Fact Sheet: Considerations in Working with Emerging Adults (Ages 23 to 29)

Developmental Milestones
During the early- to mid-twenties, emerging adults (EAs) begin to establish a niche within society by pursuing opportunities outside of their family group, such as attending college, moving away from home, or seeking employment. Both identity formation and role exploration (e.g., vocational, social, political) intensify during this juncture as individuals gain exposure to different social groups and varying perspectives.[1,2] Concurrently, EAs create and pursue long-term goals in efforts to establish a life structure.[3] The boundary between emerging adulthood and young adulthood is vague; however, EAs ascribe specific characteristics to the transition, including control over one's decisions, financial independence, and assuming responsibility for one's actions.[1] By the late-twenties, many young adults begin to embark on adult-like endeavors, such as seeking a long-term romantic partner, starting a family, and advancing at a chosen career,[3] though recent evidence suggests that young adults now reach traditional markers of adulthood (e.g., long-term romantic commitments, steady employment) at later ages than in previous generations.[4]

Clinical Implications and Needs
Emerging adulthood is characterized by instability, conferring risk for the development of distress and poor health behaviors.[5,6] Research suggests that most mental health disorders begin during adolescence and emerging adulthood, with 75% of all lifetime disorders evident by age 24.[7] This is particularly true of anxiety, mood, and substance-use disorders. Rates of Major Depressive Disorder (MDD) onset have been reported as greater for EAs (24%) than for both adolescents (19%) and children (5%).[8] Psychosocial stress is a known predictor for developing a mood disorder among adolescents and EAs, as are genetic and environmental facors.[9] Issues particularly salient to the current generation of EAs and young adults should also be considered (e.g., technology, social media, sleep disturbances), given that they reported more psychological difficulties, episodes of MDD, and suicide-related concerns (thoughts, plans, attempts, and death) in the late 2010s in comparison to the mid-2000s.[10] For EAs with significant acute and chronic health issues, factors such as difficulties with adherence,[11] transition and adjustment to adult care,[12] and missed opportunities for social interaction, support, and relationships[13] may present additional challenges. Distressingly, healthcare utilization and preventive health engagement is low among emerging and young adults.[14,15] Barriers include the belief that one can cope without treatment,[14] stigma,[16] and lack of coordination among health and community services.[17]

Evidence-Based Assessment and Interventions
Early assessment and intervention are critical during this stage, not only to improve current health and well-being but to mitigate risk for long-term effects. Indeed, in recent years, researchers and policymakers have begun to view the period of adolescence and young adulthood as a *window of opportunity* to instantiate lasting habits and behaviors.[18] Short, well-validated scales that assess mood disturbance and risky behaviors, such as the Patient Health Questionnaire-9 (PHQ-9), the General Anxiety Disorder-7 (GAD-7), and the Tobacco, Alcohol, Prescription medication, and other Substance use Tool (TAPS) (see resources below), are amenable to use in clinical settings. Among chronically ill or distressed populations, assessment of quality of life, social support, transition readiness, and health-promoting behaviors is also warranted. Psychologists are uniquely poised to address barriers to healthcare utilization by designing interventions that utilize psychological models and theories, such as the biopsychosocial model and theory of planned behavior. These interventions should consider the unique developmental characteristics of this group. App-based and online interventions, for example, may be preferable to EAs who report barriers to attending face-to-face groups[19] and value the ability to connect with others online.[20,21] Of note, in recent years, there has been a movement to design interventions that promote and enhance resiliency.[22,23] These interventions may be particularly well-suited for use among emerging and young adults; positive emotions, experiences, and behaviors beget more positive outcomes over time[24] and emerging adulthood may be a sensitive period through which positive experiences can exert a lasting influence.

Diversity and Cultural Considerations

It is imperative for researchers and practitioners to attend to issues of diversity and culture when working with emerging and young adults. The demarcation between childhood and adulthood varies across cultures, and cultural norms and expectations around education, entering the workforce, romantic relationships/marriage, and the official start of adulthood differ.[2] Additionally, demographic and cultural factors (e.g., age, race/ethnicity, gender, socioeconomic status) have been associated with different outcomes related to well-being among EAs.[8,25] Race-related social and contextual stressors (e.g., internalized racism, racial discrimination), for example, have been shown to negatively impact the mental health of racial/ethnic groups,[26] and demographic factors have been linked to mental health service utilization. Research suggests that females and those identifying as sexual minorities, for example, report a greater unmet need for mental health services and access services more often,[14] while non-dominant racial/ethnic groups experience less access to health care due to factors including cultural racism.[26] Other important considerations include social determinants of health, which have not been adequately addressed by health care settings that treat emerging and young adults.[17,27] Through improved collaborations with community partners, psychologists—using a biopsychosocial framework—can help promote access to food, housing, jobs, transportation, and other essential unmet needs[17] and significantly impact health and well-being among emerging and young adults.[27]

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Resources

- NIH Toolbox (https://www.healthmeasures.net/). A repository of psychological and behavioral assessments developed by researchers with support from the National Institute of Health.
- Got Transition (https://www.gottransition.org/). Provides resources and tools regarding the transition from pediatric to adult care for both healthy young adults and those experiencing acute and chronic illness. Separate sections are provided with information for young adults, clinicians, and parents and guardians.
- The Transition Readiness Assessment Questionnaire (TRAQ; https://www.etsu.edu/com/pediatrics/traq/default.php) is a 20-item measure used to assess transition readiness in several domains: appointment keeping, tracking health issues, managing medications, talking with providers, and managing daily activities.
- The GAD-7[28] and PHQ-9[29] are short, well-validated, and widely-used assessments of anxiety and depression, respectively.
- The National Institute on Drug Abuse provides information on screening and assessment here (https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools). This includes the Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Tool which can be used to both screen and assess risky substance use behaviors.

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