

CASE STUDY

Better outcomes for schizophrenia: a patient-centered approach

Cynthia's story

Cynthia is a 30 year-old single woman. She's lived in a small flat in the Sydney suburbs since she moved out of home at 23. Cynthia is an anxious person: very quietly spoken and has always had an introverted personality. She is the youngest of three kids and has two older brothers. Her father was a school principal and her mother is a retired kindergarten teacher. The family moved frequently during Cynthia's primary school years due to her father's career. The instability was difficult for Cynthia as she often had to make new friends.

When Cynthia was 11 her parents separated and every second weekend she spent with her father who lived one hour from her mother's house. This made socialising with friends difficult and she was frequently bullied.

Despite a disruptive education in primary school Cynthia's high school years were reasonably stable and she only moved once. Regardless, she was a loner, and by the end of high school she spent most of her time in her room reading and writing prolifically in her journal. Cynthia left high school with a good academic record and progressed to complete a university degree allowing her to develop a career as a secondary school art teacher.

Shortly after she started teaching at 24, she began to worry that something bad was going to happen, but she didn't know what. She began to see meaning in things where other people couldn't.

She had a sense of impending doom confirmed by the colours of cars driving past her house and the clothing people wore. She became increasingly anxious and watchful, had difficulty managing students, and had paranoid thoughts about other teachers interfering in her classroom. Cynthia removed the TV from her bedroom because she thought she was being watched. She also started hearing voices telling her she was no good and that she should kill herself.

Initially she kept these experiences to herself. Her family noticed and suggested she see a doctor but this upset her greatly, so they stopped asking her about it. Eventually the school principal phoned and spoke to her mother. They agreed Cynthia may be mentally ill so her mother convinced her to go to hospital where she was formally diagnosed with schizophrenia. Cynthia was fortunate to have a longstanding family GP who knew her and continued to see her after her diagnosis. She also saw a psychiatrist about her medication.

While recovering Cynthia took 12 months off work and was financially supported by her parents. Cynthia couldn't cope with the idea of working full-time again so she took up part-time work for a period of four years with some additional financial support from her father to pay some of her larger bills. She continued to hear voices occasionally and to express odd ideas, but was rarely distressed by these experiences.

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Things were stable for a while but at the age of 29 Cynthia's anxiety became worse after her father's death. She became concerned about how she would cope financially. Her father's death escalated her depression and she believed her father was speaking to her. Since her family GP retired some time ago, the clinic Cynthia attended has become corporatised and she can no longer choose her GP. Over the past two years she has been looked after by four different doctors whom she feels do not care about her health. Cynthia hasn't seen a psychiatrist for more than 12 months.

Cynthia has been able to find some comfort through painting and a friend suggested that she sells some of her work at the local community market to supplement her income, however Cynthia doesn't believe that anyone would buy her work. She didn't want to tell her friend that some of the voices she hears say her paintings are awful and she should stop painting. Cynthia sometimes sees strange cars parked in her street and is worried that people are watching her when she leaves her flat. As a result she is becoming increasingly reluctant to go out and finding it harder to concentrate on her painting.