



CASE STUDY 15:

HealthPathways Melbourne assistance with psychosis

Hussam, 20, is an engineering student. He presents with his parents, who have been concerned about his behaviour over the past three months.

He has been more withdrawn from his family and friends and, at times, his parents have heard him talking loudly to himself. He has been missing classes at university. Hussam's parents are also concerned that he has not been attending to his personal care. They say he is usually outgoing, an attentive son and brother, and a conscientious and high performing student.

Hussam's parents were born in Palestinian refugee camps in Jordan and emigrated to Australia after they married. Hussam was born in Australia,

melbourne.healthpathways.org.au | March 2025

followed by two siblings. While they are not aware of any mental health diagnoses in the family, they recognise there are high levels of psychological distress and historical trauma present.

The GP speaks with Hussam alone. He is usually well groomed, affable and engaging, but today he appears unkempt, withdrawn and guarded. The GP tries to establish rapport and engage him. He says that he has a good relationship with his family and is enjoying university.

He denies domestic violence or abuse, or bullying. He has never smoked, or consumed alcohol or illicit substances. The GP screens for depression, but also suspects Hussam might be experiencing the first episode of a psychotic illness.

CASE STUDY 15:

Using the [Psychosis – First Episode](#) pathway, the GP asks Hussam key symptom questions, as well as about overt positive symptoms and overt negative symptoms of psychosis.

1. Take a complete history of the psychosis:

- Assess for [risk factors for psychosis](#) and [early warning signs](#) that may indicate a first episode of psychosis.
- Assess for thought disorder by direct observation, looking for disjointed or unconnected conversation. Consider asking [key symptom questions](#), or more fully assess using the [Dublin East Treatment and Early Care Team \(DETECT\) sample questions](#).
- Assess for overt positive and negative symptoms of psychosis:
 - [Overt positive symptoms](#) ▾
 - [Overt negative symptoms](#) ▲

Overt negative symptoms

- Lack of volition, motivation
- Diminished speech output reflecting diminished thinking
- Social withdrawal
- Blunted affect – poor emotional expression
- Poor personal care or self-neglect
- Impaired planning and flexibility

During the assessment, Hussam discloses that he has been hearing threatening voices and is concerned for his and his family's safety. These voices are becoming increasingly frequent, and the threats are now reaching him through messages on Instagram and Tik Tok.

The GP then conducts a risk assessment, and concludes Hussam is not at risk of harming himself or others.

After discussing with Hussam and his parents, the GP refers him to an early psychosis assessment and intervention service at Orygen Youth Health, found via the [Non-acute Child and Adolescent Psychiatry Referral \(>24 hours\)](#) pathway.

The GP directs Hussam and his parents to patient resources about psychosis on the [Psychosis – First Episode](#) pathway, gives them instructions on what to do in crisis situations and arranges weekly reviews until he is assessed.

Hussam is seen at by the team at Orygen Specialist Program and stabilised on Aripiprazole.

After 18 months, he presents with his parents and appears to be much more like his usual self. He has started attending classes regularly and has found a part time job.

As part of ongoing management, the GP refers to the [Psychosis – Established](#) pathway, and monitors Hussam for weight gain and cardiometabolic effects. The GP directs the family to services found on the pathway, such as the headspace family education program.

Given their refugee and trauma history, the GP also looks for appropriate services on the [Refugee Health Referrals](#) page and they are offered referrals to Foundation House counselling services.

With the guidance of the [Antipsychotic Medications](#) pathway, the GP negotiates regular maintenance and monitoring of Hussam's medication. The GP refers Hussam to headspace for psychological therapy to help manage the impact of his illness and improve functioning. Hussam continues to attend his GP regularly, and his family remain informed, supported, and supportive of his care.