

Adolescent Mental Health: Depression, Suicidality and Cyber-bullying

GP REVIEW

Tim is a 17 year old student in year 11 at high school.

He is the eldest of three children. His parents are separated and he lives with his mother and two sisters. He has regular contact with his father.

He presents on the insistence of his mother, who is concerned about his irritability, argumentativeness, unhelpfulness around the house, disinterest in his homework, falling grades, and the amount of time he spends going out with his friends.

You have not seen Tim for several years, as he has been generally healthy apart from the usual childhood infections, injuries and skin complaints, although he is also somewhat overweight. As far as you know there is no prior history of psychological problems. However, you recall he is a bit of a sensitive kid.

You know his parents who see you as their doctor. Tim's father has a drinking problem. He is an 'unhappy' man, but not clinically depressed. He constantly blames others for his misfortune and his underachievement in life. Tim's mother is a tense individual but again, she does not have any diagnosable mental illness. Tim's parents have a poor relationship with each, and there were frequent arguments between the two in the years leading up to a fairly acrimonious separation four years ago. You know that a paternal uncle apparently has bipolar disorder.

You are already running 20 minutes behind. Tim's mother has booked a standard 15 minutes consult. Your heart sinks.

Question: As Tim's GP, how do you intend to proceed?

Question: What are the essential tasks of this particular consultation?

You decide to talk with Tim on his own. Your plan is to try to make him feel comfortable, and to find out a bit more about the story, without necessarily going into every last detail. After explaining issues of confidentiality, you start by asking him if there is something you can help him with today. Tim is clearly unhappy about being brought to see you and is not particularly forthcoming. However, with some gentle prodding he eventually starts to give his side of the story.

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Tim believes that his mother is making a mountain out of a molehill and there really is no issue, other than that he is sick of her constant nagging. He believes that her nagging caused his father to leave, and he is angry with her about this. By the same token, he also gets frustrated with his father and states that he is unreliable and more interested in talking about himself and his problems. Tim argues with his mother practically every day. He does not see it as a problem, since every teenager argues with their parents.

You decide to pursue the rest of the information by starting with an overview of this general health. Tim tells you he generally feels well in his health, although he is often tired. He stays up late most nights, spending time on the internet, playing games or communicating with friends. He often goes to bed at around 2am and has to wake up around 7.30am to get to school. He has missed school on several days in recent weeks. On weekends he sleeps in until midday or later. His appetite is variable, but he has not lost any weight. He eats a lot of convenience food.

He admits that he does not do much homework and that he has fallen behind on a few assignments. There is one particular teacher at school who gets on this back all the time about this and his poor performance in his subject. He does not really enjoy school and has been thinking about dropping out at the end of the year. He is not sure what he would do instead. Apparently, there have been some comments from the year coordinator that unless he lifts his game he made be asked to leave.

Tim says they don't like students who are going to drag the year 12 average down because it would look bad for the school. Tim is not involved in any sporting or other extra-curricular activities, but works part time at a fast food outlet. He agrees that he spends a lot of time with his friends, although recently he has had a falling out with one of his peers, and this has somewhat 'split' his friendship group. He used to visit friends at least three times a week and go to a party practically every weekend but he is now spending less time with them. He says he does not want to talk about it.

Sensing he has talked about as much as he is going to, you decide to ask some specific questions about his mood. He denies feeling anxious or depressed, but admits to feeling stressed by the fall out with his friend, the problems at school and his mum's constant nagging. He can't be bothered with his school work and thinks there is no point trying at this late stage (term four) as he is going to fail anyway. He is pessimistic about his future. He admits to occasionally thinking about what it would be like to be dead, but he denies any suicidal intent or plan. Throughout the interview he appears quite tense and irritable when talking about his parents, the school and his friends. Otherwise his affect is lowered and not very reactive.

Question: What other information would be required at this point?

Question: What should happen next?

You decide to finish off the consult by briefly summarising what he has told you, to make sure you have got the gist of his concerns. You avoid taking sides, and making a diagnosis, and suggest to Tim, that it is not uncommon for young people to feel stressed when things at home and at school are not going well, but that it is important not to let these sorts of things get too out of control. You also tell him you are a bit curious about his tiredness and whether there may be something you could do to help this. You ask him how he would feel about having a few blood tests to check for

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anaemia, or whatever, and for him to come back next week to see you so you can give him the results and do a bit of a check-up. Tim appears agreeable to this.

You also ask if you can bring his mother back in for a very quick chat, together with Tim, so that you can explain to her what your plan is. Though reluctant he agrees. You ask his mother to come back into the room, and once again, you state the same thing about stress, how common it is, but at the same time how it is important to try to resolve these things. You mention that you have decided to ask Tim to get some blood tests done and that would like to see him on his own next week. While she appears a bit miffed about not having had more time with you today, or next week, she agrees with the plan as she is happy that something is being done.

You give Tim the pathology request slip and ask him to make a half hour appointment for sometime next week.

Question: What comment would you make about the GP's handling of this consult?

The following week Tim comes to see you. He has not done his blood tests and he says he is only here because his mother 'forced him to come'.

You thank him for coming, and try to reflect back to him your understanding of the frustration he is feeling, and your role as his GP and not just his parents GP. You emphasise you are not here to judge or take sides, but to try to help him in a way that is useful to him.

Once again, it takes a while for Tim to 'warm up' but he eventually starts talking. He mentions how angry he is with one of his friends, who he had a fight with about a month ago. His friend, Max, just for a joke, spread a rumour about Tim having had sex with an unpopular girl at school. The rumour circulated quickly, and Tim started being the butt of peoples' jokes. As a result, he got into a fight with his 'friend', but this then led to a falling out with most of his friendship group, who supported Max. Only a few of the group took Tim's side.

Tim states that he has since been subject to a barrage of emails and SMSs teasing him. He recently received a 'doctored image' of his face and the girl's face superimposed onto two Sumo wrestlers with an accompanying lewd caption.

At this stage, Tim starts crying briefly, but quickly tries to stop himself. He clams up again, but again, with some gentle encouragement he starts to tell you how hurt he feels by his friends. You ask him if he has told his mother, and he starts to get angry and say, she wouldn't understand and she wouldn't help. 'All she is worried about are my grades and so I don't wind up a useless loser like my father.'

He tells you more about his relationship with his mother and father, which is clearly tense at present. However, he is prepared to acknowledge that his mother is concerned about him and that she is the one who brought him here in the first place.

You decide to complete your assessment, but finding out about his drug and alcohol use, his sexuality, and to recheck his mental state.

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Tim states that when he is with friends, particularly at a party, he will drink alcohol, sometimes to excess. He says that he would get really drunk about once a month. However, he has had less contact with them of late, and so he has been drinking less. He has occasionally smoked cannabis, but has never used other illicit drugs.

When asked about his sexual interests, Tim states that he regards himself as heterosexual but has never had a girlfriend. He admits that he did have an interest in the girl that he is alleged to have had sex with, but says he does not want to have anything to do with her now.

On mental state examination this time, he admits to being sad most of the time since the fall out with his friends began. He also admits to being much angrier with his mother, but he says it's because she is always on his back. Since the last consult, he has started to think a bit more about death, and the thought of maybe being better off dead, has crossed his mind a few times. However, he claims that he does not want to give 'them' the satisfaction of getting rid of him, and he denies any intent, or actual plan.

Question: What should the GP do next?

The GP decides that Tim is possibly suffering from depression, in the context of bullying at school, pressure from his teachers and mother to perform well at school, and his perceived difficult and unsupportive relationship with his parents. The GP notes that Tim's sensitive personality may also be playing a role in his condition.

The GP assesses Tim's risk as low-moderate, but feels that he needs some fairly urgent attention; otherwise things will continue to escalate. The GP thinks that it would be best to refer Tim to a psychologist.

Question: What should the GP tell Tim?

Question: What are the GP's referral options?

As agreed, Tim came back to see his GP after the 6th session with the psychologist.

The psychologist's letter was comprehensive, although you mainly read the formulation, treatment provided to date and suggestions about further management, including further counselling sessions.

When asked how things were going, Tim responded that things were a bit better, but not great. While he was feeling a little less annoyed by his mum, and a little less stressed about his school work he still felt angry and unhappy with Max and still felt on the outer with some of his mates.

You talk some more about his home, school, work life and general well being, and you are left with the impression that Tim is heading in the right direction, but could probably benefit from more therapy. He seems fairly agreeable to this.

During the conversation about continuing on with the psychologist, Tim mentions something else that he has not told you, or the psychologist before. For a few weeks now, he says he has been hearing a voice in his head that he is a bit scared and worried about. You ask him to describe it in a bit more detailed.

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Tim is pretty vague about it. It appears that it is a male voice, not his own, that says critical things. You ask about other perceptual disturbances, and Tim mentions he once thought he saw his deceased grandfather walk into his room, but that was when he was stoned. He also mentions feeling a 'bit paranoid' at times when he used cannabis and thinking that everyone was talking negatively about him. While self conscious, he does not appear to have true paranoid or other delusions.

Given his relatively slow progress, the issue of the 'voices', and the family history of bipolar disorder, you decide to encourage Tim to continue to see the psychologist, but also ask him how he feels about seeing a psychiatrist for an opinion about whether other treatment, like medication, may be of benefit to him. You tell him there is a new psychiatrist who is really experienced in working with young people who has just moved into the area, and you reckon you could get him to see Tim pretty quickly, maybe just as a once off. Surprisingly, Tim agrees.

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