



Social Network Enhancement Strategies to Address Limited Support

It is widely understood that social networks profoundly influence individual health and well-being, and evidence links inadequate networks – in terms of social isolation, limited social ties, and network influence on health practices – with a range of outcomes.¹ Although the influence of social networks on physical and mental health is complex, it primarily involves the provision of social support, social influence, engagement and attachment, and access to resources.² It follows that youth and young adults would particularly rely on stable and supportive social networks, and that poor outcomes would be more likely in the absence of such networks. This may be especially true for young people with mental health conditions, particularly those with significant service system involvement during adolescence, which can impact network size and stability. Here, we explore how social network limitations – for example, poor social development, social isolation, and/or limited access to resources – can be addressed through targeted network-oriented approaches with identified populations experiencing social network disruption that may impact mental health and well-being.

Importantly, stable and supportive social networks facilitate psychological and emotional well-being, healthy relationships, and engagement in school, work,

and civic life, and can alleviate poor outcomes in young adulthood.³ We know such support can be lacking due to a wide range of circumstances, so it is helpful to consider specific populations who have experienced known social network disruption due to various kinds of system involvement. For example, we can imagine that out-of-home placement due to child welfare, mental health, or juvenile justice system involvement would be associated with detrimental network disruption. This is because the social contexts that promote health and wellness – e.g., family-based networks, connectedness to schools, prosocial peers – can be disrupted by the circumstances that lead to system involvement, if not by the experience of out-of-home placement itself. Further, elevated mental health challenges are associated with such system involvement.

For example, a large subgroup of older foster youth likely experience repeated network disruption related to placement instability, non-relative foster care or group homes, and residential treatment.³ Such repeated temporary placement experiences likely result in sparse networks, disengagement from services, problem behaviors, and other social adjustment challenges, all of which further impact the support capacity of their networks. We also know that young people in foster care have an elevated incidence of mental health



diagnoses, but are less likely to be engaged in services as they exit foster care, and have fewer informal supports to rely on after exit. Importantly, these young people are also more likely to indicate that it is inadvisable or useless to seek help from others, especially if they have experienced placement instability.⁴

These patterns likely apply more broadly to various types of out-of-home care, especially given the overlap of young people served by mental health, child welfare, and/or juvenile justice systems, and the prevalence of mental health conditions expected across these populations. For example, the experience of inpatient psychiatric treatment may impact youth social development and community participation. Studies report that young people living with mental illness can feel uncomfortable in the world, and may experience fear of rejection by family and friends, and stigma about mental illness in the larger community; these factors may be linked to reliance on both positive and negative coping strategies, and challenges in seeking mental health care.³

These trends apply to young people with juvenile justice involvement, who also experience prevalent mental health diagnoses with limited treatment, where detention can specifically exacerbate these conditions and inhibit typical social integration. Overall, 50–70% of youth involved in juvenile justice have a mental health condition, and rates are higher among those placed in residential or detention facilities.³ Research suggests that incarceration impairs positive development, healthy transitions to adulthood, and community integration for youth who are less equipped with psychological or social skills to live independently, and face difficulties transitioning from the institution and reintegrating into the community.³

Researchers and practitioners working with these various populations recognize that experiences of out-of-home placement – if not the complex individual and environmental factors that lead to such placement – impact social networks in ways that might limit typical social development and community integration. Further, limited social support networks can heighten mental health challenges experienced by many young people who have histories of foster care placement, juvenile justice involvement, and/or inpatient psychiatric treatment. Lastly, we know that young people can be difficult to engage in traditional mental or behavioral health treatment in emerging adulthood, when they are also navigating the transition from child to adult service systems and developing increasing independence.^{5,6}

Thus, many service providers are considering approaches that directly address social development and community integration as a protective factor. For example, social participation strategies – including group skills training, supported community engagement, and peer support models – are a viable approach for directly addressing the isolation that many people with mental health conditions experience, as demonstrated by a new systematic review of social participation interventions for people receiving mental health services.⁷ These promising network-oriented approaches fit into the Pathways to Positive Futures theory of change model, which describes how positive development approaches can increase application of developmental skills as young people with mental health challenges build positive connections to various social contexts (family and friends, community, culture, etc.) and acquire related skills and knowledge that can improve quality of life and well-being.⁸

However, few positive development models exist to specifically address social network deficits among subgroups of young people who have experienced known network disruption due to systems involvement. Some evidence-based models address comprehensive outcomes, such as skill-building interventions with foster youth or Wraparound facilitation in mental health services, but such approaches only tangentially address network deficits as one of many aims.³ New models are needed to specifically introduce a positive development approach to addressing social network deficits among identified populations. The Pathways to Positive Futures RTC is currently piloting two program models that

combine promising social participation, community engagement, and peer support strategies in innovative ways to enhance social development and network integration among young people who have experienced mental health challenges and known network disruption.

The first is a near-peer coaching model to increase self-determination skills among young people transitioning from foster care who experience mental health challenges and are attending college. *Project FUTURES* adapts a skill-building curriculum for young people in foster care and those receiving Wraparound mental health services, using near-peer coaching by young adults in college who also have lived experience with foster care and/or mental health challenges.⁵ FUTURES coaches support students in identifying self-determined goals related to academic achievement, managing mental health stressors, and social integration. FUTURES also recruits Campus Champions, who are faculty and staff from student services and academic departments across campus who serve as identified resources to support students with foster care histories and mental health challenges, as well as other underrepresented groups.

Additionally, we are developing a new *Meaningful Networks Model* (MNM) to guide intervention to enhance social network development and community participation among young adults who are either experiencing, or at risk for, serious mental health conditions, and who are also expected to have limited support networks due to histories of out-of-home placement in the child welfare, juvenile justice, or mental health systems. The model is an innovative group-based intervention that combines a psychosocial skill-building curriculum with supported community participation activities and near-peer mentoring, to enhance social development and network integration in ways that support long-term mental health and well-being. We ultimately envision this as an evaluable enhancement model using materials that can be delivered by community-based skills-trainers and near-peers in existing service settings following a relatively brief facilitator training.

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