# TRANSITION-AGED YOUTH, MENTAL HEALTH CHALLENGES, AND SURVIVAL SELF-RELIANCE

The transition from foster care to independence is a challenging one; youth must piece together the financial, social, academic, mental health, employment, and spiritual supports that they have in combination with their resilience and unique skill sets in order to create a place for themselves in the adult world. Transitioning out of foster care and into independence is a substantial challenge in itself, yet many of these youth are concurrently dealing with mental health challenges, which create an even more complex maze of circumstances as they transition to adulthood. While many youth are able to find success in adulthood, many more struggle to find stability.

## WHAT TRANSITION MEANS TO TRANSITION-AGED YOUTH IN CARE

A study by Samuels and Pryce[1] provided an in-depth exploration of what youth approaching transition out of foster care thought about self-reliance, as well as how they felt about their development, their relationships, society's expectations about growing up, and foster care's effects on their adult lives.

The youth in this study reported feeling like they had little control over what happened to them in the child welfare system, and also felt that they had to become independent much earlier than they were prepared to. Sometimes early independence resulted in youth feeling confident that they could take care of themselves. However, early independence often resulted in youth missing out on important opportunities such as education. Some youth felt insecure as they became responsible for adult tasks before they were technically adults, but did not feel they had much choice in these circumstances. Forced independence frequently became a source of pride as well as a barrier for youth needing services, when receiving help was perceived by youth as dependence and thus weakness.

This exploration of how youth in foster care can develop "survivalist" self-reliance lends insight into why some youth may not have very successful outcomes with services, such as independent living programs, offered by child welfare. These youth reported feeling forgotten or abandoned by the system for years, becoming self-reliant in many ways, often against their will, and as a result expressed no interest in again participating in or becoming dependent on the child welfare system they felt had failed them. This study reveals additional common consequences of survivalist self-reliance, such as a reluctance to develop relationships with others or receive emotional support because of a perceived impact on one's independence.

## GROUPING TRANSITION-AGED FOSTER YOUTH WITH SIMILAR EXPERIENCES

Foster youth approaching transition face a variety of challenges; each individual has a unique set of experiences, as well as a unique skill set and support system, with which to approach these challenges. While each person is different, there are some patterns among the experiences and preparedness of transition-aged foster youth that offer clues regarding how to most effectively support youth experiencing certain patterns of challenges.

In a large study of 732 youth aged 17-18 in foster care from three state child welfare systems, researchers Keller, Cusick, and Courtney[2] looked at a variety of factors that might be relevant for making the transition to independence, including employment, being held back in school, mental health, being a parent, exhibiting problem behaviors, placement history, and runaway history. They investigated how these factors combined to define four groups with distinct profiles reflecting transition readiness.

### *Group 1: Distressed and Disconnected*

The members of the first group, labeled Distressed and Disconnected, had long and complicated journeys through the child welfare system. They experienced relatively higher rates of abuse and violence, a large number of placements in non-family settings, a history of behavioral problems, and struggles with employment. This group also had low lev-


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els of social support and had much higher rates of mental health diagnoses such as PTSD and alcohol/substance-related disorders than youth in the other groups. This group was the largest of the four groups, comprising 42% of the sample.

*Group 2: Competent and Connected*

The second group, labeled Competent and Connected, comprised 39% of the sample. These youth had much more success in a variety of areas when compared to those in the Distressed and Disconnected group. Competent and Connected youth had lower rates of behavioral and school-related problems, more stable placement histories including high rates of kinship care and more substantial employment experience. These youth had considerably stronger social networks and substantially lower rates of mental health diagnoses than the Distressed and Disconnected group.

*Group 3: Struggling but Staying*

The third group of youth, Struggling but Staying (14% of the sample), were predominately placed in non-kinship foster care settings during late adolescence. They had lower rates of parenthood and running away, but higher rates of being held back in school and having problem behaviors when compared to youth in the other groups. They seemed to fall somewhere between the first two groups, having a bit less social support and more mental health problems than the Competent and Connected group, but generally faring better and having more positive attitudes toward the child welfare system than the Distressed and Disconnected youth.

*Group 4: Hindered and Homebound*

The last group was the smallest group of youth, comprising only 5% of the sample. This group had high rates of parenthood and being held back in school, low rates of employment experience, and often only experienced one placement, which tends to be kinship care. This group reported relatively high levels of social support, especially from relatives, and experienced mental health diagnoses at relatively low rates.

## HOW CAN WE USE THESE GROUPINGS FOR GOOD?

Grouping youth with foster care experience based on their circumstances and personal histories allows supports and services to be designed based on particular group characteristics to more closely meet youth needs. For example, youth having characteristics of the Distressed and Disconnected group likely need comprehensive support plans given the variety of troubles that they have undergone in addition to their lack of support. However, because they do not tend to have very positive feelings about the child welfare system, and because these youth may display survival self-reliance at rates higher than the other groups, typical services might not result in a high level of success for these youth. Youth falling into this category need to have an active and leading role in their transition planning and services so that they can feel in control of their experiences and have room to make mistakes without constantly being at risk of losing support.

The Competent and Connected group was faring rather successfully as they approached transition and may have very positive experiences with supports that serve to help them pursue their talents and dreams, such as going to college. A challenge that this group may face involves being overlooked or underserved by the child welfare system due to the fact that they are doing so well; however, these youth could still benefit greatly from and are entitled to supports related to college preparation/retention and other goals that will allow them to become not only self-sufficient but high-achieving and empowered.[3]

The Struggling but Staying group likely will need substantially greater transition supports than the Competent and Connected group, but because they are more amenable to the child welfare system they may have better outcomes with existing supports within the child welfare system than youth in the Distressed and Disconnected group. Struggling but Staying youth, for example, may benefit greatly from participation in independent living programs that offer social support in addition to an array of classes and services designed to prepare youth for transitioning to independence.

Finally, the Hindered and Homebound group is made up primarily of young parents and seems to struggle most with being self-sufficient apart from kinship supports, so these youth may benefit from a range of services including connections to parenting resources in the community, teen parenting classes, childcare sources, children's medical services, information on how to obtain food stamps and WIC, and securing transportation for doctor's appointments or similar responsibilities. These youth could also benefit from services that show them how they can continue their education while being a young parent.

**TABLE 1. MENTAL HEALTH DIAGNOSIS RATES FOR TRANSITION-AGED YOUTH[4,5,6]**

| | |
|---|---|
| PTSD: | Around 15% of foster youth aged 17-25 experienced PTSD at sometime in their lives; 6-8% as they approached transition |
| Depression: | 1-10% of males and 8-25% of females approaching transition had struggled with depression within the past year |
| Alcohol/substance use disorders: | Almost one-fourth of males and almost 10% of females had struggled with an alcohol or substance-related disorder in the past year at age 21 |

## MENTAL HEALTH DIAGNOSIS RATES AROUND TRANSITION TIME

Youth in the four groups outlined above tended to experience mental health issues at varying rates: those falling into the Distressed and Disconnected group seemed to have the most struggles with mental health, while youth in the Competent and Connected group seemed to be struggling the least in this area. The fact that many youth were struggling with mental health problems does not come as a surprise; it is well known that many youth preparing to age out of foster care experience mental health problems that can make the transition to independence quite challenging.

A few large studies of foster youth in their late teens and early twenties have explored how transition-aged youth are faring in terms of mental health. A study with a large sample of 373 youth in foster care who were, on average, 17 years old, found that 37% of them had symptoms and corresponding difficulties that met the criteria for a psychiatric diagnosis within the past year.[4] Females were more likely than males to indicate diagnosable conditions—40% of females had a diagnosis within the past year compared to 33% of males. A follow-up study with the youth in the grouping study discussed previously found that, at approximately age 19, a quarter had experienced a recent diagnosis.[5] These rates are higher than those found in the general population.[4] Although these types of studies could not establish the causes of the mental health problems, the diagnoses are correlated with some of the difficult circumstances that youth in foster care often experience, such as maltreatment, lack of strong supports, and difficult life circumstances. Rates for specific common diagnoses are summarized in Table 1.

## CONCLUSION

Youth in foster care face a variety of challenges as they approach transition; one struggle for many is dealing with mental health problems that commonly result from maltreatment and difficult foster care experiences. It seems that the youth with the highest levels of mental health problems are often the ones who have the most negative feelings toward the child welfare system and the least willingness to jeopardize their independence to receive needed help. Child welfare systems must find a way to better support these youth, and in ways that do not force the development of survivalist self-reliance in one instance while demanding dependence on the system in the next. Simply making available services through highly structured and rule-laden programming is not an effective means of service delivery for those who need help the most. And given the high rates of mental health diagnoses still present for many youth as they approach transition, finding a solution, or not, has extensive consequences.

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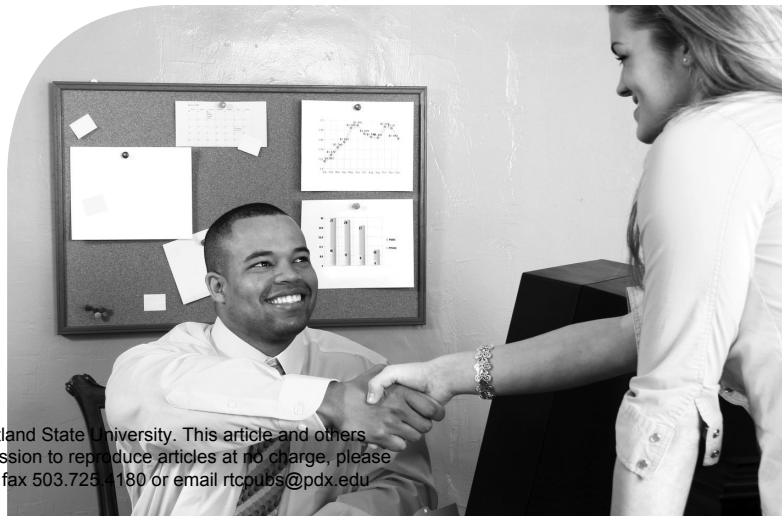



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