Document Index

DRDABIDOYE
DR Y CHONG

NIGHTINGALE HOUSE SURGERY 1-3 NIGHTINGALE ROAD EDMONTON LONDON N9 8AJ Tel: 0208 805 9997
www.nightingalehousesurgery.nhs.uk

13 January 2023

YC/KM

PRIVATE & CONFIDENTIAL

TO WHOM IT MAY CONCERN

Dear Sir/Madam

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

I can confirm that the above 33-year-old lady is a patient registered at our practice.

Going through her medical records she has had a history of depression since 2008.

She was assaulted on 26th November 2022 and was admitted to North Middlesex Hospital A&E department with bleeding in the right hand. She was examined by the surgeons and had a rupture of the flexor digitorum superficialis tendon and was treated with antibiotics and bandaging.

According to the patient, following review, they are going to have to operate on the injury to repair the tendon in March.

Due to the assault, she has been suffering an acute exacerbation of her mental health issues. She informs us that the police have assessed her flat and deemed it unsafe to live in and therefore currently she is homeless and has been put up by her friends and temporary accommodation.

She is struggling to sleep. She was very tearful when she spoke to my colleague Priya Sharma and was started on anti-depressants Mirtazapine On 7th December 2022.

When she was reviewed by Miss Sharma on 21st December, she was extremely stressed and has self-harmed. She was also getting thoughts of self-harm and is

waiting for therapy from the mental health team. She is very stressed about her homeless situation.

We would be grateful if she could be provided with suitable accommodation as soon as possible due to the impact it is having on her mental health and as well as her recovery from the hand injury.

Many thanks.

Yours faithfully

Dr. Y. Chong MB BS DRCOG

DRDABIDOYE
DR Y CHONG

NIGHTINGALE HOUSE SURGERY 1-3 NIGHTINGALE ROAD EDMONTON LONDON N9 8AJ Tel: 0208 805 9997
www.nightingalehousesurgery.nhs.uk

26 January 2023

PRIVATE & CONFIDENTIAL

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

I can confirm that the above 33-year-old lady is a patient registered at our practice.

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She was assaulted on 26th November 2022 and was admitted to North Middlesex Hospital A&E department with bleeding in the right hand. She was examined by the surgeons and had a rupture of the flexor digitorum superficialis tendon and was treated with antibiotics and bandaging. She notes that she had a form of surgery initially in November 2022 and she has been having hand therapy since.

According to the patient, following review, they are going to have to operate on the injury to repair the tendon in March 2023.

Due to the assault, she has been suffering an acute exacerbation of her mental health issues. She informs us that the police have assessed her flat and deemed it unsafe to live in and therefore currently she is homeless and has to stay sometimes with friends in the day. She has to leave the friends at night and stays in the streets and sometimes wherever she can.

She is struggling to sleep. She was very tearful when she spoke to my colleague! Priya Sharma and was started on anti-depressants Mirtazapine On 7th December 2022. When she was reviewed by Miss Sharma on 21st December, she was extremely stressed and has self-harmed. She was also getting thoughts of self-harm and is waiting for therapy from the mental health team. She is very stressed about her homeless situation.

She is having repeated flashbacks and dreams about the assault. She feels low when these happen, with nausea and sickness. She has dreams about people stabbing her and has significant numbness in the hand.

We would be grateful if she could be provided with suitable accommodation as soon as possible due to the impact it is having on her mental health and as well as her recovery from the hand injury.

Many thanks,

Yours sincerely,

Dr Ajogbe
Salaried GP

DRDABIDOYE
DR Y CHONG

NIGHTINGALE HOUSE SURGERY

1-3 NIGHTINGALE ROAD
EDMONTON LONDON N9 8AJ Tel:
0208 805 9997
www.nightingalehousesurgery.nhs.uk

16 March 2023

PRIVATE & CONFIDENTIAL

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

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According to the patient, following review, they are going to have to operate on the injury to repair the tendon in March 2023.

Due to the assault, she has been suffering an acute exacerbation of her mental health issues. She informs us that the police have assessed her flat and deemed it unsafe to live in and therefore currently she is homeless and has to stay sometimes with friends in the day. She has to leave the friends at night and stays in the streets and sometimes wherever she can.

She is struggling to sleep. She was very tearful when she spoke to my colleague Priya Sharma and was started on anti-depressants Mirtazapine On 7th December 2022. When she was reviewed by Miss Sharma on 21st December, she was extremely stressed and has self-harmed. She was also getting thoughts of self-harm

and is waiting for therapy from the mental health team. She is very stressed about her homeless situation.

She is having repeated flashbacks and dreams about the assault. She feels low when these happen, with nausea and sickness. She has dreams about people stabbing her and has significant numbness in the hand. She has seen the Enfield Community Psychiatric nurse, Kris Gopaulen who has noted that "her presentation is suggestive of traits of PTSD" and the Clinical Psychologist at Royal free Hospital Lisa Goodman, has also seen DB. She scored 67 on the PCL-5 test by Lisa Goodman which she has stated indicates "symptoms consistent with PTSD", see reports attached. As such, DB has been referred to IAPT for PTSD management.

DB has had a recent pelvic scan. This has shown a 3cm ovarian cyst. She will need to be scanned again in 3 months. She has complained of pelvic pain.

We would be grateful if she could be provided with suitable accommodation as soon as possible due to the impact it is having on her mental health and as well as her recovery from the hand injury.

Many thanks,

Yours sincerely,

Dr Ajogbe
Salaried GP

PLEASE USE THE KIOSKS

Royal Free London
NHS Foundation Trust
Tel: 020 7443 9757

369

MISS DB 23 BYRON
TERRACE HERTFORD
ROAD LONDON
N9 7DG

F514STI583HW
S369 cl.350/504 bl

12 January 2023

MRN Number: 50**
NHS Number: *******

Dear Miss DB

This letter is to confirm that an appointment has been made for you to see a member of the Plastic Surgery Service team on: **Tuesday 28 February 2023 at 13:30**

At: Clinic 4,
1st Floor
Royal Free Hospital
Pond Street

London, NW3 2QG
This appointment is with a Psychologist who works within The Plastic surgery team:
Please bring this letter with you when you attend, with any current medication that you are taking, in original containers.

If you need to cancel or reschedule this appointment please contact us on the telephone number above, as if you fail to notify us and do not attend this appointment, you may be discharged back to the care of your GP.

Please Note: If you are late for this appointment there is a risk that you will not be seen and your appointment will have to be rescheduled.

For further information about The Royal Free London, our Sites and Services, Transport Links and Parking etc. please visit our website.
https://www.royalfree.nhs.uk
Please let us know on the above number if your contact details have changed.

Yours sincerely
Outpatient Appointment Centre

Department of Plastic & Reconstructive Surgery
Ext: 36988

NHS No: [redacted] NHS
8617
Clinic Date: 16/02/2023
Date Typed: 24/02/2023

Private & Confidential
Suzanne
Hand Therapist
Royal Free Hospital
Pond Street
London '
NW3 2QG

/J[redacted]0/M[redacted]

Dear Suzanne

Royal Free London
NHS Foundation Trust

Royal Free Hospital
Pond Street London **NW3**
2QG www.royalfree.nhs.uk
Switchboard: 020 7794 0500
Fax: 020 7830 2195

Re: Miss DB DOB: 26/08/1989
23 Byron Terrace, Hertford Road, London, N9 7DG

Thank you for referring DB to the plastic surgery psychology service. I met with her on 16th February for a psychological assessment. She attended the clinic with her friend James who/waited outside but helped her complete measures as DB is dyslexic.

DB reports that she was involved in an altercation during which she was stabbed in the palm of her hand in November 2022. She remembers the period before the stabbing but has no memory of what &happened thereafter. DB reports experiencing constant intrusive thoughts in relation to the incident.

She thinks these may be memories but is not sure. She has constant nightmares, during which she is stabbed or otherwise unsafe. She is therefore getting very little sleep and feeling exhausted during the day.
DB finds that her traumatic “memories” are easily triggered. Triggers include walking past the site of the incident. Thoughts of the incident immediately flooded back and felt like she couldn’t breathe. DB needed to put a plastic bag over her hand to try and stem the blood flow (she needed a blood
transfusion as part of hospital treatment). Recently when she needed to cover her hand bag in with the bath, this triggered memories and severe anxiety.

DB scored a total of 67 today on the PCL-5 indicating symptoms consistent with PTSD. DB reports that she has been sectioned in the past and has previously experienced auditory hallucinations. I understand that she has a diagnosis of bipolar and has been under mental health services since childhood. It was unclear why. DB is feeling that her friends and family may be manipulating her, by this-she meant they are encouraging her to go out and go to appointment^. She is unable to articulate why but feels the intent may not be benign. She recognises this may represent paranoid thinking which can be considered in the context of her bipolar diagnosis.

DB reports that since the stabbing she is finding it difficult to go out. She is unable to go to her home as the perpetrators are known to her and there is a pending court case. They know where she lives and she is fearful of another attack. She is therefore moving around between friends' houses.

DB finds that she does not want to care for her injured hand. She feels that it is not hers. She feels she does not want to use it or care for it and that it is bad. She reports that she tells hand therapy she is engaging in exercises, when actually she is finding it very difficult to find the motivation to do

this. We discussed the concept of embodiment and how we might work with that within the service. DB / reports feeling low, anxious and exhausted. She is experiencing some suicidal ideation but has no ' current plans or intent. She rates herself 3/10 likely to act, with her mother and family being protective factors.

DB has a history of self-harm, involving horizontal cutting of her arms. The last occurrence of this was over a year ago. DB reports that she saw her GP two weeks ago who is aware of her history of self-harm and suicidal ideation. She was advised to self-refer to the crisis team but had not felt able to do this. We made this referral today together in clinic. The referral was taken by Jubeda Akthar, Assistant Practitioner. DB was advised that a clinician would contact her within four hours today. I have asked for an email to update in due course.

DB would need to be stable under community services before psychological therapy in relation to her hand would be indicated. Her scores today on the PHQ-9 were 17/24 and her scores on the GAD- 7 were 19/21 indicating both severe depression and severe anxiety. As psychological therapy in relation to the hand is not indicated at this point, I will now discharge DB from the plastic surgery psychology service back to the care of the crisis team and her GP. However, when she is stable, she is most welcome to return to the plastic surgery psychology service for support in relation to engaging with hand therapy, should that be deemed necessary.

Yours sincerely

Dictated and approved electronically to avoid delay.

Lisa Goodman
Clinical Psychologist

cc
Private & Confidential
Dr J M Thomas
Nightingale House Surgery
1 Nightingale Road Edmonton
London
N9 8AJ

Miss DB
23 Byron Terrace
Hertford Road
London
N9 7DG

. fnllotfinS re^erra' ^Om hand therapy. Attended clinic with Seen today for psychology assessment asure$.
her friend James who helped her complete
n n altercation dur'n8 which she was stabbed in the palm of
eon reports that she was involved in a ^ stabbi„gr ^^ ^ mcmon, o(^ happened her hand. She remembers the period be inlrusive ^^ |n re|atipp tp ,be jncWe„t _ she W^' D“n"”"” “*"“ sure. She has constant nightmares, during which she is thinks these may be memories, but is not su , ,

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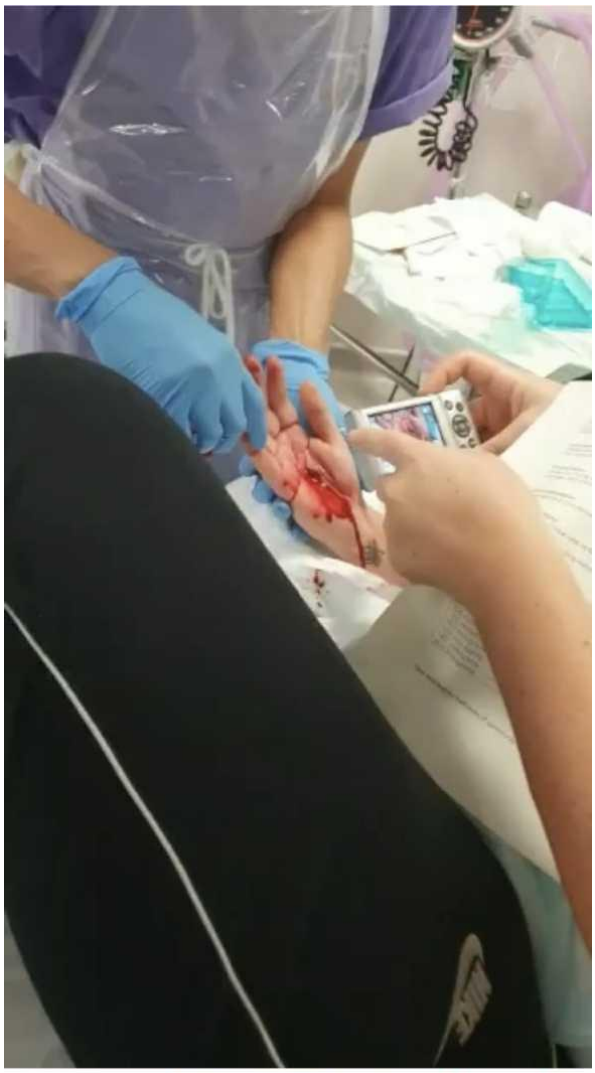
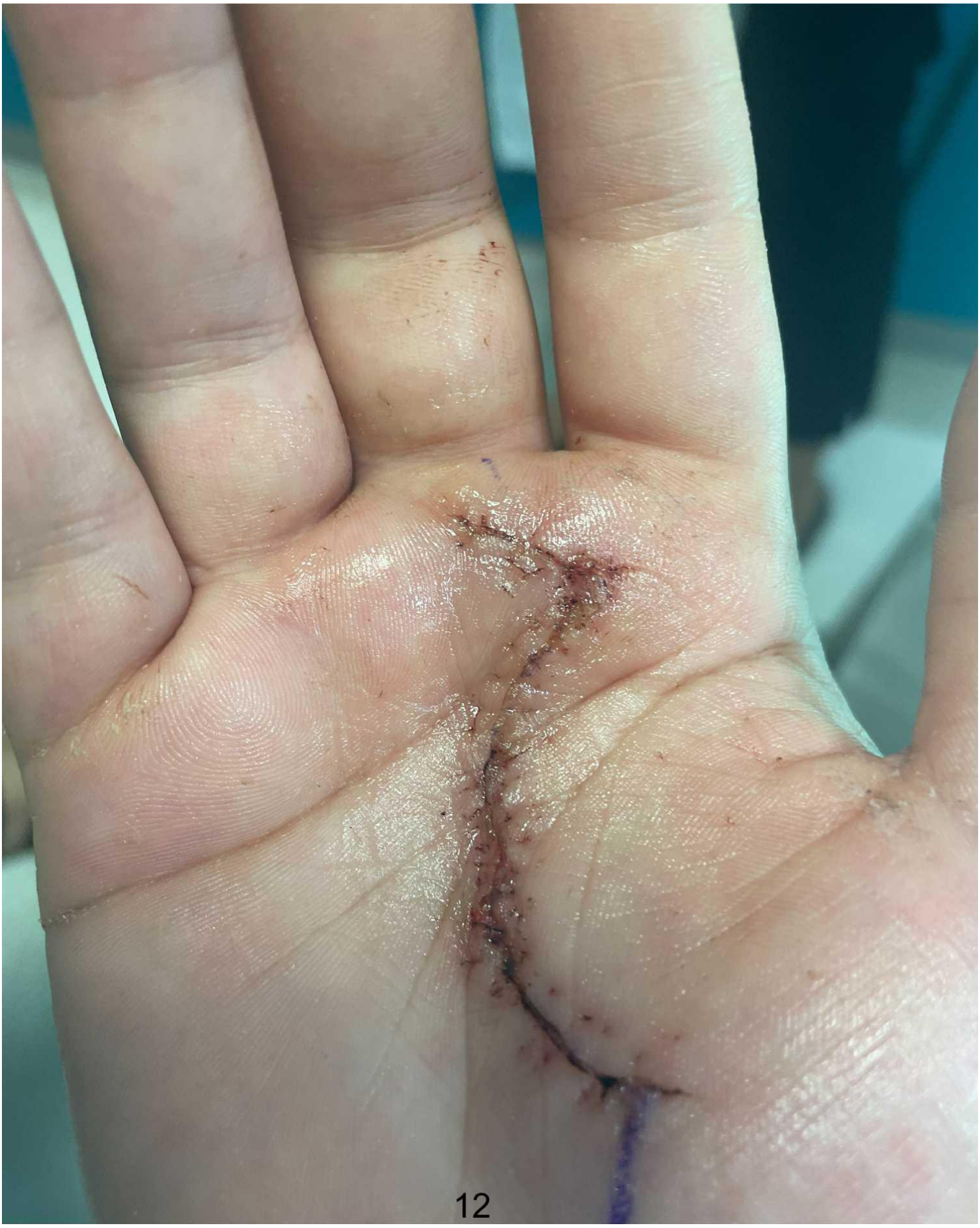
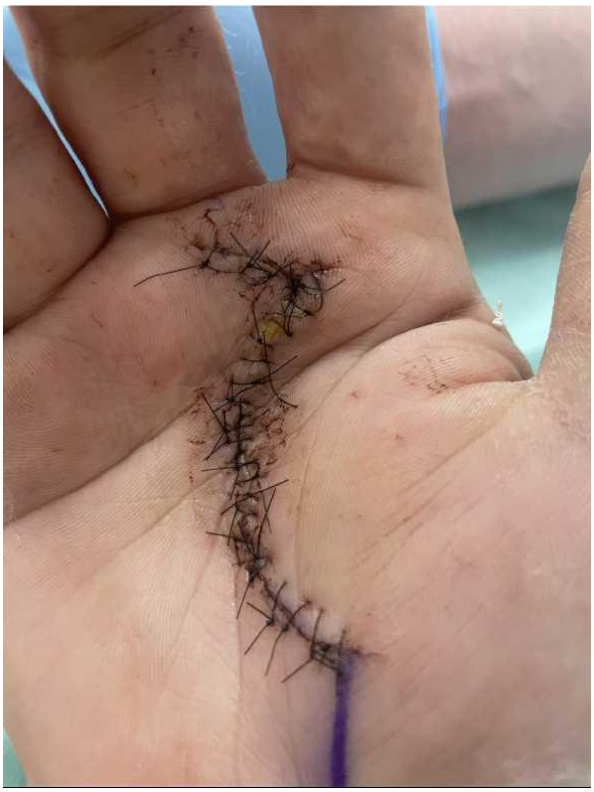
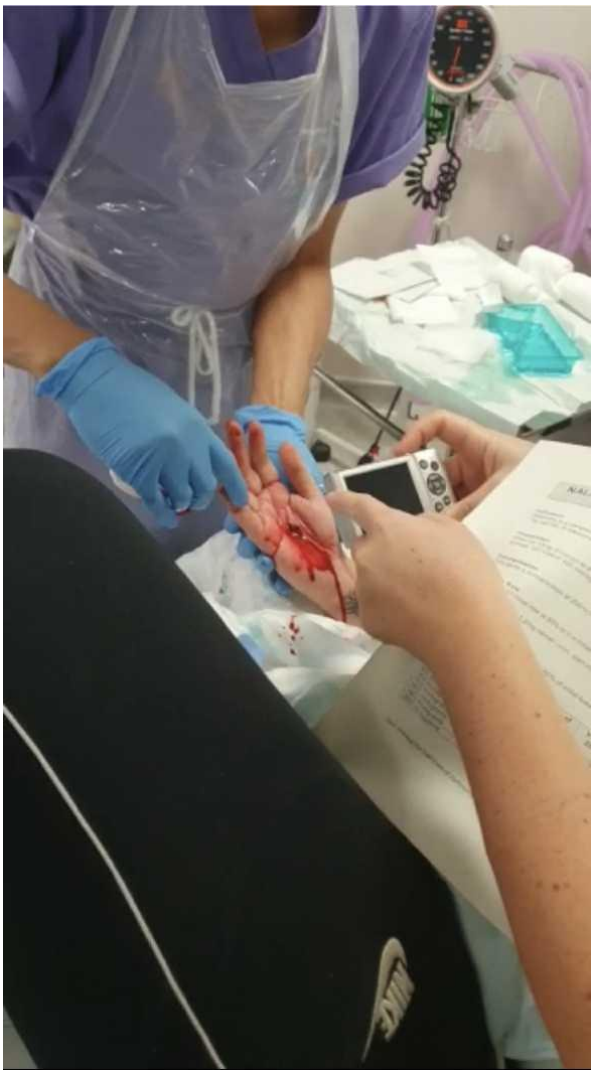
Total score on PCL-5 is 67, indicating PTSD. Symptoms consistent with PTSD.
DB reports that she has been sectioned in the past and has previously experienced auditory hallucinations. I understand that she has a diagnosis of bi-polar and has been under services since childhood. It was unclear why. DB reports that since the stabbing, she is finding it difficult to go out. She is unable to go to her home, as perpetrators are known to her and there is a court case pending. They know where she lives and she is fearful of another attack. She is therefore moving around between friends' houses. DB is feeling that her friends and family may be manipulating her - by this she meant they are encouraging her to go out and to appointments. She is unable to articulate why but feels the intent may not be benign. She recognises this may represent paranoid thinking, which can be considered in the context of other bi-polar diagnosis.
DB finds that she does not want to care for her injured hand. She feels it is not hers. She feels she does not want to use it or care for it and that it is bad. She reports that she tells hand therapy she is engaging in exercises when actually she is finding it very difficult to find the motivation to do this. We discussed the concept of embodiment and how we might work with that within this service.
DB reports feeling low, anxious and exhausted. She is experiencing some suicidal ideation but has no current plans or intent. She rates herself 3/10 likely to act, with her mother and family being protective factors. She has a history of self-harm involving horizontal cutting of the arms. Last occurrence was circa one year ago.
DB reports that she saw her GP two weeks ago, who is aware of history of self-harm and suicidal ideation. She had advised herself to self-refer to the crisis team. She had not felt able to do this. We did this together today in clinic. Referral was taken by Jubeda Akthar, Assistant Practitioner. DB was advised that a clinician would contact her within four hours today. I have asked for an e-mail update in due course. DB would need to be stable under community services, before psychological therapy in relation to her hand would be indicated.

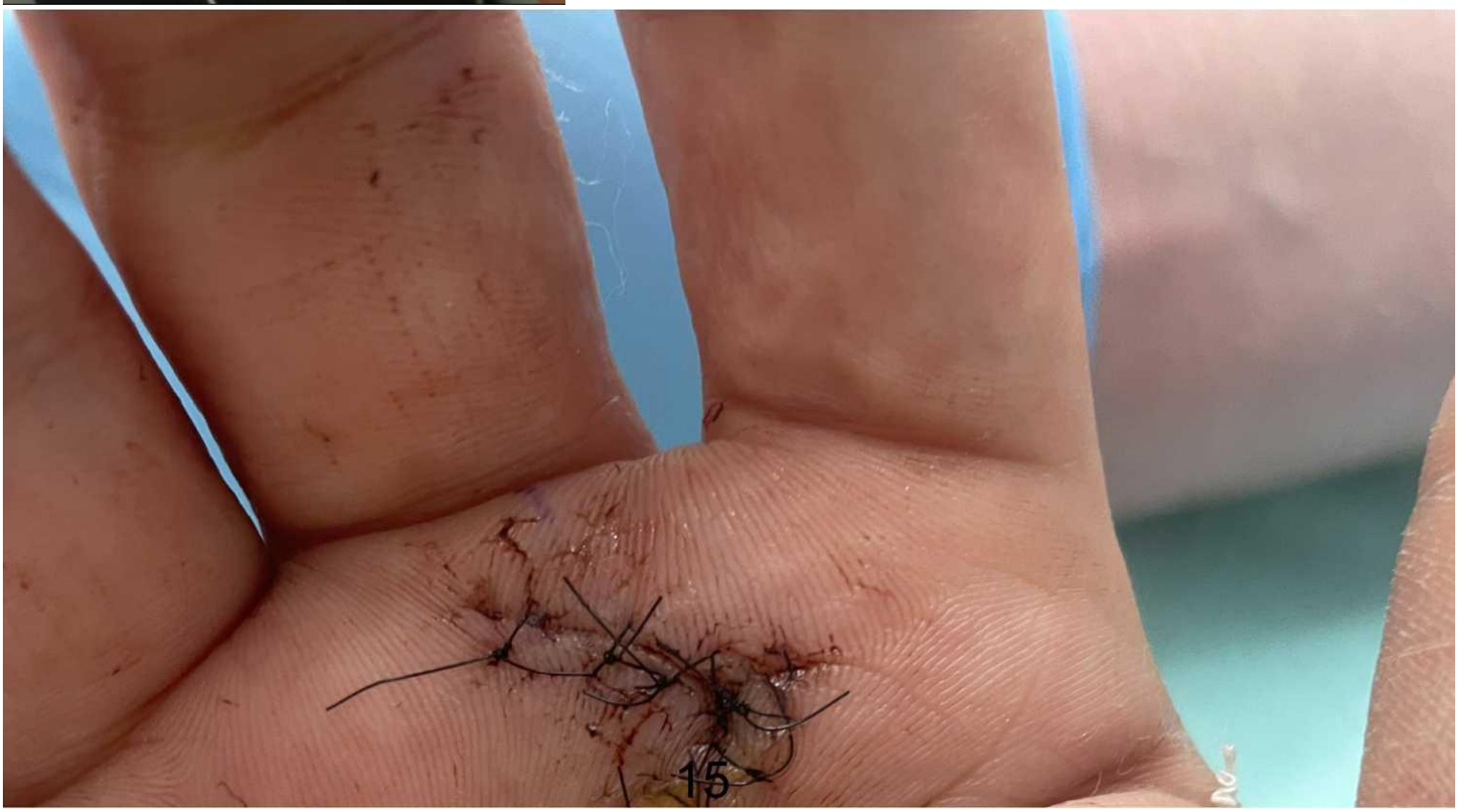
Scores on PHQ9 = 19/24 (8 questions) indicating severe depression
Scores on GAD7 = 19/21 indicating severe anxiety .
Copy of this note provided to patient today at her request, as she is concerned, she will not remember the content of our consultation.







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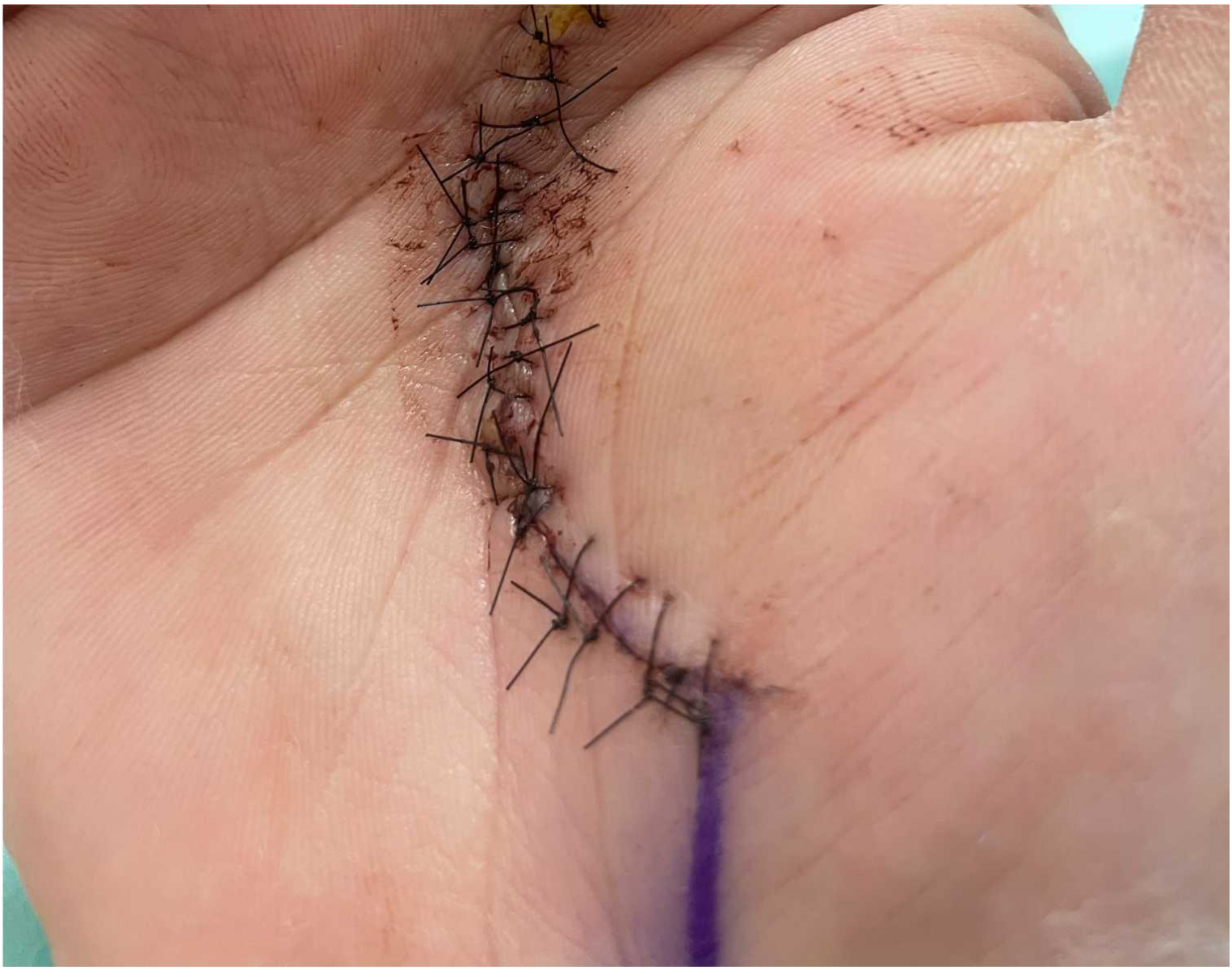

[redacted]

GP Discharge Letter

Procedures
None

Clinical Summary
Plan

Home today
OTC analgesia
Hand elevation
HTC 3 days
ROS 10-14 days
Continue oral abx

Safety Alerts
None

Allergies and Adverse Reactions

No known allergies

Medications and Medical Devices

AWAITING PHARMACY REVIEW

Weight: *No measured or estimated weight recorded*
Height: *No measured or estimated height recorded*
BSA: *No measured or estimated BSA recorded*

New Medication Prescribed Since Admission

Medication	Route	Dose	Frequency	No. of Days Supplied	GP to continue
co-amoxiclav 500 mg-125 mg oral tablet tablet	oral	1 tablet	THREE times a day	5	No
	Indication: traumatic wound				

Prescriber: Parthiban , Sunil ***Smartcard ID:*** 559[redacted]

Screened by Pharmacist:

nted by: Khan , Lidia Zofia
ted on: 27/Nov/2022 16:21 GMT

NHS
Royal Free London
NHS Foundation Trust
Royal Free Hospital
Pond Street
London, NW3 2QG
020 7794 0500

Outpatient Prescription

To the patient: If the doctor asks you to take this prescription to the GP, you should take it to your GP practice and leave it with them. You may not need to make an appointment immediately but please confirm with your GP practice if you need to return later, for example to discuss any change in treatment with your GP.

This prescription is for: Royal Free Outpatient Pharmacy

Patient Nam [redacted] **Date of Birth** **Gender:** Fema **Patient Address:** 23 BYRON TERRACE HERTFORD ROAD LONDON N9 7DG	**NHS Numbe** [redacted] **Hospital MRN:** **Home Telepho** **Mobile Phone:** 07868267755 **Consultant:** Mosaheb-Mohamnadi , Afshin **Clinic:** RF-Clinic 4

Allergies: No known allergies

Allergies: Active: NKA
Weight: No measured or estimated weight recorded
Height: No measured or estimated height recorded
BSA: 0.00 m²

Medication Prescribed This Visit						Pharmacy Use Only				
Medication	**Route**	**Dose**	**Frequency**	**Days Supplied**	**GP to Continue**	**Qty Sup.**	**Qty T/F**	**S**	**D**	**C**
co-amoxiclav 500 mg-125 mg oral tablet tablet	oral	1 tablet	THREE times a day	7	No					
	Indication: stab wound to hand; **Instructions:** 26/11/22 SA									
dihydrocodeine tablet	oral	30 mg	FOUR times a day	14	No					
	Indication: stab wound to hand; **Instructions:** 26/11/22 SA									
paracetamol tablet	oral	1 gram	FOUR times a day	14	No					
	Indication: stab wound to hand; **Instructions:** OTC.									

Date: 26-Nov-2022 | **Prescriber (Smartcard ID):** Bawa , Jasmine Hamam (5[redacted]) | **Contact Number:** 2331

Independent Prescriber Name:

NOTE: **Patients who don't have to pay must fill in parts 1 and 3 (unless they are exempt on**

Person Full Name: [redacted]
SHANTEL

NHS Number (Person Alias) 434 751 8617

Dr THOMAS , JM NIGHTINGALE HOUSE SURGERY
1 NIGHTINGALE ROAD
EDMONTON
LONDON
N9 8AJ

GP Identifier: [redacted]
GP phone: 020 88059997

Discharge Summary for BENJAMIN, DEON SHANTEL

Patient Demographics
Name: [redacted]
Address: 23 BYRON TERRACE
HERTFORD ROAD
LONDON
N9 7DG
Gender: Female
Date of Birth: [redacted]
NHS: [redacted]
Other Identifier (MRN): [redacted]

Admission Details
Date: 27/NOV/22 08:01:15
Source: Usual Place of Residence
Lead Consultant: Ponniah, Allan
Lead Consultant Specialty: Plastic Surgery Service

Discharge Details
Date: 27/NOV/22 00:00:00
Destination: Usual Place of Residence
Discharge by: Ponniah , Allan Jonathan
Outcome: Discharged with consent
Discharging Ward: RF-6 EAST

Summary

Diagnosis
No ranking:
27-Nov-2022 Rupture flexor digitorum superficialis tendon (Confirmed) - Presented On: 27-Nov-2022

COVID Status
Negative

Printed by: Khan , Lidia Zofia
Printed on: 27/Nov/2022 16:21 GMT

NHS
Royal Free London
NHS Foundation Trust

Consent Form 1

Agreement to Investigation or Treatment

Patient details (or pre-printed label)

[redacted]

NHS number

☐ Male   Female ☐

Patient's first names

Responsible health professional

Job title

Special requirements
(eg other language/other communication method)

Name of proposed procedure or course of treatment (include brief explanation if medical term not clear)

[illegible handwriting]

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained:

The intended benefits [illegible handwriting]

Serious or frequently occurring risks [illegible handwriting]

Any extra procedures which may become necessary during the procedure

☐ blood transfusion

☐ other procedure (please specify)

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

☐ I have also discussed use of any residual tissue that may be removed in the course of the procedure under the terms of the Human Tissue Act 2004 (see guidance notes)

☐ The following leaflet/tape has been provided

This procedure will involve:

☑ general and/or regional anaesthesia   ☑ local anaesthesia   ☐ sedation

Additional Risk factor to be assessed by healthcare professional

☐ Is the patient at risk of vCJD for public health purposes   ☐ No ☐ Yes

Signed   Date 26/11/21

Name (PRINT) E DAVISON   Job title SCF

Contact details (if patient wishes to discuss options later)

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe can understand.

Signed   Date

Name (PRINT)

Copy accepted by patient: yes / no (please ring)

YELLOW COPY: CASENOTES   WHITE COPY: PATIENT

NHS
Royal Free London
NHS Foundation Trust

Consent Form 1

[redacted] Agreement to Investigation or Treatment

Patient details (or pre-printed label)

[redacted]

NHS number (Ur[redacted]

☐ Male   Female ☐

Patient's first names

Responsible health professional

Job title

Special requirements
(eg other language/other communication method)

Name of proposed procedure or course of treatment (include brief explanation if medical term not clear)
EXPLORATION UNDER ANAESTHETIC OF RIGHT PALM ± ?3 CASSAR[illegible]
± REPAIR CON TO RIF/RMF ± FASCIA[illegible]

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained:

The intended benefits [illegible]

Serious or frequently occurring risks pain, infection, bleeding, [illegible] (tender) [illegible]

Any extra procedures which may become necessary during the procedure

☐ blood transfusion

☐ other procedure (please specify)

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

☐ I have also discussed use of any residual tissue that may be removed in the course of the procedure und[er] the terms of the Human Tissue Act 2004 (see guidance notes)

☐ The following leaflet/tape has been provided

This procedure will involve:

☑ general and/or regional anaesthesia   ☑ local anaesthesia   ☐ sedation

Additional Risk factor to be assessed by healthcare professional

☐ Is the patient at risk of vCJD for public health purposes ☑ No ☐ Yes

Signed [signature]   Date 26/11/2[illegible]

Name (PRINT) E DAVISON   Job title SCF

Contact details (if patient wishes to discuss options later)

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe [he/she] can understand.

Signed   Date

Name (PRINT)

Copy accepted by patient: yes / no (please ring)

YELLOW COPY: CASENOTES   WHITE COPY: PATIENT

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. [redacted]
RiO No. [redacted]

Re: Miss DB - DoB: 26 Aug 1989
23 Byron Terrace Hertford Road, Edmonton, London, N9 7DG

Miss DB is a 33-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 1mg 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.

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

Yours sincerely

Mental Health Partnership

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

Enfield Personality Disorder Stream
ield Integrated Core Mental Health Team
The Chase Building
Chase Farm Hospital Site
The Ridgeway Enfield EN2
8JL

Tel: 020 8702 5011/5023
PD Team Direct Dial: 020 8702 5020
Email: beh-tr.generalenquiries(8)nhs.net

**Private &
Confidential Miss
DB 23 Byron
Terrace Hertford
Road Edmonton
London
N9 7DG**

8th November 2023

NHS number: [redacted]
Hospital number: [redacted]

Dear DB,

Following your referral to Enfield Integrated Core Team, we have booked your initial assessment, I can confirm this will be a **face-to-face appointment,** your appointment details are as below:

Date & Time: 2nd February 2023 at 09:30am

Location: The Chase Building, Chase Farm Hospital Site

Clinician: Kuntal Mehta

We have enclosed several documents which we would be grateful if you could complete and bring with you to your appointment. If you cannot complete these at home, or would like some help filling them in, your clinician will be happy to help you with these at your appointment. Please note this appointment is an assessment and is not the start of therapy. We ask that if you cannot attend the appointment as above, please contact us at your earliest convenience **020 8702 5023/5011.** Please be aware that failure to attend this appointment may result in a discharge from our service. We look forward to meeting you.

Yours sincerely,

Administrator for Enfield Personality Disorder Stream
On Behalf of Barnet, Enfield and Haringey Mental Health Trust

Cc: NIGHTINGALE HOUSE SURGERY, 1 NIGHTINGALE ROAD, EDMONTON, N9 8AJ

Getting to Enfield Therapy Service

Enfield Therapy Service
The Chase Building
Chase Farm Hospital
The Ridgeway
Enfield
EN2 8JL

Bus
W8 – Chase Farm Hospital
W9 – Chase Farm Hospital
313 – Chase Farm Hospital

Train
10-15 minute walk from Gordon Hill Station

Car
Pay and display: only available on first come first service basis.

Contact us

Tel **020 8702 5011/5516**

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Please give this number: 497841

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Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

A University Teaching Trust

Enfield Therapy Service (ETS)

Information for Service Users, Carers & Professionals

What is Enfield Therapy Service?

If you have experienced recurring, on-going or severe mental ill health, or if your symptoms have not been helped by a short course of therapy in IAPT, it is likely that you will be referred on to Enfield Therapy Service.

Enfield Therapy Service is a secondary care mental health team who offer psychological treatment.

Your first contact will usually be a psychological assessment and treatment planning session, where we will consider your individual needs and discuss with you options for treatment.

Treatment is divided into three streams:

Post-Traumatic Stress Disorder (PTSD) Stream - for people who have survived multiple, enduring and/or severe trauma and are experiencing symptoms of PTSD.

Personality Disorder Stream – for people with a diagnosis of Emotionally Unstable Personality Disorder (EUPD), who struggle with self-harm, relationships, impulsivity, and managing emotions.

Psychological Therapies Stream – for people with recurrent, enduring and/or severe anxiety and/ or depression. We also see some people with symptoms of personality disorders.

What can we offer?

Group Therapy – Provide an opportunity to understand and develop the skills to help a person cope with their symptoms. Meeting other people with similar difficulties also helps people feel less alone.

Individual Therapy – We offer a variety of therapeutic approaches to help people explore their difficulties and reduce symptoms.

Family Therapy – Appointments for couples and families to think about how mental health can be improved by looking at relationships.

Medication – Prescription drugs are often used in treating various symptoms. Evidence suggests a combination of medication and talking therapy is often the most effective treatment. Generally an individual's medication will be managed by their GP. Psychiatrists can provide expert advice to the GP, as well as offering specialist psychiatric reviews.

Signposting – We can signpost people to services that can address difficult social issues, such as housing or asylum status, as well as other therapy services.

What can we *not* offer?

- We don't recommend starting therapy if you are using illegal drugs or alcohol to cope, or if you are going through stressful events such as on-going court cases or homelessness. It's better if these difficulties are addressed first.
- We cannot offer long term support or care-coordination for practical and social issues such as housing, debt, asylum etc.
- We do not offer therapy for people who are currently experiencing an episode of psychosis.

What to do in a Crisis?

Remember your coping strategies

We would encourage you to remember your coping strategies and try these first. What works best is different for each person, which is why we teach a range of skills and strategies.

Crisis Teams

There is a dedicated Crisis Resolution and Home Treatment Team (CRHT) who are available 24 hours a day, 7 days a week.

Their contact telephone number is:

Enfield CRHT 020 8702 3800

North London
Mental Health Partnership

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

We would appreciate if you would complete this form in order for us to update our systems with your most current information. **Please hand this completed form to the Reception, when you arrive for your appointment.**

Name		**Surname**	
Date of Birth		**Marital status**	

Address:

Home Tel:	**Mobile:**

Email:

Dependent children (under 18) including children living in the household	**YES / NO (If yes please state details below)**

Names (children)	**School**	**Date(s) of birth**

Next of Kin Details (please note that the person listed below will only be contacted in an emergency)

Emergency contact name	**Relationship**	**Contact number**

Address:	**Postcode:**

Home Tel:		**Mobile**	

Email address:	

Housing status:

Own home		**Private rent**		**Council**	

Other: (please specify)	

Employment status:

Employed		**Unemployed**

Receiving benefits:	Yes	No

Name of benefit:

Occupation:

GP name and address:	Postcode:

Smoker (please circle appropriate answer) Yes / No
If Yes how many a day:
Age when started:
Do you want help to cut down:

Physical health conditions including allergies:

Disability	Yes	No	If yes, please indicate nature of disability.

Ethnicity (please select by ticking or circling your ethnicity)

	Asian or Asian British - Any other background	Other Ethnic Groups – Japanese
	Asian or Asian British – Bangladeshi	Other Ethnic Groups – Kurdish
	Asian or Asian British – British	Other Ethnic Groups - Latin American
	Asian or Asian British - Caribbean Asian	Other Ethnic Groups – Malaysian
	Asian or Asian British - East African Asian	Other Ethnic Groups - Maur/SEyc/Mald/StHelen
	Asian or Asian British – Indian	Other Ethnic Groups – Moroccan
	Asian or Asian British – Kashmiri	Other Ethnic Groups - North African
	Asian or Asian British - Mixed Asian	Other Ethnic Groups - Other Middle East

	Asian or Asian British - Other/Unspecified	Other Ethnic Groups - South/Central
	Asian or Asian British – Pakistani	American
	Asian or Asian British – Punjabi	Other Ethnic Groups – Vietnamese
	Asian or Asian British – Sinhalese	
	Asian or Asian British - Sri Lanka	White – Albanian
	Asian or Asian British – Tamil	White - All Republics of former USSR
		White - Any other background
	Black or Black British – African	White – Bosnian
	Black or Black British - Any other	White – British
	background	White – Cornish
	Black or Black British – British	White – Croatian
	Black or Black British – Caribbean	White - Cypriot (part not stated)
	Black or Black British – Mixed	White – English
	Black or Black British – Nigerian	White – Greek
	Black or Black British - Other/Unspecified	White - Greek Cypriot
	Black or Black British – Somali	White - Gypsy/Romany
		White – Irish
	Mixed - Any other mixed background	White - Irish Traveller
	Mixed - Asian and Chinese	White – Italian
	Mixed - Black and Asian	White – Kosovan
	Mixed - Black and Chinese	White - Mixed White
	Mixed - Black and White	White - Northern Irish
	Mixed - Chinese and White	White - Other European
	Mixed - Other/Unspecified	White - Other Republics of former
	Mixed - White & Asian	Yugoslavia
	Mixed - White & Black African	White - Other/Unspecified
	Mixed - White & Black Caribbean	White – Polish
		White – Scottish
	Other Ethnic Groups - Any Other Group	White – Serbian
	Other Ethnic Groups – Arab	White – Traveller
	Other Ethnic Groups – Chinese	White – Turkish
	Other Ethnic Groups – Filipino	White - Turkish Cypriot
	Other Ethnic Groups – Iranian	White - Welsh
	Other Ethnic Groups – Israeli	Any Other Group

Travel Directions to Chase Farm Hospital Site

By Underground:
Nearest Tube Station:
Piccadilly Line to Oakwood

By Rail:
Nearest Railway Stations:
Gordon Hill (short walk)
Potters Bar Station (then bus 313)
Enfield Town (bus W9 and 313)

Bus Connections:
Bus Route 313–runs approximately every 20 minutes during daytime hours

Bus Route W9–runs approximately every 15 minutes during daytime hours

The Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS)

Below are some statements about feelings and thoughts.
Please tick the box that best describes your experience of each over the last 2 weeks

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5

Patient Health Questionnaire (PHQ-9)

NAME:

DATE:

Over the last 2 ***weeks,*** how often have you been bothered by any of the following problems? (use ***" □" to indicate your answer)***	**Not at j**	**Several ; all days**	**More than half the days**	**Nearly every day**
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	..... o	1	2	3
3. Troubling falling or staying asleep	0	1	2	3
4. Feeling tired or having little energy	.....b.....	i '	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family	.....b.....	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	o.....	. 1	I [2]	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving ■ around a lot more than usual	. o ‘ .	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	..... b	1	i [2]	[3]
Add columns				
TOTAL:				

10. If you checked off ***any*** problems, how ***difficult*** have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not at all _____
	Somewhat _____
	difficult _____
	Very difficult _____
	Extremely difficult

Generalised Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	**Not at all**	**Several days**	**Over half the days**	**Nearly every day**
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

Add the score for each column ***+*** ***+*** ***+***

Total Score ***(add your column scores) =***

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult _____

Extremely difficult

Pharmacy Stamp | Age | Title, Forename, Surname & Address

D.o.I

[redacted]

Please don't stamp over age bi

Number of days' treatment
N.B. Ensure dose is stated
Endorsements

28d NHS Number: 434 757 ft)?

HOSPITAL PRESCRIBER **HP**

MIRTAZAPINE o
15 mg nocte

Prescriber's name and initials in block capitals

H CWho

Signature of Prescriber | Date

For dispenser
No. of Prescns. on form

one

ENFIELD TAS SESSMENT SERV **RRPE6** **HP**

25 CROWN LANE SOUTHGATE
LONDON

N14 5SH

020 87023329 BEHMHT

RRP

NHS

FP10 [redacted]

[redacted]

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Date: 08.03.2023

Dr Abidoye
Nightingale House Surgery
Nightingale Road Edmonton

N9 8AJ

Barnet, Enfield and Haringey Mental Health Trust
Enfield Assessment Service
25 Crown Lane

Southgate London
N14 5SH

Tei: 0208 702 3329

NHS No.***** Rio No [redacted]

Dear Dr Abidoye,

Re: Miss DB DoB 26 Aug 1989 (33 years) Address - Currently of no fixed abode - Sofa surfing

I had opportunity to assess Ms DB in our Silver Street Clinic on 01 March 2023 after she was referred by our Crisis Telephone Service. She presented with her partner.

Reason for Referral
Referrer reported history of auditory hallucinations and suspected that DB has PTSD.
Clinical Documentation recorded diagnosis of depression and anxiety.
Experiencing a deterioration in MH triggered by:

- Assaulted and stabbed on 27th November 2022- In hospital for 3 days
- Mum is currently in hospital- had a heart operation
- Not able to return to her home address due to assault.

DB reported that she has been having disturbed sleep and-nightmares at night.
No changes in appetite highlighted.
DB has a history of having auditory hallucinations but denied experiencing psychotic symptoms at time of triage.
DB is not taking any medication at present; she was previously prescribed sertraline but stopped taking medication 3.weeks ago, GP is aware and she reported they would review medication. - — -
No currently using drugs or drinking alcohol.
Reported that she used to socially use cocaine but stopped after she was assaulted last year.
No clear diagnosis

History of presenting Problem:
Gave verbal consent to information sharing along Trust guidelines, happy for final letter to go to GP and to home address

Ms DB told me last November she went to pick up her boyfriend at a Bar. When they came out, her boyfriend who was intoxicated with alcohol had an altercation with a man and a woman whom she alleged were both under the influence of alcohol. She got involved during the altercation pulling

W

her boyfriend away and she alleged she was pushed to the ground and the woman stabbed her. She sustained deep cut in her right hand, and she told me she fainted because of the bleeding and she now unable to remember much what actually happened.
Police now is investigating the incident. No one has been arrested yet and they are still looking for the alleged assailant. She is now stressed out of having to attend court. She told CCTV footage is not clear.

She told me she has been told by police not go to her flat "kicked me out and told me it is dangerous for me to go back." and subsequently has been of no fixed abode since. She told me she has been sofa surfing at her boyfriend and other friends since the incident.

Since the incident, she has been experiencing symptoms suggestive of PTSD - .
Hyperarousal - easily irritable and aggressive at time, hypervigilance, can't go outside - afraid of the dark, difficulty concentrating, and difficulty sleeping, experiencing bad dreams, and waking up in sweat. Constant ruminating and flashbacks about the incident 'in my head', Crying for no reason.

Compounded to the trauma following the incident, she attended North Middlesex University hospital yesterday and was told that she must have her ovary removed and she is worried she wouldn't be able to have any kids.

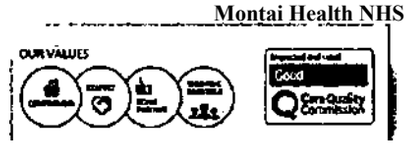
She also told me she is also stressed out as her mum is in ICU following a heart operation and she is physically very unwell.

Before the incident she told me was paranoid about people betraying her and she has been diagnosed with dyslexia when she was at school, and she has had depression and anxiety since she was 13 years of age.

She told me she was previously diagnosed with bipolar affective disorder and when challenged as her health records doesn't indicate such a diagnosis, she then told me it was the charity MIND who told her she may have had Bipolar. .

Past Psychiatric History:
Previously treated with depression and anxiety from 2008 - 2011.
Otherwise, no previous history on Rio.

Current Medication:
Sertraline 150mg
Sleeping tablet - Zopiclone
She told me she has been on Sertraline most of her life although she never felt any benefit since on it and has been taking it as prescribed.
To the contrary, notes from our CTS indicate she stopped taking her antidepressant.



3

Information provided about her condition by her GP
Ms DB understands the risk and benefit of medication prescribed and was involved in decision^ about medication.

Drug/ Alcohol and smoking status:
Smoke cigarettes.
Only drinks alcohol socially when out with her friends - She used to drink in excess during her teenage years but denied any problematic drinking recently.

She told me she used to sniff 'Charlie' cocaine during her teenage years. However, when our CTS spoke with her recently, she reported to socially use cocaine but only stopped after she was assaulted last November.

Present Social Circumstances:
She is currently of NFA and sofa surfing She receives ESA and PIP.

Mental State Examination:
A+B: Revealed a 33-year-old Caucasian woman. Her right hand was bandaged and told me she is scheduled to attend special unit for plastic surgery on her hand. She was casually dressed, and her self-care was good. She established a rapport easily and she was mildly agitated shaking her leg incessantly during the interview. Her speech was fluent, coherent and normal in volume, rate and content

Subjectively she rated her mood as being (0) on a scale of 0 to 10 (where 0 is most depressed and 10 happiest). However objectively her mood appears normal with a reactive and mildly anxious affect

She told she attempted self harm by cutting her wrists about 7 months ago. No scar or mark noted. Her left wrist is covered with tattooed. She has no current suicidal ideation, plan or intent and cited her mum as a protective factor.

With regards to her perception, she reported hearing her boyfriend whispering to her from inside her head "playing games in my head' and not from external spaces about 3 to 4 times in a week since the incident. This appears more related to her traumatic experiences and unlikely to be psychotic. She also reported a history of feeling paranoid about other people betraying her, likely in the context of her personality and a history of using cocaine.
Her appetite is not great, although she is eating, and she is not sleeping well although she reported having 8 hours sleep last night.

Nursing Impression:
Her presentation is suggestive of traits of PTSD following an incident last November when she alleges, she got stabbed in her right arm.
She is also stressed out as she subsequently lost her accommodation following the incident and her mum is currently very unwell in hospital.

Management plan:
We discussed therapy to manage her PTSD and advised her to engage with IAPT.

Please refer her to Enfield IAPT for therapy.

She told me a housing solicitor is helping her with her accommodation and I have advised her to go to the homeless person unit and MIND for support.

She told me she is seeing her GP for a review of her medication.

I have discharged her back to your care,

Yours sincerely,

Kris Gopaulen Community
Psychiatric Nurse Enfield
Assessment Service

Copy to: Ms DB

L&Q

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

Confidential

Miss DB 7 Tenneyson Close, Enfield, London, EN34SN

21 October 2019

Dear Miss D 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

L&Q

L&Q Direct

PO Box 194

Sidcup DA15 0AJ

Tel: +44 (0)300 456 9998
Email: info@lqgroup.org.uk

Website: www.lqgroup.org.uk

09th December 2022

URGENT – **For the attention of the Duty Homeless Persons Unit Officer, Homelessness Section**

Dear Sir/Madam,

Application for assistance under section 183 of the Housing Act 1996

Please treat this letter as an application for assistance under section 183, Housing Act 1996.

Homelessness or threatened with homelessness (Section 175 Housing Act 1996)

We believe that our client should be treated as homeless or threatened with homelessness. This is because:

Please see summary notes for the case below

> Ms DB contacted L&Q and has reported that on 25th November she was stabbed outside a pub by two unknown persons. She was hospitalised and needed surgery after sustaining life changing injuries. Ms DB has seen both of the perpetrators on her estate while walking her dog and believes they live on the estate and know where she lives. She has not stayed in her property due to fear for her life. While she was in hospital, she has received a call from an unknown number telling her to drop the charges. She has stayed in the hospital last few nights as she has no where else to stay. Police are investigating her case crime ref: 5232489/22. I have received an email from the police officer stating, ***'The victim currently resides at an address where both suspect live within the same estate and there has been escalation of violent behaviour within this estate since the incident on 25/11/2022'.*** They advised that it is not safe for Ms DB to remain at her property and she should be moved.

Advised resident to approach the local authority explain her situation regarding the incident and that she wants to make a homeless application.

Ms DB has requested urgent re-housing.

It is of the recommendation of L&Q that accommodation is considered to ensure the safety and wellbeing of DB.

Interim accommodation duty (section 188 Housing Act 1996)

BECAUSE HOMES MATTER

We believe that on the basis of the above that your authority has reason to believe that our client may be homeless, eligible and in priority need. Therefore, your authority has a duty to provide suitable accommodation pending completion of your enquiries. We would remind you that this duty arises irrespective of location connection with your authority.

Ms DB is a tenant of **London & Quadrant Housing Trust (L&Q)**. However, due to:

- *Please see details of case above*

This tenant feels it is not safe for them to remain at their property at 7 Tenneyson Close, Enfield, London EN3 4SN.

Police details
DC Neha Chadda
North Area BCU
Local Investigations Team 2a
Metropolitan Police Service
North Area BCU (Enfield & Haringey)
07717850110

For this reason, I am referring them for emergency re-housing as per s188 of the Housing Act 1996 (Homelessness). "Interim duty to accommodate in case of apparent priority need." And also, under section 10 of the Homeless Act 2002, where it is not reasonable for a person to continue to occupy accommodation if it is probable that this will lead to threats of violence from another person.

Details of *Ms DB,* tenancy are as follows:
Tenancy start date with **L&Q** – 15/08/2011

Date of birth [redacted]

I would be grateful if you can contact me to confirm receipt of this letter. Please can you also keep me informed of the progress of your enquiries as an authorised representative of our client and provide us with a copy of your decision letter. You can contact me on 0300 *456 9996 o*r via email to nsharif@lqgroup.org.uk Thank you for your assistance.

Yours faithfully

Nazma Sharif
ASB Case worker

Your

Na ma Shar

Valerie Opara

From: Neha.Chadda@met.police.uk
Sent: 08 December 2022 17:55
To: Cc: RROteam
emily.berry@emfield.gov.uk; Nazma Sharif
Subject: [redacted]

Follow Up Flag: Follow up
Flag Status: Flagged

Good evening,

I am emailing in relation to the above crime report. This a GBH with intent investigation where the victim was assaulted in a pub which resulted in life changing injuries to her hand.

The victim currently resides at an address where both suspect live within the same estate and there has been escalation of violent behaviour within this estate since the incidnet on 25/11/2022.

The victim's name is DB Shantel DB she currently resides at 7 TENNYSON CLOSE, SCOTLAND GREEN ROAD, ENFIELD, EN3 4SN.

We would recommend a move due to the proximity of the suspects of this investigation and the mental/physical toll this incidnet has been on Ms DB.

Kind Regards,

DC Neha Chadda
North Area BCU
Local Investigations Team 2a
Metropolitan Police Service
North Area BCU (Enfield & Haringey)
X07717850110
Vwww.met.police.uk ^ Neha.Chadda@met.police.uk

Enfield Haringey

Barnet, Enfield and Haringey
Mental Health NHS Trust

NHS

A University Teething Trust

Your Ref:
NHS Numbe[redacted]
Hospital Number:[redacted]

22 Feb 2023

Enfield Assessment Service
25 Crown Lane
Southgate
London N14
5SH

Tel: 0208 702 3329

Private and Confidential to be opened by addressee
Miss D[redacted] DB
23 Byron Terrace Hertford Road
Edmonton
London
N9 7DG

Dear Miss DB,

Following our recent phone conversation, we would like to confirm your appointment as follows

Date: 01 Mar 2023
Time: 11 30
Clinician: Kylassum Gopaulen
Location: 58-60 Silver Street, Enfield, Middlesex, ENI 3EP

To make sure that access to our services is fair, please:

- Call the above number if you are unable to attend this appointment
  We may not be able to offer you another appointment if you don't attend this one, or don't tell us that you can't come
- Arrive on time for your appointment as we may not be able to see you if you are late

Please contact us on the above number if English is not your first language and you need help or an interpreter.

Yours sincerely

Annalynn Kamulete
On Behalf of Barnet, Enfield and Haringey Mental Health Trust

Good
CareQuality Commission

Living Wage Employer

POSITIVE ABOUT DISABLED PEOPLE

Interim Chair: Peter Molyne Chief Executive: Jinjer Kand

Mental Health Partnership

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

Enfield Personality Disorder Stream ield
Integrated Core Mental Health Team
The Chase Building Chase
Farm Hospital Site
The Ridgeway
Enfield EN2 8JL

Tel: 020 8702 5011/5023
PD Team Direct Dial: 020 8702 5020
Email: beh-tr.generalenquiries@nhs.net

Private &
Confidential Miss
DB 23 Byron
Terrace Hertford
Road Edmonton
London N9 7DG

6th December 2023

NHS number: [redacted]
Hospital number [redacted]

Dear DB,

Due to unforeseen circumstances, we have had to amend the assessment date that we previously booked for you. I can confirm this will be a face-to-face appointment, your appointment details are as below:

Date & Time: 23rd February 2024 at 09:30am

Location: The Chase Building, Chase Farm Hospital Site

Clinician: Kuntal Mehta

We have enclosed several documents which we would be grateful if you could complete and bring with you to your appointment. If you cannot complete these at home, or would like some help filling them in, your clinician will be happy to help you with these at your appointment. Please note this appointment is an assessment and is not the start of therapy. We ask that if you cannot attend the appointment as above, please contact us at your earliest convenience **020 8702 5023/5011.** Please be aware that failure to attend this appointment may result in a discharge from our service. We look forward to meeting you.

Yours sincerely,

Administrator for **Enfield Personality Disorder Stream**
On Behalf of Barnet, Enfield and Haringey Mental Health Trust

Cc: NIGHTINGALE HOUSE SURGERY, 1 NIGHTINGALE ROAD, EDMONTON, N9 8AJ

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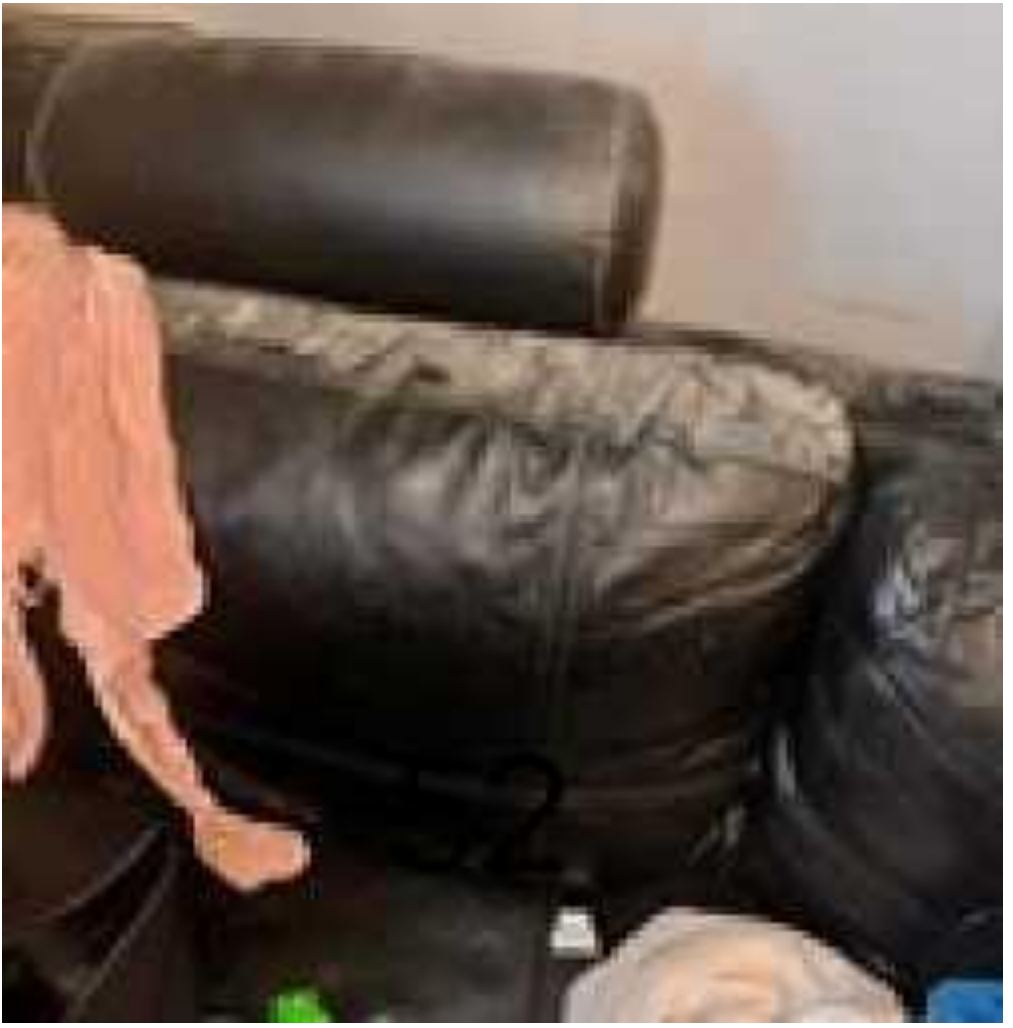


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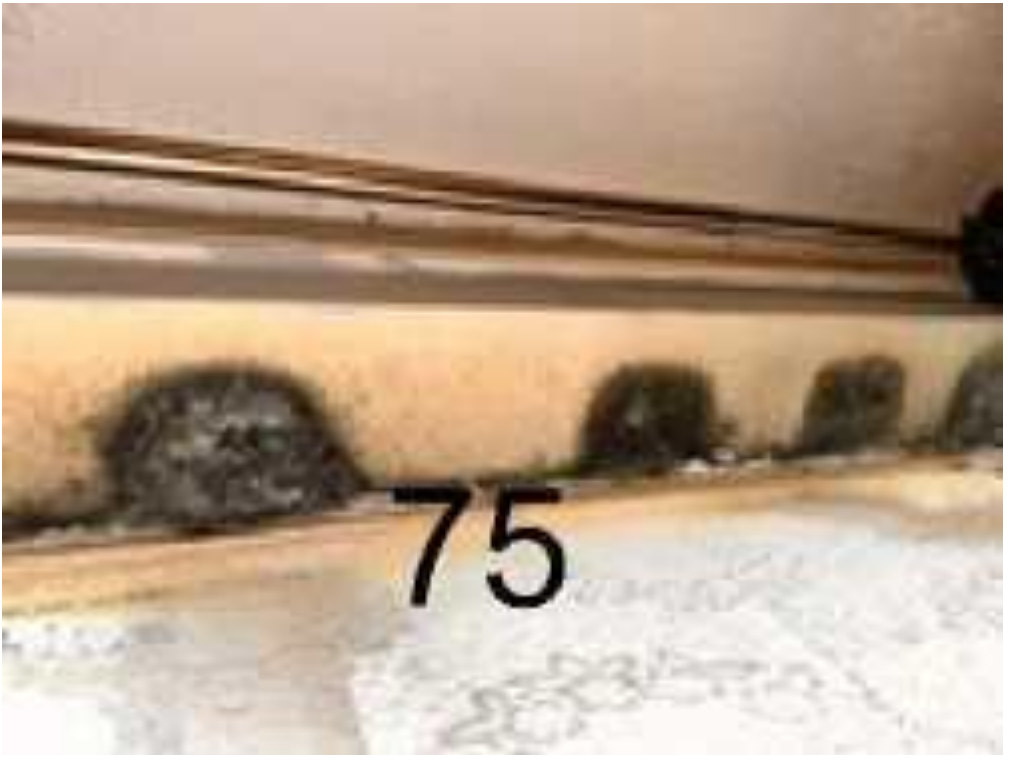
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