



Sanjay case: Part 1

Sanjay is a 33-year-old male with a current diagnosis of paranoid schizophrenia. Due to his wilful damage and attempted arson, he is on a Forensic Order under the *Mental Health Act 2016*.

At that time, Sanjay was assessed as being acutely psychotic, presenting with a paranoid ideation of his neighbours sending photos of him to 'Satan'. Sanjay also reported experiencing persecutory and command hallucinations instructing him to 'scare' the neighbours by destroying their house. He had self-ceased his antipsychotic medication a few weeks before. As a result of this incident, Sanjay was transferred to a secure mental health facility, where he was assessed and found suitable to be placed on a Forensic Order. Subsequently his recovery, treatment and Limited Community Treatment (LCT) conditions were reviewed and he was transitioned back to the community twelve months after admission.

Sanjay now lives independently in public housing accommodation, in a suburb on the southside of Brisbane and has done so for the past six months. He has quite strict LCT conditions and is aware of the times and locations he is allowed to access, within the community.

He has maintained two days a week of part-time employment at a local plant nursery. His mother (who speaks minimal English) visits each Wednesday to prepare his meals for the week, which she puts in his freezer. During these visits she checks his spending and reminds him of his appointments. He also receives fortnightly visits from a community support service to clean his unit.

Sanjay owns a touch phone and can use most of its features. On the days he works, he needs to get up at 6.00 a.m., so he uses his phone alarm to wake him. Sanjay has been consistent in accessing his scheduled appointments by using public transport. He further attends a weekly chess group where he has several positive and prosocial friends.

Outside of these activities, Sanjay has limited fixed routines and will stay home to watch home renovation and gardening shows on television.

Recently Sanjay's mother left on a four-week trip overseas to attend a relative's funeral. Prior to her departure she pre-cooked and froze several dozen meals, as well as giving Sanjay enough money to purchase some take-away food. She wrote his appointments on a piece of paper and put it on the fridge and confirmed the two community support visits to occur while she was away.

During the first week of his mother's absence Sanjay left his wallet on the bus after coming back from his chess game. There was a couple having an argument on the bus which distracted him and he forgot to pick up his wallet which he had placed on the seat next to him. Because he lost both his money and his bus pass, he couldn't catch the bus to attend his fortnightly depot appointment. However, Sanjay still managed to attend work that week, as he was able to walk there.

The following week Sanjay's mental health started to deteriorate. He misses work and his chess group. When the community support service arrived to clean his unit, they discovered Sanjay had locked himself in. He refused to open the door.

They immediately contacted his Forensic Liaison Officer (FLO) who arranged for Sanjay to be admitted to an acute care unit.

Upon admission, Sanjay's mental health further deteriorated, with his paranoid ideations becoming more clinically significant. The treating consultant reviews and administers stronger antipsychotic medication, and after ten days his mental state stabilises. The following week Sanjay's mother returns. You tell her that he is responding well to medication and will be discharged.

Please complete questions 1 to 7 now.

