Department of Plastic & Reconstructive Surgery

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Private & Confidential
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Hand Therapist
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/J059******/MRN50*****
NHS No: 434 ****
Clinic Date: 16/02/2023
Date Typed: 24/02/2023

Dear Suzanne

Re: Miss DB DOB: ******** **
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 fer-a psychological assessment She attended the clinic with her friend James who, waited outside, but helped her complete measures as DB is dyslexic.

P000N

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 with a bag in 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 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 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
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