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Queensland Government

Mental Health Alcohol and Other Drugs Services

Comprehensive Assessment

Facility: Inpatient.17/04/2020.....

(Affix identification label here)

URN:

Family name: Care scenario

Given name(s): Peter

Address:

Date of birth: 05/03/1980 Sex: M F I

Treatment Status

Mental Health Act (MHA) 2016 status:

- | | | |
|---|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Person AWA (interstate) | <input checked="" type="checkbox"/> Recommendation for assessment |
| <input type="checkbox"/> Forensic order (mental health) | <input type="checkbox"/> Classified (involuntary) | <input type="checkbox"/> Treatment authority |
| <input type="checkbox"/> Treatment support order | <input type="checkbox"/> Examination/judicial order | <input type="checkbox"/> Classified (voluntary) |
| <input type="checkbox"/> Transfer recommendation | <input type="checkbox"/> Forensic order (disability) | |
| <input type="checkbox"/> Examination authority | <input type="checkbox"/> Forensic order (criminal code) | |

Conditions of MHA order:

Other status:

Substitute Decision-Maker Details

Substitute decision-maker: Yes No

Advance Health Directive Enduring Power of Attorney Guardian Administrator

Reason for referral

Peter was brought into ED by his sister Rebecca on 16/4/20. Peter is a 40-year-old man, previous contact with mental health services, 6 years ago in Queensland. Previous diagnosis of Schizophrenia / Drug Induced Psychosis, and Substance Use Disorder. Seen briefly by Mandy (CNC), he was psychotic and requesting to leave the hospital. Recommendation for Assessment completed by Mandy.

History of presenting problems

Information from Rebecca:

Peter has been acting strangely and saying strange things to her boyfriend, Steve. Rebecca and Steve found this disturbing and described it as 'menacing'. The knives went missing from the drawers, long sharp knives and Rebecca found some in Peter's room when he was out.

He moved into Rebecca's house approximately 1 month ago after living in Sydney with their parents. Peter had been told to move out from his parents' house after he punched his uncle repeatedly in the head

Health related history including physical, mental health, and alcohol and other drugs

Parents reported Peter was responding to non-apparent stimuli around the age of 19 in the absence of substance use. Grandiose delusions and auditory hallucinations approximately six years ago in the context of amphetamine use, alcohol binge drinking and occasional cannabis use. One previous psychiatric admission in 2014, treated with risperidone 1mg bd. He was discharged to the care of the Continuing Care Team and was polite and co-operative but soon failed to attend appointments. He moved to Sydney to live with his parents without informing his treating team about 6 months after being discharged from hospital. Consumer requires metabolic monitoring. For physical review. No medical conditions noted on leMR.

Date substance use and addictive behaviours screen completed: 07/04/2020

Instruction: Note current and past use patterns including frequency, quantity and route of administration, dependence, withdrawal, triggers for use etc for each substance.

Information unavailable at this time Not applicable to this consumer/presentation

Tobacco products substance involvement score: 0

Alcoholic beverages substance involvement score: 5

Cannabis substance involvement score: 3

Cocaine substance involvement score:

Amphetamine type stimulants substance involvement score: 0

Inhalants substance involvement score:

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v3.00 - 11/2020



SW1023

MHAODS - COMPREHENSIVE ASSESSMENT



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Sedatives or sleeping pills substance involvement score: 7 currently weekly usage

Hallucinogens substance involvement score:

Opioids substance involvement score:

Other substance involvement score:

Medications Ongoing

Drug name (include prescribed and complementary medicine)	Duration of use	Dose and special directions (such as route/injection site)	Prescribed by
Nil			

Medications Ceased

Drug name (include prescribed and complementary medicine)	Duration of use	Dose and special directions (such as route/injection site)	Reason Ceased
Risperidone	6 months	1mg bd	non-compliance

Pathology Investigations

Medical Imaging

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Forensic history and current legal issues

Information unavailable at this time Not applicable to this consumer/presentation

Peter says he has never been charged. He asked if we could call the police so he could talk to them about Rebecca's boyfriend, Steve.

Altercation with police officer, approx. 6 years ago.

Peter said he does not have access to a gun

Family history

Information unavailable at this time Not applicable to this consumer/presentation

No family history of mental illness that is known. No family history of disability or physical health concerns. Father works as a surveyor for the local council and mother works in administration. Rebecca is a paediatric nurse working locally. All family members get along well, with the exception of Peter and his uncle. Rebecca described the uncle as sometimes being abrupt or rude but he was never abusive or violent.

Developmental history

Information unavailable at this time Not applicable to this consumer/presentation

Based on CIMHA and discussion with Rebecca: No developmental delays or issues. Loving parents and older sister. No trauma history. Completed high school achieving average to above average grades in school and maintained friendships. Started drinking at 17 years old, then later smoked cannabis and used speed (intranasal). One previous girlfriend, relationship ended when he was 20 years old. Went to university, studied engineering, but failed some subjects after drinking and partying during an internship. Left university and completed Hospitality Course and has worked in restaurants and kitchens since. Has lived with sister when in Queensland. Peter can manage his own finances and is independent in terms of ADLs.

In 2012, around the time of his previous admission, his sleep patterns were unstable due to his work hours. Around this time, he started using amphetamines (Speed) because he liked the buzz and energy burst that he got from Speed. During this time, Peter lost weight and began noticing bruises on his hands and face pubs fights he had been involved in. Rebecca also noticed Peter talking to himself in his room and occasionally becoming distracted during conversations during this time.

Psychosocial functioning

Consumer requires a functional assessment Consumer requires a cognitive assessment

Accommodation Issues – uncertainty about whether Peter will be able to continue living with Rebecca and Steve. Rebecca said he used to be able to function independently but recently she has been concerned about this.

Mental state examination

Peter was a tall solid man who looked older than his age. He was dishevelled and unkempt with close cropped hair. He wore casual clothes which were observed to be stained. Peter was agitated in the interview, pacing the floor and checking that Rebecca was in the waiting room. Sat down when asked to do so. Peter stared intently at the assessor during the assessment. Speech assessed at normal rate, volume and tone. Peter described his mood as 'worried' and that he could not settle due to the bad people he saw. His affect was blunted with some reactivity.

Auditory hallucinations of a range of voices (maybe five voices), all male, of the Illuminati. The voices were all people he did not know. No visual hallucinations or perceptual disturbances. Racing thoughts. tangential and preoccupied with the Illuminati and Steve.

He feels safe at work as the people there are all 'good in their cores'. He occasionally sees someone in public who he knows to be 'evil' or 'bad' and he avoids them. Peter knew Steve was bad due to messages he was getting from the Illuminati.

His judgement appeared impaired, due to insistence that Steve was a 'bad guy' despite evidence to the contrary, and due to the secreting of knives at home. Peter demonstrated limited insight, he thought his major issue was racing thoughts, but did not think he had a psychotic illness or any other mental health disorder. He did not want any ongoing mental health involvement. He would take oral medications in the short term to slow his mind down but saw no need to take them long term. Orientated to time, place and person. No overt issues with memory. Collateral indicates he previously had capacity to manage his finances.

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Risk screen **Y = yes** **N = no** **UK = unknown**

Suicide

Static factors	Y	N	UK	Dynamic factors	Y	N	UK
Previous attempt	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Suicidal thoughts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Previous self-harm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plan (consider detail of plan and access to means)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exposure to suicide	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Loss of hope	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stressful life events (mental disorder, physical illness/pain, unemployment, history of trauma, homelessness)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lack of social support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Future factors	Y	N	UK
Foreseeable stress/destabilising situations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Denied current ideation, intent or plans for suicide or self-harm, and reported nil history of the same. Future oriented and is hopeful he 'will patch things up with Rebecca'. A potential destabiliser relates to accommodation - Peter cannot live with Rebecca and accommodation will need to be sourced.

Violence/aggression

Static factors - history of:	Y	N	UK	Dynamic factors	Y	N	UK
Violent/aggressive behaviour	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anger	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually inappropriate behaviour	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Impulsivity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic/family violence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Problematic substance use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criminal charges	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Problematic treatment adherence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problematic substance use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Violent ideation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality disorder/s	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pro-violence attitudes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other mental disorder/s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Symptoms of psychosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other problematic behaviour (e.g. fire setting, stalking, threats)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carries weapon/access to firearm*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Exhibits bullying behaviour	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Future factors	Y	N	UK
Foreseeable stress/destabilising situations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Violence in his early 20s of fights in pubs, assaulted (punched) police officer around 6 years ago, punched uncle several times while delusional (approximately 1 month ago). Recent targeted anger towards Rebecca's boyfriend Steve with threats to shoot him in the context of Steve being incorporated into Peter's delusions. Future factors: accommodation issues, reduction in support from Rebecca.

*Consider the need to notify the Weapons Licensing Branch

Vulnerability

Static factors (history of)	Y	N	UK	Dynamic factors	Y	N	UK
Trauma/abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Impaired decision making	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic/family violence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sexually disinhibited	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Financial vulnerability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Self neglect	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive impairment/disability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	At risk of victimisation (incl. sexual)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lack of family support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Impaired interpersonal boundaries	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Blood borne virus	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pregnant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				Recently incarcerated	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Future factors	Y	N	UK
Foreseeable stress/destabilising situations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Peter's sister says he can usually look after his own money and prepare his own meals, etc. Currently, Peter has impaired decision making due to his psychotic symptoms and given his current disheveled appearance may be at risk of self-neglect and vulnerability. Future factors: accommodation issues, reduction in support from Rebecca. Peter also is vulnerable to potential misuse of sedatives.

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Treatment non-adherence

Static factors (history of)	Y	N	UK	Dynamic factors	Y	N	UK
Absconding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Treatment refusal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous breach of MHA orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Desire/intent to leave hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication non-compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Missed medication	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Future factors	Y	N	UK				
Foreseeable stress/destabilising situations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Comments

Peter did not abscond during his previous admission. He did leave Queensland without telling his treating team. Peter is currently stating that he does not need treatment and wants to go home. A High-Risk Scenario for AWA will be if he thinks Rebecca is in danger and needs his protection.

Parental status and/or other carer responsibilities

	Y	N
Does the person have responsibility for children aged 17 years or less?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the person have any contact with children through access visits or shared residence?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the person have other carer responsibilities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there a reasonable suspicion or risk of harm/neglect?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*If yes, contact Child Protection Liaison Officer to discuss Child Protection notification processes

Details of children and/or other dependents

Full name	Relationship	Age/date of birth	Immediate care arrangements

Protective factors

Peter is motivated to go back to work and has a job. History indicates that he responds well to Risperdal. Rebecca is considered a protective factor as she has insight into mental illness and supports Peter to engage in treatment.

Overall assessment of risk and plans to mitigate risk, including information provided to consumer and support persons

The constellation of static and dynamic risk factors suggested that Peter currently has minimal current suicide and self-harm risk. Vulnerability similarly had few static and dynamic factors. Of greatest concern were violence risk and being absent without approval. In relation to violence risk, Peter had a high number of dynamic risk factors in addition to several static factors. Currently Peter's risk of violence is influenced by active psychotic symptoms, a fear that his sister may be harmed, anger, impulsivity, and violent ideation. He poses the greatest risk to Steve currently but this could generalise to others incorporated into his delusional beliefs. Peter is also at risk of disengaging from treatment. Previously, he relocated interstate without telling the treating team. In addition, he currently reported believing that he does not require treatment. If Peter disengages from treatment, his risk of violence will increase (due to the loss of an important protective factor). His protective factors include: support from his sister, and previous responsiveness to treatment.

Risk Factors:	Plans to mitigate risk:
Mental Illness Symptoms	Start on antipsychotic medication, regular MSEs, continued collection of collateral from Rebecca.
Access to weapons	Weapons alert on CIMHA, weapons licensing notification.
Access to victims	Check regularly if there are any new targets incorporated into his delusions.
AWA	Manage on locked ward, complete Police and Ambulance Intervention Plan, and Acute Management Plan.
All violence risks	Refer for a V-RAM for more comprehensive risk management plan.

Overview/impression

	Y	N	UK
Person's level of risk appears to be highly changeable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are factors that contribute to uncertainty regarding risk screen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A more comprehensive risk assessment is required	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Formulation

Remain in hospital on a TA.
 Recommence risperidone 1mg bd.
 Liaise with MHIC about any criminal history, access to a gun.
 Family meeting to be organised (parents can phone in). He has elevated risk of violence - refer for a V-RAM.

Diagnoses and Principal Drug of Concern

Primary diagnosis: Schizophrenia. ICD-10 Code: F20.
 Secondary diagnosis: Substance use disorder. ICD-10 Code: F19.

Collateral sources

Sister, Rebecca.
 Interview with Peter.
 CIMHA records

Initial management plan

Collateral is outstanding Y N

Remain in hospital on a TA.
 Recommence risperidone 1mg bd.
 Liaise with MHIC about any criminal history, access to a gun.
 Family meeting to be organised (parents can phone in). He has elevated risk of violence - refer for a V-RAM.

Name: Mary Nightingale

Designation: Registered nurse

Signature:

Date: 17/04/2020

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