

Youth Friendly General Practice: Essential Skills in Youth Health Care

Unit Three - Case studies - Risk Factors

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 are Nathan's risk factors?



What are his protective factors?



What is your assessment of his risk status? (Is it 'High'-'Moderate'-'Low?') Why?



What strategies would you consider to enhance his protective factors and modify his risk factors?



What would you focus on in developing a management plan for Nathan?



Fatimah

Fatimah is a 15 year old student of 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 are Fatimah's risk factors?



What are her protective factors?



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



What is your assessment of her risk status? (Is it 'High'-'Moderate'-'Low') Why?



What strategies would you consider to enhance her protective factors and modify her risk factors?



What would you focus on in developing a management plan for Fatimah?



Sally

Sally is an 18 year old of Anglo-Celtic background who is a first year student at a large university. She comes to see you because she is having difficulty sleeping and her mother insisted that she see a doctor. She is overwhelmed by the size of the university, having lived in a small town all her life. She is concerned about her 'shyness' and feels it is preventing her from making friends. She reports being uncertain about how to 'reach out' to people. She really misses her family and her friends back home. Sally is concerned about her performance on tests. Although she believes her study habits are adequate, she reports that she fails the tests because she gets too nervous about them. She is having difficulty sleeping and you notice that she looks very thin. She has started taking sleeping pills to help. When asked, she tells you that she doesn't feel like eating very much because she is so anxious all the time.

What is your assessment of Sally's risk status? (Is it 'High'-'Moderate'-'Low?') Why?



What are some of the risk and protective factors in Sally's life that you would want to address?



What are the important concerns and problems (medical as well as psychosocial) to focus on in treating this patient?



What would you focus on in developing a management approach for Sally?



Who else would you want to involve in management of Sally's case?



Adam

Adam is a 16 year old boy of Anglo-Celtic background who is a long-time patient of your practice. His mother brings him along because of his deteriorating school performance and she is concerned that he is depressed. Adam enjoys school and hopes to be a businessman one day. He has a reputation as the 'class clown' and for disrupting class activities. His parents have recently separated and he is finding it difficult to cope with the change. He is currently living with his mum and 2 older brothers. He doesn't really get along with his mum but has a good bond with his oldest brother who is concerned that Adam's moods have been very up and down.

Adam goes to mates' houses most weekends and often ends up drunk. He says there's nothing else to do around town. Adam finds that drinking alcohol makes him relax and he doesn't get as angry. He has begun having a drink most days to achieve this feeling, sometimes having as many as 6 drinks in an evening.

Adam is strongly built and is a good football player. He has the potential to play representative football if he attends training regularly and applies himself. This has been quite difficult for him lately as he has been feeling depressed. Adam knows that his drinking is unhealthy but doesn't see any way of changing it.

What are Adam's risk factors?



What are his protective factors?



What is your assessment of his risk status? (Is it 'High'-'Moderate'-'Low?') Why?



What strategies would you consider to enhance his protective factors and modify his risk factors?



What would you focus on in developing a management plan for Adam?



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 is your assessment of Tara's risk status? (Is it 'High'-'Moderate'-'Low?') Why?



What are some of the risk factors and risk behaviours in Tara's life that you would want to address?



What strategies would you consider to modify her risk factors?



What would you focus on in developing a management approach for Tara?



Who else would you want to involve in management of Tara's case?



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 at school 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 are Mahmoud's risk factors?



What are his protective factors?



How might his ethno-cultural identity impact on his risk and protective factors?



What is your assessment of his risk status? (Is it 'High'-'Moderate'-'Low?') Why?



What strategies would you consider to enhance his protective factors and modify his risk factors?



What would you focus on in developing a management approach for Mahmoud?



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 moods 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 is your assessment of Kylie's risk status? (Is it 'High'-'Moderate'-'Low?') Why?



What are some of the risk factors and risk behaviours in Kylie's life that you would want to address?



What strategies would you consider to modify her risk factors?



What would you focus on in developing a management approach for Kylie?



Who else would you want to involve in management of Kylie's case?



Hoang

Hoang is a 15 year old boy of Vietnamese background. Hoang is brought in to see you by both his parents, as well as his older brother, who are concerned about his lack of energy and the fact that he is becoming increasingly difficult to deal with at home. Hoang’s parents arrived in Australia in the late 1980s. They have 3 children, of whom Hoang is the youngest. He was born in Australia. Hoang’s father speaks English well while his mother can understand some English but speaks only Vietnamese. They complain that Hoang has become difficult to manage at home. He refuses to do his household chores, spends most of his time in his bedroom playing on his computer and doesn’t want to participate in family activities. He complains of being tired all the time. He has also been fighting with his older brother who is angry at Hoang for being disrespectful to his mother. The brother says that Hoang is hanging around with a group of ‘bad’ kids who use drugs. Hoang’s grades have dropped recently but he is still doing fairly well at school. While his parents and brother are explaining all of this, Hoang sits there silently looking at the floor.

What is your assessment of Hoang’s risk status? (Is it ‘High’-‘Moderate’-‘Low’?) Why?



What are some of the risk factors and risk behaviours in Hoang’s life that you would want to address?



How might cross-cultural concerns and intergenerational issues impact on Hoang’s risk and protective factors?



What strategies would you consider to modify his risk factors?



What would you focus on in developing a management approach for Hoang?



Who else would you want to involve in management of Hoang’s case?



Leah

Leah is a 16 year old girl of Pacific Islander background, who lives in an extended family including her parents, grandmother and 4 siblings, as part of a small community of other Islanders. She is in Year 10 at the local high school. Both her parents are unemployed. She is brought to you by a youth worker from a local youth centre and tells you that she is 6 months pregnant. The only other person who knows is her school principal. She says that the father of the baby is a 17 year old boy, a family friend, who also doesn't know. Leah is quite tall (170cm) and of large build so that her pregnant abdomen is quite well hidden. She tells you that she wants to give the baby up for adoption without anyone in her family or school knowing, and that she intends to "run away" for a couple of weeks around the time of confinement. She is willing to be referred to the local hospital for booking in and antenatal care, and is willing to receive assistance to help her find accommodation and support necessary to deliver the baby and organise the adoption.

She tells you that her family and cultural background is the major factor in her wishing to maintain secrecy around her pregnancy and confinement. She says that she has made her own decision, and knows that this is the best thing to do, that she and her family could face harsh recriminations within her extended family and community otherwise.

What is your assessment of Leah's risk status? (Is it 'High'-'Moderate'-'Low?') Why?



What are some of the risk factors and risk behaviours in Leah's life that you would want to address?



What strategies would you consider to modify her risk factors?



What would you focus on in developing a management approach for Leah?



Who else would you want to involve in management of Leah's case?


