Special Populations

Youth in Transition
Service Members
Older Adults
Native Americans/Alaska Natives
Incarcerated Individuals
Youth In Transition: Ages 16-24
Some Common Behavioral Health Challenges for Young Adults

- MAJOR DEPRESSION
- BIPOLAR DISORDER
- ANXIETY DISORDER
- SCHIZOPHRENIA
- SUICIDALITY
Common Challenges

- Stigma
- Guilt/Shame
- Lack of finances
- Lack of insight on mental illness/trauma
- Lack of knowledge about resources
- Access to services
Improving Transition Outcomes for Young People

Community Integration

- Physical Integration: Activities of daily living
- Social Integration: Engaging in social interactions with community members (General Members)
- Psychological Integration: Sense of belonging in their community
Putting Community Integration and Life Domains into Practice

- **Community Life Functioning**
  - Personnel Well Being
  - Young adults ability to balance independence & interdependency with family members
  - Dating skills & development/maintenance of intimate relationships
  - Assertiveness skills & conflict resolution skills
  - Coping with stress & ability to relax
  - Recognizing when to see a physician

- **Employment and Career**
  - Out in the community working
  - Can they build relationships at work
  - Communicate at work
  - Ability to complete required tasks while at work
  - Can they establish and maintain + work relationships
  - YAT feeling apart of the workforce

- **Education**
  - Have they completed HS
  - Relationships in the classroom
  - Relationships with peers
  - Ability to complete tasks at hand in the classroom or training environment
  - Transitional young adults feeling apart or contributing to the learning environment

- **Living Situations**
  - Building relationships with neighbors
  - Socialize with positive peer groups
  - Completing activities of daily living
  - Ability to identify positive peer groups
  - Feeling apart and empowered by the community

- **Putting Community Integration and Life Domains into Practice**
Resources

**Education Resources**
Local Career Technology Centers [http://www.okcareertech.org/technology-centers](http://www.okcareertech.org/technology-centers)
Alternative Education Programs/GED [http://ok.gov/sde/ged-testing-centers](http://ok.gov/sde/ged-testing-centers)

**Living Situations**
Local Housing Authorities [https://www.hud.gov/program_offices/public_indian_housing/pha/contacts](https://www.hud.gov/program_offices/public_indian_housing/pha/contacts)
Local Community Action Agencies [http://okacaa.org/agencies/](http://okacaa.org/agencies/)

**Employment and Career**

**Community Life Functioning** Local Community Action Agencies [http://okacaa.org/agencies/](http://okacaa.org/agencies/)
Former Foster Youth [http://www.okil.ou.edu/yes-i-can](http://www.okil.ou.edu/yes-i-can)
Former Foster Youth [http://www.okil.ou.edu/](http://www.okil.ou.edu/)
The Q Space kris.williams@northcre.com
Special Populations:

Service Members
Invisible Wound/Real Injuries

- PTSD
- Traumatic Brain Injury
- Depression
- Substance Use Disorder
- Does not mean the person is violent.
- Always include the family in the conversation. Don’t forget the family also goes through the deployment.
Veterans and Culture

- Veterans want to feel understood and respected.
- They want to have things addressed in an effective, safe and timely manner.
- Health related behaviors are influenced by military culture.

The culture changes people.

1. Traditions
2. Rituals
3. Language
4. Standards
5. Expectations
Standards

- Veterans and service members follow a code of conduct.
- Rules are important
- Following through with plans are important also.
- Never as a veteran or service member if they have killed someone. EVER!!!!
It’s hard to ask for help.

- Military is others based.
- There has been no value placed on self care or asking for help.
- The expectation is accomplish the mission before taking care of self.
- Asking for help is viewed as a sign of weakness.
- Case managers need to have trust and patience to build the relationship.

**ALGEE**

- **Approach**, acknowledge risk, assist
- **Listen** nonjudgmentally
- **Give** reassurance and information
- **Encourage** appropriate professional help
- **Encourage** self-help and other support strategies
Resources

- Veterans Crisis Line: 1-800-273-8255 Press 1
- Tulsa Tech - Lemley Memorial Campus
  Military & Veteran Services Office
  918-828-5223
- https://www.ebenefits.va.gov/ebenefits/homepage
- Coffee Bunker
  6365 E 41st Street
  Tulsa OK 74135
  918.637.3878
  https://www.coffebunker.org/
- The Homeless Alliance
  1724 N.W. 4th Street
  Oklahoma City, OK 73106
- www.MentalHealthFirstAid.org
- www.operationhomefront.org
- www.hud.gov/states/oklahoma
Late Adulthood
Role Changes

- Retirement
- Grandparenthood/Other family relationships
- Friendships and social networks
- Community roles
- Transition from provider of care to recipient of care
- Control over living situation
Potential Challenges

- **Physical** - managing physical decline
  - Increase in medication
  - Adjusting to side effects of medication

- **Environmental** - Decrease in financial resources
  - Changes in lifestyle, residence, transportation

- **Cognitive** - Memory loss
  - Processing speed, dementia

- **Role** - Decrease in social connectedness
  - Changes in support system and social interaction
Potential Psychological Challenges and Major Types of Elderly Disorders

- Identity issues: Who am I now, what is my purpose, and what is my value
- Decreased self-esteem
- Loneliness
- Fear related to:
  - Lack of control over own life
  - Increased dependence on others
- Sadness/grief over on-going loss:
  - Loss of friends, physical functioning and freedom, etc.
- Acute Stress Disorder
- PTSD
- Panic Attacks
- Social Anxiety
- Generalized Anxiety Disorder
- Obsessive-compulsive Disorder
- Depression
- Dementia
- Alzheimer’s
Key Factors for Successful Adjustment in Late Stage Adulthood

- **Resilience**
  - An individual’s ability to properly adapt to stress and adversity

- **Purpose in Life**
  - Connecting with resources to help the individual deal with stress and adversity (financial, transportation, medical, community supports). Connect with community resources related to purpose - community involvement, volunteer opportunities, etc.

- **Curriculum based education (rehab - if eligible)** to assist with building resilience skills
Characteristics of High Resilience and Healthy Hobbies for Seniors

- Adaptive coping style
- Hope & Optimism/finding meaning and purpose in life
- Positive emotions, focus on what you can control
- Social Support, nurture your relationships
- Community Involvement, recharging your energy and staying active
- Having Positive Attitude Towards Aging
- Learning to Embrace Change
- Asking for help

- Caring for a Pet
- Creating Art/ Doing Crafts
- Dancing
- Gardening
- Golfing
- Playing Cards/Games
- Practicing Yoga
- Swimming
- Visiting Friends and Family
- Volunteering
- Walking
Effective Resilience Interventions and Building Adaptive Coping Strategies

- Emphasize strengths
- Adjust daily schedule and activities
- Build adaptive coping strategies
- Focus on emotional regulation
- Emphasize hope, optimism & positive emotions
- Develop an attitude of flexibility
- Explore new ways of coping with life events
- Greater use of information seeking and problem solving strategies
- Increasing self-confidence & self-reliance
- Learning and maintaining effective coping skills
- Enlarging social networks
Resources

- Sunbeam Family Services
  www.sunbeamfamilyservices.org

- National Center on Elder Abuse
  https://ncea.acl.gov

- Long Term Care
  https://longtermcare.acl.gov

- Elder Care Locator
  https://eldercare.acl.gov

- Administration for Community Living
  https://acl.gov

- Aging Services- OKDHS
  http://www.okdhs.org
Native Americans/Alaska Natives

Focus on balancing mind, body, and spirit within the community context
Challenges to health and well-being

- Alcohol use
- Enduring spirit (stubborn, hard to accept change)
- Clashes between Native American and non-Native American views of mental health
- Long memories
- Trauma is communal
- Depression
- Substance use disorders
- PTSD
- Anxiety
- Suicide (2nd leading cause of death)
- Historical trauma
Barriers To Care

- Economic Barriers (cost, lack of insurance)
- Lack of awareness about mental health issues and services
- Stigma associated with mental illness
- Lack of education and pervasive poverty
- Lack of culturally appropriate services

- Mistrust with health care providers
- Continuing lack of accurate data and research
- Lack of appropriate intervention strategies (including integration of mental health and primary health care services)
- Mental health professional shortages and high turnover
Protective Factors

- Strong identification with culture
- Family
- Connection with the past
- Traditional health practices (ceremonies)
- Adaptability
- Wisdom of elders

Protective factors against suicide:
- Discussion of problems with family or friends
- Connectedness to family
- Emotional health
- Spiritual orientation
Responses and Approaches

- Increase awareness of mental health and chronic disease connection
- Stigma awareness
- Educate providers about unique mental issues
- Comprehensive, affordable health coverage
- Focus on prevention and early intervention
- Better integration of traditional healing and spiritual practices
- Person-centered care and respect for role of family
- SSI/SSDI and reservations
Resources

- [HUD.gov](http://www.acf.hhs.gov)
- Oklahoma Indian Clinic [www.okcic.com/](http://www.okcic.com/)
- American Indian College Fund [/collegefund.org/](http://collegefund.org/)
- Native American Disability Law Center [http://www.nativedisabilitylaw.org/](http://www.nativedisabilitylaw.org/)
- Family Assistance- Cherokee Nation [webtest2.cherokee.org](http://webtest2.cherokee.org)
- Bureau of Indian Affairs [http://www.benefits.gov](http://www.benefits.gov)
- Native American Rights Fund [www.narf.org/](http://www.narf.org/)
Incarcerated Individuals
Common Mental Disorders

- PTSD
- Substance use disorders
- Depression
- Anxiety
Barriers to Treatment

- Budgetary constraints
- Space limitations
- Limited number of counselors
- Lack of volunteer participants
- Frequent movement of inmates
- General correction problems
- Problems with aftercare provision

- Increased surveillance in treatment programs
- Requirement and pressure to stop using drugs
- Loss of relationships
- Loss of income
- Peer (or yard) pressure
- Lack of treatment continuum
- Treatment length and modality
Barriers to Treatment

Barriers with sex offenders:

- Stigma
- Untrained and inexperienced staff
- Institutional policies against disclosure
- Lack of a formal process for identifying clinical sex offenders
- Lack of appropriate housing
- Lack of employment or ability to be employed
Consequences of Non-Treatment

- Homelessness
- Arrests
- Incarceration
- Victimization
- Suicide
- Familial violence
- Dangers to others

- Death
- Increased use of emergency rooms
- Poor health
Treatment and Aftercare

- Gender-specific training
- Specialty Groups
  - Anger management
  - Parenting
  - Self-help
  - Cognitive-behavioral groups
- Aftercare programs that include recovery, employment, housing
- Use of “Lifers” as peer counselors
- Family counseling
- Individual counseling
- Incentive programs
Resources

- Treatment Advocacy Center

- The Lionheart Foundation
  [https://lionheart.org/](https://lionheart.org/)

- Social Security Administration

- LINK Staffing
  [http://www.linkstaffing.com](http://www.linkstaffing.com)

- Sober Living Recovery Housing OKC
  - Into Action Sober Living
  - Oxford House
  - Unity House
  - Second Chance

- Sober Living Recovery Housing Tulsa
  - Life Gate Homes
  - Life improvement
  - Abba Compassionate Ministries
  - Wings of Freedom
  - Oxford House
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