

[ADD CODE] Course in Observing and Documenting a Mental State Examination

Transcript 2: Ash scenario	
Vimeo link:	https://vimeo.com/1087976257/a734d68aa6
Clinician:	It's so good to see you again, Ash. So, like always, when we meet, and I have to make some notes as we're talking. Is that OK?
Ash:	Yeah, yeah, stellar space agents will be born again from the written records.
Clinician:	OK, so I was just wondering, how have things been going for you?
Ash:	Razzle dazzle. I'm still at the same place. I have my own bedroom there. Can't complain.
Clinician:	Excellent, and do you feel safe there?
Ash:	Yeah, yeah, no one's bothering me this time. And I can connect up to the microwaves and get all the details for my jobs.
Clinician:	Oh, yeah, OK. What jobs are they?
Ash:	Same as always. Since Space Agent 91 got axed, I have to help out the Space Agency.
Clinician:	Who's Space Agent 91.
Ash:	Enrico Palermo, you can google him. There won't be any information on the internet about his demise, but they're keeping it-- they're keeping it top secret, secret. He'll be on there. He'll be on there. You might know him.
Clinician:	OK, I'll check it out after. So do you mean that you've taken over from him?
Ash:	I'm the 92nd space agent, yes.
Clinician:	And what jobs do you mean when you say "same as always."
Ash:	Research jobs on the internet. Space Force can't survive without space receptors. If I don't intercept the microwaves and share the knowledge, the transfer won't happen, and it will end.
Clinician:	What will end?
Ash:	The world as we know it. Enrique Palermo is dead, and he didn't intercept the messages. Or if he did, he did not transfer the information to the people, rightfully so, there we go. Bing bang boom, we've lost it.
Clinician:	What people? Can you tell me more about this?
Ash:	The people of the world. I've been sent to help, and I need to save them.
Clinician:	Right, and what actions have you taken to help since we last met?
Ash:	Research on the computer at the library.
Clinician:	OK, all right, thanks. Just wondering what other actions have you taken to save the world?

Ash:	It's all on the internet these days. I can't take action, as you say it. Micro brainwaves, they're transferred intergalactically, as you know. Don't you know?
Clinician:	No, I'm sorry. I haven't experienced this, Ash. I'm just wondering how you-- how are you getting this knowledge?
Ash:	By the microwave at the dorm.
Clinician:	So are these thoughts being put into your head by the microwave, or do you hear them?
Ash:	No, that would be weird. They're real voices, and I hear them out loud.
Clinician:	Do you feel like people can read your thoughts?
Ash:	No.
Clinician:	Is anyone putting thoughts into your mind?
Ash:	No.
Clinician:	What about, are your thoughts being broadcast out loud so that others can hear them?
Ash:	No, I'm a vault. Nothing gets in. Nothing gets out. Don't you see? They've been helping me get the information out via the web. I need to get it out there A-S-A-P, ASAP. The way it goes, straight up.
Clinician:	OK, well, thank you for explaining all of this to me, Ash. I'm just wondering if you could tell me a bit more about these voices? Are they commanding or instructing you to do anything? Do they tell you what to do? Like, do they tell you when to go to the library or what you should post on social media?
Ash:	No, I'm my own agent. I call the shots based on the information that I receive.
Clinician:	All right, and can you just remind me who is ASA?
Ash:	Australian Space Agency, top space agency. Enrico Palermo is now dead, therefore, I rule it. I need to save everyone.
Clinician:	OK, and how are you feeling about doing that?
Ash:	It's OK. It's all worth the effort.
Clinician:	Well, thanks for explaining all that to me, Ash. It's really, really helpful. Just to clarify something that you said, you said micro brainwaves, transfer knowledge intergalactically. Where did you mean they come from?
Ash:	From the microwave at the dorm.
Clinician:	Where else?
Ash:	Nowhere else.
Clinician:	So can you hear them now?
Ash:	No, no, only at the dorm.
Clinician:	OK, all right, thanks. So I'm just wondering, thinking about your mood, can you tell me how your mood has been since we last met?

Ash:	Same.
Clinician:	How would you describe it?
Ash:	It's fine, the same.
Clinician:	Have you been feeling sad or depressed?
Ash:	No.
Clinician:	What about, have you ever had any feelings of being frustrated or easily annoyed?
Ash:	Hmm, yeah, sometimes I still get pissed off, mostly at the dorm. If people don't clean up their shit, it's gross. And then if they're in the kitchen when I'm trying to use it, it's so frustrating. And then if they're on a computer at the library, I just don't want them to be there. That type of stuff I don't like, no.
Clinician:	Yeah, living with a bunch of people can be really hard, can't it, so yeah. Have you expressed this frustration with anyone?
Ash:	No.
Clinician:	So this frustration that you've been feeling, if you had to rate it, how intense would you describe it with 10 being the most intense and 1 being mildly annoying.
Ash:	Probably five. Mostly, if someone gets in the way of my research.
Clinician:	OK, so I'm just wondering, have you had any thoughts lately to hurt anyone?
Ash:	No, no, I'm not here to hurt anyone. I'm here to help people, no hurting.
Clinician:	Since we last met, has the mission required you to do anything that could put you or anyone else in harm's way?
Ash:	No, no, no, no, I just receive the information, and then I put it out there, and then I keep going at the computer at the library. There's always more research to be done.
Clinician:	OK, Ash, I'm just wondering, have you had any thoughts about hurting yourself or ending your life recently?
Ash:	No, why would I do that when I've got such an important job to do? Do you know what could be at stake if I die?
Clinician:	Yeah, I can tell it sounds like this is a really distressing thought for you. Can I just ask, what's on your mind for most of the day would you say?
Ash:	Just my jobs. Like I said to you, it's on my mind all day. There's so much work to do. I have many, many, many thoughts about it. It's going through my mind all the time. It's like-- it's kind of like a flashing, like burning. It comes sort of, shoo, like that, like, frightening, like that. Yeah, like a race car going through it. It's just explanation, so yeah.
Clinician:	OK.
Ash:	Yeah.

Clinician:	OK, I was just going to check in to see exactly what the voices are telling you. What are they saying when you're alone?
Ash:	It's just the one main message, really from some guy, Australian Space Agency stuff.
Clinician:	OK, and tell me, what does he say, and do you know his voice?
Ash:	No, I don't know the voice. I don't recognise it. He says that I'm the 92nd space agent. He says that I need to help. He says that I need to keep on my project. He says that the fate of humanity is at stake. And to be honest with you, I can't really say any more because it is actually top secret. It's secret squirrel, secret squirrel, And it's nuts, nuts, Christmas, Christmas cracker, cracker, Easter feaster, my little piece of pie.
Clinician:	It sounds like this is a really big responsibility. How are you feeling about this?
Ash:	I feel good. I feel good like it's my calling. It comes a few times a day and same as always, from the microwave.
Clinician:	So the microwave where you currently live, it speaks to you?
Ash:	Well, yes, like, in a special coded way, so only I can hear it. It started when I moved in.
Clinician:	Which was about three months ago, right?
Ash:	Mm-hmm, yes, I've always had the waves, though. So do you remember when I was living rough outside? So at that time, the waves were coming through by the cars that stopped at the nearby traffic lights. And in that way, it came to me, and obviously now not from the cars.
Clinician:	And now it's the microwaves instead?
Ash:	Yes, at the dorm, just the microwave.
Clinician:	So some people believe that hearing voices and things like waves are a part of schizophrenia. What do you think?
Ash:	Lots of people think lots of things. And like I said already, micro brainwaves transfer knowledge intergalactically.
Clinician:	OK, has anything changed about these voices since we last met?
Ash:	No, no, same, same. I can't remember what I said last time, actually, but I remember that it's been the same since I moved in.
Clinician:	OK, so there's been no change in the frequency of the voices, or who, or the gender, or anything like that?
Ash:	No, no, and no, no.
Clinician:	OK, cool, So Ash, I've just got a few more questions I need to ask you about that. So do you feel worried, upset, or fearful about any of this?
Ash:	No, why would I? This is such an important job. I have to help. They need me to do all these things. It's so important that I get it done, no worried, important, remember, Ash, important.

Clinician:	Hey, Ash, just thinking, do you ever receive any visions or see things that others don't see?
Ash:	No, I don't get to see anything. I just hear the stuff.
Clinician:	What about things on your skin, on your body, when there is nothing actually touching it?
Ash:	No.
Clinician:	What that smells, you ever get any smells that come out of nowhere and others don't smell?
Ash:	No.
Clinician:	And taste, you ever get any random tastes coming into your mouth when you actually haven't eaten something, any strange or unusual tastes?
Ash:	No, never, no.
Clinician:	Thanks for answering all my questions, Ash. I really appreciate it. And we're almost there. I'm just a bit curious. What do you spend most of your day doing at the moment?
Ash:	Like I said, I wake up in the morning, and I go to the library. Actually, it's open six days a week now. That's really good for me. I like going to the library. So six days is good, better than five. And then I go home and have some lunch. And then sometimes I hang out at the dorm, but other times, I go across the road and hang out at the park after I eat. Only after I eat, I go to the park there sometimes.
Clinician:	OK, cool, so just thinking, wondering about your eating, how is your appetite?
Ash:	It's good, yeah, they serve three decent meals at the dorm now, so it's been good so far. I like it.
Clinician:	Ash, just checking, do you have any questions you want to ask me?
Ash:	Yeah, yeah, yes, my garden, the one I did for mental health week, how is that going? Because we planted some really nice sunflowers there. I really like sunflowers. They're really good.
Clinician:	Yeah, yeah, it's growing really, really well, actually. We could meet there next time, if you like.
Ash:	Yeah, yeah, I would really like. I really like being outdoors. It really helps me think. And just this room, it reminds me of needles. It's like a jabbing in my brain. I feel jabbed in here. I don't like it that much. It's not that bad. It's not as good as outside.
Clinician:	OK, jeez, that was actually quite a while ago that we did that garden. You've got a really good memory. What about your memory lately for other things, like, your appointments and all the stuff that you do out in the community? How's that been?
Ash:	I remember to come here. And I remember to go home for lunch.

Clinician:	Excellent, yep, and what about your motivation? Are you feeling motivated to do the stuff like this and attend things out in the community, like, going to some of those groups?
Ash:	I'm going to the gym three times a week with my support worker. They reckon it helps me with my sleep.
Clinician:	OK, and just honestly, can you tell me a little bit more about that? Are you able to fall asleep at a reasonable time and sleep all through the night through to morning?
Ash:	I've been sleeping about nine hours a night, recently, and I remember that my meds, I take them at 9:00 PM, and they help as well. But my girlfriend does think that they have issues with my sex drive. And yeah, it's just after I take that. But I did talk to my GP, and he said that that's normal. That's normal for that.
Clinician:	OK, well, that's really good that you talk to your GP about that because it's really important. This kind of stuff can really affect our relationships and how we're feeling. If there's anything that we can do as well. As you said, it's great that you've spoken to your GP, but also, let us know if there's any extra support that we can provide. I was also wondering about alcohol, if you've had any alcohol lately?
Ash:	Not since the bender 18 months ago. No point, it gets in the way of my research. I don't like that.
Clinician:	And what about any other drugs?
Ash:	The drugs from here, just them.
Clinician:	Yeah, OK, and do you remember what the drugs from here are?
Ash:	Hmm, this is a test, isn't it?
Clinician:	No, no, it's not a test.
Ash:	I'm going to pass anyway. I take Seroquel at night, and I take the depo each month.
Clinician:	Yeah, excellent, and can you remember the name of your depo?
Ash:	You'd like this. It's definitely a test. It's pali-- pali--
Clinician:	Paliperidone?
Ash:	Paliperidone.
Clinician:	Yeah, and do you remember what you take it for?
Ash:	Antipsychotic. Some people think that I have a mental health problem, but I think it's just the way of the space agent. Sometimes I worry that actually I'll lose my powers, and I won't be able to talk to the ASA people anymore if I keep taking it.
Clinician:	Yeah so, given this worry, how do you feel about coming in to get your depo injection?

Ash:	Well, I've been taking it forever, and it actually keeps me out of trouble, good. And I can still do my job, which is good. So I think I'm just used to it now. And I think I'll come in next time. That's OK. I'll do that.
Clinician:	Yeah, do you remember when your next one's due?
Ash:	No, sorry, no. Is it OK if we wrap this up soon, actually? Because I've got to get back to the library and do my job a little bit more. Sorry is that-- yeah.
Clinician:	No, no, sure, yeah, absolutely, no problem. I'll call you next week if that's OK and just do a check in. And I'll let you know the date of that next depo.
Ash:	Yeah, cool, cool.
Clinician:	Excellent, so, look, in the meantime, just text or call us if you need anything at all.
Ash:	Yeah, that's good. Yeah, I've got to bust it now. No, but thank you, yeah, good.
Clinician:	OK, thanks, Ash. We'll speak soon.
Ash:	Thank you.
Clinician:	Thank you.
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