R2PN

RESEARCH TO PRACTICE NETWORK

**Successful programs for youth in transition to adulthood:
A McCreary Centre Society Literature Review**

mccreary@mcs.bc.ca

corebc
CENTRE *for* DIALOGUE & LEARNING

November 2011

The **Research to Practice Network** is a contingent of scholars and researchers working in collaboration with CoreBC and The Federation of Community Social Services of BC to provide practitioners with insight into emerging research relevant to the field of community social services.

Successful programs for youth in transition to adulthood:
A McCreary Centre Society Literature Review

mccreary@mcs.bc.ca

November 2011

Successful programs for youth in transition to adulthood: A McCreary Centre Society Literature Review

This paper was produced for the Research to Practice network. It is taken from a larger literature review which looked at programs to promote the mental health of youth in transition into and out of adolescence including specific sections devoted to immigrant and Aboriginal youth. The full review can be found at www.mcs.bc.ca.

Introduction

The transition to adulthood can be a critical time in the development of positive mental health. This review considers the research evidence for different strategies and community interventions that promote positive mental health among young people during this transition.

To complete this review, we conducted a search of all applicable research indexes published since 1996. 'Grey literature,'such as government reports was also reviewed. All articles and reports were screened for methodological rigour and relevance to British Columbia.

Community based initiatives can be particularly challenging to evaluate, as there is no standard process or protocol, and outcomes may differ from one community to another. Additionally, many promising programs exist in BC but were not included here because they had not been independently evaluated. Some of the most rigorously evaluated programs were found abroad. These were included in the review if it appeared that they could be transferable to a BC setting, although this generalizability has not been tested.

Promoting positive mental health among youth in transition to adulthood

The transition to adulthood has become an elongated process for many young people as they take longer than previous generations to finish school, leave their parental home, and take on roles such as marriage and parenting (Leadbeater, Smith, & Clark, 2008). However the most vulnerable young people in B.C. often face an abrupt end to supportive services when they turn 19 and this can put additional stress on the mental health of already vulnerable youth.

In a BC study (Leadbeater et al., 2008), 75 youth in the process of transitioning out of adolescence provided recommendations to ease that transition and promote positive mental health. These included extending youth services to serve 19-25 year olds, offering more free counselling, easier access to mental health services, ensuring all young people have adult and peer mentors, and ensuring programs take account of diversity and are culturally specific.

Youth engagement, social support and connectedness to family, peers, school and community are all important in promoting the mental health of young people as they transition to adulthood (e.g., Catalano et al., 2004). Despite these findings, rather than focusing on promoting positive mental health, many community programs instead aim to prevent specific risky behaviours such as alcohol use (Foxcroft et al., 2002) or violence (Petrosino et al., 2002). Although programs that focus on a single risky behaviour are sometimes successful in reducing that particular risk behaviour, they rarely have a positive effect on other aspects of young people's mental health.

However, by changing the emphasis of programs from reducing risky behaviours to promoting positive mental health and building resilience, health risk behaviours are less likely to be taken up or to become lifelong patterns (Saewyc & Stewart, 2008).

Strategies for promoting positive mental health

Education interventions

Educational programs are among the most common interventions to promote positive mental health. These programs aim to increase knowledge and awareness about mental health in the hope that youth will change their behaviour based on their knowledge about health promoting and risk behaviours.

An Australian review of 178 youth programs found that interventions to improve mental health outcomes exclusively through education did not appear effective. A more effective intervention involved including an education component with other skills training. However, there was little evidence that this strategy was effective with youth identified as at-high risk for mental health challenges (Toumbourou, 2000).

Internet based interventions (such as campaigns to improve health behaviours or to raise awareness about a topic) appear to be successful at increasing knowledge but not at effecting behaviour change (Poureslami, Rootman, & Balka, 2007). They appear to be most effective in mental health promotion when combined with a mix of complementary community activities and used over time rather than as a brief intervention (Keleher & Armstrong, 2005).

Skill-building interventions

Skill-building programs that have been shown to promote positive mental health include those which foster arts development (Wright et al., 2006), positive interaction among peers (Garaigordobil, 2004), and problem-solving and decision-making skills (Nota & Soresi, 2004).

Physical activity programs based solely on skill development have only been found to promote mental health when they are also enjoyable and tailored to participants' specific needs (Keleher & Armstrong, 2005). Physical activity programs are also

less effective with older youth than younger ones (e.g., Nickelson, 2007).

The most successful skill-building programs also included an educational component, the provision of food and transport, a supportive peer environment, the presence of peer mentors, trained staff, a respectful relationship between staff and youth, the creation of an environment that supported risk-taking, and the opportunity to develop life skills (Miller & Rowe, 2009).

Employment skills programs can be particularly relevant for young people transitioning to adulthood, as economic participation is a key determinant of mental well-being. Youth employment programs which offered connections to meaningful employment were associated with positive mental health outcomes. In addition to employment skills, participation provided social connections, additional skills and knowledge development, and improved feelings of self-confidence and self-esteem (Keleher & Armstrong, 2005).

Keleher and Armstrong suggest that to be successful, a youth employment program must include literacy and numeracy skill-building, include youth in planning and decision-making, build individual and community capacity, be inclusive and diverse, provide concrete and immediate benefits, and provide sustainable social and economic security.

A BC based example is PLEA's Career Path program, which connects gang involved youth with meaningful employment opportunities. At discharge from the program most youth showed improvements in hopefulness, overall mood, anger-management skills, self-esteem, peer relationships, and connections to the community as a result of taking part in the program, as well as reduced gang involvement (Peled & Smith, 2011).

Mentorship programs

Mentorship programs have been well evaluated and regularly produce strong results. They are often one-to-one programs where a worker or volunteer is paired with a young person to serve as a social support and role model (Tierney, Grossman, & Resch, 1995).

Mentorship programs such as Big Brothers/Big Sisters have positive effects

for youth in the areas of mental health, social, academic, and employment functioning, as well as reductions in health risk behaviours. These programs are particularly effective for vulnerable and disadvantaged youth, who lack positive social relationships (Brady et al., 2011).

The disadvantages of mentorship programs are that adult mentors are required to make a long-term commitment and can only work with one young person at a time (Tierney et al., 1995). They can also have a negative effect on young people if the mentorship relationship breaks down (Brady et al., 2005). However, the long term impact on positive mental health may still make these programs a cost-effective community option.

Community development

Community development approaches appear to work best in neighborhoods where there is a true partnership between a range of community agencies, government and non-government organizations (Keleher & Armstrong, 2005).

A successful Irish example focuses on youth in transition from government care. The After Care Program provides coordinated community support from a variety of agencies. Planning begins two years prior to youth leaving the care system and includes the youth, their family, and a host of community agencies who work together to establish links with supports and services the young person may need (Brady, Dolan & Canavan, 2003).

Another Irish example is the Community Development Program (Brady, Merriman & Canavan, 2008) which promotes positive mental health in disadvantaged communities. The program offers youth and their parents one-to-one and group training to promote positive mental health, as well as drop in and phone access to a wide range of community agencies and resources, and referrals to specialist and acute statutory and non-statutory mental health support services if required. Youth can access the program for as long as they need, and activities include support groups, training in cooking and basic home care, as well as family activities and outings.

Evaluation results showed that the program reduced depression and other mental health challenges in youth and their parents, and reduced the need for clinical services or statutory agency involvement. It also improved family relationships.

The program's success in both urban and rural settings appears to be due to its open time frame, flexibility, community base, partnership approach and inclusion of youth's family in any intervention (Brady et al., 2008).

Policy development

Policy change alone may not be effective in promoting the mental health of youth in transition. For example, in an attempt to reduce youth suicide, Australia changed its firearms legislation. Although this resulted in a reduction of suicides using firearms, it led to an increase in the use of other methods (Toumbourou et al., 2000).

However, a policy component is still important to include in any strategy to promote positive mental health. It should also be part of an agency's infrastructure to shows the organization's commitment to mental health promotion among its staff, volunteers and youth (Keleher & Armstrong, 2005).

Multiple strategies

In general, the literature shows that multiple strategy approaches produce stronger effects and longer-term improvements than individual strategies.

One example of a multiple strategy approach is the Irish C.R.I.B. Youth Project and Health Café. This program combines education, peer and adult mentorship, policy support and skill-building. The café offers drop-in and group support to young people including drug free entertainment (live music, DJs, etc.), health information and homelessness prevention. The café is accessible, flexible, has staff with a range of appropriate skills, and has youth involved at every level of service delivery and management. The program was found to be particularly effective for vulnerable youth and those in crisis (Brady et al., 2003).

Final thoughts

Offering community based programs that aim to promote positive mental health among youth in transition to adulthood is a relatively new area for many communities, and many programs currently operating are small in scale and are not being effectively evaluated. However, among programs that have been rigorously evaluated, a number of key components emerge. The most successful

programs are evidence-based, sustainable, include multiple partners, and strive to build community capacity, support and resources (e.g., Keleher & Armstrong, 2005; Toumbourou et al., 2000). More specifically, community programs which have been successful at promoting positive mental health contain these elements:

- They have youth at the centre of all decision making processes.

- They promote mental health rather than focus on eliminating a risky behavior.

- They increase connectedness to peers, family and community.

- They provide young people with friendly outlets and meeting places.

- They include staff who are skilled in working with young people with a variety of needs.

- They are accessible.

- They are collaborative and involve community partners.

- They establish and maintain partnerships with statutory and non-statutory agencies.

- They offer support and skill-building to parents and families.

- They include peer and adult mentorship.

- They are sustained over an extended time frame.

- They have a clear outline, defined rationale and set of priorities.

- They build community capacity, support and resources.

- They are evidence-based.

References

Brady, B., Dolan, P., & Canavan, J. (2011) Youth mentoring and the well being of young people: Evidence from an Irish mixed methods evaluation. Child and family Research centre, School of Political Science & Sociology, NUI Galway, Ireland (conference presentation International Society for Child Indicators), York.

Brady, B., Merriman, B., & Canavan, J. (2008).A formative evaluation of the community-based family support programme. Galway, Ireland: Child &Family Research and Policy Unit, NUI, Galway.

Brady, B., Dolan, P., & Canavan, J. (2005).Big brothers Big Sisters Ireland youth mentoring programmeGalway, Mayo & Roscommon evaluation report.Galway, Ireland: HSE and Child & Family Research and Policy Unit.

Brady, B., Dolan, P., & Canavan, J. (2003).Working for children and families: exploring good practice. Galway, Ireland: Child & Family Research and Policy Unit, WHB/NUI, Galway.

Catalano, R. F., Berglund, M. L., Ryan, J. A. M., Lonczak, H. S., & Hawkins, J. D. (2004). Positive youth development in the United States: Research findings on evaluations of positive youth development programs. The ANNALS of the American Academy of Political and Social Science, 591, 98-124.

Foxcroft, D.R., Ireland, D., Lister-Sharp, D. J., Lowe, G., & Breen, R. (2002). Primary prevention for alcohol misuse in young people.Cochrane Database of Systematic Reviews, 3.The Cochrane Collaboration.

Garaigordobil, M. (2004).Effects of a psychological intervention on factors of emotional development during adolescence.European Journal of Psychological Assessment,20(1), 66-80.

Keleher, H., & Armstrong, R. (2005).Evidence-based mental health promotion resource.Melbourne, Victoria: Department of Human Services and VicHealth.

Leadbeater, B., Smith, A., and Clark, N. (2008).Listening to vulnerable youth: Transitions to adulthood in British Columbia.CYHRNET, Victoria. BC.

Miller, J., & Rowe, W. S. (2009). Cracking the Black Box: What makes an arts intervention program work? Best Practice in Mental Health, 5(1), 52-64.

Nickelson, J., Alfonso, M., McDermott, R., Bumpus, C., Bryant, C & Baldwin, A. (2011).Characteristics of 'tween' participants and nonparticipants in the VERBsummer scorecard physical activity promotion program. Health Education Research 26(2), 225-238.

Nota, L., &Soresi, S. (2004). Improving the problem-solving and decision-making

skills of a high indecision group of young adolescents: A test of the "Difficult: No Problem!" training. International Journal for Educational and Vocational Guidance, 4, 3-21.

Peled, M., & Smith, A. (2011). Career Path evaluation report.Unpublished. Vancouver, BC: McCreary Centre Society. wwww.mcs.bc.ca/evaluation/PLEA's Careerpath.

Petrosino, A., Turpin-Petrosino, C., & Buehler, J. (2002). "Scared Straight" and other juvenile awareness programs for preventing juvenile delinquency. Cochrane Database of Systematic Reviews, 2.The Cochrane Collaboration.

Poureslami, I., Rootman, I., & Balka, E. (2007).Assessing the effectiveness of informal video clips on Iranian immigrants' attitudes toward and intention to use the BC Health Guide Program in the greater Vancouver area.WebMD/ Medscape Health Network, 9(1), 12.

Saewyc, E. M., & Stewart, D. (2008).Evidence for healthy child and youth development interventions for core public health functions. Vancouver, BC: McCreary Centre Society.

Tierney, J. P., Grossman, J. B., & Resch, N. L. (1995). Making a difference: An impact study of Big Brothers Big Sisters.Philadelphia, PA: Public/Private Ventures.

Toumbourou, J., Patton, G., Sawyer, S. Olsson, C., Webb-Pullman, J., Catalano, R., et al. (2000). Evidence-based health promotion: Resources for planning no. 2 adolescent health. Victoria, Australia: Health Development Section, Public Health Division, Department of Human Services.