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· 世界全科医学工作研究 ·

【编者按】中国全科医学杂志与澳大利亚 Monash 大学和 Melbourne 大学的全科医学专家和心理学专家在 2012 年伊始共同推出“全科医学中的心理健康病案研究”学术专栏，该专栏由澳大利亚的几位专家轮流撰写，以介绍社区常见的心理问题及其解决方法为主要内容，获得了读者的广泛好评。今年我刊将继续该学术专栏的登载，以推动我国社区心理学服务的能力建设，并带动社区心理学研究的深入。与此同时，由几位澳大利亚教授合作撰写的著作《全科医学中的精神病学》正在由中国全科医学杂志社与国内外专家合作进行翻译，期望不久在中国出版。希望通过本学术专栏和翻译名著等工作，让中国的全科医学在心理健康服务方面迈上新的台阶。在此衷心感谢担任本栏目翻译点评工作的我刊编委、澳大利亚 Monash 大学杨辉教授对中国全科医学发展给予的帮助和支持！

全科医学中的心理健康病案研究（二十四）
——谁来照顾心理疾病病人的照顾者？

Leon Piterman，Fiona Judd，Grant Blashki，Hui Yang，Shane Thomas

【关键词】 照顾者；全科医学；心理健康

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Leon Piterman，Fiona Judd，Grant Blashki，等．全科医学中的心理健康病案研究（二十四）——谁来照顾心理疾病病人的照顾者？[J]．中国全科医学，2013，16（12）：4014－4019．[www.chinagp.net]

几年前的一个星期六早晨，我接到一个心情苦恼的病人打来的电话，他让我马上到他家出诊。他告诉我说，如果我不马上到他家的话，他就马上给警察打电话报案，说家里发生了杀人案。虽然电话里听出来他很苦恼，但听上去他是一个还比较理智的老年人。这样一位老年人扬言要杀人，这的确不同寻常。他说将要发生的杀人案的受害者，很可能就是他那位让人烦透了的 94 岁的岳母。

在出诊期间，我遇到了照顾老人的夫妇。老人的女儿（G 女士，化名）今年 68 岁，因为患风湿性关节炎躯体活动有很大困难。老人的女婿 71 岁，有冠心病，12 个月前做了 3 个冠脉血管的搭桥手术。G 女士当时哭泣着，非常伤心。她妈妈 5 年前被诊断为老年痴呆症，现在大多数时间躺在床上。老人 94 kg，所以移动、盥洗、上厕所、喂饭都非常困难。地段护士（见注 1）每个星期来家里 1 次，帮助老人洗澡和检查用药情况。她等待入住老年护理院的时间已经有 2 年。我发现老人有咳嗽和发热的症状，检查后怀疑她有左下肺叶肺炎，因此我有理由安排老人住院，以避免发生危及生命的情况。这个案例还让我意识到了老年病人的家庭成员和亲近朋友的重要作用，以及照顾者本人在躯体和心理上承受的巨大压力。

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注：Grant Blashki、Fiona Judd 的作者简介见 2012 年第 1A 期，Leon Piterman的作者简介见 2012 年第 2A 期，见中国全科医学杂志社官方网站（http：//www.chinagp.net）；文后附英文来稿原文

老化的社区人群以及他们的躯体和心理慢性病，消耗了大部分的医疗服务的经济资源，他们需要大量的社区服务，也彰显出老年人的家庭和亲近朋友所提供帮助的必要性。那些年纪较轻的患有先天性和获得性脑部疾病的人，在现代医学技术的帮助下会存活很长时间，然而却给照顾他们的父母带来巨大负担，甚至他们父母要用一生的大部分时间照顾他们。同样的情况会发生在有慢性心理疾病的病人家庭中，比如精神分裂症、双相障碍、长期心境障碍以及某些人格障碍等。因此，照顾别人的情况是不分病人年龄和生病类型的。

全科医生在社区为个体和家庭提供综合性的服务。在心理疾病的案例中，患心理疾病者的感知利益（见注 2）与照顾者的感知利益可能是不一致的，特别是当心理疾病病人的自我感觉差或表现出思维异常的情况下，病人与照顾者之间的利益冲突更加明显。这种矛盾冲突可能会使病人和家属失去理智。全科医生应该最大限度地维护心理疾病病人的利益，但同时也要考虑到照顾者的需要，照顾者也可能是全科医生的病人。照顾者的需要包括其自身躯体和心理健康方面的需要，以及照顾者对获得社区支持的需要。照顾者也有休息和度假的需要，因此心理健康病人的临时托管服务（见注 3）可以让照顾者得到一定的休息和度假的机会。另外，照顾者还可能需要法律上的帮助，或者需要心理咨询服务。

下面的这个案例研究中，描绘了心理疾病病人的照顾者面临的一些问题，他们在尽心地照顾生病亲人的同时，自己也在面临着诸多的挑战。

1 案例描述

H 女士（化名）是一位 53 岁的小学老师，丈夫两年前因胰腺癌去世。她 20 多年来一直在你的诊所看病。H 女士有两

个儿子。大儿子亚当23岁，已经离开家与女朋友在一起生活，亚当对自己的工作和社交关系很满意。小儿子罗杰19岁，他在上中学的时候曾是一个阳光灿烂的男孩，高考成绩名列前茅，现在在大学攻读生物医学和工程学双学士。罗杰大学第一年的学习不怎么顺利，他几乎整天把自己关在房间里，或者是在健身房里。他缺了很多课，而且跟以前的朋友中断了交往。H女士发现了罗杰的异常，就询问他是怎么回事。罗杰说他正在做一个新的研究项目，他发现了一个新的神经内分泌通路，可以控制生殖腺刺激激素的释放，这样的话可以通过控制睾酮来改变肌肉的发育。他说这个发现意义重大，可以给健美产业带来革命性的发展。罗杰说自己的身体有太多的女性化特征，因此感到需要改变自己的身体。

一次偶然的机会，H女士在罗杰离开家的时候察看了他的房间，发现了各种很奇怪名字的药片和针剂，还有大量的健美杂志。另外，H女士还注意到罗杰最近的体质量明显增加了，肌肉也明显变得发达，脸上长满了痤疮，而且比以前更不能容忍，经常表现出攻击性。

H女士很担心罗杰的行为，也很担心他外形的变化，所以她预约到你的诊所来。她眼中含着泪水，看上去非常苦恼和担心。

2 提问

2.1 提问1：你认识这个家庭有好长时间了，那么你准备采用什么策略给H女士看病？

2.2 提问2：根据H女士给你讲的罗杰的情况，你认为罗杰有什么问题？

2.3 提问3：H女士想让你给罗杰看病，你怎么安排给罗杰看病？当你见到罗杰的时候，你准备采取什么样的方式？

2.4 提问4：鉴于你对H女士和她的儿子罗杰所承担的责任，你怎样考虑知情同意的伦理问题？

3 解答

3.1 解答1：给H女士看病的策略 你应该明确告诉H女士说你已经注意到了她非常苦恼。你的这种表达可能立刻使她宣泄出她担心的问题和她的各种内心感受。这需要你积极地倾听H女士的诉说，并且表示出你的投情（同理心，见注4）。虽然你早就认识这个家庭，但你可能有一段时间没有见到过H女士或她的儿子。在H女士的先生去世后的这段时间，这个家庭可能发生了很多变化。因此，你要询问H女士的一般健康状况，以及她最近过得是不是好。你要询问H女士的心理健康情况，特别是询问有没有抑郁的情况。在这个基础上，你要进一步询问家庭的情况，包括家庭成员中是否有人患精神病性疾病。你可以按顺序逐个询问家庭成员，最后更详细地询问罗杰的情况。在过去的2年中，H女士的生活发生了很大的变化，可能她最近没有像以前那样经常检查身体。你要注意倾听她怎样讲述自己面临的问题，并要采集相关的病史。你可以给H女士强调说保持自己的健康、照顾好自己是很重要的。你应该给她进行简单的体检，然后核查她是否按期做常规的检查，比如上次做宫颈涂片检查、乳腺检查、血脂检查、血糖检查的时间等。你可以安排她再次做这些检查，并安排她下次来找你看结果。虽然H女士找你主要是说罗杰的问题，但你一定记住要关注H女士的健康。

3.2 解答2：罗杰有什么问题 很有可能H女士在给你诉说罗杰的问题后，问你怎么看罗杰的问题，甚至可能要求你给罗杰做出诊断性的病案解析（见注5）。她可能已经有了自己的猜想，而且害怕自己的儿子真的被诊断成“那个病”。在以病人为中心的看病过程中，你应该询问H女士对罗杰的问题的想法。H女士是位老师，因此她应该知道她的学生和学生家庭中也存在这类问题。你应该跟H女士明确指出，在没有见到罗杰本人前是很难做出诊断的，即便是见到这类病人本人，也可能不会马上做出明确诊断。你应该考虑到，罗杰正在患精神病性疾病，他的病也许是（也许不是）与药物有关；但同时也要考虑到其他心理疾病，如抑郁。他的社交退缩（见注6）行为、对自己外表的不恰当担忧，提示他在精神病性疾病的发展过程中出现了某些躯体化的妄想。你应该跟H女士强调早期诊断的重要性，并要安慰她，如果罗杰同意接受帮助的话，他可能得到比较好的结果。当然，诊治和照顾这类病人并非易事，随着时间的推移，H女士需要更多的持续性帮助。

3.3 解答3：怎样给罗杰看病 要说服罗杰，让他知道自己需要医学服务的帮助，这可能是很困难的。H女士已经发现罗杰正在使用合成代谢类固醇，还可能在使用注射人类生长激素。H女士可以借此说服罗杰去做医学检查，看这些药物和激素是否造成了代谢系统或肝功能的问题。罗杰也许不愿意找你看病，因为你也给他妈妈看病。不过如果他真的同意来找你看病的话，你一定要谨慎行事，以便获得他的信任，因此你的态度和措施应该是无偏见的和真诚的。在看病过程中，罗杰问你懂不懂神经内分泌通路，还带来大量的参考资料，为生长激素和睾酮的作用做辩解。他给你展示了各种非常复杂的生物医学通路，并借以说明他需要各种激素类补充剂；而且他认为食品中含有成瘾成分，会对抗他用的激素的作用。他准备起诉某些食品生产企业。他同意做各种血液检查，不过他声称这些常规检查发现不了他缺乏激素的情况。他要求你给他开生殖腺刺激激素和人类生长激素的处方，你拒绝了他的要求。这让他很生气。后来他还是同意做血液检查，也答应过几天回来看结果。

3.4 解答4：知情同意问题 全科医生有可能发现自己陷于伦理上的困境。你给一个家庭的很多人看病，但家庭中的某个人要求你不给其他家庭成员披露信息。澳大利亚的州法律规定，严重心理疾病病人的照顾者获得有关信息的权利得到保护，照顾者也有权向施治的医生传达病人的信息[1]。照顾者是指持续地（通常是1天24小时）与病人保持接触的人，他们可以捕捉到病人的微小变化，并把病人的情况报告给治疗团队。

4 进一步发展

6个星期后，你接到了H女士的紧急电话。罗杰在晚上变得非常暴躁，说有人在跟踪他，说他发现的神经内分泌通道被人偷走了，说他妈妈在蓄意破坏他的研究工作。他砸坏了大量的家具，巨大的声响吵醒了邻居，于是邻居报了警。警察羁押了罗杰，然后把他转送到了当地医院的急性精神病病房。当天下午，你安排H女士来见你。H女士感到内疚和自责，她认为自己近3~4年来因为一直照顾生病的丈夫，导致对罗杰的

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关心太少。她认为现在罗杰正在用这种方式惩罚她。她曾经尝试着去医院看望罗杰，但罗杰拒绝见她。她现在不知道罗杰要在医院住多久，也不知道他病情的诊断和预后。她希望罗杰能回家来，不过她不知道如果罗杰再变得疯狂时应该怎么应对。H女士还担心自己的工作，她因为最近发生的事情占用了很多工作时间。

5 进一步提问

5.1 提问5：在这个阶段，你可以给H女士提供什么支持？

5.2 提问6：你对罗杰出院回家后的长期照顾提出什么样的建议？

6 进一步解答

6.1 解答5：病人住院时对照顾者的支持 尽管罗杰不愿意见他的妈妈，医院的治疗团队很有可能会找H女士谈话。罗杰可能已经被鉴定（见注7），按照精神健康法有关规定，医院将违背罗杰本人的意愿，把他留在医院内3 d，并接受院内评估（在澳大利亚各州之间以及各国之间，精神病学鉴定的方式可能是不同的）。你作为罗杰和他妈妈的全科医生，这时候应该与医院取得联系，掌握院方专家的诊断和治疗意见。你应该约见H女士，向她解释罗杰疾病的性质以及要采取的治疗措施。

很可能罗杰患的是一种精神分裂症，表现为躯体化和偏执妄想。他使用的药物可能加重了病情，特别是暴力行为。你应该用H女士能听懂的话，告诉她通过治疗可以改善病情，给她安慰；同时你还应该告诉她，精神分裂症的治疗是一个漫长和艰苦的过程，她以后需要更多的支持。你应该评价H女士对精神分裂症的了解程度，她与这样的病人一起生活和照顾病人的感受，她对这个病是否还存在误解。你可以给她提供一些文献以及有关照顾者支持的网站和信息[2-4]。鉴于她目前受到的压力，最好能够请一段时间假，所以你可以给她开医学证明。

6.2 解答6：长期照顾的建议 如果罗杰出院回家，那么他需要在你的支持下，在当地的社区心理健康服务（见注8）接受治疗。当然，罗杰也可以选择其他的全科医生。精神分裂症病人对治疗的依从性可能很差，他有可能仍然继续使用生殖腺刺激激素。H女士要监督他的生活，报告病人病情恶化的早期征兆。H女士需要你的持续支持以及当地的照顾者支持组织的支持。如果罗杰的病情恶化，特别是如果他再出现暴力行为，那么H女士应该得到心理健康危机评估和治疗小组（见注9）的服务，并在必要的时候得到警方的支持。在这种情况下，H女士将很难照顾罗杰，应该把他转送到支持性住所（见注10）中。

在这种情况下，H女士可能会经历焦虑和抑郁，并感到内疚。对她来说，很难在学校工作和照顾罗杰这两件事情上把握好平衡。作为全科医生，你需要做的重要工作是监测她的情感状态，并考虑她是否需要心理学专业服务的支持。她可能需要一些休息时间，暂时放下照顾者的角色，因此要安排人临时替代她看护罗杰。

注：

注1：地段护士（district nurse）：澳大利亚皇家地段护理服务机构（RDNS，中文名称皇家澳洲颐养服务）提供的服务，这个服务组织成立于1885年，为非盈利慈善组织，给人们提供居家的和养老设施内的护理服务。最开始时，地段护士骑车到贫病者家中提供护理照顾，之后增加了助产服务。一战期间流感流行，该组织为地段护士配备了第一辆汽车。1920年开办母婴诊所，之后发展为家庭计划诊所。随着人们需求的变化，该组织的服务不断扩展。1980年后，提供艾滋病急性后照顾服务和其他慢性病护理和治疗服务。

注2：感知利益（perceived interests）：按照个人的自我价值观所判断的利益。

注3：临时托管服务（respite care）：为了让照顾者得到暂时和短期的休息，把病人交给临时照顾机构的一种服务。

注4：投情（empathy）：也称同理心，指一种想象自己处于他人的处境，并理解他人的情感、欲望、思想及活动的能力。

注5：病案解析（formulation）：指从收集到的信息中提炼出相关的事实，并探讨病因、诊断、进一步辅助检查、治疗和预后。

注6：社交退缩（social withdrawal）：指在陌生或熟悉环境下表现出的独处行为，包括退缩行为、害羞行为和社交抑制行为等，具有跨时间和跨情景的一致性。

注7：鉴定（certification）：在维多利亚州，倘若确诊某人患重性精神疾病但病人拒绝精神病治疗，则全科医生可以恰当地按照规定的表格，提出鉴定请求。该鉴定的效力期为72 h，在此期间可以违背病人意愿把病人转往经核准的心理健康服务，或让病人在社区接受由经核准的心理健康服务机构聘用的心理健康专业人员的评估。

注8：社区心理健康服务（community mental health services）：在澳大利亚，社区心理健康服务是特指政府支持的服务。它是1960—1990年西方国家心理健康服务去机构化后成立的服务组织，即把大型的提供长期住院服务的精神病院服务，转变为小型的社区心理健康服务组织。

注9：心理健康危机评估和治疗小组（mental health crisis assessment and treatment team）：经过心理健康培训的护士，在精神病学专家的支持下，在社区提供的24 h服务，包括精神疾病危机的紧急评估和短期治疗干预，确定最恰当的治疗策略，对需要住院治疗的患者进行筛查，在急性期对病人的其他家庭成员提供支持，以及把病人从发病地点转送到医院的精神疾病急诊。

注10：支持性住所（supported accommodation）：给精神病患者提供的社区居住场所，心理健康专业人员和支持人员经常地（每天）到这个住所给病人提供服务，保证病人的安全，管理病人的治疗和用药，预防疾病的复发。政府、非政府组织、病人家庭、各类服务专业人员共同给这种住所的病人提供支持，帮助病人在社区中生活，尽量减少病人住院治疗。

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· World General Practice/Family Medicine ·

【Introduction of the Column】 The Journal presents the Column of Case Studies of Mental Health in General Practice; with academic support from Australian experts in general practice, psychology and psychiatry from Monash University and the University of Melbourne. The Column's purpose is to respond to the increasing need for the development of mental health services in China. Through study and analysis of mental health cases, we hope to improve understanding of mental illnesses in Chinese primary health settings, and to build capacity amongst community health professionals in managing mental illnesses and psychological problems in general practice. A patient – centred whole – person approach in general practice is the best way to maintain and improve the physical and mental health of residents. Our hope is that these case studies will lead the new wave of general practice and mental health service development both in practice and research. A number of Australian experts from the disciplines of general practice, mental health and psychiatry will contribute to the Column. Professor Blashki, Professor Judd and Professor Piterman are authors of the text General Practice Psychiatry. The Journal cases are helping to prepare for the translation and publication of a Chinese version of the book in China. We believe Chinese mental health in primary health care will reach new heights under this international cooperation.

Case Studies of Mental Health in General Practice (24)
——*Who Cares for the Carer of A Mentally Ill Patient*?

Leon Piterman, Fiona Judd, Grant Blashki, Hui Yang, Shane Thomas

【Key words】 Carer; General practice; Mental health

Some years ago whilst working in my practice on a Saturday morning I received a distressed phone call from a patient of the clinic requesting an urgent home visit. He informed me that if I did not attend promptly the next call would be to the police to notify a homicide. Although distressed, he sounded like a reasonably rational elderly gentleman which made the threat of a homicide most unusual. He told me that the potential victim of the homicide was his 94 year old demented mother in law.

During the home visit I was confronted by the couple caring for the old lady. Her daughter was aged 68 and greatly disabled with rheumatoid arthritis. The son in law was 71, had ischemic heart disease and had undergone triple vessel by pass surgery 12 months ago. The daughter Mrs. G was tearful and very upset. Her mother had been diagnosed with dementia 5 years ago and was now spending much time in bed. She weighed 94 kg and was extremely difficult to move, wash, toilet and feed. District nurses came once a week to assist with bathing and check medications. She had been on the waiting list for a nursing home for 2 years. She now had a cough and a fever and I suspected left lower lobe pneumonia. This gave me an excuse to arrange a hospital admission and avert the threatened crisis. It also taught me the significant role played by carers be they family or close friends, and the pressures both physical and mental, experienced by carers.

As our community ages and chronic disease, both physical and mental absorb greater proportions of the health care budget, community care and by implication home based care involving family and close friends is a necessity. Young adults with congenital and acquired brain disease are living much longer and remain in the care of elderly parents for a greater part of their life span. The same applies to adults crippled by chronic mental illness, in particular schizophrenia, bipolar disorder, chronic mood disorders and certain personality disorders. Caring is not limited by age or nature of illness.

General Practitioners provide comprehensive care to individuals and families in community settings. In the case of mental illness the perceived interests of the individual, when unwell and thought disordered, may be at odds with the interests of the carer caring for the mentally ill and often irrational family member/patient. GPs are obliged to act in the best interests of the mentally ill patient whilst taking into account the needs of the carers who may also be their patients. The carer's needs include care for their own physical and mental wellbeing as well as access to community support services, respite care for the patient to enable carers to have a holiday, legal

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advice and counseling.

The case study below illustrates some of the issues faced by carers as they try to act in the best interests of their loved one afflicted by a mental illness.

1 Case study

Mrs. H, a 53 year old widow and school teacher has been a patient of your clinic for 20 years. She has 2 sons Adam aged 23 and Roger aged 19. Her husband died 2 years ago of the complications of pancreatic cancer. Adam has left home and lives with his girlfriend. He is a computer programmer and seems happy with his work and with his relationships. Roger was a very bright student at school, topped his final year and commenced a combined biomedical science/engineering degree at University. He struggled through the first year of his course and seemed to spend increasing periods of time in his room, or at the local gym, missing classes and losing contact with friends. When questioned by his mother he indicated that he was working on a new project involving the recent discovery of a novel neuroendocrine pathway that controlled the release of gonadotrophic hormones and hence testosterone which could transform muscle growth and revolutionize the body building industry. He felt that his own body needed transformation as it had too many feminine features.

On one occasion when he was away from home his mother searched his room and found a range of tablets and injections with unusual names as well as various scientific and body building magazines. She also noted that he recently seemed to have gained a considerable amount of weight, largely muscle bulk, developed acne and seemed more intolerant and at times aggressive.

Concerned about his behavior and changing appearance she arranges an appointment with you. She appears tearful, distressed and concerned.

2 Questions

2.1 How would you approach the consultation with Mrs. H, given that you have known the family for such a long time?

2.2 What thoughts do you have about Roger's problems as conveyed to you by his mother?

2.3 Mrs. H would like you to see Roger. How can this be arranged and what will be your approach when you do see him?

2.4 How will you manage ethical issues of consent and disclosure, given your responsibilities to both Mrs. H and her son Roger?

3 Answers

3.1 You should acknowledge her obvious distress. Doing so may immediately lead to an outpouring of her problems and her feelings. This requires active listening on your part and demonstration of empathy. Although you may know the family, you may not have seen Mrs. H or her sons for some time. Much may have happened since the death of Mr H so general questioning about Mrs. H's health and well being is required. This includes questions about her mental health particularly with regard to depression. In this context further questions about the family (including psychiatric history amongst family members), and more details about Roger are in order. Given the changes which have occurred in her life over the past 2 years it is likely that Mrs. H may not have had a check up during this time. Having listened to the presenting problems and taken a relevant medical history, it may be necessary to stress the importance of Mrs. H looking after her own health and in this regard a brief physical examination and checking dates of her last Pap smear, mammogram, lipids and blood glucose are in order. Arrangements may be made for these to be repeated and follow up consultation arranged. This will in any case be necessary based on her concerns about Roger.

3.2 It is most likely that Mrs. H will ask you for an opinion about Roger and possibly even a diagnostic formulation based on the information she has provided. She may have her own ideas and fears about his diagnosis. In a patient centred way you should ask her what she thinks the problem is. As a school teacher she may well have experienced such problems amongst her students and their families. You should point out that it is difficult to reach a diagnosis without meeting Roger and even then the diagnosis in these circumstances may not immediately be clear. The concerns are that he is developing a psychotic illness. This may or may not be drug related, but other conditions including depression need to be considered. His withdrawal from social life, increasing isolation and inappropriate concerns about his appearance may suggest a psychotic illness in evolution with some somatic delusions. You should stress to Mrs. H the importance of early diagnosis and reassure he about the possibility of a favourable outcome if Roger is agreeable to receiving help. Of course this may not be easy and Mrs. H will need much support along the way.

3.3 Convincing Roger that he needs medical help may be difficult. Mrs. H, having discovered that he is using anabolic steroids and possibly human growth hormone injections, may be able to convince him that medical tests are in order to ensure that these substances are not causing metabolic or liver problems and that he should have a check up. He may be reluctant to see the same GP as his mother is seeing. Assuming he does see you care will be needed to gain his trust so a non judgmental but honest approach is required. During the consultation Roger questions you about your knowledge of neuroendocrine pathways and provides numerous references confirming his deficiency in growth hormone and testosterone. He presents complex biochemical pathways that demonstrate his need for hormonal supplements and believes that food additives have interfered with his hormones. He plans to sue some of the food manufacturing companies. He agrees to have a series of blood tests but indicates that these routine tests will not detect deficiencies of the sort that he has. He asks for scripts for anabolic steroids and human growth hormone which you refuse to supply. This angers him but he agrees to have the blood tests and return at a later date.

3.4 GPs may find themselves in potentially difficult situations ethically when managing several members of a family where requests for non disclosure of information are made by a particular family member. In the case of serious mental illness the rights of the carer to information needed to support the patient are protected under State laws as is their right to convey information to clinicians looking after the patient[1]. Carers are in constant often 24 hour contact with the patient and therefore able to notice subtle changes which need to be reported to the care team.

4 Further developments

Some 6 weeks later you receive an urgent call from Mrs. H. Roger became quite violent during the night, claimed that he was being followed and that his discoveries on neuroendocrine pathways were being stolen and that his mother was sabotaging his work. He smashed a considerable amount of furniture, woke the neighbours who called the police. Roger was taken into custody and then transferred to the acute psychiatric ward of the local hospital. You arrange to see Mrs. H that afternoon. She feels guilty and blames herself for not giving Roger as much attention over the past 3 – 4 years whilst caring for her sick husband. She feels that Roger is now punishing her for this. She tried to see him at the hospital but he refused. She is not sure how long he will stay in hospital and is unclear about his diagnosis or prognosis. She would like him to come home but is unclear as to how she will be able to cope if he becomes violent again. She is also concerned about her own career as she is losing time from work due to recent events.

5 Further questions

5.1 What is the nature of the support you can provide Mrs. H at this stage?

5.2 What advice can you provide for long term care in event that Roger returns home?

6 Answers

6.1 Despite Roger's reluctance to see his mother, it is likely that the treatment team at the hospital will have spoken to Mrs. H. Roger may have been certified so under this section of the local mental health act he may be kept in hospital against his will for 3 days and then reviewed (Laws governing this form of certification will vary from State to State and country to country). As both his GP and his mother's GP you should contact the hospital to determine their thoughts about diagnosis and treatment. You should arrange to see Mrs. H and explain the nature of the illness and the proposed treatment.

It is likely that Roger has a form of schizophrenia with both somatic and paranoid delusions. The drugs he is taking may have exacerbated the condition, in particular the violent behaviour. Whilst in general terms you might reassure Mrs. H about the prospects of improvement with treatment, it is likely to be a long and at times difficult journey and she will need much support. You should assess Mrs. H's understanding of the condition and how she feels about living with Roger and looking after him. In addition to explaining the condition and correcting any misunderstandings about the illness, you may provide some literature, web sites and information about carer support services[2-4]. Given the stress that she is under it may be appropriate for her to have some time off work so a medical certificate is in order.

6.2 Assuming Roger returns home he will need to be managed by the local mental health service with your support, unless of course if Roger chooses another GP. Compliance with treatment may be problematic and the possibility of his continued use of anabolic steroids remains real. Mrs. H will need to monitor his well being and note and report any early signs of deterioration. Mrs. H will need your ongoing support and that of carer support groups in the region. Should his behavior deteriorate, in particular if he becomes violent again Mrs. H should have access to the Mental Health Crisis Assessment Team (Nurses trained in mental health supported by psychiatrist) and if necessary the police. Under these circumstances it may be difficult for Mrs. H to continue caring for Roger and he may need to move into supported accommodation.

During this time Mrs. H may experience episodes of anxiety, depression and guilt. Balancing her job and caring for, Roger (who may also be prone to depression) will not be easy. It is important that you monitor her emotional state and if necessary specialized psychological support may be needed. Having a break from her caring role may be required and under these circumstances alternative arrangements may need to be made for Roger's supervision.

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