

**Patient Transfer**

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| **Patient name** |
| **Title:**  Mr  **Surname:** Edwards  **Given Name:** James ‘Ted’ |
| **Case Number:** 29645128 |
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| **Date of Admission:** 24.1.2016 |
| **Team:** Health Enhance Occ. Therapy Mental Health **Keyworker:** To be allocated |
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| **Patient details** |
| **Date of Birth:** 9.11.1949 |  |
| **Age:** 66 | **Sex:** Male |
| **Home address:** 6 St. John Road, Kingvale |
| **Phone:** 0400 911 111 |
| **Medicare number:** 3406 92819 / 1 |
| **Health Insurance:** Nil |
| **DVA number:** VA492650 |
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| **Marital Status:**  Married |
| **Occupation:** Retired |
| **Language spoken at home:** English |
| **Interpreter required?** No |
| **Religion:** Atheist |
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| **Next of Kin:** | Jill Edwards |
| **Relationship** | Wife |
| **Address:** | 6 St. John Road, Kingvale |
| **Mobile:** | 0402 847 649 |
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| **GP:** | Dr. Ronald Norton |
| **GP Address:** | Health Enhance |
| **GP Contact:** | 5279 0986 |
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| **Consultant Psychiatrist** | Dr. Nisha Prakesh |
| **Address** | Health Enhance specialist clinic |
| **Contact:** | 1800 5689 8988 |
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| **Occupational Therapy**C:\Users\miboujaoude\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\UZI7FHBI\42_as_Interleaved_2_of_5_barcode[1].jpg**Referral Form** | **UR:** MH001**Surname:** Edwards **Given Name:** James ‘Ted’**Address:** 6 St. John Road, Kingvale**DOB:** 9.11.1949 **Sex:** M |

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| **Referred from** | *Health Enhance Hospital*  | **Referred to** | *Occupational Therapy, Community Mental Health*  |
| **Interpreter Required:** Yes [ ]  No [x]  **Language:** English |
| **Diagnosis:** Depression, Post Traumatic Stress Disorder, Alcohol Dependence |
| **Social Situation:** Lives with this wife Jill, and has a dog ‘Bluey’. Two adult children (Jarred and Emma) with whom he has sporadic contact by phone as they live interstate. Good friends with his neighbours (Bruce and Coral), whom he sees daily. Ted is a Vietnam Veteran, on a service pension (invalid), having been unable to continue in his role as a machinist in a large factory due to unstable moods and fluctuating cognitive functioning attributed to Post Traumatic Stress Disorder.  |
| **Circumstances of Transfer:** Ted was diagnosed with Post Traumatic Stress Disorder 8 years ago. Over the past two years, Ted’s alcohol intake has increased to daily consumption of 6-8 ‘stubbies’ of beer. He is an overweight man and complains of knee pain and stiffness. Ted experienced mood swings, sleep disturbance and more frequent ‘flash backs’ in the past few months. He has more frequent and concrete plans to take his own life. He attended his appointment with Jill and when he agreed to have her join the consult, Jill voiced her distress and worry over Ted’s lack of engagement in their domestic and social life and ‘depressed’ outlook. She said that Ted has irregular and disrupted sleep patterns and often wakes screaming and in a ‘lather of sweat’. Ted was recommended to seek assistance from psychologist but decline. Ted was referred to CAT team for further assessment and management.**Occupational Therapy Referral Form** |
| **Mental State:** A 66 year old man, who appeared relatively well groomed although slightly malodourous. No evidence of psychomotor agitation; sporadic eye contact. Speech was coherent and spontaneous, with normal rate, volume and rhythm. Described himself as ‘much better now’, but acknowledges he feels ‘edgy and stressed’ at times, particularly in the context of intrusive thoughts about his war service. Presents as vague at times, but reports he doesn’t think he has much to offer the world and feels foolish for having burdened Jill and the health service. Objectively, mood is dysphoric with underlying anxiety and mild irritability. Patient appeared superficially calm, but brief instances of sadness and anger occurred during meeting. Behaviour was generally appropriate, but reduced range of mood evident. No consistent evidence of perceptual disturbance, but reports he experiences periodic ‘flashbacks’ as part of PTSD – difficult to observe as he experiences these in the evening and overnight and only reports them in retrospect. Fully oriented to place, time and person, but concentration and attention fluctuated. Appears to be of normal intelligence, and able to communicate clearly. Stated he no longer wanted to die, but does not want to be a burden to Jill and feels it could be better if he didn’t wake up in the morning. No thoughts of harm to others. Able to maintain adquate rapport with some warmth, and able to follow directions. Some insight into his PTSD, but limited insight into depression. Judgement is mildly impaired, as Ted remains unable to problem solve daily issues without prompting. Little insight into alcohol use, but pre-contemplative in regards to his need to change his drinking pattern.  |
| **Current Medications:**5-10mg of Diazepam BD |
| **Current Occupational Performance:****PADLs:** Independent, prompted by wife**DADLs**: Independent, but not performing regularly**CADLs:** Performed mainly by Jill, has a license, however Jill uncomfortable with him driving at present.**Mobility / Transfers:** Uses a single point stick, due to R knee OA |
| **Screening:**K10 : 23 (Moderate Levels of Distress) AUDIT: 22 (Alcohol Dependence Likely) DUDIT: 4 (Drug Dependence Unlikely) |
| **Referral Goals:** 1. Resume meaningful occupations or establish new occupations that he finds meaningful
2. Regain some self-direction, control and choice over his recovery
3. Receive some psychosocial education to support his understanding of depression and PTSD symptoms
4. Regain regular performance of required ADLs
5. Medication supervision and risk monitoring
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| Referrer: R. Norton Dr Ronald Norton | Date: 10 Feb 2016  | Consent Obtained: Yes [x]  No [ ]   |

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| **Mental Health Risk Assessment** | **UR:** MH001**Surname:** Edwards **Given Name:** James ‘Ted’**Address:** 6 St. John Road, Kingvale**DOB:** 9.11.1949 **Sex:** M |

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| Assessor: : Shona Lee Shona Lee, CAT team leader | Date: 10 Feb 2016  |

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| **Harm to Self** | **0 : None**No thoughts or actions of harm, no history of suicide / self-harm, no self-neglect□ | **1: Low**Fleeting suicidal thoughts but NO plans / intent or current low alcohol or drug use, history of self-harm, self-care mildly impaired☑ | **2: Moderate**Current thoughts/multiple stressors / past actions without intent or plans / moderate drug or alcohol use, moderately impaired self-care□ | **3: High**Current thoughts with intent and plan, past and recent impulsivity / some plans but not well established / increased use of drugs and / or alcohol, very poor self-care□ | **4: Extreme**Current thoughts with intent and plan / past history of attempt / high drug or alcohol use / unstable mental state, extreme self-neglect**Mental Health Risk Assessment**□**Mental Health Risk Assessment****Occupational Therapy Referral Form** |
| **Harm to Others** | **0 : None**No thoughts or intent / plan of harm, no history of violence, judgement intact☑ | **1: Low**Brief harm to others / thoughts but NO plans / current low alcohol or drug use, history of violence / assault□ | **2: Moderate**Current thoughts / past actions without intent or plans / moderate alcohol or drug us, history of violence / assault / forensic, some impaired judgement□ | **3: High**Current thoughts with intent and plan, past and recent impulsivity / some plans but not well established / increased use of drugs and / or alcohol, very poor judgment, history of violence / assault / forensic□ | **4: Extreme**Current thoughts with intent and plan / past history of attempt / high drug or alcohol use / unstable mental state, history of violence /assault / forensic□ |
| C:\Users\miboujaoude\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\UZI7FHBI\42_as_Interleaved_2_of_5_barcode[1].jpg**Impaired function** | **0 : None**No more than everyday problems / slight impairment when distressed□ | **1: Moderate**Moderate difficulty in ONE area of social or occupational functioning□ | **2: Significant**Significant difficulty in ONE area of social or occupational functioning□ | **3: Significant**Significant difficulty in SEVERAL areas of social or occupational functioning☑ | **4: Extreme**Inability to function in all areas□ |
| **Support available** | **0: Highly supportive**Extensive supports currently available, able to help in times of need□ | **1: Moderately supportive**Variety of supports available, able to help in times of need□ | **2: Limited support**Few sources of help, supports have incomplete ability to participate in treatment☑ | **3: Minimal support**Few sources of support, poor motivation□ | **4: No support**No supports in all areas or client unwilling / unable to accept support□ |
| **Response to Treatment** | **0: None**No problems, good response to treatment, new client with no past treatment☑ | **1: Moderate**Good response to some treatment, but only partial response to others□ | **2: Inadequate**Partial response only to all treatment□ | **3: Minimal**Partial response to only some treatments with no response to others□ | **4: None**No response to any treatment or intervention□ |
| **Engagement with treatment** | **0: No problem**Very constructive, has agreed to illness and treatment needed□ | **1: Moderate**Inconsistent or ambivalent engagement to treatment☑ | **2: Poor**Client does not accept illness and requires encouragement to accept treatment□ | **3: Minimal**Client cannot be persuaded to accept voluntary treatment□ | **4: None**Client is hostile and actively resists treatment□ |

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| **Overall Risk** |  | Negligible risk  | 0-5 |
| 12 - Moderate | Low risk | 6-10 |
| Moderate risk | 11-15 |
| High risk  | 16-20 |
| Imminent risk | 21-24 |

**Details:**

*Passive thoughts of death, but not plans of suicide. Alcohol consumption moderate – high pre admission, and at risk of relapse on discharge. Multiple functional problems. Supportive neighbours but minimal contact with family. Reluctant to sees assistance from psychologist.*

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| **Mandatory Reporting** | **Yes** | **No** |
| Children under 18 or other dependents in home |  | 🗸 |
| Child protection issues |  | 🗸 |
| Weapons / Firearms in home |  | 🗸 |
|  |  |  |
| **Other risk issues** | **Yes** | **No** |
| Animals in home environment | 🗸 |  |
| Alcohol or drug use in home environment | 🗸 |  |
| Engagement in illegal activity  | 🗸 |  |

**Details:**

*Dog in home environment, but described as friendly. Ted has agreed not to drink before team comes to visit him, but may be alcohol affected if relapsing.*

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| **Occupational Therapy****Initial Assessment** | **UR:** MH001**Surname:** Edwards **Given Name:** James ‘Ted’**Address:** 6 St. John Road, Kingvale**DOB:** 9.11.1949 **Sex:** M |
| **MEDICAL INFORMATION**Initial Assessment Form**Occupational Therapy Initial Assessment**Diagnosis:Depression, Post Traumatic Stress Disorder, Alcohol Dependence, Osteoarithtis R kneeCurrent Medications: 5-10mg of Diazepam BD |
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| **CURRENT SITUATION**Ted receives daily visits from the Health Enhance Crisis & Assessment Team (CAT) for medication supervisison and monitoring of his mental health and risk. Referral for case management services following discharge from the crisis team. Referral received from GP, Dr. Ronald Norton to the Health Enhance Community Mental Health Team. Presented at the weekly multidisciplinary allocation meeting, attended by CAT team leader. CAT team report that Ted’s mental state has stablised with his sucidial ideation subsiding with the resumption of regular sleep (6-7hrs nightly). After discussing referral, Consultant Psychiatrist Dr. Prakesh assessed that Ted had a range of functional issues that would benefit from occupational therapy services. Ted allocated to SHCMH OT, Daya Peterson, for Case management. Plan for Case Manager to make contact with Ted and transfer of care from the CAT team to SHCMH within 3 days. |
| **Relevant Psychiatric History:** |
| Ted diagnosed with Post Traumatic Stress Disorder 8 years ago. He experiences sleep disturbance, mood swings, ‘flashbacks’. A more recent development is avoidance of going out in public. Diagnosis made by his GP, Dr. Norton, who has continued to manage his condition due to Ted’s reluctance to seek assistance from a psychologist. With support from Dr. Norton, Ted successfully applied for a service pension from DVA. This process required a lengthy psychological assessment and recommendations for treatment, however Ted declined. Over the past 2 years Ted’s alcohol intake has increased to daily consumption of 6-8 ‘stubbies’ of beer. He is an overweight man and complains of knee pain and stiffness.C:\Users\miboujaoude\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\UZI7FHBI\42_as_Interleaved_2_of_5_barcode[1].jpgSeen by Dr. Norton, after Jill persuaded Ted to seek help for his ongoing low mood and sleep disturbance. He attended his appointment with Jill and when he agreed to have her join the consult, she voiced her distress and worry over Ted’s lack of engagement in their domestic and social life and ‘depressed’ outlook. She said that Ted has irregular and disrupted sleep patterns and often wakes screaming and in a ‘lather of sweat’. Dr. Norton conducted a risk assessment which revealed that Ted had a clear plan and intent to take his own life by ‘crashing the car into tree’. Dr. Norton contacted Health Enhance Healthcare Psychiatric Triage and arranged for Jill to transport Ted to the SHCMH for further assessment. Seen by the intake worker and psychiatric registrar. Plan for Ted to be treated at home with daily medication supervision and risk monitoring. Provisional diagnosis of major depressive episode. |
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| **Screening:**K10 : 23 (Moderate Levels of Distress) LSP: 16 HoNOS : 25AUDIT: 22 (Alcohol Dependence Likely) DUDIT: 4 (Drug Dependence Unlikely) |
| Vision: Wears spectacles Hearing: Not tested recently |
| **SOCIAL SITUATION** Lives alone: Yes ☐ No☐ With whom: Wife, Jill |
| Ted is a Vietnam Veteran, on a service pension (invalid), having been unable to continue in his role, 6 years ago as a machinist in a large factory due to unstable moods and fluctuating cognitive functioning attributed to Post Traumatic Stress Disorder. Jill is Ted’s second wife and he has 2 children (Jarred and Emma) with his first wife. He has sporadic contact with his kids who are interstate. Ted met Jill 16 years ago on a bowls trip. Jill is a recently retired book keeper and now volunteers 2 days a week at a local welfare agency doing their accounts. She remains active with the bowls club and social events. Ted and Jill live in a block of single level units and have a good relationship with their neighbours Bruce and Coral.  |
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|  Services: Personal Care Assistance ☐ Home Help ☐ MOW ☐ Other ☐ |
| **HOME ENVIRONMENT** Previous Home Visit**:** Yes  **☐** No ☑ Own ☐ Rented ☐ House ☐ Flat/ Unit ☑ Storey: Single ☑ Double ☐ |
| Front Access: | 2 concrete steps to front door. Shared driveway with 3 other units. Single car garage attached to the brick unit. |
| Back Access: | Single step down to a bricked courtyard with clothes line. |
| Internal: | Single level dwelling. 3 bedroom |
| Bathroom:  | Shower over the bath |
| Toilet:  | Separate powder room |
| Bedroom: | Accessed off the longue room |
| Seating: | Arm chair, inappropriate height, too low. |
| Other: | *Dog in home environment, but described as friendly.* |
| **Transport:** Drives Yes ☑ No ☐ Manual ☐ Auto ☑ Public Transport: Tram ☐ Train ☐ Bus ☐ Disabled Parking Permit ☐  Other: Has a license however, wife has restricted access to their car due to risk to self-harm and cognitive functioning. |

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| **CURRENT LEVEL OF FUNCTION** |
| **Mental State**A 66 year old man, who appeared relatively well groomed although slightly malodourous. No evidence of psychomotor agitation; sporadic eye contact. Speech was coherent and spontaneous, with normal rate, volume and rhythm. Described himself as ‘much better now’, but acknowledges he feels ‘edgy and stressed’ at times, particularly in the context of intrusive thoughts about his war service. Presents as vague at times, but reports he doesn’t think he has much to offer the world and feels foolish for having burdened Jill and the health service. Objectively, mood is dysphoric with underlying anxiety and mild irritability. Ted appeared superficially calm, but brief instances of sadness and anger occurred during meeting. Behaviour was generally appropriate, but reduced range of mood evident. No consistent evidence of perceptual disturbance, but reports he experiences periodic ‘flashbacks’ as part of PTSD – this was confirmed by Jill. Fully oriented to place, time and person, but concentration and attention fluctuated. Appears to be of normal intelligence, and able to communicate clearly. Stated he no longer wanted to die, but does not want to be a burden to Jill and feels it could be better if he didn’t wake up in the morning. No thoughts of harm to others. Able to maintain adequate rapport with some warmth, and able to follow directions. Some insight into his PTSD, but limited insight into depression. Judgement is mildly impaired, as Ted remains unable to problem solve daily issues without prompting. Little insight into alcohol use – has not had a drink whilst being supervised with his diazepam, but pre-contemplative in regards to his need to change his drinking pattern. |
| **Mobility** Independent ☑ Supervision ☐ Assistance ☐Comments:Ambulates for short distances before complaining of knee pain and fatigue. |
| **UPPER LIMB FUNCTION**Dominance: Right ☐ Left ☐ Precautions: ☐Impaired: Yes ☐ No ☐ ROM ☐ Sensation ☐ Coordination ☐ |
| **PAIN**  Right knee pain due to osteoarthritis. |
| **OCCUPATIONAL PERFERFORMANCE AREAS**Key: I = Independent A = Assistance required S = Supervision/Prompts |
|  | **Previous Status****Comments (Aids used) Key**  | **Current Status****Comments (Aids used) Key**  |
| Bed mobility |  | I |  | I |
| Transfers |  | I |  | I |
| **Personal care ADL** |  | I |  | I |
| Eating |  | I |  | I |
| Grooming |  | I |  | I |
| Dressing |  | I |  | I |
| Bathing | With prompts from wife | I | Self-initiated | I |
| Toileting |  | I |  | I |
| Other |  |  |  |  |
| **Domestic ADL** |  |  |  |  |
| Meal Preparation | Not performed | A | Wife prepares meals |  |
| Housework | Not performed | A | Not performed | A |
| Laundry | Not performed | A | Not performed | A |
| Garden/Home Maintenance | Not performed | A | Not performed | A |
| **Community ADL** |  |  |  |  |
| Shopping | Not performed | A | Not performed | A |
| Money Management | Performed by wife | S | Performed by wife | S |
| **COGNITION** NAD ☐ Impaired ☐Comments:Brief cognitive screening conducted, indicating cognitive impairment. Further assessment by cognitive psychologist required.Judgement is mildly impaired, as Ted remains unable to problem solve daily issues without prompting.Fully oriented to place, time and person, but concentration and attention fluctuated. |
| **SOCIAL ACTIVITIES/ INTEREST**Ted spends much of his time at home in the company of the couple’s elderly dog, ‘Bluey’.Past interest in lawn bowls, hasn’t played for 6 years. Would socialise with neighbours Bruce and Coral weekly for card evenings, has withdrawn from participating. |
| **EMPLOYMENT**Returned Servicemen, VietnamMachinist for motor vehicle manufactureRetired 6 years due to being unable to manage job demands attributed to his PTSD symptoms. |
| **OTHER**Jill reports that up until 12 months ago Ted would walk their dog Bluey, but ceased stating that Bluey was getting ‘too old for it’. |

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| **GOALS**Ted felt unable to formulate goals at this point and agreed to have Jill and OT propose some goals.  |
| 1. Resume meaningful occupations or establish new occupations that he finds meaningful
2. Regain some self-direction, control and choice over his recovery
3. Receive some psychosocial education to support his understanding of depression and PTSD symptoms
4. Regain regular performance of required ADLs
5. Assess home environment for safety and requirements for support
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| **ISSUES IDENTIFIED*** Need for OT to establish rapport and a trusting relationship with Ted and Jill. Ted has a distrust of psychological services and may require some time and psychoeducation regarding his mental health diagnosis and the role of services.
* Have Ted meet with allocated psychiatric registrar, Dr. McGill to discuss role for ongoing psychiatric medications (anti-depressants)
* Jill in need of some respite and psychoeducation on how best to support Ted’s recovery. Jill requires opportunity to express her concerns and increase her confidence in being able to access services for her and Ted.
* Liaise with Dr. Norton regarding how to proceed with management of Ted’s physical health needs including weight loss, reducing alcohol dependence and pain management for osteoarthritis.
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| Completed by: | **Dayna Peterson** D Patterson |
| Date: | 13/2/16 |

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| **Occupational Therapy**C:\Users\miboujaoude\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\UZI7FHBI\42_as_Interleaved_2_of_5_barcode[1].jpg**Progress Notes** | **UR:** MH001**Surname:** Edwards **Given Name:** James ‘Ted’**Address:** 6 St. John Road, Kingvale**DOB:** 9.11.1949 **Sex:** M |

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| Legislation requires ALL entries to have signature, printed name and designation. |
| **Date/Time** | **Progress Notes** |
| 12/02/16  12:30  | P/C to Ted to introduce myself, and arrange time for initial Ax. Wife, Jill answered, spoke with her regarding the role of case management and occupational therapy. She reported that Ted had seemed a ‘little brighter’ in the past few days and she hadbeen grateful for the attention and support from the CAT team. She agreed to get Ted to come to the phone so I could introduce myself and arrange a suitable time to come over. He responded and sounded a bit confused between the different services that had been coming to visit. Confided that he has been feeling ‘sad’ and ‘confused about his future. He reported he had been sleeping better but still had ‘no energy’ to complete tasks. He attributed his sadness to boredom and having too much time to think.Agreed to H/V, and same arranged for next Wed 13th at 10:30am. Liaised with the CAT duty worker, S. Davis to meet CAT at Ted’s house on this day to formally transfer care to the Community Mental Health team.**Progress Notes** 1) H/V for initial Ax next week and provide psychoeducation on the stress vulnerability ‘bucket’ model to assist managing his sadness and boredom2) During H/V attempt to estabilsh any previous strategies used for managing stress3) Gain consent from Ted and involved Jill in psychoeducation and wellness toolbox planning4) Discuss with Ted and Jill a suitable time to meet with team psychiatrist Dr. McGill For further review and assessment of his psychiatric care.---------Dayna Peterson,OT D Patterson |
| 13/02/1613:45 | H/V for initial Ax and formal transfer from CAT. CAT completed discharge risk Ax and delivered 1/52 worth of diazepam – Cat discharge summary included. Ted was asked about things he would like to achieve whilst receiving support from mental health services, however reported that he couldn’t really think about ‘goals’. During the 90 minute H/V Ted did make the following statements – 1) “I don’t want to be a burden to Jill”, “I want to get rid of the flashbacks, and feel better” and “I want to be be more supportive to Jill”. Proposed twice weekly H/V for next month tointensively address these issues, and gain trust and rapport with Ted and Jill. Introduced basic concepts (psychoeducation) of stress vulnerability model. Ted able to identify things that contributed to his stress or ‘worry’ bucket, mainly being a burden to Jill by being around the house all day, concerns about his kid’s finances, pain in his knee and most significantly the flashbacks. Ted unable to identify any strategies that assist putting ‘holes’ in his stress bucket, stating that ‘nothing works’.  |
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| **Occupational Therapy****Progress Notes** | **UR:** MH001**Surname:** Edwards **Given Name:** James ‘Ted’**Address:** 6 St. John Road, Kingvale**DOB:** 9.11.1949 **Sex:** M |

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| Legislation requires ALL entries to have signature, printed name and designation. |
| **Date/Time** | **Progress Notes** |
| 13/02/16C:\Users\miboujaoude\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\UZI7FHBI\42_as_Interleaved_2_of_5_barcode[1].jpg(cont) | Jill looked frustrated and stated that he used to like bowls and helping out with the kids school events (fetes). However, Ted dismissed these occupations stating he has ongoing knee pain and kids now ‘not at school’. He agreed to think further about past interests.CAT completed discharge MSE and risk Ax. Ted signed consent form for SHCMH to Discuss details of his care with Jill. Ted and Jill agreeable to meeting Dr. McGill next Friday at 1300hrs.PLAN 1) H/V on Tues and Fri for next month to build a wellness toolbox and assess, conduct an interest checklist2) Continue to consult Jill and provide further psychoeduation on the benefits to have Ted complete domestic and community tasks on his mental health**Progress Notes** 3) Medical review Friday 17th Feb with Dr McGill4) Once rapport obtain conduct an AMPS assessment to explore possible impact of cognitive and physical impairments on functioning.---------Dayna Peterson,OT D Patterson |
| 17/02/1615:45 | H/V with Dr.McGill to Ted and Jill. Ted neatly dressed and hair washed. He reported Jill had suggested he ‘make an effort for the doctor’. Ted responded fully to Assessment conducted by Dr. He appear hesistant to taking anti-depressants But agreed as he thought it “would make Jill happy”. Discussed with Ted and Jill how The medication could be dispensed (webster pack) and asked them for their Suggestions on how it would be collected. Pharmacy located 2 blocks away, JillAgreeing to walk with Ted for a few weeks to “get him started”. Ted reporting That he had been without the night time flashbacks for 3 nights now. He also hadn’tUsed alcohol for 5 days. Ted did not draw any connection between flashbacks and Alcohol. He did acknowledge the diazepam had helped to take ‘the edge off’.Mood remains dysphoric, affect restricted. Denies thoughts of suicide or self harm.PLAN 1) Continue with the stress-vulnerability approach to managing his depression andPTSD symptoms. Introduce ‘occupations’ as another method of decreasing stress2) Investigate Veterans PTSD group program and provide Ted and Jill with further Information on the program. Suggest C/M drive them to visit the program and meet staff.3) Deliver script for Paroxetine 40mg daily (morning with food) to local pharmacy for Ted and Jill to collect together tomorrow.---------Dayna Peterson,OT D Patterson |

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| **Date/Time** | **Progress Notes** |
| 20/02/16 | P/C to Veterans PTSD group at Austin Health. Spoke with OT group facilitator Meg Wilson. Informed that there was an assessment process for the outpatient day program and a waitlist of about 3 months. Requested if Ted and Jill could visit to assist with his Ted’s decision making. Meg agreed and suggests Thursday afternoons as a suitable time to visit.1) Report on information regarding referral and assessment procedures to Ted and Jill.2) Team review meeting on 23/2/16 to present initial assessment and Individual Recovery Plan.---------Dayna Peterson,OT D Patterson |
| 21/02/1616:00 | P/C to Ted at 0900 to remind of H/C this afternoon. Advised without prompting that he ‘had a terrible night’. He had experienced several episodes of flashbacks and had only managed 3 hours sleep. Acknoweldged that he must be tired however it was important to meet this afternoon to address these issues. He agreed.**Progress Notes** H/V at 1330, Ted answered after a few minutes, he appeared droswy reporting to have been ‘dozing’ in his chair before my arrival. He reported Jill was out with friends which he felt was ‘good for her’. He offered me a cup of tea, asking twice how I take it. In discussing with Ted why he felt Jill going out was good for her he acknowledged that he could see that having friends and being ‘out and about’ was ‘a good thing’. He was unable to pin point when he stopped going out but reports becoming anxious about being in social situations in case he ‘lost it’ referring to his hyervigilience and ‘jumpy’ response to noises. Asked Ted to think about his day yesterday. He reported he had ‘a few stubbies’ in the afternoon to ‘pass the time’.Summarised his account of his day and asked if he felt his inactivity and drinking may relate to his flashbacks/nightmares and sleep distrubance. He paused and responded ‘possibly’. He said he commenced the anti-depressants on the weekend, but hadn’t noticed a difference. Reminded him of Dr. McGill education on commencing the medication and the likelihood that potential benefits may take several weeks. He reported his knee was ‘playing up’. Informed him of my conversation with the Austin PTSD Day program. Framed his attendance at the program is another method of putting a ‘hole’ in his stress bucket. Provided Ted with feedback that committing to the H/V today, taking his medication, discussing his time use and considering the PTSD prg were all methods of addressing his stressors.  |
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| Legislation requires ALL entries to have signature, printed name and designation. |
| **Date/Time** | **Progress Notes** |
| 21/02/16cont  | MSE Ted neatly dressed, clean shavenRemained sat at the kitchen table for the visit, mood remains dysphoric but reports feeling ‘tired’, affect flat and restricted. Denied thoughts of self harm or suicidal Ideation. Risk remains moderate due to persistent PTSD symptoms.PLAN1) H/V Friday to continue psychoeducation with stres-vulnerability approach2) Conduct an interest checklist to assist with potential occupations that OT can Support Ted to perform with the aim of increasing his time use and avoid drinking---------Dayna Peterson,OT D Patterson |
| 22/3/1610am | Initial Ax presented at Multi-disciplinary Team Review, attended by Consultant Psychiatrist Dr. Prakesh. Details of the initial assessment presented.CM/ OT offering further assessment of time use and functioning. Review by registrar Dr.McGill medication regime commenced, 40mg paraoxetine daily. **Progress Notes** Social work recommending veterans carers supports for Jill and Ted’s children if Ted consent to contact. Team psychologist recommending to continue with stress-vulnerability approach for sddressing current symptomotology and preparation for further psychological work in the Austin PTSD program.PLAN1. Further OT assessment of functioning and occupation choices
2. Review medication in 1/12 to monitor dose and side effects
3. S/W to investigate Veterans carer support services

---------Dayna Peterson,OT D Patterson |
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| **Occupational Therapy****Progress Notes** | **UR:** MH001**Surname:** Edwards **Given Name:** James ‘Ted’**Address:** 6 St. John Road, Kingvale**DOB:** 9.11.1949 **Sex:** M |

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| Legislation requires ALL entries to have signature, printed name and designation. |
| **Date/Time** | **Progress Notes** |
| C:\Users\miboujaoude\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\UZI7FHBI\42_as_Interleaved_2_of_5_barcode[1].jpg24/3/161130am | P/C & H/V at 13.30hrs. Arrived to find Ted and Jill home. Ted looking anxious and standing up at the kitchen table. Jill offering reassurance and making him a cup of tea. Ted spontaneously offering information regarding the events of this morning. The Couple’s dog ‘Bluey’ had been unwell overnight and they rushed him to the vet this morning for further investigation. The vet had felt he had eaten something that could be causing a blockage in his intestines. He had commented to the pair that although he was an older dog he was in poor physical condition, being overweight.Ted stated that the vet had discussed how dogs enjoy going outside and getting‘stimulation’ from walks around the streets as well as benefiting from the exercise.The vetinary treatment was going to cost the couple $600 which could be paid in installments. Ask Ted if this would cause them some financial stress, both Ted and Jill agreed that it was not ideal but the installment plan would make it possible.Asked if there was any purchases that could be put off this month to which Jill immediately yelled ‘Beer!’. Ted acknowledged that would make some difference to their budgeting this month. **Progress Notes** Jill finished making tea whilst Ted and I sat outside at their outdoor setting. Ted wondered if Bluey had eaten the stray item out of boredom as he hadn’t been out in ‘quite awhile’. Used Bluey to further explore the link between inactivity and ill health. Ted more engaged and spontaneous in this conversation. Discussing his dog’s health appears to be a more accesible topic for him. During the conversation I requested to conduct an interest checklist. Ted accepted the reasoning for the assessment choice reporting that it was time to ‘break the habit’ for him and Bluey. The Modified interest checklist provided some discussion and reflection for Ted and Jill. Results of the assessment indicated Ted continues to see pets, lawn bowls and gardening as his main interests and possible occupations to engage in. Concluded the H/V by planning for how Ted was planning to spend the afternoon given the stressful events of the morning. He reported that he was ‘desperate for a beer’. Suggested that he use the diazepam to assist with decreasing and remaining in control of his anxiety. Jill reported he hadn’t been taking them as he thought that he wasn’t supposed to given he was on the anti-depressant. Provided some further education of PRN use of Benzodiazepines.PLAN1. Continue with twice weekly H/V regime, next H/V Tuesday 28/2/16
2. Develop individual recovery plan with identified interests of gardening, lawn bowls and pet related activities.
3. Support Ted to self-manage his anxiety symptoms with PRN medication

---------Dayna Peterson,OT D Patterson |

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| **Occupational Therapy****Progress Notes** | **UR:** MH001**Surname:** Edwards **Given Name:** James ‘Ted’**Address:** 6 St. John Road, Kingvale**DOB:** 9.11.1949 **Sex:** M |

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| Legislation requires ALL entries to have signature, printed name and designation. |
| **Date/Time** | **Progress Notes** |

**Progress Notes**  |
| 28/3/16 | P/C &H/V Ted located in the backyard. Neighbour Bruce was in attendance. Ted hadAsked for Bruce’s help to clean up the garden shed, as he felt this may have been Where Bluey had eaten the stray item. Ted had asked Bruce to drive him to the tipUsing his car and trailer. Task took 2 hours due to level of dirt and cluttermany items had to be disposed of. Ted broke into tears several times, stating ‘I’m soashamed of myself’, and ‘how did I let it get so bad?’. Responded to positivesupport from both myself and Jill, but mood noticeably dysthymic today. Affect observed to be flat overall, with moments of agitation and distress. Bleuy home from the vet and Ted responding positively To attention from the dog Ted reports that the vet said he’s be clear to go for short Walks at the end of the week. With the shed now cleaned out Ted was opened to Using the space to prepare and attend to his garden. After shed was cleaned, Ted and Bruce left for the tip. H/V terminated.1. Next H/V discuss visiting the Austin PTSD program.
2. Continue to support with self-management of PTSD and alcohol abstinence

3) Refer Ted to Veteran’s Home Care service for gardening support---------Dayna Peterson,OT D Patterson |
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| **Health of Nation Outcome Scale** | **UR:** MH001**Surname:** Edwards **Given Name:** James ‘Ted’**Address:** 6 St. John Road, Kingvale**DOB:** 9.11.1949 **Sex:** M |
| **Rating Period:** previous 2 weeks for community and residential services and previous 3 days for inpatient services.**Scoring:** 0= no problem, 1= Minimal problem, 2= Moderate problem, 3= Substantial problem, 4= Severe problem, 9= Unknown/ Not app**Question 8:** A- Phobic, B- Anxiety, C- OCD, D- Stress, E- Dissociative, F- Somatoform, G- Eating, H- Sleep,I- Sexual, J- Other |
| **HoNOS** | 7) Problems with depressed mood | **4** |
| 1) Overactive, aggressive, disruptive, agitated behaviour | **0** | 8) Other mental and behavioural (above)  | [ letter/ score] | H | **3** |
| 2) Non accidental self injury | **3** | 9) Problems with relationships | **2** |
| 3) Problem drinking or drug taking | **3** | 10) Problems with activities of daily living | **3** |
| 4) Cognitive problems | **2** | 11) Problems with living conditions | **0** |
| 5) Physical illness or disability problems | **2** | 12) Problems with residential rehabilitation participation and activities | **3** |
| 6) Problems associated with hallucinations/ delusions  | **0** | **TOTAL** | **25** |
| **Therapist Name: Dayna Peterson Therapist Signature:** D Patterson **Date: 13/2/16** |

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**HoNOS**

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| **Life Skills Profile** | **UR:** MH001**Surname:** Edwards **Given Name:** James ‘Ted’**Address:** 6 St. John Road, Kingvale**DOB:** 9.11.1949 **Sex:** M |

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**Life Skills Profile**

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| Completed by: | **Dayna Peterson** D Patterson |
| Date: | 13/2/16 |

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| **Modified Interests Checklist** | **UR:** MH001**Surname:** Edwards **Given Name:** James ‘Ted’**Address:** 6 St. John Road, Kingvale**DOB:** 9.11.1949 **Sex:** M |

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| **Activity** | **What has been your level of interest** | **Do you currently participate in this activity?** | **Would you like to pursue this****in the future?** |
| **In the past ten years** | **In the past** **year** |
| Strong | Some | No | Strong | Some | No | Yes | No | Yes | No |
| Gardening / Yardwork |  | X |  |  | X |  |  | X | X |  |
| Sewing/needle work |  |  |  |  |  |  |  |  |  |  |
| Playing card |  | X |  | X |  |  |  | X | X |  |
| Foreign languages |  |  |  |  |  |  |  |  |  |  |
| Church activities |  |  |  |  |  |  |  |  |  |  |
| Radio |  |  |  |  |  |  |  |  |  |  |
| Walking |  |  |  |  |  |  |  |  |  |  |
| Car repair |  |  |  |  |  |  |  |  |  | **Interests Checklist**  |
| Writing |  |  |  |  |  |  |  |  |  |  |
| Dancing |  |  |  |  |  |  |  |  |  |  |
| Golf |  |  |  |  |  |  |  |  |  |  |
| Football |  |  |  |  |  |  |  |  |  |  |
| Listening to popular music |  |  |  |  |  |  |  |  |  |  |
| Puzzles |  |  |  |  |  |  |  |  |  |  |
| Holiday Activities |  |  |  |  |  |  |  |  |  |  |
| Pets/livestock | X |  |  | X |  |  | X |  | X |  |
| Movies |  |  |  |  |  |  |  |  |  |  |
| Listening to classical music |  |  |  |  |  |  |  |  |  |  |
| C:\Users\miboujaoude\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\UZI7FHBI\42_as_Interleaved_2_of_5_barcode[1].jpgSpeeches/lectures |  |  |  |  |  |  |  |  |  |  |
| Swimming |  |  |  |  |  |  |  |  |  |  |
| Bowling (lawn bowl) |  | X |  |  |  | X |  | X | X |  |
| Visiting |  |  |  |  |  |  |  |  |  |  |
| Mending |  |  |  |  |  |  |  |  |  |  |
| Checkers/Chess |  |  |  |  |  |  |  |  |  |  |
| Barbecues |  |  |  |  |  |  |  |  |  |  |
| Reading |  |  |  |  |  |  |  |  |  |  |
| Traveling |  |  |  |  |  |  |  |  |  |  |
| Parties |  |  |  |  |  |  |  |  |  |  |
| Wrestling |  |  |  |  |  |  |  |  |  |  |
| Housecleaning |  |  |  |  |  |  |  |  |  |  |
| Model building |  |  |  |  |  |  |  |  |  |  |
| Television |  |  |  |  |  |  |  |  |  |  |
| Concerts |  |  |  |  |  |  |  |  |  |  |
| Pottery |  |  |  |  |  |  |  |  |  |  |

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| **Activity** | **What has been your level of interest** | **Do you currently participate in this activity?** | **Would you like to pursue this****in the future?** |
| **In the past ten years** | **In the past** **year** |
| Strong | Some | No | Strong | Some | No | Yes | No | Yes | No |
| Camping |  |  |  |  |  |  |  |  |  |  |
| Laundry/Ironing |  |  |  |  |  |  |  |  |  |  |
| Politics |  |  |  |  |  |  |  |  |  |  |
| Table games |  |  |  |  |  |  |  |  |  |  |
| Home decorating |  |  |  |  |  |  |  |  |  |  |
| Clubs/Lodge |  |  |  |  |  |  |  |  |  |  |
| Singing |  |  |  |  |  |  |  |  |  |  |
| Scouting |  |  |  |  |  |  |  |  |  |  |
| Clothes |  |  |  |  |  |  |  |  |  |  |
| Handicrafts |  |  |  |  |  |  |  |  |  |  |
| Hairstyling |  |  |  |  |  |  |  |  |  |  |
| Cycling |  |  |  |  |  |  |  |  |  |  |
| Attending plays |  |  |  |  |  |  |  |  |  |  |
| Bird watching |  |  |  |  |  |  |  |  |  |  |
| Dating |  |  |  |  |  |  |  |  |  |  |
| Auto-racing |  |  |  |  |  |  |  |  |  |  |
| Home repairs |  |  |  |  |  |  |  |  |  |  |
| Exercise |  |  |  |  |  |  |  |  |  |  |
| Hunting |  |  |  |  |  |  |  |  |  |  |
| Woodworking |  |  |  |  |  |  |  |  |  |  |
| Pool |  |  |  |  |  |  |  |  |  |  |
| Driving |  |  |  |  |  |  |  |  |  |  |
| Child care |  |  |  |  |  |  |  |  |  |  |
| Tennis |  |  |  |  |  |  |  |  |  |  |
| Cooking/Baking |  |  |  |  |  |  |  |  |  |  |
| Basketball |  |  |  |  |  |  |  |  |  |  |
| History |  |  |  |  |  |  |  |  |  |  |
| Collecting |  |  |  |  |  |  |  |  |  |  |
| Fishing |  |  |  |  |  |  |  |  |  |  |
| Science |  |  |  |  |  |  |  |  |  |  |
| Leatherwork |  |  |  |  |  |  |  |  |  |  |
| Shopping |  |  |  |  |  |  |  |  |  |  |
| Photography |  |  |  |  |  |  |  |  |  |  |
| Painting/Drawing |  |  |  |  |  |  |  |  |  |  |

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| Completed by: | **Dayna Peterson** D Patterson |
| Date: | 13/2/16 |

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|  | **UR:** MH001**Surname:** Edwards **Given Name:** James ‘Ted’**Address:** 6 St. John Road, Kingvale**DOB:** 9.11.1949 **Sex:** M**Individual Service Plan** |
| **Individual Plan** |

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| **Current Situation**  | **Client Identified Recovery Goals***Based on what client wants to actually achieve in the next 3 months* | **Strategies/ Interventions***Support your client need to achieving his /her goals* | **Who will be involved?***What will the team do together with the client to achieve his/ her goals* |
| C:\Users\miboujaoude\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\UZI7FHBI\42_as_Interleaved_2_of_5_barcode[1].jpgTed, a retired machinist & Vietnam veteran with a diagnosis of PTSD, depression & alcohol dependence has experienced a major depressive episode which resulted in a plan to end his life. After a period of intensive community management & medication supervision by the CAT, Ted referred to SHCMH for case management services. With the reduction of suicidal ideation a regime of antidepressant medication prescribed & OT commenced in the primary case management role. Ted spending the majority of his day at home in sedentary activities due to lower mood & anhedonia.  | *“I don’t want to be a burden to Jill” (wife)* | 1. OT to build rapport & trusting relationship to support performance of past & new occupations through twice weekly H/Vs
2. Ted to resume meaningful occupations or establish new occupations he finds meaningful through administration of Modified Interest Checklist
3. Provide psychoeducation to Ted on stress vulnerability model, including role of medication to support understanding & management of his mental health conditions
4. Investigate carer support for Jill
5. Regain regular performance of required ADLs through addressing sleep hygiene & implementation of a daily schedule
 | OT as Case Manager/Key workerTed & OT, Review in 3/12OT & Dr. McGill (Pysch Reg)Review in 1/12SW, OTTed, OT with support from Jill |
| He experiences frequent (daily) flashbacks & nightmares, becomes anxious & hypervigilant when considering going outside. Isolates himself at home with his dog, Bluey, to avoid becoming ‘jumpy’.Ted has been reluctant to seek treatment for his PTSD from a psychologist.  | *“I want to get rid of the flashbacks, & feel better”* | 1. For Ted to regain some self-direction, control & choice over his recovery.
2. Provide psychoeducation to Ted on stress vulnerability model to support understanding & management of mental health conditions; preparation for the following.
3. Through stress vulnerability model discuss role of alcohol in frequency & timing of flashbacks & nightmares.
4. Investigate attendance at Austin PTSD day program. Support Ted & Jill by attending a visit with them & debrief following the visits.
 | Ted with support from OT as key workerOT & Dr. McGill (Pysch Reg)OT & Dr. McGill (Pysch Reg)OT & Dr. McGill (Pysch Reg) |
| Ted lives with his (second) wife Jill in a 3 bedroom unit. Jill undertaking all community & domestic ADL for the pair. Ted attends to his personal ADLs with prompting from Jill. Jill supporting & caring & in good physical health. In visits with CAT team she reports feeling ‘tired’ & concerned about their future.  | *“I want to be be more supportive to Jill”*  | 1. For Ted to regain some self-direction, control & choice over his recovery.
2. For Ted (& Jill) to receive some psychosocial education to support his understanding of depression & PTSD symptoms.
3. Regain regular performance of required ADLs
4. Assess home environment for safety & requirements for support
 | Ted & OTOT & Dr. McGill (Pysch Reg)Ted, Jill & OTOT & SW |
| Physical Health Ted is overweight & experiences knee pain. Becoming increasing inactive. Little appetite for food. Drinks 6-8 stubbies regularly.Commenced anti-depressants this month. Dr. Norton has been Ted’s regular GP for 15 years. | *“I want to have Dr. Norton as my GP still”* | 1. Support Ted to continue to see Dr. Norton. Regularly review his osteoarthritis (R knee), monitor physical health, provide education on alcohol dependence
 | Dr. McGill will write to Dr. Norton & provide a management plan for Ted. Request that Dr. Norton continue to see Ted for management of his physical health needs.Upon discharge from SHCMH it is planned that Ted’s ongoing management will be transferred back to Dr. Norton. |
| Finances  | *“The Social worker on the CAT team said I could be entitled to a veteran’s gold card”* | 1. Support Ted to complete documentation for DVA gold card.
2. Could be long, potentially challenging process; support Ted & Jill to understand & navigate the process
 | Dr. McGill, SW, OT & Dr. Norton |
| **Most important things your client would like to focus on right now**1. *“I don’t want to be a burden to Jill” (wife).*

Twice weekly H/Vs to support addressing symptoms of his mental health conditions, monitor risk to self and provide psychoeducation on increasing performance of self-care and leisure occupations, discuss role of alcohol in his recent acute episode and regular adherence to new anti-depressant medication regime. |
| **Who was involved in developing this plan** |
| ***Role (eg. Key worker)*** | ***Name*** | ***Organisation &contact number*** | ***Signature*** |
| ***Key Worker*** | Danya Peterson | *SHCMH*  | D Patterson  |
| ***Psychiatric Registrar*** | Dr.McGill | *SHCMH* | *Peter McGill* |
| ***GP*** | Dr. Norton | *GP* | Bob Norton |
| ***Date*** | 23/2/16 |  |  |