

Psychosis

Mark is a 49 year old single man with a 30 year history of bizarre beliefs and lifestyle consistent with diagnosis of schizophrenia.

He was brought up by his father, Derrick, in Manly, Sydney, after his mother left the family home to live in Western Australia when Mark was 10 years old. Mark has had little contact with his mother since that time and remains angry with her for leaving the family.

His father describes Mark as a 'normal kid' albeit one who struggled to make friends. From a young age he appeared comfortable with his own company.

Mark dropped out of high school at age 15, and shortly after unexpectedly left home, after which Derrick lost contact with him.

Mark reappeared in Derrick's life two years later, as Derrick describes, a different man, fixated on all things military. Derrick claims that his 'boy' has not been the same since and still grieves for his lost son. Derrick struggles to reconcile his son's lifestyle and bizarre beliefs. Derrick reports no known history of mental illness either in his or his ex-wife's family.

What Mark did in these 'lost' two years remains unclear.

Mark and Derrick have intermittent contact characterised by Mark disappearing for long periods of time only to reappear unexpectedly.

Mark has no regular employment, having undertaken casual menial jobs for most of his life. His longest employment has been fruit picking in Northern Queensland which he claims to enjoy. Currently, apart from a Centrelink allowance, Mark has no income.

Mark has spent many years as an itinerant, living on the streets and spending time in the outback. Currently he resides in a boarding house, situated in busy Kings Cross, occupied mainly by vulnerable men. He pays \$180 a week in rent.

He leads a lonely, isolated life with little contact with friends or family and has virtually no apparent meaningful connections. He talks often about his father and acknowledges their relationship is fractured.

He concedes to occasionally smoking pot in the boarding house and semi-regular binge drinking in a local Kings Cross hotel.

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**MHPN WEBINAR
CASE STUDY**

Psychosis

Mark came to the notice of the mental health system approximately four years ago when he was referred to the crisis team by ASIO who claimed they were being 'harassed' by Mark on a daily basis for millions of dollars he claimed to be owed as a result of his services to the country as a boy soldier in a number of wars.

He was assessed by the mental health service crisis team as being deluded, but was adamant he would not take medication. He posed no significant risk to self or others and was allocated a case manager with whom he never really engaged. Mark eventually stopped participating and was subsequently discharged by the mental health service.

He later emerged as a referral to a mental health nurse working under the Mental Health Nurse Incentive Program. The nurse was running a clinic through the Salvation Army Employment Plus Scheme, to which Mark had been referred. He presented as dishevelled, with poor personal hygiene.

The nurse running the clinic knew Mark through his previous work in the crisis team – he and Mark developed a relationship over a period of time where trust was established.

Issues identified as requiring attention by either Mark, the nurse, or both include:

- full medical and dental check up
- securing secure affordable housing
- instilling purpose and meaning to Mark's life
- supporting Mark and Derrick to re-connect.

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This is a de-identified vignette.

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