

# MEL

“ I DON'T KNOW WHAT TO DO... I CAN'T COPE WITH THIS ANYMORE ”

- Age:** 22
- Occupation:** Student
- Education:** Secondary. Enrolled in TAFE course.
- Location:** Box Hill
- Family Status:** Single. Youngest of 4 children.
- Nationality:** Vietnamese (second generation)
- Health:**
  - Substance use (marijuana)
  - Increasing paranoia and depression
  - Agoraphobia
  - Poor diet
  - Isolation

ANXIOUS  
OVERWHELMED  
DEPENDENT  
VULNERABLE

## KEY FINDINGS FOR MEL

### SERVICE NEEDS

- Feeling safe and that there are people who I can contact who will care about me
- Confidentiality and discreetness – “My family cannot know about this”
- That they will help me get better – “I feel like I’m starting to lose my mind”

### GOALS

- Get through this without my family finding out
- Develop better ways of coping
- Stop smoking and cutting
- Feel confident to leave the house
- Get back to attending TAFE and finishing studies

### FEARS & FRUSTRATIONS

- Being judged on her self harming behaviour
- Feeling like she might get lost in the system – sent from one place to another
- Feeling pressured to “just get better”

DON'T TELL ANYONE. MY PARENTS CAN'T FIND OUT & I DON'T WANT MY HOUSEMATES TO THINK I'M CRAZY.

DO PEOPLE REALLY KNOW WHAT TO DO AND DO THEY WANT TO HELP ME?

DON'T LEAVE ME ALONE IN THIS.

TRUST

TELL ME WHAT MY OPTIONS ARE AND HELP ME TO WORK THINGS OUT.

I CAN'T MAKE PHONE CALLS OR GO TO NEW PLACES ALONE.

CHOICE & CONTROL

I WILL SHUT DOWN IF I FEEL OVERWHELMED.

I NEED TO UNDERSTAND WHAT'S HAPPENING TO ME AND HOW THE SYSTEM WORKS.

EXPLAIN EACH STEP TO ME (CLEARLY, TELL ME WHO'S WHO, WHAT'S GOING TO HAPPEN NEXT AND WHAT MY OPTIONS ARE.

COMMUNICATION

### PERSONALITY

introvert ————— extrovert

changeable ————— loyal

passive ————— active

### TECH USAGE

low internet & email ————— high

social media —————

mobile apps —————

### PREFERRED CHANNELS

online —————

social media —————

phone —————

speaking to family/friends —————

other services/referrals —————

### INCOME LEVEL

low ————— high

## BIO

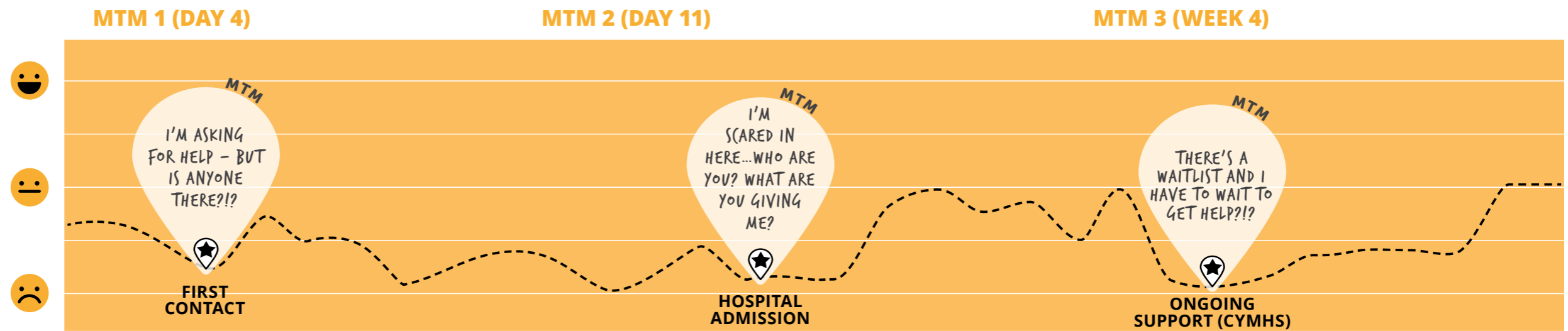
Hi I'm Mel, I'm a 22-year-old student and the youngest of four children. I am close with my family but I recently made the decision to move out of home to live with two friends.

My parents were not happy with my decision to move out. They have very high expectations of me and I was struggling to cope with the pressure.

I am enrolled in a hospitality course at TAFE but have not been going. I just don't like leaving the house at the moment. I feel like someone is watching me. I've been smoking pot to help take the edge off but I know it's probably doing more harm than good. I feel like I'm losing my mind.



# SUMMARY OF MOMENTS THAT MATTER (MTM) FOR MEL



## IMPACT

### Individual



- Increased risk of self harm.
- Increased use of substances.
- Reduced trust in system.
- Risk of withdrawing further.

- Overwhelmed by the environment and constant change in staff.
- Confronted by seeing other patients who are so unwell.
- Unclear about the medication she is being given.
- Fearful of her family finding out.
- Concerned about having to pay for services.
- May minimise her symptoms in order to leave hospital.

- Disengages and starts to give up on getting better.
- Loss of trust in system.
- Blames herself and withdraws, is alone again.
- Reverts to using her coping mechanisms (substances and self harm).

### Support Network



- Family and housemates feel disconnected from Mel.

- Housemates are concerned about where Mel is and what is going on.

- Breakdown in relationship with family.
- Housemates feeling confused/afraid about Mel's behaviour.
- Disengages from professional support channels.
- Becomes non-responsive/cooperative to MH workers.

### System



- Limited hours of phone support and opportunities for early intervention may lead to unnecessary or increased hospitalisations.

- Service limitations due to restrictions placed by client on the sharing of their information with other services/family members.

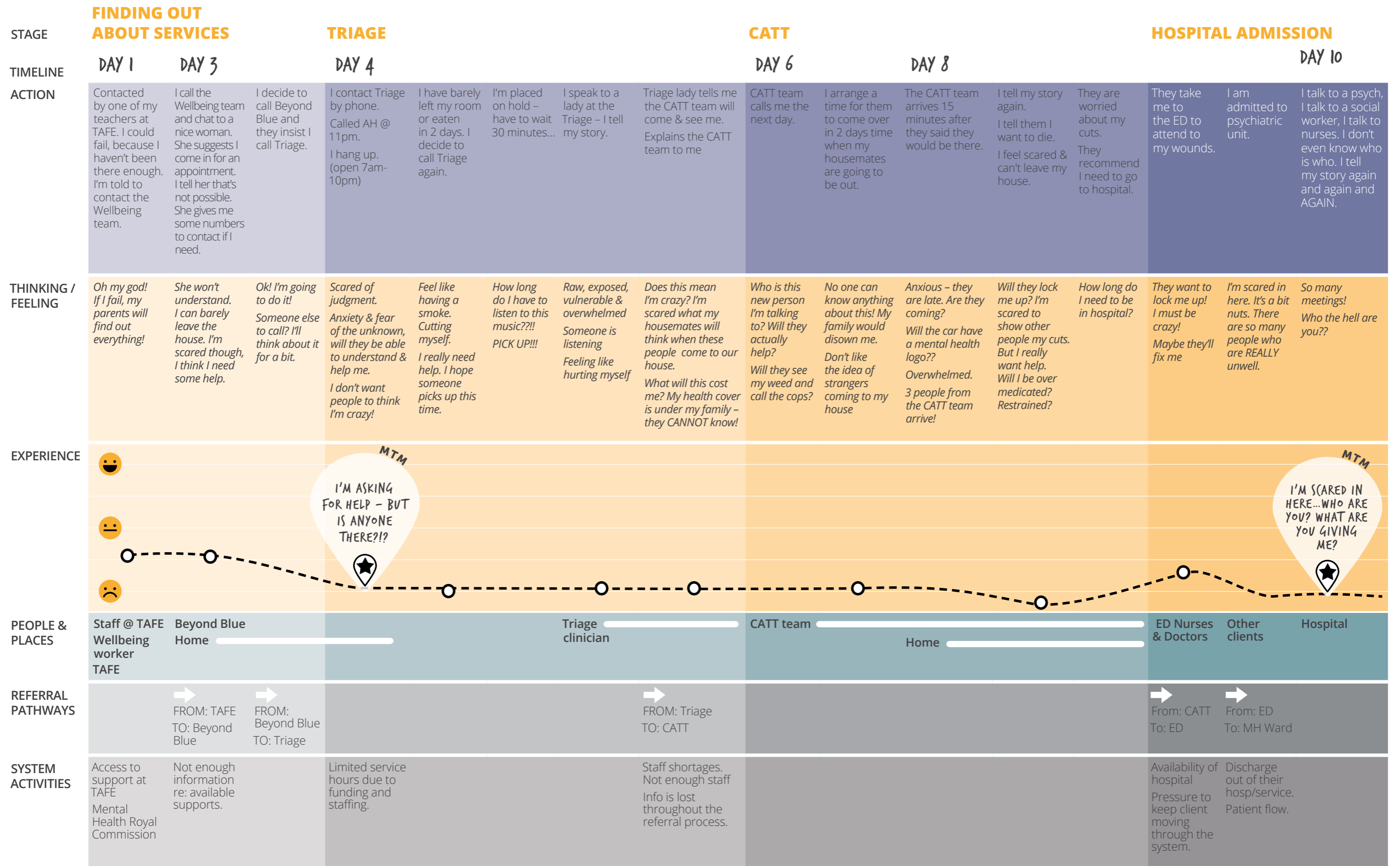
- No continuity of care to prevent relapse when no GP is present and no consent to include family in care team has been given.
- Case manager needs to account for safety of client – limiting capacity to take on new clients.
- Treatment becomes involuntary.
- Housing is at risk.

# MEL'S JOURNEY

## SCENARIO

Mel has contacted the local mental health triage service saying she is feeling suicidal. She is tearful, agitated and distracted but oriented to place and time. She states people are watching her and that she is

too scared to leave the house because "they will get me". Mel does not want to contact her family as she says that they don't understand what she is going through.





STAGE	HOSPITAL ADMISSION					CYMHS				STEPPED CARE							
TIMELINE						DAY 14	DAY 17	DAY 24	WK 4	WK 8	WK 12						
ACTION	They put me on medication. No idea what it is.	I'm not feeling as paranoid. I guess I'm feeling a bit better. They say I can go home soon.	They want to talk to my family – I don't want them to!!	They give me some numbers & people I can call. Tell me the CATT team will come to my house tomorrow	I am discharged. I go home.	CATT comes to visit me and watch me take my meds. (X 3 days) I tell them I've got no food, but all they do is just check to see I'm not going to hurt myself.	They refer me to case management (CYMHS)	I tell my story to the CYMHS worker at her office. They tell me about Headspace – it sounds ok.	My CYMHS worker calls me. Tells me there is a big waitlist for Headspace. Tells me there are other options. I'm not sure. I need to think about it. I tell her I will text her.	I get lots of calls from private numbers and texts.	I get a letter telling me I'm going to be discharged. If I don't respond, I'll have to go back through Triage.	I decide to call. Chat to CM – she had some new ideas. She refers me to 'Stepped Care'	The next day the Stepped Care people call me. I make an appt.	I go to the appointment at their office.	I meet with a new person at the Steps Office. I tell my story again.	I am referred on to a whole lot of other services. <ul style="list-style-type: none"> <li>• AOD</li> <li>• Psycho Ed groups</li> <li>• Youth Groups</li> </ul>	I start using services and seeing a GP and psychologist regularly.
THINKING / FEELING	Feel like I'm being controlled. No one seems to care about how I really feel or what's actually going on for me.	I'm feeling really sleepy. What is this medication? I want to get out of this nut house, but what will it be like at home.	Haven't they been listening to anything?? I've told them 20 times my family can't know about this!!	What are these numbers for? Why do I have to call? Couldn't someone do it for me? What will my housemates think about this?	Where will I tell my housemates I've been? My room is chaos, I don't have any food and I think I owe money for a heap of bills.	Do they actually want to help me? I'm sitting here in my room and the place is a disgrace, but they don't seem to care.	Well that's something at least – maybe they are trying to help.	Wow she was different. I like her. She could see how I was doing instantly, and really listened. She gets that my family can't know about this.	Annoyed. Seriously? No one can help. What's the point?	They keep calling. I'm over this. Surely there's other options she could try.	Feeling panicked – these people are going to give up on me. I can't go back to hospital. That place is horrific!	I feel a bit	Another new person to talk to	Is it another long waitlist? I wish they could see me at home. I'm finding it hard to leave the house still.	I'm so over going over all the same stuff Nervous. "Will they judge me?" "What do I have to say?"	It's taken 3 months Hopeful. "Maybe I can get help" "Maybe I can have a different life"	So many people to see. I want to enjoy my life again. I hope I'll be able to stay with this clinician and not be moved on again.
EXPERIENCE																	
PEOPLE & PLACES	Hospital		Housemates		Discharge team	CATT team	CYMHS worker			Steps intake			Steps Office	TAFE GP			
REFERRAL PATHWAYS			➔ From: MH Ward To: Home			➔ From: CATT To: CYMHS					➔ From: CYMHS To: Stepped care		➔ From: Stepped care To: Services				
SYSTEM ACTIVITIES	Income from Centrelink of not attending TAFE.		NDIS for general disability not mental health clients.		Agencies looking to support similar clients. Multiple client records and systems.	Capacity of staff to keep up to date with referral pathways and service changes.	Unwell mentally but not unwell enough for NDIS.	Lack of capacity to meet demand. Demands & KPIs	Extensive wait lists for services.	Clunky data collection systems take away from time with clients.	Case manager needs to account for safety of client.	Staffing limitations due to short term \$\$	Service \$\$ moving forward.	Out of date resources. New model of care with Triage + CATT	Continuity of care – preventing relapse where no GP is present.		