Possibilities, Potential and Promise: Understanding the Experiences of at Risk Youth and Mental Health

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Abstract

This article highlights findings from an inquiry into the mental health experiences of Canadian youth who are considered *at risk*. The term *at risk* suggests that the youth are exposed to situations that place them in danger of being harmed physically, developmentally and/or psychologically. This research focused on the lives and experiences of youth, ages 12-22 years who attended an inner-city youth agency in a large urban center in Western Canada. Narrative inquiry methodology was used to engage in relationships with the youth helped identify common themes in the lives of the youth which include: intergenerational stories, intergenerational stories of mental health, living amidst violence, disruption of family stories and composing forward looking stories without privilege. The intent of this work is to make visible the possibilities, potential and promise of each youth and to challenge negative terms such as *at risk* which focus on identification of deficits.

Keywords: Youth, Mental Health, Risk, Narrative Inquiry, Experience

Introduction

This article highlights findings from an inquiry into the mental health experiences of Canadian youth who are considered *at risk*. The term *at risk* in this inquiry suggests that the youth are exposed to situations that place them in danger of being harmed physically, developmentally and/or psychologically. These risks include such things as poverty, exposure to violence, living

in unsafe communities, substance use, lack of family stability, and inadequate housing. This research focused on the lives and experiences of youth, ages 12-22 years who attended an inner-city community youth agency in a large urban center in Western Canada. The agency itself employs arts-based activities such as music, painting and sculpture to engage youth and allow for relationships building, expression of emotion, and a creative outlet for coping with stressors of everyday life. By no means are the words *at risk* intended to frame the youth participants within this study in terms of deficits. The intent is quite the opposite; it is to make visible the possibilities, potential and promise that exist within every person.

This study utilized narrative inquiry methodology which recognizes the human experience as both individual and social. Lives are composed of stories that are interpreted personally, yet influenced by the surrounding social milieu. In a narrative inquiry, the narratives of individual participants are shared but there exists an understanding that the context of their experience is grounded in the world in which they live (Clandinin, 2006). Throughout this research study each youth shared their own narratives of experience however, *threads or resonances* amidst each of their separate narratives became apparent over the course of the inquiry. The terms, *threads and resonances*, are often used interchangeably to open up new questions about youth experiences that appear to have similar themes or backgrounds (Clandinin, Lessard & Caine, 2012). Resonant threads that emerged during this inquiry included experiences related to intergenerational stories, intergenerational stories of mental health, living amidst violence, disruption of family stories and composing forward looking stories without privilege. The identification of these threads creates an opportunity to broaden the public and professional understanding and views on youth mental health issues and holds the potential to increase tolerance and empathy. This leads to the possibility of improving the quality, accessibility, and

number of resources and support services offered for youth who are considered at risk and living in vulnerable situations.

Methodology

Narrative inquiry is a relatively new methodology in social science research yet it is quite an old practice in the history of humanity as it focuses on stories of experience to create meaning and understanding. This method of teaching and communication has been used by many cultures to pass on tales and lessons from generation to generation (Clandinin, 2006). Narrative inquiry is both a way of understanding experience and a methodology that is designed to understand people's storied experiences as embedded within social, cultural, institutional, linguistic, and familial narratives (Clandinin & Connelly, 2000). This methodology is relational in nature and enables the formation of intensive relationships with each youth to hear how their lives unfolded. Narrative inquiry differs from other research which incorporates the use of narratives into their methodology as it involves the inquiry into our lived, told, relived and retold experiences. Connelly and Clandinin (2006) state that "the development and use of narrative inquiry comes out of a view of human experience in which humans, individually and socially, lead storied lives. People shape their daily lives by stories of who they and others are and as they interpret their past in terms of these stories" (p.479). The evolution of narrative inquiry as a methodology has emerged through educational, anthropological and human science influences. This research methodology is not simply the telling and retelling of stories but "a way of understanding experience. It is a collaboration between researcher and participants, over time, in a place or series of places, and in social interaction with milieus" (Clandinin & Connelly, 2000, p.20). Narrative inquiry provides an opportunity for individuals to share their stories and life experiences. In this way, narrative inquiry provides an opportunity for the youth in this study to

share their experiences in a way that was meaningful for them. Relationships are central to narrative inquiry on many levels from participant and researcher, social and personal to narratives and methodology. As well, there exists the important relationship between "narrative as phenomenon and narrative as methodology" (Clandinin, Murphy, Huber, & Orr, 2010, p.82) in which the inquirer in relation with the participant examines the participant's relations of the past, present, and future. In narrative inquiry, experience is the phenomena through which people live and understand their world. This understanding of phenomena is central to narrative inquiry as a methodology.

The participants in this study included six female youth ages 12-22 years who self-identified as either Metis or of Indigenous descent. The youth participants were approached to be a part of the study while they took part in a photography club at a non-profit organization that works alongside at risk youth with drug addiction and mental health issues through arts based programming and mentorship, crisis intervention, and life skills development. Over a period of 8 months, the researcher met several times with each youth to have conversations and view their photographs. The photographs taken by the youth during this time were an integral piece in the research as they provided a catalyst for conversation and allowed the youth a medium in which to share their personal experiences, stories and emotions. Each conversation was transcribed and when possible shared with the youth. Sharing the transcriptions with the youth gave them the opportunity to review their shared thoughts and remain part of the narrative process. This interaction formed tighter bonds and relationships and also clarified and created meaning. "By giving voice to and making visible our stories of our experiences in relation with participants, we created a space in which to tell our stories, hear others' stories, and give these stories back to each other with new insight" (Clandinin et al., 2012, p. 83). Narrative inquiry is a "collaborative

venture" (Caine & Estefan, 2011, p. 967) between participant and co-researchers over time, place(s), and situations. As well, this sharing gave the youth opportunity to clarify what they had said or expand on their experiences. Ethical approval for this study was granted by the Research Ethics Board at the University of Alberta; ethical concerns regarding the safety and well being of the youth were paramount to the researcher who advocated for supports, services or resources as identified for the youth if needed.

Narrative Accounts and Threads

Narrative accounts within a narrative inquiry may be viewed as the analysis or interpretation portion of the research process (Clandinin, Lessard & Caine, 2012). The narrative accounts in this inquiry were co-composed with the youth (whenever possible) and researcher, and were negotiated with the youth. The narrative accounts allowed for a representation of the unfolding lives of the youth and researcher; a way to make visible the relationship between the two and the stories that were shared (Clandinin, Lessard & Caine, 2012). Within the narrative accounts, individual narratives and photographs from each youth are shared. These narrative accounts take on different forms including poetry, conversations, letters, personal reflections, and images.

Although a single individual tells but one narrative there may exist some resonances that can echo across people's stories. These resonances, referred to throughout this inquiry as *threads* open up wonders about shared experience. Sandelowski (1996) shares this idea by suggesting "like a good theory, a good story has elements of universality" (p.119). Universality as stated by Sandelowski may not be the *goal* of narrative inquiry, but it does suggest the presence of threads or resonances across lives. The intention of identifying threads within this inquiry was to open up new questions and wonders about the lives of youth who are at risk or homeless, and how this

may provide further support or services for these youth (Clandinin, Lessard & Caine, 2012). After completing the youths' individual narrative accounts, the presence of threads resonating across the youths' stories became apparent. At that time, the intimate space with each individual youth was left behind and the common threads that deepened and broadened awareness of their lives were identified. As I lived this process alongside the youth, I read and re-read my field texts, reviewed participants' conversations and photographs; a process that allowed for the gradual identifying and naming of common threads or *findings* from within the research data.

Findings

Intergenerational stories

In working with the youth during this inquiry it became apparent that many of their experiences called forth experiences of their parents and grandparents. The youth had learned behaviours modeled by those who raised them and shaped by these experiences; experiences that were shared between generations, from grandparent, to parent, to child. These intergenerational stories carry experiences and knowledge and may continue to affect the youth and future generations yet to come (Young, Chester, Flett, Joe, Marshall, Moore, Paul, Paynter, Williams, & Huber, 2010). Stories included experiences of mental health issues, poverty, substance use, single parent households, unemployment, lack of adequate housing, poor education, school drop-out, and unsafe communities. Not only had the youth lived these stories alongside their parents and grandparents, they also had these stories told to them. The youths' experiences shared during this inquiry were similar to the findings of Fergusson (2009), who indicated that the majority of youth who are homeless or at risk grew up in homes that were laden with problems, uncertainty, and conflict. Fergusson (2009) also explored previous home life characteristics of youth who found themselves homeless, and identified that there was little structure provided by their parents

primarily because their parents were struggling themselves with mental illness, substance abuse, or homelessness.

Each of the youth who took part in this inquiry grew up socially vulnerable in impoverished conditions with lower socioeconomic status. As shared in the words of a 14 year old youth in this inquiry, "*My house is all empty. My dad will buy groceries; he brings his friends over, his homeless friends, to eat all our food. We never have food to eat in the morning.* Growing up in impoverished situations is often identified as a factor to many other health and social concerns (Trocki & Caetano, 2003). Children growing up in poverty suffer from a greater number of health problems including more psychological and behavioural concerns, more injury and illness, and more violence and death (Allensworth, 2011). Furthermore, many intergenerational experiences shared by the youth play directly into the social determinants of health, which are often identified as predictors for physical and mental health challenges. These material, social, cultural and environmental conditions in which people live have the greatest impact and influence on health directly and indirectly. Additional health determinants such as genetic predisposition, health accessibility and acquired health behaviours also affect health but overall have less impact than the social determinants (Reutter & Kushner, 2012).

While the lived and told stories were similar across generations they were at times, questioned, broken, or interrupted by the youth themselves who chose to walk a different path. Although some intergenerational stories may be viewed as ties binding these youth in a perpetuating cycle of poverty, poor education, and addiction, it is important to recall the dangers of a single story (Adiche, 2009) that could lead to stereotyping and prognosis of the youths' futures. Bateson (2007) also discusses the possibility for people to have divergent beliefs and that "we need to work very hard on affirming the legitimacy and the importance of multiple

stories" (p.218) in order to prevent stigmatization and assumption. This questioning of intergenerational stories is presented in the words of a 15 year old participants when she shares "*The one thing I know for sure is I'm gonna finish my whole school, go to college, do something with my life 'cause that's one important thing my grandma wants me to do. She always tells me every day. Me and my little cousin are like practically the only ones who go to school* [in her household]. *We have six girls that live with us."*

Intergenerational stories of mental health

Substance misuse, homelessness, involvement with the legal system, unstable relationships, poor decision making, and school leaving have all been identified as common experiences by the youth in this study. An important underlying thread in all of these experiences is the mental health status of the youth and how this impacts their lives. During conversations, several of the youth in this inquiry shared that they have received formal psychiatric diagnoses in the past such as depression, bipolar, anxiety, psychosis resulting in admission to either child and adolescent psychiatry or adult psychiatry inpatient acute care. Unfortunately, not one of the youth participants suggested that these hospital admissions were helpful or provided any long-term support. As well, intergenerational patterns within the youth's families emerged as most youth also shared that their parents, grandparents, or other family members suffered from mental illness and substance misuse of either drugs or alcohol.

This inquiry reveals findings similar to those in related literature where youth are considered at risk or are at greater risk for developing mental health concerns due to their daily living situations, daily experiences, increased exposure to substance use, parental mental health concerns, and previous home life experiences (Kidd, 2013). Mental health concerns of depression, anxiety, trauma related disorders, and psychotic symptoms are all over-represented

within youth who are homeless. Sometimes youth associate their mental health challenges to life on the streets, while others have existing problems that become exacerbated because of the stress of street life (Boivin, Roy, Haley & Galbaud du Fort, 2005; Martijn & Sharpe, 2006; Kelly & Caputo, 2007). The increase in psychological stress caused by living on the streets and previous experiences of abuse can lead to self-harming or suicidal behaviours as well as an increased risk to mental health and wellness.

Composing Forward Looking Stories without Privilege

Challenges emerged within the realm of the youths' mental health as they consistently sought and longed for change within themselves and their world. The shared sentiments of wanting to be better, wanting to be more, being something else, or not being good enough emanate throughout this inquiry. As one of the youth research participants, age 15 years, sums it up, *"I don't want to be sad so I kind of gotta move on".* How the youth choose to cope with the feelings of poor self-esteem and poor self-worth were individual journeys. One powerful story of poor self-worth based is shared conversation which brings to the fore her challenge with her indigenous heritage and living with years of racism and stigma, *"I wish I was white. I've gotten to the point where I actually put bleach in my bathtub. Honestly, I've gotten to that point where I've actually scrubbed my skin off".* The impacts of this statement are filled with generations of pain and trauma; words so impactful that they cannot be comprehended by those who have never questioned the color of their skin.

It is important to remember that in narrative inquiry "each story, whether personal, social, institutional, cultural, familial, or linguistic, is alive, unfinished, and always in the making; stories continue to be composed with and without our presence" (Huber, Caine, Huber, Steeves,

2013, p.227). As the youths' stories of self-worth were shared during this research, it is critical to be reminded of Huber, Huber and Clandinin's (2010) work on resistance, and how attending to perspectives on stories of resistance can move us "beyond seeing these stories in negative terms" (p.185); rather recognizing the youths' stories as experiences that are continually evolving and forever changing. The youth experiences within this study are not frozen in time, not are they understood in the same way as the youth themselves grow and change. Focusing on narratives and experiences of resistance rather than deficit, can lead to a place of hope and a multitude of possibility.

Living Amidst Violence

The youth in this inquiry composed their lives around violence (Bateson, 1989) with memories being formed, and choices being made, as a result of experiencing that violence. As well, each youth experienced and interpreted this violence differently making it impossible to know what the future holds for each of these youth, and how their memories of violent experiences will affect them (Bateson, 1989). Each of the youth within this inquiry identified being exposed to, or being a recipient of, violence at some point in their lives.

Exposure to family violence, physical abuse, sexual abuse, aggression and street violence often act as precursors for emotional, cognitive, and behavioural symptoms such as poor decision making, depression, anxiety, self-harming behaviours, inability to form healthy relationships, and educational difficulties (Trocki & Caetano, 2003). There was not one single youth within this narrative inquiry who did not report experiences of violence. Despite highlighting the traumatic physical and psychological experiences of the participants, the strength within the youth also becomes apparent as they are able to attend school, maintain relationships, work, and seek help and support from community agencies, despite experiences of violence.

Children and youth who are exposed to violence and other adverse events often experience disturbances in their developmental abilities and skills due to a disruption of the developmental processes. Furthermore, these disturbances early in life increase the likelihood of difficulties and maladjustment in adulthood caused by the physiologic effects of stress on the growing child and how the duration and intensity of the stress correlates with impairments in physical and psychological development (Arruabarrena & de Paul, 2012). It is important to recognize however, that although violence does hold the possibility to cause stress or distress within youth, it does not pave a foreseeable path or inevitable outcome; it is the youth themselves that possess the power to create their own futures.

An interesting resonant thread that emerged from the narratives was the youths' perceptions and understanding of violence in respect to their age. It seemed that the younger the youth (under the age of 14 years) the more they seemed to view the violence within their lives as ordinary. They did not question the "rightness or wrongness" of the violence; they simply shared it as part of who they were and what their world shared with them. As one of the younger youth states, "*My mom doesn't like her 'cause when I was little she used to hit me and [other sister]. One day she slapped me. I was coming in her room to get something I had forgot. I think it was a hair clip or a can of hairspray. And then she pushed me in the hallway and she pushed me against the closet door and broke my rib".* Youth who were older were more able to see the dangers and risks of being exposed to violence and how it has negatively affected their decision making and mental health. In fact, being a recipient of a violent act was enough of a shock that it served as a precursor for positive changes in the lives. One of the older youth participants (age 20 year) who had experienced a history of drug misuuse and prostitution, explains her reason for

trying to get clean and off the streets. *"I got really hurt. Hurt pretty bad and then that's what made me change my mind about not wanting to have to go through that sh** anymore"*.

Disrupting Family Stories

Another resonant thread amongst the youth within this study, was their experiences of being forcibly removed from their homes and biological families by Child and Family Services. In 2008 the Canadian Incidence Study or Reported Child Abuse and Neglect was provided by the Public Health Agency of Canada [PHAC]. Within this report it was shown that 235,842 children were investigated for child maltreatment of which 85,440 were substantiated cases that included neglect, exposure to intimate partner violence, physical abuse, sexual abuse and/or emotional maltreatment. Furthermore, Indigenous children are over-represented in the foster care system as well as in cases of child maltreatment with 22% of substantiated cases involving children from aboriginal heritage (Public Health Agency of Canada, 2008).

The "removal" of a child from their home causes a huge disturbance within the child as well as the family. These disturbances often manifest themselves as irreparable emotional pain that can leave a permanent scar for both the child and the family (Tomnyr & Hovdestad, 2013; Harpaz-Rotem, Berkowitz, Marans, Murphy & Rosenheck, 2008). As childhood is such a vital time for psychological and developmental growth, any stress or trauma can have a lifelong impact. Removal of a child from their family of origin can cause them, and their family, to miss a *step* in their lives together. These lost steps can be irreversible. As well, the removal of a child from the home can cause problems with family structure and functioning, as parents are not present for the children's daily routines and developmental stages and may be unable to learn necessary skills needed to rear their child (National Scientific Council on the Developing Child, 2012). This is demonstrated within the family of the youngest participants whose life has been

in flux for many of her 12 years due to her involvement with Children's Service as she reports, "*I've been in three foster homes and two group homes since I was nine"*. Even more tragic is the fact that some of the youth reported experiences of abuse or exposure to violence while in government care at either a group home or foster home.

Although the youth in this inquiry have had their home life experiences disrupted due to an apprehension, they are still growing, changing and reaching for future goals. They are composing their lives through this experience. As well, the youths' families can be seen as standing alongside the youth, composing their lives as the future unfolds. Child welfare involvement may be seen by health and social service providers as a *red flag* in predicting a child's future. Although this may be true in some instances, generalizing negative behaviours and future outcomes for children and families involved with child welfare need to be troubled (Huber, Huber & Clandinin, 2010). These youths' experiences of disruption in their family stories are many yet their own lives continuing to evolve and shift as past experiences are re-lived and re-told; new experiences are lived and shared, and imagined as hopeful possibilities.

Implications for mental health services and programming

The youth in this inquiry were often judged due to their behavior, appearance, history and/or family of origin. They are seen as *street kids* who grew up with lousy or absent parents and have a history of drug use and illegal activities. Often, these youth experienced stigmatization and judgment resulting in poor interactions with health and social service providers. These negative experiences led to distrust of professionals and the *system* as a whole, resulting in youth who were wary to access future help; experiences that have embedded themselves so deeply into the youths' thinking that they are often suspicious and doubtful of the care and services available. This distrust has the potential to be passed on to other family

members forming a new curriculum of understanding which is intergenerational. The result being a *familial curriculum* of distrust, avoidance of health care and social services, and lack of engagement in resources and services (Huber, Murphy & Clandinin, 2011). This curriculum needs to be changed through the youth experiencing positive, supportive, timely, and appropriate care. Health care and social service providers must re-evaluate programming geared to these youth in order to shift the pattern of homelessness, mental health concerns, and at risk behavior; an evaluation that includes the lived experiences of the youth themselves.

It becomes evident that adequate and accessible programming is vital to the well-being of youth as well as to the community and society as a whole. Enhanced programming has the potential to improve the mental health of youth which should be a high priority for our society. A society with healthier youth can lead to healthier and more vibrant communities, a decrease in crime, a decrease in health costs, and positive outcomes for future generations; in essence, positive outcomes related to the social determinants of health (Reutter & Kushner, 2010). Moreover, information on youth mental health speaks volumes to the increasing necessity of program development and improvement. In Canada, approximately 14% of children between the age of 4 and 17 years, experience a mental health issue that weakens their functioning and perpetuate the development of comorbid disorders. The mental health and well-being of children and youth is paramount in determining this populations' successful progression into adulthood. Positive mental health in children and youth is associated with greater educational success, healthier and positive social relationships, greater feelings of self-esteem and confidence, higher income potential, and a higher degree of resilience. Approximately 75% of mental health concerns arise in childhood and adolescence and will persist into adulthood if appropriate care and treatment is not received (Stewart & Hamza, 2017). Unfortunately, over 75% of children

and youth who required mental health services did not receive treatment that followed standards of care or best practice recommendations (CMHO, 2020; Ghandi et al., 2016).

Mental health issues amongst the younger population are not going to disappear and therefore understanding and treatment of these issues must be placed in the forefront in order to improve programming and services.

The results of this inquiry suggest that the traditional and existing mental health services and programs for youth who are at risk and/or homeless are not always accessible despite an immense need. This might be due to transportation or location issues, the need for referral, or youth requiring an advocate to help navigate the system of care. Also, existing services and programs may not be effective for the youth as expectations of the programs and program delivery itself do not match their needs. So many factors are at play here and could include: the youth may not be able to understand services provided, feel comfortable and confident in their care, they may have had previous negative experiences, or the expectation of health care providers is unreachable. Many of these services or programs are difficult for the youth to gain access to, and even if they do make it into a program there are barriers to the youths' success because of their lack of support, education, family history, and life experiences. Traditional programs that require structured programming and services do not seem to work well for the youth in this inquiry primarily because their lives are not, and have often not been, structured. The youth are unable to navigate these programs and the expectations and as a result have suffered failure after failure. This inquiry serves to encourage health care and social service providers to further understand the complexities in the lives of Canadian youth who are considered *at risk* and their encounters with mental health and mental health services. This

understanding can lead to greater recognition of the youths' unique qualities and focuses on their strengths and potentials rather than perceived deficits.

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Possibilities, potential and promise: Understanding the experiences of at risk youth and mental health

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