

## Module 17, Handout 2

### Patient profiles

#### Patient one: Gemma, 29

Twenty-nine-year-old woman with a diagnosis of schizoaffective disorder. She is softly spoken and generally reserved, although she is well able to articulate her opinion when given the opportunity to do so.

##### **Mental health**

Suffered from depression in her early teens and avoided school as a result. First experienced acute psychotic episodes requiring hospitalisation aged 19. Gemma has suffered four serious episodes since then requiring hospitalisation, all lasting several weeks, and all precipitated by her stopping taking her medication because of the side effects she experienced. When acutely ill, Gemma experiences auditory hallucination (hears voices) and paranoid delusions (believing that people are out to harm her).

Gemma takes olanzapine 20mg daily. Her mood is generally stable although she tends towards low mood, she has poor memory, cognitive deficits (is disorganised) and low self-esteem. Gemma tends to be pessimistic and assumes that she will fail in achieving anything; if anything goes wrong, she interprets this as a catastrophic event that means everything is lost.

Gemma experiences some side effects from olanzapine: dry mouth, weight gain and sleepiness. She is under the care of a community mental health team. She sees a community psychiatric nurse every two weeks and a consultant psychiatrist every three months. Gemma lives in supportive housing with staff onsite.

##### **Social history**

Gemma comes from a family of two older sisters, an older brother, and a younger sister. In her early childhood she witnessed domestic violence perpetrated by her father, primarily directed towards her mother. This had the effect of making Gemma feel nervous as a child. She has no contact with her father who separated from the family when Gemma was ten years old.

On reflection Gemma thinks she should have felt happier after her father left the family home, but she says that her mother was stressed most of the time as the family were very poor. When she transferred to secondary school (aged 11) she started smoking to help establish new friendships.

Gemma is in contact with her mother who is supportive and who she visits at least once a week. Gemma sees one older sister most weeks but has little or no contact with her other siblings.

Gemma works part-time (three days a week) in a warehouse for a medical supplies company. The job was secured via Individual Placement and Support (IPS) and there are several other employees with SMI similarly placed through IPS.

Gemma does not have many friends and tends to spend most of her time in her flat watching TV. She is a talented artist and enjoys painting, although this is an activity she pursues on her own. Gemma attends a local church with her mother and older sister every Sunday, and sometimes attends other church events.

### **Smoking and smoking cessation**

Gemma has smoked since she was 11 years old and smokes between 20 and 30 cigarettes a day. She smokes within 5 minutes of waking.

Gemma says that she smokes to help cope with stress and boredom (especially when she is in her flat), and because a lot of people at work smoke.

Gemma wants to stop smoking as she is worried about her health and because buying cigarettes uses up most of her disposable income.

Gemma has tried to stop smoking on several occasions in the past, mainly without any support or medication, and has never lasted longer than two days without smoking. Gemma did use nicotine gum on one occasion but didn't like the taste and only used two pieces before going back to smoking.

Gemma is not optimistic about her chances of success.

### **Current situation**

Gemma was admitted under Section 2 of the Mental Health Act after an argument at work – she had accused other colleagues of staring at her. Her manager asked her to go home and seek support. Gemma was visited by her CPN who arranged admission for assessment. Since arrival on the ward, she has no leave.

## Patient two: Michael, 62

Sixty-two-year-old man with a diagnosis of schizophrenia. He tends to be loud and intimidating when florid psychotic symptoms are present. He has previous training in martial arts and likes to surprise people with his moves.

### Mental health

When acutely ill, Michael experiences auditory hallucination (hears voices) and has paranoid delusions (believing that people are out to harm him). He tends to neglect himself, with poor personal care and his physical health deteriorates. He cannot remember how many times he has been admitted to hospital, but he says he cannot count it on his fingers.

He has asthma and often suffers with episodes of bronchitis and pneumonia. His doctor has told him he is highly likely to develop COPD unless he can stop smoking.

Michael is prescribed clozapine 600mg daily. He is generally compliant with his medication but, during episodes of drinking alcohol, he can lose track of his belongings and routine.

He is monitored regularly by the team in the clozapine clinic and he is reviewed by a consultant psychiatrist every three months.

Michael lives alone in social housing and is generally isolated, although he does know some of the regulars in the local pub where he likes to go to watch the football at the weekend.

### Social history

Michael grew up in a large Scottish family. His parents, siblings and friends smoked. His family were poor and he remembers feeling hungry and unlike others as a child. He often ran away from school, as he said the other children were laughing at him. He regularly got into fights at school and once had his nose broken in a school ground brawl. He left school with no qualifications and went to work as a manual labourer working on building roads, railways, and tunnels.

He has travelled around to find work during the last 40 years, never staying long in any one place. His happiest time was when he worked on the Channel Tunnel job, in Folkestone, from 1988 to 1994 as it was an exciting project, although the conditions were poor. Also at this time he had a relationship with a woman and they had a daughter together. This daughter, Fiona, is now 28 years old, but Michael has very little contact with her now.

After the Channel Tunnel job finished Michael was homeless for a period. During this time, he would drink cheap alcohol and smoke tobacco and cannabis. He moved to London, where he felt more able to hide.

### **Smoking and smoking cessation**

Michael has smoked since he was a child. He would steal tobacco from his family and he has never tried to stop. He smokes around 50 roll-ups a day, usually having the first within 5 minutes of waking.

Michael says that stopping smoking is not something he is considering because smoking is one of the very few pleasures he has in his life. In fact, if he didn't have his fags, he cannot imagine how he would get through the day. He smokes more when he is in the pub.

He does however know that his lung health is poor and he knows that smoking is not helping. He is willing to consider cutting down but does not see that stopping "just like that" is a possibility.

He is now sure about how smoking affects his medication but generally thinks it's best to keep things as they are.

### **Current situation**

Michael was admitted under Section 3 of the Mental Health Act after he failed to attend the clozapine clinic and failed to respond to requests to attend for review with his doctor. He was recalled to hospital as part of his community treatment order so that his clozapine level can be established and his regime re-started under supervision. The admission will also be used to review his physical health, offer winter vaccinations, and assess recent use of cannabis and alcohol.

He currently has no leave since arrival to the ward. He accepted a vape from the admitting nurse and has been using that since his arrival to the ward to manage withdrawal.

## Patient three: Kerri, 55

Fifty-five-year-old woman with a diagnosis of bi-polar disorder. She currently lives with her partner of two years, who also smokes. She has a part-time job as an administrator in a legal firm. Her only daughter, Jane, lives in the neighbourhood and is expecting her first baby.

### Mental health

When acutely ill Kerri tends to be disinhibited and vulnerable to exploitation when in manic phases of her illness and can flip to being depressed quite quickly with low mood and suicidal ideation. She has history of self-harm. In the past she has used smoking to reduce her food intake and manage her weight.

Kerri is prescribed lithium 800mg daily. She is generally compliant with her medication, but she went on holiday and forgot to take her tablets with her. She was drinking alcohol during her holiday and having a good time but, soon after her return, her mental state deteriorated. Her partner encouraged her to get help but she ignored the warning signs.

### Social history

Kerri grew up in an affluent neighbourhood. She was a high achiever as a child. Her parents were both academics and the family had high expectations for her. She has one older sister who is a university professor and with whom she has no contact. Her father is now deceased but her mother is still alive, although she has dementia. Kerri feels she has been left to provide most of the care to her mother whilst her sister is able to get on with her life.

At age 10 Kerri got measles, she had not been vaccinated and consequently developed encephalitis. The illness resulted in her spending three months on life-support. She eventually recovered but only after extended periods of rehabilitation. By the time she learned to read, write, walk and talk again her friends had moved on and she found she was never able to catch up.

She left school at age 15 with a few O Levels and started administration training at the local college, to get on. She did well and found she was able to make new friends there at last. Around this time, she started to smoke secretly and realised that it was a good way of suppressing her appetite.

Kerri completed her college course but has always felt that she was a disappointment to her parents and failed to reach her potential. Her mood started to fluctuate from feeling high to low and over time the swings became more extreme. As well as struggling with her weight, she started to experiment with other substances including cannabis, cocaine and alcohol.

During one episode of mania, Kerri got pregnant and subsequently had her daughter, Jane. Her mother helped her to raise her daughter.

### **Smoking and smoking cessation**

Kerri has smoked since she was 16 years old. She has tried to stop numerous times. She smokes around 15 cigarettes per day, but this can increase when she is socialising. She usually smokes within one hour of waking.

Kerri says that stopping smoking is definitely something she is considering because her daughter is pregnant with her first child and Kerri wants to make sure she has stopped before the baby is born.

### **Current situation**

Kerri was admitted under Section 136 of the Mental Health Act after she was picked up by the police in the local high street. She had been observed by shoppers to be disinhibited and scantily and inappropriately dressed. She had given large sums of money to strangers.

She currently has no leave since arrival to the ward.