Needs-Based Assessment

Mental Health, Suicidal Behaviours, and Youth Transitioning Out of Care

Corey McAuliffe, PhD
on behalf of CMHA BC Division

June, 2022

Canadian Mental Health Association
British Columbia
Mental health for all

Acknowledgements

Thank you to the team at CMHA BC Division – Mahboubeh Asgari, Kamal Arora, Jonny Morris – for their support and edits of this report.

Executive Summary

Yearly, within British Columbia (BC), approximately 850 to 1,000 young adults transition out of a youth agreement or care with little preparation and limited, if any, supports.[1,2] Foster youth typically have an abundance of challenges accessing the supports and resources necessary to thrive leading them to be vulnerable and more likely to suffer from mental health-related issues compared to non-care peers. With over 75% of first-time mental arising before the age 24, this puts an even larger burden on youth who are aging out of care and many supports.[3] Moreover, in Canada, suicide is the second leading cause of death for those aged 15 to 24 years.[4,5] For youth in-care, rates of suicidal behaviours appear to be higher than compared to their non-care youth counterparts, compounded by high rates of complex trauma, adverse childhood experiences, and stress.

While the BC government has put into place multiple mechanisms to help support youth who are transitioning out of care, the lack of deeper coordination between childhood and adult mental health systems creates a considerable disruption of care for youth once they reach 19 years of age. Moreover, youth have identified feeling unprepared, with a lack of supports and training on how to access resources to ensure their well-being. To address the gaps and needs identified, a holistic response is needed from a variety of actors. Further attention is needed for publicly available data collection and evaluation of programs to identify specific needs for equity-deserving groups. Research has shown an abundance of inequities, barriers, and harms that continue to be perpetuated on youth in care from systematically excluded and underreached groups. This has a myriad of effects on the mental health and well-being of these populations, increasing risk of suicidal behaviours. Overall, youth who are transitioning out of care are at greater risk of suicidal behaviours than their counterparts who have not been in care placements. This is an opportune population and time in which mental health supports – including basic supports (e.g., safe housing, financial stability, relational supports, food, etc.) – would greatly impact and benefit this population.

Background:
BC Youth Transitioning Out of Care

Overall

Yearly, within British Columbia (BC), approximately 850 to 1,000 young adults transition out of a youth agreement or care with little preparation and limited, if any, supports.[1,2] Moreover, according to British Columbia's Children's Commission in 2000, one-third of youth in BC care are Indigenous.[6] However, further surveys indicate that information regarding how many children are in foster care is unknown, and that upwards of 60% of youth in care are Indigenous, while 9% of BC youth were Indigenous.[2,7-10] When leaving care, foster youth typically have pronounced challenges accessing the supports and resources necessary to thrive (e.g., informal resources through friends, family, and community; financial resources; higher education; secure housing; etc.).[11,12] These challenges lead youth to be vulnerable alongside challenges with homelessness, substance use, jail, unemployment, less education attainment, lower rates of income, teen pregnancy and parenthood, and other health- and mental health-related issues compared to non-care peers.[1,2,6,11,13-15]

Within Rutman, et al.'s 2007 three-year final report, *When Youth Age Out of Care – Where to from There?*, researchers identified a concerning pattern for youth who had lived in care compared to those who had not. The researchers followed 37 youth over a 2.5 year time period, interviewing them twice, with a 6-9 month period in between.[16,17] After time point 1, they found that youth in care:

- Had a lower level of education;
- Were more likely to be on income assistance at age 19;
- Engaged in higher levels of alcohol and drug use;
- Had a more fragile social support network, as well as tenuous ties to family; and
- Reported that their single biggest health condition was depression.

From their follow-up interviews, they further identified that:

- Transience was considerable – 30% of participants had moved four or more times in the first year and a half after leaving care.
- Homelessness had been experienced by 45% of participants.
- More participants were on income assistance at Time 2 than Time 1.
- Nearly a third of participants (30%) were now young parents, and of those, 60% had had some type of Ministry of Children and Family Development involvement.
- Youth reported financial hardship as the worst or most challenging aspect of leaving care, along with the loss of supportive relationships.
- Depression continued to be the most frequently reported health issue. Depression and/or depressive symptoms/treatment was experienced by 48% of participants, a jump from 38% at Time 1.[16-18]

Mental Health & Suicide

For Canadian youth overall, reports identify that approximately 15-21% have at least one diagnosable mental health disorder.[19-22] Unfortunately, comprehensive, comparable data for youth in and from care is harder to find and compounded due to ethical challenges (e.g., obtaining consent from legal guardians; political, legal, and administrative barriers), that lead to an absence of voices from youth in care within these reports.[6] However, as a comparative measure, American research shows 40-60% of youth in care have at least one psychiatric disorder,[7,23] with depression and post-traumatic stress disorder almost twice as likely to occur for youth in care compared to those who are not in care.[24] Indeed, based on Canadian research, 75% of first-time mental health diagnoses arise before age 24, a time period when many youth are aging out of care and supports.[3] Moreover, those who have been in care are more likely to introduce injection drug use before 18 years of age, as well as have higher levels of substance use overall.[7,13]

In Canada, for those aged 15 to 24 years, suicide is the second leading cause of death, and an age period related to high rates of suicidal ideation.[4, 5] This period of life is further exacerbated with unique life experiences (e.g., increased independence, joining the work force, increased substance use, etc.) compounded with poor help-seeking behaviours.[4,25] Of note, for youth in-care, rates of suicidal behaviours appear to be higher than compared to their non-care youth counterparts. For youth within the care system, reports identify a two to four times higher likelihood of attempting suicide in the past year.[26-29] These reports further found that those in care identify a range of between 10% and 27% who report suicidal ideation, while 4% and 15% report a suicide attempt in the past year.[27-29] Moreover, in Canada, L.Y. Katz et al.[26] found a 3.5 times higher likelihood of suicide for those in care as compared to those who have had no history of being in care. Researchers have identified that “high rates of suicidal behaviours within this population is likely due to these youth being at the centre of a constellation of empirically supported risk factors” especially as many “have particularly high rates of trauma-related symptomatology, psychiatric illness, and stress”.[27]

Current Supports Offered for Youth Transitioning Out of Care

The BC government has put into place multiple mechanisms to help support youth overall who are transitioning out of care, including the opportunity for those aged 16 to 18 years to “enter into agreements that can provide financial assistance, as well as residential, educational or other support services.”[30-31] For many youth, the primary program for youth transitioning out of care is the Agreements with Young Adults (AYA) program, financially supporting “eligible young adults up until they turn 27, for a maximum of 48 months, as long as they are enrolled in an educational, vocational, rehabilitation or approved life skills program.”[31-32] Additionally, BC has put into place a tuition waiver for former youth in care,[1,10,12] and while it has supported many, it has also left behind youth who need a better bridge between their current experience and receiving tuition support.[1] For youth transitioning out of care, graduation rates are much lower than their peers, “in 2013/2014, 47% of all BC youth in care completed high school; by contrast 84% of BC youth in the general population completed high school.”[33] Moreover, only 17% of this population make this transition within a three-year period after high school into the post-secondary setting due to a wide variety of challenges.[1,10] Concerningly, many post-secondary institutions are not well equipped to fully support this specific population, as they continue to struggle to financially meet the challenges faced by many on their campus.

Gaps and Challenges for Youth Transitioning Out of Care

As has been identified numerous times, the lack of having deeper coordination between childhood and adult mental health systems creates a considerable disruption of care for youth once they reach 19 years of age.[22,34] Of concern, this occurs during a period of time when emerging adults are less likely to seek help; yet, also carry a larger burden of risk for suicidal behaviours.[5,22] Moreover, at the same time, many youth who have been in care also are in the process of transitioning out of care and into more independent life circumstances. This transition leads to numerable challenges, of which, feeling completely unprepared, while lacking supports and training for how to access resources has been a barrier that is consistently identified.[1,31]

Some additional concerns for being able to access supports and resources include:[19,35-38]

- Administrative challenges
- Poor communication
- Lack of data sharing
- Siloed government and funding bodies
- Inconsistences with age cut-offs and types of youth versus adult services

Beyond the needs for resources and supports, youth transitioning out of care lack familial or community supports afforded to many of their peers who have not been in care. Moreover, their housing, financial, educational, and mental health status are often precarious and not well supported.[7,12] As noted, the BC government does offer programs, supports, and resources, although research has shown that many of these programs come with their own challenges and limitations. For examples, with the Agreements with Young Adults (AYA) program, the restrictive eligibility criteria (e.g., limitation for those in specific types of care, those not developmentally ready to enroll in school or other specific programs, etc.) inhibits some participation, with research further demonstrating inequitable access to “Indigenous youth, youth with lower education levels, males, and those without a Youth Agreement.”[1,31] Concerningly, the AYA does not fund mental health services, even though the vast majority of youth have been exposed to trauma during childhood.[1]

When lacking adequate transitional supports, youth have a greater risk of:[7,11,12,39-43]

- Not graduating from high school and being less likely to attend or complete post-secondary school
- Having physical and mental health challenges
- Becoming parents at an early age
- Being involved with the criminal justice system
- Experiencing homelessness
- Receiving social assistance
- Having substance abuse challenges
- Having reduced personal stability

As can be seen from the list above, youth who have been in care experience a myriad of challenges and disadvantages. These types of experiences are then exacerbated by a lack of services for the mental health needs often rooted within adverse childhood experiences and complex trauma, further exacerbated by social and economic factors.[7]

Supports Needed and Suggested Ways Forward

To address the gaps and needs identified, a holistic response is needed from a variety of actors. Some of the most important factors and supports needed include:[1,7,11,44]

- Safe, affordable, and permanent housing for all (e.g., no eligibility requirements)
- Choice – ability to choose where to live and what types of supports and services received
- Supports for well-being, not just meeting basic needs
- Individualized and client-driven supports
- Social and community integration
- Transition planning that starts by at least age 14 and extend it beyond age 19
- Province-wide system integrating community agencies and case management, that extends transition through age 27
- Automatic enrollment into AYA and extension to age 27
- Consideration to extend residential care past 19th birthday on a voluntary basis
- Implementation of plans for mental health and substance use services during this transitional phase
- Data collection (made publicly available) to better evaluate services

These are just some of the ways identified in which to alleviate the overwhelming stress and anxiety that comes for all youth transitioning out of care on their 19th birthday. Furthermore, consideration of allowing for youth to stay in care until an older age (e.g., age 21) can further ease this transition and has demonstrated beneficial lifetime financial advantages due to higher rates of post-secondary educational attainment.[11]

Supports Needed and Suggested Ways Forward

The need for publicly available data collection and evaluation of programs will also help to identify further needs for equity deserving groups. While there is some data that has been identified for Indigenous and LGBTQ populations within Canada, many of the ways in which identities exist and intersect have not been adequately captured, which oftentimes perpetuates inequities and harms.

Within a time period where many are actively trying to decolonize the systems and structures that continue to oppress Indigenous people, even the idea of “aging out” of a care system is deeply rooted in colonial ideation.[1] More appropriately, the concept of transitioning into adulthood allows for an openness and opportunity. The ongoing legacy of colonialism and residential schools has created barriers and disruptions to cultural, familial, and community knowledge and language within Indigenous

populations, perpetuating the over-representation of Indigenous youth being placed into care.[7,10] This is then further maintained through a lack of culturally appropriate services and programming.[31]

According to a report by Paul,[45] "evidence suggests that lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) youth are over-represented in foster care, and that approximately 19–23 percent identify as LGBTQ."[46,47] Further reports indicated higher rates of harassment and violence not only from caregivers, but also from service providers and other youth in care, with worse experiences for those who are transgender or have multiple intersecting minority statuses (e.g., race/ethnicity, disability).[45,47-51] Overall, LGBTQ youth leaving care identified many of the same barriers and challenges as non-LGBTQ youth leaving care. However, on top of these typical challenges, LGBTQ youth further faced threats, both within and outside of care, to their health and safety, compounded with the lack of knowledge, capacity, and understanding from service care providers and professionals to adequately help them access supports and resources for their transition to adulthood.[45]

Conclusion

As identified within the Indigenous and LGBTQ populations, youth transitioning out of care who are part of equity-deserving groups (including those with intersecting experiences of oppression) have even further barriers and challenges to their health and well-being. This has multiplicative effects on the mental health and well-being of these populations, increasing risk of suicidal behaviours. Overall, youth who are transitioning out of care are at greater risk of suicidal behaviours than their counterparts who have not been in care placements. This is an opportune population and time in which mental health supports – including basic supports (e.g., safe housing, financial stability, relational supports, food, etc.) – would greatly impact and benefit this population. Further research is needed into this area, including the need to better understand specific populations and the complexities they face (e.g., rural populations, those with differing abilities and ways of thinking, ethnic/racial minorities, etc.).

References

1. Charlesworth, J., A Parent's Duty: Government's Obligation to Youth Transitioning into Adulthood. 2020, Representative for Children and Youth: British Columbia. Available from: https://rcybc.ca/wp-content/uploads/2020/12/RCY-A-Parents-Duty_FINAL.pdf
2. Donkers, T.D., Setting up for success: Programs for Indigenous youth aging out of government care in British Columbia. 2017. Available from: http://summit.sfu.ca/system/files/iritems1/17193/etd10036_TDonkers.pdf
3. Canadian Mental Health Association British Columbia Division. 2020 [cited 2020 April 10]; Available from: https://cmha.bc.ca
4. MacKinnon, N. and I. Colman, Factors associated with suicidal thought and help-seeking behaviour in transition-aged youth versus adults. The Canadian Journal of Psychiatry, 2016. 61(12): p. 789-796.
5. Bennett, K., et al., A youth suicide prevention plan for Canada: a systematic review of reviews. The Canadian Journal of Psychiatry, 2015. 60(6): p. 245-257.
6. Jones, L. and E. Kruk. Life in government care: The connection of youth to family. in Child and Youth Care Forum. 2005. Springer.
7. Ziemann, M., "We Don't Know What to Do with You": Changing the Way We Support the Mental Health of Youth in and From Care. 2019: Canadian Mental Health Association, BC Division. Available from: https://cmha.bc.ca/wp-content/uploads/2019/04/MentalHealthForYouthInCare_April2019.pdf
8. Schaffer, M., L. Anderson, and A. Nelson, Opportunities in transition: An economic analysis of investing in youth aging out of foster care in their 20s, Report 1 of 3: Educational, Economic, Social, and Wellness Outcomes. 2016, Vancouver, British Columbia: Fostering Change.
9. Sherlock, T., Disproportionate number of Aboriginal children in foster care. Vancouver Courier, 2017. 22.
10. Schubert, A., Supporting Youth Aging out of Government Care with their Transition to College. 2019. Available from: https://ir.lib.uwo.ca/cgi/viewcontent.cgi?article=1113&context=oip
11. Henshaw, K., Supporting Foster Youth Transitioning into Adulthood: A Literature Review. 2016. Available from: http://repository.cityu.edu/bitstream/handle/20.500.11803/18/KellyHenshawThesis2016.pdf?sequence=2&isAllowed=y
12. Turpel-Lafond, M.E., On their own: Examining the needs of BC youth as they leave government care. 2014. Available from: https://commons.allard.ubc.ca/books/339/
13. Barker, B., Young people who use drugs and the child welfare system: evidence to improve outcomes. 2019, University of British Columbia.
14. Atkinson, M., Aging out of foster care: Towards a universal safety net for former foster care youth. Harv. CR-CLL Rev., 2008. 43: p. 183.
15. Reilly, T., Transition from care: Status and outcomes of youth who age out of foster care. Child welfare, 2003: p. 727-746.
16. Rutman, D., et al., When youth age out of care: A report on baseline findings. Victoria: University of Victoria, 2005.
17. Rutman, D., et al., When Youth Age Out of Care-Bulletin of Time 2 Findings. Victoria, Research Initiatives for Social Change unit, School of Social Work, University of Victoria, 2006.

18. Rutman, D., et al., When youth age out of care–Where to from there. Victoria, BC: University of Victoria, 2007.
19. Mulvale, G.M., et al., Lost in transition or translation? Care philosophies and transitions between child and youth and adult mental health services: a systematic review. Journal of Mental Health, 2016.
20. Offord, D.R., M.H. Boyle, and Y. Racine, Ontario child health study: Correlates of disorder. Journal of the American Academy of Child & Adolescent Psychiatry, 1989. 28(6): p. 856-860.
21. Waddell, C. and C. Shepherd, Prevalence of mental disorders in children and youth: A research update prepared for the British Columbia Ministry of Children and Family Development. University of British Columbia, 2002.
22. Abidi, S., Paving the way to change for youth at the gap between child and adolescent and adult mental health services. The Canadian Journal of Psychiatry, 2017. 62(6): p. 388-392.
23. Scozzaro, C. and T.P. Janikowski, Mental health diagnosis, medication, treatment and placement milieu of children in foster care. Journal of Child and Family Studies, 2015. 24(9): p. 2560-2567.
24. Okpych, N.J. and M.E. Courtney, Characteristics of foster care history as risk factors for psychiatric disorders among youth in care. American journal of orthopsychiatry, 2018. 88(3): p. 269.
25. Wilson, C.J., et al., The effects of need for autonomy and preference for seeking help from informal sources on emerging adults' intentions to access mental health services for common mental disorders and suicidal thoughts. Advances in Mental Health, 2011. 10(1): p. 29-38.
26. Katz, L.Y., et al., Suicide and suicide attempts in children and adolescents in the child welfare system. CMAJ, 2011. 183(17): p. 1977-1981.
27. Katz, C.C., D. Busby, and C. McCabe, Suicidal behaviour in transition-aged youth with out-of-home care experience: Reviewing risk, assessment, and intervention. Child & Family Social Work, 2020. 25(3): p. 611-618.
28. Pilowsky, D.J. and L.-T. Wu, Psychiatric symptoms and substance use disorders in a nationally representative sample of American adolescents involved with foster care. Journal of Adolescent Health, 2006. 38(4): p. 351-358.
29. Evans, R., et al., Comparison of suicidal ideation, suicide attempt and suicide in children and young people in care and non-care populations: Systematic review and meta-analysis of prevalence. Children and Youth Services Review, 2017. 82: p. 122-129.
30. Public Health Agency of Canada [PHAC], Provincial and territorial child protection legislation and policy 2018. 2019. Available from: https://www.canada.ca/en/public-health/services/publications/health-risks-safety/provincial-territorial-child-protection-legislation-policy-2018.html
31. Sukumaran, S., Improving Outcomes for Youth Transitioning out of Care: An Analysis of Canada's Transition Programs. 2021. Available from: https://137.122.9.185/bitstream/10393/42640/1/SUKUMARAN%2C%20Shobana%20-%20300019863.pdf
32. Government of British Columbia, Agreements with Young Adults. n.d. Available from: https://www2.gov.bc.ca/gov/content/family-social-supports/youth-and-family-services/teens-in-foster-care/agreements-with-young-adults
33. Rutman, D. and C. Hubberstey, Fostering success: Improving educational outcomes for youth in/from care. 2016: University of Victoria.

34. Cappelli, M., et al., Transitioning youth into adult mental health and addiction services: an outcomes evaluation of the youth transition project. The journal of behavioral health services & research, 2016. 43(4): p. 597-610.

35. Lamb, C. and M. Murphy, The divide between child and adult mental health services: points for debate. The British Journal of Psychiatry, 2013. 202(s54): p. s41-s44.

36. Richards, M. and P. Vostanis, Interprofessional perspectives on transitional mental health services for young people aged 16–19 years. Journal of Interprofessional Care, 2004. 18(2): p. 115-128.

37. Singh, S.P., Transition of care from child to adult mental health services: the great divide. Current opinion in psychiatry, 2009. 22(4): p. 386-390.

38. Singh, S.P., et al., Process, outcome and experience of transition from child to adult mental healthcare: multiperspective study. The British Journal of Psychiatry, 2010. 197(4): p. 305-312.

39. Collins, M.E., Transition to adulthood for vulnerable youths: A review of research and implications for policy. Social service review, 2001. 75(2): p. 271-291.

40. Mendes, P., From state care to independence: A comparison of the Australian and American leaving care debates. The Social Policy Journal, 2005. 4(1): p. 51-63.

41. Park, J.M., et al., Child welfare involvement among children in homeless families. Departmental Papers (SPP), 2004: p. 22.

42. Tweddle, A., Youth leaving care: How do they fare? New directions for youth development, 2007(113): p. 15-31, 9.

43. White, C.R., et al., Depression among alumni of foster care: Decreasing rates through improvement of experiences in care. Journal of Emotional and Behavioral Disorders, 2009. 17(1): p. 38-48.

44. A Way Home Kamloops. 2022; Available from: https://www.awayhomekamloops.com

45. Paul, J.C., Exploring support for LGBTQ youth transitioning from foster care to emerging adulthood. Children and Youth Services Review, 2020. 119: p. 105481.

46. Martin, M., L. Down, and R. Erney, Out of the shadows: Supporting LGBTQ youth in child welfare through cross-system collaboration. Washington, DC: Center for the Study of Social Policy, 2016.

47. Wilson, B.D., et al., Sexual and gender minority youth in foster care: Assessing disproportionality and disparities in Los Angeles. 2014. Available from: https://escholarship.org/content/qt6mg3n153/qt6mg3n153.pdf

48. Friedlander, L.J., et al., Social support, self-esteem, and stress as predictors of adjustment to university among first-year undergraduates. Journal of college student development, 2007. 48(3): p. 259-274.

49. Gallegos, A., et al., Exploring the experiences of lesbian, gay, bisexual, and questioning adolescents in foster care. Journal of Family Social Work, 2011. 14(3): p. 226-236.

50. Mountz, S., M. Capous-Desyllas, and E. Pourciau, Because we're fighting to be ourselves. Child Welfare, 2018. 96(1): p. 103-126.

51. Stotzer, R.L., P. Silverschanz, and A. Wilson, Gender identity and social services: Barriers to care. Journal of Social Service Research, 2013. 39(1): p. 63-77.