

History & Physical

Identification:

RH | 1/22/2020 - 5PM | Queens Hospital Center EELOS (extended expected length of stay)

Informant: Self; Reliable

Source of Referral: Guidance Counselor

Chief Complaint:

"My friend told the teacher that I said I want to kill myself."

History of Present Illness:

14 year old Bangladeshi-American male, middle school student in 8th grade, domiciled with family (mother, father, younger brother and sister), with no reported past psych hx, with no reported PMhx, BIBEMS, activated by guidance counselor after a teacher heard from the patient's friend that the patient stated he wants to kill himself.

Patient was seen in EELOS with mother and father, interviewed in private. Patient was superficially cooperative as he seemed worried about parents being outside. Patient appeared to be withdrawn, guarded, internally preoccupied and somewhat paranoid. Patient said, "I was taking a test and then I got called into the guidance counselor's office because I told my friend I don't want to live anymore."

Patient did not want to name his friend. When asked about a plan he said, "Not really." He admits to hearing voices and said, "I don't understand them, but when I do, they say things like I'm not good enough." Patient said he has attempted to kill himself 3 times before and the most recent was earlier this year, he reported trying to make mustard gas "because it's poisonous." He said the first time was in 3rd grade when he tried jumping out of a moving car and the second time was last year when he made a noose but "it didn't work because it wasn't strong enough." Patient currently denies SI/HI/VH. Patient states he has trouble falling asleep and feels like he's been eating too much. He does not take any medications. He denies alcohol and substance use. When asked what has stopped him from hurting himself in the past, he said "my friends" and said he is able to talk to them about how he's feeling. Patient said he feels like this because "I don't have an impact on anything" and he said that the world will not be around much longer. When asked if he would hurt himself if he goes home today, he said "no it caused too much trouble." His mother R.H. (phone #) said this is the first time they get a call from school about him and they usually only hear nothing but good things about him during parent teacher conferences. They said when patient uses the bathroom or takes a shower, he takes longer than he should. Mother says he does not engage with them that much. She thinks he might be sad because he lost his one-month-old brother 5 years ago. Parents seem to have poor insight into mental health because they don't think anything is wrong with the patient and that he'll be okay if he goes home, despite hearing what happened at school today.

Per social worker, patient used his dad's phone while waiting for psychiatry consult to arrive and texted a friend that he still wants to kill himself around 4pm.

Past Medical History:

Patient denies any past medical hx.

Allergies:

Denies any drug allergies.

Medications:

Denies any medication use.

Family History:

Denies family hx of any psychiatric disorders.

Social History:

Patient is a Muslim, Bangladeshi-American 8th grader at MS358, gets grades in the 90's, lives with his mother, father, 8-year-old brother and 11-year-old sister. Patient reports that he started having suicidal thoughts in 3rd grade after his 1-month-old baby brother died 5 years ago. Patient says his friends are a good support system because he feels like he can tell them how he feels. When asked if he had a girlfriend, the patient immediately looked at the door to see if his parents were there or around to hear the conversation. He then turned back around with a panicked face and said "I'm going to go with no." Patient admits to eating more than he should and decreased sleep. Denies smoking cigarettes, drinking alcohol, illicit drug use, and regular exercise. Patient denies a history of abuse, neglect, or trauma.

Per mother, patient spends more time in the bathroom when he goes in to use it or to shower. Mother reports she is unsure what is going on with the patient because she sees the patient as a happy young man and he gets along well with his siblings.

Review of Systems: Psychiatric

Admits: feelings of depression/sadness, anxiety

Denies: seeing a mental health professional multiple times in the past and taking psychiatric medications

Physical Examination

General Survey

14y/o Bangladeshi-American male is A/O x 3, in no apparent distress, well-nourished/well-developed, well-dressed, good hygiene, medium frame, medium build, slouched posture, and appears his stated age.

Mental Status Exam

General

1. ***Appearance:*** RH is a medium height and medium build young Bengali male with straight black hair that ends by his ears and chubby cheeks. He appeared well-nourished/developed, slouched posture, and appeared his stated age. His hygienic state was clean. He had no scars or atypical body features. He was wearing the light blue patient clothing set.
2. ***Behavior and Psychomotor Activity:*** RH fidgeted for most of the interview usually by playing with his socks or picking at his pants. Patient appeared calm but guarded and internally preoccupied during the interview. He had his head was stooped down and his eyes did not look up much during the interview, especially when his parents knowing anything came up.
3. ***Attitude Towards Examiner:*** RH was shy at first but eventually started saying more when asked questions. However, he seemed uncomfortable talking about certain topics, such as having a girlfriend. He was cooperative during the examination and I was able to establish rapport for the purposes of the interview.

Sensorium and Cognition

1. Alertness and Consciousness: RH was alert and his level of consciousness did not change throughout the interview.
2. Orientation: RH was oriented to person, place of the exam, and the date.
3. Concentration and Attention: RH had normal ability to concentrate on any directions throughout the interview. Although sometimes distracted by another patient that was loud in the unit.
4. Capacity to Read and Write: RH had normal reading and writing ability.
5. Abstract Thinking: RH was able to express abstract thinking when prompted to do so. When prompted by, "How is a banana like an apple," he stated, "They're fruits." He was able to perform simple math by saying that 5 years ago he was in 3rd grade when his baby brother died.
6. Memory: RH's recent, remote, and immediate memory were intact as he was able to recall when his brother died, his past suicide attempts, and what transpired before coming today.
7. Fund of Information and Knowledge: RH intellectual performance was consistent with his level of education (8th grade). He had good knowledge of current and past events as he was able to say the world won't last much longer because "bad things keep happening like the fires in Australia."

Mood and Affect

1. Mood: RH mood was a combination of dysphoric, depressed, and at times, euthymic. When his parents were around, he was even more euthymic and a little more cheerful with them. When the parents were not in the room, his his head was down a lot more and he was not smiling much.
2. Affect: RH's affect was constricted.
3. Appropriateness: RH's mood and affect were incongruent because he would sometimes smile or laugh inappropriately relevant to the conversation.

Motor

1. Speech: RH's speech pattern was normal in rate, rhythm and effort. He spoke in a low tone and volume.
2. Eye Contact: RH had poor eye contact throughout the interview.
3. Body Movements: RH had no extremity tremors or facial tics. His body movements were purposeful and not excessive. He had normal gait and station.

Reasoning and Control

1. Impulse Control: RH has poor impulse control as indicated by his suicidal ideations, previous plans, and texting friend while in the hospital with his parents that he still wants to kill himself.
 2. Judgment: RH's judgement is impaired. When suggesting he may have an impact on the world when he grows up and goes to college, he said "the world won't last until then so what's the point." He also admits to auditory hallucinations of someone telling him "I'm not good enough."
 3. Insight: RH has poor insight into his present condition. When asked if he would harm himself after this, he said "no because it was too much trouble for everyone." He did not seem to think it was wrong.
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A: 14-year-old Bangladeshi-American male, middle school student in 8th grade, domiciled with family (mother, father, younger brother and sister), with no reported past psych hx, with no reported PMhx, BIBEMS, activated by guidance counselor for suicidal ideations. Differential diagnosis includes major depressive disorder and borderline personality disorder.

Major Depressive Disorder: the patient exhibits > 5 depression symptoms, which have been present for 2 weeks.

Borderline Personality Disorder: the patient appears unstable, with unpredictable mood & affect, unstable self-image, suicidal and lacks impulse control.

P:

- Start Prozac 10mg PO QD for major depressive disorder
- Complete blood work as directed
- Start CBT as directed
- Start exercise as directed
- Refer to QHC's Child & Adolescent Psychiatry for f/u upon d/c

At this time, patient is deemed to be a threat to himself, experiencing auditory hallucinations, and active suicidal ideations per text, although he denies SI. Pt is in need of further psychiatric evaluation and requires overnight EELOS admission for observation and re-evaluation in the morning by child psychiatry. Patient is to be given a follow up appointment at QHC at Child & Adolescent Psychiatry upon d/c. Case discussed with attending doctor.