

# Mental Health Interprofessional (IPE) Event

## Case summaries

---

***Note to facilitator - If using a patient is not possible the following 7 case examples could be used with student groups.***

### Case Summary 1

**This Summary is purely fictitious and not based on an individual.**

Miss Sandra Carr

Aged 35 yrs

Sandra was discharged home yesterday.

Sandra was admitted to hospital 8 days ago. She had been found wandering in the streets and knocking on strangers doors asking to come inside. She was drunk, when found by the police. Her mother had alerted the police to the situation, and expressed her concerns. The police took Sandra to Accident and Emergency at the Leicester Royal Infirmary. She was handcuffed because she had been physically resistive and had struck out at an officer. At the time she believed the officer was her ex-husband Mark, and had called the officer by her ex-husbands name, and been clearly frightened of him.

In accident and emergency she had been restrained by the police and kept there, despite repeatedly asking to leave until she was seen by a psychiatrist. Sandra told the psychiatrist that she was hearing voices telling her she was in danger. She did not recognise the voices, but stated that they sounded like real people talking to her through the walls. The voices spoke directly to her, and told her that she was going to be killed. The voices told her to leave the house and to escape from her family. Sandra had been hearing the voices for about 2 weeks prior to admission but they had become louder and more frequent. In A+E Sandra did not recognise where she was, she thought she might be in prison, she also believed that the policeman outside looked exactly like her ex-husband, and that he was in fact Mark. She was scared as Mark had been violent towards her during their relationship and the voices were saying that he would kill her.

Before leaving the house Sandra had also seen patterns in the carpet. She was unclear what the patterns were, but thought someone was trying to communicate with her. She wondered if this might be someone who had died. On 1 occasion she also saw a 'spirit' a vague whitish outline of a person standing on the stairs. She did not approach the figure, but she was certain it

was trying to talk to her. The figure vanished suddenly when her partner turned a light on downstairs. No one else saw the figure.

Sandra was detained under a section 2 of the mental health act. She doesn't understand what this means, except that she has to stay in hospital for 28 days, and take tablets. Sandra was admitted from A+E to an acute ward, at a mental health unit, 8 days ago. She underwent a week long detox from alcohol, and was given medication that ended yesterday and at a meeting yesterday on the ward was discharged home.

Sandra has never sought help for her drinking, and has never seen a psychiatrist before. Sandra has an appointment to see the psychiatrist next week, and has been referred to the community alcohol team.

### **Social History**

Sandra lives with her partner Paul and her 4 children. Paul is the father of her youngest child Simon, who is 6 months old. Paul is not working and drinks alcohol most days.

2 children, Aidan aged 11 and Evie aged 13 also live with her, and their father is Mark. Sandra married Mark 14 years ago, and they separated 5 years ago. Mark was aggressive towards Sandra. He has Aidan and Evie every weekend.

Sandra also has a older daughter Keeley who is 16 years old. Sandra was only in a relationship for Keeleys father for 1 year. Keeley was brought up by Sandra and Mark, but now has no contact with Mark. Keeley has stopped going to school, is staying out late and causing lots of arguments at home.

Sandra is supported by her mother, Marilyn. Marilyn visits the family each day, gives Sandra money, helps with cleaning and childcare and has the children to stay with her regularly. Marilyn is very critical of Sandra and Pauls drinking, and has repeatedly threatened to get social services involved.

Since admission Marilyn has been looking after Simon at her home. Mark is caring for his 2 children Aiden and Evie, and Keeley has remained at home with Paul. Sandra is happy with this arrangement but wants to return home as soon as possible.

Sandra has not worked for the last 2 years. Before that she worked in a local supermarket but was fired for being drunk at work. She and Paul are currently on incapacity benefit, but she is worried that this will be stopped from stories she has seen on the news recently. Her mother helps her financially.

Sandra does not use any illegal drugs. She is not a 'druggie.'

She drinks at least a 70cl bottle of 40% cheap vodka every day. She starts drinking in the morning and drinks until she passes out at night. She denies ever being drunk, or not able to look after her children. She drinks to cope with stress. She gets no help or support from Mark who is a heavy drinker himself. The relationship has been violent, Sandra has hit Paul and vice versa. Sandra states the children have never seen this. Sandra began drinking heavily in her teens. When her marriage with Mark broke up she was drinking every day, and has continued ever since. She drinks at home, but does socialise on a Friday and Saturday night in the pub with Paul. Marilyn babysits at this time.

Sandra does not see her father Patrick. Her parents separated when she was 10. Her father was a heavy drinker and was violent towards Sandra and her mother. She has no brothers or sisters.

She left school at 16 and worked in a variety of shops until 2 years ago. She is currently banned from driving for 2 years, due to her drinking. She has a history of contact with police for being in fights when drunk. The last time was 3 years ago, and she received a fine and some community service. She has never been in prison.

### **Current State**

Sandra was a patient on an acute mental health ward for 7 days, and was discharged yesterday. She has been on some tablets several times a day to help to detox from alcohol, she does not know the name of the medication. The psychiatrist has also given her vitamin tablets. For the first 3 days on the ward she had repeated vitamin injections, although she does not understand why. The psychiatrist did explain it to her, but she has forgotten. Sandra is now just on 2 different vitamin tablets.

Before admission Sandra had been leaving the children at home. On the day of admission she had wandered out of the house leaving the 3 youngest children alone at home. Her mother had visited and discovered the situation and called Sandra and Paul – with no response. She had then waited an hour before she called the police. She had been worried about Sandra in the week before admission.

For the last 3-4 days on the ward she has not heard any voices or seen anything unusual. She accepts that this happened because of her drinking. She is not depressed, is sleeping well, and has a good appetite. She had lost 2 stone in weight in the 6 months prior to admission as she was not eating well. She accepts that the police officer in A+E was not her ex-husband Mark. She presents as being very well.

Her main concern is for her children. She wanted to return home to look after them. She states that she will not start drinking again, and does not really feel she needs any help with this. She feels much better not drinking. She is worried about Social services involvement. They were involved several years ago briefly and Sandra did not find their input helpful. Her mother has hinted that she wants the children to live with her permanently and has stated that Sandra is an unfit mother. No staff in hospital have mentioned social services to her.

She has no thoughts of harming herself or anyone else. She does feel very guilty about her drinking.

Sandra knows what day it is, month, year etc, she knows she is at home and has no memory problems if the students ask.

The psychiatrist asked Sandra to see the 4 students for an hour. He explained they were medical, nursing and social work students and this was part of their training. Sandra knows she only has to talk about what she wants to. She was keen to take part, and the psychiatrist has promised that the university will give her £20 as a thank you.

**Consider Sandra's case and complete an interagency care plan. Many of the items on the care plan are not given to you in this summary. Consider the questions you might need to ask, and who you might need to ask, to complete a full care plan.**

## Case summary 2

**This Summary is purely fictitious and not based on an individual.**

Mark Thompson is a 47 year old man who lives alone and is currently unemployed. Mark was referred to mental health services 4 years ago with a suspected depressive episode. Mark had worked for the past 25 years in the same company as a car salesman, but he was made redundant unexpectedly when the car showroom closed 5 years ago. Following the loss of his job Mark became gradually more depressed. At that time he also began to have difficulties within his relationship with his wife. Mark was unable to find any other permanent employment and signed on to an agency for temporary work. He and his wife were unable to afford the mortgage, and the house was sold. At this point his marriage broke down. His wife still lives locally with the couple's 3 children. Mark moved into a council owned flat. As he became increasingly depressed he began to drink alcohol excessively. His wife stopped Mark from having their children to stay, and approximately 4 years ago Mark took a large mixed overdose of many tablets. He was found by a

neighbour, and taken to hospital, where he was on the intensive care unit for 5 days. Following his discharge from the general hospital, Mark was an inpatient on a psychiatric unit for 4 months, where he was treated with numerous antidepressants.

Since leaving hospital Mark has been seen at home by his community nurse every 2 weeks, and he is still prescribed antidepressants. His mood has remained reasonably low, and he has not returned to work. Mark now has some contact with his children, and is also visited three times a week by his mother, who is his main carer.

**Consider Marks case and complete an interagency care plan. Many of the items on the care plan are not given to you in this summary. Consider the questions you might need to ask, and who you might need to ask, to complete a full care plan.**

### Case summary 3

**This Summary is purely fictitious and not based on an individual.**

Mr Anil Maisuria is a 78 year old man who was diagnosed as suffering from Alzheimer's disease 5 year ago. He is cared for at home by his wife, Sumi, who is 76 years old.

Mr Maisuria was born in Gujarat in India and moved to England in 1962 with his wife. He worked in the hosiery industry until he retired at the age of 65. The couple have two daughters, both of whom are married. Only one of the daughters lives locally. Mr Maisuria and his wife speak very little English. His dementia affects his communication skills. The couple's first language is Gujarati and they also understand Hindi.

Mr Maisuria needed constant supervision, because he moved furniture, turns the cooker on and off and at one stage moved the television, which fell on the floor. He had left the house on more than one occasion. He is now cared for in a reclining chair with a belt around his middle, tight at the back. This prevents him from getting up out of his chair. He often sits for hours in his own excrement and has to wait till his daughter visits. His daughter visits twice a day normally with her husband. They would clean Mr Maisuria and put clean clothes on and take him to bed. Mr Maisuria is tied down preventing him from leaving his bed. In the morning the daughter and her husband help Mr Maisuria out of bed into his chair. At times Mr Maisuria is resistive to the care he receives. At those times he is restrained by the son in law causing bruising to

his upper arms. The family have been reluctant to accept help from agencies.

Mr Maisuria has recently been allocated a social worker from the community mental health team to try to persuade the family to accept further help.

**Consider Mr Maisuria's case and complete an interagency care plan. Many of the items on the care plan are not given to you in this summary. Consider the questions you might need to ask and who you would like to talk to, to complete a care plan. What specific procedure might you want to consider in this case?**

#### **Case summary 4**

**This Summary is purely fictitious and not based on an individual.**

Ms. Sharon Smith is a 36 year old single lady, living in a 1 bedroom flat in Highfields. She was first referred to mental health services at the age of 19, and was diagnosed as having Paranoid Schizophrenia. At that time she was admitted to the Towers hospital in Leicester for 15 months, and was eventually discharged to her parents on an antipsychotic injection every 2 weeks. The injection is given by her community psychiatric nurse, who for the last 3 months has been Paul Mullholland. Sharon has had many community nurses in the last 17 years, and has had a total of 10 hospital admissions, some of which have been under sections of the mental health act. Ten months ago Sharon refused to take her injection, and 4 months ago she was admitted under section 3 of the mental health act, (Treatment order), to Knighton Ward at the Brandon Mental Health Unit). Sharon had been wandering in her local area naked, telling local residents that her flat was bugged and she had to escape from the police who were spying on her. The police were called by a neighbour, but Sharon resisted and assaulted the police officer. She was taken to the police station in the van, where she was assessed and taken to Knighton Ward. Sharon's medication was restarted and she is now well enough to be considered for discharge.

**Consider Sharon's case and complete an interagency care plan. You are the team who will be looking after Sharon on discharge from the ward. Many of the items on the care plan are not given to you in this summary. Consider the questions you might need to ask, and who you might need to ask, to complete a full care plan. What factors might be important to consider upon discharge to help Sharon re-integrate into the community.**

## CASE SUMMARY 5

**This Summary is purely fictitious and not based on an individual.**

Kieran Vickery is a 19 year old living in a homeless hostel in Leicester. He was previously living with his mother and stepfather until the age of 14 when, following an argument at home he was seriously physically assaulted by his stepfather and was taken into care. He lived in a children's home till the age of 16, when he absconded to London for a year before returning to Leicester. Whilst in London he was also homeless. Kieran began smoking cannabis at the age of 11, and quickly progressed to smoking crack, and brown. At the age of 15 he began injecting heroin, and he was first seen by drug services at the age of 16. He is now prescribed methadone, but continues to use cannabis, crack, and base on a regular basis. Kieran denies injecting at the present time. To fund his lifestyle, Kieran has a long history of contact with the police and courts. He has been charged on numerous occasions with shoplifting and theft, drug offences, driving offences, and there is one previous charge for actual bodily harm, for which he received a 4 month custodial sentence in a young offenders institute. Kieran is currently on probation. Kieran has contact with drug services, probation services, and also sees a general adult psychiatrist in outpatients who has prescribed Kieran antidepressants for a possible depressive disorder. Kieran is also in a relationship with his pregnant girlfriend Vicky. The couple have been together for 10 months, and Vicky is due to deliver in 3 months time. Vicky has alleged that Kieran was assaulted her 3 months ago, but does not want to press charges. Vicky is only 17 years old, and has a social worker who is helping her with accommodation issues.

**Consider Kieran's case and complete an interagency care plan. Many of the items on the care plan are not given to you in this summary. Consider the questions you might need to ask, and who you might need to ask, to complete a full care plan.**

## Case summary 6

**This Summary is purely fictitious and not based on an individual.**

Sarah Williams is an 18 year old who has recently been referred to mental health services from her GP. Sarah has attended accident and emergency on 11 occasions in the last 5 months with repeated episodes of self harm. Sarah is currently a student at Leicester University, in her first year of an English Literature degree. Sarah has presented to A+E with several overdoses, on one occasion drank bleach, and with self inflicted cuts to both forearms. Sarah began self harming at the age of 14 and both forearms are now heavily scarred. Often Sarah has been intoxicated with alcohol on arrival at A+E. She has a number of friends at the university, but they are feeling fed up, and are

trying to distance themselves from her. Sarah has a partner, with whom she has been with since fresher's week, but again the relationship is difficult, and several presentations to A+E have been as a result of arguments. Sarah's parents live in Manchester. She refuses to talk about her family, and does not want her family, or her previous GP in Manchester to be contacted. She has recently been referred to see a psychiatrist in outpatients, and she also sees a university counsellor. She has fallen behind with her course and has regular meetings with her tutors. You don't know if she has had any previous psychiatric input in Manchester.

**Consider Sarah's case and complete an interagency care plan. Many of the items on the care plan are not given to you in this summary. Consider the questions you might need to ask, and who you might need to ask, to complete a full care plan.**

## **CASE SUMMARY 7**

**This Summary is purely fictitious and not based on an individual.**

Mina Kumari is a 24 year old married lady with 1 child aged 3. She was born and brought up in Leicester. She has had contact with mental health services for the last 5 years. She has a diagnosis of Bipolar Affective disorder. Her first presentation was with a manic episode. Mina believed at that time that she was related to god, and had special powers to heal people. She was not sleeping, and did not feel the need to eat or drink. She was admitted under section 2 of the mental health act and responded well to medication. She was discharged to her family, and was followed up in outpatients by a psychiatrist. Following this she married, and remained well until the birth of her child. At this time she became severely depressed and again required admission to hospital. Her husband and his family were upset at that time that Mina and her family had not explained about her previous mental health difficulties prior to the marriage. Mina was an inpatient for 8 weeks, and was discharged to her family. Following discharge there were tensions between Mina, and her husbands family. Mina developed a second manic episode, during which she was verbally abusive and sexually disinhibited with strangers. Mina again was admitted to hospital for a further 6 weeks, during which time she and her husband separated. Mina's husband took her to court regarding custody of their son. Joint custody was eventually awarded by the courts. Mina now lives with her parents and has her son for 5 days of the week. She has remained well for the last 2 years on medication. Mina would like to work, and has a qualification which would allow her to work as nursery nurse. Mina currently sees Prakash, a social worker from the community mental health team, and

also has contact with a psychiatrist in outpatients. When her son attends nursery she goes to a local Asian women's group.

**Consider Mina's case and complete an interagency care plan. Many of the items on the care plan are not given to you in this summary. Consider the questions you might need to ask, and who you might need to ask, to complete a full care plan.**