Having a caring, close relationship with an adult has been found to be a protective factor for those who face adversity, including mental health difficulties and childhood trauma. Recent research has explored supportive relationships between adolescents and mentors, including formal mentors assigned through a program, and natural mentors that emerge within the community. The presence of a mentor has been found to be related to positive life outcomes for young people. More specifically, with regard to youth with mental health difficulties, research uncovered that relationships were one of the five principles identified to help students have success in early adulthood. Also, a study of 25-year-olds who were hospitalized in adolescence reported that a small group of “resilient” participants viewed relationships as key resources in their lives as young adults (See Gralinski-Baker, Houser, Billings, and Allen, 2005 for a review).

THE “GOT MOODS” PROJECT

The “got moods” project was designed, in part, to further explore the relational lives of former systems-experienced young adults, all of whom were currently struggling with mood and emotional difficulties. The main focus was to examine the presence and qualities of the supportive relationships between young adults and one “key helper.” A key helper in this study was defined as, “an adult that has been particularly helpful, or supportive, in dealing with your mood and emotional problems.” The participants nominated the adults whom they perceived to be most helpful with regard to their mental health difficulties.

In-depth face-to-face interviews were conducted with 66 young adults who were struggling with mood and emotional difficulties. The youth were recruited from a variety of agencies and institutions (e.g., community colleges, social service agencies, and mental health agencies) and the broader community (e.g., local eateries) in one Midwestern state. Participants were recruited from youth who:

1. were between the ages of 18 and 30;
2. were currently struggling with mood and emotional difficulties;
3. were living in the community;
4. had been diagnosed with a mood disorder during childhood;
5. had utilized Medicaid mental health services during childhood; and
6. had utilized at least one additional child-serving system of care (i.e., foster care, juvenile justice, public welfare).

Data reported in this article focuses on those between the ages of 18 and 25 that completed the qualitative sec-
tion of the study on supportive relationships with key helpers (n=59). Participants were 68% female and 66% Black, African American, or Bi-/Multi-Racial (self-identified). The mean age of participants was 21.

Trained data analysts conducted qualitative line-by-line coding, chose segments of data that they perceived as meaningful to the research questions, and assigned them codes (e.g., “reminds me to take medications”). Then, analysts came together to compare and contrast groups of codes and themes that emerged in the data. This article presents a preliminary sample of the themes that emerged in the “got moods” key helping relationships project. Percentages of quantitative items were also examined.

**WHO ARE THE KEY HELPERS?**

Seventy-eight percent of the participants reported a key helper in their lives. Key helpers were predominately family members and professionals. Almost half of the relationships were reported to have lasted over ten years. Interestingly, many of those with a key helper reported that they knew or perceived that their key helper also lived with mood and emotional difficulties.

**How Do Key Helpers Help?**

Young adults value constancy, mutuality, honesty, modeling, and encouragement in key helping relationships, among other qualities. Aspects of constancy discussed included “consistency” and “availability”:

> That’s why I always tell them consistency is key. I have to have somebody I can see at least once a week because, if not, you know a lot can happen in seven days, and if I don’t have anybody to talk to, then that emotion stays bottled up inside. [Key Helper: Caseworker]

> I mean she’ll call me, ask me how I’m feeling, ‘cause she knows that I deal with a lot of issues and she knows that I can fall off the wagon at the drop of a dime. I mean she was there when I tried to commit suicide. She was there when they pumped my stomach. She was there when I was in a psych ward. She was there. The best decision my mother could’ve ever made was putting that woman into my life because without that woman in my life I would’ve never had any kind of stability.... There was never a time that I didn’t know where she was. There was never a time that I couldn’t get a hold of her. [Key Helper: Godmother]

Mutuality emerged as particularly significant for young adults, with regard to respect, trust, understanding, sharing and making a mutual impact or influence. With regard to mutual understanding of depression, one participant reports:

> We’ll be talking about being depressed and I’ll be like, ‘Yeah, and you know how when you just want to shut yourself away and just not talk to anybody,’ and she’s like ‘Yeah, I know what that’s like.’ We have similar experiences. [Key Helper: Friend]

It was important to many participants that key helpers understood, first hand through their own lived experiences, mood and emotional difficulties. Another aspect of mutuality that was valued was mutual sharing:

> She shares some of her own personal experiences, and not just things that are like, ‘Well you know, this happened to me and I overcame it by doing this,’ but she’ll share, like... ‘The baby did this and I was scared out of my mind,’ and like real experiences that aren’t just, you know, happy ending stories. They’re like, you know, real life, ‘Other people feel this way’ stories. [Key Helper: Counselor]

The above example highlights the importance of authenticity and the sharing of “real experiences,” as opposed to sharing what the participant insinuates are less helpful, inauthentic, canned messages about how to overcome obstacles.

Young adults talked about a variety of ways that their key helper facilitated their growth, for example, by helping them become more “themselves”:

> I love to write and I don’t show anybody what I write, and [he] has seen what I’ve written, and he got me to the point where he says ‘You write really good poetry. You need to show it.’ He got me to the point where I was comfortable with putting it up and posting it on MySpace for other people to read. [Key Helper: Friend]

> She molds me into this strong person, this wonderful woman that I am, ‘cause I change a lot, just from her being in my presence, just me being a woman. She really transformed me into being... a woman. [Key Helper: Professional]

These examples show how key adults are helping young people living with mood and emotional difficulties develop and move toward adulthood. Key helpers also facilitate growth by helping participants move beyond symptoms. The example below illustrates how a key helper supported a young man by both modeling, (“shown me”) and teaching (“explained this to me”).

> She helped me so much with the mood disorder and the medication, it makes me feel that I can function better as an individual in society, that I can be more independent and take care of my own means... she’s shown me this and explained this to me and that’s why I’m able to do it so well. [Key Helper: Professional]

Relationships with key helpers provide a lot of different
types of social support, including general emotional, informational, and tangible support, along with social support directly related to managing mental health recovery and wellness.

For example, one participant described how her key helper was able to provide support when she was experiencing symptoms:

*I can just let her know whenever I am cycling or going through something and she’ll either leave me alone, or like most of the time tell everybody else to leave me alone and just make sure I’m able to stay calm.* [Key Helper: Grandmother]

Key helpers provided information support to these participants through advice related to mental health recovery and wellness, such as going to counseling or taking medication:

*She told me that I should consider seeking help, counselor or psychiatrist to talk to. She said that she knows it might be some things that I can’t talk to her about that maybe I would feel comfortable talking with someone else about.* [Key Helper: Mother]

*When I don’t want to take my medicine and I feel depressed, she say ‘Well I know you don’t like taking pills, but those pills is there to help you, and you know you feel much better when you take them, so just go on and take them. You’ll feel a lot better.’* [Key Helper: Mother]

Tangible support related to mental health was provided in many ways; for example, helping to access services and “making sure” things get done:

*It was my godmom who took me to counseling and who was actually providing the ride there and back and talking to the counselor and finding out what’s going on and being involved in that kind of aspect and making sure I took medication.* [Key Helper: Godmother]

**IMPLICATIONS**

Preliminary findings from “got moods” provide a starting point for building knowledge about the supportive relationships between young adults formerly involved with public systems of care who live with mood and emotional difficulties and those they perceive provide them key help and support during the developmental transition to adulthood. The voices of youth and young adults can assist professionals in further research, program development and evaluation, and advocacy/policy initiatives.

Next steps with these data are to further examine themes related to relationship qualities and types of support related to mental health wellness and recovery, while also examining the association between supportive relationships and various young adult outcomes. These data can inform the development of measures to assess key helping relationships. Also, as professionals design programs for youth and young adults in transition, it would be prudent to examine the qualities that young adults indicate are particularly important to them, such as the quality of mutuality.

*If you would like to learn more about the “got moods” study please contact Dr. Michelle R. Munson at michelle.munson@nyu.edu.*

**REFERENCES**


**AUTHOR**

Michelle Munson is an Associate Professor at the Silver School of Social Work at New York University.