311241/1048195 DB

Patient Boarding Card

Details

DOB: **********
Age: 33y
Gender: Female
NHS No.: 434 751 ****
Mob: 07868 2****** (n)
Email: DB@yahoo.com
Language: English
Registered GP: Dr Warren
Registered Practice: Nightingale House Surgery, 1-3 Nightingale Road, N9 8AJ
Tel: 02082 **** (n)
Personalised Care: *Please send written correspondence BOTH via POST and EMAIL. *
Would prefer face...
ICE Lorraine Cordell / Next of Kin**0208 245 ***(Mum)

Episode

Status: Completed (19/04/2022)
Date Received: 21/06/2021
OPT In Date: -
Referral Source: Self.
Service: Enfield
Stage: [S3 DROPO] S3 Dropped Out Of Treatment
Allocated Therapist: Aduramigba Williams
Referral Team: Enfield IAPT

Labels

Online Referral Face to Face

Alerts

Severe Risk Q9 Severe GAD-7 Severe PHQ-9 F32 - Depressive episode

Completed clinical contact (IAPT) - 26/07/2021

Clinical Time: 45 mins
Administrative Time: - mins
Supervision Time: - mins
Appointment Location: Phone Appointment
Appointment Purpose: Triage / Screening
Secondary Intervention: -
Primary Intervention: Pure self-
Only
Sign Post To: -
Step Intensity: Low intensity - 1st step in current
Access to Psychological Therapies care spell
Care Contact Patient Therapy Mode: One to
Language Used for the Delivery of Treatment: -
Interpreter Present?
Is This Contact the Result of a Planned Internet Enabled Therapy Programme: -
Attendance: Attended (On Time)
Short Notice Cancellation: -
Consultation mechanism: Telephone
Honos Cluster: -

PHO 9: 22
Risk Q9: 2
GAD 7: 18
W & SAS: 31
W&SAS Work: 4
W&SAS Home: 7
W&SAS Social: 8
W&SAS Private: 8
W&SAS Family: 4
Social phobia (Q1): 8
Agoraphobia (Q2): 8
Specific phobia (Q3): 2
Employment Status: Benefits
The number of hours worked in a typical week by PERSON: -
Self-Employment Indicator: -
Is the Patient Unable to Work Due to Sickness? -
Receiving SSP: No
Benefit Receipt Indicator: -
Jobseeker's Allowance (JSA) - Yes should not be selected if ESA or UC is yes: -
Employment And Support Allowance (ESA) - Yes should not be selected if JSA or UC is yes: -
Universal Credit (UC) - Yes, should not be selected if JSA or ESA is yes: -
Personal Independence Payment: -
Other Benefits: -
Use of Psychotropic Medication: Prescribed and taking

Agoraphobia: mobility inventory (when accompanied): - **Agoraphobia: mobility inventory(when alone):** -
Body Image Questionnaire: -
Generalised anxiety disorder penn state worry: -
Health anxiety inventory short week scale: -
Obsessive compulsive disorder inventory: -
Panic disorder severity scale: -
Post traumatic stress disorder impact of events scale: - **PTSD Checklist for DSM-5 (PCL-5):** -
Social phobia inventory: -

Clinical Contact Summary: Triage Screening Notes
Triage Screening conducted on 26/07/2021.
Introduction to service completed.
Confidentiality discussed and patient consents to the relevant Patient is aware that clinical records will be shared with there you know, we store your information on our own confidential any information that can identify you and the Department of that helps us improve the delivery of care.
Demographic details checked

the sharing of information with GP/other professionals.
GP and other health care professionals if relevant.
Just to let l record system, and we also collect data that does not have Health use this to create a large IAPT information database

-------MDS -----
PHQ: 22
GAD: 18

LIFESTYLE QUESTIONS

Are you currently engaging in any other therapy/treatment? Patient stated that she is on a waiting list for an assessment with MIND at the moment and she is hoping that she can talk to someone about how she feels. Patient stated that she has not had an assessment yet and she has been informed that it could be a 7-week wait before an assessment takes place.
Patient is aware that if she starts therapy with Enfield IAPT or MIND-she will have to choose which service she would like to have therapy with as we do not recommend dual therapies.
Previous therapy? Patient reported that she has had a lot of support from MIND in the past, which she has found to be helpful.

IAPT HISTORY: March 2014 Did not engage with **CBT:** Discharged. June 2015 Triaged and offered further counselling assessment - DNA. June 2020 Opted for IESO but requested to change to **face-to-face:** Advised to re-refer due to time lapse Dec 2020 Offered Xyla but did not engage.
Patient reported that she has tried to get support with IAPT before, but she has not been able to see someone face to face and she finds video and type talk sessions difficult which is what she reports she was offered previously. Patient reported that having therapy sessions on the internet is confusing and she would prefer a face-to-face approach.

PHYSICAL HEALTH

Do you have any disabilities or any mobility issues? Dyslexia. Patient reported that she struggles to read however, her.
Mum is able to support her with reading letters and emails.
Do you have any long-term conditions? Asthma.

MEDICATIONS

Prescribed Medication - sertraline (100mg) and zopiclone (3.75mg). patient reported that she has taken antidepressants on and off her whole life.
Non-Prescribed Medication: patient denied.

SUBSTANCE USE

Recreational drugs – patient denied.
Alcohol – patient reported that she does not drink regularly, only on special occasions.
Cigarettes – 10 cigarettes per day.
Caffeine: - 1-2 fizzy drinks per day. several capri suns per day.

RISK

PHQ9 Q9 'Thoughts of being better off dead or hurting yourself in some way' Score -2
Suicidal Thoughts – Patient reported that she does not feel suicidal at the moment. however, she reports that sometimes she feels suicidal and thinks about killing herself but does not get these thoughts regularly. patient reported it is more thoughts of "what's the point", had these thoughts on and off since being a child.

Triggers: messy house, people talking down to her, feeling depressed and irritated, difficulties sleeping. The patient denied any current intent, plans, preparations to end own life in the present moment. patient reported that she wants to live.
Do you ever feel life is not worth living? patient denied.

Self-Harm Thoughts - patient denied.
Intent (0/10) – patient denied.
Plans – patient denied.
Preparations - patient denied.
Previous Suicide Attempts – patient reported that over a year ago she remembers waking up and wanting to kill herself by thinking about jumping off a bridge, patient reported it was just suicidal thoughts at the time and when she felt this way she phoned her mum to tell her about it, mum come over to her home and patient

felt better following this. Patient reported that thoughts of her mum and brothers stopped her from acting on these thoughts. patient stated that she thinks it would have been selfish if she did it.

Previous Self Harm -patient reported that she last self-harmed 2 months ago. she had cut her arms and legs with a razor in order to 'feel something.' Patient reported that She had been self-harming like this since her teenage years in secondary school up until 2 months ago. Patient reported that prior to two months ago, she had not self-harmed for a few years. No medical attention ever required for previous self-harm.

Protective Factors: boyfriend, mum, brothers.

Self-Neglect: mum is helping her to wash herself, brush her teeth and dress.
Harm To Others – patient denied.
Harm From others – patient reported that 2 years ago a group of individuals come to her house and tried to kick her door off and they tried to stab her through the letter box, they cut the side of her face through the letterbox as well as her arms and hands. Patient reported that it was reported to the police. Police informed her that they believe it was a mistaken identity and they got the wrong house. Patient reported that she gets worried that they will come back as she does not know why it ever happened and never got any answers about it.
[IF RISK EVIDENT] "Do you feel you can keep yourself safe in the current moment?" "yes."

RISK MANAGEMENT PLAN:
Patient was offered the numbers for the Enfield Crisis resolution and home treatment team (0800 151 0023) and Samaritans (116 123)-patient stated that she already has crisis & Samaritans numbers. Patient was also advised that if risk levels change, in addition to the crisis team and Samaritans who can be contacted, patients can also contact their GP to arrange an emergency appointment, visit their local A&E department, or dial 999.
Patient stated that she feels able to reach out for support via one of these means should risk levels change. Patient also reported that if she was in a crisis, she would call her mum as this is what she has done previously, and this has been helpful.

MAIN PROBLEM:

- Patient reported that she wants to sort her head out.
- She reports that she feels paranoid about going out.
- She feels like people are talking about her when she leaves the house.
- She wants to go out and make friends, but she can't.
- Won't go shop because she feels anxious being around other people.
- When she is around a group of people, she feels sick and is paranoid, she thinks that people are staring at her ***"are they talking about me or about someone else?"***
- Patient reported that the Covid19 pandemic is making it worse because everyone is wearing masks too.
- Patient reported that this problem has been going on since her teenage years.
- She also struggles to go out with her mum who she is close with
- Patient reported that She has been feeling more angry recently. She reports some things which trigger her anger E.g. ***"the way people talk down to me, it makes me feel stupid."***
- Patient reported that she Can't be bothered to get up and do anything at the moment. She has stopped doing the housework and cooking – mum now does this for her. mum doesn't her to cook in case she burns the house down. Patient reported that her House being messy is contributing to her depression.
- Patient reported that she has not felt happy for about a year now. not wanting to do anything. Not wanting to leave bed.
- struggling to put on a smile on her face. Always feeling low and down.
- She feels that family do not want to be around her, and she does not know what to do about this.
- Spending most of her time in bed at the moment.
- Mum is making sure that she eats every day and has a wash.

- Patient stated that She worries about her mum a lot. ***"If mum died, I would be worried about what would happen to me. I don't want to keep burdening my mum all the time ... I wish I could do things for myself."***
- Patient reported that her main concern is not being able to go out. She wishes that she didn't have to take her mum with her to appointments.
- Patient reported that she has a Support system comprised of her brother, uncle, mum, dad, and partner.

5 AREAS

Thoughts: I don't want to go out. When I do go out, I feel like I am going to be sick. I do not want to see anyone. Everyone knows I'm miserable and stays away from me. It makes me down and it makes me feel upset because I am struggling to be happy. They do not get how I feel. I get paranoid thinking people are after me.

Feelings: on edge, anxious, worried, depressed. Irritable. Frustrated.

Behaviours (Coping strategies/ avoidance): not wanting to go out. Feels physically sick when going out. Only staying in most of the time. used to go for long walks outside but now no longer doing this. no cooking, no cleaning. Mum encourages her to perform self-care tasks.

Physical: nauseaus. Racing heart.

PTSD SCREEN

In your life, have you ever had any experience that was so frightening, horrible, and overwhelming that you believed at the time that your life or someone else's life was at risk or threatened? "the event where the guys attacked me, I get worried about anyone coming back for me, my neighbours had a party the other day and they were arguing and I locked all the doors, I didn't want to go to the toilet in case they heard me, I was scared at the time."

If yes, ask

- **Are you safe now?**
  "I worry about them coming back to hurt me."
- **Do you get flashbacks, images or nightmares about it? Are these about one event or several separate events?** Patient denied.
- **How often do you get these images? Whilst these are happening do you ever forget that you are safe now and feel as if you are back there again?**
- **How much do these images stop you from doing what you need to on a day to day basis?**
- **How much do you avoid situations that remind you of it?**
  "I don't really like going out, even going to a family event I don't like going because I don't know how I will be." "I am funny around loud noises."

03/02/2023, 14:52 IAPT us Print Page - Print_Patient_Contact_Details

- Have you been constantly on guard, watchful or easily startled? "Yes at home and outside because I don't know who it was who atiacked me."
- Do you have to do things to help you feel safe? What do you do (in and out of the house) and how much of your day does this take up? "try to keep calm."

Goals: (what are you hoping to achieve with help from our service?)
"Understand why I don't want to go out all the time"

"Be more motivated to do the tidying round the house."
"be able to do things alone again such as going to appointments."

COMB:

- Do you have any specific needs that we need to be aware of/to help you access the service? I would prefer face-to-face apts.
- What is your availability? (days, time, location)
- Gender preference?

Outcome of triage appointment: Patient informed that their case will be discussed with a senior practitioner within the service to identify appropriate treatment options if suitable as well as signposting to other services if relevant. Patient informed that they will be contacted with an outcome for the assessment within the next 2 weeks. Two contact attempts will be made on different days and if client is not able to be reached, the outcome will be sent to their email address and they have 2 weeks to respond to the letter by email or calling the service, otherwise risk being discharged from the service.

SUMMARY AND OUTCOME OF TRIAGE SCREENING

MDS scores: PHQ: 22, GAD:18

Risk:

- PHQ9 Q9 'Thoughts of being better off dead or hurting yourself in some way' Score -2
- Suicidal Thoughts – Patient reported that she does not feel suicidal at the moment. however, she reports that sometimes she feels suicidal and thinks about killing herself but does not get these thoughts regularly. patient reported it is more thoughts of "what's the point", had these thoughts on and off since being a child. triggers: messy house, people talking down to her, feeling depressed and irritated, difficulties sleeping. Patient denied any current intent, plans, preparations to end own life in the present moment. patient reported that she wants to live.
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- Protective Factors: boyfriend, mum, brothers.
- Self-Neglect: mum is helping her to wash herself, brush her teeth and dress.
- Patient denied being a risk to others.
- Harm From others – patient reported that 2 years ago a group of individuals come to her house and tried to kick her door off and they tried to stab her through the letier box, they cut the side of her face through the letterbox as well as her arms and hands. Patient reported that it was reported to the police. Police informed her that they believe it was a mistaken identity and they got the wrong house. Patient reported that she gets worried that they will come back as she doesn't know why it ever happened and never got any answers about it.

[IF RISK EVIDENT] "Do you feel you can keep yourself safe in the current moment?" "yes."
RISK MANAGEMENT PLAN: patient stated that she already had crisis and Samaritans numbers. Patient was also advised that if risk levels change, in addition to the crisis team and Samaritans who can be contacted, patient can also contact their gp to arrange an emergency appointment, visit their local A&E department or dial 999. Patient stated that she feels able to reach out for support via one of these means should risk levels change. Patient also reported that if she was in a crisis, she would call her mum as this is what she has done

previously and this has been helpful.

Conceptualisation of main problem:

MAIN PROBLEM:

- Patient reported that she wants to sort her head out.
- She reports that she feels paranoid about going out.
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- Mum is making sure that she eats everyday and has a wash.
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Behaviours (Coping strategies/ avoidance): not wanting to go out. I feel physically sick when going out. Only staying in most of the time. used to go for long walks outside but now no longer doing this. no cooking, no cleaning. Mum encourages her to perform self-care tasks.

Physical: nauseaus. Racing heart.
Trauma symptoms:

PTSD SCREEN

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- How much do you avoid situations that remind you of it? **"I don't really like going out, even going to a family event I don't like going because I don't know how I will be."** **"I am funny around loud noises."**
- Have you been constantly on guard, watchful or easily startled? **"Yes at home and outside because I don't know who it was who attacked me."**
- Do you have to do things to help you feel safe? What do you do (in and out of the house) and how much of your day does this take up? "try to keep calm."

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Recreational drugs – patient denied.

Alcohol – patient reported that she does not drink regularly, only on special occasions. -
Do you have any disabilities or any mobility issues? Dyslexia. Patient reported that she struggles to read however, her Mum is able to support her with reading letters and emails. -
Goals: (what are you hoping to achieve with help from our service?) "Understand why I don't want to go out all the time" "Be more motivated to do the tidying round the house." "be able to do things alone again such as going to appointments."

Subjective: 31-year-old female unemployed client Living alone. Takes sertraline (100mg) and zopiclone (3.75mg). engaged well in triage. prefers f2f apts. What do you recommend?
Next expected contact within:
SMS Message

Message: IAPT telephone appointment reminder: 10:30am on Monday 26th July. Please complete your questionnaires beforehand. Thank you.
Status: Delivered to Handset
Queued Date: 12:17 25/07/2021
Scheduled delivery: 12:00. 25/07/2021.
Webforms
Web fo25/07/2021.21 for this session:
Webform: PHQ9/GAD7/Phobia/WSAS

Method: Email to DB@yahoo.com
Date: 25-Jul-2021
Status: Email sent