

NEW ZEALAND YOUTH MENTORING CONFERENCE 16th-17th AUGUST, 2011

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**Youth Connectedness - Building  
good relationships improves health  
and wellbeing**

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connect





*There is a growing body of evidence that the connection to caring non-parental adults can improve the health and well-being of young people”*



# Risk focused prevention?

- Health risking behaviours occur together
- Most young people, perhaps up to 80%, try one or more health risk behaviours with potentially negative health consequences.



# What does work?

Programmes with the largest positive impacts were those that emphasised **adult-youth relationships** and **life skills development** (Catalano et al., 1999)

- Most effective programmes designed to prevent a specific youth health problem do so primarily by **promoting competencies**
- **Healthy Adolescent development** underlies prevention of health problems

# Effective programmes

- Skills building
- Participation
- Membership
- Norms & expectations
- Accurate information/services
- Adult-youth relationships\*



(Dryfoos, 1990)

# What is connectedness?

Two basic elements of *connectedness*:

- a) a relational component, that is, the connection or bond that youth experience with socializing agents and
- b) an autonomy component, that is, the degree to which youth feel that their individuality is validated or supported by their socialization agents.

# Connectedness

“Connectedness is a psychological state regarding other persons that reflects a sense of belonging, a lack of aloneness, a perceived bond. This sense of belonging is characterised by adolescents’ perceptions that they are valued and accepted; that they value and believe the other persons to be important; that their needs for companionship and support are met; and that they like and enjoy being with the other person. To this extent, connectedness is conceptualised as something not merely received but reciprocated as well.”

(Jose & Pryor, 2010)

# What can connectedness do?

Associated with improved:

educational outcomes

social outcomes

mental health

life satisfaction

physical health

Associated with reduced:

risk taking behaviours - violence,

unprotected sex, drugs

# Connectedness and education

- Mentoring programme = more likely to graduate from high school, attend college, work > 10 hours a week (DuBois et al., 2005)



- School connectedness improves educational outcomes- school attendance; staying in school longer; higher grades and classroom test scores (McNeely, 2003; Klem et al., 2004; Battin-Pearson et al. 2000)



# Connectedness and mental health

- Improves psychological wellbeing (Jose & Pryor, 2010; Resnick et al., 1997)
- Reduces suicidality (Borowsky et al., 1999; Fleming et al., 2007)



# Connectedness and sexual health

- “the stronger the connection to respected adults who espouse less risk-taking, the less likely the youth are to engage in such behaviour.”  
(Kirby, 2001)
- “youth who talked to non-related adults about reproductive health and behaviour exhibited more responsible sexual behaviour”  
(Walker et al, 2000)

# Does this work for Maori youth?

- 2340 participating students (24.7% of total sample)
- Half of the Maori students had sex (54% males; 48% females)
- What risk and protective factors predicted contraception use among Maori secondary school students in New Zealand?

# Risk factors for consistent contraception use

Risk factors	OR	p value
RADS above cut off	0.7	0.09
Depressed 2 weeks in a row	0.8	0.2
Depressed 2 weeks in a row within the past 4 weeks	<b>0.6</b>	<b>0.004*</b>
Suicide ideation in the last month	<b>0.7</b>	<b>0.04*</b>
Suicide ideation in the past 12 months	0.9	0.64
Attempted suicide	<b>0.6</b>	<b>0.01*</b>
History of sexual abuse	0.7	0.1
Drink alcohol at least weekly	0.9	0.8
Smoke cigarettes weekly	0.9	0.4
Use marijuana at least weekly	<b>0.5</b>	<b>&lt;0.0001*</b>
Currently use other drugs	0.7	0.3
Conduct problems	0.6	0.1
Victim of violence	0.9	0.9
Have a chronic illness	0.9	0.9



# Protective factors for consistent contraception use

Protective factors	OR	p value
Important to attend school	1.2	0.6
Parents care about you	1.2	0.3
Spend enough time with family	<b>1.7</b>	<b>0.002*</b>
Extended whanau care	1.1	0.4
Can talk about problems with whanau	1.1	0.5
Have family meals together	1.5	0.03
Teachers care about you	1.6	0.02
Teachers get to know you	1.0	0.6
Friend to talk to about a serious problem	1.4	0.2
Other caring adult to talk to	<b>1.7</b>	<b>0.005*</b>
Feel neighbourhood is safe	<b>1.9</b>	<b>0.008*</b>
Spiritual beliefs are important	1.9	0.4
Comfortable in Maori social surroundings	0.8	0.3



# Risk and protective factors

- Maori youth are more likely to be inconsistent contraception users if they use marijuana weekly or more frequently (OR 0.5,  $p = 0.03$ ), attempted suicide (OR 0.6,  $p = 0.01$ ) and were depressed (OR 0.6,  $p = 0.004$ )
- Maori youth are more likely to be consistent contraception users when they get enough time with their parents (OR 1.7,  $p = 0.0006$ ), have other caring adults in their lives (1.7,  $p = 0.005$ ) and feel their neighbourhood is safe (OR 1.9,  $p = 0.008$ )



# How mentors can enhance connectedness

- Informal socialising – ‘hanging out’
- Responsiveness – in tune with youth’s expectations and needs rather than mentors
- Helping to achieve goals – success in helping youth achieve, doing something together
- Common interests and characteristics
- Respect – Listen, value their suggestions



# Connectedness and mentors – a word of caution...

“the effects of natural mentors do not completely offset individual and environmental risk factors, suggesting that natural mentors alone are not enough to undo multiple risk factors that may exist in the lives of adolescents”

(Bernat and Resnick, 2009)

# What competencies do mentors need?

- Good at developing relationships
- Good communication
- Aware of personal boundaries and role
- Commitment to the role
- Ability to recognise when things are going wrong
- Problem solving and ability to get help and resources

# The 'tough parts' of mentoring

- Asking those tricky questions
- Disclosures – now what?
- What is your role?
- Getting too involved
- Looking after yourself



# The wonderful parts of mentoring



# Risk-focused prevention

# Healthy Youth Development



“We engage in a very different set of activities when our goal is development rather problem-prevention”

(WHO, 1999)

