



National Hispanic and Latino

PTTC

Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Transitional Aged Youth (TAY)

Published by The National Hispanic and Latino PTTC
Date of publication: May 2023

Introduction

This mini e-book was developed to provide information and resources to prevention professionals, providers, and community members about transitional-aged youth (TAY) and the intersectionality between TAY, mental health, substance use, and Hispanic/Latino communities.

At the end of the document, you will find resources from trusted sources and action and prevention tips to better support our communities on the issue.

We hope this resource is useful for you, and we hope you can share the information with your family, friends, and colleagues.

Inclusivity Statement

The National Hispanic and Latino PTTC understands that there is a lot of important discussion focusing on the terminology individuals choose to use for racial, ethnic, heritage, and cultural identification. Different terms, such as Latinos, Latinas, Hispanics, Latinx, Latine, Chicano, and others, are all equally valuable. We advocate for self-identification for every person. For purposes of this resource and additional materials, our Center will be using the term Latina and Hispanic.



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INTRODUCTION

Transitional aged youth (TAY) is defined as individuals between the ages of 16 through 25 experiencing challenges in growing out of adolescence through individualization, separation (from family), and significant neurobiological developments.¹

These changes can bring about everyday struggles, including, but not limited to, mental health concerns, substance use, aging out of the foster care system, changes in receiving services, and ultimately making their transition to adulthood.¹

TAY are adolescents at high risk of poor transition outcomes due to complex needs, lack of a support system, and other systemic barriers. TAY often face mental health challenges transitioning from child-serving to adult-serving systems. Additionally, they often struggle with severe emotional or behavioral difficulties due to the lack of societal care and support.¹

HOW DOES THE LABEL TRANSITIONAL AGED YOUTH INTERSECT WITH THE HISPANIC AND LATINO COMMUNITIES?

According to the University of Washington Department of Psychiatry and Behavioral Sciences, Latino children and adolescents represent 25% of all Latino immigrants in the United States. Latino immigrant youth have the highest educational dropout rate and the poorest academic performance according to white standards of educational success.²

Latino youth often needlessly suffer from severe physical health difficulties as medical systems fail to provide adequate, quick, and culturally responsive care due to racist and classist ideologies.²

Another barrier to medical, mental health, and dental care in the U.S. is the lack of insurance or financial ability to access services. Medical system neglect and lack of accessibility are highly apparent in Latino documented health outcomes.²



Latinos are more likely than any other ethnic group to suffer from diabetes, obesity, HIV/AIDS, asthma, and certain forms of cancer. Latino youth are more likely to contract sexually transmitted infections, and Latina girls have the highest preteen and teenage pregnancy rates.²

The socioeconomic circumstances of the Latino communities can increase the TAY among the Hispanic and Latino communities. Further, Latino communities face poverty and substandard housing, with 20% of Latino families living below the poverty line. As of 2007, the average Latino family's income ranged from \$35,000 to \$41,000. The lack of quality housing, tangible resources, and a safe neighborhood/community can often contribute to elevated stress levels. It can culminate in the development of emotional and behavioral issues as a response.²

While Latino TAY are more at risk for these adverse emotional and behavioral outcomes, they often have little to no access to resources in school systems, families, or external providers. These adverse experiences lend to Latino children and teens being at a higher risk for adverse physical, academic, social, emotional, financial, and environmental outcomes.²

WHAT IS THE CONNECTION BETWEEN TRANSITIONAL-AGED YOUTH AND MENTAL HEALTH?

According to the National Alliance on Mental Illness (NAMI), 50% of all lifetime mental illnesses begin by 14 years old and 75% by 24 years old. Further research has demonstrated an increase in the prevalence of mental illness in low-income households and youth involved in child welfare (50%) and the juvenile justice system (67%-70%) compared to the general population.^{3,4}

Cumulative research further concludes that early experiences of mental illness, even when treatment/services are received, often have significant lingering impacts during transitional phases to adulthood.⁴



Additional studies have also demonstrated that 75%-80% of adolescents needing mental health services do not receive them. A lack of care for TAYs can be further exacerbated as they age out of services from the children's system, services they had become accustomed to, and instead, they now must seek assistance from adult providers.⁴

There are significant concerns regarding acculturative stress, depression, and suicidal ideation among Latino TAYs. Latino first- and second-generation teens are more likely to experience anxiety and depression related to acculturation. The suicide rate among Latino adolescents and young adults is disproportionately high and is the third leading cause of death among this group.²

This experience of acculturative anxiety highlights why youth must engage in culturally responsive and welcoming environments, primarily through in-school or external services, including mental health and medical services, on a regular basis.²

It becomes even more crucial when youth are removed from their community and placed in foster care or geographically limited areas. Most TAY, especially minorities, experience significant gaps in care and adversity due to a lack of access to healthcare services and strategies not being culturally adapted to fit their needs, not due to personal choice.⁵

WHAT IS THE RELATION WITH SUBSTANCE USE?

Substance use disorder (SUD) is increasing amongst all teens, regardless of demographics, in various settings. In Latino communities, the use of opioids and other substances is slightly higher when compared to other populations.⁶

Latinos in their late teens use opioids more frequently and in higher volumes than other ethnic groups. Latino teens also have a higher rate of alcohol misuse than other demographic groups. According to SAMHSA, 8.6% of Hispanic teens ages 12 to 17 have consumed alcohol in the past month.⁶



MESSAGE OF HOPE AND RESOURCES

Cognitive behavioral therapy (CBT) is effective in working with youth. CBT results have demonstrated notable reductions in depression, anxiety, and aggression in teen populations, but CBT has been significantly less impactful for Latino communities.²

This lack of efficacy is likely due to CBT's lack of cultural considerations, lack of community/systems change due to its focus on individuals, and barriers to care or rapport with providers.²

CBT methodology is slowly incorporating these and other critiques to create a more culturally responsive, relevant, adaptive, and community-based modality that recognizes and includes traditional healing methods.²

It is also important to note that while methods like CBT can be essential in implementing follow-up care, it is just as important to focus on preventive measures that support TAY, such as early recognition of risk factors of adverse outcomes and an increase in protective factors like community building.^{2,5}

Further interventions can include Dialectical Behavior Therapy (DBT) and arts/movement-based practices. The best outcomes for TAY are achieved when a combination of therapeutic modalities (CBT and DBT), structural environmental strategies (education, housing, employment), and community-based strategies (family support, friends, and peer mentorship) are implemented.⁷

Success is especially achieved when TAY become empowered to advocate for themselves, and services meet them where they are at through a youth-driven, strengths-based approach.⁷



SUPPORT FOR TRANSITIONAL-AGED YOUTH

TAY can be supported through concrete measures such as employment, housing, life skills (i.e., financial literacy), and financial assistance to attend higher education or vocational training. However, this is a baseline level of support. To fully encompass youth needs, there also needs to be an emphasis on community building, social connectedness, cultural immersion, and an overall sense of belonging.⁸

The 2019 Texas Youth Permanency Study highlighted responses from 197 foster youth regarding care gaps when transitioning to adulthood. Three key themes emerged from the data: permanent supportive relationships/friendships, empowering and listening to youth, healthy/honest conversations regarding relationships such as dating, consent for sexually transmitted infection (STI) prevention, and birth control.⁹

The youth felt they lacked significant support in all three of these areas, which led to detrimental outcomes in their lives, such as lack of community, self-confidence, and sexual victimization or gender-based violence.⁹



RESOURCES

Additional Resources

You can visit the following websites for additional support and information.

Substance Abuse and Mental Health Services Administration (SAMHSA)

5600 Fishers Lane

Rockville, MD 20857

Toll-free: 1-877-SAMHSA-7 (1-877-726-4727)

TTY: 1-800-487-4889

Email: samhsainfo@samhsa.hhs.gov

SAMHSA Store: <https://store.samhsa.gov>

SAMHSA Disaster Technical Assistance Center

Toll-free: 1-800-308-3515

Email: dtac@samhsa.hhs.gov

Website: <https://www.samhsa.gov/dtac>

SAMHSA Disaster Mobile App

Website: <https://store.samhsa.gov/product/samhsa-disaster>

SAMHSA Disaster Distress Helpline

Toll-free talk or text: 1-800-985-5990

Español: Llama o envía un mensaje de texto

1-800-985-5990 presiona "2".

American Sign Language (ASL): Click on the "ASL Now" button on the website or call 1-800-985-5990 from your videophone.

Website: <https://disasterdistress.samhsa.gov>



RESOURCES

988 Suicide & Crisis Lifeline

Call or text: 988

Chat: 988lifeline.org

(Español) Línea de Prevención del Suicidio y Crisis: 988

For TTY users: Use your preferred relay service or dial 711 and then 988.

Website: <https://988lifeline.org>

Website (español): <https://988lifeline.org/help-yourself/en-espanol>

SAMHSA's National Helpline

Toll-free: 1-800-662-HELP (1-800-662-4357) (24/7/365 treatment referral information service in English and español)

TTY: 1-800-487-4889

Website: <https://www.samhsa.gov/find-help/national-helpline>

REFERENCES

1. [Special Populations: Transition Age Youth \(TAY\)](#)
2. [Evidence-Based Practices with Latino Youth: A Literature Review](#)
3. [Mental Health by the Numbers](#)
4. [Coordinating Systems to Support Transition Age Youth with Mental Health Needs](#)
5. [The Importance of Cultural Identity for Foster Youth Statista - Child Abuse Rate in the United States In 2021, By Race/Ethnicity of the Victim](#)
6. [2020 National Survey on Drug Use and Health: Hispanics](#)
7. [Getting Engaged: Practical Strategies to Connect with Transition-Age Youth](#)
8. [Providing Support Services for Youth in Transition](#)
9. [Helping Youth in Care Feel Connected and Empowered](#)



ACKNOWLEDGMENT

Published in 2023 by the National Hispanic and Latino Prevention Technology Transfer Center (PTTC), National Latino Behavioral Health Association (NLBHA) P.O. Box 1360, Pena Blanca, NM 87041.

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph. D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed herein are the view of PTTC Network and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

This work is supported by grants 1U79SP023012 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Published 2023.