

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

### **PSYCHOLOGIST REVIEW**

Having read the GP's letter, I would use the HEADSS assessment tool, to take a comprehensive psychosocial history and psychological risk assessment of Tim, ostensibly to confirm the GP's conclusions.

Such an assessment should provide me with information about Tim's functioning in key areas of his life, including his home life, what's happening at school, his part-time employment, eating and exercise. It would also cover his activities when not at school, the nature and extent of his peer relationships, any alcohol or drug use, issues around sexuality and a standard screening for suicide, depression or low mood.

Such an assessment provides a systematic framework for developing a good rapport with the young person, it enables a risk assessment and screening for specific risk behaviours, identifies a young person's risk and protective factors, using a five world model and identifies areas for intervention and prevention.

After introducing myself and explaining confidentiality, I would typically begin with a statement such as "...in order for me to get a good understanding of each of my clients, I like to ask them about different areas of their life and how these might be affecting their health and well-being. If it's okay with you, I would like to start by asking you a few questions about how things have been going in different areas of your life, is that okay?"

At the conclusion of such an assessment, I should have a profile of Tim's psychosocial well-being, the overall level of risk he might face, a list of specific risk factors in his life, as well as any protective factors along with a management plan for further intervention, which I'll discuss with him and his mother. I would conclude by complimenting him on his strengths, in the areas of his life in which he's doing well. I would identify and discuss any issues of concern or help him to identify the risks associated with his behaviour and to identify strategies for making better choices.

At the second session, I would probably administer some standard psychological tests (BDI, CBCL) to evaluate the presence and depth of any depressive illness, giving feedback to Tim and (with his permission) to his family. I'd be keen to assess Tim's level of understanding about his self-defeating behaviours that might be linked to his depression, if present and interpret his acting out behaviours as a reflection of the depression. My aim would be to teach Tim the connection between angry, irritable behaviours and feelings of hurt and sadness.

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## MHPN WEBINAR CASE STUDY

Adolescent Mental  
Health: Depression,  
Suicidality and  
Cyber-bullying

PSYCHOLOGIST  
REVIEW

During the second session, I would seek to reinforce Tim's open expression of underlying feelings of anger, hurt and disappointment. I would also explore any fears regarding abandonment or the loss of love from others and help him to specify what is missing in his life, that might be contributing to his unhappiness and encourage him to express his emotional needs to significant others.

During the third session I will introduce the concept of cognitive behavioural therapy in order to help Tim identify any internal cognitive monologue that reinforces his feelings of helplessness and hopelessness. The aim would be to teach Tim to recognise any unhelpful, self-defeating self-talk and to learn to dispute such cognitions and replace them with positive self-talk that strengthens feelings of self acceptance, self-confidence and hope. I would introduce him to do some online CBT program strategies such as [www.moodgym.edu.au](http://www.moodgym.edu.au), programs that build social and emotional competencies such as [www.reachoutcentral.com.au](http://www.reachoutcentral.com.au) and assuming he is a reader recommend that he buy the CBT manual for teenagers written by Sarah Edelman entitled 'Taking charge! : a guide for teenagers : practical ways to overcome stress, hassles and upsetting emotions (<http://www.fls.org.au/takingcharge.asp>)

During subsequent sessions, we would complete homework assignments and I would use the K10 to monitor his progress, and encourage him to engage in school extracurricular activities and monitor his diet, his sleep and any alcohol and other drug use. I would send the GP a letter outlining our progress after each session.

### **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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This is a de-identified vignette.

Case study Tim: Adolescent Mental Health: Depression, Suicidality and Cyber-bullying  
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