Canadian Mental Health Association
British Columbia
Mental health for all

"WE DON'T KNOW WHAT TO DO WITH YOU": CHANGING THE WAY WE SUPPORT THE MENTAL HEALTH OF YOUTH IN AND FROM CARE

by MJ Ziemann

CMHA BC Division April 2019

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FOREWORD

As a former foster youth, I hope that my and others' lived experiences with mental health and substance use challenges and the foster care system can aid in effecting change. By understanding the lives of those with a care experience and the movement towards initiatives that reduce stigma and disadvantage, I believe we can create a brighter and healthier future for all youth in and from care.

– MJ Ziemann

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ABOUT THE CANADIAN MENTAL HEALTH ASSOCIATION IN BC

The Canadian Mental Health Association is a national charity that helps maintain and improve mental health for all people in Canada. As the nation-wide leader and champion for mental health, CMHA facilitates access to the resources people require to maintain and improve mental health and community integration, build resilience, and support recovery from mental illness and addiction.

In BC, CMHA provides a wide range of innovative services and supports that are tailored to and in partnership with communities throughout the province, serving over 100,000 people each year through 14 branches and one provincial division office. We fulfill our mission by building capacity, influencing policy, providing services and developing resources. The key values and principles that guide our work are:

- Embracing the voice of people with mental health and substance use issues
- Promoting inclusion
- Working collaboratively
- Influencing the social determinants of health
- Focusing on the mental health and substance use-related needs of all age groups
- Using evidence to inform our work
- Being transparent and accountable

CMHA BC believes that mental health begins where you live, learn, work and play. Together we are making a difference.

INTRODUCTION

Youth in and from foster care experience a lot of disadvantage.[1] They often have unmet mental health needs because of a lack of services specifically tailored to address complex trauma and adverse childhood experiences, and face deficits in supports across finances, relationships, and housing. Unmet mental health needs are one aspect of a larger need to adequately support youth in and from care to improve their lives, reduce adverse outcomes and minimize costs to society.[2]

"When it comes to my mental health and substance use, I don't really talk about these things. I don't share because I don't want to perpetuate stigma about the youth in care community. I fear that the public will see all foster kids in a negative way."

– Charlotte

Despite these obstacles, youth in and from care have incredible resilience and insight to offer. Understanding the life experiences of young people in and from care is essential to understanding why they have an increased risk for mental health and substance use problems. There are many social and economic factors that impact their mental and physical health, including stress, experiences of trauma, social exclusion, and barriers to employment and education. As a result of these and other factors, many youth in and from foster care are emotionally, behaviorally and socially vulnerable,[3] and disproportionately at risk of housing insecurity and homelessness,[4] mental health challenges,[5] and problematic substance use.[6] Aging out of care, when youth turn nineteen and are no longer under the care of the Ministry, can increase these risks and lead to increased support needs.[7] Despite the well-established needs of youth in and from foster care, there is little peer-led research regarding their lives, with some exceptions.[8] Learning from the lived experiences of these youth is integral to ongoing work to create positive change in our public systems that are designed to support children, youth and young adults to ensure those systems meet their needs and support their long-term wellbeing.

Advocacy focused on the rights and wellbeing of youth with an experience of care has been gaining momentum in recent years. The "Fostering Change" initiative of the Vancouver Foundation, now housed at the First Call: BC Child and Youth Advocacy Coalition, has been building public and government awareness across BC, with the aims of improving policy, practices and community connections, especially for youth leaving the foster care system.[9] They have found that BC residents show strong support for investing in youth from care.[10] Further, there is a sound economic argument for providing improved supports to youth in care as they transition into adulthood.[11] BC's Representative for Children and Youth has also issued reports and recommendations advocating for crucial changes to improve the lives of those in and from care.

This paper aims to further explore how BC can better support youth in and from care, with a specific lens on their mental health and wellbeing. CMHA BC strives to bring evidence-based policy research together with the expertise and experience of those directly impacted by an issue in order to develop credible recommendations for change. In doing so, this paper explores

the current context of foster care in BC, the mental health and substance use-related needs of youth in and from care, and the impacts of current service levels on the mental health and wellbeing of young people aging out of care. CMHA BC strives to achieve "mental health for all" and this paper explores what that means for youth in and from foster care in BC.

METHODOLOGY: YOUTH FROM CARE AS EXPERTS

The voices of youth directly impacted by foster care are crucial to moving BC's child protection policies forward. The need to learn from their experiences cannot be overstated; youth in and from care are experts in their own lives and this expertise can and should inform policy and practice. Involvement of youth in and from care must go beyond symbolic efforts. They should be involved throughout the development of policy and practice in order to create meaningful change. Youth in and from care have a lot to offer us and hold valuable insight that can lead change and benefit future generations. Further, centering lived and living experiences has been central to CMHA's values and approach, as has been set out in its foundational document, the Framework for Support, for many years.[12]

"I have told my story many times since leaving care – said it in front of thousands of people. However, when I was in care, social workers didn't ask about my experience and also my very apparent drug use. I think that in the world of social work and government care, they don't ask questions as personally as they could. It was all too clinical, which takes the youth out of the equation and the youth doesn't feel heard or part of the conversation. The only way the system is going to be fixed is to listen to youth and have transparent communication that we are actually cared for and matter. This should be done through action – by listening to us. We will continue to suffer and die and continue to have problems with social services if this doesn't happen. We have to work together and that is how we will have success for all youth in and from care." – Ralph

In this paper, we intentionally combine the direct personal experiences of youth in and from care with peer-led policy research to form recommendations for change. Five youth with direct experiences of foster care and aging out of care participated on an anonymous basis (all quotes come directly from participants, but pseudonyms have been used). The direct experiences were gathered by a peer

researcher under the supervision of CMHA BC's policy staff to both inform the work and create an educational opportunity.

All five youth participants lived in the Lower Mainland of BC and expressed a desire to help improve public systems for other youth and young adults in and from care. One participant identified as a man and four as women. Three of the five self-identified has having Indigenous heritage and all self-identified has having personal experience of mental health or substance use-related problems. Participants were interviewed by a peer researcher using open-ended qualitative questions to allow participant control over the interview process, depth and direction. All stages of participation were voluntary.

The recommendations featured in the paper were developed by the peer researcher and author.

THE CONTEXT FOR YOUTH IN CARE

What do we mean by "foster care"?

Most people typically understand "foster care" to mean the removal of a child or youth from their family and the placement of that child into a substitute family environment in the home of foster parents. However, the realities of foster care for many young people encompass a much broader range of experiences. Foster care comes in many forms and, while experiences tend to share similar themes, they are not identical.

The Federation of BC Youth in Care Networks defines foster care as any of the following: traditional foster homes, group homes, child and youth mental health services, addictions facilities, custody centres, youth agreements, independent living agreements, and extended family placements.[13] Care can involve voluntary agreements whereby the child isn't legally removed, but the Ministry of Child and Family Development (MCFD) provides the day to day care.[14] A child or youth can be placed in the home of a relative who receives assistance to be the primary caregiver because a child's family is not able to care for them. Kith and kin agreements occur when someone who has an established relationship with a child or has a cultural or traditional responsibility towards a child cares for them.[15] Youth agreements occur between MCFD and a young person who is unable to

"When I was in care I had 16 moves in four years. From emergency placements, to structured and unstructured foster homes, to some family settings. When I was 13 I was kicked out of my placement and sent to a group home where I had to live with some very dangerous people. This definitely led to a life of addiction because I was around these people at such a young age." – Ralph

live at home, with another family member, or another adult.[16] Continuing custody orders occur when MCFD gains legal guardianship of the child or youth. Children and youth can also be placed in many different housing situations while in care, including traditional foster family placements, staffed group homes, independent living situations and, in some cases, hotel rooms.

MJ'S STORY

My experience of care was messy. As a very young child I grew up in poverty and experienced much neglect, and there was early involvement between MCFD and my family of origin. My earliest memories include social workers, police and courts. My brother was removed after a series of behavioural issues due to trauma and later my oldest sister in similar circumstances. My biological parents and family were not safe or capable of being together in a healthy way. Unfortunately, my sister closest to me in age and I remained in the home due to lack of proper investigation or recognition that there was a cycle of intergenerational trauma. We should have been removed like my older siblings.

I had left home temporarily a few times until things continued to be unsafe enough that at 15 I took it upon myself to leave my home of origin permanently. I spent that year couch surfing hoping to find some sort of permanent residence while I continued attending school. Meanwhile, my biological family continually refused to sign me over to MCFD and MCFD was unwilling to intervene, so I found myself having to wait until I was 16 years old to sign a youth agreement. The agreement allowed me to live on my own with some supports, but mainly as an independent child who should have had a lot more check-ins and community connections.

My mental health deteriorated significantly as time went on, and eventually my youth agreement was terminated on the grounds that I was "unable to care for myself". I was given the illusion of choosing to apply for underage income assistance given that my youth agreement had been terminated, but really the only real choice was to become a Continuing Custody Order (CCO), where MCFD would be my full legal guardian. This landed me in a group home that didn't feel like a home at all, but rather complete abandonment. It felt like I was just in someone else's house and that I wasn't settled and able to heal and recover from trauma and build permanent relationships that would nurture me throughout the rest of my life. It just became a painfully numb experience of feeling like I was too old for anyone to care about me anymore. After surviving the challenges of living in a group home that I felt lacked a familial, loving and supportive setting, I demanded independent living at 18, months prior to aging out of the care system. I then aged out and my connection to MCFD was abruptly severed.
– MJ

Who ends up in care?

Surveys indicate that close to half of British Columbians do not know how many children and youth live in foster care.[17] In 2015, there were a total of 7,860 children and youth in care or on youth agreements,[18] and in 2017, over 60% of children and youth in care were Aboriginal despite the fact that Aboriginal children represent only 9% of the child population in BC.[19] In 2015, the vast majority of children and youth were in care due to neglect, which has been linked to poverty.[20]

Previous research on child protection systems in Canada indicates that Indigenous children are more likely than non-Indigenous children to be removed due to neglect (and conversely, less likely to be removed for physical abuse).[21] Further, the families of Indigenous children taken into care are more likely to rely on social assistance, experience housing instability, have younger heads of households and have previous child welfare cases open than the families of non-Indigenous children.[22] The ongoing legacies of colonialism, residential schools, cultural disruption, family interference and discrimination continue to impact the lives of Indigenous families and lead to a shocking over-representation of Indigenous children in foster care.

The Truth and Reconciliation Commission's Calls to Action highlight the need to redress the legacy of residential schools and advance reconciliation by reconceiving child protection systems, including calling on federal, provincial, territorial and Indigenous governments to commit to reducing the number of children in care. Their call includes: increased monitoring and assessment of neglect investigations, adequate resources for Indigenous communities and child-welfare organizations to keep families together, ensuring that children have access to culturally appropriate environments, education for child-welfare investigators, the creation of more appropriate solutions to family healing, and expanded consideration of the impact of residential schools.[23]

"I am Cree, but I came out of foster care not knowing much about my heritage. There are not a lot of Indigenous foster homes, which makes you long for "home" to your soul. It was also hard to get out of the stereotypes of First Nations peoples. Growing up, I feel like I might have had that sense of home if I was connected to the Native Community." – Amika

THE MENTAL WELLBEING OF YOUTH IN CARE

Youth in and from care often struggle with their mental health.[24] While it is hard to find comprehensive information on the rates of mental illness and problematic substance use in BC's youth in and from care, American research shows a very high percentage, 40-60%, of foster children and youth have at least one psychiatric disorder[25] and the prevalence of depression and post-traumatic stress disorder is about twice the rate of non-foster youth.[26] Due

to a stressful and painful history, foster children are at a high risk for developing a behavioural or developmental disorder.[27] They also appear to experience early and higher levels of substance use.[28]

Experiences of trauma in childhood can have profound impacts on many areas of functioning; adverse childhood experiences can have lasting impacts and a strong correlation to poor health outcomes in adulthood.[29] Children and youth often come into care for reasons related to traumatic or negative experiences: poverty-related neglect, family violence or abuse,[30] and they may go on to lose connection to their caregivers, families, communities or cultures.[31] These combined experiences of trauma are often chronic and ongoing[32] and can lead to behavioural, cognitive and self-esteem issues.[33]

Further, it is well documented that BC's current child protection system struggles to provide coordinated and integrated supports to children and youth in need of support.[34] Youth in and from care often describe their experience as chaotic, which can not only worsen existing struggles with mental wellness resulting from trauma experienced prior to coming in to care, but the lack of system coordination can also create significant barriers to accessing consistent health and support services for those most in need of them.

"I believe that substance use is a way to cope. Most things related to addictions are coming from something much deeper, such as PTSD. There aren't enough people trained to deal with it. They often look at the behavior in isolation rather than the mental health behind the behavior. It's like putting a band aid on something that needs antibiotics."

– Charlotte

Poor mental wellbeing in conjunction with problematic substance use can lead to increased health, criminal justice and other government service-related costs.[35]

Because of the increased rates of mental health and substance use problems faced by youth with foster care experience, there is sometimes a need for caution when diagnosing their health issues. There is a myriad of stereotypes attributed to foster youth, leading to prejudice and discrimination. For example, they can be labeled as "troubled", "problem youth", "criminals", "drug addicts", "crazy", etc.[36] It is important to recognize the unique and diverse circumstances facing youth with a foster care experience. While the volatility and trauma in their lives lead to what appears to be signs of psychosocial disorders, taking a non-pathological lens can be useful to understand their challenging behaviors and symptoms.[37] For example, framing the impacts of trauma as not simply pathology, but rather as a result of the unique circumstances and experiences of an individual can be a powerful change in perspective. The intent is not to override the reality that youth in and from care do experience mental health and substance use-related problems at a higher rate than non-foster youth; instead, the intent is to encourage service providers to take a trauma-informed approach that goes beyond simply responding to mental health symptoms in a uniform way.

MJ'S STORY

Overall, I struggled with mental health in a variety of ways, and each struggle translated into greater challenges in my ability to function in daily life. A huge contributor to my worsening state was being without concrete community or relational supports, that made it pretty much impossible to recover.

My battle with a decade long eating disorder enlightened me to the fact that mental and physical health have a direct connection to each other. It wasn't until I was deemed "sick enough" or literally "on the edge of death due to malnutrition" that I was hospitalized, yet only for physical intervention. Without having addressed the core psychological/mental piece of my eating disorder, it raged on. In hearing stories of friends within the foster care community, eating disorders are common among us. Despite the fact that eating disorders are the most fatal mental illness, services are scarce, have long waitlists, and have eligibility criteria that prevent many individuals who don't fit the arbitrary weight parameters, for example, from receiving critical help to save their lives and reduce their suffering.

It was not only through my eating disorder that I experienced this connection between mental and physical health; it was also with anxiety and a mood disorder, which made it difficult to work and function because of physical symptoms of anxiety as well as physical pain from depression and hypomania. This reality created a bit of a vicious cycle because timely accessible care wasn't available, especially as a foster youth with my unique and challenging history. Without the desperately needed comprehensive and concrete support, I landed in the emergency room time and time again.

When I was in my teens, I kept having clinicians elude to the likelihood that I had Borderline Personality Disorder. It seemed as though the simple fact that I was in foster care and didn't have relational permanency or a family confirmed their "diagnosis". This label stuck with me for a long time and affected the way I was treated in hospitals and other clinical settings. For example, after a suicide attempt, I was told things like "we don't know what to do with you" and was then promptly discharged without follow up or concrete community supports. Instead of taking the time to really look into the problem with the lens of understanding the foster care experience, they never realized that I actually in fact had a debilitating mood disorder and was being medicated improperly. I had no advocate to help me push the health care system to be accountable and provide me with the support that should have inherently been available given my vulnerability and needs. The double edge sword that came from attempting to be my own advocate, also posed problems to my ability to get the help and support I needed. I was often labeled as very articulate and at times "high functioning", which led to a more hands-off approach at times from providers because I could "talk my way out of" situations when I felt like a burden to the health care system and all the people in my life.

Both my experience of care and the over-pathologizing of my behaviour and relationships affected my mental health treatment even though it should not have. Had there been comprehensive and trauma informed mental health and eating disorder services, I likely would have had a better chance of getting help a lot sooner before things had to get to the point where I almost faced an early death. – MJ

ACCESS TO MENTAL HEALTH SERVICES

As many as 1 in 8 children and youth, or almost 84,000 in British Columbia, are experiencing mental disorders at any given time, but under one third of these young people are receiving specialized mental health services.[38] The highest rate of mental health problems is among young adults aged twenty to twenty-nine,[39] the time when many youth are aging out of care and supports. Given that a disproportionate number of youth in and from care have mental health and substance use problems, the need for adequate and timely services for youth with an experience of care is crucial.

The Representative for Children and Youth has clearly recommended that the Ministry provide the support needed by children and youth in care who have been identified as having a mental health or substance use problem in a timely and uninterrupted manner.[40] The Fostering Change project has also made this recommendation. Further, the Representative has documented the need for earlier intervention, intentional discharge planning and wrap-around support for youth experiencing serious mental illness; significant and ongoing service gaps in child and youth mental health services; and vast under-resourcing, resulting in waitlists and withdrawal of services when a youth is doing "better".[41] A full continuum of timely and coordinated child and youth mental health and substance use services, ranging from prevention to early intervention to crisis care, has the potential to change the trajectory of a child or youth's life.[42] Failing to intervene early in life leads to negative short and long-term impacts.[43]

"There were no mental health services for me during my time in care. I don't understand why they would not offer it to me despite being brought up in the system and the fact that I was using drugs." – Ralph

In addition, all services should be trauma-informed and culturally safe, and there is a great need for services specifically targeted to the experiences of youth in and from care.[44] The adult mental health and substance use system is not currently able to meet the specific needs of this group, and the current service model of abrupt transitions from child to adult services creates additional barriers to wellbeing and continuity. Further, specialized, trauma-informed clinical services for foster youth are vital, with some suggesting that the treatment of foster youth should be a sub-speciality within the field of child and youth mental health.[45] The direct involvement of youth in service design can help meet these needs and create trauma-informed systems of care.[46]

RECOMMENDATION 1: Ensure timely access to a full continuum of coordinated child, youth and young adult mental health and substance use services available beyond the age of 19, ranging from prevention to early intervention to crisis care, and tailored to the specific needs of youth in and from care. Such services must be trauma-informed and culturally safe.

THE NEED TO BELONG

"Belonging to me is home. It is people who are home. It is being able to say and do whatever and still be accepted. And with acceptance comes love. Love makes you feel like you've been taken for all you are – the good and the bad. That support and belonging is everything. It gives you the strength you need to get through things."
– Amika

"Social isolation only worsens mental health. We are social creatures and we need to have people around us, to connect with us, or just to be with us."
– Charlotte

"I struggled all my life with a lack of belonging to a family, group or community. I always longed to belong and to be seen as important. I always felt like I was on the back burner of people's lives. I can identify those who cared for my wellbeing, but I never felt as though I was a priority to anyone. I never felt like I could say: 'that's my mom,' 'that's my sister,' 'that's my auntie.' It was just me." – MJ

Relational permanency is a key concept in foster care and can be described as the ongoing, unconditional, and permanent relationships in a young person's life resembling that of familial ties. An absence of relational permanency has been repeatedly identified by foster youth as one of the top issues affecting their lives;[47] a lack of permanency can impact education, healthy relationships, mental health issues and feelings of alienation.[48] The consequences of the lack of relational permanency have unfortunately been well documented in BC.[49]

When a cohort of youth were asked the number of guardians they had during their time in care, it became clear that these youth had experienced few long-term relationships and repeated loss of connections.[50] Data shows that increases in foster home changes correlates with subjective feelings of disconnection and a lack of feeling part of any family.[51] Given that they can no longer access supports from the foster care system, youth aging out of care need stable relationships to provide continuity, self-worth, validation, and trust.[52]

Youth with an experience of care encounter many barriers to relational permanency, which can negatively impact mental health and substance use problems, creating a vicious cycle. Behavioural and mental health issues can create challenges in

foster homes and, as a result, create barriers to trusting relationships.[53] Other barriers include frequently changing social workers, often a key relationship for youth in care; inadequate case planning that slows the process of building long-term relationships; a lack of funding and sustainability in programs and services;[54] a shortage of homes geared towards long-term relationships; feelings of being an "outsider" in a foster family; and difficulty in knowing how to develop healthy relationships.[55]

"I think belonging is a deep yearning to feel that I know and trust that I am connected and valued by people without question and without it being contingent on behaviour. When you come from a place where you do not feel as though you belong or are loved, it is hard to carry every day. I don't feel like I belong anywhere – to the people who created me or to the system/streets that raised me or to this world." – Violet

Given the fact that 1,000 youth leave care without a family each year,[56] priority should be given to supporting relational permanency for these individuals. BC should explore creative, outside-the-box approaches to ensuring that youth leave care with stable, permanent mentorship. One option might be a natural mentoring initiative for youth aging out and who have aged out of care to build ongoing, trusting relationships. Such an initiative could be funded by the province, but operated in community by community-based providers to eliminate the conflicting and often complicated ties between the Ministry and youth in and from care. Separate agencies (and Indigenous-led agencies with targeted cultural supports for Indigenous youth) could provide outreach, screening and counselling for youth and caring adults who desire to enter a permanency-based relationship. A key focus for exploring this option would be to ensure that any initiative is youth-led and maintains a focus on autonomous youth relationships instead of paternalistic approaches. For example, funding could be provided to assist caring adults in the community to provide relational permanency or mentorship related costs such as:

- gas money to take young people grocery shopping;
- hydro costs to allow in home laundry services where young people can visit a caring adult, do their laundry and stay for dinner, which could allow for a way to connect and share space with the young people while also providing some practical assistance;
- meal prepping/cooking with a caring adult to help youth learn a variety of necessary life skills in an organic and natural way that resembles real family/friend interactions as much as possible; or
- other community and/or formal supports to caring adults in the community who are/wish to be a caring adult or mentor to a young person in care, include providing the opportunity to have somewhere turn for support when challenges come up.

In addition, and very importantly, the funds available to young people should be based on specific needs and have loose parameters to allow for cultural differences and different levels of need, which vary on a case to case basis. To see an example of caring adults and their

qualities, see this video created by FamilySmart™: https://www.youtube.com/watch?v=BcPJxGNdsPk.

RECOMMENDATION 2: **Consider funding efforts to implement community-based natural mentoring for youth in and from care, separate from the Ministry, to support stable, long-term relationships with caring adults in the community.**

AGING OUT OF CARE

Leaving foster care and child and youth services can be an incredibly anxiety provoking experience that is based on arbitrary chronological age and doesn't take into consideration the developmental abilities, readiness and maturity of each foster youth.[57] These youth face the same economic and social pressures as other young adults, but without the same support.[58] Only 10-20% of youth aging out live with a foster family or relatives,[16] and many lack safe and affordable housing and adequate income.[16] Many young people from care have reported issues, including a loss of support, lack of financial stability, lack of preparation, lack of resources, and feelings of loneliness and abandonment following their emancipation from care.[59]

"I think that leading up to 19 was one of the most anxiety provoking and terrifying experiences because it is literally a countdown to when you will lose so much of what you've known. Your care is expiring and there is an expectation that you will have everything sorted out. This is problematic because some days you might and some days you might not. You also don't have someone who knows your history and knows you in a way that you can journey with." – Violet

Voluntary surveys and other studies in BC focused on youth aging out of care reveal a clear pattern of inadequate housing arrangements, relatively high use of substances, high rates of involvement with the criminal justice system, and high levels of mental health concerns.[60] Youth from care also experience difficulty preparing to go to post-secondary or securing well-paying employment.[61]

MJ'S STORY

Aging out of the foster care system remains one of the hardest, most devastating, and most hopeless memories I have. The fear and anticipation of losing all supports was almost unbearable. I lost vital things such my social worker, my counsellor, and financial support. I was living completely on my own with little to no support. I was terrified but had also become numb to my fate as my mental health deteriorated. I felt completely responsible but also as helpless as a child who just needed someone, anyone, to come and help me feel something other than dead inside. If only to wake up and be laying in a bed of a home where a loving, caring family also lived. But no, I would wake up in my tiny studio basement suite, terrified that the window facing the alley would illuminate an intruder and that would be the end of me. I slept with the light on every night, waking up exhausted and having to face the responsibilities of work and school and the burden of my mental illness that was slowly taking me down. Emancipation and the following years were my most vulnerable and scary years yet. I felt more alone than I ever had or thought possible. – MJ

Transition planning: extending supports

Many advocacy groups in BC have been making consistent calls to improve supports and services for basic living costs, higher education, and connection in communities for cultural and personal support,[62] as well as mental health and wellness. The Fostering Change project's research argues the current approach is associated with poor outcomes and existing funding could be more productively spent on transition supports and services. It is also note to indicate that British Columbians show strong support for making this investment in youth from care.[63]

The calls to extend transitional supports align with existing research that recommends a gradual and extended transition to adulthood similar to what youth in the general population typically experience.[64] Extending the supports to twenty-one has been associated with positive outcomes, but longer timelines could maximize improvements and support the full transition into adulthood.[65] The Fostering Change initiative has made a clear call to extend supports up to age 25.

The Representative for Children and Youth has also called for increased longer-term support as

"I don't really speak about this experience because it wasn't pretty. I was struggling with finances and almost entered the sex trade. It was AYA (Agreements with Young Adults) that helped me get on my feet. If it wasn't there I likely would have landed in dangerous situations." – Charlotte

youth move from care to independence,[66] reporting that a successful transition requires thoughtful and timely development of a plan that takes into account the needs of youth.[67] Improved transition planning prior to the age of emancipation from care is necessary for all youth aging out of care, and especially for those with existing mental health needs as they move forward into adulthood and lose access to age-specific mental health services.

Current solutions like Agreements with Young Adults (AYA Agreements) are beneficial to some, but they have low uptake among young people aging out of care, with only 13.5% of eligible youth on the program.[68] Further, they do not meet the needs of all youth, especially those facing significant mental health or substance use problems. The AYA program should be reformed, but even with reform, it should be viewed as a complementary approach *in addition* to providing basic supports to all youth aging out of care up to age 25.[69]

RECOMMENDATION 3: Adopt the Fostering Change project's recommendation to provide consistent, universal financial support for basic living costs like housing transit and food up to age 25 for youth aging out of care.[70] Those supports should include access to consistent and specialized mental health and substance use services to support their mental health and wellbeing.

Housing as a determinant of mental health

Inadequate and unstable housing is common for youth with experience of foster care. There is a direct connection between an experience of foster care, homelessness, mental illness and substance use in BC; research has found an association between experiences of foster care, and particularly the aging out process, and homelessness.[71] Further, research with homeless populations has found that those with a history of foster care experience are more likely to experience psychiatric disorders in adulthood.[72]

Without housing, mental wellness is nearly impossible to attain. One of the first priorities for youth aging out of care should be safe, affordable, supportive housing.[73] Access to supportive housing, and particularly housing with flexible, person-centred supports, would allow transitioning youth time and space to experience stability in at least one domain of their lives, which would allow for growth and stability in other domains, particularly mental health.

"When I was homeless I did things that weren't helpful to my mental health like using substances as a way to cope, to numb things out, and to fit in with people. Not having housing stability is so problematic for mental health because when you don't know where you are sleeping at night it is hard to focus on being well in any other way." – Violet

The Housing First model prioritizes immediate shelter by providing rent subsidies, eliminating requirements for a person's housing readiness and focusing on support and autonomy, resulting in positive impacts on mental health, independence, social relationships, and other areas of life.[74] Housing can enable individuals to shift from survival mode into a place where they feel secure enough to look towards future goals, improve social relationships, and mental health.

RECOMMENDATION 4: Provide safe, affordable, secure housing with appropriate supports to youth and young adults aging out of care up to age 25. Explore the Housing First model to ensure low barrier access to housing.

NOTES

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[63] Fostering Change, see note 10.

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[66] Paige's Story, see note 14.

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