

COMMENTARY

The Gap Between Need and Resources Is Urgent in Emerging Adulthood—This Is an Opportunity: Commentary on Kazdin (2024)

Karin G. Coifman and John Gunstad

Department of Psychological Sciences, Kent State University

Kazdin's (2024) article details the urgent need for adjuvant treatment approaches focused on how individuals live in daily life. This is an essential pathway to reduce suffering given the global prevalence of psychological distress. We strongly agree and add that a targeted focus on the period of emerging adulthood is of vital importance. Evidence is consistent and compelling that need is high in this stressful developmental period, with the first onset of most psychiatric disorders and limited access to traditional mental health services. Moreover, evidence suggests that this is a life stage where "habits" relating to key lifestyle factors, including physical activity, nutrition, and social activities, have not yet coalesced, hence the opportunity for change may be greatest. These are habits that, as Kazdin (2024) writes, are robustly predictive of lifelong physical and mental health. To leverage this behavioral plasticity, we recommend enlisting the aid of smartphone technology that many emerging adults already use in their everyday lives. This will facilitate earlier intervention, potentially translating into decades of reduced suffering for many individuals.

Keywords: emerging adulthood, psychiatric risk, ambulatory interventions, psychopathology

As Kazdin (2024) aptly describes, the need to improve psychological health and well-being across the globe is increasingly urgent. Despite considerable advances in the science of psychological intervention, conventional treatments are often limited by cost and availability and cannot meet this crisis. We strongly agree that interventions focused on improving health in daily life are a critical need and propose that targeting resources to emerging adulthood may yield the most value.

Heightened Risk

Emerging adulthood is the transitional period between late adolescence and independence from primary caregivers as adults. This life stage includes the first onset of many

common psychiatric conditions (Solmi et al., 2022) that have lifelong recurrence and considerable burden. Many emerging adults can be found on college and university campuses, where although mental health awareness can be relatively high, the availability of resources remains low (Auerbach et al., 2018). For emerging adults who transition directly into the workforce, the treatment gap may be even wider, as awareness and acceptance of mental health conditions are lower and access to resources more limited.

Numerous pathways for mental health risk converge in emerging adulthood. In addition to genetic risks, societal factors such as shifts in responsibility and expectations, as well as new economic, academic, and social challenges all coalesce with a loosening of structures and stabilizing forces of parents and family and can fuel psychiatric disorders (e.g., Sussman & Arnett, 2014). Biological stress due to poor or inadequate sleep, unhealthy diet, and limited physical activity may further exacerbate risk (Khader et al., 2020), and emerging adulthood is also a life stage with high risk for traumatic events. For example, sexual assault rates peak during ages 18–24—especially in marginalized individuals (Fedina et al., 2024).

Incredible Opportunity

Despite these many risks, emerging adulthood is also characterized by considerable flexibility and opportunity for

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Karin G. Coifman  <https://orcid.org/0000-0002-2372-0081>

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Correspondence concerning this article should be addressed to Karin G. Coifman, Department of Psychological Sciences, Kent State University, P.O. Box 5190, Kent, OH 44242, United States. Email: kcoifman@kent.edu

growth. Many risk-related behaviors have not yet coalesced into fixed patterns or “habits” and could be targeted through novel interventions. For example, sleep disruption and both risk-increasing (e.g., substance use, binge eating) and risk-reducing behaviors (e.g., exercise) predict the onset of psychological symptoms in middle-aged adults when modeled over time, but these effects do not replicate in emerging adults (Coifman et al., 2021; Mitchell & Coifman, 2024). Instead, risk-related behavior in emerging adults is more readily influenced by shifts in contextual factors, including social pressures and daily stressors, rather than internal habits or traits. Such findings raise the possibility that in-the-moment interventions targeting these contextual factors could mitigate current and future risk for psychological symptoms.

Digital interventions appear well-suited to meet this need and could leverage the technology already commonly used by a group who has effectively grown up with online lives. Although research on social media use identifies possible risks (Liu et al., 2022), smartphone technology also offers an incredible opportunity for intervention science. Social gamification research suggests that with the right tools, emerging adults may be motivated to move more, sleep well, and eat better (e.g., Pérez-López et al., 2022). Mobile apps and text-based interventions appear to benefit a wide range of physical (e.g., weight management, reduction of substance use, medication adherence) and mental health outcomes (ranging from managing daily stress to targeted symptom reduction for posttraumatic stress disorder)—though findings are mixed across samples, interventions, and life stages (Milne-Ives et al., 2020; Rathbone & Prescott, 2017; Schmidt-Kraepelin et al., 2020). Clarifying the effective ingredients for smartphone-based intervention in emerging adulthood and greater precision in selecting interventions (i.e., what works for whom and when?) could lead to reduced suffering, greater longevity, and tremendous cost saving for society. This potential offers a powerful incentive to target this life stage.

First Steps

So, what is next? Though digital interventions hold great promise, psychologists must first better understand the dynamic, developmental shifts that occur within and across individuals during emerging adulthood. At our institution, we have launched the Kent State Student Life Study that will follow $N = 10,000$ undergraduates across our eight urban and rural campuses throughout their college experience and beyond. We are applying an intensive longitudinal measurement framework, with bursts of ecological momentary assessment, passive ambulatory biosensing, combining remote-administered surveys with in vivo, in-lab assessments, to comprehensively model the complexity of this developmental period. Importantly, we rely on both our student researchers and participants themselves to help motivate and encourage study completion. This includes the creation of a culture of participation through a variety of

in-person events, digital engagement, and social media. This approach of *campus as a shared laboratory* may generate insight to complement other innovative work in this area.

Next, psychologists must rigorously test and refine ambulatory tools that take advantage of the smartphone in every pocket, within a precision medicine framework. Although many smartphone applications and interventions to improve mental health exist, there is limited information regarding the most effective ways to use them. Meta-analyses suggest small, positive effects of these interventions (e.g., Weisel et al., 2019). However, many applications are perceived as burdensome and engagement is short-lived. The Student Life Study will also attempt to address this challenge by testing, refining, and then retesting ambulatory digital interventions. The goal is to identify for whom these tools are most effective and why, prioritizing the degree of uptake, lasting engagement, and acceptability, in addition to benefits on mood and behavior. By embedding these experimental trials within a longitudinal design framework, we hope to understand what true impact these tools have over time and for whom. Importantly, these interventions must be considered adjuvant to primary treatments. As Kazdin (2024) suggests, they are typically designed to reduce stress, enhance well-being, and may not be suitable to “treat” disorders. However, they hold great promise for boosting motivation and mood in persons seeking conventional psychological treatment and may also help manage subclinical symptoms at a community level—both significant benefits in their own right.

In closing, we strongly agree with Kazdin’s (2024) call for adjuvant treatment approaches adapted for daily life and encourage focused research into the societal value of digital interventions for mood and behavior in emerging adults.

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