

Lisa

Lisa first presented to perinatal mental health service at 3 months postnatal. She had no previous contact with mental health services but had suffered from mild depression and anxiety and was managed by GP. She presented to perinatal service with features of postnatal depression- low mood, anhedonia, irritability, anxiety, poor sleep, severe anxiety and suicidal thoughts. She was struggling to bond and felt that she was not a good enough mother. She was started on an antidepressant, propranolol and diazepam but her mental health continued to deteriorate. On one occasion she tried to drown herself in the bath and this resulted in an admission to an acute psychiatric ward and subsequently to a mother and baby unit. Whilst in the mother and baby unit her medications were altered, her mood and bonding improved.

She was discharged from the MBU a week ago and is now back at home under the care of the team. She lives alone with baby in a Local Authority flat in a high rise building, but she feels very isolated here and it is clearly not an ideal location for her. The flat is very untidy and the environment suggests that Lisa is struggling to keep on top of some activities of daily living. The baby's father does make an occasional appearance in their lives but he is very unreliable and does little by way of providing any support. Her mother and sister live quite close but they too seem to provide limited support to Lisa and seem to struggle with problems of their own. She doesn't appear to have kept in contact with friends and is very isolated. There are services available locally that would potentially provide Lisa with significant amount of help and support but to date she has been reluctant to engage and has a habit of letting things reach a crisis point before asking the professionals involved in her care for help.

She has been reviewed today, and she continues to experience significant anxiety symptoms which are having an impact on some of her day-to-day functioning. Since discharge she has also disclosed having violent thoughts of self-harm that include regularly thinking about trying to jump from her balcony. Her mood also deteriorated soon after discharge and she is preoccupied with feelings of guilt.

Additionally, she has also disclosed drinking significant amount of alcohol every day to cope with her anxiety. It seems that her drinking is leading her to neglect baby's needs on occasion and she is spending more money on alcohol than she can realistically afford leading to other aspects of neglect. Her drinking has also resulted in some minor memory problems as well as significant hangovers, but there is no significant cognitive defect. She

has also disclosed impulsively putting her hands on baby's neck for a second. A child safe guarding referral has been completed.

There is no evidence of any hallucinations or delusions.