

Webinar

## An interdisciplinary case study panel discussion

**Adolescent mental health: depression, suicidality and cyber-bullying.**

Tuesday 1<sup>st</sup> March 2011

**"Working together. Working better."**

Supported by The Mental Health Foundation and The Australian College of Mental Health Professionals

### Presented by:

#### Panel

- Dr Mary Emeleus, GP
- Dr Simon Kinsella, psychologist
- Dr Peter Parry, psychiatrist
- Ann Garden, mental health nurse

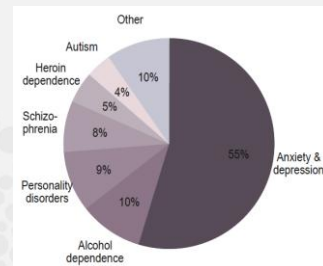
#### Facilitated by

- Dr Michael Carr-Gregg

### Adolescent mental health

- 75% of all mental illnesses begin before 25 years of age
- 1 in 4 young people will have a mental health problem
- 30% seek professional help
- 50% of the students with the most serious issues never get recognized

### Depression & anxiety - the greatest burden of mental disorders (AIHW 2007)



### Tim: a case study

## ADOLESCENT MENTAL HEALTH

### Who is Tim?

- 17 year old year 11 student
- Reluctant attendee
- Mo thinks he is irritable, argumentative, poor academic performance
- No PH but sensitive
- FH Mo tense, father heavy drinker, paternal uncle bipolar

## Tim.....



- Tim thinks Mo is a nag
- Some tension with father
- Some tension with a school teacher
- Recent fall out with friends
- No interest in school
- No clear sense of future
- Complains of fatigue

## Tim: the GP's perspective



### Engagement

- is critical with
  - the young person
  - Parent/carer
- Start with less challenging topics first, earn the right to ask about sex, drugs and death

## Tim: the GP's perspective



### HEADSS assessment

**Risk:** if they say yes to screening questions, don't panic, ask more (the discussion itself might be therapeutic)

What is important to the client (may not be what mum sent him for, but may result in engagement).

Goal setting "how will you know it's been helpful?"

Medication use in depression in young people (and what if there isn't a psychologist in town?)

## Tim: the Psychologist's perspective



### Introduction from the GP

- The more information the better.
- Presenting problems and diagnosis are very important
- Useful to know about Tim's reluctance
- Useful to know that mum was miffed about not getting enough air time

## Tim: the Psychologist's perspective



### WHAT IS THE HEADSS ASSESSMENT TOOL?

Structured clinical interview covering the biopsychosocial aspects:

- Home & Environment
- Education & Employment
- Activities
- Drugs
- Sexuality
- Suicide/Depression

## Tim: the Psychologist's perspective



### 4 Ps:

**Predisposing**

**Precipitating**

**Perpetuating**

**Protective**

## Tim: the Psychologist's perspective

### MEETING TIM AND HIS FAMILY

- Engagement is number one, without it you won't get anywhere
- Setting the boundaries of confidentiality
- Dealing with the presenting problem

### GIVING FEEDBACK

- The art of presenting your view
- Collaboration
- Keeping everyone engaged in the process

## Tim: the Psychologist's perspective

### PROBING DEEPER

- Assessing the quality of the therapeutic relationship
- Using the HEADSS or 4 P's
- The power of acknowledgement

### REFERRING ON

- The need for further opinions
- Knowing your limits
- Mitigating risk

## Tim: the Psychiatrist's perspective

### Dynamic biopsychosocial case formulation

- More individualised and meaningful than a DSM diagnosis.
- Feedback to Tim

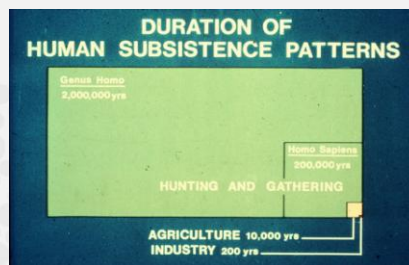
### Evolutionary paradigm

- How out of sync is life with natural niche for 17 year old member of homo sapiens?
- Attachment theory
- Rank theory

### Narrative of his life

## Tim: the Psychiatrist's perspective

- Lifestyle treatment of depression: the evolutionary paradigm. - Hunter-gatherer tribe.



## Tim: the Psychiatrist's perspective

### The role of stress

#### Acute stress = good, chronic stress = bad

- Out of sync with design manual = chronic stress
- Sympathetic N.S. in overdrive = depressogenic inflammation
  - Amygdalas ↑, frontal lobes ↓, SNS ↑ = tachycardia, hyperventilation, muscle tension, GIT spasm, clammy etc
  - Fight/flight/freeze response

#### Relaxation – Parasympathetic N.S. = vagus nerve stimulation

- Diaphragmatic breathing
- Sigh, yawn, laugh, sob,
- yoga – “ujjayi” breath
- Athletes and public speakers
- Dogs and chimpanzees
- Practice it in session.

## Tim: the Psychiatrist's perspective

### Further “natural antidepressants”

- Nature deficit disorder
- Sleep deprivation & circadian rhythm
- Poor diet – lack omega-3 etc
- Lack exercise
- Vit D
- Cooperative tasks – bonding, humour, group success
- Group entertainment & ritual

“Therapeutic Life Changes” (TLC’s) – see Walsh, R. Lifestyle & mental health in *American Psychologist*, Jan 17, 2011

## Tim: the Psychiatrist's perspective



### Psychotherapy and pharmacotherapy

- Individual psychotherapy – meaning/narrative self
- Family therapy
- Liaison with school teacher/counsellor
- Antidepressant drugs second line (unless rare melancholic presentation), explain side-effects
- Omega-3 supplements first line
- Placebo effect
- Instill hope – non-specific benefits therapeutic relationship

Shedler, J. The efficacy of psychodynamic psychotherapy. *American Psychologist*, 2010

## Tim: the Mental Health Nurse's perspective



### Framework of Professional Assessment and an Intervention Tool

Psycho-social and emotional state assessment of children & adolescents - 5P's model

#### Presenting problems

- who is concerned, who wishes referral, what are they saying?

#### Precipitating factors

- why now, what has happened lately, present situation?

#### Predisposing factors

- why this child/adolescent? developmental, cognitive, speech & language, sensory, family factors (genogram 3 generations).

#### Perpetuating factors

- child/adolescent's mental state, family dynamics, social/environmental factors.

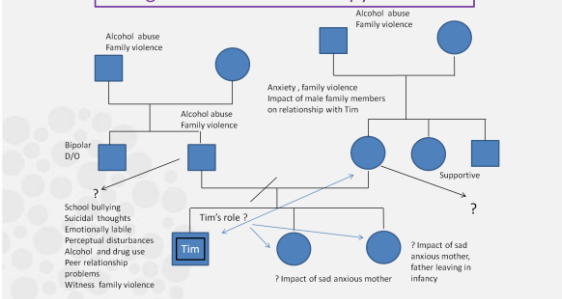
#### Protective factors

- child/adolescent's strengths, support systems.

## Tim: the Mental Health Nurse's perspective



### Genograms - Powerful Therapy Tools



## Tim: the Mental Health Nurse's perspective



### Family Centred Interventions -Narrative, systemic and strategic models

- Use genograms in the therapy room as a therapeutic intervention
- Externalise the problem as the problem - not the person as the problem
- Improve communication patterns
- Address family systems and attachment issues
- Clarify family roles, strengthening relationships and subsystems
- Negotiate or validate relationships
- Explore shared experiences such as trauma, loss and grief, mental health concerns of other family members
- Clarify misinformation and misunderstandings
- Identify intervention for other family members if needed

## Systems Approach to Intervention in Child & Adolescent Mental Health



### Who is available and skilled to provide intervention

- GP
- Mental health nurse
- Psychiatrist
- Paediatrician
- Psychologist
- Social Worker
- OT
- Speech pathologist
- Youth worker
- Family support agency
- Drug and alcohol counsellor
- Family violence counsellor
- Teacher/school welfare
- Other

### Who pays can determine treatment outcomes

- MBS - bulk billing
- ATAPS
- headspace
- Mental Health Nurse Incentive Program
- CAMHS
- Community health centres
- School based counsellors

### Who is the client ?

Who else in the family needs/is willing to have professional intervention ?

## Collaboration - Does it matter?



### • Pros

- Multiple inputs are integrated
- Each person adds value to the next
- Each person knows what the other is doing
- Address multiple needs simultaneously rather than sequentially

### • Cons

- Time consuming
- Uncertain evidence of benefit in mental health care

- Do competent professionals need to work together or just do their own job well?

## Collaboration



### Mental health collaboration

- **What helps?**
  - Knowing the other professional
  - Easy to contact
  - Concise, prompt feedback
  - Case conference items, but not easy to use
- **What doesn't help?**
  - Not knowing the other professional
  - Little or no feedback
  - Inadequate role clarification, Mx advice, or contingency plan



**Thank you for your contribution and participation**