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

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

FULL RESEARCH REPORT

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April 2015

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**

Faculty of Social Work

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Background

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. Professional myths such as youth with emotional and behavioural disorders leaving these programs mostly end up in jail or in psychiatric institutions or that many will grow out of their childhood disorders commonly fill the gap in current thinking about long term life trajectories. Children's mental health professionals well know that these children and youth often are identified as being in need by multiple service sectors such as child welfare, juvenile justice and education. However, they have little specific information available to them about the longer-term community living outcomes for children and youth who have been involved with children's mental health residential programs. Even if they had access to this information, service organizations rarely have the resources to investigate what can be done about any community living concerns.

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 focused on community living outcomes for these youth that still continues today. 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. **Table 1** shows the numbers of youth and families involved in each phase of the research.

Table 1: Numbers of Youth and Families Involved in Each Phase of the Research

Phase	Youth and Families in Each Phase
Early Exploratory Study	<ul style="list-style-type: none">• 29 parents
Phase 1 (12-18 months post discharge)	<ul style="list-style-type: none">• 106 youth (average age 14.11)• 48 parents• 58 CAS guardians
Phase 2 (36-48 months post discharge)	<ul style="list-style-type: none">• 79 youth (average age 15.55)• 38 parents• 41 CAS guardians
Phase 3 (60 months post discharge)	<ul style="list-style-type: none">• 59 youth (average age 20)• 46.4% former CAS crown wards

The following paragraphs provide a brief overview of the key ongoing issues affecting youth who have received residential mental health treatment that provided the impetus for the current research study. For expanded research reports from earlier phases, please visit the project website www.wlu.ca/pcfproject.

At admission to residential treatment, almost all of the youth 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. Indeed, 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.

Among youth 16¹ or older in our study, 54% had left school and 75% of those youth not in school were also unemployed. Of the youth still in school at follow up, 55% were described by their caregivers as having substantial academic difficulties which was an increased proportion over admission. Approximately one-third of all youth had been in contact with the law at admission which was a higher

¹ At the time of our research study, youth ages 16 or older were legally able to make the decision to leave school.

percentage than youth in the general population and consistent with the proportions reported in other studies of youth with mental health challenges. The proportion of youth in trouble with the law increased to 49% at follow up. About 58% of youth who were living at home with their parents at the first follow up (1.5 years post-treatment) were having a lot of trouble getting along with parents. In addition, just over half of the youth discharged from residential treatment were in the guardianship of the child welfare system at follow up.

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.

The research team drew several conclusions from the findings of this program of research. First, conceptually and programmatically, the challenge of helping this youth population to adapt successfully to community life in multiple domains is different from the contributions of short term residential treatment or other focused programs. Second, from our data, it was clear that improvements in youth functioning while in treatment were poor predictors of successful transitions to community living after leaving these programs. Third, it seemed likely that if we wish to foster substantial gains that might endure in education, employment, community involvements, and living with families, support in multiple domains of living will be needed. It was not possible for us to identify either conceptually or empirically any specific focal point for intervening that would be likely to bring enduring benefits across all or even many of these domains of living. Fourth, these findings also indicated that short-term supports are unlikely to be sufficient to promote successful community adaptation for many of these youth. Finally, there was not a homogeneous community adaptation profile for these youth. Flexibility in support strategies would seem to be required.

The Current Study

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.

A detailed account of the sorting process is presented following an overview of the emerging groups and a description of the research sample.

An Overview of the Emerging Groups of Young Adults

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

- Young Adults in Trouble with the Law
- Young Adults who are Socially Isolated
- Struggling Young Adults
- Young Adults who are Managing Well
- Young Adults who are Striving for Success

These groups represent differing functioning profiles and can be used to understand how these young adults were faring in their current daily lives. **Table 2** provides an overview of the inclusionary criteria for each of the five groups.

Young adults in trouble with the law were individuals who had been involved with the legal system within the two years prior to our research interview. Additionally, the information these young

adults shared about their lives suggested they had current and ongoing involvement with delinquent peer groups and criminal or anti-social activities. *Young adults who are socially isolated* engaged in avoidant or isolating strategies, had limited social networks, and few to no social or recreational activities. *Young adults who are struggling* more generally had struggles in multiple life domains, but did not fit into the previous two groups.

Young adults who are managing well were experiencing some areas of success and enjoyment in their lives and engaged in active coping strategies to manage their personal challenges well enough on a daily basis. *Young adults who are striving for success* were experiencing success and enjoyment in multiple areas of their lives and had few personal functioning issues.

Table 2: Overview of Inclusionary Criteria for Young Adult Functioning Groups

Name of Functioning Group	Criteria for Functioning Group
Young Adults in Trouble with the Law	<ul style="list-style-type: none"> • Formal involvement with the police or courts within the last two years
Young Adults who are Socially Isolated	<ul style="list-style-type: none"> • Engaged in avoidant or isolating strategies to cope with social and mental health challenges
Struggling Young Adults	<ul style="list-style-type: none"> • Having struggles in multiple domains of living other than trouble with the law or isolating behaviours
Young Adults who are Managing Well	<ul style="list-style-type: none"> • Experiencing some areas of success and enjoyment in their lives • Managing their personal challenges well enough on a daily basis
Young Adults who are Striving for Success	<ul style="list-style-type: none"> • Have a high school education and/or are pursuing post-secondary education • On a positive employment or career path • Experiencing few personal functioning issues

Distribution of Young Adults across Functioning Groups

Overall, 65% of young adults were categorized into one of the three categories of youth functioning that suggested these youth had ongoing struggles in one or more key life domains (trouble with the law, social isolation, and struggling generally). **Table 3** shows the percentage breakdown of the research sample across functioning groups. The 24% of young adults who were in the trouble with the

law group were mostly male and were or had been in the care of the Children’s Aid Society (CAS). The young adults who were categorized as socially isolated (24%) were predominantly female (65%) and slightly more than half were living with family (familial custody). The 17% of young adults struggling in general were made up of almost equal numbers of males and females. Slightly more than half were in their family’s care at the time of residential treatment.

The remaining young adults in this research study were categorized as managing well for the most part in several life domains, with 7% achieving successes in multiple domains of community adaptation. Young adults who were managing well (28%) were divided equally between males and females, as well as between those in CAS care and not in care. The young adults who were striving for success (7%) were all male and not in the care of the CAS.

Table 3: Proportions of Young Adults in Each Functioning Group from the Research Study

	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%

Additional Young Adult Groupings based on Life Circumstances

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 (see **Table 4**). Also, 46% of young adults were (or are) in the care of the Children’s Aid Society. These two groups complement the functioning profiles described 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). Descriptions of the shared experiences of young parents, as well as

experiences unique to youth in CAS care are included following the presentation of the functioning profiles.

Table 4: Proportions of Young Adults in Each Life Circumstance Group from the Research Study

	N	Proportion of Young Adults in Each Group
Young Parents	14	24%
Young Adults who were (or are) in the care of the Children’s Aid Society	27	46%

The Sorting Process

Information youth shared about their lives with researchers during a face-to-face interview was summarized across 11 key life domains which, when examined together, provide an overall snapshot of how youth were functioning in their current daily lives. **Table 5** lists the life domains and kinds of information youth shared about how they perceived themselves to be doing in those areas.

Table 5: Key Life Domains Used to Summarize Young Adult Functioning

Key Life Domains	Types of Information Young Adults Shared
Education	<ul style="list-style-type: none"> • Descriptions of school experiences • Assessments of school experiences • Services and supports received or needed • Intentions to continue schooling
Work & Income	<ul style="list-style-type: none"> • Descriptions of income and financial support • Descriptions of employment experiences • Assessments of employment and income situation • Future career/employment plans • Perceived skills • Services and supports received or needed
Social Networks & Social Involvements	<ul style="list-style-type: none"> • Descriptions of friendship networks, community involvements • Assessments of social networks and involvements • Services and supports received or needed
Intimate Relationships	<ul style="list-style-type: none"> • Descriptions of experiences with past or current partners • Descriptions of relationships with own children • Assessments of relationships with partners or children • Services and supports received or needed

Supportive Adults & Mentors	<ul style="list-style-type: none"> • Descriptions of relationships with supportive adults or mentors (other than parents) • Assessment and valuation of relationships with supportive adults or mentors
Family Relationships	<ul style="list-style-type: none"> • Descriptions of relationships with family of origin and extended family • Assessments of familial relationships • Support from family, continuity of family connections • Services and supports received or needed
Substance Use	<ul style="list-style-type: none"> • Patterns of use of alcohol and drugs • Impacts/assessments of substance use • Services and supports received or needed
Legal Problems & Delinquency	<ul style="list-style-type: none"> • Descriptions of current and past legal problems and delinquent activities • Attitudes toward trouble with the law • Services and supports received or needed
Health & Well Being	<ul style="list-style-type: none"> • Descriptions and assessments of physical, emotional, mental health and well being • Descriptions of diagnoses, traumas, medications, and coping strategies • Descriptions and assessments of instrumental life skills (e.g. budgeting, laundry) • Descriptions of self, identity, self-expression • Services and supports received or needed
Housing & Neighbourhood	<ul style="list-style-type: none"> • Descriptions and assessments of current living situation, residential stability • Descriptions and assessments of neighbourhood, community, types of settings (e.g. group homes, homeless) • Services and supports received or needed
Ongoing Experiences of Youth in CAS Care	<ul style="list-style-type: none"> • Descriptions of current or past involvement with child welfare • Assessments of involvement with child welfare • Impacts of current services or supports • Experiences of “aging-out” of CAS care • Re-establishing connections with family members

Successes and challenges in the identified key life domains provide a sense of how these young adults were navigating important transition milestones as they moved from late adolescence into early adulthood. These key life domains were derived from the literature and over 10 years of our own

research on the long term community adaptation of children and youth with emotional and behavioural difficulties who received residential mental health treatment.

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.

Characteristics of the Young Adults in the Current Study

Table 6 contains an overview of some of the characteristics of the young adults in this study broken down by functioning group. Characteristics reported here include age at admission, age at our interview, gender, in care status, length of stay in residential treatment, and average scores on a measure of common symptoms of behavioural and emotional problems (Brief Child & Family Phone Interview-Adolescent version (Cunningham, Pettingill, & Boyle, 2003)). Because of the small group sizes across the functioning groups, tests of statistical differences between groups on these indicators are not presented.

Table 6: Characteristics of young adults by functioning group	Functioning Group					
	Trouble with the law (n = 14)	Socially isolated (n=14)	Struggling (n=10)	Managing well (n=17)	Striving for success (n=4)	All young adults in the study (n=59)
Average age, years (SD)	19.36(1.49)	19.86(1.87)	20.70(1.49)	20.53(5.74)	19.50(1.00)	19.97(1.78)
Average age at admission, years (SD)	(n=11) 15.00(2.28)	(n=10) 14.80(1.13)	(n=8) 13.00(2.67)	(n=15) 12.67(2.82)	(n=4) 13.00(1.82)	(n=49) 13.76(2.45)
Gender, n (%)	(n=14)	(n=14)	(n=10)	(n=17)	(n=4)	(n=59)
Male	12(86)	5(36)	6(60)	8(47)	4(100)	35(60)
Female	2(14)	9(64)	4(40)	9(53)	0	24(40)
Were (or are) in CAS care, n (%)	(n=14)	(n=14)	(n=10)	(n=17)	(n=4)	(n=59)
No	4(29)	8(59)	7(70)	9(53)	4(100)	32(54)
Yes	10(71)	6(43)	3(30)	8(47)	0	27(46)
Average length of stay in residential treatment, months (SD)	(n=11) 7.04(4.6)	(n=10) 13.34(12.82)	(n=8) 10.23(8.40)	(n=15) 8.50(5.74)	(n=4) 6.98(4.50)	(n=49) 9.40(7.87)
Average scores on BCFPI Subscales	(n=14)	(n=14)	(n=9)	(n=17)	(n=4)	(n=59)
Regulation of Attention, Impulsivity, Activity	64.83	62.57	58.74	58.64	47.32	60.38
Cooperation	54.22	58.04	53.68	50.70	48.12	53.93
Conduct	54.60	53.99	49.03	48.07	45.80	51.44
Externalizing	60.46	61.12	56.11	54.28	46.90	57.46
Separation from parents	61.90	58.45	60.74	50.78	45.02	56.59
Managing anxiety	57.82	59.75	56.50	53.18	46.15	55.80
Managing mood	60.08	62.12	62.11	47.78	46.97	56.52
Self-harm	62.12	62.15	61.86	47.04	46.82	56.78
Internalizing	62.73	62.70	62.05	50.97	44.82	57.98
Total mental health	63.43	63.55	60.71	52.65	45.10	58.76

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.

Additionally (not in the table), 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.

Comparability of these Young Adults to Other Groups at Admission to Residential Treatment

In the current study, there were 49 young adults who allowed researchers to access their residential treatment files and extract information on how youth were functioning at admission and discharge from treatment. This information allowed us to compare the admission profiles of this group of young adults to the admission profiles of youth from our previous phases of the research. The purpose in doing so was to explore whether or not these young adults were similar to other youth at admission to residential treatment on various indicators of functioning and symptomology. If they shared similar admission profiles it was likely that this group of young adults represented a typical convenience sample of youth receiving residential treatment.

Table 7 shows the characteristics and average admission scores of the young adults in our current study and the youth from our previous research who were age 12 or older at the time of admission to residential treatment. This older subset of youth was selected as the most appropriate comparison group from our previous research. It represents youth recruited from children's mental health organizations serving older youth and reflects the recruitment strategy in the current study. Also included in Table 7 are the results for testing the statistical difference between the two groups on each indicator and, where available, the comparable provincial average for youth in Ontario receiving mental health services.

Admission/intake and discharge functioning indicators included the Brief Child and Family Phone Interview (BCFPI-3) (Cunningham, Pettingill, & Boyle, 2006) which is completed at intake and the Child

and Adolescent Functional Assessment Scale (CAFAS) (Hodges, 2000) which is completed at admission and discharge. We also gathered information on age at admission and length of stay in residential treatment.

Overall these two groups of youth were mostly similar on how they looked at admission to residential treatment. The average age of admission for both groups was just under 14 years of age and the proportions of youth in CAS care at admission were almost identical. There were, however, more female participants in the current study (40%) than in our previous research (16%) and the length of stay in residential treatment was longer for youth in the current study. The average length of stay for youth in the previous research was 6.64 months compared to 9.40 months for young adults in the current study.

Table 7: Characteristics of Young Adults in the Current Study Compared to Other Groups of Youth at Admission to Residential Treatment

	Young Adults in Current Study	Youth Age 12+ from our previous research	T statistic	P value	Provincial Average (where available)
Average age at admission, years (SD)	(n=49) 13.76(2.45)	(n=53) 13.77	t=-.042	n.s.	
Gender, n (%)	(n=59)	(n=51)			
Male	35(60)	43(84)			
Female	24(40)	8(16)			
Were (or are) in CAS care, n (%)	(n=59)	(n=51)			
No	32(54)	28 (55)			
Yes	27(46)	23(45)			
Average length of stay in residential treatment, months (SD)	(n=49) 9.40(7.87)	(n=52) 6.64(6.40)	t=2.45	.018	
Average score on CAFAS at Admission [Child & Adolescent Functional Assessment	(n=42)	(n=45)			(n=13,318) Ages 10-14 at admission ²

² From the CAFAS in Ontario 2012 Annual Report.

Scale]					
Subscales:					
School/work	21.66(10.10)	21.77(8.60)	t=-.066	n.s.	13.2
Home	25.95(7.34)	23.33(9.53)	t=2.31	.026	12.8
Community	11.42(12.01)	15.11(11.79)	t=-1.98	.054	2.2
Behaviour toward others	18.57(8.99)	19.33(6.78)	t=-.547	n.s.	12.3
Moods/emotions	15.71(7.69)	15.11(9.44)	t=.509	n.s.	14.4
Self-harm	6.42(8.78)	6.00(8.63)	t=.316	n.s.	3.9
Substance use	5.71(9.91)	4.88(9.44)	t=.545	n.s.	1.0
Thinking	3.09(7.15)	4.00(8.09)	t=-.820	n.s.	2.3
Total Score	108.80(33.87)	107.7(38.07)	t=.212	n.s.	62.1
Average scores on BCFPI-3 at Admission [measure of behavioural and emotional problems]	(n=38)	(n=37)			
Regulation of Attention, Impulsivity, Activity	72.68(11.41)	71.87(10.03)	t=.442	n.s.	
Cooperation	74.31(10.98)	78.94(7.29)	t=-2.59	.013	
Conduct	91.77(25.28)	93.88(27.31)	t=-.499	n.s.	
Externalizing	80.72(13.01)	83.39(9.67)	t=-1.22	n.s.	
Separation from parents	60.45(15.62)	60.98(17.29)	t=-.205	n.s.	
Managing anxiety	56.57(13.23)	57.76(13.88)	t=-.539	n.s.	
Managing mood	72.16(20.39)	73.47(18.21)	t=-.394	n.s.	
Self-harm	78.40(22.41)	78.14(19.74)	t=.071	n.s.	
Internalizing	64.94(14.26)	67.16(14.67)	t=-.933	n.s.	
Total mental health	76.08(14.04)	78.93(9.58)	t=-1.21	n.s.	

There were few differences between the young adults in the current study and youth from our previous research on the subscales of the CAFAS. Both groups were struggling with similar impairment in functioning levels in the areas of school, behaviour toward others, mood, self-harm, substance use, thinking, and total scores. There were statistically significant differences between the two groups on measures of impairment at home and within the community; however, the pattern of difference was not consistent across the subscales. 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).

Average scores at admission on the BCFPI were similar between young adults in the current study and the sub-set of youth from our previous research suggesting both groups were experiencing similar levels of symptom severity in the areas of regulating attention and hyperactivity, conduct, externalizing behaviours, separation anxiety, mood, self-harm, internalizing behaviours, and total mental health. There was a statistically significant difference between the two groups however on the measure of cooperation suggesting that youth in our previous research were displaying more symptoms of non-compliance and defiance in their relationships with adults and peers. Average scores on most of the externalizing subscales (regulating attention and hyperactivity, cooperation, and conduct) for both groups of youth were above the cut off score of 70 for clinical concern, as well as for managing mood and self-harm.

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.

Presentation of Research Results

The following sections provide expanded descriptions of the five functioning profiles to emerge from the process of sorting young adults into groups with similar patterns of community adaptation outcomes, personal functioning, and coping strategies. Following these descriptions, we include information on the two additional groupings based on life circumstances: (1) common experiences of young parents and (2) young adults who were (or are) in the care of the Children's Aid Society. 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.

1. Young Adults in Trouble with the Law

Overview

About one quarter of our sample of 59 young adults who had graduated from children’s mental health residential programs in Southern Ontario were included in this category. This represented about 20% of males who had returned home to live with their families after being involved in these residential treatment programs and slightly more than 60% of males who were in CAS care. Young adults in trouble with the law were almost exclusively male. Only two members were young women.

Young adults were included in this category if, at the time of the interview, they had had formal involvements with the police or courts within the last two years. In addition, these young adults had to describe continued involvements with criminal or anti-social activities or active participation in peer or friendship networks engaged in such activities. To be included in this category, two readers of summaries of the interview transcripts with these young adults had to agree that they met the criteria for inclusion.

While young adults in this category had elements in common with youth in other categories, it was their continuing involvements with illegal or delinquent activities that set them apart from other young people in this study. Youth in this category were considered to be at elevated risk of continuing poor outcomes in multiple domains of living. These youth experienced difficulties shared by other youth in this study – for example with school and employment. However, the extent and nature of their involvements in illegal activities and delinquent networks was unique.

A more lengthy narrative for one young adult, Josh,³ told in his own words follows. This narrative gives a sense of Josh’s everyday realities in multiple life domains. This narrative is supplemented by illustrations of functioning in different life domains from other young adults in the discussion that follows. While each young adult’s story is unique, Josh’s narrative incorporates several important patterns shared by many of the young adults in this category:

- Almost all having illegal and delinquent activities central to their current living circumstances
- Most having substance abuse associated with these activities

³ All names are fictitious throughout this report.

- Most having friends and peers engaged in similar activities
- Almost all continuing to confront multiple personal functioning challenges
- Almost all being disassociated from education and employment environments
- Most having inconsistent relationships with members of families of origin.
- A significant minority becoming a biological father at a young age
- A significant minority being involved in live-in intimate (frequently unstable) partnerships at a young age.

Josh's Story, age 21

Delinquency and Substance Abuse

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. ... That was a mix of acid, coke, crack. I had Oxy ... [when] my brother got into a coke debt ... I started to fear for my life because every time [the drug dealer] saw me [every 4 or 5 days] ... he'd get out of his vehicle, beat the crap out of me and go, "Where's your brother?" ... [I have to thank] the guys that ... beat on me in the group home ... it did toughen me up.

... nowadays it's hard for me to even show [my academic ability] because after all the ...chemicals ingested into the body, I don't know how to use much of my brain anymore. ... I went off with my brother the other night and do some MDMA and go get drunk and stay out the night. ... Depends on the mood I'm in, what I want to do ... I will go crack, cocaine. I won't do pills or anything anymore. I'll smoke weed. I'll do MDMA, ecstasy, oil, hash. ... Like, the MDMA I had a line ... last night ... and that'd been the first time in two years ... To tell you the truth, I sell drugs ... I sold crystal meth ... it's personally my drug of choice, too.

Personal Well Being

I had a problem with people would pick on me constantly ... so I'd get very frustrated to the point where I'd have an anger outburst ... I was a ticking time bomb ... I don't know how to get mad anymore ... I can

start yelling ... I walk away quite often ... I do need help ... because I don't really know how to open up, and when I do it gets too emotional for me ... I have major cases, at times, of depression ... I'm more manic than depressive ... I've never really been able to get along with people since [residential treatment] ... I'm still not over what my father did to me before the group home ... It turned into a rape situation and group home three days later.

Education and Employment

I found school a bit too boring ... when I wanted to be out ... working ... Things didn't go exactly as I wanted from that point ... [Can I ask, how old were you when you left school?] I was 18. [And what was the last grade that you completed?] ... Grade 9 ... I want to go finish my high school ... because after that I can ... get my welders degree ...

Frustrating on days there is no work ... The days I have work are amazing because then I get to come home with money ... [Before you got this job, how did you get income ?] ... I still do it the same way, through Ontario Works. Labour Ready [temporary work agency] is just an on the side, extra cash kind of thing ... if I make too much they dock it off of my Welfare ... There's a lot of meal programs [in this community] ... There's at least something for breakfast and dinner every day ... I was using them on a daily basis last month and the month before ...

Social Networks and Relationships

[How would you describe your friends?] Childish, immature, much like myself ... [How would they describe you?] They'd call me psychotic and messed up. ... My friends realize they know next to nothing [about me]. But that's because I don't know how to open up ... I like my game systems and my computers ... and at the same time ... card games ... I live in ... a rooming house. There's three other people. I know the one guy because he dated my buddy's mum ... [So it sounds like you generally keep to yourself?] ... Very much. ... I've never really been able to get along with people since [residential treatment] ...

Wouldn't exactly say 'girlfriend ... [it has been] almost three months ... I've never actually had someone care for me the way she does ... I've been cheated on and hurt so many times ... I get very fearful and very mistrustful ... [girlfriend] ... helped out with a lot ... like getting me things. Just being there emotionally for me ... movies, go on walks ... and really stay away from my friends ... I go see them separately ...

My 17th birthday happened to be his [child's] first and I decided I was going to go smoke a couple of joints before making the cake, and I made a peanut butter birthday cake ... my girlfriend at the time, we kept her away from my mom ... so my mum had no clue I had a kid ... His first birthday was the last time I got to see him ... [You just lost another child with current girlfriend?] Yeah. I was going to be a dad again.

My family's kind of ... keep to yourself, don't bug us ... my mum's been with so many abusive alcoholics

... I'm afraid things [hidden and dangerous parts of his personality] are going to come out at the wrong time and people are just going to get treated ways that they shouldn't ... I guess by what [current girlfriend] told me ... I went right for [her] throat and that kind of had me curl up into a ball and go, "What the hell happened?..." I didn't feel right after that.

I struggled to keep financial means and make ends meet, so it got to a point where my step family took me in and said ... you get this part of the house to yourself, you only pay 250 for the whole basement, cable, phone, everything you could want. We will supply the food ... [My stepdad has] been a big part of my life since ... He even helped me detox and get clean from Oxys when I was younger ... [Do you still talk to him?] Regular basis. He's still a big part of the family ...

... after I left school my mom basically told me alright ... you're done with being at home ... So from there it's been a bit of a struggle [financially] ... [Do you still have contact with your mum?] Daily basis ... There are days where I just randomly will go to her place while she's at work and start doing things around her house for her ... There's times where she'll just randomly get a hold of me and go "I'm pretty sure you need food so come to my work today, and I have food here for you." She'll lend me money and I pay her back. I overheard [my biological father] saying ... he didn't want to be ... with me. So I never really bugged him ...

Delinquency and Substance Abuse

Almost all of the young adults in this category had been criminally charged within the past two years. Some were on probation at the time of the interview. One was in jail. Another described a variety of recent illegal activities for which he had not been caught. The most common charges among these young people were for robbery and assault. One young female talked about working actively as a prostitute and having a role in a gang training newcomers to work in the sex trade. Most of these young people had been involved with delinquent activities for years and had faced a variety of charges over time. Quite a few had been in and out of custody multiple times for these offenses. It was not clear from these interviews that these types of involvements were in the past or lessening for many of these youth. At best, some seemed to be on the margins of such involvements with future directions unclear. Others were heavily involved with delinquent activities and networks. Almost all of these young adults talked about frequent and often heavy abuse of alcohol or drugs. In some instances, they linked these habits to their delinquent involvements and in others it was described as a way of coping. Only three youth said that made no use or very little use of illegal drugs or alcohol:

[Are you still on probation?] No. [What number of times would you have been charged?] Twenty maybe in my entire life ... I was just kind of an out-of-control kid ... [Were you ever in youth custody?] The longest time was 8 months ... it was a robbery and a couple

of break-and-enters at that point ... I'm completely done with that ... I try to use [these experiences] as a positive thing ... if one of my daughters ever get in the same situation ... at least I can give them advice ... [What can you tell me about what [substances] you're doing?] Alcohol and marijuana ... I know I'm addicted to it, the whole wanting aspect of it ... Especially the alcohol ... my dad's, he's worried about me ... The next day it can get pretty hard, especially if I drink a few days in a row ... (350⁴, community male, age 23)

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 ... (308, CAS male, age 20)

Personal Well Being

All of the young adults in this grouping talked about ongoing challenges managing their moods and behaviours. No one, even if they thought things had improved, believed that they were in good shape emotionally. About two-thirds of these young adults said that they were coping with attention deficit difficulties. Approximately one-third talked about struggling with anxiety and similar proportions coped with up and down mood swings and difficulties sleeping. Anger and conflict were described as continuing problems by slightly more than 70% of these youth. About one-third talked about using alcohol or marijuana to manage these difficulties. About 60% of these young adults said that they were coping with chronic physical health problems such as asthma:

I gain and lose weight dramatically ... I have a weird system ... I have asthma ... Well, I smoke cigarettes, too ... I honestly got into an argument with someone about ... this kid thought that zebras were blue and white ... it nearly turned into a fist fight ... the argument ended is just 'cause I burst out laughing ... I've been in lots of fights in my life ... when I was younger ... I haven't had an outburst in a very long time. I let out my anger more often but not explosively ... I find ways to deal with it ... I have ADHD and sleep insomnia ... Like, I can't sit still ... I don't have any serious mental issues. Like, I'm not bat shit crazy ... (773, CAS male, age 20)

⁴ Each young adult was assigned a numerical identification number to protect their anonymity in reporting research results.

I'm a two pack a day smoker, really bad asthma, pretty sure I have undiagnosed diabetes, a stomach ulcer, and god knows what else ... I always have really, really sharp pains in my stomach and then all of a sudden I'm puking blood for an hour ... [Have you ever gone to a doctor for that?] No. Probably should ... I display some of the [diabetes symptoms] like rapid weight gain, mood swings, loss of consciousness when sugars get low and all that shit ... I fell, landed on my back ... I suffer like a son of a bitch from back pain nowadays ... 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 ... (820, CAS male, age 20)

I'm getting rheumatoid arthritis ... my joints all start hurting and [I] have no feeling in the tip of my finger ... mental health ... gets in the way 'cause some days ... I just don't care ... my family affects the way that I think ... and then I start doing drugs or drinking ... It's very up and down [emotionally] ... some days it's really good, and some days it's really bad ... It's not like ... you move out ... on your own and all of a sudden the world's magically fixed ... there's some things where I worry about ... just kind of a lot about the future ... (920, CAS female, age 18)

Education and Employment

In general, almost all of the young adults previously involved with residential treatment in the overall study had serious and ongoing difficulties with their schooling. Most also were frustrated by the challenges of finding stable employment. Securing adequate and consistent sources of income was an ongoing concern. Yet, in this study, the young adults in trouble with the law were at the extremely problematic end of the continua for adapting to school and securing employment. There were no “success stories” in either domain among this group of young adults. The disconnection from both school and work was particularly evident for this group.

None of the youth in this category had graduated from high school. Most had left school with indefinite plans to return at some point. A few wanted to return to school to learn a skilled trade but they did not articulate any strategy for doing so. Money, lack of support and personal problems were common barriers identified to returning to school. Few talked about positive experiences when they were in school. Being bullied or bullies, conflicts with peers and teachers, lack of interest, struggles with academics, truancy, substance abuse, and being out-of-school while in “jail” were identified as high school problems.

More of the youth who had been in CAS care were connected with education. This seems to be because they were receiving financial support under extended maintenance agreements (ECMs) with the child welfare agency. A condition of these agreements was that the young person had to be in school or employed. These youth were mostly involved with alternative or special education programs part-time. None seemed to be close to completing high school or some other qualification at the time of the interview.

No youth in this category had been employed in the same job for the last year or more. None were working in a skilled trade. Jobs were low paying. Quite a few were on welfare, a disability pension or a child welfare extended maintenance agreement. Struggles finding a job were the norm. A few young people suggested that they had “less than legal” ways to supplement their incomes. There was no sense in these narratives that job prospects were about to improve for any of these youth:

I'm going back to school, actually ... [What was the last grade you were in before you left school?] ... Something like 10 or 11 ... I got in a lot of trouble [referring to experience returning into an adult education program] ... there's too many distractions. I knew everybody ... It's just like high school ... drink instead of go to class ... [What are your plans if you finish high school?] ... Absolutely no clue ... [Do you have a job at this time?] ... Not right now ... I was roofing but I quit that 'cause I was going back to school ... [Over the last three years or so, what kinds of jobs, have you had?] ... General labour ... factories and roofing and that's it ... [So your parents pretty much cover everything and then your friends get [you] the booze?] Yeah ... [Your parents had kicked you out a couple of time?] ... I was just selling drugs out of the house ... I had no job but I had money ... (505, community male, age 23)

I go to ... night school for the [child welfare] program ... It's once a week ... it's from 5:30 to 7:00 [pm] ... I'm finishing my grade 12 ... I'm working on my Literacy and English credits ... then I got one more English to finish and then I'm done high school ... I like it. It's fun to go ... I just do the work when I want to ... [in reference to an earlier time]... 'cause I was having troubles with school, paying attention and keeping focusing, going to school and doing all the work ... they said that I have symptoms of ADD ... [Are you still getting assistance help from Child Welfare?] ... I'm going to school, I'm participating in programs and stuff ... They give me a thousand dollars a month ... [So do you currently have a job?] ... Not right now ... I'm hunting high and low for a job ... [How long have you been doing that for?] ... Since I got let go of my temp job ... six months ago ... [Over the past three years, what kind of jobs have you had?] ... I worked at Tim Hortons for three months ... It was awful ... I left. I couldn't stand it ... (768, CAS male, age 19)

Social Networks and Relationships

The social network and relationship patterns for the young adults in trouble with the law were quite varied and they were less distinct from these patterns for the other categories of young adults in this study. Nonetheless, there are some characteristics that were prevalent among these young adults in trouble with the law. About two-thirds of these respondents said that they had an active network of friends (including some close friends) and one-third said that they had few or no friends. About two-thirds said their friends had “struggles” similar to their own.

Given their young age (i.e. 18 – 23), it is noteworthy that about 35% of these young men had fathered a child. Most were not living with their children but about half had some contact with their children. One was actively engaged with his biological child and another was actively parenting a stepchild.

About 60% of these young adults were living on their own or with a partner and 40% lived with members of their family of origin. One was in jail at the time of the interview. An approximately equal number of these youth had a girlfriend or boyfriend or were not currently in a relationship. Few of these relationships had been active for more than year. Few youth expected their current relationships to be long-term. Many current and past relationships were said to include elements of breach of trust and conflict. Current girlfriends were often described as helpful in keeping the individual “out of trouble”.

100% of the young adults who had returned to live with their families after residential treatment lived with or had regular contact with members. 50% of the youth who had graduated from CAS care lived with or had regular contact with members of their family of origin. Relationships with members of their families of origin typically had both supportive and difficult elements. Families of origin were not talked about frequently as sources of material and emotional support. Most of these youth did not make reference to having a close adult confidant with whom they could discuss their troubles.

Particularly striking for young adults who had graduated from CAS care was that about two-thirds talked about receiving support from people associated with the formal service system – child welfare or group home employees, social workers, a foster parent, or from current involvement in service programs. This is a pattern that they shared with CAS care graduates in other categories in this study. Only one of the young adults in this study said that they were involved with formal social or recreational programming in their communities:

... he's [friend] just crazy ... mentally ill ... And then my other friend is ... homeless, ... he got kicked out but he works ... I have other friends, too, but those are my two closest friends ... My friends have their own problems and one of his is he drinks a lot ... I hang out with one of them ... almost every day ... Play video games, listen to music, watch movies. I like to bike in the summertime ... Oh, I like to smoke weed ... I have a girlfriend ... She's smart, nice, funny ... [been together for a year and a half] ... I just watch TV ... or go to the movies sometimes, just go on walks ... [So do you have any problems getting along with other people?] ... not very often ... I have problems with my parents sometimes ... Just we get into arguments ... I lived with my mom for a while [after residential treatment], then I went over to my dad's for a bit ... [Then did you go back to live with your mom?] ... Yeah ... I get along with my sister most of the time, I get along with my brother all the time, and I get along with my mom most of the time, too ... I don't think he [my father] really likes me ... It's just a strange ... relationship (856, community male, age 19)

I have enough friends ... I just don't associate [with them] for my own choice ... he [friend] just got out of jail, like, three days ago ... Supposedly he doesn't do drugs no more ... I haven't seen him ... he used to be my best friend ... He robbed me when I went to jail ... In the summer I started hanging out with more people, and then I started getting harassed by cops more. And now I just stopped talking to everyone ... They're [his friends] just up to get high on whatever they can possibly find ... [What do you do for fun?] Nothing Sleep ... Chill with my friend ... [Are you married or living with someone?] Yeah ... [How long have you guys been together?] Maybe two years? A year and a half ... I went to jail the first time, we split up, and when I got out, we got back together and then I went back [to jail] and then we were still together ... and we moved from that shit hole [apartment] ... my mother put me in CAS ... She said I was too bad of a kid, supposedly ... She couldn't control me ... [Are you in contact with your parents, brothers or sisters?] Sure ... my family, they all hate each other, but no one hates me ... I'm just the middle person ... they call me all the time ... I'm a peacekeeper ... They piss me off all the time ... I'll smack 'em [his brothers] or something ... (825, CAS male, age 18)

Summary

Young Adults in Trouble with the Law...

- **Were mostly male and over half had been in the care of the CAS**
- **Engaged in ongoing illegal or delinquent activities often with peers who had similar involvements**
- **Were disconnected with education and employment environments**
- **Experienced difficulties with personal functioning including problematic substance use**
- **Had precarious relationships with family members and, in a small minority, intimate partners**

2. Young Adults Who Are Socially Isolated

Overview

Young adults who are socially isolated made up approximately one-quarter of the larger research study sample of youth who graduated from children's mental health residential treatment programs in Southern Ontario. This group of socially isolated young adults consisted of almost twice as many females than males and was found more frequently in community based youth than youth who were in the care of the Children's Aid Society (CAS). In fact there was only one male in CAS care who was considered socially isolated by our definition.

Common to young adults in this group, and what differentiated them from other groups of youth who were also struggling in various aspects of their lives, was a distinct social profile characterized by the use of isolating behaviours. These young adults struggled with managing social aspects of school, trusting others, and fitting in with peers and sometimes even within their own families. Individuals spoke of solitary hobbies and little to no community involvement or social activities. Many of these young adults were experiencing mental health problems like depression and anxiety with half of this group currently managing their mental health needs with prescription medication. While patterns of

family dysfunction were similar to other groups thought not to be doing well, rates of abuse (physical and sexual) were high among young adults in the isolating group.

The following vignette was created by using excerpts from Lilly's interview transcript, a 20 year old female living with her partner, two year old daughter, and her mother. There were almost twice as many women in the isolating group as men. Lilly's story exemplifies this female experience including themes of sexual abuse, mental health problems, small social networks, trust issues, and the isolation that can accompany caring for a young child.

Lilly's Story, age 20

Social Connections, Hobbies, and Community Involvement

...since leaving school, I did have a fairly large network, but it's kind of funny how everyone shows their true colours depending on the decisions you make.[...] When I converted to [another religion], I lost all of my friends. All of them. [...] I still have one friend, but she's still... well, she works a lot, and... [...] we lead different lifestyles, so it's not that we aren't close, it's just we don't get to see each other very often because our worlds don't really collide.[...] Other friends I had were through work and, unfortunately, had a falling out with a lot of them for unfortunate reasons [...] Plus, I've moved around a lot... as far as here, I've also kind of been reluctant to build new networks because I don't know if I want to stay here forever, and so the idea of building up a network and then moving again eventually just doesn't really make sense to me. [...] I've never actually felt like I belonged here, in general.

it's difficult for me to get out there. [...] I am trying to get more involved; it's just really difficult to find the time and the energy, predominantly. [...] But I love to read. [...] I like to be crafty. I like to sew. I'm not very good at it yet. [...] I do little things. Like, I couldn't make a big outfit but I'm good at making smaller things. I make a lot of stuff for Olivia⁵ because she's little, so it's easier. I like to cook. I'm big on cooking.

Education and Employment

So school never really started out very good for me, plus, at the time, I'd just come out with abuse issues from when I was younger, so it was kind of like the beginning of my emotional mental health rollercoaster, going all over the place, which unfortunately lasted for a very long time. So I also suffered from anxiety, I also have posttraumatic stress disorder [...] 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

⁵ All names have been changed to protect the anonymity of study participants.

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. [...] I actually started co-op as a way to stay away from school, and actually started, later, towards the end, taking classes in an exterior classroom where I wasn't in a class with other kids. It's not that I wasn't capable of doing the work; but the anxiety from even being in school was so great that I couldn't take it. [...] I actually left school when I was 17 to start working. Like I said, I used to be a [dog] groomer and I started off as a co-op student, and I left when I was 17 to actually work there, and I was working there up until I was pregnant, and I had to leave when I was about 8 months pregnant.

Family, Partners, and Children

We've been together just a little over six years now. [...] I met [partner] when I was 14, we started dating when I was 15... [...] We met at school, actually. It was like the, I guess you would say the catch-up room where you go and get help with your homework and stuff. [...] When I was 16, he turned 16, his mum kicked him out, and my mum took him in. So he's actually been living with us for a really, really long time, otherwise he wouldn't have had anywhere else... [...] It's good. I mean, again, having a 2-year-old, I mean, having a baby, in general, is hard on any couple because everything [be]comes about the baby, especially if you're a mom. [...] I love being at home with her, I love seeing her grow, her learning, everything. It's just—you know, she's pretty much consumed my entire existence, so everything I do is based around her. I don't do anything without her. [...] You realize that as a mom, it's really hard to network and get out there, even in your own community, and unless all of your friends have babies and they're willing to take their grumpy emotional baby and their tired selves over to your house, it's really hard to get out.

It wasn't always ideal. [My mother], unfortunately, went through some mental health problems of her own due to an unfortunate history as a child, and that started when I was about 9, and that's when she stated to kind of fall apart. [...] ...it definitely created some problems for a very long time up until just, like, about two or three, three years ago. Things actually got better, which is great, and she actually lived up the street from us [...] ...it was nice having her so close and having [a child] definitely brought us closer together... [...] It's not that we were ever distant, it's just conflicting, and two people are going through emotional and mental health issues, you tend to butt heads.

Personal Well Being

When I first started going [to residential treatment], I was struggling with the drug problem and I had actually stole money from my mom at that point in time, and she had me arrested... [...] ...very into Ecstasy at the time. It was predominantly a daily thing. It was actually—I don't really remember much of that time period in my life. [...] It lasted from when I was about 15 to just 17... [...] ...when your own family starts to not trust you because you're so erratic in your behaviour, that's not good.

I get emotional really easily. It doesn't take much, especially if it's something that really, really bothers me. [...] My emotions and my nerves are really, really bad, and that could just be for anything. I get worked up really easily because of it, and it's really hard. Like, I guess you could say my adrenaline gets going and it's really, really difficult to calm it down... [...] I was abused when I was little, I've been through house fires, I have a million and one excuses that I could make for choosing to deteriorate my life, but it's really stepping up and being like, well, yes, these horrible things happened, and it's not good that those people did what they did or got away with it or whatever, but the point is realizing that blaming other people and being upset with them isn't actually going to benefit you at all. It just doesn't. Feeling sorry for yourself in what happened, you're just going to keep following the same path, and I want to get better.

Social Connections and Relationships

Interpersonal connections and social networks were not typically a positive source of enjoyment or support in the lives of these young adults. Social life is, for many, a source of anxiety, stress, and disillusionment characterized by negative experiences including peer rejection, abandonment, and cruelty. These individuals' emotional and behavioural challenges had significant impacts on their social lives and interactions with others. Youth talked about losing their friends after a mental health episode, experiencing paralyzing anxiety in social situations, and reluctance to open up to others in an effort to avoid repeating past hurts. Subsequently, some youth admitted closing themselves off from genuinely engaging with others citing an inability to trust others. This seemed to resonate most loudly among youth graduating from state care who linked their time in care and the transient nature of caring people in their lives with their trust issues.

Growing up, living in and out of group homes my whole life, I've really learned not— People are sneaky. [Okay.] And, really, you never know who really to trust. (822, CAS female, age 21)

I don't really have close friends now because I don't trust people. [...] (Do you have an idea of why it is you feel like you don't really trust people or don't want to have close friends?) Um... I don't know. It's like all the people that I trusted in my life just let me down, so, like, so I don't give people trust anymore. That's what I don't trust anyone, kind of thing. (862, CAS male, age 18)

These young adults commonly retreated into varying degrees of social isolation including abandoning social media, changing phone numbers, and moving to another city to avoid hurtful peers, gossip, drama, and conflict. These youth purposely avoided contact with others saying it was easier that

way. Socially isolated young adults said they disliked people, people were not worth all the turmoil they caused, and that they preferred solitude or the company of one or two close friends. Not surprisingly, many of these individuals said they currently had small social networks or no close friends.

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. (851, community male, age 22)

I don't like high school. I hate girls. I hate people. There just a waste of time. (902, CAS female, age 18)

I don't hate people. I over-exaggerate. I just, I don't know. I'd rather have one or two friends than have a whole bunch of friends. [...] ...but I don't really have, like, close friends. Like, I hang out with two people a lot, but, like I said, I don't consider them as good friends yet. (Okay.) It takes a while...(Okay.) ...for people to break that. (823, CAS female, age 19)

Among young adults with some social connections, relationships were often forged with people who shared similar life experiences or problems, with older individuals like a mother figure, or with people whom they met in service environments (e.g. co-residents at a group home).

Ten of the 14 young adults in this group were not currently living with their family. Of the four youth who were living with family, one female had a child of her own and was living with her mother and another female CAS youth was living with her mother. Both of these youth described close relationships with their mothers now. There were two males living with family who were both adopted and both had parents still together. These were the only two who did not experience parental separation or divorce; all other young adults had families of origin that were broken apart.

Commonly described by most young adults were experiences of family instability and family dysfunction, not unlike other profile groups. Youths' families struggled with a variety of issues including parental mental illness, drug addiction, family conflict, and divorce. Common among almost half of the individuals in this group, however, was the experience of childhood sexual abuse or physical abuse by a family member.

I was abused when I was little. (703, community female, age 21)

I had been sexually abused when I was, pretty much a toddler. (203, community male, age 23)

...pretty much me and my stepdad, for as long as he's been in the picture, eh, always have disliked him, I've never accepted him, I don't—I always had problems with him. Eventually he started abusing me, like, physically. (767, CAS female, age 18)

Despite a tendency to socially isolate themselves, more than half of the youth in this group were currently in an intimate relationship. This included only one male, but 7 out of the 9 females in this group were in a relationship. While descriptions of current relationships were mixed, past relationships were characterized as negative and included abuse, cheating, and exacerbating emotional and behavioural challenges. Current relationships ranged from 1 year to 6 years. Two women who were in relationships talked about having trust issues with their partner, and one male (not currently in a relationship) said he disliked being in relationships.

I've noticed in the past that you can't really trust anybody with your own boyfriend and you can't trust your own boyfriend with anybody 'cause there's always a day that somebody gets too drunk or too whatever they do and there's an accident happening. (860, community female, age 20)

I have really bad trust issues with him. Like, I'll accuse him of cheating when I know he's not. Like, I know in my head he's not, but it's just I was in a previous relationship from 15 to 17 with a guy in [named city], and all he did was cheat on me with my best friends, and he did some pretty terrible things to me, so, like, it's just certain people just leave that impression on you and, unfortunately, I've carried it with me. I wish I hadn't, but it's hard for me not to make other people suffer for whatever people have done, which is something I'm really, that's one thing in my life I'm really, really trying to work on. (902, CAS female, age 18)

Social activities were few and far between with only a handful of young adults participating in group or structured activities like volunteering at the food bank, attending church, or occasionally going to a youth group (e.g. prenatal class, CAS youth group, LGBT support group). Many youth said they had no personal hobbies or community involvement citing as reasons no interest, no time, or lack of motivation. Preferred hobbies were often solitary like reading, drawing, playing a musical instrument, listening to music, watching movies, using the computer, or going for walks. In the same vein, young adults in intimate relationships engaged in limited and couple-isolating activities with their partners like watching TV, playing video games, or just hanging around together.

Education and Employment

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 dominant story line common to this group. Problems fitting in with same-aged peers, bullying, stigma, and social anxiety characterized youths' daily school experiences. Almost two-thirds of young adults in this group said they were the victim of bullying in school with one young woman admitting she then bullied others later on in high school. Young adults described being a target of bullying for reasons that suggested they did not fit in with peers including being overweight, having a disability, being gay, and being in CAS care.

My whole life people bullied me. [...] ya and I would just go home, cry about it. The next day, I don't know. Now it's to the point where it bothers me, but I'm trying not to show that it bothers me. And sometimes like, I have to kind of, not act tough, but I have to tell myself that I am, because if I don't, I'll just break down. [...] ...people say sticks and stones can break your bones but names can never hurt you, no. no. It's, over time it does hurt and it scars you. (800, community female, age 18)

[What was it like at school?] Very hellish. Very, very, hellish. Very (clears throat), very, very bad anxiety, I don't know. Everything wrong that you can imagine in a social situation would have been. For the last, uh, 2-3 years I was very heavily bullied by teachers, by students, one teacher in particular. It was especially bad. He would like throw desks and chairs and things like that. Um, and then at home, my father at the time, my step-father, was also extremely abusive so that all kind of compiled into, you know, grade 7 and 8 and I was, you know "Fuck the world" and um, so ya, total isolation, very bad, didn't want to socialize with anyone. (203, community male, age 23)

I was very, very badly bullied all through elementary school. [Okay.] And then I became a really bad bully in high school. [Okay.] Kind of usually how it works. [And how about now?] Uh, no. Actually, when I went to [another high school], I learned that it's not okay to be the bully or to be the bullied, and it's definitely not okay to be a bystander. (822, CAS female, age 21)

All of these young adults skipped a lot of school to avoid being bullied. As a result the majority of youth who were bullied did not graduate high school.

The social stigma of having emotional, behavioural, or learning difficulties was commonly identified by young adults in this group. This language was used by youth themselves citing “stigma” around having a learning disability, Asperger’s Syndrome, and having mental health issues that were identified by the school as a distraction for classmates.

The school knew I went away to get help, they didn’t know where I was. Well they did, but not, they didn’t know why. I didn’t tell anyone I was leaving, I only told my girlfriend at the time. And when you’re not, when you’re not there for a while, people start making up stuff, especially in that when you’re in grade 9, they start, they’re very immature, they start thinking, they start making up rumours and stuff, ya. (750, community male, 18)

Youth who were in the care of the CAS also described a social stigma at school that came with being in care. Several of these youth articulated feelings of not fitting in as the “foster kid” or always being the “new kid” as a result of multiple school moves.

Going to [named high school], I just felt really lonely. Like, all the girls were so preppy and, like, it was very, very, very difficult for me to go to high school because after being institutionalized into group home schools, to go—’cause, like, the things I’d been through matured me so much quicker than any regular high school student, so when I would go to high school and I would try and keep to myself but then I would meet people and they’d ask me about my life, probably some things I shouldn’t have said, but, like, I told them and, like, they just all thought I was a freak ’cause I lived in care...(902, CAS female, age 18)

Young adults managing anxiety disorders described how their problems manifested themselves within the school setting. Individuals talked about their anxiety fluctuating in large classrooms, crowded hallways, and with the expectation of transitioning back to the regular school system from the residential treatment classroom.

I have anxiety, I don’t like people. I don’t like walking through the halls like you know [at school name]. There’s, the school’s over populated. They don’t even have enough lockers for everybody. I think the school’s like made for 2,000 kids and there’s just over 3,000 or something. Like it’s way overpopulated and it’s like, when I go through those halls, it’s like, people just stare me down and I feel like I just want to punch them out, not because you are angry, just because you feel like, I don’t know. I just don’t like it when people look at me. ’Cuz like, it’s a self-esteem thing, I don’t expect you to understand, I don’t know. (800, community female, age 18)

Feelings of not fitting in, isolation, anxiety, and being bullied by classmates made school a painful and stressful experience for many. Only 4 out of 14 young adults in this group have a high school

diploma or GED. However, 4 youth were pursuing their high school equivalency degrees at the time of the interview in alternative educational programs.

The impacts of not graduating high school carried into employment experiences with only two young adults currently working either part time or full time at new jobs (of one week at a bakery and one month in an office). There were five young adults receiving a disability pension (e.g. Ontario Disability Support Program) and the remainder in this group was either receiving social assistance (e.g. Extended Care and Maintenance, Ontario Works, Ontario Student Assistance Program) or had no source of income. Several young adults disclosed they were in debt and most had no plans to secure future employment. About half of this group had one or more jobs in the past, with opportunities coming from working for extended family members or assisted employment programs.

Personal Functioning and Behaviours

The majority of young adults in this group were struggling with serious mental health challenges, most commonly anxiety, depression, obsessive behaviours, Post-Traumatic Stress Disorder (PTSD), and suicidal ideation. More than half described their daily struggles with depression and many of these same young adults reported past self-harming behaviours and suicide attempts. Three young adults had been admitted to a psychiatric facility.

...my depression comes in droves um, I just got out of, as a matter of fact, a matter of days ago a period of a number of weeks that were just absolutely blank, um very much um, sounds a little melodramatic. But the words very much apply "life threatening" um ya, so really, really nasty and when that happens, it kind of really screws up my day-to-day life and what I do and all that, because obviously you lose interest in everything, you can't, it's the end of it. Um, so for that period, which lasted actually quite a bit longer than they normally do, it was largely just, ya, being in this very black place. (203, community male, age 23)

Yeah. It's hard for me sometimes, well, depending on my emotions and how I'm feeling, but I have depression so sometimes it gets the best of me. Especially during the winter seasons, it's really hard for me to do anything, and when I'm not motivated, nothing gets done. There's no getting me out of that kind of state. Like, I just have to kind of, like, move through it on my own, but it really has an effect on me going to school... (Sure.) ...because I'll be sleeping excessively. Or some nights I won't even sleep and then I have to sleep during the day and then I can't go to school, or whatever the case is. It definitely has a big impact on me and my attendance at school. (767, CAS female, age 18)

Equally prevalent were diagnoses of anxiety including PTSD and Obsessive Compulsive Disorder. Childhood sexual abuse or physical abuse was experienced by almost half of the young adults in this group.

Well, posttraumatic stress disorder really only—I get—Well, for one, noises, in general, is actually probably the biggest thing. I get frightened very easily. Like, if I didn't hear you walk into a room and you said "Hi", honestly it would be like I thought I was going to die. It's really, really traumatizing for me. So that's probably the only thing that's really consistent right now for me. I get emotional really easily. It doesn't take much, especially if it's something that really, really bothers me. ...and that kind of plays into the whole anxiety thing. (703, community female, age 21)

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. (800, community female, age 18)

I have an OCD problem, actually. (How so?) I shower five times a day. I'm not even joking. It's bad. I don't know. (Do you actually—Have you been diagnosed with OCD?) No. But I know it's an OCD problem. Who showers five times a day 'cause they're bored and they feel gross? (Do you do other things like that?) I put hand sanitizer on a lot, brush my teeth a lot. (823, CAS female, age 19)

Delinquent behaviours, illegal activities, or trouble with the law were not characteristic of this group of young adults currently. However, almost all mentioned coming in contact with police or the legal system earlier. Youth said they had been in trouble with the law either before or during their time in residential treatment. Incidents appeared to be minor in nature or related to self-destructive behaviours with some describing spitting at an officer, spending a night in the “drunk tank,” or being caught with drugs in residential treatment.

Not unlike other youth in the larger research sample, many youth talked about their past heavy use of either alcohol or drugs during middle adolescence as a way to cope with their mental health issues and traumatic experiences. Abuse of psychotropic medications, daily marijuana use, and heavy drinking were common among the histories of these individuals. Several had participated in drug counselling with some success. However, four young adults were still using marijuana to self-medicate including to sleep, calm anxiety symptoms, and to get through the day. Most young adults were on

prescription medication for one or more mental health needs in the past and half said they were currently taking prescription medication to manage their mental health issues.

It's a good pill. Ya, I guess if I don't take it it will just, I am just up and down, I'm very, that's what I was gonna say. I'm very impulsive. [...] ... to get to this medication, I had to take about 20 different medications. [...] It was terrible. I just had to try out, like one totally annihilated me, like I couldn't even, like I was just comatose. I was just not even a human being, I was just like a walking zombie. Don't like that. You can't live like that (for sure) and just other medications that just made me feel depressed and so it just, there was so many. (701, community female, age 23)

when I've been out, I have no way to pay for the medication. So when I am like out and about like staying at my friends, I don't take it for a few days, I don't take it for weeks and it screws up. You have to take it every day. So it gots to be, I got to start taking it every day, I just gotta remind my family when I am running out, I have to remind myself when I am running out to tell them I need more (800, community female, age 18)

(Have you been diagnosed with bipolar?) Well, I take lithium right now, about 900 milligrams. [...] I take Concerta 54, I take risperidone, and I have ADD, I have AD and I have ODD, a little bit of post-traumatic stress disorder because I was sexually abused when I was younger, also what else? (852, community male, age 20)

Summary

Young adults who are socially isolated...

- **Were more likely females than males**
- **Were isolated or excluded from social networks and had limited community or recreational activities**
- **Experienced difficulties establishing connections with others and were hesitant or unable to trust others**
- **Were dealing with personal functioning challenges like depression, anxiety, and past abuse**

3. Struggling Young Adults

Overview

About 17% of young adults in this study were sorted into this category. All of the young people in this category were having major difficulties in multiple areas of living. None of them had notable successes in any of the life domains investigated in this study. The general impression was of young adults “barely getting by” with no evidence that they were on solid ground to be able to continue to do so in the near future. Some of these young adults were experiencing crises in their lives. This sample was equally divided between males and females. Unlike the previous two categories of young adults in trouble with the law and isolated young adults, there was no common struggle other than having multiple difficulties without any areas where successful coping was evident that differentiated this group from others in this study.

Respondents were included into this category if, at the time of the interview, they were struggling in many areas of community living. They typically were not receiving much support to cope with these difficulties. Their challenges did not include recent trouble with the law nor did isolation characterize how they were living. They did not have any clear areas of successful performance or areas in which they were coping adequately with supports in their lives. To be included in this category, two readers of summaries of the interview transcripts with these young adults had to agree that they met the criteria for inclusion.

A more lengthy narrative for one young adult, Gina, told in her own words follows. This narrative gives a sense of Gina’s everyday realities in multiple life domains. This narrative is supplemented by illustrations of different life domains from other young adults included in this category. Gina’s narrative incorporates several important patterns shared by many of the young adults in this category:

- Having struggles in multiple domains of living
- Earlier emotional and behavioural challenges continuing into young adulthood
- Confronting major difficulties with formal education
- Having serious challenges finding and keeping suitable employment and adequate income
- Having a relatively small number of friends some of whom are coping with similar living challenges

- Receiving some material assistance and emotional support from family members (in Gina's story not her biological family)

Gina's Story, age 22

Personal Well Being and Substance Use

I have mental health issues, post-traumatic stress disorder which I'm learning to get a better handle on ... I dissociate to the point where I don't know where I am, I don't respond to other people, I'm just completely gone ... I have mental health problems, like PTSD and depression and ADHD ... I started drinking when I was 11 as a coping mechanism for post-traumatic stress 'cause I had really bad nightmares and you don't dream if you're passed out drunk ... I started doing drugs when I was 12, harder drugs when I was 13. Laid off a bit when I was 15, but didn't stop completely. I quit completely when I was 16, when I was in hospital, and for quite a while when I was in group home. I started using again because when I was 17 and I was in group home, I hit a wall of, like, chronic pain; it was really, really bad ... [My 20th birthday] was first sober birthday in ... a decade ... then I started using again three or four months after that because I was really stressed out and didn't know how to deal with it ... And so my narcotic use started off as purely for pain ... Oxys were expensive, so I started doing some illegal things to get them, and ... that was a downward spiral, especially when I was homeless ...

I already said that I have degenerative hearing loss, and ... I have chronic pain ... I was in hospital for a month and a half 'cause my eyes weren't working properly and my balance was screwed up ... I have Meniere's disease, which is why I'm losing my hearing, and that means I have vertigo all the time, and some days it's so bad that I can't function ...

Education and Employment

I take ASL, sign language, once a week, and working towards certification to teach sign language ... It's going well ... it just started a few weeks ago ... the teacher's wonderful, and I'm ... losing my hearing, so sign language is kind of crucial for me to be learning ... I'm losing my hearing, so that creates all sorts of barriers every day. And a classroom is especially hard because ... I don't have hearing aids right now ... At one point my hands were really bugging me, I mean, like pain in my hands so I wasn't able to write for any long period of time or anything. So I was doing my tests and major assignments ... with a Dragon Speak [computer program] ... [She completed high school in special program]

I do want to pursue post-secondary simply because I know that you can't get a lot of jobs without it these days ... So I am looking into getting my ... Early Childhood Education [certification] but ... I'm working basically full-time hours right now combined at three separate jobs ... I enjoy what I'm doing, and I want to ... continue with the projects that I'm doing ... I don't think I can do that in post-secondary ... If I go back to school, I'm going to be in a lot of debt 'cause I'll be applying for OSAP [student loan] ... I

can't physically work a lot and go to school at the same time and stay sane... I need help applying for ODSP [disability pension], which may not seem it applies to education, but it does 'cause it's finances ... I'm on Ontario Works [public assistance] right now. ...being on Ontario Works is helpful in that it's a cheque every month ... It's not helpful because you can only make so much before you get cut off; however, most jobs that you're getting at entry level don't have benefits ... I live off of \$550 a month. That includes my groceries, my transportation, my rent, my bills, everything ... my [not biological] parents help me, but I chip in for groceries, they go and buy them, so I don't know what the difference is ... [When did you start receiving OW?] ... while I was still in [residential treatment] ... [Five, six years ago?] Yeah.

[In one job] I work in the café so it's serving food, preparing food. I am on the floor, so that's, ... making sure people aren't destroying things or hurting each other or having food in the wrong areas. The biggest part of the job is cleaning ... [In another job] we go into schools and give workshops on poetry, on writing poetry ... It's hard ... to find schools that have funding to pay you ... but we may have a grant through the Arts Council ... which would be awesome ... [In a third job] ... that's doing speaking through the [organization name] ... that's going into schools ... I'm doing a speak next month at [a university] for a health sciences class on poverty and homelessness ... [First job is] the only one that ... I'm getting paid ... And that's minimum wage ...

Social Networks and Relationships

I tend to have a small close-knit group of friends, and then lots of connections everywhere that are positive ... my friend [male name] is really close ... we both have some background issues so there's like a level of understanding there ... I've just known him for seven years, so that's helpful, too ... I have a few other close friends that I've also known since I've been in [this city] , and our relationships are a little bit rocky right now, but that will resolve itself, as it always does ... it's hard because I'm a recovering addict and ... some of my friends are still on the street and some of them are still on drugs and things, so those are harder relationships ...

[Do you have a boyfriend or a girlfriend or seeing somebody?] No ... One of my friends got pregnant when she was 18, and she had never even held a baby before, and I'd been around children my whole life ... So I helped raise her daughter for a long time, and then we started [an intimate relationship], we were together for two years ...

[Are you currently living with any members of your family?] Yeah. These guys are my family now ... they're not my biological parents; they're like my foster-ish parents ... I pay rent here, but they've taken me in and they've taught me what family actually looks like, like a good family ... I have a biological sister that I'm still in contact with that I get along with pretty well ... [Any other family members that you have a relationship with that you want to mention?] ... nobody else worth mentioning ... I avoid most of my biological family ...

Personal Well Being and Substance Abuse

All of the young adults in this category talked about having major difficulties managing their emotions. Anxiousness, depression and “up and down” moods were the most common complaints. Having trouble sleeping, difficulties managing anger and interpersonal conflicts, and coping with eating disorders were mentioned less frequently. Half of these young people described coping with attention and learning disorders. Despite their young age, 70% said that they were having chronic physical health problems such as sleep disorders, persistent tiredness, thyroid problems, hearing loss, chronic pain, and difficulties eating. 90% of these young adults described relatively recent past addictions and abuse of alcohol and drugs. Most described less disruptive substance abuse at the time of the interview. A few talked about self-medicating with marijuana. About half talked about ongoing regular use of marijuana or alcohol:

I feel good about myself ... I'm not often angry ... it's my ADHD, like you do one thing and then like I'll just get distracted like if I see something ... and I have an overactive thyroid ... I used to take meds a lot ... I just have to go get my blood taken and then see ... if I have to back on it or not ... I hate waking up, and just like when I wake up I don't want to do anything ... I'm groggy. And pissed because I am awake ... I like to party a lot, like go out on weekends ... and during the week I like going to the bar and stuff but, with my friends ... I blaze, smoke weed every day ... I'm a pot head ... [How many times do you get high a day?] ... like six or seven ... (753, community male, age 21)

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 ... I have good days and bad days ... I can be happy one minute and then see something and can be completely mad ... I just kinda keep to myself. I don't show any emotion, I don't show when I'm mad, I don't show when I'm upset ... [So what happened that you no longer use alcohol or drugs?] ... I don't know if it was the pills that I was on, or what it was, but ... I was always paranoid, I was always anxious, I did not like the way I felt, I was just completely done, stopped ... (311, community female, age 22)

Education and Employment

About 30% of the young adults in this category had graduated from high school. They had taken longer than usual to finish and had been involved with special supports and alternative educational programs. Another 30% were currently trying to finish high school part-time or with the assistance of special programs. Most of these young adults who had not graduated said that they wanted to finish high school. All of these young adults talked about serious difficulties that they experienced with their schooling. Most had quit high school at some point in time.

None of the young adults in this category said that they had stable and satisfactory employment. Most talked about difficulties in finding and keeping jobs. For those working, part-time or temporary jobs were the norm. None of the jobs held by these young adults required any specialized education or training. While some had specific longer-term job aspirations, none presented a clear plan for achieving these goals. 60% were receiving public assistance or were on extended maintenance agreements with the child welfare authorities. 60% talked about receiving financial and other material support from their parents or other family members. 70% said that they did not have enough income to cover their everyday living expenses:

Grade 11 is the highest I went ... Basically I messed around in school a bunch ... then various troubles around my neighbourhood and whatnot, I just had to quit ... mostly the ... schools were just ... alternative schools and I wasn't feeling very challenged ... I was living on my own. I also had to worry about supporting myself ... I just decided I'm going to do the adult education program ... and take entertainment management ... [Regarding his income from organizing concerts] ... We also have to pay bands, the pay isn't necessarily that good ... I'd say per show it ranges from anywhere between \$200 and \$300 bucks per person ... [Regarding another source of income] ... 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. (365, community male, age 21)

I'm going to the GED [alternative highschool] program ... you can go at any time ... You can go for half days ... So I would say [I go] half, or part-time ... I have my grade 10 ... you just talk to the people at the Welfare office and they'll sign you up and they'll pay for it ... I have about four months left ... then I'll be able to write the GED ... [How do you find your peers at school?] ... Honestly, I don't talk to anyone ... I view them as downtown trash ... Because being in the group home ... I've seen how disgusting downtown can be

... I'm currently on welfare because ... I need money for food and whatnot ... [at previous job of 2.5 years] I got paid \$13.75 an hour at [restaurant] after working there for a year, and because I was a baker I got more as well ... I volunteered at the ... community centre for about two years ... and I worked in the kitchen ... and I was trained by a professional chef ... At the current moment, I'm not even working because ... I slipped on wet grass and destroyed my ankle ... I want my job back [at restaurant]. I loved it there. And honestly, I'd hate to have to learn a new job ... I haven't really worked anywhere else ... (221, CAS male, age 21)

Social Networks and Relationships

With a couple of exceptions, most of the young adults talked about having a few close friends and engaging in a limited range of social activities with these friends or with their partners or other family members. 60% of these young adults said that they were not in an intimate relationship at the time of the interview. Some cited unpleasant previous experiences and mistrust of such relationships. Those who did have a boyfriend or girlfriend often described an “up and down” relationship. One person had a live-in intimate relationship. 70% of these young adults were in regular contact with members of their families of origin or living with family members. Tensions with some family members were common but a parent remained the most frequent source of advice and material support for these young adults. Half of these young adults were living “on their own” in rental units or in assisted housing. About 40% talked about having been homeless at some point in time. Only a few of these young adults talked about partying and drugs/alcohol being a substantial part of their current network engagements:

I just wasn't all that great to the people that cared about me ... I started pushing people away ... So I moved to the opposite end of the city, as far away from everybody as I could get ... I'm just starting to come back and it feels great ... [Can you tell me a bit about your friends?] ... we're very close ... our entire social circle kind of meets up at this game store that my friend runs ... it's the nerdiest thing that you can imagine ... the core group is myself, my friend [name], my friend [name]. I know [name] since middle school ... we all sort of stick together and we're this roaming gang of nerds ... [Do you have a boyfriend or a girlfriend?] No ... I just kind of drift in and out of temporary relationships a lot ... [Are you in contact with your parents, brothers or sisters or extended family?] I am in contact with my mum ... We were a bit rough earlier ... when she remarried to my stepdad ... [So what is your relationship like now with your mother and stepdad now?] It's fantastic ... My mum? I have to see her every week ... because we just have so much fun ... I have a stepbrother and stepsister, but I stopped talking to them when I stopped talking to my dad ... my mum's helped me out a lot here and there ... especially with food and bus fare and stuff 'cause while Ontario Works [welfare] did give me a place to live and they did give me the necessities, it wasn't really enough ... it also didn't help that I was drinking a

lot ... I live in a room that I rent, it's a shared house ... it's not safe ... There's been a series of fights and break-ins ... (858, community male, age 21)

I've got some friends that I like to do lots of just mother things with, like we do a lot of drop-ins, we meet up to do anything with our kids ... It's tough for me ... anxiety with people ... and fear of rejection huge because of all the rejection ... I have, like, a guy friend and his girlfriend and we talk a lot ... I know them from just hanging out when we were little ... I'm part of [moms' group] that's where I met a lot of the moms ... I do not drink, I do not smoke, I don't do anything like that anymore. A lot of the social stuff I do is just ... with my daughter ... [Do you have a boyfriend or a girlfriend or seeing someone?] No. I don't think you should do that when you have small children ... I've never seen anybody but her father. I think maybe I should start to soon ... I don't have parents, I don't have any family who I can ... talk with at the end of the day ... I hate my mother because she's given me these issues, she made them. She just left me alone ... [So are you in contact with your parents or your brothers and sisters now?] ... Me and my dad, we do—I'm going tomorrow for dinner. We do dinner when we can ... [But your mom doesn't allow you to see your siblings?] No, she doesn't ... (857, CAS female, age 22)

Summary

Struggling Young Adults...

- Were divided equally among males and females
- Were experiencing major difficulties in multiple areas of living including education, employment, health, and personal functioning
- Were in a time of crisis or not coping well

4. Young Adults Who Are Managing Well

A little more than one-quarter of the young adults in our study who had graduated from children's mental health residential treatment programs in Southern Ontario were considered to be managing well in their daily lives. The young adults in this group were equally divided between males and females, as well as between those who were/are in the care of the Children's Aid Society and those living with their families.

Young adults were grouped into this functioning profile if they met the following criteria:

- Experiencing some areas of success and enjoyment in their lives
- Managing their personal challenges well enough on a daily basis
- Accessing either formal or informal supports to manage their challenges
- Engaging in active personal coping strategies
- Not considered to be young adults who engaged predominantly in isolating behaviours, were in trouble with the law, or struggling in multiple areas of their lives

Young adults in this group were coping with mental health challenges and the stresses of daily life with positive strategies like exercise, self-help techniques, positive thinking, and having a hobby they enjoyed. These young adults were connected to supportive networks like family and friends. Relationships with supportive adults in a mentoring role were common and highly valued. No one had any problem use of alcohol or drugs and no one was currently involved with the police or legal system. All were actively engaged in educational and employment pursuits.

Antony's story contains many of the themes common among the young adults in this study who were considered to be managing well in their lives and was created by using excerpts from an interview with a 22 year old young man living with his mother and brother. While Antony did not finish high school, he moved on to a job in landscaping well suited to his high energy levels and a need to keep moving. He is passionate about paintball which also keeps him very active. Antony was never in trouble with the law and recently cut back on his use of marijuana. While he never knew his biological father, Antony continues to have close relationships with his mother and his grandparents.

Antony's Story, age 22

Positive Coping Strategies

I'm uh, very physical on a daily basis. Um. Play a lot of paint ball, that's extremely physical, there's lots of walking, lots of running. [...] I'm good. Um, emotionally and mentally I'm great. [...] [My ADD] doesn't affect me in high quantities now, like it did when I was in school. Like I do still have my moments where it's, I'll lose. Somebody will talk to me and I will get interested in something else and um but other than that, I've got it under control. *(That's good and I think you said that this job helps that?)* Ya, because I am always doing something. I've always got my mind on something. I don't lose concentration.

I'm not a big drinker. I'm ah, an occasional drinker. I'm one of those most often DD [designated driver], before anything else. Um, growing up with alcohol—really hard for me to have, to drink. Um, my big thing was smoking, smoking dope. That was my big thing...no more. Um, really rare occasions that I do, I do smoke I guess that the last time that I smoked was when my friend died. So, it's uh, it was at one point in time a very big thing in my life. Now it's mostly work and paintball and living life. [...] I was never really ah, one of the kids who got in trouble with the law to begin with.[...] I've never ever had any help with my money situation. It's always been, I work for the things that I want, things that I have. [...] If I get a phone call from somebody, "oh I need help moving" I'm there, its I'm that kinda person that's always there to help, like give a helping hand whether it's just to talk, to help out doing something, to help out financially. *(Sounds like a good friend.)* Yes, I am a very, I am a very good friend.

Interests and Hobbies

I paintball a lot. [...] ...that's uh, one of my biggest hobbies. Um, paintball is, it takes up a lot of my time and a lot of my money... [...] I play at competitive levels... [...] ...just for the love of the game, actually. Just. Um, playing. And just working my way up there. [...] ...competitive paintball is mostly tournaments. ...my big thing is work and doing quality work. I work outside of work, I work inside of work. So it's that's one of my biggest hobbies is cutting grass...

Employment

I started this job at the beginning of the season, but I've been doing this line of work for four years now. [...] It's landscaping. [...] I can do, I can run other machinery, and, like I can use an excavator, and ah, and ah, a bob cat, um, I plough in the winter. [...] Oh, I love it. I love the job, like my body's built for this job, like I can be awake at 2 am and run till the next day, 9 o'clock at night. So it just, it really, it's really my kinda, the work that I can do. Um, I don't see myself really doing anything else other than this. It's very

relax, stress free, you don't have to really worry about things. It's really good actually.

I'm gonna start my own company with a friend, uh, that pretty much will take care of me till I'm ready to retire. [...] Uh, it would be a small construction, maintenance, landscaping, grass cutting, wall building, drive ways, ploughing, um, contracts um, around the lines of that, ya.

Family Relationships

Me and my brother have a brother relationship, like brothers do. And me and my mom get along very well. [...] um, we watch, quite a few television programs together, um, but other than that, not so much. I spend, I do spend, a lot of time with my mom, driving her to work and picking up from work and what not. [...] ...the three of us have a great relationship with each other. [...]...grandparents—they're a very, very big part of my life, my second family. Um, my family is very close.

I personally don't know my father at all, but I don't know any of his family or anything like that. [...] (*So can I ask, what brought you to the residential program?*) Uh, my stepfather. [...] The main reason why I was there was me rebelling against him and my mother's choice of believing him [before she divorced him]. [...] I just learned to stay away. I didn't spend a lot of time at home, through all those years, I did my own thing, you know, lived the life that I had to live to stay away from the fights, the arguments, the drama. [...] Ya, it was, it was hard for a long period of time in my life and now I'm doing great.

Education

[The high school] they wouldn't let me come back for 12. 12th year, I have extremely bad ADD [Attention Deficit Disorder], so sitting in a classroom for three hours at a time did not work for me, so I just went to the workforce instead. [...] Like grade 9, grade 10, grade 11 were good years for me, grade 12 was, the year that I kinda slipped away from school. [...] Grade 12, big thing was I got a new VP [Vice Principal] and she was not that nice. My VP that I had beforehand, we worked hand in hand a lot together, so it was, when I got this new VP, she just, she didn't know me at all, so it was really hard. If my other VP had still been at the school, I would have finished high school.

I was a very big techie, I did a lot of tech stuff, automotive, construction, um helping handicapped children. [...] Like a lot of teachers praised me for that, like a lot of classes, I didn't do any of the work in them, but I'd I helped a lot of the kids out, that couldn't use the machinery, and this that and the next thing, so they always gave me really good marks for the work that I did do for them.

Positive Personal Coping Strategies

A defining characteristic of this group of young adults considered to be doing well in their lives was the use of positive personal coping strategies to actively manage mental health challenges. Equally important is their access to supportive networks, positive adult relationships, and formal supports. While young adults in this group described many of the same mental health issues facing other groups, what differentiated these youth was their ability to manage their mental health challenges in positive ways with success.

The most frequently cited personal functioning issues were dealing with anger, followed by problems like depression, anxiety, Post-Traumatic Stress Disorder (PTSD), Attention Deficit Hyperactivity Disorder (ADHD), self-harm and suicide attempts, and bipolar disorder. Other challenges included Tourette's syndrome, sleep disorders, and childhood physical illness. More young men described living with ADHD and more young women talked about dealing with issues of depression and anxiety. Issues of anger, however, were equally prevalent among males and females.

These young adults described many proactive techniques and personal coping strategies they used to deal with their mental health issues. The most common strategies, used by half of this group, were physical activity and self-help techniques (e.g. meditation, positive self-talk, keeping busy). These were followed by the use of prescription medication (30%) and hobbies (25%).

Examples of physical activity included weight-lifting, running, karate, and walking:

...karate is supposed to be a, like, spiritual, like focussing of the soul. So, yeah, that kind of helped. (How does that help you? What does it do for you?) Um, it allows me to get focussed and not get focussed on the negative. (468, CAS male, age 17)

I'm uh, very physical on a daily basis. Um. Play a lot of paint ball, that's extremely physical, there's lots of walking, lots of running. (360, community male, age 22)

...I have a membership to the Y, and like I said, me and my friend, we do yoga, we go to the gym when we can. (704, community female, age 20)

I work out like five days a week. I go running three days a week. I work out like pushing weights two of those days and then I stretch every day. (307, community female, age 19)

Half of young adults managing well described using various self-help or self-taught ways of coping on a daily basis. Some examples included meditation, learning to control anger, using a stress ball, listening to music, and positive self-talk.

I calm myself with anger management. I usually take deep breaths and walk away. (And how did you teach yourself that?) Through experience. (229, community male, age 21)

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. (704, community female, age 20)

A few young adults talked about their improved ability to handle themselves as they matured:

I'd say age, definitely, is the biggest role because over the years I've learned how to handle myself better and learned better what to do in certain situations and how to react to certain things. (228, community male, age 19)

...because of the anger management being better when I got mature was a little bit better [in getting along with his family] (469, CAS male, age 17)

Several young adults also spoke of the therapeutic benefits of having a hobby they are passionate about or a hobby that lets them express themselves creatively:

...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. (370, CAS female, age 20)

I've written a lot throughout my life. I've always kind of used it as a creative outlet. (850, community male, age 23)

I love horses. I love the fact that I can just go, and it just, it's my comfort zone. I love horses. I used to volunteer at a rescue farm for abused horses. [...] (What do you mean by comfort zone?) I don't know, it's just that's what makes me happy. Like I can go in the worst mood ever and as soon as I see a horse and I am sitting there next, or like riding, I am completely the opposite, I am happy. (351, community female, age 22)

Use of Support Networks and Services

Another dominant theme that was common to the lives of young adults managing well was their connections to supportive networks, like friends, family, and pro-social adults. These connections seemed to buffer some of the negative effects of having mental health challenges on various community adaptation outcomes. An overwhelming majority of young adults in this group had positive relationships with one or more supportive adults. This included relationships with both mentors and supportive family members like a grandmother or aunt. Young adults expressed an appreciation for these relationships:

Oh, my mentor? Yeah. Me and him did a lot of fishing for I'd say two or three years and then we kind of lost contact with each other, but a couple of months ago I gave him a call and I said, hey, we should get together and go fishing again sometime, and he was really happy and he wanted to know how I was doing and stuff like that, so I told him all about that and he was really proud of me. And we're actually supposed to go fishing sometime this month when he's free. [...] (And what was that like when you were younger, when he was in your life then?) Definitely I'd say kept me out of trouble, gave me something to do, gave me someone to talk to. (228, community male, age 19)

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. (704, community female, age 20)

And then there's someone else from another agency who was my worker when I was 15. Her and I actually talk on the phone at least once a week. (Nice. And what do you talk about?) Usually just life. Usually it has a lot to do with me just saying here's what's happening day to day, but a lot of it has to do with my mental health as well. Even though she's not my therapist and doesn't have a file on me, I can go to her and say, like, I'm struggling with this or I'm struggling with that, don't know if I should do this, don't know if I should do that, and I find that I feel like I've had enough experience in which sometimes I just need that person, I need that confirmation. Like, I think I'm doing the right thing, but I need a person to verbalize it and be like, yeah, you are doing the right thing, or maybe you want to try this. (855, CAS male, age 23)

About one-third of this group also identified the importance of having a supportive network of friends to help them cope with their mental health challenges or daily struggles.

(What keeps you happy?) Um, just knowing that I'm doing the best I can and I'm doing what I need to be doing and that I got good friends and family I can rely on. (228, community male, age 19)

It's like family, you know? It's not even like—it's friendship, but it's like we're family, so it's— (Really close?) Yes... 'cause we've all been through the same shit. (803, CAS female, age 20)

[A] close friend of mine was murdered recently.[...] Oh, I've cried my tears and done the things that I've had to do to really help me with it. (So you have had some help and support around that?) Um, not so much help and support, just close friends. [...] When it all happened, we were all, it was just one big group, like that's pretty much what we are, is we are a group, like we all stand by each other and we're all, we're all really close. (360, community male, age 22)

About one-third of young adults managing well talked about currently using one or more formal services to assist in their management of mental health issues. This included services such as a family doctor, psychiatrist, anger management classes, and a community mental health and housing program.

Contact with Family

Not surprisingly, there were differences between patterns of family contact and functioning for those in the care of the CAS and those in the care of their family. As such, patterns for each group are discussed separately.

Family contact was an important source of support and stability for young adults managing well who were not in the care of the CAS. All of the young men in this group were living with their family of origin, along with one young woman. The majority described positive current relationships with family members, most particularly with their mothers. This is noteworthy as half of these young adults had entered residential treatment due to conflict with parents. It suggests that these youths' relationships improved over time and three young adults in particular spoke about the lasting improvements in their relationship with parents following residential treatment.

When I was younger I had a lot of anger management problems and I never treated them [family] the greatest, but now between everyone in the family is really good and I'm really happy about that. (228, community male, age 19)

(How is it now compared to when you were going through the program a few years ago?) I think it's better. (Anything in particular that makes it better?) Not as much fighting between me and my mom. (229, community male, age 21)

(Is that what brought you to the residential program was the fighting with him [your stepfather]?) [It] was the fighting with him and just me rebelling against everyone because of him. (Oh and did that extend into school and...?) School, everything. It you know, him being there affected my entire life. (So once he left, you noticed a huge improvement?) Oh ya. Oh, everybody notices a huge improvement on my life. (360, community male, age 22)

Many in this group described spending time socially with family members like going to the movies, playing video games, shopping, and having dinner together. For some, time with family was more important than socializing with friends. These young adults also talked about spending time with grandparents and highlighted the close and positive nature of their relationships.

Five of the eight individuals who were, or had been, in CAS care were not living with family at the time of our interview; however all of these youth were in contact with one or more members of their family of origin and six of eight youth saw their family regularly. Mothers were the most common family member still in youths' lives while contact with fathers and extended family members was limited. Three youth said they had no relationship with their fathers. Parents of youth previously in care were still dealing with significant personal problems including alcoholism, learning and intellectual disabilities, and anger issues. Despite this, a few youth were working on rebuilding relationships with parents.

I'm still trying to really establish a connection with my parents, it's my mum and my stepdad who actually aren't together and haven't been for years, but, you know, he still wants to, you know, be some sort of [parental] figure so I'll get that, for sure. (370, CAS female, age 20)

[My brother] was actually the only member of my family that I kept in contact with while I was in care because he was in care, and he was just getting out of care when I was coming into care and stuff like that. Like, in the group homes, he was just getting out of it because he was 19, right?, So, because we both were not in talking relationships with my father at the time, we weren't on talking—each other was all we had, right? (When did you start talking to your dad again?) Um... When I was 19. (Okay. So after that stuff was all over.) Yeah. (And now, 'cause you're 22 now, so has it been—it's better now?) Oh, yeah. (371, CAS male, age 22)

Education and Employment

Unlike other youth profiles with less positive outcomes, youth in this group were actively engaged in educational and employment pursuits. Almost 70% of these youth either had a high school diploma/GED or were in the process of obtaining their high school degree. Two youth who graduated high school were now in college full time. Another youth without high school was completing a college based personal support worker program as a mature student. The remaining 30% of youth did not graduate high school.

The high school experiences of youth who graduated were markedly more positive than the educational experiences of youth in other profiles, albeit not without some challenges along the way. In particular, CAS youth who obtained a high school diploma or equivalency did so through alternative education programs after disengaging with mainstream schools. Their experiences with alternative education were described as positive:

I liked that program because, the alt ed [alternative education] because, the teachers were more focussed on each student. Does that make sense? And there wasn't so many people in the class. We all had our individual work that we needed to do, and this is why I also like college so much is because you have your work. That's your work. Like, it's not sitting there watching a teacher point to stuff and going okay, now you guys have to do all this—You know what I mean? Like, it was more one-on-one type of stuff, and your work was your work. Not everybody had the same work, or was doing the same thing at the same time, so I didn't feel like I was in constant competition with other people. (760, CAS female, age 20)

I went to the [alternative education school], and it was the greatest school ever. [...] ...there was only, like, 20 kids in the school. [...] ...I'd been in probably, like, at least six other schools that were just like shit... Yeah, we had two teachers...and they were both awesome. [...] They were just good teachers. Like, [name of teacher] would go home every night and do the math lesson, like she would do it herself, ...she would go home and do it, and then the next day sit down with me the whole class and, like, do it with me. (803, CAS female, age 20)

All of the other youth who graduated high school also made positive assessments of the additional supports they utilized during their school careers including helpful and caring teachers, engaging in extra-curricular activities, and learning strategies to control anger and focus at school.

Youth who were in school at the time of our interview and the youth with no high school described more mixed experiences of school and access to educational supports. Supports that were described as helpful included individual education plans (IEPs), smaller class sizes, 1 to 1 support from educational assistants (EAs), and “hands on” course content like woodworking or electrical engineering. Reasons for not completing high school included dropping out to care for a child, the departure of a supportive vice-principal, and unwillingness to accept help from others at the time. These youth reflected on the importance of having an education expressing a desire to further their education and regret for not having stayed in school:

I guess I didn't do it a lot, the schooling. I didn't do a good job of being, of making sure that I got all that, right? You know what I mean? ...I'm sure there could have been a way for me to make sure that I did graduate, got all of my papers, nah-nah-nah-nah-nah, and had all that shit in order. But I didn't, so, I mean, I do like school but I guess I kind of screwed myself a little bit for the future. [...] I guess I should have been more vigilant. And there was a regret. Like, it's not like I regret it, because I'm, like I'm doing just fine. It's not like it's really halting me in my life. But, I probably should have done a better job. (370, CAS female, age 22)

The proportion of youth with either a full time or part time job was 50% for this group. Of the other 50% of youth without a job, 5 of the 8 youth (63%) were in school. There were only 3 youth who did not have a job and were not in school. While employment rates were higher than other profiles, the length of employment was somewhat short with most jobs being less than one year in duration. However, one youth had a 2 year full time job and another youth had the same part time job for 4 years.

Types of jobs included working on a farm, in the food industry (restaurant, grocery store), renovations, landscaping, and various retail positions. Having a job was a positive source of enjoyment and accomplishment for most youth who were employed. Aspects of employment that youth identified as enjoyable included working in a team environment, talking to customers, having diverse job tasks, and learning new things. It was evident that youth in this group were actively engaged in their current work. At the same time very few youth articulated a plan for pursuing long term career goals with the exception of the two youth in college who wanted to become a computer security technician and a child and youth worker.

Delinquency and Substance Use

Youth who were managing well did not engage in problematic substance use nor have any recent involvement with the legal system. While all but two youth talked about consuming alcohol or other substances, no one was considered to be a “problem-user”. More than half of the youth in this group only consumed alcohol currently in a minor fashion and 38% of youth engaged in moderate use of alcohol and marijuana. Marijuana was typically used to self-medicate primarily for insomnia and ADHD symptoms. One youth’s current substance use could not be determined.

(Do you still use marijuana?) Yep, just to sleep. [...] Yeah, it keeps the nightmares away. (307, community female, age 19)

I did smoke some weed, but I did really great Math work when I was stoned. I can tell you that much. It made me focussed. Like, when it comes to school work and stuff like that, I would do better when I was, like, smoking, for example. Right? And I would come into class, I’d be focussed, I’d pay attention. Yeah, maybe I’d lose myself where my spot was on the chalkboard that I was writing the note, like, 10 times, but when I was doing the work, I’d be going, going, going, getting it done, right? So, you know what? It was actually almost like a tool for me to do better. (371, CAS male, age 22)

The majority of youth who were managing well did not have recent contact with the police or legal system.

Never been to jail. Very proud. [...] Never been pregnant either. Pretty proud of that. [...] That’s totally relevant because, like, growing up in foster care especially, almost everybody I ever knew has got at last two kids now. It’s weird. So—And have definitely been to jail, so when I say—I don’t gloat about it, but it’s just like, because of that, sort of like a stereotype—I’m always like, no, never been in jail, never been pregnant. Whoo-hoo! (370, CAS female, age 22)

The only youth with recent involvement had a physical altercation with his mother to which police were called but no charges were laid. Half of this youth group, however, discussed past involvement with the police or courts and three youth spent time in custody ranging from a few days to six months. Most contact with the law occurred around the time youth were in residential treatment.

I’ve had some stupidest, made some stupid choices and stuff like that, and maybe some of them were just done because they were what I had to do, right? But I still don’t take pride in those decisions, right? (But it seems like things are going really well right now.)

Yeah, they are, right? [...] Like, I can't argue with where I ended up, right? (371, CAS male, age 22)

Summary

Young Adults Who Are Managing Well...

- **Were divided equally between males and females as well as between young adults who were in the care of the CAS and those who were not**
- **Were experiencing some success and enjoyment in several areas of living**
- **Were engaged in active coping strategies to manage their personal challenges**
- **Were connected to supportive networks like family, friends, and adult mentors**

5. Young Adults Who Are Striving For Success

A small group of young adults in our study who had graduated from children's mental health residential treatment programs in Southern Ontario were achieving personal, educational, and employment success and doing well in their daily lives. Individuals sorted into this group were all males who grew up in their families of origin.

Young adults were sorted into this functioning profile if they met the following criteria:

- Have a high school education and/or are pursuing post-secondary education
- On a positive employment or career path
- Experiencing few personal functioning issues
- Accessing either formal or informal supports
- Connected to positive social networks and relationships

Young adults in this functioning profile were differentiated from young adults who were managing well in their daily lives in various ways. These young men clearly articulated a future goal orientation and were actively pursuing either educational or career aspirations. They had many positive conditions in their lives that enabled them to focus on educational and employment goals including positive and close relationships with immediate and extended family, instrumental and emotional support from parents, engaging personal hobbies, and time with friends. These young adults did not have any ongoing mental health issues, no one was in trouble with the law, and any substance use was non-problematic.

Jayden's story illustrates some of the themes common to the group who were striving for success. While Jayden did not go on to post-secondary education like a few of the others in this group, he was experiencing success in his preferred field of employment and was prepared to complete further schooling to meet his goal of advancing within his profession. Jayden left his family and moved to a big city to start his career and was thriving in his work environment, socializing with colleagues, and renting a house with co-workers.

Jayden's Story, age 20

Education

[School] became boring in the sense that I felt like I already knew what was being taught because I kind of taught myself. Like, I would get the textbook at the beginning of the semester, read through it, teach myself and then when it was being taught in class, I don't really pay attention because I feel like I've already been taught that, even though I haven't, because I just kind of always would move ahead on my own. [...] ... it became the vicious cycle of where they feel I'm disrespecting the class where I already know the information that's being taught so I do other things like read other textbooks or do other work, and then that's kind of from elementary school, that's where a lot of problems arose from. Essentially in high school I was the go-to person, like, if somebody broke the screen on their cell phone or this and that, they'd always come to me to get it fixed. So that used to take up a lot of my time. It kind of took away from class. Like, I'd spend a lot of time fixing people's stuff opposed to going to class. [...] So then came the struggle where I was failing the class because I didn't do any of the assignment, but then I would pass the exam with 95 or 100... [...] I was in the WISE program at [university]. So it's like post-secondary but it was—it's, like, it's a program that leads into post-secondary education but I didn't continue. Like, I graduated from grade 12... [...] I wasn't in the mindset to actually do it, so then I figured, well, I might as well work, and then at some point when I feel like, or want to go back, that option is still there.

Employment

I've always loved computers and done computer-type stuff, so when—And, like, I've always wanted to work for [large computer company], so then I applied in grade 12 and then I got contacted... [...] So that's good. I enjoy work. It's a challenge. Like, every day is different, obviously. So it's something where I've yet to become bored, which is a problem, obviously, with a lot of other things. So, like, I'm constantly having to learn new things, which is what keeps it interesting. [...] So in terms of the period of time I've worked for the company and where I'm at now, it typically takes five to seven years, and I've done it in a year.

...if I can move up the way I am, then I'm not going to go back to school. Like, if I hit a wall where I can't move any further, then that's definitely going to be an option.[...] ...I'm so young, and that's the limitation I have at this point where I'm working with 30- and 40-year-olds and I'm 20. Everybody has huge education background underneath where I have nothing, so it's kind of like I have to prove myself every step of the way... [...] The position I would want would be, like, Market Leader, which I definitely can—I would say there is absolutely no way to get that position without any education. So at some point

going back to school is going to be kind of like a requirement, but when that point will come, I don't know.

Connections to Supportive Networks and Relationships

I have work friends and then, like, personal friends, and then they intertwine at certain points. So, like, work friends. Obviously, like, [large computer company], very tight in the community so obviously everybody's friends with everybody. So we do, like, we go to movies. We go out for dinner after work. We meet up on weekends when we're not working, stuff like that. So there's that group that's definitely, obviously, a social group. And then I have, like, personal friends outside of work where it's the same idea where we do random things. [...] ...people my age are still obviously, they're in university, they're partying, this and that. In terms of, like, social activities, that was never really one that I took part in just 'cause I've been working in a professional career now for a year, slash, I was at [phone company] before that, so there was really no time for any of that.

I get along with everybody, my mum, my dad, my brothers, my grandparents, aunts, uncles. So basically it's normal, per se, if there's normal. [...] I'd probably say I'm in a better relationship now than I ever had with my brother just because I don't live at home anymore so we don't fight anymore, if that makes sense. [...] ...me and my mum used to have, in quotes, fights, like bickering-style fights that don't happen anymore because I'm not there... [...] Same thing with my dad. Probably better than I used to because, like, the same idea. When I'm there it's kind of like I'm there to visit so I'm there for a day or two and that's it. [...] So it's totally different than it used to be. [...] Well, we've had—like, it would be, like, the family counselling, since, like, as far as I can remember. So in terms of that, we had bi-weekly or weekly counselled meetings with a social worker. Was anything productive from that? It's hard to say, but it was there, I guess.

My grandparents. My grandma died in 2000, so my grandpa remarried since then. But really close with him, and then his new wife. Aunts and uncles. And my mum's an only child, so, like, going onto my dad's side. Like, last weekend I went home, or two weekends ago, whenever it was, I went out for dinner with them. So it's positive relationship on both sides, I guess you could say.

Positive Personal Functioning

(So how would you say you're doing emotionally or mentally?) I wouldn't say there's any issues either way. *(Have you ever had a mental health diagnosis of some kind?)* Never. *(And had you ever taken any medications for something like that?)* Yes, I was on Concerta for probably, um... six months maybe, and then I refused to take it after that. [...] *(So have you ever used alcohol or drugs?)* Um, a glass of wine with dinner, and that's the extent of it. Drugs? Absolutely never.

I bought a new car, so I borrowed from my mum, but only until it's paid back. [...] I live in a house in [a suburb of big city] with two other people that I work with, and I work in [big city]. [...] I'm on the upper

level. It's like a duplex...

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...I've been involved with Children's Aid and social workers since as long as I can remember. So after leaving [residential treatment] that was, like, my file was still open, per se, and then basically as soon as I left [residential treatment] I went right into high school, and then got a job, and then there's no need for them anymore, so then they closed everything, and since, from that day 'til today, I've never heard from anybody.

Positive Career Paths

All of these young adults clearly articulated their career aspirations and were actively taking steps toward achieving their future employment goals. This future goal orientation stands in contrast to many of the other profiles within this study who did not talk about pursuing any long term career goals beyond securing more immediate employment. All of these young adults had full time employment experience with the exception of one who just graduated high school. He did not have a job in order to focus exclusively on his education. This group talked about positive aspects of their employment and were more work and education-oriented than most youth in this study. Two of the four young adults were currently enrolled in post-secondary education, one had just graduated high school with the plan to go to college, and another was already working full time at his "dream job" with ambitions of advancing within the organization.

I enjoy work. It's a challenge. Like, every day is different, obviously. So it's something where I've yet to become bored, which is a problem, obviously, with a lot of other things. So, like, I'm constantly having to learn new things, which is what keeps it interesting. So, yeah. I really enjoy it. (119, community male, age 20)

I am going into second year [of a college program], I'm enjoying it. [...] It's good. I really enjoy it. The profs are good and there's a big fitness aspect to it so that's good, they want you to be fit when you go to be a cop. (754, community male, age 20)

Almost all of these young adults had a high school education and completed with their same-aged peers. High school experiences were not without some challenges, however, as they also spoke of being bullied, being bored in class and hacking into computers, and needing one-to-one academic

support. Two young adults talked about having ADHD symptoms during their school aged years which contributed to their school difficulties. Another became involved in the subculture of selling drugs to his classmates and was sent to military and private schools. This young man attributes turning his life around to these highly structured school environments.

Connections to Supportive Networks and Relationships

These young adults were currently connected to several supportive networks and enjoyed positive relationships with more than one adult over the years. All had one or more mentors or a close grandparent in a mentoring role. One young adult met his mentor through a church youth program and they continue to attend weekly religious services together. Another individual had several mentors he met through work and fundraising; while another in this group attributed turning his life around to his uncle who inspired him to succeed. Most young adults enjoyed regular ongoing contact with extended family as well.

...if it weren't for [my grandfather], right now I wouldn't be cooking because he told me when I was in grade 9 and I got bullied, through, for the cooking he said, don't, it doesn't matter what people think and what matters is what you think and if you like cooking then you do it. (900, community male, age 18)

One of them [my uncle] is the reason I changed my life, actually. My uncle...owns [a large demolition business] [...] He's done extremely, extremely well for himself and I kind of, like, aspire to make it like he did, right? So, and he went to [the same university] too, which is pretty cool. (801, community male, age 20)

This group had current family relationships that were markedly positive and supportive. Two young adults were living with their parents and siblings. Two were living independently with one renting an apartment and the other living with roommates in student housing. All received various kinds of support from family including a loan to buy a new car, employment at his father's company, and emotional closeness by spending time together for weekly movie night.

We have family nights every Friday where we will go to like the mall and we will stock up with snacks and we will come back and watch a movie. [...] We get along well. I cook with my mom. I help my dad with doing the complex work. I help my sister with her rabbit. (900, community male, age 18)

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. (754, community male, age 20)

Not unlike other functioning profiles, these young adults spoke of past conflict in family relationships, particularly between themselves and their parents. More global family dysfunction, like addictions, parental mental illness, and abuse was not evident. Two families however did have some child welfare authority involvement around the time youth were in residential treatment with one youth spending a year in CAS care at age 15 when he was kicked out of the family home. These young adults spoke of family relationships improving after residential treatment and current relationships being better than ever.

Positive Personal Functioning

The young adults in this group said they were in good health emotionally, mentally, and physically. Past challenges included symptoms of ADHD, anxiety, and anger, although only one had a formal diagnosis. Currently, one young man talked about some anxiety around being alone, while another had become physically violent toward his father during an argument within the last year. Otherwise, these young adults were enjoying many aspects of their lives including employment and education successes, good times with friends, active hobbies, and positive health.

The only real hobby I have would be I have a salt-water aquarium, so that takes up a lot of my other time. Um... So that's always interesting. I'm always reading about that, trying to learn more. This would be like my quote personal activity. [...] I enjoy that. (119, community male, age 20)

I'm very sporty, I, I'll play any sports, outside. [...] I play baseball, basketball, a little bit of football, golf every now and then, soccer I usually play goalie. (900, community male, age 20)

...if you're going somewhere in life, I'm just trying not to hang out with people who aren't aspiring to do anything. [...] ...it really, really helps to be surrounded by people who aspire for greatness. (And you have friends that are like that?) Mm-hm. (801, community male, age 20)

No one had been in trouble with the law and substance use was non-problematic. Even the individual who sold drugs in high school was now off drugs for over three years at the time of the interview.

Summary

Young Adults Who Are Striving For Success...

- Were all males who grew up living with their families
- Were achieving personal, educational, and employment success
- Experienced positive conditions (such as supportive family, friends, and networks) that enabled them to focus on future goals
- Were no longer experiencing ongoing mental health issues or personal functioning challenges

Descriptions of Two Additional Groups of Young Adults

This section describes two additional dominant young adult groupings that emerged as important to understanding the lived experiences of youth graduating from residential treatment. They are conceptually different from the functioning groups in that group membership is defined by whether young adults have the shared life circumstance of either having a child at a young age or living in the care of the Children’s Aid Society. Again, these two groups complement the functioning profiles described above and young adults can be in one, both, or none of these additional groups. About 24% 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.

1. Young Parents

The young adults in this category were the biological parents of one or more children at the time of the interview. They may or may not have been actively engaged in the upbringing of these children. Not surprisingly, a large majority of young adults who were actively raising their children were young women. Becoming a parent at a young age had clear consequences for these young adults notably in the domains of education, work and social networks.

The young parents in this category were distributed across the different groupings of young adults identified earlier – some were having major difficulties and others were doing much better. For

example, about 35% of the young males in trouble with the law had fathered one or more children. On the other hand, one-third of young adults who were managing well for the most part had a child. However, while being the biological parent of children or actively parenting a child did not clearly determine the likelihood of being in a particular grouping of young adults, actively parenting a child was associated with unique patterns of living. The purpose of this section is to highlight these patterns.

The other noteworthy pattern is that overall a relatively high percentage of these young adults between 17 and 23 years old were biological parents. About one in four of the young males had fathered one or more children and only a few were actively parenting their children. About one in three of the young women in this study were a biological parent and about three-quarters of these young women were actively engaged in raising their children. Most of the males and females who became a parent did so while they were still teenagers.

Young Men

There were six young men who had fathered one or more children. One of father aged 21 had a child die from an allergic reaction and lost another through a miscarriage. Another 23 year old father had two children from a previous relationship that he had continuing involvement with although he did not live with them. He had a third child with another partner who did not allow him to see the child. Child welfare authorities were involved with all of his children. Most of these fathers had more than one live-in relationship over the past few years and two were living with step children. Only two of these dads were living with one or more of their biological children. However, for most of these dads, being a parent did not give shape to their lives as extensively as it did for many mothers:

I have three beautiful daughters ...I've been seeing them a lot more lately ... I've been getting them at least once every weekend ... or every other weekend ... Just had them for five days a few weeks ago ... (It's two children from a previous relationship?) ... Yes, and then one with [another partner] ... after I found out [first partner] was pregnant with my first kid ... That was when I was completely done talking to certain people ... there was no way those people would ever be around my kids ... I went to a lot of baby programs ... after I left [residential treatment] ... that's when [first partner] was pregnant with my first daughter ... (Were there any other kind of programs or supports that you had around helping with you and your kids?) ... [program name] ... they'd have a little daycare there, so we'd be able to put [daughter] in another room and we'd be able to ... learn different meals that we can cook for babies and families ... (How old are your children?) ... Four, three and 9 months, I believe ... (What about your involvement with your littlest daughter?) [Second partner] won't let me see her ... there was a couple of

times that [child welfare] was called about me and [first partner] ... (So child welfare also was involved with second partner?) ... Yeah ... Just had my daughters and [I've] been a different person ever since ... (350, community male, age 23)

I think I was 19 and 20 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 ... we take him to Kung Fu and stuff like that. He does that two or three times a week ... I've got him every day until I have to go to work, and then when I come home I'm with him ... We go to the park sometimes, I take him to my parents' house ... Two-year-old ... he's my biological son and [name] is my stepson ... I take him to his Kung Fu classes. I help him at his school, doing some volunteer work with him at his school ... Help raking leaves 'cause I landscape ... and his mom's on the Parent Council and stuff like that ... (371, CAS male, age 22)

Young Women

There were eight young women who had one or more children. Most of the young women who had children were living with them. In two instances when they were not, their child was living with other members of their family (e.g. their parents or grandparents). In one instance, a young mother had two children removed by the child welfare authorities and, in another instance of child welfare involvement, the mother shared custody of her child with her mother. In a third instance, a mother of an infant was receiving regular visits from child welfare service providers. Many of these young women became pregnant when they were teenagers. They were also clear about the central role being a parent had for them and their enjoyment of their children. However, the struggles maintaining their families were also evident:

He just turned three ... he is really cute ... He just got tubes put in his ears on his birthday because he couldn't hear properly. Now he is getting better with his words. He's a little brat though. Like broke my mom's 60 inch TV. Threw something at it. He doesn't like not having his way. He has a little temper. Working on that ... (Do you see son a lot?) ... Ya. ... he lives with my mom ... I usually take him out, we go ... to [recreation program], playgrounds ... take him out for lunch, go lots of places, swimming ... (What is your favourite part of being a mom?) ... the fact ... that I love them and I have something to look forward to and wake up every day for ... (What about the most challenging part of being a mom?) ... when he doesn't get his way he freaks out ... I'll be like give me your hand, cuz he'll be about to jump on the road "ow" "ow" and everyone's stares like, you don't do stuff like that and, he acts like he is hurt, and I'm like no ... (351, community female, age 22)

It's just balancing everything ... having time with my boyfriend, having time with my kids, doing my schoolwork ... and money on top of it. So that'll definitely be the hardest part ... if [partner] gets laid off from work and I can't find part-time work either, I'm pretty much screwed, and I can't really even work part-time, 'cause if I work part-time then I have no time for my kids, like, or homework ... we have the kids ... We don't want to do anything that would ever hurt them, and like, I see so many couples that break up over stupid reasons, and their kids pay for it, too ... [Partner and I] are going on five years together I met him ... I was 16, he just turned 15 ... we are the only couple that, out of all our friends, that started together young and are still together, and we have had tons of break-ups and it's been really rocky, but I have a feeling we're going to be together for a while ... (760, CAS female, age 20)

There were several other patterns that were evident among the young women who were actively parenting their children. Most became a parent when they were teenagers. Becoming a parent also was closely connected with them leaving high school and with having little time since then to continue their education. Several talked about possibly returning to school when their children were older. Only one mother had completed her high school education and was enrolled in post-secondary studies in a social services program. Also, striking was that none of these young parents were employed and most were living on a fixed income since becoming a parent (e.g. welfare, disability pension, child welfare extended maintenance agreement). Several had never had paid employment. None of these women talked about looking for work in the foreseeable future. Money was tight for most of these families.

None of these young parents talked about actively using drugs or alcohol at the time of the interview. About 80% of these women did say that they had struggled with substance abuse in the past. Quite a few of these women said that becoming pregnant motivated them to stop abusing drugs and alcohol.

All of the women who returned to live with their families of origin after residential treatment talked about receiving active support from their mothers with their parenting (e.g. shared custody of children, shared accommodation, shared activities, financial support, and frequent conversations). This maternal and family support was not available to the women who had graduated from CAS care. As was common among others who had graduated from CAS care, adult support often came from representatives of social service systems (e.g. past or current social workers, previous foster parents or group home staff, and various support groups for moms and kids). Slightly more than half of these women had live-in partnerships that had lasted between 1 and 5 years at the time of the interview.

The following two narratives told by Lynn and Jassey illustrate these patterns.

Lynn's Story, age 20

Other people used to tell me ... get a job ... but in the end ... I would prefer to had stayed home with her as she was young and growing ... She starts kindergarten in September ... I feel like, okay, now is my time to get my education and get a job ... She's 3 years old ... We cuddle. We play. We have a very close relationship. She doesn't like it when she's away from me; I don't like it when I'm away from her. But she's a very energetic, loveable little girl ... she used to be at the [name] daycare ... and they were really good with the kids. She had to be taken out, unfortunately ... so she's in home care right now, but she's still doing really good ... as my daughter was getting older, she started developing certain behaviours and I didn't know how to handle it ... when I would ask for help, they set me up with someone who helped me understand ...

The father of my child was into drugs, hard drugs ... and I split with him because I found out he was cheating and because he didn't want to quit the drugs ... I am living with my boyfriend and my daughter ... everyone has their ups and downs in a relationship. We argue, but most of the time it's good [How long have you been together?] ... Two years ...

[Do you attend school full-time, part-time?] ... Full-time ... I'm in a [college] Personal Support Workers program ... it's actually only [an eight month program] ...

I was about 16 when I found out I was pregnant with her, and at the time I was really in a bad place with drugs and partying and not going to school ... I decided I was going to keep her, which made me quit the drugs, quit the partying. I didn't necessarily stick with the school part; it took until, actually, this year for me to actually even stick with a school program, 'cause I tried other things. I tried going back to high school, I tried going to the [name] program ... for women ... It kind of took this year to realize ... I need to smarten up and get my life on track for her and myself ... I never finished high school ...

Like, right now ... I'm on OSAP (school loan) ... as soon as OSAP ends, there's no money. I have no way to pay. And that's scary because with [city] housing, they're not very understanding ... when I was on welfare ... I could afford it. Now ... I can't afford it. I'm just worried about what's going to happen afterwards. When I don't have a job, what am I going to do? ... My mom has had to help me with groceries ... And I've had to go to the food bank, but that was more so when I was on welfare mostly because \$347 a month isn't enough to get me by ...

I haven't had any [jobs]. I guess because I was so young when I got pregnant, and because of not going to school and basically being a stay-at-home mum, I was always worried to get a job ... because of ... how young I was ... before I had her I was always into the bad stuff and that kept me from getting a job, and then having her kind of kept me getting a job 'cause when you have a baby you can't really go to work ...

So this placement [through personal worker program] I'm at is really the only job experience I've had.

Me and my mom still sometimes have a little bit of communication problem. Because of school and the help, me and my mom agreed to actually share custody of my daughter so that if I ever need the support or help, she's there to help me with that, but once I'm done school and have a job, we both mutually agreed to sign a contract stating I can have full custody through the court. My dad and me are like best friends ... My brother is ... the complete opposite of me. We've never ever been close ... he's in a really bad place, and he doesn't have good support as friends, he's into drugs and drinking and partying. He was just recently arrested and put into jail for something that happened at my mother's house ... He hates my mom with a passion ... 'cause my mom actually has a lot of health problems and she has a lot of mental health problems...

I was involved with Children's Aid but that's because the father of my child was into drugs ... they aren't in my life anymore. Actually, they just recently closed the case because I am doing what they want me to.

Jassey's Story, age 19

It's just challenging right now ... I usually have her sitting on my lap. I play with her doll with her ... Tickle her ... Ever since she turned three months old, she's been screaming ... [child welfare] were deciding whether or not to take her until I got my disability [pension] ... I ended up getting my disability around the same time she was born, so they didn't really need to take her ... They've offered, like, parenting classes ... There's some groups where you can ... if she's old enough ... bring them to do things ... The social worker ... (She's been helping you out with some of that stuff?) ... it's kind of like mandatory because [we're both] so young ... (Do you find them useful?) ... they're more of a hassle ... she's annoying. She's always asking us to do all these things ...

(Are you married or living with someone?)... My boyfriend ... He's pretty good. We argue sometimes but I don't know a couple that doesn't argue ... (So how long have you guys been together?) ... A little over a year ...

I decided to leave school ... (What was the last grade you were in before leaving school?) ... It was a mixture of grade 11 and 12, and maybe like a couple of grade 10s ... (Why are you not in school?) ... Well, it'd be kind of difficult right now with the baby ... (Do you want to return to school or training?) ... I'm going to do online schooling eventually ... (Do you have any goals for any other kind of training?) ... Not really ...

I'm on disability ... And my boyfriend works, like, side jobs ... [Child welfare] paid the rent, they gave us a thousand a month for [extended maintenance agreement when she was in school] ... (Are you on ECM right now?) ... No, not anymore.

(Do you have any long-lasting relationships with adults that began when you were younger and are continuing today?) ... She's not blood-related, but she's my foster mum ... I was living with her for, like, 10 years ... We just hang out. She comes to see [name of baby] ... I talk to my foster brother sometimes ... (Are you in contact with your parents, brothers, sisters?) ... My dad and not really my brother ... I have a half-brother, but I don't really talk to him often ... (How often do you guys see each other?) ... We try to go once a month ... We just ... let [her dad] see [name of baby] ... my mum died when I was only four.

Summary

Young Parents...

- **About one in three women in the current study were young parents and the majority were raising their children**
- **About one in four men in the current study were young parents and only a few were raising their children**
- **Being a parent was a central role for these young adults and was a source of purpose and enjoyment**
- **Lacked education and employment opportunities**
- **Experienced financial hardship and many young parents were on fixed incomes**

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

In our longitudinal program of research, most of the young adults who have been in children's mental health residential treatment faced serious and enduring challenges living in families and communities (see research reports at www.wlu.ca/pcfproject). Nonetheless, even within this group of young adults, everyday living for graduates of CAS care appeared to be more precarious – vulnerable to disruptions: (1) they were facing more ongoing difficulties; (2) they had access to fewer resources to manage these challenges; and (3) they confronted a unique constellation of past and current circumstances contributing to insecurity in their lives. The following narratives in the words of George and Eve who are graduates of CAS care illustrate conditions common among this group of young adults.

George's Story, age 19

Education

High school ...I'm just finishing up ...It's an adult program ...Four more credits and I get my diploma ... Having a rough time in English, but I'm missing gaps in school, so it's to be expected... I don't really associate with much of the students there ...They're just mainly, like, downtown junkie looking people ... I just tend to stay away from them. I've been mixed up in that crowd before—it goes nowhere ...After I left [residential treatment], I was kind of rambunctious, in and out of jail, so I didn't really receive much of an education ...

Income and Employment

(Since leaving residential treatment what financial supports have you received?) Just Welfare, me finding my own way to make a means to an end, and Children's Aid ... (And how was being on welfare?) ... That was horrible ...They don't really give you a lot of money ... after I paid my rent, I had exactly \$127 and change left for my entire grocery list for the month. There was next to no medical coverage or anything ... I found needing the food banks a lot more ... I went to two of them a month ...

I figured, hold off on the employment piece until my education was done ... The kind of jobs I've had were just like mainly under the table. I had a job at a carnival ... And the Children's Aid, actually [chuckle], I worked ... for them ... at the time my goal was to become an employee of Children's Aid ... [another work experience was in] a nursing home for really, really sick old people. I just kind of kept

them company ... It was more volunteer work needed for Probation, keep me out of jail.

Social Connections and Hobbies

One of [my friends is] my roommate ... I've known him for a few months now. Really, really solid guy ... Two of my buddies actually I've known for two years; we're pretty close ... (And what do you guys do together?) ... Cards, video games, just hang out.

Just landscaping around here and up at one of my buddy's places. He'll call me up there sometimes to help him 'cause he gets a garden going over at his place, so he'll get me up there to help him turn over the soil and get everything going ... if you look at the window there, I had a patch of tomatoes, 110 plants. I had cucumbers, habaneras, jalapenos, cherry bombs, corn and a few other things, mainly spices and herbs and all that, too, like parsley and oregano and everything. (Do you like to cook?) Yeah. Love it ... I let [CAS employee] know yesterday that ... I can volunteer there over the holidays ... 'cause I know how much of a headache it can be.

Relationships

(So are you married or living with someone?) Living with my girlfriend ... (How long have you been going out?) Coming up on two-and-a-half years ... Since I've met my girl, I've straightened up really. [Chuckle] ... she's a ball-buster ... She attends [name] College for something to do with Business. She's basically going to be like a secretary ... she's got quite a career ahead of her if she can stick to her plan.

(Is there someone who's sort of there for you but they're not an immediate family member?) No, definitely not ... if [social workers] count, then a few of them. There's [worker1], [worker2], the one who told me about this study ... [and worker3], if she was still working at the [CAS], she was my initial worker. I had her for four years or so. ... pretty good relationship[s] ... I'd actually just seen [worker2] today, or yesterday, sorry, and I talk to [worker1] every day ... [worker1] is the one who controls the ECM [Extended Care and Maintenance Agreement] ... [worker2] I've known her ... three, four years, and we've always had a pretty good relationship, too. She's my prime worker ... through the Children's Aid.

(Are you in contact with your parents or brothers, sister?) Um, I would like to be, but me and my family nowadays don't really see eye-to-eye ... They're alcoholics, and the last time I talked to them I called them out on it, and they didn't appreciate it too much, so we got into a heated argument. Me and my stepdad got into a physical conflict, and I haven't talked to them since ... Nine, ten months ago ... I talk to my sister every now and then on Facebook; I don't really talk to my little brother just 'cause he's too young to be on Facebook ... we only talk maybe like once a month and for, like, five minutes. (Do you ever see them?) No. ... (And your dad?) ... Never met him ... Pretty much all my family is out at [another province]. I don't have any extended family, and my [grandfather] never liked me, so I don't really talk to him at all ... My lease ran up at my old apartment, so I moved in with my grandmother for a bit 'cause I had no other option ... and then ... I moved into the basement here ...

Personal Functioning, Substance Use, and Delinquent Activities

I find a toke every now and then helps out with my ADD and OCD ... and my depression, like, I just find not necessarily get high, but have just like one or two hits off of a joint and I just seem more level-headed ...I'll go buy a joint once a week or so and I'll just roll it up and every day I'll grab a hit off it or whatever, and it seems to mellow me out for the day and that's all I need ... (So since residential care, what kind of drugs have you used?) Coke, weed, hash, oil, Ecstasy... a lot, Oxycontin, Percocets, T3s, morphine, hydromorphs ...

(Was that before [residential treatment] or after?) During and after ... Just entailed selling drugs and going to jail and a lot of fighting and hiding out from the police and just nonsense, really. Stupid fights and crimes committed over someone wearing a different colour than you ... It's so dumb ... (When did that end?) When I met my girlfriend ...Two years ago. (It sounds like you've been in trouble with the law since you left residential care.) Numerous times ... I've got 32 incidences ... that I was actually charged with, ranging from cultivation, possession, trafficking, assault, just a variety of things ...

I'm a two pack a day smoker, really bad asthma, pretty sure I have undiagnosed diabetes, a stomach ulcer, and God knows what else. [Laughter] ... The stomach ulcer, the only reason I say I have that is because I tend to puke blood a lot when I have alcohol intake and stuff, and certain other things make me puke up blood ... pretty much everyone in my family has diabetes, either type 1 or 2 ... I display some of the things, like rapid weight gain, mood swings, loss of consciousness when sugars get low and all that shit ... (Do you have a family doctor?) No.

I suffer from extreme mood swings sometimes ... I just have extreme fits of rage ... (What kind of brings that up about?) Anything. Like, it's ridiculous ... I'll just be sitting there and then all of a sudden I'm extremely angry ... I'll have so many thoughts running through my head at once and I can't focus on anything, and then that's when the anger hits ... nothing even triggers it. It's just something goes through my head and then all of a sudden there's a thousand things and then I'm angry ...I've gotten into fights with random people because ... I'll be walking down the street, they'll say something, it's like, "Oh, yeah?" ... I've been diagnosed with ADD, OCD and ODD, and depression.

Living Situation

(Since you left [residential treatment], have you been in a few different group homes?) Yeah ...say about four or five group homes, one treatment facility, three foster homes ... I was kicked out of my last group home ... and my worker couldn't find a place that was willing to take me ... I moved to [facility] and I started having daily visits with my family ... and then I moved into semi-independence ... I live on my own, but I still have a lot of contact with Children's Aid, and my worker would stop by weekly and stuff just on random dates to see how I was doing ... My girlfriend's mum lives directly below me, and directly below her is one of my good buddies, and then it's me and my girlfriend and my buddy up here for these two floors ...

Eve's Story, age 19

Education

(So, why are you not in school at this time?) 'Cause I moved and I had a lot of things going on for the last month, but I'm going back ... I'm doing my grade 12 ... I think I have, like, half a credit I need for grade 11, but that's it ... (Are you in an adult education program?) Yeah ...you can do booklets ... but I'd rather go to the classes ...I was going every single day ...you can do it at your own pace ... Last year I didn't go to school. I went for a month, but that was it ... (Did you like high school?) No ... 'Cause there's just too many people. I don't like being around too many people ...I'm socially awkward ...When I was in grade 9, I used to do alright, and then I guess I kept getting moved. I just started giving up on myself ... Home to home to home (while in CAS care).

Income and Employment

I applied for a full-time job at [retail store], so I have an interview ... (Have you been looking for a job for a long time?) No ...I was working [at another retail store] ... it was seasonal [for four months last year] ... (Have you had any other job in the last three years?) My first one at a telemarketing thing. That was a horrible job, too ... I just want to be a child and youth worker ... I hate having these little jobs; I'd rather do something I enjoy ... So that's why I don't really care for having a job ... [However] I'm going to need the money, 'cause I only get \$300 a month. Like, that's not going to pay my Internet, my phone, and gro—well, it does, but I have no money extra for myself.

Social Connections and Hobbies

(Do you have a close friend or friends?) Not really ... I talk to people but I don't consider people as friends or good friends or best friends. They're associates, that's it ... I don't like people ... I hang out with two people a lot, but, like I said, I don't consider them as good friends yet ...my one friend comes over daily, usually ...We just sit here and watch TV, watch movies, listen to music, eat food ...

(What is the Children's Aid group you attended?) There's a LGBT one ...I've only been once ... (So, what do you like to do for fun?) Nothing ... I work out by myself. I go for runs ... I go to church every Sunday.

Relationships

(Do you have a boyfriend or girlfriend?) Not anymore. (So when did you break up?) In the last month. (Were you together a long time?) Almost three years ... me and her went through a lot of stuff together, and I kind of just gave up this time ...We never went out, never did nothing together ...It was boring ... So, like, we're still friends ...I don't want another relationship. No, I'm too tired for that now.

(So do you have any long-lasting relationships with adults that began when you were younger and are continuing today?) My old foster mum ... (So how long have known her?) Since I was in grade 6 ... We call each other, we go for coffee once in a while (Any other adult longstanding relationships?) Just the workers at the Children's Aid ... [name] ... she was supervising my visits when I first went into care ... I was in grade 5 ... I talk to her about a lot of stuff ... they've [CAS workers] always been there for me and they care about me, and I know they do ... Best thing that's probably happened to me ... being in Children's Aid ...

(After you left residential treatment, did you go on to live with family?) Once or twice ... Like, I used to run away to my mum's a lot, and just stay there ... (Where would you run away from?) My foster homes ... All through elementary and all through high school, 'cause I was a foster kid ... (Are you in contact with your parents?) My mum annoys me every day ... She calls me, like, five times a day, more than that. Crazy woman ... I just started talking to my dad again after [nine] years ... I like it. He's a cool guy ... My dad and my mum hate each other ... I have three sisters and a brother ... My sisters are supposed to be coming down for Christmas, and I just saw them a week ago or two weeks ago ... Not ... close like most sisters are, but we make the best of what we have ... But my brother, no, not really. He's older, so he does his own thing ... I don't really see my family a lot ... Just my mum 'cause she's annoying, and my ... mum's mum ...

Personal Functioning, Substance Use, and Delinquent Activities

I was on drugs, been drinking a lot [at school program] ... I stopped going and I don't think they wanted me back ... I was addicted to drugs and alcohol really, really bad ... I got like a scare of death once ... so I stopped ... I've been sober for a year and a half ... (What kind of drugs were you doing?) ... Name it, I probably did it. I never shot anything in my body ... but I was doing Ecstasy and cocaine a lot ... I was puking up blood, I was getting really sick, and like I said, that death scare 'cause they didn't know if I was going to make it the one time ... (Have you ever gotten into trouble with the law because of alcohol or drugs?) I was with my ex then, ... the previous one ... he smashed a bottle through his sister's window, I got arrested and charged for it ... my worker cut me off my cheque ... and she made me go to a ... shelter, which was the biggest mistake 'cause I got really worse ... and that's when I figured out ... I need to quit ...

I'm not trying to be rude, but [CAS worker] doesn't do shit ... I got hit by a car a while ago. I've always had back problems, but ... it's been screwing up lately and then she said you're too young for that, your back's fine ... it feels stuck all the time, it hurts all the time ... my knees swell up and same with my feet very easily. "Oh, you're too young for that." ... [CAS worker] pisses me off lately ... (How about your mental health?) I actually feel so much better about myself lately ... I'm on my own, I'm doing my own thing for myself for once. It feels good ... I have an OCD problem ... I shower five times a day ... (Have you been diagnosed with OCD?) No. But I know it's an OCD problem ...

In our earlier research, youth who were in CAS care had consistently more problematic community adaptation profiles, on average, than youth in the care of their families. This was true at admission and discharge from these residential programs. It was also true in the follow up years of the study whether children were of primary school age, or if youth were in their preteen or early and middle teenage years (Cameron, de Boer, Frensch, & Adams, 2003).

In this study, 70% of the young adults who were (or had been) in CAS care were in the more problematic functioning groups (almost three-quarters of male CAS youth). A bit less than 60% of the young adults who returned to live with their families after residential treatment were in these struggling groups. Females were slightly less likely than males to be in the problematic groups whether they had come from CAS care or not. Also, while about 13% of the youth returning to family care were in the striving for success group (4 out of 32), none of young adults from CAS care were in this group.

While most youth leaving residential treatment in this program of research encountered serious and ongoing difficulties in adapting to community life, and many of the challenges were similar for youth returning to family or to CAS care, the young adults who had graduated from care talked about several relatively unique experiences. While a few youth returning home confronted difficulties that were somewhat comparable (e.g. extreme residential instability or very little access to support from family members), these experiences were the norm among young adults from CAS care.

About 90% of the young adults from CAS care talked about moving from home to home during their time in care. Troubles adapting to different living circumstances, conflict and violence when they were in these homes, running away and feeling as if they did not belong were common themes in the narratives of these young adults. Most of these youth had lived in a group home (often several) during their time in care and many recounted unpleasant experiences about these times. Some made connections between their time in group homes and becoming more deeply involved with substance abuse and delinquent activities. A few of these youth had a long-term placement with a single foster family but this was not common. The following two quotes illustrate how these young adults talked about their experiences in CAS care.

I was in care only from 13 to 21 ... my whole life I've been going to a bunch of different schools ... so it was something that I was quite used to ... here I am, my own place, my own job, nah-nah-nah, paying the bills ... I'm doing just fine. I don't need anything ... from parents. But just [mom's] opinion ... It's so hard to explain ... that thing that a parent has (Laughter) ... If there was one thing that I guess I never had, it was any sort of

stability ... I'm going to all these different places, all these different people, all these different staff, all these different ... kids in and out, in and out. Like, no. That's one thing that if I had a little bit of sadness or resentment to life, it would be the fact that I have no (support) ... I don't have anybody. Not even my parents, you know. Not even family ... it sucks but turned out great, so [Laughter] (370, CAS female, age 22).

There were 10 of us in there, in one house. Ten teenagers, and we're all guys, every single one of us is a guy ... can you ask for a better breeding ground for misbehaviour? ... And then with staff trying to make them mad all the time? ... Some of [staff] wanted to make our lives really great. We'd be behaving that day ... [the guys are] so broke, they can't even go out ... to the store [for a pop] ... I had no one that I trusted ... you felt like you were just ... tossed into the group home and then ... you're no longer our problem ... I believe what I was told ... The staff don't give a shit about us ... Think our workers give a shit about us? No. Think the owner of F&CS gives a crap about us? No ... [The guys] stuck together ... you picked on anybody that wasn't in the group ... you had our initiation to go through ... group homes are like a miniature little gang ... some of the staff ... really, really cared ... in [facility] I had my prime worker ... I still talk to her today ... she became like my mother type thing ... I'd be ... punching holes in walls, kicking stuff and freakin' on staff, and ... somehow she could sit there and talk ... I have very little contact with her now, but she has three kids now ... I met her husband, and her husband's a really good man, and ... her parents are very nice ... they gave me a Christmas—I wasn't going to have one ... (371, CAS male, age 22)

Most of these young adults came from families of origin that were confronting severe difficulties when they entered care. During their time in care, youth typically received very little consistent support from members of their families of origin. After leaving care, most had contact with some members of their families of origin. However, compared to the young adults who had not been in CAS care for an extended period of time, they described receiving less material and emotional support from family members. About a quarter said that they had very little or no contact with family members. Nonetheless, despite often persistent tensions, most of these young adults continued to see their family as important in their lives and some continued to hope for improved relations. The following two stories illustrate these patterns.

Honestly, my family, they all hate each other, but no one hates me ... they call me all the time. Like, I'm just the middle person ... I'm in contact with every one of [my siblings] ... I get along with everybody ... If they try fighting with me ... I just ... hang up the phone ... They piss me off all the time ... I'll smack 'em or something. My brothers, not my mum ... When my dad died ... this girl ... she said "This man had a kid with me and took off" ... and my mum met the [child] and [asked] ... "Would you want to come to his funeral?" She's like, "Nah, I don't want nothing to do with him." ... [Referring to another time] I

was like, no. I'll go back to jail for the 30 days I got left on the community supervision until you find me a place to live ... I was ... not going to live in a homeless shelter. So then they're like ... stay with your mom. I was staying with my mom and the [CAS]supervisor didn't approve of it ... they moved me out on my own within ... a week ... [Another time he told his CAS worker that]... if I lived in [place1] around my family, my friends, it would be a whole different story. Why would I run away to go to [place1] when I live there? ... I get out of jail, [CAS worker is] waiting right there. She's like, "You're living ... in [place1] now ... And my life kind of started getting better ... (825, CAS male, age 18)

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 ... my foster parents got me into school and they really helped me, motivate me. My foster mum is the reason I'm in a college and I'm where I am today ... [However] I went to go smoke a joint with my friends, and [foster mom's son] followed ... and the cops pulled up and I got caught with him ... my foster mom was ballistic. I got kicked out. I ended up moving to [group home] ... (Your foster sister lives here, too?) ... This is a two-bedroom apartment, and she actually pays half the rent ... [...] I have a better relationship with my mom now than I've ever had. We're kind of more like friends than we are mother and daughter... [...] I slept on a crack head's couch, I slept on a floor, I slept on a park bench ... because my mom was homeless ... and she's a crack addict, I would go with her and just follow her ... My dad was just recently let out of jail for being charged with trying to break into a car ... The man's diabetic, he's epileptic...he can't work ... If he needs to steal to get that money ... shouldn't people be at least a little understanding about it? [...] For the longest time I didn't believe in God. I now believe in a God ... because the amount of times that my mom, my dad and myself should have been dead are remarkable, and the fact that all three of us are still here walking on this earth ... I don't take anything for granted anymore.(822, CAS female, age 21)

Perhaps as a consequence of their relations with their families of origin, and the amount of time they have spent in the care of child welfare authorities, many of these young adults continued to have relatively frequent involvements with child welfare and other social service providers. About two-thirds of these young adults were or had been on Extended Care Maintenance (ECM) Agreements after they left CAS care. These ECM agreements provided financial support for these young adults (provided they were in school or were employed) and included regular contacts with a child welfare service provider. More striking was that about 90% of these young men and about 70% of these young women identified a service provider from child welfare or, less frequently, from children's mental health residential programs as important adults in their current lives (e.g. primary child welfare service providers, group

home personnel, foster parents). These service providers provided advice and emotional support that, when it was available, was most commonly provided by parents, extended family members, and family friends to other young adults in this research. About three-quarters of the young women who had graduated from CAS care also described being involved with various therapy and other service programs. The following two young adults talked about these types of relationships.

[CAS] paid the rent, they gave us a thousand a month for ECM ... [Are you on ECM right now?] ... No, not anymore ... (Do you have any long-lasting relationships with adults that began when you were younger, someone that is not family?) ... She's not blood-related, but she's my foster mum ... I was living with her for ...10 years ... since I was 4 ... She lives in [another city] too, and sometimes she comes down here ... She comes to see [my baby] ... So just hang out, like go for a coffee or something ... (Are you in contact with your parents, brothers, sisters?) ... I have a half-brother, but I don't really talk to him often ...I talk to my foster brother sometimes ... (How often do you see your dad?) Whenever I go to [another city] ... We try to go once a month ... We just [hang out] ... let him see [my baby] ... my mum died when I was only 4 (921, CAS female, age 19).

(Are you still getting assistance help from Child Welfare?) ... Extended Care and Maintenance [ECM]... I'm going to school, I'm participating in programs and stuff ... It helps me with my schooling. They're helping me find a job again ... how to get into the pre-apprenticeship program at [college] ... (So how's [ECM worker] helped you with your schooling over the past couple of years?) ... She 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 ... She also doesn't screw around. Like, if she tells me to do something, I have to do it. Like schooling, I have to do the schooling ... (Any other long-lasting adult relationships that are not family?) ...My mum's best friend ... She's known me since I was in diapers ... I see her whenever ... I want to go over there and hang out with her ... It's awesome ... I got into a little bit of a pickle last year (He was in a juvenile justice detention centre)... and she let me live with her ... (And how long did you live with her?) ... Eight months. (768, CAS male, age 19)

Summary

Young Adults Who Grew Up in the Care of the CAS...

- Experienced multiple living environments and had difficulty adapting to changing living circumstances
- Confronted complex patterns of past and current circumstances that contributed to insecurity in their lives
- Continued to see their family as important in their lives despite often persistent difficulties and tensions with family members
- Many continued to be involved with child welfare (on Extended Care and Maintenance Agreements) and the majority identified a service provider as an important adult in their current lives

Some Specific 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 led to a consideration of intervention options that might improve these outcomes. The material in this section includes information intended to link the current study with thinking about how to react to the serious concerns for this youth population that have been highlighted by our program of research. For ethical and practical reasons, our attention needs to be more focused on improving long-term community living outcomes for these youth.

Throughout our program of research with youth leaving residential children's mental health programs there were several specific requirements for youth successful community living that consistently came to our attention whatever the ages of the youth involved:

- Family—*positive relations with family members and others the youth with whom the youth were living, particularly but not exclusively for youth returning to live with their families;*
- Education—*positive connections and successful academic performances at school;*
- Employment—*for youth not in school, successful engagements with employment;*
- Community Conduct—*Positive community engagements and avoiding criminal or delinquent lifestyles;*
- Personal functioning—*Managing emotional and behavioural challenges and avoiding abuse of alcohol and drugs and premature parenthood.*

The balance of this section provides information relevant to these requirements. It concludes with some brief comments about general guidelines we have extrapolated from this material and the current study.

Family

Healthy family functioning, lower parent-child conflict, and increased parental monitoring and engagement have all been linked to better outcomes for youth receiving mental health services (Johnson, Giordano, Manning & Longmore, 2011; Klahr, McGue, Iacono & Burt, 2011; Sunseri, 2004). Parent-child conflict tends to coexist with other challenges particularly for families with youth in residential treatment (Griffith et al., 2009). Conflict in the parent-child relationship has been linked to increased anti-social behaviour, conducts problems, and offending in youth, often reasons for youth entering residential treatment (Johnson et al., 2011; Klahr et al., 2011). In addition, having a positive relationship with parents has been linked to greater academic achievement in high school (Lopez Turley, Desmond, & Bruch, 2010).

Parents of youth with emotional and behavioural difficulties experience heightened levels of caregiver strain (Evans, Sibley, & Serpell, 2009). In particular, externalizing behaviours seem to share a more established relationship with parenting strain than other types of mental health behaviours (Duchovic, Gerkenmeyer, & Wu, 2009; Evans et al., 2009).

In the first phase of this research, about 43% of youth exiting residential treatment were living with family approximately 12-18 months later. While many of these youth showed improved personal functioning, levels of parent-child conflict and quarrelling among parents about youth behaviours continued to be high in over half of these families. Many families still reported clinical levels of disruption in daily activities such as going out shopping or visiting and having friends or relatives into the home. At admission to residential treatment, 73% of youth living at home were reported to have a lot of trouble getting along with parents. At phase 1 follow-up, approximately 58% of parents reported that they were having a lot of trouble getting along with the youth living in the home.

Additional analyses revealed that youth who were having a lot of trouble getting along with their parents often were also struggling with relationships in the community. A larger proportion of youth living at home who were having a lot of trouble getting along with their parents had serious school difficulties (80.6%) than youth living at home with little to no trouble getting along with parents (50.7%). A larger proportion of youth with a lot of trouble getting along with parents had both serious school difficulties and trouble with the law (36.1%) than youth with little to no difficulty getting along with parents (19.7%). Parents of these youth reported perceptions of lower parenting competence, personal quality of life and increased stress.

These patterns did not change for youth still living with their families approximately 36 to 48 months post discharge (Cameron, Hazineh, Frensch, & Preyde, 2010). Just over half of the parents (52%) reported that their child had “a lot” of trouble getting along with them compared to 58% in the first phase. About 33% of parents were still quarrelling frequently with their spouse about their child’s behaviour (compared to 38% in Phase 1) and 76% of parents were frequently worried about their child’s chances of doing well in the future (compared to 81% in Phase 1). Ratings of quality of family life remained similar; however, disruptions to daily life by the child’s behaviours were reported with less frequency in the second phase which may be in part related to the older age of youth.

In both of these phases, family members were important sources of identity as well as providers of material and emotional support and advice for many youth. This was clearest for youth returning to the care of their families but family connections and supports were also valued by youth in state care. In the current study, these young adults were less dependent upon family for their everyday living resources than were younger youth in the earlier phases of this research. However, family remained important for both positive and negative reasons for most of the young adults in this research. Only a small minority of these youth, mostly youth who had grown up in state care, had no or very little ongoing involvement with their families. However, youth graduating from care typically had less positive and consistent support from their families when they were growing up and less active and reliable support from family members as young adults. Youth in the “managing well” and “striving for success” categories generally had access to much more positive and reliable support from family members than did the young adults in the categories of youth having serious difficulties.

Programming to support youth living at home and to improve family functioning have often been recommended to improve community living outcomes in various life domains (Hammond, Linton, Smink, & Drew, 2007; Hawkins et al., 2010; Rumberger & Lim, 2008; Savignac, 2009). For example, Rumberger and Lim (2008) suggest that three main parenting practices influence school outcomes: 1) parental expectations, 2) parenting within the home, and 3) home-school connections. They found that 15 of 25 studies that measured parental expectations in middle or high school showed significant effects on high school completion. Quality of care giving as early as 12 months and early life disruptions have both been linked to future high school completion (Hammond et al., 2007; Rumberger, 2004a). Dropping out has also been linked to high levels of stress in the home stemming from conflict, substance use, financial and health problems, frequent moves, and family disruptions such as divorce or death (Hammond et al., 2007; Kearney, 2008). Hammond et al. (2007) found that almost half (46%) of the 50

programs they identified that were effective in improving educational outcomes for youth included some family strengthening component. Intervention focuses included parenting training, family management, communication skills, and helping children with academics. In a 2009 review of school-based programs with clear evidence of effectiveness, 69% included a parent component - 34% on parent training, 31% on parent child communication or bonding, 21% on home school coordination, and 21% on improving other parent behaviours (Olin, Saka, Crowe, Forman, & Hoagwood, 2009).

A relationship between poor parenting practices and future criminal behaviour has been identified in both meta-analyses and in narrative reviews (Bonta et al., 1998; Hawkins et al., 2010; Howell, 2003; Leschied, Chiodo, Nowicki, & Rodger, 2008; Lipsey & Derzon, 1998; Savignac, 2009). In their narrative review, Hawkins et al. (2010) included the findings from two meta-analyses: (1) A meta-analysis of ten parent management training programs showed a 20% reduction in antisocial and delinquent behavior, and (2) A second meta-analysis of 71 studies found that parental training was more effective than youth CBT when children are ages 6-12. In two narrative reviews, programs that teach parenting skills were associated with decreased antisocial and delinquent behaviour in youth, particularly when the children were between 6 and 12 (Hawkins et al., 2010; Savignac, 2009). *Functional Family Therapy (FFT)* is a prevention/intervention program targeting youth, aged 11-18, at risk of or involved with delinquent acts, violence, substance use, and youth with conduct disorders. Hawkins et al. (2010) concluded that research evidence supports the effectiveness of FFT in reducing youth reoffending. Savignac (2009) also identified FFT as effective reducing reoffending based on evidence from many "rigorous" evaluations. *Multi-systemic Therapy (MST)* is an intensive family- and community-based treatment for youths at risk for out-of-home placements. Narrative reviews provided strong evidence that MST reduced youth anti-social and criminal behaviours (Hawkins et al., 2010; Kurtz, 2002; Savignac, 2009; Trupin, 2007; Underwood & Knight, 2006).

The available information pointed towards consistent negative effects of family functioning difficulties and parents' personal problems on the stability of youth of returning home following out-of-home placement (Farmer et al., 2009; Fontanella, 2008; Foster, 1999; Teare et al., 1999; Xue et al., 2004). Engaging families in treatment has been identified as a protective factor for successful reunification of families (Anderson et al., 2003; Building Bridges Initiative, 2008a; Byalin, 1990; Knecht & Hargrave, 2002; Lakin et al., 2004; Leichtman et al., 2001; Lieberman, 2006; Martone, et al. 1989 all cited in Affronti & Levison-Johnson, 2009). Johnson, Kent, and Leather (2005) concluded that parent training is the treatment of choice for mild to moderate behaviour disorders. In Hoagwood et al.'s

(2010) review of 50 family support programs in children's mental health, 13 described parent training approaches of which 11 were evaluated with random controlled trials. Most of the programs reported improvements in the child's behaviour and/or symptoms; some reported improved parenting practices and/or decreased parental stress.

These findings do not support a conclusion that positive engagements with family lead directly to better community adaptation outcomes for youth leaving residential mental health programs. But program evaluations do indicate that better supports for youth living at home and for better family functioning is often associated with better youth functioning and community living outcomes. These findings endorse the value of supporting youth functioning within families, parenting capacities and family functioning as part of strategies to improve long-term community living outcomes for youth leaving residential mental health programs. By extrapolation, if the youth graduating into state care experienced better relations where they lived and greater stability in living arrangements, these gains should also contribute to better community living outcomes for these youth.

Education

The literature indicates that as youth move from structured residential mental health programs back into the public school system, serious adaptation problems emerge and persist for most of these youth. These problems are particularly evident for youth with increased delinquent behaviours, difficulty regulating attention and serious school problems at program admission. Failures to succeed in school and in transitioning to the world of work are well known harbingers of serious social and personal problems for many youth (Wagner & Davis, 2006; Vander Stoep, Weiss, Kuo, Cheney, & Cohen, 2003).

According to one study, over half of youth in the United States who fail to complete high school have a diagnosable psychiatric disorder (Vander Stoep et al., 2003). In particular, youth with emotional and behavioral disorders have higher drop-out rates than do students with other types of disabilities. There is evidence that they also have one of the lowest grade point averages among students with disabilities (Wagner, Marder, et al., 2003 in Wagner & Davis, 2006; Wagner, 2005 in Wagner & Davis 2006).

Youth who drop-out or are pushed out of the school system face a bleak future. According to Vander Stoep et al. (2003) "each year in the US an estimated 42,000 adolescents with psychiatric disorders cross the threshold into adulthood without completing secondary school and, as much, may

be ill prepared for employment and citizenship.” (p.123) School failure is a strong correlate of later psychological disturbance and delinquency (Cernkovich & Giordano, 1992; Nelson, 2000).

High scores on the Child and Adolescent Functional Assessment Scale (CAFAS), a tool designed to rate the functional level of children and youth who may have emotional and behavioral problems, have been linked to school problems. Hodges and Kim (2000) found that scores on the Child and Adolescent Functional Assessment Scale (CAFAS), a measure of the personal functioning of children and youth with emotional and behavioural problems (Hodges, Doucette-Gates, & Kim, 2000), was a significant predictor of poor school attendance and reported an increase of 0.6% in the odds of poor school attendance for every one-point increase of the CAFAS total problem score.

In a meta-analysis, youth being in trouble with the law was linked to negative youth attitudes about school and poor educational performance (Lipsey & Derzon, 1998). In his narrative review, Howell (2003) linked youth offending to low commitment to school, low educational aspirations, and multiple changes in school transitions. He found that early and persistent academic difficulties were connected to the onset of delinquency, particularly for males. In addition, he identified factors such as higher motivation and commitment to school, higher educational expectations and aspirations, and receiving educational support from teachers and mentors as reducing the risk of youth offending.

For youth growing up in CAS care, education has frequently been characterized by grade failures, multiple school changes, harsh disciplinary action, overrepresentation in special education, and lower completion rates (Pecora et al., 2010; Scherr, 2007; Pecora et al., 2006; Smithgall et al., 2004). Positive attitude toward school (Aguilar-Vafaie, Roshani, Hassanabadi, Masoudian, & Afruz, 2011), extra-curricular activities (Guilbord, Bell, Romano, & Rouillard, 2011), and supplemental education supports (White, O’Brien, White, Pecora, & Phillips, 2008) all have shown protective effects against youth depression, alcohol dependency, and substance abuse.

In this program of research, continuing serious education difficulties were the norm for youth involved with residential mental health programs. This was true for youth in primary school through to the young adults in our current study. For example, in our first phase research (Frensch et al., 2007, 2010), 18-24 months after discharge from residential (RT) mental health programs, when compared to youth who graduated from intensive in-home (IFS) mental health programs, the RT group had fewer youth in school and fewer youth in mainstream school settings. RT youth who were in school were more likely to be going on a part-time basis and/or be in modified school settings. RT youth reported

more problems with suspensions and generally with discipline issues, particularly violence (verbal and physical).

Close to half of RT youth attending school reported using special educational programs and supports. Although most were not old enough to legally decide to leave school, approximately one-quarter of RT youth were not attending any school or vocational program. A majority of these youth not attending school reported that they had been expelled. Youth frequently identified truancy, interpersonal difficulties at school, conflicts and violence, and their lack of motivation as interfering with their ability to be successful in school. Some youth explicitly linked their educational difficulties to other issues such as learning disabilities, mental health issues, substance abuse, and family problems. These patterns remained in the second phase of our research when youth had been out of residential treatment 3-4 years, except that more youth had left school because they were legally old enough to do so (Fensch et al., 2010).

In our program of research, school difficulties and non-completion were linked with problems in other life domains including legal difficulties, employment, and substance use. In the first phase of this research, 48% of youth with moderate to severe school difficulties at admission to residential mental health programs were in trouble with the law at follow-up compared to 23% of youth with modest or no school difficulties at program admission. Higher scores on the program admission school/work subscale were predictive of greater risk of being in trouble with the law at follow up (1.6 times greater likelihood of trouble with the law for each increase in impairment category on the CAFAS school/work subscale) (Fensch, Cameron, & Preyde, 2009).

Reinforcing this finding, none of the young adults in the current study who were in the “trouble with the law” group had completed high school. Overall, 64% of the young adults from 18-24 years old in this study had not finished high school. Of the remaining youth who had graduated from high school, a large majority had received special educational supports or been in programs with alternative completion requirements. Noteworthy is that 80% of the male young adults who had grown up in state care had not finished high school. About one-third of the young adults who had not finished high school were employed at the time of the interview. About 60% of the young adults who had not finished high school were on public fixed income supports (20% of these young adults were on Extended Care and Maintenance Agreements (ECM) with a child welfare authority and one was supported by a student loan).

Half of the young adults in the current study who had completed high school were employed at the time of the interview. Two-thirds of the young adults who had graduated from high school talked about their future career goals. All of the young adults in the “striving for success” group had completed high school. About half of the young adults who had completed high school lived on public fixed income supports (17% were on ECM Agreements requiring them to be in school or employed and 13% had student loans).

About one-third of the young adults who had not completed high school described current issues with substance abuse. About one-third talked about regular marijuana use. Almost 70% reported serious substance abuse problems at some point since leaving residential treatment. Only two young adults who had completed high school said that they had a current substance abuse problem.

Among the young adults who had not completed high school, almost 80% described being in trouble with the law at some point in the past since leaving residential treatment and about 40% of these young adults had current legal involvements. Conversely, about 60% of the young adults who had completed high school said that they also had been in trouble with the law in the past, but, none of these young adults were included in the category of young adults “in trouble with the law”.

Difficulties with education were the most broadly shared challenge among children, youth and young adults in this program of research. School failures have multiple implications for their futures and they occurred simultaneously with greater problems in other areas of living. In addition, keeping youth positively connected with schools and school personnel have been identified as useful protective factors in programming for youth delinquency, substance abuse, and transitioning to community living (Cameron, Smit-Quosai, & Frensch, 2012). The implication is that supporting child and youth involvement in education has to be an important component of efforts to improve community adaptation outcomes for youth after they leave residential mental health programs.

Employment

In the earlier phases of our research, describing employment outcomes was not a central focus mostly because of the young age of youth in the study. However, as youth transitioned into young adulthood, understanding the often challenging employment realities for youth with emotional and behavioural difficulties becomes important to thinking about ways to improve community adaptation outcomes for this group. Results from our earlier phases of research suggest employment challenges

may begin in early adolescence for this group of youth starting with youth dropping out of school at an early age. In earlier phases of this research, the majority of youth not in school were also not working. More specifically, 80% of youth not in school in Phase 1 and 61% of youth not in school in Phase 2 were also unemployed (Frensch et al., 2007, 2010).

Of the young adults in the current study who were not in school (either full time or part time), just over half of those individuals were employed (51.4%). Most of the young adults who were employed were working full time (61.1%). Overall, types of work included manual labour, food services, and retail characterized by low wages, temporary status, and odd hours. Being fired, laid-off, and quitting jobs were discussed frequently with safety concerns often cited as a factor in deciding to quit a job. Finding a job that suited their skills, temperament and financial needs was a struggle.

For the group of young adults who were not employed and not attending school, most indicated that they wanted some help around their employment situation within varying levels of urgency. Barriers to employment that were commonly identified included no transportation, high unemployment rate (few available jobs), lack of experience/skills, literacy skills, fear of failure, low self-esteem, mental health issues, and drug use. Types of assistance young adults identified needing included job placement programs (for more experience), training, help with cover letters and resumes, making connections, budgeting, help to determine interests and identify career goals, how to complete taxes, access to transportation, money for further education, and interview skills. Use of employment services were sporadic.

Previous literature has indicated that groups of “at-risk” youth and young adults, such as youth with delinquent pasts, substance use, homelessness, or mental illness have a harder time finding and keeping a job (Matsuba, Petrucci, & Marleau, 2008; McWhirter et al., 1998). Periods of early unemployment have been linked with poorer psychological well-being later on including sleep problems, anxiety, depression, self-harm, and drinking (Hammarström & Janlert, 2002; Jerrom, 2014; Matsuba et al., 2008). Conversely, the protective value of having a job (with satisfactory hours and expectations) or building some employment experience, particularly for former foster care youth, has been linked to better outcomes in the domains of education (Pecora et al., 2006b), employment (Dworsky, 2005; Goerge et al., 2002; Naccarato, 2010), housing (Jones, 2011), and delinquency (Cusick et al., 2011; Vaughn et al., 2008).

Several employment focused programs have demonstrated effectiveness in improving not only employment outcomes for “at-risk” youth, but outcomes in other important life domains. For example, Hawkins, Welsh, and Utting (2010) found evidence that Job Corps, a residential program to improve the employability of youth at risk of delinquency, was associated with less youth criminal involvements and better school performance. The Options program based on the Transition to Independence (TIP) model (Clark & Davis, 2000) and supplemented with a supported employment component was effective in reducing the rate of substantiated criminal offenses among program youth from 61% (pre-program) to 29% (during program) (Koroloff, Pullmann & Gordon, 2008). Additionally the number of hours of employment services received was directly related to improvement in employment outcomes over time. Similarly, the Steps-to-Success program with a heavy emphasis on employment practicum and vocational training (also based on the TIP model) showed significantly improved rates of post-secondary enrolment and productivity levels among program involved youth in comparison to youth with emotional and behavioural disorders (EBD) receiving “services as usual” (Karpur, Clark, Caproni & Sterner, 2005).

Fitzgibbon, Cook, & Falcon (2000) outline several key principles to effective vocational programming for youth with EBD. These include: early identification and supports (youth who drop out of school have greater difficulties in furthering career and employment development), comprehensive and integrated services, individualized assistance (engaging youth to develop their unique interests and pursuits), use of peer support, place-then-train approaches, provision of ongoing supports, cultural diversity and gender awareness. Similarly, Carter and Lunsford (2005) identified the importance of building competence in youth with EBD and developing networks of support around them to improve the employment outcomes for transition-age youth with EBD. As they prepare to leave school and enter the workforce, transition planning for youth with EBD should focus on building competencies critical to work success including social skills, academic skills, vocational skills, and self-determination skills. Skills acquisition should take place within a context of supportive networks built on links with community-based vocational services, specific workplace supports, family involvement, and youth participation in setting their own educational and vocational goals (Carter & Lunsford, 2005).

Community Conduct

Understanding high rates of delinquency and contact with the law among youth leaving residential mental health (RT) programs is another important consideration. This community adaptation

problem is more common among adolescents than younger children. About 50% of youth in Phase 1 and Phase 2 of our research had been in trouble with the law after graduating from RT (Hazineh, Frensch, Preyde, & Cameron, 2010). Almost one-quarter of the young adults in the current study described lifestyles that continued to be characterized by anti-social and illegal activities. These young adults were marginal to the worlds of education and employment.

In other reviews of the research, rates of delinquency and contact with the law among young with mental health problems have ranged from 24% to 66% (Barth, Greeson, green, Hurley, & Sisson, 2007; Greenbaum, Foster-Johnson, & Petrila, 1996; Hodges & Kim, 2000b). Among this population, common predictors of youth delinquency and involvement with the juvenile justice system included parental risk factors, alcohol and substance use, antisocial peer groups or gang affiliation, and mental health diagnoses such as oppositional defiance disorder and conduct disorder (Cropsey, Weaver, & Dupre, 2008; Greenbaum et al., 1996; Hodges & Kim, 2000b; Kurtz, 2002).

Hodges and Kim (2000b) found that the probability of contact with the law among a sample of 1,460 youth receiving mental health services increased with age and was higher for males and for youth with a greater number of parental risk factors such as the criminal conviction of a parent, substance abuse, and psychiatric disorders. In their study, at six months post-intake, approximately 24% of youth had difficulties with the law. Cropsey et al. (2008) found that the odds of justice involvement increased more than twofold for youth with a history of aggression and cocaine use among a sample of 636 youth age 12-17 in psychiatric hospitalization. In the U.S. National Adolescent and Child Treatment Study (Greenbaum et al., 1996) incarceration was more common among males, ethnic minorities, children who had resided in mental health facilities, and children in mid-adolescence. Risk of incarceration was also positively related to externalizing behaviour scores and number of conduct disorder symptoms and negatively related to number of phobic symptoms.

Adjustment problems in late adolescence and young adulthood are thought to be related to earlier delinquency and conduct disorders (Greenbaum et al., 1996; McCarty et al., 2008). Conduct problems in childhood have been identified as a significant risk factor for disorders in adulthood (Fergusson, Horwood, & Ridder, 2004; Kurtz et al., 1998; Lynam, 2006). Fergusson et al.'s (2004) 25 year longitudinal study concluded that conduct problems between ages 7 and 9 predicted later crime, substance use, and mental health disorders.

There were a number of risk factors for delinquency and/or reoffending that consistently appeared across the meta-analyses and in narrative reviews included in the synthesis review for this program of research (Cameron, Smit-Quosai, & Frensch, 2012). Prior offending is among the strongest factors predicting whether youth reoffend. Youth with violent histories are more likely to reoffend violently and those with non-violent histories are more likely to have general recidivism. History of early offending behaviour was found to be a stronger predictor of subsequent offending than offending as an adolescent. Youth who were identified with behavioural issues such as hyperactivity, aggression, and conduct disorder were more likely to be involved in adult criminality. Being male was a strong correlate of offending behaviour. Poor parental management including lack of supervision and inconsistent and coercive parenting was the foremost family factor that increased the likelihood of offending. A family environment that included violence or attitudes accepting of criminal behaviour was associated with offending. There was some indication that family structure factors such as low socio-economic status, single parenthood, and child welfare involvement was associated with higher rates of youth offending. Association with delinquent peers and lack of pro-social acquaintances also contributed to offending behaviours, particularly among adolescents aged 12-14.

In our earlier synthesis review, factors such as self-efficacy, self-esteem, accountability, trustworthiness, and the ability to feel guilt identified by youth were considered protective against juvenile justice involvement. Family factors considered to reduce the chance of youth offending were good family communication, parental supervision, and good familial support. Association with pro-social peers was found to be protective against youth offending. Youth having strong motivation to be in school, attachment to school, support from teachers and higher educational aspirations were also protective factors that were identified.

Common among programs with a demonstrated capacity to reduce youth delinquency has been their focus on risk factors such as youth behaviour problems, family dysfunction, parental symptomology, youth association with antisocial peers, and youth engagements with schools. Criticism of less effective interventions has centred on their comparatively narrow focus ignoring the evidence for the multi-determined nature of youth antisocial behaviour (Borduin et al., 1995; Henggeler & Sheidow, 2003; Kurtz, 2002; Sprague & Thyer, 2002).

In our longitudinal program of research, at admission to residential treatment 35% of youth had been in contact with the law. Of the youth identified as having contact with the law at admission, 57%

had been formally charged. The average score on the CAFAS Community subscale at admission was high for RT youth (11.26) with an average score over five times greater than the average children's mental health intake score in Ontario (CAFAS in Ontario, 2012). At Phase 1 and 2 follow up, significantly larger proportions of RT youth had contact with the law than at admission. Proportions were similar for 12-18 months post-discharge (49%) and 36-48 months post-discharge (47%). The proportions of youth in contact with the law who received formal charges increased over time from 57% at admission to 65% in Phase 1 and to 84% in Phase 2. This was likely related to the increasing average age of youth over time.

In the current study of young adults (18-23) who had graduated from RT programs, 20% of males who had returned home to live with their families and slightly more than 60% of males who moved to the care of child welfare authorities had recent or ongoing trouble with the law. Young adults in trouble with the law were almost exclusively male in this study. Young adults in this category were considered to be at elevated risk of continuing poor outcomes in multiple domains of living. They had illegal and delinquent activities central to their current living circumstances. Most had substance abuse associated with these activities. All continued to confront multiple personal functioning challenges. Almost all were disassociated from education and work environments. Only 7% had completed high school or its equivalent. 64% made a decision to leave high school early. These young adults also had inconsistent relationships with members of their families of origin. A significant number became a biological father at a young age.

It was striking that half of the youth in this program of research had trouble with the law *after* leaving residential mental health programs. While such difficulties lessened for many of these youth as they entered young adulthood, trouble with the law continued for about one-quarter of young adults. Troubles with the law typically co-occurred with difficulties at school, at home, with substance abuse, with peers, with employment and with youth well-being. Programming with a demonstrated capacity to reduce youth troubles with the law and incarceration often addressed several of these challenges simultaneously. For many of these youth and young adults, troubles with the law were a continuation of earlier difficulties. The implication is that preventing such future difficulties must be part of the graduation services and supports available to youth leaving RT programs. Elsewhere we have argued that multi-dimensional and flexible services and supports should proactively follow individual youth out of RT programs (Cameron, Smit-Quosai, & Frensch, 2012). Counting on external service and educational systems to effectively meet the needs of this youth population is not likely to produce satisfactory benefits for youth and their caregivers.

Substance Abuse

About 20% of Canadians with a mental health disorder also have a substance use disorder (Rush & Koegl, 2008; Smetanin et al., 2011). For youth aged 15 to 24 years, this figure has been estimated as 32.4% and is higher than any other adult community cohort (Rush et al., 2008). In clinical adolescent populations even higher rates of co-occurring mental health and substance use disorders (also known as concurrent disorders) have been reported with prevalence estimates for youth accessing services for a mental health disorder ranging from 49% (Diaz et al., 2011) to 55% (Rush et al., 2008). Concurrent disorder is associated with significant global functional impairment (i.e., at home, at school, with peers, or in society at large) (Robert, Roberts & Ying, 2006), criminal involvement and negative school performance (Hser et al., 2001; Joe et al., 2014), and greater challenges in securing and maintaining employment (Mitchell, Betts, & Epling, 2002). Involvement with negative peers or family members for youth with concurrent disorder is also related to reduced abstinence from substances (Grella, Joshi, & Hser, 2008), increased crime, homelessness, risky sexual behavior, and school failure (Deas & Thomas, 2001; Watson et al., 2014).

Family risk factors for the development of substance use in youth include parental or sibling substance use or abuse and a lack of parental supervision (European Monitoring Centre for Drugs and Drug Addiction, 2009). Low family cohesion and family history of substance use disorder have been shown to predict substance use in youth with a mental health disorder (Bipolar Spectrum Disorder) (Goldstein et al., 2013). Peers can also exert influences through their attitudes and behaviours. In the European Monitoring Centre for Drugs and Drug Addiction's review (2009), *adolescents* in residential care were found to be at particularly high risk for comorbid substance use disorder and psychiatric disorders compared to *children* in residential care and to disadvantaged adolescents living in private homes. Family protective factors against the development of substance use in youth include a warm and supportive family environment, secure attachment, and prosocial family processes such as monitoring and setting appropriate rules (European Monitoring Centre for Drugs and Drug Addiction, 2009).

In the current study, substance use emerged as a dominant consideration in understanding the daily personal functioning and other community adaptation outcomes for this group of young adults. This pattern was not evident in our earlier phases of longitudinal research for several possible reasons. Earlier phases did not emphasize gathering information on substance use among the children and youth

in our study. Our information came from parents and guardians who may not have known about their child's use of alcohol or drugs and youth/children were not interviewed directly about their substance use given their young age at the outset of this longitudinal research. The one included measure was the CAFAS Substance Use subscale administered by clinicians at admission and discharge from residential treatment. In a sub-sample of 45 youth age 12 and older at the time of admission, 82% of youth (at admission) and 90% of youth (at discharge) were rated by clinicians to have no disruption of functioning or any significant problems as a result of substance use. Average scores on this subscale were 4.88 (SD=9.44) at admission and 3.50 (SD=8.02) at discharge and scores could range from 0 (no impairment) to 30 (severe impairment). These results likely under-represented actual substance use and its impacts on youth, particularly after having learned of the early onset of use among many of the young adults in the current study (beginning around age 12-15).

Young adults in the current study were remarkably candid about their past problems with substance use, ongoing use of alcohol and drugs, and its impacts in other domains of living including employment, trouble with the law, and family relationships. Based on information shared about the nature and frequency of their substance use (both alcohol and drugs), young adults were grouped according to the severity and persistence of usage. The substance use patterns of three youth could not be determined and were excluded from the analysis. Eleven youth (20%) were categorized as having persistent and problematic use, 19 youth (34%) were categorized as having moderate usage, and 26 youth (46%) were categorized as having no or minimal substance use. Several differences were noted across the three types of substance users.

Young adults categorized as persistent/problematic substance users fared more poorly on a number of well-being indicators and community adaptation outcomes. Only 18% of persistent substance users had a job compared to 37% of minimal users and 68% of moderate users ($p < .05$). About 45% of persistent users had been in trouble with the law within the year prior to our research interview compared to 26% of moderate users and 16% of minimal users (*n.s.*). More than half of persistent/problematic users (55%) were using either alcohol or drugs for self-medicating purposes compared to 26% and 4% of moderate and minimal users respectively ($p < .01$). Additionally, persistent/problematic substance users were experiencing more frequent symptoms of common emotional and behavioural problems (as measured by the BCFPI Adolescent form (Cunningham, Pettingill, & Boyle, 2003)) than either moderate or minimal users. While average scores on this measure for all groups were below the clinical cut-off score, persistent users had consistently higher (more

problematic) scores in the areas of regulating attention, impulsivity, and activity, conduct, managing mood, managing anxiety, and self-harming behaviours ($p < .05$).

Young Parenthood

In the current study, becoming a parent at an early age was a reality for 24% of young adults. In comparison, rates of adolescent pregnancy (age 15-19) in other at-risk youth groups range from 28.4% (adolescent girls in multidimensional treatment foster care) to 50% (state group care) (Courtney et al., 2006; Leve, Kerr, & Harold, 2013). In general, early pregnancy and parenthood has been associated with a host of negative outcomes with far reaching consequences into young adulthood including diminished academic achievement, living in poverty, child welfare involvement for own parenting, and illicit drug use (Basch, 2011; Leve, Kerr, & Harold, 2013).

While young parenthood was not explored in our earlier phases of the research, it clearly emerged as an important area of concern in understanding the community adaptation outcomes of a subset of youth who received residential mental health treatment. Young adults in the current study who were parenting described leaving school without graduating, being unemployed, and living on a fixed income. Support from their own mothers, as well as support from professionals for state care youth, and quitting drugs or alcohol were positive aspects to becoming a parent that were identified by young parents in the current study. These findings are similar to Connolly, Heifetz, and Bohr's (2012) meta-synthesis of 17 qualitative studies on young parenthood among females in state care in which young mothers identified having support as contributing to a positive mothering experience and motherhood being experienced as a stabilizing event and wanting to do better personally. Equally salient themes in their meta-synthesis of young mothers' experiences were a mistrust of others, having a child to fill an emotional void, and a lack of education and knowledge of sexual health.

As an intervention, the effectiveness of increasing youth knowledge of sexual health alone to change sexual behaviours or decrease rates of adolescent pregnancies has been questioned (Fletcher et al., 2008). Widening intervention strategies to include improving connections to school and fostering education and employment aspirations, particularly for young people "at-risk" of adolescent pregnancy, may be a powerful complement to existing programming (Fletcher et al., 2008)

Final Comments

A complete discussion of appropriate actions to improve community living outcomes for youth leaving residential mental health programs is beyond the scope of this paper. However, we have drawn some general conclusions from our program of research that we highlight very briefly below.

First, our research and evidence from the literature indicates that it is unreasonable to expect youth gains while in residential care to translate into enduring youth successes in adapting to living in the community. This remains our conclusion despite clear functioning gains for many youth and their families from being in residential treatment. A related conclusion is that it is best to view improving youth functioning while in residential treatment and enhancing their adaptation to community living as separate and quite different conceptual and practical challenges.

Our second and perhaps most important conclusion is that there are many promising program ideas from the literature that could reasonably be explored in trying to improve community living outcomes for this youth population. For example, the following have been associated with improved outcomes in multiple domains of community living for youth leaving institutional care:

- Positive relations with supportive adult friends, mentors, and advocates,
- Positive relationships with caregivers and others where they live,
- Supporting and educating caregivers to support youth,
- Helping youth maintain positive connections with school or employment,
- Improving youth ability to manage their emotional and behavioural challenges.

Third, many of the problems youth bring into residential treatment, even though improvements are the norm, remain a challenge for most youth for many years after leaving residential care. In addition, concerns in other areas of community living become greater after youth graduate from residential care – for example, premature school leaving, unemployment, trouble with the law, addictions and substance abuse, and early parenthood. Our program of research indicates that such concerns often become more evident in the first year or two after leaving residential treatment. We conclude that improving community living outcomes for these youth is much more a function of ongoing support and caring than short-term treatment and cure. In addition, we believe that the prime time for proving community living interventions is immediately after youth leave residential care. Finally, there is

evidence that such programming should be proactive and actively engage with youth when they graduate from residential treatment.

Fourth, clearly, 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). The young adults in the striving for success category in the current research had access to more material and family support than was the norm for youth in other categories. Also, as seen in this study of young adults, different subsets of youth may require some unique programming elements. It is also 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.

At least where we live, our conclusions differ substantially from the current service realities facing most youth and their caregivers after their involvements with residential children's mental health programs in Ontario. In a time of fiscal restraint, many might question the feasibility of moving in these directions. Others may argue that there are more important priorities in children's mental health. Whatever the merit of these perceptions, our research indicates that too many youth leaving residential treatment face very difficult futures. There are also some well-supported strategies we might try to improve their lives. Whether we can marshal the motivation and the resources to try and to learn from such efforts remains to be discovered.

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