

Mark Muscat Notes – screenshot of entries into EMR (Michelle Hookham, CMHN)

Mental health consultation 13/11/2024 15:15 PM

Notes updated 13/11/2024 04:58 PM

Michelle Hookham

Subjective

First consultation

Mark presented his court statement regarding issues with previous GP, who had diagnosed him with over 40 skin lesions requiring excision for skin cancer. The GP caused increased anxiety for Mark over the period of his treatment, because the GP informed him that he would have only 6 months to live if he didn't get them removed; and commented at every session that he would have been dead by now if not removed; that he had saved his life.

Another GP later informed him that they had not needed to be removed.

This caused further anxiety and distress for the impact the worry had caused him over a period of time.

The matter is going through court, with the final hearing in March 2025.

Mark reported a further medical injury when he suffered multiple blood clots and stroke whilst in theatre for fusion of cervical vertebrae for pinched nerves. He reported that since then, he had experienced cognitive decline and was on a DSP.

Mark has emphysema (smoker of 1 packet per day for 9 years)

Mark spoke about his past defacto relationship with mother of his 3 children, aged 30, 29 and 27 and breakdown of the relationship.

Mark reported a workplace injury prior to his stroke, where wood fell on his head, causing a laceration.

Mark stated that he gets stressed very easily, and since his stroke, has developed OCD, with obsessive checking of locks, ovens, windows and cards. Stated that he is aware of the behaviours, but can get frozen and unable to move because of the need to check things. He wakes at night from anxiety about his legal issue and health; with upsetting dreams about the same.

Brain scan showed signs of dementia, which was contradicted by a second scan. However his GP dx cognitive decline from the stroke.

Single man living in own home in Hobartville; with 3 adult children who he sees at times.

Has 2 brothers, and a step-brother; is close with 2 of them.

Objective

Mark engaged well in the session. Good eye contact and easy rapport. Stated that he felt very comfortable talking with me.

Described mood as highly anxious, with stressing easily

Affect congruent with mood

Speech - normal rate, tone and volume

T/F: described history of explaining things tangentially, then losing the thread of what he was saying

Cognition: evidence of cognitive decline, with frequent pausing to try and remember what he was saying, then expressing a lot of frustration with himself

Insight - aware of the impact the medical issues have had on his mental health

Assessment

In progress

Plan

Mark needs to bring in the GP referral for Medicare rebate to be processed.

Discussed option to switch to PTS plan as on DSP

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Mental health consultation 25/11/2024 13:00 PM

Notes updated 25/11/2024 03:32 PM

Michelle Hookham

Subjective

Continued with MH history.

Developmental history:

Born in Sydney

Grew up in Blacktown

Mariong Primary

Doonside High to Year 10

Worked in various jobs over the years - labouring; construction; wracking; cleaning. His last job was night supervisor for food company.

Physical health

19 years: fractured ankle

COPD (past history of smoking - 9 years; 1 packet a week)

Sciatica

Head injury at work, when plank fell onto head. Medical ax did not include head scan, which may have shown other injuries from the incident, such as crushed vertebrae, impinging nerves, affecting nerves and muscles in arms and hands.

Crushed vertebrae later required surgery and Mark had multiple brain bleeds during surgery that resulted in stroke (2015); coma and hospital admission for 1 month

Mark reported anhedonia; his hobby is watching movies, however he has lost interest in that.

He enjoys walking, which also helps his COPD

Mark stated that he feels depressed and has nothing to look forward to; but is averse to socialising or joining groups.

Objective

Mood "I just feel depressed"

Dwells on adverse past life events

Considers he has been taken advantage of in a series of medical mishaps, where he did not receive compensation or acknowledgement of the injuries he sustained

Mark Muscat Notes – screenshot of entries into EMR (Michelle Hookham, CMHN)

Mental health consultation 09/12/2024 13:00 PM

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Notes updated 09/12/2024 06:17 PM

Michelle Hookham

Subjective

Mark reporting low mood today; feeling isolated and without friends.

He spoke of his surgery and being sedated and ventilated; of experiencing terrible brain pain and not being able to do anything about it; and of recurring dreams that were repetitive and 'like eternity'.

Emotions welled up when he was speaking about this, making me consider that there were some traumatic memories attached to his medical mishaps.

Mark said that he felt good after discharge from hospital, to have survived and have a second chance, however when low in mood, struggles. he was doing well until the medical over servicing re his skin cancer, after which he has had a major setback in OCD and anxiety, which hasn't settled.

Mark spoke of frustration getting NDIS to do an OT Ax. Went with him to Uniting to follow up and find out how to progress this. Spoke with Leanne McCauley who looked at his records; he had presented in 2023 but had not been accepted as didn't have enough evidence of his disability and impacts of adverse surgery.

Leanne provided him with information for his GP and geriatrician to complete to try again.

Throughout this period, Mark kept forgetting words and the conversation. It was clear that he has cognitive impairment.

he informed Leanne of a recent PET scan that ruled out dementia (after a previous scan that affirmed dementia); and a diagnosis of cognitive impairment from brain injury following surgery and stroke.

Information in notes re some physical impairments from injuries.

See notes.

Objective

Low in mood; weeping through session;

Assessment

Possible trauma associated with surgery and stroke and medical care.

Plan

Mark to make appointment with GP for a new report for NDIS and referral to geriatrician.

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Mental health consultation 16/12/2024 13:00 PM

Notes updated 16/12/2024 02:19 PM

Michelle Hookham

Subjective

Session started with MH Ax with Head to Health over the phone.
Referral has gone through under Flood.

Mark brought paperwork from Dr Enoka and Dr Upul (geriatrician) for NDIS application. Taken through to Leanne McCauley who entered it into the system. She also found a physio report from Aug 2023 in the old system and transferred that across.
She has some concerns that reports don't specify that all treatment options have been exhausted.
Original application has expired, so Leanne needs to generate a new one.
Mark would like me to attend the meeting with him --> scheduled for Jan 15th at 10am.

Following this meeting, Mark spoke about current challenges:

Struggle with shower
Anxiety about falling as can't use hands to save self;
Struggle with vaccumming
Putting clothes on line as can't raise arms
Mowing lawn is difficult
Try to be independent
Can drive

Whilst on phone with Head to Health, Mark became very emotional speaking of suicidal ideation.
SI thoughts of wish I hadn't come out of the stroke
Denies current plan or intent
He stated "I do get angry a lot from this". Worry that one day I might do something impulsive and hurt myself.
Denied previous attempt. Admitted past DSH - stabbing self with pencil and banging head against the wall.

Mark described OCD symptoms; that when one set of compulsions ease, another start, which he feels are like a punishment. "We're going to get you back for over coming that one; Make it even harder for you"

Mark reported Feeling the other day, bad feeling; a death feeling
Think I had it before when I had the stroke; on the table; and it was like a reminder from then.

Discussed safety over the Xmas period. Provided a WHL card with emergency contact number. Mark was grateful to know who to call if he is not feeling safe.

Objective

Mark becoming more comfortable engaging with me;
Emotional when speaking of past suicidal ideation

Mark Muscat Notes – screenshot of entries into EMR (Michelle Hookham, CMHN)

Mental health consultation 15/01/2025 10:45 AM

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Notes updated 15/01/2025 12:15 PM

Michelle Hookham

Subjective

Leanne McCauley outside office and advised that Mark had missed his NDIS meeting today. This was my error in booking and I apologised to both. Meeting rescheduled for 3rd of February. Appointment written down for Mark to remember.

Started preparing for NDIS meeting by exploring physical health challenges:

Stroke:

Trying to get better in life but body holds me back.

Mowing is the hardest activity – when I push, have to stand way back and use weight to push mower; whipper snipper hard; need strap to hold up. Feel exhausted after

Hanging washing on the line, trying to get the pegs on line and off; got to throw clothes up over line – sheets and towels hardest

Vacuuming is difficult; manage on hard surfaces but can't on carpet

Trying to undo lids; can't undo anything

Have trouble turning light switches off

Exercise daily helps with strength

No strength in hands

Struggle with most things but

Swimming – can't move arms through water; no strength

Can't pull ring tops on cans

Can't lift things

Had hernias in past

Gas hot water system; gas keeps going on and off; can't hold button down to reignite the flame and getting shocks from button.

Feels like a punishment

Driving – when I'm steering

Endoscopy and colonoscopy a month ago – have to get results

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Affect me: Terrible quality of life compared with past; used to be stronger than most; super fit
When I had the stroke, everything went and now I really struggle; I can see how much I've lost; used to be super strong

Life support for 4 weeks, when I came out of it, don't know what you've got till it's gone.

Walking to shops to get groceries, hard but I push myself; carry shopping but aching arms and so sore.
Everything's ruined.

Right arm has tendon snapped; left arm tendon re attached.

Always got pain in shoulders.

Don't want to be unable to do things, so push self to do as much as I can

Mind

Forget a lot of things; brain shrunk; cognitive decline

OCD behaviours – checking cards and switches

Emotions

Feel not good;; upset thinking about life support (weeping); know what death could be like; I've been there. Split second from not coming out

Dreaming about aliens in shed; could hear noises; could hear machines in the dreams

Me and 2 friends going through sheds in Kurrajong; we all interacted with aliens; in the mountain and hostile. F: not good; annoying to do same thing every day.

Telling myself 'this can't be real;

Agony going through same thing every day

Like surgery as go to sleep and wake up

Now I know what it's like to die; and it's not nice. Can't remember the experience; mind blocks it out. Remember holes in skull

NDIS supports:

Mowing

Washing – hanging it out

Use clothes horses for rainy days

Struggle with shopping but enjoy it; shop for Mary too but too much.

OT Ax for devices

Before stroke, was an ok cook.

After stroke, couldn't cook.

Now, heat things up; only eat pre cooked meals in air fryer

Love eggs; eat 3 a day; cholesterol and sugar perfect.

After stroke, BSL over 40mmol; ?after lots of donuts whilst recovering.

Been eating more junk food. This year's resolution is to eat better.

Objective

Engaging well; Mark stated that it was a good session.

Observed to sob when thinking about being in a coma. Discussed unresolved trauma around this and encouraged to allow emotions to be released.

Assessment

Stable in mood;

Plan

Support Mark with NDIS application

Consider connecting him with social supports

Mark Muscat Notes – screenshot of entries into EMR (Michelle Hookham, CMHN)

Mental health consultation 03/02/2025 08:30 AM

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Notes updated 03/02/2025 10:37 AM

Michelle Hookham

Subjective

Appointment with Leane McCauley NDIS for LAC plan development and application.

Mark had requested that I sit in with him.

He engaged well in all parts of the assessment.

Memory lapses apparent during the interview and I was able to assist with providing information we had discussed previously in preparation for the assessment.

Mark became emotional when asked about the impact of his disability and required time to compose himself.

He expressed gratitude for my support during the process and to Leanne for generating and submitting the application.

Objective

Engaged well throughout assessment/meeting

Emotional talking about the impacts of his disability

Assessment

NDIS application submitted. Leanne optimistic, however said if it wasn't approved she would be appealing.

Mark Muscat Notes – screenshot of entries into EMR (Michelle Hookham, CMHN)

Mental health consultation 14/02/2025 11:00 AM

Notes updated 14/02/2025 03:46 PM

Michelle Hookham

Subjective

Mark reported increased neck discomfort following MVA recently, where he was knocked to the ground by a car. He had an Xray to assess whether he had damaged the pins and plates in his neck.

Mark spoke about his family background: his father is Maltese; and his mother's side possibly Aboriginal heritage.

Mo died 2016 of leukaemia

Fo died in 2012 of MI and emphysema

Mark has stage 1 emphysema, which he manages by walking daily; reported that he can wake at night sometimes struggling to breathe.

Mark spoke of challenges with one of his neighbours who has a mental illness; he spoke at length about episodes of mistrust with that person doing things that have created tension; eg. taking toys he had bought for his dog. I challenged his thinking about proof that neighbour was the culprit and Mark was able to explain why. Some of the explanations were plausible; some may have been supposition.

Mark spoke of a traumatic incident of a friend of his brother who was decapitated by knife by a schizophrenic. He expressed caution about people with schizophrenia. Education provided about people with mental illness who are stable and living in the community.

Objective

Engaging well; stated that he enjoys talking.

Weeping when talking about the traumatic incident and stated "i shouldn't talk about these things."

Assessment

Stable mood.

Mental health consultation 24/02/2025 13:00 PM

Notes updated 24/02/2025 02:23 PM

Michelle Hookham

Subjective

Mark stated that he is feeling much better. He stated:

"I've levelled out a bit; i feel much better; I'm calmer and can deal with things better. Coming here has helped a lot. Talking and explaining what's going on has really helped."

He has received a letter from NDIS saying that if they need any more information they will be in touch within 21 days.

Mark spoke of his passion for UFOs, saying that he has seen a few in his life. I observed that while speaking on this subject, Mark was very animated and had great memory recall. He reflected himself that when speaking on this topic, he remembers everything.

Mark stated that he loves TV and motor sports; he turned down an invitation to his brother's at the weekend, because he wanted to watch the car races.

Discussed care plan going forward. Mark does not feel the need for further sessions at this time. He would like to close the referral, and should he need additional support at another time, he will ask his GP, Dr Enoka at North Richmond for another plan.

Objective

Bright and reactive; laughing often and telling humorous stories.

K10: 24/50 (was 45/50)

Assessment

Significant improvement.

Plan

Write GP review and close referral.

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