

Story vignettes

The following story vignettes are used to trigger case discussion. Each unit has two story vignettes to allow participants to explore issues that arise for young people with mental health and substance use issues and their families and carers from various perspectives.

The trigger questions for each story are to direct discussion and lead participants to think how they would help this person through their service and how they would access other relevant services.

Facilitators have additional discussion questions and notes for each story vignette.

- Unit one:
 - Story A: Eloise
 - Story B: Jake

- Unit two:
 - Story A: Darren
 - Story B: Sean

- Unit three:
 - Story A: Gillian
 - Story B: Michael

Unit one

Story vignette A – Eloise

"When I wake up, it's just black. Life's just black. But I don't want to tell Mum about that or other things. If I tell her what's really going on, I know she's going to panic and go off and try to do stuff to fix it. Like, even though I'm 16, she's still into making appointments for me with her doctor and then she gets cut when I don't turn up. I try to tell her that I didn't ask her to do it and there's no way I want to get grilled by someone.

Mum doesn't listen to that. And she doesn't listen when you tell her that everything's under control. She just goes off and loses it and then the whole thing spins out and she'll end up crying and begging me to be like I was and then Dad comes home and he loses it with me for upsetting Mum. And then he starts fighting with her, himself. And then I just feel as guilty as shit.

I knew Mum was reading my diary because she was watching me all the time. And crying at the sink when she did the washing up. I write everything in my diary, so all the drug and sex stuff would have been a bit of a shock. I used to tell Dee, my best girlfriend, all those things but she OD'd and died and left me. Mum's so scared that this is going to happen to me. But I'm not scared 'cause when you OD, you don't feel anything. You don't know you're dying..."

Points for discussion

1. What are the important issues here for Eloise and her parents?
2. How would you identify and prioritise the risks that Eloise faces?
3. If Eloise was telling YOU this story, how would you engage with her?
4. What interventions are possible and who would be best to coordinate these?
5. What support could local health and community services offer at this point?
6. Could you involve the parents? How?

Unit one

Story vignette B – Jake

"I was diagnosed when I was 17. That was more than five years ago now. We were told to just accept that I'd be on meds for life and to forget about me ever being 'well'. It was pretty heavy, not just for me, but for Mum and Dad too.

One of the hardest parts is after I've had an episode. I come out of hospital with a change in my medication but not really with much information about it. Or what the side effects might be. So I go home and Mum and Dad have to deal with the new 'me' and it's guesswork for them and they basically have to play it by ear and just keep doing the stuff they know works with me. Or works best, anyway.

They're really into me keeping routines going like say, I have to get up every morning at a normal time and do something with my day. And I have to exercise. They can see the difference in me when I come back from walks, so they push all that. I hate it though. I'd do anything just to stay in bed. I volunteer three days a week in an op shop which I think is important because you're doing something of value. And you're learning how to get on with other people. If you sit at home doing nothing, you don't know how to socialise at all.

It's lonely when you're sick. You don't see many of your old friends - they don't get what's happening for you. And you miss being able to do all the stuff that other people your age do. I think that's why when I start to do well I sort of think I'm doing better than I am, and I start feeling okay about seeing my old friends again. Problem is that they all do a bit of grass and they drink and stuff and so I party with them. And I think it's all going to be okay. And then, before long, I'm not taking my meds and it always crashes down and I go backwards and it's like, 'Here I go again.'

I see a lot different doctors and services so I'm telling my story a lot and sometimes I feel like I've had enough of talking. And I don't want to talk about it anymore. I don't even know how therapy is that useful for me anyway."

Points for discussion

1. What are the important issues here for Jake?
2. What are Jake's strengths and when is he at risk?
3. If Jake was telling YOU this story, how would you engage with him? Would you involve his parents?
4. What strategies could you suggest to Jake to prevent the 'here I go again' situations?
5. What role can the general practitioner play in Jake's health care?
6. What support could other local health and community services offer at this point?

Unit two

Story vignette A – Sean

"I thought it was normal for teenagers and that everybody would go through it at some stage. It started in about Year 10. I'd always been in the top classes and then my schoolwork started going down hill and the effort of keeping it all together was just so exhausting. I'd get home and slam my bedroom door and just let it all out and howl and howl. It was like I was two people. One on the outside and one on the inside.

I guess my teachers must have noticed that things were a bit weird but because I'd always done so well, they probably expected that I'd muddle through. And no-one talked to me or Mum from memory. Mum did take me to a counsellor because she was worried that I wouldn't talk to her but I didn't open up to him either. He said it was normal teenage rebellion and told me to be more considerate because my mother was worried about me.

When I think about it now, I think that if only I'd got a diagnosis earlier then things would have turned out a lot better. I would have been more realistic about what I could achieve in the HSC for example. And maybe I would have found other ways to get to Uni or TAFE.

But after I crashed in the exams, I spun out and started pushing the physical boundaries: late nights, stressful relationships, cannabis, a bit of e, a bit of speed. And all of these things have made my recovery so much harder. I'm on this merry-go-round of uppers and downers and I'm sick of it."

Points for discussion

1. What mental health and substance use issues is Sean describing in this story?
2. Discuss how communication blocks affected Sean and how these might be avoided in the future.
3. Is Sean ready to change his current pattern of behaviour?
4. If Sean were telling YOU this story, what history and assessment steps would you take?
5. What opportunities would there be to assist Sean in seeking help through a GP?
6. What interventions might be helpful and which local services could you draw on to help Sean?

Unit two

Story vignette B – Darren

"Ordinary kids don't know about sex or drugs or stuff until later. But I already knew all that when I was still in primary. There was nothing new to me about it.

Mum's friends came around all the time: people I didn't even know, just walking in, straight through our house, past us, into her room. And this isn't no good for the little ones. When babies and little kids see someone they don't know, they get scared. They'll be staring and they'll be thinking, 'Who's that? I don't know him?'

...And then they're looking at me, their eyes asking, 'Is it all right?' They're looking at me to make sure. And to them it is because I'm there. They're thinking, 'My brother's here. I'm all right.' That's what they're thinking. But I've got no-one to look up to, to feel safe with, except Mum, and after she let those blokes in, she was with them. Not me.

With drugs, you know your Mum cares for you and stuff but she doesn't show it anymore. With drugs, Mums care more about what's to come, than for what they've already got.

I'm 17 now and sometimes I've got too much in my head and I get pretty spun out. And I feel myself getting depressed – and angry. Sometimes I think I'll use the drugs too – there's plenty lying around at home. So I just try to get away by myself. I go to the community centre. That's like another life for me. I go into the gym and do weights and some of the volunteers, the adults, they help me out. The other kids still run after me and stuff. They're always saying, 'Where's Darren? Where's Darren?' And that's good. But I need space for myself too. To work it out...".

Points for discussion:

1. What are the risks to Darren's mental and physical health? Especially given he is still seen as a carer by the younger kids?
2. How might further risk be averted and some of the current problems be resolved or alleviated?
3. If Darren told you this story, what would YOUR response be?
4. What health care would benefit Darren? What particular role could a GP play?
5. What issues does this story raise in terms of duty of care and confidentiality?
6. What support could other local health and community services provide?

Unit three

Story vignette A – Gillian

"I keep trying to get help from a variety of people but there doesn't seem to be any systematic approach because the resources aren't out there and the few services that do exist have such tight criteria about who fits into the groups they service.

So for me, it's been like 'hang on, you don't understand. I am one person looking after this kid.' I feel like I've got this child who's in trouble and why won't anyone in the system help me? This is the case even with the Department of Health because there just aren't the children's psychiatric facilities.

There was one place where I took Luke to get assessed but they said, 'No, he has a drug problem so he doesn't fit our criteria.' There are only eight adolescent psychiatric beds in the state so during one episode he was sent to an adult assessment place where they put people who are in psychosis. These are adults who are seriously ill and my child was there with them. And they just said, 'Oh, we'll look after him. And we'll give him his own room. That makes it sort of different.' I stayed with him until 10 pm that night and when I came back in the morning they just went 'He can go home now.'

No one had dealt with him the night before and I was like 'Hang on a minute, what if I take him home and it happens again?' And they said. 'Just take him back to hospital.'

During these psychotic episodes we're sent away from hospitals with a tablet and bounced from one service to another. You feel totally responsible and totally helpless. Who can you turn to who'll sit with you and actually listen? And offer ideas?"

Points for discussion

1. What are the important issues here for Gillian?
2. How do you think she is coping?
3. If Gillian was telling YOU this story, how would you engage with her? Would you involve Luke?
4. What role might the general practitioner play in supporting Gillian?
5. Are there strategies that could be put in place to prevent Luke from being bounced from one service to another?
6. What support could other local health and community services offer at this point?

Unit three

Story vignette B – Michael

"I don't know for certain all the ways that Steve's addiction has affected me but I do know I'm a different person to who I was. And professionally, it has been difficult. I'm normally a very open person and that has been quite damaging to me.

Many people who I work with have been horrified to learn that I would have a son like that and it's made it very difficult for me to continue to do business with them. There's been no support and a lot of negativity. The assumption is that I haven't done a good job as a father, that I must be a bad parent and yet they know me well, we've worked side by side for a long time. These are very smart, highly qualified people and yet their level of compassion is non-existent. Just terribly judgemental.

I have one dear friend, a barrister, who has been wonderful. He persuaded me to talk to our GP about it. Having a child in the throes of addiction, wears you down. You get desperate. And I know that sometimes I've been scratching around for meaning and I've been almost suicidal myself. You think you're going mad.

My GP told me I have to take anti-depressants. But there was no way I wanted to. I didn't think I needed them because how would that solve Steve's problem? But he convinced me.

So I have been taking them and it has given me some breathing space while I continue to live with the chaos and try to find help..."

Points for Discussion

1. Discuss the effect that social stigma connected with mental health and substance use is having on Michael.
2. What does the story tell you about Michael and his family?
3. If Michael was telling YOU this story, how would you engage with him?
4. Discuss the use of anti depressants for Michael.
5. What other support strategies might the general practitioner offer Michael?
6. What support could other local health and community services offer at this point?