Disease Management in Mental Health: Case Studies

Note:
Names have been changed to protect anonymity of individuals
Martha

• 58 year old woman
• Has major depression with psychotic features
• Married for 30 years to a man 23 years older who was very mentally and physically abusive
• Had a payee who was exploiting her.
• Had never written a check.
We are training her to budget, pay her own bills, shop, etc. She is becoming more independent, able to stand up for herself and her self esteem is improving. This has all happened as a result of self-management training and education through the disease management model.
Barbara is suffering from major depression and anxiety. She also has trouble sleeping. She has been working on:

- Relaxation Techniques
- Symptom Management
- Reality Orientation
- Illness Education
- Stress Management
- Coping Skills
- Accessing Services
- Developing Natural Supports
Barbara reports that she is managing her anxiety and has benefited from learning relaxation techniques. She is also sleeping better with help from her medications and from the self-management strategies she has learned.
Raul

- Diagnosed with severe depression.
- Chronic naysayer
- Everything is always wrong in his life.
- Unemployed

His caseworker challenged him because Raul did not seem interested in his treatment. They moved into negative thought training (ex. Rubber band popping on wrist each time you have a negative thought).
Raul: Soaring Like an Eagle

Raul had such success & thought the treatment worked so well, that he taught it to the parish at his church. He has also acquired a full-time job at a local hospital.
George

- Diagnosis of schizophrenia-paranoid type
- Living with his mother who was the primary provider for him.
- Mother died of cancer two years ago
- Long history of paranoid delusions accompanied by increased alcohol use.
- Increased health concerns
George: Full of Freedom & Pride

• Completely abstinent from alcohol for nine months.
• Has appropriately managed his checking account for over one year.
• Interacts in the community with minimal paranoid and anxious symptoms due to continued medication and symptom management services.
Grace

- Major depression and anxiety
- Financial stressors
- Physical problems that have exacerbated her symptoms
- Grace has been working on:
  - Symptom Management
  - Coping Skills
  - Illness Education
  - Communication Skills
  - Developing Natural Supports
  - Accessing Services
  - Crisis Intervention
  - Stress Management
Grace: Soaring Free

- Increased her support network by working with the clinic, community agencies and treatment objectives.
- Improved her socialization
- Acquired a small group of friends.
- Target symptoms have reduced considerably and she is able to identify and manage them—sometimes independently without clinic support.

Grace has stated on several occasions that she is grateful for the help from the clinic staff and that she feels that she has improved.
Maria

Maria is a 43-year-old Hispanic female who was first hospitalized in San Antonio State Hospital in 1979 at the age of 18. At that time, she was having deterioration with auditory and visual hallucinations of movie stars that she sees and feels as if they are talking to her. Maria has been diagnosed with Chronic Schizophrenia, Residual Type. During her time at Hill Country, Maria has been receiving anti-psychotic medications and Psychiatric Rehabilitation Services regarding problem solving, accessing services, stress management, communication skills, social skills, activities of daily living skills, and coping skills. As a result of her services, Maria has lost over 160 pounds, has more energy, is sleeping better, lives by herself with the help of supported housing, and is able to take care of her daily needs.
Mary

Mary suffers from schizoaffective disorder. She has had numerous hospitalizations, tried to take her life several times, and lived in a group home for nearly thirteen years. She had very limited support from her family and never thought she would be able to live on her own. Currently, due to the medication services, individual and group skills training (wellness, nutrition and exercise, symptom management, stress management, communication skills, coping skills and budgeting skills) and service coordination services she receives, Mary lives in her own apartment and experiences friendships with her neighbors. Mary has also become more resilient as evidence by her ability to manage life stressors, including the death of her mother.
Mike

Diagnosed with schizophrenia since his early 20’s, Mike was tormented by “demons” for decades. He spent most of his days and years in and out of hospitals with little to no relief from the voices. When he began taking Clozaril, the hallucinations and delusions subsided but it was not until complimenting the medication services with Psychiatric Rehabilitation Services (symptom management, medication education, self-help skills, and budgeting skills) along with supported housing and supported employment services that Mike really came in to his own. Mike is now actively involved in setting his goals and participating in his treatment. In addition, Mike has held a part-time job in construction for the past several years, has obtained a car and a drivers license, and has been enjoying the company of his family again.
Joe

Joe is a 46-year-old man who lived with his grandmother until he became psychotic and violent towards her and expressed inappropriate behavior in public where he needed to be restrained. He has been diagnosed as Schizoaffective. In 2001, Joe poured muriatic acid on his foot and did not notify anyone of his injury until two weeks later at which time he was hospitalized in order to save his foot. Joe has been treated with Zyprexa and has been receiving Psychiatric Rehabilitation Services (problem solving, accessing services, stress management, communication skills, and coping skills) at the local clinic. Joe is currently working in a local supermarket and stated at a recent luncheon that he had a lot to be thankful for this Thanksgiving.
Julia

- Schizophrenia
- Socially isolates and is very paranoid
- Had never been to a public library
After much time and effort reassuring and calming Julia, she went with staff to the local library, learned how to access the NAMI website, and checked out books about her illness. A whole new world is now open for Julia to explore.
Gracie

- Schizoaffective disorder
- Daily auditory hallucinations
- Difficulty maintaining employment

Skills Training Utilized:
- Coping Strategies
- Symptom Management
- Problem Solving
- Work Related Issues
Gracie: Full of Freedom & Pride

- Awarded Social Security Disability
- Coping strategies helped stabilize symptoms
- Able to function and care for her husband and two children
- Working with Social Security’s Ticket to Work Program
Susie

• 30 year old mother of 3
• Treated by private psychiatrists for major depressive disorder for over 2 years
• Came to clinic as volunteer to keep Workforce Commission benefits
• Saw first hand, according to Susie, “how the clinic helped people, just like me”
• On-again off-again relationship for 11 years with father of her children
• Low self-esteem
• Husband didn’t want her to go to school
Susie: Soaring High

Identifying steps to return to school
Eliminating Road Blocks
Manage self-esteem
Role-playing/Communication Techniques
Completing Financial Aid Forms

Applied for and received financial aid
Enrolled in school and majoring in Business Administration
Learned to manage situation with husband
Dresses more professional
Is bright and cheerful, has color in wardrobe
Can work front reception area with minimal assistance from staff
Gerald

- Schizophrenia-paranoid type
- Alone—both parents deceased
- Paranoid delusions and anxiety
- Extreme trouble leaving home—even to check mail
- Symptoms exacerbated by increased alcohol use & poor medical health
  - Hepatitis C, Diabetes, High blood pressure
- Increased anxiety & frustration due to large monetary debt and harassing phone calls from creditors
Gerald: Soaring Free

- **Community Integration**
  - Help secure in-home aid and meals-on-wheels to ensure more consistent supervision for increased medical concerns and proper diet
  - Helped access community resources
    - Food bank
    - Financial assistance through community action centers

- **Skills Training**
  - Money Management & Budgeting
    - Not cited for insufficient funds in over 6 months
    - Contacted creditors and worked out payment plans
  - Communication Skills/Symptom Management
    - Reduced anxiety and increased reality orientation
    - Has a neighbor over for coffee on a weekly basis
  - Co-occurring psychiatric and substance abuse
    - Abstinent from alcohol for 15 months