A qualitative study of teen mothers' experiences accessing mental health services

by

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Abstract

The transition to motherhood carries significant challenges. Teen mothers, in particular, are disproportionately impacted by mental health challenges such as anxiety and depression, compounded by criticism, judgement, and stereotyping from others in the community. If not addressed, mental health challenges can negatively affect maternal well-being and child development outcomes. Many teen parents and their children thrive with the proper support, and it is important to explore how they can achieve positive mental health. This study was led in collaboration with the Terra Centre, a non-profit organization that has been supporting pregnant and parenting teens in Edmonton for more than 50 years.

Using a community-based research approach and qualitative descriptive design, this study aimed to answer the following questions: (1) What are teen mothers' experiences with accessing and receiving mental health services? (2) How are mental health services provided to teen mothers? And (3) How can mental health service providers best meet teen mothers' unique needs? Participants included five young mothers and one father served by the Terra Centre, and three full-time therapists working at the organization.

Findings highlight the importance of the therapeutic relationship, where trust and mutual respect are essential for continued engagement. Participants identified attributes of an ideal provider such as being present, laid-back, and respectful of boundaries. Therapists touched on their experiences working with this population and outlined Terra's approach to mental health service provision, which was said to be flexible, relational, responsive, and growth-oriented. Altogether, these findings contribute to our understanding of barriers and facilitators to accessing mental health services, with key implications for better supporting the mental health needs of teen parents.

Preface

This thesis is an original work by Giulia Puinean. I was responsible for participant recruitment, data collection, subsequent analysis, and initial drafts of all the chapters. The research project, of which this thesis is a part of, received ethics approval from the University of Alberta's Research Ethics Office (project name, "Enhancing Mental Health Services for Teen Parents," Pro00090569).

The work in this thesis was completed under the supervision of my supervisors, Dr. Melissa Tremblay and Dr. Rebecca Gokiert. This study was conceptualized by Dr. Tremblay and the Terra Centre prior to the start of my graduate studies and was funded through the Clinical/Community Research Integration Support Grant Program administered by the Women and Children's Health Research Institute at the University of Alberta.

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I would first like to thank my co-supervisors, Dr. Melissa Tremblay and Dr. Rebecca Gokiert, for their contributions to this thesis and my development as a researcher. Rebecca, thank you for taking me under your wing back when I was just an undergraduate student. You taught me how to be confident in my abilities, to approach the uncertain with optimism, and to find the humor in life. Melissa, thank you for your unwavering support and dedication, and for entrusting me with this project. Because of you, I have learned to approach my research from a strength-based perspective, better understanding the impact of the social determinants on community health. Working with the two of you has been a privilege, and I would not be where I am today without your guidance. I would also like to thank my committee member, Dr. Kate Storey, for her support and careful review of my thesis. On a more personal note, I am thankful to my fellow peers and lab mates for showering me with resources, advice, and words of encouragement throughout this journey.

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unconditional love, and the many sacrifices you have made so that I could get here. You mean everything to me.

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Chapter 1: Introduction

The transition to parenthood constitutes a major life change. Teen mothers, in particular, face unique challenges in navigating the demands of the parenting role while also tending to their own developmental needs (Govender et al., 2020). Research has shown that teen mothers are at an increased risk of developing mental health issues when compared to their non-pregnant peers and older women (Hodgkinson et al., 2014). If not addressed, mental health challenges, such as postpartum depression, can have serious and enduring impacts on maternal well-being and child development outcomes (Ladores & Corcoran, 2019). However, there is limited published evidence describing teen mothers' experiences with accessing and receiving mental health services, particularly in the Canadian context. This information is needed to plan services that are responsive and tailored to their needs.

Although teen mothers are disproportionately impacted by inequities in the social determinants of health (Thompson et al., 2016), their perspectives are rarely solicited in discussions of research and practice. Engaging teen mothers in dialogue about services that impact them can help shift the deficit-based narrative about teen parenting. By researching and sharing their perspectives, it is possible to enhance the mental health services provided to this population in a way that is consistent with their needs and individual circumstances. Thus, this study aims to answer the following questions: (1) What are teen mothers' experiences with accessing and receiving mental health services? (2) How are mental health services provided to teen mothers? And (3) How can mental health service providers best meet teen mothers' unique needs?

The Terra Centre

      This thesis builds on a larger program of research led by Dr. Tremblay in collaboration with the Terra Centre, a non-profit organization that has been supporting pregnant and parenting teens in Edmonton for more than 50 years. In 2014, a community-university partnership formed between the Terra Centre and researchers from the University of Alberta to develop a supportive housing model for teen families, called the Successful Families program (Tremblay et al., 2020). Throughout this research, families voiced the need for quality mental health services in order to raise their children in healthy ways (Tremblay et al., 2021). Enhancing understandings from the perspectives of teen parents and front-line service providers who work with them is necessary for generating relevant and actionable solutions. Many teen mothers and their children flourish when adequately supported (Hodgkinson et al., 2014), and it is crucial to understand how this population can achieve positive mental health outcomes.

      The Terra Centre first opened in 1971 with the goal of helping young moms complete their high school education. They have since expanded and now provide a variety of specialized programs that help pregnant and parenting teens develop the skills needed to become successful parents (Terra Centre, n.d.). These services include early learning and childcare supports for the children of teen parents, clothing and other baby essentials, cultural programming, as well as housing programs and mental health services (Terra Centre, n.d.). In addition to these supports, Terra also holds various groups and classes for families, providing participants with the opportunity to learn, socialize, and build positive relationships in a safe environment (Terra Centre, n.d.). Terra also works in partnership with Braemar School, an Edmonton Public School supporting pregnant and parenting teens, to help minimize interruptions in students' education.

Through this partnership, Terra is able to embed mental health support directly into a school environment.

Positionality

The concept of positionality suggests that researchers' social, historical, and political orientations can influence the research process in different ways (Holmes, 2020). As such, in the spirit of reflexivity, it is important that I discuss my positionality as it relates to this thesis research. Reflexivity refers to the examination of one's beliefs and biases and is a tool that helps qualitative researchers question how their subjective perspectives and experiences may influence a study (Olmos-Vega et al., 2022). I identify as a white, heterosexual, cisgender, able-bodied, and university-educated female, and acknowledge that these different aspects of my identity intersect to confer privileges. I am also a first-generation immigrant, having moved to Canada when I was just eight years old. This meant that for the first few years of living here, I had to navigate diverse social norms while also struggling to learn the language, make friends, and succeed in school. Moving to Canada was no small feat, and I will be forever grateful for and impressed by my parents' hard work and perseverance. I credit them for the courage, confidence, and work ethic they have instilled in me, and for teaching me that a little bit of kindness can go a long way. These experiences may predispose me towards certain perspectives or ways of thinking and will influence the way I view and approach my research. Thus, it was important for me to engage in a process of learning and self-reflection, unpacking my biases and assumptions as I carried out this study; in particular, by acknowledging my privileges and the resources I have access to and take for granted. It should be noted that I am distanced from the experiences of those who participated in the study and that my knowledge of this population comes strictly from my professional work. I am always eager to grow and improve, and continually strive to better

understand how my social position may impact the way in which I view and interpret participant experiences.

Having struggled to 'fit in' when I was younger, and motivated to support other children in their educational journeys, I pursued a Bachelor of Education shortly after obtaining my high school diploma. While completing my undergraduate teaching practicums, I noticed many students exhibiting self-regulation and trauma-related difficulties as a result of various adverse childhood experiences. It was during this time that I gained a deeper understanding of the social determinants of health and observed first-hand the significant impact that they can have on child and adolescent development. These experiences grew my interest in research that supports the well-being of children, youth, and families. My passion for health promotion led me to pursue graduate studies in public health with the goal of fostering greater social impact through research. Working alongside Dr. Gokiert's interdisciplinary network of community partners, practitioners, and researchers sparked my interest in qualitative and community-based approaches, which can provide meaningful insight into people's lived experiences and help contribute to positive change in our communities.

Collaborating with staff from the Terra Centre was an incredibly valuable learning opportunity. The mental health needs of pregnant and parenting teens have been largely understudied in the Canadian context, which is troubling given that teen mothers are at an increased risk of developing mental health problems. Unfortunately, higher rates of mental health challenges can also impact their children's developmental trajectories. Access to timely and effective mental health care is therefore critical for supporting the health of teen mothers and their children. The following chapters of this thesis will discuss the literature surrounding this topic, the methods used to conduct this research, the results of this research, and a discussion of

these findings within the context of other evidence. The thesis will conclude by offering future

directions for practice, policy, and research.

Chapter 2: Review of the Literature

Introduction

In this review of the literature, I will first provide an overview of the epidemiology of teenage pregnancy and births in North America. Next, I touch on the developmental stages of adolescence and discuss factors that predispose youth to risky behaviours, and then describe the effects of teen pregnancy on maternal and child health outcomes. A discussion of the social determinants of adolescent health and teen pregnancy follows. Here, I will delve into a more thorough examination of the challenges that teen mothers face as a result of social inequities. The chapter ends by exploring the strengths of teen mothers. Before proceeding, it should be noted that the scholarly literature focuses, overwhelmingly, on teen pregnancy and motherhood, and that there has been relatively little research published on teen fathers. Given this gap in the literature and the fact that my sample consisted primarily of women, the following chapter will examine teen mothers' experiences specifically.

To contextualize this review of the literature, it is important to note that teen mothers are not a homogenous group, which means that experiences of stigma and social disadvantage are not universal. However, much of the published evidence focuses on youth from lower socio-economic backgrounds, the negative consequences of teen pregnancy, and the challenges that young mothers face in their day-to-day lives. The following sections therefore provide a starting point for understanding some of the shared experiences that teen mothers may have.

Epidemiology of Adolescent Pregnancy

Teen pregnancy is conceptualized as an important public health issue with known causes and complications. Although adolescent birth rates are declining globally, these changes tend to differ between and within countries (World Health Organization, 2022a). Among industrialized

nations, the rate remains particularly high in the United States (Centers for Disease Control and Prevention, 2021a). Indeed, teens in the U.S. are two and a half times more likely to give birth when compared to teens in Canada (Kearney & Levine, 2012). Recent data from the U.S. show that in 2020, 4.4% of births were to teenagers aged 15 through 19 (Congressional Research Service, 2022). In contrast, Canada experienced a 50% decrease between 1990 and 2010 (Thompson, 2016). In 2020, 1.6% of the total births that year were to teens aged 15 to 19 (Statistics Canada, 2023). Thus, the teenage pregnancy rate in the United States was 2.75 times higher than that of Canada in 2020. These differences can be attributed, in part, to diverse policies and norms (Smith et al., 2018) that may influence teenage pregnancy rates. For instance—in Canada, there are no legal restrictions on abortion, and sexual and reproductive health services are covered under the country's publicly funded healthcare system. Surgical abortion is considered a medical procedure and is legal up to 24 weeks of gestation in several provinces (National Abortion Federation, n.d.). The abortion pill, known by the brand name Mifegymiso, is available free of charge in Alberta, British Columbia, Ontario, Quebec, Nova Scotia, and New Brunswick for individuals with a valid provincial healthcare card and prescription (Teen Health Source, 2020). Sexual education is also mandated in most high schools across the country (Kumar et al., 2013). As such, the steady decline in teen pregnancy can likely be attributed to increased education and more reliable access to effective contraception (McKay & Barrett, 2010). Abortion has always been a highly divisive and politicized issue in the United States, with the 'pro-life' Republican party, which is based on conservative ideologies, intent on criminalizing abortion (Pro-Choice America, n.d.). Teen birth rates are highest in the Southern states, including Mississippi, Arkansas, Louisiana, Oklahoma, and Alabama (Centers for Disease Control and Prevention, 2022), which tend to be represented by Republican governments. Only

half of the states in the U.S. legally mandate sexual education (USC Department of Nursing, 2017), and many districts emphasize abstinence over medically accurate information about human sexuality and reproduction (Planned Parenthood Action Fund, n.d.). The recent Supreme Court decision to overturn Roe v. Wade, the 1973 ruling that established the constitutional right to abortion in the United States (Center for Reproductive Rights, n.d.), will no doubt have drastic implications for marginalized youth, who are at a higher risk of experiencing an unintended pregnancy (Lantos et al., 2022).

Although there has been a long-term decline in teen pregnancy, there is slower progress in reducing births among more vulnerable youth (World Health Organization, 2022a). The social determinants of health—such as income, education, housing, childhood experiences, and access to healthcare—are interconnected and can contribute to early pregnancy. Potential risk factors for teen pregnancy include poverty (Sedgh, 2015), dysfunctional family relationships (Smith et al., 2018), involvement with child welfare services (Thompson et al., 2015), and past traumatic experiences, such as physical or sexual abuse (Al-Sahab et al., 2012). A more comprehensive discussion of the social determinants of health is provided later on in the chapter. First, I will touch on the developmental changes associated with adolescence to highlight how these biological and psychosocial transitions can predispose teens to risk-taking behaviours, such as early and unsafe sexual activity.

Developmental Stages

It is important to consider how developmental factors can impact decision-making processes among youth, as well as the transition into parenthood. Adolescence refers to the transitional stage of biological and psychosocial development typically occurring between puberty and adulthood (Blakemore, 2019; Siegel & Brandon, 2014). During this time, teens

experience sexual maturation, rapid physical growth, and often complex and conflicting emotions, as well as cognitive changes and increased intellectual capabilities (World Health Organization, 2022b). However, because their brains are still developing, teens are predisposed to reward-seeking and risk-taking behaviours (Casey et al., 2008; Galvan, 2010) that can threaten their well-being. As such, teens are more likely than adults to engage in binge drinking, violent behaviours, and casual sex (Balocchini et al., 2013). The consequences of unprotected sex are well-known and include sexually transmitted infections and unintended pregnancy (Centers for Disease Control and Prevention, 2021b). Approximately 15.5% of sexually active Canadian youth do not use contraception and are at risk for unintended pregnancy (Dunn et al., 2019). Further, 70% of teen pregnancies in Canada are said to be unintended (Public Health Agency of Canada, 2009).

Motherhood can be challenging even for the most well-supported women (Ladores & Corcoran, 2019). However, dealing with an unexpected pregnancy as a teenager—oftentimes in the context of socioeconomic disadvantage—can be extremely overwhelming. The transition to motherhood represents a vulnerable time for teenage girls as they undergo various physical, biological, and psychosocial changes related to both pregnancy and the developmental transition into adulthood. In addition, teen mothers must also adjust to the demands of the parenting role (Hodgkinson et al., 2014) while simultaneously navigating other life roles, such as that of friend, daughter, or student (Ladores & Corcoran, 2019). Intense fatigue, isolation from friends and family, and financial issues are only a few of the stressors that many new mothers contend with (Ladores & Corcoran, 2019). Although teen pregnancy is a positive experience for some, it remains a major contributor to adverse maternal and child health outcomes, which are outlined below.

Effects of Teen Pregnancy

Teen Mothers' Physical Health

It is well-documented that teen pregnancy can lead to poorer maternal physical health (Patel & Sen, 2012). Globally, complications from pregnancy and childbirth are the leading causes of death among girls aged 15 to 19 years old (United Nations Children's Emergency Fund, 2022). Teen mothers are said to be at increased risk of eclampsia, endometritis, systemic infections (World Health Organization, 2022a), anemia, and sexually transmitted diseases such as gonorrhea and chlamydia (Maheshwari et al., 2022). Findings from a retrospective cohort study conducted in a large Canadian hospital indicate that pregnant teens experience complications at a much higher rate than young adults, outcomes that are attributable to both biological and psychosocial factors (Shrim et al., 2011). First, pregnant teens are still growing and developing. From a medical standpoint, this means that their bodies have not yet fully matured, which can lead to a competition for nutrients between mother and baby (Wallace, 2019). It is also common for teenage girls to have irregular periods, which can make it hard to identify early signs of pregnancy. Second, teen pregnancy has increasingly been associated with socioeconomic disadvantage—in many cases, experienced before parenthood (Smith et al., 2018). It is well-known that socioeconomic status can have significant impacts on physical health (Wang & Geng, 2019). Consequently, unfavorable socioeconomic conditions can also predispose teen mothers to more severe pregnancy outcomes in comparison to older adults (Shrim et al., 2011). It is also important to note that some teenagers may not accept the fact that they are pregnant due to fear, shame, and guilt, and might therefore forgo prenatal care, which is an important part of staying healthy during pregnancy.

Teen Mothers' Mental Health

According to the World Health Organization, mental health is "a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community" (2022c, para. 1). Research shows that most mental health illnesses, such as depression and anxiety, begin in adolescence (Blakemore, 2019; Kessler et al., 2007). Major neurological changes during this period can contribute to the onset of mental health disorders (Giedd et al., 2008), with those aged 15 to 19 years old at pronounced risk (World Health Organization, 2021). Teen mothers experience the typical developmental milestones associated with puberty while also undergoing additional physical, hormonal, and psychosocial changes as a result of their pregnancy. Thus, they may encounter unique emotional and psychological challenges (Sürer Adanir et al., 2020) that place them at higher risk for distress (SmithBattle & Freed, 2016). If the mental health challenges experienced during this time are left untreated, they can impair the mother's functioning (Sürer Adanir et al., 2020). The estimated rate of depression among teen mothers is between 16% and 44%, which is twice the lifetime prevalence of depression among their non-pregnant peers and older women (Hodgkinson et al., 2014). Maternal depression can have serious and enduring impacts on mother-infant bonding and attachment (Cyr et al., 2010) as well as the cognitive, behavioural, and emotional development of the child (Barlow et al., 2011; Lee et al., 2020; Mollborn & Dennis, 2012). However, some women do not understand the symptoms of depression and may have a hard time attributing their feelings to any particular cause (Boath et al., 2013). Similarly, others may think that "all new moms feel this way" or perceive depressive symptoms as being due to "normal life issues" that they could just "get through" (Logsdon et al., 2010, p. 8).

Further complicating things, stigma-driven barriers and social inequities significantly interrupt access to healthcare services (Public Health Agency of Canada, 2019; Stangl et al., 2019). Perceptions of being judged for seeking help also aggravate these issues (Boath et al., 2013), contributing to teen mothers being less willing to access the healthcare resources needed to support their mental health (Govender et al., 2020). For instance, teens may avoid services out of fear that receiving a diagnosis would lead healthcare workers to perceive them negatively, or that their children would be taken away from them (Boath et al., 2013; Recto & Champion, 2018). Given these findings, enhancing mental health services in ways that meet the needs and preferences of teen mothers is crucial.

Neonatal and Child Development Outcomes

The children of teen mothers may also be at risk for poorer health. A considerable amount of literature has been published discussing the risks of teen pregnancy on neonatal and child development outcomes. Researchers have found that young maternal age may influence child development across multiple domains, with important impacts on physical, cognitive, and social-emotional functioning (Ryan-Krause et al., 2009). For instance, teen pregnancies are associated with an increased risk of preterm births (Fleming et al., 2013; Shrim et al., 2011), stillbirth, neonatal mortality, low birth weight, and low Apgar scores (Maheshwari et al., 2022), which determine a baby's health shortly after birth (MedlinePlus, 2020). Further, children born to young mothers may display externalizing disorders (Lee et al., 2020), which consist of emotional and behavioural issues that can cause children to act out in aggressive ways. They are also more susceptible to speech and language delays (Thompson et al., 2015). However, it has been suggested that the increased risk of developmental vulnerability among the children of young mothers is not due to their age, but rather to socioeconomic vulnerabilities (Falster et al.,

2018; Morinis et al., 2013; Thompson et al., 2015; Thompson et al., 2016; Turley, 2003),

underscoring the importance of the social determinants of health.

Over the years, public health campaigns have largely focused on preventing teen

pregnancy instead of ameliorating the factors that contribute to its incidence in the first place.

This approach paints teen families as a social problem that needs to be eradicated, when in

actuality, many young parents are motivated to succeed and provide as best as they can for

themselves and their children (Payne & Anastas, 2015). However, inequities in the social

determinants of health can make it difficult for families to achieve these goals. The following

section delves into a few of these determinants to illuminate their impact on teen families.

Social Determinants of Health

The social determinants of health are defined by the World Health Organization as "the

conditions in which people are born, grow, work, live, and age and the wider set of forces and

systems shaping the conditions of daily life" (n.d., para. 1). These markers include income,

educational attainment, and employment, as well as experiences of discrimination, racism, and

trauma, which all contribute to inequities in health (Government of Canada, 2022). Marginalized

populations experience social exclusion as a result of unfair systems and the unequal distribution

of power and resources (Vasas, 2005), and include (but are not limited to) women, children,

racial and ethnic minorities, Indigenous peoples, newcomers, lesbian, gay, bisexual, and

transgender people, those with disabilities, as well as individuals experiencing homelessness.

Teen mothers represent another example of a structurally marginalized group. Importantly,

young mothers may occupy multiple intersecting social positions in terms of class, gender, age,

ethnicity, and race. The concept of intersectionality was first coined by Crenshaw (1989) and is

rooted in Black feminism. However, it has since emerged as a framework for understanding how

different aspects of a person's identity can confer overlapping forms of privilege and oppression (Hankivsky, 2014). We are all comprised of different identities that intersect to create unique experiences. For instance, a white female who identifies as lesbian may be treated unfairly based on their sexual orientation and gender, while experiencing certain privileges due to being white (e.g., McIntosh, 1989).

These various intersections are crucial to consider in the context of research related to teen mothers, who may exist within multiple social spaces and thereby face unique forms of oppression. The research to date has shown that pregnant teens are more likely to come from disadvantaged and low socioeconomic backgrounds (e.g., Al-Sahab et al., 2012; Diaz & Fiel, 2016; Hodgkinson et al., 2014; Maheshwari et al., 2022) and, in many cases, belong to racial and ethnic minority groups (Furstenberg, 2016). Accordingly, many young mothers may live in crowded and unsafe neighbourhoods (Corcoran, 2016), struggle with poverty, and rely on some form of public assistance (Kumar et al., 2017), which can potentially exacerbate their stress levels (Flaherty & Sadler, 2022; Lucas et al., 2019). In addition to these social determinants of health, pregnant teens may also experience lower levels of educational attainment and report increased rates of childhood trauma (Corcoran, 2016) as well as stigma (Boath et al., 2013). These determinants are described in more detail below.

Educational Attainment

Teen mothers are shown to have lower levels of education compared to adult women, even after controlling for family background and other possible confounding factors (Luong, 2014). While this is troubling, given that educational attainment is closely related to income, some researchers suggest that early motherhood can also provide a sense of responsibility and purpose (Watts et al., 2015), motivating many teens to recommit to their education to avoid low-

wage employment positions (SmithBattle, 2007). Driven by these larger goals, young mothers may strive to obtain their high school diplomas. Unfortunately, due to competing responsibilities, such as work and childcare, as well as structural inequalities, including lack of transportation, this newfound commitment to school can be jeopardized (SmithBattle, 2007). Following this line of thought, it is clear that teen mothers are motivated to become good parents but may face inequities that impact their ability to go back to school or secure higher-wage jobs.

Trauma and Adverse Childhood Experiences

Adverse childhood experiences can include various forms of abuse, neglect, and household trauma due to things like caregiver mental illness and substance use, exposure to violence (Centre on the Developing Child, n.d.), high levels of economic stress, social isolation, and unstable housing (Centers for Disease Control and Prevention, 2021c). Researchers have found that toxic stress, trauma, and histories of abuse are common among many teen mothers (Garwood et al., 2015; Putnam-Hornstein et al., 2013; SmithBattle & Freed, 2016). To illustrate, data obtained in a Canadian context show that out of 37 respondents, approximately 30% reported experiences of moderate to severe maltreatment during childhood, including physical, sexual, and emotional abuse (Thompson et al., 2015). These findings are troubling, considering the importance of the early years in shaping developmental trajectories.

Stigma

Societal stigma also contributes to marginalization (Wiemann et al., 2005), with teen mothers reporting instances of judgement and discrimination in the form of verbal abuse and criticism (Weed & Nicholson, 2015), most commonly from members of the public (Jones et al., 2019). As teen pregnancy and motherhood continue to be perceived in a negative manner, young mothers are often subject to intense levels of social "surveillance" that can lead them to question

their ability to parent (Boath et al., 2013, p. 356) and make their already stressful lives more difficult (Barker et al., 2019). Young parents have also described experiences of ageism—specifically, for transgressing the contemporary social norms of parenthood—and feeling as though they have to work harder than older adults to prove that they can provide for their families (Conn et al., 2018). In the same study, the idea that others viewed teen parents as lazy and "a drain on society" was also commonly conveyed, contributing to their ostracism (p. 97). Social exclusion, along with financial vulnerability and chronic stress, can have serious impacts on the mental health of an individual (Hamfelt, 2019), underscoring the need for mental health services that are non-judgmental and easily accessible.

Summary

Based on the literature reviewed, teen mothers and their children face many risks related to the social determinants of health, including unstable housing conditions, low levels of educational attainment, adverse childhood experiences, and intense stigma. Although the link between early childbearing and social disadvantage may not be causal, teen pregnancy can certainly exacerbate socioeconomic vulnerabilities experienced prior to motherhood.

Mental Health Services in Canada

Mental health services refer to therapy, counselling, and psychiatric supports accessed through primary care, independent practice, hospitals, schools, or community-based organizations. Mental health professionals can include general practitioners, psychologists, therapists, counsellors, and psychiatrists, all of whom are accessed in different ways. For instance, to book an appointment with a psychiatrist, individuals require a referral from their family physicians. Psychiatrists hold a degree in medicine and undergo specialized training in the treatment of mental illness (Canadian Medical Association, 2019), which means that the

appointment would be covered under Canada's publicly funded healthcare system. Although this model of universal health coverage helps reduce some barriers to access, there are several trade-offs, including long wait times to consult with a specialist. Data obtained by the Fraser Institute (2022) show that the waiting time between referral from a family physician to receipt of treatment for specialized health services is 27.4 weeks, which represents a 195% increase from 1993. Currently, Canada's healthcare system is experiencing unprecedented strain due, in part, to reductions in federal funding (Canadian Medical Association, 2022) and the COVID-19 pandemic (Canadian Medical Association, 2021), which has led to major levels of exhaustion and stress among healthcare providers (College of Family Physicians of Canada, 2022). As a result of this burnout, many family physicians are planning to close their practices (Dunn, 2022) or leave the profession entirely (Short, 2022). Primary care typically serves as a patient's first line of defense, which means that the severe doctor shortages in Canada are making it difficult for people to access the resources needed to support their health, including their mental well-being.

Aside from primary care, individuals can also choose to visit a registered psychologist. These professionals are licensed through the various provincial and territorial regulatory bodies of psychology in Canada and must hold either a master's or doctorate in order to practice (Canadian Psychological Association, n.d.). However, given that psychological services are not covered under the nation's universal healthcare system, accessing these supports can be very costly for those without private insurance. In Alberta, the recommended fee for individual therapy is $220.00 an hour (Psychologists' Association of Alberta, 2023). Further complicating the situation, many insurance companies do not fully reimburse patients, which acts as a significant barrier for lower-income individuals. In addition, not every insurer covers every type

of mental health service provider. Some may reimburse the cost of services provided by registered and provisional psychologists, but not by therapists and counsellors as they are not formally regulated under a governing body (Firefly Counseling, n.d.).

Adolescent Mental Health Services

Accessing mental health services can be complicated for a variety of reasons, some of which I have touched on. However, for teens, it can be particularly difficult. Mental health challenges are quite common among adolescents, although their needs are rarely met (LePlatte et al., 2012). Issues relating to confidentiality and consent for receiving mental health treatment are especially prominent (Jackson et al., 2014; Lehr et al., 2007), particularly in school settings where teachers and counsellors are legally required to disclose information about a student if there is a perceived risk to their safety (Government of Alberta, 2022). However, without a promise of confidentiality, some teens will provide incomplete information or choose to forgo care altogether (Ford et al., 2004). Perceived stigma toward addressing mental health issues is also cited as a major barrier to access, as is the "awkwardness" that comes with disclosing these challenges to parents (Chandra & Minkovitz, 2006, p. 770). Not knowing where to go for help is also frequently reported (LePlatte et al., 2012).

Unfortunately, being an adolescent parent heightens barriers to care even further. Logistical factors, such as lack of time, transportation (Hodgkinson et al., 2014), and financial resources (Jack et al., 2022), as well as negative public attitudes (Boath et al., 2013) and previous experiences with healthcare providers (Recto & Champion, 2018), can impede access to mental health services. Despite the existence of programs offering mental health supports for teen families in Canada—such as the Terra Centre and the Kindred Connections Society in Alberta, as well as Monica Place and the June Callwood Centre for Women and Families in Ontario—

structural and social determinants of health can significantly impact teen parents' ability to access these services. Another problem lies in the fact that standards of mental health care for teen parents have not been established (Hodgkinson et al., 2014; Tremblay et al., 2021). This is problematic, as practice guidelines can help reduce variations in practice and assist providers in making appropriate healthcare decisions (Kredo et al., 2016).

Existing Services in Alberta

Aside from private services offered by licensed professionals, free youth-centred mental health services are fairly limited. In Alberta, youth who are between 18 to 24 years old and transitioning out of care can access mental health and addiction supports through the province's *Transition to Adulthood Program*, which also provides life skills training, financial support, and help in finding stable work (Government of Alberta, 2022b). There are also a few non-profit organizations that offer counselling services specific to youth. The YMCA of Northern Alberta leads a free, seven-week mental wellness program known as *Y Mind*, with sessions offered both virtually and in-person across Edmonton, Grande Prairie, and Wood Buffalo. Open to youth aged 13 to 30 years old, this program teaches participants how to effectively manage stress and anxiety (YMCA of Northern Alberta, n.d.). The YWCA of Edmonton also provides psychological services, typically to women with lower incomes, and operates on a sliding scale that accounts for yearly and household income, the number of dependents, and insurance coverage (YWCA of Edmonton, n.d.). However, to access these services, youth under the age of 18 must have parental consent, which can be prohibitive. Services that are not specific to but can support youth include the Family Centre, Drop-in YEG, Jewish Family Services, the Edmonton Mennonite Centre for Newcomers, Momentum Counselling, and Mercy Counselling through Catholic Social Services, as well as the Crisis Text Line, Alberta Health Services Mental Health

Help Line, and the Canadian Mental Health Association Distress Line. Programs targeting teen parents specifically are extremely limited, with the Terra Centre and Kindred Connections Society the only Albertan organizations that I was able to come across in my search. This is concerning, as teen parents have unique needs that may be better served through specialized support provided by professionals who are experienced in working with youth.

Understanding the Strengths of Teen Mothers

A great deal of research has focused on the negative consequences of teen pregnancy. However, some scholars suggest that the transition to motherhood can act as a positive catalyst for change, causing teens to re-evaluate their priorities (SmithBattle, 2007). Along these lines, young parents have reported an increased desire to succeed in school (SmithBattle, 2007), stop risky behaviours, and overcome past experiences of harsh parenting (SmithBattle, 2008) to better support their children. The love that mothers feel for their children can also contribute to a sense of value and independence (Chumbler et al., 2016), helping them stay strong in times of adversity (Leese, 2016). The dominant narrative portraying young mothers as irresponsible must be disrupted. Instead, teen pregnancy and motherhood should be approached from a strength-based perspective that acknowledges the impact of structural inequities on young mothers and their children, all while recognizing that they are trying to do their best under often difficult circumstances. This way, young mothers are given the opportunity to "parent with dignity" (Hans & White, 2019, p. 697) and truly flourish, particularly when they receive adequate social support (Hodgkinson et al., 2014). By working from a strength-based perspective, service providers can help disrupt the stereotypes surrounding teen families and empower parents to succeed (Tremblay et al., 2022).

Conclusion

Researchers have often framed teen mothers simplistically, citing early pregnancy as a primary cause of poverty and other negative outcomes (Kingsley et al., 2018). However, as evidenced by this review, teen mothers exist within multiple social spaces that intersect to create unique lived experiences. The social determinants of health, including low levels of educational attainment, traumatic childhoods, stigma, and inequitable access to healthcare can have a tremendous impact on the health and well-being of teen mothers and their children. Although the epidemiology surrounding teen pregnancy is clear, there is a need for more qualitative studies exploring the mental health needs of this population, as qualitative methods can help elicit more meaningful understandings (Ladores & Corcoran, 2019).

Chapter 3: Methodology

This chapter begins with a description of qualitative research and then proceeds to a brief overview of my ontological and epistemological perspectives. The study design and approach, research questions, and sampling technique are also outlined, as are the data collection and analysis procedures. I then touch on issues of rigor and review ethical, sex and gender considerations relevant to this study.

Qualitative Research

Qualitative methods were used to explore teen mothers' experiences with accessing and receiving mental health services, and to determine how mental health service providers can best meet their unique needs. Simply put, there is one big difference between qualitative and quantitative research: the former examines words and their meanings, while the latter is based on numeric data. Qualitative methods, such as interviews, focus groups, participant observations, and document analysis (Busetto et al., 2020), seek to elicit the opinions, beliefs, and experiences of individuals (Hammarberg et al., 2016). Within a healthcare setting, qualitative research methods can help identify barriers to improvement as well as factors that influence the uptake of services (Al-Busaidi, 2008). Qualitative methods were, therefore, deemed most appropriate for this study.

Ontology and Epistemology

Mayan (2009) states that the aim of methodological coherence is to ensure congruence between one's epistemological, ontological, and theoretical perspectives, as well as the methods used and the objectives of the research. Ontology is defined as the study of being and is concerned with what exists in the world, whereas epistemology refers to how we actually acquire knowledge (Rawnsley, 1998). I believe that research is dialogic and subjective, and that multiple

truths, realities, and perspectives exist. Therefore, I am most aligned with the tenets of the constructivist paradigm, holding a relativist ontological perspective and subjectivist epistemology (Mayan, 2009).

Study Design

This study used a qualitative descriptive design and adhered to the principles of community-based research (CBR; Israel et al., 1998). Qualitative description is based in constructivist inquiry as it acknowledges the social construction of knowledge and therefore aligns with my epistemological views on research. It is also less theoretical than other qualitative approaches (Kim et al., 2017) and is well-suited for applied research as it can yield valuable information for practice (Sandelowski, 2000). For this reason, qualitative description is useful when aiming to describe the who, what, where, and why of an event, and can help elicit comprehensive understandings of the phenomenon under investigation (Sandelowski, 2000). Researchers using this approach stay close to the words of participants and present insights in everyday language (Sandelowski, 2010), making it easier to disseminate findings to lay audiences. It is also commonly used in situations where time and resources may be limited (Bradshaw et al., 2017), as was the case with this study.

Community-Based Research Approach

A community-based approach to research was needed to effectively mobilize the lived experiences of young mothers and enhance the services provided to them. Community-based research aims to equitably engage relevant partners in the research process, with the ultimate goal of producing useful results that can help facilitate positive change (Israel et al., 1998). By adhering to the principles of CBR—such as building on resources within the community, facilitating collaborative partnerships, and disseminating findings to all partners—it is possible to

enhance the quality and relevance of a study and to promote the use of research findings (Israel et al., 1998). Teen mothers are disproportionately impacted by mental health challenges, such as anxiety and depression, and are also more likely to experience poverty, social isolation, low self-esteem, and financial strain (Ashby et al., 2016). As such, many young mothers face structural inequities that prevent them from receiving the high-quality mental health care necessary for them and their children to thrive. CBR is an effective approach for engaging marginalized populations, and teen families in particular (e.g., Tremblay et al., 2018; Tremblay et al., 2020; Tremblay et al., 2021).

Through previous research conducted in partnership with the Terra Centre, families voiced the need for quality mental health support in order to raise their children in healthy ways. This study, therefore, addresses an issue that was identified within the community and is of high relevance to our partners. Also, in alignment with the tenets of CBR, partners from Terra were consulted throughout several phases of the research process, including recruitment, data collection, and knowledge translation to ensure that findings were accurately interpreted and disseminated in ways that promoted action (e.g., Tremblay et al., 2018; Tremblay et al., 2020; Tremblay et al., 2021).

Purpose and Research Questions

This study aimed to enhance mental health service provision for teen mothers and was guided by the following research questions: (1) What are teen mothers' experiences with accessing and receiving mental health services? (2) How are mental health services provided to teen mothers? And (3) How can mental health service providers best meet teen mothers' unique needs? A set of recommendations have been developed based on the findings of this research and

will be shared with service providers to help inform clinical practice. These recommendations are outlined in the final chapter of this thesis.

Participants, Recruitment, and Sampling

This study involved six parents and three mental health therapists affiliated with the Terra Centre. More specifically, members of the research team interviewed five mothers and one father, as well as three female therapists, all of various ages and residing in Edmonton, Alberta. As Terra serves mostly females, recruiting fathers was particularly challenging. Purposeful sampling, in which "information-rich cases" are recruited for the in-depth study of a particular topic (Patton, 1990, p. 169), was used. While the sample size is relatively small, insights gained will nonetheless advance the sparse literature on teen parents' mental health needs. Further, demographic data was not collected in order to decrease respondent burden, minimize inconveniences, and not take up too much of their time, given that we recruited parents and conducted interviews on the spot during scheduled Terra events.

To help eliminate barriers to participation (e.g., time, transportation, and childcare), parents were approached face-to-face during ongoing program activities held at the Terra Centre and provided with a handout detailing the research study, as well as a short explanation and invitation to participate if they were interested. Intermediaries, such as housing support workers and family outreach workers, were present throughout the recruitment process to help establish a safe space. Parents were told that participation was completely voluntary, that they could withdraw from the study at any time, and that withdrawal or participation in the study would not affect their involvement with the Terra Centre. The mental health therapists were recruited via email through pre-existing researcher relationships.

Data Collection

The research questions were explored through semi-structured interviews, which were audio-recorded with participants' permission and transcribed verbatim (see Appendix A for the interview guides). Two different interview guides were created: one for parents, and another for the therapists. Parents were asked to share their perceptions on mental health and to discuss how being a parent may have impacted their mental wellness, as well as their experiences accessing mental health services at Terra and in the broader community. The therapists, on the other hand, were asked to describe their roles at Terra and to discuss potential barriers and facilitators to accessing mental health services among teen parents. In semi-structured interviews, participants respond to pre-set, open-ended questions, with other questions emerging from the conversation (Dicicco-Bloom & Crabtree, 2006). Prompts were also sequenced in a way that encouraged free-ranging dialogue (Roulston & Choi, 2018), providing me with a deeper and more nuanced understanding of participants' views, beliefs, and experiences (Hermanowicz, 2002). At their request, the therapists received the interview guides ahead of time to help them prepare for our discussion. Initial interpretations were summarized during each interview as a form of member checking.

Members of the research team assisted me with data collection in order to conduct multiple interviews simultaneously and avoid participant fatigue. Dr. Tremblay conducted one group interview, which included three parents, and I observed it as a form of training. This was initially intended to be a focus group session; however, not all of the parents who were scheduled to participate that day attended. There was also little interaction between the three parents who did participate, hence the reason I chose to call it a group interview rather than a focus group, in which participants typically build on each other's experiences. I then conducted four other

interviews independently, in which one mom and three of Terra's therapists participated. The remaining two interviews were conducted by fellow graduate students trained in qualitative research methods. Interviews ranged from approximately 15 to 90 minutes and lasted an average of 40 minutes. Parents were interviewed in person at the Terra Centre, as it is a safe and familiar environment for families, between June and September 2022. In contrast, Terra's mental health therapists were interviewed over Google Meet, which is an online video conferencing platform, due to a COVID-19 resurgence in December 2022. Once the interviews were concluded, all participants received $20.00 gift cards to thank them for their time and contributions.

Coding and Data Analysis

All recordings were imported into Otter.ai (n.d.) transcription software, which automatically processes the audio speech and creates a rough transcript. These transcripts were then compared against the original recordings to correct any errors in the language. The six steps to conducting a thematic analysis, as outlined by Braun & Clarke (2006), were followed. The first step in a thematic analysis is to familiarize yourself with the data, which involves reading and re-reading the transcripts, as well as taking initial notes. Data were examined using an inductive approach. This means that sections of the text are iteratively reviewed, with codes being drawn directly from the data. A code is a label that is assigned to a passage of text. Thus, the coding process involves highlighting sentences that are interesting and relevant to the research questions. It should be noted that codes differ from themes, as codes are generally more specific, and themes are broader. Once multiple codes have been developed and common patterns have been identified, they can be combined to create a single theme. A fellow graduate student and I coded the same two transcripts independently then came together to discuss the various codes we generated and their meanings. Interview data from parents and therapists were

considered separately, as different themes and codes started to emerge. The remainder of the transcripts were coded by me. Broad themes were identified based on codes that had been observed across the transcripts, and themes were iteratively revised. Although we conducted one group interview consisting of three parents, there was little interaction between the participants. Further, one of the parents was much more outspoken than the others. For this reason, data from these three participants were analysed separately as if they had all been engaged in individual interviews. The perspectives and contributions of the two less vocal participants are important and valuable nonetheless, which is why I chose to include them. Also of note, data from therapists were organized at the levels of themes, sub-themes, and codes, whereas data from teen parents were organized at the levels of themes and sub-themes. These labels are in keeping with Braun and Clarke's (2006) data analysis methods and also reflect the more in-depth information provided by therapist participants in comparison to teen parent participants.

Data saturation, or the point at which no new information emerges from the data (Saunders et al., 2018), was judged not to be reached. As outlined in the literature review, teen mothers may deal with numerous competing demands and responsibilities, such as school, work, and childcare (SmithBattle, 2007), while also facing systemic barriers to accessing healthcare and social services, including precarious finances and transportation issues. The COVID-19 pandemic exacerbated these inequalities, which made it even more difficult to engage this population in research. Recruitment was impacted due to these factors. All in all, the goal was to meet parents where they were at and to make the recruitment and data collection processes as easy for them as possible. Although saturation was not achieved, this study uncovered rich and useful information that adequately addressed the research questions (Bradshaw et al., 2017, as cited in Fawcett & Garity, 2009), while also providing a foundation for future research to build

upon. It should be noted that the concept of saturation itself is contested (Sebele-Mpofu & Serpa, 2020). Due to the heterogeneity of the population (i.e., the intersecting identities and varied experiences of teen mothers), it would be difficult to ascertain whether data saturation occurred even if additional interviews were to be conducted.

Rigor

We now turn to issues of rigor. Lincoln and Guba's (1985) influential criteria for trustworthiness in qualitative research were used. Credibility, which examines whether findings are described accurately, was supported through member checking, team debriefing, and triangulation. Triangulation is a verification method commonly used in qualitative research to enhance the trustworthiness of a study and refers to the use of multiple data sources to help develop a deeper understanding of the phenomenon under investigation (Cohen & Crabtree, 2008). In my case, these data sources included field notes, transcripts, and raw data, which simultaneously helped establish an audit trail (Nowell et al., 2017 as cited in Halpren, 1983). Debriefing sessions were also held with other members of the research team to reflect on key learnings and identify any gaps in the data (McMahon & Winch, 2018), and a fellow graduate student assisted with coding the first two transcripts and developing the coding charts used in this study. To build rapport with staff and families, I also attended a few family nights at the Terra Centre in March 2022. Dependability, or the extent to which the study could be repeated by others and yield the same insights, was established through an audit trail (Mayan, 2009). Audit trails document the steps taken to conduct a study (Morse, & Field, 1995), with the goal of enhancing the rigor and transparency of qualitative research. Confirmability refers to the extent to which findings are derived from the data, and not researcher biases. Journal entries were completed after interviews and during data analysis to engage in reflexive practice and involved

the assessment of actions and positions taken while carrying out the project to ascertain their impact on the execution of the research and its findings (Holmes, 2020).

Ethical Considerations

Ethics approval was obtained through the University of Alberta Research Ethics Office (Pro00090569). This study also adhered to the principles of respect, welfare, and justice as outlined in the Tri-Council policy statement on ethical conduct for research involving humans (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council, 2022). To accomplish this, several conditions had to be met. Youth represent a potentially vulnerable population due to complex developmental factors and great care was taken to ensure that participants were aware of their rights. Terra considers all participants accessing their programs to be independent parents and treats them as adults. As such, all parents provided their own informed consent. Before commencing interviews, participants were informed about the purpose and goals of the research, and conventional risks, such as voluntary participation and the freedom not to answer particular questions (Mayan, 2009), were outlined. Participants were also given the opportunity to read the consent forms independently. Ongoing informed consent was therefore implemented with all participants. Further, identifying information was removed during transcription and pseudonyms were assigned to protect the anonymity and confidentiality of the participants. All data were stored securely and kept private and were only accessible by members of the research team.

A trauma-informed approach is also essential when engaging in such complex and sensitive work. This means recognizing the signs and impacts of trauma and understanding that participants' behaviours may be affected by past traumatic experiences. Broadly, the goal is to avoid re-traumatization (Government of Canada, 2018). All members of the research team were

familiar with trauma-informed approaches. Further, given the seriousness of the research topic and the potential for emotional triggers, mental health resources were provided after all interviews (see Appendix B). As this study is part of a larger project undertaken by Dr. Tremblay, consent forms outlining the information participants need to make an informed decision about their participation were previously developed and distributed before all interviews (see Appendix C). A meal was shared before interviews were conducted with parents, during which childcare was provided by Terra staff. An honorarium of $20.00 was provided to all participants, including parents and staff, as compensation for their time and contributions.

Sex and Gender Considerations

Sex and gender are relevant to this study, as biological and socio-cultural factors are shown to influence maternal health outcomes. A person's sex refers to their physical and biological attributes, including physical features, hormones, and anatomy, while gender is socially constructed and encompasses the roles, behaviours, and identities of individuals (Canadian Institutes of Health Research, 2019). This study primarily engaged teen mothers, a population with multiple possible intersecting identities (e.g., age, sex, gender, race, ethnicity, and socioeconomic status). The transition to motherhood places them at an increased risk of developing mental health problems, such as depression, when compared to their non-pregnant peers and older women. Perinatal depression—which can occur during or after pregnancy—is linked to biological functions in women and the process of giving birth and, if not addressed, can have serious and enduring impacts on maternal well-being and child development. Qualitative methods were employed to allow for a deeper understanding of the challenges that teen mothers face and to offer a first-hand account of both patient and provider experiences. Further, data collection took place at locations that were familiar to parents and staff were present to help

establish a safe and informal environment. Childcare was also provided to accommodate participants with caregiving responsibilities.

Chapter 4: Findings

The following chapter outlines the findings of this research, providing insight into the experiences and mental health needs of teen parents from their own perspectives and the perspectives of therapists working with them. Pseudonyms were assigned to protect the confidentiality of the participants. Findings from these groups were organized into two different charts and are reported separately given differences in the data from each group. With respect to findings from teen parents, themes and sub-themes are provided below along with representative quotes (note that sub-themes are identified in bold font in the body of the text). With respect to findings from therapists, themes, sub-themes, and codes are provided below along with representative quotations (note that sub-themes are identified in bold font in the body of the text whereas codes are identified in italic font).

Findings from Teen Parents

Three main themes emerged based on the interviews conducted with parents: (1) characteristics of mental health supports offered at Terra and Braemar; (2) valued characteristics in mental health service providers; and (3) challenges related to teen parenting and barriers to accessing mental health services. Representative quotations are outlined below and include insights from five young mothers and one father. The themes and sub-themes derived from interviews with parents are outlined in Appendix D.

Characteristics of Mental Health Supports Offered at Terra and Braemar

Flexible. Parents described Terra's mental health supports as **flexible** in terms of time, location, the various types of services provided, and the ability of Terra staff—whether therapists or other Terra workers—to connect clients with external healthcare providers. Terra workers can include housing support workers and educational services workers, while Terra's therapists

comprise the mental health team. One mom, who was initially skeptical of accessing the mental health supports offered through Terra, spoke about her experience with one of the therapists:

Well, I have uhm, a counsellor at school. And she's pretty good. She always messages me, like, even like, she messaged me today, I think it was, and she's not even working today. It was like, nice (Charlotte, mom).

Another mom spoke about the program's growth since its inception, adding that there are now more resources for clients to access. Importantly, members of the mental health team are willing to accommodate clients according to their schedules:

When I first started with Terra, they didn't have any, like mental health supports either, other than the workers and the workers themselves wanted to help, but they were very limited on what they could help with. And now they have those resources to refer people to…it's also nice too, that [Terra's consulting psychiatrist], and the counsellor I see have also said, you know, if I was working, they'd be able to accommodate those hours, which makes a big difference…so, it is nice too that they will accommodate us in our hours or even school, because a lot of time, girls are on Terra funding, which requires you to go to school for all day, almost every day to get your proper hours in. So, I just think there's a lot better support all the way around that way (Brianna, mom).

One mom, who developed a close relationship with a support services worker at Terra, mentioned how they were instrumental in helping her obtain psychiatric support and access a doctor through primary care:

She got me the psychiatrist…the one that prescribes you medication. So yeah, I got in touch with her through Terra. And before…[my Terra worker], she got me another one of

those doctors at the primary care network. It wasn't with Terra but it was from like, [my

Terra worker]. She set it up that way…it was a big help. Amazing (Lianne, mom).

Relational. In addition to being flexible, the mental health supports offered through Terra

and Braemar were said to be **relational** in nature. Participants referred to Terra staff—including

members of the mental health team and other Terra workers—as understanding, laid-back,

welcoming, and genuinely open to building long-term connections with their clients. Lianne

talked about the special relationship she had developed with her Terra support worker over the

years and how they had supported her in overcoming different challenges. When asked what

qualities she values in a mental health professional, Lianne described her Terra worker:

Really like, down to earth and like, just relaxed vibes, like chill, you know. I'm really,

like, I have a lot of anxiety. So, like…I feel a lot of pressure…and [my Terra worker], she

goes with the flow. And she's like, you know, just, I like someone that's like, funny and

like, open and, you know, but still like…gets to the point but just not so like, pressuring

you know, like, just really laid-lack kind of thing (Lianne, mom).

Similarly, another mom characterized Terra workers as more welcoming compared to

other professionals she encountered, stating the following:

Like, some, like some of the other workers, like not Terra, like youth workers and some

of them are very professional, I guess you could say. Terra workers…they are like, I

guess, I don't know, what's the word…like you would actually talk to them. [The Terra

workers are more] welcoming (Janet, mom).

Participants also spoke about the support they received from staff members outside of the

mental health team and their willingness to listen as well as provide advice. Although Terra

workers outside of the mental health team are not formally trained in psychotherapy, their ability

to empathize with and understand the challenges that parents face is key when providing mental health support, as one participant pointed out:

> They also have resource workers…where if we do need just like, say, it's Thursday, and I message them like, hey, I'm having a [bad] time, like, do you have time to meet just to, you know, so I have some support. They have workers who are more willing and able to do that versus the professionalism of no, sorry, you're gonna have to go to see someone professionally. Because a lot of the time too, people aren't comfortable reaching out to professional supports, they'd rather go to someone they do know, maybe all it takes is a conversation that day to make the whole thing better. And I feel like the staff's a lot more willing to support you in that now, versus telling you, oh, you need to go see someone as if you don't already know that…they don't have, to my knowledge anyways, like any, like mental health training or background as a Terra worker, that's not their forte, right? That's not what they do. But the workers that they do have, understand it enough to be empathetic and understanding of the situation, and allow us to reach out as individuals to try to solve that problem. You know, if it can be solved with a couple conversations, or maybe even one, awesome, if it can't, okay, and then maybe we can start suggesting other options (Brianna, mom).

Finding the right fit in a therapist and connecting with them in a meaningful way was said to facilitate sustained engagement with mental health supports, as one participant mentioned:

> Well, we were supposed to make an appointment like, two years ago. And it like, never happened. We were just like, texting back and forth. And I finally went to school, and like, we talked…we like, kind of, just like, clicked, and she's like, you should come and so I did, and it was pretty good (Charlotte, mom).

Beth, another mom, shared a similar experience. She was initially reluctant to speak to one of Terra's therapists but decided to seek support at the advice of her Terra worker. Eventually, Beth developed a close relationship with her therapist, who took the time to listen to concerns and even educated herself based on Beth's needs:

> It was my Terra worker that kind of pushed me like, you know what, I'm gonna send her your number, she can reach out to you…And she reached out to me, and I sat down with her. And she explained to me, she's…a counsellor. And…I want you to know that if you don't feel comfortable, like, talking to me, you don't have to or…if you have to build up trust with me before you can open up to me, that's fine, too. She's like, if you just want to talk to me about your day at school, or any challenges that you're having in school or any little things like that, before we talk about big stuff. She's like, you can do that. And I think that was the moment where I really realized that she wasn't the same as other counsellors. And me and her have a super close relationship (Beth, mom).

Valued Characteristics in Mental Health Service Providers

Those who had accessed mental health supports outside of Terra and Braemar shared their experiences with these services and also revealed qualities they find valuable in mental health professionals, such as being present, laid-back, and respectful of boundaries. For instance, one mom conveyed the following:

> I think that, just like, making sure you're kind of in the moment when you're a counsellor, making sure that you're allowing the person to open up when they're ready, and you're not forcing them to do things and you're kind of taking your time with them. And just making sure that, you know, you're being respectful and not trying to overlap people, like when they're talking about something you're not like, oh, okay, let's talk about this now. Or like,

you really show that you're listening and that you're hearing what they're saying, and you are respecting what they're saying, you know, and appreciate them sharing with you because that can be something that's really tough to share. And they're sharing with a complete stranger (Beth, mom).

Another participant said that in order to facilitate engagement with counselling, mental health professionals should strive to create a comfortable and laid-back environment in which clients are allowed to lead sessions according to their needs. She also added that the power differential between service providers and clients can influence the therapeutic relationship. According to this participant, it is important that therapists approach clients respectfully, allowing them the time and space needed to first build a foundation of trust and security:

Like it's, you know, if you talk to someone like they're an actual human…and take that like, professionalism away from it, doesn't mean you don't be professional. But when you take that professionalism away from it, you create a more comfortable environment where you're talking person to person, not person of power to person of not power. Like you're not, it doesn't create that, uhm, oh, I need to tell you things. It's oh, I want to share this with you, I want to work on this, I want to talk about this. Versus them kind of being like, oh, this is a problem, I can see it's a problem, let's deal with it. It's like, I'm not ready. If I was ready, I would bring that up to you. So you don't really get help, because you can't help someone who doesn't want to help themselves. And if you don't want help with that specific thing, you're not gonna reach out to them anymore when they're bombarding you to work on this one thing that you're not ready to (Brianna, mom).

One participant spoke about her experience of homelessness and how she feels that some mental health professionals may not be understanding of her lifestyle or even pass judgement, stating the following:

Sometimes I wish, there'd be more understanding of like, what certain lifestyles are like, and that sometimes, I guess it's hard, sometimes it's hard to find someone that's like, more understanding of why you do things and then sometimes why you can't do things (Janet, mom).

Challenges Related to Teen Parenting and Barriers to Accessing Mental Health Services

Within this theme, parents discussed challenges related to teen parenting and barriers to accessing mental health services, such as the transition to motherhood, the cost of services, transportation, lack of natural supports, past negative experiences, and stigma. These sub-themes are detailed below, along with representative quotations.

Transition to motherhood. Parents identified barriers to accessing and receiving mental health services, which overlapped with challenges they face in their day-to-day lives. For instance, a few participants spoke about the **transition to motherhood** and how it may have impacted their mental health. Although participants described the initial transition as tumultuous, they mentioned feeling happier with their current situation. One mom shared the following:

There's like, so many ups and downs. Like, I can't just say [parenthood] made it better. And it didn't make it worse…. it's a whole 'nother like life, and like, mindset that you're in…it completely makes you like, in the blink of an eye change…you're someone else, and then you have a kid and you're, you have to completely do things differently, you know? So yeah, huge change…I struggled with, like, you know, transitioning into, like, being a mom and like, not being a teenager anymore, because I was 17 when I had my

daughter, so like, my friends were partying and like I was, you know, but I would do it again…being younger at the time, now that I'm older, like, I'm happy, but it's just, a lot of ups and downs and makes you feel like, a lot of different ways (Lianne, mom).

Another mom described the challenges she faced during the labor and delivery of her baby, which resulted in her child being transferred to the neonatal intensive care unit (NICU). She mentioned following a healthy regimen while pregnant to ensure the safe arrival of her baby and was understandably frustrated when discovering that there were complications with the birth. Beth quickly recovered from her c-section and was discharged within a day; however, her child had to remain in the hospital for some time after and was ultimately diagnosed with a disability. These circumstances started taking a toll on Beth's mental health and well-being. She conveyed the following:

It was really, really hard for me because [my baby] was born at full term. And I have OCD. So I was super strict with myself if like, if I saw anything on Google that's like, oh, this might be dangerous to your baby. I was like, nope, and stayed away from it. I ate healthy and I had, I weighed 80 pounds when I got pregnant because of my eating disorder. So, I forced myself to eat like three meals a day. And I had to go to the hospital a few times to get like, fluids put in because my stomach couldn't like, hold the food. It wasn't ready for that. And yeah, I did like everything you could possibly do to help with baby, help with healthy delivery, all of that. And yeah, so it was really frustrating for me because I like, I followed strictly, you know, and like, just like being told, oh, your baby's staying in the NICU and then next thing being told [your baby] has a…disability, it's like, that's what was frustrating for me as a parent (Beth, mom).

Cost of services. Along with the stress of adjusting to parenthood and the complications that came with it, one participant identified the **cost of services** as another barrier to accessing mental health supports, adding:

I mean, I'm only 21, I wouldn't necessarily consider myself an adult. But when it comes down to it, I am, and I know that once I turn 25 it's going to cost me over $400 a month to stay in therapy. It's going to be 50…. It's going to be $600 a month for me to stay in therapy after 25. I can't afford that, you know. So, when I talk to my family members who do believe in the system and do believe in wanting to reach out and get that support, but they can't financially handle it, it really makes me upset to hear that. Because they're not easily accessed…you can't tell me that charging $150 an hour to somebody who makes $11, $15 an hour for a one-hour appointment that they made four times a month. You can't tell me that that's making things accessible. I know so many adults who struggle so hard and want the help, and need the help, but they can't afford the help (Brianna, mom).

Transportation. Transportation can also impact access to mental health care, as described by another participant who lives far from Braemar. Although members of the mental health team are willing to speak with clients virtually, over the phone, or through text, these options are not viable for everyone:

Virtual would be, be good but sometimes I don't have a computer. Or like, with my phone. It's like, running out of storage so I can't download anything…and then on call, it's alright. But then it's just weird not seeing someone's face (Janet, mom).

Lack of natural supports. Some participants detailed their home lives and the **lack of natural supports** available to them, in terms of managing responsibilities like childcare and addressing their mental health needs. The one dad who participated in this study said that after

his parents passed, he had a tough time opening up to others and would 'bottle up' his feelings. In addition, he felt that he could not trust some of his extended family members. Though they seemed to view mental health in a positive light, he was reluctant to discuss his private life with them in fear of his words being twisted, explaining:

> Even though I shouldn't be saying this, but like, with my family, for some of them, I don't even trust, so I just kind of keep everything to myself and don't tell them anything. Otherwise, like, once I tell them one thing, I hear from everybody else in my family (Liam, dad).

Another participant voiced similar thoughts in saying that her family would encourage her to seek mental health care, but would not be willing to provide any support on their end, stating:

> I think that's a big reason why mental health like in my family isn't viewed as something that really like, I guess, matters? Or is even a thing, because…my family…if I were to reach out about the things that I'm actually struggling with…it's just like derogatory remarks back to you about why you're working on it, or a lot of trauma. I can only speak for myself, but a lot of trauma comes from my family…you can't work through trauma, with trauma slapping you in the face every day (Brianna, mom).

One mom described how several of her family members struggle with anxiety, depression, and addiction, adding that she was the only one to seek out mental health care in order to begin to heal:

> Family wise, no one really talked to a counsellor, except for me, I was the youngest child, and I was the only one that really, [sought] help like that. But a lot of my family does suffer with anxiety and depression. So yeah…a lot of my family are addicts in different

ways. And so, they'd use addictions to heal while I went out and tried not to follow their

path. So I'd go and find hobbies to do, or I'd go get counselling or stuff like that (Beth,

mom).

Another mom, who said that therapy was very important to her, shared that the majority

of her family members are also receiving counselling. However, one barrier preventing Janet

from accessing mental health services more regularly is the lack of childcare, as she does not

always have a family member to leave her daughter with, stating that "sometimes it's hard to

like, leave her with my sister."

Past negative experiences. Past negative experiences with accessing and receiving

mental health services also influence parents' decision to seek future care. Examples include

past experiences with inappropriate breaches of confidentiality and mental health professionals

being dismissive, sometimes going as far as reporting clients to Children's Services without

giving them a chance to explain their story. One mom recalled how a therapist breached

confidentiality by sharing intimate details with her aunt:

> The one I was seeing, that was bad. What did I talk about with her? She told my aunt and
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> then my aunt knew what I was having a hard time with and why I didn't like living with
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> her. And so, it kind of went against…like, oh, like they have like, the whole like rules
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> thing…she told my aunt that and then, so it made everything worse at home. So, I just
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> stopped seeing her…I haven't seen her in like, five years now. Like the therapist. I didn't
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> know at the time that like, that was a problem, I guess (Janet, mom).

Janet also talked about how two of her friends who, at the time, were suicidal and in

crisis, had tried to access a help line. One of her friends was put on hold and had to wait a very

long time to receive support, while the other friend had an extremely negative experience with a

staff member who was dismissive of her concerns. These instances made Janet and her friends reluctant to contact mental health support lines. She felt that the individuals she and her friends had spoken to should not have been in those positions, saying "some people just shouldn't have jobs like that" and reiterating the importance of mental health professionals who are open, understanding, and non-judgmental.

Similarly, another mom emphasized that some mental health professionals are unsupportive and presumptuous, denying clients the opportunity to share their thoughts, feelings, and emotions at length before offering their input. Describing this issue in more detail, she added:

> I also think listening is a big part of it, uhm, and I don't mean like, to dismiss anyone in saying this, but in my experiences, when I've been speaking to, let's say, psychiatrists, they don't let you get the whole story out before they start assessing the situation. Uhm, for me, for example, my son's adopted out. There's a lot of grief that went with that. I didn't know that, I had no idea what I was going through, and then I saw somebody and got the whole story out and they're like, hey, maybe are you feeling some of these things? Maybe are you going through some of this? And I'm like…yeah, yeah I am. But you don't really get that opportunity a lot of the time to get the whole story, the whole situation out. Because it's, it's layered, right? Like something could be diagnosed as one thing, but when you add other factors into it, it could be diagnosed as a completely other thing (Brianna, mom).

One mom said that a lot of her anxiety comes from past negative experiences with mental health professionals, who would often call Children's Services without giving her the

opportunity to divulge her entire story. As a result, she now finds it hard to trust individuals and has a tough time building new relationships. She disclosed the following:

> Well, for me, I had a lot of like, stress and anxiety, mostly from seeking help from, like mental health therapists and stuff. A lot of the time when I would talk about my traumas and stuff like that, they would call Children's Services, and I would be taken from my mom a lot of the time. Even if I explained, like, I don't live in the same province as that person, or those people. You know, they're not in my life, anything like that, they did not care, they would automatically call them. So that made it really hard for me to trust people. And that's kind of where I kind of lost my trust in people. And it takes me a really long time to, like, build relationships…so I was very closed off. And because I was so closed off, and I wasn't getting any of this stuff out, that's where my depression and my anxiety really hit, you know, hole in the road pretty much. And that's where it just went downhill for everything (Beth, mom).

Stigma. Stigma, along with criticism, judgement, shame, and unrealistic expectations also impact teen parents' mental health as well as their willingness to access mental health services. One mom said she is scared to share certain things with therapists, such as the fact that she was homeless for several years prior to having her child, fearing that they may judge her:

> I used to be homeless for years before I had [my child]…And I talked about it with this, like therapist…I can't get it all out because I feel like it's kind of bad or like, when I get kind of judged for it…and like, why I decided to be homeless or something. And I'm like, because when you're homeless, and there's not that much options, or like, people around, I guess…and like, if I tell therapists about things I used to do before I had [my child], I

feel like they would like, say…I don't know, I just don't want people to think that I'm like, a bad parent…I have changed a lot (Janet, mom).

Another mom spoke about the stigma related to teen parenting, sharing that she was refused enrolment at several high schools due to being pregnant:

> Even in school, like I know, I'm only 21 but, throughout high school, yeah, I went to Braemar, but there were many schools before that, like I got refused many schools for just being pregnant. Like your high school won't accept you if you're pregnant, or if you have a child and you need daycare, and you need to say, be at school at nine o'clock every day, instead of 8:30. They, it still goes against you, it's not accommodating. Um, and we're still like, we're still given the same amount of schoolwork, but we have less time because we have our children, you know, and that, that weighs on us and then we have to push through the same as anyone else does, then we're, people are like, oh, you're so strong. You know, you made it through. Yeah, but to what cost? Because that wears a person down. And that's not just to that situation. That's an, overall, it wears people down, especially the same people who aren't taught how to set boundaries and manage emotions and create healthy boundaries and relationships to begin with (Brianna, mom).

Findings from Terra's Therapists

Two main themes emerged based on the interviews conducted with Terra's therapists: (1) Terra's approach to mental health service provision; and (2) barriers teen parents face in accessing mental health services. Representative quotations are outlined below and include insights from three full-time therapists employed at Terra. The themes, sub-themes, and codes derived from interviews with Terra's three full-time therapists are outlined in Appendix D.

Terra's Approach to Mental Health Service Provision

Therapists described Terra's approach to mental health service provision as flexible, relational, responsive, and growth-oriented. These sub-themes, along with codes and representative quotations, are reported below.

Flexible. Therapists outlined Terra's approach to mental health service provision, which was said to be **flexible** and tailored to the unique needs of teen families. This is accomplished by offering *phone, text, virtual, and community sessions*, *ensuring continuity of care*, and *not capping appointments*. The mental health team is composed of three full-time therapists—whom all participated in this study— as well as a contracted male therapist, and a consulting child and adolescent psychiatrist, the latter two of whom did not participate in this study. These individuals work out of two locations: the main Terra West office, where a variety of wraparound services are provided, and Braemar, an Edmonton Public School supporting pregnant and parenting teens. Through Braemar, Terra embeds mental health support directly into a school environment, which helps facilitate access for students. While moms are in class, their children receive quality early learning and care at Terra's Child and Family Support Centre, which is conveniently located onsite at Braemar. Moms are also welcome to bring their children into counselling sessions, though they usually stay back with childcare staff. Students are free to book appointments with any one of Terra's therapists and can also choose to drop in depending on their availability. As one therapist pointed out:

> So, if I have a client scheduled, that client doesn't show up for whatever reason, I leave
> my door open and that's how a lot of clients end up in my office, is just drop-in. It can be
> because they're having a bad day, and they just need to unload. It can be because they're
> trying to avoid math class…because generally speaking, if you'd rather come to therapy

than math class, I mean, you probably got stuff you got to talk about too (Kelly, therapist).

If moms are unable to attend counselling sessions in-person at Terra West or Braemar, members of the mental health team can also chat with them *over the phone, through texting, and virtually.* This approach helps eliminate some barriers to access, including lack of transportation or childcare, as noted by one therapist:

Sometimes, clients are not able to either meet in-person because something's come up or they don't have childcare. So that can sometimes be a barrier for them…and so there are a few clients who would prefer to chat over the phone or text because that's their only method of contact or whatnot because they can't get to the phone. They can't meet virtually, or they don't have the means to meet virtually…so we kind of offer those services to them as well (Samantha, therapist).

Although Terra's therapists work Monday to Friday, clients often send text messages throughout the weekends, recognizing that it is a safe space for them to vent. Texting was identified as a useful yet underutilized resource, with another therapist sharing the following:

Of course, there's a lot of limits to texting in terms of therapy, but I think it can be really helpful. I find, again, that really it applies still to my population here in the sense of, if their child gets sent home from daycare sick, they don't get to come to school either. And obviously, over the pandemic that's happened to a lot. And so they can be out for weeks if their kiddo is not allowed back at daycare and things like that (Kelly, therapist).

The importance of accommodating clients and providing different means of accessing mental health support was highlighted by another member of the mental health team:

You know, a lot of my young parents who have multiple children, the fact that we

provide phone sessions means they don't have to bundle all of their little ones up, get

them to a daycare, check them across town on the bus for an hour and a half in their

stroller carting through snow, you know, they can stay at home, their child can be

entertained (Diana, therapist).

In addition to chatting virtually, over the phone, or through texting, Terra's therapists can

also meet clients face-to-face in *community settings*, such as parks, if needed:

We're able to provide community supports too, so like, like for example, I spoke about

how transportation can be a barrier sometimes, and so sometimes we'll try to offer them

community supports of like, maybe we can meet at a park and have a quick chat, because

that's what you need right now (Samantha, therapist).

This means that if moms are unable to attend counselling sessions in-person at Braemar,

they can reach out to one of the therapists and arrange to meet elsewhere, including Terra West

or in the broader community. The key is to provide multiple options for parents to access mental

health support, and most importantly, to meet them where they are in terms of their needs,

availability, and resources. Another therapist, who works primarily out of Braemar, shared the

following:

Community sessions we use more in the summertime because we're not in school here.

Then I might go meet them because the school itself is actually closed…but yeah, I've

met clients in parks and near their homes and things like that, during the summer to make

it more accessible (Kelly, therapist).

This flexible approach to mental health service provision is rooted in the understanding

that young parents face unique risks related to the social determinants of health, which may

impact their ability to access mental health services. As a result, no-shows and cancellations were said to be common. Terra does not penalize clients for missing sessions, and this is not the case in the broader counselling community, where individuals may be charged the full rate for any missed appointments or be placed on a waitlist. One therapist explained:

> They already have, again, generally speaking, low resources, right? Time, energy required to get to these appointments, making them as accessible as possible, which is a fundamental part, I think of our program that you know, alongside accessible, flexible I would suggest as well. Not penalizing them because they can, you know, they no show or they cancel their appointments and stuff like that. I mean, I've had clients that will cancel their appointments for two months and then come to every appointment for the next two months, right. Whereas in traditional services for many reasons, that would not work very well, right. They would, they would have to redo the intake process if they started no showing or not, not coming to appointments and things like that (Kelly, therapist).

Another therapist noted Terra's unique and flexible approach to mental health service provision, which she contrasted against the rigid boundaries often present in traditional counselling services:

> I mean, when I was working out of Braemar, I would have participants who would no-show me for almost a year, 10 sessions they wouldn't come and then, I would still, when they finally walked back in the door, I'm like, come have a seat, I'm happy to see you, and not everybody's willing to do that, in kind of the broader community (Diana, therapist).

The *continuity of care* was also highlighted. Although parents can 'age out' of certain services provided by Terra, the mental health program serves clients who may no longer be accessing any other supports through the organization. Terra's therapists recognize that free,

youth-centred mental health services are limited and often difficult to access due to insufficient resources and long waitlists, which is why they continue to see these older clients. As one therapist shared:

> There isn't like a timeline of like, okay, you're 24 now, I'm sorry, I can't support you. We do have clients who, who have essentially quote unquote aged out, but we still provide support if it's needed, because we don't want it to be a barrier for them, right…and if needed, at whatever point, if we need to refer out, then we make sure that those supports are put in place for them instead of just saying, okay, we're done with you, bye (Samantha, therapist).

Importantly, students who graduate from Braemar can also continue to access their mental health supports, as outlined by one therapist:

> I'll keep seeing them once they've graduated. And that's something I try to make clear as soon as possible to clients, because a lot of it is, some people might not go on to graduate right, they might actually end up leaving school for other reasons. So, during my informed consent, and often I remind them several times as things are getting shaky or as they're missing school more and more. I just make it really clear to them that we're available to them even after they have graduated, even after they leave Terra or they stop accessing other Terra services. Because for some of our participants, once they're gone from Braemar, they don't actually register with the community services parts at Terra West, once their worker is done with them, they no longer access Terra supports, but they continue seeing me…So I try to make that as clear as possible throughout because there's a lot of different reasons why my clients leave school. And I want them to know that that

doesn't mean that they stop seeing me, it just means sometimes we have to get creative on how we're seeing each other or it's going to look a little different (Kelly, therapist).

One therapist pointed out that there is *no cap on appointments*, which means that clients can attend as many therapy sessions as they would like, free of charge. This approach is particularly useful when clients cancel or no-show frequently, as they are welcomed back without having to be placed on a waitlist or charged for any missed appointments. Although dealing with no-shows can be challenging, considering that the time could have been dedicated to other clients, one therapist said that not having a cap on sessions is beneficial for facilitating access:

> We don't have a cap on how long you can access us, so many of my participants that I have, clients that I see, our participants at Terra that I met the first day I came, first week I was here five years ago and I still see those, those clients and then I have many that return…you can age out of Terra supports and not leave our mental health program…there's no cap, there's no cost…there's no, kind of, total number you can access at this point…because that's one of the barriers to accessing support and we don't really have anywhere else to send them and so, because of that…we have really worked hard to make sure that our program provides support for them (Diana, therapist).

Relational. In addition to flexibility, a **relational approach** to mental health service delivery was highlighted by the therapists. The key is to meet clients where they are physically, but also emotionally. This includes building *safe, caring, and trusting therapeutic relationships*, being non-judgmental, and understanding clients' contexts and needs. One therapist conveyed the following:

Sometimes if they just need some place to vent, even if they don't get a response, they feel safe enough to be able to text to me, knowing that I won't be able to respond until Monday or whenever I can, but....I think that support there in itself is just a bit of an outlet for them because they know it's going to a safe place. They don't have to worry about what they're saying or who they're saying it to, but the option is there and it's, it's safe for them (Samantha, therapist).

The therapeutic relationship was identified by therapists as an essential element of their work. Without a solid foundation of trust and rapport in place, clients would not be as receptive to receiving mental health support. A large portion of their work is spent "undoing bad therapy experiences," which impact clients' willingness to access the mental health services offered at Terra. One therapist stated:

Yeah, one of the things that's really, really critical to kind of the mental health support that, that young adolescent-led families face is that they, the first part of that relationship in therapy, is about rapport building and relationship. They have to really feel like they can trust you before they can kind of receive what you have to offer (Diana, therapist).

Establishing a stable connection with clients is therefore crucial for facilitating access to mental health supports, as is the willingness to work from a relationship-based standpoint:

I think what [our lead clinician] looks for with therapists coming to Terra and our mental health program, is the willingness to be flexible and to kind of work from a relationship standpoint. You might not get a, you know, a textbook, textbook therapy, you're not going to work through all of the DBT[1] steps in perfect order. You're not going to work

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[1]DBT stands for dialectical behaviour therapy, which is an evidence-based approach to psychotherapy.

through CBT[2] in perfect order. They're not going to do handouts for you for the most

part. So, a willingness to kind of work within that too, I think is really important (Kelly,

therapist).

The importance of the therapeutic relationship was reiterated by another therapist:

I think the relationship, the therapeutic relationship is huge in any type of mental health

support, and so, just being able to support them in a non-judgmental way, allowing them

to be who they are, when they come to seek support. Or if they are seeking support for

specific things. Just being able to, you know, be genuine, be, be relational, be open-

minded and supportive because that's what they're looking for, right? They've got enough

going on for them in their lives anyways as young parents and so I think it's important to,

like you said earlier, to meet them where they're at and support them as needed. There's

gonna, there's a few who are like, this is what I want for, for my mental health and these

are my goals and this is what I want to do and this is my end goal and they'll come in with

like, this is what I want to do and then there's others where they're like, I don't know what

I need, but I know I need it…and so just being open and allowing them, giving them that

safe space to be who they are (Samantha, therapist).

Responsive. Being **responsive to clients' needs** is another crucial element of this work,

and points to the importance of hiring therapists who have extensive experience in supporting the

mental health of youth. *Lived experience and staff characteristics,* as well as *meeting parents*

where they are at, were said to be fundamental to addressing the mental health needs of teen

families. One therapist mentioned:

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[2]CBT refers to cognitive behavioural therapy, another form of evidence-based psychotherapy.

It really requires that those mental health practitioners and clinicians that are working with young parents and adolescent-led families, that they really have experience in the areas that these young people are seeking support in (Diana, therapist).

According to one therapist, part of the program's success can be attributed to the vast experience of the mental health team:

I think in terms of mental health, specifically, I think the fact that our team has the experience that they have, because all of us have been working with, with parents and youth and teens for a number of years, and we've got experience on so many levels, and I think that's been very beneficial (Samantha, therapist).

Although Terra primarily serves young moms, some dads access their services. The need for a male mental health therapist was identified and responded to by Terra. This individual works on a contracting basis and can take clients who would prefer a male, as well as new referrals that other members of the team are unable to take on. One therapist shared:

We also have a male mental health therapist on our team. I think that he sees a lot of the males we have and so I think that's probably one of the reasons why I don't have very many, I have a few but not very many because, because they probably feel a lot more comfortable talking to a male versus a female… (Samantha, therapist).

To be truly responsive to clients' needs, it is important to *meet them where they are at.* For instance, therapists spoke about allowing clients to lead sessions according to their preferences and not being forceful if it takes them a while to open up. This is where relationship-building becomes important, as a solid foundation of trust can make it easier to share one's thoughts, feelings, and emotions. One therapist noted:

It sounds, you know, so standard, but just meeting them wherever they're at, and if that's like small talk, and then coming into my office for coffee, like five sessions, and all we do is talk very high level about school, their baby, they don't really share much outside of that. That's great. Maybe we don't even do informed consent for a while because we're not actually seeing each other or seeing each other in the hallway and stuff like that. And that's it. And that's fine. And then eventually they make their way into my office because something you know, comes up, then we do informed consent (Kelly, therapist).

Terra's mental health therapists provide more than just individual counselling. Recognizing the systemic inequities that many teen parents face, one therapist shared how the mental health team also advocates for clients' needs in order to address the social-ecological factors that impact their mental health:

I have lots of clients who do meet every Tuesday at one o'clock and that is the only time they ever access me and that really works for them. But then we also can stretch the capacity of our work to include other areas and I think that that's really the key to what works well, is that our staff is knowledgeable about all of those socio-ecological factors. So whether that's Children's Services, whether that's, we write, you know, support to apartments for pets that are really important to mental health, like, we, it's not just that individual counselling that we do. But we provide, kind of, them accessing barriers that they see on a systemic level or in the community. Because those things impact their mental health, and they can't show up and do therapy with me about their trauma and about anxiety and about the things they're facing when all of those things are still going on all day long, every day around them. So sometimes, it's about just being present with them (Diana, therapist).

Growth-oriented. Terra's approach to mental health service provision was also described as **growth-oriented**. Therapists reflected on ways that the mental health program has evolved and discussed strategies for continually improving programming. This includes *expanding the mental health team* and *building the capacity of Terra workers*, such as early childhood educators and teachers, to respond appropriately to parents who may be experiencing distress. Since its inception in 2012, Terra's *mental health program has expanded* to include three full-time therapists, one part-time therapist, and a child and adolescent psychiatrist. This evolution was highlighted by one therapist, who also noted the program's success:

> We did start off with just one…so I'm still fairly new but I'm getting like, as our caseload is, are growing really fast…Yeah, like I think in the first three months of me being here, I was already at 20. So I know that Terra provides amazing support in so many aspects (Samantha, therapist).

According to one therapist, expanding the mental health team to include other professionals, such as a child and adolescent psychiatrist, was needed to better address the needs of families served by Terra:

> Because we have our psychiatrist actually, one of the things that's really, really awesome…if I have questions about medication, or like for example, I had a client who, a doctor prescribed medication for her child and she was worried about that. So, I was able to take that back to our consulting psychiatrist and say, this is the med, this is the dosage, what they were prescribing it for, what do you think of that? What could help? So, we get the capacity, again, to treat and support all of our families' psychiatric needs, even if they don't see our psychiatrist…And because she, her specialization is in addictions medicine. So, she can also work with our young people who use recreational drugs and are taking

medication. They don't tell their physicians that they're using recreational drugs. They'll tell our psychiatrist, they don't feel the stigma and they don't feel the shame and the embarrassment, and our psychiatrist can actually provide them, either a way of reducing those other medications to make the psychotropic medication work or help them take it in a way that's safer. And also understands breastfeeding and medication and pregnancy and medication…she takes several sessions of hour-long interactions to get to know you, consults with us as a team…she can only take patients that we see. So, she's got the collaboration of our team (Diana, therapist).

Enhancing staff capacity to address parents' mental health needs was said to be crucial:

And then some of it's just education too, like any time there's a mental health thing, [school staff are] like, we need you. Sometimes it's not appropriate right, it's, I don't know this human you're talking about so whatever they posted on Facebook actually isn't something I can be involved in. However, how could you respond in a way that's going to help you, you know…manage that kind of thing or how can you respond in a way or how can you connect them to services. And sometimes introducing a new person is not helpful either, right? So, you know, if someone's having a meltdown down the hall, maybe I could talk you through it rather than you forcing them to come to my office because that can be…they obviously came to you because they trust you (Kelly, therapist).

Another therapist also talked about how it is sometimes unnecessary to introduce a therapeutic relationship, particularly when a parent has already developed a solid and trusting connection with another Terra worker. Strengthening the capacity of staff to meet parents' mental health needs becomes important in these situations, as conveyed by this therapist:

From the perspective that we have on our team, it actually doesn't matter whether it's me providing that support and, and trust and building within those resources and capacity or if it's the person, their person, somebody that they trust and that they acknowledge as helpful and that they show up for every week. And so, if we can build the relationship through that staff member and have them for example, drive them to the appointments or sometimes I will go or one of our staff will go and meet with the participant with their staff member at the first meeting. Just to kind of build that connection and that rapport. And sometimes the staff are already doing a lot of that socio-emotional work with a young person and so kind of introducing a therapeutic element to that is not necessary because really the relationship is the healing piece anyway. And so, we can really build and strengthen the capacity and the boundaries and the resources and the knowledge base and the…ability for that, that staff member to meet some of those needs. Whether that's providing resources for, strategies for anxiety, or whether that's providing kind of strategies for them and working through family violence and relationship issues in the home or whether that's providing support around self-harm or suicidal ideation (Diana, therapist).

Continually improving programming based on client needs was identified as a crucial component of Terra's approach to mental health service provision, as outlined by one therapist:

We've been kind of trying to implement a DBT group with Braemar, and so doing weekly dialectical behavioural therapy groups, to kind of increase the awareness of mental health and teaching coping skills in a group setting. I think that has been beneficial, though we haven't had the best start this semester, but we're trying to implement new strategies. So perhaps, that kind of thing…I think Terra is doing a

phenomenal job of supporting young parents…the mental health program with Terra, is

actually the largest program that they've got right now with the most [participants]. Yeah,

and so that speaks volumes on its own, on how, how well, the team supports the

participants that we've got (Samantha, therapist).

Barriers Teen Parents Face in Accessing Mental Health Services

As part of this theme, therapists described barriers that teen parents may face in accessing

and receiving mental health services, including the scarcity of supports, cost of services, stigma,

and competing demands. These sub-themes, along with codes and representative quotations, are

reported below.

Scarcity of supports. Therapists also described barriers that teen parents face in

accessing mental health services, including the **scarcity of supports** tailored to their distinct

needs. Community resources offering specialized, youth-centred mental health care were said to

be limited, and even more so with respect to teen parents. Youth transitioning out-of-care may be

eligible for a variety of supports through the Government of Alberta until they reach 24 years of

age. However, participants noted that those who are not connected to Children's Services or

community-based organizations like Terra often have a difficult time finding mental health

supports, with few professionals possessing training and experience in supporting youth

specifically, and even fewer with experience supporting teen parents. Along these lines, one

therapist shared:

The one word that comes to mind for me, I want to say scarcity. Because I know that

there's a lot of supports out there to support mental health overall. However, when it

comes to specific, like working with teen parents, and parenting and mental health around

teen parenting, I find that that's very limited. And the experience, I don't think is, is there

for those who might be supporting teen parents and youth in that way (Samantha,

therapist).

The lack of mental health services tailored specifically to the needs of teen parents was

highlighted by another therapist:

> If they don't find the right fit in our program for them, and if they are not connected to
>
> Terra, then yes, absolutely, I think that they do not have access to adequate mental health
>
> support in the community. Many of the youth that we serve, if they were not on our team,
>
> and our program, would not be served by the community resources that they would have
>
> access to…I think that, yeah, I think there's always a challenge with adolescent mental
>
> health care, no question, for lots and lots of reasons. And especially for young families, I
>
> think it's really complicated (Diana, therapist).

Therapists noted that when working with teen parents, it is important to consider their

social-ecological environment and provide support that resonates with their needs and

circumstances. Due to systemic inequities, young parents may not have access to the same

resources that older adults do. Mental health professionals who do not have experience working

with young parents may lack the knowledge and understanding needed to properly support them,

as one therapist explained:

> And there's a lot of information out there for parents but not teen parents. So how can we
>
> serve it in a way that makes it accessible? Because it might be accessible to me as [an
>
> older] mom who has, you know, familial supports and stuff like that, but it's not
>
> accessible to a 17-year-old. No, you can't just hire a cleaner when you're tired and you
>
> don't have the capacity to do that. Or no, you can't just call your mom and ask them to

come over because some of them don't have those supports in their lives (Kelly,

therapist).

One therapist spoke at length about the strict logistical boundaries of traditional

counselling services and how they do not cater to the distinct needs of teen parents. For instance,

many therapists do not allow clients to bring their children into sessions if they do not have

access to childcare, which is prohibitive and serves as a barrier to access. Further, therapists

offering private services may not accommodate cancellations and no-shows. Therapists also

described how, if a young client is emotionally dysregulated and lashes out, therapists in the

broader community may remove the client from their caseload entirely. Thus, it is hard to form a

strong therapeutic relationship, which is essential to facilitating continued engagement, when it is

this difficult for young parents to get in the door. Finding the right therapist—one who

understands the issues that the client is facing, and who would provide relevant resources as well

as strive to build a genuine relationship—was identified as the biggest challenge, with this

therapist noting the following:

> The other main barrier for our population, I think, for youth in general, but particularly
>
> young parents, is that…the counselling community has very rigid boundaries. So if you
>
> don't fit within those, right, if you're somebody who struggles to show up on time for
>
> things or struggles to get back to someone or, you know, gets really distracted and forgets
>
> your appointment and no-shows or if you don't have the capacity to follow through with
>
> those appointments and you don't have the capacity to regulate your emotions enough in
>
> having a conversation with somebody by text or you know, any of those things, you will
>
> be taken off a list, right? The therapist themselves isn't going to take the time that it needs
>
> to just get you in the door (Diana, therapist).

Cost of services. In addition to the lack of tailored supports, the **cost of services** was also identified as a barrier to accessing mental health services. Although some organizations operate on sliding scales, which means that they price treatment according to each person's income, and others offer services free of charge, these supports are often temporary and limited to a few sessions. In addition, there are often long waitlists, leaving people without the support needed to deal with mental health challenges. One therapist touched on these barriers, as well as gaps in Canada's publicly funded healthcare system:

Cost is going to be the biggest hurdle for most people. Our, of course our universal healthcare is not universal, and mental health is not included within that and there is little to no wiggle room for most of these clients. They can't pay a reduced fee of $50. By the end of the month, they don't have money for food. So they're not going to be able to pay for mental health services. So, in terms of that, I would suggest cost and free services in general. The free services that do exist elsewhere in the city are great, but most of the time, there's long waitlists and stuff like that (Kelly, therapist).

Another therapist echoed these thoughts, noting that "they can't afford it because they're young and they can't pay for it or the services that are free are only limited to like five sessions and things like that." Thus, the cost of services alone can be prohibitive when trying to access mental health services.

Stigma. The **stigma** surrounding mental health and teen parenting was also described as a barrier to accessing and receiving support. One therapist said that there will always be stigma when it comes to mental health and that young parents often face greater oppression due to their intersecting identities:

The stigma of mental health is always a barrier and so especially for young people

because you know, being a young parent is stressful enough. And there's already stigma

around that. And I think I'm just trying to think of like, a lot of the youth that I work with

just have, just have that sensation of like being, being overwhelmed and like feeling

anxious to even reach out because they should be able to do this and, and like a lot of

judgement around that, even within themselves, I think has been a barrier for them

(Samantha, therapist).

Although Terra's mental health team strives to overcome barriers to access by offering

flexible supports, such as walk-in counselling through Braemar, the stigma related to mental

health prevents some parents from seeking help. Socially constructed standards of masculinity

and the stigma around men seeking mental health support pose another challenge for dads in

particular, with one therapist stating the following:

But, and you know, part of that's going to be stigma too, right? Dads not accessing mental

health, or males are not accessing mental health services as often as females and things

like that, but, but yeah, probably we serve a lot more moms than we do dads in general

(Kelly, therapist).

Compounding the stigma surrounding mental health, teen parents may also be

stereotyped and face discrimination for transgressing the social norms of parenthood. One

therapist verbalized this challenge by sharing:

Adolescent parents are often told like, well, you made your bed…there's not a lot of

support. If they need to ask for help, for people like, to babysit their kids, so they can take

a break, people are like, well, you shouldn't have had them. As an older parent, like, I had

my son at 35, well, no one ever told me that. In fact, one of the things…someone told me

while I was pregnant, is never turn down help, no matter what, if someone offers you

help, take it. Our participants, my clients rarely, rarely get that. They get that from all

areas, whether that's therapists or doctors or parents or community [members] or teachers

(Diana, therapist).

Competing demands. Competing demands related to school, work, and personal

commitments also serve as significant barriers to access. Lack of childcare, in particular, poses a

major challenge; this is true when seeking support from both private and community-based

organizations, including Terra. As one therapist previously mentioned, clients whose children are

sick for days or weeks at a time will most likely not be able to attend in-person counselling

sessions. Further, if parents do not have the means to chat virtually or over the phone, they would

be missing out on critical mental health support during that time. In addition to childcare

responsibilities and attending school, many parents are focused on obtaining their diplomas and

finding employment, sometimes while being only a few weeks postpartum. This means that they

are often juggling multiple responsibilities at the same time which, in turn, impacts their ability

to seek, access, and receive timely mental health support, as described by one therapist:

Whether it's something that they're choosing or something that's happened that kind of

crossed their paths without expecting it…a lot of these young parents are trying to either

get through high school or get into post-secondary, find jobs, try to build some type of

stability. And then on top of that, they have relationships that they're maintaining or

trying to build or struggling with (Samantha, therapist).

Another therapist spoke about the impact of competing demands on clients' ability to

attend sessions on a regular basis:

I don't usually see anybody before 10 o'clock, because they gotta roll in. They've got to get their kiddos to daycare and all that fun stuff. So, we don't book anything too early…I don't want to put any pressure on anybody to be here just to, that's not going to facilitate a very good session, getting them to rush to school. And so yeah, generally, you know, we'll see anywhere between like five to six clients a day. Even though I have a lot of very regularly scheduled clients. It's hit or miss. I would say probably 30% of my clients come weekly. Probably 60% of my clients are booked weekly, but probably show up intermittently within that (Kelly, therapist).

The findings shared throughout this chapter elucidate parents' experiences with accessing and receiving mental health services from their own perspectives as well as the views of therapists working with them. The next chapter will examine these findings in relation to existing research.

Chapter 5: Discussion and Implications

This study aimed to enhance mental health service provision for teen mothers and was guided by the following research questions: (1) What are teen mothers' experiences with accessing and receiving mental health services? (2) How are mental health services provided to teen mothers? And (3) How can mental health service providers best meet teen mothers' unique needs? The overarching goal was to issue recommendations that can inform clinical practice. This chapter will discuss two key findings: (1) facilitators to mental health treatment among teen mothers; and (2) barriers to accessing and receiving mental health services. After thoroughly reviewing the interview data, these two findings emerged as most relevant to answering my first two research questions. Although data from parents and therapists were previously separated to highlight the nuances in perspectives, they are combined in this chapter as there was significant overlap in the facilitators and barriers that were identified by participants. The practice, policy, and research implications discussed later in the chapter address my third research question. Drawing on existing literature, these findings are described in more detail below.

Facilitators to Mental Health Treatment

As evidenced throughout this study, young mothers may occupy multiple intersecting social positions, and have complex backgrounds, strengths, and needs. Parents and therapists outlined Terra's approach to mental health service provision, which was said to be flexible, relational, and responsive to the individual preferences and circumstances of teen parents. To help facilitate engagement with these services, members of the mental health team accommodated clients based on their schedules and provided different means of accessing support. One promising method involves interacting with clients virtually, over the phone, or through texting. Texting, in particular, was said to be an underutilized yet useful resource for use

with this population. Several researchers have discussed the need for telephone-based mental health support (Boath et al., 2013; Jack et al., 2022; Muzik et al., 2015), which has the potential to facilitate access for those who lack childcare or reliable modes of transportation. All in all, teen parents may be more willing to access mental health services that are flexible, accommodating to their schedules, and tailored to their individual needs as opposed to the standardized, uniform approaches that many mental health service providers work within (Hodgkinson et al., 2014; LePlatte et al., 2012).

A relational approach to mental health service delivery was said to be essential in ensuring sustained client engagement. The key is to meet clients where they are at physically but also emotionally, highlighting the importance of building trusting therapeutic relationships, being non-judgmental, and understanding clients' backgrounds and needs. The individuals who participated in this study revealed that parents would be most receptive to receiving mental health support in the context of a solid therapeutic relationship, where they feel safe enough to divulge intimate information about their lives without the fear of being critiqued. Most of all, parents voiced the desire to be heard and understood. Other researchers have found that young mothers worry about being chastised by their healthcare providers or potentially being seen as incompetent (Recto & Champion, 2018). Thus, it is crucial that mental health service providers––whether they are general practitioners, psychologists, therapists, counsellors, or psychiatrists—ensure total confidentiality and demonstrate a respectful and non-judgmental attitude when working with teen parents (Muzik et al., 2015). A recent study conducted by Jack et al. (2022) examined young mothers' use of and experiences with mental health services in Ontario, Canada. Mothers who participated in this research revealed their preference for service providers who are cognizant of their histories and backgrounds, establish a safe healthcare environment,

and actively involve clients in shared-decision making as it pertains to their mental health (Jack et al., 2022). Participants also discussed the need for service providers who are empathetic and experienced and who are also able to provide the necessary resources to meet their mental health needs (Jack et al., 2022), aligning with the findings of this thesis. Accordingly, developing a safe, caring, and trusting therapeutic relationship is essential for facilitating sustained engagement with mental health services (Recto & Champion, 2018).

Some of the parents who participated in the current study disclosed experiences of homelessness, stigma, socioeconomic disadvantage, trauma, and loss. These factors are crucial to consider in the context of research related to teen mothers, as they have the potential to contribute to mental health struggles (Lucas et al., 2019). Terra's therapists recognize that teen families face unique risks related to the social determinants of health and spoke to the importance of addressing the social-ecological factors that impact parents' mental well-being. Embedding mental health services within a wraparound model of care might further facilitate access. The wraparound process is team-based and collaborative, providing individualized support to children and their families (Walker & Bruns, 2006), and is associated with positive outcomes among youth experiencing severe emotional or behavioural disorders (Olson et al., 2021). One such model is the Successful Families program, which was collaboratively developed by the Terra Centre and Brentwood Community Development Group in Edmonton, Alberta (e.g., Kingsley et al., 2018; Tremblay et al., 2020). To better address the unique and diverse needs of teen families, this program model bridges supportive housing and wraparound services, which are rooted in strength-based and trauma-informed practice (Tremblay et al., 2020). These supports include rent subsidies, in-home visitation, counselling, and group activities that help participants develop their parenting skills. Another model developed in the United States, known

as the Teen and Tot program, is housed within the Boston Medical Center and offers prenatal care, psychosocial assessments, immunizations, access to oral health services and more while also connecting young mothers to resources that help them access housing and employment opportunities (Boston Medical Center, n.d.). Through this program, clients are said to experience better mental and physical health outcomes, improvements in parenting skills, and greater engagement with healthcare services. The Community Support for Young Parents program is another example of a wraparound service model based out of the United States. This project targets parenting teens and young adults, with a focus on fathers, and aims to improve health and socio-economic outcomes by providing counselling, case management, access to shelters, parenting resources, referrals to healthcare services, and opportunities for clients to further their education (Office of Population Affairs, 2018). While these are promising examples, the implementation of programs that merge mental health supports with wraparound services for teen families has been sparse. Such models could have great potential for addressing the social-ecological factors that impact young parents' mental health and thus warrant further investigation.

Barriers to Accessing and Receiving Mental Health Services

This study identified several barriers to accessing and receiving mental health services, one of which relates to the scarcity of supports. Aside from costly private services offered by licensed professionals, free youth-centred mental health services were said to be limited and often difficult to access due to insufficient resources and long waitlists. Unfortunately, mental health supports targeting teen parents are even harder to come by. This is concerning, as teen parents have unique needs that may be better served through specialized support provided by professionals who are experienced in working with youth from diverse backgrounds. These

findings align with existing literature, which suggests that mental health services for youth are often scarce and inadequate (Mental Health Commission of Canada, n.d.), particularly for those belonging to marginalized groups (Canadian Paediatric Society, 2022; Hodgkinson et al., 2014; Kourgiantakis et al., 2023).

Structural and logistical barriers, such as the lack of time, childcare, reliable transportation, and financial resources are also significant barriers to accessing and receiving mental health services. Although Terra's mental health team strives to overcome some of these challenges by offering multiple ways for parents to access support—like chatting virtually, over the phone, through texting, or by meeting clients face-to-face in community settings—these options are not appropriate for everyone due to diverse needs, preferences, and circumstances. These barriers are consistent with what has been found in the literature, especially when it comes to transportation (Boath et al., 2013; Hodgkinson et al., 2014). For instance, relying on public transport to get to appointments is often expensive and tough to navigate and may expose young mothers to rude and stigmatizing comments from members of the public (Jack et al., 2022). Similarly, competing demands and responsibilities related to school, work, childcare, and other personal commitments also serve as significant barriers to access. Lack of childcare, in particular, poses a major challenge; this is true when seeking support from both private services and community-based organizations, like Terra. Oftentimes, parents are simultaneously trying to complete their high school education, find or maintain employment, and care for their children, all in the context of limited financial resources and natural supports (Jack et al., 2022; Pinto-Foltz et al., 2011; SmithBattle, 2007). In other words, parents may not have the bandwidth to access mental health services, and doing so is low on their list of priorities. Given the numerous demands that young parents may grapple with daily, making mental health services more

informal, flexible, and accommodating is incredibly important for facilitating use (Bledsoe et al., 2017; LePlatte et al., 2012).

The stigma associated with mental health represents another substantial barrier to seeking and receiving care. Further compounding the issue, teen parents may also be stereotyped and face discrimination for transgressing the social norms of parenthood (Conn et al., 2018), as voiced by one participant who was refused enrolment at several high schools due to being pregnant. Another young mother who participated in the current study said that she is reluctant to open up in therapy sessions because she fears being critiqued or perceived as a "bad" parent (e.g., Muzik et al., 2015). These findings are in line with previous research conducted in the United States, which found that young mothers frequently encounter negative public attitudes from community members and healthcare workers alike (Boath et al., 2013). Thus, teens may fear disclosing symptoms of depression (Hodgkinson et al., 2010) to avoid potential criticism (Jack et al., 2022; Recto & Champion, 2018). Past negative experiences can also impede access, as they influence parents' decision to seek mental health support moving forward (Jack et al., 2022; Recto & Champion, 2018). These findings once again underscore the importance of engaging clients in a way that is welcoming, relational, non-judgmental, and rooted in trauma-informed principles (Bledsoe et al., 2017). Enhancing access to timely and effective mental health care for youth is crucial as it can help support their long-term well-being and success (Canadian Paediatric Society, 2022).

Implications

This study addresses an issue that was identified within the community and is of high relevance to our partners at Terra. Given the paucity of literature in this area, the findings of this study contribute to our limited understanding of the mental health needs of teen mothers in

Canada. The facilitators and barriers identified by parents and therapists have implications at the practice, policy, and research levels, which are all discussed in more detail below.

Practice Implications

The following section presents three key practice implications that align with the facilitators shared by participants in this study. Flexibility is key when providing mental health services to teen families. It is important for service providers to recognize that young parents may face unique risks related to the social determinants of health, including unstable housing conditions (Corcoran, 2016), socioeconomic vulnerabilities (Al-Sahab et al., 2012; Diaz & Fiel, 2016; Hodgkinson et al., 2014; Maheshwari et al., 2022), adverse childhood experiences (SmithBattle & Freed, 2016), and stigma (Boath et al., 2013), which can impact their ability to access mental health services. The transition to parenthood and a lack of natural or social support can further contribute to these difficulties, necessitating a flexible, understanding, and empathetic approach. Young parents may be more willing to access mental health services that accommodate their schedules and are tailored to their individual needs and circumstances (Hodgkinson et al., 2014; LePlatte et al., 2012). This means providing multiple options for parents to access mental health support, such as chatting virtually, over the phone, through texting, or meeting face-to-face in community settings, like parks. Holding outdoor therapy sessions may also be useful in establishing a more comfortable and informal environment. Most of all, it is important to meet parents where they are in terms of their needs, availability, and resources.

A relational approach to mental health service delivery is essential for facilitating use. Developing a safe, caring, and trusting therapeutic relationship is an important part of this work (Recto & Champion, 2018). Mental health service providers—including therapists, counsellors, psychologists, psychiatrists, and general practitioners—should demonstrate empathy and a non-

judgmental attitude (Muzik et al., 2015), establish a safe, comfortable, and laid-back environment, and involve clients in shared-decision making as it pertains to their mental health (Jack et al., 2022). Shared-decision making is a collaborative process in which clinicians and patients work together to make healthcare decisions, taking into account both medical evidence as well as patient values and preferences (Grad et al., 2017).

Mental health service providers working with young parents should, ideally, have experience supporting youth from diverse backgrounds. This requires a solid understanding of the social determinants of health and intersectionality, which shape people's lives, experiences, and circumstances in different ways. Given the scarcity of youth-centred mental health services, this finding underscores the need for increased training or professional development opportunities outlining best practice recommendations for working with youth and teen families. It is equally important that service providers allow clients to lead sessions according to their preferences and to share their thoughts, feelings, and emotions in full before offering any input. The goal is to ensure that parents feel heard and understood. Ultimately, establishing a safe, welcoming, and informal environment may help promote service use. However, to better support practice, policy changes are also required.

Policy Implications

Due to systemic inequities, teen mothers and their children face unique risks related to the social determinants of health. Although the link between early childbearing and social disadvantage may not be causal, teen pregnancy can exacerbate socioeconomic vulnerabilities experienced prior to motherhood (Luong, 2014), with implications for mental health. To support the well-being of teen families, policy efforts should be directed toward addressing the challenging, inequitable circumstances impacting teen parents rather than focusing solely on

prevention (Tremblay et al., 2022). In this study, the cost of services was identified as a significant barrier to access. Including mental health treatment within Canada's publicly funded healthcare system is one potential way of addressing this issue and encouraging service use. Providing comprehensive sexual education and ensuring timely access to sexual and reproductive health care, such as contraceptives (e.g., intrauterine devices, birth control pill, Nexplanon) and abortion (e.g., medical, surgical) is also important, and can help empower adolescents to take control over their reproductive health and make informed choices that align with their desires, lives, and circumstances.

Limitations and Future Research Directions

The findings of this research provide insight into the mental health needs of teen mothers, an issue that has been under-researched in the Canadian context. To achieve this, I examined the perspectives of both parents and mental health professionals working with them, resulting in a more comprehensive understanding of the challenges and barriers that young parents face in trying to access these services, as well as potential facilitators to mental health treatment. However, this study had a relatively small sample size and focused on a subset of participants located in Edmonton, Alberta, impacting the generalizability of the findings. Additionally, given the heterogeneity of the population, this study does not fully reflect all of the intersecting identities and varied experiences of teen mothers.

Further research is needed to uncover additional barriers and facilitators that teen parents face in accessing and receiving mental health services, especially in other cities and provinces across Canada. Specifically, a stronger effort should be made to include young fathers, who may experience stigma in different ways due to existing stereotypes and socially constructed standards of masculinity. An additional research direction is to explore the mental health needs

of the children of teen parents. Most importantly, when engaging teen families in research, it is

crucial to do so in a relational way, adhering to strength-based and trauma-informed principles

(Tremblay et al., 2022). A community-based approach to research can be particularly effective

for engaging teen families in research, and has the potential to help facilitate the transfer of

knowledge into practice (Israel et al., 1998). It is also important to eliminate any potential

barriers to participation, which can be accomplished by accommodating parents' schedules,

engaging them during regularly scheduled community events, as well as providing childcare,

transportation fare, and honorariums.

Conclusions and Knowledge Mobilization

The goal of this study was to better understand teen mothers' experiences with accessing

and receiving mental health services in order to determine how service providers can best meet

their unique needs. The research questions, which explored parents' and therapists' perspectives

on the mental health services offered at Terra and in the broader community, were addressed

through semi-structured interviews. Transcripts were thematically analysed, which means that

data were coded and organized into broader themes. Two key findings emerged, describing

facilitators and barriers to accessing mental health services and contributing several practice,

policy, and research implications. This study also highlighted Terra's approach to mental health

service delivery, which was said to be flexible, relational, responsive, and growth-oriented. This

model of service delivery may be of great interest to other practitioners and community-based

organizations supporting teen families or youth with complex needs.

A guide outlining key learnings and recommendations for clinical practice will be

produced based on the findings of this study and shared with staff from the Terra Centre as well

as study participants. Terra is also connected to other community-based organizations that will

have an interest in the findings of this research, such as the Alberta Home Visitation Network, the Alberta Father Involvement Network, the Community Action Project for Children Provincial Network, the Align Association of Community Services, the United Way of the Alberta Capital Region, and funders, both local and provincial. As this thesis is part of a larger project led by Dr. Tremblay and is embedded within a pre-existing partnership with Terra, discussions about the findings of this research and their implementation will be ongoing and based on needs identified by Terra staff and leadership. The goal is to share the findings of this study in ways that are useful for those working with teen families (e.g., presentations, infographics, social media posts) and can be easily disseminated to their allied colleagues. Findings will be further mobilized through scholarly conferences and open-access publication in a peer-reviewed journal, contributing to the scholarly body of knowledge on teen parenting and informing service delivery in the healthcare sector.

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Appendix A: Interview Guides

Parent Interview Guide

Preamble

Thank you so much for taking the time to talk to me today. The point of this discussion is to find out more about your experiences with accessing mental health services and to get your perspective on ways that these supports could be improved. Your participation in this study is strictly confidential. The discussion will be recorded to ensure that I am accurately keeping track of information but will be permanently deleted after the recording has been transcribed. Your participation in this study is important, but please keep in mind that you are free to stop participating at any time. You can also ask questions and voice any concerns as they come up. Is it okay if we start?

1. What does the idea of "mental health" mean to you?
2. How has being a parent impacted your mental health, if at all?
3. Have you ever tried to access or receive mental health support? If so, what has your experience been like?
4. What would make mental health services more accessible to you? For example, having someone closer to home, or having a lower-cost option.
5. What do those around you, such as family, friends, peers, or co-workers, think about therapy?
   a. What does their opinion mean for you?
6. Do Terra and Braemar provide any mental health supports?
   a. If so, is there anything that could be changed to improve the level of support provided?
7. In an ideal world, what qualities would be valuable in mental health service providers, or mental health services more generally?

Prompts
- Can you explain that?
- What do you mean by that?
- Can you give me an example?
- And how did you feel about that?
- Tell me more about that.

Staff Interview Guide

Preamble
Thanks so much for taking the time to talk to me today. The point of this discussion is to find out more about your experiences working with teen parents and to get your perspective on ways that mental health services could be improved to better support them. Your participation in this study is strictly confidential. Our chat will be recorded to ensure that we're keeping track of information but will be permanently deleted after we've transcribed the recording. Your participation is important, but you are, of course, free to stop participating at any time. You can also ask questions and voice any concerns as they come up. Is it okay if we start?

1. Can you tell me how the mental health program at Terra came about?
2. What is your role, and what does a typical day look like for you?
3. When you think about the topic of teen parents and mental health services, what words come to mind?
4. Do you think that the teen parents you have worked with have adequate access to mental health services? This could be at Terra or in the broader community.
    a. What is working well with respect to teen parents accessing mental health services?
    b. What isn't working well? What are some of the barriers to accessing mental health services that teen parents face?
5. What do you think contributes to teen parent engagement with mental health services?
6. Can you tell me about a time when you experienced a challenge with helping a teen parent access mental health services?
7. Tell me about some of the main factors, unique to teen parents, that impact their mental health.
8. In an ideal world, what kinds of services would your clients have access to in order to support their mental health?

Prompts
- Can you explain that?
- What do you mean by that?
- Can you give me an example?
- And how did you feel about that?
- Tell me more about that.

Appendix B: Mental Health Resources

Counselling (Low/No Cost)
Catholic Social Services – Mercy Counselling: 780-391-3233
The Family Centre – Edmonton: 780-423-2831
Drop-In Single Session Counselling: dropinyeg.ca
Jewish Family Services Edmonton: 780-454-1194
Momentum Walk-In Counselling: 780-757-0900
For more counselling options available in your area: 211

Phone/Text Lines
Crisis Text Line: Text CONNECT to 741741
Kids Help Phone: 1-800-668-6868 or text CONNECT to 686868
Alberta Health Services Mental Health Helpline: 1-877-303-2642
Canadian Mental Health Association Distress Line: 780-482-HELP (4357)
Children's Mental Health Crisis Line: 780-427-4491

Online Support
https://www.easecare.ca/

Appendix C: Information Letters and Consent Forms

Parent Information Letter

Title of Study: Enhancing Mental Health Services for Teen Parents

Principal Investigator: Melissa Tremblay, Department of Educational Psychology, Faculty of Education

What is this letter about? You are being asked to take part in this research study because we are trying to learn more about how to provide teen parents with mental health services. We want to learn from you and better understand how to support young parents. You do not need to be in a research study if you don't want to be.

If you join the study what will you be asked to do?
- You will be asked to take part in conversations with a member of the research team to answer some questions about what it is like to be a teen parent and what kind of mental health services you would like to have available to you. No staff members will be sitting in the room with us. Each conversation will take about 30 minutes. Our conversations will be audio recorded.
- We will share a meal prior to our conversations, and they will take place at a time and place that works best for you and your family. Childcare will be provided. You will receive a $20 gift card after the conversation to thank you for participating.
- You are free to not answer questions that you do not want to answer, and you can choose what information you want to share or not.
- You can also choose to stop participating at any time.

Will the study help you and/or others? Sharing your experiences will help improve services for teen parents. This study will also help us understand how to best support young parents.

How will the information be shared? A summary of the information from all parents who are in the study will be shared. Your name will not be in any of the information. The information collected about you during this study will be kept safely locked up. Nobody will know it except the people doing the research. This information will be shared with the Terra staff to learn more about the services they provide.

Do you have to be in the study? You do not have to be in the study. It will not affect your involvement with Terra. You can change your mind and stop being part of the study at any time. All you have to do is tell us.

What if you have questions? If you have any questions, you can call Melissa Tremblay at (780) 700-6425.

The plan for this study has been reviewed for its adherence to ethical guidelines by a Research Ethics Board at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at (780) 492-2615.

Parent Consent Form

Title of Study: Enhancing Mental Health Services for Teen Parents

___ YES, I will be in this research study.   ____ NO, I don't want to do this.

Participant Information

Name of Participant: _____

Signature: _____

Date: _____

Staff Information Letter

Title of Study: Enhancing Mental Health Services for Teen Parents

Principal Investigator: Melissa Tremblay, Department of Educational Psychology, Faculty of Education

What is the study?
We are inviting you to take part in a research study. In this study, we are trying to learn about how to provide the most effective mental health services to teen parents. Your participation is completely voluntary.

What are we asking you to do?
If you participate in the study, you will be asked to participate in a discussion that will be conducted by a member of our research team. The discussion will take up to one hour. The research team member might ask you questions about what services you have provided to teen parents, factors that help and hinder teen parents from accessing mental health services, and aspects of mental health service provision that you feel are important to consider for teen parents. The discussion will be audio-recorded and transcribed. Afterward, you will be provided with a summary of findings at which point your feedback and any additional information you wish to share will be welcomed.

What are the benefits and risks of participating?
By participating in this study, you will be able to share your experience working with teen parents. We do not expect any risks for being in this study. Please note that your decision to participate (or not to participate) will have no impact on your employment. Participation is voluntary, and you can change your mind and stop participating at any time. If you decide that you want your information removed from the study, you can contact the researcher up to two weeks after your interview to ask for your information to be removed. While there are no direct benefits to you for your participation, sharing your experiences can help make teen parent services better and directly contribute to the knowledge available regarding providing mental health services for teen families.

How will we protect your privacy?
The information you provide during this study will be kept safely locked up and only the researchers will be able to see it. No names will be shown on any summaries or reports from the study. We will ask everyone participating in the group discussion to maintain the confidentiality of what is discussed. We will keep the information for 5 years and then all the information will be destroyed so no one else can access it. If the information is used for other studies, we will get ethics approval. We plan to summarize the findings from this study and share it with people who may be interested (e.g., schools, community organizations serving young families). We may also present the findings at conferences or in journals; however, no names or other personal information will be shared.

Contact Names and Telephone Numbers:

Thank you very much for considering this request. Any questions you may have about this study may be directed to Melissa Tremblay at 780-700-6425.

The plan for this study has been reviewed for its adherence to ethical guidelines by a Research Ethics Board at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at (780) 492-2615.

Staff Consent Form

Title of Study: Enhancing Mental Health Services for Teen Parents

Do you agree to participate in the research study? YES NO

Name: _____

Signature: _____

Printed Name: _____

Date: _____

Appendix D: Coding Tables

Themes and Sub-Themes Derived from Interviews with Teen Parents

Themes	Sub-themes	Representative Quotes
Characteristics of mental health supports offered at Terra and Braemar	Flexible	"When I first started with Terra, they didn't have any, like mental health supports either, other than the workers and the workers themselves wanted to help, but they were very limited on what they could help with. And now they have those resources to refer people to…it's also nice too, that [Terra's consulting psychiatrist], and the counsellor I see have also said, you know, if I was working, they'd be able to accommodate those hours, which makes a big difference…so, it is nice too that they will accommodate us in our hours or even school, because a lot of time, girls are on Terra funding, which requires you to go to school for all day, almost every day to get your proper hours in. So, I just think there's a lot better support all the way around that way (Brianna, mom).
	Relational	"Really like, down to earth and like, just relaxed vibes, like chill, you know. I'm really, like, I have a lot of anxiety. So, like…I feel a lot of pressure…and [my Terra worker], she goes with the flow. And she's like, you know, just, I like someone that's like, funny and like, open and, you know, but still like…gets to the point but just not so like, pressuring you know, like, just really laid-lack kind of thing" (Lianne, mom).
Qualities valuable in mental health professionals		"I think that, just like, making sure you're kind of in the moment when you're a counsellor, making sure that you're allowing the person to open up when they're ready, and you're not

		forcing them to do things and you're kind of taking your time with them. And just making sure that, you know, you're being respectful and not trying to overlap people, like when they're talking about something you're not like, oh, okay, let's talk about this now. Or like, you really show that you're listening and that you're hearing what they're saying, and you are respecting what they're saying, you know, and appreciate them sharing with you because that can be something that's really tough to share. And they're sharing with a complete stranger" (Beth, mom).
Challenges related to teen parenting and barriers to accessing mental health services	Transition to motherhood	"There's like, so many ups and downs. Like, I can't just say [parenthood] made it better. And it didn't make it worse…. it's a whole 'nother like life, and like, mindset that you're in…it completely makes you like, in the blink of an eye change…you're someone else, and then you have a kid and you're, you have to completely do things differently, you know? So yeah, huge change…I struggled with, like, you know, transitioning into, like, being a mom and like, not being a teenager anymore, because I was 17 when I had my daughter, so like, my friends were partying and like I was, you know, but I would do it again…being younger at the time, now that I'm older, like, I'm happy, but it's just, a lot of ups and downs and makes you feel like, a lot of different ways" (Lianne, mom).
	Cost of services	"I mean, I'm only 21, I wouldn't necessarily consider myself an adult. But when it comes down to it, I am, and I know that once I turn 25 it's going to cost me over $400 a month

		to stay in therapy. It's going to be 50…. It's going to be $600 a month for me to stay in therapy after 25. I can't afford that, you know. So, when I talk to my family members who do believe in the system and do believe in wanting to reach out and get that support, but they can't financially handle it, it really makes me upset to hear that. Because they're not easily accessed…you can't tell me that charging $150 an hour to somebody who makes $11, $15 an hour for a one-hour appointment that they made four times a month. You can't tell me that that's making things accessible. I know so many adults who struggle so hard and want the help, and need the help, but they can't afford the help" (Brianna, mom).
	Transportation	"Virtual would be, be good but sometimes I don't have a computer. Or, like with my phone. It's like, running out of storage so I can't download anything…and then on call, it's alright. But then it's just weird not seeing someone's face (Janet, mom).
	Lack of natural supports	"Even though I shouldn't be saying this, but like, with my family, for some of them, I don't even trust, so I just kind of keep everything to myself and don't tell them anything. Otherwise, like, once I tell them one thing, I hear from everybody else in my family" (Liam, young dad).
	Past negative experiences with accessing and receiving mental health services	"The one I was seeing, that was bad. What did I talk about with her? She told my aunt and then my aunt knew what I was having a hard time with and why I didn't like living with her. And so, it kind of went against…like, oh, like they have like, the whole like

		rules thing…she told my aunt that and then, so it made everything worse at home. So, I just stopped seeing her…I haven't seen her in like, five years now. Like the therapist. I didn't know at the time that like, that was a problem, I guess" (Janet, mom).
	Stigma	"I used to be homeless for years before I had [my child]…And I talked about it with this, like therapist…I can't get it all out because I feel like it's kind of bad or like, when I get kind of judged for it…and like, why I decided to be homeless or something. And I'm like, because when you're homeless, and there's not that much options, or like, people around, I guess…and like, if I tell therapists about things I used to do before I had [my child], I feel like they would like, say…I don't know, I just don't want people to think that I'm like, a bad parent…I have changed a lot" (Janet, mom).

Themes, Sub-Themes, and Codes Derived from Interviews with Therapists

Themes	Sub-themes	Codes	Representative Quotes
Terra's approach to mental health service provision	Flexible	Phone, text, and virtual sessions	"Sometimes, clients are not able to either meet in-person because something's come up or they don't have childcare. So that can sometimes be a barrier for them…and so there are a few clients who would prefer to chat over the phone or text because that's their only method of contact or whatnot because they can't get to the phone. They can't meet virtually, or they don't have the means to meet virtually…so we kind of offer those services to them as well" (Samantha, therapist).
		Community sessions	"Community sessions we use more in the summertime because we're not in school here. Then I might go meet them because the school itself is actually closed…but yeah, I've met clients in parks and near their homes and things like that, during the summer to make it more accessible" (Kelly, therapist).
		Continuity of care	"There isn't like a timeline of like, okay, you're 24 now, I'm sorry, I can't support you. We do have clients who, who have essentially quote unquote aged out, but we still provide support if it's needed, because we don't want it to be a barrier for them, right…and if needed, at whatever point, if we need to refer out, then we make sure that those supports are put in place for them instead of just saying, okay, we're done with you, bye" (Samantha, therapist).

		No cap on appointments	"We don't have a cap on how long you can access us, so many of my participants that I have, clients that I see, our participants at Terra that I met the first day I came, first week I was here five years ago and I still see those, those clients and then I have many that return…you can age out of Terra supports and not leave our mental health program…there's no cap, there's no cost…there's no, kind of, total number you can access at this point…because that's one of the barriers to accessing support and we don't really have anywhere else to send them and so, because of that…we have really worked hard to make sure that our program provides support for them" (Diana, therapist).
	Relational	Safe, caring, and trusting therapeutic relationships	"Yeah, one of the things that's really, really critical to kind of the mental health support that, that young adolescent-led families face is that they, the first part of that relationship in therapy, is about rapport building and relationship. They have to really feel like they can trust you before they can kind of receive what you have to offer" (Diana, therapist).
	Responsive	Lived experience and staff characteristics	"I think in terms of mental health, specifically, I think the fact that our team has the experience that they have, because all of us have been working with, with parents and youth and teens for a number of years, and we've got experience on so many levels, and I think that's been very beneficial" (Samantha, therapist).

			"We also have a male mental health therapist on our team. I think that he sees a lot of the males we have and so I think that's probably one of the reasons why I don't have very many, I have a few but not very many because, because they probably feel a lot more comfortable talking to a male versus a female…" (Samantha, therapist).
		Meeting parents where they are at	"It sounds, you know, so standard, but just meeting them wherever they're at, and if that's like small talk, and then coming into my office for coffee, like five sessions, and all we do is talk very high level about school, their baby, they don't really share much outside of that. That's great. Maybe we don't even do informed consent for a while because we're not actually seeing each other or seeing each other in the hallway and stuff like that. And that's it. And that's fine. And then eventually they make their way into my office because something you know, comes up, then we do informed consent (Kelly, therapist).
	Growth-oriented	Enhancing staff capacity	"And then some of it's just education too, like any time there's a mental health thing, [school staff are] like, we need you. Sometimes it's not appropriate right, it's, I don't know this human you're talking about so whatever they posted on Facebook actually isn't something I can be involved in. However, how could you respond in a way that's going to help you, you know…manage that kind of thing or how can you

			respond in a way or how can you connect them to services. And sometimes introducing a new person is not helpful either, right? So, you know, if someone's having a meltdown down the hall, maybe I could talk you through it rather than you forcing them to come to my office because that can be…they obviously came to you because they trust you" (Kelly, therapist).
		Expanding programming	"We did start off with just one…so I'm still fairly new but I'm getting like, as our caseload is, are growing really fast…Yeah, like I think in the first three months of me being here, I was already at 20. So I know that Terra provides amazing support in so many aspects" (Samantha, therapist).
Barriers teen mothers face in accessing mental health services	Scarcity of supports		"If they don't find the right fit in our program for them, and if they are not connected to Terra, then yes, absolutely, I think that they do not have access to adequate mental health support in the community. Many of the youth that we serve, if they were not on our team, and our program, would not be served by the community resources that they would have access to…I think that, yeah, I think there's always a challenge with adolescent mental health care, no question, for lots and lots of reasons. And especially for young families, I think it's really complicated" (Diana, therapist).
	Cost of services		"Cost is going to be the biggest hurdle for most people. Our, of course our universal healthcare is

		not universal, and mental health is not included within that and there is little to no wiggle room for most of these clients. They can't pay a reduced fee of $50. By the end of the month, they don't have money for food. So they're not going to be able to pay for mental health services. So, in terms of that, I would suggest cost and free services in general. The free services that do exist elsewhere in the city are great, but most of the time, there's long waitlists and stuff like that" (Kelly, therapist).
	Stigma	"The stigma of mental health is always a barrier and so especially for young people because you know, being a young parent is stressful enough. And there's already stigma around that. And I think I'm just trying to think of like, a lot of the youth that I work with just have, just have that sensation of like being, being overwhelmed and like feeling anxious to even reach out because they should be able to do this and, and like a lot of judgement around that, even within themselves, I think has been a barrier for them" (Samantha, therapist).
	Competing demands	"Whether it's something that they're choosing or something that's happened that kind of crossed their paths without expecting it…a lot of these young parents are trying to either get through high school or get into post-secondary, find jobs, try to build some type of stability. And then on top of that, they have relationships that they're maintaining or trying to build or

		struggling with" (Samantha, therapist).