

Collaborative Care in Mental Health and Substance Abuse Presentations

Suzie is a thirty-three year old single mother of Jack (six). She first presented to her GP eight years ago with heroin addiction and binge drinking.

BACKGROUND:

Suzie's parents were post-war immigrants from Southern Italy. They had two children, both daughters, of which Suzie was the youngest.

Suzie was a quiet girl at school, which she left at age 16. Suzie worked at a supermarket and went on to study book-keeping at TAFE.

Suzie admits to using cannabis and binge drinking with girlfriends since age fifteen and subsequently drifting into heroin use at age 17-18.

GP INVOLVEMENT:

At age twenty-five, Suzie presents to the GP clinic. She is a pleasant, quietly spoken woman, who says she uses drugs to relieve feelings of stress (which she indicates are frequent) and boredom. She denies any past history of depression. Despite openly identifying her drug use, she demonstrates no insight or a willingness to talk about it in more detail and refuses a referral for A&D counselling. Suzie mentions parents were very strict and used to physically discipline her, but denies any sexual abuse.

At the time of presenting Suzie is addicted to heroin (using ½-1 gm IV per day), smoking cannabis on and off, and drinking alcohol excessively 2-3 nights per week (> 6 standard drinks mixed drinks). Suzie is reluctant to say how she funds her heroin habit. She is Hep C positive, but her other tests are normal.

Suzie starts on a methadone program. She is erratic in her attendance and drops off the program various times in the first three years. She speaks often about getting drunk on the weekend.

When Suzie is twenty-seven years old, her older sister dies from a heroin overdose alone in her flat. (Both sisters share the same GP, but Suzie's sister had dropped off her methadone program some months previously). Suzie is distraught. She increases her heroin use over the next six months, and though she discusses antidepressants with her GP, she refuses to start a course of them.

One year later Suzie has a brief relationship with her former boyfriend who is also a drug user.

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She becomes pregnant and has a son. Her relationship breaks up after a series of arguments. Suzie tries antidepressants (Mirtazepine) but only stays on them for two weeks. A short while later Suzie asks her GP to switch from methadone to Suboxone.

Suzie drops off the methadone program every few months when she stays with supportive relatives in the country. Her mood fluctuates, but she rarely wants to discuss it in detail, and is usually just after her script. Her alcohol use gradually declines.

Her son, who demonstrates normal development milestones and is well looked after, becomes the focus of her life. They live together in a flat which is paid for by her parents. Her parents never contact the GP or come in to the clinic with Suzie.

Suzie gets a part time job book-keeping for a small business, which she had previously lost after 18 months due to her frequent absenteeism.

Sometime later, Jack's father demands joint custody and threatens Family Court action. Suzie becomes afraid of losing Jack, and stops her intermittent heroin use and does regular urine drug screens. Suzie says she wants to see a counsellor which is arranged via Mental Health Care Plan and referred to a clinical psychologist. She engages well with him and tells her GP he has changed her life.

Suzie is currently much happier and settled. She has not dropped off the Suboxone program for the past six months.

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This is a de-identified vignette.