


IDENTIFICATION SHEET

Unit No.: Surname: First Name: Address:	 1Q1536 HONEYMAN CATHERINE G1R 10 MELVILLE STREET F GLASGOW NK 01/02/1944 G41 2NL G.P.Prac.49074	Sex: M F D.O.B.: Religion: Nat Ins No.:	
Postcode: Tel No.:	422 1580	Marital Status: Single Married Separated Divorced Widow	
G.P.: Address: Tel No.:	DR MARSHALL GORBALS H. C. 45 PINE PLACE GLASGOW G5. 531 8250 fax 8248	Next of Kin: Address: Tel No.:	
Changed Information: Name: Address: Postcode: Tel No.:	Relationship: Name: Address: Postcode: Tel No.:		
Additional Information:			

Tel: 0181-992 0062 Ref: 5021/A



**Florence Street Resource Centre
26 Florence Street
Glasgow G5 OYX
Telephone 0141 232 7000**

STRICTLY CONFIDENTIAL

Dr Marshall
Gorbals Health Centre
45 Pine Place
Glasgow G5 OBQ

Date 4 February 2003
Our Ref AJC/MM/101536

Direct Line 0141 232 7006
Fax 0141 232 7003
Email [REDACTED]

Dear Dr Marshall

**RE: CATHERINE HONEYMAN, DOB 01.02.1944
G1R, 10 MELVILLE STREET, GLASGOW G41 2NL**

I am writing to inform you that Mrs Honeyman has failed to attend her last two outpatient appointments at Florence Street Resource Centre. I have therefore discharged her from the clinic. If you wish us to see her again I would be grateful if you could re-refer her.

Yours sincerely

**Alison J Cheyne
Consultant Psychiatrist**

Florence Street Resource Centre
26 Florence Street
Glasgow G5 OYX
Telephone 0141 429 2878

STRICTLY CONFIDENTIAL

Dr Marshall
Gorbals Health Centre
45 Pine Place
Glasgow G5 OBQ

Date 4 December 2002
Our Ref AJC/MM/101536

Direct Line 0141 232 7006
Fax 0141 232 7003
Email [REDACTED]

Dear Dr Marshall

**RE: CATHERINE HONEYMAN, DOB 01.02.1944
G1R, 10 MELVILLE STREET, GLASGOW G41 2NL**

I am writing to inform you that Mrs Honeyman failed to attend her recent outpatient appointment at Florence Street Resource Centre on 2.12.02. I will arrange for a further appointment to be sent out.

Yours sincerely

**Alison J Cheyne
Consultant Psychiatrist**


Fu 3/2/03 at 3.20 pm.

Florence Street Resource Centre
26 Florence Street
Glasgow G5 OYX
Telephone 0141 429 2878

STRICTLY CONFIDENTIAL

Dr Marshall
Gorbals Health Centre
45 Pine Place
Glasgow G5 OBQ

Date 3 November 2002
Our Ref AD/MM/101536

Extension 208
Fax 0141 420 3464
Email 

Dear Dr Marshall

**RE: CATHERINE HONEYMAN, DOB 01.02.1944
G1R, 10 MELVILLE STREET, GLASGOW G41 2NL**

I reviewed the above patient at Dr Cheyne's outpatient clinic on 28.10.02.

Catherine describes going through "a sad period" as the anniversaries of several bereavements are approaching. She said she has been feeling quite low for the last few weeks and has not really been going out of the house. There is no suicidal ideation. She describes sleep of about nine hours interrupted three to four times per night. Her appetite is good. Concentration is reasonable. She often spends time in the house tidying up but has difficulties with her arthritis at present. She receives support from her husband and two daughters. There are no psychotic symptoms.

Catherine is currently on Fluoxetine 20 mgs od. We discussed this and she was quite keen to continue on her current dosage at present until the anniversary of the bereavements is over. I have thus advised her to continue the medication and we will see her again in due course.

Yours sincerely

**AMAN DURRANI
SHO to Dr Cheyne**

**Florence Street Resource Centre
26 Florence Street
Glasgow G5 OYX
Telephone 0141 429 2878**

STRICTLY CONFIDENTIAL

**Dr Marshall
Gorbals Health Centre
45 Pine Place
Glasgow G5 OBQ**

Date 30 July 2002
Our Ref AJC/MM/101536

Extension 208
Fax 0141 420 3464
Email [REDACTED]

Dear Dr Marshall

**RE: CATHERINE HONEYMAN, DOB 01.02.1944
G1R, 10 MELVILLE STREET, GLASGOW G41 2NL**

I am writing to inform you that Mrs Honeyman failed to attend her recent outpatient appointment at Florence Street Resource Centre on 29.7.02. I will write to her to see if she wishes a further appointment. If we do not hear from her we will discharge her from the outpatient clinic.

Yours sincerely


**Alison J Cheyne
Consultant Psychiatrist**

**Florence Street Resource Centre
26 Florence Street
Glasgow G5 OYX
Telephone 0141 429 2878**

STRICTLY CONFIDENTIAL

Mr Catherine Honeyman
G1R, 10 Melville Street
GLASGOW G41 2NL

Date 30 July 2002
Our Ref AJC/MM/101536

Extension 208
Fax 0141 420 3464
Email 

Dear Mrs Honeyman

I am sorry you were unable to attend your recent outpatient appointment at Florence Street Resource Centre. I would be grateful if you could contact my secretary within the next 14 days if you wish a further appointment. If we do not hear from you we will discharge you from the outpatient clinic.

Yours sincerely

**Alison J Cheyne
Consultant Psychiatrist**

Florence Street Resource Centre
26 Florence Street
Gorbals
GLASGOW
G5 OYX
Telephone 0141 429 2878
Fax No: 0141 420 3464

STRICTLY CONFIDENTIAL

Dr. Marshall
Gorbals Health Centre
45 Pine Place
GLASGOW
G5 0BQ

Dictated: 10.06.02
Typed: 12.06.02
Your Ref:
Our Ref: TN/cs
Extension:
Email:

Dear Dr. Marshall

**RE: CATHERINE HONEYMAN, GRD RIGHT, 10 MELVILLE STREET, GLASGOW, G41 2NL
D.O.B. 01.02.1944**

I have been involved with your patient in order to assist and develop skills to cope with her re-current depressive symptoms. Treatment in this regard has been completed and I have discussed and agreed with Catherine discharge from the Community Mental Health Team although she will continue to be reviewed at outpatients.

Mrs. Honeyman experiences re-current depressive episodes in relation to poor physical health, past sexual abuse and several close bereavements, these difficulties are now long standing. However Mrs. Honeyman does experience more periods of stable mood, she has gained greater awareness of triggers that make her mood lower and similarly she has learned skills to help prevent serious relapse. Mrs. Honeyman is well supported by her family and is an active member of the Jehovah Witnesses. Should Mrs. Honeyman's mental state relapse then we will be happy to re-engage with her at that time.

We trust that this meets with your approval.

Yours sincerely

TRACY NOBLE
Community Mental Health Team
Senior I Art Therapist

Cc: Dr. Cheyne Consultant Psychiatrist

Florence Street Resource Centre
26 Florence Street
Glasgow G5 0YX
Telephone 0141 429 2878

STRICTLY CONFIDENTIAL

Dr Marshall
Gorbals Health Centre
45 Pine Place
Glasgow G5 0BQ

Date 9 April 2002
Our Ref AJC/MM/101536

Extension 208
Fax 0141 420 3464
Email [REDACTED]

Dear Dr Marshall

**RE: CATHERINE HONEYMAN, DOB 01.02.1944
G1R, 10 MELVILLE STREET, GLASGOW G41 2NL**

I reviewed Mrs Honeyman at Florence Street Resource Centre on 8.4.02. Mrs Honeyman feels that there has been a slight improvement in her mood although has been feeling a little more anxious recently. This might well be secondary to the increased dose of Fluoxetine and I have advised her if she can to persevere with the increased dose but if she is unable to tolerate to reduce back down to 20 mgs a day. She described some sleep disturbance and nightmares and admits that she continues to ruminate over the numerous bereavements that have occurred over the last few years. She was also concerned about her weight gain and is planning to go to Weight Watchers with her daughter.

I note on reviewing her case notes that she has had problems with a borderline thyroid function test in the past and I would be grateful if you could arrange for these to be repeated.

At interview today Mrs Honeyman appeared quite relaxed. There was good eye contact and rapport. Her mood was euthymic and she denied any active suicidal thoughts. Her main preoccupations were with the numerous bereavements in her life. She finds a benefit from being able to talk over her difficulties. I have advised her to continue with her Fluoxetine 40 mgs a day and she has a review appointment on 29 July at 1.30 p.m.

Yours sincerely

**Alison J Cheyne
Consultant Psychiatrist**

Fu 29.7.02 @ 1.30 p.m.

Florence Street Resource Centre
26 Florence Street
Glasgow G5 0YX
Telephone 0141 429 2878

STRICTLY CONFIDENTIAL

Dr Marshall
Gorbals Health Centre
45 Pine Place
Glasgow G5 0BQ

Date 15 January 2002
Our Ref AJC/MM/101536

Extension 208
Fax 0141 420 3464
Email [REDACTED]

Dear Dr Marshall

**RE: CATHERINE HONEYMAN, DOB 01.02.1944
G1R, 10 MELVILLE STREET, GLASGOW G41 2NL**

I reviewed Catherine Honeyman at Florence Street Resource Centre on 14.1.02. I am pleased to report that she has noted an improvement in her mood and she is feeling more positive about the future. She still is experiencing some difficulties but she is coping with these better. Her sleep is still disturbed but her appetite and concentration have improved and she has had no suicidal ideation. I have advised her to continue with the Fluoxetine 20 mgs a day and I have arranged for a review appointment on 8.4.02 at 3.20 p.m. She knows to get in contact earlier should there be any difficulties.

Yours sincerely

Alison J Cheyne
Consultant Psychiatrist

cc Tracy Noble

RT
at P address

fu 8.4.02 at 3.20 p.m.

STRICTLY CONFIDENTIAL

Florence Street Resource Centre
26 Florence Street
Gorbals
GLASGOW
G5 0YX

Telephone 0141 429 2878
Fax 0141 420 3464

Date 24th Dec 2001.
Your Ref
Our Ref SP/
Ext.
Email

Dear Cathy,

I have made an appointment to see you

at: Florence St Resource centre.

on: Friday 18thJan 2002.

at: 11.30am.

If this is not convenient then please contact me at the above address to arrange an alternative appointment.

Yours sincerely

Tracy Noble
Community Mental Health Team
Senior 1 Art Therapist

Florence Street Resource Centre
26 Florence Street
Glasgow G5 OYX
Telephone 0141 429 2878

STRICTLY CONFIDENTIAL

Dr Marshall
Gorbals Health Centre
45 Pine Place
Glasgow G5 OBQ

Date 2 November 2001
Our Ref AG/MM/101536

Extension 208
Fax 0141 420 3464
Email [REDACTED]

Dear Dr Marshall

**RE: CATHERINE HONEYMAN, DOB 01.02.1944
G1R, 10 MELVILLE STREET, GLASGOW G41 2NL**

I reviewed Mrs Honeyman at the outpatient clinic on 29.10.01. It was the first time that I had met with her though she was able to describe her difficulties to me with relative ease. She stated "I've lost my sparkle, I haven't had it for a few years". She recalled how she used to enjoy the company of others and socialising though feels she has not done anything like this over the past six years, stating "I just feel that things will never be the same again". She related many of her difficulties to multiple bereavements but did admit she derives some comfort from her faith as a Jehovah's Witness. She describes her mood as being chronically low but is able to put a face on things for her family's sake. She also admitted to background thoughts of self-harm though denied any intent, again stating "I can't do it because of my family". Her sleep appears to be poor though this is also partly due to her longstanding arthritis. She continues to see Tracy Noble and finds her contact with her quite helpful.

She continues on her regular medication of Tramadol, Losec and Fluoxetine. I have not made any changes today though we will see her back in the outpatient clinic again and write to you again after her next appointment.

Yours sincerely

ALISON GORDON
SHO to Dr Cheyne

cc Tracy Noble

AG/MM/101536

19 September 2001

STRICTLY CONFIDENTIAL

Dr Marshall
Gorbals Health Centre
45 Pine Place
Glasgow
G5 OBQ

Dear Dr Marshall

**RE: CATHERINE HONEYMAN, DOB 01.02.1944
G1R, 10 MELVILLE STREET, GLASGOW G41 2NL**

Unfortunately Cathy did not attend for her outpatient appointment on 17.9.01. We will send her a further date.

Yours sincerely

**ALISON GORDON
SHO to Dr Cheyne**

cc Tracy Noble

AG/MM

9 August 2001

STRICTLY CONFIDENTIAL

Ms Catherine Honeyman
G1R, 10 Melville Street
Glasgow G41 2NL

Dear Ms Honeyman

Due to unforeseen circumstances your appointment

with: Dr Gordon

on: Monday 13 August 2001.

at: Florence Street Resource Centre

has been changed

to: **Wednesday 22 August 2001 at 10.00 a.m.**

I trust this will be convenient but if not please contact me to arrange an alternative appointment.

Yours sincerely

MARGO MARTIN
Secretary

AJC/MM/101536

4 July 2001

STRICTLY CONFIDENTIAL

Ms Liz Hutton
Dietician
Leverdale Hospital
510 Crookston Road
Glasgow

Dear Liz

**RE: CATHERINE HONEYMAN, DOB 01.02.1944
G1R, 10 MELVILLE STREET, GLASGOW G41 2NL**

I would be grateful if you could arrange to see this lady who is concerned about her excessive weight gain. She has arthritis in her joints and her weight is affecting this. She has been diagnosed as having a borderline low thyroid function test and this might well be contributing to her weight gain. She would be grateful for any advice that you can give her. If you require any further information please get in contact.

Yours sincerely

**ALISON J CHEYNE
CONSULTANT PSYCHIATRIST**

AJC/MM/101536

4 July 2001

STRICTLY CONFIDENTIAL

Dr Marshall
Gorbals Health Centre
45 Pine Place
Glasgow
G5 OBQ

Dear Dr Marshall

**RE: CATHERINE HONEYMAN, DOB 01.02.1944
G1R, 10 MELVILLE STREET, GLASGOW G41 2NL**

I saw Mrs Honeyman at Florence Street Resource Centre on 2.7.01. Unfortunately her mood has been a little low over the last month secondary to family difficulties. It has been quite a stressful time for her over the last few months and this has had an adverse effect on her mental health. Her other concern is the fact that she has put on an excessive amount of weight. She tells me that she has a borderline low thyroid function test and I believe that you are monitoring this. She was concerned that it was related to the antidepressant medication and discontinued this three days ago. She previously had been on Citalopram 20 mgs a day.

At interview today she was neatly and appropriately attired. There was good eye contact and rapport. Her mood appeared to be low but was reactive. There was no suicidal ideation. She was preoccupied with the situation with her son and was also concerned about her weight. There were no psychotic symptoms.

I plan to refer her to out Dietician to try and help her with her weight problem. I would be grateful if you could give her a trial of Fluoxetine 20 mgs a day as per my hand-written letter. She has a review appointment on 13 August at 3.40 p.m.

Yours sincerely

**ALISON J CHEYNE
CONSULTANT PSYCHIATRIST**

fu 13.8.01 @ 3.40 p.m.

AJC/MM/101536

23 May 2001

STRICTLY CONFIDENTIAL

Dr Marshall
Gorbals Health Centre
45 Pine Place
Glasgow
G5 OBQ

Dear Dr Marshall

**RE: CATHERINE HONEYMAN, DOB 01.02.1944
G1R, 10 MELVILLE STREET, GLASGOW G41 2NL**

I am writing to inform you that Catherine Honeyman failed to attend her recent out-patient appointment at Florence Street Resource Centre. I will write to her to see if she wishes a further appointment. If she is not in contact I will discharge her from the clinic. She can be re-referred if there are any problems.

Yours sincerely

**ALISON J CHEYNE
CONSULTANT PSYCHIATRIST**

2/7 of 3-40

AJC/MM/101536

23 May 2001

STRICTLY CONFIDENTIAL

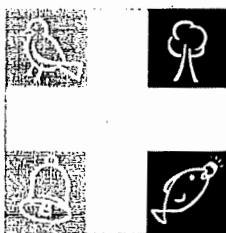
Ms Catherine Honeyman
G1R, 10 Melville Street
Glasgow
G41 2NL

Dear Ms Honeyman

I am sorry you were unable to attend your recent out-patient appointment at Florence Street Resource Centre on 21.5.01. If you wish a further appointment could you please get in contact with my secretary at Florence Street Resource Centre within the next two weeks. If we do not hear from you we will discharge you from the clinic.

Yours sincerely

**ALISON J CHEYNE
CONSULTANT PSYCHIATRIST**



GREATER GLASGOW
PRIMARY CARE
NHSTRUST

Ref: 424-2878
If phoning TRACY NOBLE
ask for:

21-03-01

Date:

STRICTLY CONFIDENTIAL
Catherine Ferguson

10 Melville St

G41

Catherine

Dear

I have made an appointment to see you

Florence St
at: Thursday 5th April

on: 3:00pm

at:

If this is not convenient then please contact me at the above address to arrange an alternative appointment.

Yours sincerely
~~Tracy Noble~~

TRACY NOBLE.

Occupational Therapist.



AB/MM/101536

13 March 2001

STRICTLY CONFIDENTIAL

Dr Marshall
Gorbals Health Centre
45 Pine Place
Glasgow
G5 OBQ

Dear Dr Marshall

**RE: CATHERINE HONEYMAN, DOB 01.02.1944
G1R, 10 MELVILLE STREET, GLASGOW G41 2NL**

I have seen your patient today (12.3.01) on behalf of Dr Cheyne. She still has a low mood and little has changed since we last saw her. Her problems relate to a series of bereavements which she suffered over the past few years. This included the death of her sister in December 1997, the death of a niece in March 1998, and the death of two nephews in September 1998 and November 1998. She also described some problems she had early on in her life but she was reluctant to talk about these today.

Although her mood has been low she has had a good appetite and is currently on a diet. She is eating three low fat meals per day. Her sleep is quite poor and although she goes to bed around 11.30 p.m. and gets out of bed around 8 a.m. she only manages 1-2 hours of sleep.

Today she was well dressed and was wearing make up. She was relaxed and maintained good eye contact.

She is looking forward to going on holiday in a week's time to the Western Isles and is also planning to go to Rome for a week. Her husband is treating her to a wedding anniversary present. She is determined to lose some weight and is planning to start swimming over the next few months. She plans to lose 4 or 5 pounds over the next few weeks.

She only recently discontinued her Dothiepin on 9.3.01. She commenced Citalopram on 11.3.01. Unfortunately there has not been sufficient time to determine if the medication has helped her. Dr Cheyne will see her again in two months' time when we will have a better idea about the effect of her medication. I think she will do well.

Yours sincerely

ANDREW BRADFORD
SHO to Dr Cheyne

AB/MM/101536

13 February 2001

STRICTLY CONFIDENTIAL

Dr Marshall
 Gorbals Health Centre
 45 Pine Place
 Glasgow
 G5 OBQ

Dear Dr Marshall

**RE: CATHERINE HONEYMAN, DOB 01.02.1944
 G1R, 10 MELVILLE STREET, GLASGOW G41 2NL**

I have seen your patient today (12.02.01) on behalf of Dr Cheyne. She was last seen at Florence Street Resource Centre in December 1999. She has been seen repeatedly by Tracy Noble our Senior Art Therapist, however, has defaulted on occasions. She did not attend her appointment on 15.2.00. Her symptoms are very much unchanged since we last saw her. She still has a very low mood with tearfulness and sleep disturbance. She has also had some mild loss of appetite eating two good meals per day. She has gained weight over the past 6-8 months.

Her low mood has been resistant to antidepressants. I have discussed this case with Dr Cheyne, who recommended that she reduce her Dothiepin over the next few weeks and be commenced on Citalopram 20 mgs mane.

I will see her again in six weeks time.

Yours sincerely

**ANDREW BRADFORD
 SHO to Dr Cheyne**

12/2/01

Stopped dothiepin on 9/3/01
 Commenced citalopram on Sunday 11/3/01
 Sleep broken (11.45 - 8am)
 Appetite - quite good (on diet)
 - 3 low fat meals/day

Our Ref. 101536/TN/BS

If phoning
ask for Tracy Noble

Dictated:
Typed: 16 January 2001

STRICTLY CONFIDENTIAL

Dr Marshall
Gorbals Health Centre
45 Pine Place
GLASGOW
G5 0BQ

Dear Dr Marshall

RE.: CATHERINE HONEYMAN, G1R, 10 MELVILLE STREET, GLASGOW, G41 2NL
D.O.B.: 01.02.44

I recently reviewed your patient after several months of failed appointments.

Catherine presented with low mood reporting a loss in concentration, energy and motivation. She describes extended periods of sleep, adding she only gets out of bed before her family return home from work. Neglect of personal hygiene is reported. No thoughts of self-harm were described at interview. Her thoughts continue to dwell on past and recent bereavements, these are regarded as significant in her ongoing periods of depression. As you are aware, physically there are concerns but I will not repeat these here.

Cathy continues to attend weekly witness meetings which are reported as supportive, her level of contact has reduced from three to only one contact in recent weeks. Her immediate family are a constant support although she has concerns regarding a sister whom she states causes her "heartache".

During the interview Cathy was tearful, she appeared tense and restless, her mood was observed as more anxious than low and she was reactive in affect. Both speech and eye contact were normal. Her manner was apologetic and low self-esteem was evident.

I plan to discuss her case with my medical colleagues and will arrange out-patient contact if appropriate. I will review her mental state in a months time and plan a mode of treatment thereafter.

I trust this meets with your approval and will contact you in due course regarding further input.

Kind regards

Tracy Noble
Senior I Art Therapist

Our Ref. TN/BS
If phoning
ask for Tracy Noble

Dictated: 24 November 2000
Typed: 6 December 2000

STRICTLY CONFIDENTIAL

Ms Catherine Honeyman
Flat 0/1
10 Melville Street
Pollokshaws
GLASGOW
G41 2NL

Dear Catherine

It has been several months since I last saw you. You have not been in touch and as such I can only assume you no longer need input from our service. I plan to discharge you from my caseload unless you state otherwise. If you want further input I would be grateful if you could get in touch within the next few weeks.

Yours sincerely

Tracy Noble
Keyworker
Senior I Art Therapist

Our Ref. TN/GP

If phoning
ask for Tracy Noble

Dictated: 16th June 2000
Typed: 22nd June 2000

STRICTLY CONFIDENTIAL

Dr. Marshall
Gorbals Health Centre
45 Pine Place
GLASGOW
G5 OBG

Dear Dr. Marshall

RE.: Catherine Honeyman, G1R, 10 Melville Street, Glasgow, G41 2NL
D.O.B.: 01.02.1944

I have been visiting Cathy at home to review her mental state. Over past months she has failed to attend out-patient appointments and I too have had some difficulties making contact. However I have recently been able to have regular contact.

Her mood subjectively and objectively appears to be low in response to further family bereavements. She is experiencing disturbing dreams and these are causing her anguish, Her thoughts ruminate over her family losses and are interrupting her concentration. She reports loss of energy and motivation. She reports feeling empty and guilty inside. She is avoiding getting up in the morning as way of coping with the day ahead and in particular to help reduce her suicidal relation. I have spoke to her at length about these thoughts which do not appear serious. Cathy is unable to fulfil tasks in the house partly due to her arthritis and low motivation this stuck situation is understandably causing her frustration.

Her family remain supportive and she is able to attend two Jehova Witness meetings per week and this contact is also reported as positive and supportive. Cathy has restarted reflexology which is reducing some physical and mental symptoms. I have encouraged her to keep this contact going.

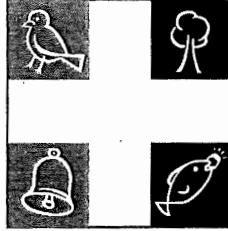
Objectively, Cathy does appear to be low in mood her affect is flat, there are signs of agitation and poor concentration. She is expressing ideas of suicide but has no plans to action these stating her consideration of the family prevents her dwelling on these.

My plan is to provide weekly reviews of her mental state and provide support. I will ensure she attends her forth coming out-patient appointment and will update you in due course regarding her mental state. I trust this meets with your approval.

Yours sincerely

Tracy Noble
Senior I Art Therapist
Key Worker

Florence Street Resource Centre, 26 Florence Street, Gorbals, Glasgow, G5 OYZ
Telephone No. 0141 429 2878 Fax No. 0141 420 3464



GREATER GLASGOW
PRIMARY CARE
NHSTRUST

Ref:

If phoning
ask for:

500

date:

STRICTLY CONFIDENTIAL

Cathy Harayman
10 Melville St
Pottersheads
.....
.....

Cathy

Dear

9th of May at 10:30am

Sorry you missed your appointment on ~~.....~~ *9th* on ~~.....~~ *Tue 30th May*

I would like to visit you at ~~.....~~ *10:30 am* on ~~.....~~

at If this is not convenient, please let me know and another appointment can be arranged.

Yours sincerely

M. L. C.

Occupational Therapist.



ED/MM/101536

8 May 2000

STRICTLY CONFIDENTIAL

Dr Marshall
Gorbals Health Centre
45 Pine Place
Glasgow
G5 OBQ

Dear Dr Marshall

**RE: CATHERINE HONEYMAN, DOB 01.02.1944.
G1R, 10 MELVILLE STREET, GLASGOW G41 2NL**

I am writing to inform you that Catherine failed to attend her out-patient clinical appointment with myself at Florence Street Resource Centre on 25.4.00. I have spoken with her Art Therapist, Tracy Noble, who has had contact with Catherine recently and she describes no major concerns at present. A new appointment will be sent.

Yours sincerely

**EWEN DOUGLAS
SHO TO DR CHEYNE**

11/5
App. Set for 11/7.
M.M.

Ref: TN/101536/JT

If phoning
ask for: Tracy Noble

23 March 2000

STRICTLY CONFIDENTIAL

Dr Marshall
Gorbals Health Centre
45 Pine Place
GLASGOW G5 0BQ

Dear Dr Marshall

Re: **Catheine Honeyman, G1/R, 10 Melville Street, Glasgow, G41 2NL**
dob: 01.022.49

I have recently taken over keyworker responsibility for the above lady who has been known to our service for some time. I visited Mrs Honeyman at home on 12.03.00 to review her mental state and agree a treatment plan.

Her mental state appeared bright and reactive, although her speech was pressured and she was restless throughout my visit. She reported that her home was broken into and that a family pet of 20 years died at the week-end, which understandably caused her distress. Overall Mrs Honeyman appears to be coping well. She does continue to express deep rooted feelings of guilt and low self-esteem, which she appears powerless to change. She has a supportive family and is due to go on a short break to London with her daughters. She has weekly contact with her sister and a niece whom she is particularly close to. Physically she is well at present.

I have agreed to meet with Catherine at her home every 8 weeks. We will focus on improving her assertive skills and I will provide explorative counselling when appropriate.

I hope this meets with your approval and will update of my input in due course.

Yours sincerely

Tracy Noble
Senior Art Therapist

ED/MM/101536

28 February 2000

STRICTLY CONFIDENTIAL

Dr Marshall
Gorbals Health Centre
45 Pine Place
Glasgow
G5 OBQ

Dear Dr Marshall

**RE: CATHERINE HONEYMAN, DOB 01.02.1944 .
G1R, 10 MELVILLE STREET, GLASGOW G41 2NL**

I am writing to inform you that Catherine Honeyman failed to attend her appointment with me at Florence Street Out-Patient Clinic on 15.2.00. A new appointment will be sent.

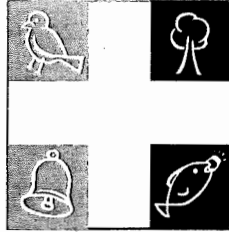
Yours sincerely

**EWEN DOUGLAS
SHO TO DR CHEYNE**

Apph. set for 25/4.

D.M.

Ref: JM/JG



GREATER GLASGOW
PRIMARY CARE
NHS TRUST

7 February 2000

STRICTLY CONFIDENTIAL

Mrs Catherine Honeyman
10 Melville Street
Pollokshields
Glasgow
G41 2NL

Dear Cathy

I'm sorry you missed your appointment for 3.2.00. at Castlemilk Health Centre. Tracy and I noted that you have had difficulty keeping up appointments at Florence Street recently and we felt that it would probably be easier for you to be visited at home for a while. We do not want to lose contact with you at this time of need.

To facilitate home visiting again I have referred you to your local team which is in fact at Florence Street Resource Centre and Tracy has been identified as your Keyworker. She will contact you soon.

Until then please do not hesitate to contact me should you have any questions about your care or the management of this. I will hear how you are getting on regularly through Florence Street.

Take care of yourself.

Yours sincerely

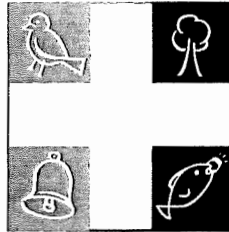
JANET MACCLUSKEY**Community Psychiatric Nurse**

cc Tracy Noble - Florence Street
Dr Marshall - Grobals Health Centre

Castlemilk Mental Health Castlemilk Health Centre 71 Dougrie Drive Glasgow G45 9AW
Telephone 0141 531 8535



Ref: JM/JG



GREATER GLASGOW
PRIMARY CARE
NHSTRUST

7 February 2000

STRICTLY CONFIDENTIAL

Tracy Noble
Art Therapist
Florence Street Resource Centre
26 Florence Street
Gorbals
Glasgow
G5

Dear Tracy

RE: CATHERINE HONEYMAN, 10 MELVILLE STREET, GLASGOW G41 2NL
D.O.B. 1.2.49.

As we discussed on the telephone, Catherine has now defaulted on her appointment here at Castlemilk for C.P.N. input. This would indicate that she now needs contact at her home again which would be best organised by her local team. I therefore, refer Catherine to yourselves and acknowledge transfer of Keyworker to yourself.

I will let Catherine know that this is the plan. Please do not hesitate to contact me should you require further information.

Yours sincerely

JANET MACLUSKEY
Community Psychiatric Nurse

cc Dr Marshall - Gorbals Health Centre

Castlemilk Mental Health Castlemilk Health Centre 71 Dougrie Drive Glasgow G45 9AW
Telephone 0141 531 8535



Ref: TN/101536/JT

If phoning
ask for: Tracy Noble

19 January 2000

STRICTLY CONFIDENTIAL

Dr Marshall
Gorbals Health Centre
45 Pine Place
GLASGOW
G5 0BQ

Dear Dr Marshall

Re: Catherine Honeyman, 10 Melville Street, Glasgow, G41 2NL
Dob: 01.02.49

I have been involved on a sporadic basis with Catherine since her referral to art therapy by Jan Macluskey, CPN.

Unfortunately Catherine has been unable to maintain regular appointments and has defaulted from most sessions. It was intended that I could provide additional support to the treatment provided by the out-patient clinic and her CPN. I plan to review my input with Catherine and will inform you of any developments.

Yours sincerely

Tracy Noble
Senior Art Therapist

c.c. Jan Macluskey, CPN, Castlemilk Health Centre, 71 Dougrie Drive, G45 9AW

Ref: TN/101536/JT

If phoning
ask for: Tracy Noble

Dictated: 16.12.99
Typed: 30.12.99

STRICTLY CONFIDENTIAL

Ms Catherine Honeyman
G1R
10 Melville Street
GLASGOW
G41 2NL

Dear Catherine

I am sorry that you were not able to attend our appointment on Monday 13th December 1999. I received your telephone message and called you back this afternoon (16.12.99). Unfortunately I will not be able to offer you an appointment until early next year. I hope you can come along on **Monday 10th January, 2000, at 11.15am.**

If this is not suitable then please let me know and we can re-arrange another time.

Yours sincerely



Tracy Noble
Senior Art Therapist

Ref: TN/101536/JT

If phoning
ask for: Tracy Noble

15 December 1999

STRICTLY CONFIDENTIAL

Jan Macluskey
CPN
Castlemilk Resource Centre
71 Dougrie Drive
GLASGOW
G45 9AW

Dear Jan

Re: Catherine Honeyman

Following your recent concerns about Catherine's mental state, she was reviewed at the clinical meeting on 10.12.99.

The subsequent discussion with the team highlighted the difficulties of ensuring effective communication and provision of appropriate treatment when crisis arises, when so many therapists are involved in her care. As keyworker clearly you are central in liaising and co-ordinating Catherine's care, however it would appear there are limitations in that regard as you are not based within this resource centre. Therefore I propose that as a therapeutic relationship has been established with Catherine, that I resume keyworker responsibility.

I hope this meets with your approval and I will be happy to discuss this matter if it is required.

Yours sincerely

Tracy Noble
Senior Art Therapist

JE/MM/101536

15 December 1999

STRICTLY CONFIDENTIAL

Dr Marshall
Gorbals Health Centre
45 Pine Place
Glasgow
G5 OBQ

Dear Dr Marshall

**RE: CATHERINE HONEYMAN, DOB 01.02.1944
G1R, 10 MELVILLE STREET, GLASGOW G41 2NL**

I reviewed the above lady when she attended the Out-Patient Clinic at Florence Street Resource Centre on 7 December 1999. I also saw her again the following day at the request of her keyworker, Jan Macluskey. It appears that Mrs. Honeyman's mood has deteriorated in the past 5-6 weeks. This may have been precipitated by her discontinuing her Dothiepin prior to this. Fortunately, however, she recommenced it albeit at the lower dose of 75 mgs nocte 2 1/2 weeks ago. However, she is currently struggling with tearfulness, sleep disturbance, lethargy, and distressing depersonalisation symptoms. She is also finding it very difficult to confide in her relatives regarding recent multiple bereavements since she feels that they are suffering their own personal bereavements. She also feels that she does not want to burden her husband with her difficulties any more and as such has been tending to mask her symptoms. Indeed when I first saw her in the clinic on 7.12.99 she presented a confident front, although she did admit to some deterioration in her mood she did not give me cause for undue concern. However, immediately following this appointment she met with her keyworker, Jan Macluskey, and was able to talk with her regarding her recent difficulties. I therefore arranged to see her again the next day when we had a long discussion regarding recent events. Although at this time she did admit to suicidal ideation in that she felt that "she didn't want to be here" she was adamant that she had no plans or suicidal intent and indeed could not do this to her family. Although she was currently quite distressed she did not feel that this episode of depression was any different from past episodes. She was especially keen to avoid hospital admission since she said she would see this as a personal failure. When I spoke with her regarding her plans for the following week I was heartened to learn that she had made quite detailed plans for social interactions over the next few days. Indeed she declined my offer of arranging additional input prior to her review with Tracy Noble on 13.12.99. I did, however, encourage her to make contact with either myself, Tracy or Jan or the On-Call Services should she be struggling at all.

In the meantime I have advised her to increase her Dothiepin back to 150 mgs nocte. She has a review appointment with myself in January, however, I will of course review her earlier should this be indicated. Please do not hesitate to contact me should you have any immediate concerns.

Yours sincerely

JULIE ELLISON
SHO to Dr Coia



TN/JG

Our Ref.

Your Ref.

If phoning
ask for

Tracy Noble

Florence Street Resource Centre
26 Florence Street
Gorbals
Glasgow
G5 2YX

☎ 0141 429 2878
fax 0141 420 3464

Date 22.10.99

CONFIDENTIAL

C. Honeyman
G1R 10 Melville St.
G41 2NL

Art Therapy Service

Dear Catherine

I would like to confirm that our next session is on Monday 8th of Nov at 11:30am

If you are unable to attend, please contact me at the above number on extension 276

Yours sincerely

Tracy Noble

TRACY NOBLE
Senior II Art Therapist

JE/MM/101536

**Florence Street Resource Centre
26 Florence Street
Glasgow G5 OYX**

**Telephone: 0141 429 2878
Fax: 0141 420 3464**

STRICTLY CONFIDENTIAL

20 October 1999

Dr Marshall
Gorbals Health Centre
45 Pine Place
Glasgow
G5 OYX

Dear Dr Marshall

**RE: CATHERINE HONEYMAN, DOB 01.02.1944
G1R, 10 MELVILLE STREET, GLASGOW G41 2NL**

Unfortunately the above patient failed to attend her out-patient clinic appointment at Florence Street Resource Centre on Tuesday 12 October 1999. A further appointment will be sent to her.

Yours sincerely

**JULIE ELLISON
SHO to Dr Coia**

22/10

Appt set for 7/12

M.M.

JE/MM/101536

Florence Street Resource Centre
26 Florence Street
Glasgow G5 OYX

Telephone: 0141 429 2878

Fax: 0141 420 3464

STRICTLY CONFIDENTIAL

1 September 1999

Dr Marshall
Gorbals Health Centre
45 Pine Place
Glasgow
G5 OBQ

Dear Dr Marshall

**RE: CATHERINE HONEYMAN, DOB 01.02.1944
G1R, 10 MELVILLE STREET, GLASGOW G41 2NL**

Unfortunately the above patient failed to attend her out-patient clinic appointment at Florence Street on Tuesday 31 August 1999. I note, however, that she attended an art session with Tracy Noble, OT, two weeks ago when her mental state had appeared much improved. Indeed at this time her mood was bright and reactive and she appeared quite positive and motivated. She is due to reattend within the next few days. I therefore plan to send her out a further appointment for one month's time. I will also liaise with, Jan Macluskey and Tracy Noble and arrange to see Catherine earlier if there is any deterioration in her condition.

Yours sincerely

JULIE ELLISON
SHO to Dr Coia

cc Jan Macluskey
Tracy Noble

GREATER GLASGOW PRIMARY CARE NHS TRUST

Our Ref. 101536/JM/AM

Your Ref.

If phoning
ask for Jan Macluskey

Castlemilk Health Centre
71 Dougrie Drive
GLASGOW
G45 9AW

☎ 0141 531 8535
fax 0141 531 8505

STRICTLY CONFIDENTIAL

Dr Abeln
SHO
Florence Street Resource Centre
26 Florence Street
Gorbals
GLASGOW
G5 0YX

3 August 1999

Dear Dr Abeln

RE.: CATHERINE HONEYMAN, 10 MELVILLE STREET, POLLOKSHIELDS, G41 2NL
D.O.B: 01.02.1944

On Cathy's last appointment which was on 27th July she expressed fairly intensive suicidal thoughts. On one occasion she said she had thought of driving her car into a wall. Cathy told me she did not act on any of these thoughts because she was worried about the consequences this would have on her family. She also took comfort in her Jehovah's witness belief that it would not be long to wait before God began to "cleanse the world" and that everyone with belief would be sent to sleep awaiting the resurrection. She believes that "the last to die are the first to be resurrected". "God is not a chaotic God. He is tidy and orderly".

My concern is that Cathy may act on her suicidal thoughts impulsively and I have discussed this with co-therapist, Tracy Noble, who has similar concerns. Tracy was going to bring this up at the Friday reviews.

Would it be worth considering how practical admission to A.I.M.S. would be? (Would Cathy attend?). Ultimately, she may accept hospital admission, although in the past she has rejected this option because she felt her family would see this as a retrograde step. I have always found her daughter very approachable and anxious to encourage whatever is suggested as an appropriate step for her mother.

I will continue to see Cathy and inform you of her progress.

Yours sincerely

JM
Macluskey
JAN MACLUSKEY

Community Psychiatric Charge Nurse

cc Dr Marshall, Gorbals Health Centre
Tracy Noble, Senior Art Therapist, Florence Street Resource Centre

EA/MM/101536

Florence Street Resource Centre
26 Florence Street
Glasgow G5 OYX

Telephone: 0141 429 2878
Fax: 0141 420 3464

STRICTLY CONFIDENTIAL

2 August 1999

Dr Marshall
Gorbals Health Centre
45 Pine Place
Glasgow
G5 OBQ

Dear Dr Marshall

**RE: CATHERINE HONEYMAN, DOB 01.02.1944
G1R, 10 MELVILLE STREET, GLASGOW G41 2NL**

I reviewed your patient in the Out-Patient Clinic at Florence Street Resource Centre on 26 July 1999.

Mrs. Honeyman said that she had been feeling "rotten" over the past four or five weeks. She described feeling nothing inside, a horrible feeling and sadness. She has been trying to hide from her family how she feels. She has continued to attend Church meetings and went on a few outings with her relatives, which she enjoyed. Her sleep has continued to be disturbed regularly, with initial insomnia and difficulty staying asleep. From time to time she has used two Trazodone 50 mg tablets instead of one, but had a hangover effect the next day. Her appetite is good and she has gained about a stone over the past two months. She regularly feels very tired but has some days when she has enough energy. Her arthritic pains have started troubling her again. She also suffers nightmares of being hurt and of being sexually abused again. She has occasional fleeting suicidal ideas but denies any plans or intent. She has been drinking two glasses of wine daily.

At interview Mrs. Honeyman looked well kept but was very tearful. Her mood was obviously low.

Although Mrs. Honeyman appeared to benefit initially from Paroxetine her improvement in mood has not been sustained. I have discussed her with Dr Lyle and suggest a change of antidepressant. I have explained to Mrs. Honeyman how to gradually reduce and then stop her Paroxetine. She can then start with Dothiepin 75 mgs at night, which can be increased to 150 mgs at night if she tolerates the Dothiepin well. I would be most grateful if you could prescribe this to Mrs. Honeyman with weekly dispensing, in view of her previous overdose. She will continue to be supported by the Community Team. She will be followed up in the out-patient clinic in one month's time and we will keep you informed of any developments.

Yours sincerely

ESTHER ABELN
SHO to Dr Coia

cc Tracy noble
Sharon Pettigrew

GREATER GLASGOW PRIMARY CARE NHS TRUST

Our Ref. TN/AM

Your Ref.

If phoning
ask for Tracy Noble

Florence Street Resource Centre
26 Florence Street
Gorbals
GLASGOW
G5 OYX

☎ 0141 429 2878

fax 0141 420 3464

STRICTLY CONFIDENTIAL

Mrs C Honeyman
G1R
10 Melville Street
GLASGOW
G41 2NL

16 July 1999

Dear Cathy

I am sorry that you have been unable to attend our sessions for one reason or another. I hope that you will feel well enough to come back sooner rather than later. Meanwhile do not worry that you have not been able to attend and thank you for phoning to cancel.

I hope to see you next on Monday 26th of July at 2.30 pm. If this time is not suitable then give me a call.

Yours sincerely

TRACY NOBLE
Senior Art Therapist

GREATER GLASGOW PRIMARY CARE NHS TRUST**Our Ref:** EA/MM/101536**Florence Street Resource Centre
26 Florence Street
Glasgow G5 OYX****Your Ref:****If phoning
ask for****Telephone: 0141 429 2878
Fax: 0141 420 3464****STRICTLY CONFIDENTIAL**

25 May 1999

Dr Marshall
Gorbals Health Centre
45 Pine Place
Glasgow
G5 OBQ

Dear Dr Marshall

**RE: CATHERINE HONEYMAN, DOB 01.02.1944
G1R, 10 MELVILLE STREET, GLASGOW G41 2NL**

I reviewed your patient at the Out-Patient Clinic at Florence Street Resource Centre on 17 May 1999.

Mrs. Honeyman reported that she had good days and bad days. Last week was a difficult week, partly due to spending time with her sister who lost the two sons. This week has been better and she has felt her family to be very supportive. Her sleep is broken and she has difficulty getting off to sleep. She often feels tired and this affects her mood and concentration. She denied any further suicidal ideation.

At interview Mrs. Honeyman looked well kept and brighter in mood. I was pleased to see that there is some definite improvement in her mood. Apparently, she did not receive a prescription for Paroxetine 40 mgs as I suggested in April. I would be grateful if you would prescribe her Paroxetine 40 mgs daily. I also suggest she tries Trazodone 50 mgs at night to help improve her sleep. She will be followed up in the out-patient clinic and her CPN will also keep in touch.

Yours sincerely



ESTHER ABELN
SHO to Dr Coia

cc Gorbals Team

GREATER GLASGOW PRIMARY CARE NHS TRUST**Our Ref:** EA/MM/101536**Florence Street Resource Centre
26 Florence Street
Glasgow G5 OYX****Your Ref:****If phoning
ask for****Telephone: 0141 429 2878
Fax: 0141 420 3464****STRICTLY CONFIDENTIAL**

25 May 1999

Dr Marshall
Gorbals Health Centre
45 Pine Place
Glasgow
G5 OBQ

Dear Dr Marshall

**RE: CATHERINE HONEYMAN, DOB 01.02.1944
G1R, 10 MELVILLE STREET, GLASGOW G41 2NL**

I reviewed your patient at the Out-Patient Clinic at Florence Street Resource Centre on 17 May 1999.

Mrs. Honeyman reported that she had good days and bad days. Last week was a difficult week, partly due to spending time with her sister who lost the two sons. This week has been better and she has felt her family to be very supportive. Her sleep is broken and she has difficulty getting off to sleep. She often feels tired and this affects her mood and concentration. She denied any further suicidal ideation.

At interview Mrs. Honeyman looked well kept and brighter in mood. I was pleased to see that there is some definite improvement in her mood. Apparently, she did not receive a prescription for Paroxetine 40 mgs as I suggested in April. I would be grateful if you would prescribe her Paroxetine 40 mgs daily. I also suggest she tries Trazodone 50 mgs at night to help improve her sleep. She will be followed up in the out-patient clinic and her CPN will also keep in touch.

Yours sincerely

**ESTHER ABELN
SHO to Dr Coia**

EA/MM/101536

Florence Street Resource Centre
26 Florence Street
Glasgow G5 0YX

Telephone: 0141 429 2878
Fax: 0141 420 3464

STRICTLY CONFIDENTIAL

12 April 1999

Dr Marshall
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Dear Dr Marshall

**RE: CATHERINE HONEYMAN, DOB 01.02.1944
G1R, 10 MELVILLE STREET, GLASGOW G41 2NL**

I reviewed your patient in the Out-Patient Clinic at Florence Street Resource Centre on 8 April 1999.

As you are aware, Mrs. Honeyman took an overdose in March and spent a night at the Victoria infirmary. She now feels a lot of guilt about doing this and causing her family worry. There haven't been any major changes in her mood. She feels low most of the time. Only on occasion she feels slightly animated in the company of her daughters. She finds it hard to cope with daily life and does some of her housework but it all seems a major effort. Mrs. Honeyman's family members have now arranged for someone to be with her all the time. She finds it difficult to be watched over. Sometimes she feels that she cannot go through the way she feels. However, she denies any suicidal thoughts since she took the overdose. Her sleep is broken with early morning waking. Mrs. Honeyman told me that she started a sleeping tablet that you prescribed yesterday and this helped a little.

Unfortunately, there hasn't been any major improvement in Mrs. Honeyman's depressive symptoms. I therefore suggest that she increase the Paroxetine to 40 mgs daily. She will continue to get regular support from her CPN, Jan Macluskey. She also attends a Relaxation Group at the Day Hospital and she will be seen by the Art Therapist next week. I will review her in the out-patient clinic in May and keep you informed of her progress.

Yours sincerely

ESTHER ABELN
SHO to Dr Coia

cc Jan Macluskey

GREATER GLASGOW PRIMARY CARE NHS TRUST

Our Ref. SFW/AV/101536

Your Ref.

Administration Block
Leverndale Hospital
510 Crookston Road
Glasgow
G53 7TU

Tel : 0141 211 6486
Fax : 0141 211 6636

7 April 1999

Dr Marshall
Gorbals Health Centre
45 Pine Place
GLASGOW G5

Dear Dr Marshall

CATHERINE HONEYMAN (DoB 01.02.49)
10 MELVILLE STREET, GLASGOW G41

I assessed the above lady in Ward 10, Victoria Infirmary, on 26.3.99 following her overdose of Tramadol tablets. Mrs Honeyman was anxious to tell me that she had not knowingly taken an overdose but just some extra tablets to help her sleep. She had been drinking some wine (2 glasses) prior to this. Her husband had to break the door down to gain access to her.

I was fortunately able to speak to Sister Jan Macluskey, her C.P.N. who put me in the picture with regard to her family history. She had done some very good work with Jan in terms of sexual abuse counselling but the recent stresses which have affected her life include six bereavements over a short space of time and she is finding this very hard to come to terms with. She has certainly increased her drinking as a coping mechanism but does understand that this is not helpful. Jan has recently returned her to her caseload to help her deal with the bereavement issues and offer support and I have discussed with her the potential for exploring some of these feelings via the art therapist at Florence Street. Mrs Honeyman was keen to try this. As she was not seen as a suicidal risk at that point, she had also refused admission to Leverndale and her family were going to be around her at the weekend, she was allowed home. I discussed this with her daughter who was happy with this decision. Jan Macluskey has arranged to see her on Monday 29.3.99.

Yours sincerely

MARLYN AITKEN
C.P.N. Clinical Nurse Manager

cc Consultant Physician, Ward 10, Victoria Infirmary
Jan Macluskey, C.P.N. Florence Street
Dr E Abeln, SHO, Florence Street

EA/MM/101536

Florence Street Resource Centre
26 Florence Street
Glasgow G5 0YX

Telephone: 0141 429 2878

Fax: 0141 420 3464

STRICTLY CONFIDENTIAL

23 March 1999

Dr Marshall
Gorbals Health Centre
45 Pine Place
Glasgow
G5 0BQ

Dear Dr Marshall

**RE: CATHERINE HONEYMAN, DOB 01.02.1944
G1R, 10 MELVILLE STREET, GLASGOW G41 2NL**

I saw the above patient for an urgent assessment at the request of her CPN, Jan Macluskey, at Florence Street Resource Centre on 10 March 1999.

As you are aware Mrs. Honeyman is a 55 year old woman who lives with her husband in rented accommodation. She has two daughters of 29 and 32 who still live at home, and two sons live independently.

Background History:

Mrs. Honeyman is the youngest of a great number of children, of whom only four are alive to this day. Her father died when she was aged 4 and her mother died when she was aged 14. Her sisters died of cardiac causes, tuberculosis and breast cancer. Mrs. Honeyman was close to several of her sisters. There is no known history of psychiatric illness in the family.

Mrs. Honeyman was born when her mother was aged 45 and brought up in Commerce Street, Glasgow. She described her childhood as not unhappy but sad. When the father died her mother "gave up living" she lost interest and started using a great number of tranquillisers. At age 9 to 10 she was sexually abused by her brother-in-law. After her mother died she was in care for some time and then when on to live with an aunt. This aunt often threatened to put her back into care. She left aged 15 to go to London but had to go back home. When she was 16 she left again and got a job as a nanny in London. She fell pregnant aged 17 and did not tell anyone until late in the pregnancy. She married the father of the child and had four children.

In her past medical history she has suffered from osteoarthritis, a degenerative disc in her spine, a breast lumpectomy three times and a cholecystectomy five years ago. She also has hiatus hernia symptoms and apparently there was a benign lump in her stomach on endoscopy several months ago.

In her past psychiatric history she describes episodes of being fed up for days or weeks on end in the past and feels now that this must have been depression. In January of 1997 she started seeing Jan Macluskey, CPN, regarding child sexual abuse counselling. She was also prescribed Lofepamine 70 mgs twice daily. Her mood improved and she stopped this medication in April of 1998. She describes herself premorbidly as an outgoing person who socialises easily and is supportive of others.

Current Medication:

Zydol, Loscc, Lodine prn and Lofepamine 70 mgs twice daily since August of last year.

- 2 -

/cont'd

After your referral of Mrs. Honeyman she was seen by Jan Macluskey, CPN, who found her to be very low in mood and arranged an urgent out-patient appointment. Mrs. Honeyman has had many bereavements over the last year. In December of 1997 her sister died of oesophageal cancer. In March 1998 a niece aged 44 died of a cardiac cause. In September of last year a 17 year old nephew fell off a bridge and died and a month later the elder brother of this boy died through the same cause. These nephews were Mrs. Honeyman's sister's adopted children and she knew them well. Her sister is not coping and drinks a lot. Then her brother's grandson died of a cot death and another sister in December of last year of a heart attack. Mrs. Honeyman reported that she had been feeling "gutted, depressed and terrible". She feels that she needs to be supportive towards her relatives, niece and sisters. She visits and speaks with them frequently over the telephone.

In the summer of 1998 Mrs. Honeyman started feeling lower in mood. Her arthritic pains were bad at that time. She had more difficulty doing daily tasks. She had poor sleep with early morning waking. Her appetite was not disturbed. She felt unable to socialise with people other than her close relatives. Since February of this year Mrs. Honeyman's mood has been increasingly low. She now feels low most of the time. There is no diurnal variation, she is tearful frequently. She can sometimes for a short period of time enjoy the company of family members and feel normal. Her sleep is disturbed with early morning waking. She finds her mind is too active with thinking of the present and the past. She has been suffering from nightmares, but not for the last weeks. Her appetite is poor and she has lost weight. She complains of poor concentration, lack of energy. She still has some interests and visits antique shops or is taken out by her husband. She has difficulty doing housework as everything seems a major task. She spoke of hating herself and feeling that she is failing people or disappointing them. She was hesitant to answer questions about suicidal ideas. She has vague thoughts of wishing to be out of the present situation but denies any specific plans or intent. Apparently her husband is quite supportive. She is a Jehovah's Witness and religion is very important to Mrs. Honeyman.

At interview she presented as a casually dressed woman, looking younger than her years. She wore make up and had a reasonable level of self care. She made good eye contact and a good rapport was established. She was tearful throughout the interview. There was no psychomotor retardation. Her speech was normal, her mood was subjectively low and objectively depressed. She was tearful when speaking of her losses and her mood. There was no formal thought disorder, her thought content was preoccupied with her losses and adverse experiences in her childhood. There were no psychotic phenomena. She was orientated and her concentration was fair, her short-term memory was intact.

This 55 year old woman, who had a difficult upbringing, has had contact with the CPN Services for child sexual abuse counselling. Currently she suffers from a depressive reaction to a great number of bereavements. There are somatic symptoms such as disturbed sleep, lack of energy and appetite and poor concentration. I have advised Mrs. Honeyman to stop with Lofepramine and to change her antidepressant to Paroxetine 20 mgs once daily. She will have increased support from her CPN and I will review her within the next few weeks in the out-patient clinic.

Yours sincerely

ESTHER ABELN
SHO to Dr Coia

Florence Street Resource Centre
Vetting Procedure

Out-patient

Psychology

Team

Clinic

Urgent

Routine

Non-Urgent

REFERRAL FORM

COPY

FLORENCE STREET RESOURCE CENTRE
26 FLORENCE STREET, GLASGOW G5 0YX
(TEL: 0141 429 2878 - FAX: 0141 420 3464)

PATIENT INFORMATION

Name: CATHY M. HOMBMAN Date of Birth: 12/44
 Address: GIR, 10, MORVILLO ST CHI: G145
GLASGOW G41 Hosp. No: _____
 Sex: M/F Marital Status: _____
 Tel No: 422 1580 Religion: _____
 GP: GRAEME MARSHALL
GORBALS HEALTH CENTRE
 Address: 45 PINE PLACE
GLASGOW G5 0BQ
 No: Tel: 0141 531 8250

CLINICAL INFORMATION

RMO: MANSIAU Referrer: MANSIAU Designation: G.P.
 Referral Date: 16/1/97 Reason for Referral: For counselling re: sexual
abuse. WISHES TO STOP FB MARR IF POSSIBLE
 Summary of Mental and Physical State (To include any special problem areas, either physical or mental i.e. pacemaker, etc, or any contraindications to treatment):
In last 2-3 months admitted she was abused by brother-in-law.
This is compounded by recent death + chronic pain from
(in family) osteoarthritis
~~WISHES~~ NOT SUICIDAL.
 Current Medication: Le Depamine 120mg B.D.

SERVICE CURRENTLY INVOLVED

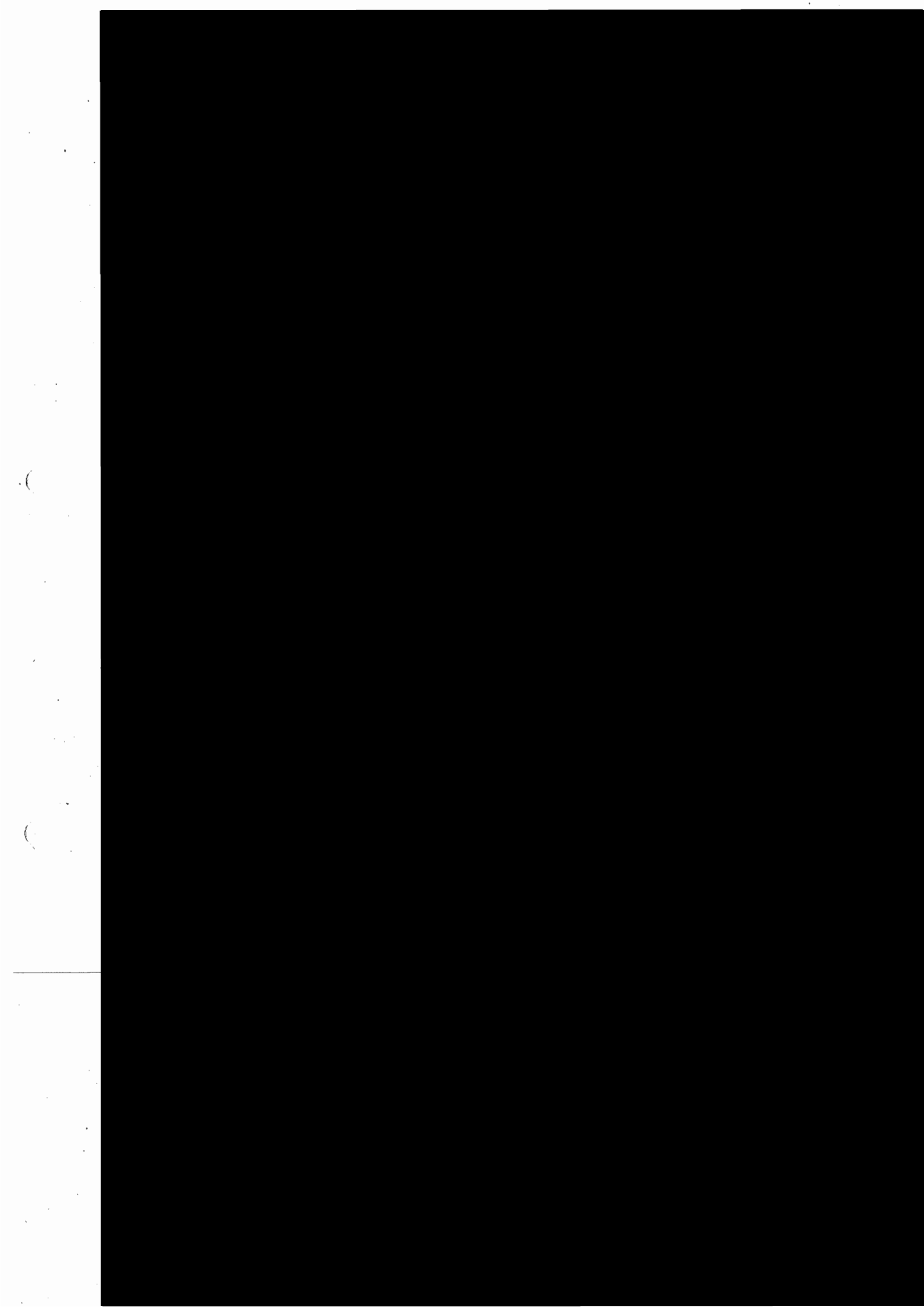
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Psychology	<input type="checkbox"/>	Occupational Therapy	<input type="checkbox"/>
Florence Street Day Hospital	<input type="checkbox"/>	CPN	<input type="checkbox"/>
Link/GAMH	<input type="checkbox"/>	None	<input type="checkbox"/>
		Other (please specify)	

* Delete as appropriate

NB All the above sections must be completed



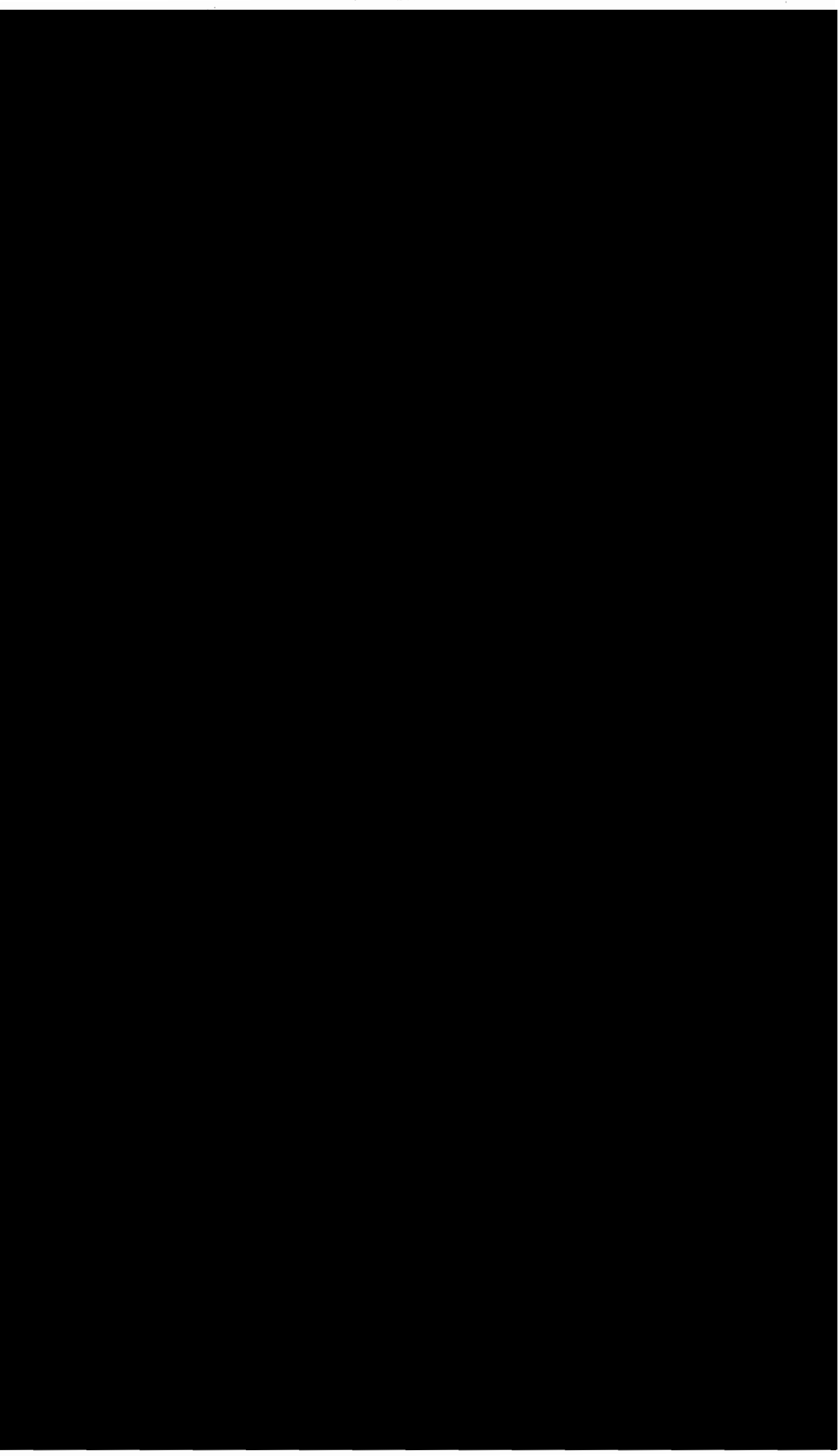








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L6 MAY/JN/JG

Florence Street Resource Centre
26 Florence Street
Gorbals
Glasgow
G5 0YX

JAN NAIRN

☎ 0141 429 2878
fax 0141 420 3464

STRICTLY CONFIDENTIAL

13 May 1997

Dr Marshall
Gorbals Health Centre
45 Pine Place
Gorbals
Glasgow
G5

Dear Dr Marshall,


**RE: MRS CATHERINE HONEYMAN, G/R, 10 MELVILLE STREET, G41
D.O.B. 1.2.49.**

Just a short note to let you know I am visiting Cathy at home to work through abuse issues. She is making good use of these sessions in relation to addressing difficulties around 'anger' and options relating to confrontation and her abuser.

I will keep you informed of her progress.

Yours sincerely,



 JAN NAIRN
Community Psychiatric Nurse

FLORENCE STREET RESOURCE CENTRE

INITIAL ASSESSMENT FORM

PATIENT DETAILS

Surname: HONEYMAN Forename: CATHERINE

Address: G/R 10 MELVILLE STREET, GLASGOW. G41. 2NL

Tel No: 422. 1580 Maiden Name: _____ Sex: FEMALE

DOB: 1/2/49 CHI: 010249.6145 Trust No: _____

Marital Status: MARRIED No of Children: 4 Religion: _____

Ethnic Origin: _____ Occupation: _____ Legal Status: _____

IMPORTANT CONTACTS

Next of Kin: [REDACTED] Tel No: [REDACTED]

Address: As Above

General Practitioner: GRAEME MARSHALL Tel No: 531.8250

Address: Gorbals Health Centre, 45 PINE PLACE, G5 0BQ

Other (e.g. Social Worker): - Tel No: _____

Address: _____

REFERRAL DETAILS

Date of Referral	Referrer	Date Received	Date Allocated
<u>1.97.</u>	<u>DR. MARSHALL</u>	<u>21.1.97.</u>	<u>21.1.97.</u>
Date 1st Appt Offered	Date 1st Seen	Previous Psych Contact	Current Psych Contact
<u>6.2.97.</u>	<u>6.2.97</u>	Yes or <input checked="" type="radio"/> No	Yes or No
Keyworker	Case-Load Holder	RMO	Consultant Psych
<u>J. NAIRN.</u>	<u>J. NAIRN.</u>	<u>DR. MARSHALL</u>	

REASON FOR REFERRAL:

Dr. Marshall requested sexual abuse counselling for Cathy.

PRESENTING PROBLEMS:

1. Unresolved issues associated with her experience of sexual abuse (recently disclosed)
2. Recent deaths in the family.
3. Chronic pain from osteoarthritis.
4. Unmanaged anger.

PAST PSYCHIATRIC HISTORY: (including admissions, diagnosis, psychiatric services used, etc).

None.

FAMILY HISTORY OF PSYCHIATRIC ILLNESS:

None known.

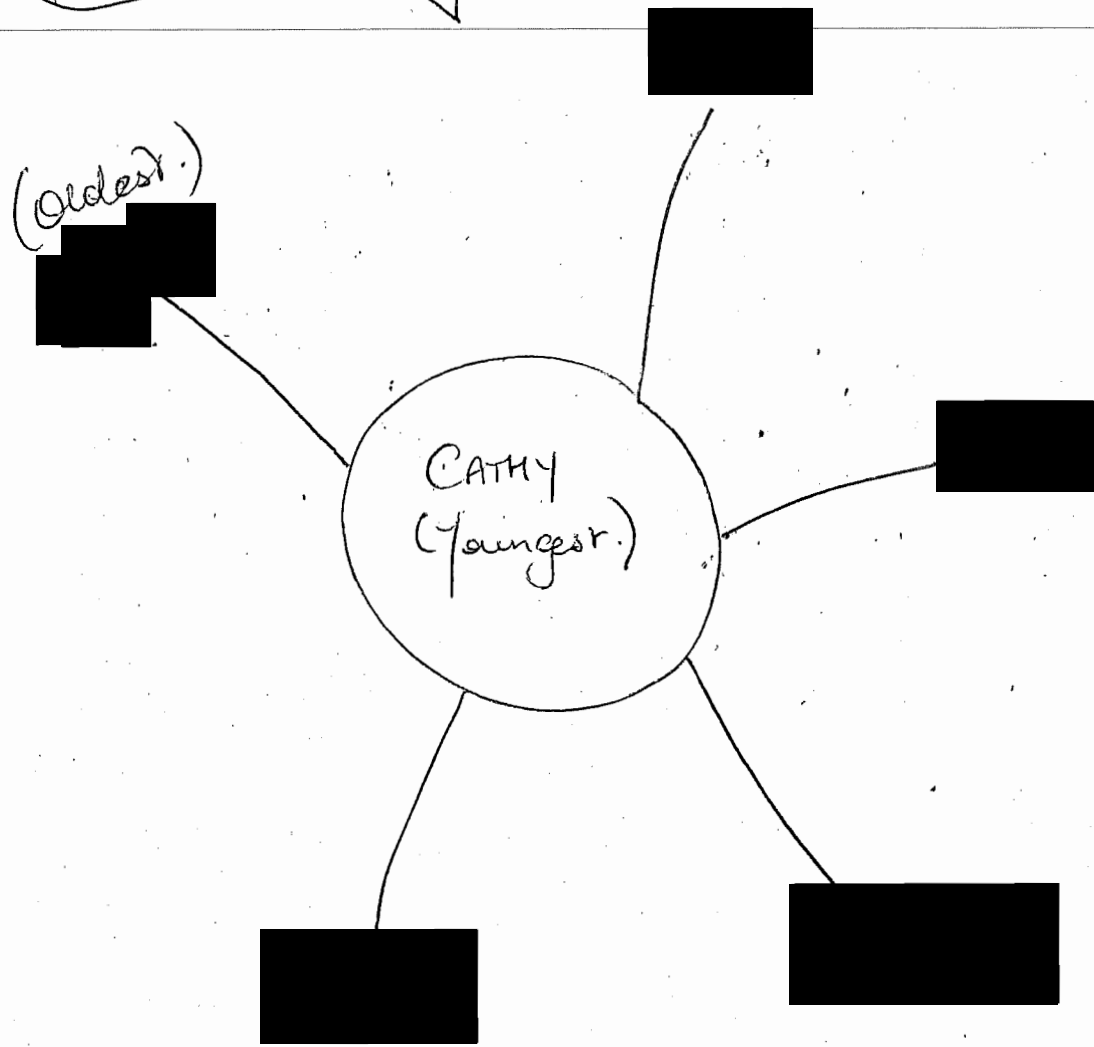
MEDICAL HISTORY: (past and current)

Suffers from chronic pain due to osteoarthritis.

MEDICATION: (Current treatment. Also record any allergies/adverse side effects).

LOFEPRAMINE 140mgms. TWICE DAILY.

Sisters + 1 Brother (living)



SONS & DAUGHTERS

- 30yrs.
- 29yrs.
- 28yrs.
- 26yrs.

HUSBAND

(Married 30yrs)

BACKGROUND INFORMATION: (including personal/family/social and employment history).

Cathy was born and brought up in Commerce Street, Glasgow. Her father died when she was 4 years old. She had 8 sisters and 1 brother - 3 of whom are dead. Cathy is the youngest. When she was 9 or 10 years old she was sexually abused by her brother-in-law (husband of sister [redacted]). At age 14 yrs her mother died and after a spell in care she went to stay with an Aunt. She "hated" this as her Aunt would threaten her with going back into care. She left when she was 15 years old to go and live in London. She hadn't realised she was too young to leave and had to return to her aunts. She became pregnant at 17 yrs old and did not tell anyone until she was 8 months pregnant because she felt "dirty". The father, [redacted] and Cathy got married and are 30 yrs married this year. Cathy views [redacted] as a supportive figure in her life. Last May things came to a head in an argument with [redacted] and Cathy disclosed for the first time her ^{sexual} abusive experience. Last August a brother-in-law died. She feels very angry about her upbringing and about the abuse.

CONTACTS WITH OTHER SERVICES: (including Occupational Therapy, Psychology, Social Work, etc)

MENTAL STATE DURING INTERVIEW:

Cathy was very smartly dressed and made good eye contact. She struck up a rapport showed warmth in her personality. Cathy was very tearful and her mood was clearly low. Denied any suicidal thoughts and did not exhibit any psychotic symptoms.

IMPRESSION AND ACTION PLAN:

1. Continue with assessment.
2. Introduce sexual abuse counselling and anger management techniques.
3. Review in 8 weeks time.

TEAM DISCUSSION AND OUTCOME:

GAF SCORE: 65

ICD 10: F4.

STAFF SIGNATURE(S):

Janet Naie

DESIGNATION:

'G' Charge Nurse

DATE:

10/2/97

FLORENCE STREET RESOURCE CENTRE

RECORD OF REVIEW

DATE:	
PROBLEMS:	DISCUSSIONS/DECISIONS:
GAF SCORE:	ICD10 DIAGNOSIS:

DATE:	
PROBLEMS:	DISCUSSIONS/DECISIONS:
GAF SCORE:	ICD 10 DIAGNOSIS:

DATE:	
PROBLEMS:	DISCUSSIONS/DECISIONS:
GAF SCORE:	ICD 10 DIAGNOSIS:

FLORENCE STREET RESOURCE CENTRE

MEDICATION HISTORY

PREVIOUS MEDICATION (Summary and any relevant information including allergies)

CURRENT MEDICATION

DRUG	DOSE	DATE COMMENCED	DATE DISCONTINUED	SIDE EFFECTS/ COMMENTS	SIGNATURE

REFERRAL FORM

FLORENCE STREET RESOURCE CENTRE
26 FLORENCE STREET, GLASGOW G5 OYX
(TEL: 0141 429 2878 - FAX: 0141 420 3464)

PATIENT INFORMATION

Name: Date of Birth:

Address: CHI:

..... Hosp. No:

..... Sex: M/F Marital Status:

Tel No: Religion:

GP:

Address:

Tel No:

CLINICAL INFORMATION

RMO: Referrer: Designation:

Referral Date: Reason for Referral:

.....

Summary of Mental and Physical State (To include any special problem areas, either physical or mental i.e. pacemaker, etc, or any contraindications to treatment):

.....

.....

.....

Current Medication:

.....

SERVICE CURRENTLY INVOLVED

Psychiatry	<input type="checkbox"/>	Social Work Department	<input type="checkbox"/>
Psychology	<input type="checkbox"/>	Occupational Therapy	<input type="checkbox"/>
Florence Street Day Hospital	<input type="checkbox"/>	CPN	<input type="checkbox"/>
Link/GAMH	<input type="checkbox"/>	None	<input type="checkbox"/>
		Other (please specify)	

* Delete as appropriate

NB All the above sections must be completed

Name: Catherine Honeyman. Date of Admission

Date

27/1/97 Received referral today. Telephoned Catherine and arranged an appointment for 6/2/97 at 2pm at her home. (Hain)

5/2/97 Rearranged venue at Catherine's request. Now to be seen on 6/2/97 at 26 Florence Street. (Hain)

6/2/97 See assessment for detail Next visit 27/2/97 (Hain)

27/2/97 Cathy phoned to rearrange appointment for today. Next appointment 13/3/97 at Cathy's home. (Hain)

13/3/97: Cathy and I agreed to meet here at Florence Street instead of her home as Cathy's sister is ~~living~~^{visiting} there for now. She is finding this a strain as sister [redacted] tends to deny events of the past and gives contradictory statements increasing Cathy's frustration. Apparently, [redacted] ex-husband [redacted] Cathy's abuser is moving closer to [redacted] and her family in America so that the family can "see more of him" and this infuriates Cathy even more as it would seem that they are minimising the ~~abuse~~ abuse further by condoning and even encouraging his contact. Discussed issues around anger and the possibility of using writing exercises. Next appointment 3/4/97. (Hain)

Date

3/4/97: Met with Cathy at her home. Her sister [REDACTED] continues to put a strain on Cathy as she (Cathy) feels a loyalty to support her after the death of her son. We continue to discuss relationships with her ^{immediate} family which would appear to be supportive. Moved onto her past abusive experiences and strategies to deal with her anger. Cathy seems to realise the importance of being assertive in relation to excessive demands from her sister. Plan is to continue on this vein for now. Next appointment 29/4/97 at pm at Cathy's home. (A. R. [REDACTED])

29/4/97. Cathy's main issue today was around a letter which her sister, [REDACTED] had received from Cathy's abuser [REDACTED]. In this letter he had asked for Cathy's address but Cathy feels sure he has access to this anyway from other family members. We discussed options in relation to how she wants to respond to this problem and concluded that Cathy does not want to go ahead and write to [REDACTED] unless he writes directly to her. I have asked Cathy to contact A/C/N 'G' Sharon Pettigrew or B/N 'E' Jacqueline Quinn whilst I am on holiday should she wish to discuss this further before my return. Next appointment - 10/6/97. (A. R. [REDACTED])

Name:

Cathy Honeyman.

Date of Admission

Date

13/5/97: letter dictated to G.P. Dr Marshall. Await copy.
(Hain)

17/6/97. Appointment arranged for last week had to be re-arranged for today due to change in off duty.

Continued with issues relating to sexual abuse and discussed ^{the} ~~her~~ role [REDACTED] plays in Cathy's life. Next appointment 15/7/97. at Jon. at home. (Hain)

23/6/97 Cathy phoned 1st thing this morning because she had received a letter from her ~~alleged~~ alleged abuser. She had not opened it and asked to come and see me.

Copy of letter dated as received 23/6/97 in the notes. Cathy and I discussed optional responses and she is going to draft out a letter in reply. Discussed free-writing and encouraged Cathy to use this writing style as a therapeutic exercise before deciding which letter should be posted. ~~She~~ Agreed with Cathy that once she has drafted the letter she could phone me and we would meet to go over it before posting. (Hain)

11/8/97: Cathy has posted her letter and phoned today to say she had a reply. Discussed next step and I gave Cathy the number for legal advice

Date	
11/8/97.	as 353.3354. They have an advice line between 11am - 1pm on Tues, Weds & Thurs. (John)
28/8/97.	Cathy has been to the lawyer for a consultation. She feels now that this is about as far as she can take the complaint just now and is contented to she was able to make the enquiries she has. The lawyer sees some potential difficulties with [redacted] living in America and noted stressed that it would be up to the P.F. on whether the case went ahead. Cathy would also need corroborating witnesses. (John)
13/9/97.	Cathy had ^{not} written a reply to the last letter she got from [redacted] but did so when she was here at her appointment. She expressed a lot of anger and pain in the letter and is holding onto it to decide whether to post it as it is. Next appointment 21/10/97. (John)
21/10/97.	D.N.A'd.
23/10/97.	Phoned Cathy [redacted]

Cathy Honeyman

Date

14/11/97: Cathy's appointment was yesterday here at Florence Street. Cathy was still upset about her sister [redacted] death and has put other issues on hold just now. eg. has not sent letter to [redacted] as she feels it is the wrong time. Next appointment 18/12/97 at 1pm. (Hain)

18/12/97: Continued talking about her sister [redacted] death and the fact that her sister [redacted] is around her house again. She feels she just wants to keep the "status quo" for now. Next appointment 22/1/98. (Hain)

22/1/98: Cathy remains upset about losing her sister [redacted]. She is distancing herself from sister [redacted] as she feels she is not helpful to her at the moment. Cathy tells me that Dr. Marshall has changed her medication but was unsure of the name of the new medication - she will bring it with her next appointment. Discussed "Fresh Start" and Cathy agreed to me submitting an application for this. I've also told Cathy about Projectability and Cathy showed an interest in coming to the "drop-in" group on a Tuesday afternoon. Cathy is also looking into college courses so that she can compare what course would be appropriate to take at the moment. Next appointment 5/2/98 at 1pm (Hain)

Name:

Date of Admission

Date

27.1.98.

Patient D N A. Would be appropriate if I send Mrs. Honeyman an appointment for initial meeting. To discuss with Jan.
 TMoble SRAT.

5/2/98.

Carly is moving on positively. We will be winding up work done on sexual abuse issues as Carly now feels she has taking this as far as it can go for now. She feels the work done has ~~done~~ helped her understand her reactions and behaviour better and makes some sense of how she feels, putting things into perspective. 2 more appointments arranged. (Nair)

26/3/98.

Improvement maintained. Carly is more confident and assertive. Spoke a little about her pending discharge and we went over strategies we had identified for her use in crisis ~~so~~ should this occur. Last appointment 23/4/98 at home.

23/4/98

Changed appointment to 11.30am on 25/4/98. To be confirmed by Carly. (Nair)

28/4/98.

~~D N A.~~ Carly attended her last appointment today. Improvement maintained. Discharge to G.P. (Nair)

Name:

Catherine Honeyman

Date of Admission

Date

Urgent appl. at request CPN

10.3.99

OPC

♀ 50y, lives w husband, rented house

2 daughters 22 + 29 - live at home

2 sons, both separated from wife - left home

1 grandchild aged 9

Referral GP Feb 99 to Jan Macclusky, CPN
'bereavements + somatic symptoms'

See by GP CPN → low mood → OP appointment arranged

FHL

Father died pt aged 4

Mother died pt aged 14

Pt. youngest of 9-10 (?) children (4 living present)

No known H of psychiatric illness

Close to several of her sisters.

FMH: sisters died of cardiac causes, TB, breast ca.

PH

Born when mother aged 4:-

B + D Commerce St., Glasgow.

Childhood 'not unhappy' but sad.

Father died pt aged 4 Mother then 'gave up living', lost interest, used a lot of sleeping pills.

Age 9-10 CSA by brother-in-law.

Age 14 mother died.

Pt. in care for some time, then lived with aunt. Aunt often threatening to put pt. back into care.

Left aged 15 to go to London. Had to go back, but aged 16 left again + got job as Nanny in London.

Date

Pregnant aged 17. Did not tell any one until 8th month ('felt dirty'). Married the father, [redacted]
Had 4 children, 2 ♂, 2 ♀

P4H

Episodes of being 'fed up' for days - week in the past
- now thinks this was depression

Jan '97 GP referral, SOB CPN
re: CSA counselling

Rx Lo fepramine 70mg bd ± Jan 97

Mood improved, stopped medication April 98

PMH

osteoarthritis

degenerative disc spine

3x lumpectomy breast

cholecystectomy 5 7 ago

hiatus hernia symptoms

endoscopy few months ago: benign lump stomach

Catherine Honeyman

Date

MPC

Many bereavements last year:

Dec 97 sister oesophageal cancer

March 98 niece aged 44 died of cardiac cause

Sept 98 nephew 17 fell off a bridge

Nov 98 nephew 21 fell of same bridge } brothers

Pl's sisters adopted children.

Sister coping poorly, drinking heavily.

Brother's grandson cold death

Dec 98 sister heart attack

Feeling 'gutted', depressed, terrible

Summer 98 feeling lower in mood (not asked as how)

More difficulty doing daily tasks.

Arthritic pains back.

Poor sleep. EMW. Affected by pain. Appetite ok.

Unable to socialise outwith relatives circle

Pl. feels she needs to support the relatives, niece, sisters. Goes + visits, many telephone calls. Wanting to "make things alright for every body else".

This February - mood lower + very upset

Afraid to worry husband + children.

Mood: more bad days than good days.

Low most of the time. No D.V. Tearful

Can sometimes for a short period enjoy

company family members + feel normal + animated.

016 07 98

PROGRESS AND TREATMENT

Name:

Date of Admission

Date	
	Sleep EMW
	'Mind too active' - thinking over present + past.
	Nightmare, wailing in sleep, dream of dead bodies. None recently.
	Appetite poor. Some weightloss
	Poor concentration
	Lack of energy
	Hard to do homework - everything is a major task.
	Still some interests - visits antique shops, husband takes pt out.
	But 'no one to visit' because sisters either died or grieving.
	'hate myself' Feels she is failing people / disappointing them. Feels a burden.
	Hesitant to answer questions about suicidal ideas.
	(Concerned it will affect her reputation if she would ever need to care for her grandchildren)
	Vague thoughts of wishing to be out of present situation
	Says 'wouldn't jump in Clyde'.
	Denies specific plan or intent. Couldn't do it to her family.
	Husband is very supportive.
	<p>C.S.S - tented accommodation</p> <ul style="list-style-type: none"> - kids o.k. - no financial problems. - not confiding in friends

Name:

Mrs Honey me

Date of Admission

Date

Religion - Jehovah's witness - is very important

Remorbidly : supportive of others
outgoing, socialising easily

Med Zydot
Losec
Locline (Etridolac) for arthritis, PRN
Lofepamine 70 mg bd, since ± August

MSE

A+B Casually dressed woman, looking younger than years. Make up
Good eye contact.
Tearful throughout interview.
Good rapport established
No psychomotor retardation

Speech: Normal

Mood: s - low.

◦ - depressed mood. Tearful when speaking of her losses + mood.

Thought: No PTSD

Content: preoccupied with her losses and adverse experiences in childhood.

No psychotic phenomena

Cogn: orientated

Concentration fair.

Date

ST Memory intact : N/A 6/6 3min 6/6

Insight - 'depression'

F43.21

Imp. Behaviour with depressive reaction.

Somatic symptoms; disturbed sleep, l.o.

energy + appetite, poor concentration

P/

Continue frequent support CPN - weekly

Increase anti-depressant?

Lofepramine 70mg mane +

140mg nocte

Review 4-6 w

amb

10.3.99

Discussed with Dr Coia

Change anti-depressant to paroxetine. 20mg o.d.

Fax to GP. Pt. informed.

CPN Jan

Review 2/52 - app. via secretary

amb

amb

4.6.99

Cathy arrived for her art therapy session appearing agitated, low in mood and demonstrated difficulty in concentrating on the activity. She repeatedly ^{made} apologies inappropriately throughout. ~~and~~ She appeared less well kept

Name: C. Honeyman.

Date of Admission

Date

than her usual "made-up" self. Cathy reported having a "bad" week last week and presently feels stressed and struggling to cope with her ^{ADL'S} ~~life~~ day today. Advice was given re^{laxation} and prioritising the tasks which she perceives are needed to be done. Review next week and communicate with key worker Jan MacLuskey, CPN.

-trouble seat.

9/6/99 Cathy having checked the time of her appointment turned up later in the day to apologise for having got the time mixed up. Blamed leaving her diary in the Kingdom Hall. Made another appointment for 15/6/99.

MacLuskey
CPN

15/6/99 D.N.A. I will contact Cathy by phone tomorrow.

MacLuskey
CPN

21.6.99 mood low, agitated unable to concentrate. 40 constant lapse in concentration. Unable to think of anything other than morbid thoughts. Cathy choose to spend time talking in depth about how she feels about the abuse, bereavement and her relationship with mother. + tearful and self critical. low in self esteem. Not suicidal but feeling + down and "bad" inside. Not able to settle feels agitated most days.

trouble seat

Date

1/7/99

Fearful, reflective, complaining of feeling numb most of the time. Worried about her memory because she went to pick [redacted] up from school (which she has done often over a period of years) and could not remember where the school was. She began to panic as she drove round looking for it because she thought [redacted] would think no-one was coming for her. She also told me she found herself putting a teabag into the curry and ^{on} one occasion went to put bleach into her tea instead of milk.

Discussed family members and her difficulties in feeling assertive enough to say 'No' to certain demands made. Next appointment 11am on 27/7/99 at Castlemilk Health Centre.

MacLuskey
M.D.

2.7.99.

- Call Jan MacLuskey.
- letter Cathy

mobile sent.

Name:

Catherine Honeyman.

Date of Admission

Date

22/2/99: Arranged appointment for Cathy here at Ylo Street for 11am on 3/3/99 - ✓

3/3/99: 1st appointment - see assessment sheets for details. Next appointment 18/3/99

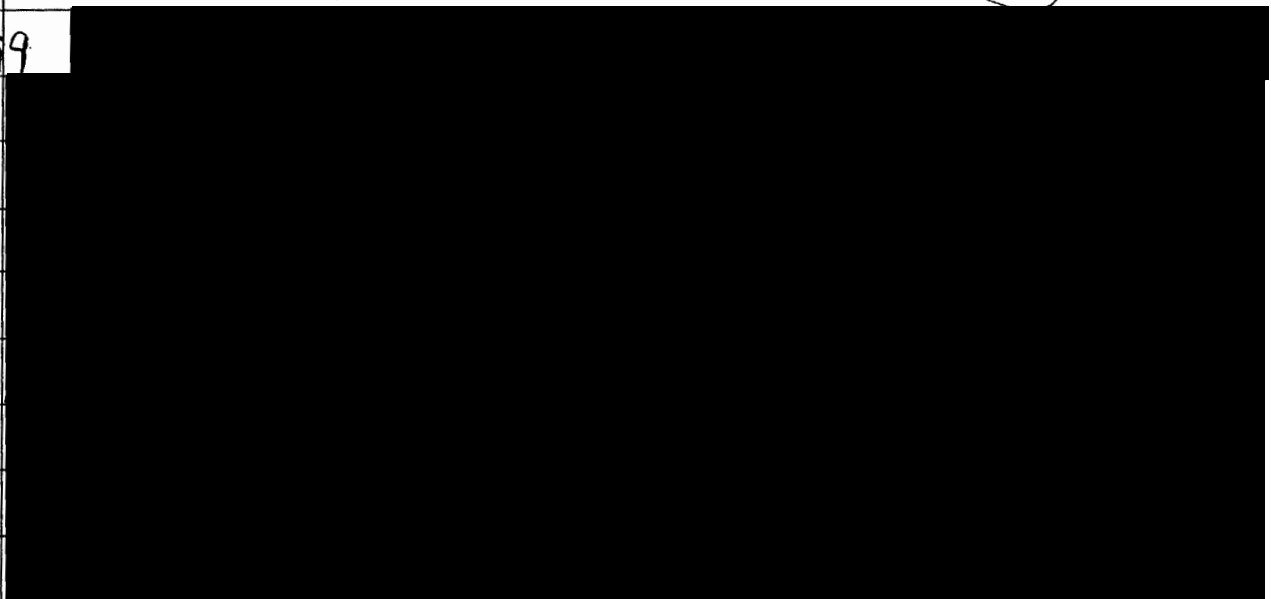
(MacLuskey)

(MacLuskey)

18/3/99 Cathy continues to have disturbed sleep and is wailing in her sleep. Nightmares ++. She did ~~not~~ join the relaxation group although missed last Monday as she felt her mood too low that day. Discussed relaxation techniques and provided Cathy with a relaxation tape. Next appointment 1/4/99. at 1.30pm

J MacLuskey

26/3/99



15/4/99 Cathy kept her appointment and explained that when she took the overdose she had just "wanted to go to sleep". When probed further with questions she clarified that indeed

Date	<p>she didn't want to waken up. Cathy said she did not feel as bad as this now but felt rather numb "I don't feel anything." We discussed strategies to use should her mood become lower again. Next appointment ^{Error in.} Also arranged to introduce Cathy to art therapy. Next appointment 29/4/99. Macluskey, CPN.</p>
29/4/99	<p>Cathy has engaged in Art Therapy with Tracy Noble in 26 Florence Street Resource Centre. She is feeling the benefit of this. Advised Cathy to liaise closely with Tracy Noble over the period I am on annual leave. Also went over emergency procedures should she need contact out of hours. No change in Cathys mood at present. Continues to feel rather numb. Next appointment 8/6/99 at Castlemilk Health Centre at 11am. Macluskey CPN</p>
8/6/99	<p>Cathy came for her appointment late and I was with another client. New appointment given for 15/6/99 at 1pm at Castlemilk H.C. Macluskey CPN</p>
15/6/99	<p>Missed appointment. Got mixed up with times. Macluskey CPN</p>

Name:

Catherine Honeyman

Date of Admission

Date

24.3.99

OPC

Not much change.

Started paroxetine 20mg nocte, just started

a few days ago (did not understand she was to get in town = GP to get R)

Feels low + useless + guilty.

As if not part of her world.

Relatives very depending on her.

Couldn't find mother's grave. Remembering loss of mother etc.

Seeing Jan regularly

Last week - felt as if could not go on.

Can't see herself getting better

Has thought of S.O.D. But would not do it.

+ could not do it to other people

Poor sleep.

A little diarrhoea + tremor hands

Rx sleeping tablet by GP for 1/2

P/ Continue = paroxetine 20mg

• CPN

FU 14.4.

amber

Name: Catherine Honeyman

Date of Admission

Date

8.4.99

OPC

Took O.D. \pm 25.3.99. Had mentioned

to relatives that she felt "coming to the end of it". Took O.D. alone at home.

Feels it was selfish. Feels sorry for family.

Guilt.

Since then:

Feels 'the same'

Low mood most of the time

Hard to cope. Does 'housework'. "Not enough"

Feels better ~~when~~ sometimes in company of daughters.Family has arranged for someone to be
in her all the time. keeps an eye on her.

Feels guilty about it.

Sometimes feels "can't go through \pm this"

wishing to escape from it

Denies suicidal thoughts though

Sleeps: broken sleep + EMW

Sleeping tablet since yesterday - helped only a little

Hub taken charge of medication

GP Rx night sedation: diazepam 5mg ^{1-2 nocte} - since 7.4

Zydol (painkiller)

Paroxetine - upto 30 mg (last ¹⁴ GP night)

Date	
	CPN - Jan MacLuskey visits regularly Art therapy - Tracy Noble appt 12.4 Also relaxation group at Day hospital
	P/ Continue paroxetine, increase to 40g Review OPC in May unwell
6.4.99.	Telephoned to cancel app. Stated that she was feeling unwell. TRACY NOBLE SKAT
7.5.99	Paroxetine 40g as since 8/4 Last week bad. Affected by seeing sister who's lost the 26g. This week better since yesterday Feels family is supportive Seen: Tracy Noble today. Sleeps: 'terrible' - variable, initial insomnia. Wakes long spell always tired → affects her day No longer on sleeping tablet Appetite not bad, getting better Conc: impaired by tiredness Energy ↓ - tiredness Good days + bad days

Name:

Catherine Honeyman

Date of Admission

Date

Today - not bad.

Tearful - last week

No suicidal ideation

Only occ. thinks of escape from it all

Med

Zydot

paroxetine 30mg (GP did not Rf 40mg as ^{but} requested)

Feels med start to work

C/N Jan Buckley - will continue contact

Imp. Some definite improvement in mood.

P1

paroxetine 40 mg

Trazodone 75 mg nocte. These will dispense

FU 2/12

W/B

Name: Catherine Moneyman Date of Admission

Date

26.7.99

Woken ± since 4-5 w.

Tearful

Feels - 'a horrible feeling' 'nothing' emptiness
Sad.Tries to hide how she feels from family
- is difficult.

Attends church meetings:

Went on a few outings - was nice

At religious convention last W/E

Sleep - varies - initial insomnia sometimes + middle insomnia

Occ. uses Trazodone 2 instead of 1 50mg tablet
→ hangover effect.

Appetite good

Weight ↑ (± a stone - 2/12)

Energy occ. o.k. - often quite tired

Arthritis flared up again

Mood sometimes good, but mostly low, empty

Bad dreams, nightmares of being hurt herself
+ of someone trying to sexually
abuse her again

Occ. has fleeting suicidal ideas.

Denies intent. Thinking of her family

Drinks 2 glasses wine everyday.

Med Paroxetine 40mg nocte

Trazodone 50mg nocte
+ Celebrex +

Date

1) change antidepressants
 reduce paroxetine from now to 20mg
 to stay with low.

Discussed with Dr Lyke:

Start prothiaden = dothiepin \bar{c} weekly dispensing
 75 mg nocte
 Increase to 150 mg nocte
 after 1 week

Inform CPN + GP

F.U 1/12

WJL

16.7.94.

Attended avo session
 mood bright affect reactive. Thoughts positive and
 appeared motivated and energetic. Reported as such.
 concentration limited but was able to complete
 tasks with minimal prompting.
 continues to demonstrate low self-esteem and worth
 poor boundaries (tends to perceive self as
 responsible to sort out others problems. Feels guilty)
 Agreed to contact in 2 wks.

WJL (S/CAT)

31.8.99

OPC \rightarrow DNA.

plan Receipt 1/12

DIW Keyworker

JM

Name: Catherine Honeyman

Date of Admission

Date

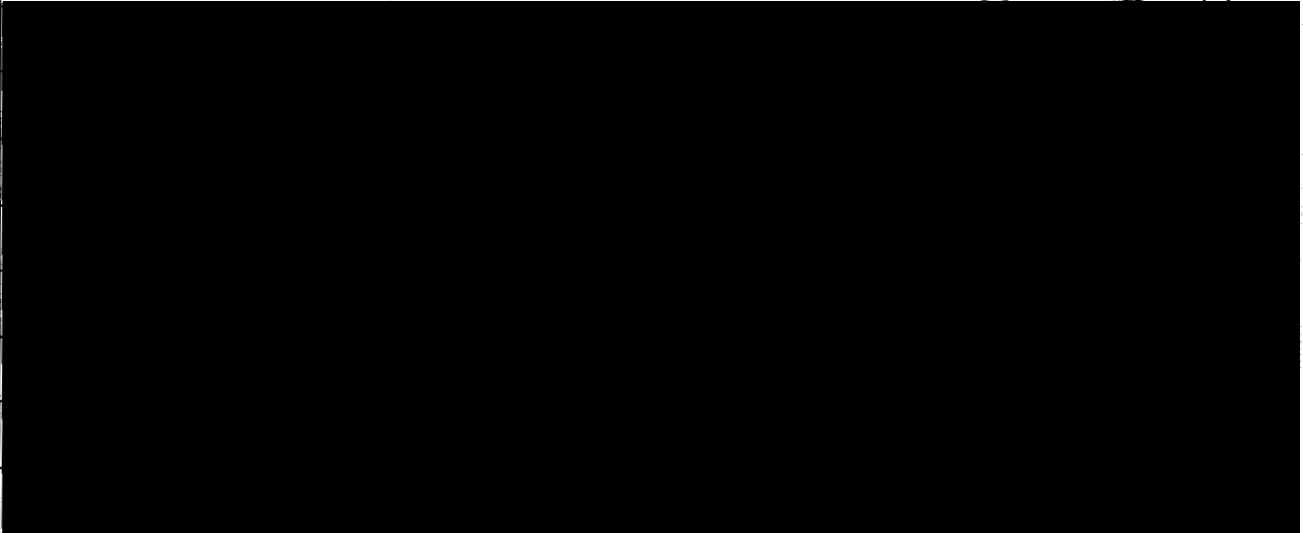
5/7/99

Carly continues to attend her appointments here at Castlemilk Health Centre.

Her mood has fluctuated between feeling quite low and latterly having "more good days than bad". Finding problems concentrating. Continue with 3 weekly appointments at Castlemilk.

MacLuskey
C.M.

18/11/99



7.12.99

~~F.S.R.C, OPC (9.40 am)~~
~~DNA again. -> sent to wrong place~~
~~3152 letter~~

Jellison
C.M.

7.12.99

~~F.S.R.C, OPC~~

Dothiepin 75mg nocte.
- Still good + happy.
Depersonalization symptoms
relapsing esp ans, ↓ care, ↓ motivation
sleep -> wakes at 4am (bit daughter postwoman wakes her at this time); get back to sleep.
appetite (N). No suicidal ideation.
- Bereftly from seeing Jim McIluskey every 3152, +

Date

attending Ant Group
 mostly supportive role - now wants to explore
 post abuse

→ Daily routine - visits Family, goes out 2x week -
Plan

Try T do the pins to 160g weight
 See 2/12

8/12/99

Seen as emergency gain today, following
 concerns from Keyworker - Tom Mccluskey, who saw
 her after OPC.

Catherine admitted she found it hard to be open to me,
 but had spoken to Tom regarding her recent difficulties
 struggling over post 5/12. Preupitants may have seen
 that she discontinued her do the pins at this time. Has however
 started it again + taking for 2 1/2 weeks.

Other trigger → relating to multiple bereavements - many of which
 occurred Oct → Dec 98. Finds it difficult to talk to other family
 members who are also suffering their own personal bereavements.
 Also doesn't want to burden her husband anymore.

Currently most low sleep - 1.5 several hrs (buss + times)
 bereaving.

suicidal ideation - doesn't want to be here, but no
 plans inherent. Would not do this to her family.

Interview - people +, makeup running + apologise
 talked at length

lots well kept

Able to describe plans for next few days.

9/12/99 → visit to sister; 10/12/99 → day out to daughter who's
 off work, weekend shopping. Declined additional input / post

Name:

Catherine Honeyman

Date of Admission

Date

10.12.99
 His appt: Tony Noble - Mon 13.12.99, but aware that she can contact us in interim if deterioration.

Also has number for on-call CPN service

Plus T do the job to 100% towards effects

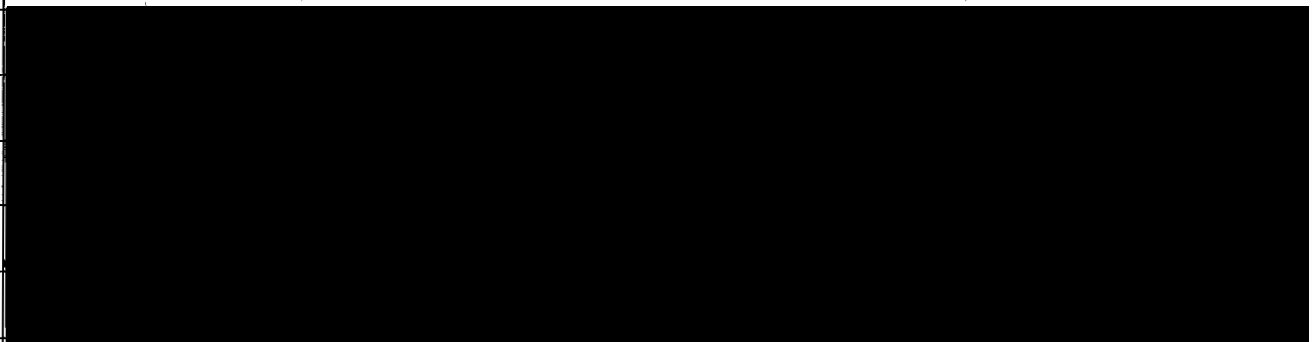
Hopeful of benefit given relapse appears to have been triggered by discontinuation

Waise of Noble, + J. MacLuskey re early OPC review

His appt Jan 99, but can be seen earlier, + Alms remains an option

J. Noble
 91057

10.1.2000



25.1.2000 Mrs Honey^{man} called to cancel appointments until she "feels better". Discuss with keyworker and team.

- Noble SMAT.

1-30. Talked with Jan MacLuskey keyworker to inform her of ongoing PMT's to self. Jan is due to meet Catherine next week and will review m/s. We explored possible crossover of care to Gerbals and Jan will raise this with Catherine if appropriate. I noted that I consider home-visits are required to gain fuller assessment of mental state. Jan will only be seeing Catherine at health centre and agreed to recommend input

Date	
	<p>from the Corbale team if she is unable to attend.</p> <p style="text-align: right;">TWBLESORAT</p>
3.2.2000	<p>Spoke with Jan Mackenzie this pm she notified me that keyworker status will be transferred to myself following Catherine's Depart with Jan -</p> <p style="text-align: right;">TWBLESORAT</p>
15/2/00	<p>DNA</p> <p>re-appoint</p> <p style="text-align: right;">E. D. G. (MO)</p>
21.3.00	<p>H/O given to establish new keyworker status.</p> <p>Mrs. Muel reactive but pressured speech and restlessness evident. Reported that horse was broken into at weekend and that her pet of 20yrs died.</p> <p>Appears to be coping well with feelings of guilt and "badness". Very supportive family. Going to London with Daughter and granddaughter. Visits sister weekly and has a close relationship with a niece whom she goes to the barns and searches through charity shops.</p> <p>- Identified loss of assertiveness: Focus on this next visit.</p> <p style="text-align: right;">TWBLESORAT</p>
25/4/00	<p>APP FRC DNA → new appt.</p> <p style="text-align: right;">E. D. G. (MO)</p> <p>Tran. he was positive (anxious) + will encourage to attend next appt.</p>

Name: C. Honeyman.

Date of Admission

Date

9.5.00. ~~9/5~~ app 9/5th. Catherine was not home when I arrived. Another app given 5/6/00.

-TWB6re snc#7.

5.6.00 HIV given
 ++ tearful. Concentration reported as poor she states "forgetting" about her appointments.
 Nightmares and disturbing dreams about dead family members are causing her anguish. Mood reactive to her bereavements. Reports loss of energy and motivation. Thoughts are ruminating over past events and interrupting A.D.L. Feelings of guilt and emptiness expressed. Appeared agitated.

Family very supportive. but poor relationships with her siblings appear to be the cause of her poor adjustment at present.

She has engaged in reflexology 1x week and has benefited from this. I advised Cathy on various coping strategies aiming to reduce negative thoughts and promote relaxation.

I agreed to visit in 2/5x for review.

-TWB6re snc#7.

5.6.00. HIV given review w/s.

Mood low affect flat. Not tearful. speech flat. Fidgety with hands throughout.

Reports lowering mood. Sleeping until 12pm to avoid thinking of suicidal ideation. These thoughts have emerged over past week. After lengthy discussion Cathy does not believe she will act on these thoughts because of religious

Date

beliefs and the guilt evoked from the family.

She is spending the day sitting in front of TV until other family members come home. Her energy and motivation levels are low causing frustration and guilt. She continues to tend to personal care and had part make-up on.

She attends 2 J. witness meetings per week and finds this supportive. She receives reflexology every 1 or 2 weeks this also reduces some of her present symptoms of tension tiredness low mood.

Reports withdrawing from some family contacts that have been causing her stress she was able to acknowledge this was appropriate at this time. Cathy states feeling isolated and wanting to withdraw from everybody.

Plan. Review 1/52.

Issue stress centre info encourage her to attend after.

? sooner O/P.

letter C.P.

MOBILE SRA7.

21/6/00.

Reviewed at home.

Mood brighter less agitated reduced suicidal ideation.

Had arranged for hair appointment and is keeping contact with other relationships. Reports feeling "numb" and not caring anymore. We agreed this was good in that she feels less guilty and assertive of attending her own needs.

- Agreed to visit Stress Centre in 2 weeks

- Refer to depression group.

MOBILE SRA7.

Name:

C. Honeyman.

Date of Admission

Date

2-7-00

Outing to Castlemilk stress centre given to promote relaxation and coping skills with depression.

Appeared agitated and upright. reports feeling under pressure due to forthcoming witness convention. on further discussion this related to deployment held beliefs that she is not good enough and as such her behaviours are to "people please".

She was able to relax as the afternoon progressed and appeared bright and reactive in mood.

Review 4/52.

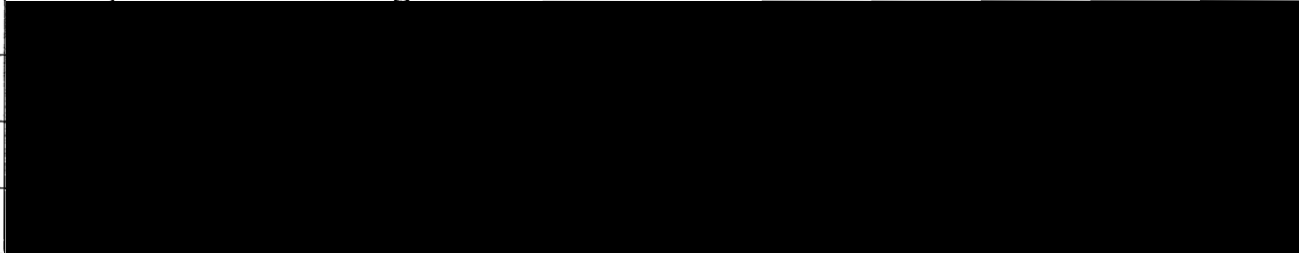
? use of miltent for periods of agitation - mobile SPAT

7-8-00.

HU given no reply.

- mobile SPAT

8-8-00



2-10-00.

Telephoned Cathy. No reply. Message left to contact me if she wants a video app.

- mobile SPAT

22-11-00.

Adrian letter sent.

- mobile SPAT

13-12-00.

Cathy called. Apologetic for lack of contact. Confession re: contact reports waiting for me to arrange appointment. Discussed PRA and lack of contact with myself and at O/P. Cathy requested case was not concluded. A new year app for clinic arranged. 8/1/01.

- mobile SPAT

8-1-01

attended.

last contact in 5 months.

cont. →

Date

% low mood tearfulness & concentration & energy
 ↑ sleeping reports only motivating herself to get up before
 the family, return from work. Self care neglect stating
 she "can't be bothered, it's all a real effort". No interest in
 "excitement" in life. ○ suicidal ideation. Thoughts
 dwell on bereavements a ~~friend~~^{the} friend was recently
 killed in a car crash.

- continues to attend 1a-2 witness meetings per week
 this is reported as supportive
- Planning a holiday in summer with husband.
- Horse broken into, 4th time.
- Weight gain? - thyroid consulting as re. this
 MSE.

Smartly dressed. make-up and hair well tended.

Weight gain observed.

Fidgety and restless.

Tearful

Apologetic and low self esteem evident

Mood tense but reactive.

Attention held.

Speech: normal eye contact good.

Imp. Mood low / ^{appears} reactive to / ^{longstanding} problems of personality
 and external stressors

Plan Discuss with medics re; review of medication
 Assess 4/52.

Refer to depression education group.

Miles 2017

1	Overactive, aggressive, disruptive or agitated behaviour	0 1 2 3 4	<input type="checkbox"/>
2	Non-accidental self injury	0 1 2 3 4	<input type="checkbox"/>
3	Problem drinking or drug taking	0 1 2 3 4	<input checked="" type="checkbox"/>
4	Cognitive problems	0 1 2 3 4	<input checked="" type="checkbox"/>
5	Physical illness or disability problems	0 1 2 3 4	<input checked="" type="checkbox"/>
6	Problems with hallucinations & delusions	0 1 2 3 4	<input type="checkbox"/>
7	Problems with depressed mood	0 1 2 3 4	<input checked="" type="checkbox"/>
8	Other mental & behavioural problems (specify disorder A, B, C, D, E, F, G, H, I or J)	0 1 2 3 4	<input checked="" type="checkbox"/>
9	Problems with relationships	0 1 2 3 4	<input type="checkbox"/>
10	Problems with activities of daily living	0 1 2 3 4	<input checked="" type="checkbox"/>
11	Problems with living conditions	0 1 2 3 4	<input type="checkbox"/>
12	Problems with occupation & interests	0 1 2 3 4	<input type="checkbox"/>
13	13	0 46	<input type="checkbox"/>

Name:

CATH HONEYMAN

Date of Admission

Date

12/3/01

Still low mood
- broken sleep
- good appetite

well dressed
made up
relaxed, good eye contact

Craving or wanting to Traveler/Isles next week
Home (May '2001)

Objectives /
1) Feel well
2) Start swimming - at Adelphi centre

Medication / Stopped dothiepin 9/13/01
started Escitalopram 11/2/01

Husband very considerate.

5-4-01. Reviewed.

Tearful mood low. Sleep remains disrupted. Cathryn has set goals and is trying to keep positive. On further discussion she expresses morbid bereavement reactions experiences vivid images of dead family members, preoccupations with lost ones.

Significant feelings of guilt, helplessness, loneliness, sadness expressed. Detached.

Keeps relatively active attends witness meetings, does shopping is planning a holiday to Pisa in late April Personal hygiene well kept.

Ⓟ ↑ support. plan to go swimming to help with weight loss
Hours completed. +1/2/01

Date	
6-5-01.	<p>Reviewed.</p> <p>very well : Good holidays, keeping active and positive in her thoughts. less morbid.</p> <p>c/o poor relationship with son again.</p> <p>(P) - to consider referral to GMMH.</p> <p>- to attend women's night at leisure centre.</p> <p>Review 5/52. - Mistle SPTA.</p>
2/5	<p>no - level</p>
21/6/01.	<p>attended for review.</p> <p>c/o low mood broken sleep only gaining 1hr at a time: Report loss of volition, not going out, feeling withdrawn, thoughts "clouded" unable to think straight. Appetite unchanged, complying with medication.</p> <p>Appears well kept mood reactive and bright.</p> <p>Imp. ^{current} mood reactive to poor relationship with son; recent conflict had worsened.</p> <p>- Responded to 'space' to talk over events.</p> <p>Encouraged to think of future and ways to keep positive.</p> <p>Planning a trip to Bana with daughter.</p> <p>(P) → Referral to GMMH made. plan discharge 6/52.</p>
21/7/01:	<p>OP: - Mistle SPTA.</p> <p>No feeling well, empty Trauma in the family</p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; text-align: center;"> Peter Dabner </div> <div style="border-left: 1px solid black; padding-left: 10px;"> Zydol Cipamid → fr stopped because of ↓ wt </div> </div>
5-9-01.	<p>attended review app.</p> <p>c/o ↓ mood pre-occupied with feelings of loss. Obsessively focussing on death of sisters. Not able to feel comforted from</p>

Date	
Cont.	
5-9-01.	<p>Her family support. Suicidal ideation present states she is constantly thinking she "wants out of it". Reports feeling isolated. Subjectively not able to feel positive about the future.</p> <p>mood low affect reactive. concentration good, poor eye contact no energy. speech normal. Cathy denies any active plans to harm herself although thinks about suicide. Spending the day at home continues to comply with medication "pretends" to the family all is well. Stated that she was glad to share her true thoughts.</p> <p>① - ① Review 152. Cathy informed to contact service if situation deteriorates</p> <p>② Make team aware of problems - table set.</p>
10-9-01.	<p>Telephone contact made. Cathy reports "sleeping in" and has cancelled the appointment. She states her mood is slightly improved and that she has coped better over the past few days.</p> <p>↳ informed Cathy to contact service at anytime should she require support whilst I am on annual leave.</p> <p style="text-align: right;">- table set.</p>
17.9.01.	<p>OPC</p> <p style="text-align: right;">mcs</p> <p>DNA</p> <p>→ further appts:</p> <p style="text-align: right;">Alice Gordon (SNO).</p>

Name:

Date of Admission

Date

29.10.01

OPC

(meds)

'no sparkle - few years'
 used to enjoy social / company.
 - not done anything \approx 0yr.
 'things' ll never be the same.

- Tramadol.
- Fluoxetine.
- Loraz.

some support from faith (Jehovah witness)

mood chronically low but puts a face on things for family's sake. Background thoughts self harm 'only because of my family.'

sleep v. poor ... arthritis too. 'overstressed.'

see Tracy Nalls. - finds it helpful
 wishes no changes

see OPC

Ther Garden (Smo).

14.1.02

OP:

Feeling better, family very supportive

Tramadol

Trying to distract self & this seems to help

Able to do things

Sleep: still irregular. Visit family, day things is

have. Appetite \checkmark Care better

No suicidal ideat.

5-2-02

DNA

No response when t/c was given. Asked to get in touch for further input.

WABLE

Name: C. Honeyman

Date of Admission

Date

29-3-02.

D/C at MOT. Agreed to withdraw c-team input as
pnt is DNA + long input given. Good support from family
active i Jehovah witness coping strategies e informativ re:
useful resources for relieve pressure given.

WABLE SENT

16/9/2

OPC

DNA

(A)

taken?

THE EFFECTS: HOW DID IT CHANGE MY LIFE?

ick to or

In the Courage to Heal workshops, I often begin by asking survivors to look at the long-term effects of abuse in their lives. As soon as I bring up the topic, a heaviness descends over the room. As we tally the long list of effects, I see three primary reactions: recognition, despair, and anger.

Survivors are frequently unaware of the connections between sexual abuse and current problems. As I write the many and varied effects on a big sheet of paper, survivors around the room nod their heads, saying things like "Oh, me too. Me too. I didn't know that was connected. Oh, so that's why I space out and disappear!" They're experiencing recognition—the realization that the difficulties they face are in fact a direct result of abuse.

With recognition comes relief. You realize that many problems in your life are the natural result of an abusive childhood, not some bizarre quirk you invented on your own. You see that the problems you face are shared by other survivors, and your sense of shame and isolation decreases. Your burden feels a little lighter.

But as the litany of effects mounts up, the second response is often despair. The assessment process is one of naming losses. You may be devastated when you see all the ways abuse has affected and limited you. You may feel hopeless and think, "How can I ever overcome the weight of all this damage?"

The third common response is anger. As you realize that your adult life has been ravaged because of someone else's selfish acts, you become furious at what was done to you. You think, "How could this have been done to me? I hate my abuser. I want revenge."

In this chapter you will assess the way sexual abuse has affected your life, identifying the effects in seven different areas. Some of these specific problem areas may be familiar to you; others will make you think about the abuse in a new way. At the end of the assessment, you'll list your strengths. The third exercise, an art activity, allows you to experience the effects on a more emotional level. Finally you'll look at the role abuse has played in your life in comparison with other influences.

The next exercises may be very upsetting to you. Many of us have minimized the effects of the abuse as well as the abuse itself. As a result, these are particularly hard exercises to do alone. Do them with other survivors, or share your thoughts and feelings with someone once you're through.

ASSESSING THE DAMAGE

The statements listed below are typical of the experiences and feelings of survivors of child sexual abuse. Since abuse affects people in different ways, some of the statements will apply to you and others won't. Looking at your answers can show you the areas of your life that have been most strongly influenced by the abuse.

If you've been working on these issues for some time, you can use this assessment to identify the progress you've made. Statements you would have identified with in the past may seem irrelevant to you today. A sentence you would have ranked "usually" a year or two ago may now get a "rarely" rating. If you've been healing for a while, try to focus on the areas in which you've made gains. Let yourself feel proud of the ways your answers have changed. Then go back through your answers and take a look at the areas that still need healing and attention.

Read each sentence and indicate how frequently you have that experience or feel that way:

Self-Esteem	Always	Usually	Sometimes	Rarely	Never
I feel dirty, like there's something wrong with me.	_____	_____ ✓	_____	_____	_____
Sometimes I think I'm crazy.	_____	_____ ✓	_____	_____	_____
I feel ashamed.	_____	_____	_____ ✓	_____	_____

Self-Esteem

I'm different from other people.

I feel poor.

If people knew about me, they'd laugh at me.

I want to be like other people.

I want to be like the people I hate.

I hate myself.

I have a low opinion of myself.

I don't like myself.

I don't like the way I feel.

I'm often ashamed.

I don't like the way I look and feel.

I'm scared of myself.

I'm afraid of my own feelings.

I use my feelings as an excuse for my behavior.

I'm afraid of my own thoughts.

I've made a mistake about myself.

Self-Esteem

	<i>Always</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Rarely</i>	<i>Never</i>
I'm different from other people.	_____	_____	✓	_____	_____
I feel powerless.	_____	_____	✓	_____	_____
If people really knew me, they'd leave.	_____	_____	✓	_____	_____
I want to die.	_____	_____	✓	_____	_____
I want to kill myself.	_____	_____	✓	_____	_____
I hate myself.	_____	✓	_____	_____	_____
I have a hard time taking care of myself.	_____	✓	_____	_____	_____
I don't deserve to be happy.	_____	_____	✓	_____	_____
I don't trust my intuition or my feelings.	_____	_____	✓	_____	_____
I'm often confused.	_____	✓	_____	_____	_____
I don't know how to set goals and follow through on them.	_____	✓	_____	_____	_____
I'm scared of success.	_____	_____	_____	_____	_____
I'm a failure. I don't feel capable of doing a good job.	_____	✓	_____	_____	_____
I use work to make up for empty feelings inside.	_____	_____	✓	_____	_____
I'm a perfectionist. ?	_____	✓	_____	_____	_____
I've made up a lot of stories about my life.	_____	_____	_____	_____	✓

9

92

Self-Esteem	Always	Usually	Sometimes	Rarely	Never
I've done a lot of shoplifting.	_____	_____	_____	_____	_____
My Feelings					
I don't think feelings are very important.	_____	_____	_____	_____	_____
I usually don't know what I'm feeling.	_____	_____	_____	_____	_____
I can't tell one feeling from another.	_____	_____	_____	_____	_____
I only experience one or two emotions.	_____	_____	_____	_____	_____
I have a hard time expressing my feelings.	_____	_____	_____	_____	_____
I have a hard time crying freely.	_____	_____	_____	_____	_____
I cry all the time.	_____	_____	_____	_____	_____
I get uncomfortable when I feel too happy.	_____	_____	_____	_____	_____
I get nervous when things are relaxed and calm.	_____	_____	_____	_____	_____
I feel enraged a lot of the time.	_____	_____	_____	_____	_____
I'm rarely angry. Anger scares me.	_____	_____	_____	_____	_____
I get depressed a lot.	_____	_____	_____	_____	_____
I have a lot of nightmares.	_____	_____	_____	_____	_____
I have panic attacks.	_____	_____	_____	_____	_____

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My Feelings

Always Usually Sometimes Rarely Never

If I really let myself go, my feelings would be out of control.

I've been violent.

I haven't been violent yet, but I'm worried I might be.

My Body

I'm not "in my body" a lot of the time.

I frequently space out.

My body often feels numb.

I feel as if my body is separate from the rest of me.

I don't pay too much attention to my body's signals (hunger, tiredness, pain).

I think my body is ugly.

I hide my body.

I'm dyslexic. I had learning disabilities when I was growing up.

I use drugs or alcohol more than I think I should.

I often eat compulsively.

I keep myself from eating, or eat and throw up.

My Body

Always *Usually* *Sometimes* *Rarely* *Never*

I hurt myself on purpose (cut, burn, or injure myself).

I have illnesses I think are related to my abuse.

I've worked out to make my body strong so I wouldn't feel like a victim.

I've had flashbacks of the abuse during surgery or other medical procedures.

I'm scared to go to the dentist. I hate the feeling of things in my mouth.

(For women) I'm scared to go to the gynecologist.

Intimacy

I often feel alienated from other people, as if I'm from another planet.

Most of my relationships just don't work.

I don't have many friends.

I'm okay with my friends, but I just can't work things out with a lover.

I think I'm really meant to be alone.

I'm not sure I really deserve to be loved.

Intimacy

I don't

I find

I think
leave

I test

It's hard
or too

I'm close
close to

I'm scared
commitment
too close

I have

People
relationships

I get
are in
inaccurate

I've had
people
abuse

I'm not
partner

Sometimes
is my

Sexual
problems

Intimacy

Always *Usually* *Sometimes* *Rarely* *Never*

I don't know what love is.

I find it hard to trust people.

I think people are going to leave me.

I test people a lot.

It's hard for me to be nurtured or to nurture someone else.

I'm clingy with people I'm close to. I'm afraid to be alone.

I'm scared of making a commitment. When people get too close, I panic.

I have a hard time saying no.

People take advantage of me in relationships.

I get involved with people who are inappropriate or inaccessible.

I've had relationships with people who remind me of my abuser.

I'm struggling a lot with my partner.

Sometimes I think my partner is my abuser.

Sexual abuse is really creating problems in my relationship.

Sexuality

Always Usually Sometimes Rarely Never

I avoid sex. Deep down, I wish I never had to deal with sex again.

I'm celibate. I haven't had sex in years.

I really think sex is disgusting.

I don't feel sexual desire. I think there's something basically wrong with it.

Sex isn't pleasurable for me. I usually have sex to make the other person happy.

I try to use sex to meet most of my needs.

It really feels like I'm "oversexed."

Sex and aggression are really connected for me.

I find it hard to be close in nonsexual ways. It just isn't satisfying.

I frequently go after sex I really don't want.

Sex is the thing I'm best at.

I've sold myself for sex.

I've had sex with people who don't respect me.

Sexuality

I've been
adult.

I need to
about se:

I have a
present
numb a l

When I
terrifyin
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I often h
abuse wl

I get sex
read or
abuse.

Violent,
me on.

I'm ash:

I've sex

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I have
bound

Never

Sexuality

Always Usually Sometimes Rarely Never

I've been sexually abused as an adult.

I need to control everything about sex.

I have a hard time staying present when I make love. I'm numb a lot during lovemaking.

When I am sexual, I have terrifying, scary feelings I don't understand.

I often have flashbacks of my abuse when making love.

I get sexually aroused when I read or talk about sexual abuse.

Violent, sadistic fantasies turn me on.

I'm ashamed of my sexuality.

I've sexually abused others.

Children and Parenting

I feel awkward and uncomfortable around children.

I have a hard time being affectionate with kids.

I have a hard time setting boundaries with kids.

Children and Parenting

Always Usually Sometimes Rarely Never

I have a hard time balancing children's needs with my own.

(For parents) I feel inadequate as a parent.

I have trouble protecting children I take care of.

I tend to be overprotective.

I've successfully protected children.

I'm scared I'll be abusive.

I have abused children.

My kids have been abused (by someone else).

My Family of Origin

I have strained relationships with my family.

Members of my family have rejected me (or vice versa).

I have a hard time setting limits with my family.

People in my family invalidate my feelings and experiences.

I feel crazy when I'm around my family.

I can't be honest with the people in my family.

My Fan

Sexual
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Never

My Family of Origin

Always

Usually

Sometimes

Rarely

Never

Sexual abuse is still a secret in my family.

There's still incest in my family.

I'm waiting for the people in my family to come around and support me.

If many of the statements on this list were familiar to you, you may feel overwhelmed right now. But the purpose of this assessment is not to overwhelm you; it's to show you that there's a reason why you experience the things you do. It's to point out the areas that need healing.

Although this workbook doesn't specifically address all the areas covered in the assessment, it is possible to heal each of the long-term effects mentioned.* It is possible to dramatically alter your life so that your answers two years from now will bear little resemblance to your answers today.

When I look over my responses, I feel _____

I've been most strongly affected in the area(s) of _____

* *The Courage to Heal* offers specific information and resources on all of the topics covered in this assessment. You can also talk to your therapist or other support person about additional resources to help you deal with issues raised by the assessment.

I was least affected in the area(s) of _____

The hardest statements for me to acknowledge were:

- _____
- _____
- _____
- _____
- _____

I feel the most hopeful about making changes in _____

I've

I fee

I was

I learn

already made major strides in the following areas: _____

I feel the most hopeless about changing _____

I was surprised by _____

I learned _____

Things to Think About:

- How did my answers compare to what I expected?
- How does this assessment affect the direction I want to take in my healing?

IDENTIFYING MY STRENGTHS

When you look at the negative effects of abuse in your life, it's hard to imagine that you could have developed strengths at the same time. But we all developed strengths in spite of our abuse, or perhaps *to* spite it. I don't mean to say, *in any way*, that there's a good side to the abuse or that you should "look on the bright side."

In a recent interview I was asked to discuss the success of *The Courage to Heal* and the seminars I'd been leading. At one point the interviewer asked if I was glad the abuse had happened, not because of the pain, but because of the opportunities it had brought me. We had been laughing and fooling around, but when she asked that question I grew serious. "Absolutely not," I told her with a vehemence that surprised me. "I would give it all up for the abuse not to have happened. I could have been motivated to write a book because of a positive influence, because I was moved by a piece of music or because I had a profound experience of love. I wrote *The Courage to Heal* because I was in terrible, unbearable pain. I don't care what comes from this. I'll never be glad it happened."

Recognizing your strengths does not mean you have to minimize your abuse or discount the negative effect it's had on your life. Rather, it's a way to feel good about yourself despite what happened to you. It's a way to recognize the abilities and qualities that enable you to heal.

On the list below, check-off the statements that apply to you. Add any other strengths you can think of.

_____ I'm stubborn. I won't give up.

3 in my

I'm determined. When I set my mind to something, I persist.

I won't let anyone abuse me anymore.

I have empathy for other people in pain.

I understand human suffering.

If I lived through the abuse, I can live through anything.

I don't have many illusions about the world. I see things as they are.

I'm self-sufficient. I can take care of myself.

I'm courageous.

I'm perceptive and can figure out what's really going on.

I know how to handle a crisis.

I survived.

I'm calm and patient.

If you weren't able to identify many (or any) strengths, you're not alone. Sometimes, when you're inundated with negative effects and feeling bad about yourself, it's hard to recognize your strengths. But they are there. Otherwise you wouldn't have survived. If you had a hard time with this exercise, come back and try it again once you've worked through more of this book. Or ask people close to you about the strengths they see in you.

FLORENCE STREET RESOURCE CENTRE

INITIAL ASSESSMENT FORM

PATIENT DETAILS

Surname: HONEYMAN Forename: CATHERINE

Address: 10 MELVILLE ST GLASGOW, G41 2LN

Tel No: Maiden Name: Sex:

DOB: 1.2.49 CHI: 010249 6145 Trust No:

Marital Status: No of Children: Religion:

Ethnic Origin: Occupation: Legal Status:

IMPORTANT CONTACTS

Next of Kin: Tel No:

Address:

General Practitioner: DR G. MARSHALL Tel No:

Address: GORBALS H.C. 45 PINE PLACE GLASGOW G5 0BA

Other (e.g. Social Worker): Tel No:

Address:

REFERRAL DETAILS

Date of Referral	Referrer	Date Received	Date Allocated
<u>12.2.99</u>	<u>DR MARSHALL</u>	<u>17.2.99</u>	<u>19.2.99</u>
Date 1st Appt Offered	Date 1st Seen	Previous Psych Contact	Current Psych Contact
<u>3.3.99</u>	<u>3.3.99</u>	<u>Yes</u> or No	Yes or <u>No</u>
Keyworker	Case-Load Holder	RMO	Consultant Psych
<u>J. MAELUSKEY</u>	<u>J. MAELUSKEY</u>	<u>DR. COIA.</u>	<u>DR. COIA.</u>

REASON FOR REFERRAL:

Depressed mood. "Moderately severe bereavement reaction" following 6 deaths in the family, 4 over the last few months.

PRESENTING PROBLEMS:

- Depressed mood. Tearful. Poor motivation to go out. Poor sleep pattern. Suicidal thoughts but no intent.
 - Multiple bereavements. 2 sisters, 2 nephews, a niece and a niece's baby.
- Having nightmares associated with death. ~~Waking~~ Wailing in her sleep and husband having to wake her up to stop this.

PAST PSYCHIATRIC HISTORY: (including admissions, diagnosis, psychiatric services used, etc).

Previously in sexual abuse counselling with
Jan MacLuskey. January '97 - April '98.

FAMILY HISTORY OF PSYCHIATRIC ILLNESS:

None known.

MEDICAL HISTORY: (past and current)

B/P 190/135. Pulse 105 regular.
Chronic pain due to osteoarthritis.

MEDICATION: (Current treatment. Also record any allergies/adverse side effects).

lofepramine 70mgms twice a day.

BACKGROUND INFORMATION: (including personal/family/social and employment history)

Cathy was born and brought up in Commerce St, Glasgow. Her father died when she was 4 years old. She had 8 sisters and 1 brother - 5 of whom are now dead. Cathy is the youngest. At age 10 yrs she suffered sexual abuse at the hands of her brother-in-law. At 14 yrs her mother died and after a spell in care, she went to stay with an aunt. Says her aunt would threaten her with going back into care and she was unhappy with her. She left at 15 yrs and went to London. She hadn't realised that legally she was too young to leave and she had to return to her aunts. She became pregnant at 17 yrs and did not tell anyone until she was 8 months pregnant because she felt "dirty". The father, [REDACTED] and Cathy got married and are 32 yrs married this year. She views [REDACTED] as a supportive person in her life.

Cathy feels that sexual abuse issues are not a problem for her ~~now~~ and at the moment.

CONTACTS WITH OTHER SERVICES: (including Occupational Therapy, Psychology, Social Work, etc)

MENTAL STATE DURING INTERVIEW:

Carly was tearful throughout the interview - ~~and~~ clearly her mood was low. No psychotic symptoms. On questioning she expressed suicidal thoughts but no intent. Had thought about throwing herself in the Clyde but was worried that anyone would know that she may not be trusted if she was needed to look after children i.e. if family member died leaving children without someone to care for them.

IMPRESSION AND ACTION PLAN:

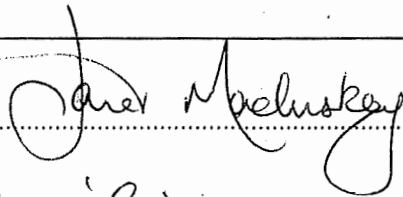
- O.P. appointment. Arranged for 10th March '99. 10:30 AM
- Continue with assessment.
- Carly to join relaxation group.

TEAM DISCUSSION AND OUTCOME:

GAF SCORE: 48

ICD 10: F4.

STAFF SIGNATURE(S):



DESIGNATION:

CPN. '9.

DATE:

3/3/99

FLORENCE STREET RESOURCE CENTRE

MEDICATION HISTORY

PREVIOUS MEDICATION (Summary and any relevant information including allergies)

Empty box for previous medication summary.

CURRENT MEDICATION

DRUG	DOSE	DATE COMMENCED	DATE DIS-CONTINUED	SIDE EFFECTS/ COMMENTS	SIGNATURE

FLORENCE STREET RESOURCE CENTRE

RECORD OF REVIEW

DATE:	
PROBLEMS:	DISCUSSIONS/DECISIONS:
GAF SCORE:	ICD10 DIAGNOSIS:

DATE:	
PROBLEMS:	DISCUSSIONS/DECISIONS:
GAF SCORE:	ICD 10 DIAGNOSIS:

DATE:	
PROBLEMS:	DISCUSSIONS/DECISIONS:
GAF SCORE:	ICD 10 DIAGNOSIS: