

# 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

Education

Living Situations

Employment and Career

Community Life Functioning

# Resources

## Education Resources

Local Career Technology Centers <http://www.okcareertech.org/technology-centers>

Alternative Education Programs/GED <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)

Oklahoma Housing Finance Agency <http://www.ohfa.org/>

Local Community Action Agencies <http://okacaa.org/agencies/>

## Employment and Career

Oklahoma Department of Rehabilitation Services <http://careers.okdrs.org/>

Job Corps <http://tulsa.job-corps.gov>

Community Life Functioning Local Community Action Agencies <http://okacaa.org/agencies/>

YMCA <http://www.ymca.net/>

Former Foster Youth <http://www.okil.ou.edu/yes-i-can>

Former Foster Youth <http://www.okil.ou.edu/>

The Q Space [kris.williams@northere.com](mailto:kris.williams@northere.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.

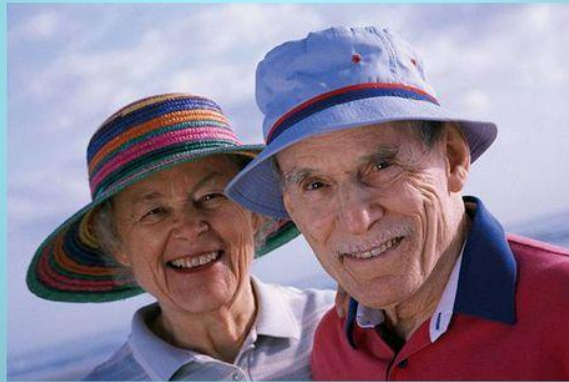
## ALGEE

- ▶ 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.coffeebunker.org/>
- ▶ The Homeless Alliance  
1724 N.W. 4th Street  
Oklahoma City, OK 73106
- ▶ [www.MentalHealthFirstAid.org](http://www.MentalHealthFirstAid.org)
- ▶ [www.operationhomefront.org](http://www.operationhomefront.org)
- ▶ [www.hud.gov/states/oklahoma](http://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](http://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 ( 2<sup>nd</sup> 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://HUD.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/>
- ▶ Office of Family Assistance  
<http://www.acf.hhs.gov>
- ▶ Family Assistance- Cherokee Nation  
[webtest2.cherokee.org](http://webtest2.cherokee.org)
- ▶ Bureau of Indian Affairs  
<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  
<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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