Presented by:

Panel
- Dr Mary Emelius, GP
- Dr Simon Kinsella, psychologist
- Dr Peter Parry, psychiatrist
- Ann Garden, mental health nurse

Facilitated by
- Dr Michael Carr-Gregg

Adolescent mental health

- 75% of all mental illnesses begin before 25 years of age
- 1 in 4 young people will have a mental health problem
- 30% seek professional help
- 50% of the students with the most serious issues never get recognized

Depression & anxiety - the greatest burden of mental disorders (AIHW 2007)

Who is Tim?

- 17 year old year 11 student
- Reluctant attendee
- Mo thinks he is irritable, argumentative, poor academic performance
- No PH but sensitive
- FH Mo tense, father heavy drinker, paternal uncle bipolar

Tim: a case study
Tim: the GP’s perspective

**Engagement**
- is critical with
  - the young person
  - Parent/carer
- Start with less challenging topics first, earn the right to ask about sex, drugs and death

Tim: the Psychologist’s perspective

**Introduction from the GP**
- The more information the better.
- Presenting problems and diagnosis are very important
- Useful to know about Tim’s reluctance
- Useful to know that mum was miffed about not getting enough air time

**WHAT IS THE HEADSS ASSESSMENT TOOL?**
Structured clinical interview covering the biopsychosocial aspects:
- Home & Environment
- Education & Employment
- Activities
- Drugs
- Sexuality
- Suicide/Depression

**4 Ps:**
- Predisposing
- Precipitating
- Perpetuating
- Protective
**Tim: the Psychologist’s perspective**

**MEETING TIM AND HIS FAMILY**
- Engagement is number one, without it you won’t get anywhere
- Setting the boundaries of confidentiality
- Dealing with the presenting problem

**GIVING FEEDBACK**
- The art of presenting your view
- Collaboration
- Keeping everyone engaged in the process

**PROBING DEEPER**
- Assessing the quality of the therapeutic relationship
- Using the HEADSS or 4 P’s
- The power of acknowledgement

**REFERRING ON**
- The need for further opinions
- Knowing your limits
- Mitigating risk

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**Tim: the Psychiatrist’s perspective**

**Dynamic biopsychosocial case formulation**
- More individualised and meaningful than a DSM diagnosis.
- Feedback to Tim

**Evolutionary paradigm**
- How out of sync is life with natural niche for 17 year old member of homo sapiens?
- Attachment theory
- Rank theory

**Narrative of his life**

**The role of stress**
- **Acute stress = good, chronic stress = bad**
  - Out of sync with design manual = chronic stress
  - Sympathetic N.S. in overdrive = depressogenic inflammation
    - Amygdala ↑, frontal lobes ↓, SNS ↑ = tachycardia, hyperventilation, muscle tension, GIT spasm, clammy etc
    - Fight/flight/freeze response
  - Parasympathetic N.S. = vagus nerve stimulation
    - Diaphragmatic breathing
    - Sigh, yawn, laugh, sob,
    - Yoga – ‘ujjayi’ breath
    - Athletes and public speakers
    - Dogs and chimpanzees
    - Practice it in session.

**Further “natural antidepressants”**
- Nature deficit disorder
- Sleep deprivation & circadian rhythm
- Poor diet – lack omega-3 etc
- Lack exercise
- Vit D
- Cooperative tasks – bonding, humour, group success
- Group entertainment & ritual

*Therapeutic Life Changes* (TLC’s) – see Walsh, R. Lifestyle & mental health in American Psychologist. Jan 17, 2011
**Psychotherapy and pharmacotherapy**

- Individual psychotherapy – meaning/narrative self
- Family therapy
- Liaison with school teacher/counsellor
- Antidepressant drugs second line (unless rare melancholic presentation), explain side-effects
- Omega-3 supplements first line
- Placebo effect
- Instill hope – non-specific benefits therapeutic relationship

Shedler, J. The efficacy of psychodynamic psychotherapy. American Psychologist, 2010

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**Family Centred Interventions - Narrative, systemic and strategic models**

- Use genograms in the therapy room as a therapeutic intervention
- Externalise the problem as the problem - not the person as the problem
- Improve communication patterns
- Address family systems and attachment issues
- Clarify family roles, strengthening relationships and subsystems
- Negotiate or validate relationships
- Explore shared experiences such as trauma, loss and grief, mental health concerns of other family members
- Clarify misinformation and misunderstandings
- Identify intervention for other family members if needed

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**Systems Approach to Intervention in Child & Adolescent Mental Health**

**Who is available and skilled to provide intervention**

- GP
- Mental health nurse
- Psychiatrist
- Paediatrician
- Psychologist
- Social Worker
- OT
- Speech pathologist
- Youth worker
- Family support agency
- Drug and alcohol counsellor
- Family violence counsellor
- Teacher/school welfare
- Other

**Who pays can determine treatment outcomes**

- MBS - bulk billing
- ATAPS
- headspace
- Mental Health Nurse Incentive Program
- CAMHS
- Community health centres
- School based counsellors

**Who is the client?**
**Who else in the family needs/is willing to have professional intervention?**

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**Collaboration - Does it matter?**

**Pros**

- Multiple inputs are integrated
- Each person adds value to the next
- Each person knows what the other is doing
- Address multiple needs simultaneously rather than sequentially

**Cons**

- Time consuming
- Uncertain evidence of benefit in mental health care

**Do competent professionals need to work together or just do their own job well?**
Collaboration

Mental health collaboration

• What helps?
  – Knowing the other professional
  – Easy to contact
  – Concise, prompt feedback
  – Case conference items, but not easy to use

• What doesn’t help?
  – Not knowing the other professional
  – Little or no feedback
  – Inadequate role clarification, Mx advice, or contingency plan

Thank you for your contribution and participation