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CHI: 3101642426

NO Paper Copy Required For GP

**Date Dictated:** 25/10/2016  
**Date Typed:** 28/10/2016

Dear Dr Reith

**Mrs Helen Mullen (31 January 1964) Flat B, 14 Printfield Walk,  
Aberdeen, AB24 4AU**

**Date of Self harm:** 24<sup>th</sup> October 2016  
**Nature of Self Harm:** Overdose of Citalopram (8 x 40 mg)  
Diazepam (2 x 10mg)  
**Date of Assessment:** 25<sup>th</sup> October 2016  
**Psychiatric Diagnosis:** Harmful use of alcohol

**Circumstances of Self Harm**

I met the above 52 year old lady who was brought in by ambulance having taken an overdose of the aforementioned Citalopram and Diazepam whilst acutely intoxicated. I believe on arrival at A&E Helen was extremely drunk. Once sober she was willing to engage with me and told me the circumstances that led to this admission. Helen was tearful from the outset and was feeling very ashamed and guilty about the previous night's events. It would seem that on the 28<sup>th</sup> September 2016 she was made redundant from her job as a cook at the Fire Station. She did receive a redundancy package and she is claiming benefits though she is acutely worried about her financial state. At the start of this year she also lost her licence to drink driving and sentenced to community service at a Barnardos charity shop. Since losing her job she has been drinking more. She is up to about a half bottle of vodka a night over the last few weeks. I must point out at this point that Helen appeared to be greatly

Helen Mullen (3101642426)

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minimising her alcohol intake. I had the opportunity to look at her bloods before meeting her and I notice that her MCV and liver function tests are somewhat deranged. The day of her overdose she had been sitting drinking and had drunk around a quarter bottle of vodka and a half a bottle of wine. She hadn't planned to take an overdose but she was just sitting thinking about things. She saw the tablets and took them with wine. She wrote a note to her daughter after she had taken this and she took all the tablets she had in the house. She could not tell me what she was thinking about and became upset when I suggested was it to end her life. She didn't know what she thought would happen. Her daughter came home and found her and called an ambulance. She told me that she felt silly and stupid and that she had put her children through hell. She denied any ongoing suicidal ideation and she has never taken an overdose previously. Helen also went on to say that her dad passed away two years ago and she feels that she has never really gotten over this.

#### **Relevant Background History**

Helen is originally from Glasgow and had a fairly difficult start in life, her mother died when she was 7 and she is one of six siblings who were all separated and put in to different children's home. She said it was a difficult existence and they used to be locked in cupboards if they spoke in their bed. She denied any physical or sexual abuse and she attended school. She had contact with one sister and she left school before attaining any qualifications. She denied any bullying and at 16 she went on to live with her father and two sisters. She has had no contact with her other three siblings. It would seem that her father was a heavy drinker and used to physically abuse her. She left at 17 to live with a friend though kept in touch with her father and although they used to argue and his drinking was a problem she felt very emotionally attached to him. She still has contact with her two sisters. She met her husband and moved to Aberdeen around 23 years ago. They have two children together and they separated 22 years ago. Her husband was also a heavy drinker and she caught him having an affair with a neighbour. They have never actually divorced. Helen went on to meet another partner who she had a daughter with and he was also physically abusive towards her. They were together for five years and again he was a heavy drinker. There were several contacts with the Police during this period where she eventually had to take an interdict out against him to prevent him contacting her.

Helen would say she is close to her three daughters. She has five grandchildren and her eldest daughter has now given her an ultimatum with regards to her drinking. At the moment Helen lives in a council property and is claiming housing benefit. As mentioned she was previously a cook at the Fire Station for six years and she would say that she has worked all her life and has never been out of a job or had to rely on benefits. She is finding this time particularly difficult. Helen would say that she has always enjoyed a drink but denied constant heavy drinking despite a previous referral this year to IAS via her GP, but had managed a home detox. She denied any illicit substances and other than losing her driving licence for drink driving at the start of this year she has no other forensic history. She would say that she has significant debt but she is working with a company to consolidate this.

She is attending the Job Centre every week to sign on and have a look for jobs and the charity shop that she is doing the community service in have asked her to apply for a full time post which she plans to do. She says that she is hopeful about this. In terms of her past psychiatric history she would say that she has been on Citalopram for years and that she is compliant. She recognises the benefit is limited whilst drinking. She denied any family history of mental health issues though agreed there is a family history of alcoholism. She remarked she has no other significant medical history.

#### **Mental State Assessment**

Helen was a very slim, small lady with a strong Glasgow accent. She was fairly dishevelled. We established and maintained a good rapport. Her eye contact was constant and her speech was normal in all modalities. When asked to describe her mood she would say it has been more low recently where she has felt stressed and more tearful. Objectively I found her fairly low in mood but reactive. She said her sleep has been poorer over the last month but prior to losing her job it was fine. She was used to the routine of getting up for work at 6am and since losing her job has struggled with initial insomnia and finds she is awake around 3 or 4 am struggling to get over again. She remarked no change to her appetite or weight loss. She said she eats like a horse and she has always been slim. She denied any self induced vomiting or restricting of her diet. She remarked no change to her concentration or her motivation. There was no evidence of anhedonia or anergia. She is continuing to see her family and her friends and last week was in Dundee for a meal and some shopping. I tried to press Helen on her alcohol use and she was fairly guarded and as mentioned minimising what I believe to be a fairly extensive alcohol problem. On further exploration over the last month Helen has been drinking as soon as she wakes up. She remarks that she suffers from sweats and tremors. She has found herself a bit disorientated at times but on a basic cognitive test there were no obvious concerns. We further discussed the impact that long term alcohol misuse can have on memory and cognition. I could elicit no abnormal thoughts or perceptions and she denied any history of self harm. In terms of looking to the future she told me that she wants to get a job, to get her driving licence back and to spend some time with her family. We further explored what her options were for further support and Helen was quite clear that she did not want a referral to IAS and that she wanted to try to manage her alcohol problem herself. She felt she has done this before and she feels that she could do it again. She has weekly contact with a Social Worker, Lisa Ramsay via the Criminal Justice department and we agreed that she would go on to discuss this further with Lisa. I also advised Helen that she can access a referral through her GP. We talked of Alcoholics Anonymous but she did not want to do that but she allowed me to give her information about Drugs Action and the drop in service there. Helen was keen to go home.

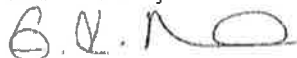
#### **Impression**

I formed the impression this would appear to have been an impulsive overdose whilst intoxicated in the context of social and financial stressors. At review there was no ongoing suicidal ideation. Helen described low mood reactive to the situation she is in but she could identify some strategies she could use to alleviate her situation. There is evidence of chronic alcohol misuse which at review Helen appeared to be minimising. This misuse has escalated recently but Helen does not wish formal support at this time.

**Plan**

Helen agreed that should she reconsider support from IAS in the future she can discuss a referral with her GP or Social Worker. In the meantime Helen accepted details of Drugs Action drop in service. I could therefore recommend Helen be discharged when medically fit and close her case to Liaison Psychiatry. Should you require any further information please do not hesitate to contact me.

Yours sincerely



**Mrs Louise Muir**  
**Liaison Psychiatric Nurse**

cc  
ARI Records