From: Lorraine Cordell <lorraine32@blueyonder.co.uk>
Sent: 23 July 2024 12:14
To: 'kellythomson@lqgroup.org.uk'; 'complaints@lqgroup.org.uk'; 'DB'; 'nazmasharis@lqgroup.org.uk'
Subject: RE: DB tenancy ref: G869644
Attachments: DB - G869644 - Priority Needs Panel Approval .pdf; LQ-Medical-Transfer-Letter-21-10-2019.pdf; DB_Kuntal_Mehta_Letter_Housing_Chase_Farm_2024.pdf; DB-Doctors-Letter-12-03-2024.pdf; DB-Mental-Health-Letter-03-07-2023.pdf

Importance: High

Complaint Email: 23/07/2024

Dear Kelly Thomson and the complaint team, Lettings team, Priority Needs team

I am writing this email to the email below you sent my daughter DB. I did not have the emails addresses for the Lettings team, Priority Needs team and if this email could be sent to them, I would be grateful, Also this is a complaint email.

Kelly Thomson, I don't think you sending emails every now and then to do a welfare check on DB is good enough you have left a vulnerable person DB to cope herself with being homeless and are doing nothing to help her with Enfield Council or moving her or anything else.

There is issues I feel L&Q has done nothing to help DB, you know DB has Priority Needs to be moved this is from 21 October 2019 and then again in 19 April 2023 I will attach the letters, but nothing has been done since Nov 2022 you have known DB is homeless and just passed it over to Enfield Council and done nothing to help. Yet it seems other people in DB Block are more at need as people within the block have been moved since 2022 from the block DB is homeless yet still paying rent each week for a flat she can't live in.

We have been to court once within this time due to what Enfield Council is doing, she was on the streets for so long, the judge ordered Enfield council to redo her complete application to them this new application has been ongoing since Dec 2023 and we still don't have a decision from them, in all this time L&Q has washed their hands and done nothing to help move DB. This has had a major impact on DB's health. I will also include in this email health reports.

Enfield Council have now put her in interim housing until a decision is made. But have stated that they will only put DB into private housing if they deem her as Priority Needs, which I believe that is the cause, but we just have not had the letter to confirm this, as of yet.
Enfield Council stated they were going to contract L&Q to see what was going on regarding L&Q moving her. DB is not willing to take private rated as she is already a tenant under social housing. And she would have to give that right up to go private rated which she is unwilling to do, which I agree with social housing is stable which DB needs for her health whereas private rated is not as a landlord can just server her a section 21 so it is not stable and stable is what DB needs.

You will also note on the Priority Needs letter dated the 19 April 2023, it states (You will be rehoused outside of the risk areas as identified by your Neighborhood Housing Lead and/or ASB Case Worker.) this cannot happen due to DB's support needs which you will see in the attached letter from Kuntal Mehta.
DB will not cope going out of the area and away from her support she gets. We also don't know who DB's Neighborhood Housing Lead and/or ASB Case Worker is and would like to get all the information as to who is dealing in L&Q with moving DB which we have never been given.

The Rehousing Team will only contact you once a suitable property is available. They have not contracted us since 2019 when DB was 1st deemed Priority Needs, this is nearly 5 years since she was deemed Priority Needs and we would like to know what L&Q are doing to address this. As stated above you are moving people out of that block you are just not dealing with DB, and I feel have washed your hands of her due to L&Q doing nothing to address my daughter's safety. But you are making sure you got your rent for a flat you know DB cannot stay in.

What does L&Q standing on Priority Needs and what does it mean to them as to me it means nothing as you just leave a

vulnerable homeless and that's good enough for L&Q it's not good enough.

Then we go on to the other issue, as you are aware DB got a call from one of her Neighbours to state they could smell burning coming from her flat, when we went to the flat to check it we were shocked to see the state of the flat everything was covered in mold all her belonging damaged, I put a complaint in which was upheld, since then DB has had 5 surveyors to the flat, it would

seem to me that you kept getting surveyors to the flat in order to get the report you wanted written, we have only ever seen 1 report which blamed it all on DB not opening the windows, but L&Q know DB was not living in the flat she could not live there due to her safety, this was stated by the police which you will have this on record, you was meant to be moving her, but where is the other 4 reports they have never been given to DB solicitor's you just given the one that is best for L&Q.

L&Q have known for years that block has major issues with mold yet does nothing to correct the issues correctly it is not just DB flat that has mold issues its most of the people living in the block. All L&Q does is a mold wash which last a few months and then the mold is back again.

There is also the issue that when work needs to be done to the flat DB has to go there and it sends her mental health through the roof due to feeling unsafe. Then people don't turn up to do the work and just keep rebooking we have had so many rebooking for windows ETC and nothing has been done to the flat just a mold wash so far.

But regarding the mold issues DB Does have a solicitor dealing with this, it just needs to be dealt with faster and the works that needs to be done completed not just rebooking over and over again. DB is meant to get a call before anyone just turns up at the flat so we can arrange someone is there, but also that never happens. And I would like the other 4 surveyors reports sent to DB's solicitors who is dealing with the mold issues.

But I want to know what L&Q are doing to move DB I know L&Q are building many new flats and homes, and I think it is time the issues with this are dealt with seriously which so far, they have not. L&Q needs to work alongside Enfield Council in addressing this, not just leaving it down to us.

I want a full update regarding what is being done to move DB to a stable place for her safety and I want it dealt with asap as it's been long enough already.

Regards

Lorraine Mother of DB.

From: DB <DB@yahoo.com>
Sent: 22 July 2024 15:55
To: Lorraine Cordell <lorraine32@blueyonder.co.uk>
Subject: Fw: Contact Agreement

Sent from Yahoo Mail for iPhone

Begin forwarded message:

On Monday, July 22, 2024, 3:52 PM, Kelly Thomson <kellythomson@lqgroup.org.uk> wrote:

> Good afternoon DB,
>
> I hope you are well.

I am contacting you today to see how you are and ask if you have any updates that you would like to report.

Kind regards,

Kelly Thomson

Kelly Thomson

Housing Specialisms Assistant

Division

Tel: **0300 456 9996**

29-35 West Ham Lane, Stratford, London E15 4PH

www.lqgroup.org.uk

Let's make ^^happen

Miss DB
7 Tenneyson Close
Enfield
London
EN3 4SN

Your tenancy ref: G8*****

Wednesday, 19 April 2023

Dear Miss DB,

Re: Priority Needs Panel – Rehousing Approval.

In line with our new criteria for rehousing, your case was presented to our Priority Needs Panel and I am pleased to inform that it has been agreed that you will be given one direct offer of suitable accommodation.

What are the next steps?

- You have been placed on our Rehousing List for urgent rehousing.
- The property offered will have the same number of bedrooms as your current home. Our Rehousing Service is not able to resolve issues of overcrowding and the priority is to move you to an area of safety.
- You will be rehoused outside of the risk areas as identified by your Neighbourhood Housing Lead and/or ASB Case Worker.
- You will only be made one offer of accommodation. If you choose not to accept the offer made, you will have the option to appeal by submitting in writing the reasons for the refusal within 5 days. The property will be held pending the outcome of the appeal which will be represented to an independent panel for consideration.
- You will be expected to sign a new tenancy. As part of this process, you will be required to complete a new housing application form along with providing proof of ID, income details and proof of address for everyone within the original household.

We are not able to give a timescale as to when a suitable property will be located, as we are reliant on existing residents moving out of our homes. L&Q have a very small proportion of properties that can be used to rehouse existing residents who urgently need to move, as most properties must be offered to the local authority. It is also heavily dependent on the size of the property and can take up to and beyond two years to be moved.

T. 0300 456 9998
E. info@lqgroup.org.uk lqgroup.org.uk

If you have any safety concerns while you wait to be rehoused, please contact your Neighbourhood Housing Lead and/or the allocated ASB Case Worker as they will remain your point of contact.

All rehousing cases are placed in date order of approval and will be reviewed every 3-6 months. Should your circumstances change, it is imperative to keep us updated.

The Rehousing Team will only contact you once a suitable property is available.

Please rest assured that every effort will be made to rehouse you.

Yours sincerely,

Priority Needs Panel

West Ham Lane Office
29-35 West Ham Lane
London E15 4PH
Tel: 0300 456 9998
Email: info@lqgroup.org.uk
Website: www.lqgroup.org.uk

Miss DB 7 Tenneyson
Close, Enfield, London,
EN34SN

21 October 2019

Dear Miss DB

Medical Assessment - Priority Awarded

Following your recent medical assessment, I can confirm that medical priority has been awarded and the recommendations are:

Bed Size - According to L&Q Policy
Max Floor Level with a lift - 4th Floor or Above
Max Floor Level without a lift - 2nd Floor
Gas Central Heating - Desirable
Garden - No Special Requirement.

Please note, as L&Q operate a Choice Based Lettings System you are able to place on bids on properties that you deem as suitable for your household needs. If there are any concerns regarding the suitability of a property, a Lettings officer will discuss this with you during the Lettings process.

Your transfer application is now in Band 3 - All priority cases.

It is recommended that you also register with your local authority as you have a medical reason for moving homes. To do this, you will need to complete an application form and submit any supporting documents. Details can be obtained from each council website.

Yours sincerely

Lettings Team

North London
Mental Health Partnership

NHS
Barnet, Enfield and Haringey
Mental Health NHS Trust
Camden and Islington
NHS Foundation Trust
Chase Farm Hospital site
Chase building The
Ridgeway Enfield
Middlesex
EN2 8JL

Tel: 0208 702 5020

Private and Confidential to be opened by addressee

NHS: 43*******

08th April 2024

TO WHOM IT MAY CONCERN

Re: Miss DB, 23 Byron Terrace, Hertford Road, Edmonton N9 7DG

This letter was requested by Miss DB and her mother, Lorraine. Miss DB reports that she is currently sofa-surfing or sleeping rough because she is unable to return to her home address, following the advice from police.

Miss DB is currently being assessed by mental health services in Enfield and has reported that her mental health has further deteriorated since a trauma incident that took place in her flat. She has been advised by the police not to return to the flat and reports she has a letter stating this.

Please could you consider this letter as an urgent request to consider this matter, as it is more difficult to ascertain and provide for her mental health and social care needs whilst she has no stable accommodation.

Yours sincerely

Kuntal Mehta
On Behalf of Barnet, Enfield and Haringey Mental Health Trust, Enfield Core Integrated Mental Health Team

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Confidential Medical Assessment Questionnaire for completion by Doctor/Consultant/Hospital
(Please write clearly and complete all questions indicating n/c if you are unable to comment)

Name: D.O.B: DB Ref No.

Patient is currently under assessment within the Enfield Integrated Core Mental Health Team. She has given permission to provide information about her condition as reported by herself And her mother during the assessment process.

I, Kuntal Mehta, have been asked to complete this form for the patient named above, by her allocated Housing Case worker.
I am not a doctor but I am the allocated health professional for this patient. I do not have records of all her health conditions. I can only report my discussion with the patient and her mother. Please contact the GP for further information.

1. **How long have you been treating patient?** _she is currently completed an assessment and_as yet to be discussed with the wider team
2. **Date last seen:__** 21st June 2024

3. **Diagnosis -** please give full details of **ALL** conditions: ***(Please use another sheet if necessary)*** (e.g. Details of disabilities/symptoms affecting daily functioning)

We don't provide a diagnosis. However the difficulties DB experiences include

Mental Health:

1) Constant anxiety and has described panic attacks
2) Sleep difficulties
3) Emotional dysregulation - mood can change throughout the day.
4) Memory difficulties - difficulty recalling childhood memories and some more recent memories, but can when prompted.
5) Relationship difficulties - spoke of arguments since a young age
6) Sensitivity to others non-verbal and verbal behaviours - easily interpreted as persecutory
7) History of self -harm and occasional self-harm
8) Inappropriate and intense anger, often in relation to beliefs that others are "out to get her" or she has misunderstood another's intentions

9) The symptoms 3,5,6,7, 8 indicate difficulties related to Emotionally Unstable Personality Disorder but this needs be discussed with the team.

10) Screening tool for ADHD indicates a referral to their team, but to still discuss with the PD team.
11) Confirmed diagnosis of dyslexia - reports difficulty with reading and writing.
12) History of self-harm and continues to self-harm occasionally
13) Previous suggestion she has PTSD symptoms - however not been given a diagnosis.
14) Paranoid thoughts - prevents DB from using public transport.
15) Low mood - reported specifically worsened after trauma attack (Nov 22). (PTSD symptoms?)

Other difficulties

1) Reports has asthma
2) Dyslexia -diagnosed as an adult
3) Trauma to right hand (dominant hand) following an unprovoked attack in her flat.
   This has left DB, being unable to return to her current accommodation due to fear and anxiety.

Historic difficulties

1) Difficulty in engaging in school - due to difficulties with academia as well as long spells in hospital due to physical health when young. Experienced bullying at school.
2) Dependency on mother for all aspects of ADLs. Lorraine has reported DB's low mood and concerns regarding her ability to multi-task and her inability to get out of bed, particularly when she is in her menstrual cycle. These issues have resulted in her mother supporting her in all aspects of ADLs compounded by her recent disability to her hand.
3) Recalling information - needs prompts and reminders sometimes.

3. **Current treatment (include dosage/hospital care/community support):**
Medication: Yes, taking regular psychotropic medication but would need to check with client.

4. **Prognosis -** will condition(s) improve and to what extent, OR is complete recovery likely or unlikely?

Would require further assessment and treatment - due to extent of historical difficulties eg dyslexia, trauma to right hand, long standing mental health difficulties - it is difficult to comment on the likelihood that she will fully recover.

5. **Details of Mental State:** Spoke of anxiety, low mood, ADHD difficulties, paranoid thinking. Struggles to be motivated to carry out ADL activities and is dependant on mother for most tasks.

Assessment of risk of self-harm/harm to others: Has a history of self-harm by cutting. DB's mother reported she has been cutting regularly up until a year ago but due to Lorraine's vigilance she has not been self-harming recently.

6. **Mobility**: Can your patient (please tick):

Walk independently without aids: yes ☒ How far: _____ no ☐ Reason: _____

Manage steps: yes x☐ How many: Flights: _____ Steps: _____

no ☐ Reason: _____

Use a lift: yes ☐ no ☐ If no, give reasons: _____

Does your patient use a wheelchair:

never x☐ indoors ☐ outdoors ☐ occasionally ☐ all the time ☐

7. **Daily Living**: (a) Does your patient need overnight care: yes ☐ no ☐ If yes please state what care.

Deon has not reported that she needs overnight care. However, she has reported symptoms of nightmares and hypervigilance and anxiety at night.

(b) Does she/he need help with activities of daily living: yes ☒ no ☐
If yes, please state in detail why ***and*** what help is required: _____

_Deon reports she lacks motivation, experiences anxiety in carrying out most ADLs on her own. Her mother currently cooks he meals, orders her food online and does her laundry and she also prompts Deon to wash and dress. Deon does not go out by public transport_due to anxiety and paranoid ideation. Lorraine manages Deon's paperwork and finances.
This information has been understood by discussions with both Deon an and her mother._____

What level of support may be needed from other services to maintain independent living?
She is dependant on her mother currently and hence wishes to continue to live in Enfield.

Is there evidence that the current accommodation is affecting your patient's health? Please summarise and advise if any family members are affected by your patient's disability? If so, how:
DB has spoken of mental health difficulties with staying in the flat where she was attacked and injured. She spoke of her fear of being in the flat.

Is their any medical condition that you would like us to consider as part of her housing assessment ?

DB reports she has asthma, so please speak to her directly as to whether this is affected by certain types of living Conditions e.g. mould, poor ventilation etc.

Signed: Kuntal Mehta (Mental Health Practitioner)Date:28/06/24 Practice/Hospital sta

DR D ABIDOYE NIGHTINGALE HOUSE SURGERY
DR Y CHONG 1-3 NIGHTINGALE ROAD
EDMONTON LONDON N9 8AI Tel: 0208 805 9997
www.nightingalehousesurgery.nhs.uk

12 March 2024

PRIVATE & CONFIDENTIAL

To Whom It May Concern,

Re: Miss DB dob **** NHS No: ****** 23 Byron Terrace Hertford Road, Edmonton, London, N9 7DG**

I can confirm that the above-named lady is registered at this practice and consents to this report. She has the medical history and takes the medications as noted below. .

Problems

Active

Date	Problem	j	Associated Text	Date Ended
07-Dec-2022				
ll-Dec-2020	Assault by stabbing Pre-diabetes			
26-Feb-2019	Depression interim review			
18-Sep-2014	Advice about long acting reversible contraception		advice re levonelle and see if no period or to discuss contraception is thinking re getting back to former partner and in which case wants to conceive SUMMARY=Y	
28-Jun-2011	Administration			
26-Jul-2008	Appendicectomy NEC			
08-Jan-2008	[X]Depression NOS		SUMMARY=Y	

10-Dec-2007	Insomnia NOS	advised against zopiclone given general advice for bloods revie ??? needs referral SUMMARY=Y SUMMARY=Y
12-Jan-2005	Lloyd George culled+summarised	
08-Jan-1990	Acute bronchiolitis	required ventilation - apnoeic attacks SUMMARY=Y
		27/40 SUMMARY=Y
26-Aug-1989	Premature baby	SUMMARY=Y
26-Aug-1989	Asthma	

Significant Past

Date	Problem ,	Associated Text	Date Ended
18-Jul-2013	Primary infertility unspecified		ll-Oct-2013
17-Mar-2005	Polycystic ovaries	also very crampy • abdo pains premenstrually for uss and review had bloods and looked as if ovulating prev uss pco on uss for bloods — had not been for test I! chat re menorrhagia to think re coc SUMMARY=Y	01-Jul-2016

Medication

Acute

Drug	Dosage	Quantity	Last Issued On

***Repeat* Drug**

Drug	Dosage	Quantity	Last Issued On
Genii Modulite 200micrograms/dose inhaler (Chiesi Ltd)	Two Puffs To Be Inhaled Twice A Day	1 x 200 dose	04-Mar-2024
Salbutamol lOOmicrograms/dose inhaler CFC free	One Or Two Puffs To Be Inhaled Up To Four Times A Day	1 x 200 dose	04-Mar-2024

Mirtazapine 30mg tablets	One To Be 28 tablet Taken At Night	04-Mar-2024

I would like to elaborate on some of her medical conditions. Miss DB has recently been referred to hand therapy. Unfortunately, she was assaulted in November 2022 and sustained a hand injury which was managed with a right flexor digitorium superficialis repair. She again injured the same hand and is awaiting Orthopaedic review. While under hand therapy in 2022, she was seen by the plastic surgery psychology service. They noted that Miss DB presented with significant psychological/mental health concerns. She also lost her accommodation following the assault and has since been homeless. She was subsequently referred to the local psychiatric team and was diagnosed with Emotionally Unstable Personality Disorder and Mixed Anxiety/Depressive Symptoms - part of Post- Traumatic Stress Disorder.

Miss DB is currently under the care of local mental health services. She is taking regular medication for her mental health symptoms, but these are being exacerbated by the fact that she has been homeless for so long. She has been struggling to manage these symptoms and will hopefully have access to the plastic surgery psychology service again once she is seen by her Orthopaedic team.

I wonder if you can take the information above into account when managing this lady's case as suitable long-term accommodation is needed to help stabilise her mental health problems.

I hope this report has been helpful.

Many thanks,

Your^sincerely,

Dr/Ajogbe
Salaried GP

North London
Mental Health Partnership

NHS
Barnet, Enfield and Haringey
Mental Health NHS Trust
Camden and Islington
NHS Foundation Trust

Private & Confidential
To be opened by addressee only
Dr Abidoye
Nightingale House Surgery
1-3 Nightingale Road
Edmonton
London
N9 8AJ

Barnet, Enfield and Haringey Mental Health Trust
Enfield Mental Health Single Point of Access
25 Crown Lane Southgate London
N14 5SH

Tel: 0208 702 3329

3rd July 2023

NHS No. *******
RiO No. 10*******

Re: Miss DB - DoB: *****
23 Byron Terrace Hertford Road, Edmonton, London, N9 7DG

Miss DB is a ****-year-old unemployed single woman seen in a face-to-face appointment at Crown Lane clinic.

She has had mental health referrals this year from her GP Dr Abdoye, Nightingale Surgery (referral dated April 23) and Dr Lisa Goodman Psychologist in the RFHosp hand plastic surgery team (she referred her in Feb 23 with PTSD).

She seemed restless during the interview and dissatisfied with many aspects of her life and interactions with health professionals.

She swore frequently when speaking to me.

She told me that she has a boyfriend and has been with him for "a while" but the relationship is difficult sometimes "because of her mood swings" (said Mum).

She feels her friends and her boyfriend "don't like me " "I feel like I'm on my own and no-one gets me...I'm losing everyone" "I feel like I'm unlucky...proper unlucky, and everything bad happens to me...I've always felt like that and it makes me so angry...I lose a lot of things...everything I touch turns into shit ...everyone else gets chances".

"If I do get friends, they find the truth of me and then they don't want to be with me anymore" and she feels she needs to "pretend" to keep relationships.

She attended her appointment on time with Mum (Lorraine) and Uncle (Andrew).

She won't go back to live in her London Quadrant flat (because of the attack) and they're relationship can be tense and Mum is unwell (heart op recently and on dialysis, now on the transplant list) so she's staying with different friends and "Holly doesn't want me to stay there no more".

She is using her mother's address (Byron Terrace N9) for correspondence etc.

She has a solicitor (going through Court at the moment) trying to get her a place to live.

Her Uncle says, "she has no stability" although her family try to support her "but she argues with us all the time".

History of presenting complaint:

"I'm just stressed out ...I don't feel right and I get angry all the time" (to which Mum responds "she's had those issues for years").

Mum says, "she's getting high and low really quickly".

Andrew said that "she has been much worse since the attack" (when she was assaulted end Nov 22 and sustained a severe cut to her, dominant, right hand).

Nightmares have been worse after the attack (end November 22) "I can't sleep and I wake up sweaty and shivering" the nightmares are not just related to the attack and when she wakes it takes her a long time "to calm down",

The dreams have got worse and she has been nauseated and shaky since she has been on risperidone,

She sometimes believes "family and friends...people are talking about me and being funny with me ...I can't explain it ...I don't know it's just the way I feel...sometimes I feel like it's real other times I think I'm being stupid".

She doesn't like the way people look at her and if people are round her laughing, she feels they are laughing at her "I've always felt people laugh and look at me funny...some people are just horrible".

"I feel people are against me because they think I am lying and chatting shit".

She sometimes relates TV to her and gives the example that she sees a character on TV and they are stabbed and she feels it is more than a coincidence "is it to do with me?" - not clearly an idea of reference.

She says her hand (cut in the attack) "doesn't feel like my hand" since the attack but she can't explain this. She is right-handed but isn't using her damaged right hand. "I don't even like the sight of it".

She says she thinks about the attack very often and " it just comes into my head".

She is avoidant of memories of the attack.

She doesn't want to use knives for cooking because a cut was used in the attack.

Similarly, she gets upset by plastic bags because after the attack they used a plastic bag to try to stop the bleeding.

She was "bad before the attack but she's gone ballistic since".

She has never gone out much but less wanting to go out since the attack.

She continues to have treatment from the hand plastic surgery team at the Royal free hospital.

She has a psychologist from that team (Lisa Goodman).

She is waiting for her next hand clinic appointment.

She should be wearing a splint but she puts bandages on it instead because she finds the splint painful and doesn't want to look at her hand.

"I need someone to talk to you can't just give me tablets".

"I can't keep living like this ...it's stupid ...no-one is listening... I'm sick and tired of this... I want to know I can be safe.

"I don't believe people that just chat shit" (referring to health professionals) "she's getting no help".

Sleep? "I never sleep", initial insomnia - when I asked why and she said "fuck knows" but she sleeps with the light on, feels scared and any noise startles her.

She wakes sweaty every night.

If she wakes in the night, she sometimes feels the need to check there is no-one there before she can go back to sleep.

"Sometimes I feel alright and sometimes I feel like shit".

Limited pleasure from life since the attack.

I feel "so down".

Some diurnal mood variation "not very good in the morning".

Appetite variable "I don't fancy food...I feel sick thinking about it".

Weight - has lost 2 stone (without trying to) since she was stabbed (approx 6 months).

Social Hx
Benefits ESA, PIP (for hand and mental health)
No debt
Homeless at the moment (“sofa-surfing").

Forensic Hx
Caution for drunk and disorderly 18/12 ago and she said angrily "I had a little too much to drink at a funeral...that was ages ago".

Caution and probation and a tag for ABH as a teenager "I was only young...it was ages ago".

Personal Hx
Premature - Born at 27/40 "she died about 20 times and they brought her back to life" - "lung collapses" and ventilated.

Long periods in hospital including GOSH, in an out of hospital up until 7
School - "primary was good".

Her emotional problems got worse "at secondary school".

Mum feels her mood changed after her periods started.

Physical health
Recent ECG because "her heart was going fast" and she need to be " monitored by a specialist".

GP also told her she is "borderline diabetic".

Polycystic ovaries (she is waiting for a gynae appointment) and a separate issue with other "cysts on her ovaries".

Asthma.

Her blood pressure has been raised.

Past Psych Hx:
Never admitted for mental health problems.

No period of treatment from Crisis Home Treatment team although she has called them.

Diagnosed with dyslexia.

She saw school counsellors for "mood swings", anger and "cutting" from "early teens"

Not sure if she saw CAMHS (child and adolescent services).

DSH history - she was cutting (wrists /legs) but stopped around 22 years.

She explained it was "for release" not with the intention to die "it makes me feels less numb...it makes me feel better".

She cut herself in COVID and the last time was? early Dec and she says she has stopped now.

She says she tried to hang herself? age 20 when attending Lucas House OP for anxiety/depression and she had a variety of antidepressants including fluoxetine, sertraline, venlafaxine.

"I don't want to kill myself.

She saw CPN Gopaulen for assessment 1.3.23 when no psychotic symptoms were elicited.

Current medication:
Risperidone 2mg (1mg bd) - prescribed by GP- but feels it makes her sweaty and shaky and dizzy and "horrible".

No other medication.

Analgesics for headaches (her headaches have been worse recently) and period pains (she has heavy, painful periods).

Substance misuse:
No recreational drugs use
Tried cannabis and coke "but it made me feel funny and I didn't like it"
Infrequent alcohol "but when she does, she gets plastered"
Smokes tobacco (roll ups, a pouch a week approx).

Impression:
EUPD
Mixed anxiety/depressive symptoms? part of - PTSD.

Plan:
Given MIND leaflets on EUPD and PTSD.

Given Choice and medication leaflets for risperidone and mirtazapine.

"I don't want to keep taking tablets...but I hundred per cent need something" so we agreed she will reduce risperidone to Img nocte for a week and then stop.

I have given her an FP10 for 28 days mirtazapine 15mg nocte - after a week she could increase the dose to 30mg nocte.

I will refer to the South locality team at Lucas House.

Yours sincerely

Dr Hilary Scurlock Consultant Psychiatrist Enfield Mental Health Single Point of Access

North London
Mental Health Partnership