

# Youth Friendly General Practice: Essential Skills in Youth Health Care

## Unit Two - Case studies - Engagement

### Fatimah

Fatimah is a 15 year old student from a Sudanese background who comes to see you on the advice of one of her class mates. She initially is very fidgety and does not make eye contact. Eventually she tells you she had unprotected sex on the weekend and is scared she might be at risk of pregnancy. She becomes teary and tells you her parents will “kill her” and her boyfriend if they find out. Fatimah is healthy and has had regular periods for the past two years. A thorough sexual history reveals that she is involved in her first sexual relationship with a young man 2 years older at the same school. Her boyfriend has had previous sexual partners. The relationship is consensual and they have used condoms all the time, except yesterday, when they ‘didn’t have any on them’. They have had oral sex a couple of times. Fatimah and her boyfriend often go to parties on the weekends where they drink a lot of alcohol. She also smokes cigarettes at these parties but does not take any illicit drugs. She does not smoke cigarettes at any other time. She says she would like to get a prescription for the oral contraceptive pill, but does not want her parents to know.

*What difficulties might you experience in establishing rapport and engaging with this client? What could you do to overcome these difficulties?*




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*What concerns might Fatimah have about confidentiality and how could you address these? How do you think that Fatimah’s family may respond to the concept and practice of confidentiality?*




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*What medico-legal issues might you need to consider in Fatimah’s case?*




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**Toby**

Toby is a 15 year old boy of Anglo-Celtic background who lives at home with his parents and three younger sisters. He presents in a very quiet and withdrawn manner. Toby is close to his uncle who also lives with the family.

Toby does not enjoy school because other students tease him about his acne. These other students call him names and last week he was pushed and stumbled down the stairs. His teachers are aware of this bullying but haven't done much about it. Toby hates school so much that he has recently been faking stomach pains so that he can stay at home. As a result of Toby not attending school, his grades have started to drop and his teachers are becoming concerned.

Toby has two close friends, who he sits with in the library at lunch time. They play chess and computer games in the library because they know it is the only way to not be bullied. He enjoys drama and is in the local drama club in his local community. This is the only place where he feels accepted.

He does not have a girlfriend and has never really felt attracted to girls. He has felt attracted to another male student in his year, but does not want anyone to know about this. He also believes that his parents will hate him if he comes out as being gay. Toby is confused about his sexuality and wants to believe that he is straight.

*What difficulties might you experience in establishing rapport and engaging with this client? What could you do to overcome these difficulties?*




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*What concerns might Toby have about confidentiality and how could you address these? How do you think that Toby's family may respond to the concept and practice of confidentiality?*




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*What medico-legal issues might you need to consider in Toby's case?*




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### Kylie

Kylie is a 15 year old girl of Anglo-Celtic background who lives at home with her mother and father and 17 year old brother. Her parents work long hours as corporate lawyers and Kylie and her brother are often home alone together. Kylie and her brother do not have a close relationship. Her mother has brought her along because she has been so 'moody' lately. Kylie can't see what the fuss is about and maintains that everything is fine.

Kylie is in Year 10 and enjoys going to school. She is an excellent student and wants to study vet science at university. Kylie plays in the school band and is in the hockey team in her local community. She enjoys reading and shopping with her friends. Kylie has a supportive friendship group and they have told Kylie recently that they have become concerned for her as she always seems so down.

Kylie drinks alcohol on the weekends at parties with her friends. She has sometimes gotten so 'blind' that she cannot remember what happened. At one party she woke up in bed with an older guy she did not know. She also smokes cigarettes at these parties but does not take any illicit drugs.

Kylie has had some depressed mood lately but is not suicidal. Kylie has cut her arms once but stopped because it hurt too much and only made her feel worse.

*What difficulties might you experience in establishing rapport and engaging with this client? What could you do to overcome these difficulties?*



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*What concerns might Kylie have about confidentiality and how could you address these? How do you think that Kylie's family may respond to the concept and practice of confidentiality?*



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*What medico-legal issues might you need to consider in Kylie's case?*



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**Sam**

Sam is a 16 year old boy of Anglo-Celtic background in year 10 who is worried about his skin. He has had acne for about two years, initially mild, but it is bothering him more and more. Lately it has also started to spread to his back. He has tried a few things from the chemist – a foaming face wash and some creams and lotions, but none of them seemed to help very much and he stopped using them after a week or two.

Sam is very self-conscious about his appearance and thinks that his fellow students make fun of him for his skin, his weight and body shape. He doesn't like school very much now – particularly because his two best friends left at the end of year 10. He lives at home with his mum and younger sister – his dad lives in Perth and he hasn't seen him since his parents separated four years ago acrimoniously. Mum works a lot so Sam spends a lot of time on his own playing computer games.

Sam's acne is really worrying him and he wants something to fix it up. He has come to the consultation with expectations of a quick fix.

*What difficulties might you experience in establishing rapport and engaging with this client? What could you do to overcome these difficulties?*




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*What concerns might Sam have about confidentiality and how could you address these? How do you think that Sam's family may respond to the concept and practice of confidentiality?*




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*What medico-legal issues might you need to consider in Sam's case?*




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**Nathan**

Nathan is a 17 year old male from an Aboriginal background who has been brought to see you by a local youth worker. Nathan has recently been released from detention in a juvenile justice centre. He was placed there at the age of 16 for theft and assault. Nathan is living with his mother who is a sex worker. He and his mother do not really get along, although they tolerate each other. He does not see his father at all and has no contact with his two siblings.

Nathan is not working and receives youth allowance. He spends most of his days at home watching TV. He dropped out of school before he was 15. He doesn't have any friends but has reconnected with his cousin who is a bit older than Nathan and has a good job and recently married. Nathan finds that spending time with his cousin helps him to see that there is hope that he can turn his life around and make a positive start.

Nathan drinks and smokes cannabis on a daily basis. He has previously been addicted to speed and cocaine and since getting out of the juvenile centre, he has tried "ice" once. He buys his drugs from an associate that he met in the juvenile justice centre.

Nathan says he feels a bit depressed and sometimes feels "spun out" after binge usage. He does not want to seek assistance because he doesn't think it will help and he is concerned he will be "locked up" again.

*What difficulties might you experience in establishing rapport and engaging with this client? What could you do to overcome these difficulties? What cultural issues might you need to consider?*



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*What concerns might Nathan have about confidentiality and how could you address these? How do you think that Nathan's family may respond to the concept and practice of confidentiality?*



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*What medico-legal issues might you need to consider in Nathan's case?*



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## Tara

Tara is a 15 year old girl of Anglo-Celtic background who presents with low mood and concerns about her body image. She is very bright academically but is struggling at school because she says that she doesn't fit in. She is frequently the target of harassment by other students because of her weight and her unusual appearance (she dresses in black, has multiple body piercings and describes herself as a 'goth'). On questioning, you find that she has frequent mood swings and experiences severe anxiety about going to school. She frequently feels nauseous at school and has missed a lot of school this year because of her anxiety. Tara feels that she is ugly and overweight. She is accompanied by her mother who reports that she herself has a history of depression, though she has mostly overcome this through counselling. The precipitating incident for Tara to come and see you is that she recently broke up with her boyfriend. She says she felt suicidal after this and shows you a number of slash marks on her arm. However, she says that this was not a suicide attempt. Rather, she confides that when she feels really depressed or anxious, she feels that the only way she can feel better is to cut herself. She has researched her problems on the internet and she is hoping that you will give her some medication to help relieve her anxiety and depression.

*What difficulties might you experience in establishing rapport and engaging with this client? What could you do to overcome these difficulties?*




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*What concerns might Tara have about confidentiality and how could you address these? How do you think that Tara's family may respond to the concept and practice of confidentiality?*




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*What medico-legal issues might you need to consider in Tara's case?*




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**Mahmoud**

Mahmoud is a 16 year old of Lebanese background brought in to see you by his mother. She is concerned because Mahmoud seems to have lost interest in school. She is worried that he will drop out and not finish his schooling. She is also concerned because he has no friends, spends most of his time in his room and is irritable most of the time. You haven't seen Mahmoud for almost 2 years and you are surprised by how quiet and withdrawn he seems. You remember him as a bright and active adolescent. You spend some time alone with Mahmoud and discover that he has been feeling down for the last few months. He says he feels like an outsider at school because his best friend has rejected him and won't talk to him anymore. He now hates going to school because he doesn't fit into any peer group. He has missed more than 30 days of school this year with numerous minor ailments. He says he feels bored most of the time outside of school and has dropped out of all his usual sporting and social activities. Mahmoud has constant conflicts with his father over his school work. He has fallen so far behind in his studies that he thinks it is too hard to catch up. He feels tired all the time and doesn't sleep well. He reveals to you that he is confused about his sexuality – he feels attracted to other boys but is afraid the other boys will find out. He says that his parents don't really care about him – all they worry about is his grades. He can't see any future for himself.

*What difficulties might you experience in establishing rapport and engaging with this client? What could you do to overcome these difficulties?*




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*What are some of the cultural issues to consider in engaging and providing treatment to Mahmoud?*




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*What concerns might Mahmoud have about confidentiality and how could you address these?*




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*What cultural and/or migration issues might you need to consider in Mahmoud's case?*




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*What medico-legal issues might you need to consider in Mahmoud's case?*




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# Youth Friendly General Practice: Essential Skills in Youth Health Care

## Transcultural assessment checklist



<b>TRANSCULTURAL ASSESSMENT CHECKLIST (TAC)</b> A practical guide for cultural assessment	<b>MENTAL HEALTH</b>
<ul style="list-style-type: none"> <li>• The TAC is a guide to conducting culturally accurate clinical and psychosocial assessment of mental health clients. It is intended for use at assessment and clinical review and promotes culturally appropriate and effective formulations and care plans.</li> <li>• Information collected using the TAC should be documented in the appropriate mental health clinical documentation module.</li> </ul>	
<b>PRINCIPLES OF CULTURAL AWARENESS IN ASSESSMENT</b>	<b>TRANSCULTURAL ASSESSMENT CHECKLIST (TAC)</b>
<ul style="list-style-type: none"> <li>• Consider the impact of your own ethno-cultural background (i.e. language, specific knowledge of the consumer's culture; any links between your own and consumer's culture of origin). The collaborative, consumer-centred approach may be puzzling to members of many communities.</li> <li>• Recognise differences in clients' expectations. Depending upon past experiences with health and welfare services, consumers will have different expectations of you and your service. Explain who you are, what your role is and what you can offer (this may need to be repeated or explained several times).</li> <li>• Confidentiality is not understood in many communities. This may need to be explained in several ways and may not be readily appreciated.</li> <li>• Establish rapport. Allow opportunity for the consumer to express idioms of distress. The meaning of their story is best understood when expressed in their own words and at their own pace. Allow yourself and the consumer time to explore the situation and the meaning of the problem for the consumer.</li> <li>• Listening to the story is the key to identifying core concerns for the consumer, coping styles and problem solving capacity. Assess the broader systemic and social context which may be contributing to the problem or maintaining it.</li> <li>• Don't assume anything. Inform the person that you will be asking questions. Delve further when you get a response, to check you have the correct understanding of the description of the problem and the impact the problem has on the consumer and relevant others. Be cautious how you ask – some consumers prefer direct questions while others may be more accustomed to indirect questioning.</li> <li>• Never assume people from the same cultural heritage are similar to each other. There is great diversity within all cultures.</li> <li>• Signs and symptoms may be expressed in somatic, spiritual or behavioural ways.</li> </ul>	

### Helpful websites

Transcultural Mental Health Centre: [www.dhi.gov.au/tmhc](http://www.dhi.gov.au/tmhc)

Culturally and linguistically appropriate assessment: <http://internal.health.nsw.gov.au/policy/cmh/mhoat/education.html>

Diversity Health Institute: [www.dhi.gov.au](http://www.dhi.gov.au)

Healthcare interpreters: <http://internal.health.nsw.gov.au/health-public-affairs/interpreter/>

Diversity Health Institute Clearinghouse: [www.dhi.gov.au/clearinghouse](http://www.dhi.gov.au/clearinghouse)

NSW Multicultural Health Communication Service: [www.health.nsw.gov.au/mhcs](http://www.health.nsw.gov.au/mhcs)



