

The Maltreatment and Adolescent Pathways Project: Adjustment in Young Adulthood
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Child maltreatment is a robust risk factor for mental health problems, notably in the areas of mood, anxiety, personality, and conduct disorders. It is well-established that most of these are developmental in nature, with onset in childhood and adolescence. Youth in the child protective services system (CPS) can be conceptualized as a critical mental health promotion population. This is a framework, however, which relies adequate understanding of the scope of mental health issues, CPS caseworker detection, referral and youth mental health service utilization patterns. Currently, there is no empirical knowledge of these variables based on a representative sample of CPS youth. Determining CPS youth outcomes is complicated by the fact that adolescents beyond age 16 would not enter into CPS for the first time. Youth active in the system at age 16 may opt out of CPS interventions, including those for whom the government acts as their legal guardians (i.e., Crown Wards). While Crown Wards are eligible for services under CPS Extended Care & Maintenance program to ages 18-21, youth may not take advantage of support. The objective of the current study is to compare CPS youth who have been involved in an epidemiological, longitudinal study (The Maltreatment and Adolescent Pathways [MAP] Project) who continue to be involved in the system at young adulthood (ages 17 to 20) to those CPS youth who were on active caseloads in adolescence (14 to 17), but, who have opted out of CPS or for whom their CPS involvement has been terminated. CPS-active vs. CPS-inactive youth in young adulthood will be compared in terms of: (a) mental health problems, (b) CPS mental health response and (c) mental health services utilization. These factors will be used to predict health index, based on social determinants literature (i.e., safe/safe housing, full-time education or employment status, etc.). The MAP Project currently follows youth randomly selected from Toronto area active CPS caseload up until 2 years post study entry at ages 14-17 years. This study will conduct a 3rd year assessment point, with the focus on mental health factors using youth self-report, caseworker report, and CPS administrative data.