

SULLIVAN, Donna (Mrs)

Date of Birth: **25-Jul-1970 (55y)**

Main Door, 1 Corsehill Path, Glasgow, G34 0PJ

CHI Number:	250 770 6163	Home Tel:	01417731945
Usual GP:	GOLDIE (Dr)	Work Tel:	
Patient Type:	Community Registered	Mobile Tel:	07743956178
Registered:	13-Aug-2018	Email:	
Language:	unknown	Dispensing:	No
Advocacy Needs:		Transport Needs:	

Problems

No problems recorded.

Medication

No Current Medication

Allergies

No allergies recorded.

Planned Events

27-Apr-2026 Please enter Ethnicity

Consultations

15-Apr-2019 14:50	NHS GG&C Mental Health Services DIETRICH, Jennifer (Admin)
Document	To whom it may concern letter written To whom it may concern letter written from NE PCMHT North East (15-Apr-2019)
15-Apr-2019 14:49	NHS GG&C Mental Health Services DIETRICH, Jennifer (Admin)
Document	Discharge letter sent to general practitioner Discharge letter sent to general practitioner from NE PCMHT North East (15-Apr-2019)
12-Apr-2019 13:30	Telephone call to a patient (Anvil Resource Centre) O'BRIEN, Theresa (CBTTherapist)
Comment	Donna contacted PCMHT on 11th April 2019 requesting writer call to discuss PCMHT input and request for psychologist assessment which lawyer is pursuing. Called today at 1.30pm, advised Donna that due to her lack of attendance and lack of response to 5 day engagement letter that writer was in process of discharging from service. Donna accepting of this and acknowledged that her ongoing health difficulties continue to be a barrier to her maintaining attending attendance. She agreed that at this current time improving the management of her multiple health difficulties should be prioritised and agreed to discharge from our service. Writer agreed to provide a summary letter of previous interventions which she can submit to her lawyer. Advised that within my role I am unable to provide a diagnosis. Discharged from community mental health service
27-Mar-2019 12:30	NHS GG&C Mental Health Services PARKER, Patricia (Mrs)
Document	Sending of opt-in appointment letter Sending of 5 Day opt-in letter from NE PCMHT North East (27-Mar-2019)
20-Mar-2019 14:30	Face to face consultation (NHS GG&C Mental Health Services) O'BRIEN, Theresa (CBTTherapist)
Comment	Dorothy failed to attend, no contact received. Sent 5 day engagement letter. Follow-up appointment offered
05-Mar-2019 14:06	Telephone call from a patient (NHS GG&C Mental Health Services) O'BRIEN, Theresa (CBTTherapist)
Comment	Donna called to cancel appt scheduled for 6th March 2019 as she is currently in

hospital, she plans to attend on 20th March 2019 at 2.30pm if health improves.

20-Feb-2019 14:30 Face to face consultation (NHS GG&C Mental Health Services) O'BRIEN, Theresa (CBTTherapist)

Comment Donna called to cancel appointment today due to feeling physically unwell. Rescheduled to 6th March 2019. Follow-up appointment offered

06-Feb-2019 14:30 Face to face consultation (Anvil Resource Centre) O'BRIEN, Theresa (CBTTherapist)

Comment Template: **Psychological Therapies HEAT Target CT**

Donna attended session 3. Agenda: review homework, outcome of pain clinic, education re how trauma memories are stored, practice anxiety control relaxation. Donna did not complete 5 areas as agreed however she has been engaging in exposure to local area, social interaction and went to visit a friend in Lanzarote for 4 days independently. She admits at times anxiety symptoms but used distraction to help reduce intensity of symptoms. She also reports that she walked around her old street, "i feel empowered", "I am not going to give him the control" in reference to perpetrator of assault.

Attendance at pain clinic has proven helpful. They are reviewing medication, hope to offer acupuncture and hydrotherapy to assist with joint pain and have offered her attendance at support group programme. No result from 24 hour cardiac tracer. Provided education on how the brain stores trauma memories building on previous anxiety education. Also practiced anxiety control training which she found helpful, suggested she practice this to help improve sleep which continues to be problematic. Relaxation recorded on her phone.

CORE-10 score 11 /40 . No risk.

Homework - practice relaxation, maintain exposure to social interaction, continue to use distraction to reduce physical symptoms.

Psychological therapy summary report

Procedure Cognitive behavioural therapy

23-Jan-2019 14:30 Face to face consultation (NHS GG&C Mental Health Services) O'BRIEN, Theresa (CBTTherapist)

Comment Template: **Psychological Therapies HEAT Target CT**

Donna attended session 2. Agenda: review risk, explore triggers for anxiety, education regarding anxiety and introduce CBT model.

Donna denied any current suicidal ideation or plan, she found her engagement in these thoughts reduced significantly following discussion in previous session "i just think I had to acknowledge them".

She was unable to complete CORE10 independently today due to blurred vision.

She stated that one of the tumours presses on her optical nerve which leads to a fluctuation in her vision. Currently right eye more affected and she stated they are assessing if a cyst is growing below lower lid. She stated she only attends the

Oncologist and Optomologist 3-6monthly. No longer sees Neurologist, she did not find his attitude or manner helpful, she stated that at the appointment where she

was given diagnosis she asked if tumours were operable he responded "if I tried to remove them you would bleed to death". She has been advised her brain has

"shifted to the left". She is unsure if tumours are affecting her cognitive processing or

emotional response. She stated that her condition is very rare "there is only 1000 identified cases worldwide". Advised that write spoke with the Community Brain

Injury service who are unable to offer any input as her illness is degenerative hence no current role for rehabilitation. She has first assessment at Pain clinic on 25th

January 2019.

Donna reports that symptoms of anxiety are more acute at night which is reducing her sleep. She describes engaging in worry and/or rumination about: daughters

current difficulties, loss of mum, sense of abandonment from father which can then lead to image of neighbours face who assaulted her and her partner. She can replay

his voice, images of the multiple times he was abusive, can replay the trauma of her partner opening the door and the neighbour stabbing him in the head with a

screwdriver. Donna stated the neighbour then pulled her out the house, stabbed her in the neck with a stanley blade, attempted to choke her, partner was unable to stop

the assault "he couldn't get him off me", aunt then came out of house and put her foot across neighbours neck to obstruct his air way at this point he released Donna.

She believes that if they hadn't intervened she would be dead. She can recall hearing him repeatedly saying in a child like voice "what's wrong Donna". She feels let down, angry and disappointed by the lack of support from housing and police as she had reported numerous threatening situations prior to assault.

Provided education regarding anxiety, the physiological response, cycle of avoidance and the anxiety equation. Also introduced the CBT model to help understand the role of cognitions in relation to activating distress, physical symptoms that leads to changes in behaviour.

CORE-10 score 26 /40 . No risk.

Homework - complete 5 areas of time anxiety activated, use distraction to manage physical symptoms of anxiety.

Follow-up appointment offered • Psychological therapy summary report

Procedure Cognitive behavioural therapy

09-Jan-2019 14:30 Face to face consultation (Anvil Resource Centre) O'BRIEN, Theresa (CBTTherapist)

Comment Template: **Psychological Therapies HEAT Target CT**

Donna attended first CBT therapy session. Agenda: introductions, DNA/cancellation guidance, presenting difficulties, expectation of therapy.

Completed introductions to therapist, structure of CBT sessions and Donna agreed to DNA/cancellation guidance. We discussed at length the potential difficulties of maintaining attendance due to her chronic health conditions and the multiple NHS appointments that she is currently attending. Donna believes that she will be able to maintain attendance at this time.

Donna reports that she has multiple health conditions that has negatively impacted on her mood. She was diagnosed with multi meningioma over 2 years ago. She states she currently has 24 tumours on her left side of the brain, some attached to the artery connecting the brain and heart. Current treatment plan is watchful waiting, receives MRI scans every 3-6 months intervals. Medics are unable to take a biopsy of the tumours due to their location but has been advised these tumours are "80% benign". She has now developed secondary epilepsy due to tumours and can experience seizures which can manifest as absences or similar to grand mal. Donna recognises that she does have oral factory early warning signs regarding seizures. She was recently admitted to hospital due to irregular heart beat which medics believe was related to Amitryptiline medication however she is now undergoing heart investigations and recently diagnosed with autom immune lupus. These conditions often lead to fluctuations in her mood, reduced concentration and memory recall and chronic fatigue. Donna has appointments at Pain clinic on 25th January 2019 to have medication review and Cardiology on 28th January 2019 to have a 24 heart tracer fitted. These life limiting health conditions has led to Donna now viewing self as a burden and finding it difficult to maintain daily function.

Donna also reports symptoms of anxiety and panic directly related to previous trauma where she witnessed her neighbour stabbing her family member. Prior to this the neighbour was repeatedly threatening towards her. Following this assault the neighbour was sectioned in the secure unit at Stobhill hospital. It came to light that he had drilled holes in his house to see into Donna's home. She has now been rehoused however the ongoing fear of meeting him and her ongoing perception of threat persists. She described marks physical symptoms of anxiety and acute startled response. This has led to avoidance of going out independently.

Donna also reports low mood symptoms related to bereavement. Her mother died suddenly in February 2018 and currently she is attempting to support her daughter and grand children following the breakdown of her daughters relationship. Donna recognises that prior to the deterioration in health, bereavement the intrusive thoughts of past trauma was less frequent.

CORE-10 score 31 /40 (severe). Donna also scored for risk. She admitted to suicidal ideation and planned taking all her medication from her dosette box. The strongest emotion at this time was depression due to the ongoing multiple health difficulties, her view of self as being "a burden" and her perceived negative impact this has on her family. She admits that suicidal thoughts have been recurring but to date she has not acted on them. She denied any current plan or intent, recognising family as protective factors. Agreed that if thoughts become more intrusive she would contact the Samaritans or Breathing space, she would not speak to family for

support.

Goals for therapy identified by Donna: improve understanding of anxiety and panic, reduce symptom and "get my life back on track".

Follow-up appointment offered • Psychological therapy summary report

Assessment Cognitive and/or Behavioural Therapies

Procedure Cognitive behavioural therapy

21-Dec-2018 15:27	NHS GG&C Mental Health Services GILLESPIE, Lynsay (TeamSecretary)
Document	Appointment letter sent to patient 📄 Appointment letter sent to patient from NE PCMHT North East (21-Dec-2018)
28-Sep-2018 11:16	NHS GG&C Mental Health Services HAZELTON, Angela (TeamSecretary)
Document	Letter sent to patient 📄 (27-Sep-2018) Letter sent to patient from NE PCMHT North East (27-Sep-2018)
27-Sep-2018 11:00	Telephone consultation (Anvil Resource Centre) MCNEILL, Alan (Counsellor)
Comment	Template: SBAR V4 Phone assessed. See uploaded Care Plan. discussed with psychology. Agreed to be allocated to CBT Therapist with trauma-based training. Follow-up appointment offered
Examination	Suitable for psychological therapies
14-Aug-2018 15:31	NHS GG&C Mental Health Services GILLESPIE, Lynsay (TeamSecretary)
Document	Sending of opt-in appointment letter 📄 Sending of opt-in appointment letter from NE PCMHT North East (14-Aug-2018)
13-Aug-2018 13:27	Inbound Referral (NHS GG&C Mental Health Services) MCLUNDIE, Valerie (ClericalOfficer)
Referral	Referral to primary care mental health team From: Newhills Medical Practice (18904)
13-Aug-2018 11:23	Auchinlea Resource Centre MCMILLAN, Graeme (TeamSecretary)
Document	Referral letter 📄 Referral letter to NE PCMHT from NE Auchinlea CMHT (13-Aug-2018)
10-Aug-2018 09:58	Multidisciplinary team meeting without patient (NHS GG&C Mental Health Services) HOWE, Amanda (NurseTeamLeader)
Comment	Accepted for opt in to PCMHT psychology team. Close to CMHT
08-Aug-2018 13:38	Progress notes (NHS GG&C Mental Health Services) HIGHLANDS, Erin (MentalHealthPractitioner)
Comment	Request from CMHT for consideration for PCMHT ? psychology .I will ask psychology to look at this referral .
08-Aug-2018 11:42	Multidisciplinary team meeting without patient (NHS GG&C Mental Health Services) HOWE, Amanda (NurseTeamLeader)
Comment	Discussed at MDT screening and allocation meeting with Dr McLaughlin (Consultant psychiatrist) Dr Cleghorn (Consultant psychologist) Amanda Howe (NTL) Julia Diamond (FY2) Shanna Cross (ST6) For discussion with PCMHT.
02-Aug-2018 10:03	NHS GG&C Mental Health Services MCLUNDIE, Valerie (ClericalOfficer)
Document	SCI Gateway referral letter 📄 (01-Aug-2018) SCI Gateway referral letter from Newhills Medical Practice (18904) (01-Aug-2018)
02-Aug-2018 10:03	Inbound Referral (NHS GG&C Mental Health Services) MCLUNDIE, Valerie (ClericalOfficer)
Referral	Referral to community mental health team From: Newhills Medical Practice (18904)
12-Sep-2016 09:22	NHS GG&C Mental Health Services GILLESPIE, Lynsay (TeamSecretary)
Document	Discharge letter sent to general practitioner 📄 (07-Sep-2016) Discharge letter sent to general practitioner from PCMHT North East (07-Sep-2016)
07-Sep-2016 09:30	Telephone consultation (NHS GG&C Mental Health Services) MOYNAN, Claire (ClinicalPsychologist)
Comment	Phoned Donna as she had contacted thinking she had an appointment on Monday. She said that given her physical health condition she would like to be placed on hold for a while. I discussed with her whether being placed on hold with a specified wait

time would be beneficial right now or whether she would prefer to be discharged and be able to contact us back when she feels more in a place to engage with this therapy. We also explored what she had already covered in therapy, the psychoeducation and importance of activity in her day to help her mood. She also agreed that it may be that she does not require further therapy when her health becomes more stable. She agreed to be discharged and she said that she will keep my previous correspondence so that she has our number if she wishes to rerefer herself in future.

Discharged from community mental health service

29-Aug-2016 14:02	NHS GG&C Mental Health Services OWENS, Hayley (TeamSecretary)
Document	Opt-in appointment letter sent to patient 📧 Opt-in appointment letter sent to patient from PCMHT North East (29-Aug-2016)
29-Aug-2016 13:30	Face to face consultation (NHS GG&C Mental Health Services) MOYNAN, Claire (ClinicalPsychologist)
Comment	Donna did not attend her appointment today. I have sent her an opt in letter asking her whether now is the right time for therapy or not and asked her to contact the service by Monday 5th September. Follow-up appointment offered
08-Aug-2016 13:30	Face to face consultation (NHS GG&C Mental Health Services) MOYNAN, Claire (ClinicalPsychologist)
Comment	Donna's sister phoned to cancel appointment as she had a hospital appointment due to headaches. Further appointment offered via telephone. Donna's sister said that Donna had been in hospital due to severe headaches and seizures for the past week and went in for a further appointment today. Now awaiting an emergency appointment with neurosurgeon. She is currently staying with her sister following a bad seizure. Follow-up appointment offered
05-Aug-2016 09:44	NHS GG&C Mental Health Services OWENS, Hayley (TeamSecretary)
Document	Follow-up clinic letter sent to GP 📧 (02-Aug-2016) Follow-up clinic letter sent to GP from PCMHT North East (02-Aug-2016)
25-Jul-2016 13:30	Face to face consultation (Other - Community) MOYNAN, Claire (ClinicalPsychologist)
Comment	Template: Psychological Therapies HEAT Target CT Donna arrived 10 minutes late as they had missed placed her keys but managed the anxiety with arriving late very well. She said she had a mixed two weeks. She had collapsed in the house and taken to casualty. A head CT showed the presence of multiple meningiomas. However no immediate concerns at present, no need for surgery and will be treated as an out patient. It is causing her anxiety but she is managing it and is being supported by her sister and daughter. The doctors wonder if this is also causing her blood pressure and headache issues. She had a night away for her birthday. Enjoyed the spa day but her now ex-partner went for a few drinks and became violent, throwing objects at her. She managed to leave the situation and in fact could see how well she managed it in hindsight. She got herself to safety with her sister and has ended the relationship. She said that previous to this she would likely have not done anything. Following last session she said she felt exhausted and cried a lot. However 2 days later she said she felt she should try and reconnect with her friends and messaged one. She now is meeting with them at the weekend. She said she also completed her housing forms and decluttered her house. She felt like it was therapy each bag was like her head was also becoming decluttered. She joined a pool and said that she was able to challenge her thoughts and go out of the house unassisted and unaccompanied and found the day very enjoyable. She said she bumped into people she knew and that led to coffee and more social engagements. She said she went to karaoke another night and really enjoyed that. As a result of her increased activities and social engagements Donna said her sleep has vastly improved. Explained the vicious cycle and Donna took it away so as to examine over the next two weeks. CORE-10 score improved from severe to mild. Plan to continue examining cognitive traps and thought challenging in next session. Follow-up appointment offered • Psychological therapy summary report

Procedure Cognitive behavioural therapy

11-Jul-2016 13:30 Face to face consultation (Auchinlea Resource Centre) MOYNAN, Claire
(ClinicalPsychologist)

Comment Template: **Psychological Therapies HEAT Target CT**

CORE score- severe

Recent traumatic incident- 7 months ago. 21 year old boy living upstairs. Had a few incidences where police needed to be called due to excessive noise etc. Only once were the police called by Donna.. Another incident where a neighbour called the police on him due to possession of a knife. Described a night where her aunt and now ex-boyfriend were in and heard knocking on door into close. Did not look to see who it was boyfriend opened door and was stabbed by the young man in the head. He then pushed Donna and cut her with a stanley blade he had concealed in his other hand. The aunt phoned police for support. Donna recalls the incident very clearly but describes memory of a lot of blood and the strength she remembered him having which shocked her. She said it took 6 police officers to restrain him. Since then feels unsafe in her house. She said the courtcase was distressing but now closed and he pled guilty in the last minute. He is now in a secure unit at Stophill but could be released in 6 months at the discretion of the doctor. She is worried as he knows where she stays and wants to move but is having difficulties with the housing. Following the incident went into rent arrears paid them herself eventually with a small loan. Was nearly evicted. Looking into a number of options now including private let.

Family-Marriage ended a few years ago and had to declared self as homeless to obtain a flat which is the one she is currently in. Lives alone and is very fearful. Strong startle reaction to any noise and prefers to be out of the house. Avoids going into the close. Has two children [REDACTED] (24) and [REDACTED] (22) who has two children [REDACTED] and [REDACTED]. Finds her children very supportive and helpful and her grandchildren she described as the joy in her life. Not speaking to dad and youngest sister finds really upsetting. Fell out year ago as youngest sister accused her of sleeping with her ex-boyfriend "too many words were said" and her dad took youngest's side. Sister was on amphetamines. Very close with other sister. Physical health: carpal tunnel, bowel issues led to anaemia and low o2 levels. Iron tablets increased energy but 3 weeks ago diagnosed type 2 diabetes, high blood pressure and liver function tests are ongoing. Being tested for chest pain-angina. MOther is unwell-insulin dependent diabetes, had a knee replacement and is coming out of hospital.

Activities: started slimming world with daughter, goes swimming with her grandchildren and goes walking with her daughter. Not anxious leaving house. But feels trapped as when PIP came in her car which was given to her after a spine operation was taken away. Although acknowledged that does get anxious when she sees groups of young boys.

Social- feels her pals did not help her when she was down. Only ever phoned, never visited. Feels isolated as a result.

Sleep-antidepressants helping but could sleep for 48 hours at a time, is feeling quite low. Is unsure if having nightmares or just thinking. Starts imagining event and thinking "i could have prevented this", then thinks it could be worse and imagines the worse situation.

Work- used to work part time in karaoke bar. Would like to get back to work or do a course but fear she will not earn enough to make her rent and go back into arrears. Hx- Grew up in EH with mum, dad (separated after 25 years when Donna was 12) sister [REDACTED] (2.5 years younger) and [REDACTED] (12 years younger). Dad away a lot in Germany. Described early life as strict where she felt she was provided for but no cuddles or talk of emotions. She recalled violent fights between her parents where her mum was beaten. Recalled her mum in hospital when she was 12 and much of that time she spent in hospital visiting her. Felt she was the "tough" one had to look after siblings and [REDACTED] was only a baby. Has always seen self as strong person but felt it was too much for her and left home aged 16 to Jersey to work to get some distance. Returned at 19 years and was attacked outside a pub. Attended therapy after that but didn't engage with male therapist found unhelpful. Also remembers attack on her father a few years later as being difficult but couldn't recall if attended therapy.

Goals: 1. wants to learn "tools for coping" with her anxiety and feelings of

hopelessness. 2. Wants to be happy-increased social activities/more smiling less crying and on a course.

Follow-up appointment offered • Psychological therapy summary report

Procedure Cognitive behavioural therapy

21-Jun-2016 12:23 NHS GG&C Mental Health Services OWENS, Hayley (TeamSecretary)

Document Appointment letter sent to patient Appointment letter sent to patient from PCMHT North East (21-Jun-2016)

01-Mar-2016 13:30 Community Contact - Telephone (Clinic) LIDDELL, Gary (CognitiveBehaviouralTherapist)

Session Category Psychological Therapies

Contact Purpose Assessment

Visit Type Initial

Examination Outcome: Suitable Psychological

Status Attendance Status: Attended

25-Jan-2016 15:00 Community Contact - Telephone (Clinic) PARKER, Jim (MentalHealthPractitioner)

Session Category Psychological Therapies

Contact Purpose Assessment

Visit Type Initial

Examination Outcome: Further Outpatient/HCP Appointment

Status Attendance Status: Cancelled by Patient

12-Jan-2016 Migration Organisation MIGRATION, Data (Dr)

Referral Referral to primary care mental health team

Values and Investigations

06-Feb-2019 CORE-10 score 11 /40

. No risk.

23-Jan-2019 CORE-10 score 26 /40

. No risk.

09-Jan-2019 CORE-10 score 31 /40

(severe). Donna also scored for risk. She admitted to suicidal ideation and planned taking all her medication from her dosette box. The strongest emotion at this time was depression due to the ongoing multiple health difficulties, her view of self as being "a burden" and her perceived negative impact this has on her family. She admits that suicidal thoughts have been recurring but to date she has not acted on them. She denied any current plan or intent, recognising family as protective factors. Agreed that if thoughts become more intrusive she would contact the Samaritans or Breathing space, she would not speak to family for support.

Referrals

Date	Term	Details	Clinician	Status
13-Aug-2018	Referral to primary care mental health team	FROM: Newhills Medical Practice (18904)	HAZELTON, Angela (TeamSecretary)	Ended
02-Aug-2018	Referral to community mental health team	FROM: Newhills Medical Practice (18904)	MCLUNDIE, Valerie (ClericalOfficer)	Ended
12-Jan-2016	Referral to primary care mental health team		FURLONG, Ross (IMT)	Ended

Care plans