

CASE STUDY OF A FIRST EPISODE PSYCHOSIS

Presenting Problem

David is 22 years of age. He is single, unemployed, and living in a flat in an inner suburb of Melbourne. Three years ago he led an active social life, worked part-time as a motor mechanic, and shared a household with friends. On weekends he enjoyed playing drums in a garage rock band. However, he has become progressively socially isolated and although his parents have been worried about him for many months, they have had difficulty encouraging him to seek help. They have noticed him gradually becoming more withdrawn and guarded, and he seems to be neglecting his appearance and is eating poorly. He appears suspicious, perplexed, and irritable in their presence. They suspect he might be abusing alcohol or illicit drugs. They seek advice from their family general practitioner who expresses a concern that David should be assessed immediately by a specialist mental health team for the possible onset of psychosis. After some encouragement from his mother, David agrees to meet with the local youth mental health team.

Assessment

David meets with a clinical psychologist and psychiatric nurse who visit him in his flat, together with his mother. After they introduce themselves and explain the purpose of their visit, they begin to speak with David regarding his concerns. He avoids eye contact, appears thin and poorly groomed, and has a tremor consistent with intense anxiety. David describes a series of changes in his mental state over a period of some years. He says he is convinced that he has developed lung cancer and he requests an investigation as soon as possible. In addition, he expresses a belief that the Premier of Victoria is orchestrating a conspiracy against him, which includes keeping him under regular surveillance via closed circuit television cameras. He complains that he hears an abusive voice at least once a day, which he believes is the voice of his ex-

girlfriend. David reports currently drinking up to six cans of beer per day and smoking cannabis heavily, and that his sleep and concentration are poor. He describes a depressed mood and a sense of hopelessness for the future. The voices and beliefs have persisted for longer than 12 months, with the depressed mood fluctuating over the last two years.

History of the Symptoms

Over the course of several meetings, the progression of David's symptoms leading up to his acute psychotic episode becomes clearer. At the age of 18 David started to become withdrawn from his friends, spending more and more time at home alone. His mood started to deteriorate and he began to ruminate about developing skin infections. As he became more isolated and withdrawn, his relationship with his girlfriend began to deteriorate, resulting in them breaking up. Over the following 12 months he became increasingly irritable and depressed and his preoccupations progressed to suspicions that his girlfriend had cheated on him. He also experienced growing concerns about his physical health.

Treatment

The treating team identify that David is facing three major mental health syndromes requiring intervention: positive symptoms of psychosis, a major depressive episode, and significant problems with substance abuse. These factors are contributing to problems for David in his self-management, resulting in an eviction notice from his landlord, a lack of clean clothes, and poor nutrition. While there are no immediate risks to his safety, both his family and the treating team are concerned about the risk of David's mental and physical health deteriorating further. David is particularly concerned about his physical health and agrees to keep meeting with the team on a daily basis to discuss his welfare and treatment options.

After providing some initial education to David and his parents regarding his symptoms, all parties agree that it would be helpful if David moved home with his parents for at least several months in order to reduce his stress and improve his health. His treating doctor prescribes a low dose of antipsychotic medication, explaining its purpose and the possible range of side effects. David also has separate meetings with his case manager to provide him with psychological support and to improve his understanding of his symptoms and the treatment. Over the course of the next three months, his paranoid beliefs and hallucinations slowly begin to improve. He ceases using cannabis but continues to drink alcohol in heavy amounts. As his acute psychotic symptoms improve, the focus of the sessions shifts to helping him understand and address his symptoms of depression and social anxiety through cognitive behaviour therapy with a clinical psychologist. After six months of improvement, he meets with an individual vocational worker who assists him to gain a casual job as a labourer. His parents also have counselling sessions. While they are relieved that David is slowly improving, they have fears for his wellbeing into the future and are seeking input as to how best to support him.