

Anne-Marie, 26 years Admission

Anne-Marie is a 26 year old woman who has been referred to the community mental health centre for support and ongoing care. She was discharged from a non-acute inpatient unit last week following a two year admission. She has a diagnosis of schizophrenia. Her first acute inpatient admission was about two and a half years ago, with this resulting in extended care for 6 months due to a slow response to treatment and the severity of residual negative symptoms. She was then transferred to the non-acute unit. The acute admission occurred in the context of her moving interstate to study at a regional university. As she is reserved and shy she found it hard adjusting and making friends and ended up becoming unwell. She would like to resume her social work studies when she is feeling better. She had previously worked as a receptionist and sales person. There is a family history of mental illness.

Anne-Marie is an overweight woman who looks older than her years. She says she has put on about 25 kgs since she became unwell. She says she finds it hard to get around as she gets tired easily and becomes sweaty and breathless. This has limited her movements. She says that the weight is the price she has paid for being on medication. She has been brought to the assessment by an NGO support worker, as she was afraid of getting lost and being late. She has not used public transport since leaving the hospital. She currently lives in an after care house located close to the city. She says she enjoys living there and has her own bedroom and ensuite. She is getting support at the house to improve her living skills and prepare her for independent living. She is currently focused on improving her “domestic skills” such as budgeting, shopping and cooking. She is on a public housing priority waiting list and is anticipating moving in to a one bedroom flat close to the city in the next 6 months. Her family and old friends live interstate and she has limited contact with them. She sees her parents about 1-2 times a year when they come to visit her. She has weekly telephone contact with her mother and younger sister.

Anne-Marie presents as being tired and lethargic but says she feels “reasonably ok today”. Her facial expression is flat and her affect is blunted. Her speech is slow and deliberate. Anne-Marie is very cooperative and pleasant throughout the assessment. She has a dry mouth due to her medication which she says sometimes makes talking difficult. She says she always carries water with her to manage this side effect. She takes time replying to all the questions, giving considered responses. She says that her thoughts feel slow sometimes, but she says she prefers that to the “noisy mess of thoughts and voices” that used to be in her head. She says while her concentration is better, it is still not back to normal – “my head feels like it is full of ‘white noise’ sometimes”. She finds it hard to read, as she loses track of the story. This distresses her as she used to love to read. She currently has no hallucinations or delusions. She has no history of self-harm. She is orientated to time, place and person. She does not feel depressed or anxious. She says her sleep and appetite are fine. She does not drink alcohol nor take drugs. She says she feels hopeful and is keen to “make a life for myself”. She says she has to exert her will power to motivate her to do things as she frequently feels “so heavy and tired”. “It would be so easy to stay in bed, or lie around and watch TV”. She is hopeful that her doses may be reduced soon if she continues to make good progress.

In terms of the care that she requires, Anne-Marie says that while her self-care is good, she still needs further support to help her transition into “normal life”. She misses some of the friends she made at the hospital and has felt lonely this week, as she has been keeping to herself at the home. She says she has always been shy but she would like to make new friends, with this difficult given that her confidence is pretty low at the moment. She says she wants to lose weight, as it has been a significant contributor to her low self-esteem. The after care workers have made an appointment for her to see a GP next week to

undertake a physical examination and talk about weight loss strategies. She is also seeing her community psychiatrist for the first time next week and is keen to get a medication review. The NGO worker is concerned that Anne-Marie may find it challenging to stick to her medication in the community if the weight issue is not addressed.