

# Navigating the Transition to Adulthood:

Confidentiality, Systems of Care,  
Treatment and Beyond



CABS Conference 2024

---

Tina Goldstein PhD  
Susan Wassick RN  
Dara Sakolsky MD PhD

# Agenda

1. Unique developmental considerations
2. Confidentiality
3. Systems of Care
4. Case Scenarios

# Unique Developmental Considerations

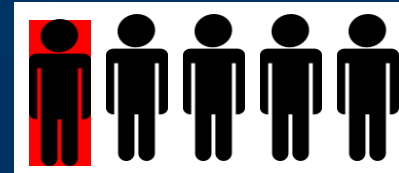
# Mental Health Among Transition-Age Youth (Ages 16-25)

---

- Mood disorder

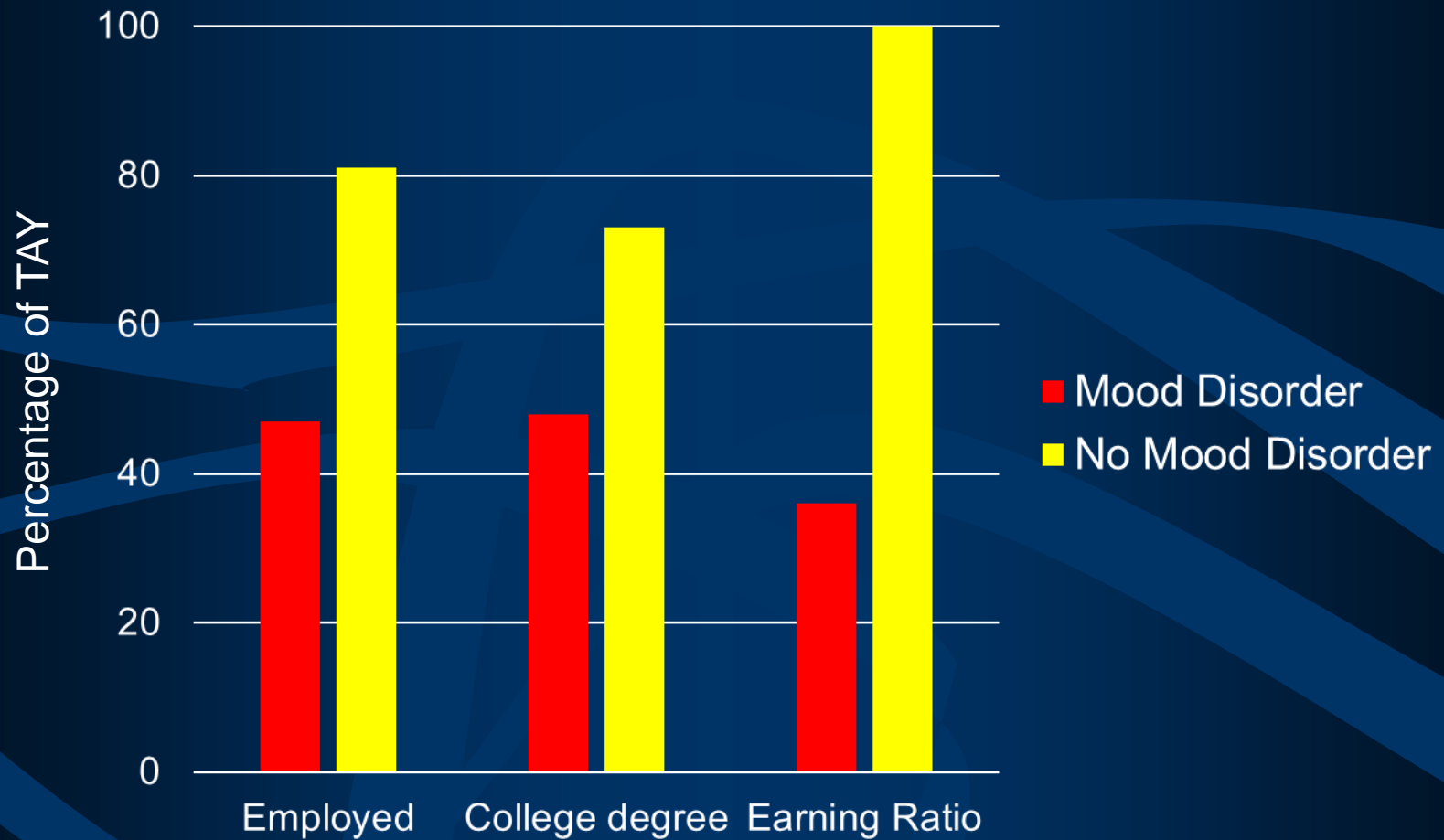


- Suicidal thoughts / behaviors



- Mood disorders account for 80% of all psychiatric hospitalizations among TAY
- Suicide: 2nd leading cause of death among TAY

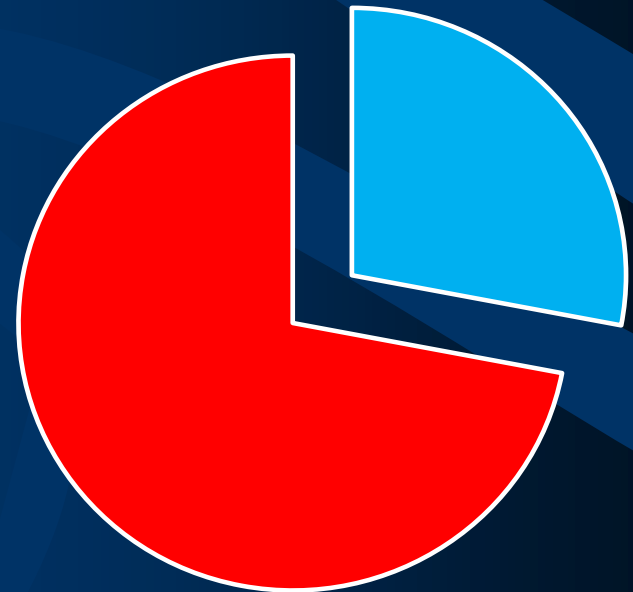
# Mood Disorders Impede Transition to Adulthood



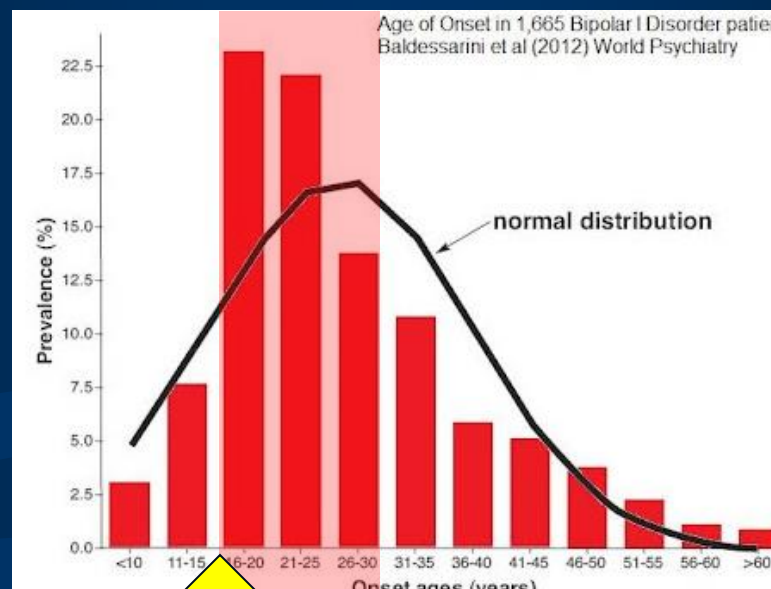
# TAY are Least Likely of All Age Groups to Receive Mental Healthcare

---

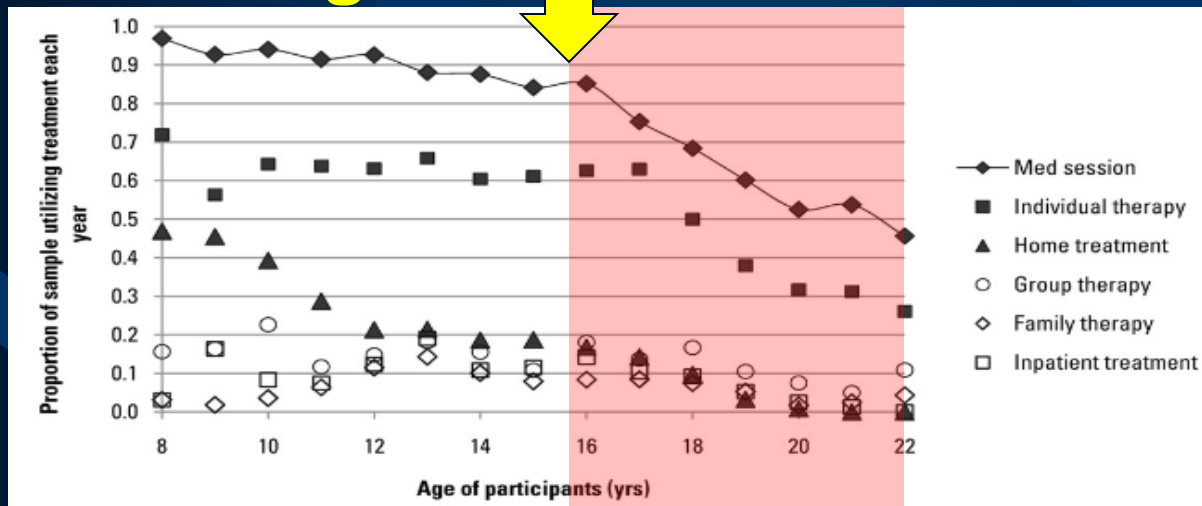
**72% of TAY with a mood disorder  
receive NO treatment**



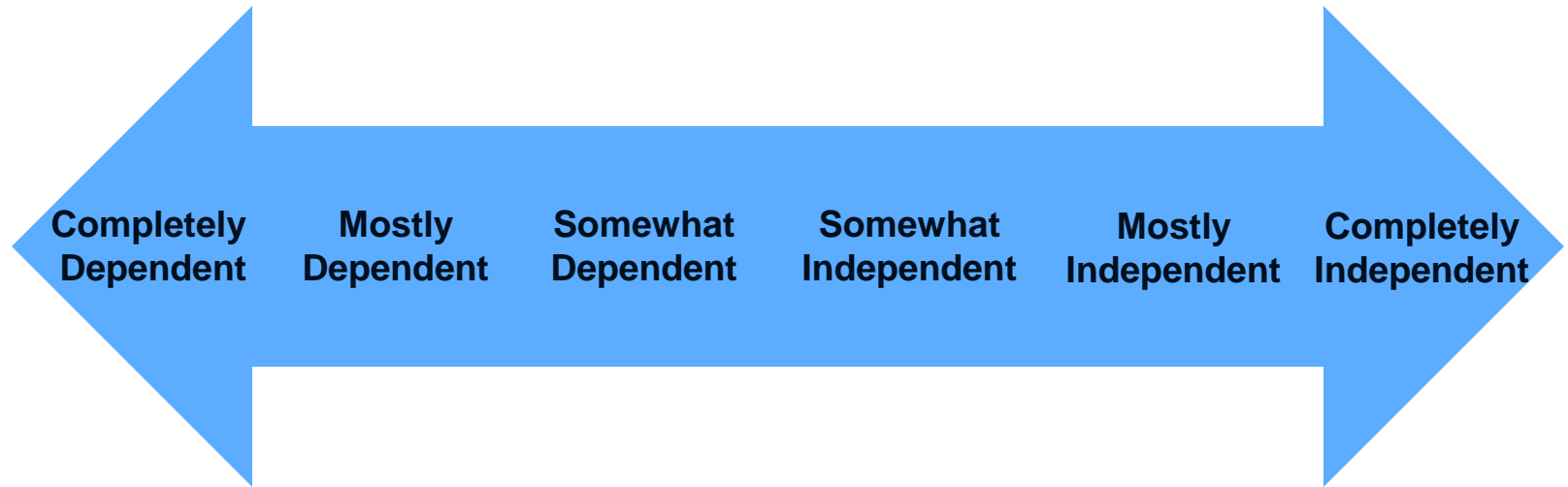
# Mental Healthcare Receipt Drastically Declines As Bipolar Disorder Onset Peaks



~Age 16



# Independence as a Continuum



# Domains of Independence for TAY

## Health

navigate health insurance  
access appropriate treatment  
know my diagnosis  
manage my medications  
make my appointments

## Education

understand options for continuing education  
fund continuing education (eg loans)  
manage my workload  
know my accommodations

## Employment

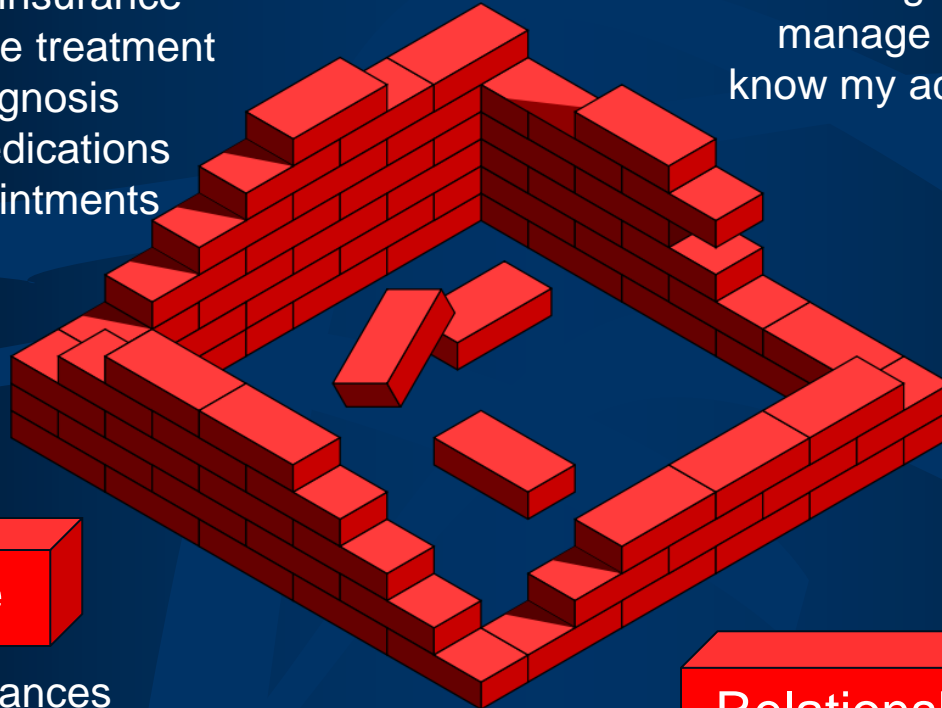
find a career  
create a resume  
interview effectively  
get a job

## Daily Life

manage my finances  
time management  
get myself up in the am  
do my laundry  
manage my time

## Relationships

solve problems with others  
get what I need from others  
know where to get support



# TAY Needs Assessment at CABS

n=20 TAY  
receiving outpatient  
treatment at CABS

Sociodemographic	Rate / Mean
Sex assigned at birth	
Female	65%
Male	35%
Age (mean)	19.5 years
Race	
White	85%
More than one race	15%
Ethnicity	
Hispanic / Latinx	20%
Sexual Identity	
Heterosexual	65%
Bisexual	15%
Asexual	10%
Homosexual	5%

## 6 DOMAINS OF INDEPENDENCE:

- Psychiatric Treatment
- Health Insurance
  - Education
- Employment
  - Finances
  - Housing



To what extent **did you feel confident** in your ability to navigate the transition to adulthood in terms of your \_\_\_\_\_?



What, if any, **challenges** did you have with \_\_\_\_\_ during the transition to adulthood?  
(FREE TEXT)



What do you feel **most helpful** to you during your transition to young adulthood?  
(FREE TEXT)



What do you feel **would have helped** you during this transition that **you did not get**?  
(FREE TEXT)



Is there **anything else** that you wish to share with us that you think will be helpful as we aim to better support young people with mood disorders during the transition to adulthood?  
(FREE TEXT)

To what extent did you feel confident in your ability to navigate the transition to adulthood in terms of your \_\_\_\_\_?

1	2	3	4	5
Not at all confident	Slightly confident	Fairly confident	Very confident	Extremely confident

Domain	Confidence Level	Challenges <i>What challenges did you have with ____ during the transition to adulthood? (Free text)</i>
Health Insurance	1.85	Lack of understanding, uninsured, transitioning from parents' insurance
Finances	2.15	How to budget, spending habits, debt, financial literacy
Employment	2.6	Finding and keeping a job, mental health/stress
Psychiatric Treatment	2.65	Finding a therapist, scheduling, communication/stigma
Housing	2.8	Affordable housing
Education	3	Paying for school, navigating college process, accommodations / IEP

# Confidentiality

## What Can Parents Do? A Review of State Laws Regarding Decision Making for Adolescent Drug Abuse and Mental Health Treatment

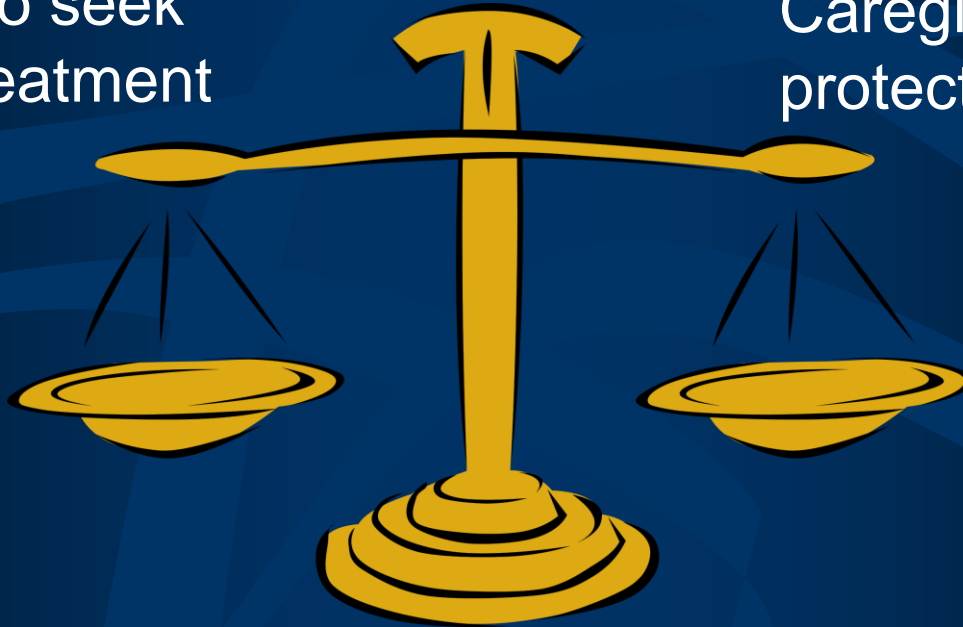
[MaryLouise E. Kerwin](#),<sup>a,b,\*</sup> [Kimberly C. Kirby](#),<sup>a,c</sup> [Dominic Speziali](#),<sup>d</sup> [Morgan Duggan](#),<sup>b</sup> [Cynthia Mellitz](#),<sup>b</sup> [Brian Versek](#),<sup>a</sup> and [Ashley McNamara](#)<sup>a</sup>

- Legal protections guided by combination of federal and state confidentiality laws
- Parents have authority to consent for their child's treatment up to age 18 (in most states)
- In PA, youth can consent to their own mental healthcare (inpatient & outpatient) without parental consent at age 14
- Full confidentiality & legal rights at age 18

# Confidentiality in Mental Healthcare for TAY

---

Minor's right to seek  
confidential treatment



Caregiver's right to  
protect child's health

# The Import of Confidentiality for TAY

---

- In the absence of confidentiality, youth may withhold information and / or not return for services
- Supports developing autonomy
- Fosters decision-making skills

# Educating Caregivers and TAY About Confidentiality & Consent

---

## Protections

### Exceptions:

- child abuse
- imminent risk

### Considerations:

- insurance/billing
  - EHR
  - appointment reminders
  - medication refills
- 
- Upon turning 18, TAY *MUST* provide consent to disclose any health information to 3<sup>rd</sup> party (including parent/caregiver)

# Considerations in Treatment with TAY

---

- Discuss confidentiality and communication at outset
- Clearly identify and document emergency contacts
- Determine parental / other involvement as clinically and developmentally appropriate

# Release of Information (ROI)

---

ROIs must be updated annually

Specifies:

- WHO: individuals, organizations who can share (and receive) protected health information
- WHAT: the types of health information that can be shared (e.g., specific sites, types of visits)
- WHY: purpose for which the health information is being shared (e.g., coordinating care)
- WHEN: dates covered

# Systems of Care

# What Is a System of Care?

A coordinated network of community-based services and supports organized to meet the challenges of youth and their families.

# System of Care Services

- Youth and family driven
- Individualized, strengths based, and evidence informed
- Culturally and linguistically competent
- Community based
- Accessible
- Collaborative and coordinated across an interagency network
- Provided in the least restrictive environment

# System of Care



# Mental Health Services

## University Counseling Centers

- Services offered
- Duration of treatment
- Limitations
- Common pitfalls



Behavioral intervention or “consultation teams”  
on college campuses

# Mental Health Services

## Community based providers

- Therapist
- Psychiatrist
- Case manager
- Peer specialist

# Social Services

Government-based or charitable aid to disadvantaged, distressed or vulnerable persons

- Food banks
- Affordable housing
- Opportunity or “summer bridge” programs for underrepresented groups
- Campus centers for LGBTQ+, minorities, or veterans

## Educational Services

- Academic advising
- Peer tutoring
- Academic resource centers – study skills, time management, test-taking strategies
- Writing centers

## Health Services

### Primary Care Provider (PCP)

- Transition from pediatrician to internal medicine doctor
- Continue with family medicine physician

### Adult Specialty Providers

### Medical Home

# Substance Abuse Services

- Universal education
- Screening and brief intervention
- 12 Step Programs
- Comprehensive substance abuse treatment programs
- Co-occurring disorder treatment programs

## Vocational Services

Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act provide reasonable workplace and academic accommodations

- Part-time or modified work schedules
- Extended testing time, priority registration

Office of Vocational Rehabilitation (OVR)

Campus career centers – resume writing, interviewing skills, alumni networks, internships

## Conduct and Justice Services

Many differences between juvenile criminal justice system and adult criminal justice systems

- rehabilitation vs punishment
- more vs less alternatives to jail

All colleges have written rules of conduct, process for hearings, and disciplinary sanctions when codes are violated

# Case Scenarios

# Case Scenario #1

- 17 year-old transgender male
- Living at home with parents
- At-risk for failing 12<sup>th</sup> grade (truancy, failing grades)
- Independently seeking assessment and treatment
- States he does not want parents to know about his gender identity nor that he is seeking treatment  
(currently covered by parents' insurance)
- At assessment, reports suicidal ideation with plan and intent



Considerations:  
Confidentiality  
Systems of Care

## Case Scenario #2

- 24 year-old cisgender female
- Employed full-time, has own private insurance through employer
- Living independently with roommates in apartment
- Engaged in ongoing treatment
- Previously signed ROI for clinician to speak to parents for treatment collaboration
- Patient retracts consent to speak to parent following argument with parents
- Parents call clinician to give information about patient's mental health and functioning: "I know she's not telling you what's really going on" then reports significant substance use
- Parents also inquire about patient's treatment attendance



Considerations:  
Confidentiality  
Systems of Care

# Conclusions

- Transition to adulthood is challenging—further complicated by complex mood disorder
- Independence as a continuum
- Consider independence across multiple domains
- Unique developmental considerations:

Confidentiality

Consent

Systems of care

# Acknowledgments

---

- Child and Adolescent Bipolar Spectrum Services (CABS)
- Services for Teens at Risk (STAR) Center
- CABS Faculty and Staff
- STAR Faculty and Staff
- SAMHSA (#SM088578)