VIPE ACADEMY

CASE STUDY: MENTAL HEALTH AND YOUNG PEOPLE

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FFUNDING:

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Case 1: Mental Health in Youth

Case Objectives:

- Identify psychosocial risk factors contributing to Sofia's anxiety and social withdrawal.
- Develop an interprofessional care plan to reduce anxiety, improve sleep, and promote social engagement.
- Coordinate interventions across home, school, and community settings.

Case Presentation (Medical Note):

00.- Patient Identification
Name: Sofia Novak
Age: 15
Sex: Female
DOB: 15 March 2011
Nationality: Slovenian
School: Middle School, Grade 7
Location: Suburban area, Ljubljana, Slovenia
Date of Exam: 10 August 2026
Historian: patient and parents

01.- Trigger Event: "Teacher reports sudden decline in academic performance and an anxiety episode during class presentation. The family agrees to seek professional help."

02.- Chief Complaint (CC): "Feeling anxious and withdrawn" x 6 months

03.- History of Present Illness (HPI)
Sofia is a 15-year-old girl referred to the health clinic due to increasing anxiety, social withdrawal, and sleep disturbances x 6 months. Teachers report she appears fatigued, has difficulty concentrating, and is less engaged in classroom activities. Parents note increased irritability, frequent headaches, poor appetite, pain in the neck and back and reluctance to participate in social activities with peers.

Sofia reports that her anxiety and social withdrawal have been increasing over the past 6 months. Headaches occur approximately 2–3 times per week, and sleep disturbances happen almost nightly, with difficulty falling asleep and frequent awakenings. Sofia enjoys drawing and playing with her younger sibling but has stopped attending after-school art classes and has progressively reduced her physical activity over the past six months. She spends 4–5 hours daily on screens, mostly for gaming and social media. She reports occasional stomach aches and difficulty sleeping, often waking up at night. She denies any self-harm or suicidal thoughts but expresses persistent worries about health and school performance.

04.- Past Medical History (PMH)

- Mild seasonal allergic rhinitis
- Denies previous psychiatric history
- Reports vaccinations up to date
- Traumatic scapular fracture (age 12) related to artistic gymnastics practice.

- Denies surgical history

05.- Medications

- Antihistamines (loratadine 10 mg once daily) for seasonal allergic rhinitis (end of March to end of June) if needed.
- OTC intranasal glucocorticoid + antihistamine (fluticasone propionate and azelastine 50 mcg/137 mcg twice daily) when needed.

06.- Family History

- Mother: Anxiety disorder, well-controlled with therapy. Denies substance abuse
- Father: Healthy, no chronic conditions
- Sibling: 8-year-old brother, healthy
- Denies any family of cardiac, respiratory, endocrine or sudden death. Family denies any history of substance abuse disorders.

07.- Social History

- Lives with mother (primary residence) and younger brother; father is involved and maintains regular contact. Parents separated approximately one year ago.
- Parents are generally supportive and involved; mother uses a collaborative and nurturing approach, encouraging Sofia to express her feelings, while father is more structured and sets clear routines.
- Engages mostly in virtual interactions since pandemic
- Highly motivated in art classes pre-pandemic
- Denies history of bullying or school absenteeism
- Denies substance use
- Denies Romantic relationships or dating activity
- Denies Significant family losses or changes (e.g. bereavements, separations, relocations) in the past 6 months
- Physical activity: Approximately 20 minutes/day of moderate-intensity physical activity and 0 minutes/week of vigorous-intensity physical activity. High sedentary behaviour (4–5 hours/day of recreational screen time).
- Diet: Her last month eating history remarks that she has irregular meals, reduced intake (occasionally skips meals and does not follow a regular structured eating pattern), increased processed foods and more snacking during screen time.

24-hour dietary recall:

- Breakfast: Often skipped or minimal (plant-based milk with sweet cereals)
- Mid-morning snack: None or sandwich (often refined bread)
- Lunch: prefers simple foods (pasta, sandwiches, chips), low vegetables, fish and eggs
- Afternoon: Frequent snacking while on screens (biscuits, crisps, sweetened yoghurt, sugar-sweetened beverages)
- Dinner: soup and meat. Small portions and often does not finish it
- Evening/night**:** Occasional snacking (sweets, crisps)
- Low water intake and often during the day drink soft drinks

08.- Review of Systems (ROS)

- Psychiatric: Anxiety, low mood, irritability, sleep disturbances
- General: Fatigue, occasional headaches, poor appetite

- HEENT: Denies visual disturbances, denies hearing changes or disturbances, denies balance problems, denies sore throat intermittently, denies nasal congestion, denies sinus pressure
- Cardiovascular: Denies chest pain, palpitations, dyspnoea on exertion, syncope or lightheadedness
- Respiratory: Denies cough, wheezing, or dyspnoea when sitting or with exertion
- Gastrointestinal: Mild stomach aches, no nausea/vomiting
- Genitourinary: Denies dysuria, haematuria, frequency or urgency or flank pain
- Reproductive: LMP: 3 weeks ago
- Endocrine: Denies cold/heat intolerance, hair loss, dry skin, denies excessive thirst, denies skin changes
- Musculoskeletal: admits myalgias all over, denies pain, denies bruising, swelling, deformities, denies gait disturbances or weakness. Admits Neck and upper back myalgia, aggravated by prolonged sitting.
- Heme: denies easy bruising, bleeding disorders, or familial bleeding disorders
- Neurological: denies any lack of sensation or motor difficulties or other neuro deficits

09.- Physical Exam

- Growth: Height 159 cm (25th percentile), Weight 48 kg (25th percentile), BMI 18.9 kg/m^2
- Vital Signs: HR 88 bpm, BP 104/68 mmHg, Temp 36.6°C, RR 16
- General: Alert, cooperative but anxious. Sofia is independent for the most activities of daily living (ADLs), including personal hygiene, dressing, and feeding.
- No abnormal findings on cardiac, respiratory, or abdominal exam
- Musculoskeletal: Mild tenderness of the cervical and upper trapezius muscles, with no joint abnormalities or neurological deficits. Otherwise full range of motion, no pain to touch, sensation and motor intact 5/5.
- Neurological: CN II–XII intact, normal gait
- Psychiatric: Mild anxiety observed; affect restricted, appropriate insight. PHQ-9 (Patient Health Questionnaire-9): 10 points (moderate depression). https://www.mdcalc.com/calc/1725/phq9-patient-health-questionnaire9
- GAD-7 (General Anxiety Disorder-7): 14 points (moderate anxiety). https://www.mdcalc.com/calc/1727/gad7-general-anxiety-disorder7
- FYI: CID (*Classificação Internacional de Doenças*) is the same as ICD-10 (International Classification of Diseases)
- Lab values: Lab value lookup for your country can be found here: http://www.scymed.com/en/smnxpf/pfxdq210_c.htm

    - Haemoglobin (Hb): 11 g/dL; [12-16.1 g/dL]
    - Haematocrit (Hct): 35%; [36-47 %]
    - Mean corpuscular volume (MCV): 72 fL [80-100 fL]
    - TSH: 2.52 [0.27-4.20 mcU/ml]
    - T4: 1.31 [0.92-1.68 ng/dL]

10.- Initial Assessment / Impression

- Likely anxiety and social withdrawal
- Risk factors: prolonged isolation, excessive screen time, family history of anxiety

- Differential diagnosis: generalised anxiety disorder, adjustment disorder, early depressive symptoms