

EDITORIAL

Clinical Case Reports in mental health: the need for nuance and context

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Sharing an interesting clinical case report with a colleague recently elicited the remark, "... sounds like one of my clinical supervision sessions!" The comment got us reflecting on the value of clinical case reports. Research regulators such as Australia's National Health and Medical Research Council [1] place "case reports" alongside "case studies" as the lowest ranked type of credible research design. Apparently, this is because replication and generalization of case reports are normally either difficult or impossible – but is not that just the point? Clinical case reports are vitally important because, like precious gems, they often represent difference, describing cases and insights that are out of the ordinary and challenge current assumptions. Surprisingly, however, there has been negligible formal study of case reports and not infrequently there have been calls to cease publishing them [2].

In mental health, case reports may focus on the consumer's journey or life trajectory, providing the clinician with an opportunity to reflect and strengthen their practice. Sharing case reports and stories of hope, resilience, and struggle can provide a template of recovery that is within reach of all consumers. Clinicians often use jargon and medicalize people when in fact mental illness may represent only a small part of a person's life. Many mental health consumers are interested in how they and their "cases" are represented – in what clinicians are saying about them in notes and whether the content will harm their prospects and reputation. Thus, when reporting cases, clinicians need to provide a context to the consumer's journey. In this way, cases will be richer, more meaningful and useful to a professional audience.

In mental health, one of the best-known examples of an influential case report is the story of 19th century railway worker Phineas Gage [3]. Recorded in 1948, this case report outlines medical observations and care provided by the General Practitioner John Harlow in the hours and

days following a terrible railway accident. The report outlined how a doctor was called to attend following an explosion on a railway line that had blown a long iron rod completely through the left frontal lobe of Gage's brain. The fact that the patient survived became a front page news "miracle story." However, within months of the accident friends and family began to notice that Gage's personality substantially changed. He was described as transforming from a polite, well respected member of his community preaccident, to an impulsive, aggressive person after the event [3]. The nature of Gage's personality change and his survival for many years after the accident, despite having his left frontal lobe destroyed, had considerable influence on neuroscientific theory of the day, challenging old ideas about the role and function of the frontal lobe of the brain [4].

Despite his injuries, which many assumed would cause permanent disability, Gage managed to keep working after his accident. Initially, he worked as a kind of living museum exhibit where people would pay money to marvel at his injuries and stick their fingers into the hole in his head. Later, he became a stage coach driver, a job he maintained for 7 years including several years working in Chile, before retiring [5]. Historians contend that Gage's ability to maintain employment in these occupations suggest he must have regained a more polite, stable character as he aged and his social circumstances changed. Insights from the clinical case report made about Phineas Gage have lent weight both to modern neurobiological theories on brain plasticity and to psychosocial models of rehabilitation that focus on mental health recovery [6].

Despite being a historical account of a single person's experience, Gage's story exemplifies the value of clinical case reports. They have a particularly important role in stimulating reflection and debate, as well as challenging traditional approaches to practice thereby influencing the

direction of theory and research. Imagine what theory, practice and research might look like if we did not record and publish clinical case reports today? Where might the future of health science be if we ceased to study or write about difference?

The case of Phineas Gage was truly a gem – his survival was miraculous. Through this man's misfortune and the careful recording of his case, the implications for the longer term of surviving such a horrific injury was able to be communicated to a community of scholars. As a consequence, there was enhanced understanding of the awareness that recovery is not linear and that for every step forward there may be steps backwards that in turn allow reflection and, in due course, renewed progress. Despite their lowly position in "evidence-base practice," it would appear that case reports can make a significant contribution to the education of all mental health professionals and students, and enhance our understanding of the patient's journey.

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