

Principles for Collaboration: Supporting a Young Woman Navigating a Variety of Mental Health Services

Cassie is a 21 year old woman who has been attending her local general practice for about 10 years. Her mother, Pat requests an urgent appointment with the family's GP.

Cassie's notes indicate the last time she attended the clinic was six months ago to seek emergency contraception after having unprotected sex with a 'one night stand' while drunk the night before. Prior to this, her last visit was three years ago when she needed a medical certificate as her exam preparation had been impacted by fatigue and poor concentration due to an earlier diagnosis of glandular fever. In both instances Cassie failed to attend follow up appointments.

On attending this appointment, Cassie is sullen and uncommunicative. Her mother asks if she can attend the consultation, and Cassie says she "doesn't care". When pressed to decide, Cassie asks her mum to wait outside. Cassie tells the GP she is here because everyone thinks she is "out of control". She has dropped out of TAFE and says "she is really tired and just wants to be left alone". She confides she still goes out on weekends, but doesn't enjoy it much and has no plans for the future. She appears flat and withdrawn, and is reluctant to talk about any other symptoms. Overall she is sleeping more, but not sleeping well at night, she is eating less and has lost 2-3kgs in the last month. She admits to some binge drinking on the weekends, but denies any illicit drug use. She denies thoughts of harming herself. She says she just wants a referral to the counsellor, "because Mum has already made the appointment and was told to get a referral so Medicare can pay for it".

The GP tells Cassie that it's difficult to do a proper assessment in such a brief appointment, but she insists that if she doesn't get the referral now, she is unlikely to come back. A web search only finds the name and address of the psychology practice with which she has the appointment. To enable the referral, the doctor completes a very cursory GP Mental Health Treatment Plan and asks Cassie to agree to a longer appointment next week.

Cassie fails to attend the follow up appointment despite the practice manager leaving a reminder message on her phone.

On the morning of Cassie's first psychology appointment, Cassie's father, Dave calls the clinic demanding to 'speak privately' to the psychologist. The psychologist explains that transparency is critical and that private conversations cannot take place without letting Cassie know. Dave responds by saying that the family needs a counsellor who will keep them informed, particularly if Cassie is at risk. He adds that if the psychologist won't work closely with the family, he will find someone else.

During this conversation, the psychologist learns that Dave is very worried about Cassie's safety and discloses that he has been reading her private journal to check up on her. He asks the psychologist not to tell Cassie, fearing that she will be very angry and will stop going to therapy. He insists that he had to tell the psychologist in case Cassie just "puts on a happy face".

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This is a de-identified vignette.

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During the first session, the psychologist felt that some rapport had been established, albeit quite fragile. The psychologist is worried about Cassie. The issue of the journal and how to best work with Cassie's parents is very concerning.

Two months later Cassie's mother attends a regular GP appointment. When asked how the family is she breaks down in tears, stating that Cassie only saw the psychologist three times and then stopped going. "She still spends lots of time in her room and when she does go out, she never says where she is going. Her old high school friends say she never gets in touch with them. I'm terrified that she's using drugs, as she is always red-eyed and irritable, especially after she has gone out," she says. The GP suggests encouraging Cassie to make an appointment and also tells Pat about some of the crisis pathways in case Cassie's behaviour becomes more worrying.

After playing phone tag for several days, the GP and psychologist touch base. The psychologist says that Cassie requested that no written information be provided about her problems, but is able to share that Cassie has significant issues with anxiety and secondary substance use but has declined to continue with treatment. Treatment can recommence as soon as Cassie is willing.

Four weeks later Cassie presents to the GP with a cut on her foot, due to stepping on broken glass outside a pub the night before. She is disheveled, bleary-eyed and becomes tearful when asked how things are going. She says she is no better than last time she came, that she can't stand herself and wishes she was dead. She has a friend who is studying psychology who keeps telling her she is behaving like someone with 'bipolar'. "I know I need to do something . . . but I'm worried people will think I'm a 'nutcase'," she says.

She doesn't want to go back to the psychologist, because the psychologist was "nice but I just didn't want to relive the past".

On further questioning, Cassie admits she has in fact had regular thoughts of suicide and once even took some of her Mum's sleeping tablets with a bottle of bourbon after a fight with some friends. She says it was silly and she doesn't plan to do it again, but when the GP tries to explore the issue further she becomes less communicative. The doctor expresses concern about her and suggests a referral to a psychiatrist. She is very against this idea, but agrees after being reassured it might only be a 'one-off' to clarify the diagnosis and work out the best way forward.

Following the appointment, the psychiatrist advises the GP that the differential diagnoses in this case include mixed depression / anxiety or bipolar II disorder. Recommendations are made for low dose antidepressants, alongside a mood stabilizer and some evening sedation with a low dose antipsychotic. The psychiatrist offers to review Cassie in the future should it be required.

Cassie attends the review appointment with her GP. She looks tired and disheveled, but is a little more communicative than at previous visits. She says she is not overly keen on "popping pills", and doesn't want to see the psychiatrist again, but would be willing to try with a new psychologist. Perhaps the one her friend saw during a difficult relationship breakup.

Cassie confides that she thinks relationship issues are part of her problem too, and that the doctor should probably know that her symptoms really started getting bad after her ex-boyfriend raped her. That was the time she came in seeking emergency contraception. She did tell the first psychologist about this, but the psychologist had asked her to consider reporting the incident, and she 'freaked out' and decided not to go back.

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