Student’s name: Edwin Rono

Adm no: H31/2193/2010

 **ADOLESCENT PSYCHIATRY REPORT**

INFORMATION AND BIODATA

Name: Job Muchiri Date of interview: 27/2/2014

Age: 17 years

Gender: Male

Marital Status: Single

Occupation: Form 3 student

Residence: Kibera,nairobi

Religion: Christian [presbyterian]

Mode of admission:

Involuntary

Source of referal

 Refered from Kikuyu hospital

CHIEF COMPLAINTS

The patient is alleged to have turned violent and even threated to commit suicide. He was taken to Kikuyu hospital by the chief from where he was refered to Mathari mental hospital

HISTORY OF PRESENTING ILLNESS

His results started going downhill in from two at Meru high school.

He was introduced to these drugs by his friends as he used to be beaten up while in Boarding school; Bhang made him feel strong and undefeatable. He started taking Guberi at first because it was harder to access Bhang while in Boarding school; When his mother noted this deviant behavior,he was transferred to a local day school,Kikuyu Day School

He then alleged that students in this new school had bizarre tattoos and he strongly believed they were devil worshipers.he demanded to be transferred,a request that was denied.On the day he was taken to Kikuyu hospital,he had asked to be bought a phone.When his request could not be granted,he became violent as a result of which the area he was taken to Kikuyu Hospital with the help of the chief.From there,he was refered to mathari mental hospital.

PAST PSYCHIATRIC HISTORY

He says as a result of disagreements with his mother,he has had suicidal ideations.He claims to have attempted suicide twice.

PAST MEDICAL HISTORY

He has no history of any medical conditions.He received the requisite immunizations in childhood and he has no known allegy

FAMILY HISTORY

The patient has been brought up by a single parent.He has never meet his father.His mother,Rose Githaiga is a business womam.The patient is the only child.His mother has no history of mental illness nor any significant morbidity.

His alleged biological father,a mr Mbugua,is incarcerated at kamiti Maximu security prison over an unknown crime.

PERSONAL HISTORY

He is the only child. The length of gestation was Normal (9 months) with a vaginal delivery via vacuum. Early childhood development was normal

In school, he had an average performance throughout Primary school though started to decline in form two due to drug abuse. The patient was in the same primary school all through class 1-8 (day school) .

He gets along with his peers except for occasional arguments. He has engaged in theft since last term to buy drugs when his mother failed to send him the money. The patient has never practiced truancy, though sleeps throughout most classes which he attributes to the drugs. He used to refuse going to Boarding school after acknowledging his drug abuse problem and even confessed to the mother who agreed to switch schools. He regularly goes to the Day school by choice.

OCCUPATIONAL

Worked during the holidays doing small jobs like welding gates and carrying stones for one week, for which he was paid Kshs.350 per day. He used the money to buy clothes and the drugs.

SEXUAL

The patient has had no sexual intercourse or even masturbation, and even admits to have no sex education neither by parent nor school. He had girlfriends until Form 2 when he lost interest. He has no homosexual feelings and no history of any sexual abuse

SOCIAL

He enjoys listening to music and dancing (goes clubbing), loves watching others play football.

The patient takes the drugs in a group and take turns to buy the drugs; Spends about Kshs.300 a week on them.

* C: Feels he needs to cut down

A: Gets angry when asked to stop

G: Feels guilty for using them

E: Not an eye-opener

CAGE: ¾

He feels like the substance abuse is a problem for him.

He is a Christian Presbytarian and only goes to church when forced to as believes that religious studies in school are equivalent to going to church.

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MENTAL STATE EXAMINATION

* **GENERAL APPEARANCE AND BEHAVIOUR:** well groomed, normal posture and gait. A pleasant looking and cooperative boy. Seems a bit reserved mainly because he feels guilty about his drug abuse behaviour so he only answers what is asked of him. Does not initiate talk.
* **SPEECH: Rate:** normal**. Tone/ pitch:** normal. **Volume:** audible. **Clarity:** coherent. No speech abnormality.
* **EMOTIONS:** **Mood:** euthymic [normal- neither elated nor depressed]. Reports mood to be high when on drugs and low when not on drugs. **Affect:** congruent.
* **THOUGHTS:**  **Thought process:** normal. **Thought content:** normal. **Thought control:** normal: no broadcasting, withdrawal or insertion. Although has some baseless thoughts such as those of mother dying, assuming father was an alcoholic and cigarette smoking or believing he is a mistake based on the fact that his cousin was born when the cousin’s mother was in form 4.
* **PERCEPTION:** He has no visual, auditory or olfactory hallucinations.
* **COGNITIVE DISTURBANCE:**
* **SENSORIUM:** Consciousness is normal, no clouding of consciousness or any disturbance of consciousness.
* **ORIENTATION:** Michael is oriented in time, place and person
* **ATTENTION AND CONCENTRATION:** Normal- good.
* **MEMORY:** **Immediate memory [recall]:** Good. **Recent memory:** good. **Remote memory:** good.
* **INTELLIGENCE:** Good, a B student normal until recently when on drugs grades began to drop to a D and E. He is able to integrate new information.
* **JUDGEMENT:** Good; Patient is able to make wise decisions in case of life threatening situations.
* **ABSTRACT THINKING:** Good; able to make meanings to idiomatic expressions.
* **INSIGHT:** Has insight.

**FORMULATIONS:**

Michael Njeru Ngatia, a 17 year old boy brought by mother, is a student who presented with poor academic performance and drug abuse for 3 years. Michael was well until class 8 when his academics started going downhill. He began taking bhang, spirits, sniffing guberi (chavis) and smoking cigarettes for 3 years now from form 2 and had continued taking it with increase in frequency every weekend morning and evening even during class time. He complains of chronic productive cough, frequent headaches, poor feeding and bowel habits apart from withdrawal symptoms. His contributing factors are peer pressure from his circle of friends & cousins who introduced him to the drugs, parents separating early in childhood, and father

openly denying him and outrightly abusing the mother when they met after more than 5 years of separation.

**MULTIAXIAL DIAGNOSIS:**

* **AXIS 1:** GENERAL PSYCHIATRIC DISORDERS EXCEPT FOR PERSONALITY DISORDERS AND MENTAL RETARDATION: **Substance related disorder: substance dependence**.
* **AXIS 2:** PERSONALITY DISORDER AND MENTAL RETARDATION: **None.**
* **AXIS 3:** GENERAL MEDICAL CONDITION: **Asthma and bronchitis**
* **AXIS 4:** PSYCHOSOCIAL AND ENVIRONMENTAL PROBLEMS: Interaction with his friends who provide him with easy access to the substance of abuse. Breaking ties with such friends could help stabilize patient and prevent relapse. Issues of low self esteem and baseless thoughts.
* **AXIS 5:** GLOBAL ASSESSMENT OF FUNCTIONING: 70-61; symptoms of drug withdrawal are present but transient. Reactions of patient are expected: falling behind in academics and resorting to substance abuse due to feeling he is a mistake as father denied him.

**DIFFERENTIAL DIAGNOSIS**

Major depressive episode

**MANAGEMENT:**

* **INVESTIGATIONS:** Full blood count to rule out infection secondary to the bronchitis. Imaging to quantify damage to lungs due to drug abuse. [CHEST X-RAY]. Liver function test due to long history of alcohol taking especially spirits. Frequent toxicology screens to ensure he stays drug-free.
* **PHARMACOTHERAPY:** Nicotine patch or gum,
* **PSYCHOSOCIAL TREATMENTS AND REHABILITATION:**
* **Counselling:** to improve on self esteem and help break ties with friends on substance abuse.
* **Family therapy :** Michael confides very much in mother, this is a strength that can be of help in building his self esteem.
* **Individual/ Supportive psychotherapy.**

**COURSE AND PROGNOSIS:**

* **Good prognosis:** Michael has good insight into his problem and has a strong will to be helped out of it. Has been off drugs for about 1 week now and shows a good persevering strength.