

Appendix 2 - Example 1:

Dear Colleague,

I would be most grateful if you would see this 47 year old who has been on Diazepam for 25 years for postnatal depression. She was slowly weaned down to 2mg tds but it was increased again to qds as she was not coping.

She has anxiety and has difficulty going out. She cannot enjoy things and finds it difficult to laugh. She also has flashbacks regarding a massive PV bleed she had earlier this year, she has vivid memories of the amount of blood on her bed. She has no thoughts of self-harm or suicide. Her mother has similar mental health issues and she is finding it difficult to cope with her mother.

On examination she was well kempt and had good eye contact.

I have increased her Citalopram to 40mg od. We had a chat about long term diazepam use and as it does not seem to be working she is in agreement to slowly wean off.

I would be most grateful if you would see her and advise.

Many thanks.

This would go to the LPMHSS team, and they would respond in a variety of ways, cognitive behaviour based. In this case the worker will attempt to get the person to understand what is happening and how it is possible to change that way of thinking by challenging thoughts. Generally this will take place over a number of sessions, typically 2 – 6 sessions.