CHILDREN
and
YOUTH
SERVICES
REVIEW

Transitioning to adulthood: A glance at the education system

Sheliza Ladhani, Olivia Cullen, Natalie Dawes, Gina Dimitropoulos*

Faculty of Social Work, University of Calgary, Calgary, Alberta, Canada

ABSTRACT

Understanding the transition from adolescence to adulthood is becoming increasingly important for service providers in various sectors including education. Educational attainment is seen as an important predictor of future success for emerging adults. Yet, there are significant barriers to educational attainment especially for young people with mental health and/or substance use problems. The purpose of this rapid review was to synthesize the current state of knowledge about transitions to adulthood for young people with mental health and/or substance use problems who are engaged or disengaged with the education system. A systematic search of six databases was conducted with a total of 92 articles from 2000 to 2018 included in the final review. The results of this review identify factors influencing education outcomes, barriers to successful educational attainment, as well as policy and practice recommendations to better serve young people transitioning to adulthood. Overall, the literature included in this review broadly recommends collaboration within and between systems, as well as including young people and their families in meaningful ways, in order to improve outcomes for transition aged youth. Finally, the articles in this review present policy and program recommendations for the education sector to more effectively serve young people with mental health and/or substance use problems.

1. Introduction

The risk of adverse outcomes for transition aged youth involved with multiple systems may be exacerbated by system deficits regarding communication, information sharing and/or decision making, and collaboration (Chu & Ogloff, 2012; Chung, Little, & Steinberg, 2005; Haber, Karpur, Deschênes, & Clark, 2008; Henderson et al., 2015; Shook et al., 2011; Zajac, Sheidow, & Davis, 2013, 2015). Improving our understanding of how young people experience and navigate the transition to adulthood has become an area of significant interest for public systems and organizations (Chu & Ogloff, 2012; Hartwell, Fisher, & Davis, 2010; Sheidow, McCart, & Davis, 2016; Zajac et al., 2013, 2015). In the United States, the prevalence of youth with mental health disorders varies between 2 and 6.5 million (Jivanjee & Kruzich, 2011) and prevalence rates for both mental health disorders and substance use problems spike during this transition age period (Martel & Fuchs, 2017). Many authors assert that mental health and substance use problems are highly comorbid for transition age youth (Crockett, 2012; Skehan & Davis, 2017). For young people experiencing mental health and/or substance use problems this transition can be increasingly difficult. It is documented that youth with emotional and behavioral disorders have a greater likelihood of dropping out of school (Frensch, Cameron, & Preyde, 2009), impacting future education and career

prospects (Skehan & Davis, 2017). Thus, this review seeks to provide an overview of how young people with mental health and/or substance use problems who are engaged or disengaged from the education system transition to adulthood. Furthermore, this article aims to identify best practices and policies for enhancing collaboration and coordination across systems to improve services and transition experiences for this group of young people.

2. Societal context

Conceptualizing the transition to adulthood in most Western societies today is distinctly different than in previous generations. The timeframe within which this transition occurs is extending, with many young people relying on parents for both financial and social support well into their late twenties (Goodkind, Schelbe, & Shook, 2011; Reid, 2007). It is suggested that the developmental milestones commonly associated with the transition to adulthood (e.g., educational attainment, career development, marriage) are partly constructed by expectations deemed acceptable by society (Messersmith & Schulenberg, 2010). Many attribute this change to challenges in labor market access, increased emphasis on higher education, and delay of traditional developmental markers (Curry & Abrams, 2015; Vaughn, Shook, & McMillen, 2008). This extended transition period is often referred to in

---

the literature as "emerging adulthood," and is recognized by many as a distinct phase of development (Arnett, 2000). The pathway to adulthood is no longer linear nor singular; rather, we should consider a more nuanced understanding of this complex period as one that consists of multiple unique trajectories (Munford & Sanders, 2015). With increasing recognition of this emerging adult phase, it is troubling that our systems and structures continue to utilize primarily legal definitions of childhood and adulthood, enforcing strict age boundaries which do not take in to account this developmental period (Fowler, Toro, & Miles, 2011; Pottick, Bilder, Stoep, Warner, & Alvarez, 2008).

3. Theory

Conceptualized by Arnett (2000), 'emerging adulthood' continues to receive notable consideration in youth development literature. This particular stage of development, typically between the ages of 18 and 25, can be understood as an extended transition period characterized by dimensions Arnett (2000) terms as identity exploration, experimentation, negativity, feeling in-between, and self-focus (as cited in Baggio, Studer, Iglesias, Daeppen, & Gmel, 2017).

The primary developmental responsibilities associated with emerging adulthood involve independent decision-making, financial independence, and individual responsibility and accountability (Arnett, 2000; Gomez, Ryan, Norton, Jones, & Galán-Cisneros, 2015). Successful development is often measured as gaining competency in tasks within the following domains: education, employment, housing, mental and physical health, and social relationships (Baggio et al., 2017; Gomez et al., 2015). While this article highlights Arnett's theory of emerging adulthood, it is important to acknowledge that other theories including life course perspective, social capital theory, positive youth development, and others contribute to the understandings of youth transitions.

From an equity perspective, scholars contend that this developmental phase may not be universal, as receiving ongoing support and stability during this period of exploration can be considered a privilege that some young people may not have experienced in their lives Dimensions of class, race, ethnicity, gender, sexuality, ability, religion, substance use, mental health and geographic location, and other characteristics may have an impact on one's ability to successfully navigate and negotiate the transition to adulthood (MacLeod & Brownlie, 2014; Schelbe, 2013). MacLeod and Brownlie (2014) suggest that some youth in particular circumstances or groups – including Indigenous, racialized and/or ethnic minorities, gender and sexual minorities, as well as young people living in poverty, experiencing homelessness or involved in the justice or child welfare systems – may be increasingly vulnerable to experiencing mental health challenges in the transition to adulthood. It is important to note that identities and lived experiences of young people within and across these groups are vastly diverse, as are their transition pathways into adulthood.

4. Methods

The overarching research question was: 'what is known about transitions to adulthood for youth with mental health and/or substance use problems within the education system?' A number of secondary questions were developed to identify: 'what factors influence how young people experience the transition to adulthood?' 'What factors have been identified to improve outcomes for transition-aged youth?' And 'what policies or practices have been identified to enhance co-ordination, collaboration and communication to better serve young people in the transition to adulthood?'

A rapid review process was employed for the purposes of exploring and synthesizing knowledge regarding young people with mental health and/or substance use problems who are engaged or disengaged from the education system. An emerging approach, the rapid review approach streamlines steps typically required when undertaking systematic reviews, resulting in a more succinct yet methodical search and appraisal of the literature to address the broad scope of youth transitions quickly and effectively (Khangura, Konnyu, Cushman, Grimshaw, & Moher, 2012; Lal & Adair, 2014). The research team opted to use this methodology to allow for a broader inclusion of varied data sources. This review systematically synthesizes diverse sources of evidence and knowledge across service areas. The sources of evidence for this topic are varied and include qualitative, mixed methods, quantitative, policy papers, theoretical, and case study data.

In brief, the initial search limiters included full-text, English language, peer-reviewed sources from 2000 to 2018 in the following research databases: ERIC, Academic Search Complete, Education Research Complete, SocINDEX, PsycINFO, and Pubmed. Combinations of the following key words and terms were used to search across databases: teen, adolescents, young adult, high school students, emerging adults, adulthood, youth, school-aged, transition-age, transition, education, secondary education, post-secondary, high school, university, college, employment, NEET, engagement, disengagement, mental health, mental illness, anxiety, depression, addiction, substance use, and substance abuse. Articles were selected based on the following predetermined inclusion criteria: 1) focus on transition aged youth from 15 to 24; 2) focus on mental health and/or substance use problems; 3) primary system or service focus was education or employment and career training; 4) include a discussion of the transition pathways to adulthood; and 5) include a Western geographic focus including: Canada, United States, United Kingdom and European nations; and Australia and New Zealand. After duplicates were removed, the initial search yielded 10,119 articles for title and abstract review. After title and abstract review, 168 articles remained for full-text review. The remaining 168 articles were reviewed by two members of the research team and 92 articles were included in the final article (Fig. 1).

Definitions of mental health and substance use problems vary within the literature, often depending on diagnosed versus undiagnosed conditions. To account for this variance, this review will utilize a broad conceptualization of both mental health and substance use problems. Throughout this article the term 'mental health concerns' will be considered inclusive of diagnosed and undiagnosed psychiatric, emotional, and behavioral disorders; the term 'substance use problem' is inclusive of diagnosed substance use disorders as well as problematic substance use; 'mental health and/or substance use problems' will also be used throughout to account for individuals who may be struggling with one or both of these challenges.

5. Factors influencing educational successful for emerging adults

Educational attainment in emerging adulthood is a developmental milestone and a significant predictor of future success (Arnett, 2000; Callanan et al., 2009). For youth engaged with multiple systems of care and who experience mental health and/or substance use problems, a number of barriers exist that interfere with education and employment attainment. It is not uncommon for circumstances such as mental and physical health challenges, bullying/harassment, family disruption, pregnancy, shifting priorities, loss, and/or traumatic events to precede disengagement and disruption, which impact school experience and education attainment (Callanan et al., 2009; MacLeod & Brownlie, 2014). Barriers impacting the educational engagement and attainment levels of young people in care include placement instability, insufficient financial resources, limited social and emotional support, lowered expectations, and poor cross-system coordination between personnel (Jackson & Cameron, 2012; Kirk & Day, 2011). Osgood, Foster, and Courtney (2010) explore the transition to adulthood for young people involved in the mental health, foster care, juvenile justice, criminal justice system, special education, and health care systems and systems that support youth experiencing homelessness. They found that young people in one or more of these groups tend to complete high school and obtain postsecondary education at lower rates than others in their same age group (Ellison et al., 2015; Osgood et al., 2010).
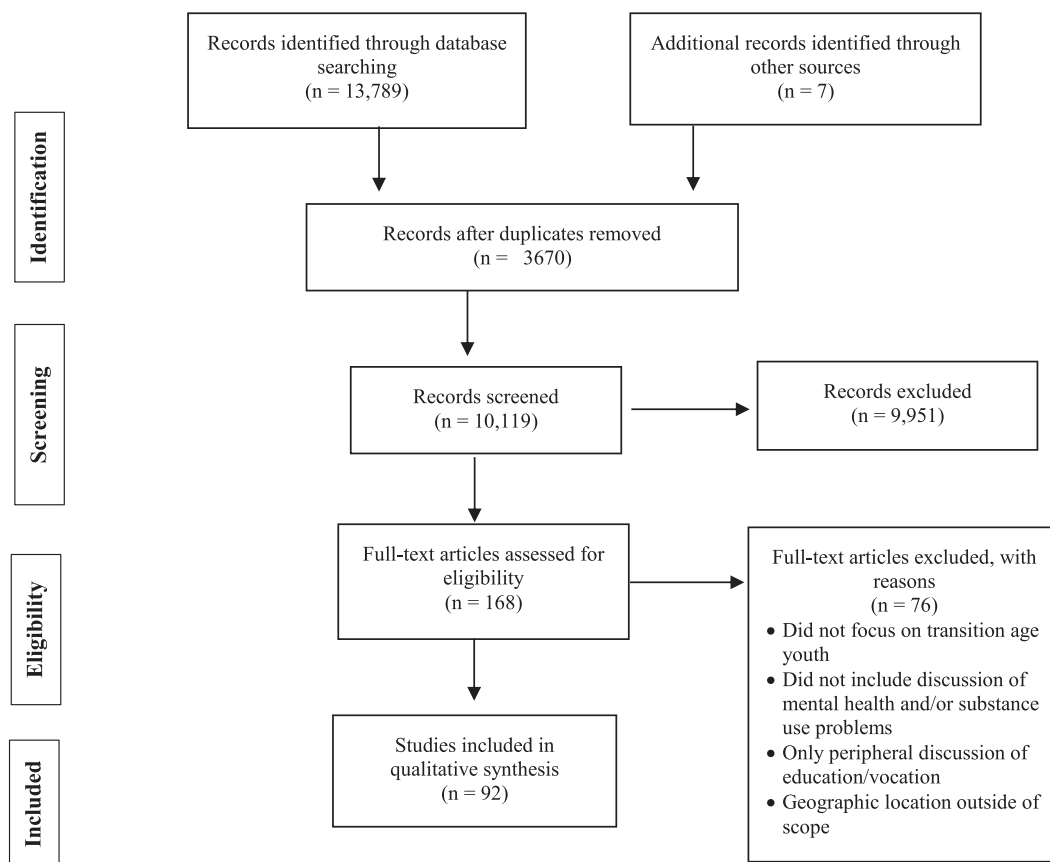
Fig. 1. PRISMA flow diagram of included articles.

For many young people in the population/groups identified, limited financial resources, academic failure or underachievement, homelessness, dropping out, criminal activity, mental health and/or substance abuse treatment can pose significant barriers for employment prospects and accessing education and other supports when they are ready to engage in the future (Heflinger & Hoffman, 2008; Leichtman & Leichtman, 2002; Pottick et al., 2008; Simon & Savina, 2005; Tierney, Gupton, & Hallett, 2008). This review also found that rates of mental health and/or substance use problems increase during emerging adulthood (Brownlie, Chaim, Heffernan, Herzog, & Henderson, 2017; Ellison et al., 2015). For many youths who experience mental health and/or substance use problems, the likelihood of dropping out of school, difficulty finding employment and living in poverty is apparent (Brownlie et al., 2017; Malloy, Sundar, Hagner, Pierias, & Viet, 2010; Woolsey & Katz-Leavy, 2008). While authors in this review have more clearly identified the impact that mental health and/or substance use problems have on rates of dropout or disengagement, it is important to also recognize that school disengagement may lead to increased mental health and/or substance use problems (Brownlie et al., 2017; MacLeod & Brownlie, 2014). Acknowledging that emerging adulthood is a challenging period for many youth, this transition period can become more difficult and complex to navigate for youth when mental health and addictions service needs go unmet.

A number of factors have been identified as being particularly influential on transition pathways, such as, school experiences, peer and family support, aspirations, health, financial stability, and guidance (Callanan et al., 2009). For young people, positive individual factors identified included having clear academic or vocational aspirations, feeling heard by adults in their lives, including teachers, school counsellors and parents, attitude/disposition and having support from staff, peers and family (Callanan et al., 2009; Driscoll, 2013; Friesen et al., 2015; Heslop & Abbott, 2009; Stein et al., 2016). Positive school

responses that effectively tend to the educational, social and mental health needs of young people include: having a holistic response, access to specialized supports, early identification of signs of underachievement and disengagement, and opportunity for personal, academic and career guidance as well as mentoring opportunities (Callanan et al., 2009; Driscoll, 2013; Friesen et al., 2015; Heslop & Abbott, 2009; Stein et al., 2016). It is clear that without appropriate and timely supports for young people navigating critical life events in emerging adulthood, the barriers to remaining engaged in education, employment and vocation could be perceived as insurmountable and overwhelming for some individuals.

6. Targeted initiatives and approaches in education

The school context and environment play a critical role in supporting young people to transition successfully to adulthood. When one considers that education has been identified as a significant factor relating to lower substance dependence rates (Finch, Moberg, & Krupp, 2014; Settersten & Ray, 2010), it becomes clear that school should play an important role in any strategy to enhance support for young people with mental health and/or addictions concerns. Hamilton, Wekerle, Paglia-Boak, and Mann (2012) suggest that efforts to strengthen school connectedness, coupled with effective mental health services, may help to foster academic success. The majority of the literature focuses on the high school population and less is known about how young people with mental health and/or substance use problems experience the transition to post-secondary learning (Wrench, Garrett, & King, 2013). Fink (2014) identifies a number of predictors of positive mental health for college students such as: easing the transition to college, a sense of belonging, and a supportive climate. It has also been noted that there are often significant differences in the structure and boundaries for young people transitioning from high school to college (Chung &

Hudziak, 2017), which can be exacerbated for young people with mental health and/or substance use problems. Many college interventions to support mental health are universal interventions focused on providing access to mental health supports on campus and thus are not specific to the population of this review; targeted interventions within the literature were scant. Targeted interventions for college students who may have experienced mental health and/or substance use problems typically have focused on supporting young people with experience in the foster care system (Gillum, Lindsay, Murray, & Wells, 2016; Kirk & Day, 2011; Lee & Morgan, 2017; Leebens & Williamson, 2017). It is understandable the mainstream high schools may not be in the position to offer specialized services to the extent needed by some young people; however, there may be opportunities to offer alternative strategies designed to meet the educational, mental health and recovery needs of youth. The following section outlines strategies described within the literature as well as challenges present within these alternatives.

6.1. Targeted supports

From reviewing this literature, it is fairly safe to conclude that for young people with multiple system involvement who experience mental health and/or substance use problems, universal school supports are not sufficient to keep these young people engaged. Targeted supports, which are typically offered to some students to address specific needs, may be a more appropriate approach. Callanan et al. (2009) contend that effectiveness of such supports may be influenced by the timing/location of support, student engagement/attitude and aspirations, perceived relevance of support, school response, and relationships with school staff. Considering that this heterogeneous group of young people tend to drop out of school at higher rates, the ability to identify signs of disengagement early on should be prioritized by educators and school staff. This may require additional resourcing within school settings, though improved and increased communication with families and other systems and/or service providers may help educators to effectively identify young people and target supports in a timely manner. Savitz-Romer and Jager-Hyman (2009) note that students identified as "at-risk" do benefit from early targeted interventions and emphasize the importance of sustaining this support at critical education transition points. While there is agreement among authors that early targeted interventions are necessary, the majority of articles to do not identify a specific age at which early intervention is most effective. However, two articles (Deed, 2007; Henry, Knight, & Thornberry, 2012) identify eighth and ninth grade as the ideal time to target early interventions for students who show early signs of disengagement or mental health and/or substance use problems. While these interventions are beneficial for students who are identified as "at-risk," the problem remains for young people with mental health and/or substance use problems who have not been identified and are therefore not accessing services. Thus, it is imperative to also consider ways to identify and target supports to this group of young people.

6.2. alternative education programs

For young people who disengage from the public school system, alternative education programs offer opportunities to re-engage young people with education, employment and/or vocation (Bloom, 2010). These programs can take the form of large national programs or smaller programs run by community organizations or local school districts and may adopt various approaches and models that offer a combination of education, training, employment, mentoring, and/or social services (Bloom, 2010). The variability of learning environment structure and what these programs offer demonstrates system recognition of multiple pathways to education and employment, and system efforts to adapt and respond to the needs of young people. As Treskon (2016) notes, local school districts seeking to respond to the needs of young people

wishing to reconnect or who are or at-risk of disengaging or leaving school, are offering alternative education or outreach programs. Alternative or outreach programs offer flexibility in schedule and/or learning format for students; this responsive approach to education can serve both a prevention and/or reconnection function. Malloy et al. (2010) suggest that alternative education programs should incorporate and encourage opportunities to exercise agency and self-determination, in addition to supporting academic, employment and social aspirations.

6.3. Recovery schools

The increase in recovery high school programs over the last few decades is indicative of the need to design specialized education programs that respond to the needs of young people who require additional mental health and recovery supports (Finch & Karakos, 2014). In providing a safe and structured environment where therapeutic supports are offered alongside the academic curriculum, recovery school programs aim to promote student success in both health and education. Specialized supports offered by programs may include some form or combination of counselling, addictions education, relapse recovery, and/or family supports (Finch et al., 2014). In their survey of 17 recovery school programs, Finch et al. (2014) note that students entered recovery programs from various routes and settings including self-referral, family or professional referral, mental health and/or addictions treatment, and juvenile justice. Furthermore, it appears that the mandate and structure of recovery school programs determine the length of time young people remain in the program. Some schools prefer students to remain and graduate, others adopt a more temporary approach with the aim of transitioning students back to a mainstream high school (Finch et al., 2014). Research on recovery schools is fairly limited thus far, with evaluation and research mainly comprising of feasibility studies and pilot or single site evaluations (Finch & Karakos, 2014). While more rigorous evaluations and research is necessary to determine the impact and effectiveness of such programs, there is some information that suggests they may be a feasible opportunity to pursue.

6.4. Persistent challenges to alternative strategies

6.4.1. Age limits on access

Despite the increased prevalence of targeted supports and alternative measures programs, certain challenges still exist for young people who seek to re-engage in education after 18 years of age. Age limits for public school education continue to be a persistent challenge that impedes emerging adults from accessing and completing secondary education (Treskon, 2016). Many young people over 18, legally considered adults, continue to rely on parental support in navigating and accessing education services. This becomes problematic as legal definitions prohibit the sharing of information once a youth is deemed an adult (Simon & Savina, 2005). The education and employment trajectories for young people navigating this transition period can be varied and discontinuous, however current system structures and eligibility criteria have yet to respond to this need. From the literature reviewed, it is clear that the barriers to re-entering the public-school system for older youth must be addressed. If youth express a desire and demonstrate a readiness to pursue educational advancement, the system response should seek to support these aspirations. While such changes would require policy changes and funding considerations, the social, health and economic costs for young people and society due to access restriction may far outweigh resources invested on the front-end.

6.4.2. The value of high school equivalency credentials

It is important to acknowledge that alternative education and high school equivalency programs offer opportunities and benefits for many young people who pursue the equivalency route. Equivalency programs refer to those programs that result in a General Equivalency Diploma (GED) or high-school equivalency credential. These programs provide

flexibility in terms of time and the learning environment, and can be completed in formalized learning environments, through online or distance learning. The reasoning for pursuing a high school equivalency program may be influenced by a number of factors some of which may include aging out of public education, shorter paths to employment, life circumstances or simply availability (or lack thereof) of options. Treskon (2016) highlights that some studies have shown that young people who experienced disconnection or disengagement from education or employment between 16 and 24 years of age were more likely to obtain a high school equivalency than same aged peers who remained connected. While more attainable, the value and worth placed upon high school diplomas versus equivalencies in the labor market is not equal, as diplomas may hold greater value (Treskon, 2016). While the need for alternative programming such as equivalency programs is clearly outlined in the literature, if valued differently, one can infer that greater employment opportunities exist for those who hold a high school diploma, though this may be influenced by societal misconceptions, stereotypes and assumptions about the "type" of person who completes a high school equivalency. In addition to being valued differently, other limitations of equivalency programs may exist. While some equivalency programs are embedded within formalized education institutions and thus provide youth with social supports and interaction, others are less structured and require that students engage in more independent learning (Treskon, 2016). For young people with mental health and/or substance use problems, the flexibility of equivalency programs may be challenging as some programs may not provide as much structure or access to peer supports. As society's educational expectations continue to rise, consideration must be given to raising the profile and utility of the equivalency credential to increase employability for young people. Perhaps this will require a collaborative and concerted effort between education, vocation and training programs, to develop an equivalency program that is truly considered equivalent.

7. Enhancing system coordination and collaboration

7.1. Identifying the need

"First and foremost, the systems of care must minimize the damage they do to those they serve. No doubt any damage they do is unintentional, and it is difficult to distinguish such damage from the very problems that bring youth into these systems in the first place" (Osgood et al., 2010, p. 221). A number of complex challenges related to working across sectors and disciplines, and navigating youth and adult systems have been cited as barriers to fostering successful transitions to adulthood for youth with multiple system involvement (Brownlie et al., 2017; Osgood et al., 2010). It is an all too common problem that gaining access to services requires the skillful navigation of bureaucratic red tape made up of ill-fitting policy and eligibility criteria. The lack of effective coordination and transition planning within and across systems is particularly concerning during emerging adulthood. The likelihood of onset of mental health and/or substance use problems is at its peak during this phase of development; however, the evident system fragmentation and deficiency that occurs at this transition point is counterproductive to the needs of young people (Sukhera, Fisman, & Davidson, 2015). The need for a more coordinated and collaborative response across sectors and systems is evident in this review. While no system, organization, or project can meaningfully affect change on its own, there is an opportunity for government, service providers, families, and young people to come together to begin working on the creation of a coordinated and developmentally-informed approach to improve outcomes for this population of young people.

7.2. Recommendations

7.2.1. Policy

It is clear that this challenge must be addressed from various levels and areas of practice for change to be effective and sustainable. A number of recommendations for governments and policy makers have emerged from the literature. Heflinger and Hoffman (2008) emphasize the need for this transitional age group to first be considered a policy priority to ensure that political will and necessary resources will be intentionally put towards addressing the needs of this population. Overarching policy recommendations have proposed the need to identify and attend to connections between policy issues; employ multi-disciplinary approaches to policy-making involving diverse stakeholder groups; share planning and coordination between child/youth- and adult-serving systems; address issues of access and eligibility that marginalize vulnerable groups; and help fund and support innovation and dissemination of best practices (Bloom, 2010; Heflinger & Hoffman, 2008; Osgood et al., 2010; Pottick et al., 2008; Woolsey & Katz-Leavy, 2008).

As noted throughout this review, mental health concerns are frequently first identified within the education setting, thus policy approaches that build capacity of educational institutions and personnel to more effectively support young people who experience mental health and/or substance use problems is necessary. Policy recommendations that specifically seek to address the needs of this group of young people stress the need for policies and programs that support multiple paths to education and employment, provide opportunities to re-engage in education for older youth, increase employment training opportunities, and support the development of non-traditional models of education and employment training to reflect the variable paths youth may take to enter the labour market (Kuehn, Pergamit, Macomber, & Vericker, 2009; Woolsey & Katz-Leavy, 2008). The policies adopted by a society are a reflection of collective values and implicitly determines who or what is valued. If social inclusion and well-being are values that we claim, it is critical that our policies, programs, and the decisions we make are in accordance with such values.

7.2.2. Research

A number of opportunities exist for further research and exploration in this area of transition: further understanding of developmental trajectories, service access and system experiences for young people and families, and identification of collaborative practices, all of which may help researchers and service providers determine opportunities to improve practice (Clark, Koroloff, Geller, & Sondheimer, 2008; Clemens, Welfare, & Williams, 2010; Osgood et al., 2010). While authors have outlined promising practices and programs to support young people, they note that these programs and practices can be supported by research to evaluate effectiveness and impact, as well as to replicate, build upon and disseminate best practices and learnings in a timely fashion (Bloom, 2010; Clark et al., 2008; MacLeod & Brownlie, 2014). The ability to effectively bridge research and practice is an area of ongoing challenge that requires efforts to increase connections and relationships between researchers and communities. The area of research practice is not exempt from recommendations for enhancing collaboration across systems. Study and exploration in this area should seek to involve service providers, professionals, young people and families, prior to and throughout the process whenever possible. A participatory approach may help to guide, validate, and promote the uptake of findings and recommendations (Henderson et al., 2015). The meaningful engagement of all stakeholders, including youth and families, in this process requires planning and thoughtful consideration. Though this may call for a sizeable investment of effort from those involved, it is a pledge in itself to work collaboratively to improve systems and services for young people transitioning to adulthood.

7.2.3. Service

7.2.3.1. Coordinated approaches for effective transition planning. Several studies have noted that enhancing services for successful transition planning can contribute to improved outcomes in education, employment, psycho-social well-being and long-term health (Malloy

et al., 2010; Sukhera et al., 2015). Broadly speaking, effective transition planning has often included a focus on prevention, access to services and information, timeliness, readiness, cultural sensitivity, and participatory planning (Memarzia, St Clair, Owens, Goodyer, & Dunn, 2015; Polgar et al., 2016). Numerous works in this review recognize that coordinated approaches to transition planning are necessary to ensuring continuity of care. Various dimensions associated with continuity of care are identified in the literature, and refer to communication between services, information sharing, role clarity, and system alignment (Memarzia et al., 2015; Polgar et al., 2016; Sukhera et al., 2015). Beyond continuity of care, effective coordination also speaks to consistency in the quality of care, the ability of service providers to refer and link clients to appropriate services, and follow up with providers at points of transition (Henderson et al., 2015; Polgar et al., 2016; Sukhera et al., 2015; Trout et al., 2014). The emphasis on coordinated approaches to transition planning offers a number of practice recommendations that are applicable within and across systems and disciplines.

7.2.3.2. Service integration. Challenges in accessing services and navigating systems in the transitions to adulthood literature is often responded to with a call for improved service integration across health, mental health, education, child welfare, justice, employment, and social service systems (Brownlie et al., 2017; Henderson et al., 2015; MacLeod & Brownlie, 2014; Memarzia et al., 2015). Malloy et al. (2010) and Stein et al. (2016) contend that models are lacking that integrate supports that address the academic, social, and mental health needs of young people, though there is a need for organizations and systems to integrate services and plans. Osgood et al. (2010) assert that integration is necessary not only across youth serving sectors and systems, but between youth and adult services as well. It is clear that service integration offers a number of benefits in terms of accessibility, service quality, and efficiency. Osgood et al. (2010) propose the need for integration at an administrative level, as a means to respond to coordination challenges around eligibility requirements and funding. Enhancing service integration is a broad recommendation that encompasses a multitude of possibilities and opportunities for practice. While the literature is minimal on specific strategies or examples of service integration, it is important to bring attention to the current emphasis on integrative practice to enhance services and supports for young people and families as they navigate the transition to adulthood.

7.2.3.3. Building & sustaining partnerships. Relationship building, critical to effective practice in most, if not all, disciplines is readily identified as a means to ensuring effective and quality services. Support for establishing and sustaining both informal and formal partnerships across the continuum of services and between systems, is widespread in the literature (Friesen et al., 2015; Henderson et al., 2015; Tierney et al., 2008; Woolsey & Katz-Leavy, 2008). Effective cross-sectoral partnerships may enable systems and service providers to collaboratively identify and respond to service gaps, share information, develop innovative approaches, streamline service pathways, and work to ensure smooth transitions (Friesen et al., 2015; Woolsey & Katz-Leavy, 2008). Developing and sustaining such relationships is no small feat and requires dedicated time, effort, and resources from all those involved. While it can be seen as a significant undertaking to establish partnerships within and across education, child welfare, justice, housing, social services, health, and mental health systems, the potential benefits that this may offer to young people is invaluable. Relationship building need not be confined to the service delivery level but must also extend to those at administrative and policy level, as well as young people, families and communities impacted by system decisions.

7.2.4. Engaging young people and families
Lack of awareness of services and difficulty navigating service systems are often cited in the literature as ongoing areas of challenge for family members and young people who are engaged with multiple systems and/or services (Brownlie et al., 2017; Henderson et al., 2015; Stein et al., 2016). This challenge has prompted a number of recommendations, which include improving models of service delivery and developing navigational supports and/or program repositories (Brownlie et al., 2017; Henderson et al., 2015; Stein et al., 2016). Responding to the added complexity of multi-system involvement requires the engagement and efforts of multiple stakeholder groups with diverse expertise, perspectives and experiences. A key recommendation proposed by Brownlie et al. (2017) and Woolsey and Katz-Leavy (2008) is engaging young people and families as collaborators in discussions and decision making, especially when they may be directly or indirectly impacted by service and/or policy change. Moreover, the development of a more informed, effective system that is responsive to the developmental trajectories and needs of young people must be informed by the experiences and perspectives of those who engage with them. As families play a significant role in the lives of youth and often take on both a resourcing and advocacy role to secure services and supports, it is essential that their voices are included in the dialogue (Brownlie et al., 2017; Woolsey & Katz-Leavy, 2008). Meaningful engagement and inclusion of young people and families may offer benefits in content and process for those involved. From a systems perspective, the knowledge derived from the lived experiences of young people and their families are immensely valuable and can help to improve program design, policy change, client experience and engagement (Bloom, 2010; Brownlie et al., 2017; Woolsey & Katz-Leavy, 2008). For young people and families being included and respected as equal collaborators, the benefits may include empowerment from meaningful involvement in system change, and feeling acknowledged, understood, and valued for their experience and knowledge (Brownlie et al., 2017). Though barriers and challenges to meaningful inclusion may arise, and efforts to balance power differentials must be considered, the untapped value of engaging and learning from young people and families cannot be underestimated.

8. Discussion

For young people with mental health and/or substance use problems who are involved with multiple systems, the period of emerging adulthood and navigating the transition into adulthood can be a complex and challenging experience (Brownlie et al., 2017). The aims of this review were to explore what is known about the transition to adulthood for this diverse sub-population of young people in relation to the education system. This includes identifying factors that influence outcomes, as well as policy and practice recommendations to enhance coordination and collaboration to better serve young people in transition. The findings can be used to inform best practices for enhancing collaboration and coordination across systems, with the intention of improving services and the transition experiences for young people with mental health and/or substance use problems.

The literature clearly emphasizes that educational attainment and employment experience play a significant role in the transition to adulthood, factoring into the prediction of positive outcomes, as well as reduced rates of substance dependence. Given the importance of educational attainment and employment experiences in relation to outcomes, multiple and diverse pathways to connect young people to education and vocational programming are necessary to support the diversity of youth transitioning to adulthood. Facilitators of positive outcomes, in addition to barriers that may interfere with education and career aspirations for young people engaged in multiple systems and who are managing mental health and/or substance use problems, have been identified. To better facilitate positive outcomes, coordinated and individualized approaches among multiple service providers can support in early identification and access to specialized supports that are

developmentally appropriate.

There is overwhelming agreement that system fragmentation and misalignment occur during emerging adulthood, a time of peak onset for mental health and/or substance use problems, which negatively impacts transition outcomes and service experiences. Some systems have been more adaptive and responsive to the needs of transition aged youth; for instance, many child welfare systems have extended service agreements to support young people in their transitions. The education system however, appears to be lagging behind when it comes to supporting older youth. Responsive policies and programming that better support emerging adults to access and complete secondary and post-secondary education are needed. For example, recovery schools were identified as an alternative and integrated approach to mental health and addictions services in combination with education. However, as Finch and Karakos (2014) note, more research and evaluation is necessary to determine effectiveness. A number of policy, research, and service recommendations to improve service delivery and transition planning emerged from the literature. Recommendations primarily focus on improving coordination and collaboration across systems, and engaging and effectively partnering with multi-stakeholder groups, particularly young people and families. Improving coordination and collaboration, though an ongoing process, is key in improving service delivery and planning for young people transitioning to adulthood. It is important to recognize that there are differences and varying needs across the spectrum of mental health concerns and conditions. Should identified policy and service recommendations be implemented, it is critical to take into account that these recommendations may not benefit or equally address the needs of service users.

8.1. Limitations

While many important findings have been identified, there are limitations within this review. Firstly, though a handful of recent studies have begun to explore the connection between multi-system involvement and subsequent impacts on the transition experiences of young people with mental health and/or substance use problems, and the role of collaboration (Brownlie et al., 2017; Henderson et al., 2015; MacLeod & Brownlie, 2014; Stein et al., 2016; Treskon, 2016), the overall literature specific to multi-system involvement is relatively scant. Further, while a rapid review is useful in systematically searching within a shorter time frame, limitations exist. Given the shorter time frame, the search is not as comprehensive as a systematic review, nor is a measure of study quality included. Another limitation within rapid reviews is the potential bias in article selection. To address this and to maintain rigour within this search, two authors individually reviewed articles for inclusion and then articles with consensus were included.

9. Conclusion

This review provides an overview of barriers and facilitators to positive outcomes for young people with mental health and/or substance use problems who are transitioning to adulthood as well as key initiatives and approaches emerging out of education to increase engagement and respond to these needs. Recently, there has been an emphasis on increasing coordinated approaches and enhancing collaboration between systems to respond to the holistic needs of emerging adults who have experienced mental health and/or substance use problems. While these ideas are beginning to emerge, best practices for how systems and services can collaborate better together have not yet been developed. This is an area where further research, programming and evaluation is needed. Integrating these recommendations and improving systems and service collaboration, as well as amplifying the voices of young people and their families is of upmost importance for creating meaningful and sustainable cross-systems change.

References*

Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist, 55*(5), 469.

*Baggio, S., Studer, J., Iglesias, K., Daeppen, J., & Gmel, G. (2017). Emerging adulthood: A time of changes in psychosocial well-being. *Evaluation & the Health Professions, 40*(4), 383–400. https://doi.org/10.1177/0163278716663602.

*Bloom, D. (2010). Programs and policies to assist high school dropouts in the transition to adulthood. *Future of Children, 20*(1), 89–108.

*Brownlie, E. B., Chaim, G., Heffernan, O., Herzog, T., & Henderson, J. (2017). Youth services system review: Moving from knowledge gathering to implementation through collaboration, youth engagement, and exploring local community needs. *Canadian Journal of Community Mental Health, 36*133–36149. https://doi.org/10.7870/cjcmh-2017-018.

*Callanan, M., Kinsella, R., Graham, J., Turczuk, O., Finch, S., & Department for Children, S. F (2009). *Pupils with declining attainment at key stages 3 and 4: Profiles, experiences and impacts of underachievement and disengagement. Research report. DCSF-RR086.* Cheshire, UK: Department for Children, Schools and Families.

Chu, C. M., & Ogloff, J. R. P. (2012). Sentencing of adolescent offenders in Victoria: A review of empirical evidence and practice. *Psychiatry, Psychology & Law, 19*(3), 325–344.

Chung, H., Little, M., & Steinberg, L. (2005). The transition to adulthood for adolescents in the juvenile justice system: A developmental perspective. In D. W. Osgood, E. M. Foster, C. Flanagan, & G. R. Ruth (Eds.). *On your own without a net: The transition to adulthood for vulnerable populations* (pp. 69–91). Chicago, IL: University of Chicago Press.

*Chung, W. W., & Hudziak, J. J. (2017). The transitional age brain: "The best of times and the worst of times". *Child and Adolescent Psychiatric Clinics, 26*(2), 157–175.

*Clark, H. B., Koroloff, N., Geller, J., & Sondheimer, D. L. (2008). Research on transition to adulthood: Building the evidence base to inform services and supports for youth and young adults with serious mental health disorders. *Journal of Behavioral Health Services & Research. 35*(4), 365–372. https://doi.org/10.1007/s11414-008-9140-4.

*Clemens, E. V., Welfare, L. E., & Williams, A. M. (2010). Tough transitions: Mental health care professionals' perception of the psychiatric hospital to school transition. *Residential Treatment for Children & Youth, 27*(4), 243–263. https://doi.org/10.1080/0886571X.2010.520631.

*Crockett, J. (2012). "There's nothing the *@#! wrong with me": Youth mental health and substance use in rural and remote Australia and the potential role of school-based interventions. *Youth Studies Australia, 31*(1), 53–59.

Curry, S., & Abrams, L. (2015). Housing and social support for youth aging out of foster care: State of the research literature and directions for future inquiry. *Child & Adolescent Social Work Journal, 32*(2), 143–153. https://doi.org/10.1007/s10560-014-0346-4.

*Deed, C. (2007). Policy implications of teacher perspectives on early intervention for substance misuse. *Drugs: Education, Prevention & Policy, 14*(5), 415–428. https://doi.org/10.1080/09687630601133858.

*Driscoll, J. (2013). Supporting care leavers to fulfil their educational aspirations: Resilience, relationships and resistance to help. *Children & Society, 27*(2), 139–149.

*Ellison, M., Klodnick, V., Bond, G., Krzos, I., Kaiser, S., Fagan, M., & Davis, M. (2015). Adapting supported employment for emerging adults with serious mental health conditions. *Journal of Behavioral Health Services & Research, 42*(2), 206–222. https://doi.org/10.1007/s11414-014-9445-4.

*Finch, A. J., & Karakos, H. L. (2014). Substance abuse recovery and schooling: The role of recovery high schools and collegiate recovery communities. *Peabody Journal of Education, 89*(2), 159–164.

*Finch, A. J., Moberg, D. P., & Krupp, A. L. (2014). Continuing care in high schools: A descriptive study of recovery high school programs. *Journal of Child & Adolescent Substance Abuse, 23*(2), 116–129.

*Fink, J. E. (2014). Flourishing: Exploring predictors of mental health within the college environment. *Journal of American College Health, 62*(6), 380–388. https://doi.org/10.1080/07448481.2014.917647.

*Fowler, P. J., Toro, P. A., & Miles, B. W. (2011). Emerging adulthood and leaving foster care: Settings associated with mental health. *American Journal of Community Psychology, 47*(3–4), 335–348.

*Frensch, K., Cameron, G., & Preyde, M. (2009). Community adaptation of youth accessing residential programs or a home-based alternative: School attendance and academic functioning. *Child & Youth Care Forum, 38*(6), 287–303. https://doi.org/10.1007/s10566-009-9083-9.

*Friesen, B., Cross, T., Jivanjee, P., Thirstrup, A., Bandurraga, A., Gowen, L., & Rountree, J. (2015). Meeting the transition needs of urban American Indian/Alaska Native youth through culturally based services. *Journal of Behavioral Health Services & Research, 42*(2), 191–205. https://doi.org/10.1007/s11414-014-9447-2.

*Gillum, N. L., Lindsay, T., Murray, F. L., & Wells, P. (2016). A review of research on college educational outcomes of students who experienced foster care. *Journal of Public Child Welfare, 10*(3), 291–309. https://doi.org/10.1080/15548732.2016.1172056.

Gomez, R. J., Ryan, T. N., Norton, C. L., Jones, C., & Galán-Cisneros, P. (2015). Perceptions of learned helplessness among emerging adults aging out of foster care. *Child and Adolescent Social Work Journal, 32*(6), 507–516.

---

* Denotes that this study was included in the rapid review.

Goodkind, S., Schelbe, L. A., & Shook, J. J. (2011). Why youth leave care: Understandings of adulthood and transition successes and challenges among youth aging out of child welfare. *Children & Youth Services Review, 33*(6), 1039–1048. https://doi.org/10.1016/j.childyouth.2011.01.010.

Haber, M. G., Karpur, A., Deschênes, N., & Clark, H. B. (2008). Predicting improvement of transitioning young people in the partnerships for youth transition initiative: Findings from a multisite demonstration. *Journal of Behavioral Health Services & Research, 35*(4), 488–513.

*Hamilton, H. A., Wekerle, C., Paglia-Boak, A., & Mann, R. E. (2012). The role of school connectedness in the link between family involvement with child protective services and adolescent adjustment. *Advances in Mental Health, 11*(1), 25–34.

Hartwell, S. W., Fisher, W. H., & Davis, M. (2010). Emerging adults with psychiatric disabilities involved with the criminal justice system. *International Journal of Offender Therapy and Comparative Criminology, 54*(5), 756–768. https://doi.org/10.1177/0306624X09338018.

*Heflinger, C. A., & Hoffman, C. (2008). Transition age youth in publicly funded systems: Identifying high-risk youth for policy planning and improved service delivery. *Journal of Behavioral Health Services & Research, 35*(4), 390–401. https://doi.org/10.1007/s11414-006-9042-2.

*Henderson, J. L., Chaim, G., Luca, S., Brownlie, E. B., Rosenkranz, S., Skilling, T. A., & Beitchman, J. H. (2015). Program manager perspectives on the service system to meet the needs of youth with concurrent disorders: Findings from a Canadian national survey. *BMC Health Services Research, 15*(1), 1–9. https://doi.org/10.1186/s12913-015-1060-4.

*Henry, K. L., Knight, K. E., & Thornberry, T. P. (2012). School disengagement as a predictor of dropout, delinquency, and problem substance use during adolescence and early adulthood. *Journal of Youth and Adolescence, 41*(2), 156–166.

*Heslop, P., & Abbott, D. (2009). Help to move on—but to what? Young people with learning difficulties moving on from out-of-area residential schools or colleges. *British Journal of Learning Disabilities, 37*(1), 12–20.

Jackson, S., & Cameron, C. (2012). Leaving care: Looking ahead and aiming higher. *Children & Youth Services Review, 34*(6), 1107–1114. https://doi.org/10.1016/j.childyouth.2012.01.041.

*Jivanjee, P., & Kruzich, J. (2011). Supports for young people with mental health conditions and their families in the transition years: Youth and family voices. *Best Practice in Mental Health, 7*(1), 115–133.

Khangura, S., Konnyu, K., Cushman, R., Grimshaw, J., & Moher, D. (2012). Evidence summaries: The evolution of a rapid review approach. *Systematic reviews, 1*(1), 10.

*Kirk, R., & Day, A. (2011). Increasing college access for youth aging out of foster care: Evaluation of a summer camp program for foster youth transitioning from high school to college. *Children and Youth Services Review, 33*(7), 1173–1180.

*Kuehn, D., Pergamit, M., Macomber, J., & Vericker, T. (2009). *Multiple pathways connecting to school and work. Vulnerable youth and the transition to adulthood. ASPE research brief.* Washington, DC: US Department of Health and Human Services.

Lal, S., & Adair, C. E. (2014). E-mental health: A rapid review of the literature. *Psychiatric Services, 65*(1), 24–32.

*Lee, T., & Morgan, W. (2017). Transitioning to adulthood from foster care. *Child and Adolescent Psychiatric Clinics, 26*(2), 283–296.

*Leebens, P. K., & Williamson, E. D. (2017). Developmental psychopathology: Risk and resilience in the transition to young adulthood. *Child and Adolescent Psychiatric Clinics, 26*(2), 143–156.

*Leichtman, M., & Leichtman, M. L. (2002). Facilitating the transition from residential treatment into the community: IV. Making use of community resources. *Residential Treatment for Children & Youth, 19*(3), 43–52.

*MacLeod, K. B., & Brownlie, E. B. (2014). Mental health and transitions from adolescence to emerging adulthood: Developmental and diversity considerations. *Canadian Journal of Community Mental Health, 33*(1), 77–86. https://doi.org/10.7870/cjcmh-2014-007.

*Malloy, J. M., Sundar, V., Hagner, D., Pierias, L., & Viet, T. (2010). The efficacy of the RENEW model: Individualized school-to-career services for youth at risk of school dropout. *Journal of At-Risk Issues, 15*(2), 19–26.

*Martel, A., & Fuchs, D. C. (2017). Transitional age youth and mental illness–influences on young adult outcomes. *Child and Adolescent Psychiatric Clinics, 26*(2), xiii–xvii.

*Memarzia, J., St Clair, M. C., Owens, M., Goodyer, I. M., & Dunn, V. J. (2015). Adolescents leaving mental health or social care services: Predictors of mental health and psychosocial outcomes one year later. *BMC Health Services Research, 15*(1), 1–8. https://doi.org/10.1186/s12913-015-0853-9.

*Messersmith, E. E., & Schulenberg, J. E. (2010). Goal attainment, goal striving, and well-being during the transition to adulthood: A ten-year U.S. national longitudinal study. *New Directions for Child & Adolescent Development, 130*, 27–40. https://doi.org/10.1002/cd.279.

*Munford, R., & Sanders, J. (2015). Young people's search for agency: Making sense of their experiences and taking control. *Qualitative Social Work, 14*(5), 616–633. https://doi.org/10.1177/1473325014565149.

*Osgood, D. W., Foster, E. M., & Courtney, M. E. (2010). Vulnerable populations and the transition to adulthood. *Future of Children, 20*(1), 209–229.

*Polgar, M., Cabassa, L., Morrissey, J., Polgar, M. F., Cabassa, L. J., & Morrissey, J. P. (2016). How community organizations promote continuity of care for young people with mental health problems. *Journal of Behavioral Health Services & Research, 43*(2), 200–213. https://doi.org/10.1007/s11414-014-9409-8.

*Pottick, K. J., Bilder, S., Stoep, A. V., Warner, L. A., & Alvarez, M. F. (2008). US patterns of mental health service utilization for transition-age youth and young adults. *Journal of Behavioral Health Services & Research, 35*(4), 373–389. https://doi.org/10.1007/s11414-007-9080-4.

Reid, C. (2007). The transition from state care to adulthood: International examples of best practices. *New Directions for Student Leadership, 113*, 33–49.

*Savitz-Romer, M., & Jager-Hyman, J. (2009). *Removing roadblocks to rigor: Linking academic and social supports to ensure college readiness and success.* Washington DC: Pathways to College Network.

Schelbe, L. A. (2013). *"Some type of way": An ethnography of youth aging out of the child welfare system (Doctoral dissertation, University of Pittsburgh).* (ProQuest Dissertations and Theses).

*Settersten, R. J., & Ray, B. (2010). what's going on with young people today? The long and twisting path to adulthood. *Future of Children, 20*(1), 19–41.

Sheidow, A. J., McCart, M. R., & Davis, M. (2016). Multisystemic therapy for emerging adults with serious mental illness and justice involvement. *Cognitive and Behavioral Practice, 23*(3), 356–367. https://doi.org/10.1016/j.cbpra.2015.09.003.

Shook, J., Goodkind, S., Pohlig, R. T., Schelbe, L., Herring, D., & Kim, K. H. (2011). Patterns of mental health, substance abuse, and justice system involvement among youth aging out of child welfare. *American Journal of Orthopsychiatry, 81*(3), 420–432. https://doi.org/10.1111/j.1939-0025.2011.01110.x.

*Simon, J. B., & Savina, E. A. (2005). Facilitating hospital to school transitions: Practices of hospital-based therapists. *Residential Treatment for Children & Youth, 22*(4), 49–66. https://doi.org/10.1300/J007v22n04_04.

*Skehan, B., & Davis, M. (2017). Aligning mental health treatments with the developmental stage and needs of late adolescents and young adults. *Child and Adolescent Psychiatric Clinics, 26*(2), 177–190.

*Stein, K., Connors, E., Chambers, K., Thomas, C., Stephan, S., Stein, K. F., ... Stephan, S. H. (2016). Youth, caregiver, and staff perspectives on an initiative to promote success of emerging adults with emotional and behavioral disabilities. *Journal of Behavioral Health Services & Research, 43*(4), 582–596. https://doi.org/10.1007/s11414-014-9426-7.

*Sukhera, J., Fisman, S., & Davidson, S. (2015). Mind the gap: A review of mental health service delivery for transition age youth. *Vulnerable Children & Youth Studies, 10*(4), 271–280. https://doi.org/10.1080/17450128.2015.1080393.

*Tierney, W. G., Gupton, J. T., & Hallett, R. E. (2008). *Transitions to adulthood for homeless adolescents: Education and public policy.* Los Angeles, CA: Center for Higher Education Policy Analysis, University of Southern California.

*Treskon, L. (2016). *What works for disconnected young people: A scan of the evidence. MDRC working paper.* MDRC.

*Trout, A. L., Hoffman, S., Huscroft-D'Angelo, J., Epstein, M. H., Duppong Hurley, K., & Stevens, A. L. (2014). Youth and parent perceptions of aftercare supports at discharge from residential care. *Child & Family Social Work, 19*(3), 304–311. https://doi.org/10.1111/cfs.12003.

Vaughn, M. G., Shook, J. J., & McMillen, J. C. (2008). Aging out of foster care and legal involvement: Toward a typology of risk. *Social Service Review, 82*(3), 419–446.

*Woolsey, L., & Katz-Leavy, J. (2008). Excerpts from: Transitioning youth with mental health needs to meaningful employment and independent living. *Journal for Vocational Special Needs Education, 31*(1–3), 9–18.

*Wrench, A., Garrett, R., & King, S. (2013). Guessing where the goal posts are: Managing health and well-being during the transition to university studies. *Journal of Youth Studies, 16*(6), 730–746.

Zajac, K., Sheidow, A. J., & Davis, M. (2013). *Transition age youth with mental health challenges in the juvenile justice system.* Washington, DC: Technical Assistance Partnership for Child and Family Mental Health.

Zajac, K., Sheidow, A. J., & Davis, M. (2015). Juvenile justice, mental health, and the transition to adulthood: A review of service system involvement and unmet needs in the U.S. *Children and Youth Services Review, 56*, 139–148. https://doi.org/10.1016/j.childyouth.2015.07.014.