
Case Study: Man With Schizophrenia

The case that I have chosen to focus on is a 56-year-old gentleman who was detained under the Mental Health Order NI 1986 with a long history of alcohol and drug misuse, open to the Community Addictions Team and Mental Health team with a diagnosis of schizophrenia. Other factors are alcoholism, epilepsy, depression, aggression, and suicidal ideation; his physical health issues are poor personal hygiene and poor medication compliance. I have changed his name for confidential purposes and will relate to him as Joe throughout this essay (NMC, 2018). For this essay, I will use the lenses provided by Psychology, Biology, sociology, and the life course to show my understanding of this chosen case study chosen from my practice placement in the Psychiatric Intensive Care Unit (PICU). I will focus more on the diagnosis of schizophrenia aspect linking to the other health issues. I will discuss person-centred care; an MDT response and I will evaluate what could have been done differently to enhance the care provided to this patient.

Health and disease cannot be described by a single point of view or aspect, each person is individual and each presentation will differ, Joe's role, responsibilities, and experiences in his life course will differ compared to others, and what shapes Joe's social standards in culture is better understood. Understanding Joe and the course of his life helps to build a complete picture of the factors that have contributed to his current state of health and illness (Rogers, 2019).

The biological element of Joe's condition schizophrenia is most common and better understood by 'The Biological Approach,' namely the dopamine hypothesis 'symptoms of schizophrenia associated with enhanced or excessive dopamine neurotransmitter levels in the brain' (Taylor, 2019). Researchers have conducted numerous brain autopsies to comprehend and findings show that dopamine receptors are mainly enhanced to intensify brain signals that produce beneficial schizophrenia symptoms (Taylor, 2019). This theory further promotes those taking medicines to increase dopamine concentrations and thus intensify disorder symptoms that lead to behavioural changes which may explain Joe's aggressive behaviours. (Rickman, 2019e). Joe's presentation of aggression and alcoholism has led society to see Joe as 'Labelled Violent in the Schizophrenia World,' but it is a continuing subject that needs additional proof to support and draw on all three perspectives: biology, psychology, and sociology. Evidence indicates that individuals residing in psychiatric facilities with schizophrenia are more likely to be in danger of violence from an individual known to them, which raises the danger of becoming a victim of crime owing to the vulnerability of an individual and their surroundings, as in the situation of Joe being homeless and unkempt (Shaw et al, 2012 p32). Schizophrenia symptoms such as hallucinations may leave an individual marked or diagnosed with 'mental disease' or defined as 'bonkers' (Rickman, 2019e).

Genetics plays a significant part in the development of schizophrenia, and a mix of physical, genetic, psychological, and environmental factors is indicated in the research. Studies have shown that the structure of their brains varies subtly and can be triggered by a change in the concentration of two neurotransmitters, dopamine, and serotonin. Studies have shown that drugs alter the concentration of neurotransmitters in the brain to relieve the symptoms of schizophrenic patients (Taylor, 2019). Schizophrenia can be genetic in families

however there is no evidence to suggest a single gene is responsible as evidence suggests identical twins who share the same genes has a one in two chance however nonidentical twins have a one in eight chance of developing the disorder (RCP, 2019), albeit evidence suggests babies are more likely to have experienced complications before and during their birth due to low birth weight, from Joe's collateral history he was underweight and premature and studies have shown this can effectively alter the functioning of brain dopamine (Teigset, Mohn and Rund, 2019).

Therefore, what processes lead to the onset of torturing delusions in acute stages of schizophrenia remains uncertain, it has been asserted that delusions stem from a mixture of mental, cognitive, and social variables (Salvatore et al., 2011). The sociological theories of schizophrenia 'Theory of mind' indicate that there is increasing proof suggesting that both memory and frontal functioning are typically impaired in schizophrenia, which is why it is very helpful to describe other people's behaviours in terms of their mental state known as the 'theory of mind' (Corcoran, Mercer, and Frith, 2019). With many triggers attributable to his present health and disease, Joe introduces over thirty years of alcohol abuse and drug use that has impacted his concentrations of serotonin and glutamate. Current stressors of homelessness, poverty, and Joe's environment may have risen the risk of schizophrenia developing. Joe's only support was his mother who passed away and it is suggested that deprivation may cause the brain to be flooded with neurotransmitters that eventually lead to severe episodes or the genetics of a person may trigger the disease (Salvatore et al., 2011). Physiologically, Joe's body was impacted by grief like stress by weakening his immune system, increasing blood pressure, and interfering with his sleep and eating patterns, thus releasing cortisol, a hormone that causes our fight-or-flight response, so Joe's environment plays an important role because if he had a supportive atmosphere and/or excellent coping abilities, the disease may not have evolved (Watson, 2019).

As health care practitioners, in order to provide person-centred care, we are trained to deliver interventions that can enhance health, education, data, and support. It can be hard to apply a holistic and reductionist strategy and to incorporate all three lenses (biological, psychological, and sociological), and expert data is needed for the whole holistic image and addresses schizophrenia as a physical, mental, emotional, and social identity. To support patients in making the correct informed decisions, they need to comprehend all the arguments (Watson, 2019e). There are many variables that play a mixed part in schizophrenia, whether biological, psychological, or sociological. Nice guidelines continue to improve all three lenses by prioritising drug interventions, cognitive behavioural therapy, and the role of voluntary organisations like self-help or ethnic minority groups. This framework shares its rules to enhance their own practice for all healthcare specialists (Rickman, 2019f).