

Promoting and Caring for Young Adult Mental Health: Challenges and Opportunities for Improvement

Background: The COVID-19 pandemic has affected us all, but young adults, ages 18-25, stand out as an especially affected group. Young adults' mental health issues and needs increased markedly in recent years, even prior to the pandemic: the <u>U.S. Surgeon General's 2022 Advisory</u> acknowledges this.

This brief:

- provides the most recent national rates on mental health conditions for young adults,
- summarizes the developmental components of positive mental health,
- highlights strategies for evidence-based mental health promotion and treatment,
- offers guidance on how to build public awareness of and engagement around mental health promotion, and detection and treatment of mental health issues, and
- aims to support others working to improve the health and well-being of young adults.

Pre-COVID-19, depression and anxiety among young adults was already on the rise.

- Young adult past-month serious anxiety increased from 8% in 2008 to 15% in 2018. <u>These rates and this 87% increase are higher than for any other adult age group</u>. Likewise, young adult past-year major depressive episodes increased from 8% in 2009 to 13% in 2017, a 63% increase. <u>These rates and this increase</u>, again, were higher than for any other adult age group.
- Compared to other adult age groups, young adults (ages 18-25) experienced the highest rates of mental health conditions. The latest young adult data (2020), for example, shows a <u>suicidality rate of 11%</u>, a <u>17% rate of major depressive episodes</u>, and a <u>12% rate of mental illness co-occurring with substance use</u>. Adolescents and young adults ages 14-25 had the <u>highest increase in overdose death rates</u> (49%) from 2019 (11%) to 2020 (17%) of any adult age group.
- Treatment rates for mental health conditions were also lower for young adults (42%) than for any other adult age group in 2020.

The COVID-19 pandemic made the problem worse.

 Mental health symptoms among young adults increased even further during the pandemic. Anxiety and depression for young adults ages 18-29 increased from 49% in August 2020 to 57% in January 2021, higher <u>rates and greater increase than any adult age group</u>. Moderate or severe depression symptoms for younger adults, ages 18-39, <u>increased from 9% in 2017-2018 to 39% in 2020</u>.

Young Adults also had the highest rate of unmet need-and greatest increase in unmet need-of any adult age group.

- The past 4-week unmet need for mental health services increased from 16% in August 2020 to 23% in January 2021. And, many young adults do not have access (or realize they have access) to mental and behavioral health services. <u>13% of young adults reported perceived unmet need for mental health</u> services in 2020, up from 10% in 2019, and more than any other age group.
- Polling from the <u>Trevor Project's 2021 National Survey on LGBTQ Youth Mental Health</u> aged 13-24 revealed that 42% of LGBTQ youth seriously considered suicide in the past year, with 48% reporting they wanted counseling from a mental health professional but were unable to receive it.
- Similarly, younger adults (ages 19-35) also have the lowest rates of insurance coverage, according to the <u>US Census Bureau</u>.

And our current mental health care systems are unprepared to meet increased demand.

• The current mental health care workforce in the United States meets just 28% of its service needs.

We need an acute response to the mental health crisis AND a renewed commitment to policies and practices that promote good mental health among Young Adults.

- The protective factors and healthy behaviors that can help prevent diagnosable mental disorders correlate to <u>Healthy Youth Development principles</u>.
- With <u>50% of mental illnesses first occurring by adolescence and another 25% emerging by the mid-20s</u>, we have a clear opportunity to increase promotion of young adult mental health in earlier stages of development. We must support:
 - caring relationships with families, mentors, and peers;
 - positive self-esteem development;
 - emotional self-regulation;
 - good coping skills and problem solving; skill- and interest-building through mentorship;
 - academic and intellectual achievement;
 - engagement in two or more life contexts, such as school, peers, athletic, employment, and/or religion; and
 - increased independence, freedom, and responsibility for making decisions that will influence health and well-being in adult life.

School-based resources for promoting Young Adult mental health

There are a variety of approaches to promoting mental health among young adults:

- <u>LifeSkills Training</u>, an adolescent school-based universal substance misuse preventive intervention, resulted in significantly lower depression symptoms in young adults at age 22, compared to the control group.
- <u>Gatekeeper training</u>, a college campus-wide Suicide Prevention Program trains students to recognize warning signs of suicide risk through: increasing knowledge about suicide, promoting beliefs that suicide is preventable, reducing reluctance and increasing self-efficacy to intervene. These trainings increased trainees' preparedness; knowledge; self-efficacy; confidence, comfort, and competence in helping atrisk students and likelihood to intervene; and decreased their reluctance to intervene.
- A study of community college students providing a <u>stress reappraisal intervention</u> found that students who were trained to endorse the idea that their stress responses were functional and that the stress arousal could be helpful rather than harmful, performed better on subsequent math exams, had lower math evaluation anxiety, lower threat appraisals, and more adaptive responses on testing days, compared to the control group.

Clinical interventions to prevent Young Adult mental health problems

A variety of mental health treatments have been reviewed by the Substance Abuse and Mental Health Services Administration (SAMHSA), a branch of the U.S. Department of Health and Human Services and compiled in this 74-page document, "<u>Prevention and Treatment of Anxiety, Depression, and Suicidal</u> <u>Thoughts and Behaviors Among College Students</u>." The following emerge as potentially useful for other age groups of young adults:

- <u>Mindfulness-based stress reduction (MBSR)</u> uses mindfulness meditation to reduce anxiety and to manage emotions. Programs include online and live sessions of varying duration. The MBSR interventions for college students found significant decreases in anxiety and depressive symptoms.
- <u>Acceptance and Commitment Therapy (A&CT)</u> aims to reduce negative behaviors and improve mental health through increasing psychological flexibility to understand thoughts and emotions or change behavior depending on the situation and one's values. College students in A&CT interventions showed decreases in distress and social anxiety.
- <u>Cognitive Behavioral Therapy (CBT)</u> is a goal-oriented therapy that helps clients change their patterns of thinking and behaviors in individual, group, or computerized formats. Group CBT interventions were effective in reducing depressive and anxiety symptoms, negative thinking, levels of worry, and improvements in self-esteem and life satisfaction and happiness ratings. Computerized CBT interventions were effective in decreasing depressive symptoms, and eating disorder symptoms, binge eating frequency, and compensatory behaviors, such as excessive exercise.
- <u>Dialectical Behavior Therapy (DBT)</u> teaches mindfulness, distress tolerance, interpersonal effectiveness, and emotion regulation. Individual therapy enhances client motivation and skills for managing life and specific challenges. DBT with college students has been effective in reducing suicidal ideation, depressive symptoms, non-suicidal self-injury events, and improvements in social adjustment.

Treatments for mental health problems for adolescents and Young Adults

SAMHSA has also reviewed interventions for adolescents and young adults with serious emotional disturbance and serious mental illnesses and co-occurring substance use disorders in "<u>Treatment considerations for</u> youth and young adults with serious emotional disturbances and serious mental illnesses and co-occurring substance use."

- <u>Cognitive behavioral treatment (CBT)</u>, a goal-oriented therapy that helps clients change their patterns of thinking and behaviors, has been effective in reducing the severity of PTSD symptoms and trauma-associated cognitions, frequency of marijuana use, and general substance use among <u>adolescents and young adults</u> with co-occurring mental disorders and substance use disorders (SUD). Integrated-CBT, which explores relationships between mental disorders and substance use problems, has been effective in reducing level of functional impairment and frequency of marijuana use among adolescents and young adults with a substance use disorder and suicidal thoughts and behaviors.
- <u>Multidimensional Family Therapy (MDFT)</u> takes into account individual-level factors and family-level factors (home environment and interpersonal relationships). A study of adolescents and young adults with co-occurring mental disorders and substance misuse or SUD showed reduced negative mental health outcomes and marijuana use frequency.
- <u>Pharmacotherapy</u> is the use of Food and Drug Administration-approved medications to treat adolescents' and young adults' serious emotional disorders (SED), serious mental illnesses (SMI), substance use disorders (SUD), and mood and anxiety diagnoses including bipolar I disorder. Effective medication used to manage psychological issues can provide relief that can allow the use of other strategies to pursue recovery from SUD.

Telehealth services hold promise for delivering these interventions and treatments.

• <u>During the COVID-19 pandemic, young adults used telehealth at relatively high rates</u>. Given their low levels of accessing traditional care, <u>telehealth care is a feasible option for serving this age group</u>, with further potential to help reduce the healthcare workforce shortage.

What you can do

- 1. Raise awareness of available resources for adolescents and young adults in your community through social media and other platforms such as YouTube.
- 2. Engage community leaders, trusted peers, and other influencers in efforts to promote young adults' mental health and well-being.
- 3. Review the mental health coverage in your workplace's health insurance plans and join forces with other advocates to promote inclusion of mental health services, including reimbursement for telemental-healthcare.
- 4. Advocate for the expansion of screening and care services to address unmet mental health needs.
- 5. Share these evidence-based resources and interventions to increase implementation in community, educational, and healthcare systems.

References

- Barney A, Buckelew S, Mesheriakova V, Raymond-Flesch M. The COVID-19 pandemic and rapid implementation of adolescent and young adult telemedicine: Challenges and opportunities for innovation. J Adolesc Health. 2020;67(2):164-171.
- Ettman CK, Abdalla SM, Cohen GH, Sampson L, Vivier PM, Galea S. Prevalence of depression symptoms in US adults before and during the COVID-19 pandemic. JAMA Netw Open. 2020;3(9):e2019686.
- Goodwin RD, Weinberger AH, Kim JH, Wu M, Galea S. Trends in anxiety among adults in the United States, 2008-2018: Rapid increases among young adults. J Psychiatr Res. 2020;130:441-446.
- Hedegaard H, Minino AM, Spencer MR, Warner M. Drug overdose deaths in the United States, 1999-2020. NCHS Data Brief. 2021(426):1-8.
- Jamieson JP, Black AE, Pelaia LE, Gravelding H, Gordils J, Reis HT. Reappraising stress arousal improves affective, neuroendocrine, and academic performance outcomes in community college classrooms. J Exp Psychol Gen. 2022;151(1):197-212.
- Kessler RC, Amminger GP, Aguilar-Gaxiola S, Alonso J, Lee S, Ustun TB. Age of onset of mental disorders: A review of recent literature. Curr Opin Psychiatry. 2007;20(4):359-364.
- Mental health promotion and prevention. Youth.gov. https://youth.gov/youth-topics/youth- mentalhealth/mental-health-promotion-prevention#_ftn. Published 2022. Accessed December 1, 2022.

- Office of the Surgeon General (OSG). Protecting youth mental health: The U.S. Surgeon General's Advisory. Washington, D.C.: U.S. Department of Health and Human Services;2021.
- Risk and protective factors for youth. Youth.gov. https://youth.gov/youth-topics/youth-mental- health/risk-and-protective-factors-youth. Published 2022. Accessed December 1, 2022.
- Sachs JW, Graven P, Gold JA, Kassakian SZ. Disparities in telephone and video telehealth engagement during the COVID-19 pandemic. JAMIA Open. 2021;4(3):00ab056.
- Substance Abuse and Mental Health Services Administration (SAMHSA). Prevention and treatment of anxiety, depression, and suicidal thoughts and behaviors among college students. Rockville, MD: National Mental Health and Substance Use Policy Laboratory, Substance Abuse and Mental Health Services Administration;2021.
- Substance Abuse and Mental Health Services Administration (SAMHSA). Results from the 2020 national survey on drug use and health: Detailed tables. Rockville, MD: National Mental Health and Substance Use Policy Laboratory, Substance Abuse and Mental Health Services Administration;2022.
- Substance Abuse and Mental Health Services Administration (SAMHSA). Treatment considerations for youth and young adults with serious emotional disturbances/serious mental illnesses and co-occurring substance use. Publication no. Pep20-06-02-001. Rockville, MD: National Mental Health and Substance Use Policy Laboratory, Substance Abuse and Mental Health Services Administration,;2021.
- The Henry J. Kaiser Family Foundation (KFF). Mental health care health professional shortage areas (HPSAS). The Henry J. Kaiser Family Foundation (KFF). https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-

hpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22: %22asc%22%7D. Published 2022. Accessed December 1, 2022.

- The Trevor Project. 2021 National survey on LGBTQ youth mental health. https://www.thetrevorproject.org/survey-2021/?section=Introduction. Published 2021. Accessed December 1, 2022.
- Trudeau L, Spoth R, Mason WA, Randall GK, Redmond C, Schainker L. Effects of adolescent universal substance misuse preventive interventions on young adult depression symptoms: Mediational modeling. J Abnorm Child Psychol. 2016;44(2):257-268.
- Twenge JM, Cooper AB, Joiner TE, Duffy ME, Binau SG. Age, period, and cohort trends in mood disorder indicators and suicide-related outcomes in a nationally representative dataset, 2005-2017. J Abnorm Psychol. 2019;128(3):185-199.
- United States Census Bureau. Adults age 26 had highest uninsured rate among all ages, followed by 27-year-olds. 2020. https://www.census.gov/library/stories/2020/10/uninsured-rates-highest-for-young-adults-aged-19-to-34.html. Published October 26, 2020. Accessed December 1, 2022.
- Vahratian A, Blumberg SJ, Terlizzi EP, Schiller JS. Symptoms of anxiety or depressive disorder and use of mental health care among adults during the COVID-19 pandemic - United States, August 2020-February 2021. MMWR Morb Mortal Wkly Rep. 2021;70(13):490-494.

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