

## Case Study - Caitlin



Caitlin is 20 and studying physiotherapy at university. She broke up with her boyfriend a few weeks ago and feels very sad and confused. She is now struggling to keep up with the workload, and decides to see the student counsellor, who is concerned she might have depression. The counsellor refers her to the university GP. The General Practice also has a Mental Health Nurse (MHN) and a psychologist on site for a few sessions each per week, under the Mental Health Nurse Incentive Programme (MHNIP) and Better Access arrangements.

The GP meets Caitlin in a fifteen minute appointment and feels she has a number of symptoms consistent with Major Depression. She writes her a medical certificate, and refers her to the practice MHN for further assessment and support.

The MHN spends an hour with Caitlin. Among other things, she tells him that she moved in with her boyfriend when she was 16, because there was too much conflict at home with her mum and her stepfather. Before she decided to move out, she had been quite suicidal. At one stage she took 20 paracetamol tablets, and was taken to the Emergency Department after she told her mother. She was assessed in the Emergency Department and medically cleared after 24 hours, but the mental health team felt she was at risk of harming herself again if she went home. She was therefore admitted to the Inpatient Unit for a further 2 days before being discharged. There was no adolescent inpatient unit, so she was in her own room on the adult unit with a nurse present all the time. She found the whole experience frightening and she didn't want anything further to do with the mental health service, so she refused to go to follow up appointments. She moved out with her boyfriend and things got better; she managed to stay at school, successfully applying for independent Centrelink payments and getting a part time job at McDonald's. Her relationship with her mother got better once they didn't live in the same house, and she did well at school and got into physiotherapy, performing well in her first two years. She is now in third year.

Now, she is living on her own in the flat she had shared with her boyfriend. She finds the night times really lonely, and sometimes can't get to sleep until the early hours. She is tired all the time, finds it hard to concentrate in class and study at home, and she finds herself crying for no particular reason, even at uni. She manages to continue her visits to the gym 4 times a week but her appetite has fallen and she has lost 4 kg in weight since the break up. Her workmates at McDonald's have been worrying about her and have noticed she is not her usual cheerful self. She has found it hard to socialize with her friends since the break up because most of them were friends of both she and her boyfriend. She has been going to class, but her thoughts go around and around, thinking about her boyfriend, and she can't pay attention or retain any new information. She is increasingly worried about her mid-year exams, which start in four weeks. She had a panic attack in her physiology class, and had to leave the room. This made her seek the help of the student counsellor.

The MHN feels she is likely to need ongoing support and that referral to the MHNIP is appropriate. He also feels that she might benefit from a Mental Health Treatment Plan, and possibly input from the psychologist regarding her anxiety. He is also concerned about her past history of serious suicidal attempt, and asks her whether things ever get so bad now that she has thoughts of killing herself. Caitlin says she would like to be able to talk to him about it, but she doesn't want to be sent back to the mental health unit. The MHN is now even more worried about Caitlin and considers how best to help her; he is trained in formal suicide risk assessment, but feels she won't want to answer those questions, and she might disengage altogether. He wonders if he has a duty of care to refer her to an Acute Care Team, and maybe for a psychiatric review.