

Mental Health Assessment

Presentation	Sophie, a 29 year old female, was admitted to ED at 02.13 on 06/03/2022 following a fall whilst running from a night club. Sophie was brought to ED by a friend. Sophie's husband was contacted, arriving 15 minutes later. Sophie was examined and a referral initiated to the Consultation-Liaison psychiatry team for assessment. George, Consultation-Liaison psychiatry team, assessment as follows.
Physical Assessment	Dehydration and physical exhaustion. Grazes and bruising to hands, right forearm and knees following a fall on the road. Injuries cleaned and dressed. X-rays indicate no fractures. No sutures required.
Biographical History	No remarkable events in childhood reported; average student, completed year 12 and then worked in a number of sales related jobs. Only child with good relationship with parents, but especially close to her father. Mother deceased: took her own life when Sophie was 17. Sophie's mother had Bipolar disorder. Irregular use of marijuana during late teens to mid-twenties. Moderate alcohol and stimulant use in late twenties with occasional current use. Currently employed, but employment at risk (see letter from employer) Married to John for 5 years; no children
Mental Health History	Sophie was diagnosed with Bipolar I disorder on review by Dr Psychiatrist on 21/02/2020 following the death of her father that resulted in an episode of mania followed by depression. This was preceded by inconsistent functioning and episodes of hypomania and depression for two years. Onset of symptoms of hypomania and depression at age 26. Current treatment: Lithium and Quetiapine. Dosage to be confirmed. Bloods for levels taken. Case manager: Andrea Sophie has been stable on her current treatment until she stopped taking medication 4 weeks ago (as reported by Sophie).
Past and Current medical information	No record of previous admissions to ED. Sophie states that she has had no previous medical concerns.
Corroborative History	Letters included from Sophie; Sophie's employer; Mental Health case manager; and a conversation with John documented in Sophie's notes.
Mental State Examination (MSE)	
Appearance & Behaviour	Appearance: Sophie is medium height with slender build; dressed in a casual colourful shirt, short skirt and high heel shoes; dress appears appropriate following a night out; clothing, hair and general appearance somewhat dishevelled beyond what may be expected after having a fall. Shoulder length curly hair, untied; no obvious marks, scars or tattoos other than scrapes and bruises from a recent fall; single piercings in each ear with large hoop earrings in situ. Single piercing in left side of nose with stud. Behaviour: Sophie is sitting on a chair in a cubicle in the ED. Constantly fidgets with earrings, clothing, items within reach in the cubicle; animated hand gestures when talking; no unusual mannerisms, tics or posture; Engaged, open with good eye contact which can be intense at times; Sophie becomes agitated at times when she feels she is not being listened to, but not distressed/anxious; At times attentive and engaged, but easily distracted

	- response and interaction good, but she directs her responses to her own interests; does not appear to be an absconding risk.
Speech	Volume a little elevated; mildly pressured & increased rate; skipping across subjects at times; attempts to direct content to her own interests rather than directly answering questions; speaks over interviewer at times; condescending tone at times.
Mood & Affect	Mood: Sophie states she feels fantastic; denies episodes of low mood in the past week. Affect: appears elevated Mood and affect appear congruent
Thought	Form: Flight of ideas – Sophie’s thoughts appear to be racing; skipping across subjects at times, but still some links; Evidence of tangentiality, echolalia, clanging & neologisms Content: Delusions of grandeur: “I am the best ever sales person the car yard has ever or will ever have”; “they would go under without me”; God says “I’m doing a fantastic job” Possible paranoia – “I hope no one has stolen my ideas to make them better sales persons than me”
Perceptions	Possible visual and auditory hallucinations (she describes running away from an angry being and that is why she fell), but not actively hallucinating during interview. Possible substance use also noted. Ideas of reference
Judgement/insight	Sophie is aware that she is unwell. Sophie stopped taking her medication as she was missing the elation she felt during ‘high’ episodes. She was also worried that she was no longer achieving the level of success she had previously in her current employment. Sophie is not concerned by her employers’ letter as she believes that the next big sale is around the corner.
Cognition	Sophie is orientated to time and place. She knows where she is and why she is here; Appears to understand and retain information
Risk	No apparent immediate risk of deliberate self-harm/suicidal ideation; Sophie becomes irritate when she feels she is not being listened to, but no apparent risk of aggression or violence towards others; Possible compliance with medication risk; reports occasional use of stimulant drugs; Reports lack of sleep and insufficient fluid and food intake. Potential risk to employment