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Marginalized Youth, Mental Health, and Connection with Others: A Review of the Literature

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Abstract
For marginalized youth, the transition to adulthood is a stage of life in which inequalities can be either magnified or reduced. While most descriptions of these young people highlight their difficulties achieving self-sufficiency, the ability to form connections with others is an equally significant marker of adult maturity. Given that social isolation poses serious risks to health and well-being, the relational experiences of marginalized youth are a critical component of the transition to adulthood. Experiences of trauma, marginalization, and involvement in public systems of care can place these youth at heightened risk for mental health difficulties, all of which can pose particular challenges for interpersonal relationships. This critical review of the literature explores the research on the relational experiences of marginalized young people living with emotional and behavioral challenges. It discusses the unique developmental context of marginalized youth, including experiences with trauma, mental illness, marginalization, and involvement in public systems of care. It then reviews the benefits young people derive from mutually empathic connections with others. The review explores facilitators of connection for marginalized youth, as well as barriers to connection for these young people. Following this review, the article identifies several gaps in the literature, and ends with a call for both practitioners and researchers to focus on the importance of connection as an underappreciated and crucial resource for marginalized youth.

Keywords Connection · Trauma · Marginalized youth · Literature review · Relationships · Mental illness

Introduction

The extended transition between adolescence and adulthood has been identified as a significant developmental period, providing a unique opportunity to impact adult physical and emotional health and well being (Osgood, Foster, Flanagan, & Ruth, 2005). This period of life is particularly critical for young people who have experienced economic, social, political and cultural marginalization due to poverty, discrimination, violence, trauma, dislocation and disenfranchisement (Institute of Medicine and National Research Council, 2014). Marginalized youth include young people who live in poverty, are court-involved (i.e. juvenile justice, child welfare), live with a disability, identify as sexual minorities, or possess undocumented immigrant status (IOM & NRC, 2014). These young people are much more likely to experience an abrupt, rather than a gradual, transition to adulthood (Munson, Lee, Miller, Cole, & Nedelcu, 2013). While there is tremendous variability in the life experiences of these young people, there is also considerable overlap, including low income and behavioral health challenges (Osgood, Foster, & Courtney, 2010).

In the U.S., substantial numbers of marginalized youth interact with multiple systems of care (Osgood et al., 2010). For example, national data on adoption and foster care show that in 2017, 43,099 youth ages 16 or older exited foster care, while 19,945 youth were emancipated from care (U.S. Department of Health and Human Services, 2017). Over 400,000 youth ages 16 and older were processed in juvenile court in 2016 (Hockenberry, 2019). And on a single night in 2018, 36,361 unaccompanied youth ages 25 and under were homeless (Henry et al., 2018).

The multiple forms of social exclusion confronting marginalized youth (including poverty, discrimination, violence, and trauma) heighten their risk of poor outcomes in young adulthood (IOM & NRC, 2014), including lower educational

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achievement, less full-time employment, and poor mental health (Osgood et al., 2010). Compared to other age groups, rates of mental illness are elevated for young adults ages 18–25 (Kessler et al., 2005). One in 5 young adults have a mental illness, excluding substance use disorders, and 4.8% have serious mental illness (Substance Abuse and Mental Health Services Administration, 2014). For marginalized youth, these rates are even higher. A study of youth aging out of foster care found that a third of young adults who had exited foster care met criteria for a mental disorder (Courtney & Dworsky, 2006). A survey of homeless youth from 1996 found that 45% of homeless youth reported mental health problems in the past year (Burt, 2007). Youth growing up in poverty are 2–3 times more likely to develop mental health problems (Reiss, 2013). Efforts to enhance the health and wellbeing of marginalized youth can facilitate a more successful transition to adulthood, thereby helping them become fully contributing members of society (IOM & NRC, 2014).

Much of the literature focusing on the transition to adulthood among marginalized populations highlights the many difficulties faced by these young people in achieving adult self-sufficiency. The presence of stigma, the need to manage mental health symptoms, difficulties in accessing services, and a lack of developmentally appropriate services can make for a challenging transition to adulthood for these young people (Jivanjee & Kruzich, 2011; Manuel et al., 2018; Munson et al., 2012). Transition-age youth living with emotional and behavioral health challenges have unique social and emotional needs around support, autonomy, relationship formation, and identity development (Gilmer et al., 2012; Leavey, 2005; Munson, Floersch, & Townsend, 2009; Munson et al., 2017) based on their experiences with mental illness, social oppression, and involvement in public systems of care (Munson & Lox, 2012; Munson et al., 2012; Munson et al., 2017). However, a narrative overly focused on deficits and challenges can obscure the presence of resilience during the transition to adulthood. This phase of life contains tremendous potential for growth and change (Osgood et al., 2005) and many marginalized youth experience success in adulthood (IOM & NRC, 2014). A key task for social work researchers and practitioners is to better understand the processes that foster resilience in this population (Saleebey, 1996). Rather than focusing solely on self-sufficiency, this review draws attention to how connections with others may play a key role in a resilient transition to adulthood.

Supportive relationships with others are vital for both physical and mental health (Cacioppo & Patrick, 2008; Holt-Lunstad, Smith, & Layton, 2010) and a chief source of resilience for marginalized youth (Munson et al., 2015; Osgood et al., 2010). In the past decade, research has begun to explore how supportive relationships can foster psychological growth for marginalized youth (Geenen & Powers, 2007; Munson et al., 2015; Spencer, 2006). Much of this literature is informed by relational cultural theory (Miller & Stiver, 1997), a feminist theory that emphasizes the benefits of respectful, mutually empathic relationships for lifelong growth and well-being. Research on adults living with serious mental illness also emphasizes the social context of recovery. The capacity for connectedness, defined as "the construction and successful maintenance of reciprocal interpersonal relationships" (Ware, Hopper, Tugenberg, Dickey, & Fisher, 2007, p. 471), is a fundamental component of social integration for adults with psychiatric disabilities (Tew et al., 2012). "Connectedness" refers to reciprocal peer relationships, rather than formal relationships with helping professionals; however, much of the literature on marginalized youth focuses on their relationships with service providers. This review uses the term "connection" to refer to the experience of being in a close relationship with a peer, family member, mentor, or helping professional.

This critical review of the literature centers connection, rather than self-sufficiency, as a way to explore the relational experiences of marginalized youth living with emotional and behavioral challenges. Guided by relational-cultural theory, and building on the recovery literature's emphasis on connectedness and social integration, this review explores the developmental context and impact of marginalized youths' relationships with others; the factors that support connection as a source of growth; and the factors that inhibit its development.

Method

This review of the literature was guided by the following research questions:

1. How do marginalized youth living with emotional or behavioral challenges experience connection with others (including peers, family members, and service providers)?
2. What qualities or factors facilitate connection for marginalized youth?
3. What factors can serve as barriers to connection for marginalized youth?

To answer these questions, a review of the recent literature was conducted using the following databases: PsycInfo, SocIndex, Social Work Abstracts, and Social Service Abstracts. Each search used a combination of key search terms related to age ("youth or marginalized youth or transition-age youth or young adult* or adolesc* or teen or young people"), mental health ("mental health or psychiatr* or mental illness or emotional disorders or behavioral health"), and interpersonal relationships ("connect* or

closeness or relationships or loneliness"). A full list of the combinations of search terms used per database is available from the authors.

Inclusion criteria for the review were as follows:

1. Peer-reviewed journal articles.
2. Article published in English.
3. Age range of youth sample includes youth between ages of 16 and 25.
4. Articles published since 2005.
5. Study sample consists of marginalized youth (young people who experience social disadvantage and social exclusion by virtue of current or past involvement in public systems of care, mental illness, disability, poverty, sexual minority status, or undocumented immigration status).
6. Explicit reference to the relational experiences of marginalized youth with emotional or behavioral challenges.

Articles could be either empirical or theoretical, and could feature the perspectives of young people, family members, or providers. However, they needed to explicitly reference the qualities of interpersonal connection as experienced by the young people. Given that marginalized youth are less likely than other age groups to utilize mental health services (Munson et al., 2012), articles were not restricted to those featuring youth who were identified as having received a psychiatric diagnosis; however, they did need to include clear examples of emotional, behavioral, and interpersonal challenges faced by marginalized youth (such as difficulties with trusting others or managing behavioral reactions as a result of traumatic experiences). Reference lists of included articles were also reviewed for additional articles that met the study's inclusion criteria. Articles that did not feature samples of marginalized youth were excluded. Articles published since 2005 were the focus, in order to highlight the research that has been conducted in the years since Gralinski-Bakker, Hauser, Billings, and Allen (2005) published their chapter on the transition to adulthood for youth living with mental illness. In addition, several seminal articles that predate 2005 were also included for this review.

The initial searches, after title and abstract review, yielded slightly over 90 articles. The first author reviewed the articles for the presence of inclusion criteria and relevance to the study. Ultimately, 50 empirical and theoretical articles were included in this review (see Table 1). The first author then carefully reviewed the full text of each article and extracted information from the article related to experiences of connection. The notes from each of these summaries were then coded for themes related to the interpersonal experiences of marginalized youth, informed by the study's research questions. Ultimately, four major themes emerged related to marginalized youth's experiences of connection.

Table 1 Articles included in review

Abel and Wahab (2017)
Ahrens et al. (2011)
Albright, Hurd, and Hussain (2017)
Animosa, Lindstrom Johnson, and Cheng (2018)
Catalpa and McGuire (2018)
Crea et al. (2018)
DiFulvio (2011)
Downs (2012)
Duval and Vincent (2009)
Dworsky and Courtney (2009)
Geenen and Powers (2007)
Gilmer et al. (2012)
Goodkind, Schelbe, and Shook (2011)
Greeson and Bowen (2008)
Grisso (2008)
Gulbas et al. (2011)
Hauser and Allen (2006)
Henderson and Green (2014)
Jivanjee, Kruzich, and Gordon (2008)
Jivanjee, Kruzich, and Gordon (2009)
Kranke, Floersch, Kranke, and Munson (2011)
Kranke, Floersch, Townsend, and Munson (2010)
Kranke, Guada, Kranke, and Floersch (2012)
Kulkarni (2009)
Leavey (2005)
Lee, Cole, and Munson (2016)
Lindsey, Joe, and Nebbitt (2010)
Manuel et al. (2018)
Moses (2010)
Munford and Sanders (2015a, b)
Munson and Lox (2012)
Munson, Brown, Spencer, Edguer, and Tracy (2015)
Munson, Smalling, Spencer, Scott, and Tracy (2010)
Munson, Stanhope, Small, and Atterbury (2017)
Narendorf (2017)
Osgood et al. (2010)
Patel, Head, Dwyer, and Preyde (2018)
Rice, Kurzban, and Ray (2012)
Samuels and Pryce (2008)
Scott Jr, McCoy, Munson, Snowden, and McMillen (2011)
Spencer (2006)
Spencer, Tugenberg, Ocean, Schwartz, and Rhodes (2016)
Steinke, Root-Bowman, Estabrook, Levine, and Kantor (2017)
Storer et al. (2014)
Thompson, Rew, Barczyk, McCoy, and Mi-Sedhi (2009)
Tupuola, Cattell, and Stansfeld (2008)
Ungar (2004)
Visser (2018)
Vorhies, Davis, Frounfelker, and Kaiser (2012)
West, Williams, Suzukovich, Strangeman, and Novins (2012)

The first two themes, focusing on the developmental context marginalized youth bring to relationships and the benefits they derive from positive relationships, address the study's first research question. The third theme, explicating the qualities that facilitate connection for marginalized youth, addresses the second research question, and the fourth theme explores the study's third research question regarding factors that can inhibit connection for marginalized youth. Each of these themes will be discussed in turn.

Results

The Developmental Context of Marginalized Youth

The research on marginalized youth reveals a unique developmental and relational context that informs the transition to adulthood. This context includes the experience of mental illness in adolescence and young adulthood; the impact of relational deprivation and trauma; and the specific impacts of marginalization and involvement in public systems of care. This context poses particular relational challenges for family members and service providers working to support marginalized youth during the transition to adulthood.

Mental Illness in Adolescence and Young Adulthood

Three-quarters of mental health and substance abuse disorders manifest by age 24 (Pottick, Bilder, Vander Stoep, Warner, & Alvarez, 2008) and have significant consequences for emotional and relational development. Despite the need for mental health treatment, young adults have lower rates of mental health service utilization (Munson et al., 2012; Pottick et al., 2008), due to a combination of factors, including stigma, a lack of developmentally and culturally appropriate services, and mistrust of service providers (Jivanjee et al., 2009; Munson et al., 2012; West et al., 2012).

Mental illness in adolescence and young adulthood complicates the efforts to pursue both greater autonomy and greater connection during this stage of life (Wolfe & Mash, 2006). Longitudinal studies of adolescents with mental health difficulties demonstrate that social and interpersonal difficulties figure prominently during the transition to adulthood (Gralinski-Bakker et al., 2005). These studies report difficulties with communication and social skills, limited interpersonal relationships with friends, family, and romantic partners, and fewer employment opportunities and less financial independence as young adults (Armstrong, Dedrick, & Greenbaum, 2003; Delman & Jones, 2002; Gralinski-Bakker et al., 2005; Jonikas, Laris, & Cook, 2003; Vander Stoep et al., 2000).

Research suggests that a diagnosis of mental illness is often accompanied by multiple forms of loss: loss of identity, loss of independence, loss of key relationships with family members and friends, and loss of academic functioning (Leavey, 2005). Feelings of vulnerability, stress, shame, and concerns about stigma surrounding mental illness can affect numerous developmental tasks of adolescence and young adulthood, including the development of identity, the pursuit of academic and career success, and the establishment of meaningful peer and intimate relationships (Jivanjee et al., 2008; Kranke et al., 2010; Leavey, 2005). For young people learning to live with mental illness, recovery involves the acquisition of new skills and coping strategies, the re-establishing of identity and hope, and the development of supportive relationships with peers, family, community members, and health professionals (Jivanjee & Kruzich, 2011; Jivanjee et al., 2008; Jivanjee, Kruzich, & Gordon, 2009; Leavey, 2005). In the workplace, successful employment experiences require these young adults to navigate workplace culture, value and manage workplace relationships, and manage symptoms in a work environment (Vorhies et al., 2012). The social competencies and social capital required for a successful transition to adulthood can be diminished in young people living with mental health difficulties (Vorhies et al., 2012).

Relational Deprivation and Trauma

Trauma exposure is alarmingly common for American adolescents; one study revealed that 61.8% of the sample of adolescents had been exposed to a potentially traumatic experience (McLaughlin et al., 2013). Research on system-involved youth shows that adverse experiences in childhood, including abuse and neglect, parental mental illness, homelessness, and parental death, are strongly predictive of mental health problems in adolescence (Lucenko, Sharkova, Huber, Jemelka, & Mancuso, 2015). A study of youth aging out of foster care found that 15% of the sample met lifetime criteria for PTSD (Keller, Salazar, & Courtney, 2010). Analysis of the National Survey of Child and Adolescent Well-Being found that nearly half of youth ages 18–21 with histories of maltreatment and child welfare system involvement had current indicators of mental health needs (Ringeisen, Casanueva, Urato, & Stambaugh, 2009). Another study of adolescents using publicly-funded social services found that 35.2% of adolescents ages 12–17 with child welfare system involvement had mental health problems in adolescence (Lucenko et al., 2015).

Research on adolescents who have experienced trauma or maltreatment shows that they are more likely to demonstrate maladaptive coping styles, higher rates of depression and anxiety disorders, and relational difficulties such as problems with trust, closeness, or intimacy (Wolfe, Rawana, & Chiodo, 2006). Qualitative studies with marginalized youth reveal the impact of traumatic experiences and relational

deprivation. Young people with histories of abuse and neglect report longing for experiences of connection, love, and attention in relationships (Kulkarni, 2009; Munson & Lox, 2012). At the same time, youth with histories of inconsistent relationships may experience difficulties trusting others and identifying their own emotional needs (Kulkarni, 2009; Manuel et al., 2018; Munford & Sanders, 2015a). A study of homeless youth who had been involved in the child welfare system found that these youth experienced interpersonal trauma both prior to and during their involvement in the system, leading to emotional, behavioral, and relational problems (Duval & Vincent, 2009). Repeated empathic failures from caregivers led youth to see themselves as bad, relationships as disappointing, and the world as unsafe (Duval & Vincent, 2009). In focus groups, transition-age youth living with mental illness requested therapy groups that would address experiences of interpersonal violence, abuse, and grief, along with skills for establishing and maintaining healthy relationships (Gilmer et al., 2012). Sparks (2004) ran an 8-week girls' group for young women in a juvenile detention facility, and found that the relational patterns of the young women reflected their experiences of chronic relational violations. Issues of trust, challenges with maintaining authenticity, and strategies of disconnection were recurring themes in the group (Sparks, 2004).

Marginalization

Social and systemic factors, including poverty, racism, and sexism, compound the emotional and relational difficulties marginalized youth face in the transition to adulthood. Collective trauma experienced by communities of color and cultural mistrust of mental health providers affect the willingness of marginalized youth to engage with mental health services (Kranke et al., 2012; Lindsey et al., 2010; West et al., 2012). For young men of color in particular, the intersection of cultural mistrust, gender stereotypes regarding masculinity and help-seeking, and the long history of negative stereotypes and discriminatory treatment towards African American men may combine to result in hypervigilance and distrust in counseling situations (Scott et al., 2011). Sexual and gender minority youth experience isolation, disconnection, victimization and stigmatization in many of their family, peer and school relationships (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009; Catalpa & McGuire, 2018; DiFulvio, 2011; Steinke et al., 2017). For unaccompanied migrant youth who are placed in foster care, cultural misunderstandings intersect with trauma histories to manifest as mental health and behavioral problems, leading to frequent foster care placement changes for these young people (Crea et al., 2018). Prejudice, discrimination, and social exclusion create barriers to accessing services, affect individuals' abilities to meet their basic needs, and increase chronic stress and risk for poor mental health (Jivanjee & Kruzich, 2011; Munson et al., 2017; Osgood et al., 2010; Reiss, 2013).

Histories of System Involvement

Involvement in public systems of care as a child or adolescent has particular relational implications for marginalized youth during the transition to adulthood (Goodkind et al., 2011; Munson et al., 2015; Scott Jr et al., 2011). Many former system youth have multiple experiences of loss, disappointment, and fragile family relationships (Lee et al., 2016), resulting in a preference for self-reliance rather than dependence on others (Goodkind et al., 2011; Samuels & Pryce, 2008). Several studies of former foster youth report accumulations of relational disappointments while in care: frequent changes in caseworkers, foster care placements, and schools create a sense of relational instability (Geenen & Powers, 2007), while youth report difficulties establishing genuine relationships with both foster parents (Storer et al., 2014) and case workers (Geenen & Powers, 2007; Munford & Sanders, 2015a). Foster youth describe feeling disregarded by caseworkers more focused on bureaucratic process than relationship building (Abel & Wahab, 2017; Geenen & Powers, 2007; Greeson & Bowen, 2008). The experience of being in foster care as an adolescent creates additional intrusiveness and scrutiny for youth, interfering with normal adolescent developmental processes of separation and individuation (Geenen & Powers, 2007; Munson & Lox, 2012). For some youth in care, past experiences of abuse and relational deprivation lead to behaviors that cause concern for foster parents (Storer et al., 2014), including running away when they encounter challenges (Munford & Sanders, 2015a). Racism amplifies experiences of marginalization for youth in the child welfare system. Greeson and Bowen (2008) report that one young woman in their study was the only Black child in her foster home, and was often unfairly blamed and punished for actions, including stealing.

These experiences of trauma, insecure attachment, and difficulties with affect regulation impact relationship development and maintenance among former system youth (Munson et al., 2015). In addition, past negative experiences with services, mistrust of service providers, and desires for increased autonomy lead to reluctance to engage consistently with mental health services (Goodkind et al., 2011; Munson et al., 2012; Munson & Lox, 2012). For marginalized youth in the U.S., the stigma of seeking help is also influenced by cultural associations of dependency with pathology (Fraser & Gordon, 1994; Goodkind et al., 2011; Samuels & Pryce, 2008). American equations of adulthood with independence, self-sufficiency, and personal responsibility can conflict with marginalized youths' ongoing needs for support in managing

challenging life circumstances (Goodkind et al., 2011; Samuels & Pryce, 2008).

Among transition-age youth, growing developmental desires for autonomy and independence exist alongside ongoing needs for emotional and instrumental support, which can lead to ambivalence in relationships with adults (Jivanjee et al., 2008, 2009; Manuel et al., 2018; Munson & Lox, 2012; Munson et al., 2017). Some former system youth report having "too many social workers in their lives" (Munson & Lox, 2012, p. 258). This tension is particularly acute for former foster youth, many of whom felt parentified as children and infantilized as growing adolescents in care (Goodkind et al., 2011; Munson et al., 2017). This creates tension for adults (including family, mentors and service providers) working to support marginalized youth during the transition to adulthood. One study described this as the "dance of autonomy" (Manuel et al., 2018, p. 261) that providers navigate in attempting to balance support and independence for marginalized youth in the transition to adulthood.

Benefits of Connection

Reducing Negative Outcomes

Much of the literature on marginalized youth is grounded in a deficit-based framework (Greeson & Bowen, 2008), emphasizing the vulnerability of this population and their heightened risk for negative outcomes in adulthood. Osgood et al. (2010) note that marginalized youth with emotional and behavioral challenges are likely to encounter difficulties in the transition to adulthood, as they may have a hard time meeting the expectations of employers, friends, or romantic partners. Peers involved in antisocial activities are described as negatively influencing marginalized youth. For example, among homeless youth, peers can offer emotional support and survival strategies; at the same time, they can also increase the likelihood of risky behaviors (Rice et al., 2012; Thompson et al., 2009). A study of youth who made positive behavioral transitions away from past risky behaviors described how they kept their distance from "associates," former friends who continued to engage in risky behavior (Animosa et al., 2018).

When supportive relationships are identified as a protective factor, they are often highlighted as a way for youth to reduce the likelihood of negative outcomes. For example, healthy relationships have been identified as helping young offenders desist from crime (Osgood et al., 2010). Among former foster youth, feeling close to at least one adult family member reduced the odds of becoming homeless by 68% (Dworsky & Courtney, 2009). In a study of homeless youth and social media, Rice et al. (2012) found that relationships with prosocial, home-based peers reduced depressive symptoms and risky behaviors.

Bolstering Strengths

In addition to preventing negative outcomes, the literature also shows that mutually respectful and empathic relationships have the potential to foster growth and well-being in marginalized youth (Jordan, Hartling, & Walker, 2004; Miller & Stiver, 1997), through support, aiding with identity development, and building relational capacities in youth.

Several studies emphasize the importance of caregivers, mentors, or other supportive adults providing emotional support to marginalized youth, in the form of encouragement, motivation, and in some cases, help with symptom management (Ahrens et al., 2011; Greeson & Bowen, 2008; Munson et al., 2015; Munson et al., 2010; Spencer et al., 2016; Vorhies et al., 2012). Mentors also provide informational support to marginalized youth, including advice on education, relationships, and finances (Ahrens et al., 2011; Greeson & Bowen, 2008; Munson et al., 2010; 2015). Supportive relationships with mentors and social workers help marginalized youth learn new perspectives on managing problems (Ahrens et al., 2011; Greeson & Bowen, 2008; Spencer et al., 2016), consider new possibilities for themselves (Munford & Sanders, 2015a), and make progress towards their goals (Greeson & Bowen, 2008; Munson et al., 2010; Spencer et al., 2016). In one study of supportive relationships among marginalized youth living with mental illness, a number of participants mentioned that they would likely be dead or would not have accessed mental health services, if not for a key helper (Munson et al., 2015). Studies also highlight the value of instrumental support for marginalized youth, including help with housing, finding work, childcare, and accessing resources (Ahrens et al., 2011; Animosa et al., 2018; Greeson & Bowen, 2008; Munford & Sanders, 2015a; Munson et al., 2010, 2015; Visser, 2018; Vorhies et al., 2012).

Interpersonal connectedness encompasses more than just social support (Ware et al., 2007). Relationships can also support recovery for marginalized youth by bolstering their identities in the context of stigma (Tew et al., 2012). Relationships can be a significant source of resilience for marginalized youth, as sites for young people to rework or discard stigmatized identities. In one study of youth aging out of foster care and living with mood challenges, youth described their efforts to create new families as a way to make different choices than their parents and break the cycle of troubled family relationships (Lee et al., 2016). A study of sexual minority youth found that connection with other youth and group affiliation bolstered their resilience in the face of discrimination and prejudice in several ways (DiFulvio, 2011). Interpersonal relationships with peers and supportive adults

served to affirm their self identity and provide a model for coping with adversity; in addition, connection to a group fostered a sense of belonging, reduced isolation, and helped youth understand their personal struggles as part of a larger collective struggle against marginalization (DiFulvio, 2011). One study of the employment experiences of transition-age youth living with mental illness found that youth who were consistently employed understood the need to meet behavioral expectations in the workplace (Vorhies et al., 2012). These youth considered being a trustworthy and dependable supervisee and co-worker as valued identities (Vorhies et al., 2012). In these studies, identity development evolved in a relational context.

Relationships can also support recovery is by providing opportunities for individuals to experience agency, autonomy, and reciprocity in relationships with others (Tew et al., 2012). Relational-cultural theory proposes that positive experiences of connection foster a desire for greater connection with others (Miller & Stiver, 1997). Indeed, the literature on mentors for former foster youth point to the importance of supportive mentoring relationships as helping youth improve their relationships with other people in their lives (Greeson & Bowen, 2008; Spencer et al., 2016). A consistent relationship with a supportive adult can help marginalized youth feel valued and cared for, serving as a foundation for future trusting relationships (Geenen & Powers, 2007). Taken together, these studies show that connection is not only beneficial for protecting against negative outcomes, but also in helping marginalized youth expand their sense of themselves in the transition to adulthood.

Facilitating Connection

The literature on the relational experiences of marginalized youth identifies a number of factors that can facilitate connection for these young people. Some are qualities of the youth themselves; others are qualities of relational partners, including family members, mentors, and less frequently, peers. Most of these articles focus on formal helping relationships between marginalized youth and adults (i.e. service providers or foster parents).

Youth Competencies

In their article on connectedness and recovery, Ware et al. (2007) note that sustained interpersonal connectedness requires the presence of social, moral, and emotional competencies. While many of these competencies may be impaired by experiences associated with psychiatric disability (Ware et al., 2007), the literature identifies a number of qualities in marginalized youth living with mental illness that facilitate connectedness.

A willingness to be open with others about the challenges of living with mental illness facilitates help seeking and can enhance the authenticity of interpersonal relationships (Downs, 2012; Jivanjee et al., 2008; Manuel et al., 2018). Thoughtful self-disclosure can reduce the tendencies for self-stigma and isolation among marginalized youth living with emotional and behavioral challenges (Downs, 2012). For some marginalized youth, a primary motivator for talking about their own emotional difficulties is a desire to help others with similar challenges (Jivanjee et al., 2008; Munson & Lox, 2012). Many of these youth have extensive experience as recipients of mental health services; as such, they reported an eagerness to take on the role of "potential helper," rather than "perpetually helped" (Munson & Lox, 2012, p. 259).

Relational skills can also facilitate connection for marginalized youth. Vorhies et al. (2012) found that marginalized youth with mental illness who had been consistently employed demonstrated sophisticated knowledge of social and emotional competencies necessary for positive employment experiences. These included how to manage social and behavioral expectations at work; how to adapt to the culture of the workplace; and how to skillfully navigate relationships with both co-workers and managers (Vorhies et al., 2012). One study of young adults who had experienced psychiatric hospitalizations as adolescents found that participants who manifested resilience as young adults demonstrated a stronger relational orientation than their peers who had also been hospitalized but were not as highly functioning in young adulthood (Hauser & Allen, 2006). Resilient young adults were characterized by their sense of personal agency, their ability to reflect on their own and others' thoughts and feelings, and their ability to seek out and sustain relationships with others (Hauser & Allen, 2006).

Qualities of Relationships

The literature includes a number of characteristics that facilitate connection for marginalized youth in relationships, including empathy, understanding, authenticity, respect, consistency, and persistence.

The literature consistently emphasizes the significance of marginalized youth feeling understood in their relationships with others. Youth value family members who understand the struggles and experiences of young people with emotional challenges (Gulbas et al., 2011; Jivanjee et al., 2008). Similarly, marginalized youth appreciate mentors and other supportive adults who understand youths' challenges in the context of their complex lives (Munson et al., 2010, 2015; Spencer, 2006). The significance of shared lived experience for facilitating empathy in relationships is a recurring theme in this literature. Similarities in personality, interests, background, and/or life experience facilitate

the development of mentoring relationships for marginalized youth (Ahrens et al., 2011; Albright et al., 2017; Deutsch & Spencer, 2009; Manuel et al., 2018; Munson et al., 2010, 2015; Spencer, 2006; Spencer et al., 2016). These shared experiences can enhance mentors' empathy and help them support youth in navigating systems of care and the stigma of mental health treatment (Delman & Jones, 2002; Jivanjee & Kruzich, 2011; Munson et al., 2010, 2015). The few articles that address peer relationships for marginalized youth also emphasize the value of shared lived experience. Meeting other youth who also live with mental health challenges (Jivanjee et al., 2008), have also been suspended from school (Henderson & Green, 2014), or also navigate prejudice and discrimination as a sexual minority (Steinke et al., 2017) helps youth disclose challenges and gain validation and support from peers.

Connection in relationships is characterized by trust, respect, acceptance, authentic caring, and mutuality. Greeson and Bowen (2008) and Munson et al. (2010) both found in their studies of marginalized youths' relationships with natural mentors that youth valued their ability to trust their mentors and believe that they would not be harmed by trusting them. This trust emerged over time and established the foundation for these relationships. Additionally, being respected as an individual is essential for marginalized youth. Youth appreciate mentors who treat them respectfully and who show respect for youths' past experiences and their needs for boundaries or space (Ahrens et al., 2011; Munson et al., 2010).

For marginalized youth, a sense of belonging to family, community and society helps youth feel supported (Storer et al., 2014; West et al., 2012). Research on transgender youth found that parents often communicated both acceptance and rejection of their children's gender identity, leading to relational ambiguity and psychological distress (Catalpa & McGuire, 2018). In mentoring and clinical relationships, the experience of nonjudgmental acceptance and unconditional positive regard from mentors is powerfully healing for marginalized youth (Manuel et al., 2018; Munson et al., 2015).

In mentoring relationships, authenticity is valued, reflecting a genuine responsiveness and quality of presence (Ahrens et al., 2011; Deutsch & Spencer, 2009; Greeson & Bowen, 2008; Munson et al., 2010; Spencer, 2006). Mentors can demonstrate their authentic care for youth by listening to them, taking a genuine interest in them, communicating openly about sensitive topics, and remaining present and engaged in interactions (Ahrens et al., 2011; Greeson & Bowen, 2008; Munson et al., 2010, 2015). For youth with histories of involvement in foster care, the experience of feeling loved and cared for by an adult is uncommon (Greeson & Bowen, 2008). Former foster youth identified the importance of foster parents providing structure, normalcy, guidance and support to youth, as well as showing a genuine interest and unconditional involvement in their lives (Storer et al., 2014). Caring relationships with service providers are particularly valued by marginalized youth. Youth appreciate staff who show genuine caring, a willingness to listen to youth, and an ability to address their needs, rather than focus simply on bureaucratic procedure (Abel & Wahab, 2017; Henderson & Green, 2014; Jivanjee et al., 2008; Manuel et al., 2018).

Mutual support and understanding is significant for marginalized youth. In Latino families with a teenage daughter who had attempted suicide, the presence of mutual understanding among parents and adolescent daughters fostered a sense of belonging and reciprocal support in the family (Gulbas et al., 2011). Research suggests that it becomes increasingly valuable for transition-age youth to experience greater reciprocity and mutual sharing in their relationships with supportive adults, rather than simply receiving guidance and assistance from them (Ahrens et al., 2011; Munson et al., 2015; Vorhies et al., 2012). Munson et al.'s (2015) study of former system youth and their key helpers found that youth strongly valued bidirectional relationships that allowed them to give as well as receive help. Mutual sharing in mentoring relationships helps marginalized youth feel more connected to others and less alone in their struggles (Cole, Jenefsky, Ben-David, & Munson, 2018; Munson et al., 2015).

Research on youth-adult mentoring relationships reveals consistency to be a significant facilitator of connection for marginalized youth. Opportunities for regular contact help facilitate connection in these relationships (Ahrens et al., 2011; Munson et al., 2010). Youth appreciate supportive adults who are "always there" (Munson et al., 2010, p. 530). For marginalized youth with histories of disrupted relationships, consistency and reliability are key factors for building trust in mentoring relationships (Deutsch & Spencer, 2009; Munson et al., 2015). For this same reason, studies have found that mentoring relationships between supportive adults and youth aging out of foster care are most likely to succeed when mentors demonstrate patience and persistence in allowing a trusting relationship to develop over time (Ahrens et al., 2011; Munson et al., 2010).

Relationships with Service Providers

Much of the literature on the relational experiences of marginalized youth focuses on their relationships with service providers (i.e. case workers, social workers, clinicians, and foster parents). Several additional characteristics facilitate connection in relationships with helping professionals, including an awareness of the developmental and cultural backgrounds of marginalized youth; a willingness to go above and beyond the technical requirements of the role;

and a commitment to recognize the strengths and potential of marginalized youth.

The literature emphasizes the need for service providers to understand the unique developmental needs of transition-age youth (Jivanjee et al., 2009). Providers who can listen to youth and respect their wishes for autonomy are better able to support youth in the transition to adulthood (Manuel et al., 2018; Munson et al., 2017). Additionally, a willingness to learn about and affirm the cultural and ethnic heritage of young people helps social workers and foster parents build supportive relationships with marginalized youth (Crea et al., 2018; Munford & Sanders, 2015a). Finally, the literature recommends that providers understand the impact of trauma on marginalized youth. Foster parents who have cared for unaccompanied migrant youth emphasize the need for foster parents not to push young people to talk about past traumatic experiences before a trusting relationship has developed (Crea et al., 2018). Similarly, a study of youth who had experienced adversity found that social work relationships benefited from workers who showed patience with youth and a commitment to take time to build authentic relationships with young people (Munford & Sanders, 2015a). At the same time, providers are urged not to see marginalized youth exclusively through the lens of trauma; rather, providers need to be able to discern when youth need to work through traumatic experiences, and when it is more beneficial for them to develop practical strategies for managing the transition to adulthood (Manuel et al., 2018).

Research on marginalized youth and service providers demonstrates how youth look for evidence of a meaningful connection with staff, one that represents a genuine relationship and not simply working "for a paycheck" (Munson et al., 2017, p. 435). Marginalized youth in particular appreciate when service providers "go the extra mile" (Munford & Sanders, 2015b, p. 628) to demonstrate their authentic caring for youth, often going beyond the boundaries of their role (Ahrens et al., 2011; Munson et al., 2017). In some instances, such as staff lending youth money, sharing leads for a job, or offering to babysit when a youth had a job interview, this involves staff violating agency protocols or boundaries to offer marginalized youth instrumental and emotional support (Munson et al., 2017; Visser, 2018).

Providers can facilitate a connection with marginalized youth by making a concerted effort to see youth in terms of their strengths and not just their challenges. The providers interviewed by Manuel et al. (2018) emphasized that providers must avoid the tendency to see marginalized youth as "laundry lists" of problems (p. 262). Parents of marginalized youth living with mental illness urge providers to focus on what youth can do, not on what they can't do (Jivanjee et al., 2009). Adults who can maintain their curiosity about youth (Manuel et al., 2018) and see marginalized youth with a "clean slate" (Henderson & Green, 2014, p. 437) can mobilize the resilience and strength of young people. This attention to the strengths and leadership potential of youth can increase their sense of empowerment (Albright et al., 2017). In particular, a commitment to identifying the strengths of marginalized youth involves the acknowledgement that youth actions can represent risk and resilience simultaneously (Abel & Wahab, 2017; Munford & Sanders, 2015a; Samuels & Pryce, 2008; Tupuola et al., 2008; Ungar, 2004).

Barriers to Connection

The literature on marginalized youth identifies a number of barriers to connection, including challenging behaviors, a lack of understanding by others, stigma, and shame. These barriers interact and affect each other in ways that can reinforce isolation.

Emotional and Behavioral Barriers

Symptoms of mental illness may function as barriers to connection for marginalized youth. Both anxiety and mood disorders can affect motivation and willingness to engage with others (Jivanjee et al., 2008, 2009), while PTSD and disruptive behavior disorders can increase the likelihood of aggressive responses to perceived threats (Grisso, 2008). Young adults accessing emergency psychiatric services reported that their own challenging behaviors, combined with disrupted systems of support, contributed to their housing instability (Narendorf, 2017). In a study of adolescents recently discharged from residential treatment, their mothers identified re-establishing social networks to be a major challenge for their children (Patel et al., 2018). Lack of social skills and difficulties making friends can lead some marginalized youth to avoid interaction with others (Jivanjee et al., 2009; Patel et al., 2018).

Negative relational experiences in systems of care can also serve as barriers to connection. Ahrens et al. (2011) interviewed former foster youth about their experiences forming relationships with supportive non-parental adults. Youth described themselves as reluctant to enter relationships out of fears of being hurt, feeling indebted to another person, or being disappointed by the adult (Ahrens et al., 2011). Youth also expressed concerns about being pushed to bond too quickly with new people, as well as concerns about their not being able to meet adults' expectations (Ahrens et al., 2011).

Lack of Understanding

The inability of others to understand the experiences of marginalized youth can also function as a barrier to connection (Jivanjee et al., 2008). In one study, sexual and gender

minority youth described how this lack of understanding from others contributed to feelings of loneliness, isolation, and lack of community (Steinke et al., 2017). Similarly, a study of Latino families in which a daughter had attempted suicide found that lack of understanding was a common characteristic of families identified as either asymmetrical or detached (Gulbas et al., 2011). In asymmetrical families, parents expected respect and understanding from their children, while children felt that parents did not understand or acknowledge their feelings; in detached families, family members appeared disconnected from each other (Gulbas et al., 2011). Similarly, the inability of service providers or mentors to understand the culture, background, and particular needs of marginalized youth can inhibit the development of a meaningful relationship (Ahrens et al., 2011; Jivanjee et al., 2009; Munford & Sanders, 2015a).

Stigma

Stigma is frequently cited as a barrier to both forming and maintaining relationships with others (Jivanjee et al., 2008; Kranke et al., 2010; Leavey, 2005; Moses, 2010). Stigma refers to the social process of marking human difference and associating socially-devalued differences with negative stereotypes and status loss (Link & Phelan, 2001; Longhofer, Kubek, & Floersch, 2010). Stigma exists in various forms: direct discrimination; structural discrimination; interactional discrimination, in which awareness of the stigma is communicated nonverbally; and self-stigma, in which a person's awareness of the stigma is internalized into his/her self-concept and self-esteem (Kranke et al., 2011; Link & Phelan, 2014). The stigma of mental illness can function as a barrier to utilization of mental health services, which can additionally impact the psychosocial functioning of young people with emotional difficulties (Downs, 2012; Munson et al., 2012; West et al., 2012).

Marginalized youth encounter stigma in their relationships with family members, service providers and peers (Jivanjee et al., 2008). One study found that foster parents can focus disproportionately on the challenging behaviors of foster youth and fail to see youth strengths and potential; consequently, foster youth may believe that they are seen by others as stigmatized and damaged (Storer et al., 2014). Similarly, marginalized youth in supportive housing reported that they disliked being treated as incapable or deficient as a result of their experiences in the child welfare system (Munson et al., 2017). Mentoring grounded in a deficit framework may reinforce stigmatizing messages regarding youth communities of origin (Albright et al., 2017).

The prevalence of stigma and concerns about negative responses from others lead some marginalized youth with emotional and behavioral challenges to be guarded in their social interactions (Jivanjee et al., 2008; Kranke et al., 2010, 2011; Moses, 2009). To manage the stigma associated with mental illness, some adolescents limit their social interactions and carefully evaluate the trustworthiness of their peers to determine the relative safety of disclosing information regarding their diagnosis and medication (Kranke et al., 2010).

Shame

When stigma is internalized, individuals may see their emotional struggles as signs of personal failure, rather than as symptoms of mental illness (Downs, 2012) or a response to discrimination (DiFulvio, 2011). Brown (2006) defines shame as "an intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging" (p. 45). Shame can be triggered in both interpersonal encounters and in social or institutional practices (Hartling, Rosen, Walker, & Jordan, 2004), including mental health treatment (Brown, 2006; Lindsey et al., 2010; Longhofer et al., 2010). These feelings of inferiority may be compounded for marginalized youth who experience chronic disconnection and exclusion in interactions with peers (DiFulvio, 2011; Steinke et al., 2017; West et al., 2012).

Shame can function as a barrier to connection because of the feelings it generates of inadequacy and unworthiness of being in connection with others (Downs, 2012; Hartling et al., 2004). In response to anticipated rejection, people may choose to isolate themselves from others, rather than risk additional feelings of disappointment, which has the effect of cutting themselves off from potentially beneficial social relationships (Downs, 2012; Link & Phelan, 2014). One study of adolescents living with mental health difficulties found that they experienced shame in response to their feeling abnormal, compared to their peers who did not have a diagnosis or need to take medication (Kranke et al., 2010). In order to manage these feelings of shame, some adolescents were selective in sharing information about their diagnosis with peers, choosing to relate inauthentically to those peers who did not appear trustworthy; in relational cultural theory, this approach is described as a strategy of disconnection (Hartling et al., 2004). Others chose to withdraw entirely when no peer interaction felt safe or worthwhile (Kranke et al., 2010). Shame functions as a powerful barrier to connection, and can interact with other barriers (such as stigma and lack of social skills) to exacerbate isolation and suffering.

Discussion

This review of the literature on the ways that marginalized youth experience connection with others highlights several gaps in the literature. One clear gap is the literature's near-exclusive emphasis on youth-adult relationships, either

mentor–mentee or service provider-client, to the relative exclusion of peer relationships. Most of these relationships are described as relationships in which the adult provides various forms of support to a young person. In general, this research does not explore the power asymmetries in helping relationships and the ways they are experienced by marginalized youth themselves, with a few notable exceptions (i.e. Munford & Sanders, 2015a; Abel & Wahab, 2017). Few studies of mental health treatment have investigated the dimension of power in these relationships for marginalized youth. Yet, exploring the intersections of power in the relationships of marginalized youth is crucial for understanding their interpersonal encounters in their social, political, and cultural contexts (Gralinski-Bakker et al., 2005; Stanhope & Solomon, 2008). Marginalized youth are aware of discourses that label them as "delinquent", "at risk", or "mentally ill", and more research is needed to understand how youth engage with and resist these discourses in their interpersonal relationships.

In addition, there is also a need for more research that explores the peer relationships of marginalized youth, both friendships and romantic relationships. In what ways are these relationships a valuable resource during the transition to adulthood? How might relationships function as barriers or obstacles to a healthy, interdependent adulthood? Little is known about the dissolution of adolescent friendships (Animosa et al., 2018). Given the role that healthy relationships play in fostering growth and development across the lifespan (Jordan et al., 2004), there is a need for more research that explores how marginalized youth make decisions in their relationships with acquaintances, friends, and romantic partners, and how they navigate reciprocity, self-disclosure, and intimacy in their peer relationships.

Much of the social work literature on marginalized youth appears dominated by a deficit perspective that describes their life experiences primarily in terms of risk (Greeson & Bowen, 2008). These young people are described as failing to achieve successful adult outcomes that would allow them to live independently and self-sufficiently. Not only does this narrative obscure the structural factors (such as poverty, racism, and stigma) that contribute to the unequal adult outcomes for this population (IOM & NRC, 2014), but it also obscures the ways that healthy interdependence, rather than independence and self-sufficiency, may be a more appropriate marker of maturity (Propp, Ortega, & NewHeart, 2003; Samuels & Pryce, 2008). This research highlights the many barriers to connection that exist for young people navigating trauma, stigma, and various forms of marginalization; yet relatively less is known about the ways that relationships support recovery and facilitate the transition to adulthood for marginalized youth (for an exception, see DiFulvio, 2011). Too often, the academic literature describes marginalized youth exclusively in terms of their trauma histories and deficits. The concept of relational resilience reflects an orientation to relationships as a resource for growth, mutual support, and mutual empowerment (Hauser & Allen, 2006; Jordan et al., 2004), but we know very little about the ways that marginalized youth manifest relational resilience. Connection with others can be a resource for developing resilience to shame (Brown, 2006), resistance to stigma and discrimination (Tew et al., 2012), and collective identity (DiFulvio, 2011) for marginalized youth and is a worthy topic for future inquiry.

Implications for Research, Practice and Policy

This review has several implications for practitioners, policy-makers, and researchers working to strengthen the role of relationships for marginalized youth during the transition to adulthood.

First, practitioners would benefit from specialized training on the specific developmental and cultural needs of marginalized youth. This training could help practitioners appreciate the impact of trauma, mental illness, and system involvement on marginalized youth. Practitioners could also bring a renewed focus on relationships to their work with marginalized youth, emphasizing the development of competencies needed for connection with others. This emphasis on relationships is twofold, including both a need to consciously cultivate the provider-youth relationship (Abel & Wahab, 2017) as well as a need to focus on all the other valued relationships in the lives of marginalized youth.

Organizational policies that emphasize risk prevention to the exclusion of relationship cultivation may limit the potential for genuine connection with marginalized youth (Abel & Wahab, 2017; Munford & Sanders, 2015a). Given the under-utilization of mental health services by this group (Munson et al., 2012), programs must engage marginalized youth in the development of services that will best address their unique developmental and cultural needs. Little research supports the efficacy of existing programs intended to strengthen relationships among marginalized youth, aside from evaluations of two-generational interventions designed to support low-income parents and children (IOM & NRC, 2014). In fact, the Institute of Medicine and National Research Council (2014) notes that while many marginalized youth struggle with loss, social isolation, and social and economic disconnection, "thus far there is insufficient evidence to show what works in fortifying and supporting young adult relationships" (p. 110).

The is a clear need for more research in this area to better understand how, and in what ways, connections with others can support the growth and development of marginalized youth. In their review of the social context of recovery

for adults living with mental health difficulties, Tew et al. (2012) identified three areas in which social relationships play a key role in recovery: empowerment, identity, and connectedness. Following their recommendations, we offer the following suggestions of areas for future research to explore the social context of recovery for marginalized youth living with mental health difficulties.

Research is needed to understand the ways in which marginalized youth feel relatively empowered or disempowered to act in their most significant relationships, and the ways this changes over time. How do these young people manifest agency in their relationships with peers, adult mentors, and service providers? It is also essential to understand better how these young people experience mutuality and reciprocity in their relationships. What strengths do youth bring to their relationships, and how do their relationships strengthen them in return? Recognizing that marginalized youth are active agents and sources of support to people in their social networks helps researchers and practitioners move away from a deficit perspective that depicts them solely as service recipients in need of support from others. At the same time, given the very real challenges many of these youth face, understanding how their attitudes towards help-seeking and engaging in services are affected by developmental needs and cultural norms is also a crucial area of research. It is also valuable to further delineate the ways that youth relationships affect and are affected by different kinds of mental health challenges—ranging from more moderate anxiety and depression to more severe mental illness, such as schizophrenia and bipolar disorder.

Relationships are vital to helping individuals living with mental illness rebuild positive identities in the context of stigma and discrimination (Tew et al., 2012). More research needs to explore how relationships help marginalized youth navigate and challenge marginalization. In what ways are interpersonal relationships affected by experiences of marginalization, and how might connection to others help young people challenge stigma and discrimination? For young people navigating the transition to adulthood with a diagnosis of mental illness, how might connection function as a vehicle for active citizenship and social participation?

Finally, there is a need for both researchers and practitioners to better understand how marginalized youth experience connectedness with others. What do young people see themselves as gaining from some relationships, both emotionally and in terms of practical resources and social capital, and in what ways do they feel constrained or hindered by other relationships? How do they see themselves as contributing to the maintenance of the relationships that are the most important to them? What can young people learn from each other about how to live well with mental illness? There is much that remains to be understood about how marginalized youth experience their relationships with family, friends, associates and romantic partners.

Conclusion

The transition to adulthood is a complex period for marginalized youth, one that requires balancing developmental needs for autonomy alongside ongoing needs for connection with others. This review argues that connection is an underappreciated and crucial resource for marginalized youth, one that must become more of a central focus in these times of increased social isolation. Experiences of trauma, marginalization, system involvement, and mental health challenges combine to create a unique relational context for many marginalized youth. Connection with others has the potential to not only protect marginalized youth against negative outcomes, but to foster growth and resilience as well (Miller & Stiver, 1997). Given this window of opportunity, the unique developmental and relational needs of marginalized youth deserve the attention of social work practitioners, policy makers, and researchers (IOM & NRC, 2014). Youth insights can help inform the adaptation of interventions to better serve this population. Given the many obstacles marginalized youth encounter in the transition to adulthood, it is time to expand the definition of a successful transition to adulthood to one that recognizes healthy interdependence as well as greater independence.

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Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

Ethical Approval This article does not contain any studies with human participants performed by the authors.

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