**Patient Journey Mapping Draft Composite case**

This case has been drafted by the Prince George Local Action Team’s Working Group on Patient Journey Mapping. Kelly is a fictitious character, and Kelly’s experiences do not represent any one person. It is our hope that many people can relate to Kelly.

During an upcoming Patient Journey Mapping session, Youth and Families who have experience with child and youth mental health and substance use services will be asked to help change this case so that it represents commonly held experiences.

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Age 5-6

Kelly begins kindergarten and is shy, fearful, withdrawn and has major separation anxiety from Mom. The teacher notices the high anxiety and low social bonding and talks to Mom about it. It is suggested that Kelly see’s a counsellor; there is no counsellor at Kelly’s school and when Mom tries to get services in the community, they are put on a wait list. Kelly doesn’t see a counsellor.

Age 7-12

Kelly has become more easy going at school but doesn’t have many friends. Kelly is kind-hearted and tries hard to be friends with the other students; sometimes trying to buy friends with secrets or candy. Students start to take notice that Kelly talks and behaves differently. Kelly gets verbally and socially bullied on the playground but doesn’t tell anyone.

Age 12-13

The bullying gets worse and Kelly start to feel resentful, sometimes pushing kids and having arguments. One day Kelly gets in a fight that a school supervisor witnesses and gets suspended from. In class Kelly has a difficult time sitting at a desk, talks back to the teacher, and wants to be left alone. Kelly is anxious and always worried.

Age 13-15

High school begins and Kelly is very nervous about the new school. It’s a large school and there are many students. Kelly keeps quiet and doesn’t connect with staff or students. The bullying relationships that started in elementary school have moved with Kelly to the new school. Kelly is irritable and usually feels unsafe. School work isn’t enjoyable but Kelly’s grades are good enough that they fly under the radar of school staff.

Age 15-16

Kelly has made a few friends and has a small group of peers to hang out with.  Kelly starts to get invited to parties and begins experimenting with alcohol and pot.  On Kelly’s 16th birthday, they go to a party, get into a fight, and badly beaten up. At the hospital, Kelly is treated for a broken rib, head wounds, cuts and bruises. Mom is angry that Kelly got into a fight and Kelly feels worthless and that the world is a terrible place. While recovering from injuries Kelly’s fearfulness is at an all time high; Kelly starts to have bad dreams. For several months after the fight Kelly won’t go outside or back to school, and spends most of the time alone. They try to see a counsellor and are put on a long wait list. Mom doesn’t know what else to do and decides to move to the rural community where her parents live. While there, the symptoms worsen and Kelly attempts suicide. The rural hospital transfers Kelly to APAU at UHNBC and there Kelly is diagnosed with Major Depressive Disorder, Generalized Anxiety Disorder and PTSD.

Age 16-17

Kelly’s treatment included six weeks in APAU, medication for depression and anxiety, individual and group therapy. Kelly and Mom move back to Prince George and eventually Kelly goes back to school and takes alternative classes to try and get caught up. Kelly visits the counsellor a few times as an outpatient and after missing several appointments the file is closed. Kelly takes the medication some of the time and is feeling better but still doesn’t fit in or relate to most people their age.

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For more information about this case, attending the Patient Journey Mapping session, or the Prince George Local Action Team, please contact:

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