# Primary Mental Health Case: Rodney Spinks

Rodney Spinks

**Contents**

|  |  |  |  |
| --- | --- | --- | --- |
| **Document** | **Purpose** | **Adjustments needed** | **SF/CS notes** |
| Health history | Background for all players **except students** | Suburb & postcode |  |
| Briefing:**Simulated patient**  | Notes for simulated patient for in-person interview & observation |  |  |
| Briefing:**Ward doctor**  | Notes for doctor to be interviewed by phone | Contact numberAppointment times |  |
| Briefing:**Social worker** | Notes for specialist to be interviewed by phone | Contact numberAppointment times |  |
| Briefing:**Mother**  | Notes for husband to be interviewed by phone | Contact numberAppointment times |  |
| Activities & Props | Description of on- and off-campus activities and props required  |  |  |
| Referral form | For distribution to students | Address & date |  |

**Additional SF/CS Notes:**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**Rodney Spinks: Health history**

Case Authors: [insert case author, insert case author email address/ contact number]

**Client Details**

|  |  |
| --- | --- |
| **Name** | Rodney Spinks |
| **Date of Birth** | 27/6/1989 |
| **Address** | 4/70 Constitution AvenueInsert suburb  |
| **Health Insurance** | Nil |
| **Work Injury** **Claim Number:** | Nil |

**Medical / Surgical History**

|  |  |
| --- | --- |
| **Presenting Condition /** **Current Presentation** | Diagnosis of schizophrenia 3 years ago. Case managed as outpatient by community treatment team.Current symptoms* Derogatory hallucinations
* Paranoid delusions of being watched by ASIO/CIA
* Acute injury to left medial forearm
* Chronic blistering of feet
 |
| **History of** **Presenting Condition** | Persecutory delusions beginning approx. age 20. First episode psychosis age 23 (drug-induced) followed by CATT intervention and acute admission (Sunnybrook Psychiatric Unit). Diagnosed schizophrenia and discharged to community case management. |
| **Past Medical / Surgical History** | * Collarbone fracture age 11
* Seasonal asthma
* History of minor foot injuries (blistering)
 |
| **Allergies** | Nil known |
| **Medications** | Olanzapine 10mg TDS |
| **Tobacco** | Denies use |
| **Alcohol** | Denies use |
| **Illicit Drug Use** | Frequent amphetamine use around age 23. Denies current use |

**Family**

|  |  |
| --- | --- |
| **Living Arrangements** | Single-occupant public housing unit. Australian citizen |
| **Relationship Status** | Single, never married |
| **Children** | Nil known |
| **Mother** | Gloria Spinks (60) |
| **Father** | Jim Spinks (65) |
| **Siblings** | Brothers Frank (31) and Ian (22) |
| **Responsibilities** | Cooking for selfCleaning flatMaintaining home office space  |

**Psycho-Social**

|  |  |
| --- | --- |
| **Affect** | Facial expression somewhat limited. Poor eye contact. Appears wary and/or distracted at times. |
| **Activity** | Mostly independent. Limited by poor domestic ADL skills in cooking, cleaning and other domestic tasks |
| **Relationships** | Few face-to-face r/ships. Extensive online friendship network. Has some acquaintances among staff of internet cafes and gaming shops he frequents. Occasional phone contact with parents, but has not visited in over 2 years |

**Employment**

|  |  |
| --- | --- |
| Occupation | Web security technician (works from home) |
| Employer | Aldi Australia |
| Work duties | Desk-based. Long periods sitting and typing. Computer monitor use.  |

**Orders / Plan**

OT consult and develop plan

* Assess progress at next home visit

**Rodney Spinks: Simulated Patient Briefing**

**Summary**

* Rodney was diagnosed with schizophrenia three years ago, and experiences ongoing challenges with psychotic symptoms
* Following a recent admission to hospital with an acute psychotic episode, Rodney is being managed by the community treatment team
* 26 years old

**Context/Presenting condition**

* History of psychotic symptoms since age 19
* Untreated until age 23
* Recently hospitalised during acute episode, during which he presented a significant risk of harm to himself
* Rodney is case managed as an outpatient, attending a scheduled meeting on-campus once per week, and receiving fortnightly home visits.

**Medical history**

* Fractured collarbone age 11 in pushbike accident. Treated effectively and no ongoing symptoms.
* Seasonal asthma. Uses Ventolin inhaler through spring but overdoses most times (4-6 puffs).
* States blurry distance vision and frequent headaches after long periods in front of computer monitor. Has not been assessed for sight aids. Attended optometrist 2 years ago but found assessment process frightening and left before complete.
* Has bandage around left forearm, covering site where he has recently attempted to dig out a “tracking pellet”.
* Is now linked in with local GP (Dr Ginsberg) that Rodney trusts.
* Prescribe [olanzapine](http://www.mentalhealthforum.net/forum/thread2250.html): 10mg three times per day. Denies any significant side effects, including weight gain.
* Has been prescribed several other antipsychotics but found them either ineffective in controlling symptoms or disliked the side effects
* Presents with sore and blistered feet from walking long distances. Causes him discomfort but not immobilising.

**Current Symptoms/Function:**

* Rodney’s main symptoms are usually present, but he functions quite well and is largely independent. In times of stress, or when he is not taking medication correctly, he becomes more unwell; his symptoms worsen and there is a risk of accidental or deliberate harm to himself.
* Delusions and paranoia:
	+ Rodney fears that his movements and online activity are being tracked by security agencies (e.g. CIA or ASIO). He cannot clearly identify a reason they would do that, but has a vague delusional belief that he is being persecuted for having too much knowledge of the “[deep state](https://wikispooks.com/wiki/Deep_state)” from his internet research.
	+ Rodney has a separate belief that he accidentally disclosed the identity of a hitman during his activities on the [dark](https://en.wikipedia.org/wiki/Darknet) web two years ago, and may now be a target for assassination. This fear is less intense than his other paranoid content, but makes him reluctant to be anywhere that makes him an easy target for a marksman, e.g. standing in front of a window or sitting in the audience of a football game.
	+ Despite his technical expertise, Rodney does not carry a mobile phone, believing that it will make him too easy to track.
* Auditory hallucinations
	+ Hears three adult male voices, occasionally during the day, but more frequently and persistently in evenings. Identifies one voice as belonging to a person he offended online (although he has never heard that person speak in real life). Cannot identify other two.
	+ Content frequently abusive and critical, accusing Rodney of being lax in his personal security and exposing himself to harm, calling him lazy, saying everyone thinks he’s weird.
	+ Hallucinations more intense in times of stress or when Rodney not taking medication as scheduled. When very unwell, [command hallucinations](http://www.medilexicon.com/medicaldictionary.php?t=39108) will tell Rodney that spies are tracking him and plan to abduct or otherwise molest him, and that he must keep changing his location and appearance to avoid them.
* Ideas of reference
	+ When unwell, Rodney feels that coded messages and threats are broadcast to him.
* Behaviours and challenges
	+ When unwell, Rodney will travel long distances to avoid being monitored, often over circuitous and dangerous routes (walking very long distances over parkland; crossing highways and train tracks; sheltering in clothing donation bins and train yards). His activities frequently cause fatigue and minor injury, with a mounting risk of serious harm.
	+ Rodney is reluctant to attend scheduled meetings and treatment interviews because he feels vulnerable when he sticks to a timetable.
	+ Even when not acutely unwell, Rodney is reluctant to use the same route or amenity repeatedly. He will go to a different supermarket every time, and vary his routes when travelling, often going significant extra distances to avoid being followed.

**Presentation: Appearance, Clothing and Props.**

* Slim male.
* Appears stated age.
* Scruffy short beard/unshaven.
* Unkempt hair.
* Wearing baseball cap and three layers of tops (t-shirt, over shirt and jacket), which he will change occasionally: reversing the cap; taking a top on or off; turning a shirt inside-out. He does this in the belief that changing his appearance often will help disguise him.
* Bandage around left forearm.

**Social history**

* Middle child of three boys. Older brother Frank (31) and younger brother Ian (22). Father Jim (65) and mother Gloria (60) live approximately 2 hour drive away.
	+ Father semi-retired and works casually in post office
	+ Mother at home, but mobility impaired following a poor hip replacement operation.
	+ Rodney states their relationship good but a bit detached.
	+ Rodney feels his father is more sympathetic to his concerns, and has hinted at similar paranoid experiences as a youth.
	+ Brothers both in clerical/management jobs. Rodney sees them every few years at family gatherings, but does not have a deep relationship with them.
	+ Had a girlfriend for one year in high school, but no intimate relationships since
* Rodney graduated high school with strong marks, but did not advance to university.
* As a self-taught web technician, from age 19 was employed by local internet service provider as a web administrator, where he became attracted to conspiracy websites and took a keen interest in online security and [surveillance state](https://en.wikipedia.org/wiki/Mass_surveillance_in_Australia) issues.
* During this period, colleagues reported that his security concerns for the business verged on outlandish, and Rodney began keeping odd hours at work, spending far more time there than his roster demanded.
* Following WikiLeaks’ release of [*Collateral Murder*](http://www.huffingtonpost.com.au/2010/04/05/wikileaks-exposes-video-o_n_525569.html?ir=Australia) in 2010, Rodney disappeared for ten days, having no contact with colleagues, friends or family. Rodney describes this episode as a period of “deprogramming and awakening”, during which he patrolled the metropolitan area on foot, identifying what he believes are secret telecommunication towers used by spy agencies.
* Satisfied with his discovery, Rodney returned to his work and shared house, placating colleagues and family with assurances of needing “some ‘me’ time” after the stress of his recent long work hours.
* His psychotic behaviours worsened over coming months, and he was asked to leave both his job and shared accommodation.
* Now 23, Rodney moved into a bedsit alone, and for the next 18 months became a full-time conspiracy theorist and internet security freelancer, surviving on savings and bitcoin income earned by providing encryption expertise to less-than-legal entrepreneurs on the [deep web](https://en.wikipedia.org/wiki/Deep_web_%28search%29). During this time he withdrew from friends and family, and began using amphetamines sourced online.
* The combination of drug use, lack of sleep and obsessive involvement with the online conspiracy theory community led to an acute episode at age 24 in which police attended his flat due to his noisy behaviour, and contacted the mental health Crisis Assessment and Treatment Team. Rodney was then reluctantly and forcibly taken to a psychiatric hospital, where he was diagnosed first with drug-induced psychosis, and later with schizophrenia.
* Rodney was discharged from hospital after four weeks, and accepted ongoing treatment with antipsychotic medication and the requirement to meet once per week with his case management worker.
* With the assistance of his care team, Rodney secured a public housing flat and Centrelink payment, and performs part-time work from home as an online security consultant for the Aldi supermarket chain.

**Activities of daily living including leisure and work**

Current

**Activities of daily living**

* + Spends most daylight hours moving around the city on foot and public transport, dropping into internet cafes and gaming parlours regularly to maintain online presence away from home. Carries a USB stick with [Tails](https://en.wikipedia.org/wiki/Tails_%28operating_system%29) to protect his privacy.
* Poor self-care and personal hygiene
	+ Reluctant to use personal care items that are potentially contaminated. Will only use toothpaste, shampoo and soap from sealed, new bottles that he has bought personally, and will not re-use them if they have been out of his sight for a length of time (including while he is asleep).
	+ Washing machine is in shared area of units, which Rodney avoids. Consequently his clothing mostly dirty and malodorous.
* Poor nutrition
	+ Eats fast food when out during the day, and processed snack food at night
	+ Can only use microwave oven and has few cooking skills
	+ Most food in refrigerator expired
* Blistered and fatigued feet from walking
	+ Has no management plan and frequently uses same socks for a week or more
* Forearm wound
	+ Has no wound management skills and is reliant on GP and case manager (nurse) to inspect and change dressing.
	+ Tends to treat dressing poorly (allowing it to get wet, dislodged etc)

**Leisure/interests**

* Keenly monitors conspiracy websites, tech news and national security discussion. Interested in science fiction, particularly [hard sci-fi](https://en.wikipedia.org/wiki/Hard_science_fiction), and often carries a book to read on public transport.
* Despite his isolation and reluctance to engage with others day-to-day, Rodney has many friends and associates online (whom he knows as pseudonyms only), and considers himself someone with a high status and rich social life within his [fandoms](https://en.wikipedia.org/wiki/Fandom).

**Employment**

* Currently employed part time as a web security consultant for a supermarket chain.
* Works from home.
* Hopes to establish his own solo web security business

**Transport**

* Pedestrian and public transport. Driver’s license expired 3+ years ago and not renewed.

**Home**

* Lives in third-floor, 1-bedroom council flat situated in metropolitan area. Windows have been modified with improvised locks and obscured by thick curtains.
* Living space is messy and malodorous, and not cleaned for some time.
* Extensive desktop computer area is meticulously maintained and clean.

**Behaviour, affect and mannerisms**

* Limited range of facial emotion expressed. Voice often monotone, but more expressive when excited/angry/interested in a topic.
* Largely avoids eye contact.
* Frequently distracted and apparently cautious, but not panicked. Generally trusting of clinicians and appreciative of their efforts to assist him.

**General Ideas**

* Willing to accept help and sincerely does not want to continue struggling with his mental illness
* Has a strong and genuine interest in technology and sci-fi outside of his paranoid concerns.
* Ambivalent about intimate relationships (particularly boyfriends/girlfriends) but also feels he is missing out on something important that he would like to experience.
* Misses his parents and is keen to work on strategies to help him visit them more often.

**Concerns**

* Worried that challenging his beliefs or changing behaviour will expose him to harm
* Alarmed that improving his mental health will change who he is and threaten his identity and status in the conspiracy theory and dark web security communities.

**Expectations**

* To feel less anxious and paranoid day to day
* To feel more comfortable forming friendships and reconnecting with family
* Learn how to obtain a mobile phone and become comfortable with owning one.
* Gain confidence interacting with agencies such as Centrelink, the Australian Tax Office and banks.
	+ Rodney recognizes these as essential in establishing a legitimate small business.

**Key stakeholders**

Ms Gloria Spinks – mother

Dr Arthur Ginsberg – general practitioner

Ms Margaret Dunville – social worker

**Rodney Spinks: Ward Doctor Briefing**

**1. Title**

Name: Arthur Ginsberg

Position: General practitioner

Contact: [Contact number]

Appointments:

 [Insert date] [Insert time]

[Insert date] [Insert time]

**2. Summary/Overview**

* You are an experienced GP working in a suburban bulk-billing clinic.
* One of your patients, Rodney Spinks, has a diagnosis of schizophrenia and visits you monthly to review his physical health, and renew his prescription for antipsychotic medication (olanzapine – 10mg 3/day).
* Today a second-year occupational therapy student is interviewing you to determine if Rodney has been keeping his appointments, taking his medication regularly and correctly, experiencing side-effects of the medication, and your observation of his psychotic symptoms (responding to auditory hallucinations; making paranoid statements; acting bizarrely)
* Rodney has a history of foot injuries (mostly blistering) from walking excessively in poor footwear. The student may ask for an update on the health and treatment of his feet.

**3. Learning objectives**

* Establish rapport and communicate effectively with health professionals from other disciplines
* Obtain concise and useful treatment information

**4. Student (clinician) task (including briefing for trainee)**

* Conduct a telephone interview to build an assessment of Rodney’s functioning and self-management in the community.

**5. Setting**

* GP’s office. Mostly quiet, with some background noise.

***Specifically for the simulated person***

**6. Affect/behaviours**

* Polite, empathetic with patients, gives thorough answers. Gets grumpy if asked to repeat information too often.

**7. Opening lines/questions/prompts**

* “Arthur Ginsburg here. I understand you’d like an update on one of my patients?”
* “Sorry, can you explain what an occupational therapist does? Is it like physiotherapy?”
* “Rodney is obviously struggling. Wouldn’t he be better off confined to an asylum?

**8. Doctor’s ideas, concerns and expectations of the interaction**

**Ideas**

* Admires Rodney’s resilience and efforts to adhere to treatment plan
* GP believes Rodney is taking his medication correctly, and has not diagnosed any overt side-effects
* Believes Rodney is very intelligent and is frustrated that the health system cannot offer him more opportunities to build a successful life

**Concerns**

* Has noted Rodney’s deteriorating dental health and strongly recommends a dental referral
* Believes Rodney’s poor diet and caffeine intake is affecting his mood and sleeping patterns
* Feels that Rodney would benefit from a term of institutionalisation and believes it was a mistake shut down the old mental asylums
* Is concerned that foot blisters are at risk of infection due to insufficient disinfection and dressing, and poor footwear.
* Rodney’s over-use of Ventolin poses long-term risks

**Expectations**

* Improving diet and dental health will significantly improve Rodney’s mood and mental health
* Better shoes will improve his gait and reduce pain

**9. Patient’s history of the problem**

* Rodney “figured some things out” about four years ago, and now he lives his life “carefully”. Describes his thoughts as “paranoid” but clear that this is a label mental health workers have given it. He is ambivalent – on some days he can see his delusions are irrational, but other days he is convinced. Rodney feels that olanzapine makes it easier for him to make good decisions.
* Has blisters on feet from spending entire days walking, three to four times a week. “I’m a soldier in a war, and soldiers have to march”.
* Does not believe his dental health is an issue, despite frequent toothaches
* Feels no problem with diet and sleep

**10. Patient’s past medical history**

* Seasonal asthma
* Childhood collarbone fracture

**11. Patient’s family history**

* Identifies as a loner
* Mentioned parents and brothers not living locally, but does not talk about them at length
* Single. Dismissive and slightly amused at the idea of being in a couple.
* No children

**12. Patient’s social information (work, lifestyle, habits)**

* Denies having friends he spends time with, but enthusiastically describes his online friendships
* Is on first name basis with several staff members at internet cafes and gaming centres, but denies that they are close relationships

**13. Considerations in playing this role including wardrobe, makeup and challenges:**

* N/A

**Rodney Spinks: Social Worker Briefing Notes**

**1. Title**

Name: Margaret Dunville

Position: Social worker

Contact: [Contact number]

Appointments:

 [Insert date] [Insert time]

[Insert date] [Insert time]

**2. Summary/Overview**

* You are employed in a state or territory service as a community social worker.
* You are being interviewed by a second-year occupational therapy student regarding a client with a disability whom you have assisted with securing public housing.
* The estate agents are pressuring you to resolve issues with the client, but you feel excluded from his management and have insufficient information to work with.

**3. Learning objectives**

* Build rapport with a stakeholder from a different agency and discipline
* Manage expectations and concerns of other professionals
* Consider client confidentially and inclusion

**4. Student (clinician) task (including briefing for trainee)**

* Identify stakeholder priorities and concerns
* Develop plan and information-sharing relationship

**5. Setting**

* Loud open-plan office.
* Margaret is very busy and has limited time

***Specifically for the simulated person***

**6. Affect/behaviours**

* Exasperated, time-pressured, quite fed up with this client
* Sympathetic to Rodney but feels he is particularly stubborn and unresponsive to requests
* Frustrated with lack of updates from OT and mental health staff

**7. Opening lines/questions/prompts**

* “Community social services. Margaret speaking.”
* “I haven’t spoken to Rodney in over a month, and when I contact your organisation, no one is available or returns my calls.”
* “The managers of Rodney’s flat haven’t been able to inspect it in a year, and they’re hounding me about safety concerns. This guy could lose his housing if we don’t act.”
* “I need a thorough briefing on Rodney’s progress. How can we arrange that?”

**8. Margaret’s ideas, concerns and expectations of the interaction**

**Ideas**

**Concerns**

* Margaret is unable to plan or implement social work strategies without any contact or information from Rodney
* Margaret has worked hard to establish a relationship with this particular estate agency, and does not want to make it harder to find housing for future clients.
* An inspection of Rodney’s flat is long overdue, and Rodney risks eviction if he doesn’t proactively work with Margaret and the estate agents, but he is out all day and doesn’t have a phone.
* The estate agents believe Rodney is placing duct tape over security cameras in his block, which damages the cameras and is a criminal offence.

**Expectations**

* A full briefing and facilitated meeting with Rodney ASAP
* Rodney to contact Margaret to arrange flat inspection with estate agents
* Rodney to immediately and permanently cease interfering with security cameras

**9. Patient’s history of the problem**

* Margaret worked very hard to convince an estate agent to lease a flat to her client, approximately two years ago.
* Housing staff were considerate during first year, but became frustrated after that as Rodney did not appear to settle in and comply with estate management requirements
* Lack of communication has frustrated Margaret and estate agents

**10. Patient’s past medical history**

* Margaret has not received reliable information about Rodney for six months
* The estate agents are pressuring social services for information to base a decision on, but Margaret must maintain Rodney’s privacy

**11. Patient’s family history**

* Margaret has had brief contact with Rodney’s mother because she is his emergency contact, but found her unreliable and reluctant to provide detailed information.

**12. Patient’s social information (work, lifestyle, habits)**

* Margaret is aware of Rodney’s general social patterns, but has no recent information.

**13. Considerations in playing this role including wardrobe, makeup and challenges:**

* Call taking place in busy office environment

**Rodney Spinks:**  **Mother Briefing Notes**

**1. Title**

Name: Gloria Spinks

Position: Mother of client

Contact: [Contact number]

Appointments:

 [Insert date] [Insert time]

[Insert date] [Insert time]

**2. Summary/Overview**

* You are the mother of Rodney Spinks. He is 26 years old, the second of your three sons, and has been diagnosed with schizophrenia for 3 years.
* You are being contacted by a second-year occupational therapy student who is assisting Rodney to function in the community.

**3. Learning objectives**

* Build rapport with a family member and obtain effective information, while remaining professional and respectful.
* Develop client history via secondary sources

**4. Student (clinician) task (including briefing for trainee)**

* Contact Rodney’s mother to gather information on his development and premorbid function

**5. Setting**

* Living room of house. Quiet area with radio/television in background.

***Specifically for the simulated person***

**6. Affect/behaviours**

* In moderate pain from recent hip replacement operation.
* Gloria is somewhat self-focussed and will attempt to turn the conversation to her own occupational challenges and recovery

**7. Opening lines/questions/prompts**

* “Hello? Who is this?”
* “It’s so nice of you to call. Sometimes I feel invisible!”

**8. Mother’s ideas, concerns and expectations of the interaction**

**Ideas**

**Concerns**

* Rodney doesn’t know how to look after himself
* He had a bad asthma attack at age 9 and it could happen again
* Schizophrenia isn’t a real illness and doctors are using Rodney as a “guinea pig” for medications
* Believes Rodney has a job with the police and is worried he will lose it due to his illness
* Sad her son doesn’t call or visit enough

**Expectations**

* Rodney would do better if he moved back in with his parents and stopped taking medication
* Rodney will get all better when he finds a girlfriend
* Regularly calling his parents should be a part of Rodney’s treatment plan

**9. Patient’s history of the problem**

* Rodney was a very intelligent and ambitious boy until he got involved with “weirdos” on the internet, and then became insular and obsessive
* Rodney has a lot of silly ideas, but isn’t unwell
* His current state is the fault of drug dealers who sold him amphetamines and caused his psychotic episode

**10. Patient’s past medical history**

* Seasonal asthma since 8 years old. Treated with Ventolin. No severe episodes.
* Bad reaction to flu vaccine at 12 – fever and flu symptoms. Seen in emergency department but sent home with paracetamol
* Gloria is happy to talk at length about every scratch, cough and sniffle Rodney ever had from infancy to adulthood, including colic as a baby, a grazed knee at 5, sore shoulder from falling off a bike, nosebleed from a schoolyard fight, two bouts of flu in high school, chickenpox once, etc.

**11. Patient’s family history**

* Achieved normal milestones in growth and development throughout childhood
* Both Rodney’s brothers were athletic and popular, and ganged up on him at times, but were not overtly abusive
* Rodney’s paranoid thoughts are not particularly alarming to Gloria, because her husband has a history of similar fears regarding communists, though the children never really picked up on this

**12. Patient’s social information (work, lifestyle, habits)**

* Had several good friends through school, but not generally gregarious
* He was very comfortable with dropping friends or breaking off contact if conflict emerged or the relationship stopped being fun
* No girlfriends or other intimate relationships
* Rodney’s online relationships don’t count, because those people might not even be real

**13. Considerations in playing this role including wardrobe, makeup and challenges:**

* Gloria is in pain and using significant dosages of morphine. She can sound dreamy and slow at times, but will express pain if shifting position while on phone

**Rodney Spinks: OT Activities & Props**

**Sub groups**

|  |  |  |
| --- | --- | --- |
|  | **Observed tasks in university setting****With patient**  | **Activities in a shopping centre****Without patient****(Note: students can complete multiple activities if time permits)** |
| **Group A** | Activity: Preparing for laundromat visitConsider* Sorting clothing for separate washes
* Options for bulk transporting clothing
* Choosing appropriate cleaning agents and quantities
* Budgeting time for task
* Operating washing machine & dryers
 | LaundromatConsider* Anxiety in crowds
* Possibility all machines are in use
* Payment method
* Occupying time usefully during washing/drying cycle
* Paranoid anxieties around security cameras
 |
| **Group B** | Activity: First steps in establishing a small businessConsider* Applying for credit card and bank accounts
* Managing deadlines and planning work schedules
* Networking and building professional contacts offline
* Selecting professional attire
 | Purchasing professional outfit for business meetingConsider* Distracted by auditory hallucinations
* Unfamiliar with professional dress conventions
* Staff reaction to unusual behaviours and appearance
 |
| **Group C** | Activity: Prepare a sandwich and hot drink and clean kitchen area afterwardsConsider:* Food hygiene
* Food safety such as checking the expiration date
* Cleaning up the kitchen area and housing food correctly (eg butter in fridge)
* Waste disposal
 | Supermarket:Consider* Distractions by crowds and auditory hallucinations
* Cleanliness and hygiene with food such as fruit and vegetable
* Paranoia around security cameras
* Other people’s reactions to unusual behaviours and appearance
 |

**Group A**

|  |  |
| --- | --- |
| **On campus requirements**Bedroom space* Assorted men’s clothing
* Laundry basket
* Various bags for packing clothing
 | **Off campus requirements**Shopping centre |

**Group B**

|  |  |
| --- | --- |
| **On campus requirements*** Any space with chairs for all participants
* Pens, paper, calculator
* One set of men’s business attire
* One set of men’s casual clothing
 | **Off campus requirements**Shop selling men’s business clothes |

**Group C**

|  |  |
| --- | --- |
| **On campus requirements*** Kitchen with fridge and capacity light meal preparation
* Ingredients for making sandwich and hot drink
* Materials for cleaning such as wipes, detergent, rubbish bin
 | **Off campus requirements**Supermarket |

|  |  |
| --- | --- |
| **Occupational Therapy** 42_as_Interleaved_2_of_5_barcode[1]**Referral Form** | **Surname:** Spinks**Given Name:** Rodney **DOB:** 27/06/1989 **Sex:** M**Address:** 4/70 Constitution AvenueInsert suburb |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Referred from** | Sunnybrook Psychiatric Unit | **Referred to**  | Health Enhance Occupational Therapy Mental Health |
| **Interpreter Required:** Yes ☐ No ☒  **Language:** English |
| **Diagnosis:** Schizophrenia |
| **Social Situation:** Lives alone. Works from home. Parents and brothers not local. No local supports identified.**Occupational Therapy Referral Form** |
|   |
| **Home Assessment Completed:** Yes ☐ No ☐ Required ☒  |
| **Equipment Provided:** Nil |
| **Current Occupational Performance** |
| **PADLS:** Hygiene and dental health deficits. Infrequent showers and use of personal care products |
|  |
| **DADLS:** Cleaning, laundry and cooking deficits. Avoidant of administrative tasks requiring face-to-face interaction or engagement with crowds. Does not own or use mobile phone due to current symptoms |
| **Mobility/Transfers (Including Aid):** Nil applicable |
| **Referral Goals:** Assess PADL/DADL function. Improve activity participation for client in personal care, cooking and domestic cleaning. Facilitate improved engagement with bank, Centrelink and other agencies. Explore options for obtaining and using telephone. |
|  |  |  |
| **Therapist:** K. Philby | **Date:**  | **Consent Obtained:**  Yes ☒ No ☐  |

|  |
| --- |
| SF/CS Notes: |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |