

### **The Priory Hospital Cheadle Royal Case study - Michael**

Michael\* is a 35 year old, fitness fanatic. He has a diagnosis of schizophrenia, which he has never accepted. He is a powerfully built man, used in all walks of his life to getting his own way. Managing his illness always proved difficult. His family have, eventually, in despair abandoned him, fearful of his aggressive outbursts.

Michael is rarely well, but even at his best, is somewhat belligerent and can be threatening and violent. When ill, he has misidentified family and healthcare professionals as being police spies and assaults have occurred. Community nurses will not visit him except in pairs. He frequently refuses to let them in and more often than not, refuses medication.

Even during inpatient stays, getting Michael to comply with medication is no easy task. He will dictate terms and will react violently if attempts are made to enforce medication with which he does not agree. He has, in the past, caused great destruction in the inpatient unit and has stabbed a nurse in the hand with a pen. Michael has required, when an inpatient in his local unit, many prolonged periods of seclusion in order to manage his aggressive behaviour.

Michael was referred to the Priory Hospital Cheadle Royal's Intensive Care Services following assessment by his own Consultant in the police cells. He had been arrested after going to a relative's house and threatening violence. His state of arousal was considered too high to admit him to an open unit.

Michael was managed in the Intensive Care Services of Cheadle Royal Hospital. A secure environment and high staffing ratio allowed for better control to be taken of Michael's medication. There were incidents of aggression but none such that made it necessary to seclude him. His acute illness settled. He took part in a tailored Occupational Therapy programme and enjoyed gym sessions with the Physiotherapy team. Michael gradually came to form relationships of trust with staff and began to develop a degree of insight into the chaos of the last few years. However, his refusal to accept medication and care may have contributed to this. Throughout his stay, Michael's home team attended at both formal Care Planning meetings and informally to spend time establishing trust with Michael.

Michael was eventually transferred back to his own service, following careful multidisciplinary transfer planning.

\*The name of our resident has been changed to protect identity.