

## **Mental Health, Parenting, Recovery: an Interdisciplinary Panel Discussion**

Karen is a 39 year old single mother who lives in Pittsworth which is about 50 from Toowoomba, a regional Queensland city.

She lives with her three children, Tom (19 years), Alex (8 years) and Sam (5 years). Tom is from a former relationship. A few years ago Karen's relationship with Alex and Sam's father broke down. Karen has always endured a volatile relationship with their father, who is now battling her for custody of Alex and Sam. She has always coped well as a solo parent and enjoyed raising her 'tribe of boys'.

**Several months ago...** Karen was sexually assaulted in a violent attack by a recent boyfriend that left her badly injured and in need of hospital care. Karen was taken to Toowoomba hospital and discharged to return home a week later, once her physical wounds had healed. The physical attack and sexual assault were reported to the police.

She was very pleased to be home as she had missed her children terribly. Karen's mum Jan (64 years) had moved in to her home to care for the children during Karen's hospital stay. Jan originally planned to stay to help for a short while once Karen returned, but it quickly became clear that Karen was struggling and Jan decided to stay on to help with the children and provide emotional support to Karen. Jan noticed Karen wasn't sleeping very well, she was tearful at times appearing agitated and fearful, and other times distant from her and the children. Jan also noticed that Sam was far more clingy since his mother's return from hospital.

Jan and Tom had become increasingly worried, agreeing that Karen 'just wasn't quite right; not the usual Karen they knew and loved.' They had both noticed she was expressing negative thoughts about herself, often talking about feeling guilty, as well as bringing up stressful events from the past. She had developed a habit of checking the doors and windows several times a day. When Jan tried to talk to Karen about her concerns, Karen begged her not to tell anyone as she was worried it would impact negatively on her custody battle with Alex and Sam's father.

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**A month later: A cry for help...**

Jan was exhausted and struggling trying to care for Karen and her children, particularly as Karen's condition had deteriorated further to the point where she spent most days not moving from a chair on the enclosed veranda staring blankly out the window. Karen's self-care was declining and she was reluctant to eat or drink. Jan was conflicted - she wanted to help Karen, but didn't want to go against her daughter's wishes and involve anyone else.

Jan awoke to find Karen agitated and pacing in the house, insisting there were people trying to break into the house and appearing very frightened. In a state of desperation Jan called her own GP, who stressed that Karen needed to be seen promptly and provided two options – attending the local hospital emergency department herself or the GP arranging for a psychiatric crisis team to visit her at home.

After a long and tense conversation, Jan and Tom were able to convince Karen to go to the local hospital. They assured her that they would keep the children safe. After waiting in triage for a number of hours, Karen was assessed and told that the hospital did not have the services she needed and that she would have to go to Toowoomba. Arrangements were made for her to be transferred that day directly from the hospital.

Jan was relieved Karen was getting help and reassured her that she would continue caring for the children until Karen was well enough to return home.

**At the Toowoomba hospital...**

Learning of the assault history the hospital organised a physical review as well as a mental health assessment. Karen was admitted into the psychiatric ward. Karen and her mother were advised that she will likely need to remain in hospital for a few weeks.

On the hospital ward she was noted to be depressed, she continued to express fears regarding her safety and was experiencing auditory hallucinations. She was diagnosed with a Depressive Episode with psychotic features. Initially she was very reluctant to take medication believing this suggested people did not accept her fears, but with encouragement and validation about the impact of the assault this altered. She was commenced on antidepressants and antipsychotics which led to a reduction in symptoms.

This is a de-identified vignette.

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On the ward she required constant reassurance that her children were safe and cared for. She missed her children terribly and was insistent that they be allowed to visit her. Jan however was reluctant for them to see her in her current state and concerned at how Karen would respond learning that Sam had regressed to bedwetting. The thought of not seeing her children caused Karen a great deal of distress.

As Karen's condition improved, one of the things she found particularly helpful was the group sessions run by a peer support worker who shared her own recovery journey story. Karen was surprised to learn that a growing number of health services and community organisations employ people with a lived experience of mental illness as part of the treatment support available.

### **On discharge ...**

Karen's psychiatrist stressed the need for her to develop an ongoing therapeutic relationship with a mental health professional in addition to her GP, to process the impact on both herself and her family of both the assault and the mental illness she is experiencing and to develop strategies to aid her ongoing recovery.

#### ***Did you know...***

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