



SAMHSA'S PROGRAM TO ACHIEVE WELLNESS

Incorporating Wellness Into Recovery

The Importance of Addressing Serious Mental Illness in Youth and Young Adults

SAMHSA's Program to Achieve Wellness

A serious mental illness (SMI) is defined as a mental, behavioral or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.ⁱ

Two million young adults have a serious mental illness in the United States.ⁱⁱ

Young adults (aged 18-25) have the highest prevalence of serious mental illness (5.9%) compared to adults aged 26-49 (5.3%) and aged 50 and older (2.7%).ⁱⁱⁱ

Youth and young adults, aged 16-25, with serious mental illness most commonly experience depression (21.6%), followed by bipolar (14.6%), disruptive (14.2%), and anxiety (12.9%) disorders.^{iv}

48.5% of young adults with a serious mental illness did not access any mental health services in 2016.^v

34.9%, or 711,000, young adults with a serious mental illness also have a co-occurring substance use disorder.^{vi}

77.4% of youth experiencing homelessness have a serious mental illness.^{vii}

TAKE ACTION

(for medical, mental health and substance use disorder providers):

- Encourage youth and young adults to take an active role in making decisions about their treatment^{viii}
- Collaborate with the youth's other service providers^{ix}
- Be accessible to youth and young adults in several ways — in-person, by phone, text, email, etc.^x
- Involve parents, friends, and caregivers in the process by educating them about the youth or young adult's treatment and recovery, noting available community services, and aiding in the transition to independent adult living^{xi}
- Be culturally-responsive to the unique needs of the youth and young adults being served
- Be proactive in early intervention when addressing serious mental illness in youth and young adults to reduce long-term consequences^{xii}

- Support workforce training for providers to develop the skills and knowledge needed to work with youth and young adults and their families

ⁱ National Institute of Mental Health Information Resource Center. (2017). Mental illness. Retrieved from <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>

ⁱⁱ Ahrnsbrak, R., Bose, J., Hedden, S.L., Lipari, R.N., & Park-Lee, E. (2017, September). Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Substance Abuse and Mental Health Services Administration (SAMHSA). Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.htm>

ⁱⁱⁱ Ibid.

^{iv} Pottick, K. J., Warner, L. A., Vander Stoep, A., & Knight, N. M. (2014). Clinical characteristics and outpatient mental health service use of transition-age youth in the USA. *The Journal Of Behavioral Health Services & Research*, 41(2), 230-243. doi:10.1007/s11414-013-9376-5.

^v Childress, S., Reitzel, L. R., Maria, D. S., Kendzor, D. E., Moisiuc, A., & Businelle, M. S. (2015). Mental illness and substance use problems in relation to homelessness onset. *American Journal Of Health Behavior*, 39(4), 549-555. doi:10.5993/AJHB.39.4.11

^{vi} Ibid.

^{vii} Ibid.

^{viii} Delman, J., Clark, J. A., Eisen, S. V., & Parker, V. A. (2015). Facilitators and barriers to the active participation of clients with serious mental illnesses in medication decision making: the perceptions of young adult clients. *Journal of Behavioral Health Services & Research*, (2). 238.

^{ix} Ibid.

^x Ibid.

^{xi} Gerten, A., & Hensley, M. (2014). Transition-age children with mental illness: Hearing the voices of mothers. *Social Work In Health Care*, 53(3), 233-249. doi:[10.1080/00981389.2013.873514](https://doi.org/10.1080/00981389.2013.873514)

^{xii} MCGorry, P.D. (2015). Early intervention in psychosis: Obvious, effective, overdue. *The Journal of Nervous and Mental Disease*, 203(5), 310-318.