



**The  
Researchers  
Hub**

**COMPREHENSIVE CLIENT**

**ASSESSMENT**

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## ASSESSMENT TASK TWO:

### A COMPREHENSIVE CONSUMER ASSESSMENT

#### INTRODUCTION

In mental health services, it is essential for the clinicians to conduct in-depth analysis of patient's situation so that exact health care requirement can be ascertained. The present case is discussing about 28 years old female who is married and mother of 3 months old baby. She is diagnosed with postnatal Depression. Currently, she is hospitalised and she requires extensive health care services (Behle & Piquart, 2016). Thus, in this aspect care plan has been developed for her to manage the health condition. Chief information is being included about her psychiatric treatment and how it will assist her in improving her mental capability.

<b>Psychiatric Nurse Assessing:</b>	Delia
<b>Date:</b>	26.10.2017
<b>Consumer Name (in full):</b>	Rachel
<b>Date of Birth:</b>	5.12.1989
<b>Sex:</b>	Female
<b>Address:</b>	89, C Street Near Central Park, London
<b>Telephone Home:</b>	
	01469879856
<b>Telephone Work:</b>	NA
<b>UR Number</b>	NA
<b>Next of Kin Contact Person:</b>	Charles Peter
<b>Relationship to the Consumer:</b>	Brother
<b>Address:</b>	65, C Street Near Central Park, London
<b>Contact Telephone Number Home:</b>	
	01487965563
<b>Contact Telephone Number Work:</b>	NA
<b>REFERRAL SOURCE:</b>	NA
<b>OTHER WORKERS / AGENCIES INVOLVED</b>	
Several other psychiatric agencies are involves who have given mental health services in past time.  Lifeline Clinic- Dr Joseph  For Care Clinic- Dr John Mathew  Psychologist Mary Martha	

## ASSESSMENT TASK TWO EXAMPLE FORMAT (CONT.)

### **PRESENTING COMPLAINT:**

When Rachel came to the hospital, she was constant crying as well as she was in unconscious state as she was intensely irritable. The doctors measured her blood pressure and it was not normal due to depression there was changes in rate of blood pressure (Angermeyer, van der Auwera, Carta & Schomerus, 2017). Her brother Charles also arrived with her and he informed the doctors about the medical care required for Rachel as after giving birth to child she was suffering from postnatal depression. He also mentioned that Rachel did not take food today and in empty stomach she took the medicines. Usually, she experiences such problem when she does not have food on stipulated time period (Yanartas and et.al., 2016). The patient also suffers from insomania, doctors asked certain questions and Rachel was unable to answer any of the questions as she did not remember anything that happened to her. In addition to this, Postnatal depression usually happens after two to eight weeks of giving birth to child, though sometimes it may also happen after a year giving birth to child.

### **PAST PSYCHIATRIC TREATMENT:**

Before giving birth to child she is been diagnosed with the depression that assisted her family yo took psychiatric treatment for her (Baumeister, Ciufolini & Mondelli, 2016). At the same time, she was also admitted in Care UK so that she can be treated for her depression. With this she was unable to contact and come close to her baby. Through this, Rachel has undergone with a stroke in her brain which hampered her brain capability (Bijkersma-Pot, Cuijpers, Beekman & Schoevers, 2016).

Her brother mentioned that Rachel's family condition is not good; thus she never found positive environment in her family. It is also identified that Rachel has experienced physical abuse in her childhood which changed her mindset towards social perspective (Georgieva, Lauvrud, Almvik & Whittington, 2017). She was also a patient of depression when she gave birth to baby (Keown and et.al., 2016). Her brother also mentioned that last year she met with an accident which also hampered her brain functioning.

### **CURRENT PSYCHIATRIC TREATMENT:**

From last years, non-drug treatment is provided to Rachel that changes her behavioural and cognitive symptoms. Along with this, different medications is also been provided to patient that include daily intake of Sertraline 150mg (increased from 100mg). Further, PRN's for anxiety that include 2.5mg-5mg Diazepam (maximum 3 times a day with a maximum dose not exceeding 15mg).

This sort of treatment also improved the quality of life. Rachel is having problems of vomiting, diarrhea, nausea and insomnia; thus she is given several drugs like donepezil and rivastigmine

(Glenn and et.al., 2017). Her brother also added that she has been getting counselling services from last few months which stabilises her mind especially when she goes outside. However, due to loss of appetite, other treatment is not provided to her because that could hamper her mental stability for longer period (Stengel, 2017).

#### **ACCOMMODATION:**

At present, she lives alone; however her family members are her neighbours and they reside on the same street side area. She lives in a rented house whose rent is paid by her husband. Further, she also gets support from her family whenever required (Philip, Terry, Alan, Michelle & Glenn, 2016).

#### **FINANCIAL ARRANGEMENTS:**

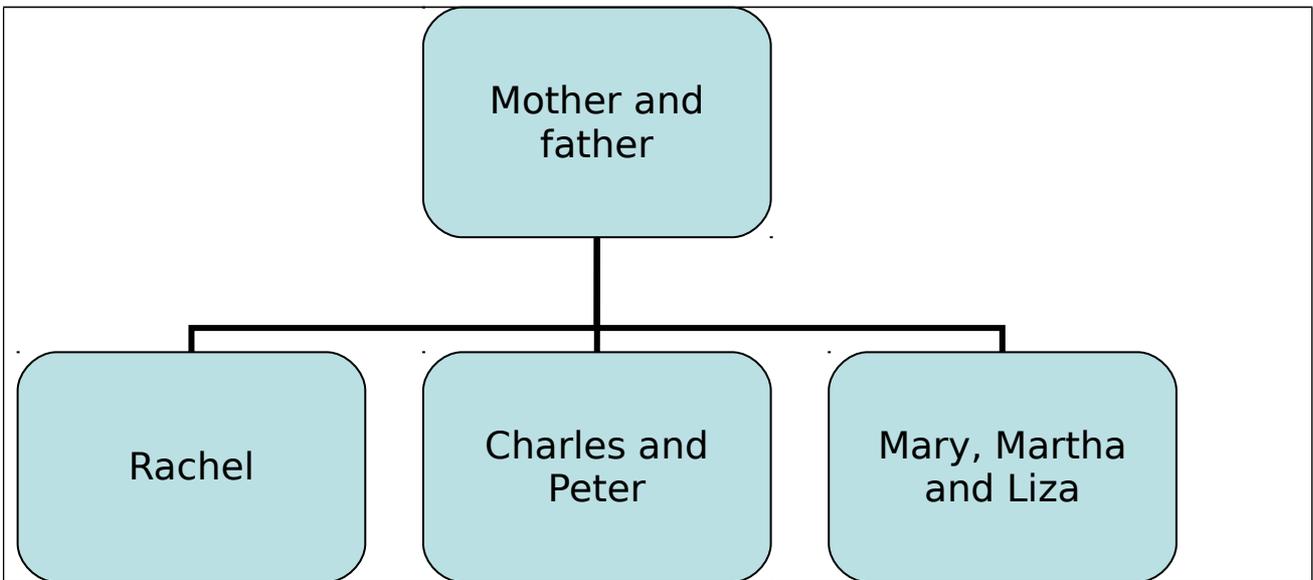
Rachel used to work in a supermarket when she was 25 and she worked only for two years. After marriage she left the job as she became unstable in her work. Financial burden came on her; so her husband started to lend some money to her every month (Knight, Xie & Mandell, 2016). Sometimes, her brother and mother also support her financially which aids Rachel to manage her house.

#### **HISTORY AS REPORTED BY OTHERS:**

Rachel's family members are very much concerned about her since she is an emotional person. However, her brother added that Rachel is a short tempered person and during childhood she used to talk improperly with people (Kim, Lau & Chorpita, 2016). She has certain communication problems as well; therefore she cannot speak properly with others. When she was working she proved herself as a good employee because she worked hard for the super-market. On the other hand, she has a helping nature which people like about her personality.

#### **FAMILY HISTORY: GENOGRAM**

Rachel is 28 years old and she has two brothers and three sisters. Her mother is also having the issues related with depression; thus it can be said that because of family history Rachel is experiencing the same issue (Espelage & Merrin, 2016). Her father died at the age of 45 years; therefore her uncle supported the family. This is the reason the entire family considers her uncle as a major part of the family.



**RECOVERY ENGAGEMENT / RESOURCES / RELATIONSHIPS:**

Rachel believes that she is perfectly fine especially when she communicates with anyone. She always get good support from her family members and carers; therefore it motivates her to get her health condition improved (McLeod and et.al., 2017). Though she has communication problems; still she can communicate suitably with others. Her brother said that she has good learning capability; hence she grasps things positively (Boaz, Becker, Anandel & McCutchan, 2017).

## ASSESSMENT TASK TWO EXAMPLE FORMAT (CONT...)

<b>PERSONAL HISTORY:</b>
<b>EARLY CHILDHOOD DEVELOPMENT</b>
Her brother mentioned that Rachel was born on 5.12.1989 and she was also the favourite of her parents. During childhood, she was a shy girl; hence everyone used to like her. In addition to this, she was the only child who helped her mother in kitchen. She indeed can be called as a good cook as she knows to prepare different dishes (Larson, Larson, Bock & Bock, 2016).
<b>SCHOOL PROGRESSION:</b>
In schools, Rachel used to be an attentive and punctual student; however she never got good marks in her examinations (MacDonald-Wilson, Hutchison, Karpov, Wittman & Deegan, 2017). Thus, academically she was weak; however she has knowledge of everything. She is a good learner and her parents always her to be an engineer (Schwenck, Schneider & Reichert, 2016). However, her brother also said that due to her aggressive nature, her family members sometimes get upset. After completing her academic, Rachel then went for masters' degree and she moved out of the town. After completing her studies, she got married to Sam (Weiss, Ale, Junghans-Rutelonis & Curwick, 2016).
<b>OCCUPATIONAL HISTORY:</b>
At the age of 25, she started working in a supermarket to manage the family. However, she worked in the supermarket only for two years. She met with an accident during working; hence afterwards she was unable to work. Thereafter, she left the job.
<b>RELATIONSHIP / MARTIAL HISTORY:</b>
After completing her masters', she got married with Sam who is a supervisor in electric store. Rachel always had an aggressive behaviour and Sam was also short tempered they often used to fight (Fenton, 2016). After 2 years of marriage she got pregnant and gave birth to baby girl. During the time of pregnancy it was found that she suffers from postnatal depression. However, after giving birth she faces certain health problems; Sam gives financial assistance to Rachel (MacDonald-Wilson, Hutchison, Karpov, Wittman & Deegan, 2017).
<b>DRUG AND ALCOHOL USE:</b>
Rachel drinks alcohol sometimes during occasions; but her husband used to drink every day. Rachel sometimes smoke as well which led to communication problems (Buchanon, Swanson & Swartz, 2017).
<b>FORENSIC HISTORY / LEGAL MATTERS:</b>
According to Victorian Mental Health requirements, Rachel needs to get suitable treatment for her health problem (Bateman, 2017). She needs to submit certain documents and after that she can get possible medical assistance from Victorian government. She does not have any criminal records in her accident cases.
<b>While managing health care cases in Australia, The Health Legislation Amendment Bill 2017</b>

should be followed as that is one part of government's response. This also supports Victorian hospital system and at the same time it also eliminates the opportunities of harm. Moreover, this works in strengthening the quality of care. In the same context, it involves different changes that add quality, safety and continuous improvement into service provision (Smart, Williams and Lyndon, 2016).

The health care system in Victoria is engaged in providing high quality treatment to the Victorians. In this respect, it is essential to implement Health Services Act 1988 which underpins and elevates roles and responsibilities for quality and safety.

Further, amendment mentioned in Mental Health Act 2014 is also required to be fulfilled which works to improve governance arrangements for the Victorian Institute of Mental Health (Willis, Reynolds and Keleher, 2016).

In case if the patient has any problem, then client can make use of Health Complaints Act 2016.

#### **MEDICAL HISTORY:**

Stating about her medical history, her brother added that Rachel always skip her food schedule which not only affects her medication procedure; but also it affects her overall health. She also has problems related obesity because she used to have fast food on regular basis. Apart from this, it is also observed that she is regularly undertaking psychiatric treatment and all the medicines help her in getting a stable mind (Edbrooke-Childs, Wolpert & Deighton, 2016). When she was admitted in hospital, she was prescribed medicines which she had to take for around 4 months. Thus, this is the medical history of Rachel in past years.

#### **PERSONALITY:**

Rachel seems to be a positive personality; however she is short tempered which sometimes make people angry. She always gets positive response from others and this is the reason people in her office always support her whenever required (Schwenck, Schneider & Reichert, 2016). She seems to have good learning capability; therefore this helps her to manage things in optimistic manner.

## ASSESSMENT TASK TWO EXAMPLE FORMAT (CONT...)

<b>CULTURAL BACKGROUND:</b>
Rachel was born in London; hence she follows all the cultural and social customs of the nation. The family believes in celebrating different occasions which give them the opportunity to have good time with social values. Afterwards, when she moved for studies, she followed different cultural values as well; therefore this made her culturally diversified (Glisson, Williams, Hemmelgar, Proctor & Green, 2016).
<b>SPIRITUAL CONSIDERATIONS:</b>
Rachel is not too much religious; however she believes in cultural and religious values. She always gives respect to cultural values and according to her preference, she visits people during occasions. She has multiple spiritual values afterwards she shifted to different country (Larson, Larson, Bock & Bock, 2016).
<b>GENERAL PRESENTATION:</b>
When Rachel came to the hospital, she was dressed properly and her clothes were also clean. She seemed to be confused when nurses started speaking to her. She is tall and has blonde hair; thus the external appearance seems to be good. While communicating with her, it was found out that she had loud voice (Montenegro, Colon-Rivera, Hurley, Eckstrand & Gandhi, 2016).
<b>ORIENTATION:</b>
When Rachel's brother informed about the health problems, the nurses started diagnosing her health condition through engaging the team members. However, they also realized that there was less staff members in the hospital during the time Rachel came.
<b>THOUGHT</b>
<b>Content:</b>
At present, she is feeling like puke since she took medicines without having food. She was also sweating as her blood pressure level came down. She also loss the appetite as well as unable to look after the baby (Perera, Rogers, Edwards, Hudman & Malone, 2017). Though, she did not remember anything about her past days because of insomnia. She also complained of sleepless nights; thus she seemed tired as well.
<b>Stream:</b>
While communicating with the nurses, it was observed that she was not confident in answering and she was also hammering while speaking to others. She has audio and visual problems; hence she is having issues in communication (Tsai, Moskowitz, Brown, Park & Chorpita, 2016).
<b>MOOD &amp; AFFECT:</b>
Since, she has postnatal depression that results in experiencing mood swings according to the situations. She feels different in all the situations and sometimes she is unable to express whatever she feels. Most often she looks depressed. Her behaviour also includes constant crying and getting irritate in the small things and activities.
<b>PERCEPTUAL ABNORMALITIES:</b>

Impaired attention affects the information processing in different levels and it also hampers functional decline in the case of depression (Jacobs, Chalkley, Aragón, Böhnke, Clark, Moran & Gilbody, 2016). This also contributes to performance reduction in other cognitive domains that includes memory and other executive functions. She is also having issues due to distortion of reality; hence she is unable to comprehend things.

**ATTENTION / CONCENTRATION:**

Rachel has less concentration in managing her work and she is also unable to express what she requires. After giving birth to baby she was also not attentive in rendering proper care to the baby as she was unable to connect with her. Apart from this, she often burst into the tears just for without any reason. When the doctors asked questions from her, she was unable to interpret her feelings. Further, it was also seen that Rachel is unable to concentrate in any work because she has multiple thoughts in her mind.

## ASSESSMENT TASK TWO EXAMPLE FORMAT (CONT...)

### MEMORY:

Rachel does not remember anything about the past days; but she knows that Charles is her brother. Further, while communicating with the nurses, she shows positive response which makes it clear that Rachel remembers the nurses who are serving her medical amenities (Carlton, 2016). Since, she has postnatal depression; therefore she faces many multiple problems in memorising things.

### INSIGHT:

Charles said that Rachel does not agree to this that she has any mental problem as she suffers from postnatal depression. She considers herself fit and strong and she feels unhappy when anyone calls her sick. Since, she has mental illness; so she requires assistance from others; however most often she gets angry when getting too much bothering from others (Dhaka & Musese, 2017). Due to this, sometimes she skips visiting psychiatric because of her short tempered nature.

### JUDGEMENT:

She is unable to manage herself in some situations which arises the condition of distress. Moreover, she does not seek assistance from others because she wants to do everything alone. When Rachel reached to the hospital, she was in unconscious state; hence she denied talking properly with the nurses.

### RISK ASSESSMENT:

Rachel spends most of her money in buying household items because she likes to keep her home full of different items. She loves to spend money on clothes.

Sometimes, Rachel behaves like a multiple personality wherein she shows different behaviour in every condition (Simm, 2017). Rachel had the history of physical abuse; therefore this develops fear in her and as a result, she gets angry often.

Her brother Charles added that she is too lazy in having food timely and most often she forgets to have medicines as well. He also said that Rachel even tried to overdose herself with medicines when she was distress. She often has risk of aches and pains that lead to arise irritated situation.

At present, she is showing positive response to nurses because she knows nurses will help her in getting rid of her depression problems.

### SUMMARY:

From past few months, Rachel has been struggling from communication problems where she is unable to talk without hammering (Evans-Lacko, Takizawa, Brimblecombe, King, Knapp, Maughan & Arseneault, 2017). In the situation of pregnancy she diagnosed with the postnatal depression that lead to worsening the health as it results in losing weight of patients. Rachel is having financial problems; therefore her brother is trying to get community health services for Rachel. Charles said that earlier she used to drink sometimes in a week; however now she drinks almost every day. This not only affects her mental health; but also it is reducing her physical abilities. Therefore,

considering the situation, nurses have developed several goals to treat Rachel in best possible manner.

**FORMULATION (Diagnostic):**

Rachel Edison who is 28 years old and is diagnosed with the postnatal depression during and after the pregnancy and she is also live alone in a house. Her family members reside nearby in the same street area; thus Rachel often meets them (Abuse, US & Office of the Surgeon 2016). Rachel's mother also has the problem of depression; therefore Rachel has major symptoms of depression. There are numerous aspects that have contributed in disturbing the condition of Rachel such as her separation from her husband, lack of financial stability and certain behavioural problems (Wilkinson, Whittington, Perry & Eames, 2017).

Rachel does not consume medicines on regular basis which affects her psychiatric treatment. She seems disorganised in counselling services; hence this makes the counsellor more confused about the situation. Since, she had the problem of physical abuse in childhood; therefore she is scared of living alone also.

**PROBLEM DEFINITION & INITIAL MANAGEMENT PLAN**

Psychiatric treatment is essential for Rachel since she is suffering from postnatal depression. With the help of this treatment, it is vital for the nurses to ensure that proper counselling services are being given to the patient. Further, it is also significant for the nurses to support the patient in her mental care treatment (Mental & Office of the Surgeon General 2016). Thus, according to the requirements around 5 counselling sessions should be organised for Rachel to know about her mental fitness.

## REFLECTION

While working on this patient, I realised that I need to provide greater support to Rachel so that she can get rid of her mental problems. Postnatal depression results in arising mental issue among the patient as it directly impact their health. The first time when I started talking to Rachel, I found her distressed because she did not recognise anything about her past days. Along with this, she also seems to be very tired and restless as depression results in insomnia. Moreover, she seemed angry and short tempered too; therefore initially I hesitated to ask any question from her. While having conversation with Rachel, I came to know that she used to work in a supermarket for two years; however because of marriage she had to leave the job. After giving birth to baby it results in severing the depression that results in arising serious health issue to her.

She has beliefs about social and cultural values; however she does not visit cultural places most often. When I spoke about her family, she did not show much interest in talking about the family members may be because she does not remember anything about her past life. However, when I asked about her childhood life, she became angry because of the incident of physical abuse. Thus, considering the case, I can say that this would be a difficult task to handle a patient (who is having mental disorder). This will also be a challenging task for the patient because she does not consider herself mentally sick and ill.

Thus, according to the case, I can say that working on this assignment helped me to grab knowledge about Victorian laws and health care amendments. The current research also improved my understanding level and I can know handle various other cases in this respect. Moreover, I also came to know about the reasons for which mothers feel depressed after giving birth to child. I personally feel that emotional values of motherhood should be promoted during pregnancy period so that the state of depression may not come. Thus, the present research study has contributed in improving my research skills and capabilities.

In the present case, the woman has mood disorder because she is unable to give attention to the baby. She seems to be unhappy after giving birth to the child. Earlier, I had no idea about the hormonal changes associated with depression during pregnancy; thus due to extensive research I research to know about the exact causes of pre natal depression. Afterwards, finishing the assignment I believe that personal counselling is essential for such cases. With the help of personal counselling, the patient can be encouraged to manage things after having the baby. I would like to specify that prenatal depression is different with that to mental disorder and most often people consider the patient mentally unstable. As per several

clinical cases, I have met different people who have several types of depression; thus I have the knowledge to categorise the type of depression.

## APPENDIX (HONOS)

1. Overactive, agitated, aggressive, disruptive behavior	0
2. Non-Accidental Self Injury	2
3. Problem drinking or drug taking	4
4. Cognitive Problems	1
5. Physical Illness or Disability	2
6. Problems associated with hallucinations or delusions	3
7. Problems with depressed mood	4
8. Other mental or behavioural problems	3
9. Problems with relationships	1
10. Problems with activities of daily living	0
11. Problems with living conditions	2
12. Problems with occupation and activities	0
<b>Total Score:</b>	<b>22</b>

## REFERENCES

- Abuse, S., US, M. H. S. A., & Office of the Surgeon General (US). (2016). INTRODUCTION AND OVERVIEW OF THE REPORT.
- Angermeyer, M. C., van der Auwera, S., Carta, M. G., & Schomerus, G. (2017). Public attitudes towards psychiatry and psychiatric treatment at the beginning of the 21st century: a systematic review and meta-analysis of population surveys. *World Psychiatry, 16*(1), 50-61.
- Bateman, A. (2017, May). STRUCTURED CLINICAL MANAGEMENT: PSYCHIATRIC CARE FOR PERSONALITY DISORDER IN GENERAL MENTAL HEALTH SERVICES. In *AUSTRALIAN AND NEW ZEALAND JOURNAL OF PSYCHIATRY* (Vol. 51, pp. 16-17). 1 OLIVERS YARD, 55 CITY ROAD, LONDON EC1Y 1SP, ENGLAND: SAGE PUBLICATIONS LTD.
- Baumeister, D., Ciufolini, S., & Mondelli, V. (2016). Effects of psychotropic drugs on inflammation: consequence or mediator of therapeutic effects in psychiatric treatment?. *Psychopharmacology, 233*(9), 1575-1589.
- Behle, A. E., & Pinquart, M. (2016). Psychiatric Disorders and Treatment in Adoptees: A Meta-Analytic Comparison with Non-Adoptees. *Adoption Quarterly, 19*(4), 284-306.
- Bijkersma-Pot, L. M., Cuijpers, P., Beekman, A. T., & Schoevers, R. A. (2016). Comparison of efficacy of psychiatric treatment versus treatment in general medicine. *Tijdschrift voor psychiatrie, 58*(10), 751-758.
- Boaz, T. L., Becker, M. A., Andel, R., & McCutchan, N. (2017). Rehospitalization risk factors for psychiatric treatment among elderly Medicaid beneficiaries following hospitalization for a physical health condition. *Aging & mental health, 21*(3), 297-303.
- Buchanon, A., Swanson, J. W., & Swartz, M. S. (2017). Community psychiatric treatment under legal mandates: the international experience. *Care of the Mentally Disordered Offender in the Community, 243*.
- Carlton, T. (2016). MENTAL HEALTH SERVICES.
- Dhaka, P., & Musese, A. N. (2017). Mental Health Services.
- Edbrooke-Childs, J., Wolpert, M., & Deighton, J. (2016). Using patient reported outcome measures to improve service effectiveness (UPROMISE): Training clinicians to use

outcome measures in child mental health. *Administration and Policy in Mental Health and Mental Health Services Research*, 43(3), 302-308.

Espelage, D., & Merrin, G. (2016). 19.4 Violence Victimization Among Sexual Minority High School Students: Impact of School Disorganization on Mental Health Outcomes. *Journal of the American Academy of Child & Adolescent Psychiatry*, 55(10), S287.

Evans-Lacko, S., Takizawa, R., Brimblecombe, N., King, D., Knapp, M., Maughan, B., & Arseneault, L. (2017). Childhood bullying victimization is associated with use of mental health services over five decades: a longitudinal nationally representative cohort study. *Psychological medicine*, 47(1), 127-135.

Fenton, S. J. H. (2016). *Mental health service delivery for adolescents and young people: a comparative study between Australia and the UK* (Doctoral dissertation, University of Birmingham and The University of Melbourne).

Georgieva, I., Lauvrud, C., Almvik, R., & Whittington, R. (2017). Opinions of professionals and family members about the National mental health law regulating involuntary commitment of psychiatric patients: An international comparative study in 10 countries. *European Psychiatry*, 41, S337.

Glenn, C. R., Kleiman, E. M., Coppersmith, D. D., Santee, A. C., Esposito, E. C., Cha, C. B., ... & Auerbach, R. P. (2017). Implicit identification with death predicts change in suicide ideation during psychiatric treatment in adolescents. *Journal of child psychology and psychiatry*.

Glisson, C., Williams, N. J., Hemmelgarn, A., Proctor, E., & Green, P. (2016). Increasing clinicians' EBT exploration and preparation behavior in youth mental health services by changing organizational culture with ARC. *Behaviour research and therapy*, 76, 40-46.

Jacobs, R., Chalkley, M., Aragón, M. J., Böhnke, J. R., Clark, M., Moran, V., & Gilbody, S. (2016). *Funding of mental health services: Do available data support episodic payment?* (No. 137cherp).

Keown, P., McBride, O., Twigg, L., Crepaz-Keay, D., Cyhlarova, E., Parsons, H., ... & Weich, S. (2016). Rates of voluntary and compulsory psychiatric in-patient treatment in England: an ecological study investigating associations with deprivation and demographics. *The British Journal of Psychiatry*, 209(2), 157-161.

- Kim, R. E., Lau, A. S., & Chorpita, B. F. (2016). The Impact of Latino Caregiver Acculturation on Treatment Engagement in Children's Community Mental Health Services. *Journal of Child and Family Studies*, 25(3), 891-901.
- Knight, A. M., Xie, M., & Mandell, D. S. (2016). Disparities in Psychiatric Diagnosis and Treatment for Youth with Systemic Lupus Erythematosus: Analysis of a National US Medicaid Sample. *The Journal of rheumatology*, 43(7), 1427-1433.
- Larson, L. R., Larson, L. R., Bock, D. E., & Bock, D. E. (2016). Consumer search and satisfaction with mental health services. *Journal of Services Marketing*, 30(7), 736-748.
- MacDonald-Wilson, K. L., Hutchison, S. L., Karpov, I., Wittman, P., & Deegan, P. E. (2017). A Successful Implementation Strategy to Support Adoption of Decision Making in Mental Health Services. *Community mental health journal*, 53(3), 251-256.
- McLeod, S., Mulder, C., McGregor, M., Katz, A., Singer, A., Liddy, C., ... & Viner, G. (2017). Family Medicine Forum Research Proceedings 2016 Do urine cultures in the emergency department change management of young women with symptoms of uncomplicated urinary tract infection? Ontario data support Starfield's theory on practice quality and cost Home-based primary care for frail elders Measuring the social determinants of health with linked administrative data Using big data to understand medication adherence in Manitoba Understanding patient referral wait times in Ontario Development of a pharmacist .... *Canadian Family Physician*, 63(2), S1-S108.
- Mental, H. S. A. U., & Office of the Surgeon General (US). (2016). Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health.
- Montenegro, R. E., Colon-Rivera, H., Hurley, B., Eckstrand, K., & Gandhi, T. (2016). Monitoring the Meeting: Resident Takeaways From the October 2015 APA Mental Health Services Conference.
- Perera, R. H., Rogers, S. L., Edwards, S., Hudman, P., & Malone, C. (2017). Determinants of Transition From Child and Adolescent to Adult Mental Health Services: A Western Australian Pilot Study. *Australian Psychologist*, 52(3), 184-190.
- Philip, B., Terry, C., Alan, R., Michelle, C., & Glenn, E. H. (2016). Reconceptualizing involuntary outpatient psychiatric treatment: From "Capacity" to "Capability".

- Schwenck, C., Schneider, W., & Reichert, A. (2016). Universal parent training as a supplement to inpatient psychiatric treatment for children and adolescents. *European child & adolescent psychiatry*, 25(8), 879-889.
- Simm, K. (2017). Mental Health Services. *Encyclopedia of Global Bioethics*, 1-8.
- Smart, N.A., Williams, A. and Lyndon, K., 2016. The role and scope of accredited exercise physiologists in The Australian Healthcare System. *Journal of Clinical Exercise Physiology*, 5(2), pp.16-20.
- Stengel, E. (2017). Psychiatric Treatment. Proceedings of the Association for Research in Nervous and Mental Diseases: Vol. XXXI.(London: Bailliere, Tindall and Cox, 1953. Pp. xiv+ 451. 49 illus. 68 s. 6 d.).
- Tsai, K. H., Moskowitz, A. L., Brown, T. E., Park, A. L., & Chorpita, B. F. (2016). Interpreting progress feedback to guide clinical decision-making in children's mental health services. *Administration and Policy in Mental Health and Mental Health Services Research*, 43(2), 199-206.
- Weiss, K., Ale, C., Junghans-Rutelonis, A., & Curwick, K. (2016). (531) Functioning and treatment outcomes of patients who attend a pediatric chronic pain rehabilitation program and are admitted for inpatient psychiatric care. *The Journal of Pain*, 17(4), S107.
- Wilkinson, H., Whittington, R., Perry, L., & Eames, C. (2017). Does Formulation of Service Users' Difficulties Improve Empathy in Forensic Mental Health Services?. *Journal of Forensic Psychology Research and Practice*, 1-22.
- Willis, E., Reynolds, L. and Keleher, H. eds., 2016. *Understanding the Australian health care system*. Elsevier Health Sciences.
- Yanartas, O., Sunbul, M., Durmus, E., Kivrak, T., Senkal, Z., Subasi, N., ... & Sayar, K. (2016). Severity of Depression and Anxiety Symptoms is Associated with Increased Arterial Stiffness in Depressive Disorder Patients Undergoing Psychiatric Treatment. *Klinik Psikofarmakoloji Bülteni-Bulletin of Clinical Psychopharmacology*, 26(3), 287-293.

