

Webinar

An interdisciplinary panel discussion

Collaborative Mental Health Care to Support a Young Person from a Refugee Background

Thursday, 14th November 2013

"Working together. Working better."

Supported by The Royal Australian and New Zealand College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

This webinar is presented by

Panel

- Dr Christine Boyce (General Practitioner)
- Prof Nicholas Procter (Mental Health Nurse)
- Dr Georgia Paxton (Paediatrician)
- Prof Louise Newman (Psychiatrist)

Facilitator

- Prof Shantha Rajaratnam (Psychologist)

Ground Rules

To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- Be respectful of other participants and panellists. Behave as if this were a face-to-face activity.
- Post your comments and questions for panellists in the 'general chat' box. For help with technical issues, post in the 'technical help' chat box. Be mindful that comments posted in the chat boxes can be seen by all participants and panellists.
- Your feedback is important. Please complete the short exit survey which will appear as a pop up when you exit the webinar.

Learning Objectives

Through an inter-disciplinary panel discussion about Yvonne (case study), at the completion of the webinar participants will:

- Better understand the mental health indicators in the context of Yvonne's refugee experience
- Identify the key principles of the featured disciplines approach in screening, diagnosing, and supporting the health and mental health of Yvonne
- Explore tips and strategies for interdisciplinary collaboration for young people, like Yvonne, who have come from a refugee background and may have mental health issues

General Practitioner Perspective

Case summary

- adolescent of uncertain true age from a background of probable severe sustained trauma.
- intergenerational trauma and acculturation issues also here.
- other cultural issues impacting include family structures and likely religious beliefs.
- our systems - health, education, etc, will struggle with any adolescent like this



Dr Christine Boyce

General Practitioner Perspective

GP Assessment

- difficult
- lack of experience in this specialised area
- wildly varying presentations, lots of urgent issues, mainly only comes in crisis, fragmented course
- so unlikely to ever get systematic assessment



Dr Christine Boyce

General Practitioner Perspective



Coordination of Care

- within practice
- and wider amongst health/ educational/ mental health professionals
- may require case conference



Dr Christine Boyce

General Practitioner Perspective



Trust.....

- GP in a good position to have trust
- full confidentiality may be a difficult concept to sell
- unlikely will always get true picture
- expediency and second guessing the norm



Dr Christine Boyce

General Practitioner Perspective



..... and control

- this young woman will need to feel in control, coming from a very externally controlling environment
- decisions will need to be hers
- note high demonstrated resilience



Dr Christine Boyce

General Practitioner Perspective



Other issues

- access; in changing domiciliary picture - need supports, SMS reminders etc
- practice issues
- importance of age determination



Dr Christine Boyce

Mental Health Nurse Perspective



Key Reflections and Observations

- “...no memory of her parents who were killed when she was four years old”.
 - Yvonne may self-sensor if she is interviewed with other family members present.
 - Yvonne’s memory may be in the form of images rather than verbal memory.
- “...enjoyed high levels of autonomy taking on the responsibility of caring for younger children.”
 - Her parenting role leaves little time to devote to her own emotional care.
- “When she was 15, Yvonne underwent a termination of pregnancy with no family support”.
 - What happened at that time? What was Yvonne looking for at that time? What were the clinically informed responses/ care plans put forward by the health care providers?



Prof Nicholas Procter

Mental Health Nurse Perspective



Conflicting Statements

- “...performed well in primary school... made friends very easily...”
- “...at school her direct manner of communication led to some conflict... racism reared its head on a couple of occasions, leading to physical fights.”



Prof Nicholas Procter

Mental Health Nurse Perspective



Important to be flexible and accommodating, meeting Yvonne where she is currently at:

- Identifying how comfortable she feels about working with female or male health professionals and, where possible, accommodating her preference
- Building a trusting relationship, possibly with the assistance of a community group, helping her to 'work out' and 'work through' meaning and construct a narrative of where she wants to go
- Jointly exploring what her explanatory model is regarding her situation and aspirations for her future
- Identifying and mobilising protective factors, favourably shifting potential risk factors
- Identifying what her alternative education path is (outside of school and family)
- Identifying where is/ who are her peers and role models? Is there a role for the local community?



Prof Nicholas Procter

Paediatrician Perspective



Approach health first

- Ascertain her priorities
- Deal with screening and immunisation
 - Won't have been completed
 - Health, Credibility
- Low vitamin D
 - Multiple RF, deal with aches/pains
- Iron
 - RF - teenage girl, deal with irritability/fatigue
- 2 visits - time alone
 - Sexual health – second



Dr Georgia Paxton

Paediatrician Perspective



Social history

- How has it got to this point?
- Essentially homeless
- Not at school (but compulsory schooling age)



Dr Georgia Paxton

Paediatrician Perspective



Then development

- Learning English as an additional language
- School experience
- Racism
- Supports available - SEAS
- Adolescent risk screen
 - Also sleep
 - Consider screen time, content
 - Also nutrition
- Goals



Dr Georgia Paxton

Paediatrician Perspective



Explore age

- Opportunity for deeper exploration of
 - Migration pathway
 - Schooling and settlement
 - Family relationships
 - Identity
- Explain process, pros/cons, implications
- And write the letter



Dr Georgia Paxton

Paediatrician Perspective



And see what becomes of mental health

- Not likely to be revealed initially
 - As trust develops
 - Once viewed as credible
 - (interpreters – not this case, but specific issue)
- Have already sorted out medical contributors
 - Allows exploration of feelings as a cause
- Concept of 'dual permission'
- Consider 'looking back'
- Work with GP
- Involve family



Dr Georgia Paxton

Paediatrician Perspective



While understanding the service system

- School supports
- Settlement (past period of support)
- ?Refugee minor program (not in this case)
- How mental health works
- Housing...(no doubt)
- And sexual health will almost certainly come up again...



Dr Georgia Paxton

Psychiatrist Perspective



Mental health issues

- Current difficulties in psychosocial adaptation – impact on education, peer and family relationships. Unstable accommodation, risk taking behaviour
- Current mental state – symptoms of depression and anxiety; awareness of unhappiness
- Conflict with family and maltreatment



Prof Louise Newman

Psychiatrist Perspective



Assessment

- Need to assess depressive and anxiety symptoms and risk of self harm and suicidal ideation
- Need to evaluate role of past trauma and loss in first 8 years and coping strategies – ongoing post-traumatic symptoms and unresolved loss
- Evaluate capacity to engage and discuss psychological issues



Prof Louise Newman

Psychiatrist Perspective



Diagnostic Issues

- Depressive disorder
- Anxiety disorder with somatisation
- Post traumatic Stress Disorder - impact of early trauma and current stressors



Prof Louise Newman

Psychiatrist Perspective



Key management issues

- Need for trauma focussed interventions and focus on adaptation – meaning and purpose, self-efficacy
- Specific treatment for depression and anxiety depending on symptom profile
- Family intervention – focus on parenting, care and psychoeducation
- Educational and vocational engagement



Prof Louise Newman



Q&A session

Thank you for your participation



- Please ensure you complete the *exit survey* before you log out (it will appear on your screen after the session closes). Certificates of attendance for this webinar will be issued in 4-5 weeks
- Each participant will be sent a link to online resources associated with this webinar within 1-2 days
- Join us for our next webinar: *A Collaborative Approach to supporting people with Coronary Heart Disease and Depression/Anxiety*, to be held on Tuesday, 3rd December 2013



MHPN acknowledges the support of MHIMA in producing this webinar.

www.mhima.org.au



Are you interested in joining or leading a face-to-face network in your local area with a focus on Transcultural, CALD or Refugee Mental Health?

MHPN can support you to do so.

Please fill out the relevant section in the exit survey. MHPN will follow up with you directly.

For more information about MHPN networks and online activities, visit www.mhpnp.org.au



Thank you for your contribution and participation