

Understanding and Treating Young Adult Mental Health in an Intensive Outpatient Setting

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Learning Objectives



Define key characteristics of what makes mental health unique in transitional-age youth



List ways participants can obtain support for transitional-age youth



Describe components of an intensive outpatient program for transitional-age youth and identify when such program could be of use

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Transitional-Age Youth: Statistics

- Among young adults aged 18-25, 1 in 3 struggle with a diagnosable mental health disorder*
- 64% of young adults who end college early do so because of a mental health related reason (depression, bipolar disorder, and PTSD being most common)*
- Between 1999-2017, the age-adjusted suicide rate increased 33% among males and females**
- As of 2022, suicide is the third leading cause of death for people aged 15-24 and 11.3% of young adults aged 18-25 experience suicidal thoughts*

*NAMI, 2020, 2022

**CDC: NCHS Data Brief No. 330, November 2018

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What Makes Transitional Age Unique?

- Impact of transition to life beyond high school
 - Loneliness and isolation
 - Potential loss of supports
 - Adjusting to more independence (sleeping, eating, finances)
- Academic or vocational stress
 - Increased pressure
 - Difficulty with time management
 - Disappointment in self
- Exploration of identity
 - LGBTQ+ people at higher risk for mental health issues

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Warning Signs in Transitional-Age Youth

- Withdraw from peers or increased social isolation
- Exhibiting warning signs of depression
 - Low mood, low motivation, decreased energy, loss of enjoyment in things that used to be pleasurable, changes in sleep/appetite, increased irritability
- Exhibiting warning signs of anxiety
 - Excessive fears or worries, difficulty with sleep, avoidance of anxiety-inducing situations, panic attacks
- Increased alcohol use
- Affective dysregulation

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How to Talk About Suicide

Use direct language

- “Have you been thinking about ending your life?”



Frequency, duration, and intensity

- “How often are you thinking about suicide?”



Specific methods, plans, intent

- “Are you thinking about ways to end your life?”

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Supports for Transitional-Age Youth

- Services through College
 - University Counseling Centers
 - Variability based on what college offers
 - Walk-in appointments, individual therapy, psychiatry, groups
 - Disability Resource Centers
 - Create accommodations for classes
- Community Mental Health Resources
 - Service coordination
 - Outpatient therapy or psychiatry
 - Higher levels of care (e.g., CO-STAR)
- Other Community Resources
 - Office of Vocational Rehabilitation
- Crisis Resources
 - University crisis line or campus police
 - Local county crisis line
 - 988 or National Suicide Hotline

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Levels of Care in Mental Health

- Service Coordination or Case Management
- General Outpatient
 - Weekly-to-monthly individual appointments
- Intensive Outpatient (IOP)
 - 3-5x/week, 1-3 hours per day
 - Group, individual, medication management
- Partial Hospitalization (PHP)
 - 5x/week, 5-8 hours per day
 - Group, individual, medication management
 - Life skills, social skills
- Inpatient Admission
 - Hospitalization (days to weeks)
- Residential Treatment Facilities
 - Longer-term, in house treatment (weeks to months)

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Intensive Outpatient Program

Concentrated treatment program offered multiple times per week for a set number of sessions

Focused on building awareness of symptoms and learning specific coping skills and problem-solving strategies for recovery

Primary goal of helping people receive needed, increased support while staying home and continuing to engage in academics

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College Option – Services for Transition-Age Students at Risk (CO-STAR)

- IOP for 18–24-year-old students enrolled in college who are struggling with severe depression, anxiety, and suicidality
- 3x/week, 3 hours per group, 4-6 weeks of treatment
- Comprehensive assessment process to determine DSM-V diagnoses and suicide risk
- Curriculum based on Cognitive Behavioral Therapy (CBT) & Dialectical Behavioral Therapy (DBT)
- Weekly individual therapy and pharmacotherapy
- Extensive discharge planning

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COSTAR IOP Development

- STAR Clinic was founded in 1986 by the Pennsylvania General Assembly, originally as an outpatient clinic to assess and treat adolescents with depression, anxiety, and suicidality
- Expanded to offer IOP for adolescents due to need
- COSTAR was developed in 2017 following requests by local universities
- COSTAR IOP has expanded to two IOP groups in 2019 due to increased need; group population will vary based on need (e.g. typically drops down to one group in summer season)

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COSTAR IOP Demographics

- Race
 - 75% white, 11% Asian, 10% black, 4% mixed race
- Gender Identity
 - 81.5% cisgender
 - 70% female, 30% male
 - 4% transgender
 - 5% nonbinary
 - 10% other gender identities
- Sexual Orientation
 - 58% straight or “mostly straight”
 - 21% bisexual
 - 16% gay or “mostly gay”
 - 5% unsure

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COSTAR IOP Population

- Diagnoses at Assessment
 - 92% Depressive Disorders
 - 54.5% Anxiety Disorders
 - 15% Post-Traumatic Stress Disorder
 - 5% Bipolar Disorder
 - 5% Eating Disorder
 - 5% ADHD
 - 3% Substance Use Disorder
 - 15% Other Disorders
- Referral Sources
 - 27.5% Western Psychiatric Hospital Emergency Room
 - 18% Private Providers
 - 17% Psychiatric Hospitals
 - 12% Colleges or Universities
 - 6% Self or Parent
 - 6% PCP
 - 13.5% Other

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COSTAR IOP Format

- Goal setting and checking is used to build motivation for coping skill utilization in between IOP sessions
- Daily mindfulness activity
- Skill-based teaching by group leaders rooted in DBT and CBT
- Weekly individual sessions to target individual needs
- Weekly pharmacotherapy management appointments
- Implementation of detailed treatment plans and collaboration on discharge planning

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Conclusions

- Transitional age youth face many challenges when moving from high school to next steps in life
- Accessing college, community and mental health resources can help to provide support during this vulnerable time

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References

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