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
Community life functioning:
Personnel Well Being and Effectiveness:
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 task 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 task at hand in the classroom or training environment, transitional young adults feeling apart or contributing to the learning environment.

Living Situation:
Building relationships with neighbors, social, socializing 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

- Education
- Living Situations
- Employment and Career
- Community Life Functioning
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**
Job Corps [http://tulsa.job corps.gov](http://tulsa.job corps.gov)

**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 to 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
- Oklahoma Indian Clinic
  www.okcic.com/
- American Indian College Fund
  /collegefund.org/
- Native American Disability Law Center
  http://www.nativedisabilitylaw.org/
- Office of Family Assistance
  http://www.acf.hhs.gov
- Family Assistance- Cherokee Nation
  webtest2.cherokee.org
- Bureau of Indian Affairs
  http://www.benefits.gov
- Native American Rights Fund
  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
  http://www.treatmentadvocacycenter.org/

- The Lionheart Foundation
  https://lionheart.org/

- Social Security Administration

- LINK Staffing
  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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