

# Patient Scenario 1

## Thaba, a young man with bipolar disorder and diabetes

Focus areas –

- Having confidence in health professionals;
- The right treatment from the right staff at the right time.

Rationale - focus on parity of esteem between physical and mental health. We know that people with mental illness report a worse experience of treatment and care for physical health issues.

Due to Thaba's chaotic lifestyle and dual diagnosis he is unable to manage his conditions effectively. He has no support from family or friends and is unemployed, meaning that he tends to live day to day, just about getting by. He is fearful and uncomfortable in medical settings and prefers to be on his own, where he feels he has an element of control over his life. He does not respond well to people in authority and makes judgements based on gut instinct. He lives very much in the moment.

His objective when admitted into hospital is to get out as quickly as possible, and so when he is asked to stay in and wait to be seen by a psychiatrist his 'fight or flight' instinct tells him to 'fly' and so he leaves. He is a person, living in London, who tends to go under the radar/gets lost by the system/becomes invisible. He does not conform, and so purposefully makes the choice not to fill out questionnaires or feedback and also will miss appointments. His experience in hospital highlights the difficulties that someone with a physical and mental health condition may experience. In an ideal world, he would be given extra support and care to tend to both conditions but, in reality, this is difficult to provide. The data collected from his admission is minimal and reflects his character and lifestyle.

*See next page for Scenarios 2 and 3*

# Patient Scenario 2

## Mary, an older person with dementia

Focus areas –

- Physical comfort;
- Services responding to individual needs.

Rationale – dementia is a national priority and there is growing recognition that better support of vulnerable older people is an important way of managing pressures on emergency care.

Mary's story aims to highlight the difficulties older patients with dementia may face when admitted into hospital via A&E, and then onto a general ward. Mary does not have close family nearby and so her problems have gone unrecognised until she is at the stage where she needs immediate help. The scenario aims to show that whilst on a general ward, medical and nursing staff are unable to offer the kind of help, support and treatment that is required for a patient living with dementia. However, it also illustrates that given specialist care on a dementia ward, a patient can be treated with care and dignity.

# Patient Scenario 3

## Jonathan, older patient undergoing an elective hip replacement operation

Focus areas –

- Having confidence in health professionals;
- Good communication with health professionals.

Jonathan is a fan of the NHS. He believes in the institution, and thinks that we should be proud of what it offers us. He is well educated and informed, and admires the skill and expertise of medical clinicians. He tends to take a positive approach to life, and see the positive in individuals. Despite the fact that there are a number of times in his patient journey where he could find fault – a long, complicated walk to his appointment, a long wait to see his consultant, an anaesthetist who mumbles, an inefficient and possibly neglectful nurse, and bad hospital food – he still views his experience as 'marvellous'. This is because, overall, his procedure is successful and his general care in his mind is excellent. He tends to defer to healthcare professionals, and does not like the idea of complaining or causing a fuss. His wife, Anne, is more opinionated, and although also a supporter of the NHS believes that it is important to make a complaint so that it can be addressed.