

RANZCP Auckland Training Programme
Mock Objective Structured Clinical Examination
Bye for Station No. 1
Sept 2007

Reading Bye for Station No. 1 - Instructions to Candidate

You have twenty (20) minutes to complete this station.

You are based in a Community Mental Health Centre, working within an Early Intervention Service (EIS). You are responsible for the care of a patient Li Chan, a 20 y.o. man who has been diagnosed as having schizophrenia.

You are about to have a meeting with a cultural support worker from the Asian Cultural Support Service, who have been sent a referral from your team, regarding Li and his family.

Your task is to:

- **Refresh your memory about the details of Li's case from his clinical records before this meeting**

Please do not make marks or notes on the case history provided.
This information will be available again to you in station 1, as though you had taken Li's file with you into the appointment with Ms/Mr Hong, the Asian Cultural Service worker.

You can make your own notes on the scrap paper provided, and can take that with you into station 1, where you will continue with this scenario.

Summary of Li Chan's History:

Li is a 20 year old unemployed Chinese man living with his parents and his younger sister in the family home in a local suburb. He was born in Shanghai and emigrated with his parents at age 14.

REFERRAL

Li's GP referred him to the CMHC where you work, two months ago. The Early Intervention Service (EIS) to which you are attached picked up the referral.

PRESENTING COMPLAINTS

- Isolation in his room for 4 months
- Muttering and talking to himself, building up across the past 9 months
- Unable to cope with his work in his uncle's importing business for 6 months
- Up at night pacing about quite often
- Sudden irrational outbursts with parents for the month before referral
- Talking about evil spirits for the month before referral

HISTORY OF PRESENTING COMPLAINTS

Li had gone to work at his uncle's import business after leaving school at age 18. Initially he did reasonably well there, although he seemed to find it something of a strain relating to all the other employees, as he was by nature a quiet person. He started in the office, in a clerical job which he handled fairly well but a year ago he was promoted into a junior management post in the warehouse. He found this stressful, and became more anxious, and gradually began to isolate himself more at home. At times his parents overheard him muttering under his breath or talking out loud when he was alone in his room.

Six months ago his uncle came and talked to his parents and explained that he was not coping at work. Li was hiding in a store cupboard for much of the day and did not seem able to manage even basic tasks. Li lost his job and has been unemployed at home since then. His parents were very unhappy that he had done poorly at work and there were several arguments. Li isolated himself more in his room after that, and seemed very preoccupied. The symptoms as above began to occur more often, especially across the past two months.

Prior to the referral, Li had seemed irrational at times in his replies to family and had been reluctant to leave his room. He was suspicious of the family and although he was eating meals left in his room by his mother he would not come out to eat with them. He had shouted at his parents a few times, about problems with "evil spirits" bothering him, but he would not explain this when they asked. Although they had been shocked by these outbursts he had not done anything to threaten or harm them, but they were finally worried enough to go to their GP for help, hence the referral.

PAST PSYCHIATRIC HISTORY

No previous psychiatric history and no history of attempted self-harm.

ALCOHOL AND DRUG HISTORY

No history of any use of alcohol or illicit drugs. No gambling problems. Li is a non-smoker.

FAMILY PSYCHIATRIC HISTORY

Li's parents denied any family history of any mental disorder, or of substance abuse or suicide.

PAST MEDICAL HISTORY

None – Li had been healthy, with no allergies known.

MEDICATIONS

Risperidone 3mgs (liquid form)

FAMILY OF ORIGIN

Li's father works as an office manager in a local firm, and his mother works part-time as a bakery shop assistant. They are in good health, apart from his father having mild hypertension. His sister Nuying is aged 15, and attends a local secondary school. She is also well.

PERSONAL HISTORY

Li is the oldest of two siblings. The family emigrated to this country for economic opportunities and as they had some extended family living locally, when Li was aged 14 and Nuying aged 9. Li has not given much of the personal history himself but his parents said that they had been reasonably well-off in Shanghai and that there had been no major problems or traumas affecting Li that they knew of. He had had a breech birth but his mother was not aware of any serious problems, although it occurred in a small rural hospital when she was visiting family. Li walked and talked somewhat later than his sister but was not markedly delayed. He had always been a quiet, reserved child, unlike his sister who is active and outgoing. He had not coped very well with the move to this country, and needed an extra year in the 4th form to catch up with lessons before being able to move up to 5th form. He only had 2 friends at school who were not very close and with whom he had now lost contact. He liked playing board games, reading, collecting stamps and was interested in astronomy, but his exam results had not been good enough to allow him to go to university. As far as his parents knew he had not had any girlfriends.

PREMORBID PERSONALITY

Li had previously been a quiet young man and somewhat shy, but polite and respectful with his parents. His recent erratic behaviour was very out of character for him.

MENTAL STATUS ON INITIAL ASSESSMENT

Li was assessed at home and presented to EIS as a slender, casually dressed Chinese youth in a T-shirt, jeans and trainers, with rather unkempt hair. He made little eye contact, seemed guarded and was not keen to be assessed. At times he appeared distracted and preoccupied. His speech was flat and unspontaneous, with poverty of content – he tended to talk around issues in a vague manner, not actually saying very much. His thought form showed mild loosening of associations and illogicality. He described auditory hallucinations of several voices talking about him and abusing him, and was deluded that these were “evil spirits” which wanted to trick him and to make him break the law and be sent to prison. He believed that people, including his parents, could hear his thoughts and were interfering with his thoughts. Li suspected that his parents might be involved somehow but did not have any ideas of harming anyone, or of harming himself. Cognition was hard to assess but showed probable concreteness, reduced attention and concentration and inability to do the similarities test. Li’s insight seemed absent and his judgement was felt to be significantly impaired but he was not felt to be an acute risk – however this was reviewed regularly as EIS felt that he was quite unwell and was thus unpredictable.

DIAGNOSIS (DSM IV)

Axis I	Probable Schizophrenia (blood tests nml and he was waiting for an OP C-T scan)
Axis II	nil
Axis III	nil
Axis IV	Stress at work and loss of his job Immigration adjustment stress
Axis V	GAF (current) = 20-30

PROGRESS SINCE REFERRED TO EIS

EIS assessed Li at home initially, and met with his parents once thereafter, using an interpreter. Peter his key worker home visited weekly, and the family then brought Li to the EIS base for 2 follow-up visits after the initial assessment. It had been explained that Li was suffering from a “psychosis”. Li was reluctant to accept any medication, but his parents insisted and he was started on risperidone 1mg, which was titrated up to 3mgs daily across a week. He seemed slightly improved on this but began to complain that it made his “eyes burn” and made him “weak inside”. His parents also seemed more doubtful about the medication, when the EIS key worker Peter visited them. They asked if it was really necessary and following this 2 appointments were missed, for reviews at the EIS base.

At the present time, the family are accepting of home visits by Peter and other EIS staff, but are expressing the view that the medication is not really helping Li and might be causing problems. They said that it was hard to get him to swallow the risperidone tablets so this was altered to a liquid form. Nonetheless, Peter says that he is not sure that Li is taking the medication or that his parents are in fact still trying to give it to him. There have been no recent outbursts from Li but his behaviour has not otherwise altered.

REFERRAL

CHAN

LI

BG2385

DOB 5/7/87

AGE 20

DATE

3/9/07

TO

Asian Sppt Service

FROM

Central MHC Riverside Ave

URGENCY:

URGENT

Li is being followed up in the ER team, at Central MHC. He has

schizophrenia and is being treated with risperidone 3mg nocte. He is at

present unemp. He and his parents and sister. It has

been difficult to get Li and his parents to cooperate fully with

treatment however, and he often misses appointments

- also we are not

sure about his compliance with medication. We have met with his

parents

using an interpreter, but it is not clear that they understood what Li's

diagnosis and what the need for treatment. We would appreciate your

assistance to help us engage with this family so as to be able to treat

Li more effectively.

Mytha Ng, Angie McDowell, based for