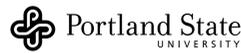# TRANSITION AGE MENTAL HEALTH SERVICES IN THE PORTLAND AREA

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INTRODUCTION

Youth with mental health problems face a series of issues not faced by youth that don't have mental health difficulties. They drop out of school, they don't have stable housing, and they have lower access to employment (Clark & Unruh, 2009). Coupled with the bad outcomes that the youth face, there are few services that address their needs. The Pathways Transition program is trying to prepare direct service providers to better assist youth with mental health problems ages 14-30, through a course called "Improving Youth Transitions." As a part of the evaluation of that class, the students stated that they wanted more information on transition-focused programs within the Portland metropolitan area (Jivanjee, Brennan, Roser, Conley, & Spiegel, 2011).
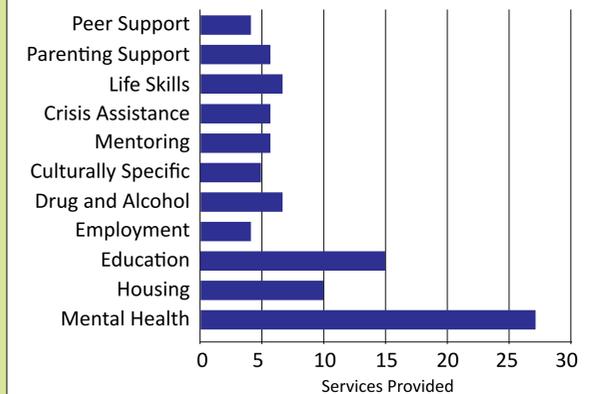
RESEARCH QUESTION

WHAT SERVICES ARE AVAILABLE FOR YOUNG PEOPLE AGED 14-30 WITH MENTAL HEALTH NEEDS WITHIN THE PORTLAND METROPOLITAN AREA?

METHODS

- **Study/Project design**—Cross-sectional study to develop an inventory of transition age services.

- **Study population or project focus** – Program administrators of mental health programs, youth programs, and higher education programs, and research teams.

- **Variables Collected**—Contact information, services that the program provides, health insurance accepted/cost of being in the program, and the eligibility and ages served.

- **Mixed Methods used** – Face to face interviews with 7 targeted key informants, who provided information about individual transition age programs and provided other possible programs which might be included in the transition age list, internet searches and follow-up calls, followed by descriptive analysis.

» I interviewed a number of different people on local transition age mental health programs that they might know of, called people in different programs, and I asked them questions about the services they provide.

» I did internet research on the programs and I emailed the program staff with questions.

» When the list was complete, I analyzed the program characteristics to get an overall statistical portrait of the program services provided and the types of funding for each person served (insurance/ private pay/ outside contributions).

FINDINGS

There are 14 of the 38 transition programs that accept the Oregon Health Plan. There was also a low amount of programs that provide employment services (4), healthcare (2), and food (1). There are not many programs that are culturally specific (5).

Note: N = 38 transition services programs.

Transition Services Provided in Portland Metro Area

(Services Provided: Peer Support, Parenting Support, Life Skills, Crisis Assistance, Mentoring, Culturally Specific, Drug and Alcohol, Employment, Education, Housing, Mental Health — axis 0 to 30)

DISCUSSION

One of the most significant things I found out about the research was that there is only one program that provides food for the clients. That is a major concern to me because some the clients that use the program are transitioning out of programs into real life scenarios. Then you couple that with the four programs that provide employment services and you start to realize there is a huge problem with basic supports. If a person does not have any money, how does that person feed themselves? Sometimes that leads to people committing crimes, and the end result is that they go to jail. The system needs to be reformed because there is not enough communication between the different programs, and if there is an open line of communication it will only help the people with mental health disorders have a better shot at succeeding in life.

Another concern that I have is that there are not enough culturally specific mental health programs in the local area. That could be a deterrent for people to get the help that they might need. People want to feel comfortable when they go somewhere and open themselves up to a complete stranger, and when they don't see people that look like them they could be scared off because they might not trust the providers to understand their experiences.

The limitations that I have identified about this research program are that I could have missed a few programs that are little less advertised. I did my research through key informants, internet, emails, phone calls, and face to face meetings. So there could be a few local programs that did not make the list. And some of the programs are not completely focused on the target ages of the research project which is the transition ages of 14-30.

CONCLUSION / KEY LESSONS

In conclusion the research shows that the programs are trying to improve the transition to adulthood and educate the clients that use their programs, through education based programs. I think you can never go wrong with an educational approach, so overall I think the programs are doing a good job but just like most things they could be improved.

I learned about the services that the programs provide, and that gave me the knowledge that the multiple programs need to be in a network of communication so that they could better serve the clients that use the services.

What I learned about research process was that you have to have perseverance because you won't get phone calls or emails back, but I learned that you have to stay committed to the cause, and good things will follow. I learned how to pay attention to the small things too. I think I learned how to be a better communicator by talking to the many key informants who helped shape the transition directory list.

REFERENCES

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Jivanjee, P., Brennan, E. M., Roser, E., Conley, J., & Spiegel, C. (2011, March). Navigating the transition to adulthood: Self assessment of service provider competencies. Poster presented at the 24th Annual Children's Mental Health Policy and Research Conference. Tampa, FL.

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