

The Effects of Adolescent Mental Health on the Transition to Adulthood: Leaving the Family Home and Household Formation.

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Extended Abstract:

Recent psychological literature argues for a distinctive developmental stage of emerging adulthood. This period, typically ages 18 to 30, is often characterized as the most varied and volatile in terms of types of statuses and roles filled and the general level of change between these statuses and roles. It could easily be argued from the social and health behavior literature that these multiple roles and changes create stress from a variety of sources that may directly effect, or indirectly via their impact on individual social resources, how well initial transitions are made, the stability of transitions, and the ease by which changes are made. In this sense, prior mental health distress and mental health status in adolescence may pose an interesting health feature and factor into successful transitions (or various forms of transitions) in this period. Presence of adolescent mental health distress may indicate some general level of inability to handle these stresses, may lead to specific choices with respect to transitions (into or out of), and generally alter the speed and duration of transitions.

Demography has a long standing interest in the study of the life course and in this specific age period. The discipline has explored a variety of different transitions related to fertility, mortality, marriage and, of course, migration. This research has primarily emphasized specific individual characteristics such as ethnicity or gender on these outcomes or characteristics of the parent/family circumstance (e.g. income, SES, household structure) or the parents on experience with specific transitions (e.g. timing of the mother's first child). Some work has emphasized early childhood experiences such as parental divorce (Cherlin, Chase-Lansdale, and McCrae, 1998) and some have included adolescent risk behaviors such as drug use (e.g. Mensch and Kandel 1992).

The specific role of mental health in adolescence on these types of transitions, however, is less explored in the demographic literature, especially in competition with the common demographic statuses of the individual or of the individual's family. This paper proposes to explore the role of adolescent mental health status on the exiting from the family home and on the formation of households (through cohabitation, marriage, living alone).

How this plays out helps inform the role of mental health (as part of general health conditions or morbidity) in these transitions and helps address the forms of change in this developmental or life course period. Of interest is how these conditions begin to emerge

and diverge in adolescents (e.g. the rise in suicide behaviors and gender differences in depression) and how there is considerable cross-national presence among developed countries.

Data: The data are a stratified random sample of youth in the Seattle metropolitan public high schools during 1998 to 2001; youth were stratified based on school performance where low performers were over sampled. Low performance was based on grade point average, absenteeism, and credits earned. Lower performance was related to more risk behaviors (e.g. drug use) and related factors associated with mental health (e.g. depression). These youth were measured in three 6 month intervals (e.g. baseline, at 6 months, and at 1 year) and later followed up (approximately 3 years later) when aged 18 to 23. The initial sample size is 1493; follow-up is currently at 75% and will be completed by January 2005.

An extensive self-report survey was given at each time point and at follow-up. The surveys covered basic demographic information on self and family, including household structure, SES, and marital status of parents. The surveys also include detailed assessments of the individual's patterns of risk behaviors (e.g. drugs, delinquency), patterns of peer relations, patterns of family interactions (e.g. conflict), and measures of general health and details of mental health distress including suicide behaviors (ideation, threats, attempts). Measures of distress also include depression (CES-D), anxiety, hopelessness and other stress measures.

The follow-up survey includes these same areas and additional information on current statuses regarding union/marriage, household structure, childbearing, employment, education, welfare among other facets of adult life.

Analyses:

Outcomes of this study will focus on the exiting and timing of the exit from home of origin (i.e. home during the high school years) and on the structure of current household (living alone, with spouse, cohabiting, other forms). Key independent factors will be the role of depression, anxiety, hopelessness, stress, and suicide risk behaviors on the outcomes. These effects will be explored controlling for key demographic characteristics of the family and individual, as well as, important additional risk factors such as drug use, crime, and exposure to violence. (One limitation of the data is the limited indicators of teen sexual activity; items of whether one has ever been pregnant are present in the early surveys and some additional information such as age of initiation is gathered retrospectively).

Multivariate logistic and multinomial regression will be the primary form of analyses. Different attempts to address missing data and the selection into the follow-up survey will be incorporated into the analysis to judge the sensitivity of the results to the problem of attrition.

Expected Results:

The analysis should provide a reasonably detailed look at the role of late adolescent mental status on these initial transitions of household structure and give some sense to the value of further exploring the role of these health conditions and their relative impact compared to demographic and socio/economic status during this period in the life course. The advantage of the data set is in the relative breadth of factors present especially the more detailed mental health/distress information present compared to datasets with national samples.