



AMHOCN

Australian Mental Health Outcomes and Classification Network
Sharing Information to Improve Outcomes

National Outcomes and Casemix Collection
(NOCC) basic training vignettes:
ADULT SERVICES

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For further information: Email: contact@amhocn.org Website: www.amhocn.org

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Paul, 23 years

Review 1



Paul is a 23-year-old man who has a 12-month history of mental illness. Recently, he has become increasingly agitated, pacing up and down the hallway of his flat. He was discharged from Hospital 12 months ago and has been reviewed by his case manager every 3 months, however over the last two months Paul's case manager has been seeing him almost every week and in the last two weeks he has been trying to visit Paul everyday, although he thinks Paul is trying to avoid him.

Paul has had disturbed sleep with significant initial insomnia for over a month and has been totally unable to sleep for the last 3 days. Paul is not usually aggressive towards his father or case manager. However, over the last couple of weeks he has been a bit intimidating and his neighbours have been concerned by his presentation. Paul is intimidating but denies being a danger to himself or other people. He denies being depressed. Paul is distractible and is unable to complete serial 7's.

Today he has been seen striding around the communal living area of the units, waving his arms and calling out. He has delusional ideas associated with a "rat ship" which he cannot really explain just that they relate to some "powers" we all "should know" about. He is distressed and preoccupied with these ideas although can't really explain them. He indicates that he has been hearing voices pretty regularly since his discharge from hospital.

Paul has had some recent changes in appetite along with weight loss. His father has noticed that Paul is not eating as much as he used to. Paul lives in a good home unit near to his parents and close to shops and transport. Generally the unit is clean and tidy but when Paul becomes unwell, he needs prompting to keep it this way. His father is involved in his day-to-day care at this time, visiting his flat daily to make sure that Paul is dressed, has breakfast and is looking for work. He is very concerned that Paul does not seem motivated to find work.

Paul says that he sometimes argues with his father and that things would be better if, "he just got off my back", "I can do things for myself". Paul doesn't want to take medication and always forgets to take it so his father has to remind him constantly to take his medication. Paul is usually able to keep himself reasonably well groomed, recently he has stopped washing and appears unkempt. He has been wearing the same clothes for sometime and his father has been prompting him to wash and get changed.

Paul usually manages his own finances and shops on a regular basis but he has limited cooking skills and recently has had to have increasingly significant support from his father for a range of activities. Paul has not had regular employment since his admission to hospital 12 months ago. Currently, Paul attends a couple of different groups that are run at a local neighbourhood centre. These include a job skills group (to please his father) and a pottery and computer group. He likes the pottery and computer groups and "wouldn't mind a job with computers", but then indicates that there is not much point, "I am not really any good at anything". He hasn't attended these groups in the last two weeks.

Paul has two good friends who have kept in contact with him since school and he usually gets together with them on the weekend. Paul's contact with his friends has been less frequent recently and he has not seen them for the past couple of weeks. Paul does have a couple of acquaintances who visit his flat and sit around smoking dope with him. Paul's father reports that Paul has been smoking 'a lot' of cannabis in the past month and he last used it today. His father says that Paul hasn't been honest with his case manager about how much he has been using and "he's smoking everyday".

There is also some concern that Paul may have been using other illicit drugs recently. Paul fell down the back steps of his flat a week ago injuring his wrist, which his father ensures is bandaged. No evidence of a break on x-ray and the radiological report suggests probable soft tissue injury. Paul has a reduced range of motion in his dominant hand and has been having trouble buttoning his clothing.

Paul refuses to complete the consumer self report measure when it is offered to him.

Paul, 23 years

Review 1



HoNOS consensus ratings

Scale		Recommended Rating	Rationale
1	Overactive aggressive agitated or disruptive behaviour	2	Note Paul has become increasingly restless, pacing up and down hall way at night and in communal areas of his unit during the day. He is therefore obviously restless and agitated however he has not been physically aggressive prompting the lower rating.
2	Non accidental self injury	0	No indication of self harm during rating period.
3	Problems with drinking and drug taking	2	Extensive recent use of cannabis, with intoxication almost everyday, the frequency of use alone would be the focus of clinical intervention. Note the vignette does not provide evidence of craving or dependency which would prompt a higher rating.
4	Cognitive problems	2	Paul is distractible, unable to complete serial 7s indicating underlying cognitive problems and warrant rating.
5	Problems with physical illness and disability	3	No evidence of illness within rating period. Recent viral illness outside rating period. Wrist injury and subsequent reduced range of motion in dominant hand is the most severe manifestation of a problem. The impact on behaviour (dominate hand) warrants the higher rating.
6	Problems with hallucinations and delusions	4	Delusional ideas are persistent and pervasive and are very distressing during the rating period. This warrants the highest rating.
7	Problems with depressed mood	1	Although Paul denies depressed mood, some indication of low self esteem indicates depressed mood may be a subclinical problem.
8	Other Behavioural and Mental problems	4H	Paul has been unable to sleep for the past 3 days, this is a clinically significant problem and would be the focus of clinical intervention requiring the highest rating.
9	Problems with Social relationships	3	Although, Paul has had little contact with his supportive school friends in the last two weeks. His father reports contact with a number of "acquaintances" related to cannabis use and these are seen as generally non-supportive relationships.

Paul, 23 years

Review 1



10	Activities of Daily Living	3	Although Paul has appeared unkempt in the last two weeks, he is capable of undertaking simple activities of daily living. More complex tasks such as keeping his Flat clean and tidy require prompting from his father. As a consequence, he warrants a higher rating.
11	Problems with living conditions	0	Paul lives in good quality accommodation, close to shops and transport.
12	Problems with occupation and activities	0	No problems with access to leisure activities.

Maria, 46 years

Admission



Maria is a 46-year-old woman who presented to her GP complaining of feeling “nervous” and “depressed”. Her GP has referred her to the community mental health team for specialist support.

Maria has been depressed for the past month, she has had trouble getting off to sleep and has been waking early in the morning around 4am. She says she finds this distressing, “but there is nothing I can do about it”. Over the last couple of weeks Maria has begun to wander the house and wakes her daughter seeking support and reassurance. Maria’s daughter finds being woken very disruptive.

Maria’s appetite has been poor recently but no evidence of weight loss. She says that she has been having difficulty concentrating and sometimes forgets things. There is no evidence of cognitive problems on formal examination. She says that she thinks about “ending it all” but denies that she would do anything to hurt herself.

Maria has three children, Theresa 19, Lillian 17 and Thomas 10. Two of Maria’s three children live at home with her and her husband. Maria’s eldest child Theresa moved out recently to study at university. Her daughter Lillian is caring for her youngest son Thomas.

Maria’s daughter Lillian says that Maria and her father Joe haven’t been getting on lately. Joe goes to a friend’s house and that “upsets mum”. Maria says that she doesn’t like drinking alcohol and that sometimes when Joe has been drinking they argue and he threatens to hit her. But Maria says that he is a “good husband” and a “good provider” and they have no financial difficulties.

Maria has been unemployed for the last 6 months after the plastics factory at which she worked closed down. She received good references on retrenchment and she has been offered alternative employment by friends but has declined these offers.

Maria usually participates in a variety of social and church activities within the Italian community, although her participation has almost stopped in recent weeks. Maria still attends Mass each week, but her daughter says that she doesn’t engage in her usual discussions with friends after Mass and leaves almost immediately.

Maria is still able to undertake household duties however Lillian indicates that although Maria is an excellent housekeeper, but that she isn’t keeping the house as tidy as she used to.

Maria, 46 years

Admission



HoNOS consensus ratings

Scale	Recommended Rating	Rationale
1 Overactive aggressive agitated or disruptive behaviour	3	Some agitated behaviour in the past two weeks, feeling unable to settle, wakes daughter early in morning for reassurance Maria's daughter finds this behaviour very disruptive.
2 Non accidental self injury	1	Maria has thoughts of self harm but no intent and no behavioural manifestations.
3 Problems with drinking and drug taking	0	No indication of problems with drinking or drug taking.
4 Cognitive problems	1	Difficulties in concentration and self reported memory lapses indicate some cognitive problems. However, no evidence of cognitive deficits on formal examination indicate a sub clinical problem.
5 Problems with physical illness and disability	3	No indication of physical illness or disability.
6 Problems with hallucinations and delusions	0	No indication of problems with hallucinations or delusions.
7 Problems with depressed mood	3	Feels depressed, her affect appears flat and she is complaining of depressed mood. There is also an indication of rumination on depressive content on video, "I have done my best".
8 Other Behavioural and Mental problems	3H	Maria has been having trouble sleeping and the early morning waking has been causing her distress. Although her appetite has been poor, dealing with the distressed related to the poor sleep, this would be the focus of clinical intervention. Clinicians must determine which of multiple problems will be the principle focus of intervention.
9 Problems with Social relationships	3	Problems in relationship with husband noted, Maria has been isolating herself over recent weeks and almost totally withdrawn from her usual Church activities.

Maria, 46 years

Admission



10	Activities of Daily Living	2	Maria maintains an ability to undertake simple activities of daily living. More complex tasks however are not being undertaken such as keep-ing her house tidy or looking after her child Thomas.
11	Problems with living conditions	0	No problems with current living situation.
12	Problems with occupation and activities	0	No problems with access to occupation and activities.