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).

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 of 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 person will have to go to the store and buy food. I did my research through key informants, 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.

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). 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.

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.

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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.

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