Vignettes – November 2012

Mary

Pt known to North Southwark CMHT since December 2011. She was given a diagnosis of 'Acute & transient psychotic disorder'. Prior to referral to the HTT in October 2012 this was not treated with any anti psychotic medication.

The CMHT referred Mary to the HTT as her mental state had been deteriorating and she was expressing persecutory delusional beliefs about the 'neighbour' who lived above her. She believed he was 'trying to harm her', that he was intentionally making noise above her bedroom at night to disturb her sleep and that 'men' were going to come into her flat at night and harm her. Mary had acted upon her delusions, and on numerous occasions she had been up stairs to challenge the neighbour. Each night she was pushing a fridge freezer against the door to prevent 'the men' coming into her flat. These symptoms were similar to Mary's presentation in December 2011 which resulted with Mary being admitted to hospital under a Section 2 of the Mental Health Act 1983, 2007.

The patient was seen by the Community Psychiatrist and a member of the home treatment team to facilitate a joint assessment. The outcome of the assessment was to accept the patient for home treatment.

Mary has complex needs. She has poor mobility and the physical strength required to push the fridge freezer against the door put her at 'high risk' of falls, she was putting herself at risk from others by challenging the neighbors about her delusions.

During the spell of home treatment Mary's daughter was living with her. She was also in receipt of a care package through an Agency which was being delivered by her daughter.

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HTT Interventions

1. An anti psychotic, Amisulpride 25mgs mane was introduced, taken in the evenings. The HTT over saw the administration of this, to monitor compliance, improvements and/or any side effects.
2. The HTT were visiting both morning and evening to monitor the patient's mental state and assess the care being provided.
3. The HTT raised safe guarding concerns regarding Mary's care package, due to her daughter on a number of occasions neglecting her Mother, not tending to her personal care nor prompting her for her physical health medication.
4. Mary's care package was reviewed by Social Services and new carer was allocated.
5. The HTT liaised with Mary's children through out the treatment spell, to keep them informed of her progress.

6. An OT assessment was undertaken. Mary's front door was unsafe, she was unable to close and lock this, the Housing Association were contacted and this was fixed. A key safe was fitted to allow carers access. Mary was agreeable to have a pendent alarm because she was a high falls risk and home alone most of the day. Mary was provided with a specialist chair with adjustable legs and high back which was easy for her to get in and out of.
7. Weekly reviews were held with community consultant and or care co-ordinator and family members to review her recovery.
8. Mary's medication was increased to 50mgs of Amisulphride as the psychotic symptoms persisted and were under treated.
9. Mary's visits were increased to three times a day to manage her safely and support her daughter who was experiencing carer stress. These were reduced after 3 days to twice daily visits as Mary's mental state improved.
10. Administration of medication was handed over to the carer's as Mary was accepting this with no difficulties and since the increase there had been significant improvement. She no longer preoccupied by her neighbour or disturbed by him, she had stopped pushing the fridge freezer against her door at night to prevent 'men' from coming into the flat to harm her.
11. HTT visits were reduced further to every other day and then to every third, the patient was discharged back to the Community Mental Health Team after a period of 7 weeks.