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promoting excellence in psychology

DIVERSITY & INCLUSION VIGNETTES

For Psychological Wellbeing Practitioner Training Programmes

BPS.ORG.UK/PARTNERSHIP

PATIENT VIGNETTES

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FOREWORD

Trainees on accredited Psychological Wellbeing Practitioner (PWP) training programmes need to develop commitment to the ethical principles of respect, competence, responsibility and integrity (BPS, 2019). Course objectives to acquire cultural competence align with statutory duties under the Equalities Act, 2010: cultural competence for PWPs will aim to develop trainees' ability to recognise their own reaction to people who are perceived to be different and values and beliefs about the issues of difference, so as to be able to work effectively with them (UCL, 2014). In recognition of these important aspects of the training, through the Programme Directors forum, a discussion around the development of these abilities and the importance of patient case studies throughout the training programme in developing these competencies, resulted in the undertaking of this project: A resource of patient case studies which can be used across PWP training programmes.

Each of the nine case studies have been carefully composed with the concept of 'appropriate' awareness in mind (Laville, 2017). In essence, 'appropriate' awareness is to a) consider the patient's protected characteristic(s) (Equality Act, 2010), b) the type of information that the patient is sharing regarding their protected characteristic(s) and c) which treatment intervention and / or signposting options would be most appropriate for that patient. Therefore, 'appropriate' awareness avoids assumption-led approaches and supports practitioners to be aware of areas of practice where knowledge could be developed e.g., knowledge of specialist services for particular communities and groups. By utilising good information gathering skills, practitioners should be able to assess whether a patient is interested in engaging in cognitive behavioural therapy and/or specialist signposting options.

In the case studies provided, practitioners should review each through the lens of 'appropriate' awareness by a) identifying the protected characteristic(s) for each patient, b) identifying broader information that is provided for each protected characteristic and what further information you need to gather, and c) identify the knowledge you already have to plan a treatment pathway as well as identifying which further learning needs to take place to develop clinical practice.

Liz Kell & Allan Laville
BPS PWP Training Committee

British Psychological Society (2019). Standards for the accreditation of psychological wellbeing practitioner training programmes. Leicester: Author. Available from here.

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Laville, A. (2017). The importance of data collection, signposting and 'appropriate' awareness in working with sexual orientation. *CBT Today, 45*(4), 14–15.

University College London (2014). *Report of the psychological wellbeing practitioner review.* Centre for Outcomes Research and Effectiveness: UCL. Available at: www.ucl.ac.uk/pals/sites/pals/files/pwp_review_-_interim_report.pdf.

PATIENT ONE – LIONEL

DATE OF BIRTH: June 1946.

CHARACTER OVERVIEW

Lionel's parents fled from Russia to escape persecution in the early 20th century. He was born in a UK industrial city where they finally settled. He is a retired businessman and former Magistrate. He lives alone with his wife, who he has been married to for over 50 years. He has four children, two of whom still live in the local area. Until recently he was an active member of the local synagogue and was involved in a number of local charities. He describes himself as independent of mind and spirit and used to travel widely for work and for his civic commitments. Over the last year his physical health has declined markedly, due to Prostatitis. As a result, he has been forced to give up his voluntary commitments. Acute difficulties have led to past hospital admissions and frequent GP check-ups.

WHAT

Anxiety, concerning his health, finances, family and the future.

WHEN

At night, when trying to get to or stay asleep. Or at random times of the day when he has a medical appointment pending.

WHERE

At home.

WHO

When alone in the house. When sleeping alone in the spare room (which he sometimes does because of his health problems so as to not disturb her and he has noticed he is sleeping in the spare room more frequently).

AUTONOMIC / PHYSICAL SYMPTOMS OR CHANGES

Lionel gets hot, his 'heart feels like it will burst'. He needs to go to the toilet often. His shoulders and neck ache and he can't catch his breath.

BEHAVIOURS

He has stopped, or avoids going out, no longer attends the synagogue. Is no longer in contact with the local charities he worked with previously. Only goes to places that are familiar and that have toilets that are open to the public. He has stopped driving but goes out for short trips only with his wife. He meets with the Rabbi on 'Zoom'

COGNITIONS

'If I go out I'll need the loo. It'll be urgent and I won't be able to hold it in. I am a burden to my wife, she's a saint, but she must be sick of me. I used to be so active, but I'm lost now. I don't know how I'll cope when I go for my next hospital check-up. They'll have to knock me out to examine me.'

TRIGGERS

GP or hospital appointments. Looking in his diary and seeing them looming. Last minute changes of plan.

IMPACT

Loss of confidence. Not going out alone. Not driving. Not meeting up with friends and no longer attending the synagogue. No longer working as a Magistrate. He used to study and read, but can't concentrate anymore. He sees less of his wider family and often cut visits from them short.

RISK

Periodic hopeless thoughts and dwelling on 'how much longer I've got'. These thoughts are intense but infrequent. 'I've no intention of acting on them. It's against my religious beliefs. I'd never do anything to hurt my wife or family.'

SUICIDE CURRENT

See above.

SUICIDE HISTORY

None.

SELF-HARM CURRENT
None.

SELF-HARM HISTORY
None.

HARM / RISK / VULNERABILITY FROM OTHERS
None.

SELF-CARE
Sometimes he'll stay in bed and won't get changed or wash, when I'm feeling exhausted.

MEDICATION
Sertraline, and propranolol. He has asked the doctor for more medication to 'knock me out', but the Dr doesn't think this is a good idea.

ALCOHOL
None.

DRUGS
None, caffeine intake low.

CO-MORBIDITIES
Known to hospital services due to his Prostatitis.

PAST TREATMENT
None.

EXPECTATIONS / WHY NOW
'I can't cope and I don't know what to do. My wife doesn't say it but I'm driving her to distraction. I need to cope better for her sake.'

PATIENT TWO – MARK

DATE OF BIRTH: November 1978.

CHARACTER OVERVIEW

Mark lives alone, but remains in close contact with his son (aged 17), who comes to stay with him at weekends. A couple of months before the arrival of Covid-19 he started to work for a finance company, selling and promoting insurance and saving schemes by telephone. During lockdown he switched to working from home. He was keen to make a good impression with his new company, but feels this was an uphill struggle as he was new to the job, the IT and the organisation. Shortly after starting to work from home Mark was racially abused over the telephone by a prospective customer when his company's IT system went down during a call. He raised this with his line manager, but no further action was taken. Mark identifies as Black British. He was born and raised in the UK, by parents who are from the Caribbean.

WHAT

Low mood. He has started to take sick leave from work.

WHEN

He feels especially low first thing in the morning, when he would normally be leaving for work.

WHERE

At home, in the kitchen and the bedroom when he looks at the mess.

WHO

When he is on his own he feels worse. He feels better when his son visits him.

AUTONOMIC / PHYSICAL SYMPTOMS OR CHANGES

Unfit, exhausted, flat.

BEHAVIOURS

He spends his time watching TV, looking at social media. He lets the washing up pile up. He avoids carrying out repairs at home, from broken furniture, to the spare bedroom. He also avoids meetings with work and HR on the internet and phone. He does not exercise.

COGNITIONS

When speaking about work he mentions the following; that he is 'going to get sacked', 'falling behind at work' 'will have forgotten how to use the systems'. When mentioning the incident he says; 'they've not taken me seriously. I can't believe he said that to me. I was just trying to do my job. This stuff used to happen to me when I was a kid, but he wouldn't say it to my face, he wouldn't dare. The house is too much of a mess to have my son over.'

TRIGGERS

When he receives emails or missed calls from work.

IMPACTS

He avoids going out and seeing his friends. He has stopped looking after himself and his home and does not exercise in his garage anymore. He is not seeing his son as regularly. Multiple periods of sick leave from work, but he is concerned at his career prospects were he to leave.

RISK

He has suicidal thoughts more than half of the days of the week, they are fleeting, but distressing. He has no plans to act on them currently but not sure if this could change – the longer it goes on for the harder it gets. His son is a protective factor and currently feels able to keep himself safe.

SUICIDE CURRENT

See above.

SUICIDE HISTORY
None.

SELF-HARM CURRENT
None.

SELF-HARM HISTORY
None.

HARM / RISK / VULNERABILITY FROM OTHERS
Potentially concerned at the consequences were he to contact the same customer again, starting to worry it might happen with other customers.

HARM / RISK TO OTHERS
None.

SELF-CARE
At times he's not getting dressed, or washing or shaving now as he is now off sick from work. He is mostly eating convenience food.

MEDICATION
Fluoxetine. Initially reluctant to take medication as he doesn't agree with it. He has found it helpful as it has 'taken the edge' off very bad days. Doesn't want to stay on medication any longer than necessary.

ALCOHOL
On 'bad days' he will drink a four pack of beer, on other days he is alcohol free. Tending to drink on three out seven days. On the days he does drink he tends to start in the middle of the afternoon through to the evening over 6–7 hours.

DRUGS
None, non-smoker, 3–4 coffees per day.

CO-MORBIDITIES
None.

PAST TREATMENT
None.

EXPECTATIONS / WHY NOW
He was persuaded to seek help by his GP as he was low and unkempt. Wants to get back to work and make a further complaint against the customer, as he believes he may reoffend. However, he feels too low to manage this on his own.

PATIENT THREE – HINA

DATE OF BIRTH: January 1990.

CHARACTER OVERVIEW

Hina is a 31-year-old female. She was born in Pakistan but moved to the UK with her parents when she was two years old. After finishing school, she went to a local university to study law and completed a placement with a law firm. She used to socialise with her family and a broader group of female friends. She now lives 150 miles from her hometown, has married and works with her husband Imran in his pharmacy/chemist store. She is pregnant and expecting their first baby in seven months' time. They both work long hours and have little time outside of work. Over the last year she has become more and more tired and low. The Chemist shop is open six days a week. They are reluctant to take on more staff as they are trying to make the business profitable.

WHAT

Low mood, her mood has been deteriorating over a number of months.

WHEN

When she is alone, or late at night when she is feeling exhausted. When she wakes in the night due to her pregnancy. When the chemist is open until late at night. When there are bills to pay.

WHERE

In the Chemist shop and at home.

WHO

She feels worse when alone and feels better when she speaks to her family and friends on Zoom.

AUTONOMIC / PHYSICAL SYMPTOMS OR CHANGES

Exhausted. Sluggish. Tearful.

BEHAVIOURS

She has been going to bed early and staying in bed until the last minute in the mornings. She is spending most of her waking hours working in the chemist store. She avoids some tasks in the store due to fatigue and lack of concentration. She also avoids telephone calls from her family. She tells customers and friends that she is feeling fine, or okay when they ask.

COGNITIONS

She believes that she is 'trapped' and that this isn't what she expected life to be. 'I can't just leave and go home to my family. We are barely getting by financially. How will we cope when the baby arrives? I can't concentrate and I'm making mistakes in the shop.'

TRIGGERS

When she thinks of how many more hours there are to work. When she looks at her bank statement.

IMPACTS

She is not arranging zoom calls to her family anymore. She is avoiding her husband as much as possible when at home as they can be short and abrupt with one another. She is not maintaining contact on social media with her friends. She doesn't have time for hobbies or interests.

RISK

She is experiencing increasingly hopeless thoughts e.g. 'there's no way out'. They are growing in strength and frequency. She also has thoughts about taking an overdose of medication and has knowledge and easy access to drugs. She has no immediate intention to act on those thoughts, but she doesn't feel confident that she would be able to keep herself safe if her mood deteriorated still further. Her family, her religious beliefs and her unborn child are strong protective factors.

SUICIDE CURRENT
See above.

SUICIDE HISTORY
None.

SELF-HARM CURRENT
None.

SELF-HARM HISTORY
None.

HARM / RISK /VULNERABILITY FROM OTHERS
There is 'friction' in Hina's relationship with her husband, but there is no evidence of any physical or systematic emotional or sexual abuse.

HARM / RISK TO OTHERS
None noted.

SELF-CARE
Hina has little time or energy to prepare food that is healthy or that she likes. The couple rely increasingly on take away deliveries. She feels unable to rest as much as she would like during her pregnancy as she feels the need to support the business.

MEDICATION
None, this has been offered by the GP, but she has declined as she is concerned about potential side effects and worries this might affect her unborn child, despite reassurance.

ALCOHOL
None.

DRUGS
None, caffeine low, non-smoking.

CO-MORBIDITIES
None.

PAST TREATMENT
Saw a counsellor at university when she was falling behind with her work. This was three years ago. She found this helped her get back 'on track' but not really sure what it was that was helpful specifically.

EXPECTATIONS / WHY NOW
A friend from home has picked up on how low she seems to be and advised her to seek help. They sent her a web link to help her access the IAPT services. She doesn't want things to get worse for her, her family, her baby, or her husband. She hasn't told anyone else (including her husband) that she has come to the appointment yet.

PATIENT FOUR – GRACE

DATE OF BIRTH: November 1964.

CHARACTER OVERVIEW

Grace is a 57-year-old female who has a learning difficulty. She has two adult children, one of whom lives locally, and one has moved abroad. She and her husband have separated, and divorce proceedings are ongoing. For many years Grace worked at a local wire factory as a packer, but the factory closed suddenly three years ago when the owners sold the factory site for redevelopment. She has since struggled to find alternative work. Her difficulties with literacy and numeracy have proved a barrier to future employment. She used to enjoy the routine of the factory and the companionship of her fellow packers. The closure was part of a pattern of deindustrialisation in her local area.

In the last few years and since her children left home, Grace and her husband have drifted apart. They finally separated when her husband moved in with a new partner. Grace has become increasingly reliant on the support of her daughter now in managing her everyday affairs. She used to attend regular country and western nights and line dancing with her work mates, but many moved away when the factory closed.

WHAT

Low mood.

WHEN

Particularly in the evenings, and on days when her daughter is not due to visit. When she receives post or phone messages that are complex or confusing.

WHERE

At home.

WHO

Better when her daughter comes round to visit. Worse when her ex-husband calls to discuss the divorce, or she is contacted by solicitors. Feels worse also when dealing with benefits office staff.

AUTONOMIC / PHYSICAL SYMPTOMS OR CHANGES

Tired, lethargic, lacking in appetite.

BEHAVIOURS

She avoids opening the post, she has stopped looking for work and contacting employment agencies. She is no longer listening to music, or the radio, or dancing. She has stopped wearing makeup and booking hair appointments. Grace is also smoking more cigarettes than usual.

COGNITIONS

'What will I do? I wish I had my old job back. Why did my husband leave me? What's wrong with me?'

TRIGGERS

Thinking about the past, reminders such as photographs or songs when life seemed better.

IMPACTS

Grace has lost confidence, she has a lack of future plans or sense of direction. She has stopped going out. Is no longer looking after her home. She is growing more and more pessimistic concerning job prospects.

RISK

She has periodic thoughts of 'what's the point?' hasn't actually thought about taking her own life. No plans or intent to act on those thoughts. Her daughter is a protective factor.

SUICIDE CURRENT

See above.

SUICIDE HISTORY

None.

SELF-HARM CURRENT

None.

SELF-HARM HISTORY

None.

HARM / RISK /VULNERABILITY FROM OTHERS

Grace is potentially vulnerable to 'scammers', She was recently overcharged for roofing repairs carried out on her property by workmen going door-to-door.

HARM / RISK TO OTHERS

None.

SELF-CARE

She is struggling to look after herself, her diet and her general health and fitness have deteriorated in the last six months.

MEDICATION

Her GP has been prescribing Mirtazapine for two years now. She's not really sure if it makes any difference. Grace has missed several review calls from her doctor.

ALCOHOL

Low.

DRUGS

None.

CO-MORBIDITIES

Some back and shoulder problems: a potential legacy of working as a packer.

PAST TREATMENT

None.

EXPECTATIONS / WHY NOW

Grace has been encouraged to approach IAPT by her daughter who is concerned for her. Grace worries about her future and feels lonely, but has no clear idea how to improve her situation.

PATIENT FIVE – AMY

DATE OF BIRTH: January 2003.

CHARACTER OVERVIEW

Amy has noticed a significant drop in her mood over the last year, in which she has stopped engaging with her school work, is withdrawing from her family and has no motivation to do her hobbies or socialise anymore. Amy is the youngest sibling in a family with three children. Her family describe themselves as being a working-class family of grafters, who have done well in the building trade and for whom all family members have tended to join the family business. From experience if people haven't joined the family business, they wouldn't be taken seriously and would eventually be cajoled into it or risk losing the close bond that the family all have together. Amy is now coming towards the end of her A-levels, with her family's understanding that she will join the family business as expected. However, during her A-level studies Amy has found a love for biology and had started to explore veterinary science options, with the hopes of going to University. She feels stuck as she wants to support the family business which everyone has worked so hard for, but she also wants the chance to explore her own passions.

WHAT

Amy is feeling low in mood and hopeless for the future. She is lacking interest in her studies, family and hobbies.

WHEN

She feels worse in the evening, especially around dinner-time as this is when her family all eat together and discuss how the business day has been.

WHERE

To start with she was feeling low at home, but now this has become more consistent with her feeling low at school too.

WHO

Has only managed to discuss this with one family member who was supportive, though they are unsure of how to help. Amy has mentioned it once in passing to her dad, however this didn't go down well and so she hasn't raised it again.

AUTONOMIC / PHYSICAL SYMPTOMS OR CHANGES

Tired, tense, nauseous, no energy

BEHAVIOURS

Amy is irritable, withdrawing from family and spending more time in her room, she is unable to maintain concentration, has reduced personal hygiene, and is not engaging in her hobbies or socialising as she has lost interest.

COGNITIONS

'I can't be bothered, I don't have a choice, I'm stuck and can't choose what I want for myself, I'm a bad daughter.'

TRIGGERS

When her family ask about A-level exams and discuss the family business and when she can start helping out.

IMPACTS

Upon work – her A-level studies and mock-exams have shown that her results are starting to decline and she may not get the exam scores she wanted. She feels she is losing the close relationship that she used to have with her family, but also hates the fact that they have put her in this position. She is more irritable with friends and is spending more time on her own and just ignoring them, which makes her feel even more isolated and alone.

RISK
Amy is having weekly thoughts of 'what's the point anymore?', with no plans or actions of taking her own life. She manages the thoughts by cuddling with her cat. Both her family and cat are protective factors.

SUICIDE CURRENT
See above.

SUICIDE HISTORY
None.

SELF-HARM CURRENT
None.

SELF-HARM HISTORY
None.

HARM / RISK / VULNERABILITY FROM OTHERS
None.

HARM / RISK TO OTHERS
None.

SELF-CARE
She has reduced personal hygiene and is showering every few days and brushing her teeth if she remembers.

MEDICATION
None.

ALCOHOL
None.

DRUGS
None.

CO-MORBIDITIES
None.

PAST TREATMENT
None.

EXPECTATIONS / WHY NOW
Amy is coming up to her A-level exams and needs to get back into her studies or else she may fail the year after working really hard. Her family have also commented on her spending less time with them and have pushed her towards asking for help, though she doesn't feel anyone can help as she believes the present situation cannot change.

PATIENT SIX – HELENA

DATE OF BIRTH: March 1980.

CHARACTER OVERVIEW

Helena is a 40-year-old woman, she is Catholic and has just found out that she is pregnant with her third child. She is currently 14 weeks pregnant. This was an unplanned pregnancy. With her other children coming up to secondary school age and becoming more independent, she had been able to go back to some part-time work which she greatly enjoyed. With this new pregnancy, she is extremely anxious about how she will manage physically with a new-born, emotionally as she now has less time for her own hobbies, but also financially. As well as her being aware of the fact that she is now termed a 'geriatric mother' which has its own risks. She has tried to discuss her anxiety and termination options with a close friend; however, this went very badly as they are also Catholic, and she was told she should be happy to be pregnant again and that terminating would be against their religion. Helena is feeling anxious about the pregnancy and whether she will be a good enough mother, but also feels alone and without support due to the experience with her friend.

WHAT

Anxiety about upcoming pregnancy.

WHEN

Feels more anxious in the evening when she has more time to think about the situation.

WHERE

Feels worse when at home, but does get a break from her worry when she does the home-chores or goes to work.

WHO

Hasn't spoken to anyone about this after talking to her friend. Doesn't feel able to share this with anyone.

AUTONOMIC / PHYSICAL SYMPTOMS OR CHANGE

Shaky, can't breathe, tense, tired, heart races, nauseous

BEHAVIOURS

Cleaning more, restless and irritable, talking less with her partner, eating less, poor concentration.

COGNITIONS

How will I cope with this new baby, will we have enough money, what if something goes wrong in the pregnancy, am I bad mum for not wanting this baby, I don't want this pregnancy, I have no-one to talk to, am I a bad catholic?

TRIGGERS

Any talk about the baby or when her partner puts their hands on her growing baby bump, makes her feel overwhelmed.

IMPACTS

Is starting to be more easily distracted at work which has reduced her productivity and her manager has made a comment; she is socialising less with friends and trying to spend less time with her partner, so these thoughts and feelings don't come up in conversation. She is doing fewer things for herself as this doesn't distract her mind enough, and so is spending more time doing the housework. Her family have noted she is more withdrawn and more irritable with them.

RISK

No suicidal thoughts, both her religion and family are protective factors.

SUICIDE CURRENT

None.

SUICIDE HISTORY

None.

SELF-HARM CURRENT
None.

SELF-HARM HISTORY
None.

HARM / RISK / VULNERABILITY FROM OTHERS
None.

HARM / RISK TO OTHERS
None.

SELF-CARE
Eating less as has lost her appetite due to anxiety, but is still getting dressed and washed every day.

MEDICATION
Doesn't want to take medication due to current pregnancy.

ALCOHOL
Not drinking due to pregnancy.

DRUGS
None.

CO-MORBIDITIES
None.

PAST TREATMENT
Some counselling whilst at university to help with stress-management around exams.

EXPECTATIONS / WHY NOW
Needs to get ready for this baby and wants to be happy and feel more able to cope with the stresses that she knows come with a new baby.

PATIENT SEVEN – JANE

DATE OF BIRTH: April 1984.

CHARACTER OVERVIEW

Jane is a new mum, given her age though her pregnancy she was classed as an older mum. Jane and her partner had been trying for a baby for many years and were overjoyed when they found out they were expecting. The pregnancy for the most part went ok and the baby was delivered by emergency C-Section. Before the birth Jane worked full-time and had an active social life and enjoyed keeping fit. In part because of the C-section, but also just because baby struggled to latch Jane is now bottle-feeding baby which she is feeling guilty and upset about.

WHAT

Feeling down with some symptoms of anxiety.

WHEN

Most of the day – finds it worse during the night.

WHERE

Mostly at home – hasn't left the house much following birth of baby.

WHO

Feels better when talking to her sister.

AUTONOMIC / PHYSICAL SYMPTOMS OR CHANGES

Lethargic, butterflies, increased heart rate.

BEHAVIOURS

Staying in more, not seeing friends as much, sleeping more.

COGNITIONS

'I'm a bad mum, other mums look to find it easier, I can't be bothered, I should be happy I finally have my baby, what if something happens to my baby, I should be able to feed her.'

TRIGGERS

Seeing other mums on social media, others offering to help with baby.

IMPACTS

Jane had to spend some time in hospital after the birth of her baby, she then was unable to drive for six weeks so spent a lot of time at home with some support from her partner. She is now going out less, not wanting to socialise and has found that she has been quick to temper with her partner.

RISK

Has some thoughts of being better off not here and that people would be better off if she wasn't here. Worries that she is a harm to her baby but no evidence of this.

SUICIDE CURRENT

See above.

SUICIDE HISTORY

None.

SELF-HARM CURRENT

None.

SELF-HARM HISTORY

None.

HARM / RISK / VULNERABILITY FROM OTHERS

None.

HARM / RISK TO OTHERS

None. Although short tempered with her partner would never be physically violent and isn't aggressive.

SELF-CARE

Is spending less time looking after herself but is making sure she tries to eat and washes.

MEDICATION

No medication has been prescribed as yet, has been discussed with GP, Jane is open to trying but is keen to try talking therapy first.

ALCOHOL

None though pregnancy – has found that she is drinking more on an evening recently – two large glasses of wine most evenings.

DRUGS

None current – no history. Has never smoked and avoids caffeine.

CO-MORBIDITIES

None – currently open to Health Visitor – hasn't found them to be helpful and doesn't feel able to talk to them about how she is feeling.

PAST TREATMENT

This is the first time Jane has been open to mental health services.

EXPECTATIONS / WHY NOW

To improve routine and outlook, worried that she will be unable to look after her baby well enough

PATIENT EIGHT – RAY

DATE OF BIRTH: January 1991.

CHARACTER OVERVIEW

Ray is 30-years-old. His health visitor referred him to the service. He became a parent for the first time six-months ago to his daughter Eliza. He lives with his partner Drew, their daughter and two cats. He is currently on paternity leave from his job as a nurse and plan to return to work in six-months' time.

WHAT

Low mood.

WHEN

All of the time; during the day it is worse when he is at home alone.

WHERE

Everywhere; it is worse at home.

WHO

His symptoms are at their worst when he is at home alone with his daughter. He feels better when his partner comes home from work in the evenings.

AUTONOMIC / PHYSICAL SYMPTOMS OR CHANGES

Lack of appetite, lack of motivation and fatigue.

BEHAVIOURS

Avoiding attending the online weekly parent and baby group and stopped reading. The housework is being avoided and the bills are not being paid.

COGNITIONS

'I cannot cope anymore' and 'I cannot be bothered with anything.'

TRIGGERS

The original trigger was when his partner went back to work four weeks after the birth of their daughter. A recent trigger was two weeks' ago when he saw a post on social media from another parent in his online parent group saying how happy they are since having a baby.

IMPACTS

He is struggling to keep up with the housework due to a lack of energy. Ray has missed his online parent and baby group for the last few weeks. He feels guilty about this because it is a good opportunity for him to socialise with other parents. He has also stopped reading due to a lack of motivation. His partner Drew has been supportive, and he feels he can speak with them about anything.

RISK

See below.

SUICIDE CURRENT

Ray scored 1 on PHQ-9: Question 9. He experienced thoughts of 'I cannot cope anymore' a few times in the last week. They are fleeting thoughts that last a few minutes and are easy to get rid of when he distracts himself. He does not have any current plans or methods and has taken no current actions towards ending his life. He rates his intention as 0/10 (where 0 = no intention and 10 = high intention) and reports no escalating factors.

Ray's partner Drew, and daughter Eliza are protective factors. He knows that he can speak to his partner about anything, but doesn't have any other family members close by and fears judgement from his friends, therefore he avoids speaking to them about this.

Ray feels able to speak to his health visitor about his mental health. He would also contact his GP and the Samaritans if he needed to. He does not think he would need to go to A&E or use the NHS Out of Hours number.

SUICIDE HISTORY:

None.

SELF-HARM CURRENT

None.

SELF-HARM HISTORY

None.

HARM / RISK / VULNERABILITY FROM OTHERS

None.

HARM / RISK TO OTHERS

Dependents include his daughter, Eliza (six-months-old); he reports that he is able to provide adequate care for his daughter. He also has support from his partner if he felt unable to do so.

SELF-CARE

He is not eating as much as he used to due to a reduced appetite. He is eating breakfast and lunch but not finishing all of his evening meal. He has not noticed if his clothes are any looser and has not weighed himself to see if he has lost any weight. He mentioned this to his GP when he last saw them and they asked him to come back if it got any worse.

MEDICATION

Ray has not been prescribed any medication for his mental health. His attitude is that he would prefer to try talking therapy as he is worried about the side effects of medication. His next GP review is in four weeks' time.

ALCOHOL

None.

DRUGS

None.

CO-MORBIDITIES

He is currently receiving support for his mental health difficulties from his GP and health visitor at their monthly check-ins together.

PAST TREATMENT

Ray has not experienced symptoms of low mood or anxiety in the past and has not received psychological support before.

EXPECTATIONS / WHY NOW

Ray would like to learn more about why he is feeling so low. He would like to enjoy spending time with his daughter before he returns to work in six months' time.

PATIENT NINE – JOSH

DATE OF BIRTH: May 1998.

CHARACTER OVERVIEW

Josh has recently finished his undergraduate degree in History. He is now working at a marketing company, which provides advertising for local museums. Josh is enjoying the job role, but more recently he has become overwhelmed with tasks and is struggling to keep up with the workload. Josh is in a long-term relationship and met his boyfriend, Matt, four-years-ago whilst attending a Fresher's event at university. Josh and Matt are in a happy relationship, but Josh is worried about telling his parents about Matt as he is yet to 'come out' as bisexual. Matt is understanding of this however, he hopes that Josh will be open with his own parents in the near future. This is causing Josh some anxiety as well as the difficulties that he is currently facing at work.

WHAT

Anxiety.

WHEN

Most of the time and the anxiety is worse at night when he worries.

WHERE

Largely when he is at his parents' home as he constantly feels anxious about keeping his relationship with Matt from his parents and worries that they might found out anyway.

WHO

He is anxious when speaking to Matt about 'coming out' and when he speaks to his manager at work regarding work tasks.

AUTONOMIC / PHYSICAL SYMPTOMS OR CHANGES

Lack of appetite and feeling fatigued.

BEHAVIOURS

Avoiding seeing his parents and tackling the list of work tasks.

COGNITIONS

'My parents will find out about Matt and not what to know me' and 'I will continue to fail at work as it is too overwhelming.'

TRIGGERS

The current trigger is speaking to parents about relationships and receiving emails with further work tasks.

IMPACTS

Josh is struggling to keep up at work and is avoiding speaking to his manager about this as he worries how his manager will react. Josh finds home management tasks a good distraction. He has withdrawn from seeing his parents but continues to see friends. Josh is still finding time for hobbies but feels guilty about not being up to date at work. Matt has been supportive, but Josh thinks Matt will become angry about the 'coming out' situation in the future. Josh speaks to his parents on the phone briefly but has reduced social visits.

RISK

See below.

SUICIDE CURRENT

Josh scored 1 on PHQ-9: Question 9. Josh is experiencing thoughts of 'I will continue to fail at work and disappoint my parents if they know the truth about Matt'. They are often fleeting thoughts and Josh copes by distracting himself. Josh does not have any current plans or methods and he has taken no current actions towards ending his life. Josh rates his intention as 0/10 (where 0 = no intention and 10 = high intention) but reports that an escalating factor is that his parents may find out about his relationship with Matt.

Josh's partner Matt and his close friends are protective factors. If he needed to, he would contact his GP or the Samaritans.

SUICIDE HISTORY
None.

SELF-HARM CURRENT
None.

SELF-HARM HISTORY
None.

HARM / RISK /VULNERABILITY FROM OTHERS
None.

HARM/RISK TO OTHERS
None disclosed.

SELF-CARE
Josh is not eating as much as he used to due to a reduced appetite. He mainly eats in the evenings when with Matt but can often miss breakfast and lunch. He has also noticed that his clothes are now slightly looser, but he has not weighed himself. Josh has not mentioned this to his GP.

MEDICATION
Josh has not been prescribed any medication for his mental health. He would like to try talking therapy first and is aware that he can speak to his GP about taking medication in the future.

ALCOHOL
Josh drinks a few glasses of wine at the weekend.

DRUGS
None.

CO-MORBIDITIES
None.

PAST TREATMENT
None.

EXPECTATIONS / WHY NOW
Josh would like support in how to approach difficulties with tasks at work as well as support with 'coming out'. Josh does not know what to do next.

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11.2021