



Introduction

- Crossover youth, involved in both the child protection and juvenile justice systems, are a particularly vulnerable population that face unique challenges
- Child protection-involved youth are over-represented in the criminal justice system¹⁻²
- Several risk factors are associated with the crossover youth population:
 - Experiences of traumatic stress due to child maltreatment and caregiver incapacity³
 - Difficulties in social, academic and individual domains⁴
 - High levels of mental health concerns such as substance abuse, suicidal ideation, and externalizing disorders⁵⁻⁷
- Crossover youth are a high-risk population with complex needs given their experiences of multiple adverse childhood experiences and trauma
- Despite growing concerns about the well-being of crossover youth, there is a lack of research concerning this vulnerable group in Canada



Current Study

- The objectives of this study are to:
 - Explore differences in service utilization between crossover and non-crossover youth who are accessing mental health services
 - Explore differences in presentation of mental health problems and family characteristics
 - Contribute to the limited research available on crossover youth in Ontario, Canada
- We hypothesized that in comparison to other clinically referred youth, crossover youth will:
 - Experience higher resource utilization needs, including residential and inpatient services
 - Experience higher levels of family dysfunction and mental health problems

Method

Sample & Procedure

- Data collected from assessments (n = 373) of youth aged 12-18
- Completed as part of standard clinical practice in 65 agencies between October 2012 and June 2022
- Crossover and non-crossover cases were matched for comparison using four criteria: sex, age group, residential placement and time of assessment (pre versus during COVID-19)
- Chi-square tests were conducted to assess differences between cohorts

interRAI Child and Youth Mental Health Assessment (ChYMH)

- interRAI ChYMH is a comprehensive 400-item instrument used to evaluate and identify children's mental health needs and risks, as well as inform care-planning through embedded scales and algorithms⁸
- ChYMH-Developmental Disabilities (ChYMH-DD) is specifically designed for children with intellectual or developmental disabilities⁹

Measures

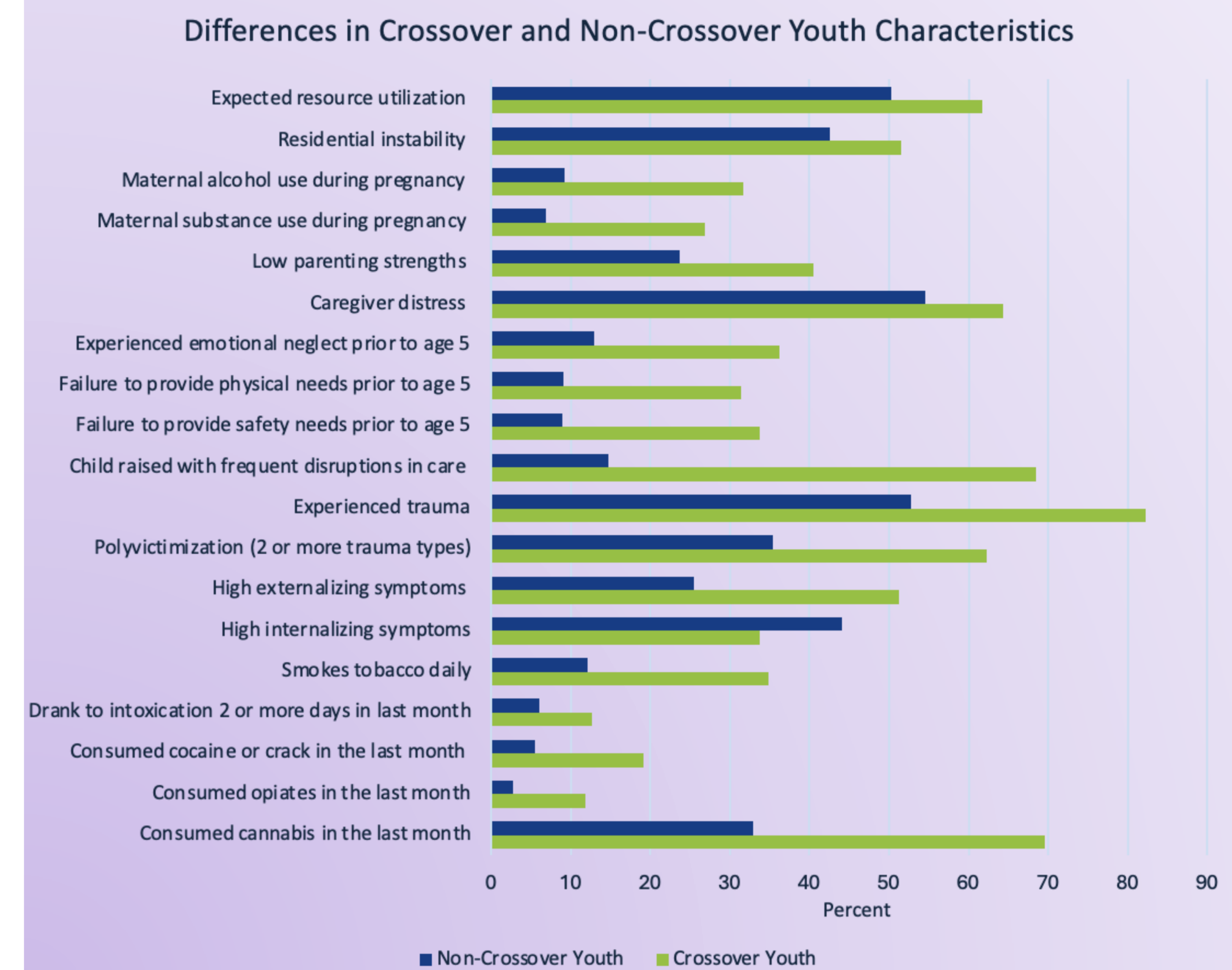
- Anxiety scale¹⁰
- Depression severity index¹¹
- Externalizing scale¹²
- Internalizing scale¹³
- Positive symptoms scale¹⁴
- Risk of suicide and self-harm in kids (RISsK)¹⁵
- Risk of injury to others (RIO)¹⁶
- Resource intensity for children and youth (RICHY)¹⁷
- Disruptive/Aggressive behaviour scale¹⁸
- Hyperactive/Distracton scale¹⁸
- Parenting strengths scale¹⁹
- Peer conflict scale²⁰
- Caregiver distress scale²⁰
- Ontario marginalization index (ON-MARG)²¹

Results

- Service utilization:
 - 62% of crossover youth have high expected resource utilization
 - No significant difference was found between males and females
- Individual and family characteristics:
 - 52% of crossover youth reside in neighbourhoods with high residential instability
 - During pregnancy, mothers of crossover youth engaged in alcohol use (32%) and drug use (27%)
 - 41% of parents of crossover youth have fewer parenting strengths and 64% experience higher caregiver distress
 - Over 30% of crossover youth did not have their basic needs met prior to the age of 5 (e.g., emotional, physical, and safety)
 - 68% of crossover youth were raised with frequent disruptions in care
 - 82% of crossover youth reported experiencing at least one type of trauma in their lifetime (e.g., sexual assault or abuse, physical assault or abuse, emotional abuse, witnessed domestic violence)
 - 51% of crossover youth exhibit high levels of externalizing symptoms and 50% of female crossover youth exhibit high levels of internalizing symptoms
 - Crossover youth engage in higher substance use than their counterparts

Results (Con't)

Figure 1



Note. Percentage of crossover cases versus non-crossover cases

Discussion

- Results align with previous knowledge and support hypothesis pertaining to increased service utilization, mental health risk patterns, and family characteristics among crossover youth
- Findings can help service providers recognize and address the unique needs of crossover youth to provide specialized care
- Findings further elucidate pathways leading to juvenile criminality for child welfare-involved youth which is helpful when considering intervention and treatment development
- Limitations:
 - May not be generalizable to other provinces, territories, or countries
 - Males represent the majority among crossover cases
 - Data collection was done during COVID-19 which may have impacted service utilization rates as well as mental health and well-being of children

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