

MENTAL HEALTH & SOCIAL NETWORKS AMONG YOUTH EXITING FOSTER CARE

Report of Study Findings 2022
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BACKGROUND

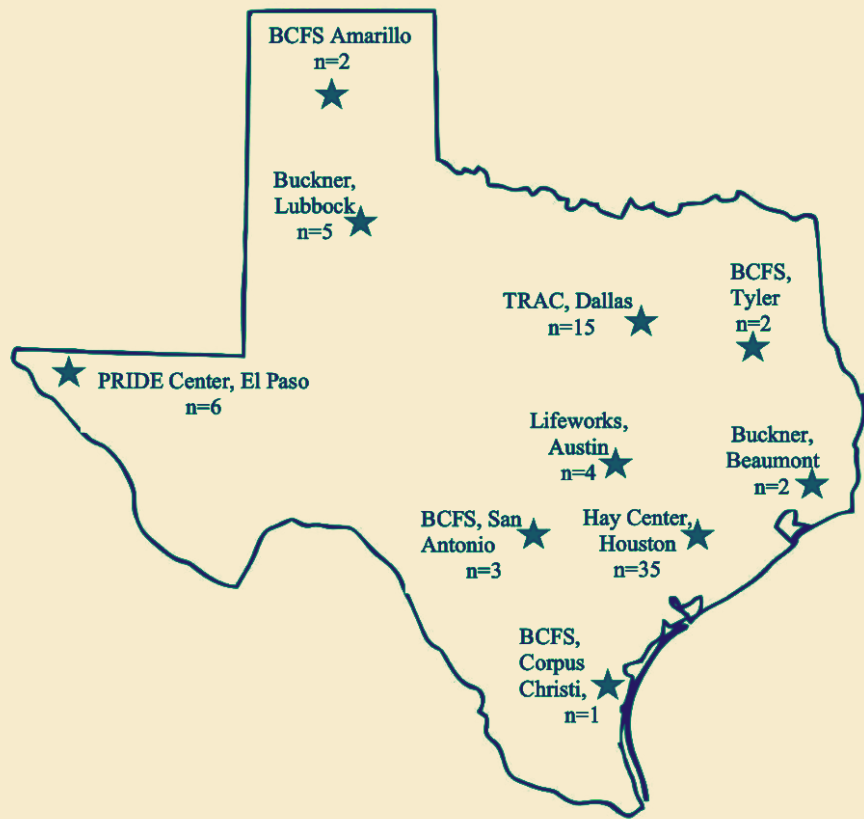
- Youth that are transitioning to adulthood from the foster care system have higher rates of mental health problems and worse educational and vocational outcomes than their peers outside the foster care system (Havlicek et al, 2013; Courtney et al, 2001)
- While most youth are exposed to mental health treatments (therapy, medications) while in foster care, they largely stop using these services as they transition out of the system (McMillen et al, 2004; Raghavan & McMillen, 2008)
- Youth aging out of foster care often lack strong supports (IOM, 2014; Goodkind et al, 2011), highlighting the need to identify what types of supportive relationship can support youth in the transition out of care (Blakeslee, 2012; Blakeslee 2015)
- Social supports are critical to mental health and to managing transitions, particularly for those who have experienced trauma but are often disrupted at points of transition (Perry, 2006).



THIS STUDY

Our study sought to better understand how young adults exiting foster care are making the transition to young adulthood specifically in relation to their mental health and their support networks. We specifically wanted to understand:

- How many young people are experiencing mental health symptoms?
- How do they prefer to manage their symptoms when they do experience them?
- Who is in their support network?
- How do individuals in the support network support them and their mental health?



METHODS

- Participants were **18-25 years old**, who were eligible to receive foster care transition services in the state of Texas.
- Participants were **recruited from transition centers across the state using a flyer**. The study participants came from 10 different transition centers across the state of Texas.
- Researchers from the University of Houston conducted **interviews online through Zoom using a structured survey**.
- The first 25 participants were all from Houston and participated in a qualitative portion while the next 50 only completed the survey.
- Participants were compensated with a \$50 gift card for participating in the survey and an extra \$15 was given to those who were part of the qualitative interviews.

PARTICIPANTS

(n=75)

19.9

Mean Age

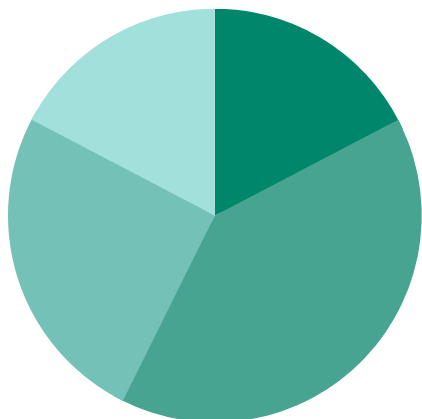
Gender



21 Male

54 Female

Race/Ethnicity



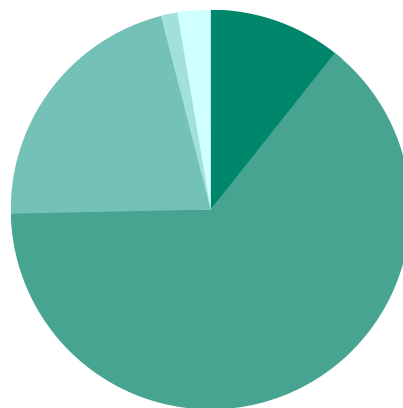
13 White/Caucasian

30 Black or African American

19 Hispanic or Latino

13 Multi-Racial

Sexual Orientation



8 Gay/Lesbian

48 Straight

16 Bisexual

3 Something Else

PARTICIPANT EXPERIENCES

Researchers surveyed participants about their foster care experience, involvement with different systems and mental health challenges.

6.4 YEARS

the average number of years a participant was in foster care

67%

of Individuals have been in 5 or more placements with **37%** having 10 or more placements

Experiences

42% have been homeless within the last year

41% have been involved with the juvenile justice system

77% experienced 4 or more adverse childhood experiences

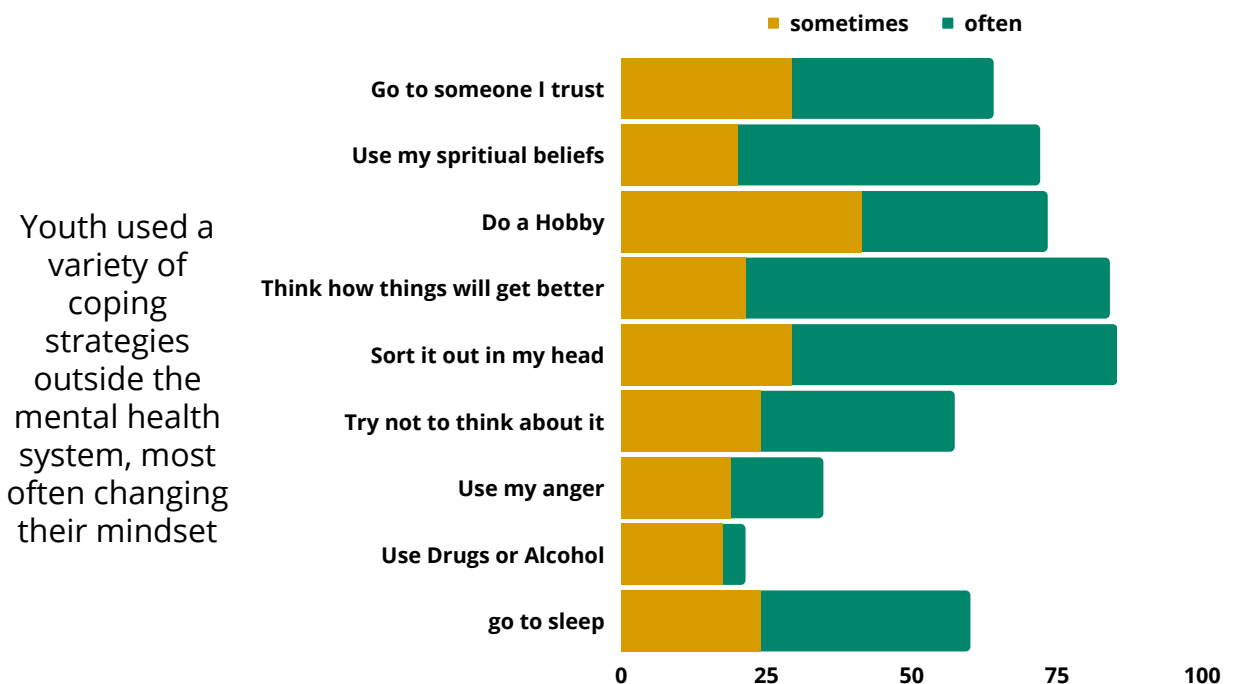
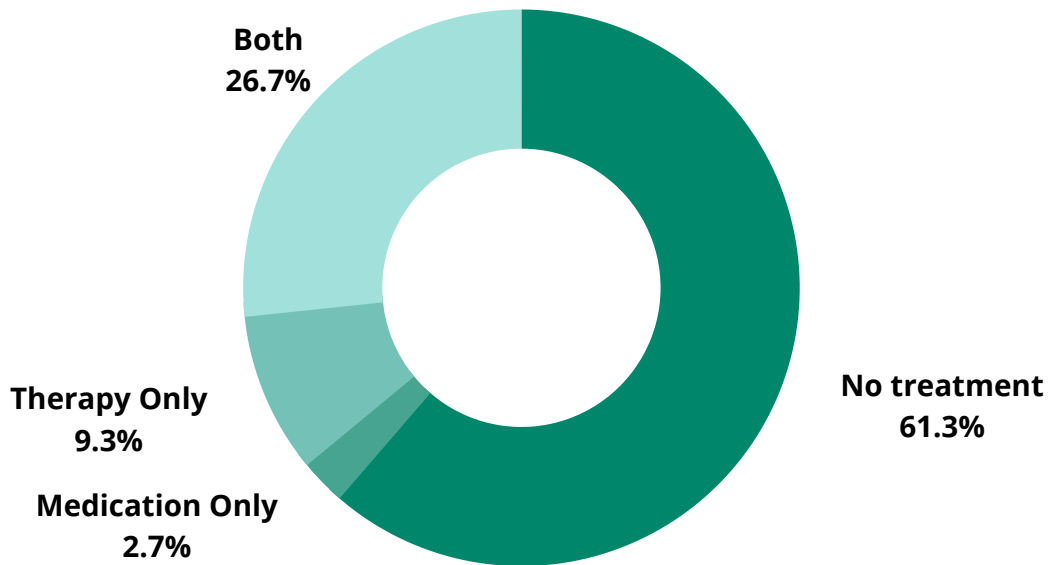
Mental Health

51% screened positive for symptoms of anxiety or depression or both

24% seriously considered suicide in the past 12 months

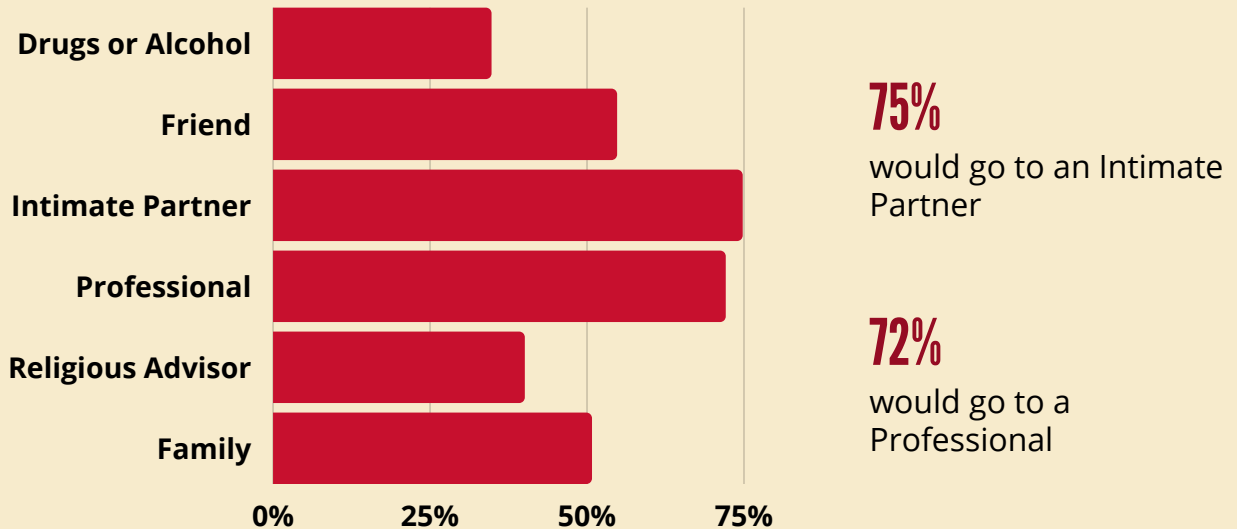
MANAGING MENTAL HEALTH

Most participants had not received treatment in the prior year



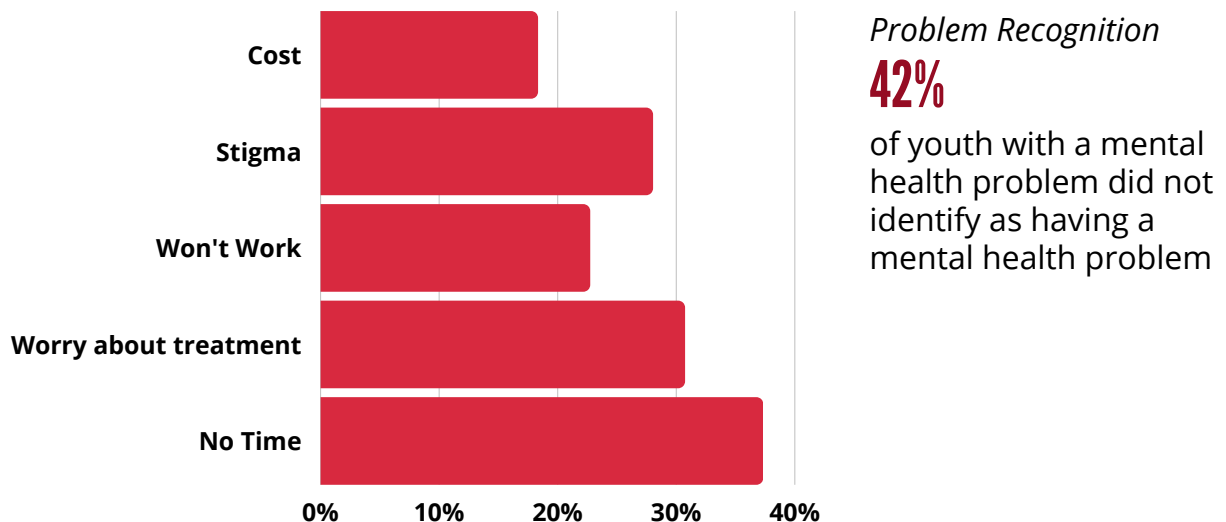
HELP SEEKING PREFERENCES

We asked young people about how likely they would be to seek help from six different sources if they were having a mental health problem...



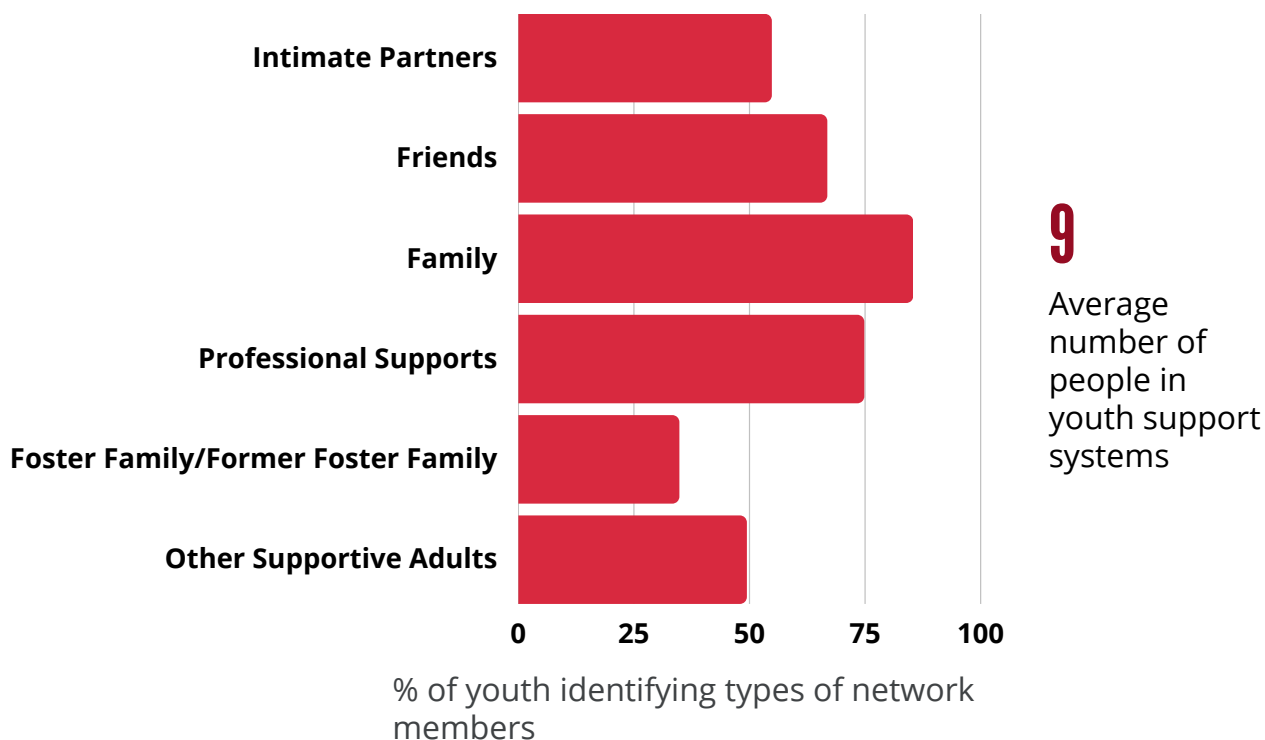
BARRIERS TO TREATMENT SEEKING

Top Barriers



YOUTH SOCIAL NETWORKS

Youth were asked to name up to 20 people that provided them some type of support



Average Number of Network Members Providing Each Type of Support

4.65

Material
Support

7.13

Informational
Support

7.39

Emotional
Support

5.37

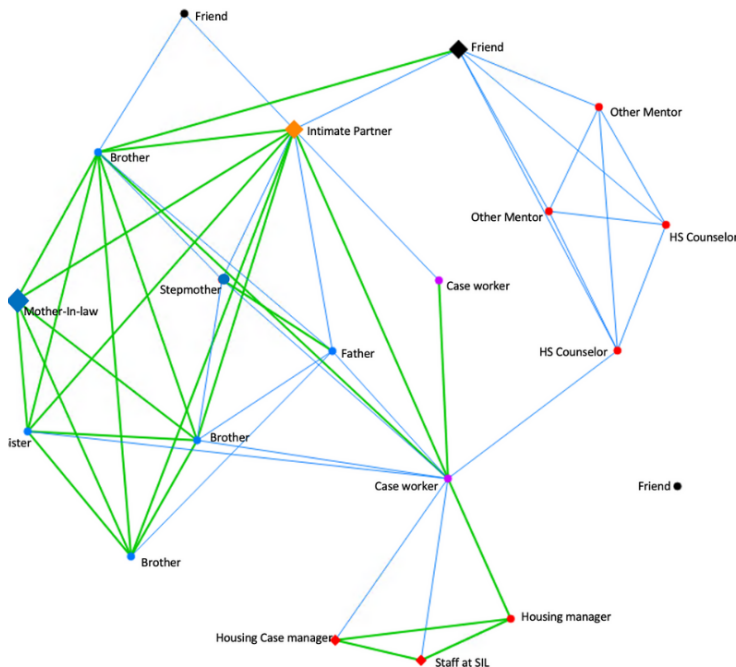
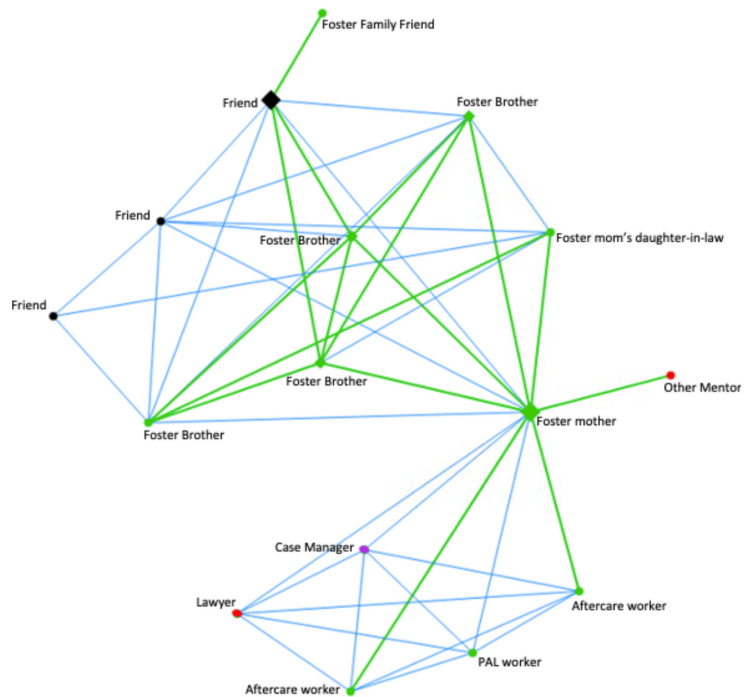
Mental Health
Support

SOCIAL NETWORK MAPS

Key members were central in connecting groups of people in the networks. Two examples of network maps generated from youth interviews

Network map of 19-year-old, Latinx male

- 16 members
- Foster mother connects network segments together
- Foster care contacts and foster family comprise most of network (13 of 16)
- All provided emotional support
- Identified as having a mental health challenge
- Unlikely or undecided about seeking most types of support



Network map of 18-year-old, multiracial female

- 20 members
- Foster care supports, school contacts, family members and friends comprise network
- 16 provide emotional support
- Intimate partner is connected to all groups
- Did not endorse a mental health challenge
- Likely to seek support from several individuals

VOICES OF YOUTH



Self-Reliance and Coping Skills

"...I try to focus on like a solution for the problems so I'm able to relax. If sometimes I can't find a solution, then I try to do something else to like cope with whatever's going on around me." (027)

"I'm more of an independent person... I think that it's more important at first getting yourself situated enough to let someone help you. But after a while from practicing, I think you can help yourself more at that point." (010)



Need for Additional Network Supports

"..sometimes you might not be able to always talk to a therapist... even though I do strongly recommend it because it is helpful, I do feel like having those one or two people that you can trust and that you can talk to, it's a big help, it really is." (029)

"In my opinion, I don't really have any support at all, like I have a weak support system." (004)



Intimate Partners are Key

"I've been doing this on my own, **me and my wife** together, we've been doing this on our own." (017)

"...besides **my girlfriend**, it's really nobody that I really have support from mental wise and depression-wise." (004)

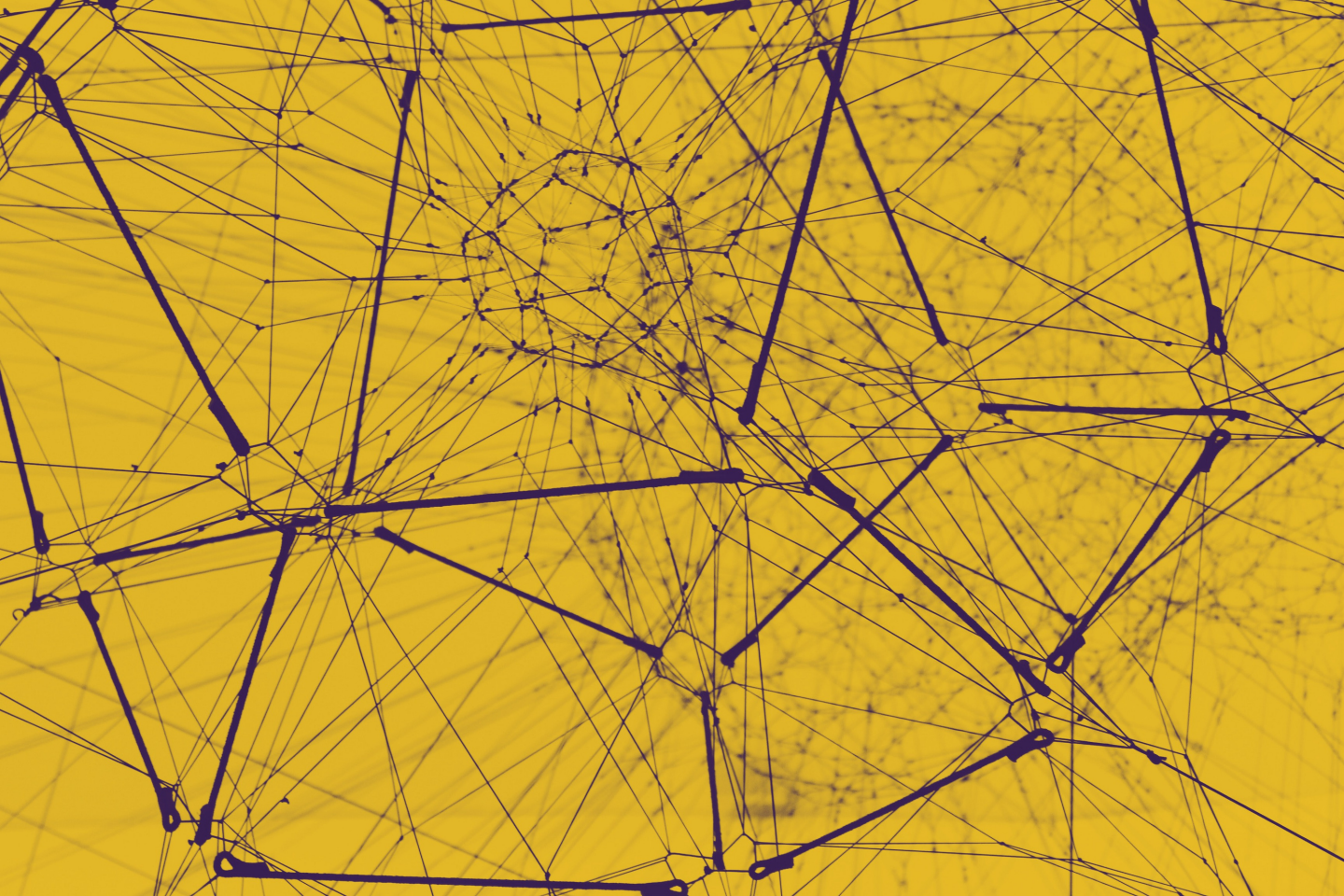
SUMMARY

- Youth generally had **positive views of mental health providers** and identified them as a source for seeking help with mental health
- But, youth often **did not identify themselves as having a problem** or needing this help currently
- **Intimate partners were key**; they were most common source for seeking help and also influenced youth to seek help from professional providers*
- **Family members and professionals played prominent roles** in the network. Family relationships were often more stable over time while professionals were related to current living situation (Independent Living Workers) or foster care status (Case workers)
- Housing was often unstable and **housing situation shaped the networks**

RECOMMENDATIONS

- **Youth need education about mental health symptoms and the range of options to manage them**; Ongoing conversations are needed to help youth determine when their own symptoms may warrant professional treatment
- **Support network members, particularly intimate partners, should be included in education and conversations about mental health symptoms and treatment**
- Youth networks were often diverse and included a range of members regardless of mental health status; **identifying key network members at the time of transition** may assist in helping youth plan for support needs as they transition from reliance on professionals to greater reliance on longer term natural supports
- Youth were resilient and relied on their own coping strategies more often than professional mental health treatment. While they named many supports, they often did not identify them as providing mental health supports. **Interventions that develop relationship and help seeking skills** might broaden the range of supports youth can rely on beyond individual coping strategies.
- Psychoeducational strategies and skill building interventions should be paired with conversations about housing situation. **Building housing stability into all interventions would provide a stable foundation from which to develop these skills.**

*having an intimate partner was significantly associated with endorsing professional help seeking as a likely option (X² (1) = 11.21; p<.001).



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Study Team Members that Assisted in Developing the Study Include:

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Dr. Eric Jones, University of Texas, School of Public Health

Sarah Helaire, young adult research assistant

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