

James (Jimmy)

Let's think back to James...

James is a 40 year old male currently living in hostel style accommodation receiving care and treatment through the local mental health service under a Forensic Order of the Mental Health Act 2000.

He has been diagnosed with paranoid schizophrenia.

He has been brought into the emergency department (ED) by QPS, who had noticed James becoming agitated in a shopping centre.

QPS report that James began to yelling at staff when he was asked to stop smoking inside the shopping centre. QPS report that despite being intoxicated, James was cooperative with them, being upfront in letting them know about his mental health concerns.

Background

James, who likes to be referred to as Jimmy, was born in Echuca, Victoria and moved to Queensland as a child. His mother was a single parent and he spent a lot of time alone at home while she worked. He had episodic contact with his father who worked on cattle stations. As a teenager, Jimmy was drawn into local group of kids who introduced him to drugs including marijuana, hallucinogens and amphetamines. At age 16, Jimmy was involved in a physical altercation whilst intoxicated that resulted in an acquired brain injury. Jimmy has contact twice a month via phone with his daughter who lives interstate and given his past actions when unwell he does not know her address. Jimmy's ex-partner, his daughter's mother, has not had any contact with Jimmy for over 15 years.

Jimmy was diagnosed with paranoid schizophrenia in his mid-twenties. He currently has a well systemised delusional system of beliefs involving his local member of parliament (Mr Harry Chambers). Jimmy displays some ambivalence about these beliefs being true, however has previously acted on these beliefs whilst unwell.

Baseline wellness

At baseline level of wellness, Jimmy:

- Attends to his own activities of daily living, including attending to appearance. However, finer details of person grooming are often neglected – brushing teeth, strong/offensive breath.
- Experiences auditory hallucination on a daily basis but this is in the background and not subjectively distressing.
- Has a mild delay in processing & responding to information due to his head injury.
- He enjoys reggae music and likes listening to 97.3FM.

When unwell

When unwell, Jimmy:

- Absents himself from his hostel accommodation, his mental and health care and hides on the streets.
- Is fearful and frightened if he believes he is being followed; will arm himself with a weapon to protect himself, usually a knife and/or baton.
- Neglects his self-cares and does not eat properly and had been taken advantage of financially.
- Has experienced command hallucinations that tell him to take drugs/alcohol because they will provide him with a “sixth sense”.
- Becomes perplexed with notable disorganisation of thoughts. His cognitive capacity is complicated by the impact of his head injury.
- Has responded positively to reality testing from people he has a trusting relationship with, including his daughter.
- Four years ago, Jimmy was arrested at Mr Chambers’ office, while making threats towards office staff. This incident led to a review by the Mental Health Court and Jimmy being placed on a Forensic Order. Following the incident at his local member’s office, a forensic assessment ascertained Jimmy, when unwell, continues to be at risk of acting on his delusions. Jimmy has never physically hurt another person though the risk remains that he may do so when unwell and genuinely believes that he needs to defend himself.

Triggers

Jimmy’ triggers include:

Stressful life events: The precipitating events for the previous admissions to hospital include, his daughter becoming distressed following a breakup from her boyfriend and an interpersonal conflict with a co-tenant.

Chest infection: Jimmy was admitted to a medical ward with a lower-lobe pneumonia. Given his history of being a heavy smoker and development of emphysema, Jimmy remains at risk of developing pneumonia again. On presentation, Jimmy presented as delirious and experiencing visual hallucinations which are not present when he is acutely psychotic from his mental illness. He once required one to one nursing care and additional medication to manage his level of subjective distress and agitation, due to his delirium. He responded well to intravenous antibiotics and on resolution of the delirium, returned to his baseline mental state.

Situational triggers: When unwell, Jimmy has a low tolerance to being reality tested about his delusional beliefs. During these times, Jimmy’s frustration tolerance is low, often further complicated by decreased impulse control from his head injury, nicotine withdrawal, and not being able to access a cigarette.