*Please consider this case as if you were a GP working during the Covid Pandemic.*

*In this scenario, NHS pressures and waiting times are the same as they are currently.*

Sharara Begum 24.4.90

PMH nil

DH nil

NKDA

**You are in clinic on a Monday morning and there is a callback regarding Sharara Begum.**

1. **EMIS CONSULTATION – Dr. Jackson - 25.8.15**

Telephone consultation due to Covid:

Call from Sister in law – worried about Sharara

She is losing weight.

Worried she is physically unwell.

Asking you to urgently do tests to find out what is wrong

Her father died from Lymphoma and worried Shahara has this.

Sharara not there to speak to currently – does not know she is making the phone call.

Plan:

Asked sister in law to encourage patient to attend for review.

* What are your initial thoughts on hearing this?
* What are to able to discuss over the phone with the sister in law?
* What information would you like to know about the situation?
* Is there anything in particular that concerns you?
* What would you say to her Sister in Law?
* What would your plan be?

Revision Points:

Causes of weight loss

Investigations for weight loss

Lymphoma – diagnosis, investigations, treatment

1. **EMIS Consultation – Dr Jackson 31.8.15**

Seen F2F wearing PPE:

Brought in by brothers wife – Asha, concern about weight loss.

Systemic review – feels well, no cough, no change in bowel habit, no night sweats.

Does not feel she has lost weight. Is annoyed at being there – feels Asha is making a big deal out of nothing.

Eats a big lunch at work and sometimes meets partner after to eat, then not hungry in the evenings.

Has just graduated from media studies degree at uni in leeds, has come back and is looking for a job in the industry.

Currently working in JD Sports whilst looking for job.

Plan:

Bloods

Discussed monitoring weight to ensure not losing any (no prev weight on system)

Adv re destressing whilst looking for a job.

* What kind of examination would you do?
* What do you think of management plan?
* Do you need to do any investigations?
* How should this patient be followed up?
* What are your differential diagnosis?
* Do you feel it is appropriate to see the patient with her sister in law?
* Is there anything else you would ask the patient about?
1. **EMIS Consultation – Dr Arthur 10/9/15**

Pt not known to me

F/up with results, seen alone.

All IX nad.

Pt seems flat.

Enquired about MH – says not sleeping much, house is noisy with brothers 3 kids.

Limited eye contact, short answers.

Says had a lot more freedom at University – finds work a good escape.

Has partner for support.

Says mood is ok. Appetite low – not hungry as worried about finding job.

Noticed some marks on wrist – asked pt how she got them, became upset and shouted then left room. Came back in a few minutes later and apologised.

Admits struggling at home, hates job and wants to find work. Misses friends. Has been cutting wrists as a release.

Plan:

Advised to try and start exercising

Will stop cutting wrists.

Review in 2/52

* What do you think of the GP Plan?
* What is your impression of this patient? What are the main issues and concerns here? Are you concerned about her?
* How do you risk assess a patient and what would your actions be?
* If a patient became upset during a consultation how would you manage this? If you feel at risk in a consultation what can you do? Are you aware of the ‘Alarm’ on Emis/System 1 and how to find it?
* What kind of social factors are impacting on this patients mental health? What can you do to help as a GP?

Revision points:

How do you carry out a Risk Assessment

Depression history

Useful Resources

Depression Diagnosis

<https://gpnotebook.com/simplepage.cfm?ID=x20091123152205182440>

Depression Summary of NICE Guidance on Management

<https://gpnotebook.com/simplepage.cfm?ID=x20041224060809159860&linkID=72627&cook=no>

RCGP – Suicide in Young people inc risk assessment

<https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/mental-health-toolkit.aspx>

https://www.rcpsych.ac.uk/members/supporting-you/assessing-and-managing-risk-of-patients-causing-harm/assessing-risk

1. **Fit note request**

17/9/15 - Fit note request from patient

Unclear why – called pt to consult re sick note.

SIL picks up and says pt not in as gone to work?

* When should you issue fit notes?
* How long can patients Self Certify for?
* Can you back date and forward date fit notes?
* Are you aware of the different types (i.e Not fit for work and Maybe fit for work/amended duties)
* What benfits may patients be entitled to?
* Would you issue this fit note? If so what would you write on it?
* What do you think about fact SIL says Sharara is at work yet is requesting a fit note?

**Useful Resources**

<https://www.nhs.uk/common-health-questions/caring-carers-and-long-term-conditions/when-do-i-need-a-fit-note/>

<https://www.understandinguniversalcredit.gov.uk/>

<https://www.gov.uk/browse/benefits>

ESA

<https://www.gov.uk/employment-support-allowance>

Universal Credit

<https://www.citizensadvice.org.uk/benefits/universal-credit/before-you-apply/what-universal-credit-is/>

1. **Follow Up**

EMIS CONSULTATION – DR. Jackson - 30.9.15

Ongoing issues – no better or worse

No DSH since last consulted. No suicidal thoughts

Agree likely suffering from depression – moderate?

Has been fired from job as was not going in.

Has not told family as think they will be cross with her.

Discussed options …

* Referral to IAPT
* Sharara not keen on medications but feels ok about with counsellor.
* Asha says meds need to be discussed with her husband but not really keen. I agree that counselling is a great place to start but have some concern of how low she seems and anti depressents may be something we need to think seriously about in the future if things do not improve.
* RV in 2w- sooner if worse or any concerns.
* What do you think about the plan in place here?
* Is there anything else you would like to do?
* If a patient declines referral or medication – can you act without their consent?
* What medication could be prescribed here? What starting dose? How would you counsel the patient on initiating medication? How long should they remain on them? What are potential side effects? When would you follow up?

**Useful Resources**

NICE – choosing anti-depressant

<https://cks.nice.org.uk/depression#!scenarioRecommendation:6>

SSRI Patient leaflet

<https://patient.info/doctor/selective-serotonin-reuptake-inhibitors>

1. **Admission to Mental Health Unit**

**King Arthurs Mental Health Hospital** 

NHS Foundation Trust

**Inpatient Discharge Summary – Finalised (Consultant Authorised)**

**Consultant at Discharge**:) **Tel:** Not Recorded

**Admitted:** MH unit – 4 weeks

**Ward:**

**Discharged:**

**Discharge Method:** Normal Discharge

|  |  |
| --- | --- |
| **GP:** DR LewisUpton Medical CentreLondonE11 6RD | **Patient:** Sharara Begum12 Fotress RoadLondonE11 5RA(address) |
| **GP Tel:** 08457823891 | **Home/Mobile Tel:** X |

|  |  |
| --- | --- |
| **Acute Problem(s)** | **Chronic Problems** |
| **Psychotic Episode** |  |

**Clinical Presentation:**

**PLN AE assessment and SHO Pysch DR. Patel: Post medical clearance from AE. Urine PT negative.**

Brought in police on Section 136.

Lives with brother, 3 kids and wife also in household. Been depressed the last couple of months after relationship broke down and fired from work. Saw GP who diagnosed depression.

Last 4 weeks been acting strange, not sleeping, talking to herself, paranoid that ex partner has been consumed by JINN and this is why he ended it. Has been stalking him at work.

Last few days got worse, and started talking about needing to get the JINS from ex partner. Wanted to cut them from his wrists with a knife. Found holding a kitchen knife outside JD Sports, police were called.

**MSE:**

 Poor eye contact, unkempt.

Perplexed and confused. Incoherent thought. Muttering to herself. Perhaps responding to voices?

“JINS are everywhere”

Orientated in TPP.

Speech slow rate, rhyme and tone. Monosyllabic answers.

Unable to fully assess dsh from patient.

Lack of insight re: requiring admission.

**Clinical Course:**

Section 12 doctor and AMP called and admitted on Section 2 for assessment to MH unit.

Started Risperidone, uptitrated to 1mg om and 1.5mg at night. Promethazine 20mg at night. 10mg BD/PRN for agitation. ECG shows normal QTc

Responded well to medication, stopped hearing voices and sleeping 5-6 hours/night.

Brother family given numbers for crisis avenues. Discussed things to look out for.

Discharged to HTT (care coordinator to hep with ESA application.)

Referred to secondary care psychodynamic therapy.

**DR. Price (Psych Consultant) – likely severe depression with psychotic features.**

**GP to continue meds.**

Prescribed Drugs

|  |  |  |  |
| --- | --- | --- | --- |
| **Drug** | **Verified** | **Supplied** | **Comment** |
| Risperidone 1mg om, 1.5mg onPromethazine 20mg at night | RS | Pharmacy for 2 weeks | GP to Cont |

* What do you think of this discharge summary? Is there anything else you would like to know?
* This patient became acutely unwell and ended up in A&E – do you think this could have been avoided? If so how?
* What are JINS?
* How are stereotypes used in medicine? But also how are they misused?
* How should the GP follow up this patient?
* What members of the MDT are going to be important in continuing Saharas care?

Year 4 revision:

What is an AE medical clearance? Why is it important?

What is Section 136 and Section 2 of the Mental Health Act?

What are the other sections and when are they used?

How do you think it would feel to have that liberty taken away?

What is severe depression with psychotic features?

What is Risperidone?

Why is an ECG important?

What is the HTT (Home Treatment Team)?

What is EQUIP? are there any other common MH teams?

**Useful Resources**

Information re: MH Acts

<https://www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/mental-health-act/>

Early Detection of Psychosis

<https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/~/media/9B51AC832D27424F86C0B4ED8AD2593A.ashx>

Psychotic Depression

<https://www.nhs.uk/conditions/clinical-depression/psychotic-depression/>

*A few years have passed and Sahara has been stable. She comes in for her Annual Mental Health Check with the practice nurse.*

1. **Mental Health Check with Nurse**

EMIS CONSULTATION – Nurse Flannigan May 2018

* Depression – Sept 2015
* Severe Depression with psychosis – Section 2 - Jan 2016
* Medication review – June 2016
* Mental Health review – May 2017 – wants to reduce meds
* Medication review Nov 2017

O/E 138/78

BMI 19

Non drinker/smoker.

Mental Health Stable – continues on medication.

On Risperidone.

Is working in media – enjoys it.

Has a new partner

Periods have stopped.

Need to discuss with GP about periods stopping.

* What is the annual Mental Health review – what does it include?
* Why are physicial health checks so important in patients with mental health issues?
* What might be the cause for missed periods in this case?

**Useful Resources**

RCGP Guide to Approach to Physical Health for patients with MH illnesses

 <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/-/media/84462D9C79F949D39F0E147C27E9169F.ashx>

https://cks.nice.org.uk/topics/amenorrhoea/

1. **EMIS Consultation 3.5.18**

ATSP by Nurse – seen yesterday for MH review.

PMH Psychosis, Depression.

Says periods stopped for last 2/12.

LMP 1/3/18

Usually regular, G0P0

Not had smear test yet.

Sexually active – in regular relationship.

MH is stable and says she is happy in relationship

Weight stable, still going to gym

Needs urgent bloods

Also asked pt to do Urine Pregnancy Test

10.52am

UPT positive

Discussed with pt – seems shocked.

Said she has a new partner. Not been using contraception.

Very distressed that her family will throw her out.

* What do you know about stigma surrounding unplanned pregnancys in certain communities? Is there anything you need to be concerned about in this situation?
* Do you this could have an impact on her mental health?
* How would you support Sahara and explain her options?
* If she wished to have a Termination of Pregnancy would you know how to refer for this?
* What aftercare or follow up would you put in place?
1. **RELAPSE**

EMIS CONSULTATION – Dr Jackson - June 2019

* Depression – Sept 2015
* Severe Depression with psychosis – Section 2 - Jan 2016
* Medication review – June 2016
* Mental Health review – May 2017 – wants to reduce meds
* Medication review Nov 2017
* Pregnancy May 2018
* TOP May 2018

Brought in by sister in law – says suspects stopped taking medication and is responding to voices and seems paranoid that JINS present again. Not sleeping.

Speaking to Sharara – she seems flat, tearful and looks a little confused.

When asked if she was taking her meds – states “medication made me pregnant”

MSE

Tearful, slightly unkempt

Perplexed and confused

Orientated TPP

States doesn’t wish to harm anyone or herself but the JINS are present and are the true evils

* You are a GP in primary care – what do you in this situation to help this patient?
* What are the local referral pathways in your area for acute pyschosis ?
* Do you know if the mental health provision is good in your area?
* How common is MH relapse and can you think the possible reasons for them?
* How do you think this affects the wider family and closes carers?