Evidence Extraction Sheet

Yvonne Jamieson - healthcare record review

Scope: evidence of placement in care; abuse and neglect; disclosures; mental-health symptoms, treatment and medication; self-harm/suicide; substance use; adult consequences; social impact; attached records; and contradictory or neutral entries.

Important review limitation: The highlighted copies use embedded searchable text. Several supplied PDFs are predominantly image-only scans. Those files were decrypted and copied, but pages without embedded text could not be reliably keyword-highlighted without full-page OCR and manual verification. The extraction sheet therefore distinguishes searchable coverage and should not be treated as a substitute for a full human page-by-page review of image-only records.

Document-level review summary

Document	Pages	Searchable pages	Highlights	Relevant PDF pages identified
EMIS Consultations - YJ NHS 1(1).pdf	15	15	219	Mental health: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 14 Therapy / psychiatric care: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15 Self-harm / suicide: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14 Third-party / attached records: 1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 14 Placement in care: 2, 3, 4, 13 Physical abuse / injury: 2, 3, 11, 12 Sexual abuse: 2, 3, 5, 6, 10, 13 Neglect: 2, 4, 5, 6 Contemporaneous disclosure: 2, 5, 6, 10, 11, 12 Mental-health medication: 2, 6, 7, 9, 11, 13, 14 Substance / alcohol: 2, 3, 6, 13 Emotional / psychological abuse: 3, 6, 14 Contradictory / neutral: 3, 6, 7, 8, 12, 13, 14 Personal / social impact: 12
EMIS Documents - YJ_Redacted_Part2(1).pdf	47	36	142	Mental health: 1, 8, 9, 27, 31, 39, 42, 46 Mental-health medication: 1, 2, 3, 4, 6, 8, 9, 27, 28 Therapy / psychiatric care: 1, 2, 3, 4, 6, 8, 9, 20, 21, 22, 26, 27, 28, 29, 30, 31, 32, 33, 38, 39, 40, 41, 42, 44, 46 Self-harm / suicide: 1, 27, 29, 31, 39, 40, 42, 43, 44, 46, 47 Emotional / psychological abuse: 27, 29 Substance / alcohol: 27, 28, 31, 39, 46 Neglect: 29 Third-party / attached records: 29, 42, 46 Contemporaneous disclosure: 39, 45 Sexual abuse: 42, 46 Contradictory / neutral: 47
Jamieson Yvonne 1003820107 Combined (1)(1).pdf	179	32	82	Third-party / attached records: 15, 16, 19, 21, 23, 24, 26, 27, 29, 30, 32, 33, 35, 37, 39, 41, 42, 44, 46 Mental health: 17, 21, 24 Mental-health medication: 17, 19, 24 Physical abuse / injury: 19 Therapy / psychiatric care: 19, 21, 25 Self-harm / suicide: 19, 20, 21, 24, 25 Neglect: 21 Physical consequences: 30, 41 Contradictory / neutral: 35
EMIS Documents - YJ_Redacted_Part3(1).pdf	42	41	137	Therapy / psychiatric care: 1, 2, 4, 5, 6, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 21, 23, 24, 25, 26, 27, 28, 30, 31, 32, 33, 36, 41 Sexual abuse: 2, 27 Contemporaneous disclosure: 2, 23, 27, 41 Mental-health medication: 2, 3, 5, 8, 9, 14, 15, 20, 23, 26, 27, 33, 34, 37, 38 Self-harm / suicide: 2, 5, 10, 15, 23, 27, 33, 35, 38, 40, 41 Contradictory / neutral: 2, 10, 15, 23, 24, 27, 40 Mental health: 3, 5, 9, 10, 14, 15, 16, 23, 24, 26, 27, 33, 37 Third-party / attached records: 15, 35, 38 Emotional / psychological abuse: 23, 26, 27, 33, 35, 38 Personal / social impact: 23, 26 Placement in care: 27 Physical abuse / injury: 27, 41 Neglect: 27, 35, 38 Substance / alcohol: 27, 33, 35, 37, 38, 41
Jamieson, Yvonne NWS COMBINED RECORDS (2)(1).pdf	827	24	11	Sexual abuse: 151 Mental health: 151, 811, 812 Self-harm / suicide: 810, 827 Therapy / psychiatric care: 811, 812 Neglect: 812 Substance / alcohol: 827
YJ-1003820107 - Clinical Portal(1).pdf	64	0	0	No relevant searchable-text pages identified.

Document	Pages	Searchable pages	Highlights	Relevant PDF pages identified
YJ-1003820107 - Morse Consultations(1).pdf	35	35	596	Therapy / psychiatric care: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30... Personal / social impact: 1, 17, 21, 28, 30, 32, 33 Emotional / psychological abuse: 2, 3, 4, 5, 6, 16, 24, 30 Contemporaneous disclosure: 2, 3, 4, 5, 6, 14, 18, 23, 24, 25, 26, 28, 30, 32, 33 Mental health: 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 30, 31, 32, 33... Mental-health medication: 2, 3, 4, 5, 6, 7, 8, 14, 18, 20, 25, 26, 27, 28, 30, 31, 32, 33 Self-harm / suicide: 2, 3, 4, 5, 6, 7, 8, 10, 11, 13, 14, 15, 17, 19, 25, 26, 27, 28, 30, 31, 32, 33 Third-party / attached records: 2, 3, 4, 5, 10, 12, 14, 17, 18, 19, 20, 25, 27, 28, 31, 32 Contradictory / neutral: 2, 3, 4, 5, 6, 7, 8, 12, 13, 14, 18, 19, 26, 28, 30, 31, 32 Physical abuse / injury: 3, 5, 6, 10, 16, 17, 18, 24, 25, 28, 30 Substance / alcohol: 4, 5, 6, 17, 19, 21, 24, 25, 27, 28, 30, 32, 33 Placement in care: 5, 6, 24, 25, 30, 32, 33, 35 Neglect: 5, 24, 30 Sexual abuse: 6, 22, 23, 24, 26, 27, 33
YJ-1003820107 - Morse Docs(1).pdf	84	0	0	No relevant searchable-text pages identified.
YJ-1003820107 - Paper file Part 1(1).pdf	204	0	0	No relevant searchable-text pages identified.
YJ-1003820107 - Paper file Part 2(1).pdf	192	0	0	No relevant searchable-text pages identified.

Detailed evidence schedule

EMIS Consultations - YJ NHS 1(1).pdf

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
1	-	Mental health	Community Registered Mobile Tel: 07495512465 Registered: 12-Sep-2022 Email: Language: unknown Dispensing: No Advocacy Needs: Transport Needs: Problems Active 30-Nov-2022 [X]Other bipolar affective disorders Significant Past Minor Past Medication No Current Medication Allergies No allergies recorded. Consultations 26-Mar-2025 Winvoice Pro Filing HART, Brian (Consultant) Additional Attachment ■ MH6 Clinic outcome letter to GP | Crown House Community Mental Health Team | Brian Hart 29-Jan-2025 Winvoice Pro Filing HART, Brian (Consultant) Additional Attachment ■ MH6 Clinic outcome letter to GP |	Impact / treatment
1	-	Self-harm / suicide	s period although plans to return next week stating that she finds the groups she attends beneficial. Reports that she is no longer experiencing any further thoughts of suicide or self-harm.	Impact / treatment
1	-	Therapy / psychiatric care	Health Team | Brian Hart 28-Jan-2025 16:50 NHS GG&C Mental Health Services JARDINE, Lauren (MedicalSecretary) Document Drug prescription ■ Drug prescription from Inverclyde Adult CMHT Brian Hart - Consultant (28-Jan-2025) 30-Dec-2024 10:19 Telephone call to a patient (Crown House) HUTCHISON, Jade (StaffNurse) Comment Duty - Writer made contact with Yvonne this morning. She engaged well throughout call and gave a good account of her difficulties. States that her mood deteriorated over the Christmas period and she was able to identify triggers for same. Reports that she was planning to visit he	Impact / treatment
1	-	Third-party / attached records	ers Significant Past Minor Past Medication No Current Medication Allergies No allergies recorded. Consultations 26-Mar-2025 Winvoice Pro Filing HART, Brian (Consultant) Additional Attachment ■ MH6 Clinic outcome letter to GP | Crown House Community Mental Health Team | Brian Hart 29-Jan-2025 Winvoice Pro Filing HART, Brian (Consultant) Additional Attachment ■ MH6 Clinic outcome letter to GP | Crown House Community Mental Health Team | Brian Hart 28-Jan-2025 16:50 NHS GG&C Mental Health Services JARDINE, Lauren (MedicalSecretary) Document Drug prescription ■ Drug prescription from Inverclyde Ad	Impact / treatment
2	-	Contemporaneous disclosure	Kay (HigherSpecialistTrainee) Comment On Call Psychiatry South Glasgow Patient has presented to A&E with overdose of Quetiapine and Zopiclone. Now medically fit for discharge. Not disclosed trigger, reluctant to speak to medic. Initially stated she had some ongoing suicidal thoughts but then stated whilst she still felt low in mood her suicidal thoughts had resolved and she wanted to go home. Dx EUPD/CPTSD. Previously known to Brand Street but discharged by CPN due to DNA and transferred to Inverclyde due to move with Womens Aid. Seen by Dr Hart 16/12/24 - plan to stop Quetiapine, offer Zopicl	Direct or corroborative evidence
2	-	Mental health	i, Dan MarkusInitial assessment: Referred by GP.Lived in Glasgow originally from Perthshire. Moved via Women's Aid was attending psychiatry in Glasgow, has a diagnosis of EUPD and complex PTSD by GP. Looking for assessment by psychology.Difficult childhood, violent father, reliant on alcohol, dad passed away when she was 10. Was in care from around 8 years old, this was due to her mum leaving her with a neighbour. Sexual assault by aunt's	Impact / treatment
2	-	Mental-health medication	(SeniorUnscheduledCarePractitioner) Comment Telephone call from Dr Hassan IRH AE rE above lady. BIBA after she called then stating that she had taken an overdose of Zopiclone and quetiapine unknown amount. No trigger offered to Dr Hassan, requesting to go home no ongoing suicidal ideation and is currently medically fit. Dr Hassan reporting that she has capacity although still feeling low. He is requesting that she be followed up by CMHT tomorrow. Writer agreed to send task to Inverclyde CMHT to request follow up tomorrow. Discharged - treatment completed 29-Dec-2024 21:38 Inbound Referral (NH	Impact / treatment
2	-	Neglect	stated whilst she still felt low in mood her suicidal thoughts had resolved and she wanted to go home. Dx EUPD/CPTSD. Previously known to Brand Street but discharged by CPN due to DNA and transferred to Inverclyde due to move with Womens Aid. Seen by Dr Hart 16/12/24 - plan to stop Quetiapine, offer Zopiclone and discharge from medical clinic. Case discussed with Dr Hassan who has reviewed her today. Advised to obtain further information regarding circumstances of OD - has historically come to attention of services with self harm approx 1x per year over last couple of years in context of socia	Direct or corroborative evidence
2	-	Physical abuse / injury	om Perthshire. Moved via Women's Aid was attending psychiatry in Glasgow, has a diagnosis of EUPD and complex PTSD by GP. Looking for assessment by psychology.Difficult childhood, violent father, reliant on alcohol, dad passed away when she was 10. Was in care from around 8 years old, this was due to her mum leaving her with a neighbour. Sexual assault by aunt's	Direct or corroborative evidence
2	-	Placement in care	has a diagnosis of EUPD and complex PTSD by GP. Looking for assessment by psychology.Difficult childhood, violent father, reliant on alcohol, dad passed away when she was 10. Was in care from around 8 years old, this was due to her mum leaving her with a neighbour. Sexual assault by aunt's	Placement / corroboration
2	-	Self-harm / suicide	Case discussed with Dr Hassan who has reviewed her today. Advised to obtain further information regarding circumstances of OD - has historically come to attention of services with self harm approx 1x per year over last couple of years in context of social stress - and ongoing ideation, planning or intent. Based on outcome of further assessment he should use clinical judgement to decide if he is satisfied patient does/does not fulfil criteria for detention and plan follow up accordingly. She has voiced that she is not keen to engage with certain members of mental health team staff. I suggested	Impact / treatment
2	-	Sexual abuse	ifficult childhood, violent father, reliant on alcohol, dad passed away when she was 10. Was in care from around 8 years old, this was due to her mum leaving her with a neighbour. Sexual assault by aunt's	Direct or corroborative evidence
2	-	Substance / alcohol	men's Aid was attending psychiatry in Glasgow, has a diagnosis of EUPD and complex PTSD by GP. Looking for assessment by psychology.Difficult childhood, violent father, reliant on alcohol, dad passed away when she was 10. Was in care from around 8 years old, this was due to her mum leaving her with a neighbour. Sexual assault by aunt's	Impact / treatment

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
2	-	Therapy / psychiatric care	P.Lived in Glasgow originally from Perthshire. Moved via Women's Aid was attending psychiatry in Glasgow, has a diagnosis of EUPD and complex PTSD by GP. Looking for assessment by psychology.Difficult childhood, violent father, reliant on alcohol, dad passed away when she was 10. Was in care from around 8 years old, this was due to her mum leaving her with a neighbour. Sexual assault by aunt's	Impact / treatment
2	-	Third-party / attached records	rns or issues. Yvonne recently attended OPA appointment and the outcome was discharge and no further follow up. 30-Dec-2024 Winvoice Pro Filing HART, Brian (Consultant) Additional Attachment ■ MH64 Letter To GP | Crown House Community Mental Health Team | Brian Hart 29-Dec-2024 21:41 Telephone consultation (Leverndale - MHAU) O'HARA, Sharon (SeniorUnscheduledCarePractitioner) Comment Telephone call from Dr Hassan IRH AE rE above lady. BIBA after she called then stating that she had taken an overdose of Zopiclone and quetiapine unknown amount. No trigger offered to Dr Hassan, requesting to go h	Impact / treatment
3	-	Contradictory / neutral	HS Risk Assessment What do the clinical team, service user and family/carer think the key risks are at the moment, please describe these in detail? No current risks identified and denied any thoughts of DSH/suicideDiagnosis of EUPD and complex traumaCurrently residing in social housing flat with support from Women's Aid What historical risk factors are there that it is important to be aware of? Previous trauma and sexual abuse Recently fled abusive relationship and being supported by Women's AidOngoing court case re recent sexual assault by her ex-partner's fatherStressors with son as he is cu	Neutral / contradictory
3	-	Emotional / psychological abuse	er and family/carer think the key risks are at the moment, please describe these in detail? No current risks identified and denied any thoughts of DSH/suicideDiagnosis of EUPD and complex traumaCurrently residing in social housing flat with support from Women's Aid What historical risk factors are there that it is important to be aware of? Previous trauma and sexual abuse Recently fled abusive relationship and being supported by Women's AidOngoing court case re recent sexual assault by her ex-partner's fatherStressors with son as he is currently on Sex Offender's Register for inappropriate int	Direct or corroborative evidence
3	-	Mental health	support groups, currently on medication but doesn't find it helpful, allocated a CPN and Psychiatry in Glasgow to undergo CBT but then relocated by Women's Aid.Has had anxiety and depression for over 20 years - rates mood 8 out of 10 at present.Sleep - struggles but medication helps. Keen for medication to be reviewed. Did trauma therapy which she benefitted from. Needs support with medication and psychiatry for medication review.Outcome: Refer to outpatientsPriority: Medium 29-Oct-2024 11:42 Face to face consultation (Crown House) JACK, Lyn (CPN) Template: CRAFT - Risk Assessment Assessment R	Impact / treatment
3	-	Physical abuse / injury	here that it is important to be aware of? Previous trauma and sexual abuse Recently fled abusive relationship and being supported by Women's AidOngoing court case re recent sexual assault by her ex-partner's fatherStressors with son as he is currently on Sex Offender's Register for inappropriate interactions with underage girlsPoor family relationships and has limited contact with siblings What are the obstacles to risk management/what risks canâ€™t be changed? Willing to engage with support and had reasonably good insight into her difficultiesCurrent medication regime works well for Yvonne an	Direct or corroborative evidence
3	-	Placement in care	10-Mar-1982 CHI Number: 100 382 0107 Printed 1:35pm 29-Apr-2026 Page 3 of 15 Confidential NHS Information – Includes sensitive or personal patient data partner. Siblings split and in care and also victims of sexual assaults.Lived in Childrens Unit from 16 years old.Lived with mum and stepdad at 16 years old. Bad relationship with stepdad.Pregnant with son after one night stand, no father's involvement. Also had a still born baby and a baby which died at 4 weeks old.Son was adopted by her sister.Decline in mental health and admitted to Murray Royal, had suicidal thoughts.Sister introduced her t	Placement / corroboration
3	-	Self-harm / suicide	, no father's involvement. Also had a still born baby and a baby which died at 4 weeks old.Son was adopted by her sister.Decline in mental health and admitted to Murray Royal, had suicidal thoughts.Sister introduced her to a man and she got into a relationship but transpired her son was sexually abused by this man. Her son is now 21 years old and is on the sex offenders register as he has had sexual interactions with young girls. He is in a relationship with a women at present.Most recent partner is a woman who lives in Glasgow, she met 5 years ago. Woman has grown up with similar background,	Impact / treatment
3	-	Sexual abuse	young girls. He is in a relationship with a women at present.Most recent partner is a woman who lives in Glasgow, she met 5 years ago. Woman has grown up with similar background, sexual abuse from her father. This woman's father has also raped Yvonne, current police investigation.Partner has drug and alcohol addiction and is urgently in Jericho House.No drugs or alcohol addictions for Yvonne. Reached out to support groups, currently on medication but doesn't find it helpful, allocated a CPN and Psychiatry in Glasgow to undergo CBT but then relocated by Women's Aid.Has had anxiety and depressi	Direct or corroborative evidence
3	-	Substance / alcohol	5 years ago. Woman has grown up with similar background, sexual abuse from her father. This woman's father has also raped Yvonne, current police investigation.Partner has drug and alcohol addiction and is urgently in Jericho House.No drugs or alcohol addictions for Yvonne. Reached out to support groups, currently on medication but doesn't find it helpful, allocated a CPN and Psychiatry in Glasgow to undergo CBT but then relocated by Women's Aid.Has had anxiety and depression for over 20 years - rates mood 8 out of 10 at present.Sleep - struggles but medication helps. Keen for medication to be	Impact / treatment
3	-	Therapy / psychiatric care	by Women's Aid.Has had anxiety and depression for over 20 years - rates mood 8 out of 10 at present.Sleep - struggles but medication helps. Keen for medication to be reviewed. Did trauma therapy which she benefitted from. Needs support with medication and psychiatry for medication review.Outcome: Refer to outpatientsPriority: Medium 29-Oct-2024 11:42 Face to face consultation (Crown House) JACK, Lyn (CPN) Template: CRAFT - Risk Assessment Assessment Risk assessment • When is this review taking place? Intake to MHS Risk Assessment What do the clinical team, service user and family/carer think t	Impact / treatment

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
3	-	Third-party / attached records	is a woman who lives in Glasgow, she met 5 years ago. Woman has grown up with similar background, sexual abuse from her father. This woman's father has also raped Yvonne, current police investigation.Partner has drug and alcohol addiction and is urgently in Jericho House.No drugs or alcohol addictions for Yvonne. Reached out to support groups, currently on medication but doesn't find it helpful, allocated a CPN and Psychiatry in Glasgow to undergo CBT but then relocated by Women's Aid.Has had anxiety and depression for over 20 years - rates mood 8 out of 10 at present.Sleep - struggles but me	Impact / treatment
4	-	Mental health	Tracy (ClericalOfficer) Comment SPOA MEETING: 23/07/24 IN ATTENDANCE: Dr Easton, Dan Markus, Jade Hutchison and James Graham RATIONALE: Transfer of care from Glasgow HSCP - EUPD & CPTSD OUTCOME: CMHT assessment - medium priority 25-Jul-2024 14:13 NHS GG&C Mental Health Services WORKMAN, Tracy (ClericalOfficer) Document SCI Gateway referral letter ■ SCI Gateway referral letter from Cochrane Medical Practice (25-Jul-2024) 25-Jul-2024 14:13 Inbound Referral (NHS GG&C Mental Health Services) WORKMAN, Tracy (ClericalOfficer) Referral Referral to community mental health team From: Cochrane Medical P	Impact / treatment
4	-	Neglect	Services) THOMSON, Linda (StaffNurse) Comment DNA second time. Writer notes Yvonne has self-referred to Inverclyde services and has an upcoming appointment there. Discharge due to non-attendance and no contact from patient from CPN caseload.	Direct or corroborative evidence
4	-	Placement in care	0107 Printed 1:35pm 29-Apr-2026 Page 4 of 15 Confidential NHS Information – Includes sensitive or personal patient data subsequently discussed this request with Elizabeth McLeod. social worker who is conducting the assessment along with Lyn Jack, CPN who has agreed to same. 22-Oct-2024 14:21 Mail to patient (NHS GG&C Mental Health Services) ROBERTSON, Alana (ClericalOfficer) Document Appointment letter sent to patient ■ Appointment letter sent to patient from Inverclyde Adult CMHT (22-Oct-2024) Initial MH Assessment Appointment 29.10.24 at 10.30am 23-Sep-2024 11:20 Face to face consultation (	Placement / corroboration
4	-	Self-harm / suicide	will not meet her need level and I have suggested that she speak to her GP for referral to tier 2 mental health services. Yvonne happy with advice given with no concerns regarding self harm or suicide currently. Will make entry in GP notes. Discharged from community mental health service 20-Jun-2024 15:29 Nurse telephone triage (NHS GG&C Mental Health Services) MILLAR, Veronique (CPN) Comment Traige call made but Yvonne was out in public at the time and not appropriate to take the call. Advised I will put her on the list for tomorrow AM and not count this as her first call. 20-Jun-2024 11:34 T	Impact / treatment
4	-	Therapy / psychiatric care	hat she has a diagnosis of EUPD and CPTSD. Prior to movig to Inverclyde she was seen and supported by the CMHT in Brand Street Govan. Her support level there was a CPN Keyworker , Psychologist and OPC with Consultant Psychiatrist who made diagnosis of EUPD. I explained the function of PCMHT which will not meet her need level and I have suggested that she speak to her GP for referral to tier 2 mental health services. Yvonne happy with advice given with no concerns regarding self harm or suicide currently. Will make entry in GP notes. Discharged from community mental health service 20-Jun-2024 1	Impact / treatment
4	-	Third-party / attached records	m priority and therefore not appropriate for duty, any concerns would need to be directed to GP. 21-Aug-2024 Winvoice Pro Filing MCGHEE, Claire (ConsultantPsychiatrist) Additional Attachment ■ MH6 Clinic outcome letter to GP | Brand Street Resource Centre Mental Health | Clare McGhee 02-Aug-2024 11:54 NHS GG&C Mental Health Services WATT, Katie (Secretary) Document Letter sent to patient ■ Letter sent to patient from Inverclyde Adult CMHT (02-Aug-2024) 26-Jul-2024 15:01 Multidisciplinary team meeting without patient (NHS GG&C Mental Health Services) WORKMAN, Tracy (ClericalOfficer) Comment SPO	Impact / treatment
5	18/11/2023	Contemporaneous disclosure	(Brand Street Resource Centre) ADAM, Karen (ChargeNurse) Comment Duty Task EUPD open to medics been assessed with medication recommendations + ESC and is on WL for Team allocation reports situation as in crisis feels overwhelmed and unable to cope with ongoing police investigation and current life events relationships obj keen to off load came on phone started talking at legnth with all detail of recent difficult interactions and events with police etc arranged by self support from Rape Crisis to attend Apps with her - encouraged to utilise other services reports still not got medication as no	Direct or corroborative evidence
5	18/11/2023	Mental health	Elizabeth (SocialWorker) Comment To be discussed at MARAC 04/04/24 06-Mar-2024 11:43 Administration note (Brand Street Resource Centre) ADAM, Karen (ChargeNurse) Comment Duty Task EUPD open to medics been assessed with medication recommendations + ESC and is on WL for Team allocation reports situation as in crisis feels overwhelmed and unable to cope with ongoing police investigation and current life events relationships obj keen to off load came on phone started talking at legnth with all detail of recent difficult interactions and events with police etc arranged by self support from Rape Cri	Impact / treatment
5	18/11/2023	Neglect	icalOfficer) Referral Referral to primary care mental health team 07-May-2024 10:16 Face to face consultation (NHS GG&C Mental Health Services) THOMSON, Linda (StaffNurse) Comment DNA. No contact from Yvonne. Will be re-appointed. 06-Apr-2024 Winvoice Pro Filing MCGHEE, Claire (ConsultantPsychiatrist) Additional Attachment ■ MH6 Clinic outcome letter to GP | Brand Street Resource Centre Mental Health | Clare McGhee 03-Apr-2024 20:20 Administration note (NHS GG&C Mental Health Services) MCLEAN, Elizabeth (SocialWorker) Comment To be discussed at MARAC 04/04/24 06-Mar-2024 11:43 Administration n	Direct or corroborative evidence
5	18/11/2023	Self-harm / suicide	YRE, Nick (SeniorMentalHealthNurse) Template: CRAFT - Risk Assessment Assessment Risk assessment • When is this review taking place: Initial Assessment At risk of DSH - deliberate self harm Harm to Self: Yes 18/11/2023 - MHAU - LEVERNDALE - Ongoing suicidal thoughts. No fixed plan or intent at present. Superficial scratched to arm with knife - felt some relief. Reports overdose 1 year ago. Harm to Others: No 18/11/2023 - MHAU - LEVERNDALE - None known/disclosed Harm to Children: No 18/11/2023 - MHAU - LEVERNDALE - None known/disclosed	Impact / treatment

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
5	18/11/2023	Sexual abuse	nthony (StaffNurse) Comment Duty Telephone contact with Yvonne who stated that she was feeling distressed following her interview at the police station due to reporting historical sexual abuse from her father-in-law. We discussed some coping and distraction techniques and also what things had helped her in the past, she will go and listen to some music then try the distraction techniques and breathing exercises that we discussed. 14-Dec-2023 Winvoice Pro Filing FARMER, Donna (MedicalSecretary) Entered By: MCINTYRE, Nick (SeniorMentalHealthNurse) Additional Attachment ■ AUT1 Clinical Letter | M	Direct or corroborative evidence
5	18/11/2023	Therapy / psychiatric care	(NHS GG&C Mental Health Services) THOMSON, Linda (StaffNurse) Comment DNA. No contact from Yvonne. Will be re-appointed. 06-Apr-2024 Winvoice Pro Filing MCGHEE, Claire (ConsultantPsychiatrist) Additional Attachment ■ MH6 Clinic outcome letter to GP | Brand Street Resource Centre Mental Health | Clare McGhee 03-Apr-2024 20:20 Administration note (NHS GG&C Mental Health Services) MCLEAN, Elizabeth (SocialWorker) Comment To be discussed at MARAC 04/04/24 06-Mar-2024 11:43 Administration note (Brand Street Resource Centre) ADAM, Karen (ChargeNurse) Comment Duty Task EUPD open to medics been asses	Impact / treatment
5	18/11/2023	Third-party / attached records	pen to medics been assessed with medication recommendations + ESC and is on WL for Team allocation reports situation as in crisis feels overwhelmed and unable to cope with ongoing police investigation and current life events relationships obj keen to off load came on phone started talking at legnth with all detail of recent difficult interactions and events with police etc arranged by self support from Rape Crisis to attend Apps with her - encouraged to utilise other services reports still not got medication as not Reg with a GP advised to do so and trial medication will help with distress and	Impact / treatment
6	18/11/2023	Contemporaneous disclosure	or personal patient data Harm from Self Neglect: No 18/11/2023 - MHAU - LEVERNDALE - None known/disclosed Vulnerable adult Harm from Others: Yes - 18/11/2023 - MHAU - LEVERNDALE - Reports sexual abuse (rape) from partner's father 3 years ago. Also experiecned childhood sexual abuse. Vulnerbale but no immediate risk of harm from others disclosed. Falls: No • Harm related to Cognitive Impairment: No • Poor physical health: No • Absconding: No a. Please summarise previous risk history with dates, severity and context. Are there any situations associated with increased risk? Reports overdose 1 yea	Direct or corroborative evidence
6	18/11/2023	Contradictory / neutral	hat have caused emotional dysregulation and an increase in suicidal thoguhts.PF - Keen to work with CPN and hopeful of obtaining benefit from ECS group. Service user view of risks Denied any plan or intent to end life/harm self. a. Safety Plan (1) Contact NHS24 OOHs(2) Advised of CMHT desk duty and Crisis through CMHT at weekendsAgreeable to the above. b. Risk management plan identify actions and timescale (1) Contact Brand Street to highlight contact. Note of other professionals and teams and copies sent to: Brand St CMHT 18-Nov-2023 22:51 Telephone call to a patient, Unscheduled care report	Neutral / contradictory
6	18/11/2023	Emotional / psychological abuse	te of Birth: 10-Mar-1982 CHI Number: 100 382 0107 Printed 1:35pm 29-Apr-2026 Page 6 of 15 Confidential NHS Information – Includes sensitive or personal patient data Harm from Self Neglect: No 18/11/2023 - MHAU - LEVERNDALE - None known/disclosed Vulnerable adult Harm from Others: Yes - 18/11/2023 - MHAU - LEVERNDALE - Reports sexual abuse (rape) from partner's father 3 years ago. Also experiecned childhood sexual abuse. Vulnerbale but no immediate risk of harm from others disclosed. Falls: No • Harm related to Cognitive Impairment: No • Poor physical health: No • Absconding: No a. Please summa	Direct or corroborative evidence
6	18/11/2023	Mental health	s will be able to reconcile with partner.Awaiting CPN allocation and ECS group - hopeful this will help but some trepidation as whne has engaged in work before felt this triggered flashbacks of previous abuse.Reports superficial scratches to arm were an attempt at gaining some relief from how she was feeling and does not think she will harm herself this evening. No plan or intent to harm self but states ongoing thoughts.Forward planning of attending GP/engaging with CMHT. Recommendation (1) Contact NHS24 again if feels requires support overnight.(2) Advised can access CMHT duty worker and also	Impact / treatment
6	18/11/2023	Mental-health medication	scratches to wrists. (See NHS24 referral for full details.) Background Diagnosis of EUPD. Open to Brand Street CMHT. Awaiting CPN allocation and emotional coping skills group. on Quetiapine 75mg. Previous hx of childhood sexual abuse and reports abuse as an adult from Partner's father. Assessment Yvonne engaged well over the phone. Stated still had thoughts of ending her life. Stated that she had smashed her tablet and her phone out of frustration.States her partner of 4 years has started drinking and consuming illicit substances (previous issues with alcohol and street valium) and stated tha	Impact / treatment
6	18/11/2023	Neglect	te of Birth: 10-Mar-1982 CHI Number: 100 382 0107 Printed 1:35pm 29-Apr-2026 Page 6 of 15 Confidential NHS Information – Includes sensitive or personal patient data Harm from Self Neglect: No 18/11/2023 - MHAU - LEVERNDALE - None known/disclosed Vulnerable adult Harm from Others: Yes - 18/11/2023 - MHAU - LEVERNDALE - Reports sexual abuse (rape) from partner's father 3 years ago. Also experiecned childhood sexual abuse. Vulnerbale but no immediate risk of harm from others disclosed. Falls: No • Harm related to Cognitive Impairment: No • Poor physical health: No • Absconding: No a. Please summa	Direct or corroborative evidence
6	18/11/2023	Self-harm / suicide	ssociated with increased risk? Reports overdose 1 year ago.Find this time of year stressfulEUPD diagnosis - stressful situations increase likelihood of emotional dysregulation and suicidal thoughts/thoughts to harm self. b. What are the principal risks? What are the current risk factors? What are the protective factors? PR - EUPD Diagnosis and previous overdose (1 year ago)CRF - issues with partner that have caused emotional dysregulation and an increase in suicidal thoguhts.PF - Keen to work with CPN and hopeful of obtaining benefit from ECS group. Service user view of risks Denied any plan	Impact / treatment
6	18/11/2023	Sexual abuse	nal patient data Harm from Self Neglect: No 18/11/2023 - MHAU - LEVERNDALE - None known/disclosed Vulnerable adult Harm from Others: Yes - 18/11/2023 - MHAU - LEVERNDALE - Reports sexual abuse (rape) from partner's father 3 years ago. Also experiecned childhood sexual abuse. Vulnerbale but no immediate risk of harm from others disclosed. Falls: No • Harm related to Cognitive Impairment: No • Poor physical health: No • Absconding: No a. Please summarise previous risk history with dates, severity and context. Are there any situations associated with increased risk? Reports overdose 1 year ago.Fi	Direct or corroborative evidence

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
6	18/11/2023	Substance / alcohol	. Stated that she had smashed her tablet and her phone out of frustration.States her partner of 4 years has started drinking and consuming illicit substances (previous issues with alcohol and street valium) and stated that she wants to ”take things slow” and Yvonne felt like she could not ”get a straight answer” from her partner as to the reasoning behind this.Reports has ran out of medication as had been taking extra in an attempt to sleep and has contacted the GP for a further supply as a special request as the GP stated she was not due any more as was given an adequate supply but as stated	Impact / treatment
6	18/11/2023	Therapy / psychiatric care	PN and hopeful of obtaining benefit from ECS group. Service user view of risks Denied any plan or intent to end life/harm self. a. Safety Plan (1) Contact NHS24 OOHs(2) Advised of CMHT desk duty and Crisis through CMHT at weekendsAgreeable to the above. b. Risk management plan identify actions and timescale (1) Contact Brand Street to highlight contact. Note of other professionals and teams and copies sent to: Brand St CMHT 18-Nov-2023 22:51 Telephone call to a patient, Unscheduled care report (Leverndale - MHAU) MCINTYRE, Nick (SeniorMentalHealthNurse) Template: SBAR V4 Comment Situation NHS2	Impact / treatment
7	-	Contradictory / neutral	ncy. No current thoughts of self harm/suicide. Future focussed and keen to engage with staff for ECS- remains unsuitable for virtual group due to lack of tech/wifi. O/E- appearing well kempt, casually and appropriately dressed for the weather. Very pleasant, mood appearing euthymic, no concerns currently re risk. Good insight into mental health currently. Plan/ Discuss with NTL re reallocation given back in our area Handouts given on EUPD/PTSD. OPC 4 months. 10-Nov-2023 11:45 Administration note (NHS GG&C Mental Health Services) HOOD, Janice (TeamSecretary) Comment Earlier appt offered which Y	Neutral / contradictory
7	-	Mental health	appearing euthymic, no concerns currently re risk. Good insight into mental health currently. Plan/ Discuss with NTL re reallocation given back in our area Handouts given on EUPD/PTSD. OPC 4 months. 10-Nov-2023 11:45 Administration note (NHS GG&C Mental Health Services) HOOD, Janice (TeamSecretary) Comment Earlier appt offered which Yvonne agreed to. New appt for Dr McGhee's clinic 15/11/23. 09-Nov-2023 13:17 Administration note (NHS GG&C Mental Health Services) HOOD, Janice (TeamSecretary) Comment Yvonne called to update her address as she has moved back to Govan. Address updated on Emis. 07	Impact / treatment
7	-	Mental-health medication	Claire (ConsultantPsychiatrist) Comment Seen in OPC Full letter to follow Difficult circumstances since last appt- struggling with emotional dysregulation at times and took extra Quetiapine on occasion Now returned to 2-3 tablets at night. Struggled in supported accommodation and now moved back to own tenancy. No current thoughts of self harm/suicide. Future focussed and keen to engage with staff for ECS- remains unsuitable for virtual group due to lack of tech/wifi. O/E- appearing well kempt, casually and appropriately dressed for the weather. Very pleasant, mood appearing euthymic, no conce	Impact / treatment
7	-	Self-harm / suicide	at times and took extra Quetiapine on occasion Now returned to 2-3 tablets at night. Struggled in supported accommodation and now moved back to own tenancy. No current thoughts of self harm/suicide. Future focussed and keen to engage with staff for ECS- remains unsuitable for virtual group due to lack of tech/wifi. O/E- appearing well kempt, casually and appropriately dressed for the weather. Very pleasant, mood appearing euthymic, no concerns currently re risk. Good insight into mental health currently. Plan/ Discuss with NTL re reallocation given back in our area Handouts given on EUPD/PTSD.	Impact / treatment
7	-	Therapy / psychiatric care	onfidential NHS Information – Includes sensitive or personal patient data Forms - miscellaneous ■ MHAU Telephone Referral 17-Nov-2023 Winvoice Pro Filing MCGHEE, Claire (ConsultantPsychiatrist) Additional Attachment ■ MH6 Clinic outcome letter to GP | Brand Street Resource Centre Mental Health | Clare McGhee 15-Nov-2023 10:00 Face to face consultation (Brand Street Resource Centre) MCGHEE, Claire (ConsultantPsychiatrist) Comment Seen in OPC Full letter to follow Difficult circumstances since last appt- struggling with emotional dysregulation at times and took extra Quetiapine on occasion Now r	Impact / treatment
7	-	Third-party / attached records	on – Includes sensitive or personal patient data Forms - miscellaneous ■ MHAU Telephone Referral 17-Nov-2023 Winvoice Pro Filing MCGHEE, Claire (ConsultantPsychiatrist) Additional Attachment ■ MH6 Clinic outcome letter to GP | Brand Street Resource Centre Mental Health | Clare McGhee 15-Nov-2023 10:00 Face to face consultation (Brand Street Resource Centre) MCGHEE, Claire (ConsultantPsychiatrist) Comment Seen in OPC Full letter to follow Difficult circumstances since last appt- struggling with emotional dysregulation at times and took extra Quetiapine on occasion Now returned to 2-3 tablets at	Impact / treatment
8	-	Contradictory / neutral	e crisis number to telephone crisis Due to two calls from Charlene writer decided to contact Yvonne to assess Yvonne was happy to take call , speech was normal rate and tone , she denied any current thoughts of suicide or selfharm reports ” a build of stress” reports she has a 16 week old puppy who is keeping her awake at night, Yvonne sounded reactive in mood when talking about her puppy Yvonne reports she has been recently informed she has EUPD which made her feel distressed however admits she eager to commence treatment for same advised to start engaging in mindfulness , reports she has bee	Neutral / contradictory
8	-	Mental health	s she has a 16 week old puppy who is keeping her awake at night, Yvonne sounded reactive in mood when talking about her puppy Yvonne reports she has been recently informed she has EUPD which made her feel distressed however admits she eager to commence treatment for same advised to start engaging in mindfulness , reports she has been listening to music today and finds this helpful Writer advised Yvonne to telephone crisis if she experiences any further thoughts selfharm or suicide 06-Aug-2023 13:14 Telephone call from relative/carer (Florence Street Resource Centre) MCNAUGHTON, Kathryn (Senior	Impact / treatment
8	-	Self-harm / suicide	two calls from Charlene writer decided to contact Yvonne to assess Yvonne was happy to take call , speech was normal rate and tone , she denied any current thoughts of suicide or selfharm reports ” a build of stress” reports she has a 16 week old puppy who is keeping her awake at night, Yvonne sounded reactive in mood when talking about her puppy Yvonne reports she has been recently informed she has EUPD which made her feel distressed however admits she eager to commence treatment for same advised to start engaging in mindfulness , reports she has been listening to music today and finds this	Impact / treatment

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
8	-	Therapy / psychiatric care	(LocalityAdministrator) Comment Referral meeting 30/08/23 Attendees: HP, HK, JB,SM,SP, AF Internal Referral: Outcome:Team 24-Aug-2023 Winvoice Pro Filing MCGHEE, Claire (ConsultantPsychiatrist) Additional Attachment ■ MH6 Clinic outcome letter to GP | Brand Street Resource Centre Mental Health | Clare McGhee 24-Aug-2023 Winvoice Pro Filing MCGHEE, Claire (ConsultantPsychiatrist) Additional Attachment ■ MH6 Clinic outcome letter to GP | Brand Street Resource Centre Mental Health | Clare McGhee 11-Aug-2023 13:30 Telephone call to a patient (NHS GG&C Mental Health Services) ORR, Ronnie (ChargeNur	Impact / treatment
8	-	Third-party / attached records	omment Referral meeting 30/08/23 Attendees: HP, HK, JB,SM,SP, AF Internal Referral: Outcome:Team 24-Aug-2023 Winvoice Pro Filing MCGHEE, Claire (ConsultantPsychiatrist) Additional Attachment ■ MH6 Clinic outcome letter to GP | Brand Street Resource Centre Mental Health | Clare McGhee 24-Aug-2023 Winvoice Pro Filing MCGHEE, Claire (ConsultantPsychiatrist) Additional Attachment ■ MH6 Clinic outcome letter to GP | Brand Street Resource Centre Mental Health | Clare McGhee 11-Aug-2023 13:30 Telephone call to a patient (NHS GG&C Mental Health Services) ORR, Ronnie (ChargeNurse) Comment DUTY CONTACT.	Impact / treatment
9	-	Mental health	rly stable Found reduction in Quetiapine difficult- more agitated, mood more variable. Discussed increase to 25mg mane, 50mg nocte. Majority of appt spent discussing treatment for EUPD. Yvonne keen for ECS- will discuss at MDT- not suitable for group as does not have any technology. OPC appt 4 months. 31-Mar-2023 Winvoice Pro Filing MCGHEE, Claire (ConsultantPsychiatrist) Additional Attachment ■ MH57 To Whom It May Concern | Brand Street Resource Centre Mental Health | Clare McGhee 31-Mar-2023 Winvoice Pro Filing MCGHEE, Claire (ConsultantPsychiatrist) Additional Attachment ■ MH13 Prescription	Impact / treatment
9	-	Mental-health medication	Street Resource Centre) MCGHEE, Claire (ConsultantPsychiatrist) Comment Seen in OPC Full letter to follow Seen with partner Charlene. Mental state fairly stable Found reduction in Quetiapine difficult- more agitated, mood more variable. Discussed increase to 25mg mane, 50mg nocte. Majority of appt spent discussing treatment for EUPD. Yvonne keen for ECS- will discuss at MDT- not suitable for group as does not have any technology. OPC appt 4 months. 31-Mar-2023 Winvoice Pro Filing MCGHEE, Claire (ConsultantPsychiatrist) Additional Attachment ■ MH57 To Whom It May Concern | Brand Street Resource	Impact / treatment
9	-	Self-harm / suicide	terday, however Charlene clarified this was in fact due to Yvonne not paying attention rather than an intentional act. Current stressor due to Yvonne's brother voicing thoughts of suicide. Charlene advised Yvonne has not voiced any thoughts of harm to herself. Charlene will encourage Yvonne to contact for support today if required, or to contact her own team tomorrow. PLAN - task CMHT to inform of contact - No further action required by crisis. Will react appropriately should Yvonne call for support. 06-Aug-2023 13:12 Inbound Referral (NHS GG&C Mental Health Services) MCNAUGHTON, Kathryn (Seni	Impact / treatment
9	-	Therapy / psychiatric care	al to mental health crisis team From: (FCHC) Family/Carer 04-Aug-2023 11:31 Multidisciplinary team meeting without patient (Brand Street Resource Centre) MCGHEE, Claire (ConsultantPsychiatrist) Comment Discussion at MDT for allocation to keyworker for ECS work. Yvonne keen for this and aware there will likely be a wait for this. 02-Aug-2023 Winvoice Pro Filing MCGHEE, Claire (ConsultantPsychiatrist) Additional Attachment ■ MH13 Prescription change letter to GP | Brand Street Resource Centre Psychiatry | Clare McGhee 02-Aug-2023 12:52 Face to face consultation (Brand Street Resource Centre) MCG	Impact / treatment
9	-	Third-party / attached records	to keyworker for ECS work. Yvonne keen for this and aware there will likely be a wait for this. 02-Aug-2023 Winvoice Pro Filing MCGHEE, Claire (ConsultantPsychiatrist) Additional Attachment ■ MH13 Prescription change letter to GP | Brand Street Resource Centre Psychiatry | Clare McGhee 02-Aug-2023 12:52 Face to face consultation (Brand Street Resource Centre) MCGHEE, Claire (ConsultantPsychiatrist) Comment Seen in OPC Full letter to follow Seen with partner Charlene. Mental state fairly stable Found reduction in Quetiapine difficult- more agitated, mood more variable. Discussed increase to 25	Impact / treatment
10	-	Contemporaneous disclosure	dential NHS Information – Includes sensitive or personal patient data (ClinicalPsychologist) Template: Psychological Therapies HEAT Target CT Comment Psychological therapy summary report Examination Not suitable for psychological therapies (13-Sep-2022) 13-Feb-2023 Brand Street Resource Centre OTTAWAY, Paula (TeamMedicalSecretary) Entered By: MCGHEE, Claire (ConsultantPsychiatrist) Additional Attachment ■ MH6 Clinic outcome letter to GP | Brand Street Resource Centre Mental Health | Paula Ottaway 16-Jan-2023 14:30 Telephone call to a patient (NHS GG&C Mental Health Services) PATERSON, Heather	Direct or corroborative evidence
10	-	Self-harm / suicide	considering Destiny Church. Reports has an interview tomorrow at Anderston Library to mentor a young person with homework a couple hours per week. Evidence of future planning. No suicidal plan or intent. 12-Jan-2023 14:29 NHS GG&C Mental Health Services FINLAY, Ann Jeanette (LocalityAdministrator) Document Email encounter ■ (05-Jun-2021) Email encounter (05-Jun-2021) 12-Jan-2023 14:27 NHS GG&C Mental Health Services FINLAY, Ann Jeanette (LocalityAdministrator) Document Email encounter ■ (19-Jan-2021) Email encounter from Tayside Hospital (19-Jan-2021) 12-Jan-2023 14:25 NHS GG&C Mental Health	Impact / treatment
10	-	Sexual abuse	t (NHS GG&C Mental Health Services) PATERSON, Heather (PsychiatricNurse) Comment DUTY - returned Yvonne's call. Yvonne stated she phoned the police to report her partner's dad for sexual abuse and is waiting for the police to arrive. Yvonne experienced childhood sexual abuse and within the past 3 years has experienced abuse from her partner's dad. Stated she has spoken to Rape Crisis re abuse in past but did not feel ready to speak then so ended the support. Discussed that she is ready to speak about this now, writer stated Rape Crisis would offer support and she may find them helpful due to p	Direct or corroborative evidence

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
10	-	Therapy / psychiatric care	es Date of Birth: 10-Mar-1982 CHI Number: 100 382 0107 Printed 1:35pm 29-Apr-2026 Page 10 of 15 Confidential NHS Information – Includes sensitive or personal patient data (ClinicalPsychologist) Template: Psychological Therapies HEAT Target CT Comment Psychological therapy summary report Examination Not suitable for psychological therapies (13-Sep-2022) 13-Feb-2023 Brand Street Resource Centre OTTAWAY, Paula (TeamMedicalSecretary) Entered By: MCGHEE, Claire (ConsultantPsychiatrist) Additional Attachment ■ MH6 Clinic outcome letter to GP | Brand Street Resource Centre Mental Health | Paula Ottaw	Impact / treatment
10	-	Third-party / attached records	n-2023 14:30 Telephone call to a patient (NHS GG&C Mental Health Services) PATERSON, Heather (PsychiatricNurse) Comment DUTY - returned Yvonne's call. Yvonne stated she phoned the police to report her partner's dad for sexual abuse and is waiting for the police to arrive. Yvonne experienced childhood sexual abuse and within the past 3 years has experienced abuse from her partner's dad. Stated she has spoken to Rape Crisis re abuse in past but did not feel ready to speak then so ended the support. Discussed that she is ready to speak about this now, writer stated Rape Crisis would offer support	Impact / treatment
11	-	Contemporaneous disclosure	ere was a ”combination of things” and felt ”down in dumps” which led to overdose. Her partner took her to A&E. Yvonne stated that she discharged self from hospital ”I walked out”. Reports hearing ”whispers” when lying in bed at home but noone there; happened only once. Expressed frustration around unknown diagnosis unsure if bipolar or EUPD. States new home faces shipyard wall and she finds the view reminders of her facing wall as punishment in school. States completed 10 week Survive and Thrive previously but at end experienced flashbacks of abuse. Yvonne does not think quetiapine is working	Direct or corroborative evidence
11	-	Mental health	home faces shipyard wall and she finds the view reminders of her facing wall as punishment in school. States completed 10 week Survive and Thrive previously but at end experienced flashbacks of abuse. Yvonne does not think quetiapine is working for mood or sleep: states 5 hours after taking it she is still awake. Yvonne would like her medication reviewed. Has found move from Blairgowrie hard, discussed moving to new area. Nazarene Church offered previous community support but states that due to being in same sex relationship she is unsure about attending although states that ”there is no rejec	Impact / treatment
11	-	Mental-health medication	(NHS GG&C Mental Health Services) PATERSON, Heather (PsychiatricNurse) Comment DUTY Writer called Yvonne as follow-up from A&E attendance on 31/12/22 following overdose of 5x100mg quetiapine. Yvonne stated she is ”alright now, thanks”. Stated there was a ”combination of things” and felt ”down in dumps” which led to overdose. Her partner took her to A&E. Yvonne stated that she discharged self from hospital ”I walked out”. Reports hearing ”whispers” when lying in bed at home but noone there; happened only once. Expressed frustration around unknown diagnosis unsure if bipolar or EUPD. States new	Impact / treatment
11	-	Physical abuse / injury	ned only once. Expressed frustration around unknown diagnosis unsure if bipolar or EUPD. States new home faces shipyard wall and she finds the view reminders of her facing wall as punishment in school. States completed 10 week Survive and Thrive previously but at end experienced flashbacks of abuse. Yvonne does not think quetiapine is working for mood or sleep: states 5 hours after taking it she is still awake. Yvonne would like her medication reviewed. Has found move from Blairgowrie hard, discussed moving to new area. Nazarene Church offered previous community support but states that due to	Direct or corroborative evidence
11	-	Self-harm / suicide	e call to a patient (NHS GG&C Mental Health Services) PATERSON, Heather (PsychiatricNurse) Comment DUTY Writer called Yvonne as follow-up from A&E attendance on 31/12/22 following overdose of 5x100mg quetiapine. Yvonne stated she is ”alright now, thanks”. Stated there was a ”combination of things” and felt ”down in dumps” which led to overdose. Her partner took her to A&E. Yvonne stated that she discharged self from hospital ”I walked out”. Reports hearing ”whispers” when lying in bed at home but noone there; happened only once. Expressed frustration around unknown diagnosis unsure if bipolar	Impact / treatment
11	-	Therapy / psychiatric care	Email encounter ■ (17-Jan-2013) Other referral (17-Jan-2013) 06-Jan-2023 09:30 Multidisciplinary team meeting without patient (NHS GG&C Mental Health Services) PATERSON, Heather (PsychiatricNurse) Comment Discussed at MDT. Dr McGee will offer Yvonne earlier appointment date at clinic (current appointment 29/1/23) to review medication and if CPN/additional support required. 04-Jan-2023 11:45 Telephone call to a patient (NHS GG&C Mental Health Services) PATERSON, Heather (PsychiatricNurse) Comment DUTY Writer called Yvonne as follow-up from A&E attendance on 31/12/22 following overdose of 5x100	Impact / treatment
11	-	Third-party / attached records	retary) Document Referral to mental health team ■ Referral to mental health team from GGC RS QEUH - ED (31-Dec-2022) 22-Dec-2022 Winvoice Pro Filing PATIL, Shaila (JNR) Additional Attachment ■ MH6 Clinic outcome letter to GP | Brand Street Resource Centre Mental Health | Shaila Patil 06-Dec-2022 Winvoice Pro Filing PATIL, Shaila (JNR) Additional Attachment ■ MH6 Clinic outcome letter to GP | Brand Street Resource Centre Mental Health | Shaila Patil	Impact / treatment
12	-	Contemporaneous disclosure	inner, states feeling better now and symptoms have resolved, mentioned she had home made soup the previous evening and did not feel sick. Systematically well on assessment, Yvonne stated she feels she ate and drank too much at her cousins house. No long standing history of presenting complaint. Advised to contact GP/NHS24 if symptoms worsen. 10-Nov-2022 12:12 Telephone consultation (NHS GG&C Mental Health Services) PATIL, Shaila (JNR) Comment Keyworker Gail (at her Colleague Jane McGovan's request) from Youvvonne's current accomodation called enqure about our plan for ongoing support from CMHT	Direct or corroborative evidence
12	-	Contradictory / neutral	h better. moving to her own tenancy next week. looking forward to the move. also got back to her partner, taking one step at a time, planning to give it another go at slower pace. denied any stress at present. sleep disturbed last few nights due to noisy environment at hostel, otherwise sleeps well. attends church regularly and planning to get involve in volunteering once settled in her new home. not managed to complete mood diary. no info received from previous CMHT as yet. remains compliant with meds, denied SEs, dose adequate. no change made to prescription. denied suicidal thoughts/ psycho	Neutral / contradictory

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
12	-	Mental health	nts or details around diagnosis. has health and social care background. herself questiones the diagnosis, not sure it explains her difficulties. had input from survive and thrive- flashbacks of past trauma resurfaced since then. 20yr old son got in to trouble for sleeping with minors hence both mum and son got targeted by locals. moved to Glasgow at request of female partner however since moving here relationship broke down, now staying in hostel, partner assaulted Yvonne for raising concern about her life style as partner gets physical abuse and sexually inapropriate behaviour by her father.	Impact / treatment
12	-	Personal / social impact	to her partner, taking one step at a time, planning to give it another go at slower pace. denied any stress at present. sleep disturbed last few nights due to noisy environment at hostel, otherwise sleeps well. attends church regularly and planning to get involve in volunteering once settled in her new home. not managed to complete mood diary. no info received from previous CMHT as yet. remains compliant with meds, denied SEs, dose adequate. no change made to prescription. denied suicidal thoughts/ psychotic sx. Follow up in outpatient clinic - 4 months, face to face, aware to seek help if ear	Impact / treatment
12	-	Physical abuse / injury	quest of female partner however since moving here relationship broke down, now staying in hostel, partner assaulted Yvonne for raising concern about her life style as partner gets physical abuse and sexually inapropriate behaviour by her father. also worried about housing situation. not concern about son- now in a job and stable relationship with similar age group GF. mood 5/10 , euthymic reactive, injecting humour in between. no h/o suastained low mood for protracted period. denied labile mood, impulsivity, relationship difficulties.	Direct or corroborative evidence
12	-	Self-harm / suicide	ome. not managed to complete mood diary. no info received from previous CMHT as yet. remains compliant with meds, denied SEs, dose adequate. no change made to prescription. denied suicidal thoughts/ psychotic sx. Follow up in outpatient clinic - 4 months, face to face, aware to seek help if earlier input needed. Problem [X]Other bipolar affective disorders (First) 16-Nov-2022 10:30 Face to face consultation (Outreach) MCDONALD, Emma (TraineeAdvancedNursePractitioner) Comment Attended ANP outreach clinic at Elder street. Presenting complaint of nausea and vomitting 2 days ago while attending he	Impact / treatment
12	-	Therapy / psychiatric care	view was at 4 month's time. without disclosing much details advisedabout the uncertainity around diagnosis and also that we are in process of organising to get notes from previous Psychiatric services to get the clearer picture around Yvonne's difficulties and support she needed. will decide next course of action once we review her notes. meanwhile advised to ask Yvonne and staff to contact CMHT/ utilise duty if required. happy with above plan and advice. 04-Nov-2022 15:10 Administration note (NHS GG&C Mental Health Services) MOTHERWELL, Samantha (TeamSecretary) Comment Case notes requested vi	Impact / treatment
13	-	Contradictory / neutral	ed, grew up with diff foster carers. the most recent OD in june22in the context of partner's reluctance to get help for physical/ sexual abuse by father. will continue Quetiapine, denied SEs, suggested to keed Mood diary-incl mood, sleep, activity and conc request all past notes. Follow up in outpatient clinic - 4 months, face to face, made aware of CMHT/OOH/Crisis numbers and encouraged to seek help. happy with plan. 28-Oct-2022 11:39 Face to face consultation (NHS GG&C Mental Health Services) CORCORAN, Keith (TeamSecretary) Comment Yvonne called to say that she has received two appointments	Neutral / contradictory
13	-	Mental health	in Glasgow, no evidence of psychotic sx/ paranoia. sleep 8-9hrs denies suicidal thoughts. did not give concrete evidence of manic/hypomanic presentation any time in past. not sure Bipolar appropriate diagnosis, will keep this under review. childhood unhappy, mum alcoholic, sexually abused between 6-10 by a close family member. bullied at school due to care history. made friends with children with similar background, keeps in touch with friends from school. impulsive while growing up but not any more. frequent ODs in the past for 'cry for help' and suicidal attempts in contexts of crisis situat	Impact / treatment
13	-	Mental-health medication	W got involved, grew up with diff foster carers. the most recent OD in june22in the context of partner's reluctance to get help for physical/ sexual abuse by father. will continue Quetiapine, denied SEs, suggested to keed Mood diary-incl mood, sleep, activity and conc request all past notes. Follow up in outpatient clinic - 4 months, face to face, made aware of CMHT/OOH/Crisis numbers and encouraged to seek help. happy with plan. 28-Oct-2022 11:39 Face to face consultation (NHS GG&C Mental Health Services) CORCORAN, Keith (TeamSecretary) Comment Yvonne called to say that she has received two a	Impact / treatment
13	-	Placement in care	wing up but not any more. frequent ODs in the past for 'cry for help' and suicidal attempts in contexts of crisis situation and past rumination. SW got involved, grew up with diff foster carers. the most recent OD in june22in the context of partner's reluctance to get help for physical/ sexual abuse by father. will continue Quetiapine, denied SEs, suggested to keed Mood diary-incl mood, sleep, activity and conc request all past notes. Follow up in outpatient clinic - 4 months, face to face, made aware of CMHT/OOH/Crisis numbers and encouraged to seek help. happy with plan. 28-Oct-2022 11:39 Fa	Placement / corroboration
13	-	Self-harm / suicide	Includes sensitive or personal patient data enjoys diff arts, crafts, groups activities and visiting family in Glasgow, no evidence of psychotic sx/ paranoia. sleep 8-9hrs denies suicidal thoughts. did not give concrete evidence of manic/hypomanic presentation any time in past. not sure Bipolar appropriate diagnosis, will keep this under review. childhood unhappy, mum alcoholic, sexually abused between 6-10 by a close family member. bullied at school due to care history. made friends with children with similar background, keeps in touch with friends from school. impulsive while growing up but	Impact / treatment
13	-	Sexual abuse	risis situation and past rumination. SW got involved, grew up with diff foster carers. the most recent OD in june22in the context of partner's reluctance to get help for physical/ sexual abuse by father. will continue Quetiapine, denied SEs, suggested to keed Mood diary-incl mood, sleep, activity and conc request all past notes. Follow up in outpatient clinic - 4 months, face to face, made aware of CMHT/OOH/Crisis numbers and encouraged to seek help. happy with plan. 28-Oct-2022 11:39 Face to face consultation (NHS GG&C Mental Health Services) CORCORAN, Keith (TeamSecretary) Comment Yvonne cal	Direct or corroborative evidence

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
13	-	Substance / alcohol	ughts. did not give concrete evidence of manic/hypomanic presentation any time in past. not sure Bipolar appropriate diagnosis, will keep this under review. childhood unhappy, mum alcoholic, sexually abused between 6-10 by a close family member. bullied at school due to care history. made friends with children with similar background, keeps in touch with friends from school. impulsive while growing up but not any more. frequent ODs in the past for 'cry for help' and suicidal attempts in contexts of crisis situation and past rumination. SW got involved, grew up with diff foster carers. the most	Impact / treatment
13	-	Therapy / psychiatric care	iapine, denied SEs, suggested to keed Mood diary-incl mood, sleep, activity and conc request all past notes. Follow up in outpatient clinic - 4 months, face to face, made aware of CMHT/OOH/Crisis numbers and encouraged to seek help. happy with plan. 28-Oct-2022 11:39 Face to face consultation (NHS GG&C Mental Health Services) CORCORAN, Keith (TeamSecretary) Comment Yvonne called to say that she has received two appointments in one for Arran and one for Brand Street, as the patient is living in Brand Street area I said that i would cancel her apt with Dr Rani on 9th November and asked her to ke	Impact / treatment
14	-	Contradictory / neutral	y and engaging with own team of Monday, if not will utilise NHS24 over the weekend if requirng support. Recommendation Client will seek support over the weekend if struggling Risk No immediate risks identified tonight. 08-Jan-2022 01:23 Inbound Referral (NHS GG&C Mental Health Services) DOCHERTY, Stephen (AssUnscheduledCarePractitioner) Referral Referral to mental health crisis team From: GGC RS - NHS 24 08-Jan-2022 NHS GG&C Mental Health Services MCCONNELL, Karen (MedicalSecretary) Document Referral to mental health team ■ Referral to mental health team from GGC RS - NHS 24 (mental health hub	Neutral / contradictory
14	-	Emotional / psychological abuse	: 100 382 0107 Printed 1:35pm 29-Apr-2026 Page 14 of 15 Confidential NHS Information – Includes sensitive or personal patient data Perthshire with a diagnosis of BPAD (Type 2) and childhood trauma. Patient now residing in Burgher Street Refuge accomodation. History of childhood sexual trauma. Prescribed Quetiapine. Past history of overdose. TOC letter (to GP) scanned 12/09/22 Moved under discussion. 12-Sep-2022 11:31 NHS GG&C Mental Health Services KEENAN, Kayleigh (TeamSecretary) Document Additional information ■ Additional information from Drs Lafferty, Macphee, Dames & Smith (12-Sep-2022) 1	Direct or corroborative evidence
14	-	Mental health	report (Stobhill - MHAU) MACLEOD, Elizabeth (SeniorUnscheduledCarePractitioner) Template: SBAR V4 Comment Situation Electronic referral from NHS24. Yvonne had contacted NHS24 C/o low mood and fleeting thoughts of self harm Background Currently known to services in the Blairgowrie area states has Diagnosis of Bi-Polar Type2. Current treatment Quetiapine. Assessment On returning call both Yvonne and her partner were asleep, Yvonne apologised, reports lowering of mood with fleeting thoughts of harming herself. Currently staying at her partners home in Glasgow , has daily contact at present with	Impact / treatment
14	-	Mental-health medication	data Perthshire with a diagnosis of BPAD (Type 2) and childhood trauma. Patient now residing in Burgher Street Refuge accomodation. History of childhood sexual trauma. Prescribed Quetiapine. Past history of overdose. TOC letter (to GP) scanned 12/09/22 Moved under discussion. 12-Sep-2022 11:31 NHS GG&C Mental Health Services KEENAN, Kayleigh (TeamSecretary) Document Additional information ■ Additional information from Drs Lafferty, Macphee, Dames & Smith (12-Sep-2022) 12-Sep-2022 11:30 NHS GG&C Mental Health Services KEENAN, Kayleigh (TeamSecretary) Document SCI Gateway referral letter ■ SCI	Impact / treatment
14	-	Self-harm / suicide	Elizabeth (SeniorUnscheduledCarePractitioner) Template: SBAR V4 Comment Situation Electronic referral from NHS24. Yvonne had contacted NHS24 C/o low mood and fleeting thoughts of self harm Background Currently known to services in the Blairgowrie area states has Diagnosis of Bi-Polar Type2. Current treatment Quetiapine. Assessment On returning call both Yvonne and her partner were asleep, Yvonne apologised, reports lowering of mood with fleeting thoughts of harming herself. Currently staying at her partners home in Glasgow , has daily contact at present with her own team in Blairgowrie. Howev	Impact / treatment
14	-	Therapy / psychiatric care	isks identified tonight. 08-Jan-2022 01:23 Inbound Referral (NHS GG&C Mental Health Services) DOCHERTY, Stephen (AssUnscheduledCarePractitioner) Referral Referral to mental health crisis team From: GGC RS - NHS 24 08-Jan-2022 NHS GG&C Mental Health Services MCCONNELL, Karen (MedicalSecretary) Document Referral to mental health team ■ Referral to mental health team from GGC RS - NHS 24 (mental health hub) (08-Jan-2022) Values and Investigations 29-Oct-2024 Risk assessment 18-Nov-2023 Risk assessment	Impact / treatment
14	-	Third-party / attached records	for covid/ flu vaccine next week when we start campaign. 12-Jan-2022 Unknown MCCONNELL, Karen (MedicalSecretary) Entered By: MCLEOD, Aimee (SeniorUnscheduledCareNurse) Additional Attachment ■ AUT1 Clinical Letter | Stobhill Hospital Mental Health | Karen McConnell 08-Jan-2022 05:33 Telephone call to a patient, Unscheduled care report (Stobhill - MHAU) MACLEOD, Elizabeth (SeniorUnscheduledCarePractitioner) Template: SBAR V4 Comment Situation Electronic referral from NHS24. Yvonne had contacted NHS24 C/o low mood and fleeting thoughts of self harm Background Currently known to services in the B	Impact / treatment
15	-	Therapy / psychiatric care	023 ! Referral to mental health service FROM: GGC RS - NHS 24 (mental health hub) DOCHERTY, Stephen (AssUnscheduledCarePrac titioner) Ended 06-Aug-2023 ! Referral to mental health crisis team FROM: (FCHC) Family/Carer MCNAUGHTON, Kathryn (SeniorCrisisPractitioner) Ended 31-Dec-2022 ! Referral to mental health service FROM: GGC RS QEUH - ED DOCHERTY, Stephen (AssUnscheduledCarePrac titioner) Ended 19-Oct-2022 Referral to community mental health team FROM: Dr Mair, Dr Pettigrew, Dr Martin & Dr Neylon MOONEY, Yvonne (ClericalOfficer) Ended 12-Sep-2022 Referral to community mental health team FROM	Impact / treatment

EMIS Documents - YJ_Redacted_Part2(1).pdf

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
1	28/01/2025	Mental health	XT: 05447 www.nhsggc.org.uk Dear Dr Sykes, Re: Yvonne Jamieson DOB: 10/03/1982 CHI: 1003820107 Address: Flat 2/2 3 Roxburgh Way, Greenock, Inverclyde, PA15 4LN Diagnosis: Reactive low mood. Medication: Please px Quetiapine 25 to 50 mgs at night as required. Follow up: OPD Crown House 6 weeks. I saw Yvonne back for review at the psychiatric clinic in Crown House on 27th January 2025. Unfortunately, Yvonne spent a particularly lonely and unpleasant Christmas and New Year sharing her celebratory meal with a fellow client of the Salvation Army whose BO was so acrid that she had to excuse herself t	Impact / treatment
1	28/01/2025	Mental-health medication	Dr Sykes, Re: Yvonne Jamieson DOB: 10/03/1982 CHI: 1003820107 Address: Flat 2/2 3 Roxburgh Way, Greenock, Inverclyde, PA15 4LN Diagnosis: Reactive low mood. Medication: Please px Quetiapine 25 to 50 mgs at night as required. Follow up: OPD Crown House 6 weeks. I saw Yvonne back for review at the psychiatric clinic in Crown House on 27th January 2025. Unfortunately, Yvonne spent a particularly lonely and unpleasant Christmas and New Year sharing her celebratory meal with a fellow client of the Salvation Army whose BO was so acrid that she had to excuse herself to be sick. All of this moved Yvo	Impact / treatment
1	28/01/2025	Self-harm / suicide	r sharing her celebratory meal with a fellow client of the Salvation Army whose BO was so acrid that she had to excuse herself to be sick. All of this moved Yvonne to an impulsive overdose that she immediately regretted, but the hospital staff wouldn't let her go without being assessed unless she attended today's appointment as arranged on her behalf.	Impact / treatment
1	28/01/2025	Therapy / psychiatric care	PA15 4LN Diagnosis: Reactive low mood. Medication: Please px Quetiapine 25 to 50 mgs at night as required. Follow up: OPD Crown House 6 weeks. I saw Yvonne back for review at the psychiatric clinic in Crown House on 27th January 2025. Unfortunately, Yvonne spent a particularly lonely and unpleasant Christmas and New Year sharing her celebratory meal with a fellow client of the Salvation Army whose BO was so acrid that she had to excuse herself to be sick. All of this moved Yvonne to an impulsive overdose that she immediately regretted, but the hospital staff wouldn't let her go without being	Impact / treatment
2	28/01/2025	Mental-health medication	nue an established trajectory of psychosocial recovery by applying for jobs. On reflection, Yvonne thought that she might have been a bit hasty in forgoing the hypnotic effects of Quetiapine. She asked after any alternatives. I said that as far as something that she could take on a prn basis all sedative antihistamines had the same problems and she'd be better sticking to Quetiapine as the devil that she knew. Yours sincerely Dr Brian Hart Locum Consultant Psychiatrist Authorised on 29/01/2025 17:28:04 by Dr Brian Hart.	Impact / treatment
2	28/01/2025	Therapy / psychiatric care	a prn basis all sedative antihistamines had the same problems and she'd be better sticking to Quetiapine as the devil that she knew. Yours sincerely Dr Brian Hart Locum Consultant Psychiatrist Authorised on 29/01/2025 17:28:04 by Dr Brian Hart.	Impact / treatment
3	17/03/2025	Mental-health medication	r Sykes, Re: Yvonne Jamieson DOB: 10/03/1982 CHI: 1003820107 Address: Flat 2/2 3 Roxburgh Way, Greenock, Inverclyde, PA15 4LN Diagnosis: Prolonged adjustment disorder. Medication: Quetiapine 50 mgs at night. Follow up: Discharged. I saw Yvonne back for review at the psychiatric clinic in Crown House on 13th March 2025. Yvonne continues to settle in her new life and her efforts to broaden her horizons met with the sort of good luck that they deserve. As such a dog of an expensively rare breed, albeit of admittedly astonishing ugliness (it appeared to have at least 4 times more skin than	Impact / treatment
3	17/03/2025	Therapy / psychiatric care	gh Way, Greenock, Inverclyde, PA15 4LN Diagnosis: Prolonged adjustment disorder. Medication: Quetiapine 50 mgs at night. Follow up: Discharged. I saw Yvonne back for review at the psychiatric clinic in Crown House on 13th March 2025. Yvonne continues to settle in her new life and her efforts to broaden her horizons met with the sort of good luck that they deserve. As such a dog of an expensively rare breed, albeit of admittedly astonishing ugliness (it appeared to have at least 4 times more skin than	Impact / treatment
4	26/03/2025	Mental-health medication	paid work have been frustrated but the overall impression very much of her merely having to wait for an opportunity rather than passing these up. Yvonne regrets that she is taking Quetiapine again but feels that it is a necessary evil for now. Yvonne's sensibly proactive stance doesn't sit well with attending appointments just for the sake of it and she said that she's just as well be discharged for now as her circumstances are reasonably auspicious, but she knows just to phone in if it comes to it. Yours sincerely Dr Brian Hart Locum Consultant Psychiatrist Authorised on 26/03/2025 12:18:43 b	Impact / treatment
4	26/03/2025	Therapy / psychiatric care	just as well be discharged for now as her circumstances are reasonably auspicious, but she knows just to phone in if it comes to it. Yours sincerely Dr Brian Hart Locum Consultant Psychiatrist Authorised on 26/03/2025 12:18:43 by Dr Brian Hart.	Impact / treatment
6	27/01/2025	Mental-health medication	ay. Would you please prescribe: £ Urgent (within 48 hours) (*phone practice prior to emailing confirmation) £ Routine (Prescription available 48 hours following request) Please px Quetiapine 25 to 50 mgs at night as required. £ This medication is in addition to/is an amendment to the patient's current regime. £ This medication replaces: Which the patient is currently taking and which should now be stopped. A detailed letter will follow. Yours sincerely Dr Brian Hart Consultant Psychiatrist	Impact / treatment
6	27/01/2025	Therapy / psychiatric care	regime. £ This medication replaces: Which the patient is currently taking and which should now be stopped. A detailed letter will follow. Yours sincerely Dr Brian Hart Consultant Psychiatrist	Impact / treatment
8	20/12/2024	Mental health	2/2 3 Roxburgh Way Crown House Greenock 30 King Street Inverclyde Greenock PA15 4LN Inverclyde PA15 1NL 01475 558000 EXT: 05447 www.nhsggc.org.uk Dear Yvonne Jamieson, Diagnosis: Complex PTSD. Medication: Please px 14 x Zopiclone tablets to take as required for poor sleep Quetiapine to reduce and stop at Yvonne's discretion. Follow up: Discharged. I'm just dropping you a line to go over the main points of our discussion at the psychiatric clinic in Crown House on 16th December 2024 Even as something of a last resort I was glad that your move to Greenock had allowed you to distance yourself fr	Impact / treatment

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
8	20/12/2024	Mental-health medication	e PA15 1NL 01475 558000 EXT: 05447 www.nhsggc.org.uk Dear Yvonne Jamieson, Diagnosis: Complex PTSD. Medication: Please px 14 x Zopiclone tablets to take as required for poor sleep Quetiapine to reduce and stop at Yvonne's discretion. Follow up: Discharged. I'm just dropping you a line to go over the main points of our discussion at the psychiatric clinic in Crown House on 16th December 2024 Even as something of a last resort I was glad that your move to Greenock had allowed you to distance yourself from what you described a toxic relationship and your work with the Salvation Army therapeutic i	Impact / treatment
8	20/12/2024	Therapy / psychiatric care	quired for poor sleep Quetiapine to reduce and stop at Yvonne's discretion. Follow up: Discharged. I'm just dropping you a line to go over the main points of our discussion at the psychiatric clinic in Crown House on 16th December 2024 Even as something of a last resort I was glad that your move to Greenock had allowed you to distance yourself from what you described a toxic relationship and your work with the Salvation Army therapeutic in its own terms and allowing you to establish a social identity in your new community. Although technically an antipsychotic, this is only really the case for	Impact / treatment
9	-	Mental health	ove might make the process easier. The mere fact of having been prescribed quetiapine or even taking it would not be a bar to your holding a provisional driving licence. The term 'EUPD' can raise concerns that you are an impulsive or reckless person but this sounded far from the case. As I said the striking thing about people who get labelled as having EUPD is that they never seem to have much in common and its far better seen as a loose set of feelings and behaviours that most people will manifest if you are bad enough to them. Again, it reflected a time and place in your life more than anyth	Impact / treatment
9	-	Mental-health medication	hink there is any reason to say that you would lose by stopping it. Access to some sleeping tablets as above might make the process easier. The mere fact of having been prescribed quetiapine or even taking it would not be a bar to your holding a provisional driving licence. The term 'EUPD' can raise concerns that you are an impulsive or reckless person but this sounded far from the case. As I said the striking thing about people who get labelled as having EUPD is that they never seem to have much in common and its far better seen as a loose set of feelings and behaviours that most people will	Impact / treatment
9	-	Therapy / psychiatric care	our ability to hold a driving licence. If it helps, you could put my details on any future application and they'll write to me so that I can reassure them accordingly. In terms of psychological therapies, their effectiveness correlates with their ability to engage clients in an emotionally meaningful way, present a rationale that people buy into, and that persuade you to make changes in between appointments. From your account I wouldn't have seen anything available elsewhere as likely to equal, let alone improve on, what you take part in at the Salvation Army. I'm afraid I wouldn't be able to	Impact / treatment
20	-	Therapy / psychiatric care	equent assessment by staff from the Community Mental Health Team, your case has now been discussed at our multi-disciplinary team meeting. It was agreed that you will be offered a psychiatry out-patient appointment. Please note you will receive appointment in due course. Yours sincerely Screening and Allocation Team cc. Dr G. Sykes, Cochrane Medical Practice Health & Social Care Partnership Interim Chief Officer: Kate Rocks	Impact / treatment
21	01/08/2024	Therapy / psychiatric care	ith Brand St and so I am discharging her. In the meantime she is aware of the appropriate contact details should she require any input. Yours sincerely Dr Claire McGhee Consultant Psychiatrist Authorised on 21/08/2024 10:37:03 by Clare McGhee.	Impact / treatment
22	-	Therapy / psychiatric care	"Improving Lives" Our Ref: ICMHT/AR Date: 22nd October 2024 Inverclyde Community Mental Health Team Crown House 30 King Street GREENOCK PA15 1NL Tel: 01475 558000 Fax: 01475 558137 Private and Confidential Miss Yvonne Jamieson Flat 1/1 27 Mearns Street GREENOCK PA15 4QA Dear Miss Jamieson Following your recent referral to the Community Mental Health Team we would wish to offer you an initial mental health assessment at your home by two members	Impact / treatment
26	25/07/2024	Therapy / psychiatric care	inic Day Date Time Hospital No. REFERRAL LETTER MEDICAL IN CONFIDENCE GGC Mental Health Referral Protocol - Glasgow Additional Support Needs: No known ASN requirements REFERRAL TO Psychiatry - (Consultant) Inverclyde - CMHT Adult GGC Mental Health _____ Consultant / receiving practitioner and/or specialty clinic Community Mental Health Team - Adult SCI Gateway Virtual Location code _____ Hospital and hospital address Hospital location code. G002G Email address - Urgency of referral Routine Date of referral 25-Jul-2024 Date sent 25-Jul-2024 PATIENT DETAILS Patient's address Surname Jamieson For	Impact / treatment
27	25/07/2024	Emotional / psychological abuse	2023 17-Nov-2023 Overdose of drug QUETIAPINE /LEVOTHYROXINE 26- Feb-2023 26-Feb-2023 Overdose of drug quetiapine/ levothyroxine/ 26- Feb-2023 26-Feb-2023 H/O: psychological trauma childhood trauma 13- Sep-2022 13-Sep-2022 Mixed bipolar affective disorder H/O PYSCHOLOGICAL TRAUMA IN CHILDHOOD 13- Sep-2022 13-Sep-2022 [X]Intentional self-harm Episode: New event. 19- Jun-2022 19-Jun-2022 Pain - 26-Jan-2021 26-Jan-2021 [X]Bipolar affective disorder - 17-Apr-2020 17-Apr-2020 Overdose of drug LEVOTHYROXINE ARIPIPRAZOLE, LAMOTRIGINE 06- Mar-2020 06-Mar-2020 Overdose of drug Episode: New event. NOTES:	Direct or corroborative evidence
27	25/07/2024	Mental health	because she has a diagnosis. I don't really quite understand this, but in any case she does have significant mental health issues and has been diagnosed as suffering from EUPD and CPTSD. She is currently on Quetiapine 25mg one in the morning and two at night and I wondered if she could be reviewed by psychiatrist services. Many thanks. _____ Reason for referral Care type requested: Out Patient Expected outcome: Not Specified _____ Past medical history Pre-existing conditions (High & medium priority - all) Description Comment Date of onset Dat	Impact / treatment
27	25/07/2024	Mental-health medication	. I don't really quite understand this, but in any case she does have significant mental health issues and has been diagnosed as suffering from EUPD and CPTSD. She is currently on Quetiapine 25mg one in the morning and two at night and I wondered if she could be reviewed by psychiatrist services. Many thanks. _____ Reason for referral Care type requested: Out Patient Expected outcome: Not Specified _____ Past medical history Pre-existing conditions (High & medium priority - all) Description Comment Date of onset Date recorded Hypothyroidism -	Impact / treatment

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
27	25/07/2024	Self-harm / suicide	H/O: psychological trauma childhood trauma 13- Sep-2022 13-Sep-2022 Mixed bipolar affective disorder H/O PYSCHOLOGICAL TRAUMA IN CHILDHOOD 13- Sep-2022 13-Sep-2022 [X]Intentional self-harm Episode: New event. 19- Jun-2022 19-Jun-2022 Pain - 26-Jan-2021 26-Jan-2021 [X]Bipolar affective disorder - 17-Apr-2020 17-Apr-2020 Overdose of drug LEVOTHYROXINE ARIPIPRAZOLE, LAMOTRIGINE 06- Mar-2020 06-Mar-2020 Overdose of drug Episode: New event. NOTES: : mixed: Levothyroxine, Aripiprazole, Lamotrigine. 06- Mar-2020 06-Mar-2020 Acquired hypothyroidism - 04-Jan-2019 04-Jan-2019 [X]Depressive episode, uns	Impact / treatment
27	25/07/2024	Substance / alcohol	tion: Ischaemic heart disease [G3...00] NOTES: : father. 14-Jan-2011 FH: Stroke Relative Read code of condition: Cerebrovascular disease [G6...00] NOTES: : father. 14-Jan-2011 FH: Alcoholism Relative Read code of condition: Alcoholism [E23..11] NOTES: : mother. 01-Jan-1992 _____ Current medication (Active Repeat medication issued within the last 12 months) Drug name Quantity Formulation Dosage Frequency Date started Date last issued SCI Gateway - Jamieson, Yvonne, CHI: 1003820107, 25-July-2024, Inverclyde - CMHT Adult 25/07/2024 13:38 Page 2 of 4	Impact / treatment
27	25/07/2024	Therapy / psychiatric care	y disorder - 17- Nov-2023 17-Nov-2023 Overdose of drug QUETIAPINE /LEVOTHYROXINE 26- Feb-2023 26-Feb-2023 Overdose of drug quetiapine/ levothyroxine/ 26- Feb-2023 26-Feb-2023 H/O: psychological trauma childhood trauma 13- Sep-2022 13-Sep-2022 Mixed bipolar affective disorder H/O PYSCHOLOGICAL TRAUMA IN CHILDHOOD 13- Sep-2022 13-Sep-2022 [X]Intentional self-harm Episode: New event. 19- Jun-2022 19-Jun-2022 Pain - 26-Jan-2021 26-Jan-2021 [X]Bipolar affective disorder - 17-Apr-2020 17-Apr-2020 Overdose of drug LEVOTHYROXINE ARIPIPRAZOLE, LAMOTRIGINE 06- Mar-2020 06-Mar-2020 Overdose of drug Episo	Impact / treatment
28	25/07/2024	Mental-health medication	- May-2024 18- Jul-2024 Recent medication (Any medication issued within last 90 days not shown above) Drug name Quantity Formulation Dosage Frequency Date started Date last issued Quetiapine Fumarate Tablets 25 mg 84 84 tablet I TAB AM AND 2 TABS AT NIGHT - 18- Jul-2024 18- Jul-2024 Quetiapine Fumarate Tablets 25 mg 84 84 tablet I TAB AM AND 2 TABS AT NIGHT - 04- Jun-2024 04- Jun-2024 Quetiapine Fumarate Tablets 25 mg 84 84 tablet I TAB AM AND 2 TABS AT NIGHT - 18- Apr-2024 18- Apr-2024 Levothyroxine Sodium Tablets 100 micrograms 56 56 TABLET ONE TO BE TAKEN EACH DAY - 18- Apr-2024 07- Jun-202	Impact / treatment
28	25/07/2024	Substance / alcohol	oker: 12-Oct-2022 Never smoked tobacco: Smoking status on date of event: Never smoked. 20-Jan-2022 Never smoked tobacco: Smoking status on date of event: Never smoked. 18-Dec-2018 Alcohol consumption, 0 units/week: 25-Oct-2023 Teetotaller: 25-Oct-2023 Drinks rarely: Drinking status on eventdate: Current drinker. NOTES: : 1 per month. 18-Dec-2018 Alcohol consumption, 2 /wk: 14-Jan-2011 Aerobic exercise 3+ times/week: 25-Oct-2023 _____ Clinical warnings Allergies Description Comment Date recorded Adverse reaction to Morphine 25-Oct-2023 Adverse reaction to Morphine 09-F	Impact / treatment
28	25/07/2024	Therapy / psychiatric care	ic to Diclofenac-no further info. 05- Jan-2012 _____ Additional Support Needs SCI Gateway - Jamieson, Yvonne, CHI: 1003820107, 25-July-2024, Inverclyde - CMHT Adult 25/07/2024 13:38 Page 3 of 4	Impact / treatment
29	25/07/2024	Emotional / psychological abuse	f harm:Don't Know Is patient responsible for children?:Don't Know Risk to others including children/dependents/clinicians/other:Don't Know Risk from others:Don't Know Risk of Self Neglect:Don't Know OK to send correspondence to home address?:Yes Patient will accept any site:Yes Patient will accept cancellation or short notice appointment (within 1-6 days):Yes Referred By:Referring GP Electronic Attachment Present:No Social circumstances Ethnic Origin: (White) Scottish Signature of referring doctor (or other professional) Date SCI Gateway - Jamieson, Yvonne, CHI: 1003820107, 25-July-2024, Inver	Direct or corroborative evidence
29	25/07/2024	Neglect	f harm:Don't Know Is patient responsible for children?:Don't Know Risk to others including children/dependents/clinicians/other:Don't Know Risk from others:Don't Know Risk of Self Neglect:Don't Know OK to send correspondence to home address?:Yes Patient will accept any site:Yes Patient will accept cancellation or short notice appointment (within 1-6 days):Yes Referred By:Referring GP Electronic Attachment Present:No Social circumstances Ethnic Origin: (White) Scottish Signature of referring doctor (or other professional) Date SCI Gateway - Jamieson, Yvonne, CHI: 1003820107, 25-July-2024, Inver	Direct or corroborative evidence
29	25/07/2024	Self-harm / suicide	No known ASN requirements _____ Additional relevant information Risk of Suicide:Don't Know Past history of suicide attempt:Don't Know Risk of deliberate self harm:Don't Know Is patient responsible for children?:Don't Know Risk to others including children/dependents/clinicians/other:Don't Know Risk from others:Don't Know Risk of Self Neglect:Don't Know OK to send correspondence to home address?:Yes Patient will accept any site:Yes Patient will accept cancellation or short notice appointment (within 1-6 days):Yes Referred By:Referring GP Electronic Attachment Present:	Impact / treatment
29	25/07/2024	Therapy / psychiatric care	ircumstances Ethnic Origin: (White) Scottish Signature of referring doctor (or other professional) Date SCI Gateway - Jamieson, Yvonne, CHI: 1003820107, 25-July-2024, Inverclyde - CMHT Adult 25/07/2024 13:38 Page 4 of 4	Impact / treatment
29	25/07/2024	Third-party / attached records	ndence to home address?:Yes Patient will accept any site:Yes Patient will accept cancellation or short notice appointment (within 1-6 days):Yes Referred By:Referring GP Electronic Attachment Present:No Social circumstances Ethnic Origin: (White) Scottish Signature of referring doctor (or other professional) Date SCI Gateway - Jamieson, Yvonne, CHI: 1003820107, 25-July-2024, Inverclyde - CMHT Adult 25/07/2024 13:38 Page 4 of 4	Impact / treatment
30	17/06/2024	Therapy / psychiatric care	Kerr Interim Chief Officer CHI: 1003820107 Page 1 of 1 17/06/2024 Our Ref: LB/AF Job ID: 100537373 Date: 17/06/2024 PRIVATE & CONFIDENTIAL Dr GC Sykes Department of General Adult Psychiatry Cochrane Medical Practice Brand Street Resource Centre Greenock Health & Care Centre Units G7, G8 & G4 Wellington Street 150 Brand Street Greenock Glasgow PA15 4NH G51 1DH 01413038900 EXT: www.nhsggc.org.uk Dear Dr Sykes Re: Yvonne Jamieson DOB: 10/03/1982 CHI: 1003820107 Address: Flat 1/1 27 Mearns Street, Greenock, Inverclyde, PA15 4QA I am writing to let you know that I will now be discharging the above	Impact / treatment

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
31	20/06/2024	Mental health	you give brief description of your current difficulties and how long you have had them? I called Yvonne for triage this morning. She confirmed that she has a diagnosis of EUPD and CPTSD. Prior to moving to Inverclyde she was seen and supported by the CMHT in Brand Street, Govan; her support level there was a CPN Keyworker, Psychologist and OPC with Consultant Psychiatrist who made diagnosis of EUPD. I explained the function of the Primary Care Mental Health Team (PCMHT) which will not meet her needs level and I have suggested that she speak to her GP for referral to tier 2 mental health servic	Impact / treatment
31	20/06/2024	Self-harm / suicide	l to tier 2 mental health services. Current Psychotropic Medication Not discussed Could you tell me something about your use of alcohol or drugs in the past and now? not discussed Self-Harm/Suicidal Ideation past or present? No concerns regarding self-harm or suicide currently. Any previous convictions or pending charges? Not discussed Is there any other relevant information you want to share? No Decision and rationale discussed with patient: Patient confirmed that she has a diagnosis of EUPD and CPTSD. I explained the function of the Primary Care Mental Health Team (PCMHT) which will not meet	Impact / treatment
31	20/06/2024	Substance / alcohol	have suggested that she speak to her GP for referral to tier 2 mental health services. Current Psychotropic Medication Not discussed Could you tell me something about your use of alcohol or drugs in the past and now? not discussed Self-Harm/Suicidal Ideation past or present? No concerns regarding self-harm or suicide currently. Any previous convictions or pending charges? Not discussed Is there any other relevant information you want to share? No Decision and rationale discussed with patient: Patient confirmed that she has a diagnosis of EUPD and CPTSD. I explained the function of the Primary	Impact / treatment
31	20/06/2024	Therapy / psychiatric care	at she has a diagnosis of EUPD and CPTSD. Prior to moving to Inverclyde she was seen and supported by the CMHT in Brand Street, Govan; her support level there was a CPN Keyworker, Psychologist and OPC with Consultant Psychiatrist who made diagnosis of EUPD. I explained the function of the Primary Care Mental Health Team (PCMHT) which will not meet her needs level and I have suggested that she speak to her GP for referral to tier 2 mental health services. Current Psychotropic Medication Not discussed Could you tell me something about your use of alcohol or drugs in the past and now? not discuss	Impact / treatment
32	-	Therapy / psychiatric care	Inverclyde Primary Care Mental Health Team Triage Questions Appropriate for Everyday CBT Group Yes No Rational if not Appropriate for Attend Anywhere Yes No Rationale if not Triage form completed by: James Graham, Primary Care Mental Health Nurse	Impact / treatment
33	-	Therapy / psychiatric care	t appointment at Brand Street Resource Centre. A further appointment has been made for you to be seen on Date: Wednesday 5th June 2024 Time: 10am Appointment with: Linda Broadfoot CPN - Face to face appointment at Location: Brand Street Resource Centre If this appointment is not suitable, please telephone the above number so alternative arrangements can be made. Please see enclosed leaflets about the service, your appointment and how the NHS protects your personal health information (available online at http://www.nhsggc.org.uk/patients-and-visitors/faqs/data-protection-privacy/) Yours sincere	Impact / treatment
38	-	Therapy / psychiatric care	referred to our service for an outpatient consultation. Arrangements have been made for you to be seen on: Date: Tuesday 7th may 2024 Time: 10am Appointment with: Linda Broadfoot CPN - Face to Face appointment at Location: Brand Street Resource Centre If you are attending an appointment with a doctor, please note that in some instances you may be seen by a locum Consultant or another member of the medical team. If this appointment is not suitable, please telephone me on the above number so alternative arrangements can be made. If applicable, any specific requirements for your attendance will	Impact / treatment
39	14/12/2023	Contemporaneous disclosure	hol and street valium) and stated that she wants to “take things slow” and Yvonne felt like she could not “get a straight answer” from her partner as to the reasoning behind this. Reports she has run out of medication as had been taking extra in an attempt to sleep and has contacted the GP for a further supply as a special request as the GP stated she was not due any more as was given an adequate supply but as stated has been taking extra. Discussed past issues and abuse she has experienced stated she only has her partner for support in Glasgow as had to leave Perth due to being “ran out of wh	Direct or corroborative evidence
39	14/12/2023	Mental health	s will be able to reconcile with partner. Awaiting CPN allocation and ECS group. Hopeful this will help but some trepidation as when has engaged in work before felt this triggered flashbacks of previous abuse. Reports superficial scratches to arm were an attempt at gaining some relief from how she was feeling and does not think she will harm herself this evening. No plan or intent	Impact / treatment
39	14/12/2023	Self-harm / suicide	named person was referred to the Mental Health Assessment Unit (MHAU), Leverndale by NHS24 Mental Health Hub, and was assessed by telephone on 18/11/2023. Situation NHS24 referral suicidal thoughts, falling out with partner superficial scratches to wrists. Assessment Yvonne engaged well over the phone. Stated still had thoughts of ending her life. Stated that she had smashed her tablet and her phone out of frustration.States her partner of 4 years has started drinking and consuming illicit substances (previous issues with alcohol and street valium) and stated that she wants to “take things slo	Impact / treatment
39	14/12/2023	Substance / alcohol	. Stated that she had smashed her tablet and her phone out of frustration.States her partner of 4 years has started drinking and consuming illicit substances (previous issues with alcohol and street valium) and stated that she wants to “take things slow” and Yvonne felt like she could not “get a straight answer” from her partner as to the reasoning behind this. Reports she has run out of medication as had been taking extra in an attempt to sleep and has contacted the GP for a further supply as a special request as the GP stated she was not due any more as was given an adequate supply but as st	Impact / treatment
39	14/12/2023	Therapy / psychiatric care	ow as had to leave Perth due to being “ran out of where she was living” due to her son being convicted of a sexual offence. Thinks will be able to reconcile with partner. Awaiting CPN allocation and ECS group. Hopeful this will help but some trepidation as when has engaged in work before felt this triggered flashbacks of previous abuse. Reports superficial scratches to arm were an attempt at gaining some relief from how she was feeling and does not think she will harm herself this evening. No plan or intent	Impact / treatment
40	14/12/2023	Self-harm / suicide	calling CMHT number. 3. Writer will own task team to highlight contact. 4. Discharge from MHAU Caseload. Risk Denies any plan or intent to harm self further this evening. Reported overdose one year ago. Yours sincerely Nick McIntyre Senior Unscheduled Care Nurse Authorised on 14/12/2023 10:48:03 by Typist Donna Farmer, not verified by Nick McIntyre.	Impact / treatment

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
40	14/12/2023	Therapy / psychiatric care	to harm self but states ongoing thoughts. Forward planning of attending GP/engaging with CMHT. Recommendation 1. Contact NHS24 again if she feels requires support overnight. 2. Advised can access CMHT duty worker and also Crisis though calling CMHT number. 3. Writer will own task team to highlight contact. 4. Discharge from MHAU Caseload. Risk Denies any plan or intent to harm self further this evening. Reported overdose one year ago. Yours sincerely Nick McIntyre Senior Unscheduled Care Nurse Authorised	Impact / treatment
41	05/04/2024	Therapy / psychiatric care	th the city. I will therefore reappoint her in due course and she is aware of our contact details should she require any earlier input. Yours sincerely Dr Claire McGhee Consultant Psychiatrist Authorised on 06/04/2024 17:22:12 by Clare McGhee.	Impact / treatment
42	10/03/1982	Mental health	/b> Medication: RUN OUT OF QUITIAPINE TWO DAYS AGO - REALLY STRUGGLING, SIDE EFFECTS Engagement with services: CMHT LOOKING AT EMOTIONAL COPING SKILLS Main problem: NIGHT TERRORS, CPTSD, EUPD, TRAUMA. SEXUAL ABUSE.. FATHER OF PARTNER RAPED PT. ATTEMPTED TO CUT FOREARM BEFORE CALL WITH SUICIDAL INTENT. HX OF SUICIDE ATTEMPTS AND DSH. RECENT STRESS WITH RELATIONSHIPS. SOUNDING INTENSELY STRESSED, PECKING FOR BREATH, OVERWHELMED AND V IMPULSIVE RAG History and mental state: Red Public protection considerations: Harm to others risk: NO CONCERNS Child protection: NO CONCERNS Adult protection	Impact / treatment
42	10/03/1982	Self-harm / suicide	al Confidential: True G51 3EF Tel: 0141 286 6200 Call Origin Caller Name: Yvonne Tel: Stephen Anderson Start Time:18/11/2023 19:46 NHS 24 Assessment End Time: 18/11/2023 20:27 --- SUICIDAL THINKING. ATTEMPTED TO CUT WRIST TO KILL SELF. --- Clinical summary created by: Stephen Anderson (Pwp Call Taker) () [18/11/2023 20:27:01] Reason for call: SUICIDAL THINKING. ATTEMPTED TO CUT WRIST TO KILL SELF.Confirmed Symptom(s): Endpoint Management Selected (CT) History and Mental state: Medication: RUN OUT OF QUITIAPINE TWO DAYS AGO - REALLY STRUGGLING, SIDE EFFECTS Engagement with service	Impact / treatment
42	10/03/1982	Sexual abuse	UT OF QUITIAPINE TWO DAYS AGO - REALLY STRUGGLING, SIDE EFFECTS Engagement with services: CMHT LOOKING AT EMOTIONAL COPING SKILLS Main problem: NIGHT TERRORS, CPTSD, EUPD, TRAUMA. SEXUAL ABUSE.. FATHER OF PARTNER RAPED PT. ATTEMPTED TO CUT FOREARM BEFORE CALL WITH SUICIDAL INTENT. HX OF SUICIDE ATTEMPTS AND DSH. RECENT STRESS WITH RELATIONSHIPS. SOUNDING INTENSELY STRESSED, PECKING FOR BREATH, OVERWHELMED AND V IMPULSIVE RAG History and mental state: Red Public protection considerations: Harm to others risk: NO CONCERNS Child protection: NO CONCERNS Adult protection: NO CONCERNS RAG Har	Direct or corroborative evidence
42	10/03/1982	Therapy / psychiatric care	: Endpoint Management Selected (CT) History and Mental state: Medication: RUN OUT OF QUITIAPINE TWO DAYS AGO - REALLY STRUGGLING, SIDE EFFECTS Engagement with services: CMHT LOOKING AT EMOTIONAL COPING SKILLS Main problem: NIGHT TERRORS, CPTSD, EUPD, TRAUMA. SEXUAL ABUSE.. FATHER OF PARTNER RAPED PT. ATTEMPTED TO CUT FOREARM BEFORE CALL WITH SUICIDAL INTENT. HX OF SUICIDE ATTEMPTS AND DSH. RECENT STRESS WITH RELATIONSHIPS. SOUNDING INTENSELY STRESSED, PECKING FOR BREATH, OVERWHELMED AND V IMPULSIVE RAG History and mental state: Red Public protection considerations: Harm to ot	Impact / treatment
42	10/03/1982	Third-party / attached records	ING INTENSELY STRESSED, PECKING FOR BREATH, OVERWHELMED AND V IMPULSIVE RAG History and mental state: Red Public protection considerations: Harm to others risk: NO CONCERNS Child protection: NO CONCERNS Adult protection: NO CONCERNS RAG Harm to others: Green RAG Child protection: Green Report Statistics: Report produced by Adastra Version 3 - 18/11/2023 20:27:58 Page 1 of 4	Impact / treatment
43	10/03/1982	Self-harm / suicide	or: Khan,Rashid(343) Glasgow Surgery: Westmuir Medical Confidential: True G51 3EF Tel: 0141 286 6200 Call Origin Caller Name: Yvonne Tel: RAG Adult protection: Green Suicide or self-harm: RAG Self-harm: Amber RAG Suicide: RAG Red Self-harm risk: HX OF DSH BY OD USING MEDS. Suicide risk: ATTEMPTED TO CUT OWN WRIST EARLIER WITH KNIFE (30 MINS BEFORE CALL) SUPERFICIAL SCRATCHING. SUICIDAL AFTER DISAGREEMENT WITH PARTNER. HX OF SUICIDE ATTEMPTS. SOUNDING VERY OVERWHELMED IMPULSIVE AND HIGH RISK Social and personal risks: Support network: VERY ISOLATED IN GLASGOW, COMES FROM PERTH, RE	Impact / treatment
44	10/03/1982	Self-harm / suicide	3) Glasgow Surgery: Westmuir Medical Confidential: True G51 3EF Tel: 0141 286 6200 Call Origin Caller Name: Yvonne Tel: Overall impression: PT INITIALLY STATING SHE FEELS STRONGLY SUICIDAL AND VERY IMPULSIVE, UNABLE TO CONTROL HER VERY STRONG EMOTIONS. ATTEMPTED TO CUT WRIST BEFORE CALL BUT NOT BROKEN SKIN AND NOT NEEDING TREATMENT. HAS BEEN USING ALC TO SELF MIEDICATE LAST FEW DAYS, NONE TODAY. NOT HAD PRESCR QUITIAPINE FOR LAST 2 DAYS, RUN OUT. TRIGGERED BY RELATIONSHIP STRESSES TODAY AND UNABLE TO MANAGE EMPOTIONS, FEELING OVERWHELMED AND INCAPABLE OF SAFE PLANNING. WHEN ASKED REGARDING SAF	Impact / treatment
44	10/03/1982	Therapy / psychiatric care	UNABLE TO MANAGE EMPOTIONS, FEELING OVERWHELMED AND INCAPABLE OF SAFE PLANNING. WHEN ASKED REGARDING SAFETY TONIGHT PT REPEATING SHE JUST CAN'T BE SURE. DW MHNP K MCKENNA, OUTCOME CPN 2 RAG Overall impression: Amber RAG Summary: Red:2 Amber:3 Green:5 Not known:0 Call Detail(s): Call reason: Suicidal thoughts Clinical supervisor: McKenna Kathleen MCKENNAK Cardonald 18:11:2023 20:25:50 ANDERSONS.. PT INITIALLY STATING SHE FEELS STRONGLY SUICIDAL AND VERY IMPULSIVE, UNABLE TO CONTROL HER VERY STRONG EMOTIONS. ATTEMPTED TO CUT WRIST BEFORE CALL BUT NOT BROKEN SKIN AND NOT NEEDING TREATMENT.	Impact / treatment
45	10/03/1982	Contemporaneous disclosure	t Own Doctor: Khan,Rashid(343) Glasgow Surgery: Westmuir Medical Confidential: True G51 3EF Tel: 0141 286 6200 Call Origin Caller Name: Yvonne Tel: Start Time:18/11/2023 20:27 Non-disclosure set to True End Time: 18/11/2023 20:27 Start Time:18/11/2023 20:27 Case status set to COMPLETE End Time: 18/11/2023 20:27 Special Patient Notes Report Statistics: Report produced by Adastra Version 3 - 18/11/2023 20:27:58 Page 4 of 4	Direct or corroborative evidence

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
46	18/11/2023	Mental health	/b> Medication: RUN OUT OF QUITIAPINE TWO DAYS AGO - REALLY STRUGGLING, SIDE EFFECTS Engagement with services: CMHT LOOKING AT EMOTIONAL COPING SKILLS Main problem: NIGHT TERRORS, CPTSD, EUPD, TRAUMA. SEXUAL ABUSE.. FATHER OF PARTNER RAPED PT. ATTEMPTED TO CUT FOREARM BEFORE CALL WITH SUICIDAL INTENT. HX OF	Impact / treatment
46	18/11/2023	Self-harm / suicide	assessment? (ED/GP only) Y Is the patient under arrest? Y N N Safe mode of transport: Taxi Ambulance Police Own transport Presenting Complaint: Please tick only one box Episode of Self Harm Other Mental Health Issues Addiction Issues Social Stressors/Distress Alcohol/ Drugs Presentation/comment: SUICIDAL THINKING. ATTEMPTED TO CUT WRIST TO KILL SELF. --- Clinical summary created by: Stephen Anderson (Pwp Call Taker) () [18/11/2023 20:27:01] Reason for call: SUICIDAL THINKING. ATTEMPTED TO CUT WRIST TO KILL SELF.Confirmed Symptom(s): Endpoint Management Selected (CT) History and Menta	Impact / treatment
46	18/11/2023	Sexual abuse	UT OF QUITIAPINE TWO DAYS AGO - REALLY STRUGGLING, SIDE EFFECTS Engagement with services: CMHT LOOKING AT EMOTIONAL COPING SKILLS Main problem: NIGHT TERRORS, CPTSD, EUPD, TRAUMA. SEXUAL ABUSE.. FATHER OF PARTNER RAPED PT. ATTEMPTED TO CUT FOREARM BEFORE CALL WITH SUICIDAL INTENT. HX OF	Direct or corroborative evidence
46	18/11/2023	Substance / alcohol	port: Taxi Ambulance Police Own transport Presenting Complaint: Please tick only one box Episode of Self Harm Other Mental Health Issues Addiction Issues Social Stressors/Distress Alcohol/ Drugs Presentation/comment: SUICIDAL THINKING. ATTEMPTED TO CUT WRIST TO KILL SELF. --- Clinical summary created by: Stephen Anderson (Pwp Call Taker) () [18/11/2023 20:27:01] Reason for call: SUICIDAL THINKING. ATTEMPTED TO CUT WRIST TO KILL SELF.Confirmed Symptom(s): Endpoint Management Selected (CT) History and Mental state: Medication: RUN OUT OF QUITIAPINE TWO DAYS AGO - REALLY STRUGGLING,	Impact / treatment
46	18/11/2023	Therapy / psychiatric care	: Endpoint Management Selected (CT) History and Mental state: Medication: RUN OUT OF QUITIAPINE TWO DAYS AGO - REALLY STRUGGLING, SIDE EFFECTS Engagement with services: CMHT LOOKING AT EMOTIONAL COPING SKILLS Main problem: NIGHT TERRORS, CPTSD, EUPD, TRAUMA. SEXUAL ABUSE.. FATHER OF PARTNER RAPED PT. ATTEMPTED TO CUT FOREARM BEFORE CALL WITH SUICIDAL INTENT. HX OF	Impact / treatment
46	18/11/2023	Third-party / attached records	ss Yvonne Jamieson Tel No: 01412866200 / 07377923042 DOB: 10-Mar-1982 CHI: 100 382 0107 Address: Flat 0/2, 7 Taransay St, Glasgow, G51 3EF Postcode: G51 3EF Ambulance, ED, GP only Police only Is the patient medically fit to be assessed/transferred? (e.g intoxicated, overdose, covid symptoms, waiting on blood results, wounds requiring treatment?) Y Incident No: N Shoulder No: Mental Health triage and risk assessment tool completed (from ED only) Y Is the patient intoxicated? Y N N Glasgow Coma Scale below 15 (ED/SAS Only) Y Is the patient on a 297? Y N N Do you wish to receive feedback followin	Impact / treatment
47	19/11/2023	Contradictory / neutral	SELY STRESSED, PECKING FOR BREATH, OVERWHELMED AND V Contact Type: Telephone Face to face Interpreter required Primary language unknown Outcome of assessment: Own team contacted - denied plan or intent to harm self further or end life. Time arrived Time assessed 1051 Time left 2325 Completed by: N. McIntyre Date: 19/11/2023 Time: 0020	Neutral / contradictory
47	19/11/2023	Self-harm / suicide	SUICIDE ATTEMPTS AND DSH. RECENT STRESS WITH RELATIONSHIPS. SOUNDING INTENSELY STRESSED, PECKING FOR BREATH, OVERWHELMED AND V Contact Type: Telephone Face to face Interpreter required Primary language unknown Outcome of assessment: Own team contacted - denied plan or intent to harm self further or end life. Time arrived Time assessed 1051 Time left 2325 Completed by: N. McIntyre Date: 19/11/2023 Time: 0020	Impact / treatment

Jamieson Yvonne 1003820107 Combined (1)(1).pdf

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
15	17/07/2010	Third-party / attached records	on Only Outcome Code: MIDP Consultation Start: 17/07/2010 22:44 Consultation Finish: 17/07/2010 22:58 Patients Present Location Patient Home Details (1003820107) Address: 4 Walker Court, Canal Street, Perth, PH2 8LF Phone: 07562 111995 Ext: Name: YVONNE JAMIESON Address: 4 Walker Court, Canal Street, Perth, PH2 8LF Phone: Sex: F DOB: 10/03/1982 Age: 28 Years Contact: Registered GP Details (at time of call) Dr Name: DOCHERTY, ELSPETH Practice: WHITEFRIARS SURGERY RED Clinical Summary: NO MOVEMENT FROM BABY FOR TODAY AND 20 WEEKS PREGNANT, ROUTINE SCAN YESTERDAY,PREVIOUS HISTORY OF STILLBIRTH AT	Impact / treatment
16	-	Third-party / attached records	ferral was submitted 11-May-2010 If patient is an armed forces veteran please tick this box Urgency of referral Routine PATIENT DETAILS Patient's address Surname JAMIESON 4 WALKER COURT CANAL STREET PERTH PH2 8LF Forename(s) YVONNE Title MRS Sex Female Date of birth 10-Mar-1982 Contact number(s) CHI no. 1003820107 Voice: 07562111995 REGISTERED GP DETAILS Practice address Name Dr JM Auld WHITEFRIARS STREET PERTH GMC code 3172409 GP code 77607 Practice name Whitefriars Surgery (Red) Practice code 14249 Con Voice: 01738625842 REFERRING PRACTITIONER DETAILS Practice address Name Dr EC Docherty WHI	Impact / treatment
17	-	Mental health	years old. She had another pregnancy at the end of 2008 beginning of 2009 but sadly had a stillbirth at 24 weeks due to pre-eclampsia. Yvonne had a lot of problems after this with depression and is on Citalopram. She then moved away to Arbroath but has just moved back and evidently is pregnant again, her LMP being on the 21st March. She has now split up from the baby's father and her older child Kyle is in the care of her sister. She is currently taking Folic Acid 5 mgs and I gather that after the stillbirth she was advised if she got pregnant again she should be on Aspirin. As I say unfortuna	Impact / treatment

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
17	-	Mental-health medication	other pregnancy at the end of 2008 beginning of 2009 but sadly had a stillbirth at 24 weeks due to pre-eclampsia. Yvonne had a lot of problems after this with depression and is on Citalopram. She then moved away to Arbroath but has just moved back and evidently is pregnant again, her LMP being on the 21st March. She has now split up from the baby's father and her older child Kyle is in the care of her sister. She is currently taking Folic Acid 5 mgs and I gather that after the stillbirth she was advised if she got pregnant again she should be on Aspirin. As I say unfortunately I do not have he	Impact / treatment
19	21/08/2009	Mental-health medication	ult to gain accurate history but appears she suffered full term miscarriage 4 months ago which contributed to first admission to MR in May due to suicidal ideation. Since then, on Citalopram and Thyroxine but concordance variable. Split with husband ? 2mths ago and now lives with 7 yr old son who is on Child Protection Reg. Says has no CMHT input. States feeling suicidal for last 2-3 days and has tried distraction but no longer working. Disturbed sleep pattern and appetite. Would like to be admitted again. Says ruminating re hanging self and feels will act on this tonight. No family avail. to	Impact / treatment
19	21/08/2009	Physical abuse / injury	19:43 Started 19:44 Status Telephone Urgency: Within 1 Hour Notes to Practice: Phoned and spoke to Yvonne. Difficult to gain accurate history but appears she suffered full term miscarriage 4 months ago which contributed to first admission to MR in May due to suicidal ideation. Since then, on Citalopram and Thyroxine but concordance variable. Split with husband ? 2mths ago and now lives with 7 yr old son who is on Child Protection Reg. Says has no CMHT input. States feeling suicidal for last 2-3 days and has tried distraction but no longer working. Disturbed sleep pattern and appetite. Would l	Direct or corroborative evidence
19	21/08/2009	Self-harm / suicide	ontact: Karen White Registered GP Details (at time of call) Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED (T14249) Script No: T77607 Clinical Summary: Description: FEELING SUICIDAL FOR TODAY AND ONLY ABLE TO TALK TO RELATIVE. 2ND CALL TO NHS24. HAD TIE AROUND NECK. OUTCOME SPK TO CPN 1 HR ASAP MOBILE NUMBER 07597282831 Call Number: 0000594973 Date: 21/08/2009 Time: 19:41 Passed: 19:43 Started 19:44 Status Telephone Urgency: Within 1 Hour Notes to Practice: Phoned and spoke to Yvonne. Difficult to gain accurate history but appears she suffered full term miscarriage 4 months ago which co	Impact / treatment
19	21/08/2009	Therapy / psychiatric care	ation. Since then, on Citalopram and Thyroxine but concordance variable. Split with husband ? 2mths ago and now lives with 7 yr old son who is on Child Protection Reg. Says has no CMHT input. States feeling suicidal for last 2-3 days and has tried distraction but no longer working. Disturbed sleep pattern and appetite. Would like to be admitted again. Says ruminating re hanging self and feels will act on this tonight. No family avail. to stay with her. Discussed with Dr Ali at MR who knows her from GP practice and she agreed to assess. OOH Soc Wk contacted re Kyle as no family avail to look af	Impact / treatment
19	21/08/2009	Third-party / attached records	utcome Code: CPN2 Consultation Start: 21/08/2009 19:37 Consultation Finish: 21/08/2009 19:40 Patients Present Location Patient Home Details (1003820107) Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 07876 265074 Ext: Name: YVONNE JAMIESON Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: Sex: F DOB: 10/03/1982 Age: 27 years old Contact: Karen White Registered GP Details (at time of call) Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED (T14249) Script No: T77607 Clinical Summary: Description: FEELING SUICIDAL FOR TODAY AND ONLY ABLE TO T	Impact / treatment
20	21/08/2009	Self-harm / suicide	Suicidal Ideation. Drugs: There were no drugs attached to the call Outcome: Death/Presume Life Extinct: GP to certify: No Further Action: Refer To: None Dept: None Review by GP: When: Where: Patient to contact GP: Consultation 1: Date Start Time Finish Time Consultation 2: Date Start Time Finish Time 21/08/2009 19:44 20:44 Clinical Group Name Completion Date / Time: 21/08/2009 20:44 Duty Clinician: Dundee Mr JOHN HAM	Impact / treatment
21	21/08/2009	Mental health	al Summary: Description: SUICIDAL FOR 1 DAY AND SENT TEXTS TO HUSBAND SAYING WANTING TO LILL HERSELF AND SECOND WITH PICTURE TEXT WITH TIE OR BELT AROUND NECK, PREVIOUS HISTORY OF DEPRESSION, ADVISED OTHER RELATIVE THAT NEED TO GO TO PRI OOH WITHIN 1HR Call Number: 0000594945 Date: 21/08/2009 Time: 18:37 Passed: 18:40 Started 19:52 Status DNA Urgency: Within 1 Hour Notes to Practice: DNA, BUT SECOND CALL HAS CAME IN AND HAS BEEN PASSED TO CPN. Diagnosis: AS ABOVE Drugs: There were no drugs attached to the call Outcome: Death/Presume Life Extinct: GP to certify: No Further Action: Refer To: Non	Impact / treatment
21	21/08/2009	Neglect	REVIOUS HISTORY OF DEPRESSION, ADVISED OTHER RELATIVE THAT NEED TO GO TO PRI OOH WITHIN 1HR Call Number: 0000594945 Date: 21/08/2009 Time: 18:37 Passed: 18:40 Started 19:52 Status DNA Urgency: Within 1 Hour Notes to Practice: DNA, BUT SECOND CALL HAS CAME IN AND HAS BEEN PASSED TO CPN. Diagnosis: AS ABOVE Drugs: There were no drugs attached to the call Outcome: Death/Presume Life Extinct: GP to certify: No Further Action: Refer To: None Dept: None	Direct or corroborative evidence
21	21/08/2009	Self-harm / suicide	27 years old Contact: Karen Registered GP Details (at time of call) Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED (T14249) Script No: T77607 Clinical Summary: Description: SUICIDAL FOR 1 DAY AND SENT TEXTS TO HUSBAND SAYING WANTING TO LILL HERSELF AND SECOND WITH PICTURE TEXT WITH TIE OR BELT AROUND NECK, PREVIOUS HISTORY OF DEPRESSION, ADVISED OTHER RELATIVE THAT NEED TO GO TO PRI OOH WITHIN 1HR Call Number: 0000594945 Date: 21/08/2009 Time: 18:37 Passed: 18:40 Started 19:52 Status DNA Urgency: Within 1 Hour Notes to Practice: DNA, BUT SECOND CALL HAS CAME IN AND HAS BEEN PASSED TO CP	Impact / treatment
21	21/08/2009	Therapy / psychiatric care	r: 0000594945 Date: 21/08/2009 Time: 18:37 Passed: 18:40 Started 19:52 Status DNA Urgency: Within 1 Hour Notes to Practice: DNA, BUT SECOND CALL HAS CAME IN AND HAS BEEN PASSED TO CPN. Diagnosis: AS ABOVE Drugs: There were no drugs attached to the call Outcome: Death/Presume Life Extinct: GP to certify: No Further Action: Refer To: None Dept: None	Impact / treatment

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
21	21/08/2009	Third-party / attached records	utcome Code: PCC2 Consultation Start: 21/08/2009 18:29 Consultation Finish: 21/08/2009 18:37 Patients Present Location Patient Home Details (1003820107) Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: Name: YVONNE JAMIESON Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: Sex: F DOB: 10/03/1982 Age: 27 years old Contact: Karen Registered GP Details (at time of call) Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED (T14249) Script No: T77607 Clinical Summary: Description: SUICIDAL FOR 1 DAY AND SENT TEXTS TO HUSBAND SAYING WANTING TO LILL H	Impact / treatment
23	18/05/2009	Third-party / attached records	utcome Code: PRCP Consultation Start: 18/05/2009 03:33 Consultation Finish: 18/05/2009 03:43 Patients Present Location Patient Home Details (1003820107) Address: Flat B, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 07745 447905 Ext: Name: YVONNE JAMIESON Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: Sex: F DOB: 10/03/1982 Age: 27 Years Contact: Registered GP Details (at time of call) Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED Clinical Summary: VAGINAL BLEEDING FOR 4 DAYS AND USING X2 PADS PER 24 HOURS. FRESH BLEEDING. VOMITED X 2 THIS EVENING.	Impact / treatment
24	08/05/2009	Mental health	COME H/V 2 HOURS. Call Number: 0000561805 Date: 08/05/2009 Time: 19:32 Passed: 19:35 Started 19:45 Status Telephone Urgency: Within 2 Hours Notes to Practice: Hx severe post natal depression following birth of son 7years ago. No ongoing issues once this was resolved. Still born baby just two weeks ago and has not felt herself since. Has not eaten properly in days and poor sleep pattern. Loss of motivation and tearful. Family, especially husband have concerns about her safety. Has been texting final messages to husband - wishing she was dead "to be with Justin". Unable to attend to other child	Impact / treatment
24	08/05/2009	Mental-health medication	ther child "pushing him away". Passive plans of suicide but when assessed further stated she would not rule out anything, OD hanging, jumping from bridge. Feels desperate. Been on CITALOPRAM 2wks. Not adverse to further assessment at MRH. D/w SHO Dr. McKenzie who agreed to see her at Moredun A. Assessed and admitted. Diagnosis:	Impact / treatment
24	08/05/2009	Self-harm / suicide	t: Karen (Sister) Registered GP Details (at time of call) Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED (T14249) Script No: T77607 Clinical Summary: Description: DEPRESSED SUICIDAL FOR 3-4 DAYS AND CALL FROM PT'S SISTER AND HUSBAND. PT HAD STILL BORN BABY BOY 0N 27.3.09. BABY BOY CALLED JUSTIN. VERY DEPRESSED AND UPSET NOW EXPRESSING THAT SHE WISHES TO KILL HERSELF TO BE WITH HER BABY. FAMILY VERY CONCERNED. OUTCOME H/V 2 HOURS. Call Number: 0000561805 Date: 08/05/2009 Time: 19:32 Passed: 19:35 Started 19:45 Status Telephone Urgency: Within 2 Hours Notes to Practice: Hx severe post nat	Impact / treatment
24	08/05/2009	Third-party / attached records	utcome Code: VIS3 Consultation Start: 08/05/2009 19:27 Consultation Finish: 08/05/2009 19:30 Patients Present Location Patient Home Details (1003820107) Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 07597 282831 Ext: Name: YVONNE JAMIESON Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 07938 948337 Sex: F DOB: 10/03/1982 Age: 27 years old Contact: Karen (Sister) Registered GP Details (at time of call) Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED (T14249) Script No: T77607 Clinical Summary: Description: DEPRESSED SUICIDAL FOR 3-4 DA	Impact / treatment
25	08/05/2009	Self-harm / suicide	Post Traumatic Event / Suicidal Drugs: There were no drugs attached to the call Outcome: Death/Presume Life Extinct: GP to certify: No Further Action: Refer To: Mental Health Services Dept: CPN Review by GP: When: Where: Patient to contact GP: Consultation 1: Date Start Time Finish Time Consultation 2: Date Start Time Finish Time 08/05/2009 19:45 20:20 Clinical Group Name Completion Date / Time: 08/05/2009 20:20 Duty Clinician: Dundee Ms A	Impact / treatment
25	08/05/2009	Therapy / psychiatric care	atic Event / Suicidal Drugs: There were no drugs attached to the call Outcome: Death/Presume Life Extinct: GP to certify: No Further Action: Refer To: Mental Health Services Dept: CPN Review by GP: When: Where: Patient to contact GP: Consultation 1: Date Start Time Finish Time Consultation 2: Date Start Time Finish Time 08/05/2009 19:45 20:20 Clinical Group Name Completion Date / Time: 08/05/2009 20:20 Duty Clinician: Dundee Ms ALISON SCOTT Closed By: amscott	Impact / treatment
26	02/05/2009	Third-party / attached records	utcome Code: SCAI Consultation Start: 02/05/2009 17:24 Consultation Finish: 02/05/2009 17:32 Patients Present Location Patient Home Details (1003820107) Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 07938 948337 Ext: Name: YVONNE JAMIESON Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 07938 948337 Sex: F DOB: 10/03/1982 Age: 27 Years Contact: John Registered GP Details (at time of call) Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED Clinical Summary: VAGINAL BLEEDING/CHEST PAIN FOR 5 WEEKS/1 WEEK AND PASSING CLOTS AND STRINGY BLOOD.	Impact / treatment
27	25/04/2009	Third-party / attached records	utcome Code: PCC4 Consultation Start: 25/04/2009 21:03 Consultation Finish: 25/04/2009 21:06 Patients Present Location Patient Home Details (1003820107) Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 07938 948337 Ext: Name: YVONNE JAMIESON Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 07938 948337 Sex: F DOB: 10/03/1982 Age: 27 years old Contact: John Registered GP Details (at time of call) Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED (T14249) Script No: T77607 Clinical Summary: Description: CHEST WALL PAIN FOR 48 HOURS AND INCREA	Impact / treatment
29	25/03/2009	Third-party / attached records	utcome Code: MIDP Consultation Start: 25/03/2009 18:54 Consultation Finish: 25/03/2009 19:10 Patients Present Location Patient Home Details (1003820107) Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 07597 282831 Ext: Name: YVONNE JAMIESON Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: Sex: F DOB: 10/03/1982 Age: 27 Years Contact: John Registered GP Details (at time of call) Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED Clinical Summary: CHEST PAIN/VOMITING FOR 1 HR AGO AND PARA 1+0. 23/40 PREGNANT.? MILD TEMP.BRIEF EPISODE CENTRAL,	Impact / treatment

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
30	20/01/2009	Physical consequences	SURGERY RED (T14249) Script No: T77607 Clinical Summary: Description: NAUSEA/VOMITING FOR 4/7 AND WORSE TODAY, 15 WKS PREGNANT, UNABLE TO KEEP FLUIDS DOWN, FEELS LIGHTHEADED, C/O HEADACHE,PU LESS, URINE DARK, CYCLIZINE WITH NIL EFFECT, HAS BEEN HOSPITALIZED X2 WITH HYPEREMESIS GRAVIDARUM IN PAST FEW WKS, PCEC WITHIN 1 HR, PRI, Call Number: 0000528991 Date: 20/01/2009 Time: 19:11 Passed: 19:12 Started 19:45 Status Attend Urgency: Within 1 Hour Attended: Date: 20/01/2009 Time: 19 :40 Notes to Practice: 15/52 pregnent. Several admissions with vomiting. Dizzy and vomiting stilll despite cyclizine	Impact / treatment
30	20/01/2009	Third-party / attached records	utcome Code: PCC2 Consultation Start: 20/01/2009 19:04 Consultation Finish: 20/01/2009 19:11 Patients Present Location Patient Home Details (1003820107) Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 07597 282831 Ext: Name: YVONNE JAMIESON Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: Sex: F DOB: 10/03/1982 Age: 26 years old Contact: Registered GP Details (at time of call) Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED (T14249) Script No: T77607 Clinical Summary: Description: NAUSEA/VOMITING FOR 4/7 AND WORSE TODAY, 15 WKS PREGNANT,	Impact / treatment
32	12/12/2008	Third-party / attached records	utcome Code: FIOI Consultation Start: 13/12/2008 01:44 Consultation Finish: 13/12/2008 01:45 Patients Present Location Patient Home Details (1003820107) Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 07597 282831 Ext: Name: YVONNE JAMIESON Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553 Sex: F DOB: 10/03/1982 Age: 26 Years Contact: John Registered GP Details (at time of call) Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED Clinical Summary: Condition: CB VOMITING ONGOING SEE AV Call Number: 0000514129 Received in Coop: 13/	Impact / treatment
33	28/11/2008	Third-party / attached records	utcome Code: PCC4 Consultation Start: 28/11/2008 19:26 Consultation Finish: 28/11/2008 19:33 Patients Present Location Patient Home Details (1003820107) Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 07938 948337 Ext: Name: YVONNE JAMIESON Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553 Sex: F DOB: 10/03/1982 Age: 26 years old Contact: John Registered GP Details (at time of call) Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED (T14249) Script No: T77607 Clinical Summary: Description: CENTRAL LOWER ABDOMINAL PAIN FOR 2 DAYS	Impact / treatment
35	17/11/2008	Contradictory / neutral	membranes. Normal skin tone. P 68/min reg. BP 110/63 (sitting) with no significant postural drop in BP on standing. SOU Prot + Bld -ve Gluc -ve Ket trace. Reassured that meantime no evidence of signif dehydration and fairly short hx. Given general advice re fluids and advised regarding rv if continues. Diagnosis:	Neutral / contradictory
35	17/11/2008	Third-party / attached records	utcome Code: PCT2 Consultation Start: 17/11/2008 21:44 Consultation Finish: 17/11/2008 21:57 Patients Present Location Patient Home Details (1003820107) Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553 Ext: Name: YVONNE MCLEAN Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553 Sex: F DOB: 10/03/1982 Age: 26 years old Contact: John Registered GP Details (at time of call) Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED (T14249) Script No: T77607 Clinical Summary: Description: VOMITING FOR 24 HOURS AND 6 WEEKS PREGNAN	Impact / treatment
37	04/11/2008	Third-party / attached records	utcome Code: PCC2 Consultation Start: 04/11/2008 21:27 Consultation Finish: 04/11/2008 21:36 Patients Present Location Patient Home Details (1003820107) Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553 Ext: Name: YVONNE MCLEAN Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553 Sex: F DOB: 10/03/1982 Age: 26 years old Contact: John Registered GP Details (at time of call) Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED (T14249) Script No: T77607 Clinical Summary: Description: ABDOMINAL PAIN FOR 1 WEEK AND AT PRI TODA	Impact / treatment
39	03/11/2008	Third-party / attached records	utcome Code: DPP2 Consultation Start: 03/11/2008 21:37 Consultation Finish: 03/11/2008 21:48 Patients Present Location Patient Home Details (1003820107) Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553 Ext: Name: YVONNE MCLEAN Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553 Sex: F DOB: 10/03/1982 Age: 26 years old Contact: John Registered GP Details (at time of call) Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED (T14249) Script No: T77607 Clinical Summary: Description: RIGHT SIDED ABDO PAIN FOR 1/7 AND 6 WEEKS	Impact / treatment
41	30/10/2008	Physical consequences	, JOHN Practice: WHITEFRIARS SURGERY RED Clinical Summary: VAGINAL BLEEDING FOR 1 HR AND SMALL SPECS OF BLOOD NOTICED ON WIPING, CURRENT UTI, OTHERWISE WELL. NO ABDOMINAL PAIN, NO HEADACHES. GIVEN EARLY PREGNANCY ASSESSMENT CLINIC NUMBER, TO CONTACT MIDWIFE. WORSENING STATEMENT GIVEN. Condition: VAGINAL BLEEDING 1 DAY SEE AV Call Number: 0000502487 Received in Coop: 30/10/2008 19:16	Impact / treatment
41	30/10/2008	Third-party / attached records	utcome Code: MIDP Consultation Start: 30/10/2008 19:00 Consultation Finish: 30/10/2008 19:11 Patients Present Location Patient Home Details (1003820107) Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553 Ext: Name: YVONNE MCLEAN Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553 Sex: F DOB: 10/03/1982 Age: 26 Years Contact: Registered GP Details (at time of call) Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED Clinical Summary: VAGINAL BLEEDING FOR 1 HR AND SMALL SPECS OF BLOOD NOTICED ON WIPING, CURRENT UTI, OTHERWI	Impact / treatment
42	26/10/2008	Third-party / attached records	utcome Code: UNT1 Consultation Start: 26/10/2008 10:07 Consultation Finish: 26/10/2008 10:07 Patients Present Location Patient Home Details (1003820107) Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553 Ext: Name: YVONNE MCLEAN Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553 Sex: F DOB: 10/03/1982 Age: 26 years old Contact: John Registered GP Details (at time of call) Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED (T14249) Script No: T77607 Clinical Summary: Description: UNTRIAGED CALL FOR X AND HUB TO TRIAGE PL	Impact / treatment

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
44	26/10/2008	Third-party / attached records	utcome Code: PCC4 Consultation Start: 26/10/2008 01:08 Consultation Finish: 26/10/2008 01:15 Patients Present Location Patient Home Details (1003820107) Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553 Ext: Name: YVONNE MCLEAN Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553 Sex: F DOB: 10/03/1982 Age: 26 years old Contact: John Registered GP Details (at time of call) Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED (T14249) Script No: T77607 Clinical Summary: Description: LEFT FLANK PAIN FOR 1 WEEK - WORSENING 3	Impact / treatment
46	25/10/2008	Third-party / attached records	utcome Code: NOA8 Consultation Start: 25/10/2008 19:43 Consultation Finish: 25/10/2008 19:47 Patients Present Location Patient Home Details (1003820107) Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553 Ext: Name: YVONNE MCLEAN Address: Flat F, 1 Menzies Court, Fairfield Avenue, Perth, PH1 2TD Phone: 01738 639553 Sex: F DOB: 10/03/1982 Age: 26 Years Contact: Registered GP Details (at time of call) Dr Name: AULD, JOHN Practice: WHITEFRIARS SURGERY RED Clinical Summary: ABDO PAIN FOR 3/7 AND C/O LEFT SIDED ABDO PAIN - WAIST HEIGHT - SHARP CONSTANT PAIN - NO F	Impact / treatment

EMIS Documents - YJ_Redacted_Part3(1).pdf

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
1	-	Therapy / psychiatric care	2 7 Taransay St Glasgow G51 3EF Dear Miss Jamieson A follow up appointment has been made for you to be seen as follows: Date: 20-Mar-2024 Time: 10:40am Appointment with: ConsultantPsychiatrist Claire McGhee Location: Face to face at Brand St Resource Centre, 150 Brand St, Glasgow, G51 1DH Contact details: 0141 303 8900 If you are attending an appointment with a doctor clinic, please note that in some instances you may be seen by a locum Consultant or another member of the medical team. If this appointment is not suitable, please telephone me on the above number so alternative arrangements can	Impact / treatment
2	17/11/2023	Contemporaneous disclosure	ationship with her partner, although they are now back together. She was living in supported accomodation for a few weeks although has now returned to her tenancy in Govan. Yvonne reports she has been slightly more emotionally dysregulated over this time and has been having some heightened visions in the evening relating to previous sexual abuse. She has at times taken Quetiapine over her prescribed dose although has now returned to the recommended amount. Yvonne is keen to engage in emotional coping skills work and today presented as well kempt and insightful in to her mental health. She deni	Direct or corroborative evidence
2	17/11/2023	Contradictory / neutral	has now returned to the recommended amount. Yvonne is keen to engage in emotional coping skills work and today presented as well kempt and insightful in to her mental health. She denied any thoughts of self-harm or suicide today and appears future focused. I have provided her with	Neutral / contradictory
2	17/11/2023	Mental-health medication	ieson DOB: 10/03/1982 CHI: 1003820107 Address: Flat 0/2 7 Taransay St, Glasgow, G51 3EF Diagnosis Emotional Unstable Personality Disorder Current Medication Thyroxine 100mcg daily Quetiapine 75mg at night Follow up Outpatient clinic 4 months time Awaiting allocations to female CPN for emotional coping skills work I reviewed Yvonne in my outpatient clinic on the 15th November 2023. Yvonne reported that things have been very difficult over recent months. She has had an on-off relationship with her partner, although they are now back together. She was living in supported accomodation for a few we	Impact / treatment
2	17/11/2023	Self-harm / suicide	e recommended amount. Yvonne is keen to engage in emotional coping skills work and today presented as well kempt and insightful in to her mental health. She denied any thoughts of self-harm or suicide today and appears future focused. I have provided her with	Impact / treatment
2	17/11/2023	Sexual abuse	tenancy in Govan. Yvonne reports she has been slightly more emotionally dysregulated over this time and has been having some heightened visions in the evening relating to previous sexual abuse. She has at times taken Quetiapine over her prescribed dose although has now returned to the recommended amount. Yvonne is keen to engage in emotional coping skills work and today presented as well kempt and insightful in to her mental health. She denied any thoughts of self-harm or suicide today and appears future focused. I have provided her with	Direct or corroborative evidence
2	17/11/2023	Therapy / psychiatric care	Emotional Unstable Personality Disorder Current Medication Thyroxine 100mcg daily Quetiapine 75mg at night Follow up Outpatient clinic 4 months time Awaiting allocations to female CPN for emotional coping skills work I reviewed Yvonne in my outpatient clinic on the 15th November 2023. Yvonne reported that things have been very difficult over recent months. She has had an on-off relationship with her partner, although they are now back together. She was living in supported accomodation for a few weeks although has now returned to her tenancy in Govan. Yvonne reports she has been slightly more e	Impact / treatment
3	17/11/2023	Mental health	Susanne Millar Chief Officer 1003820107 Page 2 of 2 17/11/2023 some further handouts on BPD and PTSD and we agreed today to make no changes to her medication. I advised her that if she is finding Quetiapine over sedating she could reduce this herself to 50mg daily. Yvonne was happy with this as a plan and we will keep her under review in the outpatient clinic. In the meantime she is aware of our contact details should she require any earlier input. Yours sincerely Dr Claire McGhee Consultant Psychaitrist Author	Impact / treatment
3	17/11/2023	Mental-health medication	hief Officer 1003820107 Page 2 of 2 17/11/2023 some further handouts on BPD and PTSD and we agreed today to make no changes to her medication. I advised her that if she is finding Quetiapine over sedating she could reduce this herself to 50mg daily. Yvonne was happy with this as a plan and we will keep her under review in the outpatient clinic. In the meantime she is aware of our contact details should she require any earlier input. Yours sincerely Dr Claire McGhee Consultant Psychaitrist Authorised on 17/11/2023 16:21:31 by Clare McGhee.	Impact / treatment

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
4	-	Therapy / psychiatric care	/2 7 Taransay St Glasgow G51 3EF Dear Miss Jamieson A follow up appointment has been made for you to be seen as follows: Date: 15-Nov-2023 Time: 9:40am Appointment with: ConsultantPsychiatrist Claire McGhee Location: Face to face at Brand St Resource Centre, 150 Brand St, Glasgow, G51 1DH Contact details: 0141 303 8900 If you are attending an appointment with a doctor clinic, please note that in some instances you may be seen by a locum Consultant or another member of the medical team. If this appointment is not suitable, please telephone me on the above number so alternative arrangements can	Impact / treatment
5	14/08/2023	Mental health	G51 1DH 0141 303 8900 EXT: www.nhsggc.org.uk Dear Allocations Re: Yvonne Jamieson DOB: 10/03/1982 CHI: 1003820107 Address: Flat 0/2 7 Taransay Street, Glasgow, G51 3EF Diagnosis: EUPD Mental Health Act Status: Informal Current Medication: Quetiapine 25mg in the morning, 50mg at night As discussed in the MDT, I would be the most grateful if Yvonne could be allocated to a CPN to do emotional coping skills work. Yvonne is a very pleasant 41-year-old lady who was given a diagnosis of Bi-Polar Affective Disorder whilst living in Blairgowrie. Since she has moved to Glasgow I have revised this diagn	Impact / treatment
5	14/08/2023	Mental-health medication	ns Re: Yvonne Jamieson DOB: 10/03/1982 CHI: 1003820107 Address: Flat 0/2 7 Taransay Street, Glasgow, G51 3EF Diagnosis: EUPD Mental Health Act Status: Informal Current Medication: Quetiapine 25mg in the morning, 50mg at night As discussed in the MDT, I would be the most grateful if Yvonne could be allocated to a CPN to do emotional coping skills work. Yvonne is a very pleasant 41-year-old lady who was given a diagnosis of Bi-Polar Affective Disorder whilst living in Blairgowrie. Since she has moved to Glasgow I have revised this diagnosis to EUPD and have provided Yvonne with information on th	Impact / treatment
5	14/08/2023	Self-harm / suicide	n Blairgowrie. Since she has moved to Glasgow I have revised this diagnosis to EUPD and have provided Yvonne with information on this. She remains at fairly high risk of impulsive overdoses and is keen	Impact / treatment
5	14/08/2023	Therapy / psychiatric care	Susanne Millar Chief Officer 1003820107 Page 1 of 2 14/08/2023 Our Ref: NM Job ID: 100360053 Date: 14/08/2023 PRIVATE & CONFIDENTIAL Allocations Mental Health Brand Street CMHT Brand Street Resource Centre Festival Business Centre Units G7, G8 & G4 150 Brand Street 150 Brand Street Glasgow Glasgow G51 1DH G51 1DH 0141 303 8900 EXT: www.nhsggc.org.uk Dear Allocations Re: Yvonne Jamieson DOB: 10/03/1982 CHI: 1003820107 Address: Flat 0/2 7 Taransay Street, Glasgow, G51 3EF Diagnosis: EUPD Mental Health Act Status: Informal Current Medication: Quetiapine 25mg in the morning, 50mg at night	Impact / treatment
6	14/08/2023	Therapy / psychiatric care	concerns regarding her ability to engage. I would be more than happy to discuss this further if you require any additional information. Yours sincerely DR CLAIRE McGHEE Consultant Psychiatrist If phoning please ask for Dr McGhee's secretary. Telephone 0141 303 8900 Fax 0141 303 8909 Authorised on 24/08/2023 09:43:59 by Clare McGhee. (D) Dr CD Martin Dr Mair & Partners 1600-1604 Paisley Road West Ibrox Glasgow G52 3QN	Impact / treatment
8	02/08/2023	Mental-health medication	/video/face to face assessment. Urgent (Within 24 hrs) (should be followed by a telephone call) Routine (available 48 hrs following request) Action required by GP: Please increase Quetiapine to 25mg mane, 50mg nocte. For ongoing weekly dispense thank you. Please do not hesitate to get in touch on the number above if you need further information. Yours sincerely Authorised on 02/08/2023 12:56:03 by Clare McGhee.	Impact / treatment
8	02/08/2023	Therapy / psychiatric care	Susanne Millar Chief Officer CHI: 1003820107 Page 1 of 2 02/08/2023 Our Ref: CMG Job ID: 100353998 Date: 02/08/2023 Private & Confidential Dr CD Martin Department of General Adult Psychiatry Dr Mair & Partners Brand Street Resource Centre 1600-1604 Paisley Road West Festival Business Park Ibrox 150 Brand Street Glasgow Glasgow G52 3QN G51 1DH 3038900 EXT: 3038900 www.nhsggc.org.uk Dear Dr Martin Re: Yvonne Jamieson DOB: 10/03/1982 CHI: 1003820107 Address: Flat 0/2 7 Taransay Street, Glasgow, G51 3EF Change of Medication Request Your above named patient was reviewed by telephone/video/face to f	Impact / treatment
9	15/08/2023	Mental health	QN G51 1DH 0141 303 8900 EXT: www.nhsggc.org.uk Dear Dr Martin Re: Yvonne Jamieson DOB: 10/03/1982 CHI: 1003820107 Address: Flat 0/2 7 Taransay Street, Glasgow, G51 3EF Diagnosis: EUPD Previous diagnosis of Bi-Polar Affective Disorder Mental Health Act Status: Informal Current Medication: Levothyroxine 100mcg, Quetiapine 25mg in the morning, 50 mg at night Follow-Up: Referral to CPN for Emotional Coping skills work I reviewed Yvonne in my outpatient clinic on the 02nd August 2023. She was accompanied by her partner Charlene. She reported that things have been fairly stable over recent months.	Impact / treatment
9	15/08/2023	Mental-health medication	7 Taransay Street, Glasgow, G51 3EF Diagnosis: EUPD Previous diagnosis of Bi-Polar Affective Disorder Mental Health Act Status: Informal Current Medication: Levothyroxine 100mcg, Quetiapine 25mg in the morning, 50 mg at night Follow-Up: Referral to CPN for Emotional Coping skills work I reviewed Yvonne in my outpatient clinic on the 02nd August 2023. She was accompanied by her partner Charlene. She reported that things have been fairly stable over recent months. She had found the reduction in Quetiapine quite difficult, describing her mood to be more variable and in general feeling more agita	Impact / treatment
9	15/08/2023	Therapy / psychiatric care	s of Bi-Polar Affective Disorder Mental Health Act Status: Informal Current Medication: Levothyroxine 100mcg, Quetiapine 25mg in the morning, 50 mg at night Follow-Up: Referral to CPN for Emotional Coping skills work I reviewed Yvonne in my outpatient clinic on the 02nd August 2023. She was accompanied by her partner Charlene. She reported that things have been fairly stable over recent months. She had found the reduction in Quetiapine quite difficult, describing her mood to be more variable and in general feeling more agitated. We therefore agreed to increase this back to 25mg in the morning	Impact / treatment
10	15/08/2023	Contradictory / neutral	ursue this. We therefore agreed that I would discuss her for allocation at our MDT for emotional coping skills work. On examination, Yvonne presented as looking very well. She was well kempt and casually and appropriately dressed. She was very pleasant and easily developed a rapport. There was no evidence of any significant mood disturbance or any psychotic features and Yvonne continues to have good insight into her difficulties. She continues to be at high risk of impulsive overdoses and self harm and I would advise continuing with weekly dispense currently. She is good at contacting the depa	Neutral / contradictory

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
10	15/08/2023	Mental health	Susanne Millar Chief Officer 1003820107 Page 2 of 2 15/08/2023 EUPD at her last appointment, and so we spent time discussing this today. I was clear with Yvonne that while she has a previous diagnosis of Bi-Polar affective disorder I feel her difficulties are much more in keeping with that of Emotional Unstable Personality Disorder and would suggest that Psychological based treatment would be most beneficial for Yvonne. She was in agreement with this and was keen to pursue this.	Impact / treatment
10	15/08/2023	Self-harm / suicide	significant mood disturbance or any psychotic features and Yvonne continues to have good insight into her difficulties. She continues to be at high risk of impulsive overdoses and self harm and I would advise continuing with weekly dispense currently. She is good at contacting the department when she feels more overwhelmed and has thoughts of suicide. I therefore agreed to keep her under review and I will see her again in the outpatient clinic in 4 months time. Yours sincerely DR CLAIRE McGHEE Consultant Psychiatrist If phoning please ask for Dr McGhee's secretary. Telephone 0141 303 8900 Fax	Impact / treatment
10	15/08/2023	Therapy / psychiatric care	as a previous diagnosis of Bi-Polar affective disorder I feel her difficulties are much more in keeping with that of Emotional Unstable Personality Disorder and would suggest that Psychological based treatment would be most beneficial for Yvonne. She was in agreement with this and was keen to pursue this. We therefore agreed that I would discuss her for allocation at our MDT for emotional coping skills work. On examination, Yvonne presented as looking very well. She was well kempt and casually and appropriately dressed. She was very pleasant and easily developed a rapport. There was no evidenc	Impact / treatment
11	-	Therapy / psychiatric care	ay Street Govan Glasgow G51 3EF Dear Miss Jamieson A follow up appointment has been made for you to be seen as follows: Date: 06-Dec-2023 Time: 10:00am Appointment with: ConsultantPsychiatrist Claire McGhee Location: Brand Street Resource Centre Contact details: Tel: 0141 303 8900 If you are attending an appointment with a doctor clinic, please note that in some instances you may be seen by a locum Consultant or another member of the medical team. If this appointment is not suitable, please telephone me on the above number so alternative arrangements can be made. Please note these points befor	Impact / treatment
12	-	Therapy / psychiatric care	ay Street Govan Glasgow G51 3EF Dear Miss Jamieson A follow up appointment has been made for you to be seen as follows: Date: 13-Sep-2023 Time: 10:20am Appointment with: ConsultantPsychiatrist Claire McGhee Location: Brand Street Resource Centre Contact details: Tel: 0141 303 8900 If you are attending an appointment with a doctor clinic, please note that in some instances you may be seen by a locum Consultant or another member of the medical team. If this appointment is not suitable, please telephone me on the above number so alternative arrangements can be made. Please note these points befor	Impact / treatment
13	-	Therapy / psychiatric care	ay Street Govan Glasgow G51 3EF Dear Miss Jamieson A follow up appointment has been made for you to be seen as follows: Date: 02-Aug-2023 Time: 11:40am Appointment with: ConsultantPsychiatrist Claire McGhee Location: Brans Street Resource Centre Contact details: Tel: 0141 303 8900 If you are attending an appointment with a doctor clinic, please note that in some instances you may be seen by a locum Consultant or another member of the medical team. If this appointment is not suitable, please telephone me on the above number so alternative arrangements can be made. Please note these points befor	Impact / treatment
14	30/03/2023	Mental health	QN G51 1DH 0141 303 8900 EXT: www.nhsggc.org.uk Dear Dr Martin Re: Yvonne Jamieson DOB: 10/03/1982 CHI: 1003820107 Address: Flat 0/2 7 Taransay Street, Glasgow, G51 3EF Diagnosis: EUPD, Previous diagnosis of Bi-Polar type 2 Mental Health Act Status: Informal Current Medication: Quetiapine 100mg at night, Levothyroxine 100mcg Follow-Up: Telephone call to Yvonne following medication review Yvonne will consider whether she wishes Psychology based input for treatment of EUPD Outpatient clinic follow-up 3 months time I reviewed Yvonne in my outpatient clinic on the 29th March 2023. This was my firs	Impact / treatment
14	30/03/2023	Mental-health medication	CHI: 1003820107 Address: Flat 0/2 7 Taransay Street, Glasgow, G51 3EF Diagnosis: EUPD, Previous diagnosis of Bi-Polar type 2 Mental Health Act Status: Informal Current Medication: Quetiapine 100mg at night, Levothyroxine 100mcg Follow-Up: Telephone call to Yvonne following medication review Yvonne will consider whether she wishes Psychology based input for treatment of EUPD Outpatient clinic follow-up 3 months time I reviewed Yvonne in my outpatient clinic on the 29th March 2023. This was my first time meeting Yvonne, although I have had a chance to review her notes since moving from Blairgowr	Impact / treatment
14	30/03/2023	Therapy / psychiatric care	nformal Current Medication: Quetiapine 100mg at night, Levothyroxine 100mcg Follow-Up: Telephone call to Yvonne following medication review Yvonne will consider whether she wishes Psychology based input for treatment of EUPD Outpatient clinic follow-up 3 months time I reviewed Yvonne in my outpatient clinic on the 29th March 2023. This was my first time meeting Yvonne, although I have had a chance to review her notes since moving from Blairgowrie. Yvonne herself reported a history of a diagnosis of Bi-Polar Type 2 however she has been querying for a number of years whether this is a correct de	Impact / treatment
15	30/03/2023	Contradictory / neutral	I therefore undertake a medication review prior to suggesting any alternative medications as I believe she is quite prone to side effects. Objectively, Yvonne presented today as a well kempt, casually dressed woman who was very pleasant and appropriate. She described her mood as very variable and objectively appeared euthymic with normal reactivity. There was no evidence of a psychotic illness and Yvonne really appears to have excellent insight into her difficulties. The main risk for Yvonne is that of impulsive overdoses at times when interpersonal difficulties arise, and she reported her ex-	Neutral / contradictory
15	30/03/2023	Mental health	Susanne Millar Chief Officer CHI: 1003820107 Page 2 of 3 30/03/2023 for both that and EUPD. It was clear that Yvonne has a long history of trauma, attachment difficulties and meets the diagnosis of EUPD rather than Bi-Polar Affective Disorder. I therefore provided Yvonne with some written information from the MIND website regarding this and spent some time discussing treatment options. Yvonne was also keen to discuss medication as she feels Quetiapine has not been helpful with her mood and is leading	Impact / treatment

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
15	30/03/2023	Mental-health medication	Yvonne with some written information from the MIND website regarding this and spent some time discussing treatment options. Yvonne was also keen to discuss medication as she feels Quetiapine has not been helpful with her mood and is leading to over sedation. I wil therefore undertake a medication review prior to suggesting any alternative medications as I believe she is quite prone to side effects. Objectively, Yvonne presented today as a well kempt, casually dressed woman who was very pleasant and appropriate. She described her mood as very variable and objectively appeared euthymic with norm	Impact / treatment
15	30/03/2023	Self-harm / suicide	l reactivity. There was no evidence of a psychotic illness and Yvonne really appears to have excellent insight into her difficulties. The main risk for Yvonne is that of impulsive overdoses at times when interpersonal difficulties arise, and she reported her ex-partner in particular goading her to take an overdose and this being a trigger for her. At the time of the appointment she was future focussed with positive plans for improving her life and is keen to continue to engage with ourselves. We therefore agreed that I will complete a medication review and telephone her with further suggestion	Impact / treatment
15	30/03/2023	Therapy / psychiatric care	ts a referral to our emotional coping skills group. Yvonne was happy with this as a plan, and we will keep you updated of her progress. Yours sincerely DR CLAIRE McGHEE Consultant Psychiatrist If phoning please ask for Dr McGhee's secretary. Telephone 0141 303 8900 Fax 0141 303 8909 Authorised on 31/03/2023 15:34:18 by Clare McGhee.	Impact / treatment
15	30/03/2023	Third-party / attached records	Susanne Millar Chief Officer CHI: 1003820107 Page 2 of 3 30/03/2023 for both that and EUPD. It was clear that Yvonne has a long history of trauma, attachment difficulties and meets the diagnosis of EUPD rather than Bi-Polar Affective Disorder. I therefore provided Yvonne with some written information from the MIND website regarding this and spent some time discussing treatment options. Yvonne was also keen to discuss medication as she feels Quetiapine has not been helpful with her mood and is leading to over sedation. I wil therefore undertake a medication revi	Impact / treatment
16	30/03/2023	Mental health	nd Street CMHT. She has reported to myself that her current accommodation is having a detrimental impact on her quality of life and is contributing to her feelings of low mood and anxiety. She is keen for a move to a more suitable home and I would be most grateful if the impact her current home is having on her mental health could be taken into consideration when allocating her priority. I would be more than happy to discuss this further should you require any further information. Yours faithfully	Impact / treatment
16	30/03/2023	Therapy / psychiatric care	10/03/1982 CHI: 1003820107 Address: Flat 0/2 7 Taransay Street, Glasgow, G51 3EF Miss Jamieson has a history of mental health difficulties and is currently attending Brand Street CMHT. She has reported to myself that her current accommodation is having a detrimental impact on her quality of life and is contributing to her feelings of low mood and anxiety. She is keen for a move to a more suitable home and I would be most grateful if the impact her current home is having on her mental health could be taken into consideration when allocating her priority. I would be more than happy to discuss t	Impact / treatment
17	30/03/2023	Therapy / psychiatric care	Susanne Millar Chief Officer CHI: 1003820107 Page 2 of 2 30/03/2023 DR CLAIRE McGHEE Consultant Psychiatrist If phoning please ask for Dr McGhee's secretary. Telephone 0141 303 8900 Fax 0141 303 8909 Authorised on 31/03/2023 15:36:56 by Clare McGhee.	Impact / treatment
18	13/02/2023	Therapy / psychiatric care	t patient clinic on 1st February 2023 due to her being unwell through the night. A further appointment with be organised in due course. Yours sincerely DR CLAIRE MCGHEE Consultant Psychiatrist If phoning please ask for Dr McGhee's secretary.	Impact / treatment
20	31/03/2023	Mental-health medication	ne/video/face to face assessment. Urgent (Within 24 hrs) (should be followed by a telephone call) Routine (available 48 hrs following request) Action required by GP: Please reduce Quetiapine to 50mg nocte. Please do not hesitate to get in touch on the number above if you need further information. Yours sincerely Claire McGhee Authorised on 31/03/2023 13:43:21 by Clare McGhee.	Impact / treatment
21	-	Therapy / psychiatric care	ay Street Govan Glasgow G51 3EF Dear Miss Jamieson A follow up appointment has been made for you to be seen as follows: Date: 21-Jun-2023 Time: 10:00am Appointment with: ConsultantPsychiatrist Claire McGhee Location: Brand Street Resource Centre Contact details: Tel: 0141 303 8900 If you are attending an appointment with a doctor clinic, please note that in some instances you may be seen by a locum Consultant or another member of the medical team. If this appointment is not suitable, please telephone me on the above number so alternative arrangements can be made. Please note these points befor	Impact / treatment
23	30/11/2022	Contemporaneous disclosure	Dr Martin Re: Yvonne Jamieson DOB: 10/03/1982 CHI: 1003820107 Address: Flat 0/2, 7 Taransay Street, Glasgow, G51 3EF Diagnosis: Bipolar Affective Disorder II – was under review as disclosed childhood trauma and possible personality disorder Current Medication: Quetiapine 100mg nocte, Levothyroxine 100mcg OD, Salamol inhaler, Relvar Ellipta inhaler, Spirivia Respimat inhaler Follow-Up: Outpatient clinic in 4 months face to face I reviewed Yvonne again at Dr McGhee's outpatient clinic by telephone on 30/11/2022. As such, we did not receive her notes from previous CMHT until today's consultation	Direct or corroborative evidence
23	30/11/2022	Contradictory / neutral	heir relationship another chance and planning to move at a slower pace. In the context of these developments Yvonne is feeling much better now with much improved mental state. She denied having any other stress in her life at present. Unfortunately she has not slept well for couple of nights recently due to noisy environment in the hostel, otherwise she sleeps well. She appears to be fairly busy with different commitments that she enjoys. She attends church on regular basis and is planning to get involved in voluntary work once settled in her new home. She also attends activities in the commun	Neutral / contradictory
23	30/11/2022	Emotional / psychological abuse	Re: Yvonne Jamieson DOB: 10/03/1982 CHI: 1003820107 Address: Flat 0/2, 7 Taransay Street, Glasgow, G51 3EF Diagnosis: Bipolar Affective Disorder II – was under review as disclosed childhood trauma and possible personality disorder Current Medication: Quetiapine 100mg nocte, Levothyroxine 100mcg OD, Salamol inhaler, Relvar Ellipta inhaler, Spirivia Respimat inhaler Follow-Up: Outpatient clinic in 4 months face to face I reviewed Yvonne again at Dr McGhee's outpatient clinic by telephone on 30/11/2022. As such, we did not receive her notes from previous CMHT until today's consultation therefore	Direct or corroborative evidence

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
23	30/11/2022	Mental health	1DH 0141 303 8900 EXT: 48916 www.nhsggc.org.uk Dear Dr Martin Re: Yvonne Jamieson DOB: 10/03/1982 CHI: 1003820107 Address: Flat 0/2, 7 Taransay Street, Glasgow, G51 3EF Diagnosis: Bipolar Affective Disorder II – was under review as disclosed childhood trauma and possible personality disorder Current Medication: Quetiapine 100mg nocte, Levothyroxine 100mcg OD, Salamol inhaler, Relvar Ellipta inhaler, Spirivia Respimat inhaler Follow-Up: Outpatient clinic in 4 months face to face I reviewed Yvonne again at Dr McGhee's outpatient clinic by telephone on 30/11/2022. As such, we did not receive her	Impact / treatment
23	30/11/2022	Mental-health medication	7 Taransay Street, Glasgow, G51 3EF Diagnosis: Bipolar Affective Disorder II – was under review as disclosed childhood trauma and possible personality disorder Current Medication: Quetiapine 100mg nocte, Levothyroxine 100mcg OD, Salamol inhaler, Relvar Ellipta inhaler, Spirivia Respimat inhaler Follow-Up: Outpatient clinic in 4 months face to face I reviewed Yvonne again at Dr McGhee's outpatient clinic by telephone on 30/11/2022. As such, we did not receive her notes from previous CMHT until today's consultation therefore we were still unclear about her diagnosis. On a positive note, Yvonne h	Impact / treatment
23	30/11/2022	Personal / social impact	mproved mental state. She denied having any other stress in her life at present. Unfortunately she has not slept well for couple of nights recently due to noisy environment in the hostel, otherwise she sleeps well. She appears to be fairly busy with different commitments that she enjoys. She attends church on regular basis and is planning to get involved in voluntary work once settled in her new home. She also attends activities in the community and meets her relatives in Glasgow. As such she has not managed to complete the mood diary that we had recommended at last consultation, I have encour	Impact / treatment
23	30/11/2022	Self-harm / suicide	on, denies experiencing any adverse side effects. She feels the current dose of Quetiapine is adequate hence we have agreed not to make any changes in it. She did not disclose any suicidal thoughts or psychotic symptoms today. She was concerned about	Impact / treatment
23	30/11/2022	Therapy / psychiatric care	Outpatient clinic in 4 months face to face I reviewed Yvonne again at Dr McGhee's outpatient clinic by telephone on 30/11/2022. As such, we did not receive her notes from previous CMHT until today's consultation therefore we were still unclear about her diagnosis. On a positive note, Yvonne has managed to secure her own tenancy in Govan area and looking forward to moving there next week. Moreover she and her partner have reconciled, giving their relationship another chance and planning to move at a slower pace. In the context of these developments Yvonne is feeling much better now with much im	Impact / treatment
24	30/11/2022	Contradictory / neutral	Susanne Millar Chief Officer 1003820107 Page 2 of 2 30/11/2022 having PTSD however on further exploration she denied experiencing any ongoing symptoms of flashbacks or nightmares of past trauma therefore it looks unlikely, however we will keep this under review. I am planning to see her again in 4 months' time, face to face. She is aware to seek help should she require earlier input. Yours sincerely DR SHAILA PATIL Speciality Doctor in Psychiatry If phoning please ask for Dr McGhee's secretary. Telephone 0141 303 8900 Author	Neutral / contradictory
24	30/11/2022	Mental health	Susanne Millar Chief Officer 1003820107 Page 2 of 2 30/11/2022 having PTSD however on further exploration she denied experiencing any ongoing symptoms of flashbacks or nightmares of past trauma therefore it looks unlikely, however we will keep this under review. I am planning to see her again in 4 months' time, face to face. She is aware to seek help should she require earlier input. Yours sincerely DR SHAILA PATIL Speciality Doctor in Psychiatry If phoning please ask for Dr McGhee's s	Impact / treatment
24	30/11/2022	Therapy / psychiatric care	w. I am planning to see her again in 4 months' time, face to face. She is aware to seek help should she require earlier input. Yours sincerely DR SHAILA PATIL Speciality Doctor in Psychiatry If phoning please ask for Dr McGhee's secretary. Telephone 0141 303 8900 Authorised on 22/12/2022 14:23:49 by Shaila Patil.	Impact / treatment
25	-	Therapy / psychiatric care	ay Street Govan Glasgow G51 3EF Dear Miss Jamieson A follow up appointment has been made for you to be seen as follows: Date: 29-Mar-2023 Time: 11:00am Appointment with: ConsultantPsychiatrist Claire McGhee Location: Brand Street Resource Centre Contact details: 0141 303 8900 If you are attending an appointment with a doctor clinic, please note that in some instances you may be seen by a locum Consultant or another member of the medical team. If this appointment is not suitable, please telephone me on the above number so alternative arrangements can be made. Please note these points before att	Impact / treatment
26	09/11/2022	Emotional / psychological abuse	mieson DOB: 10/03/1982 CHI: 1003820107 Address: Room 21 55 Elder Street, Glasgow, G51 3PX Diagnosis: Possible Bipolar Affective Disorder, possible personality disorder, history of childhood trauma Mental Health Act Status: Informal Current Medication: Quetiapine 100mg nocte, Levothyroxine 100mcg OD Follow-Up: 6 weeks face to face I reviewed this 40 year old pleasant lady, face to face, at Dr McGhee's outpatient clinic on 3/11/2022. She has recently moved to Glasgow from Perthshire. Her care has not been formally transferred to us by previous mental health team and as such do not have her past	Direct or corroborative evidence
26	09/11/2022	Mental health	ropriate diagnosis and remains unsure whether it explains her difficulties. Not so long ago she appeared to have received input from 'Survive and Thrive' group which triggered the flashbacks of past trauma. Her 20 year old son apparently got in to trouble for engaging in sexual activities with minors recently as a result both Yvonne and her son became a 'target' by locals at Perthshire. To avoid facing this Yvonne moved to Glasgow at request of her female partner who lives in Glasgow. However since moving here their relationship appears to have broken down. Hence Yvonne is currently staying in	Impact / treatment
26	09/11/2022	Mental-health medication	Glasgow, G51 3PX Diagnosis: Possible Bipolar Affective Disorder, possible personality disorder, history of childhood trauma Mental Health Act Status: Informal Current Medication: Quetiapine 100mg nocte, Levothyroxine 100mcg OD Follow-Up: 6 weeks face to face I reviewed this 40 year old pleasant lady, face to face, at Dr McGhee's outpatient clinic on 3/11/2022. She has recently moved to Glasgow from Perthshire. Her care has not been formally transferred to us by previous mental health team and as such do not have her past medical notes. The information we received with the referral suggests th	Impact / treatment
26	09/11/2022	Personal / social impact	to Glasgow at request of her female partner who lives in Glasgow. However since moving here their relationship appears to have broken down. Hence Yvonne is currently staying in a hostel and looking for a suitable accommodation. Apparently Yvonne was not happy with how her	Impact / treatment

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
26	09/11/2022	Therapy / psychiatric care	self questions whether Bipolar Disorder is appropriate diagnosis and remains unsure whether it explains her difficulties. Not so long ago she appeared to have received input from ‘Survive and Thrive’ group which triggered the flashbacks of past trauma. Her 20 year old son apparently got in to trouble for engaging in sexual activities with minors recently as a result both Yvonne and her son became a ‘target’ by locals at Perthshire. To avoid facing this Yvonne moved to Glasgow at request of her female partner who lives in Glasgow. However since moving here their relationship appears to have bro	Impact / treatment
27	09/11/2022	Contemporaneous disclosure	hildren who came from similar backgrounds and the friendship continues till date. She described being more impulsive while growing up however with time she grew out of it. Without disclosing much detail Yvonne also informed me about the sexual abuse that she experienced between the ages of 6-10 by a close family member. In the past she did take some overdoses in context of crisis situations and described it as ‘cry for help’. Her most recent overdose was in June 2022 in the context of relationship difficulty. From today’s consultation, I could not identify any concrete evidence of manic or hyp	Direct or corroborative evidence
27	09/11/2022	Contradictory / neutral	aulted by her partner. When explored further, Yvonne rated her mood as 5/10 today, mostly euthymic and reactive, she was able to interject some humour during the consultation. She denied her mood being labile or persistently low for protracted time. There was no evidence of impulsivity or relationship difficulties. At present Yvonne enjoys engaging in activities like creative arts, different group activities and visiting her family in Glasgow. There was no evidence of psychotic symptoms or paranoia. Her sleep is satisfactory; around 8-9 hours of uninterrupted sleep. She denied experiencing any	Neutral / contradictory
27	09/11/2022	Emotional / psychological abuse	ctory; around 8-9 hours of uninterrupted sleep. She denied experiencing any suicidal thoughts. She described her childhood as very ‘unhappy’ with mum having alcohol issue. Her mum neglected Yvonne to an extent that she needed to be looked after by foster carers. She was bullied at school due to her care history. She made friends with the children who came from similar backgrounds and the friendship continues till date. She described being more impulsive while growing up however with time she grew out of it. Without disclosing much detail Yvonne also informed me about the sexual abuse that she	Direct or corroborative evidence
27	09/11/2022	Mental health	relationship difficulty. From today’s consultation, I could not identify any concrete evidence of manic or hypomanic presentation any time in the past therefore I am not sure the Bipolar Disorder is an appropriate diagnosis. I discussed this with Yvonne and advised her that we will keep this under review. I have made no change to her prescription today, Yvonne denies experiencing any side effects from Quetiapine. Meanwhile I have suggested that she keep a mood diary tracking her mood, sleep, activity level which we will review at next appointment. We have also requested her medical records fr	Impact / treatment
27	09/11/2022	Mental-health medication	I discussed this with Yvonne and advised her that we will keep this under review. I have made no change to her prescription today, Yvonne denies experiencing any side effects from Quetiapine. Meanwhile I have suggested that she keep a mood diary tracking her mood, sleep, activity level which we will review at next appointment. We have also requested her medical records from previous mental health service. I will review her again in 6 weeks, face to face. Meanwhile I have made her aware of the contact details of the CMHT/ OOH/ Crisis team and encouraged her to seek help should she require earli	Impact / treatment
27	09/11/2022	Neglect	ctory; around 8-9 hours of uninterrupted sleep. She denied experiencing any suicidal thoughts. She described her childhood as very ‘unhappy’ with mum having alcohol issue. Her mum neglected Yvonne to an extent that she needed to be looked after by foster carers. She was bullied at school due to her care history. She made friends with the children who came from similar backgrounds and the friendship continues till date. She described being more impulsive while growing up however with time she grew out of it. Without disclosing much detail Yvonne also informed me about the sexual abuse that she	Direct or corroborative evidence
27	09/11/2022	Physical abuse / injury	ed about some physical/sexually inappropriate behaviour displayed towards the partner. She brought this to her notice which appeared to have escalated the situation and Yvonne got assaulted by her partner. When explored further, Yvonne rated her mood as 5/10 today, mostly euthymic and reactive, she was able to interject some humour during the consultation. She denied her mood being labile or persistently low for protracted time. There was no evidence of impulsivity or relationship difficulties. At present Yvonne enjoys engaging in activities like creative arts, different group activities and v	Direct or corroborative evidence
27	09/11/2022	Placement in care	denied experiencing any suicidal thoughts. She described her childhood as very ‘unhappy’ with mum having alcohol issue. Her mum neglected Yvonne to an extent that she needed to be looked after by foster carers. She was bullied at school due to her care history. She made friends with the children who came from similar backgrounds and the friendship continues till date. She described being more impulsive while growing up however with time she grew out of it. Without disclosing much detail Yvonne also informed me about the sexual abuse that she experienced between the ages of 6-10 by a close fami	Placement / corroboration
27	09/11/2022	Self-harm / suicide	ing her family in Glasgow. There was no evidence of psychotic symptoms or paranoia. Her sleep is satisfactory; around 8-9 hours of uninterrupted sleep. She denied experiencing any suicidal thoughts. She described her childhood as very ‘unhappy’ with mum having alcohol issue. Her mum neglected Yvonne to an extent that she needed to be looked after by foster carers. She was bullied at school due to her care history. She made friends with the children who came from similar backgrounds and the friendship continues till date. She described being more impulsive while growing up however with time she	Impact / treatment
27	09/11/2022	Sexual abuse	hip continues till date. She described being more impulsive while growing up however with time she grew out of it. Without disclosing much detail Yvonne also informed me about the sexual abuse that she experienced between the ages of 6-10 by a close family member. In the past she did take some overdoses in context of crisis situations and described it as ‘cry for help’. Her most recent overdose was in June 2022 in the context of relationship difficulty. From today’s consultation, I could not identify any concrete evidence of manic or hypomanic presentation any time in the past therefore I am n	Direct or corroborative evidence

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
27	09/11/2022	Substance / alcohol	a. Her sleep is satisfactory; around 8-9 hours of uninterrupted sleep. She denied experiencing any suicidal thoughts. She described her childhood as very 'unhappy' with mum having alcohol issue. Her mum neglected Yvonne to an extent that she needed to be looked after by foster carers. She was bullied at school due to her care history. She made friends with the children who came from similar backgrounds and the friendship continues till date. She described being more impulsive while growing up however with time she grew out of it. Without disclosing much detail Yvonne also informed me about the	Impact / treatment
27	09/11/2022	Therapy / psychiatric care	requested her medical records from previous mental health service. I will review her again in 6 weeks, face to face. Meanwhile I have made her aware of the contact details of the CMHT/ OOH/ Crisis team and encouraged her to seek help should she require earlier input. Yvonne seemed to be happy with the plan.	Impact / treatment
28	09/11/2022	Therapy / psychiatric care	Susanne Millar Chief Officer 1003820107 Page 3 of 3 09/11/2022 Yvonne Jamieson Yours sincerely DR SHAILA PATIL Speciality Doctor in Psychiatry If phoning please ask for Dr McGhee's secretary. Telephone 0141 303 8900 Authorised on 06/12/2022 10:24:16 by Shaila Patil.	Impact / treatment
30	-	Therapy / psychiatric care	you have been referred to our service for an outpatient consultation. Arrangements have been made for you to be seen on: Date: 03-Nov-2022 Time: 2:00pm Appointment with: ConsultantPsychiatrist Claire McGhee Location: Brand Street Resource Centre Contact details: 0141 303 8900 If you are attending an appointment with a doctor, please note that in some instances you may be seen by a locum Consultant or another member of the medical team. If this appointment is not suitable, please telephone me on the above number so alternative arrangements can be made. If applicable, any specific requirements f	Impact / treatment
31	-	Therapy / psychiatric care	55 Elder Street Glasgow G51 3PX Dear Miss Jamieson A follow up appointment has been made for you to be seen as follows: Date: 30-Nov-2022 Time: 11:00am Appointment with: ConsultantPsychiatrist Claire McGhee Location: Brand Street Resource Centre Contact details: 0141 303 8900 If you are attending an appointment with a doctor clinic, please note that in some instances you may be seen by a locum Consultant or another member of the medical team. If this appointment is not suitable, please telephone me on the above number so alternative arrangements can be made. Please note these points before att	Impact / treatment
32	-	Therapy / psychiatric care	MEDICAL IN CONFIDENCE GGC Mental Health Referral Protocol - Glasgow (Glasgow, v20.5) Additional Support Needs: No known ASN requirements REFERRAL TO Brand Street Resource Centre - CMHT Adult GGC Mental Health _____ Consultant / receiving practitioner and/or specialty clinic Community Mental Health Team - Adult SCI Gateway Virtual Location code _____ Hospital and hospital address Hospital location code. G002G Email address - Urgency of referral Routine Date of referral 18-Oct-2022 Date sent 18-Oct-2022 PATIENT DETAILS Patient's address Surname Jamieson Forename(s) Yvonne Title Mrs Sex Female Da	Impact / treatment
33	-	Emotional / psychological abuse	lday who has recently moved to Glasgow from Blairgowrie She is open to MH service in Perthshire with Bipolar affective disorder and possible personality disorder and a history of childhood trauma It seems that they were unable to transfer care directly between MH services! She has had recent DSH and suicide attempts with intentional overdoses - she has a safety plan in place She was due further assessment for review of medication and consideration of EUPD as a diagnosis but has now relocated Her partner lives in Glasgow and provides significant support I have enclosed the last letter from MH	Direct or corroborative evidence
33	-	Mental health	..00] NOTES: Sister: Type 1. 15-Feb-2012 FH: Myocardial infarction Relative Read code of condition: Acute myocardial infarction [G30..00] NOTES: : father under 60. 15-Feb-2012 FH: Depression Relative Read code of condition: Depressive disorder NEC [E2B..00] NOTES: : siblings. 14-Jan-2011 FH: Cardiovascular disease Relative Read code of condition: Cardiovascular system diseases [G....11] NOTES: : father. 14-Jan-2011 FH: Hypertension Relative Read code of condition: Hypertensive disease [G2...00] NOTES: : father. 14-Jan-2011 FH: Ischaemic heart dis. <60 Relative Read code of condition: Ischaemic	Impact / treatment
33	-	Mental-health medication	me Quantity Formulation Dosage Frequency Date started Date last issued Levothyroxine Sodium Tablets 100 micrograms 28 28 tablet ONE TO BE TAKEN EACH DAY - 06-Sep-2022 30-Sep-2022 Quetiapine Fumarate Tablets 100 mg 28 28 tablet ONE TABLET AT NIGHT - 06-Sep- 2022 30-Sep-2022	Impact / treatment
33	-	Self-harm / suicide	mment Date of onset Date recorded Mixed bipolar affective disorder, NOS - 13-Sep-2022 13-Sep-2022 H/O: psychological trauma childhood trauma 13-Sep-2022 13-Sep-2022 [X]Intentional self-harm Episode: New event. 19-Jun-2022 19-Jun-2022 Pain - 26-Jan-2021 26-Jan-2021 [X]Bipolar affective disorder - 17-Apr-2020 17-Apr-2020 Overdose of drug Episode: New event. NOTES: : mixed: Levothyroxine, Aripiprazole, Lamotrigine. 06-Mar-2020 06-Mar-2020 Acquired hypothyroidism - 04-Jan-2019 04-Jan-2019 [X]Depressive episode, unspecified - 15-Aug-2017 15-Aug-2017 Overdose of drug antidepressant 13-Feb-2013 13-Fe	Impact / treatment
33	-	Substance / alcohol	tion: Ischaemic heart disease [G3...00] NOTES: : father. 14-Jan-2011 FH: Stroke Relative Read code of condition: Cerebrovascular disease [G6...00] NOTES: : father. 14-Jan-2011 FH: Alcoholism Relative Read code of condition: Alcoholism [E23..11] NOTES: : mother. 01-Jan-1992 _____ Current medication (Active Repeat medication issued within the last 12 months) Drug name Quantity Formulation Dosage Frequency Date started Date last issued Levothyroxine Sodium Tablets 100 micrograms 28 28 tablet ONE TO BE TAKEN EACH DAY - 06-Sep- 2022 30-Sep-2022 Quetiapine Fumarate Tablets	Impact / treatment
33	-	Therapy / psychiatric care	history Pre-existing conditions (High & medium priority - all) Description Comment Date of onset Date recorded Mixed bipolar affective disorder, NOS - 13-Sep-2022 13-Sep-2022 H/O: psychological trauma childhood trauma 13-Sep-2022 13-Sep-2022 [X]Intentional self-harm Episode: New event. 19-Jun-2022 19-Jun-2022 Pain - 26-Jan-2021 26-Jan-2021 [X]Bipolar affective disorder - 17-Apr-2020 17-Apr-2020 Overdose of drug Episode: New event. NOTES: : mixed: Levothyroxine, Aripiprazole, Lamotrigine. 06-Mar-2020 06-Mar-2020 Acquired hypothyroidism - 04-Jan-2019 04-Jan-2019 [X]Depressive episode, unspecifie	Impact / treatment

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
34	-	Mental-health medication	ay- 2022 Spiriva Respimat 2.5micrograms/dose inhalation solution cartridge with device (Boehringer Ingelheim Ltd) 60 60 dose INHALE 2 PUFFS ONCE DAILY - 16-Jul- 2021 03- May- 2022 Quetiapine 150mg tablets 30 30 tablet 1 TABLET AT NIGHT AS PER PSYCH *DISP WEEKLY* - 22- Dec- 2021 03- May- 2022 Levothyroxine sodium 100microgram tablets 28 28 tablet 1 TABLET ONCE A DAY - 14- Feb- 2022 23- May- 2022 Topiramate 50mg tablets 56 56 tablet 1 TAB BD AS PER PSYCH - 14- Mar- 2022 03- May- 2022 Cetirizine 10mg tablets 30 30 tablet 1 TABLET ONCE A DAY WHEN REQUIRED - 03- May- 2022 03- May- 2022 Quetiapine 1	Impact / treatment
35	-	Emotional / psychological abuse	verdoses Risk of deliberate self harm:Yes Is patient responsible for children?:No Risk to others including children/dependents/clinicians/other:No Risk from others:No Risk of Self Neglect:No OK to send correspondence to home address?:Yes Patient will accept any site:Yes Patient will accept cancellation or short notice appointment (within 1-6 days):Yes Referred By:Referring GP Electronic Attachment Present:Yes Social circumstances Ethnic Origin: (White) Scottish	Direct or corroborative evidence
35	-	Neglect	verdoses Risk of deliberate self harm:Yes Is patient responsible for children?:No Risk to others including children/dependents/clinicians/other:No Risk from others:No Risk of Self Neglect:No OK to send correspondence to home address?:Yes Patient will accept any site:Yes Patient will accept cancellation or short notice appointment (within 1-6 days):Yes Referred By:Referring GP Electronic Attachment Present:Yes Social circumstances Ethnic Origin: (White) Scottish	Direct or corroborative evidence
35	-	Self-harm / suicide	elevant information Risk of Suicide:Yes Past history of suicide attempt:Yes If yes to Past history of suicide attempt, please give details:intentional overdoses Risk of deliberate self harm:Yes Is patient responsible for children?:No Risk to others including children/dependents/clinicians/other:No Risk from others:No Risk of Self Neglect:No OK to send correspondence to home address?:Yes Patient will accept any site:Yes Patient will accept cancellation or short notice appointment (within 1-6 days):Yes Referred By:Referring GP Electronic Attachment Present:Yes Social circumstances Ethnic Origin:	Impact / treatment
35	-	Substance / alcohol	22 Never smoked tobacco: Smoking status on date of event: Never smoked. 18-Dec-2018 Drinks rarely: Drinking status on eventdate: Current drinker. NOTES: : 1 per month. 18-Dec-2018 Alcohol consumption, 2 /wk: 14-Jan-2011 _____ Clinical warnings Allergies Description Comment Date recorded Adverse reaction to diclofenac sodium Reaction type: Allergy, Read code for reaction: Allergy, unspecified [SN53.00], Certainty of allergy: Likely, Severity of allergy: Moderate. NOTES: : states allergic to Diclofenac- no further info. 05-Jan- 2012 _____ Addit	Impact / treatment
35	-	Third-party / attached records	ndence to home address?:Yes Patient will accept any site:Yes Patient will accept cancellation or short notice appointment (within 1-6 days):Yes Referred By:Referring GP Electronic Attachment Present:Yes Social circumstances Ethnic Origin: (White) Scottish	Impact / treatment
36	-	Therapy / psychiatric care	LETTER MEDICAL IN CONFIDENCE GGC Mental Health Referral Protocol - Glasgow (Glasgow, v20.5) Additional Support Needs: No known ASN requirements REFERRAL TO Arran Resource Centre - CMHT Adult GGC Mental Health _____ Consultant / receiving practitioner and/or specialty clinic Community Mental Health Team - Adult SCI Gateway Virtual Location code _____ Hospital and hospital address Hospital location code. G002G Email address - Urgency of referral Routine Date of referral 12-Sep-2022 Date sent 12-Sep-2022 PATIENT DETAILS Patient's address Surname Jamieson Forename(s) Yvonne Title Mrs Sex Female Da	Impact / treatment
37	-	Mental health	..00] NOTES: Sister: Type 1. 15-Feb-2012 FH: Myocardial infarction Relative Read code of condition: Acute myocardial infarction [G30..00] NOTES: : father under 60. 15-Feb-2012 FH: Depression Relative Read code of condition: Depressive disorder NEC [E2B..00] NOTES: : siblings. 14-Jan-2011 FH: Cardiovascular disease Relative Read code of condition: Cardiovascular system diseases [G....11] NOTES: : father. 14-Jan-2011 FH: Hypertension Relative Read code of condition: Hypertensive disease [G2...00] NOTES: : father. 14-Jan-2011 FH: Ischaemic heart dis. <60 Relative Read code of condition: Ischaemic	Impact / treatment
37	-	Mental-health medication	me Quantity Formulation Dosage Frequency Date started Date last issued Levothyroxine Sodium Tablets 100 micrograms 56 56 TABLET ONE TO BE TAKEN EACH DAY - 15-Aug- 2022 15-Aug-2022 Quetiapine Fumarate Tablets 100 mg 56 56 TABLET 1 Tab At night - 15-Aug- 2022 15-Aug-2022 Recent medication (Any medication issued within last 90 days not shown above) Drug name Quantity Formulation Dosage Frequency Date started Date last issued Salamol 100micrograms/dose Easi-Breathe inhaler (Teva UK Ltd) 200 200 dose 1 TO 2 PUFFS UP TO FOUR TIMES DAILY AS REQUIRED - 11- May- 2021 03- May- 2022 Relvar Ellipta 184mic	Impact / treatment
37	-	Substance / alcohol	tion: Ischaemic heart disease [G3...00] NOTES: : father. 14-Jan-2011 FH: Stroke Relative Read code of condition: Cerebrovascular disease [G6...00] NOTES: : father. 14-Jan-2011 FH: Alcoholism Relative Read code of condition: Alcoholism [E23..11] NOTES: : mother. 01-Jan-1992 _____ Current medication (Active Repeat medication issued within the last 12 months) Drug name Quantity Formulation Dosage Frequency Date started Date last issued Levothyroxine Sodium Tablets 100 micrograms 56 56 TABLET ONE TO BE TAKEN EACH DAY - 15-Aug- 2022 15-Aug-2022 Quetiapine Fumarate Tablets	Impact / treatment
38	-	Emotional / psychological abuse	f harm:Don't Know Is patient responsible for children?:Don't Know Risk to others including children/dependents/clinicians/other:Don't Know Risk from others:Don't Know Risk of Self Neglect:Don't Know OK to send correspondence to home address?:Yes Patient will accept any site:Yes Patient will accept cancellation or short notice appointment (within 1-6 days):Yes Referred By:Referring GP Electronic Attachment Present:Yes	Direct or corroborative evidence
38	-	Mental-health medication	10mg tablets 30 30 tablet 1 TABLET ONCE A DAY WHEN REQUIRED - 03- May- 2022 03- May- 2022 Topiramate 50mg tablets 56 56 tablet 1 TAB BD AS PER PSYCH - 23- May- 2022 10- Jun- 2022 Quetiapine 150mg tablets 30 30 tablet 1 TABLET AT NIGHT AS PER PSYCH *DISP WEEKLY* - 23- May- 2022 23- May- 2022 Quetiapine 100mg tablets 28 28 tablet TAKE ONE TABLET AT NIGHT - 23- Jun- 2022 11- Jul- 2022 Levothyroxine sodium 100microgram tablets 28 28 tablet 1 TABLET ONCE A DAY - 11-Jul- 2022 11- Jul- 2022 _____ Blood Pressure Date Recorded Systolic Diastolic 07-Jun-2021 107 82 Body Measur	Impact / treatment

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
38	-	Neglect	f harm:Don't Know Is patient responsible for children?:Don't Know Risk to others including children/dependents/clinicians/other:Don't Know Risk from others:Don't Know Risk of Self Neglect:Don't Know OK to send correspondence to home address?:Yes Patient will accept any site:Yes Patient will accept cancellation or short notice appointment (within 1-6 days):Yes Referred By:Referring GP Electronic Attachment Present:Yes	Direct or corroborative evidence
38	-	Self-harm / suicide	No known ASN requirements _____ Additional relevant information Risk of Suicide:Don't Know Past history of suicide attempt:Don't Know Risk of deliberate self harm:Don't Know Is patient responsible for children?:Don't Know Risk to others including children/dependents/clinicians/other:Don't Know Risk from others:Don't Know Risk of Self Neglect:Don't Know OK to send correspondence to home address?:Yes Patient will accept any site:Yes Patient will accept cancellation or short notice appointment (within 1-6 days):Yes Referred By:Referring GP Electronic Attachment Present:	Impact / treatment
38	-	Substance / alcohol	22 Never smoked tobacco: Smoking status on date of event: Never smoked. 18-Dec-2018 Drinks rarely: Drinking status on eventdate: Current drinker. NOTES: : 1 per month. 18-Dec-2018 Alcohol consumption, 2 /wk: 14-Jan-2011 _____ Clinical warnings Allergies Description Comment Date recorded Adverse reaction to diclofenac sodium Reaction type: Allergy, Read code for reaction: Allergy, unspecified [SN53.00], Certainty of allergy: Likely, Severity of allergy: Moderate. NOTES: : states allergic to Diclofenac- no further info. 05-Jan- 2012 _____ Addit	Impact / treatment
38	-	Third-party / attached records	ndence to home address?:Yes Patient will accept any site:Yes Patient will accept cancellation or short notice appointment (within 1-6 days):Yes Referred By:Referring GP Electronic Attachment Present:Yes	Impact / treatment
40	12/01/2022	Contradictory / neutral	and engaging with own team of Monday, if not will utilise NHS24 over the weekend if requiring support. Recommendation Client will seek support over the weekend if struggling Risk No immediate risks identified tonight. Yours sincerely Elizabeth MacLeod Senior Unscheduled Care Nurse Authorised on 12/01/2022 11:14:39 by Typist Karen McConnell, not verified by Elizabeth MacLeod.	Neutral / contradictory
40	12/01/2022	Self-harm / suicide	ie. However, no support planned over the weekend. Spoke at length with Yvonne reports a previous history of overdosing last overdosed a year ago, tonight no evidence of any active suicidal intent/plan. Yvonne responded well to reassurance and advice, plans on retiring to bed with a view to either returning home today and engaging with own team of Monday, if not will utilise NHS24 over the weekend if requiring support. Recommendation Client will seek support over the weekend if struggling Risk No immediate risks identified tonight. Yours sincerely Elizabeth MacLeod Senior Unscheduled Care Nurse	Impact / treatment
41	10/03/1982	Contemporaneous disclosure	se type set to CPN End Time: 08/01/2022 01:14 Start Time:08/01/2022 01:14 Priority On reception set to Pr 2 Within 2 hrs End Time: 08/01/2022 01:14 Start Time:08/01/2022 01:14 Non-disclosure set to True End Time: 08/01/2022 01:14 Report Statistics: Report produced by Adastra Version 3 - 08/01/2022 01:14:14 Page 1 of 2	Direct or corroborative evidence
41	10/03/1982	Physical abuse / injury	RS OLD - NO ILLICIT DRUGS/ALCOHOL - NEGATIVE FOR COVID-19 SYMPTOMS - FEELS SHES NOT COPING - FEELS SHE NEEDS TO BE HOSPITALISED.. PARTNER CONCERNED & DOENST WANT TO GO TO SLEEP AS SCARED OF WHAT PT MIGHT DO - WITH PARTNER - AGREED TO KEEP SAFE - CPN CALL BACK 2HRS.. Outcome: CPN (Dr) to phone patient within 2 Hrs --- Start Time:08/01/2022 01:14 Case type set to CPN End Time: 08/01/2022 01:14 Start Time:08/01/2022 01:14 Priority On reception set to Pr 2 Within 2 hrs End Time: 08/01/2022 01:14 Start Time:08/01/2022 01:14 Non-disclosure set to True End Time: 08/01/2022 01:14 Report Statistics: Re	Direct or corroborative evidence
41	10/03/1982	Self-harm / suicide	idential: True G81 2DQ Tel: 07737 047000 Call Origin Caller Name: Charlene Tel: Elaine Clark (Pwp Call Start Time:08/01/2022 00:54 NHS 24 Assessment End Time: 08/01/2022 01:12 --- SUICIDAL - TONIGHT --- Clinical summary created by: Elaine Clark (Pwp Call Taker) () [08/01/2022 01:12:32] Reason for call: SUICIDAL - TONIGHTConfirmed Symptom(s): Clinical supervision not used Call reason: Suicidal thoughts 08:01:2022 01:13:09 CLARKE.. 3RD PARTY CALL FOR PARTNER - SPOKE TO PT - NOT HARMED SELF - PT GOING HM TOMORROW - STATES SUICIDAL THOUGHTS BUT UNSURE IF SHE WILL GO THROUGH WITH IT - PREVIO	Impact / treatment
41	10/03/1982	Substance / alcohol	LL GO THROUGH WITH IT - PREVIOUS SUICIDE ATTEMPTS & HAS ALWAYS BEEN BY OVERDOSE.. FEELS SHE DOESNT WNAT TO BE AROUND PEOPLE - PT LIVES WITH SON WHO IS 19YRS OLD - NO ILLICIT DRUGS/ALCOHOL - NEGATIVE FOR COVID-19 SYMPTOMS - FEELS SHES NOT COPING - FEELS SHE NEEDS TO BE HOSPITALISED.. PARTNER CONCERNED & DOENST WANT TO GO TO SLEEP AS SCARED OF WHAT PT MIGHT DO - WITH PARTNER - AGREED TO KEEP SAFE - CPN CALL BACK 2HRS.. Outcome: CPN (Dr) to phone patient within 2 Hrs --- Start Time:08/01/2022 01:14 Case type set to CPN End Time: 08/01/2022 01:14 Start Time:08/01/2022 01:14 Priority On reception s	Impact / treatment
41	10/03/1982	Therapy / psychiatric care	- FEELS SHES NOT COPING - FEELS SHE NEEDS TO BE HOSPITALISED.. PARTNER CONCERNED & DOENST WANT TO GO TO SLEEP AS SCARED OF WHAT PT MIGHT DO - WITH PARTNER - AGREED TO KEEP SAFE - CPN CALL BACK 2HRS.. Outcome: CPN (Dr) to phone patient within 2 Hrs --- Start Time:08/01/2022 01:14 Case type set to CPN End Time: 08/01/2022 01:14 Start Time:08/01/2022 01:14 Priority On reception set to Pr 2 Within 2 hrs End Time: 08/01/2022 01:14 Start Time:08/01/2022 01:14 Non-disclosure set to True End Time: 08/01/2022 01:14 Report Statistics: Report produced by Adastra Version 3 - 08/01/2022 01:14:14 Page 1 of	Impact / treatment

Jamieson, Yvonne NWS COMBINED RECORDS (2)(1).pdf

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
151	-	Mental health	d _____ Past medical history Pre-existing conditions Description Laterality Modifier Extension Date of onset Hypothyroidism - - - 31-May-2007 [X]Neurotic depression - - - 06-Aug-2004 Anaemia during pregnancy, childbirth and the puerperium - - - 01-Mar-2002 Asthma - - - 01-Mar-1999 Child removed from protection register - - - 01-Oct-1995 Child on protection register - - sexual abuse allegations 01-Jan-1992 _____ Current and recent medication Current repeat medication Drug name BNF code Formulation Dosage Frequency Course started Duration LEVOT	Impact / treatment
151	-	Sexual abuse	uring pregnancy, childbirth and the puerperium - - - 01-Mar-2002 Asthma - - - 01-Mar-1999 Child removed from protection register - - - 01-Oct-1995 Child on protection register - - sexual abuse allegations 01-Jan-1992 _____ Current and recent medication Current repeat medication Drug name BNF code Formulation Dosage Frequency Course started Duration LEVOTHYROXINE tabs 100micrograms 02008003 tablet(s) TAKE ONE EACH MORNING - 30-Jul-2010 - LEVOTHYROXINE tabs 25micrograms 02008001 tablet(s) TAKE ONE EACH MORNING - 30-Jul-2010 - Recent acute medication (last 30 days) No re	Direct or corroborative evidence
810	17/06/2026	Self-harm / suicide	ices Printed by algill (Arrianne Gill (non referrer)) at 17 Jun 2026 11:17 Report 1/18 Filed by sunquest (Sunquest Administrator) at 29 May 2026 05:32 CLINICAL DETAILS : trasadone overdose. Report 2/18 Filed by sunquest (Sunquest Administrator) at 28 May 2026 06:21 CLINICAL DETAILS : hypothyroid on 125mcgs levothyroxine. Report 3/18 Filed by sunquest (Sunquest Administrator) at 28 May 2026 06:21 Patient name: YVONNE JAMIESON CHI Number: 1003820107 Sex: Female Date of birth: 10 Mar 1982 : Address: FLAT 2-2, 3 ROXBURGH WAY, GREENOCK PA15 4LN Reported Specialty Location Clinician 13 Feb 2013 23:4	Impact / treatment
811	17/06/2026	Mental health	Administrator) at 28 May 2026 05:11 CLINICAL DETAILS : Not currently on antibiotics. Report 5/18 Filed by sunquest (Sunquest Administrator) at 28 May 2026 05:11 CLINICAL DETAILS : DEPRESSION. Sample 13B251379 (Midstream Urine) Collected 12 Jan 2013 05:00 Received 12 Jan 2013 10:23 Urine Culture: Organism * Escherichia coli Organism Growth * 10^5 orgs/ml Amoxicillin S Trimethoprim R Nitrofurantoin S Gentamicin S Reported Specialty Location Clinician 09 Jan 2013 08:57 Microbiology MRH MORDUN A WARD DR David HAYWARD(General Psychiatry) (Psychotherapy) Sample 12MP058478 (Urine (unspecified)) Colle	Impact / treatment
811	17/06/2026	Therapy / psychiatric care	orgs/ml Amoxicillin S Trimethoprim R Nitrofurantoin S Gentamicin S Reported Specialty Location Clinician 09 Jan 2013 08:57 Microbiology MRH MORDUN A WARD DR David HAYWARD(General Psychiatry) (Psychotherapy) Sample 12MP058478 (Urine (unspecified)) Collected 06 Jan 2013 15:00 Received 07 Jan 2013 14:33 Urine culture Organism * Escherichia coli Organism Growth * >10^5 orgs/ml Amoxycillin S Trimethoprim R Nitrofurantoin S Gentamicin S Reported Specialty Location Clinician 07 Jan 2013 09:03 Blood Sciences MRH MORDUN A WARD DR David HAYWARD(General Psychiatry) (Psychotherapy) Sample C130162991 (Blo	Impact / treatment
812	17/06/2026	Mental health	Report 6/18 Filed by sunquest (Sunquest Administrator) at 28 May 2026 05:11 CLINICAL DETAILS : DEPRESSION. Report 7/18 Filed by sunquest (Sunquest Administrator) at 28 May 2026 06:20 CLINICAL DETAILS : Patient phone No.: refused. post coital bleeding-cervix appears. normal. Report 8/18 CALCIUM CALCIUM 2.17 mmol/L 2.10 - 2.55 CORRECTED CALCIUM CALCIUM (CORRECTED) 2.18 mmol/L 2.10 - 2.55 ESTIMATED GFR ESTIMATED GFR 54 mL/min CKD Stage CKD Stage 3A . FREE THYROXINE FREE THYROXINE 11.7 pmol/L 9.8 - 18.8 TSH TSH *	Impact / treatment
812	17/06/2026	Neglect	-LADE MC (formerly MAUVE Dr Claire HUTTON (GP) (General Practice) Sample 12V122183 (High Vaginal Swab) Collected 27 Dec 2012 11:17 Received 27 Dec 2012 16:40 Chlamydia trachomatis DNA: Chlamydia trachomatis DNA Negative N.gonorrhoeae DNA: N.gonorrhoeae DNA Negative Reported Specialty Location Clinician Patient name: YVONNE JAMIESON Hospital number: 1003820107 : Page 3 of 8 Reports For Yvonne Jamieson 17/06/2026 http://ice-web-01.tnhs.tayside.scot.nhs.uk/icedesktop/dotnet/icedesktop/reporting/Pati...	Direct or corroborative evidence
812	17/06/2026	Therapy / psychiatric care	E THYROXINE 11.7 pmol/L 9.8 - 18.8 TSH TSH * 13.09 mU/L 0.4 - 4.0 Reported Specialty Location Clinician 06 Jan 2013 15:11 Blood Sciences MRH MORDUN A WARD DR David HAYWARD(General Psychiatry) (Psychotherapy) Sample H130162991 (EDTA) Collected 06 Jan 2013 14:00 Received 06 Jan 2013 15:06 FBC Hb 12.4 g/dL 12.0 - 16.0 WBC 8.1 x10^9/L 4.0 - 11.0 PLT 298 x10^9/L 150 - 400 RBC 4.41 x10^12/L 3.8 - 4.8 HCT 0.384 0.37 - 0.47 MCV 87.2 fl 85 - 105 MCH 28.1 pg 27 - 32 MCHC 32.2 g/dL 32 - 36 NE# 6.2 x10^9/L 2.0 - 7.5 LY# * 1.4 x10^9/L 1.5 - 4.0 MO# 0.4 x10^9/L 0.2 - 0.8 EO# 0.04 x10^9/L 0.0 - 0.4 BA# 0.0 x	Impact / treatment
827	17/06/2026	Self-harm / suicide	Report 30/30 Filed by sunquest (Sunquest Administrator) at 29 May 2026 05:32 CLINICAL DETAILS : trasadone overdose. LAB COMMENTS : *NB Use mass unit (mg/L) scale for paracetamol nomogram interpretation.* End of reports TSH * 0.07 mU/L 0.4 - 4.0 FREE THYROXINE FREE THYROXINE 15.3 pmol/L 9.8 - 18.8 Free T3 Free T3 4.5 pmol/L 3.3 - 6.1 Reported Specialty Location Clinician 14 Feb 2013 00:27 Blood Sciences PRI WARD 4 Dr E BROWN (Not Specified) Sample C131985947-2 (Blood) Collected 13 Feb 2013 23:04 Received 13 Feb 2013 23:30	Impact / treatment
827	17/06/2026	Substance / alcohol	2.5 - 7.8 CREATININE CREATININE 71 umol/L 44 - 80 ESTIMATED GFR ESTIMATED GFR GT60 mL/min CKD Stage CKD Stage IF HIGH RISK, EXCLUDE CKD1/2. CHECK FOR HAEMATURIA AND PROTEINURIA . ALCOHOL ALCOHOL NOT DETECTED mg/dL Patient name: YVONNE JAMIESON Hospital number: 1003820107 : Page 10 of 10 Reports For Yvonne Jamieson 17/06/2026 http://ice-web-01.tnhs.tayside.scot.nhs.uk/icedesktop/dotnet/icedesktop/reporting/Pati...	Impact / treatment

YJ-1003820107 - Clinical Portal(1).pdf

No relevant entries could be extracted from embedded searchable text. This does not establish absence where the PDF is image-only or poorly OCRed.

YJ-1003820107 - Morse Consultations(1).pdf

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
1	27/04/2026	Personal / social impact	ultation Type: E-mail consultation 08/09/2022 10:19 Migration User - Community psychiatric nursing Team Migration Team : Written in retrospect Call received 7.9.22 from womens aid homeless unit in Glasgow to advise that Yvonne has moved again and had given M McGill ANP name as contact. Yvonne thought ANP was CPN but advised that Yvonne was seen at outpatient only. Homeless unit requested information be sent to a new GP. They were advised that information had been passed to the original GP she had registered with at The Forge and they should contact them for details and ensure files are transfe	Impact / treatment
1	27/04/2026	Therapy / psychiatric care	Morse Continuation Notes CHI: 1003820107 Name: JAMIESON, YVONNE Published: 27/04/2026 04/10/2022 09:37 Migration User - Clinical psychology Team Migration Team : Received e-mail communication from Mel McGill (ANP) informing me that Yvonne has relocated to Glasgow and has therefore been discharged from the North Perthshire CMHT, which will also include the Clinical Psychology to General Adult Psychiatry (CP to GAP) waiting list. Mel informed me that her correspondence has clarified this and therefore Yvonne will now be removed from the CP to GA	Impact / treatment
2	11/07/2022	Contemporaneous disclosure	w. Core 10 completed and attached Score 19 no active suicidal ideation at time of clinic and Yvonne denied same. Stressors still evident with regards to her going to the police to report her abuse which has now meant that she cannot see her family as this causes her upset due to the way they are treating her at present which in turn makes Yvonne upset and detatched. Partner Charlene agreed that staying away from her family at present is best as it triggers too much from the past which in turn affects Yvonnes mental state. Yvonne has positive forward planning and supports from Charlene and was	Direct or corroborative evidence
2	11/07/2022	Contradictory / neutral	low-up following DSH in June and was seen immediately after this please see below. Core 10 completed and attached Score 19 no active suicidal ideation at time of clinic and Yvonne denied same. Stressors still evident with regards to her going to the police to report her abuse which has now meant that she cannot see her family as this causes her upset due to the way they are treating her at present which in turn makes Yvonne upset and detatched. Partner Charlene agreed that staying away from her family at present is best as it triggers too much from the past which in turn affects Yvonnes mental	Neutral / contradictory
2	11/07/2022	Emotional / psychological abuse	thshire PH10 6BT Dear Dr Humble Yvonne Jamieson, 13 Hatton Place, Rattray, Blairgowrie, Perthshire, PH10 7AN DOB: 10/03/1982 0107 Diagnosis: Bipolar Affective Disorder 2 Disclosed Childhood Trauma Medication: Topiramate 50mg Quetiapine 150mg NOCTE Levothyroxine 100mcg Salamol 100mcg Relvar Ellipta 184mcg Spiriva Respimat 2.5mcg Plan/Recommendation • Aware of how to access services. • Referral to RASASC completed. • Yvonne to be seen by medic in approximately two months time for medication and review of current diagnosis (Trauma/EUPD). • Can be followed up by the ANP clinic thereafter. Yvonne w	Direct or corroborative evidence
2	11/07/2022	Mental health	er abuse especially now as it is being investigated by police. Longer term a review of Yvonne's diagnosis and medication would be beneficial by a medic as many symptoms align with EUPD. A referral to DBT should also be considered if diagnosis is reviewed. No immediate risks identified and Yvonne remains on weekly dispense. Plan - Aware of how to access services. Referral to RASAC completed. Yvonne to be seen by medic for review in approx 2 months for review of diagnosis (trauma/eupd) and medication and can be followed up in ANP clinic thereafter. Consulter: Melanie McGill Location: NHS Tayside	Impact / treatment
2	11/07/2022	Mental-health medication	on, 13 Hatton Place, Rattray, Blairgowrie, Perthshire, PH10 7AN DOB: 10/03/1982 0107 Diagnosis: Bipolar Affective Disorder 2 Disclosed Childhood Trauma Medication: Topiramate 50mg Quetiapine 150mg NOCTE Levothyroxine 100mcg Salamol 100mcg Relvar Ellipta 184mcg Spiriva Respimat 2.5mcg Plan/Recommendation • Aware of how to access services. • Referral to RASASC completed. • Yvonne to be seen by medic in approximately two months time for medication and review of current diagnosis (Trauma/EUPD). • Can be followed up by the ANP clinic thereafter. Yvonne was seen at clinic in the company of her partn	Impact / treatment
2	11/07/2022	Self-harm / suicide	by the ANP clinic thereafter. Yvonne was seen at clinic in the company of her partner Charlene on July 11th 2022. Assessment This appointment was a follow up following deliberate self harm in June and when she was seen immediately after this and there has been communication from this. CORE 10 was completed and attached score was 19. There was no active suicidal ideation at time of clinic and Yvonne denied same. Stressors are still evident with regards to ongoing report to the police by her brother which has now meant that she cannot see her family and this causes her to be upset due to the wa	Impact / treatment
2	11/07/2022	Therapy / psychiatric care	11/07/2022 12:01 Migration User - Community psychiatric nursing Team Migration Team : ANP clinic 11.7.22 Seen face to face clinic and also in attendance was her parter Charlene who usually lives in Glasgow Appointment was follow-up following DSH in June and was seen immediately after this please see below. Core 10 completed and attached Score 19 no active suicidal ideation at time of clinic and Yvonne denied same. Stressors still evident with regards to her go	Impact / treatment
2	11/07/2022	Third-party / attached records	e see below. Core 10 completed and attached Score 19 no active suicidal ideation at time of clinic and Yvonne denied same. Stressors still evident with regards to her going to the police to report her abuse which has now meant that she cannot see her family as this causes her upset due to the way they are treating her at present which in turn makes Yvonne upset and detatched. Partner Charlene agreed that staying away from her family at present is best as it triggers too much from the past which in turn affects Yvonnes mental state. Yvonne has positive forward planning and supports from Charlen	Impact / treatment
3	22/06/2022	Contemporaneous disclosure	that her brother had seen her on the 6th June and admitted to abusing her (once) and apparently he said that he had tried to take his own life. She therefore went to the police to report this and also disclosed that her son has been charged with underage sex he is 20 person was 15 and he is due in court to face another similar charge and her family told her it was all her fault in the way he had been brought up. She said her son has additional needs as has apparent learning difficulties and ASD?. She said she did not blame herself in any way that these things have happened. On further assessme	Direct or corroborative evidence

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
3	22/06/2022	Contradictory / neutral	ed' to all her feelings due to her childhood trauma but does have future plans to go on holiday with the church, to travel and other positive aspects in her life at this time. She denied any active suidical ideation at time of clinic and denied any plans or intent of self harm and stated she can ensure her safety. She appeared slightly flat in presentation to begin with but as she relaxed more she was more animated, engaging and humour was shown. She reports other social aspects that her affect her ongoing thoughts and that is she has little money to get heating and food. There at times seemed	Neutral / contradictory
3	22/06/2022	Emotional / psychological abuse	se things have happened. On further assessment she did state that although she does not feel fully remorseful as she stated she felt 'disassociated' to all her feelings due to her childhood trauma but does have future plans to go on holiday with the church, to travel and other positive aspects in her life at this time. She denied any active suidical ideation at time of clinic and denied any plans or intent of self harm and stated she can ensure her safety. She appeared slightly flat in presentation to begin with but as she relaxed more she was more animated, engaging and humour was shown. She	Direct or corroborative evidence
3	22/06/2022	Mental health	ails of Incident: Yvonne resides at locus with her son. At the time of the incident, her son was not home. Recently, Yvonne claims to have had her diagnosis of bi-polar changed to PTSD. Yvonne is also epileptic and takes medication for same. During the afternoon of Sunday 19th June 2022, Yvonne was speaking with her friend, Kimberley. Whilst speaking with Kimberly, she has disclosed her intentions to complete suicide and thereafter blocked Kimberley. Due to concerns for Yvonnes welfare, police were contacted and attended. A short time later, police attended at locus and traced Yvonne. She was	Impact / treatment
3	22/06/2022	Mental-health medication	cus and traced Yvonne. She was noted to be drowsy with slurred speech. When asked, she advised Police that she had taken around 53 tablets from her prescribed medication including Quetiapine and Topiramate shortly before Police arrival. Yvonne advised Police that she suffers with PTSD as a result of being informed recently by a family member that she was sexually assaulted by another family member. Yvonnes house was noted to be heavily cluttered and un-tidy. Scottish Ambulance Service were contacted and attended, Yvonne was then conveyed to Hospital for treatment. Consulter: Jennifer Fox Locat	Impact / treatment
3	22/06/2022	Physical abuse / injury	pine and Topiramate shortly before Police arrival. Yvonne advised Police that she suffers with PTSD as a result of being informed recently by a family member that she was sexually assaulted by another family member. Yvonnes house was noted to be heavily cluttered and un-tidy. Scottish Ambulance Service were contacted and attended, Yvonne was then conveyed to Hospital for treatment. Consulter: Jennifer Fox Location: NHS Tayside Mental Health Services 21/06/2022 16:12 Migration User - Community psychiatric nursing Team Migration Team : ANP Clinic 21.6.22 Seen at clinic for a scheduled appointmen	Direct or corroborative evidence
3	22/06/2022	Self-harm / suicide	holiday with the church, to travel and other positive aspects in her life at this time. She denied any active suidical ideation at time of clinic and denied any plans or intent of self harm and stated she can ensure her safety. She appeared slightly flat in presentation to begin with but as she relaxed more she was more animated, engaging and humour was shown. She reports other social aspects that her affect her ongoing thoughts and that is she has little money to get heating and food. There at times seemed deficits of possible comprehension of what was being asked and she struggled to spell a	Impact / treatment
3	22/06/2022	Therapy / psychiatric care	e and she is going to look at this and share information with services such as safety plan for future. Spoke at great length and seemed to benefit from this and would benefit from psychological input to identify and change negative thinking patterns and pushes for positive behavioral changes. DBT may be used to treat suicidal and other self-destructive behaviors as had previous self harm issues. She also advised that perhaps doing the survive and strive was too soon as it has evoked feelings and memories. Interventions/Supports given - Call to BARI foodbank who will be delivering a food parcel	Impact / treatment
3	22/06/2022	Third-party / attached records	h her friend, Kimberley. Whilst speaking with Kimberly, she has disclosed her intentions to complete suicide and thereafter blocked Kimberley. Due to concerns for Yvonnes welfare, police were contacted and attended. A short time later, police attended at locus and traced Yvonne. She was noted to be drowsy with slurred speech. When asked, she advised Police that she had taken around 53 tablets from her prescribed medication including Quetiapine and Topiramate shortly before Police arrival. Yvonne advised Police that she suffers with PTSD as a result of being informed recently by a family member	Impact / treatment
4	21/06/2022	Contemporaneous disclosure	her past childhood traumas are becoming an occurrence and her brother has recently admitted to abusing her when she was younger which has resulted in her contacting the police to report this and is triggering quite a few past memories. There are also issues with regards to her 20 year old son, who currently lives with her, who she advised has additional needs, to which he is currently being charged with underage sex. Apparently he has had one charge and has been released on bail for this and is due to be seen again. She advised that he has some supports from the Tay Project but obviously this	Direct or corroborative evidence
4	21/06/2022	Contradictory / neutral	ted that there was a trigger to that and is aware that a reaction like that can cause long term damage, not only to herself but also others who care for her. At time of clinic she denied any active ongoing suicidal ideation but advised that her past childhood traumas are becoming an occurrence and her brother has recently admitted to abusing her when she was younger which has resulted in her contacting the police to report this and is triggering quite a few past memories. There are also issues with regards to her 20 year old son, who currently lives with her, who she advised has additional nee	Neutral / contradictory
4	21/06/2022	Emotional / psychological abuse	thshire PH10 6BT Dear Dr Humble Yvonne Jamieson, 13 Hatton Place, Rattray, Blairgowrie, Perthshire, PH10 7AN CHI: 10/03/1982 0107 Diagnosis: Bipolar Affective Disorder 2 Disclosed childhood trauma Current medication: Topiramate 50mg Quetiapine 150mg nocte Levothyroxine 100mcg Salamol 100mcg Relvar Ellipta 184mcg Spiriva Respimat 2.5mcg Plan/Recommendation: Quetiapine to be reduced to 100mg nocte Topiramate to be discontinued at this time To be seen by Consultant Psychiatrist and Psychology to be made aware. Yvonne was seen at clinic on the 21st of June 2022 and had been seen by my colleague, R	Direct or corroborative evidence

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
4	21/06/2022	Mental health	ow she has presented over the years, rather than Bipolar. As previously outlined we are looking to review this diagnosis and gather more information and assessment with regards to PTSD type symptoms and possible EUPD. Yvonne has had some past psychological interventions through Survive and Thrive but felt that this did result in painful memories from her past and has been referred to CMHT Psychology to assist further. She said that seeing her brother on the 6th of June had triggered a lot and apparently he had fully disclosed that he had actually lay on top of her when she was younger and says	Impact / treatment
4	21/06/2022	Mental-health medication	atton Place, Rattray, Blairgowrie, Perthshire, PH10 7AN CHI: 10/03/1982 0107 Diagnosis: Bipolar Affective Disorder 2 Disclosed childhood trauma Current medication: Topiramate 50mg Quetiapine 150mg nocte Levothyroxine 100mcg Salamol 100mcg Relvar Ellipta 184mcg Spiriva Respimat 2.5mcg Plan/Recommendation: Quetiapine to be reduced to 100mg nocte Topiramate to be discontinued at this time To be seen by Consultant Psychiatrist and Psychology to be made aware. Yvonne was seen at clinic on the 21st of June 2022 and had been seen by my colleague, Rhian Brown from Liaison Psychiatry on the 20th of Jun	Impact / treatment
4	21/06/2022	Self-harm / suicide	er to that and is aware that a reaction like that can cause long term damage, not only to herself but also others who care for her. At time of clinic she denied any active ongoing suicidal ideation but advised that her past childhood traumas are becoming an occurrence and her brother has recently admitted to abusing her when she was younger which has resulted in her contacting the police to report this and is triggering quite a few past memories. There are also issues with regards to her 20 year old son, who currently lives with her, who she advised has additional needs, to which he is current	Impact / treatment
4	21/06/2022	Substance / alcohol	iaison Psychiatry on the 20th of June 2022. Yvonne was admitted to A&E following a potential overdose of her prescribed medication the previous afternoon of the 19th. There was no alcohol involved and she'd managed to message a friend who became concerned regards content of conversation and called the police. Yvonne was therefore transferred to hospital for admission and further details can be found within notes. Assessment Yvonne seemed quite flat on presentation at clinic today and was slightly remorseful about her overdose but stated that there was a trigger to that and is aware that a reac	Impact / treatment
4	21/06/2022	Therapy / psychiatric care	ta 184mcg Spiriva Respimat 2.5mcg Plan/Recommendation: Quetiapine to be reduced to 100mg nocte Topiramate to be discontinued at this time To be seen by Consultant Psychiatrist and Psychology to be made aware. Yvonne was seen at clinic on the 21st of June 2022 and had been seen by my colleague, Rhian Brown from Liaison Psychiatry on the 20th of June 2022. Yvonne was admitted to A&E following a potential overdose of her prescribed medication the previous afternoon of the 19th. There was no alcohol involved and she'd managed to message a friend who became concerned regards content of conversation	Impact / treatment
4	21/06/2022	Third-party / attached records	ication the previous afternoon of the 19th. There was no alcohol involved and she'd managed to message a friend who became concerned regards content of conversation and called the police. Yvonne was therefore transferred to hospital for admission and further details can be found within notes. Assessment Yvonne seemed quite flat on presentation at clinic today and was slightly remorseful about her overdose but stated that there was a trigger to that and is aware that a reaction like that can cause long term damage, not only to herself but also others who care for her. At time of clinic she deni	Impact / treatment
5	20/06/2022	Contemporaneous disclosure	ive. Reports feeling overwhelmed when took the overdose. At church yesterday they were discussing adoption that triggered memories on her past . On top this three days ago brother disclosed that he sexually assaulted her whilst they were in care. She has subsequently reported this to the police. As a result of a combination of the above impulsively made the decision to take overdose. At time of assessment expressed remorse for actions and denied any ongoing suicidal thoughts. Evidence of PTSD type symptoms and possible EUPD traits such impulsivity and fear of abandonment. RECOMMENDATION Discha	Direct or corroborative evidence
5	20/06/2022	Contradictory / neutral	ntly reported this to the police. As a result of a combination of the above impulsively made the decision to take overdose. At time of assessment expressed remorse for actions and denied any ongoing suicidal thoughts. Evidence of PTSD type symptoms and possible EUPD traits such impulsivity and fear of abandonment. RECOMMENDATION Discharge when medically fit Contacted Mel McGill to inform of contact Advised of out of hours numbers Full assessment letter to follow Consulter: Rhian Brown Location: NHS Tayside Mental Health Services Consultation Type: Face to face consultation 20/06/2022 14:30 Mig	Neutral / contradictory
5	20/06/2022	Emotional / psychological abuse	verdose. At time of assessment expressed remorse for actions and denied any ongoing suicidal thoughts. Evidence of PTSD type symptoms and possible EUPD traits such impulsivity and fear of abandonment. RECOMMENDATION Discharge when medically fit Contacted Mel McGill to inform of contact Advised of out of hours numbers Full assessment letter to follow Consulter: Rhian Brown Location: NHS Tayside Mental Health Services Consultation Type: Face to face consultation 20/06/2022 14:30 Migration User - Community psychiatric nursing Team Migration Team Mental illness referral Request Type: ASS Urgency:	Direct or corroborative evidence
5	20/06/2022	Mental health	combination of the above impulsively made the decision to take overdose. At time of assessment expressed remorse for actions and denied any ongoing suicidal thoughts. Evidence of PTSD type symptoms and possible EUPD traits such impulsivity and fear of abandonment. RECOMMENDATION Discharge when medically fit Contacted Mel McGill to inform of contact Advised of out of hours numbers Full assessment letter to follow Consulter: Rhian Brown Location: NHS Tayside Mental Health Services Consultation Type: Face to face consultation 20/06/2022 14:30 Migration User - Community psychiatric nursing Team M	Impact / treatment
5	20/06/2022	Mental-health medication	ointment to see Melanie McGill ANP tomorrow. She has a diagnosis of bipolar disorder however my understanding is that this is currently being reviewed. She is currently prescribed Quetiapine and Topirmate. She has taken several overdoses in the past. ASSESSMENT Yvonne is a 40 year old lady. She was dressed in night attire. She appeared clean and tidy with no obvious signs of neglect. She was able to provide a history of her past and current difficulties. Her speech was of normal rate and tone and eye contact was maintained. Rapport was established and affect appeared reactive. Reports feeling	Impact / treatment

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
5	20/06/2022	Neglect	irmate. She has taken several overdoses in the past. ASSESSMENT Yvonne is a 40 year old lady. She was dressed in night attire. She appeared clean and tidy with no obvious signs of neglect. She was able to provide a history of her past and current difficulties. Her speech was of normal rate and tone and eye contact was maintained. Rapport was established and affect appeared reactive. Reports feeling overwhelmed when took the overdose. At church yesterday they were discussing adoption that triggered memories on her past . On top this three days ago brother disclosed that he sexually assaulted he	Direct or corroborative evidence
5	20/06/2022	Physical abuse / injury	elmed when took the overdose. At church yesterday they were discussing adoption that triggered memories on her past . On top this three days ago brother disclosed that he sexually assaulted her whilst they were in care. She has subsequently reported this to the police. As a result of a combination of the above impulsively made the decision to take overdose. At time of assessment expressed remorse for actions and denied any ongoing suicidal thoughts. Evidence of PTSD type symptoms and possible EUPD traits such impulsivity and fear of abandonment. RECOMMENDATION Discharge when medically fit Cont	Direct or corroborative evidence
5	20/06/2022	Placement in care	t church yesterday they were discussing adoption that triggered memories on her past . On top this three days ago brother disclosed that he sexually assaulted her whilst they were in care. She has subsequently reported this to the police. As a result of a combination of the above impulsively made the decision to take overdose. At time of assessment expressed remorse for actions and denied any ongoing suicidal thoughts. Evidence of PTSD type symptoms and possible EUPD traits such impulsivity and fear of abandonment. RECOMMENDATION Discharge when medically fit Contacted Mel McGill to inform of c	Placement / corroboration
5	20/06/2022	Self-harm / suicide	to the police. As a result of a combination of the above impulsively made the decision to take overdose. At time of assessment expressed remorse for actions and denied any ongoing suicidal thoughts. Evidence of PTSD type symptoms and possible EUPD traits such impulsivity and fear of abandonment. RECOMMENDATION Discharge when medically fit Contacted Mel McGill to inform of contact Advised of out of hours numbers Full assessment letter to follow Consulter: Rhian Brown Location: NHS Tayside Mental Health Services Consultation Type: Face to face consultation 20/06/2022 14:30 Migration User - Commu	Impact / treatment
5	20/06/2022	Substance / alcohol	c nursing Team Migration Team : SITUATION Yvonne was admitted to the AE department following an intentional overdose of her prescribed medication yesterday afternoon. There was no alcohol involved. Messaged a friend who became concerned regards content of conversation and called the police. Thereafter hospital admission was arranged. BACKGROUND Yvonne is currently involved with the mental health services in Perth. She has an appointment to see Melanie McGill ANP tomorrow. She has a diagnosis of bipolar disorder however my understanding is that this is currently being reviewed. She is currently	Impact / treatment
5	20/06/2022	Therapy / psychiatric care	20/06/2022 19:40 Migration User - Community psychiatric nursing Team Migration Team : SITUATION Yvonne was admitted to the AE department following an intentional overdose of her prescribed medication yesterday afternoon. There was no alcohol involved. Messaged a friend who became concerned regards content of conversation and called the police. Thereafter hospital admission was arranged. BACKGROUND Yvonne is currently involved with the mental health services in	Impact / treatment
5	20/06/2022	Third-party / attached records	nal overdose of her prescribed medication yesterday afternoon. There was no alcohol involved. Messaged a friend who became concerned regards content of conversation and called the police. Thereafter hospital admission was arranged. BACKGROUND Yvonne is currently involved with the mental health services in Perth. She has an appointment to see Melanie McGill ANP tomorrow. She has a diagnosis of bipolar disorder however my understanding is that this is currently being reviewed. She is currently prescribed Quetiapine and Topirmate. She has taken several overdoses in the past. ASSESSMENT Yvonne is	Impact / treatment
6	20/06/2022	Contemporaneous disclosure	s regarding fostering and adoption. This triggered memories or her childhood which caused her distress. On returning home she ruminated over this and the fact that her brother had disclosed three days previously that he had attempted to sexually assault her whilst in foster care. A combination of the above and the fact that her son has now been charged twice for having sex with a minor has understandably had an impact on her mental wellbeing. She states the overdose was not planed and somewhat impulsive. She herself contacted a friend and subsequently hospital admission was arranged. At time o	Direct or corroborative evidence
6	20/06/2022	Contradictory / neutral	petite is also variable, however she is unaware of any weight loss. She continues to try and motive herself to carry out tasks in the house and attend to her personal hygiene. She denied any significant problems with her concentration stating that she enjoys reading. There was no evidence of any diurnal variation or increased irritability. From a cognitive perspective she could see little in the way of positives except for her two rabbits which bring her enjoyment. She also attend church on a Wednesday and Sunday which she finds rewarding. There was certainly evidence of EUPD type traits, such	Neutral / contradictory
6	20/06/2022	Emotional / psychological abuse	ached to the Mental Health Services in Perth, tomorrow the 21st June 2022. She has a historical diagnosis of Bipolar, however they are questioning whether it is PTD on the back of childhood trauma and I wonder if EUPD is also being considered in view of her presentation. She has taken numerous overdoes in the past. She is unaware of any family history of mental illness. She is currently prescribed Topiramate and Quetiapine, however believes that this needs to be reviewed. Relevant Past Personal History Yvonne was born in Perth. She was brought up by her parents until the age of 10. Sadly at th	Direct or corroborative evidence
6	20/06/2022	Mental health	. She is not currently involved in a relationship. Are there any child/adult protection issues? No Are there any Gender Based Violence/Domestic Abuse issues? No Diagnosis – ICD 10 PTSD. Historical diagnosis of Bipolar Disorder. Query EUPD. Disposal/Follow-up After completing my assessment, I felt it was appropriate to discharge Yvonne home when medically fit. I have been in touch with Mel McGill to inform her of my contact and she plans to review her at her clinic on the 21st. I advised Yvonne of the out of hours numbers and the availability of the Duty Worker and encouraged her to download th	Impact / treatment

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
6	20/06/2022	Mental-health medication	pital on the 20th June 2022. Date/Type of DSH/Suicidality at Event Yvonne was admitted to the A&E Department after taking an overdose of 50 x 50mg Topiramate tablets and 7 x 150mg Quetiapine tablets the previous afternoon. There was no alcohol involved. She states at the time she wanted to end her life. From what I can ascertain Yvonne had been at church earlier that day and the topic discussed was regarding fostering and adoption. This triggered memories or her childhood which caused her distress. On returning home she ruminated over this and the fact that her brother had disclosed three days	Impact / treatment
6	20/06/2022	Physical abuse / injury	childhood which caused her distress. On returning home she ruminated over this and the fact that her brother had disclosed three days previously that he had attempted to sexually assault her whilst in foster care. A combination of the above and the fact that her son has now been charged twice for having sex with a minor has understandably had an impact on her mental wellbeing. She states the overdose was not planed and somewhat impulsive. She herself contacted a friend and subsequently hospital admission was arranged. At time of assessment she expressed remorse for her actions and was glad to	Direct or corroborative evidence
6	20/06/2022	Placement in care	needs to be reviewed. Relevant Past Personal History Yvonne was born in Perth. She was brought up by her parents until the age of 10. Sadly at this point the children were all put in care as a result of physical, sexual and verbal abuse by her parents and babysitters. All five children ended up in care and albeit there was no trauma whilst in care the whole experience was somewhat traumatic. After leaving care at the age of 16, she was involved with abusive relationships. There was an ongoing history of sexual abuse by uncles. As a result she has had significant trauma in her life. She underto	Placement / corroboration
6	20/06/2022	Self-harm / suicide	DOB: 10/03/1982 Assessment Date and Place I carried out an assessment on the above lady on the on the Observation Ward, Ninewells Hospital on the 20th June 2022. Date/Type of DSH/Suicidality at Event Yvonne was admitted to the A&E Department after taking an overdose of 50 x 50mg Topiramate tablets and 7 x 150mg Quetiapine tablets the previous afternoon. There was no alcohol involved. She states at the time she wanted to end her life. From what I can ascertain Yvonne had been at church earlier that day and the topic discussed was regarding fostering and adoption. This triggered memories or her	Impact / treatment
6	20/06/2022	Sexual abuse	rauma whilst in care the whole experience was somewhat traumatic. After leaving care at the age of 16, she was involved with abusive relationships. There was an ongoing history of sexual abuse by uncles. As a result she has had significant trauma in her life. She undertook the Survive and Thrive Group, which has opened up a lot of memories for her which she feels that she is struggling to cope with. Brief MSE and Current Suicidality As already mentioned Yvonne describes long standing difficulties with her mental health. At time of assessment she was able to provide a history of her past and cu	Direct or corroborative evidence
6	20/06/2022	Substance / alcohol	y at Event Yvonne was admitted to the A&E Department after taking an overdose of 50 x 50mg Topiramate tablets and 7 x 150mg Quetiapine tablets the previous afternoon. There was no alcohol involved. She states at the time she wanted to end her life. From what I can ascertain Yvonne had been at church earlier that day and the topic discussed was regarding fostering and adoption. This triggered memories or her childhood which caused her distress. On returning home she ruminated over this and the fact that her brother had disclosed three days previously that he had attempted to sexually assault he	Impact / treatment
6	20/06/2022	Therapy / psychiatric care	20/06/2022 11:21 Migration User - Community psychiatric nursing Team Migration Team : Psychiatry Liaison NHS Tayside Carseview Centre 4 Tom McDonald Avenue Dundee DD2 1NH www.nhstayside.scot.nhs.uk Dr Colin Donald A&E Consultant Accident and Emergency Department Ninewells Hospital Dundee DD1 9SY Date 22/06/2022 Clinic Date 20/06/2022 Your Ref Our Ref RB/AC/ 1003820107 Enquiries to Rhian Brown Extension 58246 Direct Line 01382 660111 Dear Dr Donald Yvonne Jamie	Impact / treatment
7	06/06/2022	Contradictory / neutral	le to sleep rigth through to 12 noon. Has positive future planning. No suicidal ideation evident and no thoughts, plans or intent of any self harm. Willing to engage with services.No immediate risks identified at time of clinic and has ability to contact services should things change.Will ensure she is taking medication daily. R - Discuss with psychology with regards to aligning interventions and formulation of possible PTSD. Yvonne was wanting changes done today but has been advised that this will take a little longer to fully assess and review current diagnosis so that the appropriate treatm	Neutral / contradictory
7	06/06/2022	Mental health	am : Duty worker: Situation: Return call to Yvonne. Background: Yvonne has had recent discussions with clinical staff re her diagnosis. She feels that she is possibly experiencing PTSD symptoms. Assessment: Yvonne had called because she wanted to pass on that she had a period of "depersonalisation" and described it as looking at herself from another angle. This episode lasted for approximately 1 week, and ended "a few days ago". She is not currently in distressansd is aware that she has an appointment with M. McGill 0n 22/06/22. Recommendation: To attend appointment with charge nurse McGill. C	Impact / treatment
7	06/06/2022	Mental-health medication	medication and being at times irritable. SHe advised that she has been researching this and feels her symptoms more align with this. She also advised that it takes longer for her quetiapine to work e.g. take it at 9om but does not fall asleep until 12 midnight but is able to sleep rigth through to 12 noon. Has positive future planning. No suicidal ideation evident and no thoughts, plans or intent of any self harm. Willing to engage with services.No immediate risks identified at time of clinic and has ability to contact services should things change.Will ensure she is taking medication daily.	Impact / treatment
7	06/06/2022	Self-harm / suicide	not fall asleep until 12 midnight but is able to sleep rigth through to 12 noon. Has positive future planning. No suicidal ideation evident and no thoughts, plans or intent of any self harm. Willing to engage with services.No immediate risks identified at time of clinic and has ability to contact services should things change.Will ensure she is taking medication daily. R - Discuss with psychology with regards to aligning interventions and formulation of possible PTSD. Yvonne was wanting changes done today but has been advised that this will take a little longer to fully assess and review curre	Impact / treatment

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
7	06/06/2022	Therapy / psychiatric care	chiatric nursing Team Migration Team : MDT Discussion today – Present Charge Nurse Macfadyen, CMHN Rebecca Croll, CMHN Kate Bruce, Locum Psychiatrist Dr West, Dr Sharples Clinical Psychology, Support Worker Colin McMahon, Student Nurse Ashley, MHO Steven Horsborugh, Social Work Assistant Donna MacLeod and ANP Mel McGill Discussed at meeting wishing to have sooner medical appointment. Not to have earlier medical appointment. Consulter: Katie Macfadyen Location: NHS Tayside Mental Health Services Consultation Type: Multidisciplinary team meeting without patient 18/03/2022 15:18 Migration User -	Impact / treatment
8	18/03/2022	Contradictory / neutral	because of this. She shared that tomorrow she is returning to Blairgowrie to pick up her medication. She shared she is spending her time within her partner's house in Glasgow. She denied having any thoughts of self harm and suicide. Yvonne was signposted to anxiety management resources which Scott Allan sent out on 28/02/22 to utilise and to attempt to not be fixated on outcome of psychiatry appointment. R - No follow up needed. Signposted can utilise duty worker if requires to and awaits psychiatry appointment on 18/03/22. Consulter: Katie Macfadyen Location: NHS Tayside Mental Health Service	Neutral / contradictory
8	18/03/2022	Mental health	. She said that the person she was due to see called her to say she was leaving. However, she has had psychological therapies to deal with her traumas further as she feels she has PTSD and not Bipolar. This will be discussed further with Psychology. There were some aspects of PTSD symptoms evident such as intrusive memories which Yvonne stated occurred every other day in which she feels that she is reliving the traumatic event as if it were happening again (flashbacks), avoidance such as trying to avoid thinking or talking about the traumatic event and negative changes in thinking and mood suc	Impact / treatment
8	18/03/2022	Mental-health medication	PH10 6BT Dear Dr Humble Yvonne Jamieson, 13 Hatton Place, Rattray, Blairgowrie, Perthshire, PH10 7AN DOB: 10/03/1982 0107 Diagnosis: Bipolar Affective Disorder Type 2 Medication: Quetiapine 150mg Levothyroxine 100mcg Topiramate 50mg Spiriva Respimat Salamol Relvar Ellipta Planned Recommendations: Discussion with Psychology. Will be seen in clinic in approximately three months time Yvonne was seen at clinic on March 18th 2022 from this Yvonne said that she was hoping that the appointment would reassess her diagnosis as she doesn't feel she has Bipolar Type 2 and also a review of medication. As	Impact / treatment
8	18/03/2022	Self-harm / suicide	the evening to perhaps an hour earlier may help in this matter. She has positive future planning and there was no suicidal ideation evident and no thoughts, plans or intent of any self harm. She is willing to engage with services and, no immediate risks identified at time of clinic and has the ability to contact services should things change. She had agreed that she would take her medication daily and remain compliant as agreed to further follow up. Recommendation Plan • A discussion will be undertaken with Psychology with regards to aligning interventions and formulation of possible PTSD and	Impact / treatment
8	18/03/2022	Therapy / psychiatric care	ipolar Affective Disorder Type 2 Medication: Quetiapine 150mg Levothyroxine 100mcg Topiramate 50mg Spiriva Respimat Salamol Relvar Ellipta Planned Recommendations: Discussion with Psychology. Will be seen in clinic in approximately three months time Yvonne was seen at clinic on March 18th 2022 from this Yvonne said that she was hoping that the appointment would reassess her diagnosis as she doesn't feel she has Bipolar Type 2 and also a review of medication. Assessment Yvonne had just returned from seeing her friend's house in Glasgow to which she then started to talk about the issues she has	Impact / treatment
9	28/02/2022	Mental health	during the course, she had a "flashback". She feels that she may have been mis-diagnosed in the past wiythj Bi Polar Disorder type 2. Yvonnne feels her symptoms are indicative of PTSD, and states that the current medicationshe is taking is of no benefit to her,. She is aware that she is on a waiting lisyt for a consulytant review, but I was unable to tell her when that might be. After being asked I explained to her that I was unable to give her a diagnosis adding that she would have to discuss this when she gets her consultant review. She spoke about feeling continually anxious and after some	Impact / treatment
9	28/02/2022	Therapy / psychiatric care	ealth Services 11/02/2022 13:26 Migration User - Mental health nursing Team Migration Team : S/ arranged assessment clinic- Yvonne attended B/ open to cmht, referral received from Psychologist A/ risk assessment and holistic assessment updated R/ to be discuss at the mdt meeting. Consulter: Rebecca Croll Location: NHS Tayside Mental Health Services 11/02/2022 10:39 Migration User - Mental health nursing Team Migration Team CORE - 10 CORE - 10 Total Score:: 21 Date form was completed:: 11/02/22 Consulter: Rebecca Croll Location: NHS Tayside Mental Health Services 11/02/2022 Migration User - Gen	Impact / treatment
10	05/01/2022	Mental health	de her feel worse - she did not share what these events were. Yvonne stated that she has found using emotion regulation skills difficult and has had to "shut down" in response to "flashbacks". She reflected that it was agreed CP to GAP was not indicated and she had been discharged in the summer. She also stated that she has not been seen by psychiatry. I informed Yvonne that she remains open to NCMHT and it would be appropriate for her to make contact with the Duty Worker. Yvonne said she felt able to do so. She also said she had contacted her GP who said they would contact CMHT. I advised Yvo	Impact / treatment
10	05/01/2022	Physical abuse / injury	ney as she believed Charlene and her father would not attend and that Charlene would not say anything against her father. She also said the accused had been charged with a further assault against against a minor. Yvonne said she has been in contact with victim support who said they would support her should she have to attend. I wondered if there might be an alternative way for her to submit evidence such as by videolink I advised Yvonne if Charlene is threatening her and harrassing her to contact the police, especially in light of the court case. I indicated that the reasons given by Yvonne we	Direct or corroborative evidence
10	05/01/2022	Self-harm / suicide	contact the CMHT. She has been struggling to use saftey and satbilisation tecniques and has been rejecting help from her partner who has been trying to help. She said that she had suicidal thoughts but did not say that he had plans. She cited her parther and 19year old son as protective factors. she says that she has been taking her medication. plan: i advised that cmht could have daily contact with her whilst she is feeling this way and also put her through for medic review and cmhn input. i have also advised that if she feels the need of more support than this that she should make contact wi	Impact / treatment

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
10	05/01/2022	Therapy / psychiatric care	16.40 yvonne sounding down ,saying that she had found xmas and new year difficult and that she had felt rejected by her mother and family. She had made contact with Rachel warner psychologist today and had been advised to contact the CMHT. She has been struggling to use saftey and satbilisation tecniques and has been rejecting help from her partner who has been trying to help. She said that she had suicidal thoughts but did not say that he had plans. She cited her parther and 19year old son as protective factors. she says that she has been taking her medication. plan: i advised that cmht coul	Impact / treatment
10	05/01/2022	Third-party / attached records	. I wondered if there might be an alternative way for her to submit evidence such as by videolink I advised Yvonne if Charlene is threatening her and harrassing her to contact the police, especially in light of the court case. I indicated that the reasons given by Yvonne were not sufficient not to attend the case especially given the serious nature of the accused crimes. She did not i cite her mental health as a reason not to attend when asked. Yvonne then said she would likely attend. Checked with court who confirmed a sole and conscious letter is provided by a GP, called Yvonne back to advis	Impact / treatment
11	23/08/2021	Mental health	Tayside Mental Health Services Consultation Type: Telephone consultation 05/08/2021 13:30 Migration User - Clinical psychology Team Migration Team [RFC] Mental health Diagnosis [X]Bipolar affective disorder Intervention session type: One-to one support: GILLIAN BAILEY CGI-S score 3 (mildly ill) Children's global assessment scale: 63 Clinical Global Impression rating scale: 3 Patient's condition improved: 3 Consulter: Gillian Bailey Location: NHS Tayside Mental Health Services Consultation Type: Telephone consultation	Impact / treatment
11	23/08/2021	Self-harm / suicide	uld trigger past memories which could result in emotional dysregulation. When this has happened in the past this has resulted in Yvonne acting impulsively and recently she took an overdose of medication. Dr Gillian Bailey, Clinical Psychologist. Consulter: Gillian Bailey Location: NHS Tayside Mental Health Services Consultation Type: Discussion with other professional 11/08/2021 11:54 Migration User - Clinical psychology Team Migration Team : Yvonne contacted APTS yesterday, requesting to speak to me or Keri Robertson as facilitators of the S&T course she attended. I returned Yvonne's call thi	Impact / treatment
11	23/08/2021	Therapy / psychiatric care	23/08/2021 14:04 Migration User - Clinical psychology Team Migration Team Clinical psychology: Clinical psychology from GAP CMHT P SP Psychology (23-Aug- 2021) Consulter: Gillian Bailey Location: NHS Tayside Mental Health Services 18/08/2021 16:19 Migration User - Clinical psychology Team Migration Team : Telephone call from Dr Mairi-Anne Miller, GP. She has had a letter from Yvonne requesting she is exempted from being called as a witness for upcoming domest	Impact / treatment
12	29/07/2021	Contradictory / neutral	and other churchgoers have been in daily contact, she attended a prayer meeting last night which she found helpful. - her son has moved back to his own flat, he is apparently more settled and ready to be more independent. Yvonne said she is glad he has moved out and is enjoying the quiet and not worrying about where her son is and when he will be back. - charity which re-homed her dog gave Yvonne £310 for a new carpet and couch and she acquired a washing machine from a family member - ended 10 year friendship with person who has links to her ex partner Charlene as she identified this relations	Neutral / contradictory
12	29/07/2021	Mental health	Tayside Mental Health Services Consultation Type: Telephone consultation 29/07/2021 12:30 Migration User - Clinical psychology Team Migration Team [RFC] Mental health Diagnosis [X]Bipolar affective disorder Intervention session type: One-to one support: GILLIAN BAILEY CGI-S score 3 (mildly ill) Children's global assessment scale: 63 Clinical Global Impression rating scale: 0 Patient's condition improved: 0 Consulter: Gillian Bailey Location: NHS Tayside Mental Health Services Consultation Type: Face to face consultation 27/07/2021 16:21 Migration User - Community psychiatric nursing Team Migra	Impact / treatment
12	29/07/2021	Therapy / psychiatric care	29/07/2021 12:30 Migration User - Clinical psychology Team Migration Team : Yvonne attended agreed telephone appointment. She rated her mood over the previous week as 5/10, where 0 is the lowest and 10 is the most elevated. She said overall her mood has been more stable than it was when we last spoke and the feelings of anger she was experiencing had "dispersed". On some days she said she had felt low and tearful. Yvonne reported a number of changes since our	Impact / treatment
12	29/07/2021	Third-party / attached records	ded 10 year friendship with person who has links to her ex partner Charlene as she identified this relationship was unhelpful - has been called as a witness to Charlene's father's courtcase on 20th August 2021 (has has been charged with assaulting Charlene/domestic violence). Yvonne plans to speak to her GP and ask if they will provide her will a letter of excusal. Yvonne has received a letter in relation to a health assessment for employment support allowance - I agreed for her to include my details in place of previous clinical psychologist. When asked what she attributed her increased stabi	Impact / treatment
13	15/07/2021	Contradictory / neutral	telephone appointment. She said her mood had been variable over the previous week, she rated it today as 3/10, where 10 is the best and said she had been tearful this morning. She denied experiencing any suicidal thoughts - reminded Yvonne of emergency contact numbers should this change. Yvonne described her emotions as "being all over the place". She said last week she remembered an incident whilst she was on the bus which she experienced in her teenage years. She said she had been drunk and had returned to her mother's house. Her mother had apparently told her to "go and sleep it off". She r	Neutral / contradictory
13	15/07/2021	Mental health	ecalled going up the stairs and being pulled back down by her hair and banged her head - she did not know who it was that did this. Yvonne described this as a memory rather than a flashback and said she did not find it distressing. this did however trigger angry feelings towards her mother and she said she is currently avoiding her mother as she is concerned she will be angry towards her. She said she is considering ceasing contact with her mother and I suggested it might be helpful to wait until anger subsides before making any decisions around this. Yvonne explained this is something she has	Impact / treatment
13	15/07/2021	Self-harm / suicide	he said her mood had been variable over the previous week, she rated it today as 3/10, where 10 is the best and said she had been tearful this morning. She denied experiencing any suicidal thoughts - reminded Yvonne of emergency contact numbers should this change. Yvonne described her emotions as "being all over the place". She said last week she remembered an incident whilst she was on the bus which she experienced in her teenage years. She said she had been drunk and had returned to her mother's house. Her mother had apparently told her to "go and sleep it off". She recalled going up the sta	Impact / treatment

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
13	15/07/2021	Therapy / psychiatric care	15/07/2021 13:30 Migration User - Clinical psychology Team Migration Team : Yvonne attended telephone appointment. She said her mood had been variable over the previous week, she rated it today as 3/10, where 10 is the best and said she had been tearful this morning. She denied experiencing any suicidal thoughts - reminded Yvonne of emergency contact numbers should this change. Yvonne described her emotions as "being all over the place". She said last week sh	Impact / treatment
14	24/06/2021	Contemporaneous disclosure	with Survive and Thrive on week 8 of 10 sessions. Psychology - Gillian Bailey Assessment - Spoke with Yvonne tonight she stated that she had a falling out with one of her friends. Disclosed to staff that she had taken a overdose this evening of some of prescribed medication . Reports she had taken 4 tablets Quetipine and some of her mood stabalizer over the stated amount . Denied any active plan to kill herself stated that she was feeling overwhelmed and this was an impulsive act . Talked for a while about everyday things enaged well . Speech was slurred and she stated she was feeling drowsey	Direct or corroborative evidence
14	24/06/2021	Contradictory / neutral	distracted on the call by her puppy and trying to manage its behaviour. Yvonne rated her mood over the previous week as 5/10, where 10 is the most elated and 0 is the lowest. She denied experiencing any suicidal thoughts or related intent or planning. I reminded her of the emergency contact numbers should this change. Yvonne reported taking around six or seven tablets of her prescribed medication (a combination of quetiapine and topirimate). She said in the moment when she took the tablets she did intend to kill herself but then said she "realised it was a stupid thing to do and I should have	Neutral / contradictory
14	24/06/2021	Mental health	e is dispensed weekly and the topiramate monthly. Yvonne said she had visited her ex-partner in Glasgow the day after a difficult Survive and Thrive session when she experience a "flashback" memory of when she wa a baby. When I questionned Yvonne further she said the memory did not have any re-experiencing qualities but rather she described the memory as a vivid memory. It was three days after she returned from Glasgow that she took the overdose. She said she did not attend hospital but did have bloods taken at the GP afterwards and she was fine. Yvonne described "feeling kind of alright at th	Impact / treatment
14	24/06/2021	Mental-health medication	or planning. I reminded her of the emergency contact numbers should this change. Yvonne reported taking around six or seven tablets of her prescribed medication (a combination of quetiapine and topirimate). She said in the moment when she took the tablets she did intend to kill herself but then said she "realised it was a stupid thing to do and I should have reached out". Yvonne explained her quetiapine is dispensed weekly and the topiramate monthly. Yvonne said she had visited her ex-partner in Glasgow the day after a difficult Survive and Thrive session when she experience a "flashback" mem	Impact / treatment
14	24/06/2021	Self-harm / suicide	by her puppy and trying to manage its behaviour. Yvonne rated her mood over the previous week as 5/10, where 10 is the most elated and 0 is the lowest. She denied experiencing any suicidal thoughts or related intent or planning. I reminded her of the emergency contact numbers should this change. Yvonne reported taking around six or seven tablets of her prescribed medication (a combination of quetiapine and topirimate). She said in the moment when she took the tablets she did intend to kill herself but then said she "realised it was a stupid thing to do and I should have reached out". Yvonne ex	Impact / treatment
14	24/06/2021	Therapy / psychiatric care	24/06/2021 12:30 Migration User - Clinical psychology Team Migration Team : Contacted Yvonne for telephone appointment as agreed. She was outside at her friends house having a cup of tea with her new puppy. When I asked if she had forgotten about our appointment she said she had not but thought it would be fine and said she felt comfortable speaking. Yvonne was distracted on the call by her puppy and trying to manage its behaviour. Yvonne rated her mood over	Impact / treatment
14	24/06/2021	Third-party / attached records	ide Mental Health Services Consultation Type: Group consultation 05/06/2021 01:43 Migration User - Community psychiatric nursing Team Migration Team : 5/6/21 Situation - Community Police Triage - Constable Lundie Shoulder number 1633. Police were alerted by Yvonnes friend concerned regarding her mental health . Police visited at home she was in the company of her son who is 19 years old . No covid symptoms. Background - Currenty involved with Survive and Thrive on week 8 of 10 sessions. Psychology - Gillian Bailey Assessment - Spoke with Yvonne tonight she stated that she had a falling out wit	Impact / treatment
15	02/06/2021	Mental health	al Health Services Consultation Type: Group consultation 27/05/2021 16:00 Migration User - Clinical psychology Team Migration Team : In our Survive and Thrive session yesterday on depression, Yvonne had become upset towards the end and told us that she had found some of the images to be upsetting. She has just telephoned to speak to us now to say that she did not have a good morning and had been on the telephone to the duty worker because yesterday's session had sparked a flashback for her. She notes that the flashback took her back to being a baby and remembering being in her cot looking up a	Impact / treatment
15	02/06/2021	Self-harm / suicide	nd these to be very distressing and has asserted that she is sure she is going to need further input for her past abuse following on from S&T. She tells me that she is not feeling suicidal and she has gone to stay with a friend to feel better. She notes that her friend told her she had been "wrestling" in her bed in the night and had shouted out "no". She is unsure of what she was dreaming of. She tells me she is writing down her flashbacks/intrusive memories. I have updated Gillian by email to make her aware of situation. Consulter: Keri Robertson Location: NHS Tayside Mental Health Services	Impact / treatment
15	02/06/2021	Therapy / psychiatric care	02/06/2021 12:45 Migration User - Clinical psychology Team Migration Team : Survive and Thrive delivered through MS Teams Session 8 : Understanding shame and guilt and ways of coping with shame and guilt. Key areas looked at; what is shame and guilt and what are the differences between them, the effects of shame, challenging thoughts of shame, overcoming shame through compassion and ways to promote compassion. An exercise on building a compassionate image was	Impact / treatment
16	20/05/2021	Emotional / psychological abuse	o with her and will consider this. She also menntionned she would like to go swimming as she finds being in water calming. She said she was bullied when she was a teenager and the bully held her head under water and she is snow scare of being in deep water and is not a confident swimmer. Suggested she enquire about adult swimming lessons which she said had previously considered. Given Perth pool remains closed this would have to take place in Dundee - Yvonne said she travels to Dundee frequently and would have no difficulty travelling there. She agreed to contract the pool to make enquiries. D	Direct or corroborative evidence

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
16	20/05/2021	Mental health	n today as agreed. She described engaging well with the Survive and Thrive course and reflecting on the material covered and finding it helpful. She reported finding the module on anxiety and anger particularly interesting. She explained to me an individualised anxiety cycle that she had gone through with Keri Robertson, CAAP. She has been tasked with going to somewhere new by herself and she explained when she has gone to Edinburgh or Glasgow for the first time she has usually gone with someone else and then she has managed to go on her own. Suggested she chooses somewhere to go which is chal	Impact / treatment
16	20/05/2021	Physical abuse / injury	tionned she would like to go swimming as she finds being in water calming. She said she was bullied when she was a teenager and the bully held her head under water and she is snow scare of being in deep water and is not a confident swimmer. Suggested she enquire about adult swimming lessons which she said had previously considered. Given Perth pool remains closed this would have to take place in Dundee - Yvonne said she travels to Dundee frequently and would have no difficulty travelling there. She agreed to contract the pool to make enquiries. Discussed anger and helpful coping strategies. Di	Direct or corroborative evidence
16	20/05/2021	Therapy / psychiatric care	20/05/2021 12:30 Migration User - Clinical psychology Team Migration Team : Yvonne attended telephone consultation today as agreed. She described engaging well with the Survive and Thrive course and reflecting on the material covered and finding it helpful. She reported finding the module on anxiety and anger particularly interesting. She explained to me an individualised anxiety cycle that she had gone through with Keri Robertson, CAAP. She has been tasked w	Impact / treatment
17	05/05/2021	Personal / social impact	th the same behaviours but can also understand it to a large extent. She inforned ne that she has concerns for her ex-partner as her ex-partner's father is due to be released from prison soon. We discussed how it is not Yvonne's responsibility to take on board her ex-partner's relationship with her father and that realistically all she can do is make her ex-partner aware that she is there is she needs her. We also discussed that if Yvonne fears that her ex-partner is in danger then she should telephone the police. Consulter: Keri Robertson Location: NHS Tayside Mental Health Services Consultat	Impact / treatment
17	05/05/2021	Physical abuse / injury	er the session to check in. Yvonne explained that she had met up with her ex-partner at the weekend and it appears this is a complicated relationship. Yvonne tells me that she was hit on a few occasions in the past by this partner, however her partner was now on her own road to recovery and part of this meant that she was apologising to people in order to make amends. Yvonne explained that her ex-partner's father was/is abusive and she is upset that her ex-partner has continued with the same behaviours but can also understand it to a large extent. She inforned ne that she has concerns for her	Direct or corroborative evidence
17	05/05/2021	Self-harm / suicide	y it can become difficult to deal with them. Suggestions for safer coping strategies to emotional distress, that move away from ‘surviving the surviving’ strategies (i.e. alcohol, self harm, drugs & issues with eating). Practised 5 senses grounding exercise. Consulter: Keri Robertson Location: NHS Tayside Mental Health Services Consultation Type: Group consultation 05/05/2021 Migration User - Clinical psychology Team Migration Team Clinical psychology: SP CMHT Clinical Psychology assessment letter (05-May-2021) Consulter: Gillian Bailey Location: NHS Tayside Mental Health Services 28/04/2021 1	Impact / treatment
17	05/05/2021	Substance / alcohol	easons why it can become difficult to deal with them. Suggestions for safer coping strategies to emotional distress, that move away from ‘surviving the surviving’ strategies (i.e. alcohol, self harm, drugs & issues with eating). Practised 5 senses grounding exercise. Consulter: Keri Robertson Location: NHS Tayside Mental Health Services Consultation Type: Group consultation 05/05/2021 Migration User - Clinical psychology Team Migration Team Clinical psychology: SP CMHT Clinical Psychology assessment letter (05-May-2021) Consulter: Gillian Bailey Location: NHS Tayside Mental Health Services 28/	Impact / treatment
17	05/05/2021	Therapy / psychiatric care	05/05/2021 12:45 Migration User - Clinical psychology Team Migration Team : Survive and Thrive delivered via MS Teams Session 4 : Surviving the Surviving Material focussed upon how we cope with difficult feelings and the reasons why it can become difficult to deal with them. Suggestions for safer coping strategies to emotional distress, that move away from ‘surviving the surviving’ strategies (i.e. alcohol, self harm, drugs & issues with eating). Practised 5	Impact / treatment
17	05/05/2021	Third-party / attached records	l she can do is make her ex-partner aware that she is there is she needs her. We also discussed that if Yvonne fears that her ex-partner is in danger then she should telephone the police. Consulter: Keri Robertson Location: NHS Tayside Mental Health Services Consultation Type: Consultation via video conference 21/04/2021 12:45 Migration User - Clinical psychology Team Migration Team : Survive and Thrive - Delivered through Microsoft Teams Session 2: What are the effects of abuse and trauma. Material Focused upon; the impact of trauma both physically and emotionally, an introduction to ‘survivi	Impact / treatment
18	26/03/2021	Contemporaneous disclosure	tion in tone with no pressure or poverty, but appropriate amounts of spontaneous speech. There was no formal thought disorder and no thoughts of harm to her or others. She did not disclose, and I did not elicit, any psychotic features and cognitively she was grossly intact, being alert, attentive and orientated in time, place and person. She displayed insight into her mental illness and was able to talk about how she is managing this proactively, discuss what medication she is on, psychological treatment and her focus on the future and getting better. Opinion and Plan Yvonne’s mental health se	Direct or corroborative evidence
18	26/03/2021	Contradictory / neutral	here 10 is the best. She said she had been "fine" since we last spoke and said she was not experiencing any particular difficulties. Yvonne described her mood as stable. Again she denied experiencing flashbacks, nightmares or dissociation and I explained trauma focussed CBT would therefore not be appropriate. Yvonne indicated there was an increase of memories from the past whilst she was in her previous relationship (apparently her ex-partner was involved in an incestuous relationship with her father which Yvonne reported to her ex-partners support worker) but there were no re-experiencing sy	Neutral / contradictory
18	26/03/2021	Mental health	She said she had been "fine" since we last spoke and said she was not experiencing any particular difficulties. Yvonne described her mood as stable. Again she denied experiencing flashbacks, nightmares or dissociation and I explained trauma focussed CBT would therefore not be appropriate. Yvonne indicated there was an increase of memories from the past whilst she was in her previous relationship (apparently her ex- partner was involved in an incestuous relationship with her father which Yvonne reported to her ex-partners support worker) but there were no re-experiencing symptoms and the memor	Impact / treatment

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
18	26/03/2021	Mental-health medication	26/03/2021 11:30 Migration User - General Psychiatry (Mental Illness) Team Migration Team : Diagnosis: Bipolar Affective Disorder Type II Medication: Quetiapine 150mg nightly Topiramate 50mg twice daily Levothyroxine and other medications as prescribed for physical health by the practice Follow Up: At outpatient clinic in around 6 months' time I spoke with the above named patient at my outpatient clinic on the 26th of March 2021; this was via telephone due to current Coronavirus guidelines. She last spoke with Dr Day in October of 2020 at which point she was comme	Impact / treatment
18	26/03/2021	Physical abuse / injury	and she feels that the combination of Quetiapine and Topiramate has been beneficial, she denies any side effects. She feels more recently that her medication is "taking longer to kick in" and further elaborated by saying she felt she was not getting the same sleepiness effect sometimes for a bit longer at night time. She tells me she works hard to try and take her medication at the same time but sometimes life circumstances can vary this a little. I note that recent difficulties with her son appearing in court have been resolved, generally positively and Yvonne confirmed this was in the past	Direct or corroborative evidence
18	26/03/2021	Therapy / psychiatric care	otrigine and being not keen to try Lithium due to Hypothyroidism. This was to be increased from 25mg BD to 50mg BD after 4 weeks as tolerated. She has also regularly seen Clinical Psychology with Dr Julie Cottrell and is about to start Survive and Thrive psychoeducation course and is now seeing Psychologist Gillian Bailey. Yvonne tells me that generally her mood is more stable and she feels that the combination of Quetiapine and Topiramate has been beneficial, she denies any side effects. She feels more recently that her medication is "taking longer to kick in" and further elaborated by saying	Impact / treatment
18	26/03/2021	Third-party / attached records	e she works hard to try and take her medication at the same time but sometimes life circumstances can vary this a little. I note that recent difficulties with her son appearing in court have been resolved, generally positively and Yvonne confirmed this was in the past and positive that she is moving beyond this. She is feeling ok about starting Survive and Thrive, which starts next month, and feels reasonably prepared to talk about difficult or traumatic events, having had some preparation with Psychology already. She also tells me she likes to be "quite resourceful" and proactively has bought	Impact / treatment
19	25/03/2021	Contradictory / neutral	logist, North CMHT. Near me connecvtion was extremely poor with picture and sound quality affected. Yvonne rated her mood over the previous week as 5/10, where 10 is the best. She denied experiencing any current suicidal thoughts or any related intent or planning. She confirmed she already has the relevant emergency contact numbers should this change. Yvonne described herself as resourceful and showed me the Bipolar II Workbook and the Bipolar II Journal that she has been working on. When asked what she found most useful in relation to her sessions with Julie, she advised that she beneifitted	Neutral / contradictory
19	25/03/2021	Mental health	hbours also check in on her to make sure she is okay. Yvonne understood she has been transferred to me to undertake trauma memory reprocessing, however she denied experiencing any flashbacks, nightmares or dissociation. She said she sometimes expereiences memories from the past but these do not have a re-experiencing quality and fell as though they are memories located in the past. Traumatic memory reprocessing would therefore not be indicated at the moment. Yvonne is due to start the Survive and Thrive course on 10th April 2021. CORE-10 - 12 (mild) Agreed further Near Me appointment on 25/3/2	Impact / treatment
19	25/03/2021	Self-harm / suicide	ecvtion was extremely poor with picture and sound quality affected. Yvonne rated her mood over the previous week as 5/10, where 10 is the best. She denied experiencing any current suicidal thoughts or any related intent or planning. She confirmed she already has the relevant emergency contact numbers should this change. Yvonne described herself as resourceful and showed me the Bipolar II Workbook and the Bipolar II Journal that she has been working on. When asked what she found most useful in relation to her sessions with Julie, she advised that she beneifitted from regular check-ins in relati	Impact / treatment
19	25/03/2021	Substance / alcohol	rtner who lived in Glasgow. She recognised the relationship was not good for her as her partner was involved in an incestuous relationship with herv father and there problems with addiction within the family. In terms of social support, Yvonne attends video calls with her church and described her faith as important to her. She said he neighbours also check in on her to make sure she is okay. Yvonne understood she has been transferred to me to undertake trauma memory reprocessing, however she denied experiencing any flashbacks, nightmares or dissociation. She said she sometimes expereiences mem	Impact / treatment
19	25/03/2021	Therapy / psychiatric care	25/03/2021 12:30 Migration User - Clinical psychology Team Migration Team [RFC] Mental health Diagnosis [X]Bipolar affective disorder Intervention session type: One-to one support: JULIE COTTRELL CGI-S score 3 (mildly ill) Children's global assessment scale: 60 Clinical Global Impression rating scale: 0 Patient's condition improved: 0 Consulter: Gillian Bailey Location: NHS Tayside Mental Health Services Consultation Type: Consultation via video conference 23	Impact / treatment
19	25/03/2021	Third-party / attached records	she is usually someone who likes to get out and about. She said her 18 year old son, Kyle, is currently staying with her despite him having his own house. She told me he is due in court on 22nd of March 2021 (next week) in relation to a sexual offence with a minor. Yvonne said she felt okay about this and that if her son commintted and offence then it is right he accept the consequences of this. Yvonne said she is currently single having recently ended a relationship with a partner who lived in Glasgow. She recognised the relationship was not good for her as her partner was involved in an ince	Impact / treatment
20	10/03/2021	Mental health	ie Cottrell Location: NHS Tayside Mental Health Services 03/03/2021 15:00 Migration User - General Psychiatry (Mental Illness) Team Migration Team [RFC] Mental health Diagnosis [X]Bipolar affective disorder type II Intervention session type: One-to one support: JULIE COTTRELL CGI-S score 4 (moderately ill) Children's global assessment scale: 57 Clinical Global Impression rating scale: 3 Patient's condition improved: 3 Consulter: Julie Cottrell Location: NHS Tayside Mental Health Services Consultation Type: Consultation via telemedicine web camera 03/03/2021 15:00 Migration User - General Psych	Impact / treatment

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
20	10/03/2021	Mental-health medication	ined to Yvonne Dr Bailey works in South Perth CMHT and appts will be via video link. Yvonne said she was satisfied with this. Yvonne keen to hear from Dr Sheridan - she stated her quetiapine is taking "longer to be effective now" and then explained that she is taking longer to fall asleep (although when she does sleep she sleeps well). As Dr Bailey did not join call, Yvonne said she would be happy to now have an appt with Dr Bailey and for this to be sent to her. Email sent to Dr Bailey. I will write letter to GP documenting transfer of psychological care. Consulter: Julie Cottrell Location: N	Impact / treatment
20	10/03/2021	Therapy / psychiatric care	10/03/2021 10:15 Migration User - Clinical psychology Team Migration Team : Invite letter sent to patient for S&T course starting 14 April on MS Teams. Patient to confirm attendance by 9 April. Consulter: Rachel Warner Location: NHS Tayside Mental Health Services Consultation Type: Administration note 04/03/2021 13:35 Migration User - Clinical psychology Team Migration Team : Telephone call to Yvonne to arrange a video call appointment. Appointment agreed - 2	Impact / treatment
20	10/03/2021	Third-party / attached records	Mental Health Services Consultation Type: Administration note 04/03/2021 10:25 Migration User - General Psychiatry (Mental Illness) Team Migration Team Administration: Psychology Transfer of Care letter(04-Mar-2021) Consulter: Julie Cottrell Location: NHS Tayside Mental Health Services 03/03/2021 15:00 Migration User - General Psychiatry (Mental Illness) Team Migration Team [RFC] Mental health Diagnosis [X]Bipolar affective disorder type II Intervention session type: One-to one support: JULIE COTTRELL CGI-S score 4 (moderately ill) Children's global assessment scale: 57 Clinical Global Impres	Impact / treatment
21	17/02/2021	Mental health	17/02/2021 15:00 Migration User - General Psychiatry (Mental Illness) Team Migration Team [RFC] Mental health Diagnosis [X]Bipolar affective disorder type II Intervention session type: One-to one support: JULIE COTTRELL CGI-S score 4 (moderately ill) Children's global assessment scale: 56 Clinical Global Impression rating scale: 3 Patient's condition improved: 3 Consulter: Julie Cottrell Location: NHS Tayside Mental Health Services Consultation Type: Telephone consultation 17/02/2021 15:00 Migration User - General Psychiatry (Mental Illn	Impact / treatment
21	17/02/2021	Personal / social impact	d she is doing well "despite the circumstances" - she explained she has broken up with partner. She overheard "innapropriate" conversations between her partner and her father from prison and decided it was the right thing to do to tell her partner's drug and alcohol support worker. Led to end of relationship. No contact. Yvonne sounded upbeat today and said she believes she has made the right decision. Yvonne was pleased to report she has applied to start a Health and Social care qualification again in sept. Yvonne continues not to wish to undertake weekly trauma work with me due to my departu	Impact / treatment
21	17/02/2021	Substance / alcohol	up with partner. She overheard "innapropriate" conversations between her partner and her father from prison and decided it was the right thing to do to tell her partner's drug and alcohol support worker. Led to end of relationship. No contact. Yvonne sounded upbeat today and said she believes she has made the right decision. Yvonne was pleased to report she has applied to start a Health and Social care qualification again in sept. Yvonne continues not to wish to undertake weekly trauma work with me due to my departure in April - has requested another psychologist. Will discuss with my lead cli	Impact / treatment
21	17/02/2021	Therapy / psychiatric care	Location: NHS Tayside Mental Health Services Consultation Type: Telephone consultation 17/02/2021 15:00 Migration User - General Psychiatry (Mental Illness) Team Migration Team : Psychology appt via telephone (technical difficulties with NEAR ME) Yvonne said she is doing well "despite the circumstances" - she explained she has broken up with partner. She overheard "innapropriate" conversations between her partner and her father from prison and decided it was the right thing to do to tell her partner's drug and alcohol support worker. Led to end of relationship. No contact. Yvonne sounded upbe	Impact / treatment
22	18/01/2021	Mental health	ealth Services Consultation Type: Telephone consultation 18/01/2021 10:30 Migration User - General Psychiatry (Mental Illness) Team Migration Team [RFC] Mental health Diagnosis [X]Bipolar affective disorder type II Intervention session type: One-to one support: JULIE COTTRELL CGI-S score 4 (moderately ill) Children's global assessment scale: 55 Clinical Global Impression rating scale: 3 Patient's condition improved: 3 Consulter: Julie Cottrell Location: NHS Tayside Mental Health Services Consultation Type: Telephone consultation 22/12/2020 10:00 Migration User - General Psychiatry (Mental Illn	Impact / treatment
22	18/01/2021	Sexual abuse	ration Team : Psychology appt via telephone Yvonne reported mood as low. Diary since start of jan ranges from -3 to -2. Reported "a lot has happened", Two people have spoken about rape - used assertive communication and asked not to talk about this. Broke up with partner on 7th Jan. Although Yvonne said the relationship was "toxic", missing place in life. Ongoing communication with ex- queried if this is helpful in terms of care plan/keeping well and a potential trigger for mood lowering, pros and cons of cutting all ties discussed. Reports engaging in "self destruct" behaviour- been on 2 date	Direct or corroborative evidence
22	18/01/2021	Therapy / psychiatric care	18/01/2021 10:30 Migration User - General Psychiatry (Mental Illness) Team Migration Team : Psychology appt via telephone Yvonne reported mood as low. Diary since start of jan ranges from -3 to -2. Reported "a lot has happened", Two people have spoken about rape - used assertive communication and asked not to talk about this. Broke up with partner on 7th Jan. Although Yvonne said the relationship was "toxic", missing place in life. Ongoing communication with ex- queried if this is helpful in terms of care p	Impact / treatment
23	22/12/2020	Contemporaneous disclosure	t ex husband, held by throat in PKC building, dropped charges Baby born at 24 weeks did not survive. Mood deteriorated, admission to MRH (2009) Husband therafter controlling. Kyle disclosed sexual abuse by step father, "but chose my husband over Kyle" Kyle stayed with sister age 6-16 years. Yvonne said she is having difficulty understanding mood charts provided by Dr Day. Suggested she bring these to next session and I can help her with them. To continue next session: 30th nov, at 1.30pm Consulter: Julie Cottrell Location: NHS Tayside Mental Health Services Consultation Type: Face to face cons	Direct or corroborative evidence
23	22/12/2020	Mental health	22/12/2020 10:00 Migration User - General Psychiatry (Mental Illness) Team Migration Team [RFC] Mental health Diagnosis [X]Bipolar affective disorder type II Intervention session type: One-to one support: JULIE COTTRELL CGI-S score 4 (moderately ill) Children's global assessment scale: 55 Clinical Global Impression rating scale: 3 Patient's condition improved: 3 Consulter: Julie Cottrell Location: NHS Tayside Mental Health Services Consultation Type: Telephone consultation 22/12/2020 10:00 Migration User - General Psychiatry (Mental Illn	Impact / treatment

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
23	22/12/2020	Sexual abuse	nd, held by throat in PKC building, dropped charges Baby born at 24 weeks did not survive. Mood deteriorated, admission to MRH (2009) Husband therafter controlling. Kyle disclosed sexual abuse by step father, "but chose my husband over Kyle" Kyle stayed with sister age 6-16 years. Yvonne said she is having difficulty understanding mood charts provided by Dr Day. Suggested she bring these to next session and I can help her with them. To continue next session: 30th nov, at 1.30pm Consulter: Julie Cottrell Location: NHS Tayside Mental Health Services Consultation Type: Face to face consultation	Direct or corroborative evidence
23	22/12/2020	Therapy / psychiatric care	on: NHS Tayside Mental Health Services Consultation Type: Telephone consultation 07/12/2020 11:57 Migration User - General Psychiatry (Mental Illness) Team Migration Team Refer to psychologist Request Type: SELF Urgency: R Target: GAP CMHT P NP Psychology Consulter: Donna McLagan Location: NHS Tayside Mental Health Services Consultation Type: Inbound Referral 30/11/2020 13:30 Migration User - General Psychiatry (Mental Illness) Team Migration Team : Psychology appt via telephone. Yvonne said she has been feeling low in mood as she had a fall out with her partner. Discussed PROS and CO google i	Impact / treatment
24	17/11/2020	Contemporaneous disclosure	n a Sunday. Memories fragmented, no happy memories 2 older brothers and 2 half sisters (had moved out house) - all siblings in care. Alleged sexual abuse by family friend age 8-10 Disclosed and placed in care age 10. Dad died boxing day. Care in Leuchars (knife to carer) then glenfarg (would run away) Anger issues as child. Moved 3 primary schools. Mum met Jamie. Minimal contact with siblings, difficult rel with mum. Kind to grandchildren - find this difficult not same for me. Resentful. Gave care of Kyle to sister Linda. To cont timeline next session - 17th nov at 10.30am. Advised to self soo	Direct or corroborative evidence
24	17/11/2020	Emotional / psychological abuse	knock at door asking to leave (on account of Kyles offence) and aware Kyles offence in paper. Been able to enjoy nice times with Charlene outwith this. Background: Born Perth, mum neglectful, not interested, alcohol, brought self up. Dad - physical punishment on a Sunday. Memories fragmented, no happy memories 2 older brothers and 2 half sisters (had moved out house) - all siblings in care. Alleged sexual abuse by family friend age 8-10 Disclosed and placed in care age 10. Dad died boxing day. Care in Leuchars (knife to carer) then glenfarg (would run away) Anger issues as child. Moved 3 prima	Direct or corroborative evidence
24	17/11/2020	Mental health	17/11/2020 10:30 Migration User - General Psychiatry (Mental Illness) Team Migration Team [RFC] Mental health Diagnosis [X]Bipolar affective disorder type II Assessment of needs: JULIE COTTRELL CGI-S score 4 (moderately ill) Children's global assessment scale: 54 Clinical Global Impression rating scale: 3 Patient's condition improved: 3 Consulter: Julie Cottrell Location: NHS Tayside Mental Health Services Consultation Type: Face to face consultation 09/11/2020 15:00 Migration User - General Psychiatry (Mental Illness) Team Migration Tea	Impact / treatment
24	17/11/2020	Neglect	knock at door asking to leave (on account of Kyles offence) and aware Kyles offence in paper. Been able to enjoy nice times with Charlene outwith this. Background: Born Perth, mum neglectful, not interested, alcohol, brought self up. Dad - physical punishment on a Sunday. Memories fragmented, no happy memories 2 older brothers and 2 half sisters (had moved out house) - all siblings in care. Alleged sexual abuse by family friend age 8-10 Disclosed and placed in care age 10. Dad died boxing day. Care in Leuchars (knife to carer) then glenfarg (would run away) Anger issues as child. Moved 3 prima	Direct or corroborative evidence
24	17/11/2020	Physical abuse / injury	Kyles offence in paper. Been able to enjoy nice times with Charlene outwith this. Background: Born Perth, mum neglectful, not interested, alcohol, brought self up. Dad - physical punishment on a Sunday. Memories fragmented, no happy memories 2 older brothers and 2 half sisters (had moved out house) - all siblings in care. Alleged sexual abuse by family friend age 8-10 Disclosed and placed in care age 10. Dad died boxing day. Care in Leuchars (knife to carer) then glenfarg (would run away) Anger issues as child. Moved 3 primary schools. Mum met Jamie. Minimal contact with siblings, difficult r	Direct or corroborative evidence
24	17/11/2020	Placement in care	d, alcohol, brought self up. Dad - physical punishment on a Sunday. Memories fragmented, no happy memories 2 older brothers and 2 half sisters (had moved out house) - all siblings in care. Alleged sexual abuse by family friend age 8-10 Disclosed and placed in care age 10. Dad died boxing day. Care in Leuchars (knife to carer) then glenfarg (would run away) Anger issues as child. Moved 3 primary schools. Mum met Jamie. Minimal contact with siblings, difficult rel with mum. Kind to grandchildren - find this difficult not same for me. Resentful. Gave care of Kyle to sister Linda. To cont timeline	Placement / corroboration
24	17/11/2020	Sexual abuse	ht self up. Dad - physical punishment on a Sunday. Memories fragmented, no happy memories 2 older brothers and 2 half sisters (had moved out house) - all siblings in care. Alleged sexual abuse by family friend age 8-10 Disclosed and placed in care age 10. Dad died boxing day. Care in Leuchars (knife to carer) then glenfarg (would run away) Anger issues as child. Moved 3 primary schools. Mum met Jamie. Minimal contact with siblings, difficult rel with mum. Kind to grandchildren - find this difficult not same for me. Resentful. Gave care of Kyle to sister Linda. To cont timeline next session - 1	Direct or corroborative evidence
24	17/11/2020	Substance / alcohol	e (on account of Kyles offence) and aware Kyles offence in paper. Been able to enjoy nice times with Charlene outwith this. Background: Born Perth, mum neglectful, not interested, alcohol, brought self up. Dad - physical punishment on a Sunday. Memories fragmented, no happy memories 2 older brothers and 2 half sisters (had moved out house) - all siblings in care. Alleged sexual abuse by family friend age 8-10 Disclosed and placed in care age 10. Dad died boxing day. Care in Leuchars (knife to carer) then glenfarg (would run away) Anger issues as child. Moved 3 primary schools. Mum met Jamie. M	Impact / treatment
24	17/11/2020	Therapy / psychiatric care	cation: NHS Tayside Mental Health Services Consultation Type: Face to face consultation 09/11/2020 15:00 Migration User - General Psychiatry (Mental Illness) Team Migration Team : Psychology assessment cont. Mood up and down this week - knock at door asking to leave (on account of Kyles offence) and aware Kyles offence in paper. Been able to enjoy nice times with Charlene outwith this. Background: Born Perth, mum neglectful, not interested, alcohol, brought self up. Dad - physical punishment on a Sunday. Memories fragmented, no happy memories 2 older brothers and 2 half sisters (had moved out	Impact / treatment

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
25	03/11/2020	Contemporaneous disclosure	- Yvonne alleges she has witnessed an incestual rel between Charlene and her father and Charlene's father also sexually assaulted her. She stated she has reported all this to the police but did not wish to press charges. This has triggered trauma from her own past - to discuss next session. CORE=19, PHQ=14 Risk: No current suicidal thoughts, urges or plans (nodded head, "absolutely not") - risk items on CORE and PHQ rated as NIL. Absence of suicidal thoughts since overdose in Feb 2020 - telephoned CMHT after taking tablets. Had argued with partner. Reports previous overdose - unable to give f	Direct or corroborative evidence
25	03/11/2020	Mental health	l infrequent days of euthymia when she can, for example, enjoy a bus ride to visit somewhere. Most of the time she is low, lacking in motivation and energy, with reduced sleep and anxiety. In particular she has the worry of having to appear as a witness in a court case in which her partner's father is the accused, and also that her son is also due in court, accused of sexual offences. She is taking Quetiapine 150mg and tolerates this OK but with some morning sedation and sleepiness. She also takes Thyroxine 125micrograms. There is evidence that Quetiapine has had some benefit but the dose is n	Impact / treatment
25	03/11/2020	Mental-health medication	f having to appear as a witness in a court case in which her partner's father is the accused, and also that her son is also due in court, accused of sexual offences. She is taking Quetiapine 150mg and tolerates this OK but with some morning sedation and sleepiness. She also takes Thyroxine 125micrograms. There is evidence that Quetiapine has had some benefit but the dose is now limited by sedative side-effects. At interview she made reasonable eye contact and there was some rapport. Her speech was within normal limits and her affect appeared low but with some reactivity. She did not voice suic	Impact / treatment
25	03/11/2020	Physical abuse / injury	supportive Difficult rel with partner Charlene (Clydebank) - Yvonne alleges she has witnessed an incestual rel between Charlene and her father and Charlene's father also sexually assaulted her. She stated she has reported all this to the police but did not wish to press charges. This has triggered trauma from her own past - to discuss next session. CORE=19, PHQ=14 Risk: No current suicidal thoughts, urges or plans (nodded head, "absolutely not") - risk items on CORE and PHQ rated as NIL. Absence of suicidal thoughts since overdose in Feb 2020 - telephoned CMHT after taking tablets. Had argued	Direct or corroborative evidence
25	03/11/2020	Placement in care	essment. Described mood as unpredictable, although generally low - tearful and will withdraw Low mood since age 5 - always had to be self reliant, no periods when mood was not low In care agee 10-16, 2 foster care families. Son Kyle age 18 currently staying with Yvonne - on charge for sexual offence with minor, family not supportive Difficult rel with partner Charlene (Clydebank) - Yvonne alleges she has witnessed an incestual rel between Charlene and her father and Charlene's father also sexually assaulted her. She stated she has reported all this to the police but did not wish to press charg	Placement / corroboration
25	03/11/2020	Self-harm / suicide	suicidal thoughts since overdose in Feb 2020 - telephoned CMHT after taking tablets. Had argued with partner. Reports previous overdose - unable to give further details. No hx of self harm via cutting/ nil to drugs and alcohol. Nil to criminal history. Inpatient admission to MRH in 2009 after stillborn baby (24 weeks). States previous MH admissions but unable to give details Coping strategies: to write things down. NIL to protective factors but discussed safety planning - Yvonne said she would telephone the CMHT Duty Worker/NHS 24 if these was a change to risk and has previously telephoned th	Impact / treatment
25	03/11/2020	Substance / alcohol	2020 - telephoned CMHT after taking tablets. Had argued with partner. Reports previous overdose - unable to give further details. No hx of self harm via cutting/ nil to drugs and alcohol. Nil to criminal history. Inpatient admission to MRH in 2009 after stillborn baby (24 weeks). States previous MH admissions but unable to give details Coping strategies: to write things down. NIL to protective factors but discussed safety planning - Yvonne said she would telephone the CMHT Duty Worker/NHS 24 if these was a change to risk and has previously telephoned these crisis numbers. Keen to engage with	Impact / treatment
25	03/11/2020	Therapy / psychiatric care	03/11/2020 10:30 Migration User - General Psychiatry (Mental Illness) Team Migration Team : CMHT Clinical Psychology assessment. Described mood as unpredictable, although generally low - tearful and will withdraw Low mood since age 5 - always had to be self reliant, no periods when mood was not low In care agee 10-16, 2 foster care families. Son Kyle age 18 currently staying with Yvonne - on charge for sexual offence with minor, family not supportive Difficult rel with partner Charlene (Clydebank) - Yvonne alleges she ha	Impact / treatment
25	03/11/2020	Third-party / attached records	- Yvonne alleges she has witnessed an incestual rel between Charlene and her father and Charlene's father also sexually assaulted her. She stated she has reported all this to the police but did not wish to press charges. This has triggered trauma from her own past - to discuss next session. CORE=19, PHQ=14 Risk: No current suicidal thoughts, urges or plans (nodded head, "absolutely not") - risk items on CORE and PHQ rated as NIL. Absence of suicidal thoughts since overdose in Feb 2020 - telephoned CMHT after taking tablets. Had argued with partner. Reports previous overdose - unable to give f	Impact / treatment
26	17/09/2020	Contemporaneous disclosure	Migration User - General Psychiatry (Mental Illness) Team Migration Team : NearMe call today (in view of COVID-19 restrictions): Diagnosis: Bipolar Affective Disorder Type II She reports that in the past 3 months her mood has become more settled again and she is currently "not too bad". She finds lockdown difficult in that she is not able to do very much. She struggles to find things to do through the day, but on days when her female partner visits, they can go on day trips e.g. to St Andrews, and Yvonne can enjoy this. She is managing her day-to-day routine OK, is sleeping reasonably (with Q	Direct or corroborative evidence
26	17/09/2020	Contradictory / neutral	me expressing her concerns. Also shared that Yvonne had previously lost 2 children and anniversary and birthday on one child was in september and october. I spoke with Yvonne. She denied any suicidal ideation and said that she was feeling upset about the memories of her child and recognised that it was natural to be feeling this way. She has been dating Charlene for the past 9 months and this is her normal feelings and behaviour around annivesarys of her children. She has received a recent appopintmeny for psychology and requested when her next appointmnet with Dr Day is as she wishes to discu	Neutral / contradictory
26	17/09/2020	Mental health	Mental Health Services 30/07/2020 15:31 Migration User - General Psychiatry (Mental Illness) Team Migration Team : NearMe call today (in view of COVID-19 restrictions): Diagnosis: Bipolar Affective Disorder Type II She reports that in the past 3 months her mood has become more settled again and she is currently "not too bad". She finds lockdown difficult in that she is not able to do very much. She struggles to find things to do through the day, but on days when her female partner visits, they can go on day trips e.g. to St Andrews, and Yvonne can enjoy this. She is managing her day-to-day rou	Impact / treatment

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
26	17/09/2020	Mental-health medication	ays when her female partner visits, they can go on day trips e.g. to St Andrews, and Yvonne can enjoy this. She is managing her day-to-day routine OK, is sleeping reasonably (with Quetiapine) but can feel a bit groggy on wakening. She denies recent suicidal ideation. She can be quite “grumpy” and I am not clear how much this has to do with being a bit low and how much it might be related to boredom during lockdown. She currently lives with her 18 year old son, although he is due to move out to Alyth soon. Her partner comes to stay for a few days each week. She is taking Quetiapine 150mg and to	Impact / treatment
26	17/09/2020	Self-harm / suicide	ng her concerns. Also shared that Yvonne had previously lost 2 children and anniversary and birthday on one child was in september and october. I spoke with Yvonne. She denied any suicidal ideation and said that she was feeling upset about the memories of her child and recognised that it was natural to be feeling this way. She has been dating Charlene for the past 9 months and this is her normal feelings and behaviour around annivesarys of her children. She has received a recent appopintmeny for psychology and requested when her next appointmnet with Dr Day is as she wishes to discuss her medi	Impact / treatment
26	17/09/2020	Sexual abuse	at her suicidal ideation has resolved, I would be happy for this to be dispensed on a monthly basis again, now. She has requested psychological therapy (partly in relation to past sexual abuse, but also to deal with ongoing negative thinking). Given that her mood is relatively stable at present, this would be a good time to embark on psychological therapy. I will see her for review in 3 months. Consulter: Richard Day Location: NHS Tayside Mental Health Services Consultation Type: Consultation via telemedicine web camera 17/07/2020 11:20 Migration User - Community psychiatric nursing Team Migra	Direct or corroborative evidence
26	17/09/2020	Therapy / psychiatric care	ay. She has been dating Charlene for the past 9 months and this is her normal feelings and behaviour around annivesarys of her children. She has received a recent appopintmeny for psychology and requested when her next appointmnet with Dr Day is as she wishes to discuss her medication. This is the 10th of October. Suggested some activity scheduling and self soothing and Yvonne continues to write in her thoughts diary. She is also aware that she can contact duty worker if she is struggling Consulter: Kate Bruce Location: Hospital Consultation Type: Telephone consultation 17/09/2020 Migration Us	Impact / treatment
27	08/07/2020	Mental health	on Type: Telephone consultation 16/04/2020 17:17 Migration User - General Psychiatry (Mental Illness) Team Migration Team : telephone review with Yvonne this afternoon: Diagnosis: bipolar affective disorder type 2 Medicatino: Quetiapine 50mg for 3 days at night, then 100mg for 3 days, then 150mg once daily at night and continue Follow-up: clinic review 3 months Dear doctor Yvonne was reviewed by telephone this afternoon. She has stopped her Lamotrigine now and has had no side-effects. She feels well, "chilled" with Diazepam but knows that she cannot continue this for any length of time. She re	Impact / treatment
27	08/07/2020	Mental-health medication	17 Migration User - General Psychiatry (Mental Illness) Team Migration Team : telephone review with Yvonne this afternoon: Diagnosis: bipolar affective disorder type 2 Medicatino: Quetiapine 50mg for 3 days at night, then 100mg for 3 days, then 150mg once daily at night and continue Follow-up: clinic review 3 months Dear doctor Yvonne was reviewed by telephone this afternoon. She has stopped her Lamotrigine now and has had no side-effects. She feels well, "chilled" with Diazepam but knows that she cannot continue this for any length of time. She requested to be put back on Quetiapine which I t	Impact / treatment
27	08/07/2020	Self-harm / suicide	ble to go to church. She has been accessing self help material, including a book on CBT, which she feels is helping and would like to explore further. She denies having any active suicidal thoughts, but has wished she wasn't here, as she can't see a solution to her current situation. She has been trying to go out for walks and listening to music. She tells me she is concordant with her medication. Recommendations: I have advised Yvonne about her pending appointment at the end of the month. Yvonne does recognise that the reduction in her thyroxine may have caused her mood to dip and she will co	Impact / treatment
27	08/07/2020	Sexual abuse	at she is in a supportive relationship , but the father of her partner is jealous of their relationship. She added that he was a chronic alcoholic. Yvonne reports that he has been sexually inappropriate with both her and his daughter (Yvonne's partner). Yvonne reports that she was shocked about what she witnessed between her partner and her father. Yvonne has reported the incident involviong herself and her partner's father to the police, but then decided she didn't want to take it any further. She feels that this incident has taken her right back to her childhood, which she feels has contribu	Direct or corroborative evidence
27	08/07/2020	Substance / alcohol	has been very low. She went onto tell me that she is in a supportive relationship , but the father of her partner is jealous of their relationship. She added that he was a chronic alcoholic. Yvonne reports that he has been sexually inappropriate with both her and his daughter (Yvonne's partner). Yvonne reports that she was shocked about what she witnessed between her partner and her father. Yvonne has reported the incident involviong herself and her partner's father to the police, but then decided she didn't want to take it any further. She feels that this incident has taken her right back to	Impact / treatment
27	08/07/2020	Therapy / psychiatric care	08/07/2020 13:40 Migration User - Community psychiatric nursing Team Migration Team : Duty Worker: Situation: Phone call received from Yvonne, requesting to talk to someone. Background: Input from Dr Feile. Diagnosis of Type II Bi-Polar Affective Disorder. Last reviewed in April. Next appointment for end of month. Assessment: Yvonne reports that for the last 4 weeks her mood has been very low. She went onto tell me that she is in a supportive relationship , bu	Impact / treatment
27	08/07/2020	Third-party / attached records	vonne reports that she was shocked about what she witnessed between her partner and her father. Yvonne has reported the incident involviong herself and her partner's father to the police, but then decided she didn't want to take it any further. She feels that this incident has taken her right back to her childhood, which she feels has contributed to her current low mood. Yvonne also advised me that she has an under active thyroid and has recently had her thyroxine reduced, which again she recognises as being a potential contributing factor to her low mood. Yvonne tells me that she usually is a	Impact / treatment
28	09/04/2020	Contemporaneous disclosure	stance use had been forced to leave his house and was now homeless. Her new partner Yvonne said was exposed to physical abuse from her “very controlling father”. Due to this abuse police was recently involved and her partner was re- housed but because her new house was in the next street from her father her partner felt unsafe and could effectively not use it, hence her homelessness. Yvonne said that in the face of all this she was coping remarkably well even though she was also experiencing the stress of the situation which involved regular travel to Glasgow by bus. Once Yvonne had described	Direct or corroborative evidence

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
28	09/04/2020	Contradictory / neutral	espite the fact that the internet connection was not always stable. She felt subjectively well and was objectively euthymic, without any sign of thought disorder or psychosis. She denied having had any suicidal feelings for a number of weeks now. We discussed the risks and benefits of different reduction regimes of Lamotrigine and finally arrived at the solution of reducing it by 50mg every 2 days. We agreed that she could use prn Diazepam in the short term if she were to feel destabilised. We agreed that Yvonne would stay off any regular medication at the moment but that I would follow her up	Neutral / contradictory
28	09/04/2020	Mental health	09/04/2020 16:00 Migration User - General Psychiatry (Mental Illness) Team Migration Team : Diagnosis: Bipolar Affective Disorder type 2 Medication: reduce/stop Lamotrigine in 50mg steps every two days from her current 150mg daily; short term Diazepam up to 20mg per day Follow-up: telephone review in one week's time Your patient Ms Yvonne Jamieson was reviewed as an outpatient in the general adult psychiatry clinic on 9 April 2020. Due to the Coronavirus the review took place by the NHS video system NearMe. Yvonne rep	Impact / treatment
28	09/04/2020	Mental-health medication	rigine are very likely lower than those from other mood stabilisers. Yvonne was keen to stop it as soon as possible. She did not want any other medication to replace it (return to Quetiapine may have been an option). She was very happy about the possibility of being pregnant and was clear that she wanted to keep the baby if the pregnancy was confirmed. Yvonne has continued to take Lamotrigine 150mg once daily but feels it has "not made the slightest difference" to her mental state. On examination, Yvonne looked appropriately dressed for the season. She maintained good eye contact and conversat	Impact / treatment
28	09/04/2020	Personal / social impact	g and her living circumstances are changeable. She had been living with her father but due to her father's alcohol and substance use had been forced to leave his house and was now homeless. Her new partner Yvonne said was exposed to physical abuse from her "very controlling father". Due to this abuse police was recently involved and her partner was re-housed but because her new house was in the next street from her father her partner felt unsafe and could effectively not use it, hence her homelessness. Yvonne said that in the face of all this she was coping remarkably well even though she was	Impact / treatment
28	09/04/2020	Physical abuse / injury	d been living with her father but due to her father's alcohol and substance use had been forced to leave his house and was now homeless. Her new partner Yvonne said was exposed to physical abuse from her "very controlling father". Due to this abuse police was recently involved and her partner was re- housed but because her new house was in the next street from her father her partner felt unsafe and could effectively not use it, hence her homelessness. Yvonne said that in the face of all this she was coping remarkably well even though she was also experiencing the stress of the situation which	Direct or corroborative evidence
28	09/04/2020	Self-harm / suicide	he internet connection was not always stable. She felt subjectively well and was objectively euthymic, without any sign of thought disorder or psychosis. She denied having had any suicidal feelings for a number of weeks now. We discussed the risks and benefits of different reduction regimes of Lamotrigine and finally arrived at the solution of reducing it by 50mg every 2 days. We agreed that she could use prn Diazepam in the short term if she were to feel destabilised. We agreed that Yvonne would stay off any regular medication at the moment but that I would follow her up regularly if her preg	Impact / treatment
28	09/04/2020	Substance / alcohol	th a lady from Glasgow in her thirties. This lady is currently not working and her living circumstances are changeable. She had been living with her father but due to her father's alcohol and substance use had been forced to leave his house and was now homeless. Her new partner Yvonne said was exposed to physical abuse from her "very controlling father". Due to this abuse police was recently involved and her partner was re- housed but because her new house was in the next street from her father her partner felt unsafe and could effectively not use it, hence her homelessness. Yvonne said that i	Impact / treatment
28	09/04/2020	Therapy / psychiatric care	09/04/2020 16:00 Migration User - General Psychiatry (Mental Illness) Team Migration Team : Diagnosis: Bipolar Affective Disorder type 2 Medication: reduce/stop Lamotrigine in 50mg steps every two days from her current 150mg daily; short term Diazepam up to 20mg per day Follow-up: telephone review in one week's time Your patient Ms Yvonne Jamieson was reviewed as an outpatient in the general adult psychiatry clinic on 9 April 2020. Due to the Coronavirus the	Impact / treatment
28	09/04/2020	Third-party / attached records	stance use had been forced to leave his house and was now homeless. Her new partner Yvonne said was exposed to physical abuse from her "very controlling father". Due to this abuse police was recently involved and her partner was re- housed but because her new house was in the next street from her father her partner felt unsafe and could effectively not use it, hence her homelessness. Yvonne said that in the face of all this she was coping remarkably well even though she was also experiencing the stress of the situation which involved regular travel to Glasgow by bus. Once Yvonne had described	Impact / treatment
29	30/01/2020	Therapy / psychiatric care	30/01/2020 Migration User - Community psychiatric nursing Team Migration Team Risk assessment: Clinical Risk Assessment Consulter: Carol McLean Location: NHS Tayside Mental Health Services	Impact / treatment
30	29/01/2020	Contemporaneous disclosure	rol McLean/Lisa McKinnie, SMHN's History of Presenting Complaint (Provided by Patient) Yvonne relayed she had a disagreement with her girlfriend and friend earlier today via text. Reports she had said personal stuff about them and that her friend had intimated thoughts of wanting to hang or harm her-self. She described feeling "mentally unstable", felt tearful and overwhelmed and had subsequently taken the overdose with the intention of ending her life. She had however contact the Duty Worker and told them of her actions and was advised to attend A & E which she subsequently did. Yvonne remors	Direct or corroborative evidence
30	29/01/2020	Contradictory / neutral	gitation. Good eye contact throughout. Speech: Normal in all modalities. Answered all questions asked of her, rapport easily established. Mood and Affect: Subjectively/objectively no evidence of low mood, Yvonne offered that she couldn't tell us the last time she felt depressed. She spoke of feeling "mentally unstable", that last week she had a "manic" episode which lasted for a couple of days, she described that at that time her mind wanders, she can't focus and has racing thoughts at these times. No evidence of any mania today. No evidence of neglect and is maintain her domesticities. Sleep	Neutral / contradictory

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
30	29/01/2020	Emotional / psychological abuse	sted for a couple of days, she described that at that time her mind wanders, she can't focus and has racing thoughts at these times. No evidence of any mania today. No evidence of neglect and is maintain her domesticities. Sleep poor, initial insomnia despite practicing good sleep hygiene and wakens early and is unable to get back to sleep. Reduced appetite, mostly snacking however is trying to lose weight. Reports reduced motivation, however this only seems to pertain to her exercising or going to the gym. Has never self harmed. No suicidal ideation, plan or intent. Looking forward to her new	Direct or corroborative evidence
30	29/01/2020	Mental health	CRHTT Extension Extension Direct Line DirectLine Email Email Dear Dr Humble Yvonne Jamieson, 13 Hatton Place, Rattray, Blairgowrie, Perthshire, PH10 7AN DOB: 10/03/1982 Diagnosis: Bipolar type 2 Referral Date – 29/01/20 Name and Agency of Referrer – Dr Kibria, A & E, Ninewells Criteria of Referral - Emergency Reason for Referral – Referred following an intentional overdose of 7 x Lamotrigine tablets after an argument with friend and partner, taken with suicidal intent at that time, remorseful now for her action. Date and Location of Assessment – 29/01/20 @ 2130 hrs at Carseview Centre. Name of	Impact / treatment
30	29/01/2020	Mental-health medication	ld) Currently supported by North Perth CMHT, Medical review by Dr Feile History of previous overdoses. Medication & Treatment: Lamotrigine 100mgs daily (to be increased to 150mgs) Mirtazapine/Quetiepine/Aripiprazole previously Levothyroxine Inhalers Medical history: Asthma Underactive thyroid Allergic to Morphine MR and Diclofenac Family history of psychiatric illness / suicide: Sister is Bipolar No family history of suicide. Alcohol / Drug use: Very occasional social drinker. No illicit drug use. Non smoker. Forensic History: Nil Pre-morbid personality: Unable to answer Personal history/ Soci	Impact / treatment
30	29/01/2020	Neglect	sted for a couple of days, she described that at that time her mind wanders, she can't focus and has racing thoughts at these times. No evidence of any mania today. No evidence of neglect and is maintain her domesticities. Sleep poor, initial insomnia despite practicing good sleep hygiene and wakens early and is unable to get back to sleep. Reduced appetite, mostly snacking however is trying to lose weight. Reports reduced motivation, however this only seems to pertain to her exercising or going to the gym. Has never self harmed. No suicidal ideation, plan or intent. Looking forward to her new	Direct or corroborative evidence
30	29/01/2020	Personal / social impact	mpted to embark on pursuing her SVQ, level 2 in Social Care Recently disclosed her same sex sexuality and embarked on a relationship with a woman in Glasgow 18 days ago. Currently unemployed and in receipt of benefits (ESA and PIP), reports finances to be tight, some debts but these are manageable. Enjoys attending the church, looking forward to walking her dogs, pursuing her new relationship. Child/adult protection issues: No Gender Based Violence/Domestic Abuse issues: No MENTAL STATE EXAMINATION AT INTERVIEW Appearance and Behaviour: Yvonne is around 5'4'' tall and of medium build, she has	Impact / treatment
30	29/01/2020	Physical abuse / injury	Personal history/ Social Circumstances including support network / usual Coping Methods: For full history see Dr Day letter dated 01/03/19 on Clinical Portal. History of childhood physical abuse at the hands of her father, spent time in care, poor relationship with Mum. Good relationship with her aunt. 4 older siblings, limited contact. Domestic abuse form the father of her son (separated 2010), son was in Kinship care as a consequence of this. Now has her 17 year old son residing with her, along with 2 cats and 2 Staffie puppy's. Previously worked as a care assistant in a nursing home and las	Direct or corroborative evidence
30	29/01/2020	Placement in care	rt network / usual Coping Methods: For full history see Dr Day letter dated 01/03/19 on Clinical Portal. History of childhood physical abuse at the hands of her father, spent time in care, poor relationship with Mum. Good relationship with her aunt. 4 older siblings, limited contact. Domestic abuse form the father of her son (separated 2010), son was in Kinship care as a consequence of this. Now has her 17 year old son residing with her, along with 2 cats and 2 Staffie puppy's. Previously worked as a care assistant in a nursing home and last year attempted to embark on pursuing her SVQ, level	Placement / corroboration
30	29/01/2020	Self-harm / suicide	Reduced appetite, mostly snacking however is trying to lose weight. Reports reduced motivation, however this only seems to pertain to her exercising or going to the gym. Has never self harmed. No suicidal ideation, plan or intent. Looking forward to her new relationship progressing and managing to go out walking with her dogs. Thought content: No formal thought disorder. Perceptions: Nil evident nor described. No evidence of any pre-occupation. Cognitive function: Intact, no current concerns. Insight: Good insight into her illness and into the situational stressor today that resulted in her ta	Impact / treatment
30	29/01/2020	Substance / alcohol	Medical history: Asthma Underactive thyroid Allergic to Morphine MR and Diclofenac Family history of psychiatric illness / suicide: Sister is Bipolar No family history of suicide. Alcohol / Drug use: Very occasional social drinker. No illicit drug use. Non smoker. Forensic History: Nil Pre-morbid personality: Unable to answer Personal history/ Social Circumstances including support network / usual Coping Methods: For full history see Dr Day letter dated 01/03/19 on Clinical Portal. History of childhood physical abuse at the hands of her father, spent time in care, poor relationship with Mum. G	Impact / treatment
30	29/01/2020	Therapy / psychiatric care	29/01/2020 21:30 Migration User - Community psychiatric nursing Team Migration Team : Crisis Resolution and Home Treatment Team Carseview Centre 4 Tom McDonald Avenue Dundee DD2 1NH sPrefPhoneNo sPrefFax Dr RD Humble Strathmore Surgery Jessie Street Blairgowrie Perthshire PH10 6BT Date 30/01/2020 Clinic Date 29/01/2020 Your Ref Our Ref CM/ 1003820107 Enquiries to CRHTT Extension Extension Direct Line DirectLine Email Email Dear Dr Humble Yvonne Jamieson, 13 Ha	Impact / treatment
31	29/01/2020	Contradictory / neutral	sedated and slept well into the morning, even though this was not as pronounced as at the higher dose of 150mg. We discussed further medication options and after some deliberation settled on Lamotrigine. I have explained potential side effects, particularly skin rashes and the rare but significant risk of Stevens-Johnson syndrome. I have also given Yvonne written material and she will inform herself further about the ins and outs of the medication and potential other side effects. For completeness I have also given her information about Lithium and about Depakote. Yvonne appeared well today an	Neutral / contradictory

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
31	29/01/2020	Mental health	NHS Tayside Mental Health Services Consultation Type: Telephone consultation 15/11/2019 12:15 Migration User - General Psychiatry (Mental Illness) Team Migration Team : Diagnosis: Bipolar Affective Disorder Type 2 Follow Up: Clinic review in three months Your patient, Ms Yvonne Jamieson, was reviewed in the General Adult Psychiatry Outpatient Clinic on the 15th of November 2019. She had an early review because she could not tolerate the Aripiprazole started only recently, it made her nauseous and she developed vomiting and diarrhoea after two days of usage. She was completely well before, had	Impact / treatment
31	29/01/2020	Mental-health medication	did not want to be without medication and I had advised her by telephone earlier in the week to bridge the gap between stopping Aripiprazole and the clinic review today by taking Quetiapine at the lower dose of 50mg once daily at night. She again felt significantly sedated and slept well into the morning, even though this was not as pronounced as at the higher dose of 150mg. We discussed further medication options and after some deliberation settled on Lamotrigine. I have explained potential side effects, particularly skin rashes and the rare but significant risk of Stevens-Johnson syndrome.	Impact / treatment
31	29/01/2020	Self-harm / suicide	29/01/2020 15:25 Migration User - Psychotherapy Team Migration Team : Duty worker Contact Yvonne spoke with duty worker regarding thoughts of suicide. She reported that she wants to be hospitalised and has access to thyroxine and lamotrigine tablets in the home. She has previously overdosed 3 years ago. The current crisis involves her new partner as her former friend has told them about her past and now she does not to be in a relationship anymore. While we discussed her situation and possible strategies to cope she reported that she had already taken the	Impact / treatment
31	29/01/2020	Therapy / psychiatric care	thankful for the call back and happy to act on this information. Consulter: David McGlashan Location: NHS Tayside Mental Health Services 02/12/2019 11:45 Migration User - General Psychiatry (Mental Illness) Team Migration Team : I reviewed Yvonne by telephone today. My ability to interview her was limited by the fact that she was on the bus. She is now at Lamotrigine 50mg once daily and does not have any side effects. She sounded bright and alert on the telephone. Plan • Continue Lamotrigine increase by 25mg every two weeks until the target dose of 150mg once daily. • Clinic review in three m	Impact / treatment
31	29/01/2020	Third-party / attached records	s also open to the North CMHT. She was informed that because this information is second hand then the duty worker cannot act on this information. She was encouraged to contact the police if she is concerned further or to try and get her friend to contact the north CMHT and express her difficulties. Yvonne was thankful for the call back and happy to act on this information. Consulter: David McGlashan Location: NHS Tayside Mental Health Services 02/12/2019 11:45 Migration User - General Psychiatry (Mental Illness) Team Migration Team : I reviewed Yvonne by telephone today. My ability to intervie	Impact / treatment
32	07/11/2019	Contemporaneous disclosure	ured activity. She lives with her seventeen year old son who has moved in with her again earlier in the year. He is doing well, being active in a number of ways including with the Police Scotland Youth Volunteering Scheme, with Cadets and with Work Experience. He has applied to and is expecting to start in the Army. Mental State Examination Yvonne was appropriately dressed for the season. She was polite and appropriate. Her self care was good. Her speech was normal in all modalities. Her mood was subjectively as described above and objectively mildly subdued but she was reactive and she elabor	Direct or corroborative evidence
32	07/11/2019	Contradictory / neutral	spoken with Welfare Rights in the past who advise that she is in receipt of all her entitlement. She advised that she has been stressed over the past several days about money and denied that she has been overspending or elated. She doesn't smoke, take drugs or alcohol. She reports that she does not have family or friends who can assist. She is sleeping well due to effects of medication. Denied self harm or suicidal thoughts or intentions at this time. She is due to see her SAMH worker at 1445. Advised that I would speak with her worker to establish available help locally. 1345- I spoke with J	Neutral / contradictory
32	07/11/2019	Mental health	07/11/2019 14:00 Migration User - General Psychiatry (Mental Illness) Team Migration Team : Diagnosis: Bipolar Affective Disorder Type 2 Medication: Change over from Quetiapine to Aripiprazole Follow Up: Telephone review in two to three weeks Your patient Yvonne Jamieson was reviewed in the General Adult Psychiatry Outpatient Clinic at Blairgowrie Community Hospital on November 7th, 2019. She reported that in general her mood although slightly lower than what she called “level” she nevertheless is quite happy how she	Impact / treatment
32	07/11/2019	Mental-health medication	07/11/2019 14:00 Migration User - General Psychiatry (Mental Illness) Team Migration Team : Diagnosis: Bipolar Affective Disorder Type 2 Medication: Change over from Quetiapine to Aripiprazole Follow Up: Telephone review in two to three weeks Your patient Yvonne Jamieson was reviewed in the General Adult Psychiatry Outpatient Clinic at Blairgowrie Community Hospital on November 7th, 2019. She reported that in general her mood although slightly lower than what she called “level” she nevertheless is quite happy how she is feeling with respect to her mood. However, her main difficul	Impact / treatment
32	07/11/2019	Personal / social impact	her mental health. She has 'run out of money' and has no electricity on her Smart Meter. She has no funds until Monday when she receives £112.00 for a fortnight. Her 17 year old, unemployed son is living with her. She has food in the house but no means of cooking it. She is awaiting confirmation of her PIP review. She has had previous community care applications and informed me that she is repaying a loan to her energy supplier (June 2019) who she had spoken with earlier and who are refusing to give an advance on her supply. When asked; she informed me that she has spoken with Welfare Rights	Impact / treatment
32	07/11/2019	Placement in care	s been on Mirtazapine in the past. This is now stopped and she has not noticed any difference in her mental state and mood. Social History Yvonne had to give up her college course in Care Studies as mentioned above. Her weekly commitments consist of attending church in Perth on Sundays, helping with a homeless charity and with Food for Thought on Mondays. She has no other regular structured activity. She lives with her seventeen year old son who has moved in with her again earlier in the year. He is doing well, being active in a number of ways including with the Police Scotland Youth Volunteer	Placement / corroboration

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
32	07/11/2019	Self-harm / suicide	sly in the course of the consultation. There was no thought disorder and no psychosis. Impression Yvonne presented as mildly subdued but otherwise well. There were no ideations of self harm or suicide and in fact Yvonne state that she has never struggled with suicidality. Given her significant sedation issues with Quetiapine we reviewed her medication options with a view to change to an alternative. She was still aware of different options from previous consultations. After some discussion we settled on a trial of Aripiprazole. Plan • Reduce Quetiapine in a step wise fashion over the next few	Impact / treatment
32	07/11/2019	Substance / alcohol	er entitlement. She advised that she has been stressed over the past several days about money and denied that she has been overspending or elated. She doesn't smoke, take drugs or alcohol. She reports that she does not have family or friends who can assist. She is sleeping well due to effects of medication. Denied self harm or suicidal thoughts or intentions at this time. She is due to see her SAMH worker at 1445. Advised that I would speak with her worker to establish available help locally. 1345- I spoke with J. Johnstone; SAMH worker (07967570096) who advised that she had no access to or aw	Impact / treatment
32	07/11/2019	Therapy / psychiatric care	07/11/2019 14:00 Migration User - General Psychiatry (Mental Illness) Team Migration Team : Diagnosis: Bipolar Affective Disorder Type 2 Medication: Change over from Quetiapine to Aripiprazole Follow Up: Telephone review in two to three weeks Your patient Yvonne Jamieson was reviewed in the General Adult Psychiatry Outpatient Clinic at Blairgowrie Community Hospital on November 7th, 2019. She reported that in general her mood although slightly lower than wha	Impact / treatment
32	07/11/2019	Third-party / attached records	ured activity. She lives with her seventeen year old son who has moved in with her again earlier in the year. He is doing well, being active in a number of ways including with the Police Scotland Youth Volunteering Scheme, with Cadets and with Work Experience. He has applied to and is expecting to start in the Army. Mental State Examination Yvonne was appropriately dressed for the season. She was polite and appropriate. Her self care was good. Her speech was normal in all modalities. Her mood was subjectively as described above and objectively mildly subdued but she was reactive and she elabor	Impact / treatment
33	02/07/2019	Contemporaneous disclosure	02/07/2019 14:01 Migration User - General Psychiatry (Mental Illness) Team Migration Team : Seen today: Diagnosis: Bipolar Affective Disorder type II She reports that things have got quite a bit better with Quetiapine – there is still some variation in her mood but on the whole, she has been feeling better, with more motivation and energy, more ability to get things done, and less anxiety about being around other people. She has applied to go to Dundee college from August and managed to attend two preparatory days this semester. She is taking Quetiapine 150mg nocte as	Direct or corroborative evidence
33	02/07/2019	Mental health	th Quetiapine – there is still some variation in her mood but on the whole, she has been feeling better, with more motivation and energy, more ability to get things done, and less anxiety about being around other people. She has applied to go to Dundee college from August and managed to attend two preparatory days this semester. She is taking Quetiapine 150mg nocte as well as Mirtazapine 15mg nocte but has noticed that the combination of both drugs is causing her a lot of daytime sedation. She thinks that she has also gained some weight. She appeared well at interview with no particular abnorm	Impact / treatment
33	02/07/2019	Mental-health medication	User - General Psychiatry (Mental Illness) Team Migration Team : Seen today: Diagnosis: Bipolar Affective Disorder type II She reports that things have got quite a bit better with Quetiapine – there is still some variation in her mood but on the whole, she has been feeling better, with more motivation and energy, more ability to get things done, and less anxiety about being around other people. She has applied to go to Dundee college from August and managed to attend two preparatory days this semester. She is taking Quetiapine 150mg nocte as well as Mirtazapine 15mg nocte but has noticed that	Impact / treatment
33	02/07/2019	Personal / social impact	hem and does not have contact with her mum – mainly related to the fall-out from childhood sexual abuse that Yvonne suffered. She has worked in Care Homes in the past but has been unemployed for the past 2 years – when she was last working, she saw a resident being abused by a care worker and this activated memories of her previous abuse. She has sought help for the abuse but still struggles with thoughts of it. She currently lives alone, although her 16 year old son may be moving in with her soon. She does not drink much alcohol and does not use illicit drugs. She has applied to return to col	Impact / treatment
33	02/07/2019	Placement in care	rs). She is not in close contact with them and does not have contact with her mum – mainly related to the fall-out from childhood sexual abuse that Yvonne suffered. She has worked in Care Homes in the past but has been unemployed for the past 2 years – when she was last working, she saw a resident being abused by a care worker and this activated memories of her previous abuse. She has sought help for the abuse but still struggles with thoughts of it. She currently lives alone, although her 16 year old son may be moving in with her soon. She does not drink much alcohol and does not use illicit	Placement / corroboration
33	02/07/2019	Self-harm / suicide	were relatively self-critical e.g. thinking that she will not manage to return to college and she was still affected by the previous childhood abuses. She did not have thoughts of suicide and was hopeful that further treatment could be helpful. Plan: I think that she is describing a history of Bipolar Affective Disorder type II which is likely to have been present for many years. We discussed treatment options – given her hypothyroidism, we will avoid Lithium as the first option; of the options of Quetiapine, Aripiprazole and Lamotrigine, she was keen to commence Quetiapine in the first instan	Impact / treatment
33	02/07/2019	Sexual abuse	s the youngest of 5 (having 2 sisters and 2 brothers). She is not in close contact with them and does not have contact with her mum – mainly related to the fall-out from childhood sexual abuse that Yvonne suffered. She has worked in Care Homes in the past but has been unemployed for the past 2 years – when she was last working, she saw a resident being abused by a care worker and this activated memories of her previous abuse. She has sought help for the abuse but still struggles with thoughts of it. She currently lives alone, although her 16 year old son may be moving in with her soon. She doe	Direct or corroborative evidence
33	02/07/2019	Substance / alcohol	sought help for the abuse but still struggles with thoughts of it. She currently lives alone, although her 16 year old son may be moving in with her soon. She does not drink much alcohol and does not use illicit drugs. She has applied to return to college to do a Level 6 in Health and Social care, but is not sure if she will cope with this. At interview there was evidence of self-care and she made good eye contact. It was possible to establish rapport with her. Her speech was within normal limits and her affect was low but reactive. Her thoughts were relatively self-critical e.g. thinking tha	Impact / treatment

PDF page	Date	Category	Exact evidence / faithful extract	Link / value
33	02/07/2019	Therapy / psychiatric care	02/07/2019 14:01 Migration User - General Psychiatry (Mental Illness) Team Migration Team : Seen today: Diagnosis: Bipolar Affective Disorder type II She reports that things have got quite a bit better with Quetiapine – there is still some variation in her mood but on the whole, she has been feeling better, with more motivation and energy, more ability to get things done, and less anxiety about being around other people. She has applied to go to Dundee colle	Impact / treatment
34	08/01/2019	Mental health	ser - General Medicine Team Migration Team Continuation Note: Called Yvonne back as per her request, She asked for a letter stating that she needs to be re-housed due to having an anxiety disorder, she was recently admitted to Murray royal (then txd to Dunfermline, due to bed shortage) and claims she was told that the best thing was to be rehoused. She has spokent o gp this morning and said they told her they would not issue a letter and that she would need to wait to be rehoused. Advised that we would not issue a letter either for housing and that she should first discuss the matter with them	Impact / treatment
34	08/01/2019	Therapy / psychiatric care	08/01/2019 12:53 Migration User - General Psychiatry (Mental Illness) Team Migration Team Refer to mental health worker Request Type: ASS Urgency: R Source: Strathmore Medical Practice Target: GAP CMHT P NP CON 1 Consulter: Donna McLagan Location: NHS Tayside Mental Health Services Consultation Type: Inbound Referral 16/01/2013 13:15 Migration User - General Medicine Team Migration Team Continuation Note: phonecall from sally at anchor house regarding yvonne	Impact / treatment
35	24/09/2009	Placement in care	0 Migration User - Community psychiatric nursing Team Migration Team Continuation Note: Met with Yvonne today at her home, this was a joint assessment with myself and Fiona Scott, social worker. See assessment documentation for detail of discussion. Yvonne has a meeting with child and family social work on the 04/09/09, to help with the difficulties she is experiencing with her son and the breakdown of her marriage. Yvonne also has contact with a cruse counsellor and womans aid counsellor. We agreed to arrange another meeting for the 24/09/09, to complete our initial assessment and decide if Y	Placement / corroboration
35	24/09/2009	Therapy / psychiatric care	24/09/2009 13:30 Migration User - Community psychiatric nursing Team Migration Team Continuation Note: Myself and Fiona Scott arrived at Yvonne's for an appointment at the above date and time, however we received no reply. Therefore I have sent Yvonne a letter asking her to contact myself by the 08/10/09 or i will assume she no longer requires input at this time. Consulter: Jacqueline Lindsay Location: Migration Organisation Consultation Type: Via Migration 03	Impact / treatment

YJ-1003820107 - Morse Docs(1).pdf

No relevant entries could be extracted from embedded searchable text. This does not establish absence where the PDF is image-only or poorly OCRed.

YJ-1003820107 - Paper file Part 1(1).pdf

No relevant entries could be extracted from embedded searchable text. This does not establish absence where the PDF is image-only or poorly OCRed.

YJ-1003820107 - Paper file Part 2(1).pdf

No relevant entries could be extracted from embedded searchable text. This does not establish absence where the PDF is image-only or poorly OCRed.