

## BYE STATION NOTES

**This Station 1 Bye material can be taken into Station 1.  
You may make notes on this document or on your notepad.**

This station has **TWO (2)** tasks:

- You have **twenty (20) minutes** to complete preparing the **FIRST** task while in this active Bye Station.
- After you leave the bye station you have **five (5) minutes outside the examination room** to read and prepare for the **SECOND** task.

You are the Junior Psychiatrist covering for Dr Cameron Duke who is on 6 months' leave; he has provided you with his handover notes regarding Mr James West. He has requested you to take over the care of this patient.

The **FIRST** task is to:

- Develop a focussed and prioritised short term and a longer term management plan for Mr James West to present to the examiners in Station 1.

### **James West. DOB: 18/02/1983**

Mr West is a 33-year-old man living with his partner of 11 years. He is unemployed and has been on a disability pension for the past 2 years. His main supports, apart from his partner Mary, are his mother and sister who reside locally. He was referred by his General Practitioner, Dr Neal Jones, in September 2015 for opinion and management. I initially assessed him in October 2015 and have seen him regularly since December 2015.

He complains of low mood that is worse in the morning, low energy levels leading to easy fatigability and anhedonia. He also experiences initial and terminal insomnia and poor quality of the sleep with multiple interruptions. He has a poor appetite with weight loss of 4 kg over for the past 6 months. His concentration and motivation are significantly impaired. He reported strong negative cognitions of worthlessness, hopelessness and helplessness; which were further impacted by suicidal thoughts and a plan but with no clear intent. He does have an active social life where he meets with his friends on a daily basis, however the activities are mostly related to use of alcohol and drugs.

He also described poor attention span, distractibility, difficulty in organising tasks, impulsivity, inability to sit still, mood swings and emotional outbursts due to low frustration tolerance.

Mr West is currently before the Court on the charge of driving a motor vehicle without a driver's licence while disqualified by Court Order. He does acknowledge that he was driving his car without a licence but he felt he needed to see his friend who was in need and felt that no one would notice, and at the same time did not care if he was caught.

**Mental State Examination** on 31.03.2016

James presented as a young man of Caucasian descent dressed casually with reduced self-care and wearing a baseball cap. His demeanour is casual but with a sullen response to the interview. He appeared sober. There was no psychomotor agitation or retardation. However there was evidence of low tolerance to frustration. His conversation appeared factual and goal oriented, but he needed reassurance to engage in the interview process.

James' speech is slowed and of reduced volume with difficulty in articulation (which has been consistent throughout all his appointments). The interview had to be conducted in simple language due to his level of understanding. He maintained a depressed and frustrated manner throughout the interview.

James described his mood as 'alright'. He appeared generally dysphoric; with a reactive and congruent affect. There was evidence of neuro-vegetative symptoms of depression.

The content of his thoughts revolved around his anxiety about the impending court case. There were systematised and well circumscribed thought processing with a degree of anxiety and negativity, with strong negative cognitions of helplessness and hopelessness, but no evidence of delusional beliefs. He reported ongoing thoughts of suicide but denied any intent or plans. He had no current wish to harm anyone else.

He denied any perceptual disturbance and none was evident in the interview.

Cognitively, he appeared below average in his intelligence and was orientated in time, place and person. No other cognitive tests were performed on this occasion.

He recognised he has significant psychological issues and acknowledged the need for ongoing treatment.

**Past Psychiatric History**

James was diagnosed with Attention Deficit Hyperactive Disorder at the age of 15 but it is of note that this disorder has been persistent from a very early age. He has been treated with Ritalin (Methylphenidate) 20mg twice daily for his Attention Deficit Hyperactive Disorder since then with good response, despite being sporadically compliant until recently.

He also has previously confirmed diagnoses of conduct disorder, substance abuse and borderline intellectual functioning through assessments at the Sydney Developmental Clinic.

Based on the report from the Sydney Developmental Clinic, James' IQ was assessed and the confirmation was that he rated in the borderline range for his full scale IQ while his verbal rating was in the low average range.

Neuropsychological assessment showed significant delayed latencies on the auditory evoked potential which would indicate poor auditory processing and poor concentration.

He was started on Lexapro (Escitalopram), 5 years ago for a Major Depressive Disorder, which he has continued with erratic compliance. He denied any side effects to this medication and reports a partial response to treatment, however ongoing functional deficits appear to have continued.

His only inpatient treatment was 15 years ago when he was admitted following an argument with his mother, he was hospitalised for 10 days. However there have been presentations to the Emergency Department in emotional crisis, the last being 3 months ago.

#### **Current Medication**

1. Lexapro (Escitalopram) 10mg daily.
2. Ritalin (Methylphenidate) 20mg twice daily.

#### **Personal History**

James is the younger of two siblings. His parents separated when he was 9 years and he lived with his mother whom he continues to find supportive. There is an extensive addiction history in the father's family but no other mental illness. He described his father as an alcoholic and physically violent towards him. His father died of a heart attack in 1993.

James grew up in Sydney in an impoverished environment. He did not do well in school and struggled to have meaningful social interaction with peers. He struggled academically and was bullied throughout his school years to which he retaliated with aggression, impulsivity and demonstrated low threshold for frustration. He left school early in year 10 to work as an unskilled labourer. However it has been challenging for him to maintain any employment.

His current relationship has been his longest - for 11 years - but it is marked with disruptions and periods of separation due to relationship conflict. He and his partner have a 10-year-old boy, Damien, who is cared for by Mr West's mother.

#### **Drug and Alcohol History**

James has been using drugs since the age of 13, primarily marijuana and alcohol. He reports increasing usage as a way to cope with frequent relationship stress as well as the challenges of being a father. Alcohol and marijuana have also impacted on his social abilities with important activities being given up for alcohol consumption. He has made multiple efforts to give up alcohol and marijuana with frequent relapses. He has reduced his alcohol intake with periods of abstinence, but there are periods of excess use triggered by emotional stimuli. However he continues to rely on marijuana to help him calm down. He says he is now keen to address this.

He has always denied using his Ritalin in excess or taking other illicit forms of stimulants.

#### **Forensic History**

He has had charges related to drink driving, driving without licence and driving unregistered vehicle. His level of remorse has not yet been assessed in depth. He denied any other charges or convictions.

**Please leave this document inside Station 1 when you exit.**