MANDATORY RECONSIDERATION LETTER FOR; BIPOLAR, DEPRESSION, ANXIETY, FIBROMYALGIA, ADHD & FATIGUE

EXAMPLE ONLY

Example only use to give an outline of a more complex MR letter Mandatory Reconsideration:

Facts of the case:

Mr X suffers from a number of dilapidating conditions, all of which have an overlapping effect on his ability to self-care and mobilise, and cause widespread pain and mental and physical restrictions.

Conditions:
Long standing severe ADHD into adulthood, **Bipolar disorder type 2**, **Insomnia**, I**ntrusive and Destructive thoughts with Visual hallucinations with Hypermanic episodes** (at least every 2 weeks lasting for days and weeks at a time.) **Extreme low mood swings with suicidal ideation**.
He has a history of problems going back to school age, when he was suspended in his X year from High school, and was seeing counsellors from X. His physical conditions are **Bilateral Carpal Tunnel** and **Fibromyalgia** causing widespread pain centred around his joints and muscle tenderness. This condition also adds to his cognitive problems and during hypermania where he describes feeling invincible to the point where he will over-exert incredibly. The next day he will be bedbound from the after effects of this exertion causing further pain and stress and fatigue.
He has around 3 hypermania episodes every month, lasting from 1-5 days on average, with after affects lasting 2-4 days. He is now under the care of a new GP and subsequently has finally been referred to a new Psychiatrist for the same conditions that were present at the time of the assessment and decision and a PCN.
He has a good support network round him in the form of family, lives with his wife, and is taking appropriate medication, including recent increases for his conditions.

Facts disputed:
It is submitted that he has difficulties with: (in his words)
Preparing food:
Due to mental health problems I have difficulty with preparing a simple meal with the following problems: Distinguishing that food such as meat and vegetables are properly cooked and I need someone to help me to determine this, especially on a hypermania episode.
Example: I recently ate mouldy butter which made me sick for 2 days, and undercooked a ready meal. The use of sharp kitchen implements are also problematic due to the risk of accidental injury and carelessness caused by my mental health conditions and poor grip due to the suspected carpal tunnel I have in both wrists.
Example of this would be: when in hypermania I can play with knives, and often my behaviour can be challenging and aggressive. My family keep knives away from me during these episodes. During a low episode I can talk of self harm.
The risk when using a microwave and overcooking something, and often will just turn the dial and not bother reading instructions. I have problems processing instructions and an impaired ability distinguish hot from cold and have often attempted to just grab an item straight out of the microwave without using a towel or oven glove.
My mental health problems cause impatience and I often cannot wait for food to finish cooking, so will just eat it before the time is up. My bipolar makes me feel invincible at times.

Taking Nutrition:
My severe ADHD and bipolar conditions causes me to gorge on one food sometimes, and I need the food putting in front of me in order to prompt me to eat. Often I will not want to eat certain foods and refuse point blank.
Example: I would think nothing of eating a whole pack of biscuits or 2 bars of chocolate instead of meals. If left to my own devices I would eat junk, as I lack interest in food sometimes.

Managing medication:
Due to my mental health disorders I require supervision and assistance to manage my medication at all times not just during a hypermania episode when I feel invincible and as if I do not need medication. Without supervision I can overdose and even forget medication for days on end. **Example** of this was an episode last week, after coming down from a "high" I completely refused to take any medication for 3 days, and my partner had to ring the PCN to come and talk to me.

Washing and bathing:
My conditions cause me severe fatigue most times, where my body will just crash and the last thing I can imagine doing is washing myself or taking a bath. Because of the fibromyalgia getting out of the bath or shower can be very difficult for me to do on my own, and I get very dizzy when standing or getting in and out and require assistance to steady myself
My mental health problems can also make me neglectful of bathing and I often do not brush my teeth or shave. **Example:** I needed help to get out of the bath yesterday because my back seized up and I had no way of moving, had my partner not been around I would have been stuck. I also needed him to help dry my hair and body as I was exhausted and in pain.
I can only manage a bath around once a week.

Dressing and undressing:
I need prompting and encouragement with dressing due to my mental health conditions and I need physical help as cannot put my arms above my head or behind my back, nor bend down comfortably. My mental health conditions also make it difficult for me to choose appropriate clothing and dress appropriately for the weather. **Example** I have put dirty clothing on in the past and clothes on back to front. Without some form of reminding and/or encouragement I will also sleep in my clothes overnight.

Mixing with others:
I have difficulty communicating with others due to severe anxiety and social phobia caused by my mental health conditions. Communicating verbally is also very tiring for me and I often cannot be bothered. On the other hand the bipolar can make me talk to anyone and in a very fast manner. I also have difficulty processing information and often when people are talking to me I can take them “literally”.
My mind will not retain information even during clear spells, and I have difficulty with complex verbal information especially if it involves a number of instructions or multi tasking. **Example**: I often pretend to be deaf when family come round as I do not want to speak to them.

Going out:
I have significant problems with this and mixing with other people and have had many run ins with people in authority in the past. I recently started shouting at a man in a post office queue who walked in front of me. I was talking very loudly as if he was not there and being quite verbally aggressive.

Planning a journey/ moving around:
Due to my ADHD, Bipolar and severe anxiety and cognitive and processing delays, I have great difficulty planning a journey and will get not be able to understand a timetable, bus number or where to get on and off a train. I am disorganised and very easily confused and my behaviour may become erratic if I was worried about missing a bus, or getting on the wrong one. I can get very panicky when I have to get somewhere, often to the point where I will be up all night worrying and try and get someone to take me over and over on a dummy runs.

Mobility:
I am unable to physically walk more than 20-50 metres reliably and repeatedly as I am in severe discomfort after this distance and would need to sit down. This is due to my back ache and problems with my feet and legs, which cause them to swell and pulsate.
I have numbness in my feet, and catch my toes when walking, and trip often. I have been referred to a neurologist for the numbness and pins and needles I keep feeling intermittently. I can also fall unexpectedly. **Example** of this was when I went to the doctor's last week. I forgot to lift my leg up to the last step and fell onto my hands, luckily my partner was with me to help me get up and I was that shaken up I could not see the doctor

Consideration:
We ask that the Decision Maker consider that the assessor report is flawed, and there are a number of

inconsistencies and assumptions that are simply incorrect. The decision maker has used the findings of the assessor in its entirety to make the original decision and we request that the Decision Maker add more weight to the medical evidence that has been submitted with this letter.
A copy of the assessment report is enclosed outlining the main disagreements and flaws. We also draw your attention to the length of the assessment which was also stated to be an hour, when in reality was just 40 minutes long, which we feel is inadequate time and not in line with the Assessors handbook guidelines.

Evidence:
• A letter of support from his original GP Letter from his Consultant Psychiatrist, X dated X
• Appointment letters for Specialist and CPN
• A day in the life diary, completed by his carer partner.
• An up to date medication list
• A letter of support from his mother Mrs X

Signed X Prepared by X