



“Just being there, like a shoulder to lean on”: Resilience and Mental Health among Older Youth in and Aged out of Foster Care during COVID-19

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Accepted: 2 November 2022

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Abstract

Disasters share a common potential for significant ecological and psychosocial disruption at the individual, community, and societal levels, and are especially harmful to members of social groups in vulnerable situations, including youth in foster care and those recently emancipated from care. These young people are susceptible to mental health challenges and understanding their resiliency is key to mitigating pandemic-related harms. This qualitative study aims to (1) understand how the COVID-19 pandemic affected the mental health of older youth between the ages of 18 and 23 ($M = 20.5$ years, $S.D. = 1.7$ years), currently in or aged out of foster care ($M = 5.9$ years in care, $S.D. = 4.4$ years), and experiencing mental health challenges, and (2) gain insight into the resiliency that supports young people in dealing with these challenges. Twenty-six young people (77% female-identifying, 38% White, 27% Hispanic) in the USA participated in in-depth interviews. Salient themes include: 1) supportive relationships, 2) adaptive coping skills and mindsets, and 3) environmental, institutional, and social supports. Results amplify the voices of these young people concerning the impact of COVID-19 on their mental health and foreground the dynamic strategies they are using to alleviate their distress.

Keywords Youth in foster care · Aging out · Mental health · Resiliency · COVID-19 · Qualitative study

Introduction

The coronavirus disease 2019 (COVID-19) pandemic continues to negatively impact individuals across the United States two years following its onset (U.S. Census Bureau, 2022). Though the consequences of the pandemic are not yet fully understood, instability from COVID-19 continues to disproportionately impact the physical and mental health of individuals in marginalized and under-resourced

social groups, including young people with a history of foster care placement (Ruff & Linville, 2021; Silliman Cohen & Bosk, 2020). For older adolescents and young adults with foster care experience, the pandemic exacerbates existing risks in successfully transitioning to adulthood (Greeson et al., 2022; Rosenberg et al., 2022). These young people are acutely vulnerable to mental health challenges (Havlicek et al., 2013; Lehmann et al., 2013; Polihronakis, 2008) and understanding their resiliency factors is key to mitigating pandemic-related harms. The current study summarizes findings from an exploratory, qualitative study, with 26 older youth currently in or aged out of foster care. It fills a vital gap in the literature by amplifying the voices of these young people concerning the impact of COVID-19 on their mental health and foregrounds the dynamic strategies they are using to alleviate their distress. It responds to calls by government officials, policymakers, and medical professionals to address the impact of the pandemic on the mental health of youth in the United States (AAP, 2021; APA 2020; USDHHS, 2021).

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Adolescent/Young Adult Mental Health during COVID-19

According to the American Psychological Association's Stress in America 2020: A National Mental Health Crisis (2020), Gen Z adults (individuals born between 1997 and 2012) are the most likely generation to say their mental health has worsened compared with before the pandemic. Gen Z adults are also more likely to report feeling isolated.

For adolescents, the quarantines necessitated by COVID-19 eliminated the consistent school and social interactions that young people need to thrive, resulting in increased distress such as depression and anxiety (Almeida et al., 2022; Vaillancourt et al., 2021). Older children and teenagers in particular expressed frustration at missing out on typical and/or milestone events in their lives and experienced exacerbated mental health issues due to social distancing requirements (Imran et al., 2020).

Youth who are in or aged out of foster care may have been particularly vulnerable to the impact of the pandemic on their mental health. Youth in foster care are, on average, at elevated risk for experiencing mental health disorders and have increased rates of comorbidity, compared to youth in the general population (Lehmann et al., 2013). The mental health outcomes of youth who age out of foster care are likewise of concern. These young people are even more vulnerable to basic needs insecurity and lack of access to care and supports as they transition into adulthood (Bucchio et al., 2021; Collins et al., 2010; Ruff & Linville, 2021). At ages 17 or 18, youth aging out of foster care are two to four times more likely to suffer from lifetime and/or past-year mental health disorders compared to youth transitioning to adulthood in the general population (Havlicek et al., 2013). It is likely that the pandemic exacerbated pre-existing mental health problems in this group and that pandemic-related stressors initiated new problems; in a survey of 281 youth in and aged out of foster care, between ages 18 and 23, from 32 states, 55% reported struggling with depression, anxiety, or both (Greeson et al., 2022). Although data on depression and anxiety among youth in foster care are sparse (White et al., 2009), this figure exceeds estimates from before the pandemic when the past-year incidence of depression in this population was approximately 20% (Courtney et al., 2011; Havalchak et al., 2007; White et al., 2009) and the past-year incidence of anxiety was 14% (Havalchak et al., 2007). It is also higher than estimates of anxiety and depression in the general population during COVID-19 (36%; CDC, 2021). In surveys of youth in and aged out of foster care during the pandemic, young people consistently reported unstable living situations, difficulties accessing mental health care, disrupted education, food insecurity, and employment instability, all of which could have contributed to increased

rates of depression and anxiety (Foster Club, 2020; Greeson et al., 2022; Rosenberg et al., 2022; Ruff & Linville, 2021).

Research Aims and Objectives

Although a growing number of surveys have reported that youth in and aged out of foster care experienced elevated rates of mental health problems during the pandemic (Greeson et al., 2022; Ruff & Linville, 2021), it is less clear what strategies young people used to try to minimize the impact of the pandemic on their mental health and to foster resilience, particularly in the context of decreased access to mental health services (Kerker & Dore, 2006). The current study was designed to identify the strategies that young people used to alleviate their distress. Acknowledging the impact of COVID-19 and the importance of uplifting the voice of affected populations in developing interventions, the Field Center relied upon interviews to (1) learn how the COVID-19 pandemic affected the mental health functioning of older youth with foster care experience; and (2) gain insight into the resilience factors and coping skills that support young people in dealing with these challenges. The major underlying objective of this study is to use these data to identify risk, protective, and resiliency factors related to mental health for youth in and aged out of foster care, especially during the time of global disaster, and utilize the findings to propose specific recommendations to improve policy and practice.

Materials and Methods

Design and Sample

Data for this qualitative study come from one-on-one semi-structured interviews of 26 young people from multiple states in the United States. Youth between the ages of 18 and 23, currently in or aged out of foster care, experiencing self-reported mental health challenges, and residing in the United States were eligible to participate. This study was open to eligible participants for a 60-day period from July to September 2022. The semi-structured interview consisted of 23 questions.

On average, participants were 20.5 years of age ($S.D. = 1.7$ years) and had spent 5.9 years in foster care ($S.D. = 4.4$ years). Thirty-eight percent of the sample were still in foster care at time of interview, and 61% had aged out. Seventy-seven percent of the participants were female-identifying, 19% male-identifying, and 4% identified as non-binary. The sample was evenly split between Black/African American and White participants (38%). Fifteen percent of the participants reported their race as "Other Race," and 4% reported either Asian or Mixed Race/2+ Races. Twenty-seven percent of the participants endorsed being Hispanic/

Spanish/Latinx. Completing “some college” was the most common highest level of education completed by the sample (54%), and 31% reported completing high school or receiving a GED only. Participants came from six different states and 19 different cities. The most common state was Indiana, with 14 participants residing there.

Recruitment

We utilized the same recruitment approach as in Greeson et al. (2022), which included social media posts to Facebook, Instagram, and Twitter, and leveraging our personal and professional connections to child welfare researchers, child welfare practitioners, and higher education service providers. We sent a recruitment email to these groups, asking “gatekeepers” to disseminate information about the study to potentially eligible young people. Interested young people then contacted our study coordinator via cell phone, texting, or emailing. Our study coordinator then conducted a pre-screen to assess eligibility, including experiencing mental health challenges. Assuming the young person met eligibility requirements, an interview was scheduled with one of two interviewers, with master’s degrees in social work. At the designated time, the interviewer called the young person to conduct the interview. All interviews were completed over the phone and digitally recorded for transcription purposes. Each participant received a \$40 Target gift card for their participation.

Procedures

The semi-structured interview consisted of 23 questions comprising demographic information, mental health challenges during COVID-19, and strategies to alleviate mental health challenges (See Appendix). At the start of each section, normalizing statements with prompts to make participants feel more comfortable were read. Prior to the interview, the consent form was read to each participant over the phone, and they expressed verbal agreement to participate in the study. We obtained a Waiver of Documentation of Informed Consent from the [NAME OF UNIVERSITY] Institutional Review Board (IRB) since the interviews were conducted over the phone. [NAME OF UNIVERSITY] IRB approved all aspects of the study.

Data Analysis

Interviews were transcribed. The transcriptions were checked for accuracy by comparing them to the digital recordings. Analysis was carried out using Excel and guided by the grounded theory approach, an inductive strategy whereby concepts and hypotheses are discovered through constant comparative analysis (Strauss & Corbin, 1990). The

research team read the text of each interview line by line and identified and labeled emerging phenomena or “data bits,” while noting ideas, potential themes, and generating possible concepts (“open coding”). This process was carried out until “saturation,” or no emergence of new codes from the data (Padgett, 2016). The second stage of analysis entailed “axial coding,” in which the “open codes” were categorized and grouped around conceptual commonalities or specific “axes.” The third stage of analysis, “selective/thematic coding,” involved determining how the code clusters related to each other and discovering the common themes among them. The first four authors participated in axial and selective coding. Finally, these themes were examined for how they were interrelated to generate theory regarding mental health challenges faced by older youth in and aged out of care during the pandemic and their understandings of the mitigators of these challenges. Lastly, six coders, including three authors, on the research team selected key quotations that best reflected each of the open codes that were embedded within the axial codes and related themes.

Once all open codes were finalized, all interviews were coded by two members of the team, independently. Where disagreements arose regarding open coding, the study coordinator convened a meeting with the two team members and the discrepancy was discussed until agreement for how to code was reached. This happened with less than 3% of the open codes. The team also kept memos while coding, tracking any personal insights and biases, and periodically met to talk about how these thoughts could interfere with the coding process. We also held a team meeting when it seemed saturation had occurred to reach final consensus on the selection and labeling of the overarching themes and identification of quotations to support them.

Results

We conducted interviews with young adults ages 18–23 either currently in or aged out of foster care with self-reported mental health struggles during COVID-19 to better understand how the first six months of the COVID-19 pandemic affected their mental health and what they believe was, or would have been, helpful in addressing challenges. Major themes, codes, and relevant quotes to support them are highlighted in Table 1 (Supplemental Material). While we documented all codes in the Table, we primarily, unless otherwise indicated, elaborate on codes reported by at least five participants, which was nearly 20% of the participants. The major themes include: 1) relationships, 2) consequences of the pandemic, 3) managing mental health, and 4) interacting with formal institutions.

Theme 1: Relationships

During the semi-structured interviews, participants discussed the impact of different relationships in their lives, both before the onset of the pandemic and through its duration. The presence or absence of these relationships affected their ability to manage their mental health during the pandemic (as reflected in subsequent themes).

Supportive Relationships for Youth in and Aged Out of Foster Care Every participant named at least one individual or relationship that provided them with various types of support, including someone to listen to them or provide advice, or someone that assisted with concrete needs such as housing. Nearly all participants underscored the importance of peer relationships, with nineteen participants naming friendships, and eleven participants stating that the specific presence of a romantic partner was a source of support in their lives. System professionals were also protective factors for some, with twelve participants noting a beneficial relationship with a therapist and five citing their foster parent(s) as supportive. Despite their status as youth placed in out of home care, many participants reported support from immediate biological family members including parents ($n=6$) and siblings ($n=7$). Fourteen participants described supportive relationships with non-parental relatives or other adults.

Gaps in Relationships Although supportive relationships were highlighted, a few participants also reported relational dynamics that were challenging, including having ongoing conflict with their biological family ($n=5$) and only having a limited number of friends ($n=4$).

Theme 2: Consequences of the Pandemic

In response to prompts about their mental well-being during the first six months of COVID-19, participants illuminated various ways that the COVID-19 pandemic affected them, which were coded into the following categories: emotional responses (mental health), physical/bodily responses, and situational responses. Two additional categories (COVID-19-specific concerns and the societal context during the pandemic) emerged that were beyond the individual level response, as described below.

Emotional Responses to the Pandemic Every participant elaborated on how the pandemic had some negative impact on their mental health, with manifestations of this presenting as loneliness ($n=18$), anxiety ($n=17$), uncontrollable worry ($n=15$), depression ($n=15$), feelings of isolation ($n=13$), hopelessness ($n=11$), anhedonia ($n=9$), increased stress ($n=6$), increased anger ($n=6$) and lack of attunement, or feeling disconnected to others ($n=6$). Twelve participants noted a new sense of uncertainty about their future.

Physical Responses to the Pandemic Physical and bodily reactions were also common among participants during the first six months of the pandemic. Fourteen participants had trouble falling or staying asleep, and eight found themselves sleeping too much or oversleeping (four reported experiencing both at various times). Twelve participants frequently found themselves sitting and “doing nothing” or not wanting to get out of bed, while nine were “unable to sit still” or fidgety. Five participants reported a decrease in energy and three reported a decrease in appetite. Three participants reported psychosomatic symptoms brought on by non-physical causes, including back and stomach pain and panic attacks.

Situational Outcomes of the Pandemic The widespread effects of the pandemic were felt throughout society and young adults in and aged out of foster care were impacted in myriad ways. Sixteen participants directly referenced the quarantines or lockdowns affecting their ability to go outside, socialize or see friends, with eight participants noting hardships from institutional restrictions and four noting additional restrictions imposed by the households in which they lived. The restrictions resulted in a longing for face-to-face interactions ($n=8$) and missed milestone events, like prom and graduation ($n=5$). There were disruptions to participants’ basic needs including financial instability ($n=10$), and having to move or change living situation ($n=10$). Eight participants lost their job at the start of the pandemic, but five either kept their job or got a new job. Participants discussed additional changes to the way they lived previously, including educational disruption/missing school ($n=11$), being stuck in the house ($n=11$), decreased connection to biological family ($n=7$), additional hostility in their home ($n=6$), and feeling that it was risky to leave the house ($n=6$). Five participants spent the early part of the pandemic quarantining alone.

COVID-19 Related Concerns In addition to the emotional, physical, and situational impacts of the pandemic, participants directly spoke about the virus, which we coded as its own category. Twelve participants were fearful of contracting COVID-19 and mentioned various precautions to avoid infection, nine participants feared being responsible for a transmission, eight talked about the social responsibility they felt to protect their loved ones and community members, and four participants reported having no fear of the virus.

External/Environmental Factors Though not mentioned often, a final category emerged situating the pandemic within the larger environmental context in which participants live. Six participants expressed that the pandemic merely exacerbated problems that were already there, but five participants noted that there were silver linings and some good things came from the changes brought by the pandemic, for example finally seeking mental health treatment that was

needed, or the chaotic world slowing down around them. Four participants spoke of the racial violence occurring in 2020 as an additional toll on their mental health alongside the pandemic.

Theme 3: Managing Mental Health

The young adults we interviewed discussed numerous resilience factors, strategies and supports that helped them manage their mental health during the pandemic or are helping them in their recovery now which were coded into distinct categories: individual activities/coping skills, adopting positive mindsets, and external supports, or the lack thereof.

Adaptive Coping Skills Diverse and creative coping skills were, and are, used by participants to respond to their mental health challenges such as anxiety, depression, loneliness, and worry. Young adults turned to reading ($n=16$), (both educational ($n=5$) and fiction/pleasure ($n=12$)), TV and movies ($n=13$), exercise ($n=10$), listening to music ($n=8$), art ($n=7$), being outside ($n=7$), journaling/writing ($n=6$), caring for pets/animals ($n=6$), healthy cooking/eating ($n=5$) and religious practice/faith ($n=4$) when they were experiencing challenges. Seeking interaction with others in the form of social media ($n=12$), socializing with friends ($n=12$), contacting family or siblings ($n=8$), and sending text messages ($n=5$) were also helpful. Ten participants specifically mentioned a romantic partner as contributing to positive mental health. Seven participants expanded on the idea that volunteerism or advocacy for other youth in foster care was a form of healing for themselves. A handful of participants noted an uptick in unhealthy coping skills such as unhealthy eating ($n=3$) and unnecessary online shopping ($n=2$).

Adaptive Mindsets Participants noted that attempting to control one's mindset can have a positive impact on mental health. They implemented this by imagining the future ($n=7$), accepting and normalizing their mental health issues ($n=7$), practicing mindfulness ($n=5$), and attempting optimism ($n=5$). Like the participants above who spoke about volunteerism, four participants aspired to work in a "helping profession."

Environmental and Social Supports External, systemic, and community supports also contributed to sustaining through a mental health challenge. Eleven participants relied on therapy, ten credited their job with providing support and structure, ten were grateful for phone contact with friends and families and ten specifically had "someone to listen to them." Six were able to be taught or learn new coping skills and five described housing stability and/or a housing voucher as critical to their resilience.

Unmet Needs in Managing Mental Health Participants also noted gaps in their support system, indicating that resources such as support groups ($n=8$), stable housing ($n=6$), concrete resources like WiFi and transportation ($n=4$) and mentorship and life skill planning ($n=4$) were lacking in their lives.

Theme 4: Interacting with Formal Institutions

The final theme that emerged is unique to system-involved youth. Participants spoke about their time in the foster care system and reflected on interactions with the formal institutions in their lives that provided support as they transitioned to adulthood, and the gaps or failures of these institutions.

Institutional Supports Participants were appreciative of various services and supports offered and provided by the systems they worked with, including a therapist ($n=10$), having a formal mentor/coach/CASA ($n=8$), and having a good caseworker ($n=7$). Accessing extended foster care, having a stable foster home, formal opportunities for peer support, and attending foster care-related programming were each mentioned by four participants.

Institutional Gaps Conversely, participants also had complaints about the services they received while in foster care or through other institutional systems. Eight participants wanted therapy but lacked access to it, seven noted that the child welfare system lacks support for youth, and seven felt like youth are left out of decisions and have no voice. Finally, while not cited by many participants, some of them underscored serious concerns about the child welfare system. Participants had to contend with, for example, incorrect or confusing information from CPS ($n=4$), lack of permanency planning ($n=4$), poorly trained caseworkers and poor case management ($n=4$), frequent placement changes ($n=3$), systems that are not trauma-informed ($n=3$), and an overworked system unable to truly help youth ($n=3$).

Discussion

The objective of this study was to amplify the voices of young people currently in and aged out of foster care concerning the impact of COVID-19 on their mental health; similarly, we sought to identify strategies and resources that were instrumental in alleviating distress. Findings from the interviews revealed four major themes: 1) relationships, 2) consequences of the pandemic, 3) managing mental health, and 4) interacting with formal institutions. While no studies to date have yet centered the mental health experiences of this population following the onset of the pandemic, we draw on the limited relevant

foster care research conducted post-pandemic and existing knowledge regarding mental health, foster care, and adolescence to both validate the experiences of the participants and highlight how these findings advance current understandings of how COVID-19 has impacted the mental health of youth in and aging out of foster care. We also focus on what is, or would be, helpful.

Relationships Participants in the current study underscored the importance of personal relationships, including a reliance on peers and non-parental adults. Youth credited their social supports with increasing their resilience. Previous studies validate the findings that healthy peer relationships (Hass & Graydon, 2009) and the presence of a caring adult (Ahrens et al., 2008; Collins et al., 2010; Courtney & Lyons, 2009; Greeson et al., 2010; Munson & McMillen, 2009) are protective factors in the successful transition to adulthood. Co-regulation, defined as “the supportive process by which caring adults and peers promote positive youth development through caring, consistent, & responsive relationships; the co-creation of supportive environments; and intentional and developmentally informed day-to-day interactions” is a growing focus of the Children’s Bureau and the Administration for Children and Families (Murray et al., 2021). Though youth aging out of care often transition to adulthood without the support of a caring adult or stable familial relationships (Osgood et al., 2010), participants in the current study named diverse individuals who supported them, including biological family (parents, siblings, aunts/uncles, grandparents) and non-family (godparents, friends’ parents, faith leaders). Despite the presupposition that youth in foster care have little or no connection with their biological family, multiple participants discussed both the support they received and the stress of isolation from supportive familial relationships. Therefore, recognizing both formal and informal supports (Collins et al., 2010; Rutman & Hubberstey, 2016) as a means of social support may be of particular concern for foster care alumni, who are uniquely disenfranchised. Further research into the capacity for assistance and roles these adults can play in the lives of youth in care is warranted.

Consequences of the Pandemic Participants spoke of extensive material, environmental, and financial disruption to their lives, echoing findings from a time series survey of 2,117 older youth with foster care experience (Rosenberg et al., 2022) that showed COVID-19 negatively impacted employment, educational attainment, ability to meet basic needs, and connection to work and school. The current study not only validates the scope of these repercussions, but also our understanding of how these material consequences impact participants’ mental health, by exploring mitigators and resilience factors that may support older youth in and aged out of foster care during such challenges.

The pandemic exacerbated precarious circumstances for this already-vulnerable population, with prior research finding pervasive negative impacts of COVID-19 on young people’s housing/living situations, food security, employment, and financial stability (Greeson et al., 2022). Access to concrete resources was diminished during the pandemic and this in turn took a negative toll on participants’ mental health, exacerbating the trend of negative mental health for this age group across the United States (APA, 2020).

While each participant in the present study experienced at least one mental health challenge, the most frequently mentioned difficulties were loneliness, anxiety, depression, and worry. Similarly, Ruff and Linville (2021) reported increased incidence of mental health symptoms, including depression, anxiety, and despair, increased isolation, and overwhelming uncertainty. Understanding the distinct presentation of distress for this population, and learning about existing coping mechanisms, is key to developing effective interventions.

Managing Mental Health Participants employed both solitary activities (e.g., reading, watching tv, journaling) and social activities (e.g., phone contact with family, spending time with friends) as primary coping strategies for emotion regulation. Multiple youth cited benefitting from reminders that mental illness is experienced by many individuals in the U.S. (National Alliance on Mental Illness, 2020) and that seeking assistance is a form of strength. The presence of effective therapy was a key mitigator for participants, as youth benefitted from attunement, learning mechanisms to improve daily functioning, and trusted the recommendations of the professionals with whom they worked. Some participants noted that their own experiences uniquely situated them to help others who may be experiencing foster care, trauma, or other difficulties. Further, the act of helping others, or entering a “helping profession” may serve as a healing mechanism or protective factor that can provide a sense of community and purpose (Benard, 2004), which can be particularly impactful for youth with foster care experience (Hass & Graydon, 2009). Recognition of inadequate casework, sub-par foster or group home care, and lack of access to coping mechanisms were delineated as ways in which participants worried about other youth in foster care. Youth in foster care are acutely aware that their peers may not have the supports that they do, but also recognize that experience in foster care may increase adaptability and resiliency (Ruff & Linville, 2021).

Interacting with Formal Institutions Participants recognized the support of competent professionals, such as therapists, caseworkers, and other formally assigned individuals like mentors or court-appointed special advocates; these roles differ from the informal relationship with natural mentors who

naturally exist in youths' communities, such as neighbors, relatives, faith leaders, or coaches (Greeson & Thompson, 2017), which are also beneficial for youth. Some participants also expressed displeasure with their experience in foster care. They noted that their agency was often ignored, there were few opportunities to participate in their own case planning, and youth in foster care are generally not given a voice, which leads to policies and practices that are not responsive to the true needs of these marginalized young people (Goldfarb et al., 2021; Liebmann & Madden, 2010). Having access to therapy proved problematic for nearly a third of participants in the current study, despite the onus on the child welfare system to provide these services.

Limitations

While interpreting this study's findings, we must also call attention to some limitations. This study's primary limitation is the non-representative sample of older youth in and aged out of foster care who participated, which limits the generalizability of the findings. As with any interview study, there is also risk for bias, as participants may feel pressure to respond one way or another to the interviewer's questions. It is unlikely this occurred in this study, as the participants freely shared their struggles related to their mental health, as well as the buffers that helped them regulate their emotions during the pandemic. We also note that three-quarters of our sample was female-identifying, which further limits our ability to draw conclusions related to other genders. Additionally, the interviews were conducted over the phone, and as such, observation of body language and non-verbal cues was not possible. As with any qualitative study, the data analysis, interpretation of the authors, and conclusions are subjective, and to improve the trustworthiness of the findings, multiple coders, supervised by the principal investigator and first author of this study, engaged in the data analysis process. Although the nature of these findings is preliminary and in need of further exploration, our study offers new information that is consistent with and builds on previous research and suggests important insights into the mental health challenges and mitigators for older youth in and aged out of foster during a crisis. The experiences and perceptions revealed by the 26 young people should be viewed as potential topics for future, larger studies.

Implications

Despite limitations, our findings amplify the voices of youth in and aged out of foster care, and reveal important implications for informing practice, policy, and systems change related to the mental health of marginalized young people, in general, and during disasters, specifically.

Ensure that Youth in Foster Care Develop Relationships with Caring Adults Fourteen participants described supportive relationships with non-parental adults or relatives. The presence of a supportive adult is a protective factor for all adolescents, particularly those with foster care experience, serving to buffer adverse outcomes (Ahrens et al., 2008; Collins et al., 2010; Greeson et al., 2010). The Children's Bureau is currently exploring ways to build co-regulation capacity, or the development of consistent, caring, and responsive adult relationships for youth in foster care, into child welfare systems (Murray et al., 2021). Interventions like Caring Adults 'R' Everywhere (C.A.R.E.; Greeson, 2019; Greeson & Thompson, 2017), offer an innovative practice model for child welfare agencies to facilitate and support the development of permanent relationships among older youth in foster care and their self-selected natural mentors, or non-parental caring adults pre-existing in youth's naturally occurring networks. Additionally, research suggests that enabling older youth in foster care to participate in hobbies and extracurricular activities can lead to increased relationships with natural mentors (Thompson & Greeson, 2017).

Bolster Opportunities for Youth in Foster Care to Develop Developmentally Appropriate Peer Relationships Study participants were clear that friends and significant others were a source of support in their lives. Youth in foster care are often excluded from traditional adolescent experiences as their needs beyond safety, including opportunities for normal child and adolescent development, take a backseat to the child protection focus of the system (The Annie E. Casey Foundation, 2015). Child welfare staff, foster parents, group homes, and other service providers should ensure that the "reasonable and prudent parent standard" of the Preventing Sex Trafficking and Strengthening Families Act (2014) is applied so children can "participate in age and developmentally appropriate extracurricular, enrichment, cultural, and social activities." Further, though 15 states and Puerto Rico have enacted a "Foster Children's Bill of Rights," 14 of them specifically addressing the reasonable and prudent parent standard, (National Conference on State Legislature, 2019), adopting these in all states and ensuring awareness of their existence can serve to protect the developmental needs of youth in foster care.

Increase Access to High Quality Mental Health Services and Therapy Eight respondents indicated challenges with accessing therapy, including long waiting lists, cost, and lack of availability, information, or referral. While youth in foster care may not be unique in this regard, as young adults across the nation still face barriers to affordable health care coverage and gaps in services, disparities exist for marginalized

populations (White House, 2021). Considering the trauma history of youth in foster care, strategies such as those in the 2021 White House plan advocating for elimination of barriers, increasing funding, and expanding and integrating mental health services directly into the settings and communities where young people can use them are critical.

Renew, Extend, and Expand Assistance Programs for Youth Aging out of Foster Care Following the onset of the pandemic, the Supporting Foster Youth and Families through the Pandemic Act (2020) provided certain protections including moratoriums on evictions from care, expanding the age limits for foster care placement, education and training vouchers, and direct cash assistance to eligible youth. The protections provided by the Act have now expired, yet participants in the current study clearly indicated a need for resources that would assist with alleviating ongoing pandemic-related challenges. Reinstating similar provisions through public policy would offer critical relief to this population as they recover from the pandemic's prolonged effects and beyond (Greenson et al., 2022; Jones, 2021).

Provide Ample Opportunities for Vulnerable Youth to Explore and Utilize Self-Identified Coping Skills While some coping skills require no special accommodations, youth in foster care may experience limitations to accessing the strategies they have identified as helpful. Given the endorsement of reading as a coping mechanism by most participants, system professionals should ensure that adolescents in foster care have a library card and access to transportation. Internet access is a pre-requisite for access to social media, and sometimes other resources such as watching TV or interacting with friends and family; therefore, youth in and aging out of foster care should be minimally supplied with an internet-capable device and a hotspot or other WiFi access (Greenson et al., 2022). Creative and youth-specific solutions should be supported, such as purchasing a gym membership for those who credit exercise and working out as healing. Some participants relied on the healing nature of pets and animals, yet many transitional housing programs, shelters, and even private landlords do not allow pets. Advocating for policies that allow pets in housing or the development of pet-friendly transitional living arrangements for youth aging out of foster care would also benefit these young people.

Promote the Practice of Collaborative Casework with Youth and Expand Access to Extended Foster Care Child welfare caseworkers should encourage the youth on their caseloads to take advantage of extended care, as each year of continued foster care placement has repeatedly been shown to improve life outcomes across a variety of domains (Courtney et al., 2018; Dworsky et al., 2013; Okpych & Courtney, 2020).

While available in most states, extended foster care is neither universal nor uniformly administered. Advocates like the Juvenile Law Center (2018), call for all states to implement the federal option to provide extended care to youth until age 21 and provide comprehensive post-transition aftercare supports. Caseworkers should value the input of the youth on their caseloads and be well-versed in resources available to older youth in foster care, and those who have aged out of care, in their local communities.

Conclusion

This study examines the mental health challenges experienced by older youth in and aged out of foster care during COVID-19 and the buffers they employed to regulate their emotions. It is the first published study that has amplified the voices of this highly marginalized group of young people regarding their mental health during this highly challenging time, thus lifting-up their perspectives, ideas, experiences, and knowledge. These young people must be given the opportunity to express themselves and should be involved in the decisions and discussions that shape their future. Systemic reform of the child welfare system related to how it cares for older youth in its care during crisis times will only come about when we hear what these young people need, from the young people. This study importantly created this opportunity. It is our hope the results and their implications will be used to improve how this country responds to this marginalized group of young people when the next disaster strikes. This preliminary, exploratory study suggests that among other buffers, supportive relationships with non-parental adults are an untapped resource. As one young person stated, "... when I had someone to talk to, it didn't feel like I had so much on my shoulders by myself. It didn't feel like I had to do so much alone."

Supplementary Information The online version contains supplementary material available at <https://doi.org/10.1007/s40653-022-00498-7>.

Acknowledgements Above all, we thank the young adults who took their valuable time to share their experiences during the COVID-19 pandemic. Your insight contributed to advancing our understanding of how best to respond to the mental health needs of young adults in and aging out of foster care. We would also like to thank the professionals who assisted with recruitment for this study, Richard Wren, Emma Wennberg and Melissa Murin who assisted with transcript coding, and the Center for High Impact Philanthropy for their collaboration.

This work was supported by Fidelity Charitable Trusts.

Declarations

Disclosure The authors report there are no competing interests to declare.

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