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Experience Led Design

eCare@home – Personas & Scenarios



Anne-Marie

Bipolar I disorder

Young-old (62)

Diagnosed late-30's

High risk of relapse

Determined to avoid readmission after manic episode

High level of family support

Few physical or mental comorbidities



Jan

Bipolar II disorder

Young-old (68)

Diagnosed mid-50's

Wife passed away

In severe depressive episode

Family are very concerned following his wife's death

Still has some independence



Willem

Bipolar I disorder

Old-old (74)

Diagnosed early-30's

Lonely and vulnerable

Little social contact locally but has children living abroad

Increasingly irritable and disoriented when manic

Doesn't like reminders of his illness



Margaretha

Bipolar II disorder

Old-old (80)

Diagnosed mid-60's

Comorbidity issues

Multiple chronic conditions - lots of medication

Little mobility or independence

Some cognitive impairment

1.



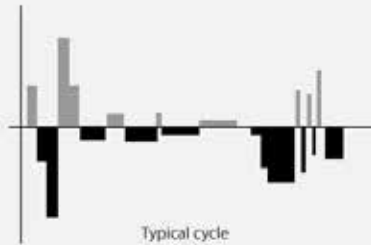
Anne-Marie

Bipolar I disorder

Young-old (62)

Diagnosed late-30's

High risk of relapse



Disease History and Current Situation

Anne-Marie was diagnosed with depression after childbirth in her 20s and had various treatments on and off. In the years that followed she had mixed manic and depressive episodes and was diagnosed with bipolar I disorder after a psychiatric admission.

She began treatment and generally reduced the severity of her episodes but had occasional relapses due to medication changes or external stresses. She has no comorbid mental health problems or any chronic physical conditions - just a bit of arthritis.

She doesn't drink alcohol much anymore as she says she can feel herself losing control and has never used drugs. Social situations can be stressful and have led Anne-Marie to be quite a shy person most of the time. Her husband prefers it when she's being boring!

Work and personal relationships have often suffered during extreme episodes in the past but her current husband usually spots warning signs and helps take action, whether Anne-Marie agrees with it or not.

Recently Anne-Marie's husband took her to see her psychiatric specialist after she became increasingly anxious and agitated. She had been taking less lithium after reading about it causing renal problems in later life. She is determined to stick to her new course of medication and to trust her specialist.

Her husband and family are always close and willing to help but Anne-Marie doesn't want to feel like she's being constantly monitored by them. However, she says she'll do anything to avoid being readmitted to hospital.

Husband

Has learnt a lot about the condition through clinical sessions and own research.

Knows he cannot understand everything about Anne-Marie's condition but wants to be able to spot mood changes earlier and do more to help stabilise Anne-Marie.

Children

Moved out a few years ago but have stayed close.

Like to stay in close contact and help where they can.

Do have busy lives and families of their own but try to see Anne-Marie at least once a week.

They admit their visits can be distressing and can affect them and their day-to-day lives.

Psychiatric Specialist

Worries that Anne-Marie will stop taking her medication again.

Wants to keep regular contact and enable family to help.

Councillor

Wants to find Anne-Marie some activities to help her be more sociable and lead a healthier lifestyle.

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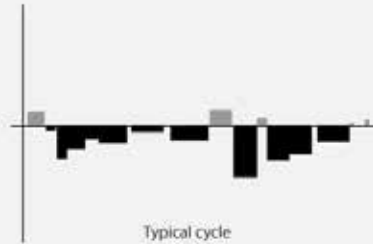
Jan

Bipolar II disorder

Young-old (68)

Diagnosed mid-50's

Wife passed away



Disease History and Current Situation

Jan often felt depressed when he was younger but thought it was just because he didn't like his job. He was generally outgoing and talkative but there were other times when he couldn't face leaving the house and would sleep twice as much as usual.

A few years after getting married, having children and getting a new job, Jan had a major depressive episode. He had struggled with maintaining a steady job, which left him and his family facing some financial pressures. He lost motivation to go to work or interact with his wife and young children and was eventually hospitalised after an attempted suicide.

During his 40's Jan managed his depression with medication and made the most of his 'happier moods'. In his 50's he became increasingly obsessive over new life

plans that he would then abandon or lose interest in weeks later. When not depressed he became increasingly anxious and hatched unrealistic plans to make money and retire early.

His wife thought it was down to side effects from the anti-depression treatment, but in a review with a new psychiatric specialist Jan was diagnosed with bipolar II disorder. He retired after diagnosis, gained several hobbies and enjoyed exercise. He still had occasional episodes but now had time to deal with his thoughts.

After his children moved out and a close friend died, Jan found he had less to do. He became less active but his wife helped him keep busy following her retirement.

His wife died quite suddenly aged 67 from a heart attack. Jan's children are worried that he will 'never recover' from the grief and feel uncomfortable about leaving him alone.

Children

Know he has history of depression and 'mood swings', but do not really understand Jan's condition.

Worry that he will never 'return to normal' following his wife's death.

Neighbour

Jan's younger neighbours have often helped him and, in the past, his wife with shopping and DIY.

They worry about him now that he is alone; they have noticed he has been acting a little 'strange' recently but are not aware that he has bipolar disorder.

Psychiatric Specialist

Also concerned following news of Jan's wife's death - wants to keep a closer eye on him.

Finds it hard to encourage patients to 'help themselves' during depressive episodes.

Is concerned that Jan will stop visiting him and eventually stop taking his medication - would like Jan's children to monitor this more closely.

Administrator

Has been asked to maintain regular contact with Jan if possible as he is recently considered 'high risk' and may need readmission.

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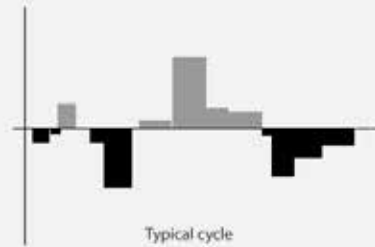
Willem

Bipolar I disorder

Old-old (74)

Diagnosed early-30's

Lonely and Vulnerable



Disease History and Current Situation

Willem got married and had children in his early 20's. He began to drink and got angry with people after little or no provocation. His wife left him and he had little contact with his children for many years.

He cycled rapidly between episodes during his 20's and frequently lost jobs and friends. He 'self-medicated' with alcohol and drugs, eventually being hospitalised following an intense psychotic episode where he believed he was The Archangel Gabriel.

After different treatments and relapses Willem was eventually diagnosed with manic depression in 1972 and was prescribed lithium.

Under treatment, Willem began to learn about the condition and sought to improve his lifestyle and get a job. He gained contact with his children and began to rebuild his

relationship with them, however he did not explain his condition to them.

He is very private about his mental health but maintains a strong relationship with his psychiatric specialist and sees a councillor regularly. He has tried to involve himself in community schemes and activities but hates anything that he feels labels him as 'mentally ill'.

He has been tracking his mood for several years to share with his psychiatric specialist. It helps him know when he should see his councillor or if he's getting enough medication.

Over the years his independence has decreased and his driving licence has been revoked. Some of his peers have passed away and he has become increasingly isolated.

The majority of his social contact is with health professionals. He says he prefers to spend time alone to "avoid the stress that other people cause".

Children

Willem's children live far away but have occasional contact over the phone. They visit every now and then but do not know about his condition.

They worry about him spending so much time alone and it's impact on his physical health.

Psychiatric Nurse

One of the few people with regular contact with Willem, she feels unable to spend as much time with him as he needs.

Psychiatric Specialist

Willem's specialist is impressed with his willingness to help himself.

She wants to help him find more ways to track his condition and have more information fed back to her.

Councillor

Willem's councillor says he is very cooperative and rarely misses a meeting. She is keen to encourage him to improve his lifestyle, increase social contact and get involved in hobbies or activities to focus his mind on.

She believes Willem would benefit from the encouragement that would be gained with more contact from family or friends.

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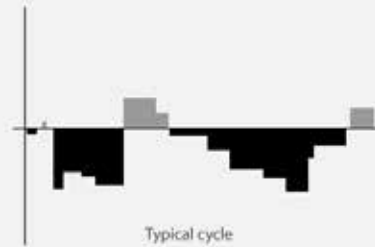
Margaretha

Bipolar II disorder

Old-old (80)

Diagnosed late-60's

Chronic Illnesses



Children

Margaretha's children worry about her physical and mental wellbeing. She is on so much medication it is difficult to keep track of prescriptions and what she has recently taken.

They want to help her, but see her condition only likely to deteriorate. They want to help her remain as comfortable and relaxed as possible.

One of her children lives nearby and frequently stays with her to look after her when her moods are more extreme.

Neighbour

Margaretha's neighbour often helps out with groceries and sometimes takes Margaretha shopping with her. She is in contact with Margaretha's children and promises to inform them of any emergencies.

Psychiatric Nurse

Keeping on top of all of Margaretha's medicines and treatments is difficult.

She does her best to keep Margaretha's children informed but rarely has time to talk in detail.

Administrator

Margaretha's psychiatric administrator finds it hard to coordinate with the other services and medications that Margaretha needs.

Disease History and Current Situation

Margaretha suffered with depression occasionally throughout her life. She always felt she was a bit different from other people when she was younger but concentrated on school work and read novels to escape her thoughts. Family stress was usually the cause when she felt really bad.

After she married, had children and grew older, she would find that her depression got more intense and had less 'reason' behind it. It also became more predictable but she was used to feeling very low sometimes, and always managed to get lots of things, especially cleaning done when she was feeling happier.

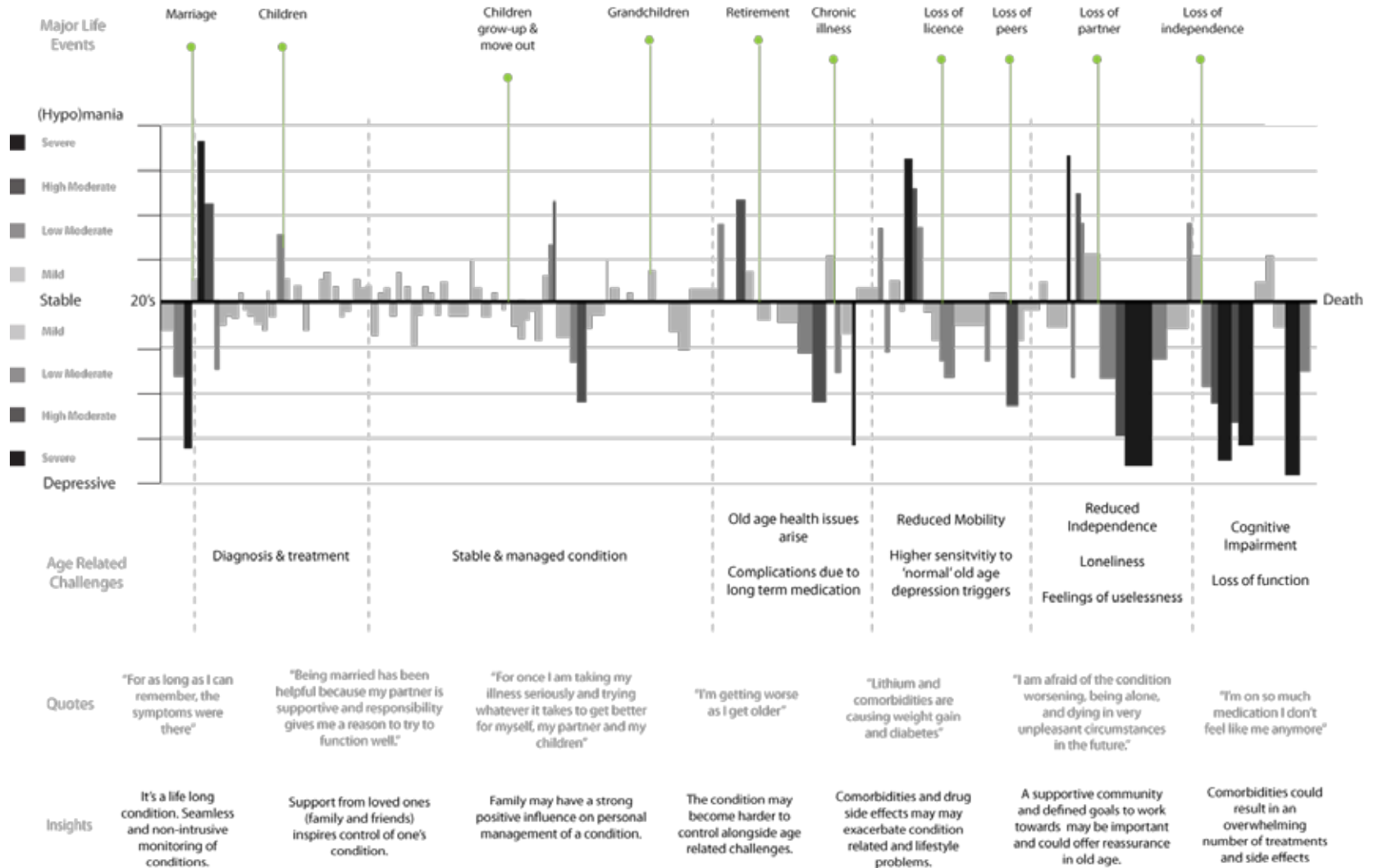
In her early 60's Margaretha was diagnosed with COPD and had to quit smoking. She entered a deep depressive episode, suffered anxiety attacks and contemplated suicide. Her doctor diagnosed her with clinical

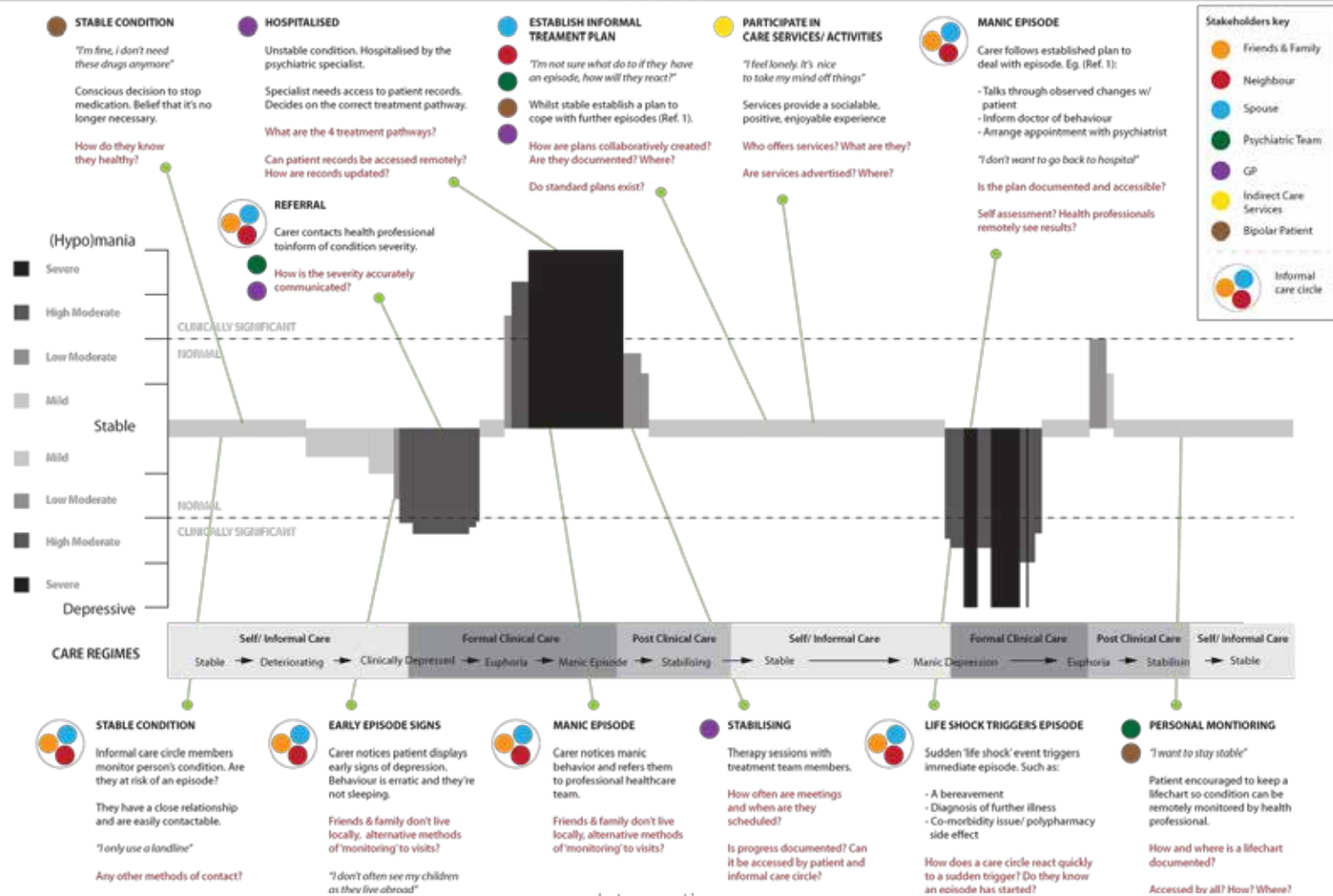
depression and prescribed drugs to treat it.

Her husband died two years later, causing a significant relapse and Margaretha was hospitalised. After some time in psychiatric care, Margaretha was diagnosed with bipolar II disorder. She began treatment, was put on different medication and saw a councillor at regular intervals.

As she grew older, her COPD grew worse and she developed other physical conditions that reduced her mobility and independence. She says her medication caused her to put on weight, which has led to some heart trouble. She often has restless and agitated episodes and experiences some cognitive impairment.

Margaretha is rarely able to leave the house, but her children, family and neighbours help her continue to live at home with the support of various healthcare services.





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