



Queensland  
Government

**Mental Health Services  
General Assessment**

Facility: **Mental Health Service**

(Affix identification label here)

URN: **041393**

Family name: **Jackson**

Given name(s): **Jess**

Address: **50 Smith Street 4079**

Date of birth: **01/01/1992**

Sex:  M  F  I

**Mental state examination**

**General appearance and behaviour:**

57 year old mother of 5 who identifies as indigenous. Jess appears to be of stated age, with short brown hair, olive skin, wearing a white tee-shirt, brown patterned jacket, reading glasses and with silver coloured rings on her right ring finger. Intermittent eye contact (this may be considered culturally appropriate), with reasonable level of rapport established. Nil psychomotor agitation or retardation. Cooperative with assessment process

**Speech** (include rate, volume and tone)

- Rate: Occasional latency in her responses.
- Volume: normal
- Tone: normal.

**Mood and affect** (include quality, range, appropriateness, congruence with mood and communication)

**Mood:** mood described as “tired all the time,” acknowledged her “spirit had been weak.”

**Affect:** restricted to sad, even when discussing how much her daughter assists her.

**Mood and Affect:** congruent.

**Neuroveg:** has no energy, “can’t be bothered,” appetite poor, (doesn’t feel like eating, “off my tucker”), sleep poor (initial insomnia with frequent waking. Interest-anhedonia-just sits around the house all the time and no longer going to work which she used to enjoy.

**Perception** (include hallucinations and illusions)

- Hears the voice of her dead son calling at her from the trees (consider cultural appropriateness?). The voice ranges from calling to yelling (that gets louder and louder) with derogatory content (says she is not a good mother).

**Thought form/flow** (logical, tangential, blocked, concrete)

- Mild thought latency

- **Thought content** (include delusions, suicide ideation, thoughts alienation and passivity experiences, phobias and obsessions)

**Thought insertion**

Ruminating thoughts derived from the hallucination described above “it makes me feel like I’m not a good mother and I should be banished.” These thoughts are affecting her sleep. No longer attending work. No longer cooking for her family which she used to do twice a week. Talks about her eldest son dying in road traffic crash last year.

States she can no longer “be bothered doing the house work, I just sit in the house all day...Dan gets upset,...he doesn’t understand ...gets wild he does.” Indicates her upper lip and that Dan “gave me this.”



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Recent diagnosis of type two Diabetes but is struggling to manage this.

Angry that children's father got on with his life and went back to work after their son died.

- **Risk.** Suicide, homicide risk issues not assessed. Vulnerability to self-neglect (poor sleep, appetite), deterioration in mental state, domestic violence (admits children's father has assaulted her)

**Judgement**

- Fair. Has used alcohol to manage distress and inability to sleep. Not attending work but says she used to enjoy work.

**Impulsivity:** not formally tested

**Insight (understanding of illness)**

- Fair. Recognises deterioration in mood, being ill and negative impact on life and family life
- good insight into diabetes (symptoms and treatment)

**Cognitive assessment (include orientation, memory and capacity)**

**Alert:** awake and able to respond to assessment

**Memory:** Is able to recall timeline of events. But states she some "trouble" with her memory

**Orientation:** orientated to place and person

orientation to time reasonable (out by one day)

**Concentration:** able to attend to the assessment

**Capacity:** not formally assessed.