**Patient #1**

| Psychotherapy Review Outcome | **Individual Psychotherapy**  **Clinical Psychologist: Adrian Ng**  Contact Number: 91234567  Email Address: leeahkim@gmail.com  Preferred Call-back Timing for next 3 working days: 2:00pm  Pt’s motivations:  Pt wishes to improve outlook on life and get back to work.  Consent to be contacted for psychotherapy research: No |
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| Date of Triage | 5/7/23 |
| Informed of Triage charges? | Y/~~N~~ |
| In any physical pain? | Y/~~N~~ |
| Able to commit to therapy once every two to three weeks? | Y |
| Currently seeking help elsewhere (e.g. FSC, school counsellor)? | N |
| Severity | CORE-10 Score: 21 |
| Risk Assessment | Current suicidal ideations: Yes, plans to overdose on panadol x4  Confidence of keeping self safe: Y  Safety advice given: Y |
| History of suicide attempts: N |
| Protective Factor(s): Good family support |
| Substance Use: Alcohol |
| Additional information:  Lee Ah Kim is a 45yo Chinese M who was brought to SKH ERoom on 1/6/23 by police due to suicidal ideation, threatening to jump down from 16th floor HDB block. Patient threatened wife and shouted vulgarities, and was very aggressive towards family. Family called police due to fear of suicidal attempt and harm to 2 younger children. Patient then transferred to IMH once all organic causes ruled out. Patient not previously known to IMH and nil past psychiatric Hx. on follow up with Dr Bob Tan.  reported 4 months of low mood, does not enjoy hobbies as much anymore (fishing, reading). finds it difficult to get up from bed and go to work. when at work, has no motivation to interact with colleagues and tends to keep to himself. during lunch hours, prefers to sit in a corner and have his takeaway lunch. noticed loss of weight over past few months, attributes it to having no appetite and stress at work.  work has been stressful as pt was caught in a conflict with another coworker and was reported to boss and HR for his behaviour. felt like it was not his fault though he later reflected that he should have just given in and worked OT. unable to keep up with workload as he finds it difficult to concentrate and finds his brain “hitting a brick wall” most of the time.  after few months of struggling at work, pt was fired from job due to company reshuffle and bad economy 2 weeks ago. felt like he had lost his self-worth and could not provide for himself and his family. felt like a bad husband and father who needs to rely on wife for income (part-time tuition teacher). has not had much motivation to find a job, despite wife encouraging him and helping him from time to time. started ruminating a lot on negative thoughts and feels like there is “no point living like a rotting potato sack”. increased beer consumption to 3x bottles of Tiger beer daily to help “drown out the voices in his head”. 20 pack years, smokes regularly to relieve stress. these methods were ineffective after a while, hence pt came up with plan to jump down from apartment when family not around. however, got into a heated argument with wife over household chores and pt got aggressive and threatened to do it in front of them.  S/t wife:   * wife still in shock over recent events of hb * wife reported knowing pt was down because of recent lay-offs and struggles at work, but was unaware of suicidal ideation * first time pt has been aggressive and threatened to jump down * tried to convince hb to not do it because of children and wife, which helped to stop him from committing to act * teary, wants us to help him recover from this * reassured wife that we will try our best to support him   Precipitating:   * recent lay-off from long-term job as accountant in PWC (15 years)   Protective:   * Good family support * has insight to own emotions * open to regular psychotherapy sessions and medication   Predisposing:   * abuse by Fa when young, caused patient to have a lot of self-esteem issues * knew Mo was aware of abuse but kept silent, made pt wary of trusting people in general * distant from siblings, could not get along and left alone most of the time at home * bullied in secondary school for short height, called names like “dwarf” and “smurf”, affected self-esteem even more and isolated himself * FMHx of father with depression   Formulation:  Pt has a long history of low self-esteem issues and is constantly bothered by his lack of meaning and contribution to the world around him  Pt is always forced to accept situations that he is unwilling to participate in but cannot escape from  this lack of control over his situation in early childhood has continued throughout adulthood, hence pt does not see possibility of advocating for self  thought symptoms of depression may be recent, but victimization and negative ruminations have been persistent throughout life  pt mentioned voices during past few months – ?auditory hallucinations, to explore more in further sessions  to explore childhood events and focus on finding identity  Imp  depression  Presenting concerns:  Pt is unable to focus at work, and has been missing many days of work. Pt “doesn’t feel like getting up from bed” on most days (x5-6/7 days). Pt does not enjoy hobbies like badminton or reading anymore.  Symptoms:  Lethargy, low mood, insomnia, LOA, irritability x 6/12  Functional impairment: Nil  Coping: Drinking more heavily now (5x bottles of Tiger beer daily) | |
| Follow-Up Plan: for psychodynamic therapy kiv cbt, TCU x2/52 | |