Case Study for DVD 2

Following is some information that the DVD presentation was based on. Use it in combination with watching the DVD to respond to the exercises in the next section - Exercises from the Case Study.

Jarryd is 14 years old and is in Grade 9 at Smith St State High School.

He lives with his mother Mandy and younger sister Tilly (nearly 13 yrs old) in a 3 bedroom rented house near to the school. David, his mother's current partner has been living with the family for 3 months. Mandy works part time at the local IGA. David is on a disability pension as he hurt his back at work 2 years ago, lifting plate glass sheets. He is at home most of the time and there are financial pressures on the family. Tilly and Jarryd don't fight much but are not close.

Jarryd has come to CYMHS with his mother after the school Guidance officer suggested she bring him for assistance. She is annoyed that she is missing work to attend but is concerned about the self harm that Jarryd has been engaging in and so agreed to get help. Jarryd is reluctant to come but says 'anything beats going to school at the moment'.

Jarryd was referred by the school guidance officer with concerns about:

- Angry, explosive and aggressive behaviour. Behaviour Management plans have been in place since Jarryd started high school last year.
- Unable to receive correction or feedback
- Blames others for his difficulties (eg: says the teacher is 'hopeless' and the school is 'useless')
- Poor concentration, limited time spent on task and poor academic scores although GO feels he has potential
- Described as the 'class clown'
- Often comes to school with no lunch
- Appears at times to have an excess of money for tuckshop
- Permission notes for school often not returned
- Inconsistent attendance at school. Mum reports he just refuses to go sometimes.
- GO suspicious that he may be burning himself with cigarettes. Noticed scarring on forearms and feels J's mood is becoming increasingly depressed over the last 2 months.
- Beginning to isolate himself from friends. Grades have never been consistent but are now declining.
- School attendance declining.

Some history:

Mother states he is:

- Disrespectful
- Unaffectionate and ignoring of mum, David and younger sister Tilly
- Hangs out with older children at skate ramp after dark and doesn't obey limits
- Stays in his room as much as possible when he is at home
- Doesn't participate in chores and family tasks

Mother is concerned about recent self harm – burning himself on his arms with step-father's cigarettes and lighter.

Mother presents as irate, frustrated and blaming Jarryd and wanting him to change his behaviour.

Developmental History

- Jarryd seemed to do well academically at first school (Grades 1-3) then not since change of school with interstate house move in Grade 7. Mum feels that school was to blame and that her son could do it if he had the right instruction. Jarryd seemed to do better with male teachers in Grade 6 and 7. Grade 8 and 9 at high school have seen him struggle, particularly with assignment tasks. Homework OK if he does it in class.
- No significant medical history
- Talked late but seemed to 'come good'
- Described as a 'whingy' sick baby that used to catch colds regularly
- Early walking and good fine motor development and eye hand co-ordination. Always been good at sport

Family History

- Parental separation when Jarryd was 3yrs old. Father Paul has had little contact over the years and now lives in Perth. He moved away and remarried when Jarryd was 5yrs old. Jarryd sees his father once per year for 1 week during the school holidays when he and his sister fly over to visit. He has infrequent phone contact whenever father is available to call. Paul has 3 children to his second wife Sarah.
- No extended family supports nearby. Mum says she doesn't get on with her parents anyway.
- Mother reports having Post Natal Depression after the birth of her second child Tilly when Jarryd was 18mths old. Jarryd went to full time day care after Tilly was born until school as mum says she 'couldn't cope with the 2 of them'. "No-one ever helped me from my family, so I had to help myself"
- Didn't enjoy going to day care. Seemed to like it at first but then cried a lot of the time.
- Mum has been in a relationship with David for 6months and is terrified that Jarryd is going to 'stuff it up for (her), just like he wrecked every other relationship I've had since I was married to his father'. David moved in with the family 3 mths ago.
- Jarryd doesn't like David and says 'My dad is heaps better than him. My dad is the best.'

- Maternal Grandmother has history of depression with several hospitalisations while Mandy was a teenager
- Maternal Grandfather reported to have history of alcohol addiction
- Mother reports she was 'never any good at sitting still and concentrating at school'
- Mother had depression when Jarryd was a toddler

Jarryd states:

- I hate school. The work is boring. The teachers are boring. Some of it is too hard, especially English and SOSE
- I don't like my mum. She never listens and so I can't be bothered with her. She's always yelling about something. I can never do anything right anyway so why try!
- My friends are alright
- I want to be a professional skater when I'm older so I won't need good grades anyway. Either that or I want to be a surgeon because they make lots of money.
- I just burn myself because I'm bored and I like playing with fire
- Not suicidal

Issues:

- Lack of awareness and apparent disinterest by mother in developing helpful parenting skills. Mother does not engage in reflective parenting. Mother had a childhood where her mum/dad were never there for her and she is now demonstrating similar behaviours.
- Financial pressures contributing to tension at home between Mandy and David. Financial constraints are currently limiting how much sport Jarryd can do. Now not able to play Basketball as well as Rugby
- Divided styles of parenting/ intervention between Mandy and David
- Inconsistent contact by father - Paul. Builds up Jarryd's hopes for contact but lets him down regularly.
- Peer relationships

Potentials:

- Good at sport (but gets frustrated easily)
- Has small group of friends, mostly males he plays sport with and skates with.
- Supportive school and GO with ability to be flexible with school programmes
- Jarryd has a good relationship with Rugby Coach Larry.

Exercises from Case Study – DVD 2

Please Note: Unit 2.2: Mental State Examination, Formulations and Treatment Planning, will assist you in completing the exercises below.

1. Watch the DVD of the clinical interview and read the accompanying case study notes. Using the formulation grid attached, consider and complete information pertaining to the symptom pattern, precipitating factors, predisposing factors, perpetuating factors and protective factors from the case study in the DVD.

2. Record the information acquired during the interview onto a Standardised Assessment Form (attached) under the correct headings. Also complete the Mental State Examination and Formulation component of the form.

3. What diagnostic hypotheses are you entertaining at this point? Which of these are most plausible, at this stage, and why?

4. What further information do you require to confirm or amend your initial diagnostic hypotheses?

5. Based on the information in your formulation grid and your provisional diagnostic hypotheses, develop a hypothetical treatment plan on the attached Recovery Plan.

	Symptom Pattern	Precipitating Factors	Predisposing Factors	Perpetuating Factors	Protective Factors
Biological/Physical					
Psychological					
Social/Familial					

Template Form : Biopsychosocial Model and 7 P's

To complete exercises from case study dvd 2 go to CYMHS consumer assessment

http://qheps.health.qld.gov.au/mentalhealth/clinical_docs.htm

Suggested Responses to Case Study - DVD 2

1. Using the formulation grid attached, consider and complete information pertaining to the symptom pattern, precipitating factors, predisposing factors, perpetuating factors and protective factors based on the case study in the DVD

- See completed Formulation Grid attached

2. Record the information acquired during the interview onto a Standardised Assessment Form (attached) under the correct headings. Also complete the Mental State Examination component of the form

- See completed Assessment Form attached

3. What diagnostic hypotheses are you entertaining at this point?

- Depression (Mild to Moderate)
- Adjustment disorder with depressed mood
- Separation Anxiety Disorder
- Attention Deficit Hyperactivity Disorder
- Learning disorder

4. What further information do you require to confirm or amend your initial diagnostic hypotheses?

- Further assessment of the symptoms of the hypothesised disorders (see the diagnostic criteria of each of the above disorders in the ICD-10)
  - Detailed information on moods, in particular, anger, anxiety and depression (presence, onset, duration, frequency, intensity, cause/trigger, impact)
  - Feelings of worthlessness or guilt
  - Diminished interest or/and pleasure
  - Changes in appetite and any weight loss/ gain
  - Symptoms of inattention
  - Symptoms of hyperactivity/impulsivity
  - Reason for school refusal
  - Results from previous assessments or examinations , or other professionals
- Previous contact with Mental Health Services and associated information
- Previous psychiatric involvement or previous mental health diagnosis
- Significant life events (loss/trauma/abuse)
- Previous suicide attempts. Family history of suicide
- Premorbid functioning
- More specific information from the Guidance Officer and school teachers about academic performance, potential learning issues, pattern of behaviour and interventions used, school academic and social supports both already trialled and available(eg: peer tutoring, mentoring, social and sporting programs)
- If indicated, arrange for testing to rule out presence of a learning disability

- Administer Outcome measures and/or other appropriate questionnaires

5. Based on the information in your formulation grid and your provisional diagnostic hypotheses, develop a hypothetical treatment plan on the attached Recovery plan.

- See Completed Recovery Plan attached

Suggested Responses to Case Study – DVD 2

	Symptom Pattern	Precipitating Factors	Predisposing Factors	Perpetuating Factors	Protective Factors
Biological/Physical	Self harming behaviours Sleep difficulties Diminished energy levels Some experimentation with drugs and alcohol	Jarryd has started burning himself with cigarettes/lighter	Family history of mental illness (Mandy – postnatal depression, G'ma – depression) and alcohol abuse (G'father – alcohol addiction) Multiple illness as a young child Mother's inability to sustain attention in class may indicate attachment/ADHD or learning difficulties		
Psychological	Depressed and upset Stressed and has worrying thoughts Concentration difficulties Angry, explosive and aggressive behaviour at school School identity as class clown and based around disruptive behaviours	Mood becoming increasingly depressed Increasing withdrawal from friendships	Attachment difficulties between Jarryd and Mandy Clingy and difficult baby Anxiety on separation in early years	Lack of coping skills to deal with stress Feeling misunderstood and unsupported by his mother and teachers	Good insight and willing to seek help
Social/Familial	Social isolation Argumentative relationship with mother Infrequent and inconsistent contact with father Misbehaviour at school Difficulties with school work School refusal and declining school attendance	School attendance declining Increasing difficulties with school work Mother's current partner , David, moved into family home 3 months ago- Jarryd has had difficulties adjusting, does not get along with David, Relationship with mother worsening and is receiving less attention from his mother Ongoing lack of contact with father	Multiple relocations and changes in schools Parents separated when Jarryd aged 3 Inconsistent and infrequent contact with father Mandy's lack of awareness of Jarryd's needs. Limited parenting skills Minimal support from extended family	Mandy's partner living in the family home Poor communication between Mandy and Jarryd Mandy's lack of parenting skills Divided styles of parenting between Mandy & David Stress at home (financial problems) Inconsistent and infrequent contact with his father Difficulties with school work	Enjoys skateboarding and good at sports Small group of friends Supportive school and Guidance Officer Good relationship with Rugby Coach, Larry.

Summary of Case Study on DVD using the Biopsychosocial Model and 7P's

TRIAL FORM

Queensland Government
Queensland Health

Child and Youth Mental Health Services

CONSUMER ASSESSMENT

Facility: .....

Date: / / Time: .....

(Affix consumer identification label here)

URN:

Family name:

Given names:

Date of birth: Sex: ☐ M ☐ F

Assessor's name: ..... **Team:** .....

Information has been given to the consumer regarding:
☐ Their rights ☐ The Mental Health Service ☐ The *Mental Health Act 2000*

Persons present at interview: .....

.....

REASON FOR REFERRAL / PRESENTING PROBLEMS

- Include additional information since initial intake.

Jarryd was referred to the Child and Youth Mental Health Service by the school guidance officer with concerns about his angry, explosive and aggressive behaviour, declining school performance and attendance and self harming behaviours. She reported difficulties managing Jarryd's behaviour and that Jarryd often blames others for his difficulties. She described Jarryd as the "class clown" and noted that Jarryd displays poor concentration, difficulties staying on task, and declining academic scores. She has noted that Jarryd's is becoming increasingly depressed and socially isolated.

HISTORY OF PRESENTING COMPLAINT

Specify:
- if notes relate to specific episode(s) / lifetime
- dates of assessments and investigations

Include:
- psychiatric history
- current mental health care treatment interventions
- impact of cultural and / or spiritual issues
- relationship and interpersonal issues and supports
- neurovegetative disturbance
- collateral since initial intake
- any family history of mental illness and suicide
- current family situation

Furthermore, the guidance officer expressed concerns about communication and supports in the home environment, observing that he often comes to school with no lunch, sometimes has excess money for tuckshop and does not return permission notes.

Jarryd's mother, Mandy stated that she is concerned about Jarryd refusing to go to school, his misbehaviour at school, his lack of focus and inability to complete tasks, and his self harming behaviours. Mandy also stated that Jarryd is disrespectful, unaffectionate and ignoring towards herself, partner (David), and his younger sister, Tilly. Jarryd reportedly stays in his room as much as possible when at home, does not participate in chores and family tasks and does not obey rules.

Jarryd reports several presenting problems. Jarryd feels he is misunderstood by his mother and teachers and that nobody understands him. He reports disliking school and having difficulties with the school work. Jarryd also reports a difficult and argumentative relationship with his mother, and difficulty adjusting to his mum's new partner, David, moving into the house. Jarryd also reported feeling stressed and unhappy about his infrequent and inconsistent contact with his father. Jarryd reported feeling upset and depressed for the past 2 months, however, noted that his mood improves when around friends and playing sport. He also noted that he feels stressed and has worrying thoughts. He reported sleep difficulties, diminished energy levels and concentration difficulties. Jarryd noted that he feels hopeful about the future and does not have suicidal thoughts. Jarryd however, has started to self harm in the past month by burning himself with a cigarette lighter.

Clinician's name:	Designation:	Signature:	Team:

DO NOT WRITE IN THIS BINDING MARGIN

CYMHS - CONSUMER ASSESSMENT

Queensland Government
Queensland Health

Child and Youth Mental Health Services

CONSUMER ASSESSMENT

Facility: .....

Date: / / Time: .....

(Affix consumer identification label here)

URN:

Family name:

Given names:

Date of birth: Sex: ☐ M ☐ F

FAMILY HISTORY

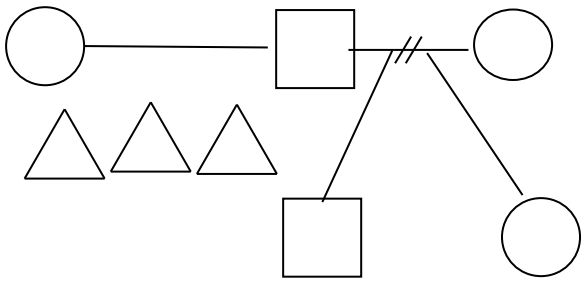
Record three generations (if possible).

Include:
- year of birth/death
- cause of death

Help

Genogram key Textbox

Male	☐	>
Female	○	>
Unknown	△	>
Married	——	>
Defacto	- - - - -	>
Separated	—/—	>
Divorced	—//—	>
Adopted	——>	>
Death	X	>



Family history details

Include:
- psychiatric history
- family history of suicide
- illnesses
- substance use
- intellectual/physical disability
- family/carer's response to consumer's illness/ crisis

Mandy reported a family history of mental illness. Mandy reported having Post Natal Depression after the birth of Tilly, when Jarryd was 18mths old. She also reported feeling a "bit depressed" at the time of the assessment. Mandy's mother also reportedly suffered from depression and had several hospital admissions whilst Mandy was a teenager. Mandy's father was noted to have a history of alcohol addiction.

Family cultural issues

Include:
- language
- connection with community
- if migrant reason for migration etc.

CONSUMER DEVELOPMENTAL HISTORY *(lifetime)*

Include:
- ante-natal/peri-natal history
- milestones
- attachment/separation issues
- maternal substance use during pregnancy

Mandy reported a normal pregnancy. She noted that Jarryd was a little late in talking, however, he was an early walker and had good fine motor development and hand-eye co-ordination. All other developmental milestones were met on time. Jarryd was reportedly a clingy and difficult child, whom had many illnesses when he was younger. Jarryd went to full time day care after Tilly was born as Mandy revealed that she had difficulty coping with the two children and was suffering from postnatal depression. Jarryd reportedly did not enjoy going to day care and cried a lot of the time.

PREMORBID FUNCTIONING

Clinician's name:	Designation:	Signature:	Team:

DO NOT WRITE IN THIS BINDING MARGIN

TRIAL FORM

Queensland Government
Queensland Health

Child and Youth Mental Health Services

CONSUMER ASSESSMENT

Facility: .....

Date: / / Time: .....

(Affix consumer identification label here)

URN:

Family name:

Given names:

Date of birth: Sex: ☐ M ☐ F

CURRENT SITUATION

Home environment

Include:
- living arrangements
- quality of relationships with parents/siblings
- parental boundaries/ discipline
- homework
- recreational activities
- paid work
- social supports

Schooling/Education

Include:
- relationships with peers/ teachers
- attendance
- academic performance
- bullying/victimisation
- extra curricular activities

Psychosexual development

Include:
- sexual activity
- relationships history including abuse and violence
- childhood abuse emotional, physical and sexual

Child safety history

Include:
- notifications
- care details if placed in care of Department of Child Safety - foster placements number/ duration/reason for breakdown

Other significant life events

Include:
- loss
- trauma

Protective factors

Include:
- interests
- strengths
- supports (family or external)

Home Environment

Jarryd lives at home with his mother, Mandy, and younger sister, Tilly (14 yrs old) in a 3 bedroom rented house close to the school. Mandy's current partner, David, has been living with the family for 3 months. David is on a disability pension as he hurt his back at work 2 years ago, lifting plate glass sheets. As a result, he is at home most of the time and there are financial pressures on the family. There have reportedly been some difficulties with the family adjusting to David moving in. Jarryd reports a poor relationship between himself and David. Jarryd and Mandy both describe an argumentative and difficult relationship with one another, which has been worsening over the past months. Tilly and Jarryd don't fight much, but are not close.

Mandy and Jarryd's father, Paul separated when Jarryd was 3yrs old. Paul has had little contact with the family over the years and now lives in Perth. He moved away and remarried when Jarryd was 5yrs old. Jarryd sees his father once per year for 1 week during the school holidays when he and his sister fly over to visit. He has infrequent phone contact whenever father is available to call. Paul has 3 children to his second wife Sarah.

There are limited extended family supports due to Mandy's parents reportedly being unsupportive.

Mandy noted that Jarryd does not participate in chores and family tasks, and that he does not obey the family rules. Jarryd reportedly stays in his room as much as possible, whilst at home.

School/Education

Due to multiple relocations, Jarryd has attended four different schools. Jarryd reportedly did well academically in primary school (Grades 1-7), there were no major concerns regarding his behaviour, and he has always made friends easily. Jarryd changed schools in Grade 8 and currently attends school at Smith Street State High School and is in Grade 9. Since changing school, Jarryd has found school increasingly difficult and he is refusing to go to school on a more regular basis. Jarryd is reportedly not completing his school work and finding it difficult to concentrate and stay on task. Jarryd reports a dislike for school (especially English and SOC) and that he finds it difficult and boring. He reports feeling that the teachers don't understand him, however, noted that he gets along better with the male teachers. Both Mandy and the teachers feel that Jarryd has potential.

Jarryd enjoys sport and is involved in extra-curricular activities. Jarryd has a small group of friends whom he likes to skate with and play sport. Mandy feels that Jarryd's friends are a bad influence.

Enjoys skateboarding and is good at sport Has small group of friends, mostly males he plays sport with and skates with Supportive school and GO with ability to be flexible with school programmes Jarryd has a good relationship with Rugby Coach Larry.

Clinician's name:	Designation:	Signature:	Team:

DO NOT WRITE IN THIS BINDING MARGIN

Queensland Government
Queensland Health

Child and Youth Mental Health Services

CONSUMER ASSESSMENT

Facility: .....

Date: / / Time: .....

(Affix consumer identification label here)

URN:

Family name:

Given names:

Date of birth: Sex: ☐ M ☐ F

MEDICATIONS

Allergies:

Current prescribed medication

For each medication list:

- name
- prescriber
- dose including frequency and route and
- duration

Other medications

Include:

- alternative medicines
- over the counter medications

Note response to medication/drug adherence/side effects.

Past medications

Include:

- any side effects
- reason for cessation

MEDICAL HISTORY

Current medical problems and treatment

Include:

- disabilities
- history of brain injuries; and
- eating disorders

Is a physical assessment required?

Mandatory if consumer is to be admitted to an inpatient unit

☐ Yes ☐ No

Medications
Nil allergies
Nil current medications

Medical History
Nil medical problems

DO NOT WRITE IN THIS BINDING MARGIN

Clinician's name:	Designation:	Signature:	Team:

TRIAL FORM

Queensland Government
Queensland Health

Child and Youth Mental Health Services

CONSUMER ASSESSMENT

Facility: .....

Date: / / Time: .....

(Affix consumer identification label here)

URN:

Family name:

Given names:

Date of birth: Sex: ☐ M ☐ F

MENTAL STATE EXAMINATION

Appearance (physical development, nutrition body type and physique, skin, hair, clothing, grooming , hygiene distinguishing features)

Motor Behaviour (activity level, posture, gait, balance, co-ordination abnormal movements, startle response, habits, rituals, mannerisms)

Voice, Speech and Language (amplitude, pitch, tone, tempo, prosody, phonation, rhythm, fluency, articulation, accent, comprehension, vocabulary, syntax, conversational ability, use of gesture)

Interaction with Examiner (eye contact, cooperativeness, dependence, friendliness, withdrawal, evasiveness, fear, anxiety, hostility, suspiciousness, indifference, invasiveness, dramatism, suggestibility)

Mood and Affect (range, control, congruity, elevation, depression, suspicion, anxiety, fear, anger, issues related to particular affects)

Thought Processes (slowing, acceleration, interruptions, blocking, circumlocution, circumstantiality, perseveration, concreteness, flight of ideas, goal-direction, coherence, looseness of associations, tangential thinking)

Thought Content (obsession, compulsion, hallucination, delusion, illusion, depersonalisation, de-realisation, déjà vu, phobia, flashbacks [intrusive/traumatic/ imagery] abnormality of general or special sensation, abnormality of body image, distortion of the sense of time, confabulation, fabrication, preoccupation with identity, physical health, mental health, personal competence, or the past or future)

Cognitive Functioning (orientation, concentration, memory [immediate, recent, remote], general knowledge, social judgement abstracting ability, estimated intelligence)

Fantasy (dreams, wishes, drawings, free play: productivity, themes, capacity to distinguish fantasy from reality)

Concept of Self (dreams, wishes, drawings, free play, coherence, concepts of personal intelligence, strength, attractiveness, relationship with others)

Insight/Desire for Help (awareness of being unwell, awareness of nature of problem, desire for help, level of co-operation., awareness of impact of their behaviour on others)

Physiological Functions (energy, concentration, memory, interest in people and activities, appetite, weight, sleep, libido, sexual functioning, menstrual history, last menstrual period)

Jarryd is a 14 year old male of average height and weight, with a slim build and brown hair. Jarryd presented neatly groomed and was casually dressed in shorts and a sport jacket. Jarryd sat with his hands resting on his legs and sat upright in the chair. There were no abnormalities observed in his motor behaviour. Jarryd's rate and volume of speech was normal and he spoke readily about his concerns. Jarryd was cooperative, yet slightly anxious, throughout the interview. Eye contact was somewhat limited as Jarryd looked down much of the time. Rapport was established. Jarryd's mood was anxious and depressed. His affect was flat and depressed and congruent with the subject matter. Range of affect was normal. There were no abnormalities observed in thought form or process. Jarryd's thought content predominately focused on his stress at school and at home. There was no evidence of hallucinations or delusions. Jarryd's cognitive functioning was not formally assessed; however, he was able to concentrate throughout the interview and his memory appeared intact. Jarryd appeared to have an average intelligence. Jarryd demonstrated good insight into his problem and he has a partial desire to seek treatment.

Clinician's name:	Designation:	Signature:	Team:

DO NOT WRITE IN THIS BINDING MARGIN

Queensland Government
Queensland Health

Child and Youth Mental Health Services

CONSUMER ASSESSMENT

Facility: .....

Date: / / Time: .....

(Affix consumer identification label here)

URN:

Family name:

Given names:

Date of birth: Sex: ☐ M ☐ F

Parent/Carer/Significant others drug and/or alcohol use: .....

.....

.....

DRUG SCREEN

It is strongly recommended that the Drug Screen is completed with consumers of primary school age and above.

Clinicians may contact the Alcohol and Drug Information Service (ADIS) on 1800 177 833 for assistance in completing this form.

Drug name	Have you used? Y / N	Age first used	Date / time last used	Average amount	Frequency of use	Route of administration
Caffeine *(tea / coffee / stimulant, energy, cola drinks)*						
Nicotine *(cigarettes / tobacco)*	Yes			Few	Tried a few times	cigarettes
Alcohol *(including methylated spirits)*	Yes			Little	Tried a few times	Alcohol
Cannabis *(marijuana / hash / bongs / ganja)*	No					
Amphetamines *(speed / goey / ice / cocaine)*	No					
Opioids *(methadone / heroin / morphine)*	No					
Benzodiazepines *(Temazepam / Diazepam / Valium / Normison)*	No					
Designer drugs *(MDA; ecstacy / MDMA)*	No					
Inhalants *(glue / petrol / paint / others)*	No					
Others *(pain killers / PCP / Ketamine / over the counter drugs etc.)* Specify:						

Unable to complete due to consumer's circumstances? ☐ Yes ☑ No

Further drug screen required? ☐ Yes ☑ No

Further alcohol screen required? ☐ Yes ☑ No

Additional Information *(Record current access to means/attitude of significant others/ effects of withdrawal if appropriate or other relevant information)***:**

.....

.....

.....

.....

.....

Clinician's name:	Designation:	Signature:	Team:

TRIAL FORM

Queensland Government
Queensland Health

Child and Youth Mental Health Services

CONSUMER ASSESSMENT

Facility: .....

Date: / / Time: .....

(Affix consumer identification label here)

URN:

Family name:

Given names:

Date of birth: Sex: ☐ M ☐ F

RISK SCREEN

Suicide / self harm

Static factors

- ☐ Previous serious suicide attempt(s)
- ☐ History of self harm
- ☐ History of suicide attempt(s)
- ☐ Family history of suicide
- ☐ Exposure to suicide of friend/peer
- ☐ Long-standing problems (eg. unemployment, physical illness / pain, mental disorder)

Dynamic factors

- ☐ Intent / plan / thoughts
- ☐ Access to means
- ☐ Current suicide attempt
- ☐ Homelessness / multiple out of home placements
- ☐ Marked decline in functioning/school performance
- ☐ Hopelessness / perceived lack of control over life
- ☐ Distress / anger / high level of agitation
- ☐ Isolation / loneliness
- ☐ Stressors in last 6 months (eg. loss, family / peer conflict)
- ☐ Psychotic symptoms (eg. command hallucinations)
- ☐ Evidence of moderate to severe depression / mood disorder
- ☐ Misuse of drugs/alcohol
- ☐ Evidence of high level risk taking behaviours
- ☐ Evidence of poor impulse control

Vulnerability

- ☐ At risk of being sexually abused by others
- ☐ At risk of domestic / family violence
- ☑ Lack of family protective factors
- ☑ Family history of mental illness
- ☐ At risk of self neglect (basic ADLs, complex living skills)
- ☐ Cognitive impairment / intellectual disability
- ☐ History of poor engagement with services
- ☐ Developmental issues
- ☐ School expulsion/suspension
- ☐ Indigenous and or cultural issues

Violence

(including sexual violence)

Static factors

- ☐ History of violence
- ☐ History of sexual offence
- ☐ Criminal history
- ☐ Conduct disorder
- ☐ Cognitions supporting violence

Dynamic factors

- ☐ Recent threats or other aggressive actions/thoughts
- ☐ Carries weapon/access to firearm
- ☐ Psychotic symptoms (command hallucinations, threat-control-override and misidentification symptoms, morbid jealousy)
- ☐ Bullying
- ☐ Substance use

Comments:

Risk is currently low. Nil suicidal ideation, plan or intent.

Clinician's name:	Designation:	Signature:	Team:

DO NOT WRITE IN THIS BINDING MARGIN

Queensland Government
Queensland Health

Child and Youth Mental Health Services

CONSUMER ASSESSMENT

Facility: .....

Date: / / Time: .....

(Affix consumer identification label here)

URN:

Family name:

Given names:

Date of birth: Sex: ☐ M ☐ F

RISK SCREEN

Absence Without Approval
(for inpatients)

- ☐ History of absconding
- ☐ History of Limited Community Treatment breach
- ☐ Treatment refusal
- ☐ Frustration regarding hospitalisation/involuntary treatment

Child Protection Risk Screen

Does the consumer have custody or care responsibilities for children (full time or periodic)?	☐ Yes ☑ No ☐ Unknown
Is consumer in the care of a parent/carer with a suspected mental illness or problematic drug and/or alcohol use?	☐ Yes ☐ No ☐ Unknown
If ***yes*** to either of the above questions, the *Mental Health Child Protection Form* must be completed.	
Completed by: Name: ..... Signature:	

Overall Risk Summary

	Low	Med.	High
Suicide risk	☑	☐	☐
Other self harm risk	☑	☐	☐
Aggression risk	☑	☐	☐
Vulnerability risk	☑	☐	☐
Absconding risk	☑	☐	☐
Dependent children / others?	☐ Yes	☐ No	
Is further risk assessment required?	☐ Yes	☑ No	
(If ***yes***, detail in plan on page 9)			

Comments:

Risk is currently low. Nil suicidal ideation, plan or intent.

DO NOT WRITE IN THIS BINDING MARGIN

Clinician's name:	Designation:	Signature:	Team:

TRIAL FORM

Queensland Government
Queensland Health

Child and Youth Mental Health Services

CONSUMER ASSESSMENT

Facility: .....

Date: / / Time: .....

(Affix consumer identification label here)

URN:

Family name:

Given names:

Date of birth: Sex: ☐ M ☐ F

CLINICAL AND RISK FORMULATION / ASSESSMENT SUMMARY

Include:
- Presentation / Predisposition / Precipitation / Perpetuating factors / Protective factors (resources/strengths/ supports) / Prognosis / Symptom pattern (coping style) / Stressors
- Is consumer experiencing early symptoms of psychosis (prodromal)?
- Consider historical information in relation to current dynamic and contextual factors
- What will increase or decrease the consumer's risk?
- Document strategies to address the identified risk factors

Jarryd is 14 years old and is in Grade 9 at Smith St State High School. He lives at home with his mother, Mandy, mother's current partner, David and his younger sister, Tilly, in a 3 bedroom rented house close to the school. Jarryd was referred to the service by the school Guidance officer with concerns that he had started to self harm, that his mood was becoming increasingly depressed and that his school attendance was declining.

Following assessment, Jarryd's presenting problems included a depressed mood, worrying thoughts, concentration difficulties, sleep problems, diminished energy levels, increasing social isolation, angry and aggressive behaviour at school and school refusal. Jarryd reported engaging in self harming behaviours by burning himself with cigarettes and a lighter.

The factors that may have predisposed Jarryd to developing difficulties include attachment difficulties due to Mandy suffering from Postnatal depression when Jarryd was a toddler, a difficult and clingy temperament, and suffering from multiple illnesses as a young child. Other predisposing factors include a family history of depression, multiple relocations and school changes, parental separation when Jarryd was aged 3, limited and inconsistent contact with his father, Mandy's lack of awareness about her parenting and a lack of extended family support.

Jarryd's current difficulties were precipitated by his mother's partner, David, moving into the family home 3 months ago, and consequently Jarryd has had problems adjusting and the relationship between Jarryd and Mandy has worsened. His difficulties were also precipitated by an ongoing lack of consistent contact with his father and increased difficulties completing school work since starting high school.

The factors which are perpetuating the current difficulties include Mandy's partner living in the family home, poor communication between Mandy and Jarryd, Mandy's lack of insight into her parenting, different parenting styles between Mandy and David, stress at home and financial problems, inconsistent and infrequent contact with his father and ongoing difficulties with school work. Furthermore, Jarryd's perception that he is misunderstood and unsupported by his mother and teachers is maintaining current problems.

Jarryd has several protective factors including being good at sports, having a small group of friends, having a supportive school and Guidance Officer and a good relationship with his Rugby Coach.

Further information is required to clarify the diagnosis
Principle diagnosis
Additional diagnosis

(The risk screen and clinical formulation can also be used as a standalone risk screen at regular and ad-hoc reviews)

Clinician's name:	Designation:	Signature:	Team:

DO NOT WRITE IN THIS BINDING MARGIN

05/2008 - v0.09 - **TRIAL**

Queensland Government
Queensland Health

Child and Youth Mental Health Services

CONSUMER ASSESSMENT

Facility: .....

Date: / / Time: .....

(Affix consumer identification label here)

URN:

Family name:

Given names:

Date of birth: Sex: ☐ M ☐ F

Principal diagnosis: Further information is required to clarify the diagnosis ICD10AM code: .....

Additional diagnoses: ..... ICD10AM code: .....

..... ICD10AM code: .....

Mental Health Act (MHA) status: ☑ None ☐ Involuntary Assessment ☐ Involuntary Treatment Order
☐ Justice Examination Order ☐ Emergency Examination Order ☐ Forensic Order
☐ Special Notification Forensic Patient ☐ Classified

Conditions of order if appropriate: .....

Outcome Measures completed? ☐ Yes ☑ No Entered on CIMHA? ☐ Yes ☑ No

Outline significant clinical issues from HoNOSCA, SDQ and CGAS:

.....

.....

BRIEF SUMMARY FOR FOLLOW UP MANAGEMENT:

Is there a need for follow up / treatment?

☑ Yes, from a Child and Youth Mental Health Service (CYMHS) *(detail in CYMHS plan below)*

☐ Yes, from a service other than a CYMHS *(detail follow-up with other agencies below)*

☐ No

Agency: ..... Date: ..... Time: .....

Agency: ..... Date: ..... Time: .....

CYMHS IMMEDIATE PLAN

Include any immediate actions required to maintain the consumer's safety (eg. aggressive behaviour management).

Consider:

- Treatment goals and location
- Recommended actions to manage / reduce risk
- Information / education
- Carer / family involvement
- Child protection issues
- Liaison with other service providers
- Cultural and language issues
- Medication changes
- Investigations
- Referrals

For inpatients, consider:

- Level of observations
- Early discharge requirements
- PRN medications

Current PLan:
1.Complete the assessment.
Jarryd and Mother will attend second appointment next week.
2. Complete outcome measures
3. Jarryd and Judith given homework to set time aside to have a conversation with each other about a non-confrontational topic

Information about consumer need and service response to be provided to:

☐ Consumer ☐ Carer ☐ Referrer ☐ GP ☐ Other service provider (specify): .....

Information provided by (staff name): ..... (date): .....

Information to be delivered: ☐ By telephone ☐ By email ☐ By fax ☐ By post ☐ In person

Additional forms, notes or information attached? ☐ Yes (specify: .....) ☐ No

Clinician's name:	Designation:	Signature:	Team:

DO NOT WRITE IN THIS BINDING MARGIN

5. A Hypothetical Recovery Plan

Recovery plans are ideally developed in collaboration with the client, carer and the Case Manager. A copy should be provided to the client and with the client's permission, other involved services (eg: drug and alcohol, school support services) should also be given a copy. This enables a clear delineation of roles to exist and promotes a cohesive provision of service.

Following is an example of a Recovery Plan that could be developed with Jarryd and Mandy. It focuses on priorities for intervention and other issues can be added as required as treatment progresses.

An example of something that may be included on a Relapse Prevention Plan is also included on page 2 of the Recovery Plan. This page would need to be developed as time went on, rather than at the assessment phase. The item included is to provide a sample of what might be included here once therapy is commenced and strategies are developed.

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Child and Youth Mental Health Services

RECOVERY PLAN

Facility: .....

Completed by (name): CASE MANAGER	Designation:
Signature:	Consumer MHA2000 status:
Authorisation *(must be signed by Doctor if consumer is under MHA 2000)*:	
Authorised by (name):	Doctor's signature:
Date of authorisation:	Diagnosis:

(Affix consumer identification label here)

URN:

Family name:

Given names:

Date of birth: Sex: ☐ M ☐ F

Consumer's signature: ..... Carer's signature (with consumer's consent): .....

Consumer has been given a copy of the Recovery Plan? ☑ Yes ☐ No (why not: .....)

Date	Problem / Issue	Goals	Intervention / Strategy / Activity	Person(s) responsible	Review date	Review outcome	End date
30/06/08	1. Self Harming behaviours	1. Eliminate self harming behaviours	1.1 Monitor self harming behaviours 1.2 Supportive counselling	Jarryd Mandy			
			1.3 Assist Client to develop other coping strategies	Case Manager			
30/06/08	2. Depressed Mood	2.1 Euthymic mood 2.2Reduce depressive symptomology	2.1 Psychoeducation & supportive counselling 2.2 CBT	Jarryd Mandy			
		such as poor sleep, reduced energy, concentration problems, reduce	2.3 Monitor mood and review need for medical review if necessary	Case Manager			
		social isolation	2.4 Review social connectedness and opportunities for social participation				
30/06/08	3. Poor mother/son communication	3.1 Improve communication, reduce arguments	3.1 Family therapy/ dyadic work				
30/06/08	4. School Refusal	4.1 Attend school consitently on a full time basis	4.1 Consult with Jarryd, mother and school to develop a plan to manage school refusal	Jarryd Mandy			
		4.2 Eliminate the core conflicts contributing to the school refusal		School support staff/ teachers			
				Case Manager			

Under the *Mental Health Act 2000* an Involuntary Patient's treatment plan **must** state: an outline of the proposed treatment, rehabilitation and other services to be provided to the patient; and the specific details of treatment (method, frequency, place, duration, treatment provider). For forensic patients and special notification patients refer to the Director of Mental Health *"Forensic Patient Management Policy and Procedures"* (please refer to User Guide and *Mental Health Act 2000*).

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RECOVERY PLAN
RELAPSE PREVENTION

Facility: .....

Plan completed in collaboration with the consumer by clinician (name and designation):

.....

Clinician signature: .....

Consumer has been given a copy of the relapse prevention plan: ☐ Yes ☐ No

Consumer signature: .....

Carer signature (with consumer's consent): .....

Consumer has an interagency crisis plan in place? ☐ N/A ☐ Yes

Consumer has a Family Support Plan in place? ☐ N/A ☐ Yes

(Affix consumer identification label here)

URN:

Family name:

Given names:

Date of birth: Sex: ☐ M ☐ F

Date	Strategies to maintain my mental health	Triggers	Early warning signs	Strategies / Actions to manage early warning signs
30/06/08	1. Giving myself time to 'cool off' before I respond when I'm feeling angry	Disagreement with mother	Face goes red, fists clench, feel like yelling	1. Tell mother I will come back to finish the conversation but that I just need 5 mins space to clear my head
				2. Go to my room for 5 mins or walk outside 3. Use breathing strategies learned with case manager
				4. Sit with mother in quiet space to finish conversation