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The Lives of Young Adults Who Have Graduated from Residential Children's Mental Health Programs (SUMMARY REPORT)

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**The lives of young adults who have graduated from residential
children's mental health programs**

SUMMARY REPORT

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Partnerships for Children & Families Project

**Phase III: Community adaptation processes and outcomes for transition-aged youth who
accessed children's mental health residential treatment programs**

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Introduction

What happens to children and youth after they leave residential mental health treatment? How do these youth navigate normative developmental transitions like finishing school, getting a job, and finding a place to live? What types of assistance might facilitate these transitions? Despite the critical importance of these questions for youth themselves, for the educational, justice, and mental health systems, and for the development of more appropriate transitions to community programming, surprisingly little is known about what happens to these children and youth over time.

This report presents the results of a research process in which 59 young adults who had received residential mental health treatment in the past were sorted into descriptive profiles based on the information they shared about their lives and personal functioning with researchers. Five different groups of young adults emerged from this process and represent the clearest categorizations for understanding this particular sample of young adults from across Southern Ontario who received residential treatment.

Sorting young adults into distinct groups based on their functioning within key life domains (like education, employment, social connections, personal functioning) is useful to understanding the long term community adaptation of youth previously involved in children's residential mental health treatment. Through a process of describing the defining characteristics of particular groups of young adults we can begin to think about adapting services and supports to meet the unique needs of distinct groups of youth as they transition into young adulthood.

Background

In 2001, the *Partnerships for Children and Families Project* (in the Faculty of Social Work at Wilfrid Laurier University, Waterloo, Ontario) began an ongoing program of research that still continues today focused on community living outcomes for youth accessing residential mental health treatment. Over several consecutive phases of the research, parents, guardians, and youth provided rich information on the daily functioning of youth across living domains considered key to successful community adaptation. Outcomes were documented for almost 200 youth in the areas of education, employment, health, relationships, and housing. For an expanded discussion of previous results please access the full research reports at scholars.wlu.ca/pcf.

From our earlier research, almost all of the youth entering residential treatment showed clinical levels of concern on admission indicators in several or all of the key life domains. Encouragingly, most of these youth also showed statistically significant improvements on the same indicators upon discharge from these programs. However, in follow up phases, approximately 1.5 years and 3 years after program discharge, most of these youth still faced significant challenges in several or all of these life domains. Difficulties with successfully adapting to school or employment and involvement in delinquent activities and the criminal justice system were of greater concern overall at follow up than at admission to residential treatment. Many youth were having trouble in more than one community adaptation domain. Youth with a lot of trouble getting along with parents were struggling in multiple community adaptation domains like school attendance and performance, personal functioning, and community relationships. In addition, a large majority of youth in trouble with the law also had serious school difficulties at follow up. Youth leaving residential treatment to live in the care of child welfare authorities often experienced serious difficulties in most life domains. Generally, it was not possible to draw clear boundaries between youth having school problems, being in trouble with the law, struggling with their parents, and having personal functioning difficulties or other community adaptation problems. In addition, challenges in areas of living such as education, employment, and trouble with the law became more serious as youth became older.

Research Methods

Characteristics of the Young Adults in the Study

The average age at admission to residential treatment was 13.76 years ($SD=2.45$ years) and ranged from 8 to 19 years old. The average length of stay in residential treatment was 9.4 months ($SD=7.87$ months) and ranged from 3 weeks to 3.4 years. The average length of time between the research interview and discharge from residential treatment was 5.67 years ($SD=2.31$ years) and ranged from 0.54 to 10.35 years. Almost all of the young adults in this study were born in Canada (96.7%) and 7 young adults identified as First Nations persons. About 15% identified themselves as a visible minority based on ethnicity.

There were few differences between the young adults in the current study and youth from our previous research on standardized measures of functional impairment (CAFAS) and mental health

symptom severity (BCFPI-3). Both groups were struggling with similar impairment in functioning and symptom level severity in the areas of school, behaviour toward others, managing emotions, community conduct, and personal functioning. Compared to the provincial averages reported for youth ages 10-14 (at the time of admission to all mental health service types) youth in the current study and earlier phases of our research were experiencing functional impairment at much higher levels. This is not unexpected given the relationship between higher impairment levels on the CAFAS and entry into more intensive mental health services, like residential treatment (CAFAS in Ontario, 2012).

Given the mostly similar admission profiles of young adults in the current study and youth (age 12+) from our earlier research phases, it is likely that this group of young adults represents a typical convenience sample of youth who received residential treatment. In our recruitment efforts we attempted to contact any youth we could find, realizing that youth who were faring the most poorly (e.g. in mental health crisis, homeless, or in inpatient treatment) were likely not going to be reached for an interview. In addition, the contact information for many youth was no longer valid and as a result no information could be obtained on their long term post-discharge circumstances.

The Sorting Process

Information young adults shared about their lives with researchers during a qualitative face-to-face interview lasting about 1 ½ hours was summarized across key life domains which, when examined together, provided an overall snapshot of how each young adult was functioning in their current daily life. Two researchers independently reviewed the descriptive “snapshots” and began the iterative process of sorting young adults into emerging groups that shared similar key life domain experiences. Over multiple iterations of the grouping process, five distinct functioning profiles emerged and each profile was defined by the experiences and outcomes most common to that group of young adults. In the final stage, each young adult’s descriptive snapshot was assessed for whether or not it met the established criteria for inclusion in that group. Any disagreements of group membership were settled through a repeated review of the information in each of the key life domains for that young adult until a consensus was reached between the two reviewers.

Once the sorting process was complete, an in-depth examination of the young adults in each group was undertaken. This examination resulted in an expanded description of the outcomes, experiences, and functioning patterns that were characteristic of young adults in that group. As much as possible, actual quotes from young adults were used to illustrate the defining characteristics of each

functioning group. In addition, short narratives based on one or more young adults’ conversations with researchers were created to feature the defining elements of a particular functioning group and to capture the complex and rich information these young adults shared about their lived experiences.

Study Results

Young adults in this research study who received residential treatment in the past were sorted into five distinct groups:

	N	Proportion of Young Adults in Each Group
Young Adults in Trouble with the Law	14	24%
Young Adults who are Socially Isolated	14	24%
Struggling Young Adults	10	17%
Young Adults who are Managing Well	17	28%
Young Adults who are Striving for Success	4	7%
Total	59	100%

Two additional dominant young adult groupings emerged as important to understanding the lived experiences of youth graduating from residential treatment. Almost one-quarter of the young adults in this research study were young parents with one in three females having a child. Also, 46% of young adults were (or are) in the care of the Children’s Aid Society (CAS). Like the functioning groups, both of these groups based on young adults’ life circumstances are important to understanding issues facing young adults who received residential treatment as they make the transition to adulthood. These two groups complement the functioning profiles identified above and group membership is not mutually exclusive. For example, one young adult may be in as many as three groups (young parent, CAS youth, and a specific functioning group).

The following sections provide brief descriptions of the five functioning profiles and two additional young adult groups. For expanded descriptions, please see the full research report.

Young Adults in Trouble with the Law

In this sample, 24% of young adults were in the *trouble with the law* category based on their continued involvement with illegal or delinquent activities within the two years preceding their research interview. Of these young adults, the majority were male (85%) and over half had been living in the care of the CAS (57%). Poor community adaptation outcomes and serious ongoing struggles in multiple domains of living were a reality for the majority of these young adults. Almost all of these young adults faced substance abuse issues and continued to face multiple personal functioning challenges. The most common of these challenges included attention deficit difficulties, anger, emotional difficulties, and chronic physical health problems. Issues of precarious family relationships and unstable living conditions were also common. None of these youth had graduated from high school and nearly all of these youth faced challenges in securing stable employment.

The following quotes were taken from conversations with the young adults who fit into this profile and exemplify some of the common experiences described by young adults in trouble with the law:

I've needed to steal to survive ... I've had drug issues ... my adult record is two theft ... And my youth record was ... a theft under and a possession of stolen property... My [most recent] assault with intent of robbery is due to the fact that I took ... a variety of drugs that night and I decided ... to go rob it. *(21 year old male previously in CAS care)*

I've been charged too many times to count ... detention in adult once ... It was a car ... I didn't steal it; I was just caught in possession ... Those were just a bunch of breaches [earlier on] and ... cars when I was younger ... Go into the bars, smoking joints after work ... with friends ... coke I had a problem with for the last couple of years. I quit a year ago ... I've been to a detox centre a few times ... It was a tough addiction to battle through ... it runs in the family, on my dad's side ... *(20 year old male previously in CAS care)*

I suffer from extreme mood swings ... I just have extreme fits of rage sometimes ... I've gotten into fights with random people because ... I'll be walking down the street, they'll say something ... I've been diagnosed with ADD, OCD and ODD, and depression ... I find a toke [of marijuana] every now and then helps out ... *(20 year old male previously in CAS care)*

Young Adults Who Are Socially Isolated

About 24% of young adults in this study were placed in the *young adults who are socially isolated* category based on their impaired social functioning and use of isolating behaviours. Of these

youth, 65% were female and 57% did not grow up in provincial care. Over half of this group experienced childhood sexual abuse or physical abuse by a family member. Many of the young adults in this subgroup had difficulties trusting others and faced personal functioning challenges such as depression, anxiety, PTSD, and OCD. A young adult in this group described living with her anxiety by saying:

The worst is when you try and explain it to people. And they're like Oh I understand, I understand and its like no. You can't understand. Only people that have anxiety that can relate. They understand, they know how what it is like. You know how much stuff I wish I could do? How much I wish I could have a normal life? Like there's so much stuff that I can't take part in because of this. (18 year old female living with a friend temporarily)

These young adults were commonly isolated from social networks and engaged in limited community or recreational activities. Their hobbies often involved solitary activities as opposed to interpersonal activities. Most of these young adults had few close friends as they associated social life with stress and anxiety. One young adult described his social isolation in the following way:

I don't like people as much. I mean, I can get along with them in lesser extents, but generally I like staying by myself. I'm not very good with conflict or conflict resolution, and generally I have anger issues but I keep them to myself. I rarely blow up, but when I do, they always make such a big fuss out of it, which is why I also avoid people as much as possible, to avoid having that happen. (22 year old male in assisted living group home)

While many of these young adults shared similar academic challenges to others in the whole research sample, it was their difficulty navigating social aspects of the school experience that emerged as a common experience of this group. Almost two-thirds of the young adults in this group skipped class to avoid being bullied at school. Subsequently, only four of these 14 young adults had a high school diploma or GED although four other young adults were currently pursuing one. Only two of the young adults were currently employed, most others were on some form of social assistance. The challenge of learning in a social environment was described in the following way by one young adult:

I loved school. It was the social aspect that was really difficult for me, and just the whole surroundings. It didn't work I spent as much time trying to get out of school as I could. So it wasn't really something that worked for me with my anxieties at the time, and I just—it was never really a good fit, unfortunately. [...] I went from [residential treatment], back to the school system again, and it just kind of was the same going from small environment to big environment again and it was just kind of the craziness all over again. (20 year old female living with her mother and two year old daughter)

Struggling Young Adults

Nearly 17% of the young adults in this sample were considered to be *Struggling Young Adults* based on their experience of major difficulties in multiple areas of living. 60% were females and 30% had grown up in the care of CAS. Most of these young adults experienced emotional challenges during childhood which continued into young adulthood including anxiety, learning disorders, and depression. Despite their young age, 70% said that they were having chronic physical health problems. Over half of these young adults regularly used marijuana or alcohol at the time of our interview. One young adult described her poor physical health in the following way:

I'm overweight, I have a chronic cough, I have high blood pressure, I have depression, anxiety ... I am on high blood pressure medication and I'm on an inhaler ... I am on [anti-depressant]... I would like to lose weight and feel attractive again ... I gained a lot of weight when I stopped [illegal]drugs ... saw somebody at the hospital and ... and she diagnosed me with a learning disability... I just kinda wake up every morning ... put a little bit of makeup on and try to smile *(22 year old female living with her boyfriend of one year)*

Only 30% of these young adults had graduated from high school and, subsequently, few of these young adults had been able to find stable employment. Despite the fact that 60% were receiving public assistance or financial support from family members, the majority of the young adults in this group did not have enough income to cover daily living expenses. One young adult described his lack of employment and poor financial situation by saying:

I'm going to be hooked up to Ontario Works ... the homeless cheque, they're going to give me \$200 for food ... once I'm approved and everything I'll get around \$387 a month ... *(Do you currently have enough money to pay for your daily living expenses?)* ... Not at this exact moment ... *(Can you think of any other help that would be useful to you?)* ... Finding a job. *(21 year old male living with his mother)*

Young Adults Who Are Managing Well

About 28% of young adults in this sample were considered to be *managing well* in their daily lives. This group consisted of youth who, at the time of the interview, were experiencing areas of success and enjoyment and were effectively managing personal challenges. Exercise, self-help techniques, positive thinking, hobbies, and stable supportive networks with family and friends were the most common strategies for managing personal challenges. These personal challenges commonly

included anger, depression, anxiety, PTSD, and ADHD. None of these young adults were engaged in delinquent or isolating behaviours or problematic substance use.

...music is really, I don't know, it's something I've always done, like especially singing. Like, I've never taken singing courses and stuff like that. I think it's just a general gift. So I just, I really appreciate it, and it gets me, I see that it's gotten me through a lot of parts of my life 'cause I've been singing my whole life, right? And I guess it's been getting me through. *(20 year old female previously in CAS care)*

The majority of these young adults had at least one positive relationship with a supportive adult. All of these young adults maintained regular contact with their family of origin or were currently living with them.

I had a best friend throughout high school who, we're not really close anymore but I'm still close with her family...and I actually lived with them for a really long time when I was a teenager. And I still see them and talk to them all the time. They're kind of like a second mom and dad to me. *(20 year old female living with boyfriend of two years)*

Seventy percent of the young adults in this category had a high school diploma/GED or were currently obtaining one. 50% had a full or part-time job and were actively engaged in their current work. Positive views towards education and work were common among this group.

Young Adults Who Are Striving For Success

All of the young adults placed in the *young adults who are striving for success* category (7%) were achieving personal, educational, and employment success at the time of the interview. Each of these young adults was male, grew up in their family of origin, and had positive support systems allowing them to focus on future goals.

I had supportive parents, this, that and the other thing, and I was there [in residential treatment] for, in quotes, "treatment" for in terms of being, like, a difficult child, I guess you can say, where, like, I didn't do my homework, I didn't want to go to school, I didn't do this, I didn't do that, always fighting with my brother. So, it's like, in quotes, I was sent out to, like, "get better" *(20 year old male living independently)*

I'm doing well. You know what I mean, it's not that I do it all myself, I get lots of support from my family and I, but I mean as far as needing something else, no. (What kind of support does your family give you around pursuing your education?) Um, mom helps me make ends meet. *(20 year old male living with college roommates)*

All of the young adults in this group said that they were in good health emotionally, mentally, and physically. None of these young adults had any ongoing mental health issues, delinquent or isolating

behaviour, or engaged in problematic substance use. None were experiencing ongoing mental health issues or personal functioning challenges although the majority of these young adults had experienced these challenges in the past. All of the young adults in this category completed their high school education with their same-aged peers.

Young Parents

Young parents made up 24% of this sample of young adults and 57% of young parents were women. However, 35% of the *young males in trouble with the law* had fathered one or more children. Young fathers generally did not live with their children and being a parent did not give shape to their lives as extensively as it did for many mothers. However, one custodial father described the change to his daily life after becoming a parent in the following way:

I think I was 19-20 and I was in an adult learning [centre] and then ... my son was born so I stayed at home with him for a bit, and then I was looking for work to try to help support my family and stuff like that (*22 year old father of two children and living with common-law partner of four years*)

Young mothers generally lived with their children. They were also far less likely to have completed their high school education and were all unemployed as a result of having a child. None of these young adults mentioned using drugs or alcohol at the time of the interview but 80% of the women mentioned that they struggled with substance use in the past. Becoming pregnant motivated several young adults to improve their mental health, well-being, and end destructive behaviour like substance use. One young mother said:

Well, I kind of made a training process for myself. Before, I would kind of just let it happen, but when I know I have to be there to take care of my daughter, and the house, and go to school, and motivate myself, I kind of just, you know, sit there and I think, okay, would you rather fall into a depression and have something happen to your daughter, or quickly get out of it and have your daughter be okay. Like, she's my main—she's kind of like you put a horizon and you look at that. That's—she's my horizon. (*20 year old female living with mother and two year old daughter*)

Precarious Lives: Young Adults who Grew Up in the Care of the Children's Aid Society (CAS)

Young adults who grew up in the care of children's aid Society shared a number of common distinctions including highly unstable and insecure living conditions, a difficulty adapting to these changing living circumstances, and continued family relationships despite persistent difficulties and tensions with family members. 70% of the young adults with a history of CAS care were in one of the more problematic functioning groups and none of these young adults were in the *striving for success* group. These young adults often had fewer resources and social networks to help them face their personal challenges. Nearly all of these young adults received very little consistent support from members of their families of origin.

I was 15 when I moved out [of residential treatment] ... I moved to [big city] with [mom], and that only ended up working out for ... a month ... before my grandpa died and my mom just ... just pretty much gave the world the finger ... Me and my mom got in a fight and she kicked me out, and I called my Grandma ... she picked me up and she called Children's Aid ... It was more to get me off the streets and get me away from my mom ... *(21 year old female previously in CAS care and living with boyfriend of one year and his brother)*

The majority of these young adults faced issues of instability prior to and after residential treatment leading to continued involvement with child welfare through Extended Care and Maintenance Agreements (ECM). Many of the youth in this category identified a service provider as an important adult in their current life who provided advice and emotional support.

[My ECM worker] sits down with me twice a week for five hours a day to help me with my school work ... anything I've asked her to help me get into, she's helped me ... *(How long have you known her?)* ... Since I was first in group homes ... She worked at [facility] when I was living there, and she became an ECM worker ... I asked her if she wanted to be my ECM worker and she said yeah ... She's like a mum, but a friend at the same time. It's kind of weird *(19 year old male in CAS care on an ECM agreement)*

Concluding Considerations

Findings reported from the current study represent a continuation of a program of research that has been ongoing over the past 15 years. Besides focusing on community living outcomes for youth after leaving residential mental health programs, this research has led us to consider the merits of intervention options that might improve these outcomes. Across all ages of children, youth, and young adults accessing residential mental health treatment, there were several specific requirements for successful community living that consistently and convincingly came to our attention:

- Positive relations with family members and others with whom the youth were living, particularly but not exclusively for youth returning to live with their families;
- Positive connections and successful academic performances at school;
- Successful engagements with employment, most importantly for youth not in school;
- Positive community engagements and avoiding criminal or delinquent lifestyles;
- Managing emotional and behavioural challenges and avoiding abuse of alcohol and drugs and premature parenthood.

Different subsets of youth may require some unique programming elements. There is not a single community adaptation profile for youth leaving residential treatment. While there are challenges that are common to most youth after they leave (e.g. at school), there is also great variation across youth in other areas of living (e.g. the nature of their personal functioning challenges, the levels and types of support available to them). Also, it is clear that most youth will need assistance in more than one domain of community living. Our conclusions are consistent with those in the literature for this population: (1) Effective community adaptation programming will require multiple components relevant to different life domains; (2) Interventions need to be flexibly adapted to the circumstances of individual youth; and (3) Program support needs to be *potentially* available to some youth for several years – either consistently or through periodic involvements.

To access the full research report, please visit www.wlu.ca/pcfproject.