



Burrelle's

5834
J...L 1 II...

IDEAS

OPINION

Perils of the post-graduate

BY JENNIFER L. TANNER *JL*

It's that time of the year when new graduates are stepping out into the world, breathing the first air of full adulthood. During the decade after graduation, the majority of them will make transitions to careers, marriages and partnerships, home ownership and parenthood.

As graduation speakers so often remind the soon-to-be former students and their families, these are exciting times they face. But they are also peak years of struggle and vulnerability — a fact that too often goes unmentioned.

Rates of psychiatric disorder are higher during the years of emerging adulthood (ages 18 to 29) than during any other time of life. More than one in four emerging adults meets criteria for at least one psychiatric disorder. Those afflicted will be impaired by substance abuse, major depression, anxiety and eating disorder. They will have trouble meeting their educational goals and finding and keeping jobs, not to mention struggling with problematic personal relationships.

Becoming financially responsible and enjoying their newly gained status as adults eludes these people in the years when their skills of adult living are least developed, while their peers "find themselves," and explore the possibilities that adulthood offers.

One would think that surely the burden of this widespread disease would have led to initiatives to reduce the problem. Sadly, the issue remains without a voice.

Psychiatric disorder is a disease that we often do not recognize in ourselves; it is rarely discussed, even among friends, and is undertreated at all ages. The Surgeon General's report on mental illness found in 1999 that nearly two-thirds of all people with diagnosable mental disorders do not seek treatment.

But it is urgent to get emerging adults into treatment for several reasons. Psychiatric disorder during these years often has roots in childhood or adolescence, and studies estimate that 80 percent of children and adolescents with a psychiatric disorder do not receive any treatment at all. By the time a 20-something is diagnosed, it is likely that he or she has suffered at least one other episode. The greater number of episodes experienced, the more difficult the recovery.

'Rates of psychiatric disorder are higher during the ages of 18 to 29 than any other time of life.'

Psychiatric disorder during emerging adulthood also weighs heavily on society. Besides shortening individual lives by contributing to increased suicide or vulnerability to medical ailments, it is associated with mediocre job performance, strained marital relations and poor parenting.

Emerging adults' ability to meet their social responsibilities is seriously impaired. This is the age, too, when many new families are created, and the effect of mental illness can be devastating on family relationships. Helping emerging adults has the potential to break cycles of parent-child transmission of psychological dysfunction.

But who speaks for the people in need of help? Compared to other adult age groups, emerging adults have the least power to bring attention to a problem like this.

When is the last time a 20-something was asked to provide a project agenda for a scientific research study, perhaps one that would focus on psychiatric disorder during the transition to adulthood? Relatively few emerging adults are on guest lists for congressional dinners. And if they were, would you advise them to discuss their substance abuse disorder at the dinner table? A roommate's suicide attempt? A co-work-

The Institute of Medicine of the National Academy of Sciences and the Surgeon General both have recognized the importance of understanding the onset and recurrence of psychiatric disorder during the transition to adulthood, suggesting that the high rates of disorder in this age group constitute a social and economic burden to the nation. But an agenda has yet to be set to tackle this issue.

This lapse has its roots in the fact that psychiatric disorders have such a low rate of treatment during childhood and adolescence. Youth access to mental health care is indirect. Only a small number of children and adolescents refer themselves for care. Instead, they rely on parents, teachers and pediatricians — most untrained in psychiatric assessment — to refer them and follow through on their treatment plans. Given these facts, many emerging adults reach the threshold of adulthood with emotional and be-

havioral baggage. At the transition to adulthood, young people begin to gain some control over their lives. They have direct access to health care for the first time. Well... if they have access to health care.

Emerging adults are over-represented among the uninsured. Up to two-thirds of 19- to 23-year-olds are said to be without health insurance for several reasons: Medicaid and state insurance consider age 19 the cut-off for aid to dependents, parents' insurance coverage continues for adult children only if enrolled in full-time college, and even the full-time jobs for which emerging adults are most qualified are the least likely to have health insurance.

Provision of physical health care is one thing. Insurance that covers mental health care is another and, unfortunately mental health needs are a lower priority in coverage for Americans of any age.

In any number of ways, our culture and health care system have combined to ensure that a significant group of emerging adults will suffer and stumble through a critical period of their lives.

Researchers, politicians and leaders in the field of health care have made great strides in recent years in understanding the importance of mental health for children and adolescents and the elderly. But the focus has not been extended to emerging adults, even though they are at peak risk. This goes along with the traditional belief that only the very young and the very old are vulnerable in our society.

As elections approach, who among our local, state and federal officials will take on this issue? Who will propose a policy? Establishment of a national health care plan, one that takes mental health seriously and makes access to it a priority, is one step in the right direction.

But most importantly, we need to move beyond silence between ourselves and emerging adults. Instead of waiting for them to grow out of their substance use, their depressed moods, anxieties and eating disorders; we need to reframe our relationships with them. We need to help them talk about their concerns and worries. We need to help them grow into all they have the potential to become.

NOW ON NEWSDAY.COM
To read the Simmons Longitudinal Study on-line, please visit www.simmons.edu



ILLUSTRATION BY CHRISTOPHER SERRA

NEWSDAY, SUNDAY, JUNE 13, 2004 www.newsday.com



Jennifer L. Tanner is a senior research associate for the Simmons Longitudinal Study at Simmons College, in which a community of 400 people is being studied continuously from ages 5 to 30.