



Mental Health Supports for Teen Parents Project




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- I **do not** have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization
- I cannot identify any conflict of interest

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Learning Objectives

- Increased understanding of teen pregnancy and its impact on mental illness
- Description of the Mental Health Supports for Teen Parents Project and its influence on addressing mental health concerns experienced by young mothers
- Successes and challenges within the program, as well as direction moving forward

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Teen Pregnancy - Prevalence

- Steady decline in rates of teen pregnancy in Canada and United States
 - 44.2 per 1000 women aged 15-19 in 1996 to 27.9 per 1000 women in 2006 (Canada)^[1]
 - 95.6 per 1000 women aged 15-19 in 1996 to 71.5 per 1000 women in 2006 (United States)^[2]


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Teen Pregnancy - Prevalence

**Births to teenage mothers, Canada, 1974-2010
(per 1,000 female teens)**



Source: ESDC calculations based on Statistics Canada. For 1974 to 1990: Statistics Canada, Table 206-9002 - Pregnancy outcomes, by age group, Canada, provinces and territories, annual, CANSIM (database); and for 1991 to 2010: Statistics Canada, Table 202-4503 - Low births, by age of mother, Canada, provinces and territories, annual, CANSIM (database); and Statistics Canada.

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Factors that Contribute to Teen Pregnancy^{[4][8]}

- Poverty
- Low employment rates
- Social isolation
- Low education levels
- Maltreatment/abuse
- Increased risky behaviour (sexually active earlier, less use of contraceptives)
- Alcohol/drug abuse



Factors that Contribute to Teen Pregnancy

- Mental Health
 - Young girls (15-19) with a major mental illness were three times more likely to become teenage parents^[9]
- Sexual abuse
 - Studies show between 30-60% of teen moms have experienced past sexual abuse^[10]

Mental Health and Teen Pregnancy

- An estimated 10% of new mothers experience postpartum depression^[5]
 - Teen mothers are more than twice as likely to suffer from postpartum than adult women^[6]
 - Teen moms suffering from depression are twice as likely to get pregnant again within first 12-24 months after first pregnancy than non-depressed mothers^[7]
- 48% of women reported diagnoses or self-identified with having a mental illness upon intake in the program.
- 57% of women have experienced past abuse.
 - 62% of these women reported experiencing more than one type of abuse
 - **85.9% of current MH clients reported sexual abuse, 93.7% reported physical abuse**

Program Partnerships

- Terra Centre and Braemar (Edmonton Public Schools) in partnership since 1996.
- Braemar provides education and career component of program and Terra provides child development, parenting, social and emotional support, and bursary program.



Program Partnerships

- Canadian Mental Health Association – Edmonton Region is a nationwide non-profit serving men and women in the community with mental illness.
- Multidisciplinary professionals working within school identified increasing number of teen parents with diagnosed and undiagnosed mental illness
- Terra Centre and CMHA came together to develop a mental health position to serve the teen parent population at Braemar school.
- Supported by funding from provincial government, the pilot project was launched in November 2012.
- Further support from Alberta Health Services and CASA – Child, Adolescent and Family Mental Health

Mental Health Supports for Teen Parents Project

- 0.5 contract position (now 1.0 FTE) for Mental Health Recovery Facilitator
- Program consists of one to one supportive counselling, psychotherapeutic/psychoeducational afterschool group, education for staff, and outreach support
- 70% of time is spent providing one-to-one support for currently enrolled students

Program Results

- Dec. 2012- June 2013: saw 32 students
 - Sept. 2013 – April 2014: 48 students
 - Sept. 2014 – June 2015: 64 students
- Students with MI, no appointments
 - 11.5 credits, 57.41 attendance hours
- Students with MI, appointments
 - 15.2 credits, 76.5 attendance hours



Successes

- Qualified the need for on-site mental health supports
- Low wait-time to access support
- Created barrier-free access to mental health supports
- Created a safe environment to name and address mental health concerns
- Students meeting with MHRF developed practical skills and strategies to help effectively move forward in their recovery



Successes

- Increased awareness of the signs of unhealthy relationships and value of self-care
- Improved attendance and school completion
- Improved utilization of external community supports



Challenges

- Underestimated the amount of support needed at the school
 - Clear need for more specialized support
- Ensuring that program needs of all partners are being addressed/met
- Difficulty obtaining quantitative data related to changes in mental health
- Safety within school
 - Group component taking a different form



Moving Forward

- Approved for 3 year funding
- Interdisciplinary medical team meetings
- Project with Child, Adolescent and Family Mental Health Services (CASA)
- Human Ecology, Occupational Therapy, Social Work students.
 - Masters of Counselling practicum students
- Summer outreach component
- Leadership Group
 - Mental Health First Aid



Thank you!

"After I had my baby, I could tell things weren't right. I started to think that the only way I could feel happy again—or at least make the pain go away—was if I went back to drugs. My Terra worker set me up with the mental health worker and we talked about everything. I learned ways to cope and started to feel better and now I have a lot more hope than I did."

"I really felt safe sharing my problems and I never felt judged or like I was a bad mom for feeling the way I did."

"I can come and talk whenever I need to and just spill my guts. It's a lot easier to get everything out in the open than to try and sit through class feeling sick to my stomach."

"It's nice to have someone to talk to about stuff. I've never had that before."



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