Engagement in Mental Health Treatment among Young Adults

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July 21, 2020
• This webinar was developed in part under contract number HHSS283201200021I/HHS28342003T from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.
A Continuum of Access and Engagement

Access

Initial Engagement

Continued Access and Engagement
1. Mental health in young adulthood
2. Unaddressed challenge of (dis)engagement
3. Practice-based research context
4. Engagement program for young adults
5. Preliminary results
2.6 million young adults experienced a serious mental illness in 2018 (NSDUH, 2018)

Prevalence of some SMIs and suicidality among young adults have increased steadily over last decade (NSDUH, 2018; Twenge et al., 2019)

Onset for 75% of mental disorders occurs prior to age 25 (Kessler et al, 2008)
Mental health in young adulthood: Biology

The “thinking” brain: The Prefrontal Cortex

Handles logic, self-regulation, predicting, planning, problem-solving ...
Mental health in young adulthood: Psychology

Who am I?
Who am I with a mental health condition?
Mental health in young adulthood: Social

“Connection”

College  Employment
Mental Health Care in Young Adulthood Must ...

1) Provide perceived rewards
2) Help youth *become* who they want to become
3) Enhance relationships
4) Be fun and engaging ...
Overview

1. Mental health in young adulthood
2. Unaddressed challenge of (dis)engagement
3. Practice-based research context
4. Engagement program for young adults
5. Preliminary results
Precipitous drop-off in young adulthood

Use of outpatient mental health is lower in young adulthood than in adolescence or adulthood

Forty-six percent of those who met criteria for SMI had received no treatment

IOM, 2015, CMHS, 2011; National Survey of Drug Use and Health, 2018
Unaddressed challenge of (dis)engagement

1. Who decides?
2. Who and what influences decisions?
3. What does it mean to engage in services?
4. What do I want in my life?
5. Can professional services help me get what I want?
Unaddressed challenge of (dis)engagement

- Intervention Development
  - What are the targets for the engagement intervention?
  - How can we intervene to make an impact on the targets?
Unaddressed challenge of (dis)engagement: “got moods”
1. To **explore** the service use experiences of former system youth with psychiatric needs
2. To examine if and **how** social relationships influence service use? If so, how?
3. To **explore** how young adults understand their mental health and system experiences
Unaddressed challenge of (dis)engagement: Methods

Age: 20.97 (2.08)
Gender: 68% Female
Race/Ethnicity: 32% White, 68% African-American/Black or Bi-/Multi-

Prior System Involvement: (Average # of SOC - 3 systems)
- Public Mental Health 100% (All used MH is childhood)
- Child Welfare 71%
- Juvenile Justice 47%
- Public Welfare 75%
- Special Education 46%

Childhood history of mood disorder:
- Depression 44%; Bipolar 32%; Both 23%

Currently struggling with mood/emotional difficulties: 100%
Currently depressed: 75% (n=45) ( > or = 16, CES-D)
Unaddressed challenge of (dis)engagement: Results

- Community
- Social
- Beliefs
- Norms
- Image
- Emotion
- Self-Efficacy
- Environment
- Knowledge
- Engagement / Use
- Behavioral Cues
- Habitual Processes

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Unaddressed challenge of (dis)engagement: Reviews

Research reports reveal common barriers and facilitators of service use and engagement

See Dixon et al., 2016; Kim, Munson & McKay, 2012; Lindsey et al., 2013; Lucksted et al., 2015; Munson et al., 2012
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Practice based research context: How can we intervene?

- Common engagement targets that need to be moved

- Transition-age youth and young adults (TAYYA) enjoy sharing their experiences with others who have similar experiences

- TAYYA enjoy expressive arts to share experiences

- TAYYA do not always have high levels of mental health literacy
Practice based research context: How can we intervene?

**Importance of a team based approach:**

Providers

Family of Origin

Friends

Partners (new emerging independent families)
Engagement Programs – Orientation to MHS may be useful for transition from:

1. Hospital to community-based mental health care
2. Jail and prisons to community
3. Crisis to non-crisis situations
4. Independent living programs
1. Mental health in young adulthood
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JUST DO YOU
An Orientation to Recovery from Mental Illness

FACILITATOR MANUAL
Positionality

- Services Researcher
- Age
- Class
- Race
- Gender
- Service Provider
- Service User
Key Points of Intervention when we know engagement is low

When youth are using a service -- keep them engaged, anticipate transitions

When youth come into contact for the first time or when they reconnect after a period of disconnection
Engagement

Intention

Attendance

Investment
“got moods”

- Community
- Social
- Beliefs
- Norms
- Image
- Emotion
- Self-Efficacy
- Environment
- Knowledge
- Engagement / Use
- Behavioral Cues
- Habitual Processes
Just Do You: Conceptual Framework

Beliefs → Norms → Image → Emotion → Self-Efficacy → Engagement in PROS
Just Do You ➔ Evidence-Based Treatment
Just Do You

PROS
## Personalized Recovery Oriented Services (PROS)

<table>
<thead>
<tr>
<th>Intensive Rehabilitation</th>
<th>Ongoing Rehabilitation and Support</th>
<th>Clinical Treatment</th>
<th>Community Rehabilitation and Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensive Relapse Prevention</td>
<td>Ongoing Rehabilitation and Support</td>
<td>Psychotherapy Medication treatment</td>
<td>Wellness Self-Management</td>
</tr>
<tr>
<td>Integrated Dual Disorder Treatment</td>
<td></td>
<td></td>
<td>Basic Living Skills</td>
</tr>
<tr>
<td>Family Psycho-education</td>
<td></td>
<td></td>
<td>Community Living</td>
</tr>
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<td></td>
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<td>Benefits and Financial Management</td>
</tr>
</tbody>
</table>
Young Adult Engagement Program
Just Do You: How do we hit the targets?

Mental Health Conversations

SAMHSA
Substance Abuse and Mental Health Services Administration
We want to continue today by talking about two important concepts that are part of feeling better:

1. **TRUSTING** our mental health providers, and

2. **UNDERSTANDING** the services offered here at the clinic and what they can do for us.
Another celebrity who struggles with mood and emotional challenges is Mary J. Blige.

In this clip, let’s focus on the **connections** she makes between her situations, thought, feelings, and actions.

<table>
<thead>
<tr>
<th><strong>Narrative of Mary J. Blige</strong> <em>(Focusing on thoughts she has about herself)</em></th>
<th><strong>Narrative of Clinician Choice of Video</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>In this case – we hear Mary talking about…</td>
<td></td>
</tr>
<tr>
<td>- <strong>Situation:</strong> Successful artist, touring, busy</td>
<td></td>
</tr>
<tr>
<td>- <strong>Thoughts:</strong> I hate myself, people find me unlovable</td>
<td></td>
</tr>
<tr>
<td>- <strong>Feelings:</strong> Depressed, sadness</td>
<td></td>
</tr>
<tr>
<td>- <strong>Actions:</strong> Substance use, staying in unhealthy relationships</td>
<td></td>
</tr>
<tr>
<td>- <strong>Check the Evidence:</strong> Learns her thoughts not based in reality</td>
<td></td>
</tr>
</tbody>
</table>

http://www.halfofus.com/video/?videoID=95&chapterID=1
TAKE HOME POINTS

WE HOPE YOU WILL LEAVE KNOWING THAT...

We believe you can feel better and *Keep Doing You.*

- Part of feeling better is coming to your program and staying connected to your providers. *Please come to your groups at PROS.*

- You may have complicated feelings about whether you trust the services and/or the providers. *It is okay to have these feelings.* It is good to talk to your providers about these feelings.

- It is important to *advocate for yourself* to find the right treatments!

- *Thoughts are parts of us* and we take them with us throughout our lives. Thoughts impact how we feel about ourselves/the world/what we do.
Good afternoon. We are so glad to see you back at the Just Do You group.

Today we are going to take some time to talk about the frustrations and injustices that have happened to us (or important people in our lives). Many injustices make it harder to live with mental health challenges, such as poverty, violence and discrimination. Poverty, violence and discrimination are hard for everyone to deal with in life.

Today we are going to work together to recognize some of the barriers we may have to feeling hopeful about the future and also recognize that we have (or can) moved beyond some of these difficulties, even if it is a ‘work in progress’. We are each ‘doing ourselves’ the best way we can.
Art is a powerful tool that can be used to harness your imagination and help you picture something that does not yet exist, and start to make it possible.

Being able to visualize our goals can help us get closer to them, by allowing us to anticipate the steps needed to get from point A to point B.

Images can also be found in music and poetry. So if art is not your thing, we will offer you a different way to help you imagine where you would like your story to go. The creative activities we will do today were developed with the help of a Creative Arts Therapist. Creative arts therapists specialize in using creativity in your therapy to help make therapy more effective and more enjoyable. Sometimes the beauty of art can give inspiration and make the painful feelings that come up in therapy easier to manage. So if you feel that art or music may be helpful tools for you, please make sure to discuss this with your therapist here at PROS.
WE HOPE YOU WILL LEAVE KNOWING THAT...

- Injustices happen to **all human beings**, and it is not fair or our fault.
- Telling our stories can be **empowering** and **healing**.
- People have experienced **similar injustices** and **experiences**.
- **We are not alone.**
- We may have **valid reasons** for losing hope sometimes, but we can **work through them**.
Music

This is a story that I have never told
I gotta get this off my chest to let it go
I need to take back the light inside you stole
You're a criminal
And you steal like you're a pro

All the pain and the truth
I wear like a battle wound
So ashamed, so confused
I was broken and bruised

Now I'm a warrior
Now I've got thicker skin
I'm a warrior
I'm stronger than I've ever been

“Warrior” by Demi Lovato

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Art
Hybrid provider team
What is a mental health mentor – or a recovery role model?

**Mentor**
- No Lived Experience
- Older, wise, & trusted guide
- Mentor Training, 1:1 Match, Weekly Activities, 1-year, Close Monitoring
- Community: Non-clinical service
- Mentorship, Role Modeling, Emotional Support, Fun and Companionship

**Peer**
- Lived Experience
- Same age, status or ability
- Training Varies, No 1:1 Match, Variation in Dose & Duration
- Clinic: “Form of mental health care”
- “Perhaps Mentorship”, Emotional Support, Hope, Education, Advocacy

Substance Abuse and Mental Health Services Administration
• Two-arm Parallel Randomized Controlled Trial:
  – Experimental Condition (PROS As Usual + JDY)
  – Control Condition (PROS As Usual)
• Outcome Assessments:
  – Baseline, 2-Week, 3-Month
• Primary Outcomes
  – Engagement, Mediating Targets of Engagement
• Analysis
  – SPSS, SEM
Fidelity Checklists

FIDELITY MONITORING – MODULE #1

1) Orientation to Recovery [Instilling Hope],
2) Challenging Stigma,
3) Developing Goals, and
4) Clinic Services and Developing Trust

_____ : Introduction of Purpose and Content

✓ Read pages 8-10 in facilitator manual as a group

Estimated Time

5

Please also circle the response that best suits your facilitation of the module today:

1  I (we) had plenty of time
2  I (we) couldn’t quite get through everything
3  I (we) got through most of it
4  I (we) got through all of it

_____ : Discussion

✓ Discussed of Introduction content, including the 12-principles of Recovery

10

Please also circle the response that best suits your facilitation of the module today:

1  I (we) had plenty of time
2  I (we) couldn’t quite get through everything
3  I (we) got through most of it
4  I (we) got through all of it

_____ : Activity

✓ Segment 1 Activity [Recovery Role Model on service engagement / overcoming]

[Narrative Mental Health Communication, Ron Artest & Goal-Setting]

5  10

Please also circle the response that best suits your facilitation of the module today:

1  I (we) had plenty of time
2  I (we) couldn’t quite get through everything
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4  I (we) got through all of it
Fidelity Checklists

JUST DO YOU
An Orientation to Recovery from Mental Illness

FIDELITY MONITORING – MODULE #2

1) Injustices and how they impact our mental health
2) Moving beyond barriers
3) Instilling hope
4) Review

_____ : Introduction of Purpose and Content
✓ Read pages 26-27 in facilitator manual as a group

Estimated Time
5

Please also circle the response that best suits your facilitation of the module today:
1) I (we) had plenty of time
2) I (we) couldn’t quite get through everything
3) I (we) got through most of it
4) I (we) got through all of it

_____ : Discussion
✓ Discussed of introduction content, including transforming the past into a hopeful future

10

Please also circle the response that best suits your facilitation of the module today:
1) I (we) had plenty of time
2) I (we) couldn’t quite get through everything
3) I (we) got through most of it
4) I (we) got through all of it

_____ : Activity
✓ Segment 1 Activity [Watching 1-2 music videos on the list on page 31] [Create an Image through 1 of 3 directives]

10

25

Please also circle the response that best suits your facilitation of the module today:
1) I (we) had plenty of time
2) I (we) couldn’t quite get through everything
3) I (we) got through most of it
4) I (we) got through all of it
### Demographic and Clinical Characteristics

<table>
<thead>
<tr>
<th>Age</th>
<th>Mean Age</th>
<th>26 (Range 18-34)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Male</td>
<td>n=72, 67%</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>n=35, 33%</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>African-American/ Black</td>
<td>43 (40%)</td>
</tr>
<tr>
<td></td>
<td>Latina/o, Hispanic</td>
<td>36 (34%)</td>
</tr>
<tr>
<td></td>
<td>Bi- or Multi-Racial</td>
<td>16 (15%)</td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>4 (3%)</td>
</tr>
<tr>
<td></td>
<td>Asian</td>
<td>1 (&lt;1%)</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>7 (6%)</td>
</tr>
<tr>
<td>Diagnosis*</td>
<td>Schizophrenia-Spectrum</td>
<td>61 (57%)</td>
</tr>
<tr>
<td></td>
<td>Mood Disorder</td>
<td>51 (48%)</td>
</tr>
<tr>
<td></td>
<td>PTSD</td>
<td>6 (5%)</td>
</tr>
<tr>
<td></td>
<td>Anxiety</td>
<td>7 (6%)</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>3 (3%)</td>
</tr>
</tbody>
</table>
### Demographic and Clinical Characteristics

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age of first onset</strong></td>
<td>Mean Age</td>
<td>16.07 years</td>
</tr>
<tr>
<td><strong>Medication (Current)</strong></td>
<td>Yes</td>
<td>90% (n=96)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>93% (n=99)</td>
</tr>
<tr>
<td><strong>Hospitalization (Ever)</strong></td>
<td>Yes</td>
<td>43% (n=46)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>46% (n=46)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 refused</td>
</tr>
</tbody>
</table>

**Sample N=107**
“The fact of belonging to multiple marginalized identity groups simultaneously can clearly present a need for mental health services in order to successfully transition into adulthood” (p. 22)

Initial Insights &
Preliminary Results
Initial Insights

• Flexibility in a pilot trial is critical (learning)

• Program Format (related to intake and patient flow)

• Running into the real world continuously
  – Staffing changes
  – Moving buildings
  – Technology
  – COVID-19
## Mediators of Engagement Measures

<table>
<thead>
<tr>
<th>Construct</th>
<th>Sample Item</th>
<th>Psychometrics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Credibility of Provider</strong></td>
<td>“I feel like my current provider is truly an expert in treating mental health”</td>
<td>8-Item Likert Scale (Range, 8-40) W4, $\alpha=.92$</td>
</tr>
<tr>
<td><strong>Behavioral Beliefs</strong></td>
<td>“Continuing my treatment will give me a better understanding of what I am going through.”</td>
<td>12-Item Likert Scale (Range, 0-48) W4, $\alpha=.87$</td>
</tr>
</tbody>
</table>
## Engagement Measures

<table>
<thead>
<tr>
<th>Construct</th>
<th>Sample Item</th>
<th>Psychometrics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hope</strong></td>
<td>“I energetically pursue my goals.”</td>
<td>12-item Likert scale (Range, 12-96) W4, α=.74</td>
</tr>
<tr>
<td></td>
<td>“I can think of many ways to get the things in life that are important to me.”</td>
<td></td>
</tr>
<tr>
<td><strong>Engagement</strong></td>
<td>“I am not just going through the motions. I'm really involved in working with the PROS staff.”</td>
<td>8-Item Likert scale (Range, 8-40) W4, α=.82</td>
</tr>
<tr>
<td></td>
<td>“I am fully invested in making use of the services the PROS program is providing me.”</td>
<td></td>
</tr>
</tbody>
</table>
Overview

1. Mental health in young adulthood
2. Unaddressed challenge of (dis)engagement
3. Practice-based research context
4. Engagement program for young adults
5. Preliminary results
Preliminary Results from the Pilot Trial

• Feasibility
  – Launched in four PROS programs
  – Hired, trained and support hybrid provider teams
  – Enrolled 123 young adults in JDY Project

• Acceptability
  – Anecdotally stakeholders have reported modules acceptable and helpful

• Preliminary inkling toward effect
Overview – Experimental Therapeutics

Diagram:
- Mediator
  - Path a: JDY/Control
  - Path b: Outcome
Story of Behavioral Beliefs about Treatment

Beliefs about Treatment

JDY/Control

p < .001*

Engagement

p < .001*
Credibility of Providers (Expertise, Advice)

- Credibility
  - p < .001*
  - JDY/Control
  - Engagement
  - p < .001*
Story of Hope

![Diagram showing the relationship between Hope, JDY/Control, and Engagement with p < .001* and ns indications.](image-url)
1. Orientation program can positively impact treatment engagement of young adults
2. Program significantly impacts both beliefs about treatment and credibility of providers
3. Program is not significantly changing hope, but data also reveal that hope is relevant to changes in engagement
4. Use of non-traditional intervention strategies, such as art and music may be important
Limitations

1. Only partnering with 4 of hundreds of PROS programs
2. Small sample size
3. Preliminary results
4. Limited sense of what component of the program matters most
Next Steps

1. Complete Analyses

2. Dissemination

3. Modify intervention based on results
Joining the discussion:  

- **Iruma Bello, PhD**, Co-Associate Director and Clinical Training Director of OnTrackNY who will discuss the relevance of these approaches for engaging youth in Coordinated Specialty Care.

- **Aanchal Katyal, LMSW**, a licensed social worker who is co-facilitating the Young Adult Engagement Program in New York City at one of the sites in Dr. Munson’s randomized trial. She will share what the delivery of the intervention looks like in the real world.
Acknowledgements

Thank you to the following:

New York University
Silver School of Social Work

National Institute of Mental Health

Ohio Department of Mental Health

Young Adult Collaborative Partners

Just Do You Organizational Partners
Q & A
SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

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www.samhsa.gov

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