



Kellyville Village
MEDICAL CENTRE

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01/04/2025

The Psychiatrist
Dokotela
Telehealth
Phone: (02) 8003 7668
Fax: (02) 8569 1844

Dear Doctor

RE: Mrs Julie McGrath 13/10/1965
1/620 A George Street
South Windsor 2756
0421 858 047

Thankyou for seeing Julie a 59 yrs Female for formal diagnostic clarification.

Please find enclosed report provided by Julie's regular mental health support worker in which she has diagnosed Julie as having a "complex trauma reaction and depression".

While Julie is gaining some benefit from regular sessions with her therapist she is unable to work or actively seek work. As a result she has applied for a disability support pension.

Unfortunately Centrelin do require that her diagnosis is confirmed by either a psychiatrist or psychologist.

I would appreciate your further assessment and look forward to receiving your opinion with regards her diagnosis.

Julie has a past history which includes

Chronic depression
Phone Consultation
Type 2 Diabetes Mellitus
Complete heart block

Tendonitis
Left Otitis Externa
Left Otitis Media
Pregnancy
2019 Myocardial infarction
2019 STEMI
04/2019 Dressler's syndrome
2023 PTSD

She is a Ex smoker and consumes 1 drinks/day 2 days per week..

Julie has Nil known.
allergies.

Present medications are:

Atozet 10mg;10mg Tablet
Cartia 100mg Tablet
Jardiamet 12.5/500 12.5mg;500mg Tablets
Pantoprazole 40mg Tablet
Paracetamol 665mg Tablet, modified release
Perindo 4mg Tablet
Sotalol 80mg Tablet
Venlafaxine 75mg Capsule, modified release

1 Tablet In the evening.
1 Tablet Daily.
1 Tablet Twice a day.
1 Tablet In the evening.
2 Tablets Three times a day p.r.n.
1 Tablet Daily.
½ Twice a day.
1 Capsule Daily.

If I can provide any further information please don't hesitate to contact me.

Thankyou.

Yours faithfully

Dr Therese Roberts
General Practitioner
Provider Number: 049686DH



Michelle Hookham
Mental Health & Homeopathy

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Dr Therese Roberts
Kellyville Village Medical Centre
Shop 10, 90 Wrights Rd
Kellyville
NSW 2155

25.08.2024

Re: Julie McGrath (DOB: 13.10.1965) Review at end of plan

Dear Dr Roberts,

Thank you for referring Mrs Julie McGrath to see me in February, 2024, under Wentworth Healthcare's PTS program, for 'complex trauma reaction and depression'. I am a Credentialed Mental Health Nurse (CMHN) in private practice, and write to provide you with a review at the close of the referral.

Julie had her first appointment with me on the 18th of March, 2024. She has attended fortnightly to monthly consultations since then and has gradually started to open up about her past history of traumatic life events and the impact they have had on her life and functioning.

Please refer to previous correspondence for a comprehensive mental health assessment.

Initial Presentation

At the time of her initial appointment, Julie stated that she didn't like talking about her life, however, was able to begin sharing her challenges stemming from a 10-year history of domestic violence by her ex-husband (see below for more information), who she described as "extremely violent, aggressive and manipulative."

Julie was the victim of domestic violence between the years of 2003 to 2013. The relationship with her husband broke down in 2005, however the alleged coercive control, intimidation, obsessive stalking, and verbal threats continued until 2013. Prior to the D/V, Julie had an active social life, was confident and enjoyed her work. However, through prolonged exposure to D/V, she reported feeling "degraded", loss of self-confidence, self-esteem, and supports, and has come to realise that she had been in "survival mode" since then, with frequent episodes of fight/flight activation.

The adverse events associated with the D/V include legal proceedings and losing custody of her second child for four years, all of which have had an ongoing impact on Julie. She continues to struggle with anxiety, worsening depressive mood and reliving past traumatic events. This contributes to mood instability. Julie stated "I get cranky really quickly; I get upset easily; I don't have patience or tolerance; I try to avoid conflict; I worry about my response; I lash out and am always hypervigilant; always on guard; fear of ex finding me; I'm always scanning the environment for threat or danger."

Julie has experienced other stressors more recently. Her mother passed away in October 2018 and Julie had been living with her as her primary carer during the final states of her terminal illness. Subsequently, Julie felt lost, as she went from full-time carer to "having nothing to do." Two years later, her father passed away, further compounding her grief and loss. This was triggering for Julie, as she felt unable to protect her daughter from



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harm. Further, Julie's car was involved in a MVA in February, 2024 and her car insurance claim has been unresolved since, causing ongoing stress.

Review at end of plan.

Julie stated that coming to see me has been helpful. She has been able to express and process some aspects of her trauma, with positive effect on her mood and wellbeing. Part of her personal recovery has been going through boxes of stored items from difficult times in her life. This had been an avoided project for a long time. She felt positive about having been able to tackle it, with only 4 boxes remaining. During the process, she came across all the legal papers and journals from the D/V and difficulties with ex-husband and loss of custody of Kimberley. She has been able to find some peace in letting go of many items, but stated that she wasn't ready to read other records at this time, but also not ready to throw them out, so for now will keep them in a closed box, which gives her closure just by having the lid closed. She is aware of

Overall, Julie reported feeling able to cope better with her emotions, with some improvement in functioning. One of the ongoing stressors is concern for her daughters re the impact of the earlier D/V related traumatic events on their mental health. We have explored this from a trauma-informed perspective with strategies for supporting them whilst learning to empower them to process their own challenges as adults.

Julie describes her mood as "Normal. I've been ok." She reported that she continues to feel negative towards people, which she has come to understand better as difficulty trusting people due to the significant breaches of trust in her previous relationship. This continues to result in avoiding social situations, however she is enjoying spending time with her grandkids and is involved their lives.

Julie reported that sleep has been ok, providing she has the TV on for background noise to stop ruminations and for distraction.

Physical health: Needs eye surgery;

Myocardial infarction in 2018 and insertion of pacemaker. Pace maker is working well, however has had episodes of bradycardia and had to see cardiologist. No abnormalities detected in medical investigations.

Has Type 2 diabetes

16.08.24 K10 score: 27/50 (was 37/50 at her initial consultation)

Functioning and Supports

Julie lives in rental accommodation with her youngest daughter, Kimberley (21).

Julie is currently on Centrelink benefits – Job Seeker, with medical exemption, however work is not realistic at this time, and both yourself and Centrelink have recommended that she apply for the DSP, which she is in the process of doing. I have written a report to support her application, which I have enclosed for you reference.

MSE

Appearance: Caucasian woman

Behaviour: Good eye contact; at times guarded to talk about traumatic life events

Speech: normal rate, tone and volume

Thought form: Logical, sequential.

Affect: congruent with mood. Reactive; weeping and showing anguish when talking of traumatic events

Mood: "I've been ok; better than I was"

Content: as stated above.

Perception: no apparent alteration in perception.



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Insight/judgement: Julie is becoming more aware of the impact of trauma on her emotional wellbeing and overprotectiveness of her youngest daughter.

Formulation:

58 year old Caucasian female, living in rental accommodation with her 21 year-old daughter, presenting with CPTSD, anxiety and low mood in background of a D/V relationship with her ex-husband. Currently showing signs of improvement in her recovery.

Impression:

Complex PTSD.

Plan

The current referral has been completed and closed. At the time of her review, Julie said that she would like to continue accessing psychological support. When she next attends your practice, could you please discuss this with her and contact Wentworth Healthcare's intake line (1800 223 365) to arrange a new referral, should Julie still want one?

Thanks so much.

Yours sincerely,

Michelle Hookham