

 <p>Queensland Government</p> <p>Mental Health Services General Assessment</p> <p>Facility:Inpatient 2014.....</p>	<p>(Affix identification label here)</p> <p>URN:</p> <p>Family name: Care scenario</p> <p>Given name(s): Peter</p> <p>Address:</p> <p>Date of birth: 05/03/1980</p> <p>Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I</p>
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Instruction: this assessment must include consideration of collateral information.

Mental Health Act status

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

Conditions of order:

Does the consumer have an Advance Health Directive? Y N UK An interpreter was used

Reason for referral (include whether consumer/parent/carer is aware of, and in agreement with, the referral)

Peter was referred to the ward via ED. He had been picked up by police after he accused an officer of being a paedophile and punched him in the chest. At ED he was grandiose, circumstantial with auditory hallucinations. He stated that the Illuminati told him that the police officer was going to assault a child, and it was his job to ensure the police officer didn't do this. UDS was positive for cannabinoids and amphetamine. Peter had also been drinking alcohol that night. He was admitted for diagnostic clarification and stabilisation of his mental state.

Reports that the Illuminati talk to him constantly and tell him who is good and who is evil, he has secret powers and a "super high" intellect. Would not discuss his missions as these were "top secret". Some paranoia that he was being watched through electronic devices.

History of presenting problems (consider onset, precipitant, major symptoms, impact of cultural/spiritual issues, interventions attempted and effectiveness of attempts)

Nil mental health history in QLD. Check of NSW records show no mental health history in NSW either. Peter describes having auditory hallucinations since 19 years. He has had them in the absence of substance use. Peter has been compliant on the ward - no issues, talking to others, grandiose and intrusive at times but responds to redirection.

Information from Rebecca:

When he was around 21 or 22, Peter moved in with Rebecca. He got a job in a local restaurant in the nightclub district and made friends through work. His sleep patterns were strange due to his work hours and Peter complained of being tired most of the time. Around this time, he started using amphetamines (Speed) at work. He liked the buzz and energy burst that he got from Speed. Rebecca rarely saw Peter due to their work shifts. She said one day she was shocked at how much weight he had lost. She noticed bruises on his hands and face and asked him if he had been fighting. Peter said that he was in a couple of "scrapes" in pubs but nothing serious. When Rebecca did see Peter, so noticed strange things like Peter talking to himself in his room and occasionally becoming distracted during conversations. Rebecca had not seen Peter much in the past week.

Psychiatric history (consider self harm and suicide attempts, treatment for substance use, co-morbidities)

No known family history of mental health issues. No previous contact with mental health. Rebecca described Peter as always reading about "odd things" in his teens such as the occult, ancient mythology and ancient religions. This interest continued into his adulthood. Peter reported first "hearing from" the Illuminati approx. age 19.

Began drinking alcohol around 17 years old and came home drunk on several occasions when he was under 18 years. Began using marijuana in high school. Uses Speed to help stay awake – began intermittent use approx. age 21

After his second year of university, Peter was drinking heavily and going out a lot. He failed some uni subjects and lost his job. His parents saw him talking to himself on several occasions during this period. He was around 20 years old. After this time, Peter ceased using alcohol and began working in hospitality.

Forensic history and current legal issues

No criminal history. No outstanding charges despite the police taking him to ED, as police acknowledged that his violence against the police officer was likely driven by mental health issues rather than criminal intent; and that charges would likely be thrown out.

Peter said he has been in several pub fights over the past few years. No serious injuries to himself or the other person. The fights were started by Peter when "people are talking rubbish". He said he usually only attacks until he has "had one good hit" then stops. He intends for the punch to teach victims a lesson, and to "get them to shut up". After this Peter does not feel the need to continue the fight.

Physical health (include medical conditions and treatments, weight, diet, exercise. Note relevant investigations and interventions and the results of these)

Consumer requires metabolic monitoring

Good food intake. No overt signs of physical health issues. Blood screens done - no abnormality detected.

Previous medications (include any side effects and reason for cessation. Register alerts for allergies or adverse reactions in CIMHA)

Nil

Current medications

Drug name (include prescribed and complementary medicine)	Duration of use	Dose and special directions (such as route/injection site)	Prescribed by
Risperidone	2 days	1mg bd	Dr Psychiatrist

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<p>Developmental history (consider pregnancy, birth and early developmental milestones, attachment/separation issues, education history, social relationships, recreational activities, sexuality and/or gender identity, any significant life events, stress and trauma)</p>	
<p>Information provided by Rebecca:</p> <p>Peter met all developmental milestones and was not abused or neglected. His father worked as surveyor and his mother worked in administration at the local medical centre.</p> <p>He was suspended from high school in grade 10 for smoking cigarettes on school grounds. After grade 10 Peter began using alcohol and his friendships tended to revolve around alcohol use. Despite this, Peter received good marks in year 12 and went to university to study engineering. Peter had a girlfriend who he met at university and was in a relationship with her for approximately 4 months.</p> <p>Peter worked at a fast food chain during High School for 2 years and then left during grade 12 when he was studying for his final exams.</p> <p>After his second year of university, Peter got an internship with a draftsman at a local engineering firm. Around this time he started drinking heavily and going out more often with the other interns. He struggled to meet his university deadlines and failed two subjects. He also became withdrawn and haggard looking. He was secretive with his family and would stay up all night. His family saw him talking to himself on several occasions. Peter lost his internship and left university.</p> <p>Peter has had few periods of unemployment. However, he typically moves between employers every 9 – 12 months. Generally works in hospitality. Reports having friends through work</p> <p>His parents described him as well-meaning but lost. They paid for Peter to complete a course in Hospitality and they reported that he became more social and interactive when he dropped out of university. He stopped drinking and going out with friends. Peter worked in cafes in the local area and seemed happy with this. He moved to Qld for a "change" and moved in with Rebecca.</p>	
<p>Family history (consider family mental health and/or substance use history, illnesses or disabilities, family/carer relationships (extended and immediate), employment and other relevant cultural aspects)</p>	
<p>No family history of mental illness. Mum works in administration and father works as a surveyor with the local council. Parents are still together and "very happy".</p> <p>Mum and Dad both born in Australia in NSW. Peter is the youngest of 2 children. Rebecca is 4 years his senior. Peter says he has a great relationship with his parents and talks to them regularly. He's always gotten along well with Rebecca.</p>	
<p>Current functioning and practical issues (note strengths and weaknesses. Also consider cultural supports, accommodation issues, if the consumer is a carer for a child/parent/other)</p>	
<p><input type="checkbox"/> Consumer requires a functional assessment <input type="checkbox"/> Consumer requires a cognitive assessment</p> <p>Has been able to manage own finances and make independent decisions. Has not required involuntary mental health treatment. Currently lives with sister. Sister is happy with his ability to look after himself. Rebecca said that Peter can return to her home after he is discharged.</p>	
<p>Mental state examination</p>	
<p>General appearance and behaviour</p>	
<p>Tall man of solid build, in casual clothes, adequate grooming.</p>	
<p>Speech (rate, volume and tone)</p>	
<p>Speech rate, volume and tone all within normal range.</p>	
<p>Mood and affect (range, appropriateness, congruence with mood and communication)</p>	
<p>Mood - good, 7/10. Restricted range in affect. Presentation suggested some guardedness during interview.</p>	
<p>Perception (hallucinations and illusions)</p>	
<p>Illuminati are still talking to him but not as loud or as often. Nil other perceptual disturbances.</p>	
<p>Thought form/flow (logical, tangential, blocked, concrete)</p>	
<p>Lucid, mostly logical, able to stay on topic.</p>	
<p>Thought content (include delusions, suicidal ideation, thoughts alienation and passivity experiences, phobias and obsessions)</p>	
<p>Ongoing grandiose delusions about having a special purpose, something which mental health staff wouldn't understand, and he thinks the Illuminati picked him for a reason. Not suicidal, no passivity phenomena. Feels safe in hospital, no one out to harm him. No thoughts of harming others.</p>	
<p>Judgement</p>	
<p>Slightly impaired.</p>	
<p>Insight (understanding of illness)</p>	
<p>Says his thoughts are clearer but does not think he had psychotic symptoms. Limited insight. Says the risperidone has improved his thoughts so he is willing to continue taking it.</p>	
<p>Cognitive assessment (include orientation, memory and capacity)</p>	
<p>Orientated to time, place and person. No overt memory issues. Able to understand the reason for medication and the consequences of not taking it.</p>	
<p>Substance use and addictive behaviours (WHO ASSIST v3.0)</p>	

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<p>Q1 ASK CONSUMER: In your life, have you ever tried:</p>																																																														
	No	Yes																																																												
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																												
b. Alcoholic beverages (beer, wine, spirits, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																												
c. Cannabis (marijuana, pot, grass, hash, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																												
d. Cocaine (coke, crack, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																												
e. Amphetamine type stimulants (speed, base, ice, crystal, Shabu, MDMA, ecstasy, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																												
f. Inhalants (nitrous, glue, petrol, aerosols, paint thinner, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																												
g. Sedatives or sleeping pills (Valium, Serepax, Xanax, Rohypnol, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																												
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																												
i. Opioids (heroin, morphine, methadone, codeine, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																												
j. Other (e.g. synthetics, steroids, etc.) specify:	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																												
<p>If "No" to all items, continue to next section. If "Yes" to any items above, ask Question 2 for each substance ever used. For repeat assessments, compare answers provided to previous screens. Any differences should be queried.</p>																																																														
<p>Q2 ASK CONSUMER: In the past three months, how often have you used (first drug, second drug, etc.)?</p>		Never	Once or twice	Monthly	Weekly	Daily or almost daily																																																								
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																								
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e. Amphetamine type stimulants (speed, base, ice, crystal, Shabu, MDMA, ecstasy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																								
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<p>If any substances in Q2 were used in the previous three months, a Child and Youth Substance Use Assessment must be completed</p>																																																														
<p>Comments (consider other issues such as gambling in the family, intoxication and/or at risk of withdrawal, motivation for change)</p> <p><input type="checkbox"/> Consumer is currently receiving specialised treatment for substance use</p> <p>No other substance use identified.</p> <p>Is contemplative about ceasing amphetamines. Peter blames the amphetamines for hitting the police officer and said he'll need to cut down his Speed usage. He did not want a referral to an Alcohol and Drug Service.</p>																																																														
<p>Risk screen Y=yes N=no UK=unknown</p>																																																														
<p>Suicide</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">Static factors</td> <td style="width:10%; text-align: center;">Y</td> <td style="width:10%; text-align: center;">N</td> <td style="width:10%; text-align: center;">UK</td> <td style="width:45%;">Dynamic factors</td> <td style="width:10%; text-align: center;">Y</td> <td style="width:10%; text-align: center;">N</td> <td style="width:10%; text-align: center;">UK</td> </tr> <tr> <td>Previous attempt</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Suicidal thoughts</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Previous self-harm</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Plan (consider detail of plan and access to means)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Exposure to suicide</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Loss of hope</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Stressful life events (mental disorder, physical illness/pain, unemployment, history of trauma, homelessness)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Lack of social support</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Future factors</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">UK</td> <td colspan="4"></td> </tr> <tr> <td>Foreseeable stress/destabilising situations</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td colspan="4"></td> </tr> </table>							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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Future factors	Y	N	UK					Foreseeable stress/destabilising situations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
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<p>Comments (provide detail about risk factors, note collateral and source. Explore other factors such as age, current mood, recent stressors, psychotic symptoms, high level risk taking behaviours, poor impulse control and specify whether any risk factors identified are clinically significant)</p> <p>No history of self-harm or suicidal thoughts. Has hope for the future and plans post-discharge from hospital. He has support. There are no foreseeable issues - he can return to his sister's house, he has a job and is willing to be referred for Case Management.</p>																																																														

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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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Problematic treatment adherence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Problematic substance use	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Violent ideation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personality disorder/s	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pro-violence attitudes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other mental disorder/s	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Symptoms of psychosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other problematic behaviour (see comments)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carries weapon/access to firearm*	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Comments (provide detail about risk factors, note collateral and source. Explore other factors such as age of onset of problematic behaviour, which includes fire setting, stalking, and threats, context in which the behaviour occurred, seriousness/acuity of behaviour, living situation, family, culture and social networks)

Peter punched a police officer while psychotic, believing that the officer was going to harm children. He was also intoxicated at the time. Peter reports getting into fights while intoxicated with alcohol and/or amphetamines. Peter chose targets who he found annoying. He denied that anyone was significantly hurt. He hit them to get them to "shut up" or to "teach them a lesson". Reported auditory hallucinations, and delusions about being chosen as a protector by the Illuminati.

*Weapons Licensing Branch of Qld Police Service **must** be notified

Vulnerability							
Static factors – history of:	Y	N	UK	Dynamic factors	Y	N	UK
History of 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"/>
History of 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"/>
History of financial vulnerability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Self neglect	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cognitive impairment/disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>
Future factors	Y	N	UK				
Foreseeable stress/destabilising situations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Comments (provide detail about risk factors, note collateral and source. Explore other factors such as health related risks (e.g. skin integrity, falls, blood borne viruses), acculturative stress and discrimination, history of poor engagement with services)

Collateral from Rebecca does not identify any significant flags for vulnerability. He has impaired decision making in relation to his substance use, and has experienced auditory hallucinations and delusions of grandeur.

Absent without approval							
Static factors – history of:	Y	N	UK	Dynamic factors	Y	N	UK
History of absconding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Treatment refusal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
History of breaching MHA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Desire/intent to leave hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Future factors	Y	N	UK				
Foreseeable stress/destabilising situations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Comments (provide detail about risk factors, note collateral and source. Consider if Absent Without Approval Prevention and Response Plan is required)

Peter has been taking medication. He's not asking to leave hospital and is willing to see mental health services in the future.

Parental status and/or other carer responsibilities		
Does the person have responsibility for children aged 17 years or less?	Y	N
	<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"/>
*If yes, the Mental Health Child Protection form (SW188) must be completed		

Details of children and/or other dependents			
Full name	Relationship	Age/date of birth	Immediate care arrangements

Protective factors (consider peer/family/support networks, cultural/spiritual supports, insight into mental illness and risk issues)

His sister, Rebecca.
 Peter has stable accommodation.
 Good relationship with parents (they are in Sydney)
 Employed.
 Willing to take medication and have a Case Manager after he is discharged from hospital.
 Peter is aware that he needs to reduce his drug use.

 <p>Queensland Government</p> <p>Mental Health Services General Assessment</p> <p>Facility:Inpatient 2014.....</p>	<p>(Affix identification label here)</p> <p>URN:</p> <p>Family name: Care scenario</p> <p>Given name(s): Peter</p> <p>Address:</p> <p>Date of birth: 05/03/1980</p> <p>Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I</p>																												
<p>Overall assessment of risk and plans to mitigate risk (consider both static and dynamic risk factors for harm to the consumer and others, including chronic versus acute risk status, triggers, protective factors and warning signs. Describe information provided to consumer, family/carer/support persons regarding the risk screen. Mitigation strategies to address risks for consumer and risks to family/carers and others. Strategies must be included in the Care Plan.)</p>																													
<p>Based on the static, dynamic and foreseeable future factors, Peter's risk of vulnerability is low (slightly elevated by substance use), his risk of being absent without approval is low, and his risk of suicide is low. His risk of violence was more elevated than other risk factors. This was largely due to Peter engaging in violence (fights) and the recent escalation to hitting a police officer. He also has some dynamic risk factors for violence such as substance use, psychotic symptoms, pro-violence attitudes, and impulsivity. All violence seems to have occurred while he was intoxicated with alcohol and/or amphetamines, and/or while he had psychotic symptoms. The triggers for violence seem to have been Peter finding others annoying or believing them to be a paedophile, in the context of substance use. His static factors mean that Peter poses a chronic risk of violence. Future violence will likely be a spontaneous physical altercation involving punching. Imminence will be affected by substance use, having access to "annoying" people, and/or believing someone is harming others. There is a query about whether Peter has a drug induced psychosis or organic psychosis. This requires further exploration by the community treating team.</p> <p>The risks and risk management strategies have been discussed with Rebecca and the intake officer, Will Taylor, for the community mental health team.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><u>Risk factor</u></td> <td><u>Mitigation Strategies</u></td> </tr> <tr> <td>Psychotic symptoms</td> <td>Risperidone 1mg bd, regular mental state assessments, referral to community mental health service</td> </tr> <tr> <td>Substance use</td> <td>Does not want to go to AODS, but is willing to discuss substance use with his Case Manager</td> </tr> <tr> <td>Impulsivity / violent attitudes</td> <td>Cognitive behavioural therapy group to focus on decision making</td> </tr> </table> <table style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width:50%;">Overview/impression</td> <td style="width:10%; text-align: center;">Y</td> <td style="width:10%; text-align: center;">N</td> <td style="width:10%; text-align: center;">UK</td> <td style="width:20%;"></td> </tr> <tr> <td>Person's level of risk appears to be highly changeable</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>There are factors that contribute to uncertainty regarding risk screen</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>A more comprehensive risk assessment is required</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>		<u>Risk factor</u>	<u>Mitigation Strategies</u>	Psychotic symptoms	Risperidone 1mg bd, regular mental state assessments, referral to community mental health service	Substance use	Does not want to go to AODS, but is willing to discuss substance use with his Case Manager	Impulsivity / violent attitudes	Cognitive behavioural therapy group to focus on decision making	Overview/impression	Y	N	UK		Person's level of risk appears to be highly changeable	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		There are factors that contribute to uncertainty regarding risk screen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		A more comprehensive risk assessment is required	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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<p>Formulation/overall clinical impression (include presenting, predisposing, precipitating, perpetuating and protective factors)</p>																													
<p>This has been Peter's first contact with mental health services. His family report psychotic symptoms when he was 19 years old, these seem to have been exacerbated recently by substance use. There is a query about whether Peter has a drug induced psychosis or organic psychosis. This requires further exploration by the community treating team.</p> <p>Peter is low risk to himself and low to moderate risk of violence. All violence seems to have occurred while he was intoxicated with alcohol and/or amphetamines, and/or while he had psychotic symptoms.</p> <p>Peter can be managed in the community. He has accommodation, employment, and familial support.</p>																													
Primary diagnosis	ICD-10 code																												
Mental and behavioural disorders due to psychoactive substance use: harmful use, and ?psychotic disorder	F19.1; F19.5																												
Secondary diagnosis	ICD-10 code																												
Differential diagnosis: Schizophrenia	F20																												
<p>This assessment is informed by collateral from (list source of collateral, e.g. mother employer, elder, clinical record)</p>																													
<p>Rebecca (sister) Clinical Record</p>																													
<p>Initial management plan (include any immediate actions required to maintain the consumer's safety. Consider treatment objectives and location, investigations, carer/family involvement especially where support can be provided to support recovery, cultural and language issues, referrals, level of observations (for inpatients) and medications, actions to mitigate risk. Note reasons why collateral is unavailable, consent issues, efforts made to contact and obtain the information. If no HHS mental health treatment is planned, specify recommendations for follow up provider)</p>																													
<p>Collateral is outstanding <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p> <p>Referral to Continuing Care Team</p> <p>Ongoing treatment with risperidone 1mg bd</p> <p>Discharge to Rebecca's house</p> <p>Ongoing communication with Rebecca and/or parents</p>																													
Clinician's name (please print): Sam Smith	Designation: CNC	Signature:	Team:	Date: 06/04/2014	Time:																								