

**Patient AB**

17-year-old female: Year 12 student, supportive peers, no friends in community  
PTSD and Major Depression. Chronic self-harm and recently suicidal, Significant alcohol intake, bingeing  
Family environment destabilising and exposure to abuse  
Urgent relocation to a safer environment in May 2020  
Current home environment, still stressful but not abusive, parentified, taking care of unwell parent.  
Supportive school, but missed school considerably,  
Poor school attendance, need supporting documents for special consideration.

**Additional impact due to COVID-19:**

Exposed to **abuse. Can't escape**, Don't want to involve police, complex factors  
Support network extremely limited due to the **restrictions** secondary COVID-19  
**Isolated** from her friends (usual role: coping, distraction, safety)  
**Away from safe school environment**  
**Stuck** in the abusive environment at home  
Academic **performance decline** ,  
Poor attendance  
**Worried about future** and about impact on VCE outcome  
**Studying online but challenging** due to PTSD/ Depression  
Not keen for meds, fearful of potential side effects  
**Struggles to attend telehealth** sessions  
**Limited psychology sessions** available  
Unwell parent/s

**Further discussions around:**

For patient:

Diagnostic clarification  
Formulation  
Safety  
Treatment options: Meds/ Psychotherapy  
Support

For parent:

Level of involvement in patient's treatment plan  
Patient's Consent / breach of confidentiality (very tricky area)  
Family's own anxiety about patient's wellbeing parallel to their own stress/ anxiety due to COVID-19

For GPs:

Level of expertise, level of comfort in treating and supporting young people  
Support within the team/ peer support  
Availability of appointment with private psychiatrist/ too expensive, long wait, Crisis team?  
Revolving door? All Systems inundated ?? panic??  
How to manage their own burnout, and hope to cope in these uncertain times.  
Other questions