Barnet, Enfield and Haringey. NHS
Mental Health NHS Trust

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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

Tel: 0208 702 3329

NHS No.434 751 8617
RioNo.1048195

Dear Dr Abidoye,

Re; Miss DB DOB *** (** years)**
Address - Currently of no fixed abode - Sofa surfing

! had opportunity to assess Ms. DB in our Silver Street Clinic on 01 March 2023 after she was referred to 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 sharing information 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

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.

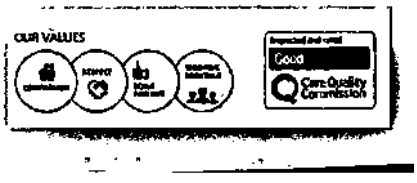
She also told me she is also stressed out as her mum is in ICU following a heart operation and she is physically very unwell.

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



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 1APT.

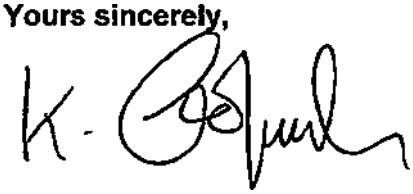
Please refer her to Enfield 1APT for therapy.

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