SDMH Challenges in Young Adulthood

Case History of Person X

Facilitators
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Breakout Group Agenda

9:00-9:05 am    Introductions
9:05-9:10 am    Opening Remarks
9:10-9:15 am    Person X Case
9:15-9:30 am    Activity
9:30-9:50 am    Activity Discussion
9:50-10:00 am   Reflect Upon HPE & Policy
10:00-10:15am   Return to Main Room
### Key Concepts

<table>
<thead>
<tr>
<th><strong>health</strong></th>
<th><strong>social determinants of health</strong></th>
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<td>• A state of complete physical, mental, and social well-being, not simply</td>
<td>• Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (Social Determinants of Health, 2019).</td>
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<td>the absence of sickness and disease (NCHHSTP Social Determinants of Health,</td>
<td>• Includes factors such as socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care.</td>
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<td>2014)</td>
<td>• Shaped by the distribution of money, power, and resources (NCHHSTP Social Determinants of Health, 2014)</td>
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<td>• Mostly responsible for health inequities (About Social Determinants of Health, 2019).</td>
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| **structural determinants**                                               | **Root determinants, such as historical, political, ideological, economical, and social foundations, from which all other determinants arise (Reading, 2018)**                                                                                                                                                                |
|                                                                           |                                                                                                                                                                                                                                                                   |
Case: Person X

• Between the ages of 18-21 years.
• Presents with suicide ideations.
• Originally referred for a mental health assessment.
History

• Father was admitted to the hospital with Peritonitis for the fourth time in two months.
• Referring discharge planner needed to determine if Person X could adequately provide care for father.
• Dad was in end stages of kidney disease; required dialysis three times a week.
History

- Family was advised to a skilled nursing home placement unless someone in family could care for father full time.
- Entire family emphatically rejected nursing home placement.
- Person X finally agreed to take on the full responsibility and medical care needs for the father.
- When supportive services were offered to the family, the family declined.
History

What we know:

- Person X is the oldest member in a family of five.
- Person X recently came out to the family (only). The family refuses to talk about Person X’s sexual preference.
- Person X is enrolled in a prestigious university pre-med program, received numerous academic honors and awards, as well as a full academic scholarship.
- Person X is first generational and has a strong affiliation with the Que’s and recently decided to join.
History

- Person X has missed several classes and academic success is spiraling downward over the last few weeks.
- No one in the program knows that Person X is now taking care of the father full time, and Person X feels compelled to help the mother and siblings.
- Person X refuses to talk to anyone about the family’s current circumstances. In fact, the entire family is engaged in numerous family secrets.
History

- Person X does not live at home.
- Mother and father recently separated; the father moved out.
- Siblings live with the mother and have not been very supportive or assisted with day-to-day medical needs of the Dad.
History

• Mother currently holds membership in Jack and Jill
• Both parents are active members of the Links.
• Father is a member of the Boule and is a Knight.
• Person X recently revealed to the mental health clinician that all Person X can think about every day is planning the father’s home-going services.

• Person X feels it may be easier on everyone if Person X and the Dad were no longer around.
Activity

• Give Person X a name.
• Write what you know about Person X on the stick figure provided.
• Include social determinants of mental health related to Person X and Person X’s family.
• What community supports does Person X already have? What supports might you recommend?
Compare and Contrast Figures
Discussion

• What could be inferred about Person X based on the history?
• Name the social determinants affecting Person X?
• How did they impact Person X?
AGE: 18-21yr
RACE/ETHNICITY/ COLOR: African American
GENDER: Male

SEXUAL ORIENTATION: Not heterosexual

NATIONALITY/ LANGUAGE: English

RELCION/ SPIRITUALITY: Family has Catholic affiliation; Person X religion unk

OTHER: Likely anxiety; likely concern for future, maintaining scholarship, being able to attend medical school; likely feels responsible for helping the family

SOCIOECONOMIC STATUS: Middle Class

EDUCATION: College student

ABILITY (Psych., Physical, Emotional): capable but compromised mental ability; likely burnout

SOCIAL SUPPORT: Que’s, limited peer support, limited family support; family belongs to several social organizations
### Key Concept

**Intersectionality**

- Overlap and interdependence of various social identities, such as race, gender, sexuality, and class, contributes to the specific type of systemic oppression and discrimination experienced by an individual.
Figure 6.1
The Web

Discussion

• What assumptions did you make about Person X?
• Why were those assumptions made?
• Were any assumptions erroneous?
• Could they alter how Person X is engaged, cared for, or treated?
Figure 2.1
Learning and Unlearning Assumptions of Hierarchical Oppression

# Key Concepts

| implicit bias | • Attitudes towards people or associating stereotypes with people without conscious knowledge  
• Hidden cognitive biases |
| cultural competence | • The integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes (National Prevention Intervention Network, 2015)  
• Being respectful and responsive to the health beliefs and practices—and cultural and linguistic needs—of diverse population groups. (McGee-Avila, 2018) |
| cultural humility | • A step beyond competency  
• Having an interpersonal stance that is other-oriented rather than self-focused, characterized by respect and lack of superiority toward an individual's cultural background and experience (Hook JN, 2013)  
• Requires one to self-reflect and be open to other people’s identities, in a way that acknowledges their authority over their own experiences (McGee-Avila, 2018) |
Discussion

• What biases can you identify?
• How might they impact Person X?
Discussion

• What activities can learners participate in, both in and out of the classroom, to learn about and affect the social determinants of mental health among young adults in the policy sphere?
Questions?

Comments?