

Rose – Time 1

Rose is a nurse working in a local general hospital. She was initially referred to the Perinatal Mental Health team due to low mood in the early postnatal period. She had a past history of low mood and was managed by GP on Fluoxetine. Whilst under the perinatal service she was recommenced on Fluoxetine and did really well. She was discharged from perinatal service at 4 months postnatal.

However, within a few weeks of discharge from perinatal services she started to become unwell and the GP has contacted mental health services, concerned that Rose may be displaying psychotic symptoms. She was admitted to the acute psychiatric ward under Section 2 of the Mental Health Act two days ago and a full multi-disciplinary assessment has now been completed.

She has been displaying psychotic symptoms for the past 4 days and commenced on antipsychotic medicine 2 days ago. It was noted by the nursing team that she has been really preoccupied and distressed by her psychotic symptoms but it is felt that the antipsychotic medication may already be improving her presentation. Since admission she also had a brief episode of mania (possibly precipitated by poor sleep) resulting in marked overactivity. It is reported that immediately after admission the longest period of sleep was around 1 hour although that is starting to improve now.

There is no evidence of any self-harm or suicidal ideation. Because of her mania and psychotic experiences she has not attended to her personal hygiene or changed her clothes since admission. She has agreed to shower and get changed today with prompting.

On interview she has been complaining that she has not been able to bond with her baby and that she is not a good mother. She is very preoccupied with her guilt about this and is feeling very worthless. The team are concerned that there is a very severe impact on her mood and feel that the cessation of her antidepressants at admission needs to be reviewed. She also seems to have some difficulty understanding things in conversation and she is getting muddled over simple decisions on the ward, which could be a result of her lack of sleep.

Her partner has taken over the care of the baby at home. They live in a pleasant, comfortable home but previously staff involved with the family have noted that her partner could be derogatory towards Rose at times and he has been openly critical with services about her need to be admitted as he views it as unnecessary. Rose doesn't appear to have much support from either her own family or her partner's family. Since admission her only visitor is her line manager from work who is also a close friend and is obviously very supportive and provides Rose with reassurance.

There is no evidence of drug or alcohol misuse and she is currently physically fit.