

detached & not as carefree & buoyant as previous". "Showed scars on extremities from assault at Barwon"- "concerned about being attacked again"- states he is L? A sense of " Heightened awareness" however he did use the term paranoia. Discussed "unwilling reboxetine?"- was advised of the A/R which are limited in sleep disturbance. A? "To perspiration & sweats-relates to anxiety". If to consider introduction of RX- need to monitor HR, BP,- tachycardia & hypertension. Reports poly substance abuse- contributing to " Paranoia-thoughts" HR-60pm BP 112/70 Weight -90.6kg." Will trial Rx." "But if feels his awareness dulled/ P satisfied he will not trial RX. Mental state. Presentation- average height, solid build, good eye contact, unshaven, wearing a beanie, appropriately dressed for weather, relaxed, open posture. Mood: euphoric & warm, experience depressive episodes effect congruent thought pattern- Depressive there's/ episodes a few times per week- experiences thoughts of suicide, nil current ideation/ intent/ plan- Hx of considering as an option. Speech rate/ normal rate/ flow insight- good judgement- intact. Impaired motivation, & appetite & isolation. Impression Depressive illness, ?????????, lack of appetite, Denies any S.A.S.H ideation Poly substance abuse= paranoia. Plan 1 consider introduction of reboxetine 2 Pt to report A/R 3 Report any & in S.A.S.H /c intent 4 R/V in 3-4/52 -----

31/08/07
14-58
PSYCH NURSE CLINIC
Reviewed in chair - states feeling paranoid / more withdrawn from others, describes waking up feeling terrible - describes that he might be having bouts of acute depression / anxiety re- traumatic events. Relationship to assault, lost interest in being in the yard, sad rates feeling sad as 8-10/10. Not wanting to get out of bed in a.m. & does not look forward to getting up. Describes form of paranoia as sitting in cell so that others have a decreased ability to attack him, feeling concerns of position in line, always locking door, hypervigilant, describes self as vulnerable to attack & is keen to reduce exposure to attack. Sleep - 1-2 restless night p/wt more comfortable in cell at night / at ease / relaxed. Presentation - withdrawn, fair eye contact, beanie, open relaxed posture, normal rate / rhythm & tone, clear speech. Not wanting antidepressant medication. Given outline of alternative treatments for anxiety / depression. Agreed to Psychiatrist referral to discuss depressive / anxiety + PTSD. Date for 06/09/07

- OUTPATIENT ATTENDANCES RECORD

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THE FOLLOWING IS A TYPED FORMAT OF ABOVE MEDICAL REPORT

St Vincents Hospital MELBOURNE-Outpatients Attendances Record 31/08/2007 Reviewed in chair-states feeling paranoid/"more withdrawn from others", "describes waking up feeling terrible"- "describes that he might be having bouts of acute depression/ anxiety re- traumatic events. Relationship to assault", "lost interest in being in the yard", "sad rates felling sad as 8-10/10". "Not wanting to get out of bed in a.m". & "does not look forward up". Describes form of "paranoia as sitting in cell so that others have a decreased ability to attack him", 'feeling concerns of position in line", "always locking door", hypervigilant, "describes self as vulnerable to attack", "is keen to reduce

¹⁸ Prison medical reports.

exposure to attack". "Sleep- 1-2 restless night's p/wk", "more comfortable in cell at night /at ease/ relaxed". "Presentation- unshaven", poor eye contact, beanie, open relaxed posture, normal rate /r? &F? Clear speech. "Not wanting antidepressant medication". Given advice of alternative treatments for anxiety /depression agreed to Psychiatrist referral to a? **"Depression? /anxiety & P.T.S.D"**.
Binse for 06/ 09/ 07-

9-10-07 Y Nurse Review
0930 (S) Can't stop thinking of when I was slashed
in Banksia by a prisoner
Feeling down & depressed
Hard to do something to take these
thoughts away - don't want to take medication
(A) Questioning who he needs to see for help
P? Often about slashing to head, face
and legs.
A recent event where a prisoner went
to cut him resulted in prisoner receiving a
cut to finger of hand.
(A) Would benefit from regular individual
counselling to manage his long term
issues
(P) Complete & ? Referral form for to
Psychological Services

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THE FOLLOWING IS A TYPED FORMAT OF ABOVE MEDICAL REPORT

Pacific Shores Health Care dated 9/10/2007 Y? Nurse Review.

"Can't stop thinking of when I was slashed in Banksia by a prisoner", "feeling d? & depressed Hard?
to do something to take these thoughts away"- "Doesn't want to take medication".

"Questioning who he needs to see for help", P? "Often about slashing to head, face and legs". "A
recent event where prisoner went to cut him resulted in prisoner receiving a cut to finger of hand".

"Would benefit from regular individual counselling to manage long term issues"

Complete? & ? Referral form for to Psychological services.