



Michelle Hookham  
Mental Health & Homeopathy

Dr Enoka Guneratne  
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North Richmond  
NSW 2754

17.03.2025

**Re: Mark Muscat (DOB: 18/10/1962) GP MHCP review**

Dear Dr Enoka,

Thank you for referring Mark Muscat for a Wentworth Healthcare PTS plan for psychological support for 'psychological impacts following skin scarring from surgery' in November, 2024. He attended his first session on the 13<sup>th</sup> of November, 2024. He engaged well and was able to open up about the challenges impacting his mood. I write to provide you with a review at the end of his treatment.

**Initial Presentation**

At the time of his first consultation, Mark presented his court statement regarding issues with a previous GP, who had allegedly diagnosed him with over 40 skin lesions requiring excision for skin cancer. Mark reported increased anxiety over the period of his skin treatment, because the GP allegedly informed him that he would have only 6 months to live if he didn't get them removed; and commented at every session that he would have been dead by now if not removed; that he had saved his life. Another GP later informed Mark that they had not needed to be removed, which caused further anxiety and distress. Mark stated that the matter is going through court, with the final hearing being held in March 2025.

Mark reported a further medical injury when he suffered multiple blood clots and stroke whilst in theatre for fusion of cervical vertebrae for pinched nerves. He reported that since then, he had experienced cognitive decline, loss of function with his arms and hand and was on a DSP.

Mark stated that he gets stressed very easily, and since his stroke, had developed OCD, with obsessive checking of locks, ovens, windows and cards. He is aware of the behaviours, but can get "frozen and unable to move because of the need to check things", which he finds frustrating and debilitating.

Mark reported disrupted sleep, waking at night from anxiety about his legal issue and health and from upsetting dreams about the same.

13.11.24: K10 score: 45/50

**Mental state examination at initial consultation**

**MSE**

Mark engaged well in the session. Good eye contact and easy rapport. Stated that he felt very comfortable talking with me. Described mood as highly anxious, with stressing easily; Affect was congruent with mood Speech - normal rate, tone and volume ;T/F: described history of explaining things tangentially, then losing

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the thread of what he was saying; Cognition: evidence of cognitive decline, with frequent pausing to try and remember what he was saying, then expressing a lot of frustration with himself; Insight – is aware of the impact the medical issues have had on his mental health.

### Physical health

Mark has emphysema (past smoker of 1 packet per day for 9 years).

Mark reported that a brain scan showed signs of dementia, which was contradicted by a second scan.

Mark reported that his GP diagnosed cognitive decline from the stroke.

Mark reported a workplace injury prior to his stroke, where wood fell on his head, causing a laceration.

### Supports

Single man living in own home in Hobartville; with 3 adult children who he sees at times. Has 2 brothers, and a step-brother; is close with 2 of them.

On DSP

### Update

Mark attended fortnightly consultations during the referral period.

At the time of his review on the 24<sup>th</sup> of February, 2025, Mark reported feeling much better. He stated: "I've levelled out a bit; I feel much better; I'm calmer and can deal with things better. Coming here has helped a lot. Talking and explaining what's going on has really helped."

As part of his psychological support, I assisted Mark in re-applying for NDIS support through Uniting NDIS. Mark was very grateful as had struggled to navigate the system with his cognitive challenges. His application is currently in progress and his NDIS Local Area Coordinator is quietly optimistic that his application will be accepted. If and when the plan is in place, it will allow Mark to access a range of social and practical supports to assist his functioning and connectivity.

At the time of his review, Mark said that he did not feel the need for further sessions. He would like to close the referral, and should he need additional support at another time, he will ask you, Dr Enoka, for another plan.

### MSE:

Bright and reactive; laughing often and telling humorous stories. K10: 24/50 – significant improvement.

### Plan

Mark's referral has been closed.

Should he need further support at another time, I would be happy to see him.

Regards,

Michelle Hookham