Progress Note Search Results

Name: Roman, Jenaya Lee (Miss) (Female) Id: 1038815 DOB: 11/10/2006 (15 yrs)

Note Date: 03/10/2022; Author Id: Breidahl, Sibella; Author Role: Psychiatric Registrar; Event Date: 03/10/2022; Entered Date: 03/10/2022, 22:50; Case Id: 673630; Created By: Breidahl, Sibella;

Jenaya Roman 1038815 15yoF
NB name misspelled on our system as "Genaya Lee" real name "Jenaya Lee Roman"

PC: SI, banging head against wall, social withdrawal, bizarre behaviour

Saw Jenaya without her mother in ED bay 18
- Very difficult history, mostly monosyllabic
- Denies knowing why she is here
- Denies wanting to hurt herself if she goes home "I will just stay there and wait for my appointment", clarifies "to get help"
- Asked how long she has felt sad, she says "3 months"
- Denies anything happening to cause this
- Says she doesn't go to school. Couldn't tell me anything she enjoyed at school.
- Agrees she likes listening to music (from NSW notes, Paul Kelly and Fleetwood mac)
- Brought up break up with girlfriend "Kai". Says this wasn't the cause of her withdrawal, but can't tell me anything more about it. Said they just smoked weed together, can't think of anything else they enjoyed doing together
- Denies having other friends
- Denies AH
- Asked if she gets special messages for example from the TV: said "sometimes" asked what about and was unable to answer, mumbling something inaudible. Denies command delusions/hallucinations.
- Feels safe in hospital, but not scared at home
- Says she can't remember the last time she slept well. Asked if she was sleeping poorly even as far back as last Christmas, said "probably not"
- Can't eat. Feels hungry and wants to eat but can't

Collat from mum (Gysinta):
- Jenaya has come back from Queanbeyan yesterday, went for 2 weeks, and was admitted to psych ward at hospital while there. Nan who she was staying with very worried about her. Family used to live in Queanbeyan since 2018, but moved back to Darwin in July 2022
- Mum said "has deteriorated badly, since coming back yesterday"
- Mum said she woke up this morning and was nagging her "take me to the ward, I need to go to hospital" "take me to Don Dale" "take me to the police". Mum was confused because she has never ever had trouble with the law.
- Mum then noted her to be banging her head against the wall, said this was "not new", so didn't take action, said CAMHS told her to come as they got a referral from Queanbeyan and said they had no staff and so she would be better off coming to ED
- Used to be a great kid, won a lot of prizes in primary school, sports captain, loved rugby league and was very good at it. Was a school leader. She got on well with family.
- Now only in touch with one friend (her ex-girlfriend Kai)
- Mum said she saw the breakup coming as Jenaya was already acting strangely and new Kai would break up with her
- Reported the follow strange events:
  - Family has noted Jenaya mumbling and talking to herself, has never happened before
  - Very withdrawn, just goes and hangs out alone in a shipping container out the back of the property that is used for storage, sometimes smoking weed, sometimes just sitting in the dark, yells at mum to close the door when she comes in
  - Personality changed, never smiles or laughs or interacts normally. "She's become like mute"
  - Says she went to Kai's house and wet herself and stayed in the soiled clothes for 7 hours without saying anything (very abnormal for her)
  - Says she has been highly paranoid of her family (mum, step dad) but particularly one little sister. Just sits there and stares at her. Mum is a bit worried something might happen as Jenaya was very distressed recently and said "mum, mum I really have to tell you something" and said she had grabbed this little sister (Leila)'s face many years ago. Mum said she was so distressed "I thought she was going to say something worse".
  - Says she gets a bit of money from her dad and usually asks her mum to help her buy expensive clothes

Initially on Hall Ward we were concerned her presentation was best explained by ongoing delirium and possible hypoxic brain injury however over time any variation in cognition and arousal has resolved and her MRI Brain and clinical presentation are no longer consistent with brain injury or ongoing cognitive impairment with normal cognitive testing. We note the importance of biological factors – substance use prior to her overdose and a family history of both suicide and schizophrenia. She has no background of previous psychiatric difficulties other than a referral to a counsellor a few years ago which she didn't attend. Her parents separated aged 2 and she was born and raised in Darwin until her mother moved to Karabar in 2019 – prior to this she was descrbed very positively by her mother. She has had a number of behavioural issues at high school since Year 7 resulting in multiple suspensions and more recently has generally refused to attend. Janaya's maternal aunt died by suicide in 2017 and this is a trauma for Janaya's mother who the body and her mother is describing both suicides together during history sessions which is sometimes lacking continuity. Janaya also struggles to find her place in her current family system – her mother has remarried Richard and they have children of their own. According to Janaya, many of her issues relate to yearning for more feeling of closeness to her mother and on the ward if there was a break in the continuity of Gysinta visiting this would cause Janaya to become distressed.

Diagnostically Janaya appears to have had a major depressive disorder in the months leading up to her overdose. We found it difficult to draw many other conclusions diagnostically on the ward but also note the substance use and oppositional traits from her history in the lead-up to her overdose. Although the risk of schizophrenia is relatively high compared to the general population due to cannabis use and a family history, we have seen no positive psychotic symptoms on the ward.

Recommendations for ongoing care (discharge plan)

1. Follow the safety plan at home.
2. Mental Health Access Line: 1800 011 511 in case of emergency.
3. GP to monitor weight – if drops below ~48.5kg should reconsider need for ensure.
4. GP to repeat FBC, Vitamin D and iron studies in 4-6 weeks and if stabalised consider reduction/cessation of iron/Vitamin D supplements. Most recent results included below:

Group	Detail	Date	Value w/Units	Flags	Normal Range
FBC	Haemoglobin	23/07/2021 17:46:00	120 g/L		115-150
FBC	White Cell Count	23/07/2021 17:46:00	7.8 x10^9/L		4.5-13.5
FBC	Platelet Count	23/07/2021 17:46:00	216 x10^9/L		150-600
FBC	Mean Platelet Volume	23/07/2021 17:46:00	8.4 fL		7.5-11.5
FBC	Red Cell Count	23/07/2021 17:46:00	4.68 x10^12/L	NA	
FBC	Haematocrit	23/07/2021 17:46:00	0.37 L/L		0.35-0.48
FBC	MCV	23/07/2021 17:46:00	80.0 fL		77.0-95.0
FBC	MCH	23/07/2021 17:46:00	26.0 pg		25.0-33.0
FBC	MCHC	23/07/2021 17:46:00	322 g/L		320-360
FBC	RDW	23/07/2021 17:46:00	18.1 %	HI	11.0-14.0
Differential	Differential Type	23/07/2021 17:46:00	Interim	NA	
Differential	Neutrophil count	23/07/2021 17:46:00	4.0 x10^9/L		1.5-8.0
Differential	Lymphocyte count	23/07/2021 17:46:00	2.7 x10^9/L		1.5-7.0
Differential	Monocyte count	23/07/2021 17:46:00	0.6 x10^9/L		0.2-1.0
Differential	Eosinophil count	23/07/2021 17:46:00	0.5 x10^9/L		0.0-1.1
Differential	Basophil count	23/07/2021 17:46:00	0.1 x10^9/L		0.0-0.2
Bone	**Vitamin D 25**	**10/07/2021 10:13:31**	**48 nmol/L**	**LOW**	**51-250**

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strong eye contact, looking confused/paranoid, fidgeting throughout the interview, changing answers frequently with no consistent responses other than saying she cannot keep herself or her family safe.
- Spoke about gender/sexuality - stated she is unsure, feels like she is a man, looks up to male role model, most influenced by Uncle Chad. Said because he is strong but then stated she changed her mind and that he is weak now.
- Discussed risk and harm. Planned overdose last year, said she feels 'bad' on inside. Questioned physical pain or emotional and she agreed to emotional. Stated she feels like hurting people and does not want to so will hurt herself to stop harming others. Agreed this is what happened with stabbing self recently, had racing thoughts and was overthinking. Said she was "freaking out over past stuff" but would never elaborate more on this. Only confirmation on 'past stuff' was that she has hurt others and her symptoms are consistent with PTSD of what she experiences with the trauma she has inflicted on others.
- Difficulty communicating how she feels and would like assistance with talking to Doctors later - author agreed.

Recommendations:
1. Requires further follow up by treating Doctors to clarify diagnosis.
2. Family meeting recommended to gain a better understanding of deterioration at home that has been observed.
3. Query cognitive delays and difficulty with speech and processing. Memory is also reported to be poor and client would benefit from further psychological testing to gain a better understanding of strengths and weaknesses.

Plan:
YIP Dr's Daugherty and Noonan to review. Jenaya requested author be present to advocate for what was discussed as difficulty communicating. Author advised Jenaya that she too will need to speak at times when Dr's ask her which she agreed to.

Lauren Linton, Provisional Psychologist

***** End Of Report *****

superficial. Behaviour bizarre, moving head and smiling, seems perplexed and frustrated, psychomotor retardation, poor eye contact and then very strong eye contact, struggling to get words out. Speech: poverty of speech, high speech latency, monosyllabic answers, very soft volume, decreased tonal variation, loss of prosody. Affect: flattened, very occasionally reactive to jokes (but in an odd way). Mood: doesn't disclose, mum reports withdrawn. Thought: poverty of thought, thought blocking. Delusions of reference, can't elaborate as to what. Mum reports responding to unseen stimuli. Insight and judgement: difficult to assess on cross section, likely poor and influenced by delusions

Imp: Working diagnosis first episode psychosis with long prodrome, social withdrawal, delusions of reference, perplexity and ?AH. In the context of +++THC use.

Risks:
Absconding: Mod - attempted to abscond from hospital in NSW, but wanting to get help and feels safe here
Self harm: high, proven self harm today and previous high lethality suicide attempt
Deterioration: very high
Misadventure: very high

Explained plan to mum and Jenaya

Plan, discussed with Dr Nimalee psych cons on call
1. Admit, form 10, second APP due 2000 6.10.22
2. Suitable to be outlier on paeds ward
3. Have PRN antipsychotics avail if needed, but don't give unless needed, for reassessment in the morning. PRN benzos for sleep ✓
4. Cannabis withdrawal scale ✓
5. 1:1 PCA while in ED or outlier ✓
6. UDS please (supervised)
7. FEP bloods in AM
8. Home team to consider neuroimaging and clarify fluoxetine dose

***** End Of Report *****

BLEIDATH

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YIP Courtyard
Author and Jenaya present for interview
AMHW Murray attended at the beginning however Jenaya preferred author to be the other one present for the interview
Time 2pm - 3.15pm

MSE:
15 year old aboriginal female with a mullet, dressed in grey jumper, long beige pants with bruised left eye socket. Attention was limited with fidgeting legs and answering one worded responses, and often changed her responses appeared confused and concerned about how author would respond to her answers. Engagement was difficult at the beginning and grew as rapport was formed with client. Behaviours were unusual, appeared consistent with anxiety/asd with minimal eye contact, worry, fearful she would 'say the wrong thing' and behaviours appeared paranoid/concerned. Eye contact would be very poor, and then very strong, it would change almost suddenly. Stated she is struggling with her own gender identity stating she feels male and looks up to her Uncle Chad often, thought he was strong but now believes he is weak. Appeared frustrated with her own psychomotor skills as she struggled with getting words out. Annoyed she could not put words to her own thoughts. Speech was soft in volume, tone varied and difficult to hear at times having to ask her to repeat her words. Monosyllabic answers so was asked lots of questions to try understand her reason for current presentation. Flat affect and did not react to jokes (almost delayed responses). Reported her mood has been low, scared she will hurt others, especially her family. Observed and reported thought blocking and thought poverty. Agreed to delusions/urgers to hurt others and then will hurt self to stop urges, then changed answer saying she doesn't hear anything, then changed answer again saying it is coming from inside (grabbing stomach) and saying it's her voice (observed to be distressed/paranoid whilst describing this). Limited insight and judgement, answers were not consistent and she would identify often 'I don't know, I should know'.
Risk remains high for both harm to others (reported family she fears being most at risk) and harm to self. Reported current suicidal thoughts even today and at times has acted on these thoughts. Planned overdose last year, stabbed herself recently as well. The recent incident was not planned and happened instantly. Said she feels she cannot control these thoughts.

Impression:
15 year old Aboriginal female struggling with her own gender identity and finding it difficult to communicate her current symptoms. Symptoms appear consistent with first episode psychosis, query other diagnosis as well to be reviewed by treating psychiatrists. Many symptoms of comorbid diagnosis observed making it difficult to gauge an understanding of the client's main concerns. Fearful of family and her own safety was her most important concern, she believes it is her anger that affects her the most.
Observed diagnostic features consistent with:
1. First episode psychosis (disorganised behaviour, reported aggression by Jenaya herself, hypervigilance, restlessness, self-harm, social isolation, lack of restraint, thought disorder/confusion, racing thoughts, unwanted thoughts, difficulty thinking, anger, anxiety, detachment from self (does not know who she is, no understanding of who Jenaya is), limited range of emotions, hearing voices (reported her own voice and that she want stop harm others then harms herself to protect others), depression, deficiency in speech, memory loss (reported), thoughts of suicide, difficulties with sleep due to racing thoughts.
2. Social anxiety (withdrawn, anxious in social situations, worried how others will perceive her),
3. Substance use (onset of behaviours with cannabis use, paranoid, more agitated the more she takes THC, using daily, trying to numb 'the pain' but reported THC makes it worse.
4. PTSD but appears her own trauma she has inflicted on others (agitation, irritability, flashbacks, severe anxiety, mistrust, loss of interest, perceived guilt, insomnia/difficulties getting to sleep, emotional detachment/unwanted thoughts).

Notes:
- Discussed if she would feel comfortable with Murray and author. Jenaya requested just author.
- Discussed family to gain better understanding of family genogram. Used this to build rapport.
- Asked Jenaya what her biggest concern was and she said she is 'not safe at home'. When questioned further on this she further stated "I want my family to be safe'. Believes it is her fault her family are safe. Minimal information was being provided and lots of prompting required to gain a basic understanding that Jenaya does not feel she can control urges that tell her to harm others so she will instead harm herself to stop the urges. She believes it is all her fault and says she can feel it inside whilst grabbing her stomach.
- Throughout the review there were observed behaviours of concern for Jenaya. These were; limited eye contact then to

- An assessment was undertaken to understand what was happening in the lead-up to her overdose and this is reflected in the background and formulation of this summary
- A safety plan was completed with individualised emotion regulation skills for Janaya to use at home
- Janaya was provided with individual and group psychotherapy
- We have referred Janaya to the local CAMHS service and engaged her case manager while she was on the ward

19. School liaison
    - School transition planning was also commenced with Queanbeyan HS. It is noted Janaya will likely feel overwhelmed with the transition back to school and completing her work. A gradual transition to school has been recommended, with a two week break from school post-discharge (necessary due to stay-at-home orders anyway) followed by Janaya attending 2 hours per day, three days per week with weekly review by support staff and liaison with the QBY CAMHS service.
    - A school meeting was organised and a support letter provided. Hall Ward has recommended an application for an emotional disorder class be placed immediately.
20. CICIADA
    - The CHW D+A team engaged with Janaya throughout a significant part of her admission, built rapport and took an accurate history of her D+A use before admission
    - Janaya has reflected a willingness to stop using substances on discharge – this is compounded by the ongoing issues she will have with her lung health (for smoking) and her family history of schizophrenia (for cannabis).
    - CICADA have organised follow up services for Janaya in Karabar

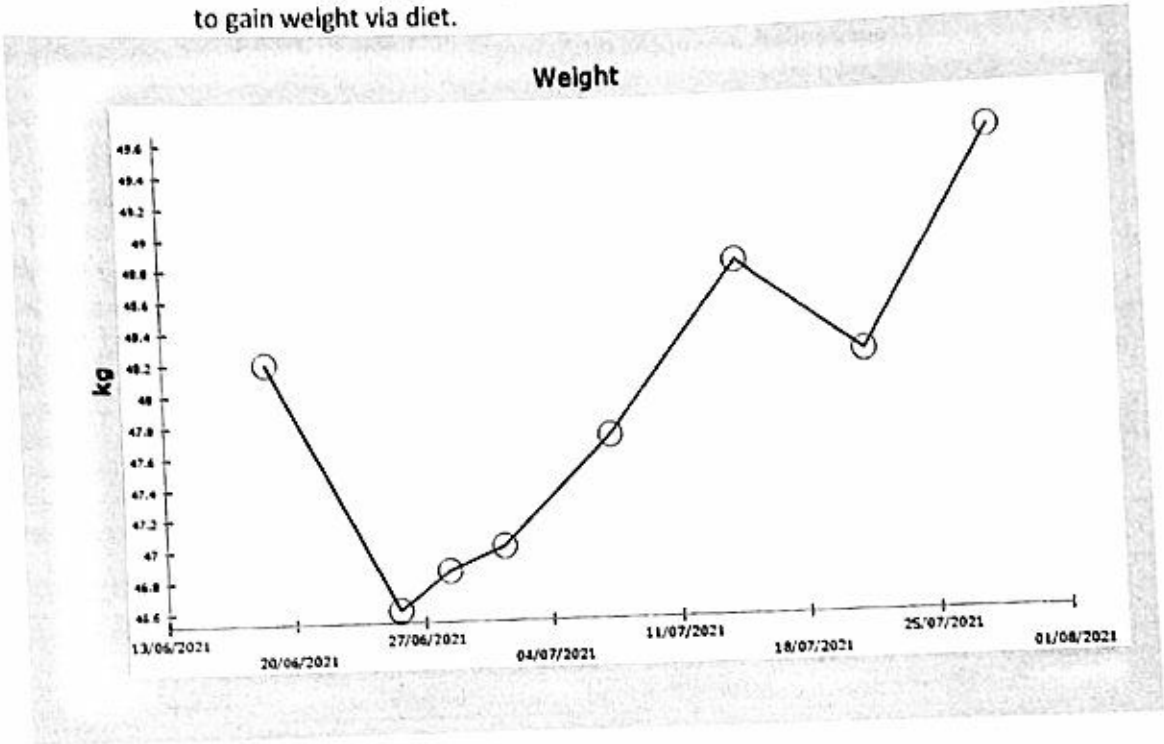
Safety Plan

Janaya Roman Staff member: Louise Butler

Goals: Hall staff members to build engagement and rapport with Janaya	
Triggers: TBC	
Self-Soothing and distraction Strategies: Exercising (used to play rugby league), listening to music, eating a good meal, talking with friends / family, having a long and hot shower.	
Current Therapeutic Strategies to be practiced: Listening to music, using the sensory room.	
Mood 6-10/10, feeling normal	
Thoughts – I'm feeling safe and ok, positive thoughts. **Feelings** – Happy, calm. Not angry, not sad, not anxious. **Body** – I feel normal, relaxed and soft **Behaviour** –I can follow directions. I can chat with others and help other people out. I am chatty and affectionate.	Janaya/Staff/Family: Support Janaya to stick with a regular routine and remain active (school, hobbies, interests). Help Janaya organise liked activities. Support Janaya to continue with school attendance. Support Janaya to eat all main meals (breakfast, lunch, dinner) with family. Support Janaya to maintain a good day/night routine to maintain helpful sleep patterns (all electronic devices to be switched off at bed time, bed time to be consistent on

- Ongoing SP review and intervention led to return of normal diet and voice normalised
- Repeat FNE from ENT doctors showed no abnormalities – no need for follow up

16. COVID-19 Public Health Management
    - In Liaison with local PH Unit, it was decided on return to Karrabar Janaya and her mother would need to complete a 14-day home quarantine
    - Gysinta was told in days prior to discharge she would need a COVID-19 test
    - Janaya had a COVID-19 test on 27/7 – negative
    - Also informed should receive (non-COVID) vaccinations as immunisation history not up to date – received Adacel (DTP), Gardasil 9, Nimenrix, fluvax on 23/7/21
17. Weight loss
    - Prior to ICU admission, Janaya's weight likely in mid-50 kg range
    - Significant weight loss during admission
    - Given regular Ensure to help with weight gain - goal weight from dietician perspective around 10th percentile for age
    - On discharge Janaya's weight 49.6kg – over the 10th percentile and can continue to gain weight via diet.



18. Mental health management
    - Janaya was admitted to Hall Ward on 2/7/21
    - Initially there was concern regarding ongoing delirium or possible hypoxic brain injury as Janaya scored 19/30 on a MOCA – however on repeat testing she scored 30/30 on an MMSE and in hindsight likely scored poorly on the MOCA as she was hesitant to engage with the new treating team. An MRI brain showed no evidence of hypoxic brain injury or any other pathology. Her cognitive abilities have clearly improved – she was observed reading novels appropriate for teenagers.
    - Janaya was commenced on fluoxetine and it was uptitrated to 20mg daily. On reflection she didn't think she had noticed a major difference on the ward

Family History

- Maternal grandfather - previous D+A abuse, ?some undiagnosed mental health issues
- Older step-brother - ADHD/Aspergers - 21 years old but doesn't leave house
- Some other mental health issues on maternal side which Gysinta unsure about
- Gysinta has never been on mental health medication but has seen counsellors for trauma and anger
- Father - schizophrenia - diagnosis 2004. Also half-brother has schizophrenia. Nil other relatives on father's side with mental illness
- Maternal aunty died by suicide 2017

Substance Use:

- Cannabis
  - Started 1-2 years ago.
  - Smoking bongs daily but unsure how much. Stopped smoking before hospital admission as was withdrawn from school, friends and wouldn't go out.
  - Some discrepancies regarding how Janaya gets money for cannabis – Gysinta has said she gives Janaya lunch money which she thought she might use for cannabis, whilst Janaya says her mother knows she uses the money for cannabis.
- Alcohol
  - mostly on weekends, at parties.
  - Frequency ~once per fortnight.
  - Sometimes took alcohol from home
  - Usually beers or premixed
- Cigarettes
  - first used 1-2 years ago
  - Recently daily use, not sure how much
  - Rollies and cigarettes

Social History

- Number of behavioural issues in year 7 at Karabar High School - suspended multiple times, lit a fire, jumped on the roof of a construction site, arguing with teachers
- Moved to Quenbeyan High School mid-year 8 - wanted a fresh start. According to mother initially things were OK but then lots of truancy issues again. Recently has been refusing to go to school and attendance very poor – involvement from local DCJ.
- Used to play rugby league - this year chose not to play - had been playing women's league and was very successful
- Had been in a relationship with another girl. Some confusion within family whether Janaya is bisexual or homosexual although mother is accepting of either. Relationship from end of last year, mum not sure when it ended. This was her first romantic relationship but Janaya says lots of other people are interested in her.
- Mum doesn't think there have been any major friendship issues although Janaya was often hesitant on the ward to access her phone even during time when other YP were.
- Janaya loves music, loves sports, PE is favourtie at school. Loves food. Gysinta's mother thinks she is social but Gysinta's Nana thinks she is a bit quiet and keeps to herself. Janaya likes reading.
- Janaya talks to us about going to TAFE after school and starting a trade in carpentry

Developmental History

The night prior to her overdose, Janaya did not come out and celebrate her step-brother's third birthday with the rest of her family. Gysinta tried to engage Janaya and found her crying. The following morning Gysinta tried to get Janaya to go to school but she refused. Janaya had a plan to take an overdose after her mother left and had not expected her to come back so quickly. She wrote a suicide note for her mother. Gysinta left to take her Nan back to her place. Janaya has reported to her mother that during this time she cried all day and wrapped a heater cord around her neck. Janaya says she had been waiting for her mother to leave to take the overdose of her father's medication. Janaya had not expected Gysinta to return home so quickly afterward. Soon after Gysinta getting home, Janaya told her about the overdose and felt dizzy. Gysinta first called her Nan and then the ambulance.

With regards to psychosocial stressors before the overdose, Janaya has mentioned that her attendance at school was a factor but has been vague about the specifics of this. She also points to family dynamics – concerns about her relationship with Richard, her step-father and feelings of abandonment from her mother.

Purpose of Transfer to Hall Ward

1. Thorough biospsychosocial formulation and management plan
2. Engagement of community services

Discharge Diagnoses

1. Major Depressive Disorder
2. Cannabis use disorder
3. Oppositional traits

Medications on Discharge

- Fluoxetine 20mg daily
- Azithromycin 500mg three times per week
- Flixotide 125microg 2 puffs BD
- Montelukast 5mg daily
- Coloxyl and Senna two tabs nocte
- Ferro-Grad C 1 tab daily
- Colecalciferol 400 units daily

Background

Psychiatric History

- Janaya was offered six sessions with a counsellor in Year 8 but didn't want to engage
- Nil psychotropic medications
- No formal diagnoses prior to overdose - Janaya would comment herself that she had depression or anxiety though. Gysinta thinks she had some problems like social withdrawal since the start of Year 7. No history of positive psychotic phenomena.
- Janaya had made a comment to her mother earlier in the year regarding suicide. She had been going on a roadtrip up to Darwin in the Easter Holidays this year - she had an Uncle's friend who made some sexually inappropriate comments and an Aunty wasn't believing her - Easter Holidays this year. Told mother she wanted to kill herself. Changed where she was staying (another family member) and felt better. Some self-harm in year 6-7 but this stopped. Otherwise no previous self-harm or suicidality.

Medical History

- Nil significant

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the children's hospital at Westmead

Corner Hawkesbury Road
and Hainsworth Street
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Psychological Medicine

ADMISSION DATE: 18/05/2021 **DISCHARGE DATE:** 28/07/2021
Hall Ward Discharge Summary
t: (02) 9845 1112 | **f:** (02) 9845 1122

DEMOGRAPHICS

Name:	Janaya Roman
Date of Birth:	11/10/2006
MRN:	1511269
Gender:	Female
Parent(s):	Gysinta Grosser and Robert Roman
School:	Queanbeyan High School
Address:	1 Karri Crescent Karabar
General Practitioner:	Winnunga Nimmityjah Aboriginal Health and Community Service

Hall Ward Team:
Psychiatrist: Dr Anupama Sequeira
Registrar: Dr James Lawler
Case Worker: Louise Butler (clinical psychologist)

PRESENTATION AND HISTORY

Referral: Janaya was transferred to CHW PICU on 18/5/21 from the Canberra Hospital ICU after a 19.6g overdose of chloroquine with subsequent broad complex tachycardia. She had a long ICU admission before stepping down to the general medical ward on 22/06/21. She was transferred to the C+A MH inpatient Unit Hall Ward on 02/07/21.

History of Presenting Issues

- 17/5/21: 19.6g overdose of chloroquine (father's medication)
- BIBA to TCH with GCS 13, hypotension, intubated in ED for low GCS
- Paracetamol levels negative, ETOH negative, activated charcoal given
- Admitted to ICU in TCH
- Managed as per discussion with toxicology
- CVVHDF (heparin anticoagulation) for extracorporeal elimination
- Torsades de pointes and ongoing haemodynamic compromise, intermittent narrow complex tachycardia
- CPR 0700 and 2200 x2 for loss of output
- Noradrenaline, isoprenaline, PRN lignocaine and IV magnesium
- R on T phenomenon noted to occur more frequently when HR <100 with associated deterioration to arrhythmia following
- 7 ETT, NG, R IJ vascath, x2 femoral lines placed
- On arrival to CHW PICU
    - Intermittent narrow complex arrhythmias with 2 x deterioration to torsades-like rhythm, 1 x reverted

According to Janaya's mother, there had been a noted decline in her mood, energy and social engagement for a number of months before the overdose. Janaya also reports sleep changes and a reduced appetite. She has no positive psychotic phenomena.

online "normal teenager things" but has stopped this now
  - Says she has been quite irritable, saying things like "What mum?!" to her when mum didn't say anything, responding to things nobody had said
  - Says she wanted to get into construction and was really excited about this but not now, she doesn't want to do anything. Mum enrolled her in school up here but said she would pick her up and she was extremely distressed every day "couldn't handle it at all"
  - Mum really worried for her, said Nan raised concerns at the hospital down south but they kept telling her it was all behavioural problems, said "I know she has behavioural problems, but soiling yourself and staying in it for 7 hours is just not normal"
  - Said at admission to hospital last year after overdose she was diagnosed with severe depression, said she was in an induced coma and on a ventilator for about a month, stopped playing rugby after this.
  - Said to mum "am I going down the same path as dad?" (who has a psychotic illness ?schizophrenia)
- Mum gave me some paperwork from NSW health that also noted auditory hallucinations, but discharge papers don't mention this
- Mum says of Jenaya's dad "he's got a bad mental health problem, we used to have to come to cowdy ward a lot when we were together" "hearing voices" etc
- Mum pregnant with 5th child, has insulin dependent diabetes, has not been taking her insulin because of stress
- Mum said she had a brain scan last year when admitted for overdose

AOD:
- Daily THC for "a couple of years" (mixes with tobacco)
- Smokes cigarettes too, but not lots
- Also has tried synthetic weed twice "last year and earlier this year"
- Denies trying other drugs

Social/family:
- Lives with family in Darwin, mum siblings and step dad
- Oldest of 4 kids (mum 20/40 pregnant with 5th), two brothers and a sister (all born in Darwin except youngest - born in Canberra)
- Great grandparents in Queanbeyan, nan (mum's mum) was in Queanbeyan now in townsville.
- Family moved to Queanbeyan in 2018 and stayed there for 4 years. Went to be close to family as mum's sister had suicided in 2017. Moved back to Darwin July 2022
- Jenaya denies having friends. Mum says only in touch with ex (Kai)

Schooling:
- Primary school in Darwin, year 6 in Queanbeyan
- High school Queanbeyan and Darwin
- Mum said "Primary school was great, high school it all started to go downhill"
- Clever and good at sport esp rugby league, was "a leader", won "many awards", sports captain, "a role model"
- Has not been able to stay in school since coming back to Darwin

Forensic:
Nil

Psych hx:
- MDD
- Suicide attempt 2021 Queanbeyan

Med hx:
- ?Cardiac arrest post suicide attempt last year, long ICU admission, intubated and then contracted double pneumonia as per mum

Meds:
Fluoxetine - need to clarify dose

MSE:
Slight Aboriginal young person with mullet, dressed in dirty sports clothes, bruises under eyes. Attention-seems distracted, sometimes looking at legs and fidgeting, engagement extremely poor, rapport, very

Haematinics	OH				
Haematinics	Ferritin	28/06/2021 08:20:26	42 ug/L		10-100
Haematinics	**Iron**	**28/06/2021 08:20:26**	**4 umol/L**	**LOW**	**9-24**
Haematinics	Transferrin	28/06/2021 08:20:26	3.48 g/L		2.00-4.00
Haematinics	% Saturation	28/06/2021 08:20:26	5 %		5-44

5. Medications on Discharge
   - Fluoxetine 20mg daily
   - Azithromycin 500mg three times per week
   - Flixotide 125microg 2 puffs BD
   - Montelukast 5mg daily
   - Coloxyl and Senna two tabs nocte
   - Ferro-Grad C 1 tab daily
   - Colecalciferol 400 units daily
6. Follow up appointment with Fauve D'Souza from Queanbeyan CMHT Thursday 10am via phone/telehealth – Fauve will contact family. Will need psychiatric review of fluoxetine.
7. GP to please refer to respiratory paediatrician – suggestion from CHW team is Dr Tim McDonald @ Canberra Sleep Clinic. Included are Janaya's most recent Lung Function Tests.
8. CICADA have suggested Street University as a D+A counselling service for Janaya – for Janaya to engage with this they will need a contact from Janaya. CICADA have organised a follow up call for Janaya on 2/8/21
9. Steph Coulter Physiotherapist will organise referral for ongoing physiotherapy

Kind regards,

Dr James Lawler
Registrar for
Dr Anupama Sequeira
MBBS, MD, FRANZCP
Child and Adolescent Psychiatrist | Clinical Director Hall Ward

| Hall Ward | The Children's Hospital at Westmead | t: (02) 9845 1112 | f: (02) 9845 1122 |