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Webinar

An interdisciplinary panel discussion

Collaborative Care, Young People, Grief, Loss and Trauma

Wednesday, 5th March 2014

"Working together. Working better."

Supported by The Royal Australian College of General Practitioners and The Australian College of Mental Health Nurses and The Royal Australian College of Psychiatrists

This webinar is presented by



MHPNP gratefully acknowledges the support of the [Australian Child & Adolescent Trauma, Loss & Grief Network](#) in developing and producing this webinar.



Australian Child & Adolescent Trauma, Loss & Grief Network

This webinar is presented by



Tonight's panel

- Mr Shane Merritt (Psychologist)
- Dr Penny Burns (General Practitioner)
- Mr Scott Trueman (Mental Health Nurse)
- Prof Beverley Raphael (Psychiatrist)

Facilitator

- Dr Mary Emeleus (General Practitioner)

Ground Rules



To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- Be respectful of other participants and panellists. Behave as if this were a face-to-face activity.
- Post your comments and questions for panellists in the 'general chat' box. For help with technical issues, post in the 'technical help' chat box. Be mindful that comments posted in the chat boxes can be seen by all participants and panellists.
- Your feedback is important. Please complete the short exit survey which will appear as a pop up when you exit the webinar.

Learning Objectives



Through an interdisciplinary panel discussion about Jeremy (case study), at the completion of the webinar participants will:

- Better understand the mental health indicators in the context of grief, loss and/or trauma in young people
- Identify the key principles of the featured disciplines' approach in screening, diagnosing, and treating young people exposed to grief, loss and/or trauma
- Explore tips and strategies for interdisciplinary collaboration between practitioners dealing with young people exposed to grief, loss and/or trauma

Psychologist Perspective



Jeremy – a psychological perspective

- Commit to a developmentally and culturally appropriate approach
- Confidentiality – what do you promise Jeremy, given his age, and in relation to his aunt?
- 'Close the gap' – almost an extra step, making sure no hurdles to treatment
- Jeremy's right to treatment

Mr Shane Merritt

[illegible]

This chart is adapted from: Spanio, S. (May 2004) Stages of Adolescent Development. Research FACTs and Findings. ACT for Youth: Update Center of Excellence, Cornell University. This article can be found at: <http://www.actforyouth.net/documents/FACT%20Sheet050403.pdf>

- The importance of building rapport and laying the groundwork for a person-centred approach. Joining/engaging
- Unconditional positive regard
- Narrative therapy and a Dadirri approach?
- The strength of the therapeutic alliance: the most important factor
- Aiming for client empowerment
- Cultural safety

Mr Shane Merritt

- Awareness of the family, cultural and societal influences on the development of Indigenous children and adolescents
- Commit to a strengths-based approach
- Helping the client and his family to develop an awareness of their own resources
- Identify protective factors and risk factors

Mr Shane Merritt

Merritt, S. (2011). First nations Australians - surviving through adversities and malignant grief. *Grief Matters: The Australian Journal of Grief and Bereavement*, 14(No. 3, Summer 2011), 74-77.

Mr Shane Merritt

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- 3.4% are indigenous
- 15.5% were born overseas



[http://www.caah.chw.edu.au/resources/gpkit/Complete GP Resource Kit.pdf](http://www.caah.chw.edu.au/resources/gpkit/Complete%20GP%20Resource%20Kit.pdf)



Dr Penny Burns

- One-third of total adult disease burden is associated with conditions/behaviours that begin during adolescence
- and they go on to influence their children's health



Dr Penny Burns

General Practitioner Perspective



A General Practice Perspective

- Engagement with Jeremy + Auntie Sharon with ongoing observation/assessment
- Advantage of knowing Sharon as a patient
- Adolescent friendly consultation – build rapport in patient-centred rather than problem-centred consult
- Medico-legal and competence to consent is based on cognitive/ social maturity rather than age
- Confidentiality issues
- Context/culture for Jeremy: need to ask the question
- Address Jeremy & Sharon's concerns
- Need to address medical/psychosocial issues
- Need to ensure safety



Dr Penny Burns

General Practitioner Perspective



Consultation Approach - History

HEADSS Adolescent Health Check

Home

Education, Employment, Eating, Exercise

Activities, Hobbies, Peer Relationships

Drug Use

Sexual Activity & Sexuality

Suicide, Depression & Mental Health, Safety/Risk

Strengths & Difficulties Questionnaire



Dr Penny Burns

General Practitioner Perspective



Consultation Approach – History (cont.)

- History taking – initiating a conversation:
 - Permission... Is it okay if I...?
 - Normalise... I like to ask adolescents, I see their thoughts on...
 - Third person... some adolescents like to...
- Jeremy's concerns
 - burning pee
 - embarrassment
 - and fear something is wrong
- Presenting symptoms & signs:
 - dysuria & scratches on skin
 - insomnia/early wakening
 - ?underweight



Dr Penny Burns

General Practitioner Perspective



Consultation Approach – History (cont.)

- Past Medical History:
 - wgt/hgt
 - immunisations
- Family circumstances / supports
- School / peer supports
- Cultural identity
- Sexual health
- Mental health
- Safety/risk



Dr Penny Burns

General Practitioner Perspective



Consultation Approach – Examination and Management

Issues

- 13 yo adolescent
- <14yrs standard age of consent
- Trust needs to have developed
- Normalise and explain what you need to do and why
- Offer chaperone
- Doesn't need to all be done at once
- Potential sexual activity/contact tracing
- Potential self abuse or child abuse
- Potential Family and Child Services involvement



Dr Penny Burns

General Practitioner Perspective



Consultation Approach – Examination and Management (cont.)

Opportunities in physical examination

Later opportunities if ATSI to offer item 751

Concerns from medical perspective

- Dysuria
 - ? Urinary infection
 - ? sexually transmitted infection
 - urine - MSU, Chlamydia/Gonorrhea
 - serology – Hep B/HIV/syphilis
- Weight & height – change over time
- Scratches on skin
 - ? scabies (renal risk)
 - ? impetigo
 - ? trauma (self/other)
 - ? drug use
- Ears, heart, lungs, abdomen, ?genital exam



Dr Penny Burns

General Practitioner Perspective



Follow up

- Have we developed trust and rapport with Jeremy?
- Does he feel safe and supported in our practice?
- Does he feel that he is actively engaged in managing his own health?
- Have we addressed Jeremy's concerns appropriately and sensitively? (and Sharon's?)
- Have we addressed important medical/psychosocial concerns?
- Is he safe?



Dr Penny Burns

General Practitioner Perspective



Follow up (cont.)

- Does he need referral at this point? And to whom?
- Does he have a plan he and Sharon (if appropriate) understand?
- Does he have the ability to access further healthcare when needed?
- Follow up
 - Will he return to discuss his results and get Rx?
 - Will he return for ongoing care/support?
 - Will he return if he needs care for a new issue?



Dr Penny Burns

Mental Health Nurse Perspective



Risk

- Need to assess the level of risk there exists in relation to Jeremy's presentation
- Need to enquire from Jeremy his level of consent to include Sharon (and/or others) in his future management
- Depending on Jeremy's response will greatly influence the manner of future management
- Central question; why the relocation and/or nature of recent life event(s)



Mr Scott Trueman

Mental Health Nurse Perspective



Issues of confidentiality

- How engaged is Jeremy with the GP?
- Depending on Jeremy's response will greatly influence the manner of future management
- If no/little engagement then issues of confidentiality arise re; Jeremy, Sharon and/or parents (relatives)
- Question of consent and canvassing with Jeremy



Mr Scott Trueman

Mental Health Nurse Perspective



Indigenous questions

- Does Jeremy identify as Aboriginal?
- If he does then there are number of Indigenous issues which arise and a number of protocols which need to be respected
- Also would need to look at appropriate engagement of Indigenous resources



Mr Scott Trueman

Mental Health Nurse Perspective



GP referral

- Does the GP make a referral to a Child & Adolescent Mental Health Team?
- If they do then the response from the C&AMHT would have to collaborate with other referrals
- If referred to a C&AMHT, need to take into account questions of privacy concerning 'questions of across state borders', i.e. interstate information, history etc.



Mr Scott Trueman

Mental Health Nurse Perspective



Jeremy's engagement

- Foster continued engagement and relationship with Jeremy
- Referral to other agencies in support youth groups, sport 'headspace' etc.
- Explore question/issue of relocating with parents/family



Mr Scott Trueman

Psychiatrist Perspective



- Experiences of adversity are not uncommon. Around 66% of children will encounter at least 1 adversity
- Experiences of trauma and / or multiple adversity place the child at greater risk of negative outcomes
- Experiences of trauma and adversity MAY lead to poor mental health, increased risk taking, poor school attendance / performance & poor physical health
- We need to intervene early



Prof Beverley Raphael

Psychiatrist Perspective



Jeremy has many potential adversities in his life:

- Family conflict?
- Adequate schooling?
- Possible health problems?
- Possible abuse?
- Separation from family?
- Separation from culture?
- Uncertainty around what is happening in his life now?
- Isolation from social supports?



Prof Beverley Raphael

Psychiatrist Perspective



A health and mental health assessment

- Need to ascertain the physical health and physical needs of the child
- What physical symptoms does he have and what further medical support does he need?
- Where can he get this support in a way that is sensitive to his needs and sensitive to his culture?



Prof Beverley Raphael

Psychiatrist Perspective



Considering Jeremy's needs:

- Distress and anxiety that Jeremy may be experiencing
- Still a child and he is in a lonely place
- What sort of experiences has he faced? Has he experienced physical / sexual abuse?
- Has Jeremy been neglected?
- Has there been transgenerational trauma in the family?
- He is with his aunt but does he feel he has lost his family?
- Need to identify his strengths as well as difficulties



Prof Beverley Raphael

Psychiatrist Perspective



Asking the right questions:

- What sort of things have been making you feel unhappy or making you sad?
- How do you feel in yourself?
- What sort of things have been worrying you?
- Has this been happening for a long time?
- How do you feel about your situation now?
- What do you like? What do you do well?



Prof Beverley Raphael



Q&A session



Thank you for your participation

- Please ensure you complete the *exit survey* before you log out (it will appear on your screen after the session closes). Certificates of attendance for this webinar will be issued in 4-5 weeks
- Each participant will be sent a link to online resources associated with this webinar within 1-2 days
- Our next webinar *Principles for Collaboration* will be held on Tuesday, 25th March 2014. Visit www.mhpn.org.au/upcomingwebinars to register.



Are you interested in leading a face-to-face network in your local area with a focus on young people, grief, loss and/or trauma?

MHPN can support you to do so.

Please fill out the relevant section in the exit survey. MHPN will follow up with you directly.

For more information about MHPN networks and online activities, visit www.mhpn.org.au



Thank you for your contribution and participation