

## **Unit 3: Cannabis, young people and mental health**

### **Case study part A - Dave**

*"Life's pretty pointless anyway"*

Dave is 19 years old. He does some part time work for a local landscape supplier and some occasional labouring jobs but has quite a lot of time on his hands. He comes to see his GP with a shoulder injury which happened when he was helping to repair a car for a mate at the weekend.

Dave has forgotten his Medicare card and hasn't got any money on him. He says he had a heavy weekend with friends, drinking and smoking a bit. He seems listless and vague. He gets out of home as often as possible as he says his Dad is a 'problem drinker' and goes on endlessly about his time in the army and how Dave ought to pull himself together and get a decent job. Dave would like to move out but can't afford it and also thinks it would be hard on his Mum if she was left to look after his younger brother and cope with his Dad.

On questioning Dave admits he smokes to 'get out of it', spends quite a lot of time sleeping and might have anything up to 25 cones a day. Dave says that his Dad is constantly on his back. Dave has reacted on several occasions with anger, smashing things in the house. He says he can't seem to help it but doesn't like the fact it upsets his Mum. He hates his Dad drinking and sees his younger brother is starting to stay away from home as much as possible and is getting into trouble. "Life's pretty pointless anyway" he says "and we're stuck."

### **Points for discussion**

- The GPs ability to engage with Dave is a vital first step. How might you go about this?
- What are the important issues here?
- What are the risks and what assessments might you use?
- What is the diagnosis or problem that carries the most risk?
- What intervention would be useful at this consultation?
- What support could health services offer at this point?
- What extra support could VVCS provide at this point?

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### **Case study part B – Dave**

Dave's Dad Mike sees the GP for a blood pressure check. He is currently trying AA for his drinking but has missed quite a few sessions because he's started up the drinking again. The GP asks how Dave is getting on. Mike says "He's a complete no hoper. Can't do anything with him – he just stays in his room, smoking that dope. I used to smoke a bit myself in the Gulf but not like this. His girlfriend can't stand it – she's left - and his Mum's going mental with worry and doesn't know what to do. If I get stuck into him he just flies off the handle and to tell you the truth he's bigger than me and can get really agro so we just back off. Just yesterday – for no reason – he started yelling and screaming at us, smashed a window and threatened to kill himself. It really scared his brother and it's just not safe at home anymore. But I ask you, What can we do? He won't listen to anyone".

### **Points for discussion**

- What particular challenges might there be with this case?
- What additional information would you seek from Mike?
- How would this change your management?
- How could Dave be effectively managed using the services and resources in your area?
- What role could VVCS play with this family?

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### **Facilitator's notes**

#### **Part A**

- Emphasise the importance of establishing rapport with Dave as a vital first step.
- What does Dave mean by a 'heavy' weekend?
- Is Dave using other drugs as well as cannabis and alcohol?
- Recommend taking a full drug history
- Dave is using heavy landscaping equipment – what Workcover and OHS issues are there? Is this a case for mandatory reporting or is there a privacy issue here?
- Explore the family history. Discuss the health issues that are known to affect children of veterans.
- Discuss drug language – how much is 25 cones? How expensive is 25 cones? How could you ask Dave these questions?
- What family information services and supports are available for Dave's Mum and his younger brother?
- Is there a suicide risk here? What action could you take?

#### **Part B**

- Discuss cannabis use and psychosis
- What services are available to help the family manage Dave when he 'gets really agro'?
- Can VVCS assist at this time and if so, how? (Note: Son not eligible, father eligible, VVCS to establish eligibility)
- What family information services and support are available to Mike?
- How do Mike and his family contact these services?
- What other options are there for Mike to try to better manage his drinking?
- Discuss the procedures for voluntary and involuntary scheduling under the Mental Health Act or State /Territory equivalent.