

27 December 2018

To Whom It May Concern,

Re: Support letter for EF

EF attended for a consultation on 26 December 2018. She impressed as a resilient individual who has raised her [REDACTED] children as a [REDACTED]. Over the past [REDACTED] years, she reports having successfully established a life that comprised a strong support network in her local community. She reports these supports have also assisted her to maintain treatment to manage her [REDACTED] condition. Despite her resilience, her current circumstances have been overwhelming and she presented as such. She reported feeling depressed, unable to foresee a future for her and [REDACTED]. EF acknowledged that whilst she experiences suicidal ideation, the thought of her children prevents her from acting on such thoughts. Furthermore, the current significant stressors have exacerbated her [REDACTED] symptoms and she is limited in accessing treatments that were part of her [REDACTED] plan.

EF spoke at length about the plan for her to [REDACTED] and expressed anxiety about her capacity to cope and the impact on [REDACTED]. Disconnection from existing supports including friendships and extended

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family, managing her [REDACTED] condition and the deterioration in her current mental state and functioning, have diminished her capacity to manage the challenges associated with [REDACTED]. She will require substantial support and assistance. EF was adamant, that having [REDACTED] would greatly assist with overcoming these challenges and in particular, [REDACTED]. [REDACTED] Indeed, having [REDACTED] would have a significant impact on the success of [REDACTED]. The provision of [REDACTED] and access to EF's current treating specialist and psychologist would be critical in the [REDACTED]. EF reported a [REDACTED] relationship with her psychologist and [REDACTED] contact with these clinicians [REDACTED] is also strongly recommended.

If you require any further information, please do not hesitate to contact me.

Yours sincerely,

[REDACTED]

Clinical & Forensic Psychologist

Confidential Psychological Progress Report

Name: EF
 Consultation dates: [REDACTED]/12/18, [REDACTED]/01/19, [REDACTED]/01/19, [REDACTED]/01/19,
 [REDACTED]/01/19, [REDACTED]/01/19 and [REDACTED]/02/19.
 Report date: 4 February 2019
 Report written by: [REDACTED]

Sources of Information:

- Six counselling sessions conducted with EF.
- Consultation with [REDACTED]

A summary report was provided on 1 February 2019. As requested, the following provides a detailed response to the email received on 1 February 2019, requesting information and opinion on seven key areas of concern.

1. Consultation Dates and notable changes and observations for each session:

[REDACTED] /12/2018. Face-to-face, duration 60min.

Initial consultation. EF provided background and personal history. She presented as overwhelmed and stressed by her current circumstances. Her mood was low and affect flat as she expressed apprehension about [REDACTED] and the impact on [REDACTED]. EF acknowledged engaging in suicidal ideation however denied any plan or intention to act on such thoughts due to her children. EF identified that having

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[REDACTED] would significantly enhance her capacity to cope and [REDACTED]. I recommended that EF recommence regular counselling sessions with her existing psychologist and referral to [REDACTED] in long term. EF requested a support letter via [REDACTED] which was provided on [REDACTED] December 2018.

[REDACTED] 01/2019, phone session, duration 60min.

EF reported feeling very depressed due to escalation in [REDACTED] (with 5-6 days of [REDACTED] medication remaining) and [REDACTED]. EF denied suicidal ideation. EF reported changes in [REDACTED].

Plan/recommendations:

- EF agreed to contact treating psychologist.
- [REDACTED]
- Increase structure in daily routine [REDACTED]
- Phone call with writer to review above in one week.

Phone call made to [REDACTED] regarding above plan and reported medication needs of EF, including [REDACTED] and housing needs.

[REDACTED] 01/2019, phone session, duration 60min.

No change in EF's mood, continuing frustration and anger regarding predicament. Reported appointment with [REDACTED] specialist tomorrow to address medication needs. EF reported improvement in [REDACTED].

Consultation with [REDACTED] Advised that based on psychological wellbeing, EF would benefit from [REDACTED] due to access to treating specialists and medication.

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█/01/2019, phone session, duration 15min.

Purpose of contact was to obtain verbal consent to exchange information with █ and provide report on opinion regarding benefits of █ on psychological state and functioning. EF provided consent.

█/01/2019, phone session, duration 75min.

Increase in distress and difficulty coping with current █ resulting in disengagement with █ Symptoms of depression and pain exacerbated by significant side effects of newly prescribed medication, adjournment of upcoming court date, █ Consultation with █

█/01/2019, phone session, duration 30min.

Further decline in mood triggered by █

█

█/02/2019, phone session, duration 1hr.

Mental state deteriorating further with reported increased depression.

Discussed areas of concern addressed below, in current report.

2. Impact of placing EF █

█

█

which is not tenable. EF has reported that the ongoing █

█ has taken its toll on both her mental health and █

█

█ also impacts on the day-to-day activity for her and █

█

█ EF has coped to an extent with

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being the [REDACTED], however her capacity to continue doing so is compromised due to the extended period of the current situation and her deteriorating mental health. EF has reported a continuing deterioration in her mental state, which has exacerbated her [REDACTED] syndrome. She reports reduced appetite, difficulties sleeping and [REDACTED] which would continue if she was [REDACTED]. EF has reported that this [REDACTED] would not be sustainable and that she would not cope.

These impacts are significantly compounded by the fractured relationship EF has with the organisation as a whole. She reports growing anger, resentment and an absence of trust in dealing with members and the organisation more broadly. The impacts of [REDACTED] would be exacerbated by [REDACTED]. Thus, ongoing [REDACTED] would be detrimental to her psychological wellbeing.

3. Effect on EF if [REDACTED]

EF will not cope with ongoing delays to [REDACTED]. In particular, the delay to [REDACTED] has been significant source of distress. Extending the delay in [REDACTED] would further erode the already tenuous relationship EF has with [REDACTED] and broader organisation. [REDACTED]

[REDACTED]
these signs exacerbates her depression.

4. The complex issues surrounding EF's medical conditions. EF suffers from [REDACTED] which has been previously managed by a range of treatments, including: periodic reviews with her [REDACTED] specialist, sessions with psychologist specialising in [REDACTED] clinical pilates with physiotherapist three times per week and maintaining a structured routine that included [REDACTED]. EF has also reported that she is now due for a review with her [REDACTED] following a

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review conducted four months ago. Access to particular medications and ability to use this medication has been an obstacle in EF's current [REDACTED]

[REDACTED] Difficulties obtaining medication was resolved after accessing a [REDACTED] specialist. However, complications with unexpected side effects have exacerbated EF's condition. EF has been reluctant to take medication that has a strong sedating effect overnight, should [REDACTED] She has refused [REDACTED] based on concerns that this would be introducing [REDACTED]

[REDACTED] EF's medical issues are complex and require a range of treatments, that have been successful in the past in terms of her capacity to manage her [REDACTED] and function as a [REDACTED]

[REDACTED] The current restrictions to EF accessing some of these treatments combined with the increased stress and tension regarding her circumstances has resulted in an [REDACTED] in her [REDACTED]

5. The effect on EF being treated by persons other than her former [REDACTED] specialist.

EF has stated that she would accept treatment from another [REDACTED] specialist if required, providing they have full knowledge of her medical history and circumstances.

6. Expand on three main areas of concern for EF: [REDACTED] EF's mental health and dealing with [REDACTED]

There is no new information to expand upon in these areas, in addition to the details provided in the report provided on 1 February 2019.

7. Opinion on EF's suitability for [REDACTED]

At this point in time, EF is not suitable for [REDACTED] She has clearly articulated that she does not want to [REDACTED] based on concerns about the impact on her psychological wellbeing. More specifically, EF has expressed how [REDACTED] currently triggers tension, stress and a reminder of the history of her relationship [REDACTED] EF has also expressed apprehension and fear of her private information and confidentiality being breached. EF maintains that she has proceeded with

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[REDACTED] on the basis of [REDACTED]
[REDACTED] EF would be suitable and likely to [REDACTED]
[REDACTED], particularly with regards to [REDACTED]
[REDACTED] and [REDACTED]
[REDACTED] EF has demonstrated resilience and independence in the past.
With support to regain stability in her psychological functioning and
management of her pain levels, she could cope with and have the capacity to
[REDACTED]

If you require any further information, please do not hesitate to contact me.

Yours sincerely,

[REDACTED]

Clinical & Forensic Psychologist