Internationalisation case study two (schizophrenia)
Health Related Studies

Dr Claire Chatterton

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Country | England/US (Chicago)
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Theme area | Mental health two

Case study | Olly is 19 and in his first year at university. He is studying politics. When he arrived at university he made several friends. However he has begun to isolate himself and rarely goes to lectures. He often stays in bed all day and seems to be neglecting his personal hygiene – not washing himself or his clothes. He seems to be sleeping most of the day and then is often up during the night.

His friends have found him to be distant and preoccupied. One night they are woken by loud banging noises coming from his room. They investigate and find that Olly has barricaded himself into his room. When they try to find out what was wrong, he begins shouting that the Taliban are coming to get him.

Patient journey (England) | • His friends alert the college nurse, who in turns calls out his General Practitioner (GP). His GP finds it very difficult to assess Olly as he is not cooperating and is very suspicious. She contacts the local NHS mental health unit and requests an emergency assessment from a psychiatrist.
• The psychiatrist assesses him under the Mental Health Act (1983)¹ and as he is unwilling to go to hospital voluntarily she decides that he needs to be sectioned and taken to an inpatient acute psychiatric ward at the local NHS hospital. Under the terms of the Act he has to be assessed by two doctors so she liaises with his GP, who agrees with her decision. An Approved Mental Health Professional (AMHP)² also has to be involved in this assessment. On this occasion it is a social worker, who also supports the decision to admit him to hospital and makes the formal application. They inform his parents.
• As he will not go to hospital voluntarily, he is taken to a place of safety, ie hospital, by the police (under section 136 of the Mental Health Act) and is admitted to an NHS mental health unit, initially under section two of the Act. This allows him to be detained for up to 28 days for assessment. During this period he is diagnosed as having probable schizophrenia.
• His section two is then converted to a section three of the Mental Health Act, which allows him to be detained, initially, for up to six months for treatment³.
• His treatment has several components to it including medication and psycho-social interventions⁴.
• After three months he is making progress and the decision is made to discharge him back to the community. As he has missed part of his degree and because his family live some distance away it has been decided, after a review meeting at which he and his family discussed the future with the multi-disciplinary team, that he would go back to live with his parents. The university has offered to hold his place for a year.
• Under section 117 of the Mental Health Act (1983) he is entitled to free aftercare until his section is formally discharged⁵.
• His care was therefore transferred to a psychiatrist and community mental health in the NHS Trust that offers mental health services in the area where his parents live.
- His parents also contact a charity for help and support (RETHINK).

| Patient journey (US) | His friends alert the university’s health service and a nurse practitioner comes to see Olly.  
| | She finds it difficult to engage with him and calls the police. They take him to the emergency room (ER) for evaluation, using the Illinois Mental Health and Developmental Disabilities Code.  
| | Olly is assessed under the code by a clinical psychologist who feels that he needs inpatient admission as he is potentially harmful to self and unable to care for himself (two of the three criteria for compulsory admission in the Code). They complete a certificate of need for care and arrange a second opinion.  
| | A psychiatrist assesses Olly and concurs; a second certificate of need for care is completed.  
| | He is then transferred to the state hospital. During the next seven days he will have to attend a court commitment hearing before a judge. Barristers for the State of Illinois and representing Olly present evidence.  
| | The judge decides that Olly should be committed and receive inpatient treatment until the treating psychiatrist informs the court that he has benefitted from treatment and no longer meets any of the Code’s three criteria.  
| | As Olly does not have insurance he is treated under the Medicaid programme. This means he will be discharged as soon as he responds to medication. He is diagnosed with schizophrenia.  
| | He moves back to live with his parents who hope that he will be able to receive some help and support from a local community clinic, which is run by a charity with some funding from the State of Illinois. However, because of financial difficulties, these clinics’ funding has been cut and the one near his parents is closing.  
| | They contact a charity and pressure group (NAMI) for help and support. |

| Learning outcomes | For students to raise their awareness of methods of admission and possible support available to someone diagnosed with schizophrenia in England and the US through a patient journey.  
| | For students to be able to compare and contrast a patient journey in England and the US. |

| Context (England) | Mental Health Policy in the UK is formulated by the Department of Health (www.dh.gov.uk). The most recent policy is No Health Without Mental Health (2011). The National Institute for Health and Clinical Excellence (NICE) was established by the UK government in 1999 to “provide independent, authoritative and evidence-based guidance on the most effective ways to prevent, diagnose and treat disease and ill health, reducing inequalities and variation” (www.nice.org.uk). It produces evidence based guidance for the NHS in England (and Wales) about the care and treatment people with schizophrenia should receive (http://guidance.nice.org.uk/CG82). |

| Context (US) | As the US has a federal system there are can be differences between each state in terms of their laws and policies. This case study has focused on Chicago in the State |
of Illinois.
In Illinois (see [www.state.il.us](http://www.state.il.us)) health care is provided by a multiplicity of providers and access to treatment varies depending on the level of insurance that a person has. A very useful source of information and statistics re mental health in the US *Mental Health, United States* is published biannually by SAMHSA (Substance Abuse & Mental Health Services Administration).

[http://store.samhsa.gov/product/Mental-Health-United-States-2010/SMA12-4681](http://store.samhsa.gov/product/Mental-Health-United-States-2010/SMA12-4681)

For information about mental health services offered by the State of Illinois see:

[http://www.dhs.state.il.us/page.aspx?item=33007](http://www.dhs.state.il.us/page.aspx?item=33007)

Each US state has its own code in relation to mental health. These show wide variation. The State of Illinois has a relatively liberal one. To find the code see:

[http://ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1496&ChapAct=405%26nbsp%3BILCS%26nbsp%3B5%26nbsp%3B6%26nbsp%3B1496%26nbsp%3B&ChapterID=34&ChapterName=MENTAL+HEALTH+and+Developmental+Disabilities+Code](http://ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1496&ChapAct=405%26nbsp%3BILCS%26nbsp%3B5%26nbsp%3B6%26nbsp%3B1496%26nbsp%3B&ChapterID=34&ChapterName=MENTAL+HEALTH+and+Developmental+Disabilities+Code)

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<th>Description</th>
<th>A case study of a young man, experiencing psychotic symptoms, in England and the US.</th>
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| Potential areas for comparison | • England and the US have very different models of health care provision. In this case study in which areas do you think they are similar?  
• What were the main differences that stood out for you on these patient journeys?  
• How could the health care system of each country impact on the person’s access to care and the quality of care received? |
| Points for student discussion | • How does this case study compare with people you may know who have had psychosis?  
• How are the UK and the US responding to people with serious and enduring/persistent mental illness?  
• What services (in the UK and US) might be available to maintain Olly in the community and prevent his rehospitalisation? |
| Points for reflexion | Prompts for learning:  
• how could you relate this to other areas of study?  
• what have you learned from accessing this case study?  
• how does this case study impact on your practice? |
| Links to other relevant case studies | See case studies:  
• person with dementia (1);  
• person with bipolar disorder (3);  
• person with an eating disorder (4);  
• person with post-traumatic stress disorder (5). |
| Date | 25 August 2012 |
| Author | Dr Claire Chatterton (with thanks to Dr Karen Egenes) |
Further information and reading –

1. The Mental Health Act 1983 (which was substantially amended in 2007) is the law in England and Wales that allows people with a 'mental disorder' to be admitted to hospital, detained and treated without their consent – either for their own health and safety, or for the protection of other people. (Scotland and Northern Ireland have their own laws about compulsory treatment for mental ill health.)

2. People can be admitted, detained and treated under different sections of the Mental Health Act, depending on the circumstances, which is why the term ‘sectioned’ is used to describe a compulsory admission to hospital. (The act can be found on the Department of Health’s website www.dh.gov.uk)

3. People who are compulsorily admitted to hospital are called ‘formal’ patients. People who are admitted to hospital when they are unwell without the use of compulsory powers are called ‘informal’ patients or voluntary patients. (http://www.mentalhealthcare.org.uk/mental_health_act)

4. Under the Mental Health Act (1983) an application for detention was usually made by a social worker who had done further training and was approved to carry out this role (Approved Social Worker or ASW). (Only very occasionally was this done by the nearest relative) Under the 2007 amendments to the act, the role of the ASW was replaced by an Approved Mental Health Professional (AMHP). An AMHP may be a social worker, nurse, occupational therapist or psychologist, who has undergone specialist training and been approved to act in that role by a local social services authority. A registered medical practitioner may not be an AMHP.

5. For further information on sections 2 and 3 of the Mental Health Act (1983) see http://www.rethink.org/living_with_mental_illness/rights_and_laws/laws_you_need_to_know_about/mental_health_act/sections_2_3_of_th.html


7. The responsibility for providing aftercare services rests with the patient's Primary Care Trust or Health Authority and the local social services authority. Services provided under section 117 are 'community care' services for the purposes of the National Health Service and Community Care Act 1990. A person who falls within the scope of this section may be in need of community care services and therefore must be assessed by the local authority, which then has a duty to provide those services which are identified as meeting the need. For more information on Section 117 of the Mental Health Act see http://www.mind.org.uk/help/rights_and_legislation/aftercare_under_section_117_of_the_mental_health_act

8. See http://www.rethink.org/


10. The 3 reasons given in Section 1-119 of the Code for involuntary admission on an inpatient basis" - (i) A person with mental illness who because of his or her illness is reasonably expected, unless treated on an inpatient basis, to engage in conduct placing such person or
another in physical harm or in reasonable expectation of being physically harmed (ii) A person with mental illness who because of his or her illness is unable to provide for his or her basic physical needs so as to guard himself or herself from serious harm without the assistance of family or others, unless treated on an inpatient basis (iii) A person with mental illness who refuses treatment or is not adhering adequately to prescribed treatment; because of the nature of his or her illness, is unable to understand his or her need for treatment; and if not treated on an inpatient basis, is reasonably expected, based on his or her behavioral history, to suffer mental or emotional deterioration and is reasonably expected, after such deterioration, to meet the criteria of either I and ii of this Section.

12. Medicaid is the United States health programme for people and families with low incomes and resources. It is a means-tested programme that is jointly funded by the state and federal governments, and is managed by the state. People served by Medicaid are U.S. citizens or legal permanent residents, including low-income adults, their children, and people with certain disabilities. Poverty alone does not necessarily qualify someone for Medicaid. Medicaid is the largest source of funding for medical and health-related services for people with limited income in the United States. For more information see http://www.quickbrochures.net/medicare/illinois_medicaid_medicare.htm

13. For more information see, for example, http://www.dailyherald.com/article/20120825/news/708259882/print/

14. NAMI is the National Alliance on Mental Illness, the USA’s largest non-profit, grassroots mental health education, advocacy and support organization. See http://www.nami.org/Template.cfm?Section=schizophrenia9