Full Case Study

Adem

"This is a familiar case to many: a young man shaped by the intersection of substance use, suicidality, and social and cultural disconnection. Let's explore how integrated care may change his trajectory"

Adem is a 27-year-old male of Turkish heritage, brought into to the Emergency Department by ambulance following a polysubstance overdose:

- Paracetamol
- Tetrahydrocannabinol (THC) - (potential for synthetic cannabis to have been adulterated)
- Ethanol (ETOH)

Found unconscious by parents in his bedroom, parents noted that for 2 weeks prior Adem had been stating that the avatars from his video games were real and that his conversation was increasingly difficult to follow, with his mother also observing his appetite had reduced and meals were untouched.

Discharged after 4 days from short stay, e.g. Psychiatric Assessment & Planning Unit (PAPU), to the care of his family.

- Crisis Assessment and Treatment Team (CATT) have arranged to follow up via phone, suggestions made to parents for GP appointment.
- GP to refer to psychiatrist for review, psychologist as part of Mental Health Care Plan (MHCP) and to connect Adem with the Mental Health Local (MHL) for peer support and service linkages. MHL to refer to Hamilton Centre for secondary consultation for how best to support his co-occurring needs.

Mental Health History:
Experienced difficulties with concentration, disorganisation, and impulsivity. Following advice from a school counsellor, Adem was treated for anxiety and depression by GP from ages 14 to 16yrs. Referred to private psychologist at the time, attended inconsistently, subject to MHCP.

- Stopped attending appointments and self-ceased antidepressants at age 16 – no follow up.
- Deep-seated anger toward parents for perceived disappointment in him.
- Displays some insight into reasons for drug use - self soothing, boredom.

Substance Use:

- Cannabis use disorder (CUD) – daily use since age 15, average 1g/day, mixes with illicit tobacco via bong. Occasional synthetic cannabis use.
- Alcohol – heavy episodic drinking since age 16, reduced as cannabis use increased, recent increase to 8-14 std drinks/day of spirits – 3-4 days at a time.
- Daily Methamphetamine use, smoking, variable amounts subject to availability and finances for past 18 months – reports using to 'feel normal".
- Denies cocaine, heroin, Gamma-hydroxybutyrate (GHB) use.
- Pre contemplative about reducing cannabis use.

Family History:

- Family emigrated from Turkey when Adem aged 10.
- Both parents worked as teachers in Turkey, qualifications not recognised in Australia, purchased market garden business in outer suburban Melbourne.
- Younger sister (25) married, works as university research assistant
- Extended family remains in Turkey.
- Mother (47) - periods of low and anxious moods.
- Father (55) - Bowel cancer - in remission.

Psychosocial Context:

- Completed Year 10, however significant issues with truancy and school refusal in years 9&10 in response to bullying within peer group due to difficulties fitting in and disruptive behaviours.
- School reports detail proficiency in mathematics and music, articulate, however disruptive and appears distracted in class.
- Had aspired to complete a motor mechanic apprenticeship.
- Lives alone in a separate house on parents' property, plays video games all day with online acquaintances.
- Limited interaction with parents.
- Describes no close friendships, only social contacts appear to be dealers and online gaming acquaintances.
- Receiving unemployment benefits, parents subsidise all living expenses. Mother provides all meals, does washing and cleaning.
- Purchases substances from dark web, delivered via mail, cannabis – local dealer, ETOH – orders online & has delivered.
- Nil employment history.

Vulnerabilities and Issues identified:

- Anxiety and depression – minimised by parents.
- Social isolation and low self-worth (shame, guilt as first born and son).
- Family dynamics – emotionally distant relationships due to substance use issues (inconsistent with culture), poor communication, possible enabling dynamics.
- High suicide risk – chronic and acute risk factors present.
- Substance use disorder (SUD) – methamphetamine use disorder, CUD, Alcohol use disorder (AUD).
- Poor insight into interaction between drug use, emotional distress and mental health.