



Michelle Hookham

Mental Health & Homeopathy

Dr Nagwa Morris
South Windsor Medical Practice
508 George St
South Windsor
NSW 2756

Dr Ruby Thavakulasingham
46a Derby Road
Penrith
NSW

13.08.2025

Re: Peter Egan (DOB: 13.09.1957) Mental health review

Dear Dr Morris and Dr Ruby,

I write to provide you with a review for Peter Egan and to request a psychiatric and medical review.

Peter Egan was referred to me in August 2017 by his NDIS Local Area Coordinator, Leanne McCauley, for mental health/therapeutic support. I have been working with him over the past eight years and write to provide you with an update and to request a psychiatric and medical review for him, as I am concerned about a deterioration in his mental and physical health.

Current Presentation:

- Peter reported feeling depressed
- Voices have been worse recently, "particularly when it's quiet"
- He reported staying up late (until 3am) working on projects as a distraction from voices
- Social withdrawal; no desire to connect with friends, which Peter attributes to the voices
- Poor appetite; eating one meal a day
- Diabetes may be worsening - blood sugar levels elevated
- Low motivation noted

Peter reflected on the cause of set-backs, which included the death of his brother (and only living relative); followed by a hypoglycaemic/diabetic seizure/coma in August, 2024; followed by covid and long covid; a car accident in October, 2024. In July, 2025 Peter visited his long-term friend, Kevin, however the trip did not go well, which was a cause of distress and disappointment. Peter reported a current labile BSL; elevated blood pressure and chest infection. The NDIS have also initiated services to come into his home to 'organise' his belongings, for the safety of the NDIS staff, as Peter's hoarding challenges have become an issue for carer. This is causing stress for Peter, due to his emotional attachment to his belongings.

On a positive note, his walking and mobility has improved, which had deteriorated after the diabetic seizure.

Peter and I discussed short-term goals to get him back into a healthy routine, including:

- Focus on re-establishing routine over next 4 nights:
- Aim to go to bed between 10-11pm
- Have dinner around 8pm
- Take night time medication after dinner
- Increase regular eating to 3 meals per day



Michelle Hookham

Mental Health & Homeopathy

- Increase exercise
- Increase socialising, potentially reconnecting with Marie

Background

Peter is a 67 year old man on a disability support pension, living in his own retirement villa in Richmond. He has a long history of mental illness, coming into first contact with services in 1989 at age 29. Following a psychotic episode in 1994, he was diagnosed with paranoid schizophrenia, which was followed by a series of hospital admissions. His other challenges include anxiety, obsessive compulsive thoughts (rumination and worry) and hoarding, which cause ongoing functional impairment. Over time, Peter has learned to live with his illness and has put supports in place that help him stay well and prevent relapse. He is compliant with medication and has been able to stay out of hospital for the past 25 years.

Supports

Peter continues to have NDIS support workers and cleaners who help him with all activities of daily living. This is working well and ensures that he has showers three times a week.

Peter's main support person has been Maree Twomey. They have been long-term friends, spending a lot of time together. Recently, Peter has wanted to step back from the friendship, finding it challenging to deal with Maree's mood swings, irritability and anger outbursts while he is unwell.

Peter has no living family, however has contact with his brother's widow.

Mental state examination (MSE)

Behaviour: Eyes closed frequently during session. I asked Peter if he was tired, but he said the lights were too bright. I turned them off, however there was little change; minimal eye contact, which was unusual.

Speech: Very slow pace of speech

Mood: Patient reports feeling depressed

Perception: continual debilitating auditory hallucinations of a persecutory nature

Affect: Flat; eyes closed; no expression of humour, which is unusual

Thoughts: Thought process appears slowed

Cognition: Appears reduced from baseline

Formulation:

Peter is a 67 year old retired gentleman on the DSP, living in his own home, presenting with recent deterioration in physical and mental health in background of chronic paranoid schizophrenia.

Impression

Deterioration in physical and mental health due to a series of life events outlined above.

Plan

Medical and psychiatric review

I have spoken with Peter about an admission to SJOG for a thorough psychiatric review and respite. He has informed me that he will consider it at this time.

Yours sincerely,

Michelle Hookham