

## **Adolescent Mental Health: Depression, Suicidality and Cyber-bullying**

### **MENTAL HEALTH NURSE REVIEW**

The information regarding Tim, obtained from the assessments and testing administered by the GP, psychologist and psychiatrist, provides the foundation for establishing a multi-disciplinary treatment approach which has guided their intervention.

As a family therapist and mental health nurse, trained in the field of child and adolescent mental health, I would consider whether there was a role for me to play in Tim's treatment team, given more therapists will not guarantee better outcomes. When working with adolescents, forming a trusting, reliable, professional relationship is paramount and these relationships have already been established in Tim's case. Tim has been fortunate to live in an area where he has been able to access appropriately skilled professionals when he has needed them.

Therefore determining whether I would have a role in Tim's treatment team would depend very much on when I actually met Tim in the assessment process and with whom he had already established relationships. We know young people such as Tim also live in communities with limited access to the level of professional intervention offered to Tim; therefore developing a diagnostic formulation by the professionals who are available is essential to guide appropriate interventions/treatment.

Information can be compiled by using a "5P's" model. When Tim saw his GP, Dr Stephen Carbone, psychologist Michael Carr-Greg and psychiatrist Dr Peter Parry, relevant and necessary information was gathered to formulate a treatment plan for immediate and future intervention, using this "5P's" model.

I would use this model to guide my understanding of Tim's mental health issues and it will form the basis for me to provide a "systems approach" to clinical intervention. The need for wider family and social intervention can be highlighted by using the framework and is actually an intervention in itself; it allows a clinician to feel more in control of working with the adolescent and the family, it can provide direction for action by families and for linking family's with the correct agencies for support. It can be a very powerful intervention.

When I give feedback to families I actually discuss the 5P's formulation with the family to help them better understand the bigger picture and what might need to be changed. This is a "strategic intervention" used in Family Therapy Practice.

This is a de-identified vignette.

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**Presenting problems: who is concerned, who wishes referral, what are they saying?**

Tim's mother is concerned and believes there is a problem or does she feel he is the problem? What does this mean for her? What does this mean for Tim? What was she hoping might happen?

**Precipitating factors: why now, what has happened lately, what is the present situation?**

Tim is in conflict with his mother, why? School bullying, why now? Drug and alcohol use - when did it start? Voices, before or after the drugs and alcohol?

**Predisposing factors: why this child/adolescent, developmental issues, cognitive, speech & language, sensory, family factors (genogram 3 generations).**

The GP has known Tim since a small child and has information on medical and development factors. Tim has 2 sisters, his parents are separated under acrimonious circumstances, his father uses alcohol to manage his emotions. Tim has experienced family violence. He is the eldest child and the only boy. Family members have suffered other mental health concerns.

**Perpetuating factors: child/adolescent's mental state, family dynamics, social and environmental factors.**

What do his sisters, mother and extended family expect of him? Is it reasonable? What does Tim's mother say to him when she becomes distressed and overwhelmed? How does Tim manage his mother's emotions? What is the family's financial situation? Have the living arrangements changed? Have these changed since the parent's separation? Does this impact on Tim's attendance at school? If so what does this mean? Peer relationships?

**Protective factors: child/adolescent's strengths and existing support systems.**

Tim has the capacity to utilise the therapy offered so far and he has responded well. The school is aware of the extra pressures experienced by Tim in his family. He has a support/male role model at school. His maternal uncle and aunt are identified as support people. A crisis plan was developed and he was given emergency after hours numbers. Tim's father has positively re-engaged with his son.

psychologist Michael Carr-Greg and psychiatrist Peter Parry have already begun working with "the system", i.e. Tim, Tim's family and his school. Intervention from a family therapy trained clinician like me might also be beneficial to manage other issues in the family system impacting on Tim's recovery.

Using a genogram in the clinical room is actually a clinical intervention I use with some adolescents I see on their own and one I always use when I see them with their family; drawing a genogram with the family is a therapy technique that frequently changes mental health outcomes as it provides the opportunity to take the focus off blaming the child/adolescent, reduces impulsivity and suicidal behaviour and allows externalised discussion of "the problem" which is sometimes not the presenting client.

### The aim of family centred interventions could include:

- Improving communication patterns between family members.
- Addressing communication patterns and attachment issues between Tim and his mother.
- Clarifying roles in the family, particularly Tim's role.
- Strengthening relationships between Tim and his sisters.
- Providing a forum to explore and resolve emerging factors that might be contributing to Tim's mental health concerns.
- Providing the opportunity for open discussion between family members about shared experiences such as trauma, loss and grief issues highlighted during Tim's individual therapy sessions, that may also be significant for other family members.
- Clarifying misinformation and misunderstandings associated with the parent separation and current family structures.
- Understanding the possible impact of the mental health concerns of Tim's mother and father.
- Negotiating or validating father's involvement in the family for Tim and his sisters.
- Identifying and encouraging intervention for other family members if needed.

### Referral to a Mental Health Nurse

Given Tim's suicidal ideation, depression and perceptual disturbances he might meet the criteria for referral to a mental health nurse under the Mental Health Nurse Incentive Program or ATAPS (Children & Youth) or under the ATAPS Suicide Prevention Program.

Tim could be referred to the mental health nurse by the GP or by the psychiatrist based on the role that the mental health nurse is to provide such as individual or systems based interventions or clinical case management.

If a mental health nurse was based at the GP's practice where Tim initially presented, the role might include supporting the GP with the initial mental state and risk assessment and facilitating links with the treatment team based on access, availability, cost etc. Home visiting as part of a crisis plan could also be provided.

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

**MHPN has a series of webinars that cover a range of topical mental health issues.** Visit [www.mhpn.org.au](http://www.mhpn.org.au) to learn more.

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