



Working towards an Integrated System of Care in Mental Health and Addiction

The Werry Centre
19 May 2016

Case Study

- ▶ Kimmy is a 9 year old girl who lives with her mother and stepfather and two siblings. She has a younger sister who is 7 years old and a little brother who is two months old.
- ▶ She is being seen at her local community child and adolescent mental health service for some anxiety problems. She does not like to go anywhere on her own (including upstairs in her own house). She declines visits to other people's houses unless her sister or mother go with her.
- ▶ Kimmy's father has been invited to the CAMHS service however, so far he has been unable to attend.

- ▶ Kimmy's mother, Joan, is with an Adult Community Mental Health service. When she was asked about other people in the family having mental health problems; she stated that she had had some difficulties with anxiety herself, throughout her life. When asked about what support she had received for this Joan said she was currently receiving treatment for this. No further questions were asked. In fact Joan is experiencing OCD and because of this finds it very difficult to complete daily household chores. As a result she is often not able to complete the tasks required to keep the family working smoothly. She feels considerable guilt about this.
- ▶ Through a local NGO, Joan has a CSW come in twice a week to help her complete the household tasks for her family. Joan's husband tries very hard to understand the OCD his wife is experiencing and Kimmy's anxiety, however, he does not really understand and wonders why Joan cannot "just do" the tasks needed to meet the needs of the family. Neither can he understand why Kimmy needs her mother to be present all the time. He is becoming tired, frustrated and irritable from having to complete many of the household chores himself whilst holding down a fulltime job. He is beginning to shout more at home.

- ▶ Joan is also being seen by her local plunket nurse. The plunket nurse has noticed that there is washing and dishes to be done when she visits. She notices that Joan is often still in her dressing gown upon her arrival. She is has noticed that Kimmy is often not at school when she visits.
- ▶ Kimmy's school are aware that she arrives late to school many days and has more recently been absent from school. This has been explained as being related to her anxiety which is being treated by the CAMHS service. They are also aware that Joan has had a new baby. They are beginning to be concerned about the amount of time Kimmy has had off school.

Case Study Questions

- ▶ How important is all the information to the formulation and "treatment" of the Kimmy's anxiety?
- ▶ Does all the information meet the conditions for sharing information related to the welfare of the child?
- ▶ Does it meet ethical criteria for disclosing information about Joan and her MH treatment?
- ▶ What is the family perspective about information sharing?
- ▶ Are services best to see this as a “client family” and collaborate to meet the families needs or will individuals needs be better served by the current system? Are anyone's needs not being met by the current system?
- ▶ What changes to the current way of working would be needed to view and work with this family as a “client family”?

Small group discussion

- ▶ Separate into groups of five or six
- ▶ You will need
 - ▶ A vivid pen and some flipchart paper
 - ▶ A scribe

Small Group discussion

- ▶ What is an integrated system of care?
- ▶ What does it look like?
- ▶ What current practices and initiatives currently reflect an integrated way of working?
- ▶ What changes are required to better reflect an integrated way of working?
- ▶ What current systems, policies and procedures in your system support an integrated system of care?
- ▶ What barriers are there to an integrated way of working?
- ▶ What needs to happen at a practitioner level?
- ▶ How well does your service currently work with other services in the continuum of care?
- ▶ What could you do to improve this?