

Recommendation Form

Date: November 20th 2020

Case Synopsis:

Description of the client (e.g., demographics, education, employment, primary source of income, social support, etc.)

22 year old male, lives at home with his parents. On the waitlist for Supportive Housing through Canadian Mental Health Association. On ODSP and working part-time at a fast-food chain Was studying Film in college (one semester completed).

Description of the suspected psychiatric diagnoses, substance use, and current presenting concerns. Also include relevant developmental, social, and family history.

4-day hospital admission in September 2019 after calling 911 due to fear that his brother was trying to stab him. Hospital notes indicate suicidal ideation (by hanging) for 6 months prior to hospitalization. Client was having trouble understanding what was real and what was not. He had concerns that his girlfriend was trying to experiment and manipulate him versus his mind playing tricks on him. He had also reported hearing his own voice as well as other voices. He endorsed concerns of others reading or broadcasting his thoughts. He was discharged with a diagnosis of cannabis induced psychosis, and on Risperidone 2 mg and Sertraline 50 mg.

He had been using cannabis 8 years priors to hospitalization. 6 months prior to hospitalization his use had increased. He was smoking approximately 2g/day. Has not used since his discharge. He smokes 1 pack cigarettes/week Has experimented with LSD, mushrooms and crystal meth in the past, though has not used in years

Client reports his childhood could have been better. There are 5 children in family (2 brothers and 2 sisters). Client reports no strain in their relationships however they are not close. He is paranoid about his one brother’s intention to harm him. Reports of sexual abuse in kindergarten. States his father used to hit him Reports of bullying in elementary school, particularly by older brother and brother’s friends

He continues to experience anxiety and paranoia, which have been impacting his functioning. At one of his jobs he would vomit before shifts and was unable to pass the COVID-19 screening, and was also paranoid about the work environment. Client feels a sense of responsibility to contribute to household finances as his father is unable to work. Mother has been very supporting. She regularly engages with SEE/IRT workers, and attends Family Group. Drives client to and from appointments Father does not believe in psychosis and has told the client that his symptoms are “all in his head”. Father has been offered support, but has not accessed services

Supporting information, safety concerns, medical conditions, 6-point wellness check, etc.

Has a history of SI 6 months prior to hospitalization. There was an increase in SI when he was switched from sertraline to Wellbutrin. Currently he experiences passive SI, and his SI increases when his psychotic symptoms worsen, eg when he forgot to take his medications for 2 days.

Past/present treatment interventions, as well as the client’s current goals for treatment and strengths that will support them to work towards their treatment goals.

Did not find risperidone helpful. This was discontinued and he was switched to olanzapine. He is currently on olanzapine 15 mg, and continues to experience ongoing paranoia. Previous history of nonadherence to medications over the summer, though possibly improved with changes in medications. Has declined an LAI for now.

Sertraline was not found to be helpful, and was switched to Wellbutrin. Anxiety continued to be impairing, and Effexor was added to his treatment. He declined participating in anxiety groups.

He would like to maintain his employment, and eventually move out on his own. Has been working with SEE and successfully completed two job interviews with two job offers. Currently working over night shifts as a custodian at a fast-food chain. He is engaging in treatment, rarely misses appointments

Reason for case consultation and any specific questions that the provider would like answered.

How does NAVIGATE support anxiety work beyond 'Coping with Anxiety' in the Coping with Symptoms module

Summary of Recommendations:

Recommendation: description of recommendation.

Elaborating on recommendation, and clarifying information (e.g.; where to access scales, monitoring required when prescribing medication, etc.):

- 1) IRT modules that address client's strengths might also support the work being done for his anxiety
- 2) Reassess client's interest and readiness to engage in groups for anxiety
- 3) Support client with cognitive restructuring of automatic or negative thoughts
- 4) Continue working with the client's mother:
 - Consider offering psychoeducation about CBT. This might allow her to build her capacity to work with the client on addressing thoughts and behaviours that are reinforcing his anxiety
 - Consider involving mom in strengths identification so that she can also reinforce the team's observations about the client's strengths and successes
 - Consider having client share his wellness plan with his mother
- 5) Consider using a pharmacy that could deliver his medications
- 6) If compliance with medications is a concern consider an antidepressant with a long half-life such as fluoxetine, where discontinuation symptoms can be avoided if a dose is missed.
- 7) Consider disclosing to the workplace as this might provide an opportunity to build more support into the client's job

Follow-up

If it would be helpful to have some further discussion and consultation regarding this case, please consider bringing it back to ECHO EPI-SET in the next month. To do so, please connect with:

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