

**GP MENTAL HEALTH TREATMENT PLAN
PATIENT ASSESSMENT**

Patients name	Miss Kati Joan Tsilfidis	Date of Birth	16/05/1990
Address	335 Lieutenant Bowen Drive Bowen Mountain 2750	Phone	0487 368 122
Carer details and/or emergency contact(s)		Other care plan Eg GPMP / TCA	YES <input type="checkbox"/> NO <input type="checkbox"/>
GP Name / Practice	Dr Ayesha Reza Choudhury Riverstone Family Medical Practice, 71 Garfield Rd E, Riverstone 2765 Ph 02 9627 0600		
AHP involved in patient care		Date of initial Plan	07/06/2024

PRESENTING ISSUE(S)

Depression/anxiety
Complex childhood trauma
History of Post natal depression

PATIENT HISTORY

Depression/anxiety
Progressive deterioration in anxiety and depression in context of a history of complex childhood trauma (including Sexual abuse) and Sexual assault as an adult and Post-partum depression (has twins 2.5 years old)

Has been getting anxiety attacks daily, frequent persisting episodes

Getting intense hot flushes triggered by anxiety /stress

On Desvenlafaxine - does not think it has been effective

Has been on this since 2020 (prior to pregnancy)

Life is overwhelmingly full with being a mum

Lives with partner Brad and twins

- 2. 5 yr old twins

- teary and crying at times

- not coping well, "not coping with parenting" at times

- struggling to get the kids ready, getting them to daycare

- they attend daycare 4 X days a week

- Keeps trying to push on but struggling

Partner Brad aware and supportive

His mental health is not great either

Kati is currently not working

Does not feel she can work at the moment

Struggling financially

No other support

Sleeps has been ok, but shorter hours < 6 hours

not functioning well day to day

- no issues with sleep

- mood varies

- apeite has been reasonable

B/g:

Sexual assault in context on previous trauma

- was assaulted (touched) by a male last year: "took away my confidence in going out"

- made a police report

- has not been able to return to TAFE

- was doing fashion design and dressmaking

- had been enjoying doing that

- does not feel she has the confidence to go back

Was seeing a psychologist Aline Peberly - she is on leave
- was helpful
- feels that she was getting some practical help/strategies
Used to see a psychologist through Victims Services
- was not working due to lack of availability

Previous MHCP - 8/2023

Post partum depression after birth of twin sons in July 2021. History of complex developmental trauma, childhood sexual abuse as a child. Sexual assault as an adult.

Post natal depression

Really struggling with anxiety and low mood.

Trying to consciously slow down but finding cannot stop her mind from going non stop. Trying to be a good mum, trying to give the kids a good life, trying to be a good partner- difficult with self judgemental internal narrative.

Struggles to stop and struggles to slow down thoughts.

Had an almost parent like role to play in helping her mother out with her younger siblings (please see below in developmental history) Mother quite critical and does often criticises the way Kati parents. Offers limited emotional support.

Supportive relationship with partner.

Sexual assault in 2019

No other medical care sought after incident. Did not report to police, felt like she did not have an avenue to do so. Happened at a party.

For a time was having flashbacks to sexual assault when her and her fiancée are having sex. Intrusive thoughts. Acute stress reaction, Quite distressed. Does not report this happening for almost a year but worried when her MH deteriorates, this often occurs.

Developmental history

Born in RPA, Sydney.

Domestic violence, father perpetrator. Kati spent her early years with her mother and her 18 month older brother (Adam).

Difficult early relationship with her father, continuing abusive behaviour, including kidnapping Kati and her brother from their mother and threatening harm. Most violent episode was when he blew up her mother's car when Kati was 4yo.

Her mother started dating her stepfather (Dom) when Kati was 5 yo, married when she was 8yo. Biological father's behaviour started to become less extreme.

Supervised fortnightly visitation with her biological father (Paul) starting from age 5. Eventually transitional to unsupervised visits when Kati was 6-7yo. Paul is a heroin addict. He often behaved inappropriately during visits, would take Kati with him when he was using drugs and having sex with prostitutes. When she was 8yo he started asking Kati to help him get off drugs. Kati took a lot of responsibility on herself for his behaviours, started thinking and behaving in a very mature way from a young age, such as keeping records of car number plates for his drug dealers.

Kati was sexually abused as a child from the ages of 4 to 8, by a 15yo friend of the family, Ben. Kati did not disclose this to family at the time. Ben used to manipulate her into thinking she would be the one in trouble if she told. Felt that she needed to keep it a secret to protect her mother's happiness. The abuse only stopped when his

family moved away. Her older brother Adam found out when she was about 8yo, but blamed Kati for the situation and did not tell their mother.

Lived with her father for a few months whilst in Year 8 at school. Her older brother Adam had been living with their father for several months already and Kati decided that she wanted to join him.

Now has a large family, twin foster siblings (Kira and Natasha), foster brother, Anthony -15yo and 2 half-siblings (Thomas - 17yo, Jackson, 13yo) and has a 31 year old biological brother (Adam).

From the age of 13 often expected to help look after young half siblings. Her step-father Dom, was not very paternal and struggled with poorly controlled epilepsy, so Kati had a lot of responsibility at home. Dom is a good person but does not have the paternal figure even to his biologic children. No history of any abuse towards Kati by him.

Started acting out in childhood due to untreated anxiety and unrecognised traumatic experiences. No mental health treatment during childhood or while at school.

16yo: camping with parents and was sexually assaulted by a 20yo boy who was also on the camp. Kati just wanted to flirt and hold hands and kiss but he pushed for more- she explicitly said no. He raped her - this was her most violent assault. His name was Luke but does not know much more than this. Did not tell anyone straight away when it happened.

Started seeing a psychologist when she was 22yo, was referred to a psychiatrist and started on SSRI. Stable on escitalopram for several years, currently on desvenlafaxine.

Difficult relationship with her mother at times. Has always had a burden of responsibility with the family, looking after young siblings; expectations from her Mum to help out throughout teenage years and continuing as an adult. Mum thinks of her as an extension of herself can be quite demanding at times; families needs can be quite time consuming. Has always loved mum and been close to her. Always tried to be a good girl for Mum and wanted to protect mum.

Did not disclose childhood sexual abuse to her Mum until a few years ago, did not react appropriately, instead relayed her experiences of being raped previously, which left Kati feeling unsupported.

As an adult has a close relationship with Adam's wife, Christina and their two children - Eli and Hazel, who are Kati's godchildren. Also has a close relationship with Christina's father, part of Kati's support network.

Has always had faith although does not categorise herself with any specific religion. Goes to Christian church whenever possible and finds her faith helpful in many situations. Finds church community to be an important part of her support network.

Schooling:

In primary school, she enjoyed her classwork, loved learning, occasionally teased for being a "know it all". Changed schools quite a few times. Went to two different primary schools and in high school, changed school 5 times. Bullied through part of high school.

The best experience was at Toongabbie Christian College. She developed strong confidence, faith, friendships and had the best schooling experience. In Year 11, went to a public school due to financial concerns in the family and did not like the environment/bullying/sexuality so her grades got worse and worse and at the end could not pass the exams. Left school halfway through Year 11, left to go to TAFE.

Did a Cert III in Business administration.

Employment:

First job was as an assistant at the British Consulate, lasted a few months. Changed jobs frequently through various admin roles.

Changed jobs frequently, Kati thinks this was a form of self sabotage, never feeling settled. Used to attend Tuesday afternoon dancing classes, loved dancing.

Kati's ideal career would be in dance - something that she is very passionate about, but this is not possible given her physical injury to left hip, she suffered a labral tear at age 22 during dancing rehearsal.

As a result of the physical limitation and depression Kati put on more weight than she would like and this previously contributed her severe body anxiety and depression. She has lost much of this weight, nearly 20kg over the past 6 months. She was previously embarrassed by her looks and her lack of fitness, which motivated her current diet and exercise program.

Went to university to study at UWS, Bachelor of Education (Primary Teaching). Started at age 23, stopped at age 25. Completed 3 years of a 4 year degree. Took a 6 month gap placement teaching in Malaysia during her studies. Stopped her studies due to bullying at university that was not handled well. She also struggled with coping with seeing abused children in the course of her school placements. Did leave with a Graduate Diploma in Teaching (specialising in Aboriginal studies). Has been considering returning to her studies, really enjoyed teaching.

Recently working for Settlement Services International as a Hub Leader, at Toongabbie East Primary School. Effectively had a social worker type role, to families or students and surrounding community. Found that she was being frequently triggered by this role, bringing up memories of her sexual assault as a child.

Relationships:

First boyfriend at age 16, Peter. Became sexually active with him early in relationship. They had a good relationship that lasted nearly two years. They decided to take a break because of their age, but during the break Kati met someone else.

Started dating Shane at age 18. Went to North Queensland to visit extended family, Shane decided that they would stay without consulting Kati, which cut her off from her support networks. Got engaged at age 19yo, they lived in North Queensland for about a year and had bought a property together. Shane was emotionally abusive and controlling. Two miscarriages during their relationship. Relationship fell apart after he cheated on her. Very low period in her life, contemplated suicide.

Dated next boyfriend Bryson for 2 years, quite immature but fun. Lived together for a short period.

Went on to have a 1 year relationship with another boyfriend, Hayden. Describes this as her best relationship. Ended because he was suffering with depression, so Kati had to leave for her own mental health. Continue to be friends now.

Then went on to date Peter again (1st boyfriend) for 3.5 years from age 24, lived together. Had a miscarriage while they were together. Initially he was respectful and kind, eventually they started to have problems as Kati started to have mental health issues. Kati started to gain a lot of weight from emotional eating and struggled with symptoms of depression. Relationship ended by Peter, ended badly and had to go into dispute resolution over sharing costs of terminating their lease.

Currently with Fiancee Brad who she has been in a relationship with for 5 years.
Can be open and honest about her past, supportive partner and father.

MEDICATIONS

Desvenlafaxine 100mg Extended release 2 Tablets In the morning.
tablets
Ferro-Gradumet 325mg Tablet 1 Tablet Daily.
Implanon NXT 68mg Implant 1 Implant.

ALLERGIES

Morphine Vomiting, Moderate
Metoclopramide Akathisia, Moderate

DRUG & ALCOHOL

Occasional alcohol
Occasional cigarette

SUICIDAL/HOMICIDAL IDEATION & INTENT

Fleeting thoughts of SI, no plans/persisting thoughts

FAMILY HISTORY - mental health, D&A, suicide

Father Heroin use disorder
Mother- ? borderline personality traits

MENTAL STATE EXAM

Appearance/behaviour/rapport Neat, groomed
Cognition some memory/recall issues
Perceptions inc hallucinations nil
Mood/Affect low/variable
Speech nad
Thinking nad
Sleep sleeps < 6 hours
Appetite nad
Motivation/energy nad
Insight/Judgement some

OUTCOME TOOL USED

RESULTS:
K10 = 34

DIAGNOSIS MANAGEMENT

Depression/anxiety
GP
Psychologist
Pyschiatrist

PATIENT: Miss Kati Joan Tsilfidis

MENTAL HEALTH PLAN

	GOAL	PLAN	REVIEW
Problem/Diagnosis	(eg reduce symptoms, improve functioning)	Action/ Task (eg Refer for Allied Health, or pharmacological treatment, or engagement of family and other supports)	
1. Anxiety/Depression	Reduce symptoms	GP Medication Psychologist Psychiatrist	
2. Complex childhood trauma and CSA	Improve symptoms	As above	
3.			

CRISIS PLAN	Lifeline
	GP
PSYCHO-EDUCATION PROVIDED	Psychologist
	Head to Health

COPY (OR PARTS) OF THE PLAN OFFERED TO OTHER PROVIDERS	Yes
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COPY OF THE PLAN GIVEN TO PATIENT	No
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DATE PLAN COMPLETED:	07/06/2024
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REVIEW DATE (initial review 4 weeks to 6 months after completion of plan):	07/08/2024
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REVIEW COMMENTS (Progress on actions and tasks)

OUTCOME TOOL RESULTS ON REVIEW
2nd REVIEW DATE

REVIEW COMMENTS (Progress on actions and tasks)

OUTCOME TOOL RESULTS ON REVIEWS