



## Differential Outcomes in Young Adults Previously Referred for Mental Health Services

Source: McConaughy, S.H., & Wadsworth, M.E. (2000). Life history reports of young adults previously referred for mental health services. *Journal of Emotional and Disorders*, 8 (4), 202-215.

A large body of research, conducted over the last 25 years, documents the high correlation between early childhood problems and later difficulties in young adulthood. Problems that manifest, for example, as slow acquisition of developmental skills, poor progress in school, and difficulties in familial and peer relationships are often evident in young adulthood as high rates of arrest, drug addiction, alienation from social support systems, use of welfare services, and unemployment. Less information is available, however, on the transition period between childhood and young adulthood and factors that may be responsible for relatively good versus poor adult outcomes. Research in this area has potentially important implications for the development of interventions that could help prevent later difficulties. The authors of this article studied individuals who, as children, had been involved in a previous longitudinal research project that focused on outcomes relating to mental health services. In the current study, the researchers attempted to determine the participants' current status as young adults and discover differences between those with relatively good versus poor outcomes.

Taking a sample of 181 from a previous study of 1,731 youth who came from largely rural areas of Vermont, the researchers conducted 2 to 3 hour interviews during which information was gathered on current DSM III-R diagnoses, Global Assessment of Functioning (GAF), the Young Adult Self Report (YASR), and a qualitative component called the Life History Chart (LHC). Youth in this sample ranged from 17 to 28 years old, with a mean age of 21.8; 97.7% of participants were white, as is congruent with the racial make-up of Vermont and upstate New York, where the study took place. The researchers categorized participants into "deviant" (35.8%) and "nondeviant" (64.2%) groups based on cutoff scores on the GAF ( $\leq 60$ ), YASR ( $T \geq 60$ ) and DSM diagnosis ( $\geq 1$ ); individuals who met cutoffs for two of these three criteria were considered "deviant". Ultimately the researchers compared the two groups (those with relatively more versus relatively fewer problems) on seven content areas measured by the LHC, which are listed below with relevant findings and implications.

**Living Situation:** Significantly more participants in the group with more problems were living with a nonrelative friend or family, with a boyfriend or girlfriend with children, or in residential care and also tended to change residences more often. In comparison, those in the group with fewer problems had more stable living situations. These findings suggest that better outcomes are more closely related to specific types of independent living arrangements and the overall stability of the living situation rather than solely the ability to obtain an independent living situation.

**Education:** Both groups had similar educational goals, successes, and stresses, although the group with more problems had lower scores on the quality of their educational experience over the past three years.

**Employment:** There were no significant differences between the groups in the percentages of job or career goals and successes, although the group with fewer problems had significantly higher numbers reporting full-time work over the past three years, demonstrating the importance of "vocational training or occupational support services to facilitate successful transitions into the adult workforce" (p. 211).

**Friends and Peer Relationships:** Those in the group with more problems tended to have significantly fewer friends, friends who got into trouble, and/or friends who were a bad influence, while the opposite was true for members of the group with fewer problems. These findings demonstrate the relationship between quality of current or past peer relationships and outcome, underscoring the importance of positive peer networks and suggesting that this may be an important area of focus in interventions with young adults.



## **DATA TRENDS: January, 2001 #21**

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**Goals and Successes:** Participants from the group with more problems had significantly fewer goals or significantly more “negative goals (e.g., drink more booze), trivial goals (e.g., have a good time), or one or two minor nonspecific goals (e.g., win the lottery, make money with no mention of a job)” (p. 212). The results reveal that young adults who were more goal oriented and had experienced more accomplishments functioned better, indicating that “service providers may need to focus on improving goal orientation and enhancing successful experiences” (p. 212).

**Stresses:** Members of the group with more problems experienced more severe stresses, both from “independent stresses” (p. 212, i.e., stresses outside the person’s control) such as drug problems of a boyfriend or girlfriend and from their own psychological difficulties such as issues in the family of origin and drug and alcohol problems.

**Services:** Members of the group with more problems received significantly more “individual/group counseling, welfare or government assistance, medications for mental health problems, couples counseling, and residential placement,” suggesting that “better outcomes were not associated with current service use, although they might have been bolstered by past service use” (p. 213).

Taken together, the authors conclude that as individuals who have a history of childhood emotional and behavioral problems transition to adulthood it is important for mental health service providers to devote additional resources and attention specifically to addressing independent living, peer networks, and employment. However, it is important to note that this study has shown relationships that suggest potential areas of intervention, but which cannot be used to show cause and effect. Still left unanswered is the degree to which the number and severity of mental health problems cause the outcomes in the content areas listed above and whether improvements in these content areas lead to improved mental health functioning; more research is needed to clarify these issues.

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