Case study

Background

Please have a look at heading structure in APA 7
Solomon

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Patient identity: Jane is a 15-year-old female brought to the emergency department accompanied by her mother because of suicidal ideations. The mother found Jane with a knife.

History of presenting illness: Jane has been experiencing more depressive symptoms for two weeks because her mother left her with her grandmother when she travelled. She demonstrates poor social skills and also makes poor eye contact. Jane reports experiencing difficulty in sleeping, losing appetite, and also having irritable moods. She also reported feeling hopeless, worthless, and helpless. Jane also has auditory hallucinations. She reports feeling some voices of her friends telling her to run around the housing estate. She reports communicating and also arguing with them most of the time. She feels that her imaginary friends give her company while she is lonely.

Substance use history: The mother reports no alcohol or tobacco use.

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Medical history: P.O fluoxetine 20mg once daily.

Past Medical and psychiatric history: Jane was well two years ago when she lost her father in a road accident. She reports experiencing depression since then. Jane has a history of trying to commit suicide by using a knife, but her mother has stopped her. She also has had thoughts of hanging herself by wrapping bedsheets around the neck. She attends the psychiatric clinic every month.

Case Study

Predisposing factors could be discussed in your formulation

Family history: There is a history of suicidal ideations and depression on both the maternal and paternal sides. Uncle George (Dad's brother) hung himself and cousin Kylie (Mum's sister's girl) cuts herself.

Social history: Jane was born in Australia. She is a secondary school student. She rarely attends classes when she is sick – which is often. She ends up failing examinations. She lives with her mother, grandmother, and young sister. Her mother does not take her to the hospital sometimes for review because of poor access to healthcare. She reports that her grandmother is abusive to her but not to her younger sister. Every time she is left with the grandmother, she feels insecure. Jane's grandmother is an alcoholic and sometimes beats her up for no apparent reason. She reports feeling safe when her mother is around or when she visits her aunt. Jane expresses that her dad was the best because her grandmother never abused her before her father's death.

Formulation

P's Questioning	Biological	Psychological	Social
Predisposing factors	There is a family history of suicidal ideations and depression on both the maternal and paternal sides.	Low self-esteem because of infrequent class attendance.	There is poor access to healthcare.
Precipitating factors	She experiences difficulty in falling asleep.	Death of her beloved father.	Abusive grandmother.
Perpetuating factors	Lack of proper follow-up on mental health due to poor access to health care.	Chronic negative thoughts that her grandmother favours her younger sister and beats her up.	Unsafe environment because of abusive grandmother.
Protective factors	Good overall health and response to medication.	Good coping skills.	Positive relationships and adequate care from a psychiatrist and social worker and her mother.

Predisposing factors

Her predisposing biological factors include a family history of both suicidal ideations and depression on the maternal and paternal sides, as per examples mentioned previously. Suicide is the second leading cause of death among adolescents, children, and young adults. Most of them who attempt or commit suicide have an underlying mental health problem which is mostly depression (American Academy of Child and Adolescent Psychiatry, 2019). Most children with suicidal ideations experience anger, attention issues, loss, disappointments, and even confusion. Teenagers always think that committing suicide can be a tremendous solution to their problems in life, although there is a relationship between substance abuse and suicide, especially among adolescents. Family history of attempted suicides can also be a risk factor for suicide attempts among individuals. The biological factors are mainly genetic and can be passed on from one generation to another (Bhandari, 2020). Interaction of genes with other factors such as stress and traumatic events trigger mental illness (Ravin, 2020). Various risk factors increase the reason for Jane wanting to commit suicide, including; history of suicide in the family, abuse from her grandmother, and depression. Ensuring Jane's safety is vital.

The predisposing psychological factor is low self-esteem because of infrequent class attendance. Jane rarely attends classes when she is sick, which is often, making her fail in class examinations. The lower grades has lowered her self-esteem. Low self-esteem is most common among individuals with depression, eating disorders, substance use disorders, and anxiety (Meghan, 2020). There are various long-term consequences of depression among children and adolescents, including poor performance at school, suicidal behaviour, and impaired social

functioning. Jane's predisposing social factor is poor access to healthcare. The poor access has led to decreased follow-up on the mental health problems (PsychDB, 2017a). Although there can be enough mental health clinics, poor access is one of the challenges. There are fewer network options for mental health patients than general physical health access (Heath, 2019). Some hospitals can be too far, making them not seek treatment or follow-up.

Precipitating factors

The precipitating biological factor that Jane is experiencing is difficulty in falling asleep. Poor sleep hygiene and irregular sleep patterns are risk factors for sleep deprivation (PsychDB, 2017b). The precipitating psychological factor is the death of her beloved father. Major depressive disorder is most common among children, although it is not easily recognized. It is not easy to diagnose depression in children because other behavioral or physical complaints usually hide it. The major depressive disorder mainly affects the general well-being of the adolescent or child and can also impact the family. During development from children to adolescents, adults, and older adults, various changes occur physically, emotionally, socially, and spiritually. The precipitating psychological factor is her abusive grandmother. Immediate stressors in the environment can cause depression symptoms in individuals (Thapar et al., 2017). Jane condition worsened in the last two weeks after her mother was away and left her with the grandmother, who abused her.

Perpetuating factors

The biological perpetuating factor is the lack of proper follow-up on mental health due to poor access to health care. Lack of constant follow-up can cause relapse in a mental health condition. Jane's perpetuating psychological factor is chronic negative thoughts that her

grandmother beats her because she favours her younger sister. Environmental factors contribute to the development or reoccurrence of major depressive disorders among children and adolescents. Environmental factors also contributed to increased stressors in her daily life, making her present with depression and suicidal ideations. Jane lies in the stage of identity versus role confusion. It is during this stage where adolescents try to search for personal identity and sense of self. Fidelity can be achieved when there is success in this age. Fidelity involves being able to commit oneself (Mcleod, 2018). The precipitating social factor is an unsafe environment because of an abusive grandmother. The unsafe environment exacerbates the problem rather than solves it (PsychDB, 2017a). Her abusive grandmother makes her feel insecure and isolated.

Protective factors

Jane has general overall good health with a normal BMI, which are the protective biological factors for her. She responded to her depression medication fairly. The protective psychological factors are good coping skills, including playing with friends who give her company. The protective social factor is positive relationships and adequate care from a psychiatrist and social worker, and her mother. Depression is sometimes accompanied by hallucinations which can be auditory or nonauditory. Hallucinations are those experiences that mainly occur in the absence of the actual stimulus. Jane experienced auditory hallucinations where she heard her friends talking to her. The protective factors play a role in counteracting the predisposing, precipitating, and perpetuating factors(PsychDB, 2017a). Jane has good friends who visit her at home frequently, and she is always happy about it.

Assessing and Mitigating the Risk of Self-harm and Suicide.

It is essential to assess and mitigate the risk of self-harm among adolescence. Considering both the modifiable and non-modifiable risk factors for suicide is vital. The modifiable factors can be influenced through the prescription of treatments. Assessing whether there is no, low, medium, or high risk for suicidal ideations among adolescents can play a role in identifying the best interventions for the problem. The application of suicide assessment inventories such as the Beck Scale of Suicidal Ideations can indicate the level of suicide risk. In cases where the level of risk of suicide is high or moderate, a management plan should be set immediately. Referring the patient to a psychiatrist or a psychologist for urgent assessment is also important (Townsend & Morgan, 2017). It is important to involve Jane's mother in the process of assessment and also psychoeducation about the underlying psychological condition and suicide risk. The best intervention for lowering the risk of self-harm involves the parents closely observing the adolescent or child. In addition, it is essential to remove those items that they can use for self-harm. It is important to increase the number of follow up visits for Jane to be educated about how to seek assistance in crisis hotlines and emergency departments. The mother should also be educated about the various behaviours which require an immediate follow-up.

Treatment Plan

The recommended treatment for Jane is psychotherapy and pharmacotherapy. The treatment offered to an adolescent with depression should always go hand in hand with developmental level, associated risk factors, services available, patient preferences, and the level of depression. Before initiating the treatment, it is important to educate both the mother and the

patient about the treatments, expectations during the patient monitoring, and the follow-up schedule.

Pharmacotherapy

Antidepressants are the most effective medications for various mental health conditions in both young and older people. For depression, fluoxetine, a selective serotonin reuptake inhibitor (SSRIs), is the drug of choice in children (Hernandez & Rathinavelu, 2017). She will continue taking per oral fluoxetine 20mg daily. Administering the antidepressants will relieve the depression symptoms and episodes that Jane is experiencing. Proper adherence to the regime will prevent relapse.

Psychotherapy

A combination of psychotherapies is effective for mild, moderate, and severe depression. Interpersonal and cognitive behavioral therapy is an effective treatment for adolescent treatment. Citation Needed Cognitive behavioral therapy mainly entails various behavioral techniques and methods that help increase coping skills, solve problems, regulate emotions and enhance positive thinking patterns (Barker, 2017). It involves the attendance of multiple sessions depending on the needs of the child. There are usually between 6 to 20 sessions. It involves teaching the parent and child about specific coping techniques (Kendall P.C, 2016). Jane and her mother can attend various cognitive behavioral therapy sessions. The therapy is mainly goal-oriented and focuses on resolving the existing problems (Laidlaw & Wilkinson, 2020). In collaboration with the therapist, Jane can choose positive thoughts by the end of the therapy. Active participation of the adolescents and children in the therapy through completion of homework can help them attain the skills taught in the therapy sessions.

Follow up

There is a need for close monitoring after the prescription of the antidepressants. The mental health nurse should make weekly calls and schedule visits during the first month to monitor the drug's effectiveness. It is vital to prescribe treatment for long-term periods. Jane should attend a follow-up visit every month and also attend the scheduled dates for psychotherapy sessions. Home visits can be planned for her because of the poor access to health care.

Health education

It is vital to educate the patient and the guardian on the need to adhere to the treatment, attend all the plans, and attend psychotherapy sessions and appointments. Since Jane has lost appetite, it is vital to educate her mother on ensuring that Jane takes a healthy diet and be physically active and sleep well.

Letter

Dear GP

This is unnecessary and has the effect of making your letter look unprofessional

Hello

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Jane is a 15-year-old adolescent who lives with her mother, grandmother, and younger sister. She was brought to the hospital accompanied by her mother with complaints of suicidal

and was found to have e knife in her possession...

ideations. She was well until two years ago when her father was killed in a road accident. Since then, she has had depression that was on and off. Her mother often leaves her with her sister with

their grandmother when she has tasks to attend to. Her mother reports poor school performance because of the sickness. She appears to have a normal BMI with poor eye contact and has poor social skills. Jane claims that the grandmother is alcoholic, abusive and she even beats her up. Jane reports having difficulty sleeping, feeling hopeless, worthless and helpless, decreased appetite, decreased energy, and auditory hallucinations.

Jane has a major depressive disorder, which is accompanied by active suicidal ideations. Her experiences are the major risk factors that lead to the development of depression. There is a need to deal with the occurrences that make her depressed to successfully attain fidelity and identity by the end of the stage that she is right now. The case formulation for Jane was done according to predisposing, precipitating, perpetuating, and protective factors. All of the formulations are elaborated under biological, psychological, and social aspects.

The treatment of choice for Jane was fluoxetine 20 mg daily. She will also attend cognitive behavioral therapy once every week for ten sessions, lasting 30 minutes, along with interpersonal therapy once every month for three months. Behavioral, cognitive therapy will help her and the mother adapt specific coping techniques. The follow-up will be scheduled weekly for the first month and then monthly after that. There is a need for health education on a healthy diet, adhering to the treatment regimen, physical activity, attending appointments, and sleeping well.

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