

Referral to a community mental health nurse after an intentional overdose



Assume that today's date is 22 October 2026. Ms Gledhill is being discharged home this afternoon. You are a registered nurse on the medical ward of the local hospital. Using the information in the case notes, write a letter to Ms Eleanor Holroyd, Community Mental Health Nurse, referring Ms Gledhill for follow-up in the community. Address the letter to Ms Eleanor Holroyd, Community Mental Health Nurse, Community Mental Health Service, 14 Park Street. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

Patient details

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| 1. Name: Ms Caroline Gledhill | ☐ | ☐ | ☐ |
| 2. DOB: 14/03/2004 (22 yrs) | ☐ | ☐ | ☐ |
| 3. Address: Flat 4, 61 Mill Street (shared flat) | ☐ | ☐ | ☐ |
| 4. Admitted: 19/10/26; discharge: 22/10/26 | ☐ | ☐ | ☐ |

Social background

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| 5. Final-year law student; exams in 5/52; part-time café job, hours recently ↓ → money worries | ☐ | ☐ | ☐ |
| 6. Shares flat with 2 flatmates (both students) | ☐ | ☐ | ☐ |
| 7. Relationship with boyfriend (2 yrs) ended 3/52 ago | ☐ | ☐ | ☐ |
| 8. Mother lives 1 hr away; will stay with pt at flat for 1/52 after discharge | ☐ | ☐ | ☐ |
| 9. Close to older sister, who phones daily | ☐ | ☐ | ☐ |
| 10. Parents divorced 10 yrs ago; father remarried, minimal contact | ☐ | ☐ | ☐ |
| 11. Plays netball weekly; owns a cat | ☐ | ☐ | ☐ |
| 12. Mother told staff ex-boyfriend 'was always a waste of space' | ☐ | ☐ | ☐ |

Medical history

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| 13. Low mood, poor sleep, ↓ appetite approx 4/12; not previously treated; no GP contact | ☐ | ☐ | ☐ |
| 14. Self-harm (cutting) age 15–16, saw school counsellor at the time; nil since | ☐ | ☐ | ☐ |
| 15. Alcohol: binge drinking most weekends (approx 8–10 standard drinks/night); nil illicit drugs | ☐ | ☐ | ☐ |
| 16. Tonsillectomy age 8 | ☐ | ☐ | ☐ |
| 17. Allergies: nil known | ☐ | ☐ | ☐ |

Admission

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| 18. Intentional OD: approx 30 × paracetamol 500 mg tabs, taken alone at flat after phone argument with ex-partner; alcohol taken same evening | ☐ | ☐ | ☐ |
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Admission

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| 19. Texted friend 2 hrs later → ambulance called; presented approx 4 hrs post-ingestion | ☐ | ☐ | ☐ |
| 20. IV acetylcysteine full course completed; LFTs and INR normal on completion; medically fit for discharge | ☐ | ☐ | ☐ |
| 21. Complained about hospital food and being woken for overnight obs | ☐ | ☐ | ☐ |

Psychiatric assessment (20/10/26)

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| 22. Dx: moderate depressive episode; OD described as impulsive; pt regrets OD — 'I just wanted everything to stop' | ☐ | ☐ | ☐ |
| 23. Denies current suicidal intent or plan; ongoing intermittent passive thoughts ('better if I wasn't here') | ☐ | ☐ | ☐ |
| 24. Protective factors: close to sister and mother, wants to finish degree, responsibility for cat | ☐ | ☐ | ☐ |
| 25. Sertraline 50 mg mane commenced 21/10; monitor for ↑ agitation / suicidal thoughts early in treatment (age < 25) | ☐ | ☐ | ☐ |

Safety plan

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| 26. Written safety plan completed with pt: warning signs (isolating, not sleeping, drinking alone), coping strategies, contacts (sister, mother), crisis line & ED | ☐ | ☐ | ☐ |
| 27. Means restriction: no paracetamol/other OTC medicines kept at flat; mother to hold & give sertraline; 1/52 supply only dispensed | ☐ | ☐ | ☐ |
| 28. Pt agreed to avoid alcohol; effect of alcohol on mood discussed | ☐ | ☐ | ☐ |
| 29. Consent given for referral & for information sharing with mother | ☐ | ☐ | ☐ |

Plan

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| 30. Community MH nurse: home visit within 48 hrs of discharge (by 24/10); ongoing support, risk review, monitor mood & response to sertraline | ☐ | ☐ | ☐ |
| 31. GP review 1/52 (29/10) — sertraline review & repeat prescription | ☐ | ☐ | ☐ |
| 32. Referred to university counselling service; pt considering request for exam deferral | ☐ | ☐ | ☐ |