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| **Dialogue** | **Comments** | **Notes** |
| *Scene: Psychiatrist, Emma, opens her office door to let Amy inside.*    Emma: Hello Amy, my name is Dr Emma Waverton. Please, just come through. |  |  |
| Emma: Just take a seat and make yourself comfortable. |  |  |
| Emma: Did you have any trouble getting here? | Emma is trying to put Amy at ease and build rapport. |  |
| Amy: I’m terrible with directions. Always have been. So, I got the wrong bus and got lost but… I always leave lots of time. | Amy is unsettled and fidgeting. Psychomotor agitation and restlessness can be seen in depression or anxiety disorders. |  |
| Emma: Well I’m glad you made it. |  |  |

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| **Dialogue** | **Comments** | **Notes** |
| Emma: Ahh, your GP has referred you as they’re a bit concerned you haven’t been travelling so well lately. Is it OK if we get to know each other and, then you can tell me a bit about what’s been going on? |  |  |
| Amy: Sure. |  |  |
| Emma: Great. So, ah, can you tell me a bit about yourself? |  |  |
| Amy: Yes. I’m 31. I live in an apartment with a housemate. I have a little dog. And I’m looking for work at the moment. |  |  |
| Emma: Sure. Ah- and what’s been going on for you lately? |  |  |
| Amy: Well, it’s been a hard year. I was finishing up my PHD at Uni and working part-time and things were going well. I mean not great; I’d have my ups and downs. | It is important to get a good understanding of the mental health history prior to a traumatic brain injury (TBI), as well as, the pre-TBI social context and personal goals. This informs the diagnosis, supports and rehabilitation focus. |  |

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| **Dialogue** | **Comments** | **Notes** |
| Amy: And I’ve been depressed before but then I had the accident and I just feel like I can’t do anything and what’s the point? | Feelings of hopelessness are a feature of depression. |  |
| Emma: It sounds like you’ve had a really difficult time. | Rephrasing and reflecting back can be helpful ways to convey understanding and clarify if you are on the right track. |  |
| Amy: I have, but I don’t like to tell anyone. My parents have done so much for me and, they were there every day in the hospital and helping with so many things that I don’t want to put *this* on them as well. | Feelings of guilt are seen in depression and result in isolation and a reluctance to seek help. This is due to the person feeling unworthy of assistance or that other people are more deserving of support. |  |
| Amy: And my friends all have their own lives, and they don’t want me bringing them down. And I *should* feel grateful that I’m alive and I can still get around by myself and be independent, but I just don’t want to do anything. | Comparisons to others can be overwhelming. Comparison might be against other patients met through hospital (who may be better or worse off) or peers, who are progressing along the patient’s previous trajectory and seemingly leaving them behind. |  |

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| **Dialogue** | **Comments** | **Notes** |
| Emma: I can hear that you’re feeling guilty and- and like you’re a burden on others? Does it ever get to the point that it feels like it would be easier if you weren’t around? | Addressing suicidality is an important part of a mental health assessment and, contrary to what people often think, does not increase the tendency of the patient acting on suicidal thoughts. |  |
| Amy: I have thought about that, especially when I didn’t know how long I would be in hospital for and, if I would ever come home. But I wouldn’t do anything to harm myself. |  |  |
| Amy: My parents have been through so much already and, I wouldn’t put them through that. And I do, sometimes, feel that thing- things could get better and…that maybe I could finish my studies? | Amy has some hope, and this would be a good place to start when planning the psychosocial management approach. |  |
| Emma: Yes, tell me more about that. What do you think would need to happen before you could return to studying? |  |  |

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| **Dialogue** | **Comments** | **Notes** |
| Amy: Well, I find it really difficult to concentrate when I read. And…I’m tired *all* the time. | Difficulty concentrating and fatigue can be seen in depression, anxiety and following a TBI. There may be different reasons cited e.g., “mind going blank”, distractibility or confusion. Neuropsychological testing can be helpful to differentiate. |  |
| Emma: How are you sleeping? |  |  |
| Amy: I find it really difficult to get to sleep. Like, I’ll lie there for hours, thinking about a million different things, I can’t switch my brain off. | Difficulty falling or staying asleep or a restless, unsatisfying sleep can be experienced with anxiety and insomnia or hypersomnia with depression. Often the description of being unable to switch off is associated with anxiety. |  |
| Amy: And then when I finally do go to sleep, it’s only for a few hours and I wake with this sense of dread about day ahead and all the things I should be doing but can’t seem to achieve anymore. | Early-morning awakening and depression that is regularly worse in the morning are two features of a melancholic type of depression. |  |

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| **Dialogue** | **Comments** | **Notes** |
| Emma: Amy there are a- a few other things we need to discuss and, possibilities we need to explore, but I think this is something that you and I can work through together so that we can make life feel more worthwhile for you.  *Amy nods. Scene ends.* |  |  |