literature, nor is information about them available in any accessible format (web, annual report etc.). There is also currently no “index” for locating innovative transition support programs. However, once located, learning from program staff, clients, and family members can yield rich and useful knowledge. (Examples of these programs can be found at www.umassmed.edu/uploadedFiles/cmhsr/TAY/PreviouslyPublishedWork.pdf.)

3. **Information from demonstration projects.** These projects are almost always tasked with creating and testing innovative programming and often collect high quality evaluation data. Demonstration projects frequently form partnerships with local universities and usually generate reliable data about program outcomes. Since demonstration projects are commonly funded in several states, they often allow for an intervention to be implemented in diverse communities across the country. This helps to expand the knowledge base about what works in different settings. Summaries of these programs and their evaluation findings can often be located either on the web or in reports. Program outcomes may also be published in professional journals or presented at professional conferences. (Examples can be found at www.gucchdgeorgetown.net/data/issues/2009/0709_article.html and www.nnyt.fmhi.usf.edu/.)

4. **Information from research projects funded to conduct rigorous research.** More rigorous research projects include several being conducted by the two new RTCs on the transition to adulthood as well as some projects funded by NIMH, other federal funders, and private foundations. These projects often study the effectiveness of a manualized intervention and include data from a comparison or control group. Rigorous research projects...

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**FOCAL POINT**

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that are needed to establish an evidence base are expensive, and are thus less common than demonstration projects or innovative programs. The information yielded is most definitive with regard to the effectiveness of a program but also may be more restricted regarding the characteristics of young people deemed eligible for study participation; thus the generalizability of the findings is not always warranted. Other more intensive research may describe population or policy characteristics that have implications for the development of interventions. Research findings from these projects are typically published in professional journals and at professional conferences, but they are also often available online. (Descriptions of some of these studies can be found at www.pathwaysrtc.pdx.edu/research.shtml and www.umassmed.edu/cmhsr/TransitionsRTCResearch.aspx?linkidentifier=id&itemid=93336.)

Each of these streams of information has its strengths and limitations, and all four are needed to develop a well-rounded view of what works best for diverse groups of transition-aged youth and young adults.

Both of the transition-related RTCs (Transition RTC at UMASS and Pathways RTC at PSU) are committed to producing research that will support more effective services for young people as well as facilitating the synthesis of information from a variety of projects and sources. This includes promoting collaboration among academic researchers, providers and young people and their families. The field of transition services is in its infancy with regard to solid empirical evidence to guide program development and clinical practice with young people with serious mental health conditions. Not only do we need evidence about mental health services, we also need evidence-based practices that will guide employment services, housing approaches and ways to increase recreational opportunities, independent living skills, and peer supports.

While there is currently unprecedented attention on young people with serious mental health conditions and interventions that support them, there is also much work to be done to obtain the necessary knowledge to craft effective and appealing interventions that address this diverse population’s needs and to ensure that these interventions are widely available and accessible. Youth and young adult advocacy organizations need to exist in more locations. These organizations also need strong ties among each other and all levels of the system (i.e., providers, local policy makers/administrators, state level policy makers/administrators, and the federal level), and to researchers and evaluators. Providers and evaluators of innovative programs need easy linkage to one another and to new developments in the field. More research and more researchers dedicated to conducting studies that inform this field and its practices are needed. The Pathways and Transitions RTCs are dedicated to fostering such connections and the exchange of knowledge that facilitates better practices and further knowledge.

REFERENCES


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