SilverCloud

NHS
Greater Glasgow and Clyde

Our Ref: SH
Job ID: 100368190
Date: 29/08/2023

PRIVATE & CONFIDENTIAL

Dr EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Enquiries to: NHS GG&C cCBT Service
Tel: 0141 287 0295

Email: cCBT@ggc.scot.nhs.uk
www.nhsggc.org.uk

Dear Dr McLellan

Patient: Janice Nichol
CHI No: 1204746028

Thank you for your referral of the above patient to the SilverCloud programme.

Unfortunately they did not register on the programme after 28 days, therefore we have decided to disable their account.

Although I have discharged them from the service they can be re-referred by you at any time.

If you have further questions about your patient's treatment, SilverCloud or the cCBT service, please do not hesitate to contact us.

Yours sincerely

Stephanie Holmes
cCBT Team
NHS Greater Glasgow and Clyde Computerised CBT Service

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC cCBT SilverCloud Programmes

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Computerised Cognitive Behaviour Therapy (cCBT)
GGC cCBT SilverCloud

— **Consultant / receiving practitioner** and/or **specialty clinic**

Other Mental Health Services
SCI Gateway Virtual Location Code
NHS Greater Glasgow & Clyde

— **Hospital** and **hospital address**

Hospital location code.
G005G

Email address
-

Urgency of referral Routine
Date of referral 24-Jul-2023 **Date sent** 24-Jul-2023

PATIENT DETAILS

Surname	Nicol
Forename(s)	Janice
Title	Mrs
Sex	Female
Date of birth	12-Apr-1974
CHI no.	1204746028
Area of Residence	-

Patient's address

161 Barrowfield Street
Glasgow
Glasgow
G40 3QZ

Contact number(s)

Voice: 01415565836
Voice: 07502578711

1010302561423 Unique Care Pathway Number: 1010302561423

REGISTERED GP DETAILS

Name	Dr Elaine McLellan		
GMC code	3257740	GP code	09831
Practice name	Bridgeton Health Centre		
Practice code	46555		

Practice address

201 Abercromby Street
Glasgow
G40 2DA

Contact number(s)

Voice: 0141 531 6630
Facsimile: 0141 531 6626

REFERRING GP DETAILS

Name	Dr P Shepherd		
GMC code	7446701	GP code	-
Practice name	-		
Practice code	46555		

Practice address

Contact number(s)

-

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint
Description: cCBT SilverCloud
Comment: Anxiety with depression.

Reason for referral
Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history

Current medication (Active Repeat medication issued within the last 12 months)
No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)
No recent medications recorded

Blood Pressure
No Blood Pressures Recorded

Body Measurements
No Body Measurements Recorded

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Does the patient suffer from mild or moderate depression and/or anxiety?:Yes
Patient would like to complete cCBT for:Comorbid Depression & Anxiety
Patient Email address::jamesnicol19@gmail.com
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) Other Background

Signature of referring doctor (or other professional) **Date**

Susanne Millar
Interim Chief Officer

Our Ref: KH
Job ID: 100026865
Date: 02/04/2021

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Dr EM McLellan
Abercromby Practice
Bridgeton Health Centre
201 Abercromby Street
Glasgow
G40 2DA

Mental Health
Stobhill Hospital
Nevis Building
133 Balornock Road
Glasgow
G21 3UW
sPrefPhoneNo EXT: sPrefExtension

www.nhsggc.org.uk

Dear Dr McLellan

RE: Janice Nichol DOB: 12/04/1974 CHI: 1204746028
Address: 161 Barrowfield Street, Glasgow, G40 3QZ

CHI No:	**1204746028**	**Date:**	02.04.2021
Surname:	**Nichol**	**Date of Birth:**	**12/04/1974**
First Name:	**Janice**	**Gender:**	F
Address & Post Code:	**161 Barrowfield Street, Glasgow, G40 3QZ**		
Phone No:	07502578711	**Legal Status (MHA, AWI, Guardianship):**	Informal
Ethnicity:	White	**Nationality:**	Scottish
Consent to sharing info:			
Communication needs:			
Next of Kin / Carer contact details:			

Alerts *(history of violence, offending history)*
Nil
Reason for referral *(referrer's reason[s] for requesting assessment)*

NHS24 referral to MHAU citing low mood and suicidal ideation. Has been drinking alcohol overnight. Initially discussed over the phone however agreed to come to Stobhill MHAU for face-to-face assessment as was unable to agree to safety plan over the phone. Escorted to MHAU by son who remained in the car outside building during assessment.

Reason for attendance *(Description of individuals main concerns, their perceptions of difficulties and hopes from the service)*

Seen at Stobhill MHAU ta 11:50am by Kathleen Hutchison, Unscheduled Care Nurse, and Bernadette Glover, Senior Unscheduled Care Nurse.

Reporting low mood in past few weeks which then hit crisis point last night when her daughter disclosed past childhood abuse perpetrated by Janice's mother – who also abused Janice in her childhood. Janice reports then experiencing suicidal thoughts with vague thoughts of "jumping from the nearest bridge" however no active plan or intent disclosed. Family are protective factors against acting on suicidal thoughts. Denies experiencing suicidal thoughts in the past. Helpseeking and future focussed. Janice refers to suicidal thoughts as means of "escape" and explains that she is overwhelmed with the responsibilities she has as a mum/wife and support system for her entire family. She explains that her family all turn to her for support and that Janice is very much viewed as the "rock" of the family.

Janice stated she is an "alcoholic" and is keen for support with her alcohol misuse. She has been misusing alcohol for 10+ years and mainly consumes lager and sometimes vodka. Has had one period of sobriety which lasted 11 days and ended in past 24 hours when Janice was invited to her daughters for "a drink" and consumed 1+ bottle of vodka. She began drinking at 5 or 6pm and stopped drinking at approximately 9am – a short while prior to calling NHS24 and engaging with MHAU.

Janice has significant caring responsibility for her husband who is living with a brain injury for the past few years following a case of encephalitis. Janice reports feeling guilt over her husbands' disability and she explains that she "thought he was tired" for a few days and feels she failed to spot that he was seriously unwell. She reports that he has memory issues and that he require help with personal care. Janice does not with for support with this and is keen to continue to provide this support for her husband herself.

Janice reports a turbulent upbringing in which she had involvement with social services and was looked after in care services due to physical and emotional abuse perpetrated by Janice's mother and also sexual abuse perpetrated by Janice's brother. Janice has not seen her mother since her sisters funeral in 2011 and describes her mother as "evil".

Psychiatric history *(previous/ongoing mental health problems, diagnoses and interventions, via GP or mental health services, and their impact; h/o self harm/attempted suicide; previous admission/detentions)*

No history of involvement with mental health services.
Self reports 10 year history of alcohol misuse with no involvement with ADRS.
Self reports previous overdose 20+ years ago.

Family history of mental illness – sister completed suicide 10 years ago and was reportedly diagnosed with paranoid schizophrenia. Sister reportedly had several inpatient admissions to Stobhill and was on anti-psychotic medications.

Susanne Millar
Interim Chief Officer

Current medication details as given by individual *(prescribed, over-the-counter, complementary, drug allergies)*				
Medication	**Dose**	**Frequency**	**Duration**	**Response**
Allergies:				
Dispensing frequency:		**Medication concordance:**		

Any children/ dependents under the age of 18?				
	Child 1	**Child 2**	**Child 3**	**Child 4**
Name				
Age				
Address if different:				
Child protection concerns/agencies involved:				

Impact of mental health on parenting and/or potential risk to children:
N/A - children are now adults in 20s.
Description of functioning before current difficulties:
Longstanding alcohol misuse and childhood trauma which was triggering factor to current distress episode. High functioning although becoming increasingly overwhelmed with this.
Substance use: *(caffeine, alcohol, tobacco, non-prescribed drugs, novel psychoactive substances)*

Pattern of current use	Consumed 1 bottle, or more, of vodka overnight whilst with daughter and cousin.
Impact on individual	Daily consumption. Low mood.
Previous history	Reports ceasing cannabis use 6 months ago for financial reasons. Was previously using £200-300 weekly. 10+year history of alcohol misuse.

Susanne Millar
Interim Chief Officer

Mental State Examination:	
Appearance	Attended MHAU in nightwear including slippers and fluffy housecoat.
Behaviour	Not overtly intoxicated. No abnormal behaviour observed during assessment. Reports poor sleep. High functioning and has large caring role for husband and adult children.
Mood & Affect	Reports low mood. Tearful at times during assessment when discussing childhood trauma and her daughters' trauma. Responds to humour. Appeared overwhelmed currently with stressors and responsibilities to family.
Speech	Greatly normal in tone, rate and rhythm. Minimal evidence of intoxication in voice.
Thought form	Able to maintain line of thought and provide detailed answers. No evidence of thought disorder noted.
Thought content	Largely dominated by low self-esteem and perceived guilt over life experiences and that of her family.
Perceptions	No evidence of perceptual abnormality. Has negative perception of self and marked low self-esteem.
Cognition	No evidence of cognitive impairment.
Insight	Has insight into distress and keen to engage with services.
Carers / Next of Kin / others views, concerns and expectations from services	
Additional notes:	

Summary

Name: Janice Nichol	**CHI: 1204746028**
Summary of assessment *(Key findings, relevant negatives, initial formulation considering predisposing, precipitating, perpetuating and protective factors)*	
NHS24 referral to Stobhill MHAU citing low mood, suicidal thoughts and consuming alcohol overnight. Period of distress overnight following daughter disclosing childhood abuse perpetrated by Janice's mother – who also abused Janice as a child. Janice then began experiencing suicidal thoughts and sought help via NHS24. Voiced suicidal thoughts with vague plan of "jumping form nearest bridge" however no active plan or intent voiced. Described suicidal thoughts as means of "escape" and explains feeling	

overwhelmed with stressors at the moment. Experiences significant guilt over daughters past trauma and also regarding husbands' brain injury. Children, grandchildren and husband are protective factors. When asked if can maintain own safety she responded "definitely". Help seeking and future focussed. Has significant caring role for husband and adult children (3 children live with her currently). High functioning. Does not want help with caring role for husband who requires support with personal care and ADLs. Feels ready to address alcohol misuse and keen to engage with services regarding this. Reports drinking "heavily" every day (lager and vodka) prior to recent 11 day period of sobriety which ended in past 24 hours. Also previous used cannabis (£200-300 weekly) until 6 months ago when she stopped for financial reasons. Wishes to commence antidepressant to tackle low mood she has been experiencing over past few weeks and has deteriorated since last night.
Overall impression of risk *(CRAFT to be completed separately)*
Suicidal thoughts during distress period. No current plan or intent to act on same. Agreed to maintain own safety. Lives with 3 adult children and husband who are supportive. Family are protective factors. Help seeking. Future focussed. Risk to physical health due to alcohol misuse and wishing to stop same – advice given regarding this and plans on engaging with ADRS.
Immediate actions *(including information provided)*
Accepting of worsening advice – aware to contact NHS24. Given safety advice on alcohol use – advised of withdrawal symptoms and to avoid ceasing alcohol use abruptly. No current evidence of withdrawal symptoms.
Outcome of MDT discussion/ Treatment plan *(including follow up arrangements if relevant)*
Keen to commence anti-depressant. MHAU staff to contact GP on Tuesday (due to bank holiday weekend) and highlight assessment and Janice's wish to commence antidepressant medication. MHAU staff to call Janice following same to update her (note written in MHAU staff diary requesting same action). Janice to self refer to ADRS – feel ready to engage with this and recognises she requires support with this. No further role at this time for MHAU beyond this.

Primary Diagnosis:	
Any additional diagnoses:	
Suitable for psychological therapies (Y/N):	

Name:	Kathleen Hutchison	**Designation:**	Unscheduled Care Nurse
Signature:		**Date:**	02.04.2021

Yours sincerely

Kathleen Hutchison

Susanne Millar
Interim Chief Officer

Unscheduled Care Nurse

Authorised on 02/04/2021 14:15:28 by Kathleen Hutchison.

Glasgow City
Community Health Partnership
North East Sector

NHS
Greater Glasgow and Clyde

East Glasgow PCMHT
Carswell House
5-6 Oakley Terrace
Glasgow
G31 2HX

Private & Confidential

Dr Burns
Parkhead Health Centre
101 Salamanca Street
Glasgow
G31 5BA

Date Typed: 18th July 2013
Our Ref: BMD/CM
Phone: 0141 342 3200
Fax: 0141 232 0132

Dear Dr Burns

Re: Janice Nichol CHI: 1204746028
161 Barrowfield Street, Glasgow, G40 3QZ

The above patient self-referred to our service and was given a telephone appointment time for Monday, 15th July 2013 @ 9.30am.

They failed to reply to this call and in line with the advice given when the appointment was arranged, we are now discharging them from our service.

Please do not hesitate to advise them to self-refer again if appropriate.

Yours sincerely

Bernadette MacDonald
Mental Health Practitioner