



**Queensland
Government**

Mental Health Alcohol and Other Drugs Services

Comprehensive Assessment

Facility:

(Affix identification label here)

URN: 000111

Family name: HOLMES

Given name(s): Simone

Address: 111 Freeway ST COPELAND

Date of birth: 06/04/1962

Sex: M F I

Treatment Status

Mental Health Act (MHA) 2016 status:

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Person AWA (interstate) | <input type="checkbox"/> Recommendation for assessment |
| <input type="checkbox"/> Forensic order (mental health) | <input type="checkbox"/> Classified (involuntary) | <input type="checkbox"/> Treatment authority |
| <input type="checkbox"/> Treatment support order | <input type="checkbox"/> Examination/judicial order | <input type="checkbox"/> Classified (voluntary) |
| <input type="checkbox"/> Transfer recommendation | <input type="checkbox"/> Forensic order (disability) | |
| <input type="checkbox"/> Examination authority | <input type="checkbox"/> Forensic order (criminal code) | |

Conditions of MHA order:

Other status:

Substitute Decision-Maker Details

Substitute decision-maker: Yes No

Advance Health Directive Enduring Power of Attorney Guardian Administrator

Reason for referral

Simone was brought into the emergency department by her son Luke (whom she lives with) for a mental health review. Simone was initially reluctant to engage with mental health clinician but has agreed to speak with them after she was reassured by her son Luke. Simone currently states she does not want to be in hospital and does not believe she has a mental illness. Luke reports a deterioration in Simone's mood since the death of her brother 2 months ago with a further deterioration in the past 2 weeks. Simone had agreed to come to the hospital with her family as they had advised her, they would need to call QPS to bring her into hospital if she did not agree.

History of presenting problems

Simone is a 56-year-old woman with a 20-year history of Bipolar Disorder. Simone has experienced episodes of depression and episodes of mania with psychosis in the past. Previous stressful events and grief such as the death of her puppy and the washing machine breaking down have been previous triggers to episodes of her Bipolar Disorder. Simone has experienced extensive periods of wellness, she spends a lot of time at home with her 4 dogs who she loves and cares for but appears to have limited social contact outside of her 2 adult children. Simone had previous admissions for both episodes of depression and episodes of mania with psychosis. She has previously required assessment and treatment under the Mental Health Act 2017. Simone has been living with her son Luke (28 years old) for many years. Luke works full time and is very supportive of Simone, he has initiated mental health support for Simone when she has become unwell. Luke also states he monitors Simone's medication supply and reminds her when she needs to refill her script. Luke has stated he is concerned that if he ever moves out of the family home that Simone might become unwell and place herself at risk. Luke reports finding it difficult to communicate with Simone when she presents with manic symptoms as she often becomes verbally abusive and combative with him which he states is out of character for Simone as she is generally a mild-mannered person. Simone has been ignoring the fact the dogs have been defecating in the house - Luke has had to clean this up.

Health related history including physical, mental health, and alcohol and other drugs

- 1982 - Simone had reported a history of untreated anxiety and depression during her late teens and early 20's.
- 1986 - First diagnosed with depression at age 24 by GP and treated with Fluoxetine 20 mg.
- 1990 - Postpartum Mental health admission at age 28 for depression.
- 1998 - Admission under the MHA, at age 28 presented with mania and psychotic features - diagnosed with Bipolar Disorder - commenced on Sodium Valproate.
- 1998 - 2001 Community Mental Health engagement.
- 2005 - Hypomanic episode treated by GP in consultation with Acute care Team - commenced on Olanzapine.
- 2012 - Admission at age 50 for depressive episode - divorce from partner- commenced on DSP.
- 2014 - Admission at age 52 for mania with psychotic features - commenced on Lithium Carbonate and Quetiapine.
- 2017 - Depressive episode treated by GP - ?response to grief (loss of her dog).

Date substance use and addictive behaviours screen completed:

Instruction: Note current and past use patterns including frequency, quantity and route of administration, dependence, withdrawal, triggers for use etc for each substance.

Information unavailable at this time Not applicable to this consumer/presentation

Tobacco products substance involvement score: 6 - Has reduced smoking from 30+ cigarettes per day to approx. 10 per day in past 12 months, used NRT prescribed by her GP.

Alcoholic beverages substance involvement score: 6

Cannabis substance involvement score: 0

Cocaine substance involvement score: 0

Amphetamine type stimulants substance involvement score: 0

Inhalants substance involvement score: 0

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v3.00 - 11/2020



SW1023

MHAODS - COMPREHENSIVE ASSESSMENT



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Sedatives or sleeping pills substance involvement score: 0

Hallucinogens substance involvement score: 0

Opioids substance involvement score: 0

Other substance involvement score: 0

Medications Ongoing

Drug name (include prescribed and complementary medicine)	Duration of use	Dose and special directions (such as route/injection site)	Prescribed by
Lithium Carbonate	5 years	250 mane and 750mg nocte	MHS
Quetiapine	5 years	500mg nocte (increase to 500mg by GP 4 months ago)	MHS
Atorvastatin	9 years	20mg nocte	GP
Thyroxine	8 years	100mcg	GP

Medications Ceased

Drug name (include prescribed and complementary medicine)	Duration of use	Dose and special directions (such as route/injection site)	Reason Ceased
Sodium Valproate	5 years	750mg BD	Ceased due to commencement of Lithium Carbonate in 2014.
Fluoxetine	2 years	40mg daily	Ceased due to symptoms of mania.
Olanzapine	5 years	10mg daily	Reduced efficacy and weight gain.

Pathology Investigations

Physical health monitoring by GP care - current BMI – 26, hypercholesterolemia (commenced lipid lowering agent in 2009), hypothyroidism (commenced on Thyroxine in 2012). Currently smoking approx. 10 cigarettes per day reduced from 30 per day in the last 12 months.

GP monitors serum Lithium levels and E's, LFT's and TFT's.

Medical Imaging

Nil

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Forensic history and current legal issues

Information unavailable at this time

Not applicable to this consumer/presentation

Nil known forensic history
Nil known current legal issues

Family history

Information unavailable at this time

Not applicable to this consumer/presentation

Reports Mother has undiagnosed anxiety and depression for many years, GP has prescribed a low dose anxiolytic in later years. Nil other reported family history.

Developmental history

Information unavailable at this time

Not applicable to this consumer/presentation

Simone is 1 of 2 children - brother Neil aged 61 recently deceased from Myocardial infarction (heart attack) 4 months ago. Mother aged 82 lives in aged care facility - has advancing Alzheimer's Disease - visits her with Luke occasionally. Father deceased 2005 aged 69 years old ? Cardiovascular disease. Completed year 12 in 1979 at local state high school - states average student with a few good friends. 1979 - 1988 worked as sales assistant and later in secretarial positions. Married Daryl in 1988. 1990 Birth of son Luke - post natal depression. 1993 Birth of Daughter Amy. 2012 divorce from father of children - states separation was amicable, has little contact as ex-partner moved to USA in 2013. Simone has recently experienced the loss of her brother (4 months ago).

Psychosocial functioning

Consumer requires a functional assessment Consumer requires a cognitive assessment

Luke reports a decline in her ability to manage everyday activities, has limited social connection as relies solely on family for social and emotional support. Simone owns her own home, is on the DSP. Usually likes to look after her dogs and walk them, also enjoys looking after the family home.

Mental state examination

General appearance and behaviour: 56-year-old woman of stated age, greying blonde mid length hair with clips, hair appears uncombed. Wears pink rimmed glasses and mismatched colourful clothing (grey floral top, striped pants and scarf) with numerous coloured beaded necklaces, bracelets and mismatched earrings. Psychomotor agitation evident-Intermittent eye contact, superficial rapport, reluctantly engaged with MHC. Observed fidgeting with hairclips and distracted by plush dog she is holding. Good dentition noted. **Speech** (rate, volume and tone): Speech: rate normal, exaggerated tone, volume loud at times when agitated, swearing occasionally. **Mood and affect** (range, appropriateness, congruence with mood and communication): Describes that she feels 'fantastic'. Mood noted to fluctuate from sad to laughing to irritable and antagonistic. Appears agitated and frustrated, broad range, intensity exaggerated and labile ranging from laughing to tearfulness and incongruent at times. **Perception** (hallucinations and illusions): Nil perceptual disturbances reported or observed. **Thought form/flow** (logical, tangential, blocked, concrete): Thought disordered, flight of ideas and tangentiality evident (home it's a box, full of asbestos, it's nothing right, it's Rome it's Vatican have you been to the Vatican I haven't been to Rome...). Easily distracted from topic and appears to have difficulty concentrating in conversation. **Thought content** (include delusions, suicidal ideation, thoughts alienation and passivity experiences, phobias and obsessions): Paranoid regarding people listening to her phone calls, does not believe she has a mental illness 'I don't need to be in the emergency department. 'I have no rights'. Angry at Luke for bringing her into hospital. Mentioned the death of brother and tearful regarding this. Spoke fondly of her dogs. Nil suicidal ideation plans or intent. Nil homicidal ideation plans or intent. **Judgement:** Poor - no longer attending to household chores and taking care of her dogs which, she would usually - ignoring the fact the dogs defecate in the house. Argumentative and combative with Luke which is out of character. **Insight** (understanding of illness): Limited - does not want to be in hospital as she does not believe she has a mental illness 'I don't need help. I help myself'. **Cognitive assessment** (include orientation, memory and capacity): Alert, able to attend to questioning, concentration - distracted at times, memory appears intact as able to recall recent events. Oriented to time, place and person. Aware her son Luke brought her into the ED and that she is being seen by a mental health clinician. Capacity not formally assessed requires formal assessment.

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Risk screen Y = yes N = no UK = unknown

Suicide

Static factors	Y	N	UK	Dynamic factors	Y	N	UK
Previous attempt	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Suicidal thoughts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Previous self-harm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plan (consider detail of plan and access to means)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exposure to suicide	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Loss of hope	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stressful life events (mental disorder, physical illness/pain, unemployment, history of trauma, homelessness)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lack of social support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Future factors	Y	N	UK
Foreseeable stress/destabilising situations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Static risk factors: Simone has history of Bipolar Disorder with subsequent admissions for both depressive episodes and mania with psychosis. Simone has had previous suicidal ideation without plan in previous depressive episodes. Simone has limited social support – relies solely on family for social and emotional support. **Dynamic risk factors:** Simone currently has poor impulse control due to symptoms of her current presentation, currently voicing paranoia relating to people listening in to her phone calls. Recent stressful life event - recent sudden death of brother.

If Luke moves out of family home, Simone's risk may increase as he currently is her main support who monitors her mental health and well[1]being and often initiates mental health treatment when needed.

Violence/aggression

Static factors - history of:	Y	N	UK	Dynamic factors	Y	N	UK
Violent/aggressive behaviour	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anger	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually inappropriate behaviour	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Impulsivity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic/family violence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Problematic substance use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Criminal charges	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Problematic treatment adherence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Problematic substance use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Violent ideation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personality disorder/s	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pro-violence attitudes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other mental disorder/s	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Symptoms of psychosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other problematic behaviour (e.g. fire setting, stalking, threats)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Carries weapon/access to firearm*	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				Exhibits bullying behaviour	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Future factors	Y	N	UK
Foreseeable stress/destabilising situations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments

History of previous admissions to mental health unit and history of verbal aggression towards family and staff.

Dynamic: Simone is currently experiencing symptoms of mania with increased irritability and impulsivity. She currently demonstrates limited insight and poor judgement. Luke states Simone is currently combative and verbally abusive towards family members which is out of character for her. Currently voicing paranoid ideations regarding her telephone calls being listened to.

Risk of aggression will likely escalate if Simone does not receive treatment for her current symptoms of mania and psychosis.

*Consider the need to notify the Weapons Licensing Branch

Vulnerability

Static factors (history of)	Y	N	UK	Dynamic factors	Y	N	UK
Trauma/abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Impaired decision making	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic/family violence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sexually disinhibited	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Financial vulnerability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Self neglect	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive impairment/disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	At risk of victimisation (incl. sexual)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of family support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Impaired interpersonal boundaries	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood borne virus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pregnant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				Recently incarcerated	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Future factors	Y	N	UK
Foreseeable stress/destabilising situations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Simone is reportedly behaving out of character according to Luke and she is at risk of loss of reputation if she does not receive treatment for her symptoms. Simone is vulnerable to self-neglect (not attending to house or self-care, poor sleep hygiene, poor nutrition) and further deterioration of mental state (increased irritability, paranoia and elevated mood) if her symptoms remains untreated.

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Treatment non-adherence

Static factors (history of)	Y	N	UK	Dynamic factors	Y	N	UK
Absconding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Treatment refusal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Previous breach of MHA orders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Desire/intent to leave hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication non-compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Missed medication	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Future factors	Y	N	UK				
Foreseeable stress/destabilising situations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Comments

Simone currently does not believe she requires hospitalisation and is concerned about her dogs at home.

Parental status and/or other carer responsibilities

	Y	N
Does the person have responsibility for children aged 17 years or less?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the person have any contact with children through access visits or shared residence?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the person have other carer responsibilities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there a reasonable suspicion or risk of harm/neglect?	<input type="checkbox"/> *	<input checked="" type="checkbox"/>

*If yes, contact Child Protection Liaison Officer to discuss Child Protection notification processes

Details of children and/or other dependents

Full name	Relationship	Age/date of birth	Immediate care arrangements

Protective factors

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Overall assessment of risk and plans to mitigate risk, including information provided to consumer and support persons

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Overview/impression

	Y	N	UK
Person's level of risk appears to be highly changeable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are factors that contribute to uncertainty regarding risk screen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A more comprehensive risk assessment is required	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Formulation

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Diagnoses and Principal Drug of Concern

Primary diagnosis:

Bipolar Affective Disorder - current episode manic with psychotic symptoms.

ICD-10 Code: F31.2

Secondary diagnosis:

Hyperlipidaemia.

ICD-10 Code: E78.0

Hypothyroidism.

ICD-10 Code: E03

Mental and behavioural disorders due to use of tobacco - dependence syndrome.

ICD-10 Code: F17.2

Collateral sources

Luke Homes – son

GP

Qld Health clinical documentation

Initial management plan

Collateral is outstanding Y N

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Name: A Clinician

Designation: MHC

Signature:

Date:

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