

## Case Studies

### Case #1 Anna

**Identifying information:** Anna O is a 21 year old female who lives alone and works at a restaurant.

**Circumstances of referral and chief complaints:** Patient was brought by a friend to ER. Anna told her friend that she was cutting her wrists. Her friend found some blood on the floor and took her to ER.

**Stressors:** Her boyfriend left her 2 days prior to this ER visit

**Suicide related questions:** Patient said that she has been cutting since she was 13 years old. She does not wish to die. The cutting was impulsive. Anna called her friend asking for help. She does not feel like cutting now and says that she wants to go home and go to work that evening.

**History of present illness:** Patient reported a fluctuating mood every day. Now her mood is good. She reported poor concentration and attention. Her sleep has been poor for years. Has good appetite and denies feelings of guilt. She loves Yoga and soccer. She plays in 2 leagues. She also loves her job. From time to time she finds herself crying for no reason. She worries about everything and cannot control her anxiety. Her energy is good. She becomes irritable and angry very easily. She had significant anger episodes that contributed to her boyfriend left.

Alcohol and drug use: Bing drinks on weekends and smokes 1 gm of weed daily.

**Past psychiatric history:** No previous contact with mental health.

**Medical History:** Allergic to penicillin. Healthy.

**Family history:** Patient has one half-brother and one half-sister. Parents were 15 and 16 years old when they had her. Positive family history of depression, anxiety, and ADHD. She has great relationship with her parents.

**Personal history:** her mother smoked during the pregnancy. She dropped out after grade 11 and was not attending classes. She was sexually abused by her grandfather at age 6. She failed grade 7 and 8 and had several academic and learning problems. She never kept partners for more than 6 months and had 23 boyfriends so far. She identifies herself as bisexual. She has been working in restaurants after grade 11 and has been in her current job for 2 years. Anna has many friends but she gets bored easily, stops talking to her old friends and look for new friends.

**Collateral information:** Patient agreed that clinician talk to her parents who confirmed the long term nature of the suicidal behavior. They said that she is very impulsive when it comes to drug use and spending money.

***What are the risk factors for suicide in this case?***

***What is the risk level in this case and how did you come up with this conclusion?***

***How are you going to manage this patient?***

Case # 2 Shawn

**Identifying information:** He is a 41 year old man who lives in Bridgewater with his brother. He works as a fisherman but was fired from his job 3 months ago.

**Circumstances of referral and chief complaints:** Patient was brought by ambulance to ER. His brother was away but decided to come back home one day early. He found his brother in the car while the engine is running and fumes all over the garage. He opened the car door, got his brother out, and called 911.

**Stressors:** Patient was fired from his job after being humiliated by his manager 3 months ago. His wife left him and took his 9 year old son with her 2 months ago. He moved in with his brother then. He discovered she was cheating on him for 2 years. He started having severe pain and difficulty breathing a year ago and after several investigations, he was diagnosed with cancer lung.

**Suicide related questions:** After spending 3 days in a medical unit, patient was seen by the psychiatrist. He said he has no suicidal thoughts and he tried to elope from the medical unit. He informed the staff that his life is his own business and does not want to discuss anything. "I just want to be left alone" he said. He refused to answer questions and looked sad and tearful.

**Past psychiatric history:** Patient had 2 documented depressive episodes in the past. He was treated successfully with antidepressants. No previous suicide attempts.

**Medical History:** NKA, has been diagnosed with lung cancer 1 year ago and currently in remission.

**Family history:** Patient has one healthy brother. Parents have been divorced for years. Father is alcoholic and grandfather had schizophrenia.

**Personal history:** Patient was born in Halifax. No abnormality documented about his development. He struggled in school but was able to finish grade 12 then worked as a fisherman. He struggled in school and failed several grades but was pushed through until he completed grade 12.

Shawn had many friends as a child and continued to have friends as an adult. He was married for 11 years and had one previous long term relationship prior to this marriage.

**Collateral information:** Brother said that he found a long suicide note at home. He also found a recent will in his room. He said his brother stopped eating and was isolating himself in the room. He stopped going out and his alcohol consumption increased dramatically in the past few months. He was drinking 24 beers daily and was very sad and lonely. 2 weeks before the attempt, he told his brother that he is grateful for everything he did for him. His brother was surprised at that comment but did not consider that his younger brother is planning to kill himself.

***What are the risk factors for suicide in this case?***

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***How are you going to manage this patient?***

Case # 3 Diane

**Identifying information:** 29 year old female who lives with her female partner and 2 children ages 2.5 and 7 month old.

**Circumstances of referral and chief complaints:** Patient was brought to ER by her partner. Patient reported the following symptoms: Depressed mood, poor attention, excessive guilt, anxiety attacks, forgetfulness, crying spells, excessive worry, hyperactivity and impulsivity, fatigue and irritability.

**Alcohol and drug use:** drinks twice a month. No drug use.

**Review of symptoms:** When asked about suicide, she was very vague and evasive. She said that her life has not been good. She is not a good mother. She started crying and said that she will be punished and deserves death penalty.

While waiting alone in the room, she was observed by the nursing staff attending to voices. When asked about these communication, she said that these voices know all her sins and they will “make it public” if she does not respond to their commands and requests. After long pause, she said that they want her to stab her children then herself to end this miserable life.

**Medications:** currently takes Citalopram 40 mg AM. In the past she was prescribed Zoloft, Welbutrin, and as a child she said she was given Adderrall and Ritalin for ADHD that was diagnosed by her pediatrician at age 7.

**Medical History:** NKA. Had 2 bone fractures in the past after being gang raped.

**Family history:** Patient has a half-sister, 3 half-brothers. Parents divorced when she was 3 years old. She has a positive family history of depression, anxiety, substance use disorder and ADHD. Father had schizophrenia and he died by suicide 2 years ago.

**Personal history:** Patient was born in Alberta. She came to NS at age 4 with her father and his girlfriend. She reported normal developmental milestones. She did not do well in school because she hated school. Teachers did not like her. She was obese and other kids called her fat kid. She always had few friends. She had a boyfriend who left her then came with his friends and gang raped her. She started having female partners after that. She described herself as bisexual. Her older daughter was from a one night relationship and the young one was the product of rape. Patient was receiving social assistance after being fired from her last job as a cashier in a supermarket.

***What are the risk factors for suicide in this case?***

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Case # 4 Christine

**Identifying information:** She is a 26-year old white single female.

**Circumstances of referral and chief complaints:** who walked to ER on December 23. She complained that she cannot stand life anymore. She said “I will go ahead and end it all”. She was living with a boyfriend who broke up with her that evening and asked her to leave his house. She has no place to go. Her mother lives approximately 5 hours away and her father is deceased. Have no friends in town.

**Review of symptoms:** Patient said she has been very stressed, anxious and depressed the past month. She said “Christmas was very hard, remembering that dad used to drink a lot around that time”. He physically and sexually abused her and her only sister as kids. She talked a lot about her traumatic memories of the abuse she suffered. She kept talking about the nights she spent crying after being hit by the built and pushed on the stairs. She remembered when she was taken to hospital after one of these episodes where her father kept hitting her until she lost consciousness. Her head was open and was taken to hospital. Her mother told the nurses in the hospital that she fell from her bike. She has been experiencing frequent nightmares for the past 10 years.

Christine reported daily panic episodes, worry about everything and inability to relax. Her appetite and sleep did not change. Her mood has been low and frustrated. She enjoys watching Netflix but she stopped that a month ago. She has been feeling guilty for her sister’s death a year ago. She did not talk to her sister and finally received a text message from her asking to meet. She ignored the text message and the next day she learnt from the police that her sister jumped in front of the train in Toronto and died immediately.

**Past Psychiatric History:** she was followed by her family doctor and never had any interaction with mental health. No previous admission and no history of receiving any type of psychotherapy.

**Alcohol and Drug use:** She said she never used alcohol nor street drugs.

**Medical History:** She has no active medical problems other than Crohn’s disease. NKA. One abortion at age 15.

**Medications:** Her family doctor has kept her on Venlafaxin 75 mg daily for the past 3 years and she does not feel it is helping her.

**Personal History:** She is currently considering distant education or going to NSCC full time to upgrade her education. She quit school in grade 11. Currently, she works part-time at the Dollar Store.

***What are the risk factors for suicide in this case?***

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