Fact Sheet: Considerations in Working with Young Adults Ages 30-39

Developmental Milestones

The unique needs, issues related to life transition, and healthcare concerns of young adults (YAs) ages 30-39, exclusively, remain understudied. For many, entering one's 30s is a significant turning point marked by reflection of life and their intended direction for adulthood.[1] In other words, young adulthood as a 30-something involves a reassessment and potential pivot of one's priorities.[2] YAs also embark on creating new meaning for themselves as established adults with a deeper sense of responsibility compared to their 20s.[2] One critical developmental consideration among YAs is child-rearing and raising a family – caring for children is a salient experience for a large number of YAs and requires adequate energy, time, resources, affection, and understanding of one's role as a caregiver.[3] However, not all women in this age-group find it easy to become pregnant and bear children. Years of research on women in their 30s demonstrate elevated rates of fertility concerns and higher risk for pregnancy-related complications compared to younger women.[4] Depression and anxiety may arise among individuals who experience complications related to fertility,[5] and quality of life is often negatively impacted.[6] Moreover, infertility takes an emotional toll not only on the women who experience it, but also their partner.[6] Conversely, individuals who successfully bear children may find themselves feeling co-occurring joy and exhaustion in their new roles as parents. This can be particularly true among YAs who are a "sandwich generation," caring for both their children and elderly parents.[7] Finally, many YAs have settled in their routines regarding careers, raising families, maintaining a social network, and strengthening their romantic relationships. This adherence to routine may mark a positive transition to stability for some YAs; however, others may feel increasingly stagnated in their routines after finding the newfound independence and novelty of one's 20s exciting. Although many YAs maintain these established structures and routines, others may experience difficulty doing so. For instance, a divorce, substantial career-change, or diagnosis of a physical illness may occur. Such monumental changes can result in significant psychological stress.[8] In summary, there are a variety of developmental considerations and milestones that make this time a unique decade of life experiences, and more research is necessary to better understand the needs and concerns of individuals in this age-range.

Clinical Implications and Needs

The National Institute of Mental Health has determined that one out every five adults in the U.S. has a diagnosable mental health disorder.[9] Current research lacks focus on addressing the clinical needs of YAs in their 30s. This particular decade of life includes experiences that are unique to one's 30s such as starting a family, finding a long-term partner, and getting established in one's career; thus, researchers and clinicians ought to consider these distinctions and provide tailored and culturally informed care. Although 30-somethings are considered YAs,[10] they may have more health concerns than adolescents or 20-somethings have. Specifically, rates of obesity, diabetes, and cancer rise during this decade.[11] Furthermore, one's busy schedule of maintaining a full-time job and caring for their family can result in less dedicated time toward physical wellness. YAs often find themselves providing for both older and younger loved ones – those with aging parents *and* children feel accountable for ensuring the health and wellbeing of a wider sphere of family members than younger adults tend to.[7] Constant focus on others' needs and other domains of one's life can naturally lead to less time dedicated for one's own wellbeing. It is important to encourage YAs for whom this is true to metaphorically put on their own oxygen masks before assisting others in doing so. Awareness of and sensitivity to the experiences one might encounter in their 30s is critical to properly addressing the needs of YAs. Clinicians are encouraged to develop competence in implementing interventions that target the grief of adults who have lost a parent[12] or child[13] and adults going through divorce.[14] Lastly, research suggests low healthcare utilization[15] and high barriers to mental healthcare among adolescents,[16] but very little is known about this among adults in their 30s.

Evidence-Based Assessment and Intervention

YAs are often included in intervention trials of adults (e.g. ages 18+, ages 18-65). While this means that a number of existing intervention studies have included this population (e.g. cognitive-behavioral therapy,[17] problem-solving therapy,[18] acceptance and commitment therapy[19]), often they have not been adapted to address the unique needs and concerns of the individuals in this age-range. Clinicians must be mindful of tailoring evidence-based interventions to ensure that concerns relevant to this age-range are addressed. Such concerns can be identified via thorough assessment. A non-exhaustive list of common concerns by domain and measures to assess them is provided below.

Domain	Sub-domain	Assessments

Mental Health & Functioning	Depression	Patient Health Questionnaire – 9 (PHQ-9) PROMIS Short Form v1.0 – Depression – 8a
	Anxiety	Generalized Anxiety Disorder – 9 (GAD-7) PROMIS Short Form v1.0 – Anxiety – 8a
	Stress	Perceived Stress Scale NCCN Distress Thermometer The UCSF Stress Measurement Toolbox provides summaries of available measures of a number of types of psychological stress including areas relevant to YAs such as: • Professional Burnout • Caregiver Stress • Relationship Conflict
	Substance Use	The Tobacco, Alcohol, Prescription Medications, and Other Substances Tool (TAPS)
Physical Health & Functioning	Sleep	The University of Pittsburgh Center for Sleep and Circadian Science has developed a number of instruments assess aspects of sleep including: • Sleep Quality • Insomnia
	Pain	Brief Pain Inventory (Short Form)
	Treatment Adherence	Medication Adherence Rating Scale
	Fertility	Fertility Quality of Life Tool (FertiQoL) Pregnancy Stress (UCSF Stress Measurement Toolbox)
	Body Image	Multidimensional Body Self Relations Questionnaire
Social Health & Functioning	Social Support	Multidimensional Scale of Perceived Social Support Social Isolation/Loneliness (UCSF Stress Measurement Toolbox)
	Financial Toxicity	FACIT-COST Financial Strain (UCSF Stress Measurement Toolbox)
	Career Satisfaction	Career Satisfaction Scale

Diversity and Cultural Considerations

Assessment and awareness of broader socio-cultural considerations when working with this age group is crucial. While culture and diversity is multifaceted, two components of diversity and culture are particularly relevant to YAs: race/ethnicity and sexual and gender identity. With regard to race/ethnicity, being part of a minoritized group has been associated with poorer physical and mental health outcomes among adults. For example, a 2017 review found that individuals from minoritized and historically underserved racial/ethnic groups with severe mental illness have poorer outcomes than their white counterparts.[20] Similarly, sexual and gender minority adults (e.g. lesbian, gay, bisexual, transgender, intersex, queer) face a disproportionate burden of physical and mental health difficulties. Indeed, a recent study with a large, nationally representative sample indicated that sexual minority individuals have an increased risk of developing many physical health conditions.[21]

More recently, research has focused on the intersectionality of minority group identification; in this emerging area of research, it has been demonstrated that individuals who are part of more than one minority group experience an even higher likelihood of experiencing physical and mental health disparities.[22,23] Age may also be an important factor that intersects with minority group identification; for example, YAs with cancer have been identified as a medically underserved population.[24] Thus a YA who is diagnosed with cancer and identifies as a racial/ethnic and/or sexual minority has an elevated likelihood of experiencing poorer physical and mental health outcomes.[25,26] The reasons for such disparities are apparent at multiple levels of analysis, from federal policy, to community or organization level factors such as access to resources or education, to individual experiences of discrimination that result in stress.[27] As such, interventions that target multiple levels are needed to reduce health disparities, and health psychologists can play a critical role in the development and implementation of such interventions.[28] When providing individual-level interventions, it is imperative that providers seek to understand the socio-cultural challenges these YA individuals face, and maintain cultural competence in these areas through review of relevant literature, training, and consultation.[29]

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Resources

- Go Ask Alice – Health Q&As for young people
- National Maternal Mental Health Hotline – Free, confidential hotline for pregnant and new moms (English and Spanish). Call **1-833-9-HELP4MOMS (1-833-943-5746)**
- Office of Minority Health (OMH) – Catalog of information on health of minority populations
- Parenting Culture – Parenting resources from a culturally responsive and inclusive lens
- PFLAG – Support, information, and resources for LGBTQ+ people, their parents and families, and allies
- Queering Cancer – Resources and support for LGBTQ2+ individuals with cancer
- Think Cultural Health – Educational opportunities and resources for health care professionals to learn about culturally and linguistically appropriate services
    - Improving Cultural Competency for Behavioral Health Professionals
    - Culturally and Linguistically Appropriate Services in Maternal Health Care

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