

### Case Vignette: Mr. X

Mr. X is a 23-year-old man. Since graduating a college at the age of 22, he failed several challenges to obtain a job. One time he had a part time job but quitted only one day after he started the job “due to interpersonal issues.” Since then he has stayed all day at home with his mother. He has had no partner nor close friends. He started to express irritability. Over the last year he was diagnosed by a psychiatrist as “depressed” presenting with loss of pleasure, sleep problem, loss of energy, diminished concentration and feeling worthless. As distinct from depressive symptoms, one notes that normal interests are present and he feels pleasure in playing with his railway collection and he concentrates on a single topic to an unusual degree. Even he received psychodynamic psychotherapy and several antidepressant trials over one year he did not show improvement. Therefore, he was transferred to this clinic.

In the diagnostic interview with his mother, Mr. X speaks very slowly in a peculiar, stereotyped manner, without mimicry and without modulating his voice. He looks very stiff and formal. No eye contact is made. He looked somewhat depressed and reported irritability, loss of interest of a majority of activities and sleep problem, but denied depressed feeling and suicidality.

The biggest problem perceived by his family members and his teachers since his childhood has always been difficulty in social interaction. Right from the first year of schooling, he showed serious problems of integration in group-activities and avoided his classmates. He was particularly worried about his way to school every morning, because he had to be on the school bus with other children. Even today, Mr. X becomes extremely anxious when faced with individuals not belonging to the family and has a tendency to isolation. He manages to attend a few group activities decided by his parents in order not to let the family down. However, Mr. X perceives these activities as a duty and has never integrated in the group or formed any significant relationships with peers. Mr. X has a restricted range of interests. His greatest passion is for railways and he spends most of his free time improving a huge plastic railway with meticulously manufactured accessories, a task requiring an inordinate amount of time. His mother reports that Mr. X is extremely rigorous and meticulous and is very good at separating the rubbish collection. Mr. X had difficulties dealing with any change of environment or habits, both of which he felt as an undue strain on his mental balance and caused “panic attack.” Mr. X is not conscious of these problems. While he was at school, he was able to obtain very good grades.

He was considered a good student and able to maintain minimal social interaction with teachers. Due to academic achievement he was able to gain positive feedback from teachers. Once he graduated, his mother reported he seemed really alone and he did not understand how to interact with people.

When you encounter a clinical case above in your country, please answer the following questions:

- 1) Describe assessment and clinical formulation (psychiatric diagnosis based on ICD-10 or DSM-5, and, if any, using own country's diagnostic system; comprehensive psycho-bio-social formulation is also welcome to describe.)
- 2) Describe additional examination or assessment tool to confirm diagnosis, if any, in your country.
- 3) Describe the methods of interventions (pharmacotherapy, psychosocial interventions, job training and/or a unique therapy applied in your country). If your country has a comprehensive assessment or intervention system, please describe.
- 4) In your country is any early intervention available for similar cases above?
- 5) Describe frequency of seeing similar cases in your own country