



Waitemata

District Health Board

Te Wai Awhina

30/07/10

a

T  
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Dear Dr T

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DOE

NHI B

I saw today as a review of his mental health, partially because he had not been psychiatrically reviewed for two years, and partially because there was a feeling that his treatment had become 'stuck'. I saw him today. This report is based on today's interview and his notes and is best considered an update of my letter 27/08/08.

Since I saw 27/08/08 he has seen three individual councillors for over 40 sessions. He has been referred to Action and Maintenance groups but did not attend and attended Managing Stress group but did not complete.

He was referred to House in March this year but had patchy engagement. reported to need he felt other participants were bringing minor problems and he was thrown off when the facilitators changed. He also sent a letter to House withdrawing from the group as the "material supplied and group therapy offered do not at all meet my personal needs".

In the last six months he has had legal troubles -- primarily relating to his behaviour when intoxicated and his fight to get legal aid -- as well as hassles with WINZ about his level of benefit. He feels that have not been sufficiently supportive around these issues, specifically writing letters advocating for him.

He has had two contacts with Cornwall house crisis team recently in the context of being arrested for disorderly behaviour and talking about suicide.

#### Re: Alcohol

reports that prior to six weeks ago he was binge drinking, but rarely -- typically drinking a dozen half litre cans of beer, sometimes combining this with spirits. In the last six weeks he has been bingeing more frequently -- 3 to four days a week. He believes that this is secondary to various legal and benefit troubles.

#### Re: Anxiety

There has been no significant change in his symptoms of anxiety since I last saw. He has not tried a higher dose of citalopram (current dose 20mg) or clomipramine, nor has he had further psychological input.

#### Re: Depression

reports that in the last six weeks he has been troubled by a roller coaster mood (euthymic, angry, down), initial insomnia (and sometimes early-morning awakening), and negative thoughts such as 'What am I getting up for?', 'What's the point?'.

#### Re: Anger

There has been no change in this.

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NHI.

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Re: Other

I did not further explore his overheating of sweets.

#### Mental State Examination

presented casually dressed with no signs of neglect. There was good superficial rapport. There were no signs of withdrawal or abnormal movements, except his mouth would occasionally twitch. Talk was normal in speed volume and amount. There was no sign of delusional thinking or hallucinations. He was not suicidal. Cognition was not formally tested but appeared grossly normal. Affect was euthymic. Appeared to be on the Contemplation stage of the Wheel of Change.

#### Impression

does not seem markedly different from two years ago. There are several possible explanations:

He does not stick with one therapist. Some of these changes of therapist have been because of service requirements, other times he has requested to change.

Dose of citalopram too low to treat the residual

Insufficient follow-through by on psychological interventions -- for example House, Managing Mood Group.

Particularly treatment resistant problems.

It is not my impression that the main reason for the lack of improvement is because of poor access to resources.

#### Plan:

variable engagement in various treatment options may well be worth exploring further. In the short term, however, he needs to decide if he has enough energy to commit to treatment. If he does, there are a number of potential treatment options (largely outlined in my last letter):

Psychological review.

Increased dose of citalopram (to 40 mg or 60 mg to treat his symptoms), or changing his medication to clomipramine.

A further trial of disulfiram.

A further trial of dialectic behaviour therapy.

Yours sincerely,

Dr J B  
psychiatrist