EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE
PARTNERSHIP

East Renfrewshire Council

NHS
Greater Glasgow and Clyde

STRICTLY CONFIDENTIAL

Dr Aziz
Oaks Medical Practice
Barrhead Health and Care Centre
213 Main Street
Barrhead
G78 1SW

East Renfrewshire Community
Mental Health Team
Barrhead Health and Care Centre
213 Main Street
Barrhead
G78 1SW

Date Dictated: 23 October 2018
Clinic Date: 16 October 2018
Date Typed: 26 October 2018

Main Telephone: 0141 800 7809
Dr Holmes Team: 0141 800 7841
Dr Summers Team: 0141 800 7842
Dr Carrick Team: 0141 800 7845
Fax: 0141 880 4782

Our Ref: JS/AG

Dear Dr. Aziz,

CRAIG PALMER CHI 2707683094
104 CROSSMILL AVENUE BARRHEAD G78 1AX

Diagnosis: **Moderate Depression**
Medication: **Mirtazapine 45mg nightly**
Follow-up: **Now discharged from medical out-patient clinic**

I reviewed the above named in my clinic at Barrhead Health and Centre on 16 October 2018. Once again he was accompanied by his partner, [redacted]

He described a slight improvement since last seeing him, which was confirmed by [redacted] She said that he had been speaking slightly more and had also been out and about on a few occasions. At the same time, Craig himself said very little at the appointment, although his mood was more reactive than previously.

I asked him how his birth mother was getting on in Dundee but he said that he had no contact with her and no other information from family. He said that he would still like to see her, but had not been able to do anything about that. [redacted] said she might telephone his brother or write to his mother and take it from there. I had a discussion with him that inevitably all that will likely continue being a source of stress for him.

When I initially saw him, he had also been feeling stressed about his benefit payments, but he let me know, with the letter of support I had sent him, that had now been sorted out and so at least that had been one less concern for him.

He said about a month previously, following attending the Health Centre, he had had his Mirtazepine increased to 45mg nightly which coincided with the dose on his ECS. He thought that had been helping him slightly more and therefore I simply advised him to continue with it.

Given all of the above, I thought that he was probably progressing as well as possible and he was agreeable to being discharged from my clinic. At the same time, I advised he could always be referred again in the future as necessary.

Yours sincerely

Dr John Summers,
Locum Consultant Psychiatrist

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G78 1SW

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Barrhead Health and Care Centre
213 Main Street
Barrhead
G78 1SW

Date Dictated: 05.09.2018
Clinic Date: 28.08.2018
Date Typed: 07.09.2018

Main Telephone: 0141 800 7809
Dr Holmes Team: 0141 800 7841
Dr Summers Team: 0141 800 7842
Dr Carrick Team: 0141 800 7845
Fax: 0141 880 4782

Our Ref: JS/EC

Dear Dr. Aziz,

CRAIG PALMER CHI 2707683094
104 CROSSMILL AVENUE BARRHEAD G78 1AX

Diagnosis: Moderate Depression

Medication: Mirtazapine 15mg nocte

The above named had an appointment for my clinic in Barrhead Health & Care Centre on 28 august 2018 but did not attend. A further appointment will be sent to him for 16 October 2018.

Yours sincerely

Dr John Summers, Locum Consultant Psychiatrist

COPY

Ref: JS/EC
CHI: 270 768 3094

Date: 28 August 2018

PRIVATE & CONFIDENTIAL

Mr Craig Palmer
104 Crossmill Avenue
Barrhead
Glasgow
G78 1AX

Dear Mr Palmer

A follow up appointment has been made for you to be seen as follows:

Date:	**16-Oct-2018**
Time:	**10:30am**
Appointment with:	**Consultant Veena Math**
Location:	**Dr John Summers - AMHT, 1st Floor, Barrhead Health & Care Centre**
Contact details:	**0141 800 7841**

If this appointment is not suitable, please telephone the above number so alternative arrangements can be made.
If we have your up to date mobile number a text reminder stating "You have an NHS appointment" will be sent to you.

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 sincerely

Team Medical Secretary

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East Renfrewshire Community
Mental Health Team
Barrhead Health and Care Centre
213 Main Street
Barrhead
G78 1SW

Date Dictated: 14/08/28
Date Typed: 15/08/18

Main Telephone: 0141 800 7809
Dr Holmes Team: 0141 800 7841
Dr Summers Team: 0141 800 7842
Dr Carrick Team: 0141 800 7845
Fax: 0141 880 4782

Our Ref: JS/ME

To Whom it May Concern

CRAIG PALMER CHI 2707683094
104 CROSSMILL AVENUE BARRHEAD G78 1X

I act as the Consultant Psychiatrist for the above named.

Mr Palmer attends my outpatient clinic because of longstanding, severe mental health difficulties, especially marked depressive symptoms which result in him mainly being confined to home and having great difficulty caring for himself. He, at times, can also have thoughts of life not being worth living.

Given all of this, he has therefore had to rely greatly on his partner for support over the years, including supervising his medication to help him take it regularly.

All of this is despite attending my clinic and also engaging well with treatment including being prescribed regular antidepressant medication.

When I last reviewed him in my clinic on 26/06/18, he informed me that he has recently been found fit for work and also intends reapplying re his benefit payments. This is to highlight, given all of the above, he would simply not be well enough to work, and furthermore, I would be grateful if the extent of his mental health difficulties could be taken into consideration as part of his benefit payments reassessment.

Yours faithfully

Dr John Summers
Locum Consultant Psychiatrist

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213 Main Street
Barrhead
G78 1SW

East Renfrewshire Community
Mental Health Team
Barrhead Health and Care Centre
213 Main Street
Barrhead
G78 1SW

Date Dictated: 26.06.2018
Clinic Date: 26.06.2018
Date Typed: 27.06.2018

Main Telephone: 0141 800 7809
Dr Holmes Team: 0141 800 7841
Dr Summers Team: 0141 800 7842
Dr Carrick Team: 0141 800 7845
Fax: 0141 880 4782

Our Ref: JS/EC

Dear Dr. Aziz,

CRAIG PALMER CHI 2707683094
104 CROSSMILL AVENUE BARRHEAD G78 1AX

Diagnosis: **Moderate Depression**

Medication: **Mirtazapine 15mg nocte**

Follow up: **28 August 2018 at 11am**

I reviewed the above named in my clinic in Barrhead Health & Care Centre on 26 June 2018. As at his initial appointment, he was joined by his wife, [redacted]

Both of them thought that there had been a slight improvement in his mood since last being seen, which they both attributed to the effect of changing Fluoxetine to Mirtazapine 15mg nocte. He said that he had been feeling less stressed, sleeping better and therefore less irritable. He thought the dose of 15mg nocte was adequate and wanted to continue with that for the time being, especially because of a concern about being over-sedated taking a higher dose.

I had a further discussion with him about his biological mother and he said that unfortunately he has had little further contact with her, but understands that she continues to be treated for a terminal illness at home in Dundee.

He also let me know, since I last saw him, that his benefit payments have still to be sorted out and he is still regarded as well enough to work, despite my letter of support describing him as currently unfit for work. I therefore simply advised him to attend the Citizen's Advice Bureau or Welfare Rights, taking my letter along with him.

I had a discussion with him about trying to take further small steps to feel better, such as taking more of an interest in his garden and gave him a further appointment to be seen again as described above. I also let him know that might represent an appropriate time to discharge him, although that may of course depend on how his biological mother gets on in the meantime.

Yours sincerely

Dr John Summers, Locum Consultant Psychiatrist

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East Renfrewshire Community
Mental Health Team
Barrhead Health and Care Centre
213 Main Street
Barrhead
G78 1SW

Date Dictated:24/05/18
Clinic Date:23/05/18
Date Typed:05/06/18

Main Telephone: 0141 800 7809
Dr Holmes Team: 0141 800 7841
Dr Summers Team: 0141 800 7842
Dr Carrick Team: 0141 800 7845
Fax: 0141 880 4782

Our Ref: JS/KB

To Whom it May Concern

CRAIG PALMER CHI 2707683094
104 CROSSMILL AVENUE BARRHEAD G78 1X

I act as the Consultant Psychiatrist for the above named.

Mr Palmer attends my outpatient clinic because of longstanding, severe mental health difficulties, especially marked depressive symptoms which result in him mainly being confined to home and having great difficulty caring for himself. He, at times, can also have thoughts of life not being worth living.

Given all of this, he has therefore had to rely greatly on his partner for support over the years, including supervising his medication to help him take it regularly.

All of this is despite attending my clinic and also engaging well with treatment including being prescribed regular antidepressant medication.

When I last reviewed him in my clinic on 23/05/18, he informed me that he has recently been found fit for work. This is to highlight, given all of the above, he would simply not be well enough to work. Furthermore, I would be grateful if the extent of his mental health difficulties could be taken into consideration as part of any reassessment of his benefit payments.

Yours faithfully

Dr John Summers, Locum Consultant Psychiatrist

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HEALTH AND SOCIAL CARE
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Barrhead Health and Care Centre
213 Main Street
Barrhead
G78 1SW

East Renfrewshire Community
Mental Health Team
Barrhead Health and Care Centre
213 Main Street
Barrhead
G78 1SW

Date Dictated: 24/05/18
Clinic Date: 23/05/18
Date Typed: 05/06/18

Main Telephone: 0141 800 7809
Dr Holmes Team: 0141 800 7841
Dr Summers Team: 0141 800 7842
Dr Carrick Team: 0141 800 7845
Fax: 0141 880 4782

Our Ref: JS/KB

Dear Dr. Aziz

CRAIG PALMER CHI 2707683094
104 CROSSMILL AVENUE BARRHEAD G78 1AX

Diagnosis: **Moderate Depression**

Medication: **Fax sent requesting discontinuation of Fluoxetine and commence instead Mirtazepine 15 mgs nightly**

Follow up: **26/06/18**

Thank you for referring the above named for psychiatric assessment. Initially his case was forwarded to the Primary Care Mental Health Team and he was seen by its team leader, Alison Fletcher, on 02/05/18 who was concerned about the severity of his depressive symptoms and referred him onto the Adult Mental Health Team. I therefore saw him in the assessment clinic in Barrhead Health and Care Centre on 23/05/18. At his request he was accompanied by his partner [redacted]

Initially it was difficult to engage him because he was so tense and uncommunicative. He was clear that he would not have attended if it had not been for his partner's prompting. As the appointment unfolded, his rapport improved and he was able to describe depressive symptoms throughout most of his adult life which he related to his adverse experiences when growing up. He described being given up at 3 weeks old by his mother who was only 16 at the time and subsequently spending his upbringing in care. He said that he did not settle in various foster families and eventually lived in about 4 different places, ultimately in Barrhead.

He then let me know that in his early twenties he traced his mother, who lived in Dundee. He hoped at that time to reconcile things with her and, although giving the impression of getting on reasonably well with her, still never getting to the bottom of why she gave him up (especially as she subsequently had a further boy and girl and was able to bring them up) and also not letting him know about the identity of his father.

He gave the impression of having contact with her on and off over the subsequent years and then about 4 years ago at a niece's funeral learning that his mother had cancer. In recent

months he said that he had found out that it was now at a terminal stage and therefore he has been faced with the possibility of losing her without reconciling anything with her.

Given all of this, he described a worsening of his mood which his partner [redacted] said had actually been going on over about the last few years. He said this consisted of feeling down all the time and being more irritable. He also described having little motivation or interest and confining himself mainly to his home and spending excessive time in bed. He also described having poor sleep and reduced appetite.

He had lost some weight last year and was investigated by Consultant Physician, Dr Rae, at the RAH and, checking the clinical portal, there is a letter by Dr Rae dated 04/09/17 giving Mr Palmer the "all clear," based on all of his bloods tests and on a CT scan of his chest, abdomen and pelvis. I noted that the only abnormalities were a low Vitamin B12 and Folate levels. I also noted, checking his weight at the clinic, he was 63 kgs and therefore 1 kgs more than last year, which I advised him was a good sign.

Despite his depressive symptoms he was adamant that he had no suicidal thoughts or thoughts of self harm, especially because of his partner [redacted] continued support.

In addition to the upset about his mother, he also described having worries about his benefit payments and being found fit for work.

Psychiatric History
He described no contact with Psychiatric Services prior to the above.

Medical History
In addition to his contact with Dr Rae last year, he has also been troubled with chronic lower back pain and also left shoulder pain secondary to previous dislocations of it. I noted that he also ended up with a sinus in his left shoulder because of a screw coming loose which had been used to try and stabilise the joint. Mr Palmer said that had also contributed to him being lower in mood because the sinus had been discharging again recently.

Background Details
He did not want to speak further about his upbringing or school experiences, but described leaving as soon as he could and mainly working in gardening after that, although has not been "well enough" to work over the last 20 years.

He has been with his partner [redacted] over the last 25 years and described being close to her and relying on her to do everything for him, including supervising his medication. As a reflection of that, she spoke up for him at times throughout the appointment, generally in a calm, supportive way, including describing a slight improvement in his depression since he saw Alison Fletcher as reflected in him getting out slightly more.

They have 7 children together between the age of 3 and 24. Mr Palmer also keeps in contact with a son aged 34 by a previous relationship. He described no particular worries about his children.

Regarding his interests, he said that he previously was a keen supporter of Rangers but not in recent years. Also. he said that he does not take any alcohol or use illicit substances.

Impression
All of the above was therefore mainly in keeping with a moderate exacerbation of Mr Palmer's chronic depressive symptoms against a background of significant adverse experiences when growing up In keeping with the chronic nature of his symptoms, it would seem that he has also adopted more of a "patient role" over the years including increasingly relying on his partner.

I mainly used the appointment to acknowledge his difficulties and the importance of giving himself more time to adjust to the possible terminal nature of his mother's illness. I also said that I would send him a letter of support about trying to sort out his benefits further and that seemed to be of some reassurance to him. In addition I checked his left shoulder sinus and it looked dry and without any underlying infection and therefore I also tried to reassure him about that.

He did not appear particularly psychologically minded and mainly focussed on his medication. It was clear that he did not regard his treatment with Fluoxetine 40 mgs once daily (which he has been taking since 2013) as being of any help to him. I therefore advised him to reduce the dose to 20 mgs for one week and then discontinue it altogether and commence Mirtazepine 15 mgs instead to help not only with his depressive symptoms but also hopefully his sleep and appetite.

I also gave him a further appointment as described above.

Yours sincerely

Dr John Summers, Locum Consultant Psychiatrist

EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE
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East Renfrewshire Council

NHS
Greater Glasgow and Clyde

STRICTLY CONFIDENTIAL
Mr Craig Palmer
104 Crossmill Avenue
Barrhead
G78 1AZ

East Renfrewshire Community
Mental Health Team
Barrhead Health and Care Centre
213 Main Street
Barrhead
G78 1SW

Date Dictated: 24/05/18
Clinic Date: 23/05/8
Date Typed: 05/06/18

Main Telephone: 0141 800 7809
Dr Holmes Team: 0141 800 7841
Dr Summers Team: 0141 800 7842
Dr Carrick Team: 0141 800 7845
Fax: 0141 880 4782

Our Ref: JS/KB
Chi 2707683094

Dear Mr Palmer

As we discussed in my clinic in Barrhead Health and Care Centre, please find enclosed a letter to try and help you sort out the problems you have been having with your benefit payments.

Yours sincerely

Dr John Summers, Locum Consultant Psychiatrist

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EAST RENFREWSHIRE
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East Renfrewshire Council

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Greater Glasgow and Clyde

STRICTLY CONFIDENTIAL:

Adult Mental Health Team
Second Floor
Barrhead Health & Care Centre
213 Main Street
Barrhead
G78 1SW
Phone 0141 800 7842
Fax 0141 880 4782

The Oaks

Our Ref: JS
Date
23/5/18

Dear Dr. Aziz

RE: Craig Palmer

DOB/CHI: 270768 3094

I saw your patient today and would be grateful if a prescription could be made available for:

Please discontinue Fluoxetine and commence instead Mirtazapine 15mg nightly

This is a non urgent/~~urgent~~ request.

A more detailed letter will follow.

Yours sincerely,

Dr John Summers
Locum Consultant Psychiatrist

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HEALTH AND SOCIAL CARE
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East Renfrewshire Council

NHS
Greater Glasgow and Clyde

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Mr Craig Palmer
104 Crossmill Avenue
Barrhead
Glasgow
G78 1AX

East Renfrewshire Community
Mental Health Team
Barrhead Health and Care Centre
213 Main Street
Barrhead
G78 1SW

Phone: 0141 800 7809
Fax: 0141 880 4782

Our Ref: AW

Date: 4th May 2018

Dear Mr Palmer

You have been referred to the East Renfrewshire Adult Mental Health Team.

We would like to offer you an appointment as follows:–

Clinic	-	**Assessment Clinic**
Day	-	**Wednesday**
Date	-	**23rd May 2018**
Time	-	**1.30pm**
Location	-	**AMHT, 1st Floor, Barrhead Health & Care Centre, 213 Main Street, Barrhead, G78 1SW**

If this appointment is not suitable, please contact the above telephone number.

Yours sincerely

Adult Team Secretary

COPY

EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE
PARTNERSHIP

BRIDGES

East Renfrewshire Council
working for you

NHS
Greater Glasgow and Clyde

Bridges Primary Care Mental Health Team
Eastwood Health and Care Centre
Drumby Crescent
Clarkston
G76 7HN
Tel: 0141-451-0590

STRICTLY CONFIDENTIAL
Dr Aziz,
Oaks Medical Centre
Barrhead Health and Care Centre
213 Main Street
Barrhead
G78 1SW

Date Typed:03.05.2018

Dear Dr Aziz

RE: Craig Palmer, 104 Crossmill Avenue, Barrhead, G78 1AY
CHI : 2707683094

Thank you for referring the above named patient. I assessed the patient on Wednesday 3rd May 2018 and discussed the case with my colleagues at the CMHT and it was agreed their needs would be best met within their team. We have transferred their care and discharged him from our service. .

If you have any queries please do not hesitate to contact me.

Yours sincerely

Bridges Primary Care Mental Health Team

c.c. Community Mental Health Team, Barrhead Health and Care Centre, 213 Main Street, Barrhead, G78 1SW

NHS Greater Glasgow and Clyde

Mental Health Partnership
Clinical Risk Screening and Management Tool

Service Users Name: Craig Palmer	CHI N°/DoB: 270768 3094	
Legal Status: Informal ☐ Detained ☐ Community Order ☐	Ward /Dept / CMHT: PCMHT	

Context of Assessment

On admission ☐ Engagement with Crisis Services ☐ MDT/C.P.A. review ☐
Annual review: ☐ Significant change in presentation/circumstances ☐ Other X **Face-Face Screening**

Sources of Information

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

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: Alison Fletcher	Signature:
Designation: CBT Therapist	Date & Time: 2.5.18

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	X	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	☐	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	☐	09	Neglect - children or other dependents	☐
S10	Impulsivity	☐	V10	Impulsivity	☐	010	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	X	V13	Violent fantasies	☐	O13.	Sexually disinhibited or aggressive	☐
S14	Recent major loss	X	V14	Identified target	☐	O14	Significant financial problems	☐
S15	Recent psych hospital discharge	☐	V15	Access to weapons	☐	O15	Current self-neglect	X
S16	Current or recent treatment non-compliance	☐	V16	Current or recent treatment Non-compliance	☐	016	Current neglect of children or other dependents	☐
Protective Factors								
S17	Willing to respond to advice/carers	X	V17	Willing to respond to advice	☐	O17	Willing to respond to advice/carers	☐
S18	Has close relationship	X	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 Marked deterioration of depressive symptoms, with expressed thoughts of worthlessness and feelings of hopelessness. Previous thoughts of suicide which he did not act on (did not expand on this when asked about it). Denied current thoughts or plans to end life or self harm, and reported does not want to do such a thing to his family Referred to AMHT due to deterioration of mood, and current unsuitability for PCMHT Patient will contact helpline/crisis numbers in the event of suicidal feelings (supported by partner at home) Numbers sent out to patient	 Alison Fletcher Patient CP Alison Fletcher
Violence	
Other Risk Factors	

Outcome of screening/management plan discussed with

Service User X	Carer ☐	Consultant ☐	Other Dr. ☐
CPN ☐	Ward Nurse ☐	Social Work ☐	Occupational Therapy ☐
Psychology ☐	Pharmacy ☐	Other X **AMHT Allocations**	

Management Plan completed by

Print Name: Alison Fletcher	Signature:
Designation: 2.5.18	Date & Time: 15:00

Mental Health Partnership
Clinical Risk Screening and Management Tool

NHS Greater Glasgow and Clyde

Date	Review of Identified or New Risks	Review of Management Plan	Setting e.g. MDT	Completed by

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 (eg. 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.

Risk Management

Risk management planning will flow on from risk formulation. Risk management strategies to consider might include:

- Safe and appropriate levels of nursing observation and engagement
- Use of the Mental Health Act, where appropriate
- Use of low stimulus or secure areas, if appropriate
- Use of suitable medication, when indicated
- Referral to other agencies eg. police, social work
- Liaison and cooperation with relatives or carers
- Referral to Care Programme Approach

Operational Definitions

Not all the variables listed overleaf require further explanation or definition. However, some notes:

▪ Suicide

S2	Use of firearms; knives; rope/ligature; jumping off building or bridge; fire; suffocation or gas inhalation.
S3	Includes self harm coming to medical attention and actual suicide attempts.
S5	Record of senior clinician making evidence based diagnosis.
S7.	May require third party history to establish. What was purpose, and effect on behaviour of substance use?
S10	Impulsivity is more a behavioural characteristic than a diagnosis. Actions that are poorly conceived, prematurely expressed, unduly risky, or inappropriate to the situation which often result in undesirable outcomes.
S11	How detailed are the plans? Serious intent? Are there precautions against detection, and final goodbyes?
S12	Use of firearms; knives; rope / ligature; jumping off building or bridge; fire; suffocation or gas inhalation.
S13	Could be a manifestation of underlying low mood. Feels trapped or describes external locus of control?
S14	Significant recent (< 1 month) life event, maybe with accompanying behavioural change.
S15	Recent = <1 month, from acute psychiatric inpatient unit, whether planned or not.
S17	Some individuals may respond better to friend or family member, than professional carer.
S18	Is there someone (or a pet) who needs them or loves them?
S19	Catholic and Jewish faiths said to be particularly protective.

▪ Violence

V1	Serious or planned acts, that maybe came to others attention. (eg police, carers, medical)
V3	Includes locked residential schools, young offender units, prisons and secure hospital settings/IPCUs
V4	Includes homicide, attempted murder, bodily harm, common assault but not always breach of peace
V5	Record of senior clinician making evidence based diagnosis. Psychopathy is classically characterised by impulsivity, callousness, criminal versatility, and a lack of remorse or empathy
V6	May require third party history to establish. What was purpose, and effect on behaviour of substance use?
V8	May require third party history to establish. What was purpose, and effect on behaviour of substance use?
V10	Impulsivity is more a behavioural characteristic than a diagnosis. Actions that are poorly conceived, prematurely expressed, unduly risky, or inappropriate to the situation which often result in undesirable outcomes.
V11	With drink or drugs at the time of assessment
V12	Includes destructive command hallucinations, referential paranoid delusions, and passivity phenomena
V13	Preoccupation with violent thoughts, including recorded and printed material
V14	May indicate the degree of planning
V15	May indicate the degree of planning
V17	Some individuals may respond better to friend or family member, than professional carer.
V18	May be correctional, medical or rehabilitative

▪ Other

O1	Not LD per se, but LD leading to potential risk to self
O5	This might be deliberate, or as a result of disability.
O6	Water / heat / light. Is the absence of amenities beyond the individual's control?
O7	Inadvertent or deliberate.
O10	The individual may be inadvertently vulnerable, secondary to mental illness or cognitive impairment.
O11	Speech or cognitive impairment, or cultural / language difficulties
O12	Fluctuating level of consciousness, or delirium, as well as other cognitive impairment
O13	This must be directly witnessed, and be more than inappropriate comment.
O14	It may not be the total debt value, but the impact of the debt that matters
O17	Some individuals may respond better to friend or family member, than professional carer.
O18	Medical, rehabilitative, or social services.

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EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

BRIDGES

East Renfrewshire Council working for you

NHS Greater Glasgow and Clyde

Bridges Primary Care Mental Health Team
Eastwood Health and Care Centre
Drumby Crescent
Clarkston
G76 7HN

Tel: 0141-451-0590

STRICTLY CONFIDENTIAL
Craig Palmer
104 Crossmill Avenue
Barrhead
Glasgow
G78 1AX

Date Typed:01.05.2018

Dear Craig

Referral to Bridges Primary Care Mental Health Team
(Mild – Moderate Depression and Anxiety)

We recently received a referral for you to see someone from our team. We offer a range of therapies; and you will be matched to the most appropriate, evidence-based intervention to meet your needs, which includes group therapy.

To prevent waiting times through non-attendance, there are a number of steps that need to be taken in the process before you are seen:

- You will need to contact our answer machine to **'Opt-In'**, on **0141 451 0597, leaving your name, date of birth and contact telephone number within 5 working days, if you do not respond within 5 working days you will be discharged back to the routine care of your GP.**
- **Alternatively you can email us on Bridges.PCMHT@ggc.scot.nhs.uk, leaving your name, date of birth and contact telephone number within 5 working days.**
- **After you have phoned to opt-in, you will be telephoned within 6-8 weeks and a screening consultation will be carried out at that point. Please find enclosed a CORE form which we would like you to complete and have handy when the therapist calls you.**
- **If you are not available, you will be invited to call within 3 working days to state a suitable date and time.**

Our hours are Monday – Friday 9.00am – 5.00pm but an answering service is available when the team are out of the office.

If you fail to respond to this letter, it will be assumed you no longer require the service, and will be discharged back to the routine care of the GP.

****Please be aware when we phone you, it will appear as a '0800' number. It will be assumed a brief message can be left on the phone number you leave, please indicate at opt in if you do not want a message left.**

Yours sincerely

Alison Fletcher, Team Leader
Bridges, Primary Care Mental Health Team

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

BRIDGES

East Renfrewshire Council working for you

NHS Greater Glasgow and Clyde

Bridges Primary Care Mental Health Team
Eastwood Health and Care Centre
Drumby Crescent
Clarkston
G76 7HN
Tel No: 0141 451 0590

Date Typed: 16.04.2018

STRICTLY CONFIDENTIAL
Craig Palmer
104 Crossmill Avenue
Barrhead
Glasgow
G78 1AX

Dear Craig

Referral to Bridges Primary Care Mental Health Team
(Mild – Moderate Depression and Anxiety)

Further to your referral from your GP, I am writing to invite you for a screening appointment to offer you the best possible service and match you to the most appropriate care. This appointment will last approximately 20 minutes. Please complete the attached questionnaire and bring this with you to your appointment.

Date: **Wednesday 2nd May 2018**

Time: **12.00pm**

Venue: **Clinical Zone, 1st Floor, Barrhead Health & Care Centre, 213 Main Street, Barrhead, G76 1SW**

If the above date and time are unsuitable, please contact me on 0141 451 0590 to rearrange. Should you not attend the appointment or contact me to rearrange, I will be unable to offer you another appointment and will discharge you back to the routine care of your GP.

Our hours are Monday – Friday 9.00am – 5.00pm but an answering service is available when the team are out of the office.

Yours Sincerely

Alison Fletcher, CBT Therapist
PCMHT

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EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE
PARTNERSHIP

East Renfrewshire Council

NHS
Greater Glasgow and Clyde

STRICTLY CONFIDENTIAL

Dr Meighan
Oaks Medical Practice
Barrhead Health and Care Centre
213 Main Street
Barrhead
Glasgow
G78 1SW

East Renfrewshire Community
Mental Health Team
Barrhead Health and Care Centre
213 Main Street
Barrhead
G78 1SW

Phone: 0141 800 7809
Fax: 0141 880 4782

Our Ref: AW
Date Dictated:
Date Typed: 8th March 2018

Dear Dr Meighan

RE: Craig Palmer DOB: 27/07/68 CHI: 3094
104 Crossmill Avenue, Barrhead, G78 1AX

Thank you for your referral for the above named patient.

After discussion at our multi-disciplinary team meeting is was agreed that a referral to Primary Care Mental Health Team would be more appropriate. Therefore we have forwarded a copy of the referral onto them.

I trust this meets with your approval and make the following referral.

Yours sincerely

Adult Mental Health Team

cc: PCMHT
Eastwood Bridges
Eastwood Health & Care Centre
Drumby Crescent
Clarkston
G76 7HN

COPY

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Mental Health Referral Protocol - Glasgow (Glasgow, v17.0)

REFERRAL TO

East Renfrewshire - 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 01-Mar-2018 **Date sent** 01-Mar-2018

PATIENT DETAILS

Surname	Palmer
Forename(s)	Craig
Title	Mr
Sex	Male
Date of birth	27-Jul-1968
CHI no.	2707683094
Area of Residence	-

Patient's address

104 Crossmill Avenue
BARRHEAD
G78 1AY

Contact number(s)

Voice: [redacted]

1010155910910 Unique Care Pathway Number: 1010155910910

REGISTERED GP DETAILS

Name	Dr David Meighan		
GMC code	3559057	GP code	38636
Practice name	Oaks Medical Centre		
Practice code	87108		

Practice address

The Oaks Medical Practice
Barrhead Health & Care Centre
213 Main Street
Barrhead
G78 1SW

Contact number(s)

Voice: 0141 800 7085
Facsimile: 0141 881 6704
E-mail: [redacted]

REFERRING GP DETAILS

Name	Dr. Muhammad Abd Aziz		
GMC code	6128458	GP code	35556
Practice name	The Oaks Medical Practice (87108)		
Practice code	87108		

Practice address

1st Floor
Barrhead Health & Care C
213 Main Street
Barrhead
G78 1SW

Contact number(s)

Voice: 0141 800 7085

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Assessmet in view of talking therapy

Comment: I would be grateful if you would be kind enough to give this 49 year old gentleman an appointment for assessment in view of talking therapy.

He has past medical history of chronic depression which before this was under control with antidepressants. Unfortunately Craig has multiple stressors mainly family issues which occurred in a short period of time and this has unfortunately caused his depression symptoms to get on top of him. He has no thoughts of self harm and feels that antidepressants have helped however he thinks that it might improve his symptoms if he had talking therapy such as counselling. Thank you for your assessment.

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
Depressed	-	27-Feb-2018	27-Feb-2018
Depressed	-	11-Dec-2012	11-Dec-2012
Other infections involving bone, of the shoulder region	(joint) -sinus in axilla discharging pus. [Chronic].	29-Jul-2010	29-Jul-2010
Infection and inflammation due to internal prosthetic device	(chronic) Shoulder-caused by screw?	04-Jul-2006	04-Jul-2006
Fistula-in-ano	posterior position,anterior to sacrum, left of midline.	14-Mar-2000	14-Mar-2000
Sepsis	(perianal)	08-Dec-1999	08-Dec-1999
Chronic anal fissure	(biopsy obtained) [large,posterior midline] ?CROHNS	15-Nov-1999	15-Nov-1999
O/E - skin sinus NOS	(left axilla) tracking>shoulder	07-Dec-1998	07-Dec-1998
Localised, primary osteoarthritis of the shoulder region (Left)	-related to previous dislocations.	16-Aug-1990	16-Aug-1990

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Bilateral vasectomy for contraception	-	20-Mar-2015	20-Mar-2015
Removal of screws from bone	x1 from left shoulder.	24-Nov-2009	24-Nov-2009
[SO]Shoulder NEC (Left)	Bankart's procedure.	28-Apr-1986	28-Apr-1986

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fluoxetine Hydrochloride Capsules 20 mg	112	112 CAPSULE	2 CAPS DAILY	-	04-Jan-2013	28-Feb-2018

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Tramadol Hydrochloride Capsules 50 mg	100	100 capsule	1 OR 2 CAPS 4 TIMES DAILY	-	28-Feb-2018	28-Feb-2018
Diclofenac Sodium Suppositories 25 mg	10	1*10 suppository	APPLY AS DIRECTED	-	27-Feb-2018	27-Feb-2018
Tramadol Hydrochloride			1 OR 2 CAPS 4		01-Dec-	01-Dec-

Capsules 50 mg	100	100 capsule	TIMES DAILY	-	2017	2017

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		01-May-2012
Current smoker:	Disease: SPICE Basic Health Values, priority=2	05-May-2009
Current smoker:	Disease: SPICE Basic Health Values, priority=2	11-Nov-2008
Current smoker:	Disease: SPICE Smoking, priority=2	21-Aug-2007

Clinical warnings

Additional relevant information

Administrative information

Risk of Suicide:No
Past history of suicide attempt:No
Risk of deliberate self harm:No
Is patient responsible for children?:Yes
If yes to patient responsible for children, please give details:four children whose ages range from 3 - 9yrs
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:No

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

EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE
PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

STRICTLY CONFIDENTIAL:

Dr Meighan
Oaks Medical Practice
Barrhead Health & Care Centre
213 Main Street
Barrhead
G78 1SW

Adult Mental Health Team
Second Floor
Barrhead Health & Care Centre
213 Main Street
BARRHEAD
G78 1SW
Phone 0141 800 7809
Fax 0141 880 4782

Our Ref: DD/LIJ/2707683094
Date Dictated: 06/09/2017
Date Typed: 07/09/2017

Dear Dr Meighan

RE: Craig Palmer D.O.B.: 27/07/1968 CHI: 3094
104 Crossmill Avenue, Barrhead, Glasgow, G78 1AX

Further to my telephone messages to discuss the above named patient, I write to formally request a SCI Gateway Referral for Craig Palmer, should you feel appropriate.

We received a copy of a letter from Dr Ray, Consultant Physician in Acute Medicine and Stroke, requesting psychiatric assessment. We receive referrals via the SCI Gateway and therefore request that if you see this as appropriate for Craig, we await a SCI Gateway referral.

If we do not hear anything within the next couple of weeks, we will assume you do not wish to refer Craig and will close the case.

Yours sincerely

Debbie Donachie
Nurse Team Leader
Adult Mental Health Team

New

Palmer Craig D CHI: 2707683094

Clinic Letter

87108

Dr. DP Meighan
The Oaks Medical Practice
1st Floor barrhead health & care c
213 Main Street
Barrhead
G78 1SW

NHS
Greater Glasgow and Clyde
Royal Alexandra Hospital
Corsebar Road
Paisley
PA2 9PN
Main Switchboard: 0141-887-9111
Department: Acute Medical Unit
Contact Tel: 0141 314 9777
Enquiries to: Secretary: Theresa Porter
Letter Date: 19/07/2017
Reference: GR/JMC
Dictated Date: 19/07/2017
Transcribed Date: 26/07/2017

Dear Dr. DP Meighan,

Craig D Palmer; D.O.B: 27 Jul 1968; CHI: 2707683094
104 Crossmill Avenue, Barrhead, Glasgow, G78 1AX

Attendance: Specialty - General Medicine; Clinic - RACCGM6-RAY/KEITH/FOSTER WED PM
Date and Time of Appointment - 19/07/2017 14:30

Requested Out-patient Investigations:
CT chest/abdo/pelvis; bloods

Follow Up: review: 20/09/17

Clinical Comments:

DIAGNOSES: 1) Possible weight loss 2) Chronic low backache 3) Folate deficiency 4) Vitamin B12 deficiency 5) Smoking 6) Chronic left shoulder pain 7) Depression

I saw ths 48 year old gentleman in the general medical clinic who has been referred for weight loss. He was previously seen in May 2017 in this clinic by my colleague Dr Gunn, who had recommended some blood tests for weight loss as well as an MRI of his lumbar spine. His blood tests had been all normal except for slightly raised alkaline phosphatase and a positive P-ANCA. He was unble to undergo the MRI spine, given he was claustrophobic.

Today in the clinic he weighed 61.7 kg which is less than his previous clinic weight of 63.4 kg. Having said that, today he was clad in slippers and shorts and a T-shirt given this week's temperature in Glasgow being in the mid and higher 20's. He agreed that this could have certainly affected his weight reduction in the clinic. However at the same time he mentioned that he is worried about his weight loss and is depressed. He denied any bowel symptoms at present and mentions that his appetite is good and he is eating and drinking well. He denies any abdominal pain or chest pain or breathlessness.

Other than the investigation mentioned above, all the battery of tests done in the last clinic visit and the ones before have been normal. He tells me that his folate and vitamin B12 supplementations had not been done in respect of Dr Gunn's letter in May 2017.

On clinical examination his pulse was 72 beats per minute. There was no lymphadenopathy, jaundice or pallor. His chest, cardiovascular and upper abdominal examination was completely normal. He did look depressed and had little eye contact.

I have requested a CT chest/abdo/pelvis for him given his raised alkaline phosphatase and weight loss and his background history of smoking. **I shall be grateful if you could start him on his folate and vitamin B12 supplementation given his deficiencies noted in his bloods.** I have also referred him to a psychiatrist for a formal review of his depression which appears to be a major factor for his apathy and low quality of life.

I will see him back in the clinic in a couple of months' time and if he continues to lose further weight I will consider doing an upper and lower GI endoscopy, especially given his folate and B12 deficiencies. I have taken the opportunity today to repeat the bloods including full blood count, CRP, U&E's and LFT's. Mr Palmer was happy with this plan and agreed to let us know if he develops any new symptoms.

Mr Palmer did not get his bloods done that were requested in the clinic today, that included full blood count, U&E's, LFT's and a CRP. I wonder if you could request these, as he left the clinic without getting those tests done. Thanks.

Yours sincerely

Dr Gautam Ray
Consultant Physician in Acute Medicine
and Stroke Medicine

Electronically Signed: Dr Gautam Ray, Consultant

cc. Consultant Psychiatrist
Community Mental Health Team
✓ Charleston Centre
Neilston Road
PAISLEY
PA2 6LY

COPY

GREATER RENFREWSHIRE
DIVISION
Paisley Community
Mental Health Team
Charleston Centre
49 Neilston Road
PAISLEY PA2 6LY

Telephone: 0141 618 5600

NHS
Greater Glasgow and Clyde

Date: 16 August 2017

Private and Confidential

Medical Records
Leverndale Hospital

Dear Colleague

Re: Mr Craig Palmer, 104 Crossmill Avenue, Barrhead, Glasgow G78 1AX
CHI: 2707683094

We have received a referral for Craig Palmer, which has been sent to us in error, as this is outwith our catchment area.

Please can you process the attached referral.

Please do not hesitate to contact me should you have any queries.

Yours sincerely

James Clocherty
Joint Services Manager
Adult Community Mental Health Services
For and on behalf of
Paisley Sector Screening Group

Referral attached