24/05/2022 6:11 PM, Metropolitan Remand Centre,

POST RRT f/u

seen in cambridge via trap
warm and friendly
expressing his views on the way SASH risk is managed at MRC- finds it distressing to be constantly asked if he has SI
states he was having suicidal thoughts but since commencing lisdexmetafine these thoughts have subsided and his mood has improved
future orientated- most likely be released this week
coping okay in quarantine

mse- nil psychotic sx, nil FTD, speech NAD, well groomed, orienatated to TPP, thoughts logical and linear, judgment and insight- good
PLAN
jacob to self refer as needed

19/05/2022 2:02 PM, Metropolitan Remand Centre,

Partnering in healthcare framework

The author managed to call to

Jacob was seen by Consultant Psychiatrist totaly

He has been prescribed Lisdexamfetamine oral capsule 70 mg for treating Attention Deficit Hyperactivity Disorder (ADHD)

Medication has been ordered and should be available tomorrow Friday 20/05/22

19/05/2022 10:34 AM, Metropolitan Remand Centre,

Risk review S1

From 17/5/22:
Received 911 call from Cambridge @ 1330
The At Risk referral states that "Prisoner was very upset and distressed and stated he wanted to die continuously. He was escorted by SPO to medical as per instructions form the psych nurse"
Seen at 1340 in medical centre
Prisoner commenced S1 obs

Consultant appt 19/5/22

19/05/2022 10:32 AM, Metropolitan Remand Centre, 258 , Psychiatrist, Short term review

I was asked to see Mr Farrara for consideration of whether we could prescribe his usual lisdexamfetamine whilst in prison. History noted. P351.

Mr Farrara is also listed under an alias - Reece Storme.

Currently prescribed his usual desvenlafaxine 100mg mane.

Mr Farrara is a 38 year old first time prisoner who was remanded on 29/04/22 to prison from the community on charges of property destruction. He was initially incarcerated at MAP in U13 prior to transferring to MRC on 03/05/22. He is the S88

Morang.

Was seen in med MH

States " for last four to five days I have been thinking about dying"

, just doesn't work When questionned why stated " because I want to die "
" I dream about cutting my head off "
When asked abpout protective factors, and close family members stated " i do have, but it just doesn't work, and I just want to die"
Prisoner then laid on bed and wouldn't engage further"

Appears stated age Canvas gown Minimal eye contact Poorly engaging Flat and sad presentation

Discussion terminated by prisoner

1140 hrs requested and given 10mg Olanzapine

TODAY'S ASSESSMENT:

Received 911 call from Cambridge @ 1330

The At Risk referral states that "Prisoner was very upset and distressed and stated he wanted to die continuously. He was escorted by SPO medical as per instructions form the psych nurse

Seen at 1340 in medical centre

Jacob known to writer from previous encounters

Jacon presenting as highly agitated, clearly distressed

Asked about his issues of concern Jacob reporting that "I am losing my fucking mind and nobody cares"

Asked about why he felt like this, he stated "I dream about being decapitated, I want to peel my face off, I want to rip off my

Asked why he was feeling like that, he stated "I WANT TO FUCKING DIE"

Asked to explain the cause for his suicidal ideation, he responded "FUCK OFF CUNT"

Jacob then commenced rapidly punching himself in the face in a vicious manner - likely punched self in the face a minimum of 20 times

Jacob order to stop be writer, provided with firm limits, CVOs called into the room and Jacob was restrained

Mood "losing my fucking mind" and affect agitated and distressed++ - issues of concern consistent with recent presentation

No formal thought disorder evident.

Thought content - intense hopeless/helpless themes, suicidal ideations

No overt evidence of any perceptive disturbances.

Behaviourally disturbed - punching self in the face++
Reporting ongoing SASH ideation and intent demonstrated with punching self in the face

09/05/2022

TODAYS ASSESSMENT

Reviewed in Cambridge; seen in interview room

On review Jacob presented to be quite and responding to clinician's questions.

Noted to be looking at the wall in the interview room.

Jacob reported he is "fine" and requested to leave the interview room as what he says get used the wrong way and he ends up in solitary confinement.

"I dont want you to put me in the fucking cell"

Reassurance provided by writer to Jacob. Writer advised that his purpose of the visit is not related to putting him in solitary as he has indicated Jacob decsribed being placed on Observation as a form of torture which has made his mental state worse. he has been traumatised by that event and feels depresesd

Reports he has had insomnia since the 27th April and has since not been able to sleep.

indicated that he has no appetite for food.

Jacob expressed his frustrations regarding not being medicated well. " i have ADHD and i cant get my medication"

Reports to be struggling mentally. Stated " i wish somebody would execute me because i cannot do it myself"; " i wish VicPol would do that as they have messed me up'

Jacob reported he is not suicidal or at risk to himself.

Expressed hopeless and helpless themes regarding his clamaged reputation, loss of his Job, cancellation of his registration by AHPRA.

I will never be a paramedic again'

Expressed his frustration regarding Australian System and the Injustices done to him re domestic violence.

16/05/2022 9:36 AM, Metropolitan Remand Centre, Sta

Radiographer, Short term review

Radiology; Perform chest x-ray as requested.

11/05/2022 4:09 PM, Metropolitan Remand Centre,

FMH Clinical Coordinator, Non Direct Clinical Contact

Referred by CCA following 911;

having significant issues with affective instability and impulsive behaviourally outbursts on background of PTSD Also c/o of worsening depression and anxiety and insomnia

Seen in Chartwell

Knows writer from previous encounters

Jacob was initially quiet and spoke in short responses. Remained calm throughout the encounter, although clearly frustrated.

When asked about how he felt he replied "OK", when pressed further about this, his response was "I'm not allowed to be depressed".

Jacob was given time to vent his frustrations re: experiences in prison, "emotional toruture" by the Australian gov.

He denied any thoughts or plans of SASH "I'm not a danger, don't have to worry". When asked what had changed he just stated "I want to go

Jacob talked about his plans get justice against the state of VIC for emotional torture. However he states he has financial troubles and may have to give up his house. Became teary when MHN talked about trying to be realistic when making plans for when he is released.

Has a psychiatrist for support when released. He also talked about being a driving force for him.

Mood "ok" affect teary, frustrated

No formal thought disorder evident. Logical and coherent.

Though content mostly appropriate to topic, some persecutory themes, future focused

No overt evidence of any perceptual disturbances. Denies same.

Behaviourally settled - nil agitation or distress evident

SASH hx of suicidal ideation and ligaturing attempt in custody, denies any SASH ideations or plans, guarantees safety RISKS psych Hx, SASH Hx, low tolerance for frustration/distress PROTECTIVE/SUPPORTIVE , compliant with mediantim.

At Risk Referral @ 1645 from PO Referral states that "prisoner contacted the ombudsman during the course of this he refused to guarantee his safety" Prisoner was "complaining of being held unlawfully in QT unit and refusing to cooperate with staff requests" Didn't get RAT today so wasn't cleared from quarantine, highly agitated re: same

TODAY'S ASSESSMENT:

Seen in presence of ERG

Writer attempted to introduce self, Jacob begun screaming abuse

Refused to engage

Screaming about being held illegally

Screaming about suing the prison

Screaming about his rights to change the system

Kicking the door

Demanding ERG "come in and bash the fuck out of me:"

When writer pointed out that he was angry re: tq, but refusing to quarantine would mean obs cell he became mute and refused to engage

Mood "fucking pissed off" and affect \$30(1)

- issues of concern consistent with current circumstances

No formal thought disorder evident.

No overt evidence of any perceptive disturbances.

Behaviourally agitated - aggressive, threatening, yelling abuse, demanding to be assaulted, kicking door, has trashed cell

Refuses to discuss SASH risk, refusing to guarantee his safety

T/F MAP 3/5/2022 on S3 OBS 911 Referral 5/5/2022 placed on S1 OBS

MSF:

Dressed in Prison Greens

Also complains of right sided rib pain ongoing since he was restrained a few days ago when he tried hanging himself

appears teary

nil breathing related issues

nil fever

nil chestpain/sob

nil diarrhea/constipation

nil urinary tract symptoms

O/E afebrile Temperature: 36.7 oC, Blood Pressure: 138/75 mmHg, HR 84, O2 saturation 98% on RA

commence nexium 20mg daily continue with regular medication- desvenlafaxine 100rng daily apply deep heat to right sided ribs paracetamol prn xray of right sided ribs

liaise with psych team for management of ongoing insomnia and mood related issues CT chest ordered by mistake- kindly book for a chest xray and not CT chest

Risk Assessment:

SASH: Denied any plans or intent to self-harm or to others, Nil suicidal ideation, Nil visual hallucinations, Denied any experience of paranoia, intrusive/bizarre thoughts. Denied any fleeting ideation Mild Agitation and anxiousness observed today. Seems upset from prison system in terms of his demands not met.

He said he will never hurt anyone but cannot guarantee his safety.

TODAY'S ASSESSMENT:

Seen in Bellbridge

Writer introduced self and explained RRT process

Presents as polite, pleasant and easily engaged

Asked about his mental health needs Jacob reporting that he is "in a state of despair" - Jacob repeated this line throughout the encounter Jacob reports that primary concerns is "around not getting my medications, i mean, I've got ADHD and i'm not getting my vyvanse and it's just making me despair

Jacob also reporting that "Insomnia is already and issue for me, then being here and not getting the right meds, the insomnia is just making everything worse

Asked about SASH risk Jacob reports that "I definitley think about it and it's terrifying, I mean, I'm in a state of despair....but while I'm here, I won't be doing any self harm"

Jacob states "I'm going to make it to my court date, because I want to get out of here"

Jacob also reporting that "I'm not going to engage in self harkm ebcause it won't work and I doin't want to get punish" - writer provide some reality feedback about DSH and restrictive management programs, encouraged Jaconb to seek MHN support as required Jacob agrees that if he "gets too sad or angry or like I'm feeling like doing something stupid, I will contact the psychs" Given Opportunity to vent, offered some support and reassurance

Self-help strategies and various coping and management techniques discussed with Jacob - availability of MHNs, distraction, relaxation,

Mood "in a state of despair" and affect teary/anxious - issues of concern consistent with current circumstances

No formal thought disorder evident. Logical and coherent.

Thought content characterised by chronic hopeless/helpless themes

No overt evidence of any perceptive disturbances. Denies same

Safety 82 Vi

General Information:

Observation request

Lab Order Number: 83.669828

Test ID

Type code: MRCXRAY
Type description: X-RAY

Time of lab test results is reported: 20/05/2022 9:47 AM

Observation date/time: 16/05/2022 10:10 AM

Ordering Provider: CENTRE METROPOLITAN REMAND (910030MR)

Diagnostic serv sect ID: RAD

Result status: F

Lab test results interpreted by

Family name: 242091: 538

Lab: SCMI Personal details

Lab Patient ID: 83.213673

DOB: 21/07/1983

Sex: M

Family name: Farrara First name: Jacob

Res address: CRN: 229122

Suburb: Metropolitan Remand Centre

City: RAVENHALL Home Phone: 00

NW Mental Health both episodes this year has agreed IDO NOT have a personality disorder, yet it just so convenient to use to explain rational and understandable distress and effects reduced resilience from concurrent Corrupt events.

Dr Ingram found NO Evidence of personality disorder at this assessment https://drive.proton.me/urls/NB7DV7SYKC#kjxSp0lbejtn

4 Other Independent Medicolegal Psychiatrists found no evidence of personality disorder.

DO NOT SEND VICPOL FOR WELFARE CHECK... VICPOL DONT COME NEAR ME PLEASE UNLESS YOU ARE GOING TO SHOOT ME