# PLOS MENTAL HEALTH

OPINION

## Navigating the complex landscape: Emerging adults' mental health post-COVID-19

Meg Hudson
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> "Adulting *sucks.*"

This is something I hear daily working as an administrative assistant for a community health clinic, and although I am discouraged from admitting this to patients, *it's true.*

Like myself, patients venting this frustration tend to be in the transitional stages of emerging adulthood, feeling the sting of increased responsibilities and independence. This frustration has only gained more weight since the onset of COVID-19, which exposed a disparity in mental health challenges specifically among emerging adults.

It is woefully unsurprising that strategies combatting these challenges have been slow to materialize and unevenly implemented, given the consensus on the lack of

collaboration between community and mental health resources for emerging adults long before the virus ever posed a threat [1].

This bears the question of what actions are being taken to address these disparities in mental health issues, especially considering preexisting awareness of the severity amongst this population.

### *But first, let's establish an understanding of "emerging adulthood"*

It should be prefaced that there is no standard experience, but rather distinctive features characterizing emerging adulthood and its challenging transitions.

Developmental psychologist Jeffrey Arnett coined the term emerging adulthood in 2009, creating a whole new field of study of this developmental stage lasting roughly ages 18 to 29 [2] [3].

He posited that 5 distinctive features shape the transition process:
1. **Identity explorations** can be exciting but also enhance mental health struggles; it is crunch time for deciding what the form of adult life will look like.
2. **Instability** caused by post-high school years, repeated residence changes, living with/ friend, or romantic partner, or remaining with families
3. **Self-focus** freed of parental directions and society-directed routines of adolescence. Deciding what to do and who they want to be before choice is limited by constraints of major life events
4. **In-between** feelings despite taking on responsibility for themselves, still do not feel like adolescents or entirely adult
5. **Age of possibilities** during which optimism reigns—it seems like anything is possible, wanting a better life than parents have (i.e. divorce or economic struggles) [3]

Foundations laid in early adolescent stages affect how well one transitions into adulthood and becomes fully independent. This relies on a delicate balance between the adolescent pushing for independence and parents and society giving adequate support.

During the pandemic, sudden changes to existing life plans and uncertainties about the future reduced any sense of autonomy or self-directedness that is crucial toward that push for independence, leading to the development of coping strategies that either positively or negatively influence perceived stress and isolation levels [4]**.**

### *What factors contribute to this variation in resilience?*

Some who had good support systems in young adulthood had easier transitions than others. Some aged out of the support they had, leaving them wondering what the best next steps are.

This is a result of the heterogeneity among this population, encapsulating the various intersectionalities—including personality, culture, education status, emotional and social support, and financial and housing stability— which serve as predictors of psychological distress caused by the pandemic [5].

A 2020 study offers an insightful breakdown of these predictors, revealing how pandemic restrictions led to increases in symptoms of anxiety, depression, and traumatic stress.  Of 4,816 emerging adults, a vast majority of 63.6% reported being employed and 41.4% of respondents were students at the onset of the pandemic. These individuals cited three leading stressors: work, education, and familial relationships [5].

Among those employed, job changes or loss of a job all contributed to economic strain and uncertainty, as well as exposure to the virus for those who could not work remotely. Underlying frustrations of dead-end and low-paying jobs and lack of resources to progress in higher education or vocations that would provide greater stability are especially discouraging as often,

> *"They end up doing this work their whole lives"*

says professor of human development Stephen F. Hamilton, Ph.D [3].

Among students, pandemic restrictions such as remote learning and being sent home to live with family resulted in many stressful disruptions in beginning studies or graduating, with some changing or completely failing out of studies. This led to a drastic decline in feelings of success and overall mental wellness, especially considering campus belonging is central to identity [4].

Moreover, similar to those employed, student stressors including the fear of infection and quarantine resulted in unforeseen social and physical isolation

For both groups, in individuals with lower levels of pre-existing symptoms, isolation contributed to a higher increase in anxiety and loneliness. Individuals already experiencing these symptoms saw a less significant rise, although they were still markedly affected. Experiences of social inclusion during the pandemic protected individuals from an increase in these symptoms, leaving those living alone with limited social support and interaction [6].

What researchers were surprised to find in contrast to pre-pandemic studies was both groups living with family, whether by choice or on lockdown, reported finding unique ways to cope with each other. For emerging adults, having more separation from their home family—namely parents— marks a major step in their transition towards independence.

Allegiance with and feedback from peers or excitement from meeting new acquaintances become the most important factors in social support and determining mental health. In contrast, social interactions between friends and strangers were linked to a significant increase in anxiety versus interactions with family being linked to decreases in anxiety and depressive symptoms during the pandemic [7].

Even though some found unique ways to cope, others struggled even more due to parent-perpetrated maltreatment or coming from different cultural backgrounds with overwhelming familial expectations, further echoing previous knowledge of the negative influence family holds over this population [8].

Of these backgrounds, nontraditional students and minority groups showed particularly high levels of stress, depression, and anxiety compared with other emerging adults. Despite this increase, they appeared to be more successful at managing stressful events on account of life experience and heightened levels of resilience. However, this also perpetuated the notion of noble suffering and unhealthy coping strategies among these individuals [8] [9].

### *Addressing this heterogeneity is essential in strategizing more holistic and integrated care methods*

Though there is not an easy one-size-fits-all solution, there is an urgent need to reform collaborative intervention strategies, not just to prepare emerging adults for the next global crisis, but to mend the poor coordination of mental health services and strengthen the fragile safety net of local programs through which they fall.

This requires commitment from social service agencies, local governments, clinicians, educators, and employers who must work alongside emerging adults to be:

1. **More comprehensive** and tailoring services catering to the specific support needs of this group. The mental health system needs to better distinguish between what is categorized as youth and adult experiences. Through focus groups and giving choices about where to host meetings, emerging adults are helping to build services they genuinely find useful.
2. **Culturally responsive** and amplifying emerging adults' voices from different backgrounds instead of imposing agendas. Together with stakeholders, they can strengthen diverse populations' ability to access and be included in these services and programs—creating meaningful opportunities for connections with family, culture, and community is essential to breaking down cultural and language barriers in accessing resources.
3. **More accessible and affordable,** specifically to tackle high treatment and treatment costs after aging out of mental and physical health services. This includes providing more funding to support educational, work, training, and employment opportunities that foster a mental-health-friendly environment and streamlining connections to community resources. The rise of mental health telemedicine services is also revolutionizing how care is accessed.
4. **Better at coordinating care** and ensuring a warm handoff between old and new providers. Practitioners should approach from a holistic perspective, share contextual familiarity, and actively guide patients to useful resources, especially when starting mental health-primary care coordination.

Even more importantly, this requires commitment from emerging adults themselves.

> *" Nobody really tells you where to go or who to go to in this phase…by becoming your own advocate, you are able to find where to go, who to go to, and decide for yourself."*

said one emerging adult in this pre-COVID interview series of personal testimonies regarding mental health issues during this life stage [10].

Though new responsibilities and sudden life changes are daunting, especially in times of crisis like COVID-19, fear can be turned around and made positive by self-advocating and taking steps toward independence. Asking questions and

seeking out specific care needs encourages individuals to get comfortable communicating when something isn't working for them.

Self-preparedness and awareness of all available resources outside of what one has grown accustomed to is equally important as self-advocacy. Amid a crisis like COVID, it is hard to make an informed choice about which services would be most beneficial. Getting familiarized with what options, services, community programs, or online tools, and using those tools is essential to mental well-being before a crisis ever ensues.

The collective responsibility to integrate these changes and address the root causes of disparities in mental health among emerging adults safeguards future generations from similar marginalization. Furthermore, this understanding guides toward a more equitable and supportive mental health landscape to prevent future generations from experiencing the same level of strife—*or, for lack of better words, to make adulting "suck" a little bit less.*

## About the author

Meg Hudson is a dedicated graduate assistant studying technical communication and science writing at Portland State University. Her academic journey reflects a passion for effective communication in healthcare, especially regarding mental health and wellness. Beyond the academic realm, she provides administrative assistance at a local community health clinic, further grounding her passion in this field of study.

## Acknowledgments

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