



Michelle Hookham
Mental Health & Homeopathy

Gerard Malouf & Partners
Parramatta

29th May, 2024

Re: CHB:AMC:234380 the matter of Caitlin Nisha Rea

Dear Gerard Malouf & Partners,

Please find attached the clinical notes for Caitlin Rea as requested.

I have just moved across to electronic medical records. You will find the earlier notes have been hand written. The report I provided you recently summarises her records and would be an easier way for people to understand her clinical records from my understanding.

Should you require any additional information, please let me know.

Yours sincerely,

Michelle Hookham

Client Information Sheet



Michelle Hookham
Mental Health & Homeopathy

Date: 19 / 08 / 2022

Name	Caitlin Rea	Occupation	Sales Assistant
Date of birth	31/10/1996	Health Fund	—
Age	26	Medicare Number (if on GP MHCP)	2728 71036 6
Address	5 Bourke Street, Richmond 2753	Reference number on card	1
Phone/s	0401 529 433	How did you hear about Michelle's Practice?	WDO website
Email	Caitlinrea91@gmail.com	Would you like to receive quarterly e-newsletter about mental health and homeopathy?	<input checked="" type="radio"/> Yes <input type="radio"/> No

Primary Carer's Name	TANYA	Relationship	Mum
Contact details of primary carer	0414 098 663		
Name and address of GP	Dr Vinovi - great G.P. Advanced.		
Other relevant health professionals	Names of health professional	Contact details:	

Please answer the following questions briefly. There will be time to discuss in more detail during the consultation.

Medical history, including any conditions, major accidents, surgery and medical/mental health diagnoses.	CIN 3 None Postnatal Depression Anxiety / Depression
Allergies	Vancomycin
Family medical/ mental health history of immediate family members and grandparents.	
Current medication and dosage. Include any supplements and natural medicines	Fluoxetine - 2 tablets daily

Michelle Hookham is an AROH registered homeopath, Credentialed Mental Health Nurse and Registered Nurse. She abides by the privacy policies as stated in the AHA's "Personal Information, Privacy and Your Homeopath".

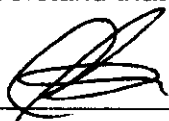
Client agreement:

Homeopathy can be used safely in conjunction with other medicines and therapies. It is recommended that you retain the services of your GP/Specialist/mental health professionals in conjunction with Michelle Hookham and to always seek medical advice in emergencies.

Payment is to be made by cash or card in full at the end of each session.

Cancellation: I agree to give at least 24 hours notice if I am unable to make an appointment. I understand that failure to do so may incur a cancellation fee.

Signature: _____



Date: _____

19.08.2022



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Mental Health & Homeopathy

Gerard Malouf & Partners
Parramatta

29th April, 2024

Re: CHB:AMC:234380 the matter of Caitlin Nisha Rea

Dear Gerard Malouf and Partners,

I write to provide a letter for the court, in the matter of Caitlin Rea's claim for personal injuries arising from a claim against Mr Jamnagarwalla. I acknowledge that I have been provided with a copy of the Expert Witness Code of Conduct. I have read the Code of Conduct and I agree to be bound by it. I have also provided my curriculum vitae with this letter.

I am a Credentialed Mental Health Nurse (CMHN) and homeopath in private practice. CMHN is a nationally recognized specialist qualification in mental health. I also sit on the Mental Health Advisory Committee for the Nepean Blue Mountains Primary Health Network (NBM PHN) and am a current PhD student with the University of Sydney. I have worked in the profession of mental health for over thirty years across a diverse range of specialist areas.

Duration of treatment

Ms Rea was referred to see me in August, 2022 by her GP, Dr Baheerathan, for therapeutic support for anxiety and depression. She had fortnightly to monthly consultations between then and February, 2023. She was re-referred to see me in February, 2024 for reasons that will be explained below.

Initial Presentation

At the time of her initial consultation in August, 2022, Ms Rea reported a history of sexual assault by a male GP on the 13.12.2013 at age 17yrs. Ms Rea pressed charges and that matter was 'settled out of court'. She reported ongoing mental health challenges since that time. She attributed psychological distress a) from her own traumatic experience and b) from her experience with the legal system. She stated that she had been accused of lying and felt bullied during cross examination in court. Ms Rea considered that she was not provided with appropriate counselling and support following the alleged assault and throughout the legal proceedings. This resulted in untreated psychological distress and a sense of injustice, which she stated "broke me."

Since the time of the personal injuries, exacerbated by the hearing, Ms Rea continued to experience low mood, anxiety, insomnia and feelings of shame and dirtiness. She reported that she had lost her life's ambitions and goals to be a disability worker and had constant ruminations of these adverse life events. Ms Rea reported increased emotional distress a few months prior to her initial referral to me, after reading an article about another alleged victim by the same perpetrator. This had re-triggered traumatic memories and guilt that her reporting had not managed to prevent another person's assault.



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Ms Rei stated that she had had difficulty finding enjoyment in things and was “like a shell – I’m there, but it wasn’t me.” She also reported that since these events, she had difficulty expressing any emotions and stated “I bottle it up as no one believed me.” She continued to experience a ‘freeze’ response when triggered by visual reminders of the perpetrator (cultural attire – skull cap). During the assault, this was also her response: shock, freeze and not able to say anything.

19.08.22 K10 score: 28/50 – high level of psychological distress.

Recent presentation

At the time of her second referral, Ms Rea reported a deterioration in mental health consistent with her previous referral. The upcoming court matter related to personal injuries arising from a claim against Mr Mustafa Jamnagarwalla, was triggering and memories associated with these trauma events. Subsequent to her previous experience with the justice system, in addition to the above symptoms, Ms Rei reported increased anxiety associated with having to relive the trauma whilst giving evidence and how her testimony will be received by the court.

Past mental health history

Diagnosis: ADHD in high school → Ritalin for short period. (approximate age: 13/14 – prior to assault)

Diagnosis: Depression and anxiety (2020)

Diagnosis: post-natal depression (PND) (2017)

Obsessive compulsive disorder (OCD) since assault, with need to clean excessively.

Episodes of deliberate self-harm (DSH) after the assault.

2016 – “mental breakdown” – took a knife and stabbed self in the arm

Past medical history (from GP referral)

Asthma

CIN3 (HPV/cervical cancer)

Supraventricular tachycardia

Consequences of abuse on the plaintiff

The alleged abuse/sexual assault have had significant adverse effects on Ms Rei, including:

- Anxiety/panic attack when sees people wearing a skull cap (GP was wearing one at the time of the incident)
- Self-blame for allowing a male GP to swab vagina
- Turned to substance use and reported a period of years of polysubstance abuse (no previous history prior to alleged assault)
- Working extensive hours, seven days a week to block out memories of adverse events
- Suppressed emotions – bottled it up then increased internal pressure
- Chronic insomnia due to constant ruminations
- Unable to maintain relationship with the father of her children as not able to tolerate physical intimacy or touch since the alleged assault
- Associates touch and intimacy with feeling dirty in general

Credentialed mental health nurse; Registered homeopath; Homeopath

6 Christie Street, Windsor NSW 2756

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WEBSITE www.michellehookham.com.au



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- Obsessive compulsive behaviours around germs and cleanliness; frequent washing of hands and unable to tolerate touch unless the other person has showered first
- Ongoing sense of vulnerability
- Unable to be affectionate; unable to hug, kiss or touch
- Puts shield up in all relationships for self-protection, which inhibits bonding and closeness with others
- Unable to begin new relationships as unable to express the complexities of her past history
- Socially isolates herself and has difficulty being around others
- Estrangement from her biological family and friends in the years following the incident
- This resulted in leaving home at 18 and "couch surfed"/lived in temporary accommodation
- Loss of personal dignity
- Difficulty trusting anyone
- Confusion around sexual contact
- Awareness of not being able to move forward with life, as per her peers
- Avoided dealing with cervical screening abnormalities
- Difficult emotions, including anger, disgust, guilt
- Loss of self-confidence
- Loss of career path

Ms Rei further stated:

- "He took my childhood from me; he took my youth"
- "He took away my mental health"
- "He ruined the relationship I had" (with first boyfriend)
- "He ruined my ability to have relationships"
- "I lost myself and don't know if I will ever find myself again"
- "I think all the time how different my life would have been if I didn't see that GP on that day"
- "I might have been able to be affectionate and not be on my own"
- "I could have been happy and partnered"
- "all my friends have stable lives; family; income; and I'm a single parent; I've got nothing; I've got to overcome the fear (of touch and intimacy) to be able to have a partner."

Assessment and opinion of condition

I have worked with Ms Rei over the period of two years. It has taken time to build trust and rapport, but over time, she has been able to open up and share her inner experiences, outlined above. It is worth noting that most of our consultations have been without a pending court matter. Ms Rei's reporting of her experiences has been consistent, authentic and congruent in their emotional expression.

Ms Rei continues to process the consequences of the alleged sexual assault. She is gradually gaining insight about her patterns of behaviour stemming from the assault and is learning that many of these expressions are consistent with other victims of sexual assault. For example, feeling dirty, ashamed and developing OCD symptoms around hygiene and washing. The psychological impact of trauma is particularly complicated when the perpetrator of the abuse was someone in a position of power, such as a GP or family member,

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who are in a position of trust and should be protecting the person in their care. This erodes trust and can cause a split in the victim's sense of self, particularly in a vulnerable young person, such as Ms Rei at the time of the assault. This is consistent with her extreme difficulty in establishing and maintaining healthy intimate relationships.

It is my opinion that the assault experienced by Ms Rei at the age of 17 changed the trajectory of her life. From being a happy, adjusted teenager, living at home, and in the midst of her first relationship, it all broke down in the immediate period following the abuse. She pushed people away, left home, developed a substance use disorder and was unable to continue her life's journey of becoming a disability worker. It is my opinion that this is the primary causative factor of her mental health challenges.

From there, other circumstances have contributed to ongoing mental health issues. Because of the above, she has been unable to sustain a relationship with the father of her two children and is a single mother on Centrelink benefits, which is not her preference. Social isolation and financial stressors have subsequently contributed to anxiety and low mood. But it is the former that Ms Rei considers has led to these secondary circumstances.

Clinical formulation

28 year old unemployed single mother of 7 year old boy and 4 month old boy, living in rental accommodation, presenting with anxiety, low mood and chronic insomnia in background of sexual assault at the age of 17 years.

Clinical Impression

Diagnosed with depression and anxiety by GP.

In addition, I consider that her reported symptoms are consistent with the diagnosis of Posttraumatic Stress Disorder (PTSD) (DSM 5 309.81), however this would need further verification from a medical professional for a formal diagnosis.

Prognosis of psychological condition

Ms Rei is motivated to seek psychological therapeutic support to help overcome the challenges associated with the alleged sexual assault at the age of 17. She is becoming more aware that the current trajectory of her life is not going to bring her contentment and happiness. She is aware that she has to overcome the impact of the trauma to make positive changes in to move forward. She has the capacity to engage well in psychological intervention and hopefully with this awareness and continued recovery, she will in time be able to engage in meaningful relationships and the life purpose she once set out to achieve.

Ms Rei did not receive counselling at that time of her personal injuries for a variety of reasons, and is now beginning to process the ramifications of the alleged assault. Trauma informed care considers some factors *important in people's ability to recover. These include: feeling heard; validation that something happened to you that should not have happened; and being welcomed back into the community in spite of what happened to you.* Similarly, Ms Rei considers that seeking justice again through the legal system, being heard and vindicated will go some way to helping her to heal.



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Future treatment and rehabilitation

Healing from trauma is an ongoing process and people seek out support at varying intervals following the incident/s. For some people, there are periods where traumatic memories are triggered and require psychological intervention for a period of time. Symptoms may then go into a period of remission, not requiring intervention, until the next episode. This is consistent with Ms Rei's experience. She had a six-month referral for psychological support and was then able to manage and cope reasonably well for a year, followed by the trauma being triggered, requiring additional support. It is likely that this pattern will continue for Ms Rei, for an indefinite period of time, but no less than five years.

Should she follow the same pattern, I would consider that she may require fortnightly psychological support for six months every year for a period of five years. This would equate to:

Sessions per year	Number of years	Total number of consultations	Cost per session (Exc. GST)	Total cost (Inc. GST)
12	5	60	\$195.00	\$12,780.00

Yours sincerely,

Michelle Hookham

Referral to NBN 416

phn



Mental Health Referral Form

Secure Fax: (02) 8208 9941 or HealthLink ED: wntwstmh

Patient Information:

First name	Castin	Last name	Rea
Address	5 Bourke Street	Suburb	Richmond
Gender	<input type="checkbox"/> M <input checked="" type="checkbox"/> F	Postcode	2753
Medicare number	2728710366	Phone number	0401529433
Main language spoken at home	<input checked="" type="checkbox"/> English <input type="checkbox"/> Arabic <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Hindi <input type="checkbox"/> Spanish <input type="checkbox"/> Italian <input type="checkbox"/> Other (please specify)	Country of birth	Australia
Spoken English level	<input checked="" type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all		<input type="checkbox"/> Interpreter Required
Aboriginal and/or Torres Strait Islander	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Unknown		
Marital status	<input checked="" type="checkbox"/> Never married <input type="checkbox"/> Married/De facto <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Unknown		
Homelessness	<input checked="" type="checkbox"/> Stable housing <input type="checkbox"/> Short-term/emergency accommodation <input type="checkbox"/> Sleeping rough		
Labour force status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Not in the labour force <input type="checkbox"/> Unknown		
Employment type	<input type="checkbox"/> Full time <input checked="" type="checkbox"/> Part time/Casual <input type="checkbox"/> Not applicable <input type="checkbox"/> Unknown		
Source of income	<input checked="" type="checkbox"/> Paid employment <input type="checkbox"/> Nil income <input type="checkbox"/> Disability support pension <input checked="" type="checkbox"/> Other pension <input type="checkbox"/> Compensation payments <input type="checkbox"/> Other (super, investments etc) <input type="checkbox"/> Unknown		
Health Care Card	Number: 207321146J		
Financial hardship	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
NDIS registered	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Number:	

Mental Health Presentations

Low moods, anxious feelings, poor sleep

Presenting issues

Principal diagnosis

Anxiety disorders:	OCD	Adjustment disorder	Alcohol dependence
<input type="checkbox"/> Panic disorder	Depressive disorders	Oppositional defiant	Drug dependence
<input type="checkbox"/> Agoraphobia	Major depression	Personality disorder	Schizophrenia
<input type="checkbox"/> Social phobia	<input checked="" type="checkbox"/> Depressive symptoms	Conduct disorder	Other: _____
<input checked="" type="checkbox"/> Generalised anxiety	Bipolar disorder	Complex PTSD	

Severity ☐ Mild ☒ Moderate ☐ Severe ☐ Acute or ☐ Complex

Psychotropic medication (please tick all that apply)

<input type="checkbox"/> None	<input checked="" type="checkbox"/> Antidepressants
<input type="checkbox"/> Hypnotics and sedatives	<input type="checkbox"/> Antipsychotics
<input type="checkbox"/> Psychostimulants and nootropics	<input type="checkbox"/> Anxiolytics
	<input type="checkbox"/> Other: _____

Outcome tool score ☒ K10 ☐ K5 ☐ SDQ

Previous mental or physical health history or treatment

PMH - Depression

Priority GroupIs this person currently at high risk of suicide? ☐ Yes ☐ No

☐ Child (0-12 years) ☒ Young adult (13-25 years) ☐ CALD ☐ Aboriginal and/or Torres Strait Islander
☐ Refugee/Asylum Seeker ☐ Severe and complex mental illness ☐ Peri-natal ☐ LGBTIQ ☐ Elderly

Treatments

Referred for which strategies

☒ Psychological therapy
☐ Suicide prevention service

☒ Psychiatric services
☐ Other: _____

Preferred WentWest Provider or Service

☐ No preference (Provider/service will be assigned by WentWest)

Psychiatry Health

Additional Information e.g. anger, self-harm, grief**Referrer Details**

Name Emenike Muonano

Profession GP

Organisation type Advance Medical Practice

Phone number 0245772677

Address

227 George Street, Windsor NSW 2756

Fax number

HealthLink EDI

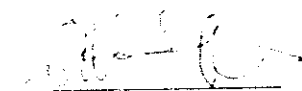
*****Consent: Patient or parent/guardian for a child must be completed for the referral to be accepted*****

☒ Referrer confirms that the patient understands and consents to the following:

1. Understands that the information provided in this referral is required to determine eligibility for services with WentWest
2. Gives consent for services to be provided by suitable programs as requested on this referral
3. Gives permission for the exchange of this information between Health Professionals and other agencies for the purpose of coordination of care
4. Consents to de-identified information to be used for statistical purposes for WentWest and the Department of Health

Referrer name Emenike Muonano

(include name for forms sent via HealthLink)

Referrer signature: 

Date: 18/08/2022

Please ensure the following is complete before sending to WentWest:

- ✓ Patient contact information including phone number
- ✓ Financial and priority group information including Health Care Card number
- ✓ Mental Health Treatment Plan, outcome tool or indication list (psychiatric service is attached)
- ✓ Consent section above

Send completed form and Mental Health Treatment Plan via:

Secure Fax: (02) 8208 9941 or Healthlink EDI: wntwstmh



Shop 26, 227 George Street
Riverview Shopping Centre
Windsor 2756
Ph: 4577 2677
F: 4577 9722
ABN: 86 958 906 367

17/08/2022
Michelle Hookham
Old Hawkesbury Hospital
6 Christie St
Windsor
NSW 2756
Phone: 02 4577 4435

re. Miss Caitlin Rea
5 Bourke St
Richmond. 2753

Dear Michelle,

Thank you for seeing Caitlin Rea for management of her anxiety/depression. Please review her for initial 6 visits under GPMH care plan

Her current medications are:

Fluoxetine 20mg Capsule

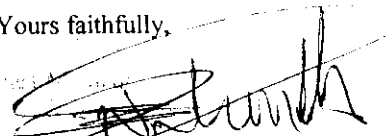
2 Capsules Daily.

Allergies:
Nil known.

Past Medical History:

	Asthma
	CIN 3
	Postnatal depression
	PCOS
	Supraventricular tachycardia
21/12/2020	Depression

Yours faithfully,


Dr Nagesuparan BAHEERATHAN
MD,DCH,FRACGP
4379756B

Patients name	Miss Caitlin Rea	Date of Birth	31/10/1996
Address	5 Bourke St Richmond 2753	Phone	Nil
Carer details and/or emergency contact(s)		Other care plan Eg GPMP / TCA	YES <input type="checkbox"/> NO <input type="checkbox"/>
GP Name / Practice	Advance Medical Practice Windsor		

AHP or nurse currently involved in patient care	Medical Records No.	19926
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PRESENTING ISSUE(S) Depressed mood

What are the patient's
current mental health
issues

PATIENT HISTORY Depression
Record relevant biological Postnatal depression
psychological and social
history of mental disorders
and any relevant
substance abuse or
physical health problems

YES ☐
NO ☐

MEDICATIONS
(attach information if
required) Fluoxetine 20mg Capsule 2 Capsules Daily.

ALLERGIES Nil known.

**ANY OTHER RELEVANT
INFORMATION**

**RESULTS OF MENTAL
STATE EXAMINATION** Good eye contact
Dressed appropriately , well kempt
Record after patients has Speech coherent, relevant, normal in tone, volume
been examined no flight of ideas
No psychomotor agitation or retardation

MEDICATIONS Affect congruent to mood , reactive
(attach information if
required) No Hallucinations

**RISKS AND
CO-MORBIDITIES**
Note any associated risks
and co-morbidities
including suicidal
tendencies and risk to
others

OUTCOME TOOL USED RESULTS:
K10 29
DIAGNOSIS Depression/anxiety

PATIENT NEEDS / MAIN ISSUES

Improve mood
Manage anxiety

GOALS

Record the mental health goals agreed to by the patient and GP and any actions the patient will need to take

TREATMENTS

Treatments, actions and support services to achieve patients goals

CBT/Counselling
Cont medication

CRISIS / RELAPSE

If required, note the arrangements for crisis intervention and/or relapse prevention

Conatc GP or psychologist
Contact MH emergency help line 1800 011 511.

REFERRALS

Note: Referrals to be provided by GP, as required, in up to two groups of six sessions. The need for the second group of sessions to be reviewed after the initial six sessions.

Referral to psychologist

APPROPRIATE PSYCHO-EDUCATION PROVIDED Yes
PLAN ADDED TO THE PATIENT'S RECORDS Yes
COPY (OR PARTS) OF THE PLAN OFFERED TO OTHER PROVIDERS Yes

COMPLETING THE PLAN

On completion of the plan, the GP is to record that she/he has discussed with the patient:

- the assessment
- all aspects of the plan and the agreed date for review; and
- offered a copy of the plan to the patient and/or their carer (if agreed by patient)

DATE PLAN COMPLETED: 17/08/2022

REVIEW DATE (initial review 4 weeks to 6 months after completion of plan):

REVIEW COMMENTS (Progress on actions and tasks)

OUTCOME TOOL RESULTS ON REVIEW

19/8/22.

6yr ago - saw GP
- molested me. → court. - settled out
of court cross examination ruined me.

Saw someone else - paper gone too

turned to HOD
fell pregnant to son.
Saved me.

PND
- hated son; resented him.
Gone part that.
Got help.
2017.

5 Jackson.

Don't show emotion

Prior to son, Dx to cervical cancer.
GP was male - ETOH to get through
ruined me.

Wasn't prepared for cross examination
Scratched arms to pieces.
Went berserk!

Ice

Didn't talk to family
no friends.

Live by self.
Away flat of son's father's parents.

Worried about relapse.

Tried Pills, coke, MDMA.

- to forget

Don't sleep.

Think about everything
Ruminate about what should have said & done.
'Why didn't I say something; scream'
I was shocked.

15 yrs.

Physically felt pleasure but knew it
was wrong.

Wove a wife. He denied it all. Lost
hope for a confession; to stop his doing
it to another girl.

I didn't react.

Sleep

- all life.

< since assault.

Dx ADHD - Ritalin in high school
but didn't like it.

No physical health.

OCD since assault.

Clean everything. Everything had to be tidy
overcame that in therapy.

Everything had to be in its place.

> now.

Felt dirty + ashamed.

Nothing could make me happy.

until 3/4 yrs ago.
act happy but didn't feel it within.

Now - feel content + good.

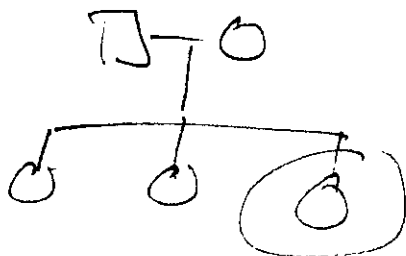
I was like a shell - raw but wasn't.
I wasn't me.

Anti Ds since

stop occ. for a month.

off med - withdrawal + mind activity.

Had to set boundaries w. g. parents.



Close to middle sister. She has a kid.

Parents supportive

Don't know about drug hx.

- 2 yrs where I kept away from them.

No close friends.

Work - that's my social life

Retail - seafoods. - 10 yrs.

31.8.22.

Last time was good to get that off my chest.

Don't + slow emotion. Don't cry.
or get angry + explode.

Have had a few dreams about it since
talking

Min = car + room laughing

The whole situation but worse.

Blamed - my fault

I know it's not my fault but maybe
subconsciously I do.

In dream: guilt
violated

I should have said... something
should have made a scene
But was in shock.

Revised my relationship. In partner. I
pushed everyone away.

Goals

to get this situation
sick of bearing it

to get over it.

to accept it + be ok w it.

to overcome it.

It does affect me. Want to get past it.

Had to see male gynae for cervical
abnormal cells.

No other option close to home
Found way to deal w. it - drunk
before appt.

? affect

Sit + think about it every night.
Is he going to win again
What I should have done.

affect sleep.

Exhausted by end of day.

Anxiety

Can mood 'I feel down'
I failed to protect others. Reported
but he wasn't convicted Got away
w. it.

Voice in my head that make me think
(Thought)
Constantly think about it.

I had buried it deep inside. I buried
all the paperwork.
Got off drugs
Had my son.

Want to speak up again but the cross
examination was brutal. 2018.

Prosecution said I was lying
Felt yelled at + bullied.
I walked out - recess

Health Commissioner convinced me to
go back

But by then was an ice.
I know I'll never go back to drugs.
Worst time of my life. Part of me
worried if I supported the new case.

No faith in the system. No flu care
even though knew how distressed I was.
Health minister & police officer good to me
but feel the system spat me out.

Maybe would be in better

I did have plans before assault

Criminal record. charged w/ affray 18 yrs.

Had wanted to work in disability

Feel if I just had bit of support what
reported, may not have turned to HOJ.

That was my counsellor.

Ice - lowest of the low.

Came off as pregnant.

Went cold turkey.

Don't know how as was on it for years.

Once had him, had to figure it out myself.

Burnt the papers & dealt w/ it.

That was it until a couple of months ago.

If I was back in the situation (cont)

don't know if I'd be strong enough to
resist.

Don't want to lose my son.

It's your will power that does it. to get away
Need to get that will power back to get
through the assault.

Got it then should be able to get it
again.

Never thought about that life & what
I did to myself. Sad how low & pathetic
you get. The high is great but lifestyle
is horrible.

Go in civils + get nowhere.
Have had a stable house
Didn't talk to family.
No real friends - in it for their habit.
Robbed.

Was clean - it's the best thing.

Friends pulled me back in a few times.

Hard getting away from it & no friends.

Just want to help yourself. If you
don't want to do it, won't work.

Whole point of life is having kids,
house, & kids.

Reconnected to family. They tried but I
pushed them away.

Pushed them all away - friends

I was a new person. A drug addict

Wanted to help others like me.

Escaping what???

By end of that life, I had no
emotion. Couldn't laugh or cry.
Ended up like a shell. There was
nothing. No happiness.

Never used needles.

Next time - continue to explore
what were you escaping.

14.09.22

DNA as sick child.

28. 9.22

Son been in hospital. ? coeliac

Hawkerbury sent us to Westmead.

Stress. Working alot.

Trying to look for a house to move out.

Want to be independent

Don't feel like doing everything on my own.

She's over ruling my parenting - still
giving son gluten

Talk to my parents but sis living there

Traumatic in hospital - NG tube I.V. T.

Not sleeping since he was sick

- thinking of ways to help him.

I feel helpless

I'm his mother - meant to help him + protect him.

Fears - all tests NAD. But was worried.
Coeliac on both sides.

? help.

Want to stop thinking at night.

Tried med -

" meditation

counting backwards

Tried to go to bed & wide awake.

Always in the go. Not time to stop & think

D/L sleep hygiene

→ will try using journaling

18.10.22

3 hrs sleep

Tried sleep hygiene practices

Got to be at point of falling asleep.

Think about old injuries

- fight w/ girlfriend

Anxiety - did I do everything?

Medⁿ has helped

Tried ADHD medⁿ but can't take it.

Tha can't wake up + send son up to his R.

Went back to solicitor for re-view of case

(Go over all the scenarios - pray man it believe me
→ 2nd other case in paper.

Don't show emotion. Bottle it up as no one
believed me.

Sleep & since other assault case came
forward.

GP wore skull cap. That's a trigger
→ freeze.

It disappears.

Stuck.

I need someone to believe me.

If I was stronger witness, I could have stopped
assault to other person.

I knew it happened, but he was more powerful.

But at home believes me.

⊕ Satisfactions & freedom that I was believed

Always going to be there until he's found
guilty

Prior to assault, no issues w/ sleep.
Used to stay up late,
Tried sleeping tablets.

Want to sleep but can't.

Assault - froze. Processing.

Didn't say anything.

Shocked - Did that really happen?

Asked my partner

Told me to police

Had to wear a wire + went to GP (16)

Had appt. w/ Health Commissioner

Abnormal Pap smear. Ignored it +

→ gynae appts → ETOH to cope.

It made mind different. Calmed my nerves.

Court was awful. Leading up to it
- drugs. After court - addict

K: dirty, embarrassed.

Brought up to trust Dr

image - I'm tough; strong; nothing breaks me.
Popular kid.

Maintaining that in the reality was
exhausting

→ pushed everyone away.

Life just crumbled.

Turned to drugs

puts, - Pot, ice, coke, everything. MIND

No one asked me to get help.

Deep down wanted help.

Parents - harassed me → I got worse.

Drugs - Stopped thinking about it.

When intoxicated

Wanted to find the Dr +

Offered drugs + I felt better

ice helped most but coming off <<

solved it.

Blocked it

I couldn't be happy.

MDMA made me feel happy, loved life.

then Pot

But got me thinking again.

Ice blocked it all out.

Mini arguments in head

- only got touched - not that bad

- why did it happen to me.

Broke me - why did I do all this for no outcome.
Kept a strong image.

I was so embarrassed by it, didn't take
anyone to me. through legal

over think everything - before + after interviews

sd statements at request of commissioner
made me less credible.

Came down - I SH in knife as so sick
of overthinking

Didn't talk about it to anyone.

Inside broken - outside tough

I was not there not me. still not me.

Didn't know how to be happy.

Couldn't live without thinking of that man.

A functional addict worked 7 days

Had to maintain a front - eschewing

Life pointless; going in circles
Wanted to be a disability worker.
Tried, but couldn't understand it.

My son is my life.
Could I have had a better life.

Self-esteem is low. Not moving forward.
Blew my money on drugs.

Now - rebuilding;
Like I'm an actor.

? broken

It took me away.

I left my body.

me has left & stuck in this other
person.

→ Thru Q&A daily

D/C homeopathy. Caitlin would like
to try Rx to see if it can relieve
sx



Michelle Hookham

Mental Health & Homeopathy

Dr Nagesuparan Baheerathan
Advanced Medical Practice
Windsor
NSW 2756

13.11.2022

Re: Caitlin Rea (DOB: 31.10.1996) Mental Health Assessment

Dear Dr Baheerathan,

Thank you for referring Caitlin Rea for therapeutic support for anxiety and depression under Wentworth Healthcare's PTS program. She attended her first consultation on the 19th of August and has had fortnightly appointments to date. I write to provide you with an update.

Initial Presentation

At the time of her initial consultation, Caitlin reported a history of sexual assault by a male GP in 2013 at age 15yrs, that was 'settled out of court'. She reported ongoing mental health challenges since this time. Partly from her own traumatic experience and partly from the injustice of the legal system; that she was accused of lying and felt bullied during cross examination; and that she was not provided appropriate counselling and support throughout the proceedings. She stated "it broke me." And continues to experience feelings of shame and dirtiness.

Since then, Caitlin reported that she had lost her life's ambitions and goals to be a disability worker, has struggled with low mood, experiences constant ruminations of adverse life events and has chronic insomnia. She had been coping reasonably well until a few months ago when she read an article about another victim by the same perpetrator. This had re-triggered traumatic memories and guilt that her reporting did not manage to prevent another person's assault. She stated "I feel down". Caitlin stated that she had had difficulty finding enjoyment in things and "was like a shell – I'm there, but it wasn't me." She also reported that since these events, she had difficulty expressing any emotions and stated "I bottle it up as no one believed me." She continues to experience a 'freeze' response when triggered by visual reminders of the perpetrator (cultural attire). During the assault, this was also her response: shock, freeze and not able to say anything.

Other contributing factors include financial stressors and lack of independent living arrangements.

Despite these challenges, and to her credit, Caitlin has been able to turn her life around to care for her son. She attributed this to "sheer willpower". She stated "My son is my life." However, she would like to be able to let go of the past and move forward to a more independent life with her son.

19.08.22 K10 score: 28/50

Past mental health history

Dx: ADHD in high school → Ritalin for short period.

Reports "OCD" since assault, with need to clean ++. This was overcome with previous therapy.

Episodes of DSH after assault.

2017 – sought help for PND

Past medical history (from GP referral)

Asthma

Postnatal depression



Michelle Hookham

Mental Health & Homeopathy

PCOS
CIN3 (HPV/cervical cancer)
Supraventricular tachycardia
21.12.2020: Dx depression

Developmental history

Youngest of three girls.
To be further explored.

AOD

Following the sexual assault and cross examination in court, Caitlin turned to substance use and reported a period of years of polysubstance abuse. She stopped when pregnant and has been able to maintain sobriety.

Medication

Reported that has been on anti-depressants since sexual assault. Occasionally stops for a month, however experiences withdrawal symptoms and increased mental activity.

Fluoxetine 20mg capsules x 2 daily

Physical health

No current problems.

Supports

Lives in a granny flat on the property of her son's father's parents home.
Single parent with 5 year old son, Jackson.
Works full time in local food outlet – same employer for 10 years.
Parents are supportive.
Stated "I have no close friends." "work is my social outlet."

MSE

Appearance: Caucasian female with black long hair; dressed in casual clothes; good attention to hygiene and grooming.
Behaviour: Engages well; calm manner; initial shyness and limited eye contact.
Mood: "I get so angry I want to explode" when thinking about adverse events.
Affect: flat; congruent.
Thought form: logical; sequential; constant rumination of adverse life events.
Speech: normal rate, rhythm and tone.
Content: as stated above.
Cognition: Not formally assessed.
Perception: No evidence of alteration in perception.
Orientation: oriented to time, place and person
Insight: Developing.
Judgement: Good. Is seeking help and wants to overcome challenges and move forward.

Formulation from initial consult

26 year old employed single mother of 5 year old boy, living in granny flat, presenting with anxiety, low mood and chronic insomnia in background of sexual assault at age 15years.

Impression

PTSD



Michelle Hookham
Mental Health & Homeopathy

Plan

Continue fortnightly therapeutic intervention or as needed.
Trauma informed care.
Monitor mental/emotional state.
Risk assessment as needed.
Care coordination as needed.

The PTS plan expires on the 18th of February, 2023. I will continue to work with Caitlin and report back at the end of the plan.

Regards,

Michelle Hookham

23.11.22

Drops helped.

Going to sleep easily - at 10pm.

Getting a full night's sleep.

Wake feeling fresher.

That's changed a lot in my life.

Able to wake up & get ready.

Better when get home

More motivated.

I was sceptical.

Up at same time as my son - feels better

A 3

Not thinking as much anymore

A big Δ - been like that for years.

Got p/c from lawyers. Case still going on.

Life slowly getting together

Things not a chore anymore.

I want to do things now. I'm enjoying my life
Want to Δ house, clean, go to work.
Want to go out & enjoy myself.

" " " " " girls.

Not a chore to be here on earth.

I'm actually happy now.

PTSD still comes up but dealing w it &
not feeling like I have to swallow it down.
Moving forward.

I was dwelling on the past.

Now looking forward.

Trying to save for a house & get out of
granny flat.

Son in school next year - got a f/t job.

④ do it on my own.

Feel I will get there eventually.

④ work = disability

Set my goals

= full job

= new car

= another rental.