Renfrewshire
Community Health Partnership

NHS
Greater Glasgow and Clyde

Renfrewshire Integrated Alcohol Team
Back Sneddon Centre
20 Back Sneddon Street
Paisley
PA3 2DJ
0141 618 2585
CHI: 120389 3450
REF: /SM
13/01/14

PRIVATE & CONFIDENTIAL
Dr Johnstone
Barony Practice
Northcroft Medical Centre
Northcroft Street
Paisley

Dear Dr Johnstone

James Weir, DOB 12.03.89, 1/7 17 Abercorn Street, Paisley

This young man was assessed by the Integrated Alcohol Team in October2013. At that time he stated the he was drinking 2 bottles of Buckfast on a daily basis, however there was little evidence of this. He gave many conflicting accounts of his alcohol use and his life history making it very difficult to accurately assess his current problem.

He did ask to be referred to the Psychologist but failed to attend the majority of offered appointments and when seen gave contradictory accounts of his life experiences again, he was subsequently discharged.

I have spoken with James today regarding his alcohol use; he states that it is now longer an issue as he rarely drinks alcohol. The staff at his accommodation have confirmed that they have seen no evidence of regular alcohol use by James.

I have discharged him from the I.A.T at his request. He is aware that he can self refer to the R.C.A or to the A.P.C in the future if needed.

Please contact the number above if more information is needed.

Yours sincerely

Suzanne Martin
Community Addictions Nurse
Integrated Alcohol Team

File

Renfrewshire
Community Health Partnership

NHS
Greater Glasgow and Clyde

Renfrewshire Integrated Alcohol Team
Back Sneddon Centre
Back Sneddon Street
Paisley
PA3 2DJ
LM/CB
0141 889 1223
CHI: 1203893450
6th December 2013

PRIVATE & CONFIDENTIAL
Mr James Weir
C/o Loretto Care
17 Abercorn Street
Paisley
PA3 4AA

Dear Mr Weir

I was sorry that you were unable to attend your appointment with me this morning.

I would like to offer you another appointment for:-

9.30am on Friday 20th December 2013
At Back Sneddon Centre, 20 Back Sneddon Street

It is important that you phone me at your earliest convenience to let me know if you are unable to make this appointment, or if you no longer wish to be seen by psychology.

Yours sincerely,

Dr Laura Mitchell
Clinical Psychologist

File

Renfrewshire
Community Health Partnership

NHS
Greater Glasgow and Clyde

Renfrewshire Integrated Alcohol Team
Back Sneddon Centre
Back Sneddon Street
Paisley
PA3 2DJ
LM/CB
0141 889 1223
CHI: 1203893450
8th November 2013

PRIVATE & CONFIDENTIAL
Mr James Weir
C/o Loretto Care
17 Abercorn Street
Paisley
PA3 4AA

Dear Mr Weir

You did not attend your first appointment with me on Friday 8th November 2013 at 9.30am. I am prepared to offer you one final appointment. If you do not attend I will assume that you no longer wish to be seen for a psychology assessment and I will remove you from the waiting list.

Your appointment will be on:

Friday 22nd November 2013 @ 9.30am
At Back Sneddon Clinic, 20 Back Sneddon Street, Paisley

It is important that you phone me at your earliest convenience to let me know if you are unable to make this appointment, or if you no longer wish to be seen by psychology.

Yours sincerely,

Dr Laura Mitchell
Clinical Psychologist

C.c. Suzanne Martin, IAT, Back Sneddon Centre

Renfrewshire
Community Health Partnership

NHS
Greater Glasgow and Clyde

Renfrewshire Integrated Alcohol Team
20 Back Sneddon Street
Paisley PA3 2AF
0141 618 2585
CHI: 12.03.89 3450
REF: LM/CB
23/10/2013

PRIVATE & CONFIDENTIAL
Mr. James Weir,
c/o Blue Triangle,
94 Paisley Road,
Renfrew.

Dear Mr Weir

You have been referred to me by Suzanne Martin of Integrated Alcohol Team.

I would like to offer you an appointment for:-

09:30am on Friday 8th November, 2013
At Back Sneddon Clinic, 20 Back Sneddon Street, Paisley

If you are unable to attend this appointment please contact me on the above number.

Yours sincerely,

Dr Laura Mitchell
Clinical Psychologist
Integrated Alcohol Team

NHS
Greater Glasgow and Clyde

RENFREWSHIRE ADDICTION SERVICES
PSYCHOLOGY REFERRAL FORM

CLIENT DETAILS

Name: James Weir DoB: 12.3.89

Team: IAT Keyworker: S. Martin

Brief description of presenting problems/reason for referral:

Client requesting referral, states has unresolved issues regarding abuse which took place years ago.

What has the client accessed so far to address these difficulties (e.g. detail any work completed with keyworker, previous psychology/counselling input, etc.)?:

States reported to Police but no action
States attended Erskine Crisis Centre - account of history inconsistent

In what ways do you hope the client would benefit from psychological assessment and/or treatment?:

Client may develop better coping strategies.

Does the client have any known literacy, learning, or cognitive difficulties with which they require additional support?:

No.

Describe any relevant risk issues (e.g. ongoing drug/alcohol misuse; history of violence towards staff; requires male worker to be present, etc.):

Abstinent from alcohol at present.

Has this referral been discussed with the client? (Yes) No

Has this referral been discussed with the prescriber (if applicable)? Yes No

Name of referrer [print]: SUZANNE MARTIN

Signed: SMart **Date:** 22.10.13

NHS
Greater Glasgow and Clyde

Glasgow City CHP
Mental Health Services

Out of Hours CPN Service

IAT

Caledonia House
140 Fifty Pitches' Road
Glasgow
G51 4ED
Tel 0845 650 1730
Fax 0141 616 6259

Service Hours Monday to Friday 19.30 – 09.30 Hrs
Weekend / Public Holidays 16.30 – 09.30 Hrs

To	Telephone Number	Fax Number	Sent
IHT	618 3333	618 5381	✓
RENFREWSHIRE			
INTEGRATED ALCOHOL TEAM			

FOR

From: Rob Hindhaugh

No of Pages: 6 (Inc cover)

Telephone Number 0845 650 1730
Fax Number 0141 616 6259

STRICTLY CONFIDENTIAL FAX

IF RECEIVED IN ERROR PLEASE DESTROY IMMEDIATELY
AS MATTER OF URGENCY PLEASE TELEPHONE 0141 211 6505
(MON – FRI 09.00 – 17.00HRS) TO NOTIFY ERROR.

For Out of Hours use only

CMHT / Keyworker Info	✓	Pimmed	✓
Desk Duty / K.W Follow up	✓		
Crisis for Follow-up			

Case No 3890176 **Case Active** 09/10/2013 22:33 **Case Type** Advice CPN

Patient James Weir **Sex** M **D.O.B** 12/03/1989 **Age** 24 years

Current Address
2/1 94 Paisley Road

Renfrew
PA4 8HD

Home Address (if currently not at home)

Current Phone: 0141 314 7212 **Home Phone:**

Case Origin	**Callers Name**	**Callers Tel:**
	Dr Wilson/Rah	0141 314 7212

Own Doctor Sunderland,Anne(A112)
Surgery A 112 The Health Centre (Lyons)

NHS24 Received By
NHS24 Triage By
NHS24 Triage Start
NHS24 Triage End
NHS24 Reported Condition
NHS24 Recorded Allergies
NHS24 Recorded Medications
NHS24 Recorded Medical History
NHS24 Clinical Summary
NHS24 Disposition
NHS24 NUrse Comments

Reported Condition	**Received By** SROSS	**Received**	22:32
Symptoms: cpn ref			

TAS Assessment	**Assessed By**	**TAS Assess Start**	
		TAS Assess End	

Consultation	**Consult By** Hinshelwood,Robert(CC)	**Consult Start**	00:20
		Consult End	01:33

Known to integrated alcohol team.
Support staff at Jame's accomodation had alerted police after looking at note that James had written, allegedly informing that he was thinking of jumping out the window. James had since tore up the note. Police escorted James to RAH and doctor at casualty requesting cpn review.

Examination Details

Presented as well kempt in casual attire. Maintained eye contact, relaxed posture. Smelling of a.... alcohol and appeared still under some effect of alcohol. James reported that he has history of being abused 7 years ago and reports that he has had problem with alcohol and drugs since he was 13. James went on to explain that he admits he has alcohol problem and he wants to change. He explained he wants help to change and is frustrated that he was discharged from his last attempted rehab in Livingston, aprox 4 months ago. James informed he was discharged from Livingston due to not having local jinks but he claimed he has brothers and step mother there. He is keen to go back to Livingston. James reports his dissatisfaction at his current accomodation, claiming that this restricts him from doing what he wants to do and from moving on with life. He reports he wants to go to college to train to be a mechanic or a plumber. He explains issue with funding prevents him from attending college. James also informs he has no tv in flat and that boredom is contributory factor to his alcohol addiction. Furthermore he informs that person in flat above encourages him to drink and is bad influence. Its possible James was more intoxicated earlier and has had some time to sober up. Mood described as low at times and claims he has a history of self harm, and cuts to arms, he explains he gains more release from this. James reports that he would be too scared to jump from a window and reports he has no current intention of suicide and that he wants help to change his addictive behaviour. James reports he doesn't see his mother much but hopes to see her once he is alcohol free. In discussing current drink levels James notes that he regularly drinks 2-4 bottles of buckfast per day and tops this up with cider at times.

Clinical Codes

Other Therapeutic Procedures

Case No 3690176 **Case Active** 09/10/2013 22:33 **Case Type** Advice CPN

Also admits to cannabis use at times and uses 5-6 diazepam 10mg tablets for alcohol withdrawals. Though mood described as low at times, he reports that he is aware that alcohol can make him more impulsive and can lower mood. Objectively mood presented as euthymic, reactive. Speech normal in rate, tone and content. No evidence of acute mood problem. No evidence of psychotic symptoms or insight impairing illness. Appeared cognitively intact (not tested) James reports plans to attend his appointment tomorrow and seek help with his alcohol addiction.

Diagnosis

Primary alcohol problem. Drinks on a daily basis.

Treatment

James admits to primary alcohol problem. Wants help with this and has appointment with his addiction team tomorrow. Plans on attending this. James claims he will go home and keep self safe. Also plans on seeing his brother tomorrow. Advised we would send his team copy of contact.

Prescriptions

Follow-up(s)

Other -

Mental Health Partnership
Clinical Risk Screening and Management Tool

NHS Greater Glasgow and Clyde

Service Users Name:	CHI N°/DoB:	PIMS N°:
JAMES WEIR	12/3/89	214714
Legal Status: Informal ☑ Detained ☐ Community Order ☐	Ward /Dept / CMHT:	

Context of Assessment

On admission ☐ Engagement with Crisis Services ☑ MDT/C.P.A. review ☐
Annual review: ☐ Significant change in presentation/circumstances ☐ Other ☐ specify

Sources of Information

Service user ☑ Carer ☐ Consultant ☐ Other Dr ☐ Occupational Therapy ☐
Named Nurse ☐ Social Work ☐ Psychology ☐ CPN ☐ Voluntary agency worker ☐
Pharmacy ☐ GP ☐ Support worker ☐ Other ☐ specify

Guidance

This screening form should be completed as fully as possible. It is a clinical judgement when this should take place however as a general guide this may be on admission to hospital or at the point of engagement with secondary mental health services. Thereafter it should be reviewed on a regular basis as pre-determined by the clinical team or as significant changes in circumstances or clinical presentation dictate. It is expected that reviews would routinely take place at multidisciplinary meetings, the point of transition from one aspect of service to another, as part of a planned annual review, at the point of CPA review, at the point of engagement with Crisis Services. In relation to admissions to hospital, the initial screening and formulation of risk should be reviewed at the next multi-disciplinary team meeting.

- Dependant on the information collected consideration should be given to carrying out a more detailed, specific risk assessment e.g. suicide risk assessment.
- This document should form an integral part of a comprehensive mental health assessment and care planning process, and the factors listed are not necessarily in any ranked order.
- This does not attempt to be an exhaustive list of safety issues or risk factors, merely an initial guide informing clinical management.
- The expectation that all safety risks can be predicted is unrealistic, and initial assessment may be based on incomplete information.
- If completed by one person (e.g. out of hours), this assessment should be discussed as soon as is practicable with the Consultant and multi-disciplinary team (including users and carers where appropriate).
- The assessment should include the service user and carer perspective of risk.
- The assessment must take account of parenting responsibilities and contact with children.
- Please refer to the Clinical Risk Screening & Management Policy for guidance.

Screening completed by

Print Name:	Signature:
ROB HINSHELWOOD	RH
Designation:	Date & Time:
CPN OUT OF HOURS	10/10/13

Mental Health Partnership
Clinical Risk Screening and Management Tool

NHS Greater Glasgow and Clyde

Suicide &/or Self Harm			Violence			Other Risk Factors		
S1	Mental illness diagnosed or diagnosis uncertain	☐	V1	Previous violent acts	☑	O1	Vulnerable due to learning disability, cognitive impairment or mental illness	☐
S2	Use of violent methods	☐	V2	Use of weapons	☐	O2	History of stalking others	☐
S3	Previous self-harm	☑	V3	Previous admission to secure units	☐	O3	History of social, financial or sexual exploitation of others	☐
S4	Socially isolated	☐	V4	Convictions for violence / assault	☐	O4	History of falls	☐
S5	Past diagnosis of personality disorder,	☐	V5	Past diagnosis personality disorder or psychopathy	☐	O5	History of self-neglect,	☐
S6.	Major physical illness	☐	V6	Alcohol or drug misuse	☑	O6	Lacks basic housing amenities	☐
S7.	Alcohol/drug misuse	☑	V7	Male under 35	☑	O7	Previous fire-setting	☐
S8.	Family history of suicide	☐	V8	Prior supervision failure	☐	O8	Socially or culturally isolated	☐
S9.	Previous treatment non-compliance	☐	V9	Previous treatment non-compliance	☐	O9	Neglect- children or other dependents	☐
S10	Impulsivity	☑	V10	Impulsivity	☐	O10	History of exploitation by others	☐
S11	Planning suicide	☐	V11	Intoxicated	☐	O11	Difficulty communicating needs/views/comprehension difficulties	☐
S12	Access to lethal method	☐	V12	Acute psychosis	☐	O12	Confusion or disorientation	☐
S13	Hopeless / helpless -	☐	V13	Violent fantasies	☐	O13.	Sexually disinhibited or aggressive	☐
S14	Recent major loss	☐	V14	Identified target	☐	O14	Significant financial problems	☐
S15	Recent psych hospital discharge	☐	V15	Access to weapons	☑	O15	Current self-neglect	☐
S16	Current or recent treatment non-compliance	☐	V16	Current or recent treatment non-compliance	☐	O16	Current neglect of children or other dependents	☐
S17	Willing to respond to advice/carers	☑	V17	Willing to respond to advice	☑	O17	Willing to respond to advice/carers	☑
S18	Has close relationship	☑	V18	Appropriate services available	☐	O18	Appropriate services available	☐
S19	Religious beliefs	☐						

Mental Health Partnership
Clinical Risk Screening and Management Tool

NHS Greater Glasgow and Clyde

Please write N/A if no risks identified or no risk management actions required.

Management plan	Action by:
Suicide/Self Harm Doctor reports he has suicidal ideation earlier now more sober denies suicidal ideation/intent. Aware alcohol can increase impulsive behaviour Plans on attending Alcohol Team	RM
Violence Denies idea/intent of violence	RM
Other Risk Factors Regular alcohol use. Has had withdrawals in past.	RM

Outcome of screening/management plan discussed with

Service User ☑	Carer ☐	Consultant ☐	Other Dr. ☐
CPN ☐	Ward Nurse ☐	Social Work ☐	Occupational Therapy ☐
Psychology ☐	Pharmacy ☐	Other ☐ specify	

Management Plan completed by

Print name: Rob Hinshelwood	Signature: R Hinshelwood
Designation: CPN OUT OF HOURS	Date & Time 10/10/13

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: AH/IP/CHI 12.03.89
3450

Alcohol Problems Clinic

Date: October 3, 2013

Appointments - 0141 314 4435

Dictated: 03.10.13
Typed: 03.10.13

PRIVATE & CONFIDENTIAL
Mr. James Weir,
c/o Blue Triangle,
94 Paisley Road,
Renfrew.

Dear Mr. Weir,

Dr. Claire Duncan, CT3 in Psychiatry, has referred you to the Alcohol Problems Clinic at Dykebar Hospital.

An out-patient appointment has been arranged for you to attend the **Integrated Alcohol Team, Back Sneddon Centre, 20 Back Sneddon Street, Paisley PA3 2DJ** on:-

Thursday, October 10, 2013 at 9am

And I hope this is convenient. If this date is not suitable, please let me know and a further appointment can be arranged.

We would prefer you did not drive to your appointment – have someone else drive you or use public transport.

Yours sincerely,

Isobel Prior

Secretary
Alcohol Problems Clinic

c.c. Dr. Shotton, Kingsinch Medical Practice, Renfrew Health Centre, 10 Ferry Road, Renfrew.

REFERRALS FROM SCREENING – PENDING/TRACKING/OUTCOME

Name	James Weir																
CHI	1	2	0	3	8	9	3	4	5	0	PIMS	2	1	4	4	7	1	4

DATE	ACTION	BY WHOM	OUTCOME
3.10.13	Ref Rec'd	Lynn MacDonald	Clinic Routine

URGENT ☐ ROUTINE ☑

Disciplines Attending:- Medic ☐ Psychology ☐ Health ☑ Social Work ☐

Date of Outcome Decision:- 3/10/13

Internal

Psychology - Assessment ☐ Treatment ☐

Psychiatry ☐ Dr

Team Assessment

- Clinic ☑
- Home ☐
- Opt-in ☐

App Date/Time - 10/10/13 09.00

Worker(s) - IAT Back Sheddan

Team Waiting List ☐ Priority

- CPN ☐
- Generic ☐
- OT ☐
- Social Work ☐

External

CDS ☐

Doing Well ☐

RAMH ☐

Other ☐

Relevant Information/Reasons for Decision

REFERRAL

2/10

APC

What Service/Discipline is referral for:	Alcohol Problems Clinic		
Date Assessed:	27.9.13	Time of Assessment:	19:00

Personal Details			
Surname:	Weir	CHI Number:	3450
Forename:	James	Relationship Status:	single
Dob:	12.3.89	Age:	
E-Mail Address:		Referral Urgency:	non-urgent
Registered GP:	Dr Shotton	Practice Code:	
Address:	Kings inch MP	Sex:	Male
		Telephone No:	8893049
Post Code:		Mobile No:	

Additional Information		
Children: No	At Home: No	SW Involvement: No
Risk Factors:	Other (Please state)	
Consent to Referral:	Patient is aware of referral	Has a Glasgow Risk Assessment Been Completed: Yes
Involved Parties:	Other (please specify)	
Disabilites:	Mobility	
Brief History/Current Issues:	describes drinking 3 l cider and buckfast per day, alledges prev detox admission at St Johns. Livingstone	

Reason for Referral:
GP referral for iHTT OOH assessment this evening.
Patient described suicidal thinking to GP but tonight alledges nil - main issue described is drinking behaviour - keen to stop as says girlfrined will have hil back if he can give up drinking.

Currently living for past 6 weeks in homelss unit - Blue triangle, 94 Paisley Rd , Renfrew.
Fall out with family memebers prompted his move from Livingstone (whre he normally lives) to current paisley area.

Desrcibes prev had detox in St Johns - remined abstinet for 1 month post discharge

Keen to engage with APC services

RECEIVED - 1 OCT 2013

Referred By: C Duncan
Location: AAU
Designation: CT3
Contact Information/Number: 3144034
Date Referred: 27.9.13

Email to: healthrecords.dykebarhospital@ggc.scot.nhs.uk

Version 1, Sept 11

Renfrewshire Council

Intensive Home Treatment Team
Charleston Centre
49 Neilston Road
PAISLEY
PA2 6LY
Telephone: 0141 618 3333

NHS Greater Glasgow and Clyde

Date: 29th August 2013
Dictated: 29th August 2013
CHI:
Ref: KD/SC

PRIVATE & CONFIDENTIAL

Mr James Weir
12c Nethercraigs Crescent
Paisley
PA2 6BW

Flat 2/1
94 Paisley Rd.
Renfrew

file copy.

Dear Mr Weir

Please be advised you have been offered an appointment with Alcohol Problems Clinic on Monday 2nd September 2013 at 09:30am at Dykebar Hospital.

Please advised if you plan to attend. APC can be contacted on 0141 314 4435.

Yours sincerely

Kenny Dock
Senior Intensive Home Treatment Practitioner
Intensive Home Treatment Team

(F)

ACUTE ADMISSION UNIT
DYKEBAR HOSPITAL

NHS Greater Glasgow and Clyde

COMMUNICATION WITH GP/REFERRER FOLLOWING EMERGENCY ASSESSMENT

ENSURE FULL COMPLETION INCLUDING DEMOGRAPHICS ON PAGE TWO (ONLY PAGE ONE TO BE FAXED)

PATIENT INITIALS	JW			POST CODE		P	A	4		8	H	D	
CHI	1	2	0	3	8	9	3	4	5		0		
GP NAME	DR. COYLE			PRACTICE CODE		8	7	7	1	4			
GP SURGERY	RENFREW H.C.												

PATIENT KNOWN TO PSYCHIATRIC SERVICES YES ☑ NO ☐
IF YES: KNOWN TO:- APC. New Appts

SOURCE OF THIS REFERRAL
GP /A&E /FIRST /NHS24 /NHS24 GP /REMS /CMHT /CPN /POLICE /SW /PSYCHOLOGY/SELF
OTHER : SPECIFY-

REASON GIVEN FOR REFERRAL
SUICIDAL IDEATION.

PRESENTING PROBLEM
- CLAIMS LOW MOOD. INCONGRUENT HISTORY GIVEN. UNABLE TO DETERMINE ISSUE

MENTAL STATE
- MOOD - SUBJECTIVELY 3/10. NIL BIOLOGICAL SYMPTOMS OF DEPRESSION
OBJECTIVELY APPROPRIATE AND REACTIVE
- SPEECH NORMAL RATE, RHYTHM AND TONE
- NIL THOUGHT DISORDER, NIL PERCEPTUAL ABNORMALITIES
- COGNITION NOT FORMALLY TESTED
- INSIGHT - INCONGRUENT HISTORY GIVEN.

ASSESSMENT OUTCOME (Medication/Referrals/IHTT/Admission etc)
1) REFERRAL MADE TO APC
2) THANKING CARE TO GP.

ADMITTED YES ☐ NO ☒ HOSPITAL WARD
TIME OF ADMISSION
ACCEPTED FOR HOME TREATMENT YES ☐ NO ☒
REFERRED FOR/TO - APC/ OUT PATIENT APPT/CMHT/SOCIAL WORK/POLICE
OTHER- SPECIFY:-

ASSESSORS SIGNATURE		ASSESSORS SIGNATURE	G.M.
PRINT NAME	C. Dunn	PRINT NAME	G. MAW.
DESIGNATION	GP	DESIGNATION	IHTT PRACTITIONER

DATE	2	7	0	9	1	3	TIME COMPLETED								

FAXED TO:															
FAXED BY															
DATE								TIME							

Renfrewshire Council

ADULT EMERGENCY ASSESSMENT

NHS Greater Glasgow and Clyde

Date Assessed:	27/09/13	Time of Assessment: (24 Hour Clock)	1800

Personal Details			
Surname	WEIR	CHI Number	3450
Forename & Initial	JAMES	Marital Status	SINGLE.
Previous Name(s)		Legal Status	Review Date: / /
Date of Birth	12-3-89	Advanced Statement	Yes ☐ No ☐
Address	94 PAISLEY RD. FLAT 2/1. RENFREW	Named Person	
		CPA	Yes ☐ No ☑
Post Code	(BLUE TRIANGLE)	Religion	NO.
Telephone No.		Present Occupation	
Mobile No.		Interpreter Required	Yes ☐ No ☐
		Adult at Risk AP1 Form	Yes ☐ No ☐

Risk to Staff:

Next of Kin	CARRIE [redacted]	Resides with	GUN (BLUE TRIANGLE).
Relationship	SISTER	Relationship	
Address	[redacted]	Tel No.	
		Consent to Involve	Yes No ☐
Post Code		**Dependants: Names**	**DOB**
Telephone No.		NO.	
Mobile No.		/	
Consent to Involve	Yes No ☒		

Height	5'9"	Hair Colour	BROWN
Weight	70kg.	Eye Colour	BLUE
Build	SLIM	Distinguishing Marks	TATTOOS ON WRISTS, ARMS, NECK.
Sex	(Male) Female	General Appearance	
Allergies	Penicillin → rash.	Driving	Yes (No)

REFERRED BY (Name) :- GP.

& AGENCY/DESIGNATION :-

CONTACT No.-

ASSESSMENT LOCATION: AAU

ASSESSMENT OUTCOME

ADMISSION	YES ☐ NO ☒	CMHT YES ☐ NO ☒	
HOSPITAL	WARD	OUT PATIENT REQUEST YES ☐ NO ☒	
		IHTT YES NO ☒	

ANY OTHER INFORMATION:

yes ARE.

ASSESSED BY -

NAME	C. DUNCAN	NAME	G. HAND.

ADULT EMERGENCY ASSESSMENT
DYKEBAR HOSPITAL

Existing Services involved in care (next appointment due)	
GP:	Psychiatric Consultant:
[illegible] H.C.	
Telephone No:	Telephone No:
Social Worker:	CPN:
Telephone No:	Telephone No:
Other:	Other:
Telephone No:	Telephone No:

PRESENTING PROBLEMS AND ASSESSMENT OF RISK
(as expressed by client/carer and assessor):

Mother has died allegedly 6/52 ago with ovarian ca.

Went to GP today - said was feeling suicidal.
Said was difficult to talk because 1st time of meeting the GP.

Says "can't cope". moved back to Paisley 6/52 ago.
Thought about cutting wrist or taking OD.
Feels "everything coming down on top of me".
Feels "nothing to live... everything shit - lost daughter, mother, father in prison".

Last had drink alcohol / no days in past 2/7.
Says has had prev. dizziness when stopped alcohol in the past.
Says suicidal thoughts "every day". Tries to text his brother every day as they the him out eg. go go-carting.

Feels lonely at points, & then feels "low". Goes to talk to staff at Blue Triangle.

Had been staying w family in Livingstone ⇒ moved to Paisley.

PREVIOUS MENTAL ILLNESS EPISODES (including history of engagement, dates of hospital admissions, detentions, past medications, history of risk eg. Suicide attempts/DSH):

2nd September appt. at APC — said Admit get appt.
- has to be re-referred by GP.

Prev. DSH. - last 4/12 ago.

? prev admission to St. Johns, Livingston for alcohol detox.
- stayed abstinent for 1/12 after discharge.

? ADHD

CURRENT MEDICATION

NAME	DOSE	FREQ	CURRENT	OTHER INFO
Thiamine				
Omeprazole				
Peptac				

ATTITUDE TOWARDS MEDICATION (including history of concordance):

Doesn't take any of his meds. Blue Triangle can't support w taking his meds.

(? prev. on anti-depressants.

ADULT EMERGENCY ASSESSMENT
DYKEBAR HOSPITAL

CURRENT HEALTH ISSUES/MEDICAL HISTORY (including any disabilities, smoking status, investigations)	
Alcohol dependency Leg pain re. accident.	
FAMILY HISTORY (including family, education, occupation, parental/siblings relationships, childhood trauma):	
Mother	died 47yrs – cancer (ovarian) – 6/52 ago.
Father 46yrs	in jail for rape – hasn't spoken to for a yr.
Siblings	5 sisters, 3 brothers; some are half-siblings Currently full siblings. 2 sisters 2 brothers Not much contact because of drinking.
Children	None. ? Daughter died of meningitis 1yr ago (aged 6/12).
Family Psychiatric History	Dad – uses [redacted] days / alcohol.

PERSONAL HISTORY	
Birth / Childhood	Born & raised Portobello & Paisley.
School / Education	Kegnshie Primary Castle Head Secondary Reports was bullied.
Primary/ Secondary Qualifications	Left aged 16yrs. ? 5 Highers – doesn't know what subjects, says mum has his paperwork.
Occupations	? Apprentice engineer Employed Caledonian – did engineering degree for 3yrs – doesn't know what type of engineering he studied.
Relationships (including psycho sexual)	Girlfriend – "not talking" because of drinking.
Premorbid Personality	"Nice boy"

Been signed off as sick from current employer
Angina for past 1yr.

ADULT EMERGENCY ASSESSMENT
DYKEBAR HOSPITAL

SOCIAL CIRCUMSTANCES

ACCOMMODATION and FINANCES:

Blue Triangle - for past 2/52.
from Livingston originally. No financial worries.

OCCUPATIONAL and DAYTIME ACTIVITIES:

James Peters Sun Books - likes reading. Goes walking.

Motor mechanics - W. Lothian College - starts January 2014

PERSONAL CARE and DAILY LIVING SKILLS:

Good.

CHILD WELFARE (including Child Protection issues – physical injury, emotional abuse, sexual abuse, neglect)**:**

None.

RELATIONSHIP WITH OTHERS (including current support mechanisms & effect of presenting problems on relationships)**:**

Girlfriend will take him back if he stays clean of drugs & alcohol.

ALCOHOL and ILLICIT DRUG USE (current and past, previous detox programmes/seizures, Methadone, IV use, cigarette smoking, misuse of prescribed medications)

Cannabis - daily Subutex, valium, diazepam. Cigarettes - 10/day.
Alcohol - drinks daily - 3l cider + 1/2 bottle Buckfast.
Says a friend (Jake's ex drug-dealer) gives him Cannabis and subutex "for free".

FORENSIC HISTORY (past and present)

Breaking & entry. Carrying dangerous weapons.
4yrs ago: in prison - Greenock, Barlinnie (5 1/2 months).

- Wanted to join army but wasn't able to because of forensic Hx.
- In TA - for 1yr but had to leave after carrying knife. (this was 5yrs ago).

ADULT EMERGENCY ASSESSMENT
DYKEBAR HOSPITAL

MENTAL STATE EXAMINATION

APPEARANCE & BEHAVIOUR:

Well presented, good standard of personal care.
Eyes very dil. Not under the influence of alcohol.
No withdrawal symptoms.

MOOD & AFFECT (Objective & Subjective):

Says mood is "3/10". Reactive, euthymic.
Not appearing obviously depressed.

SPEECH & THOUGHT FORM:

(N) rate, rhythm, volume.

THOUGHT / CONTENT

No FTD.

PERCEPTUAL ABNORMALITIES:

Not responding to external stimuli.

COGNITION:

Oriented T/P/P.

INSIGHT:

Feels ready to get help with drinking & drugs issues.

INFORMATION GAINED FROM OTHER SOURCES (collaborative information):

CLIENTS EXPECTATION OF REFERRAL/SERVICE (recovery focused):

CARER'S EXPRESSED NEEDS and EXPECTATIONS OF REFERRAL/SERVICE:

ADULT EMERGENCY ASSESSMENT
DYKEBAR HOSPITAL

SUMMARY (including impression, identified strengths and risks):
24yr old man Presented to GP with suicidal ideation. No active planning today. Describes no ongoing issues. Describes mother died 6/52 ago - was fairly close. Wants help to stop drinking.
RELEVANT STRESSORS:
1 Mother death 6/52 ago Alcohol.
PROTECTIVE FACTORS:
. Girlfriend will take him back if he stays sober. . Applied today for college course.
PLAN: . wants to get back to family in Livingstone. . Back to Blue Triangle tonight. . referral to APC for support with ? alcohol problem.
DISCUSSED WITH: on call SpR.
Assessors signatures: G. Hamilton

PRINT& DESIGNATION	
1: G. Hamilton	ITU PHARMACIST
2: C. Dunbar.	CTB.

Mental Health Partnership
Clinical Risk Screening and Management Tool

NHS Greater Glasgow and Clyde

Service Users Name:	CHI N°/DoB:	PIMS N°:
JAMES WEIR	120389 3450.	
Legal Status: Informal ☑ Detained ☐ Community Order ☐	Ward /Dept / CMHT:	

Context of Assessment

On admission ☐ Engagement with Crisis Services ☑ MDT/C.P.A. review ☐
Annual review: ☐ Significant change in presentation/circumstances ☐ Other ☐ specify

Sources of Information

Service user ☐	Carer ☐	Consultant ☐	Other Dr ☐	Occupational Therapy ☐
Named Nurse ☐	Social Work ☐	Psychology ☐	CPN ☐	Voluntary agency worker ☐
Pharmacy ☐	GP ☐	Support worker ☐	Other ☐ specify	

Guidance

This screening form should be completed as fully as possible. It is a clinical judgement when this should take place however as a general guide this may be on admission to hospital or at the point of engagement with secondary mental health services. Thereafter it should be reviewed on a regular basis as pre-determined by the clinical team or as significant changes in circumstances or clinical presentation dictate. It is expected that reviews would routinely take place at multidisciplinary meetings, the point of transition from one aspect of service to another, as part of a planned annual review, at the point of CPA review, at the point of engagement with Crisis Services. In relation to admissions to hospital, the initial screening and formulation of risk should be reviewed at the next multi-disciplinary team meeting.

- Dependant on the information collected consideration should be given to carrying out a more detailed, specific risk assessment e.g. suicide risk assessment.
- This document should form an integral part of a comprehensive mental health assessment and care planning process, and the factors listed are not necessarily in any ranked order.
- This does not attempt to be an exhaustive list of safety issues or risk factors, merely an initial guide informing clinical management.
- The expectation that all safety risks can be predicted is unrealistic, and initial assessment may be based on incomplete information.
- If completed by one person (e.g. out of hours), this assessment should be discussed as soon as is practicable with the Consultant and multi-disciplinary team (including users and carers where appropriate).
- The assessment should include the service user and carer perspective of risk.
- The assessment must take account of parenting responsibilities and contact with children.
- Please refer to the Clinical Risk Screening & Management Policy for guidance.

Screening completed by

Print Name:	Signature:
GEORGE HAND	George Hand
Designation:	Date & Time:
IHAT PRACTITIONER	27.09.13 (19.10)

Mental Health Partnership
Clinical Risk Screening and Management Tool

NHS Greater Glasgow and Clyde

Suicide &/or Self Harm		Violence		Other Risk Factors	
History and Situational Factors					
S1	Mental illness diagnosed or diagnosis uncertain	V1	Previous violent acts	O1	Vulnerable due to learning disability, cognitive impairment or mental illness
S2	Use of violent methods	V2	Use of weapons	O2	History of stalking others
S3	Previous self-harm ✓	V3	Previous admission to secure units	O3	History of social, financial or sexual exploitation of others
S4	Socially isolated	V4	Convictions for violence / assault	O4	History of falls
S5	Past diagnosis of personality disorder,	V5	Past diagnosis personality disorder or psychopathy	O5	History of self-neglect,
S6.	Major physical illness	V6	Alcohol or drug misuse ✓	O6	Lacks basic housing amenities
S7	Alcohol/drug misuse ✓	V7	Male under 35 ✓	O7	Previous fire setting
S8	Family history of suicide	V8	Prior supervision failure	O8	Socially or culturally isolated
S9	Previous treatment non-compliance	V9	Previous treatment non-compliance	O9	Neglect- children or other dependents
S10	Impulsivity	V10	Impulsivity	O10	History of exploitation by others
Short Term or Precipitating Factors					
S11	Planning suicide	V11	Intoxicated	O11	Difficulty communicating needs/views/comprehension difficulties
S12	Access to lethal method	V12	Acute psychosis	O12	Confusion or disorientation
S13	Hopeless / helpless	V13	Violent fantasies	O13.	Sexually disinhibited or aggressive
S14	Recent major loss	V14	Identified target	O14	Significant financial problems
S15	Recent psych hospital discharge	V15	Access to weapons	O15	Current self-neglect
S16	Current or recent treatment non-compliance ✓	V16	Current or recent treatment non-compliance	O16	Current neglect of children or other dependents
Protective Factors					
S17	Willing to respond to advice/carers ✓	V17	Willing to respond to advice ✓	O17	Willing to respond to advice/carers ✓
S18	Has close relationship	V18	Appropriate services available ✓	O18	Appropriate services available ✓
S19	Religious beliefs				

Mental Health Partnership
Clinical Risk Screening and Management Tool

NHS Greater Glasgow and Clyde

Please write N/A if no risks identified or no risk management actions required.

Management plan	Action by:
Suicide/Self Harm - REPORTS THOUGHTS OF SUICIDE NO PLAN OR INTENT. FUTURE FOCUSED WANTS TO STUDY CAR MECHANICS IN EDINBURGH. ALLEGES SIGNED UP FOR 1 YEAR COURSE STARTS JAN 2014. - WANTS TO STOP DRINK & DRUGS AS EX GIRLFRIEND WILL GET BACK c̄ HIM. PLAN 1/ REFER ADC 2/ GIVEN CRISIS NOS	Dr Dunn IHTT
Violence - CLAIMS ~~[illegible]~~ SPENT 5 1/2 MONTHS IN JAIL 5 YEARS AGO FOR POSSESSION OF KNIFE. UNCLEAR IF THIS TRUE DUE TO INACCURATE TIME LINE. PLAN - 1/	
Other Risk Factors - HISTORY CONTRADICTS PREVIOUS HISTORY ~~GIVEN~~ GIVEN IN CRISIS. i.e. CLAIMED IN ARMY IN PAST RECANTS THIS NOW. CLAIMS HAS DEGREE IN ENGINEERING UNCLEAR WHERE ATTAINED AND WHAT NAME OF DEGREE COURSE. PLAN - AS ABOVE	

Outcome of screening/management plan discussed with

Service User ☐	Carer ☐	Consultant ☐	Other Dr. ☐
CPN ☐	Ward Nurse ☐	Social Work ☐	Occupational Therapy ☐
Psychology ☐	Pharmacy ☐	Other ☑ specify On Call SpR.	

Management Plan completed by

Print Name: GEORGE HILL	Signature: [signature]
Designation: IHTT PRACTITIONER	Date & Time: 27.09.13 (19.15).

Mental Health Directorate
Adult Mental Health
The Residences, Flat 1, Block C
Royal Alexandra Hospital
Corsebar Road
PAISLEY, PA2 9PN

Tel. No: 0141 314 6836
Fax No: 0141 314 7420

Date	**18th October 2011**
Dictated	**14th October 2011**
CHI No	**120389-3450**
Our Ref	**SB/BE**
Your Ref	
Direct Line	**0141 314 6836**

PRIVATE & CONFIDENTIAL
Dr Manavavan
Consultant Physician
Acute Medical Unit
Royal Alexandra Hospital

Dear Dr Manavavan

RE: JAMES WEIR (DOB 12.03.89), 23 OXGANGS HOUSE, OXGANGS GROVE, EDINBURGH, EH13 9HE

Mr Weir was referred to liaison psychiatry on 14th October 2011. He had been admitted the previous day following an apparent overdose of Paracetamol, quantities unknown, however his levels were high and he required treatment with Parvolex.

I have seen James on previous occasions when he has been admitted following overdose. He stated that he had joined the army four or five months ago, he was in the 14th Battalion The Royal Infantry and was due to go to Afghanistan next month. He said he did want to change his mind but only if he buys himself out.

James was a somewhat vague historian. He stated that he came to Paisley to break the news to his family that he was going to Afghanistan but they had a party and he could not tell them. Later in the assessment James stated that he had broken up with his girlfriend [redacted] and this was what precipitated the overdose.

At assessment James denied any ongoing thoughts or plans of suicide or self-harm but we did discuss the ongoing risks due to his impulsivity when distressed.

James stated that life had been good, he sees it as "the easy option to take the tablets". He then admitted that he becomes frightened and makes his way to hospital.

As stated James was a vague historian and the accuracy of his history may be questionable. He stated, as mentioned, he joined the army however he was seen by the liaison service in June and there was no evidence of this. He also stated that he had applied for a part time job in a local chip shop where he will get cash in hand and plans to start this next week.

Re: James Weir - 12.03.89 - 3450

He was very distressed about the break-up with his girlfriend [redacted] He said that she was upset as he had been talking to "another female" on facebook. He described her as "the best thing that has ever happened to him". He felt that he had good things going on in his life and denied any ongoing suicidal ideation.

His mental state examination was unremarkable. He had recently styled hair with shaved pattern around it. He had a good standard of personal grooming, he made good eye contact and we established a good rapport. His speech was spontaneous and of normal rate, tone and rhythm. He described his mood as "ok" and he had a reactive affect throughout the assessment. He was regretful of his actions and denied ongoing suicidal ideation or intent and there was no evidence of any formal thought disorder or perceptual abnormality. His cognition appeared intact although this was not formally tested.

We felt he was a twenty-two year old man who had taken an impulsive overdose on a background of recent relationship difficulties. He was regretful of his actions and denied ongoing ideation. We do question the accuracy of his history. There was no evidence of pervasive mood disorder or major mental illness throughout the assessment and he was keen for discharge home.

Following discussion with Dr Helen Anderson, Consultant Liaison Psychiatrist, we have given James, at his request, information on couple counselling. We have also given him details of Crisis telephone helplines. We spent time discussing a safe plan and felt it appropriate that he be discharged home when medically fit.

Please do not hesitate to contact us if you require further information.

Yours sincerely

SANDRA BELL
PSYCHIATRIC LIAISON NURSE

c.c. Dr McKenzie, Craiglockhart Surgery, 161 Colinton Road, Edinburgh. EH14 1BE

ADULT MENTAL HEALTH DIRECTORATE
Dykebar Hospital
Grahamston Road
PAISLEY PA2 7DE
Telephone : 0141-887 9111
Fax: 0141-314 4263

Date	**22 February, 2011**
Dictated	**22 February, 2011**
CHI No	**1203893450**
Our Ref	**AJK/AH**
Direct Line	**0141-314 4295**

PRIVATE & CONFIDENTIAL

Mr. James Weir
34 Candren Road
Ferguslie
Paisley
PA3 1DW

Dear Mr. Weir

Following referral from your GP, an appointment has been arranged for you to see Dr. Alisdair Kinniburgh, Consultant Psychiatrist at his Outpatient Clinic at Dykebar Hospital on

Monday 11th April 2011 at 11.30 a.m.

Please telephone me on 0141 314 4295 on receipt of this letter to confirm your attendance, otherwise I will assume that you do not wish the appointment and it may be offered to the next person on the waiting list.

Yours sincerely

Secretary to Dr. Alisdair J. Kinniburgh
Consultant Psychiatrist

c.c. Dr. A. Latif, The Tannahill Centre, 76 Blackstoun Road, Paisley, PA3 1NT

Intensive Home Treatment Team
Charleston Centre
49 Neilston Road
PAISLEY
PA2 6LY
Telephone: 0141 618 3333

Date: 29th August 2013
Dictated: 29th August 2013
CHI:
Ref: KD/SC

Renfrewshire Council

NHS Greater Glasgow and Clyde

PRIVATE & CONFIDENTIAL
Mr James Weir
Address unknown
Contact numbers unknown
GP unknown

Please be advised the above named gentleman was assessed by Kenny Dock and Wendy Mitchell on behalf of the Intensive Home Treatment Team at A&E, R.A.H. on evening of 28.08.13 at approx 19:00hrs. Mr Weir had attended A&E voicing suicidal ideation with threats to slash his wrists. He reported he was in the army and stated he was from Livingston. He also made a point of noting that he was well known in Paisley, had many siblings here and stated he suffered from Post Traumatic Stress Disorder and required full support and help with alcohol detox. He reports drinking 2 -3 bottles of Buckfast daily.

Following full psychiatric assessment we found that Mr Weir had given us an address that does not exist and incorrect phone number. We were unable to continue with the follow up plan we had offered Mr Weir and we were unable to make contact with him or his family.

Our plan was for Mr Weir to attend Alcohol Problems Clinic on Monday 02.09.13 at 09:30am following discussion with that service and discussion with Dr Douglas, On Call Spr following assessment. Mr Weir was to be discharged home from A&E and at that point he voiced no suicidal ideation plan or intent and was mainly focused on receiving support and help for alcohol addiction. We believe Mr Weir maybe fabricating parts of his life story however has no evidence to support this. He was very vague about many aspects of his life and we could not tie him down to specifics. For example he reported being involved in a house fire 3 – 4 weeks ago. He was not sure how this started and this was why he ended up in a house in Paisley but he was not sure if this house was homeless accommodation or not. He could give no details on the fire.

Please be advised we have made every effort to contact Mr Weir without success including contacted his latest GPs in Livingston and Paisley. Should he re-present to services we think there would be benefit in seeking full clarity around this gentleman's contact details.

Kenny Dock
Senior Intensive Home Treatment Practitioner
Intensive Home Treatment Team

Renfrewshire Council

EMERGENCY ASSESSMENT REQUEST

IHTT TELEPHONE REFERRAL

NHS reater Glasgow and Clyde

F3

Date of Referral: 27.09.13		Time of Referral: 15.30	
Name: JAMES WEIR	Sex: M	DOB: 12.03.89	CHI No: 3450
Home Address: BLUE TRIANGLE FLAT 2/1 94 PAISLEY RD RENFREW Postcode: (Postcodes P1-12& P14 acceptable. P13 excluded) Telephone No: 886 3049 Mobile: Current Location If Different:		GP: DR SHOTTON Address: KINGS INCH RENFREW Telephone No: Next of Kin/Sig Other: Relationship: Address: Telephone No:	

Referrer: DR SHOTTON	Agency: G.P.	Tel No:
Seen in last 24 hours: YES ☑ NO ☐		
Patient known to psychiatric services: YES ☑ NO ☐ NK ☐		
If yes those involved: PREVIOUSLY KNOWN TO DR VIENNIBURGH. (2008 - 2010)		
Legal Status: INF	CPA (Care Manager):	

Reason for Referral/Current Presentation

Presented to G.P. - experiencing suicidal ideation. No identified trigger factor - vague in answers. ?P.T.S.D. - ex army. N/O Alcohol & drug use - but not regular.

* Only transferred to G.P. recently - has been previously known to Community teams (for 1 month) - Johnstone G.P.'s prior to this.

Diagnosis: Previously ?P.T.S.D.

Any children at home: YES ☐ NO ☑

Names:	Gender	D.O.B.	Current location / carer:

History of alcohol abuse: YES ☑ NO ☐ Past ☐ Present ☑

History of drug abuse: YES ☑ NO ☐ Past ☐ Present ☑

If yes, is patient currently under the influence of alcohol/drugs? YES ☐ NO ☑

Alcometer reading (if patient at A&E):

(Consider Public Disorder) CONSIDER ASSESSMENT AT DYKEBAR ☐

KNOWN HISTORY OF AGGRESSION/VIOLENCE :

YES ☐ NO ☑ Past ☐ Present ☐

Details:

Potentially dangerous to others ☐ CONSIDER ASSESSMENT AT DYKEBAR ☐

KNOWN FORENSIC HISTORY :

YES ☐ NO ☑ Past ☐ Present ☐

Details:

Potentially dangerous to others ☐ CONSIDER ASSESSMENT AT DYKEBAR ☐

KNOWN HISTORY OF SELF HARM : YES ☑ NO ☐

(Overdose / cutting / other)

CURRENT SUICIDAL THOUGHT/INTENT/PLAN : YES ☑ NO ☐

WILL PATIENT BE ESCORTED BY POLICE OR AMBULANCE : YES ☐ NO ☐

Assess at Dykebar if yes

HAS REFERRER BEEN INFORMED AND ACKNOWLEDGED THAT PATIENT WILL BE UNSUPERVISED UNTIL START OF ASSESSMENT: YES ☐ NO ☐

Current medication: NIL

Time given for patient to attend: 17.30	Procedure if patient not available for assessment:
Location of assessment: AAU Patient arrival time:	Contact police: Contact referrer in ~~a&e~~: NSAP OR POLICE Advise on call SHO and ward staff: Other:

Allocated assessors:

INFORMED:

Reception Staff: YES ☑ NO ☐ Time: NORTH WARD 15.45

Duty Dr: YES ☐ NO ☐ Time:

Signature: B.G	Date: 27.09.13	Time: 15.45

Renfrewshire Council

Intensive Home Treatment Team
Charleston Centre
49 Neilston Road
PAISLEY
PA2 6LY
Telephone: 0141 618 3333

NHS Greater Glasgow and Clyde

Date: 29th August 2013
Dictated: 29th August 2013
CHI:
Ref: KD/SC

PRIVATE & CONFIDENTIAL
Mr James Weir
12c Nethercraigs Crescent
Paisley
PA2 6BW

file copy.

Dear Mr Weir

Please be advised you have been offered an appointment with Alcohol Problems Clinic on Monday 2nd September 2013 at 09:30am at Dykebar Hospital.

Please advised if you plan to attend. APC can be contacted on 0141 314 4435.

Yours sincerely

Kenny Dock
Senior Intensive Home Treatment Practitioner
Intensive Home Treatment Team

Mental Health Directorate
Adult Mental Health
The Residences, Flat 1, Block C
Royal Alexandra Hospital
Corsebar Road
PAISLEY, PA2 9PN

Tel. No: 0141 314 6836
Fax No: 0141 314 7420

Date	**23 June 2011**
Dictated	**22 June 2011**
CHI No	**120389-3450**
Our Ref	**SB/BE**
Your Ref	
Direct Line	**0141 314 6836**

PRIVATE & CONFIDENTIAL
Dr Weichart
Consultant Physician
AMU
Royal Alexandra Hospital

Dear Dr Weichart

RE: JAMES WEIR (DOB 12.03.89), 34 CANDREN ROAD, FERGUSLIE, PAISLEY, PA3 1DW

This twenty-two year old gentleman was referred to liaison psychiatry on 22 June 2011. He had been admitted the previous day with an overdose of thirty-two Paracetamol and unknown quantities of Thiamine. He may also have taken some Loperamide. He was assessed by my colleague, Dr Sadia Khuram.

James stated that he had had an argument with his mum on the phone. He had been thinking about his father, who died in a RTA two weeks ago. His parents separated and divorced a number of years ago and he had only recently re-established contact with his father.

He felt unwell shortly after taking the overdose and called an ambulance.

At assessment today he was glad to be alive, felt his actions were "very silly", and denied any ongoing ideation.

James became quite verbally aggressive with Dr Khuram and refused to discuss a lot of his difficulties. I then went to see James. He apologised for his behaviour, again denied any ongoing suicidal ideation and was glad to be alive.

I have not detailed James' history as this has been done on previous occasions.

He is currently working as a plasterer (time served) in the Kibble school. He described some of these boys as "being bad", but admits that although he had difficulties in his younger years, his life has moved on.

Re: James Weir - 12.03.89 - 3450

He is now in a relationship with [redacted] they have been together for four months, and he thinks it may have the potential to become a serious relationship.

His mental state was unremarkable, he was sitting appropriately. He was well dressed and had a reasonable standard of personal grooming. He made good eye contact with myself and we established a reasonable rapport. Speech was normal in rate, tone and volume. He described his mood as "good" and he was reactive and euthymic throughout the assessment. There was no evidence of formal thought disorder or perceptual abnormalities. His cognition appeared intact although was not formally tested.

James denies drinking to excess, although this has been a difficulty in the past. We did discuss safe levels of alcohol consumption, he said he was aware of them. He has Crisis numbers from when last seen by the liaison service and we advised him to use these at times of distress. We discussed ongoing risks due to his impulsivity and poor coping strategies. We felt it appropriate he be discharged home when medically fit.

Please do not hesitate to contact us if you require further information.

Yours sincerely

SANDRA BELL
PSYCHIATRIC LIAISON NURSE

c.c. Dr Latif, Tannahill Centre, 76 Blackstoun Road, Paisley

ADULT MENTAL HEALTH DIRECTORATE
Dykebar Hospital
Grahamston Road
PAISLEY PA2 7DE
Telephone : 0141-887 9111
Fax: 0141-314 4263

Date	23 May, 2011
Dictated	17 May, 2011
CHI No	1203893450
Our Ref	MW/AH
Direct Line	0141-314 4295

PRIVATE & CONFIDENTIAL

Dr. A. Latif
The Tannahill Centre
76 Blackstoun Road
Paisley
PA3 1NT

Dear Dr. Latif

Re: James Weir, d.o.b. 12.03.89, 34 Candren Road, Ferguslie, Paisley, PA3 1DW

Mr. Weir was due to attend my Outpatient Clinic at Dykebar Hospital today, Tuesday 17th May 2011. He had an appointment with Dr. Kinniburgh in April this year but unfortunately did not attend. Unfortunately again Mr. Weir failed to attend his appointment and we have had no further contact from him.

At this point in time I have not made any further arrangements for Mr. Weir to be seen at an Outpatient Clinic. However, we would be happy to discuss his presentation and see him again if you were able to make contact with him to establish what is going on.

If you want to discuss this patient further, please do not hesitate to contact ourselves at Dykebar Hospital.

Kind regards.

Yours sincerely

Dr. Mark Webster
ST3 in Psychiatry to Dr. Alisdair J. Kinniburgh
Consultant Psychiatrist

NO APPT GIVEN

Mental Health Directorate
Adult Mental Health

Date	**13 April 2011**
Dictated	**12 April 2011**
CHI	**1203893450**
Your Ref	
Our Ref	**AJK/AJ**
Direct Line	**0141-314 4295**

PRIVATE & CONFIDENTIAL

Dr Latif
The Tannahill Centre
76 Blackstoun Road
PAISLEY.

Dear Dr Latif

RE: James Weir, d.o.b. 12.03.89, 34 Candren Road, Ferguslie, Paisley PA3 1DW.

Thank you for referring James back to the Department of Psychiatry. I remember him very well and would be happy to see him again.

We offered him a one hour new patient appointment on Monday 11 April 2011 but unfortunately he did not attend. We have had no further contact from him. I would be very grateful if you would look into this for me.

Please contact me at Dykebar hospital if you wish to discuss this patient or to arrange another appointment.

Yours sincerely

Dr A J Kinniburgh
Consultant Psychiatrist

Pt attended D'Bar Reception on 4/5/11 to request further appointment.

✓ Mark
17/5/11 @ 11.00 am
appointment card sent + entered on PCSMIS
10/5/11
AH

Dykebar Hospital, Grahamston Road, Paisley PA2 7DE
Telephone : 0141-887 9111 Fax: 0141-314 4263

ADULT MENTAL HEALTH DIRECTORATE
Dykebar Hospital
Grahamston Road
PAISLEY PA2 7DE
Telephone : 0141-887 9111
Fax: 0141-314 4263

Date	22 February, 2011
Dictated	22 February, 2011
CHI No	1203893450
Our Ref	AJK/AH
Direct Line	0141-314 4295

PRIVATE & CONFIDENTIAL

Mr. James Weir
34 Candren Road
Ferguslie
Paisley
PA3 1DW

Dear Mr. Weir

Following referral from your GP, an appointment has been arranged for you to see Dr. Alisdair Kinniburgh, Consultant Psychiatrist at his Outpatient Clinic at Dykebar Hospital on

Monday 11th April 2011 at 11.30 a.m.

Please telephone me on 0141 314 4295 on receipt of this letter to confirm your attendance, otherwise I will assume that you do not wish the appointment and it may be offered to the next person on the waiting list.

Yours sincerely

Secretary to Dr. Alisdair J. Kinniburgh
Consultant Psychiatrist

c.c. Dr. A. Latif, The Tannahill Centre, 76 Blackstoun Road, Paisley, PA3 1NT

WEIR, JAMES THOMAS, CHI: 1203893450, Date of Referral: 09 Feb 2011, General Psychiatry (Mental Illness)

FL

Hospital Use Only	Clinic	Day Date	Time	Hospital No.
	Dr. Kinnibergh			

REFERRAL LETTER
MEDICAL IN CONFIDENCE

REFERRAL TO

General Psychiatry (Mental Illness) G1
AC MH Single Pt Entry 16 - 65y

—— Consultant / receiving practitioner and/or specialty clinic

C403H Dykebar Hospital
Grahamston Road
Paisley
PA2 7DE

—— Hospital and hospital address

Hospital unit number

Telephone number

Urgency of Referral: ***Non Urgent***

Priority Reason:

Mr Non Urgent 11/4/11 @1L30

PATIENT DETAILS

Surname	WEIR
Forename(s)	JAMES THOMAS
Title	Mr
Sex	Male
Date of Birth	12 Mar 1989
CHI No.	1203893450
Prev Surname	
Marital Status	Single

Address

34 CANDREN ROAD
FERGUSLIE
PAISLEY
RENFREWSHIRE

PA3 1DW

Contact Number(s)

0141 848 9148

REGISTERED GP DETAILS

Name	Dr A Mahmood		
GMC code	3000515	GP code	34444
Practice name	The Doctors Surgery		
Practice code	87485		

Practice Address

The Tannahill Centre
76 Blackstoun Road
Paisley
PA3 1NT

Contact Number(s)

0141 889 7631
0141 314 0528

REFERRING PRACTITIONER DETAILS

Name	Dr. Abdul Latif		
GMC code	1428218	GP code	38695
Practice name	THE TANNAHILL CENTRE (87485)		
Practice code	87485		
Referred By			

Practice Address

76 Blackstoun Road
Paisley

RECEIVED 10 FEB 2011

Contact Number(s)

0141 889 7631

Date Printed : 10 February 2011

CLINICAL INFORMATION

Presenting Complaint

Main Presenting Complaint	depression
Presenting Complaint Comm	This gentleman was assessed by Dr. Kinniburgh at Dykebar hospital last year. He was discharged because he missed a few appointments as he was in prison. He is now depressed, agitated, homeless and under the care of social worker Alison Kane (842 4170). He consulted me on 10.01.2011 and his PHQ9 score was 17. He was started on citalopram 20mg daily. There is a past history of ADHD and he was prescribed Concerta last year but to my knowledge he is not taking this and even compliance with antidepressants is not satisfactory. A photocopy of the letter addressed by Dr. Kinniburgh is enclosed. I would be grateful if he is seen and advised.

Risks / Alerts

Lifestyle Risks

Alcohol History

Description	Date
Stopped drinking alcohol	04 Nov 2010
Teetotaller	30 Dec 2008
Teetotaller	05 Jan 2007
Teetotaller	07 Sep 2005

Smoking History

Description	Date
Never smoked tobacco	04 Nov 2010
Never smoked tobacco	12 Aug 2009
Never smoked tobacco	30 Dec 2008
Never smoked tobacco	05 Jan 2007
Never smoked tobacco	15 Mar 2006

Exercise History

Description	Date
Enjoys moderate exercise	05 Jan 2007
Enjoys moderate exercise	07 Sep 2005

History (Examinations)

Duration of symptoms in weeks ongoing

Risk Assessment

Degree of Risk of Suicide	0 - No suicidal thoughts
Past history of suicide attempt	Unknown
Risk FROM Others	Unknown
Risk TO Others	Unknown
Risk of self neglect	Unknown
Risk to children	Unknown
Risk of wandering and/or falls	Unknown
Challenges to services	Unknown

Cognitive Impairment

Cognitive Impairment Score	Not applicable

Reason for Referral

Referral Reason	Not Specified
Referral Type	Out Patient
Expected Outcome	Not Specified

CLINICAL INFORMATION

Other Recent Medication (Any medication issued within last 158 days not shown above)

Drug Name	Preperation	Doseage / Frequency	Quantity	Date Started	Last issued
Ibuprofen	TABS 400MG	1 Tab 3 times daily	24	09 Feb 2011	09 Feb 2011
Citalopram	TABS 20MG	1 Tab Daily disp weekly	28	09 Feb 2011	09 Feb 2011
Citalopram	TABS 20MG	1 Tab Daily disp weekly	28	10 Jan 2011	10 Jan 2011
Citalopram	TABS 20MG	1 Tab Daily disp weekly	28	09 Dec 2010	09 Dec 2010
Citalopram	TABS 20MG	1 Tab Daily disp weekly	28	17 Nov 2010	17 Nov 2010
Citalopram	TABS 20MG	1 Tab Daily disp weekly	28	04 Nov 2010	04 Nov 2010
Nicotinell Tts 30	21mg/24 Hours PATCH	use as directed	7	04 Nov 2010	04 Nov 2010

Pre-existing Conditions (High and Medium Priority)

Condition Name	Extension	Modifier	Start Date	Date Recorded
Neurotic depression reactive type			17/01/2011	
Minor head injury				
[X]RTA - Road traffic and other transport accidents		Hosp. Admitted		
Closed fracture proximal tibia, lateral condyle (plateau)		Right		
Closed fracture shaft of fibula		Right		
[X]Attention deficit hyperactivity disorder				
Intoxication - alcohol				
Overdose of drug	paracetamol			
Overdose of drug	paracetamol			
Cause of overdose - accidental	paracetamol for toothache			
Alcohol problem drinking				
Intoxication - alcohol				
Collapse - symptom	alcohol related			
Behavioural problem	on Ritalin.			

Family history (Conditions - High and Medium Priority)

Condition Name	Modifier	Extension	Relation to Patient	Date Recorded
No FH: Ischaemic heart disease				05 Jan 2007
No family history diabetes				05 Jan 2007

Signature of referring doctor (or other professional) Date

ADULT MENTAL HEALTH DIRECTORATE
Dykebar Hospital
Grahamston Road
PAISLEY PA2 7DE
Telephone : 0141-884 5122
Fax: 0141-884 7162

NHS
Greater Glasgow and Clyde

Date	12 November 2009
Dictated	11 November 2009
CHI No	1203893450
Our Ref	AJK/AJH
Direct Line	0141-314 4295

PRIVATE & CONFIDENTIAL

Dr. A. Mahmood
The Tannahill Centre
76 Blackstoun Road
Paisley
PA3 1NT

Dear Dr. Mahmood

Re: James Weir, d.o.b. 12.03.89, 34 Candren Road, Paisley, PA3 1DW

I reviewed James at Dykebar Hospital on 11.11.09. He attended with a worker from Throughcare, but came into the interview on his own. His self care was good and his mood euthymic. His life seems to have been going well in the last 2 months or so. He has met a girlfriend and he has been accepted at a Glasgow College to student motor mechanics. He says that he has not drank since meeting his girlfriend and he is even contemplating ceasing his involvement with Throughcare and finding a flat for himself. He is no longer on Concerta and he did not request any medication. He has not been in any further trouble but this seems to have been because of luck rather than good behaviour. He told me how he was with a gang of young people recently and threw a brick through a window. He told me that he was extremely drunk at this time and when I asked him to reflect on this, he did seem to regret his actions and, at least superficially, show remorse. I continue to be concerned in view of information from his previous Throughcare worker, Linda. Although nearly 21 he seems to functioning at a less mature level. Although things may have changed for the better since he met his girlfriend, he seems still to be showing poor judgement. He reason for signing up for a motor mechanic course was mainly that the course is at the same college as his girlfriend and he would be able to see her regularly. He also spoke of a "friend" who is a teacher letting him practise driving in his car. Whether this friend actually exists or whether James is again making more of a relationship than is actually there I am not sure.

NHS
Greater Glasgow and Clyde

Letter to GP, Dr. A. Mahmood, The Tannahill Centre, 76 Blackstoun Road, Paisley, PA3 1NT
Re: James Weir, d.o.b. 12.03.89, 34 Candren Road, Paisley, PA3 1DW

He was his usual pleasant, polite self. He uses a good vocabulary at times and seems to be reasonably intelligent. Interestingly, he stated that he wanted to continue to see me and I have given him another appointment for 3 months time.

Yours sincerely

Dr. Alisdair J. Kinniburgh
Consultant Psychiatrist

Tel: 0141 842 4077
Fax: 0141 842 4136
Our Ref:
Your Ref:
Contact: Allison Kane
Date: 25 January 2011

Renfrewshire Council
Social Work
Director: Peter Macleod

Dr Kinniburgh
Consultant Psychiatrist
Dykebar Hospital
Grahemstone Road
PAISLEY
PA2 7DE

Dear Dr Kinniburgh

Re James Weir, d.o.b. 12/3/89

I understand that James was referred to your service in 2009 and that your involvement with him ended in 2010 when he received a custodial sentence.

I am currently supervising a Probation Order imposed in relation to James at Paisley Sheriff Court on 25 August 2010. Shortly after his appearance at Court James moved to live in Yorkshire however he has now returned to the Paisley area. He reports that he continues to have difficulty managing feelings of anger and frustration and advises that he can be very impulsive. James reports that he felt the benefit of the contact he had with you. I am writing to ask if you could advise of the circumstances in which he was referred to you and the work undertaken. If you consider a re-referral to be appropriate, could you advise if this has to be arranged via his G.P.

Yours sincerely

Happy to see him
Will need re referred by GP

Allison Kane
Social Worker

NHS GREATER GLASGOW & CLYDE
CLYDE DIVISION

MENTAL HEALTH DIRECTORATE
(RENFREW)
DYKEBAR HOSPITAL
GRAHAMSTON ROAD
PAISLEY PA2 7DE
TELEPHONE: 0141-884 5122
FAX: 0141-884 7162

IF TELEPHONING, PLEASE ASK FOR

Dr. A. Kinniburgh

DATE: 15/1/10

Dear Dr. Mahmood

Re: JAMES WEIR

I saw your patient at the out patient clinic on

I would be grateful if you could prescribe the following medication:

Rx CONCERTA XL 18mg daily x 1 week
Then " 36mg " x 1 week
Then " 54mg and continue
at this dose

Please contact me if James does not pick up prescriptions

A letter containing further details will follow.

Yours sincerely

Alasdair Kinniburgh

ADULT MENTAL HEALTH DIRECTORATE
Dykebar Hospital
Grahamston Road
PAISLEY PA2 7DE
Telephone : 0141-884 5122
Fax: 0141-884 7162

Date	4 February, 2010
Dictated	3 February, 2010
CHI No	1203893450
Our Ref	AJK/AH
Direct Line	0141-314 4295

PRIVATE & CONFIDENTIAL

Dr. A. Mahmood
The Tannahill Centre
76 Blackstoun Road
Paisley
PA3 1NT

Dear Dr. Mahmood

Re: James Weir, d.o.b. 12.03.89, 34 Candren Road, Paisley, PA3 1DW

I am writing to inform you that James failed to attend a review appointment at Dykebar Hospital on the 3rd February 2010. I recently saw him for a Court Report in relation to a number of offences from last year. I have subsequently learned from his Social Worker that he has received a significant custodial sentence. I plan to discharge him from the clinic at this point. Please refer him back to Dykebar Hospital should the need arise.

Yours sincerely

Dr. Alisdair J. Kinniburgh
Consultant Psychiatrist

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: AH/IP/CHI 12.03.89
3450

Alcohol Problems Clinic

Date: October 23, 2009

Appointments - 0141 314 4435

Dictated: 23.10.09
Typed: 23.10.09

PRIVATE & CONFIDENTIAL
Dr. A. Latif,
Tannahill Surgery,
76 Blackstoun Road,
Paisley.

Dear Dr. Latif,

James Weir, dob 12.3.89, 34 Candren Road, Paisley PA3 1DW.

The above gentleman did not attend his appointment at the Alcohol Problems Clinic on 6.10.09. As he has made no contact, no further appointment will be offered at this stage. We will of course be happy to see him in the future should the need arise if he is willing to attend.

Yours sincerely,

Isobel Prior (Mrs.)

Secretary
Alcohol Problems Clinic

c.c. Dr. A. J. Kinniburgh, Consultant Psychiatrist, Dykebar Hospital, Paisley.

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: PC/AB/CHI 12.03.89
3450

Date: October 07, 2009

Alcohol Problems Clinic

Appointments - 0141 314 4435

Dictated:
Typed: 07.10.09

PRIVATE & CONFIDENTIAL
Dr A J Kinniburgh
Consultant Psychiatrist
Dykebar Hospital

Dear Dr Kinniburgh,

James Weir dob 12.03.89, 34 Candren Road, Paisley PA3 1DW

The above gentleman did not attend his appointment at the Alcohol Problems Clinic today 6th October 2009 at 3.30pm.

Please advise if you would like us to send another appointment.

Yours sincerely,

Patricia Curran
Senior Nurse
Alcohol Problems Clinic

c.c. Dr. A. Latif, Tannahill Surgery, 76 Blackstoun Road, Paisley.

ADULT MENTAL HEALTH DIRECTORATE
Dykebar Hospital
Grahamston Road
PAISLEY PA2 7DE
Telephone : 0141-884 5122
Fax: 0141-884 7162

Date	10 September, 2009
Dictated	10 September, 2009
CHI No	1203893450
Our Ref	AJK/AH
Direct Line	0141-314 4295

PRIVATE & CONFIDENTIAL

Dr. A. Latif
The Tannahill Centre
76 Blackstoun Road
Paisley
PA3 1NT

Dear Dr. Latif

Re: James Weir, d.o.b. 12.03,89, 34 Candren Road, Paisley, PA3 1DW

I am writing to inform you that James failed to attend a review appointment at Dykebar Hospital on the 9th September 2009. I will send him one further appointment in the hope that he attends.

Yours sincerely

Wed 11/11/09
@ 11.50 am

appt'mt card sent
+ entered on
PCSMR
10/9/09
AH

Dr. Alisdair J. Kinniburgh
Consultant Psychiatrist