NHS
Argyll
& Clyde

Forensic Community Mental Health Team

Court Liaison Referral Form

Client Information

Name: Wesley Phillips

DoB: 5/2/82

Gender: Male
Ethnicity:

Address: 45 Prospecthill Court, Greenock

Court: Greenock

Date/Time Referral Received: 9am 31/1/06 *

* Advised of 9.30am referral period

Date/Time seen by FCPN: 9.45 Stephen Wilkie

Person Aware of Referral
YES NO

Referred By: MS Smith 01475 728316

Forensic CPN Assessor Stephen Wilkie

RMO (if called) TELEPHONE DISCUSSION BUT NOT REQUIRED TO ATTEND.

Index Offence Possession of a knife

Risk(state type) Threatening To Kill Himself

Disposal

* POLICE REPORT - DIAGNOSED WITH NUMEROUS PSYCHO-PHRENIC ILLNESSES + TURRETTS SYND.

Community Agencies

Already Known to:	Contacted / Referred to:
DR LAUDON => RAVENSCRAIG DR ANDERSON -> RAH	

NHS
Argyll
& Clyde

Forensic Community Mental Health Team

Consent to Sharing Information

Name: Wesley Phillips DoB. 05/02/82.

Address: 45 Prospecthill Court Tel No: _____
Greenock

_____

_____

I understand that there may be a requirement for information related to me to be shared, in a limited way, between agencies involved in my care. I also understand that each person involved in my care will only receive the information that they require in order that they may adequately meet my health and social care needs in a manner befitting their roles and responsibilities.

I also understand that information may be used for the purposes of audit of the service.

It is my decision to give / withhold (delete as applicable) my consent.

Clients Signature: W. Phillips Date: 31/01/06.

Nurses Signature: [signature] Date: 31/01/06

Forensic Community Psychiatric Nurse

NHS
Argyll
& Clyde

FORENSIC COMMUNITY MENTAL HEALTH TEAM

INITIAL ASSESSMENT

Name: WESLEY MULLEN'S	**Alias:**
D.O.B: 05/02/82.	**Referring Fiscal:** MR SMITH.
Address: 45 Prospecthill Court GREENOCK. LIVES W/C MOTHER. **Tel No:**	**Index Offence (Details of alleged offence and factors leading to alleged offence)** B.O.? (Offensive weapon.)
Occupation: UNEMPLOYED	**Marital Status:** SINGLE.
Religion/Ethnicity:	
Psychiatric Contact: DR JENNINGS / DR LAWSON. ? PERSONALITY DISORDER.	**GP:** DR MUIR **Address:** DUBS RD MEDICAL CENTRE **Tel No:**
Relative/Contact Person: **Address:** AS ABOVE.	**Reason for referral:** PSYCHIATRIC ASSESSMENT.
Medical Alerts: **Staff Alerts:** WEAPONS (Y)/N; VIOLENCE (Y)/N; SEXUAL BEHAV/VIOLENCE Y/N; SELFHARM (Y)/N; ATTEMPRED SUICIDE Y/N; ILLICIT DRUGS Y/N; ALCOHOL Y/N; ARSON Y/N	**Other relevant contacts**
	Assessor(s): STEVE [illegible] **Designation:** FCPN **Date of Referral:** 31/01/06.

Quetiapine – 25 mgs DAILY
Haloperidol 1.5mgs B.D.
Citalopram 20 mgs DAILY.

* Inpatient Unit 2 2AM from 28/6/06 → 30/01/06. *
Dr Ahoraion → Dr Lougen.

2. PSYCHIATRIC HISTORY:

Initial Psychiatric contact AGED 16yrs. Self referral Due to depression → Dr Groves R/Cmhaig x/o Psychiatric Diagnosis. Diagnosed Turnetts Aged 15yrs (Educational Psychologist Dr Leighton).

FORENSIC HISTORY/OFFENDING BEHAVIOUR:

Initial contact AGED 16yrs B.O.P. and manipulation
No previous Prison sentences however previously remanded.
Threatened to Hit parents with pickaxe.
x/o currently on Bail.

PERSONAL HISTORY: **Childhood/Education/Employment/Relationships/Major Life Events/Pre Morbid Personality**

Born in Germany Moved to Greenock Aged 2yrs.
Attended mainstream schooling Expelled Aged 15yrs Due to unruly behavior. States has good relationship with parents however has Abused them under Great Stress.

ALCOHOL/DRUG HISTORY:

Minimal Alcohol Appx. Once per three months.
x/o Drug use at present. Previously used Heroin via I.V. x/o use for Appx 2 years.

RISK FACTORS - **(self-harm, aggression/violence)**

Recent self injury to (L) forearm. Via razor Blades Attended A&E and seen by Liaison CPN (26/01/06).
States he is experiencing command hallucinations to self harm.

SUICIDE RISK:

- (•) Suicidal thoughts
- • Suicide plan
- • Any attempted suicide?

3. **OBSERVATION OF MENTAL STATE APPEARANCE:**
Did not appear distracted. Clean and tidy well followed conversation appropriately.

SPEECH: Appropriate for flow and content.

MOOD: States feels stressed. No evidence of poverty of thought.

THOUGHTS & BELIEFS:

HALLUCINATIONS/DELUSIONS:
States he currently experiences hallucinating voices telling him to harm himself or others. States has self harmed but not others. Appx Six month Hx.

COGNITIVE FUNCTION: (Orientation, Memory, Concentration)
fully orientated in time place and person.
Good level of concentation and completed assessment.

INSIGHT:

VIEWS OF RELATIVE/SIGNIFICANT OTHER (State who):

Stobhill Hosp. 3 weeks ago. 8 days P.O.
Was 2 Jan. 28/01/06 → 30/01/06.

4. OPINION:

Assessment of 22 year old man known to Psychiatric Services. Since 2000. Has Diagnosis of Emotionally Unstable personality disorder. (not severe and Enduring mental Illness).

At interview was oriented in time place and person. There was no evidence of acute psychotic Symptoms and Mr Phillips was not distracted. His mood was Euthymic and no poverty of thought nor thought disorder noted.

Previously in psychiatric in-patient at Wards 2 and 4 Ashley from 28/01/06 → 30/01/06 Subsequently discharged via Consultant Psychiatrist.

Mr phillips made reference to harbouring ideas of self harm however did not divulge any Specific plan. Spoke with Dr Anderson who was consultant whilst in Wards 2 and 4 and Dr Mcdonald consultant on-call Mr Phillips does not require further Assessment at this time.

Signature:.....

Date:.....

FCMHT
Blythswood House
Fulbar Lane
Renfrew
PA4 8NT
Tel: 0141 314 9216
Fax: 0141 314 9214

NHS
Argyll
& Clyde

To Stephen Wilkie

From Pauline

Fax 01475 724385

Date 31st January 2006

Pages 13

PRIVATE AND CONFIDENTIAL

Re Referral Details

☑ urgent

☐ for information

☐ please comment

STRICTLY CONFIDENTIAL

East Renfrewshire
Adult Mental Health Services
4C Burnfield Avenue
Giffnock
Glasgow
G46 7TP
Phone : 0141 577 3817
Fax.: 0141 577 3949

Dr Fitzpatrick
The Levern Medical Group
Barrhead Health Centre
201 Main Street
Barrhead
G78 1SA

Our Ref:CM/JW/1808520
Date Dictated
Date Typed:01/12/2009

Dear Dr Fitzpatrick

WESLEY PHILLIPS, 39 SUNNYSIDE PLACE, BARRHEAD, G78 2RT
DOB: 05/02/1982 CHI - 3946

Date of Admission: 23 October 2009
Date of Discharge: 25 October 2009

Diagnosis: Opiate Dependence Syndrome
Harmful Use of Multiple Substances
Legal Status: Informal throughout

Medication on Discharge: Mirtazepine 30 mgs at night
Quetiapine 100 mgs twice daily
Methadone 90 mls in the morning

Follow-up on Discharge: Based on presentation no evidence of ongoing mental health problems. Follow up by Substance Misuse team

Mr Phillips presented following being taken to A&E by his drug support worker. It was felt that he was low in mood and voicing suicidal ideation. Mr Phillips was not assessed by Liaison Psychiatry and instead was transferred first to Dykebar Hospital and then onto Leverndale where I was able to assess him myself. Mr Phillips stated that he had been using heroin since his discharge approximately 18-months ago, and in the run up to his presentation had been using 5 bags daily (between himself and his partner). He had also been using occasional cocaine, crack and benzodiazepines but denied alcohol or cannabis use. He reported low mood for two to three months, mostly due to being unhappy with his social circumstances and reported feeling paranoid. However on closer questioning he had been attacked several times in the area around his home and there was minimal evidence of true paranoia, rather his fears about what may happen to him in Barrhead seemed perfectly justified.

The main precipitant for his presentation was being told that his partner (of approximately two years) had been cheating on him. It seems that she was a considerable stabilising influence in his life and he felt that there was no longer anything.

Cont/……

He reported persistent low mood but there was no clear anhedonia, his concentration was impaired (but admitted to being distracted by ongoing thoughts of his partner), some fleeting thoughts of self-blame but no clear inappropriate guilt and poor sleep and appetite (present since before the onset of his low mood and most likely linked to ongoing substance abuse).

Mr Phillips reported ongoing auditory hallucinations, heard in the 3rd person in internal space. These mimicked his thoughts but were not clearly echo des pensees and he had full insight into these. They were mood congruent and seemed to be pseudo-hallucinations secondary to anxiety rather than true hallucinations.

I felt following the initial assessment that there was no evidence of significant mental illness, rather that Mr Phillips was experiencing an acute stress reaction due to the potential break-up with his girl-friend. I did not feel that admission was appropriate however Mr Phillips stated that he would not be able to maintain his safely in the community and was unwilling to engage with support services. After some discussion we agreed that a short respite admission may be appropriate to encourage Mr Phillips to engage with community services and I had agreed he could be admitted over the weekend with the provision that he be discharged early next week.

Mr Phillips was settled on the ward with no significant evidence of mental illness. Physical examination on admission was unremarkable but due to his ongoing IV drug abuse we had requested a repeat hepatitis serology, however the results of this were not available on discharge. There was minimal evidence of mental illness on the ward, Mr Phillips was settled, engaged well with staff and fellow patients and there was no objective evidence of psychotic symptoms.

Two days after admission Mr Phillips had contacted his girlfriend and it seemed things had settled between them. At this point he requested to be discharged and as he was clearly not detainable under the Mental Health Act, was discharged on the Sunday. Based on his presentation on the ward it seemed that there is no ongoing significant mental health problem and as such I feel that Mr Phillips would be better supported in the community by Substance Misuse Services rather than the community mental health team. We will keep you informed of any further developments.

Yours sincerely

Dr Chris Mathias
Staff Grade Psychiatrist

cc Substance Misuse Team

STRICTLY CONFIDENTIAL

East Renfrewshire
Adult Mental Health Services
4C Burnfield Avenue
Giffnock
Glasgow
G46 7TP
Phone : 0141 577 3817
Fax.: 0141 577 3949

Dr Fitzpatrick
The Levern Medical Group
Barrhead Health Centre
201 Main Street
Barrhead
G78 1SA

Our Ref:CM/JW/1808520
Date Dictated:18/11/2009
Date Typed:01/12/2009

Dear Dr Fitzpatrick

WESLEY PHILLIPS, 39 SUNNYSIDE PLACE, BARRHEAD, G78 2RT
DOB: 05/02/1982 CHI - 3946

Date of Admission:	11 November 2009
Date of Discharge:	13 November 2009
Diagnosis:	Opiate Dependence Syndrome Harmful Use of Various Substances
Legal Status:	Informal throughout
Medication on Discharge:	Mirtazepine 30 mgs at night Quetiapine 100 mgs twice daily Methadone 90 mls in the morning
Follow-up:	Local Substance Misuse team as previously

Wesley was re-admitted following his discharge the previous week. He had presented to A&E at the RAH after calling an ambulance and saying he was suicidal. The trigger for this was again an argument with his girlfriend. At the time of his admission he reported ongoing suicidal ideation and low mood.

Wesley was settled the night of admission, sleeping well with no extra medication necessary. The following morning he was witnessed to be speaking on the ward phone in a rather animated manner. Following this Wesley was found to be absent from the ward. The duty doctor contacted me about this, however, given that there were no concerns for his immediate safely during the initial assessment and that he does not have a major psychiatric diagnosis I felt that we should keep the bed should he choose to return within the next day or so and then discharge him.

The following day ward staff made contact with his father who confirmed that he was safe and did not intend to return to hospital. This admission again appears to have been triggered by social stresses and again there was no clear evidence of significant psychopathology. Given the above we felt it was not appropriate to keep his bed open any longer and he was discharged back to outpatient care.

Cont/……..

WESLEY PHILLIPS, 39 SUNNYSIDE PLACE, BARRHEAD, G78 2RT
DOB: 05/02/1982 CHI - 3946

Cont/…….

Follow-up will be as prior to admission. Should you require any further information please do not hesitate to let me know.

Yours sincerely

Dr Chris Mathias
Staff Grade Psychiatrist

STRICTLY CONFIDENTIAL

East Renfrewshire CHCP
Levern Valley CMHT
7 Bank Street
Barrhead
GLASGOW
G78 2RA

Tel: 0141 577 3816
Fax: 0141 577 4049

Dr Fitzpatrick
The Levern Medical Group
Barrhead Health Centre
201 Main Street
Barrhead
G78 1SA

Our Ref: CM/BL/1808520
Dictated: 27.04.2009
Typed: 29.04.2009

Dear Dr Fitzpatrick,

DISCHARGE SUMMARY

Re: Wesley Phillips, 39 Sunnyside Place, Barrhead, G78 2RT
DOB: 05.02.1982 CHI: 3496

Date of Admission:	**05.04.2009**
Date of Discharge:	**23.04.2009**
Legal Status:	**Informal throughout**
Diagnosis:	**Polysubstance Abuse**
Medication on Discharge:	**Methadone 50mls mane** **Mirtazapine 30mg nocte** **Quetiapine 100mg mane and nocte**
Follow up:	**Initially by Crisis Team,** **to be discussed between Substance Misuse Team and CMHT**

Mr Phillips was admitted to Ward 4 of Leverndale Hospital on an emergency basis. He had presented to the RAH reporting suicidal ideation. He spoke of worsening mood over the past two weeks, and stated that he “had a rope ready” and had thought about using a nearby tree to hang himself. He also reported poor sleep, decreased appetite, partial anhedonia, and increased anxiety. Up until two weeks prior to his presentation he had reported regularly using heroin, crack cocaine, Gabapentin and Valium. He reported hearing “voices” in internal space, command hallucinations telling him to kill himself. However there was no objective evidence of him being distracted or reporting to unseen stimuli.

As you may be aware, Mr Phillips has a substantial forensic history, including spells in prison for carrying weapons and armed robbery.

Mr Phillips was admitted informally to ward 4 and initially his dose of Chlorpromazine was increased. However he developed extra pyramidal side effects when commenced on the higher dose, with significant drug induced Parkinsonism. As such the decision was made to discontinue Chlorpromazine and to commence a prescription of Quetiapine. Additionally Mr Phillips was re-established on Mirtazapine, he himself identified that his mood had been lower since this was discontinued some weeks ago.

Mr Phillips' mental state improved slowly over the coming weeks, he frequently reporting low mood and anxiety but there was little objective evidence of depression on the ward. Additionally there was little objective evidence of psychosis noted. While on the ward Mr Phillips made no attempts to harm himself and there were no outbursts of aggression.

Things slowly settled by mid April, and although there are symptoms consistent with both a psychotic illness and a depressive episode it should be noted that these have only occurred within the context of recent drug misuse and as such the most likely diagnosis is one of harmful use of various substances. However his drug use does not preclude a psychiatric diagnosis and this can be reviewed at a future date.

Mr Phillips' symptoms continued to settle and he was reviewed by myself and Dr Math on the 23rd April prior to discharge. At this point he felt that the "voices", the thoughts of self harm, and the mood were all very much improved and he was tolerating the Quetiapine well without any significant side effects. At this point it was felt that discharge home with Crisis support would be appropriate. We liaised with the local Substance Misuse Team and agreed to provide five days medication on discharge, after which point prescription would be taken over by the local Substance Misuse Team.

Follow up will be initially from the local Crisis Team and then we will discuss between the CMHT and Substance Misuse Team as to who is best placed to follow up this gentleman. If you require any further information please do not hesitate to let me know.

Yours sincerely,

Dr Chris Mathias
Staff Grade Psychiatrist

Cc: Substance Misuse Team, St Andrew's House, 113 Cross Athurlie Street, Barrhead

NHS
Greater Glasgow and Clyde

Forensic Community Mental Health Team

Court Liaison Referral Form

Client Information

Name: Wesley Philips

DoB: 05/02/82

Gender: Male
Ethnicity:

Address: 39 Sunnyside Place
Barhead

Court: Greenock

Date/Time Referral Received: 23 NOV MON 9AM

Person Aware of Referral: YES / NO (NO)

Date/Time seen by FCPN: 23/11/09. 11.15 A.M.

Referred By: Thomas Smyth 0844 561 3413

Forensic CPN Assessor Chris O'Brien

RMO (if called) Dr McDonald (discussed only).

Index Offence B.O.P.

Risk(state type) Impulsive acts, selfharm suicide attempts. Drug/Methadone withdrawal.

Disposal PF LIB.

Community Agencies

Already Known to:	Contacted / Referred to:
Psychiatric Services in Inverclyde and Levendale and RAH.	Dr McDonald.

Seen at Inverclyde FRI 9pm.

NHS
Greater Glasgow and Clyde

Forensic Community Mental Health Team

Consent to Sharing Information

Name: WESLEY PHILIPS DoB. 05/02/82

Address: 39 SUNNYSIDE PLACE Tel No: _____

BARRHEAD

_____

_____

I understand that there may be a requirement for information related to me to be shared, in a limited way, between agencies involved in my care. I also understand that each person involved in my care will only receive the information that they require in order that they may adequately meet my health and social care needs in a manner befitting their roles and responsibilities.

I also understand that information may be used for the purposes of audit of the service.

It is my decision to **give / withhold** (delete as applicable) my consent.

Clients Signature: W - PHILIPS Date: 23/11/09

Nurses Signature: J.McCaw SN. Date: 23/11/09

NHS
Greater Glasgow and Clyde

FORENSIC COMMUNITY MENTAL HEALTH TEAM

INITIAL ASSESSMENT

Name: WESLEY PHILIP	**Alias:**
D.O.B: 05/02/82.	**Referring Fiscal:**
Address: 39 SUNNYSIDE PLACE BARRHEAD. **Tel No:**	**Index Offence (Details of alleged offence and factors leading to alleged offence)** B.O.P.
Occupation: UNEMPLOYED.	**Marital Status:** SINGLE.
Religion/Ethnicity:	
Psychiatric Contact: DR LOUDEN, RAVENSCRAIG HOSPITAL.	**GP:** DR AHMED. **Address:** BARRHEAD HC. **Tel No:**
Relative/Contact Person: [redacted] **Address:** [redacted]	**Reason for referral:** ASSESSMENT.
Medical Alerts: None Known. **Staff Alerts:** WEAPONS (Y/N) VIOLENCE (Y/N) SEXUAL BEHAV/VIOLENCE (Y/N) SELFHARM (Y/N) ATTEMPRED SUICIDE (Y/N) ILLICIT DRUGS (Y/N) ALCOHOL (Y/N) ARSON (Y/N)	**Other relevant contacts** DR. MCMAHON, RENFREW DRUG SERVICE, PAISLEY. [redacted] ST ANDREW HOUSE, BARRHEAD.
	Assessor(s): CHRISO'BRIEN S. MCCAW **Designation:** FCPN. ST/N. **Date of Referral:** 23/11/09.

2. **MEDICAL HISTORY (INCLUDING MEDICATION)**

METHADONE - 90ml/day
QUETIAPINE - 200mg/day
MIRTAZAPINE -

PSYCHIATRIC HISTORY: ADMITTED TO LEVERNDALE 3 WEEKS AGO, WARD 4. STATES 'WALKING OUT' PREVIOUS ADMISSION 2 WEEKS BEFORE, DUE TO CLAIMING SUICIDAL IDEATION TRIGGERED BY LOSING HIS WALLET

FORENSIC HISTORY/OFFENDING BEHAVIOUR:

LICENCE RAN OUT IN NOVEMBER FOR ARMED ROBBERY - 20 MONTHS, USED KNIFE.

PERSONAL HISTORY: Childhood/Education/Employment/Relationships/Major Life Events/Pre Morbid Personality

BORN AND BROUGHT UP IN GERMANY, FATHER WAS IN ARMY. MUM DECEASED. BROTHER IN [redacted] + BROTHER IN [redacted]. DAD RESIDED IN [redacted].

ALCOHOL/DRUG HISTORY: HISTORY OF ILLICIT DRUG USE, STATES USING HEROINE RECENTLY, CLAIMED HE STARTED USING AGAIN 6 MONTHS AGO. STATES NO ALCOHOL CONSUMPTION.

RISK FACTORS - (self-harm, aggression/violence)

STATES FEELING/HAVING THOUGHT OF SELF HARMING, THOUGH ALSO STATED HE IS AWARE THERE IS NOTHING HE CAN DO WHILST IN CUSTODY. May act impulsively. Drug withdrawal 360 Rem.

SUICIDE RISK:

- Suicidal thoughts
- Suicide plan
- Any attempted suicide? - STATES ATTEMPTING TO KILL HIMSELF WHILST IN HOSPITAL USING A BATTERY CHARGER LEAD. STATES ALSO HAVING FLUSHED HIS HEAD DOWN TOILET. STATES SITTING IN THE MIDDLE OF A ROAD, AS HE HAD NO MONEY TO BUY PARACETEMOL OR RAZOR BLADES.

3. **OBSERVATION OF MENTAL STATE APPEARANCE:**
MAINTENED EYE CONTACT THROUGHOUT INTERVIEW
RESPONDED WELL IN CONERSATION REQUIRED NO PROMPTING.
NOT DISTRACTED.

SPEECH: ENGAGED WELL IN CONVERSATION, CONVERSED APPROPRIATELY.

MOOD: FLAT IN AFFECT THROUGH MAJORITY OF INTERVIEW

THOUGHTS & BELIEFS: B STATING BELIEVING PEOPLE ARE TALKING ABOUT HIM AND CALLING HIM RUDE NAMES.

HALLUCINATIONS/DELUSIONS: AT TIME OF INTERVIEW STATED NO SIGNS OF OVERT PSYCHOTIC SYMPTOMS, OR THOUGHT DISORDER.

COGNITIVE FUNCTION: (Orientation, Memory, Concentration)
ABLE TO RECALL PAST EVENTS CLEARLY, AND AWARE OF DAY
GOOD CONCENTRATION THROUGHOUT INTERVIEW INTERACTING APPROPRIATELY.

INSIGHT: AWARE OF CURRENT CHARGES, ALSO DISCLOSED HAVING ADMITTED TO ADDITIONAL CRIME OF ROBBERY.

VIEWS OF RELATIVE/SIGNIFICANT OTHER (State who):

4. **OPINION:** 27 year old male with longstanding drug misuse issues with use of heroin and Benzodiazepines one day prior to being charged with Breach of the Peace. He had fallen out with his girlfriend who had called him an "obsessive nerdo" and he was concerned of the ~~the~~ cops his standing in the community. Reacted impulsively when not admitted to Inverclyde Hospital and very vague about what he would do if liberated, but said he wanted to go to jail to get his "head straight." Not psychotic, not distracted, good eye contact. Denies any self harm ideation at this time. No suicidal ideation but vague about his future plans if liberated. Discussed with Dr McDonald due to nature of offence and his vagueness of future immediate plans as well as the likelihood of impulsive acts and we both concurred that he did not require admission to hospital at this time. I will liaise with his G.P and his Drug worker for future appointment.

Signature: .....

Date: 23/11/09

20 Back Sneddon Street
PAISLEY PA3 2DJ

Our Ref: CMCM/DC/CHI 0502823496
Date: 22nd May 2013

Renfrewshire Drug Service
Direct: 0141-618-2585
Fax: 0141-618-5267

Date Dictated: 7th May 2013

PRIVATE & CONFIDENTIAL

Dr. Johnstone
The Barony Practice
Northcroft Medical Centre
Northcroft Street
PAISLEY PA3 4AD

Dear Dr. Johnstone

Wesley Phillips (0502823496)
1/4, 17 Abercorn Street, Paisley PA3 4AA (Previous address)

Psychiatric Diagnosis: F11.2 – Opiate Dependence

Current Psychotropic Medication: Methadone 50 mls. daily, Sertraline 150 mgs.

I saw Wesley for further review at the Drug Clinic on 07.05.2013. Wesley looked very well today. He reports very little drug use in recent months. He has established a relationship with a young woman and this seems to have cheered him up considerably. She had a miscarriage a few week's ago. I have suggested to him that perhaps it is a bit early in their relationship to be thinking of starting a family and to pay attention to contraception.

Yours sincerely

Dr. Charles McMahon
Consultant Psychiatrist

Glasgow City
Community Health Partnership
North East Sector

Anvil Mental Health Resource Centre
81 Salamanca Street
Glasgow
G31 5ES
Tel: 0141 211 8480
Fax: 0141 211 8474

Date: 2-Jun-26
Your Ref:
Our Ref: SM/AL

CONFIDENTIAL
Dr Johnstone
Barony Practice
Northcroft Medical Centre
Northcroft Street
Paisley
PA3 4AD

Dear Dr Johnstone,

WESLEY PHILLIPS, CHI: 0502823496
Flat 0/1, 51 Thrushcraig Crescent, Paisley, PA2 6PP

DATE OF ADMISSION: 24/12/13

DATE OF DISCHARGE: 27/12/13

DIAGNOSIS:Borderline Personality Disorder with Dissocial Traits

LEGAL STATUS: Informal

MEDICATION ON DISCHARGE: Methadone 50ml od, Sertraline 150mg od

Welsey was admitted to Ward 3, Parkhead Hospital, Glasgow on 24th December, 2013 after presenting to A & E at Glasgow Royal Infirmary complaining of suicidal ideation. He has a history of Borderline personality Disorder, ex-intravenous drug use and low mood. He stated that his mood had dipped over the previous few weeks. It appeared that he had fallen out with his brother and father due to gambling away his benefits, despite owing them money. It seems that this had triggered his suicidal thoughts.

In addition, he stated that he had separated from his girlfriend a few months previously and that it was approaching the anniversary of his mother's death, which is always a difficult time of year for him.

On admission, he did not appear overtly depressed and had a reactive affect at interview. He stated that he was hearing voices, but that this had been ''going on for years''. He claimed these voices were saying ''you've let your family down'' and ''you've nothing to live for''. He stated that in response to this he had tried to throw himself in front of a taxi and that the driver of the taxi had driven him to A & E. He was adamant that if he was not admitted to hospital he would find a way to kill himself that night. He lives alone and was socially isolated due to falling out with his family.

There was no evidence of any psychotic symptoms on the ward and it was thought the voices that he complained of were not true auditory hallucinations. He denied any ongoing suicidal thoughts and was therefore discharged on 27th December, 2013 with follow-up from the Intensive Home Therapy Team in Paisley. No follow-up at Parkhead Hospital has been arranged.

Please do not hesitate to contact me if you have any questions.

Yours sincerely,

Dr Scott Mackenzie
GPST2 to Jacqueline Anderson
CONSULTANT PSYCHIATRIST

c.c. Dr McMahon
Renfrewshire Drug Service
Back Sneddon Centre
Paisley, PA3 2DJ,

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

Date: 6th January 2014
Dictated: 3rd January 2014
CHI: 0502823496
Ref: DMcP/SC

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

Dear Dr Johnstone

RE: Wesley Phillips, Flat 0/2, 51 Thrushcraigs Crescent, Paisley PA2
Date of Birth: 05.02.82 (3496)

As you are aware following my letter dated 30.12.13 Mr Phillips was referred to Intensive Home Treatment Team by staff at Parkhead Hospital for supported early discharge following a 3 day admission on a background of suicidal ideation with multiple social stressors. Staff at Parkhead Hospital did not feel that Mr Phillips required admission at this time due to his decreased levels of risk was referred to ourselves. Unfortunately since our initial referral on 29.12.13 we have only managed to meet with Wesley on one occasion where Dr McAree, Consultant Psychiatrist completed a full psychiatric assessment and it was felt appropriate to look into passing his care back to his Renfrewshire Drug Service worker Margaret Parkinson and Dr McMahon, Consultant Psychiatrist in the near future.

Mr Phillips engagement with I.H.T.T has been very poor. He has been offered in excess of 5 appointments and only attended one. After discussion via telephone today following another non attendance it was agreed between ourselves and Mr Phillips that transfer of his care back to RDS should take place today. We have encouraged Mr Phillips to utilise crisis numbers should he require and he will attend Margaret Parkinson at RDS on Monday 06.01.14. Should you require any further information please do not hesitate to contact the team on the above telephone number.

Yours sincerely

Desmond McPeake
Senior Intensive Home Treatment Practitioner
Intensive Home Treatment Team

Cc Margaret Parkinson / Dr McMahon, RDS

20 Back Sneddon Street
PAISLEY PA3 2DJ

Our ref: CD/KC/CHI: 0502823496
Date: 22 January 2014
Date Dictated: 21 January 2014

Renfrewshire Drug Service
Direct: 0141-618-2585
Fax: 0141-618-5267

PRIVATE & CONFIDENTIAL

Dr Johnstone
The Barony Practice
Northcroft Medical Centre
Northcroft Street
Paisley
PA3 4AD

Dear Dr Johnstone

Wesley Phillips (0502823496)
1-4 17 Abercorn Street, Paisley PA3 4AA

Psychiatric Diagnosis: F11.2 – Opiate Dependence

Current Psychotropic Medication: Methadone 50 mls daily supervised, Sertraline 150 mgs

I reviewed Mr Phillips at Renfrewshire Drug Service on 21 January 2014. He describes to having had an unsettled time over the festive period. To this end he had a short admission to Parkhead hospital and was subsequently supported by the IHTT team. He describes a number of recent stressors including his ex-girlfriend's miscarriage and the anniversary of his mother's death. He believes that these have impacted on his mood over the last month or so. He also described that his sleep regime has not been settled over the past 2 weeks. I note that he is currently residing mainly at his father's house more than at his own flat. He described no ongoing suicidal ideation today. He does however express ideas that his current antidepressant may not be working for him. He has had a recent ECG on 10 December 2013 which demonstrates an elongated QTc interval of 510 m.s. While Mr Phillips suggested tentatively an increase in his medications may be helpful I have explained that changes to his medications may not be effective and indeed may be detrimental in terms of his current ECG.

He does describe today having used a bag of heroin several days ago, which he injected. He denies the use of anything since this period of time. I have made no changes to his medication and will continue to review him at the drug clinic.

Yours sincerely

Dr Claire Duncan,
ST3 in Addiction Psychiatry

Dr Charles McMahon
Consultant Psychiatrist

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

Date: 6th May 2014
Dictated: 6th May 2014
CHI: 0502823496
Ref: AK/LMcG

PRIVATE & CONFIDENTIAL
Dr Johnstone
Barony Practice
Northcroft Medical Centre
Paisley

Dear Dr Johnstone

RE: Wesley Phillips, 8 Thomson Brae, Paisley, PA1 1TP
Date of Birth: 05.02.82 (3496)

The above named gentleman was referred to the Intensive Home Treatment Team on 4th May 2014 following an assessment at the RAH by the Out of Hours CPN Service in the early hours of the previous morning. At this point he appeared well kempt and neat but was slightly malodorous. He had good eye contact throughout assessment but pupils were pinpoint. His speech was normal in rate rhythm and tone with content relevant to the subject being discussed. There was no evidence of any pressure or poverty of speech. He was calm and relaxed throughout the assessment and rapport was easily established. Wesley stated that he had been experiencing problems for approximately 2 weeks where he has been more unsettled on the background of using heroin and street Diazepam and has been experiencing suicidal thoughts but denied having any active plan or intent to kill himself at time of assessment. He was clear that he did not want to die but sometimes felt life was not working out the way he intended it to. He was neither distracted nor preoccupied throughout assessment and there was no evidence of any thought disorder. His mood brightened towards the end of the interview and he was smiling and laughing appropriately. He stated his sleep had been poor and did appear tired due to his use of street Diazepam. It was agreed at this point that Wesley would be referred to IHTT for follow up and further assessment.

Unfortunately since the initial referral on 4th May 2014, we have been unable to make contact with Wesley. We have offered him, via letter, an appointment at Dykebar Hospital for further review however he has failed to attend this. IHTT did manage to link in with his RDS Worker, Margaret Parkinson on 6th May 2014 at which time she reported meeting with Wesley earlier in the day and found him to be well kempt, brighter in mood and did not appear to be depressed. He was engaging and talkative, voicing no concerns or worries at this time and did not allude to being seen by the OOH CPN Service at the weekend. Margaret had no concerns or worries regarding Wesley and he was allowed to return home after the visit. Following discussion with IHTT SpR, Dr Emma Earl, it was agreed that Wesley could be discharged from our caseload and pass his care back to Margaret Parkinson and Dr McMahon of RDS as of 6th May 2014. We are aware that Wesley is in receipt of crisis numbers as he was able to utilise these at the weekend and Margaret Parkinson will send out a further appointment for him in 2 weeks time.

RE: Wesley Phillips, 8 Thomson Brae, Paisley, PA1 1TP
Date of Birth: 05.02.82 (3496)

Should you require any further information with regards to this matter please do not hesitate to contact the IHTT on the above telephone number.

Yours sincerely

Angela Kelly
Senior Intensive Home Treatment Practitioner
Intensive Home Treatment Team

Cc Dr McMahon / M Parkinson, RDS

Renfrewshire
Community Health Partnership

Paisley Community Mental Health Team
The Charleston Centre
49 Neilston Road
Paisley PA2 6LY

Telephone: 0141 618 5600

NHS
Greater Glasgow and Clyde

Date: 20/11/2014
Dictated: 12/11/2014
CHI: 0502823496
PIMS: 1808520
Ref: SS/LM

PRIVATE AND CONFIDENTIAL
Dr Johnstone
Barony Practice
Northcroft Medical Centre
Northcroft Street
Paisley
PA3 4AD

Dear Dr Johnstone

RE: Wesley Phillips (05/02/1982) 0/2, 51 Thrushcraig Crescent, Paisley, PA2 6PP

Following a referral from IHTT I offered the above patient his initial appointment in 12th November 2014. Unfortunately he failed to attend this appointment. Later on in the day he called to state that he had forgot about his appointment and requested another appointment. I have sent him another appointment for 10th December 2014 at 9.30am at Dykebar Hospital hoping that he will engage with the service.

Yours sincerely

Dr S Shanmugam
Specialty Doctor in Psychiatry

Renfrewshire
Community Health Partnership

Paisley Community Mental Health Team
The Charleston Centre
49 Neilston Road
Paisley PA2 6LY

Telephone: 0141 618 5600

NHS
Greater Glasgow and Clyde

Date: 29/10/2014
Dictated: 29/10/2014
CHI: 0502823496
PIMS: 1808520
Ref: SS/LM

PRIVATE AND CONFIDENTIAL
Mr W Phillips
0/2, 51 Thrushcraig Crescent
Paisley
PA2 6PP

Dear Mr Phillips

Following referral form your GP I would like to offer you an appointment to meet with me on:

Wednesday 12th November 2014 at 9.30am at Hollybush Out Patient Department, Dykebar Hospital

If this is unsuitable please contact the office as soon as possible and another appointment can be arranged.

Yours sincerely

Dr S Shanmugam
Specialty Doctor in Psychiatry

Renfrewshire
Health & Social Care Partnership

20 Back Sneddon Street
Paisley PA3 2DJ

Date:	19 October 2015
Date Dictated:	15 October 2015
Our Ref:	BO'N/KAC/CHI 0502823496
Enquiries:	Renfrewshire Drug Service
Tel:	0141-618-2585

Private & Confidential

Dr Johnstone
Barony Medical Practice
Northcroft Medical Practice
Northcroft Street
Paisley
PA3 4AD

Dear Dr Johnstone

Wesley Phillips (0502823496)
14/5 Thrushcraigs Crescent, Paisley PA2 6PW

Psychiatric Diagnosis: Opiate Dependence Syndrome, previous diagnosis of Borderline Personality Disorder

Current Psychotropic Medication: Methadone 40 mls daily supervised, Quetiapine 50 mgs (commenced today)

.....

I reviewed this gentleman at Renfrewshire Drug Service on 15 October along with his key worker Jackie Leiper following initiation of Methadone last week.

He presented on time and like the previous week, was unkempt, unshaven and smelly. He did not appear intoxicated but his manner was quite lugubrious and bordered on loco-motor retardation. He continues to report consistently the same auditory and visual hallucinations as previously documented. In a review of his case record, this has been consistent over the last 3 years. He admits to suicidal ideation which often peaks when the 'voices' are at their most active. He has no plans to kill himself today although this has not been the case recently prior to his admission to Dykebar hospital.

He is happy that he has been established on Methadone and feels that it could help him. He reports having last used 0.4 grams of heroin, injected into the groin 5 days ago. On 2 days this week he used approximately 90 mgs of Dihydrocodeine both days. He considers this a substantial improvement.

He denies any Valium use since his admission to Dykebar and we shall corroborate this with a urine drug screen although quite late in the interview he admitted to taking 10 mgs of Mogadon to enable sleep.

After discussion, which verified the reporting from previous years, we agreed that perhaps commencing an anti-psychotic might be useful. He informed me today that there have been occasions when the voices have been absent and this has been associated with him desisting from drug use and being compliant with his medication. We commenced him on Quetiapine 50 mgs initially and shall review him early and regularly.

Cont/.....

I note that he also reports the remaining portion of the needle spontaneously removed itself from his groin.

We shall keep you updated as to his progress.

Yours sincerely

Dr Brian O'Neill
Specialty Doctor
Addiction Psychiatry

Dr Charles McMahon
Consultant Psychiatrist

cc: Jackie Leiper, RDS

Renfrewshire
Health & Social Care Partnership

Renfrewshire Drug Service

Date:	9th October 2015
Date Dictated:	8th October 2015
Our Ref:	MMcC/DJC/CHI 050282 3496
Enquiries:	Renfrewshire Drug Service
Tel:	0141 618 2585

PRIVATE & CONFIDENTIAL

Dr Johnstone
Barony Medical Practice
Northcroft Street
Paisley
PA3 4AD

Dear Dr Johnstone

Wesley Phillips, dob – 05.02.82, 14/5 Thrushcraig Crescent, PA2 6PW

Psychiatric Diagnosis: F11.22 – Opiate Dependency

Previous Diagnosis: Borderline Personality Disorder

Current Psychotropic Medication: Methadone 30mls (daily supervised- commenced today)

I met with Wesley at the Renfrewshire Drug Service on 08.10.15. As you will be aware he had been previously admitted to Dykebar following an episode of auditory hallucinations however he had been asked to leave Dykebar prior to the assessment period ending as he had been found to be injecting Heroin while on the ward. Unfortunately things were made slightly more complicated when a needle, napped and remained in situ. He attended Accident & Emergency for an x-ray to confirm the presence of the broken needle and was reviewed by the consultant there. I understand they feel that no action is required at present.

Wesley was able to give me a detailed account of the last few months. He spent some time in custody and following his release attended a Christian Rehab Centre. This was to be an 18 month rehab but he left after 4 months. While there he ceased all anti psychotic therapy and on returning home recommenced illicit opiate use. He has been injecting since July. I understand you have encouraged him to attend RDS and that he is also being reviewed at Dykebar.

He is currently injecting up to three bags daily and is not on any other medication. He resides in a homeless flat and is also consuming up to 20 street valiums on a daily basis, He is not drinking any alcohol and I understand he had been treated with Dihydrocodeine whilst in Dykebar. He has previously done well on Methadone.

Today he was dressed in rather dirty clothes and was slightly unkempt although he did appear to have washed. His test was clear and although he was slightly overweight his abdominal examination was unremarkable. I took the opportunity to inspect for any infected injection sites and there were none. Indeed the site in his groin where he had the accident with the needle was healing well with lower limbs and good peripheral pulses and no adima.

Cont/…….

Today Wesley stated that the voices were very clearly inside his head however he was not sleeping well. Today he spoke quietly but did not appear to be unduly distressed or anxious nor responding to any hallucinations. I understand there had been an episode where he had lain in the road. It would appear that he had certainly reached a point where he requires some treatment for his current mental state. Today he seemed amenable to opiate replacement therapy. We discussed the risk of overdose and encouraged him to move from injecting to smoking. We also highlighted the risks of illicit valium and he assures us that if this may be causing a decline in his mental state that he will reduce the valium and stop them.

In the first instance we have agreed a plan to stabilise him on Methadone and have commenced him on 30mls on a daily supervised dose and suggest that he meets with his worker next week. He is reluctant to recommence Aripiprazole but would be amenable to Quetiapine. I advised that as he stabilises on Methadone we will consider this. I will keep you updated of any further developments.

Yours sincerely

Dr Melanie McCallum
Medical Officer

Dr Charles McMahon
Consultant Psychiatrist

c.c. Jacqueline Leiper, keyworker, Renfrewshire Drug Service

Renfrewshire
Community Health Partnership

Paisley Community Mental Health Team
The Charleston Centre
49 Neilston Road
Paisley PA2 6LY

Telephone: 0141 618 5542

NHS
Greater Glasgow and Clyde

Date: 17/02/2014
Dictated: 15/12/2014
CHI: 0502823496
PIMS: 1808520
Ref: SS/LM

PRIVATE AND CONFIDENTIAL
Dr Johnstone
Barony Practice
Northcroft Medical Centre
Northcroft Street
Paisley
PA3 4AD

Dear Dr Johnstone

RE: Wesley Phillips (05/02/1982) 0/2, 51 Thrushcraig Crescent, Paisley, PA2 6PP

I am writing to inform you the above patient had his second initial appointment with myself on 10th December 2014. Unfortunately he failed to attend this appointment and has not contacted the service. At this point I am not offering any further appointment with myself. If there are any concerns please do not hesitate to re-refer him back to our service.

Yours sincerely

Dr S Shanmugam
Specialty Doctor in Psychiatry

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

Inverclyde - CMHT Adult
GGC Mental Health

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

Community Mental Health Team - Adult
SCI Gateway Virtual Location code

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

Hospital location code.
G002G

Email address
-

Urgency of referral	Routine		
Date of referral	15-Nov-2016	**Date sent**	18-Nov-2016

PATIENT DETAILS

Surname	Phillips
Forename(s)	Wesley
Title	Mr
Sex	Male
Date of birth	05-Feb-1982
CHI no.	0502823496
Area of Residence	-

Patient's address

98
Inverclyde Centre
98 Dalrymple Street
GREENOCK
PA15 1BZ

Contact number(s)

Voice: 07464218580

101012513987F

Unique Care Pathway Number: 101012513987F

REGISTERED GP DETAILS

Name	Dr Colin Black		
GMC code	6163143	GP code	35483
Practice name	Orangefield Practice		
Practice code	86054		

Practice address

Greenock Health Centre
20 Duncan Street
Greenock
PA15 4LY

Contact number(s)

Voice: 01475 501334
Facsimile: 01475 892479

REFERRING GP DETAILS

Name	Dr. Andrew Malloch		
GMC code	3205011	GP code	34169
Practice name	Orangefield Practice (86054)		
Practice code	86054		

Practice address

The Health Centre
20 Duncan Street
Greenock
PA15 4LY

Contact number(s)

Voice: 01475 501334

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Low mood and anxiety

Comment: Dear Dr

I would be most grateful of your review if this 34 year old gentleman who has newly joined the practice. He originally lived in Port Glasgow but has recently returned from Kent where he had been living in a Christian Rehab unit. He has previous history of IVDU and thereafter methadone use but has stopped using both of these for 10+months now and remains motivated to continue with this. He also reports he has a long history of low mood and anxiety having previously been on SSRI and Quetiapine but since having been in the rehab facility he was given neither.

He continues to have close links with the local church and keeps himself busy with voluntary work but is concerned with the recent stress of moving etc that his mood is deteriorating. At present he often reports his mood to be low with intermittent anxiety and at times poor motivation. Sleep has often been problematic.

Today he gave good eye contact and was co-operative throughout but did appear flat. behaviour and cognition appeared normal with no current thoughts of deliberate self harm.

Given his history and current symptoms I would be grateful of your review and further advice.

Many thanks.

Dr Kirsty Ormond
Locum GP for Dr Andrew Malloch

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)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Erythromycin And Zinc Acetate Lotion 40 mg/ml + 12 mg/ml	90	90 ml	APPLY TWICE DAILY	-	15-Nov-2016	15-Nov-2016

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

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?:No
Risk to others including children/dependents/clinicians/other:No
Risk from others:No
Risk of Self Neglect:No
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP

Electronic Attachment Present:No

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

Renfrewshire
Health & Social Care Partnership

Renfrewshire Drug Service

Date:	17th November 2015
Date Dictated:	10th November 2015
Our Ref:	CMcM/DJC/CHI 050282 3496
Enquiries:	Renfrewshire Drug Service
Tel:	0141 618 2585

PRIVATE & CONFIDENTIAL

Dr Johnstone
Barony Medical Practice
Northcroft Medical Practice
Northcroft Street
PAISLEY
PA3 4AD

Dear Dr Johnstone

Wesley Phillips, dob 05.02.82 – 0/2, 51 Thrushcraig Crescent, Paisley, PA2 6PP

Psychiatric Diagnosis: Opiate Dependence, Disorder of Adult Personality

Current Psychotropic Medication: Methadone increased to 80mls daily, Quetiapine 200mgs daily

---

I saw Wesley for further review at Renfrewshire Drug Clinic on 10.11.15. Wesley unfortunately has continued to use heroin including by injection. He has had several problems including a needle stuck in his groin which has came out spontaneously and also possibly an abscess although he now has attended A & E about these.

He said that he has reduced but not stopped his heroin use and I have increased his Methadone today.

Despite this he actually looked relatively well today. He looked reasonably well kempt and well nourished. He said he is looking after himself. He is quite isolated but perhaps being away from other drug users is a good thing. Wesley as he always has done is using the supports in the local churches and I have encouraged him to also try and get involved with the recovery activities.

He reports continuing to be troubled by voices but in a pretty half hearted way acknowledging that they are not frequent or intrusive or particularly troubling at the moment. He requested a further increase in his Quetiapine and I have increased that to 200mgs daily. We will check an ECG.

Yours sincerely

Dr. Charles McMahon
Consultant Psychiatrist

c.c. Jacqueline Leiper, keyworker, Renfrewshire Drug Service

Renfrewshire
Health & Social Care Partnership

Renfrewshire Drug Service

Date:	13th January 2016
Date Dictated:	16th December 2015
Our Ref:	CMcM/SR/0502823496
Enquiries:	Renfrewshire Drug Service
Tel:	0141 618 2585

PRIVATE & CONFIDENTIAL
Dr Johnstone
The Barony Practice
Northcroft Medical Centre
Northcroft Street
Paisley
PA3 4AD

Dear Dr Johnstone

Wesley Phillips, DoB: 05.02.1982, 0/2, 51 Thrushcraig Crescent, Paisley, PA2 6PP

Psychiatric Diagnosis: Opiate Dependence, Disorder of Adult Personality

Current Psychotropic Medication: Methadone 80mls daily, Quetiapine 200mgs daily

---

I saw Wesley for further review at the Drug Clinic on the 15th December 2015. He appears to be settling down. He said that he hasn't been using heroin or valium for the last month. The relationship with his father has improved. He is attending various church groups and fellowship meetings. He looked clean and tidy and much more coherent today.

He is confident that he can get himself safely through the festive period. He did mention however that he is thinking about doing one of the voluntary sector rehabilitation units again, given his history and coexistent psychological difficulties, a rapid detox in a non statutory rehabilitation centre is unlikely to be helpful but we will talk to Wesley about this in the new year.

I will let you know how things progress.

Yours sincerely

Dr. Charles McMahon
Consultant Psychiatrist

c.c. Jacqueline Leiper, Key Worker, Renfrewshire Drug Service

Renfrewshire
Health & Social Care Partnership

Renfrewshire Drug Service

Date:	17th February 2016
Date Dictated:	9th February 2016
Our Ref:	CMcM/SR/0502823496
Enquiries:	Renfrewshire Drug Service
Tel:	0141 618 2585

PRIVATE & CONFIDENTIAL
Dr Johnstone
The Barony Practice
Northcroft Medical Centre
Northcroft Street
Paisley
PA3 4AD

Dear Dr Johnstone

Wesley Phillips, DoB: 05.02.1982, 0/2, 51 Thrushcraig Crescent, Paisley, PA2 6PP

Psychiatric Diagnosis: Opiate Dependence, Disorder of Adult Personality

Current Psychotropic Medication: Currently Not on Medication

I was due to see Wesley Phillips today but he did not come. As far as we can ascertain he has taken himself off to some kind of third sector, a Christian rehabilitation centre in England. He had mentioned this to staff briefly and we had also telephoned his father who confirmed as far as he is aware this is where Wesley is.

We will await contact on his release.

Yours sincerely

Dr. Charles McMahon
Consultant Psychiatrist

c.c. Jacqueline Leiper, Key Worker, Renfrewshire Drug Service

Adult Mental Health - Specialist Shared Assessment

Personal Details

(* Mandatory Information Required on Referral)

CHI Nº:	0502823496	Carefirst Nº:		PIMS Nº:	
*Surname:	Phillips		Preferred Name:		
*First Name:	Wesley		Alias:		
*Address & Post Code:	Inverclyde Centre, 98 Dalrymple Street, GREENOCK, PA15 1BZ				
*Telephone Nº:	07464218580		*Mobile No:		
*Date Of Birth:	05/02/82		*Gender:	Male	
Ethnicity:	Scottish	NI Number:		Spiritual Need:	

Nationality :	British	Preferred Language:	English	*Need For Interpreter:	YES☐ NOx☐
Method of Communication:	Verbal		Sensory Impairment:	No	
Asylum Status: If Relevant	No		Care Programme Approach:	N/A	

*Alerts e.g. Allergies, history of violence.	
None Known	

*Name of Referrer:	Dr Malloch	*Date of Referral:	15/11/16
*Designation or Relationship to Person Referred:	GP	*Agreement to Referral?	x☐YES NO☐
*Reason For Referral:	Low mood and anxiety		

Statutory Events

*Diagnosis 1:		Named Person: (If appropriate)	
*Diagnosis 2:		Advanced Statement Included:	YES☐ NO☐ If yes Please give details of location & who holds n chronological account of care
Certificate of Incapacity:	NO☐	*Current Legal Status:	Informal

*AWI/MH Act	Date Applied	End Date	Comments

Adult Mental Health - Specialist Shared Assessment

Accommodation Type:	Inverclyde Centre	Tenure Type:	
Landlord Details: If relevant		Controlled Door Entry	x☐YES NO☐
Household Composition:			
*Known Risk Issues:			

Contact Information

*Main Support (carer)			
Name:		Address: Postcode:	
Telephone:			
Mobile:		Relationship:	
Next of Kin:	Yes☐	Frequency of Contact:	
If this person is unavailable will there be a requirement for additional services?		☐Yes	

Other Significant Contact – Friends (key support)			
Name:		Address:	
Telephone:		Postcode:	
Mobile:		Relationship:	
Next of Kin:	☐Yes No☐	Frequency of Contact:	

Key Holder		
Name:		Address:
Telephone:		Postcode:

Next of Kin (if not listed above)		
Name:		Address:
Telephone:		Postcode:

Named Person		
Name:		Address:
Telephone:		Postcode:

No Contact Requested With

Name:		
Relationship		Address:
Telephone:		Postcode:
Reason		

Adult Mental Health - Specialist Shared Assessment

Professional Contacts

GP		
Name:	Dr. Malloch	Address: Orangefield Practice
Telephone:	01475 501334	Postcode PA15 1BZ

Independent Advocate		
Name:		Address:
Telephone:		Postcode:

Current Services/Professional Contacts

Name	Telephone Number
1. [redacted] – Case worker at Homeless Team	01475 558000
2.	
3.	
4.	
5.	
6.	

*Medication at Time of Referral			
Name	Dose	Route	Frequency
1. None			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Medication Compliance/Reasons For Non-Compliance

Adult Mental Health - Specialist Shared Assessment

What is the person's perception of their presenting circumstances?
How does the person describe what they are experiencing?
Are there things the person wants to work on?
Why do they want to work on these things now?

Wesley disclosed that he is a recovering drug addict and feels anxious when he meets old peers, and fears they may tempt him into his old lifestyle. Wesley also disclosed that he needs to "fill his time" as he has had previous suicide attempts and self harm.

Wesley would like to have structure to his life, diverting his attention from illicit drugs and suicidal ideation.

Wesley would like to maintain a "drug free" lifestyle. He states that in the past when he used illicit drugs he would feel envy towards his peers who had managed to "Get off drugs".

What is the Carer's Perception of the Person's Presenting Circumstances?
What do other people think about what is going on? What are they worried about?

No input from family members.

Personal & Family History (including Current Social Circumstances)
Life story so far…
Birth. Childhood. Siblings. Parents. Schooling. Further Education. Work. Major relationships. Children

Wesley disclosed that he was "wild" as a child, and was diagnosed Tourette syndrome in early childhood and was on medication to manage his symptoms. Wesley attended a specialist centre in Newcastle to monitor his behaviour.

Wesley moved from Port Glasgow to Greenock in 1998 then moved on to Paisley in 2008. Wesley found his mum dead in 2006, which had a dramatic impact on him and also led to conflict within the family as some family members blamed the stress of Wesleys behaviour contributed to her death. Having lived a life of incarceration, drug use, self harm and numerous suicide attempts Wesley moved to England to partake in a drugs rehabilitation with a Church run organisation, called Victory Outreach. Wesley disclosed that his time with Victory Outreach was like "living in a bubble", but he was happy with this. However, Wesley left Victory Outreach after 10 months having had an altercation with a fellow client. Another contributing factor was that his brother had attempted suicide. At this time, Wesley relapsed, injecting heroine, but stated it was an isolated incident.

Having now been in Greenock for 6 weeks, Wesley is currently residing at Inverclyde Centre and states the environment is "not ideal" given what he's recently come through. Wesley has a Case Worker, Veronica Rasmussen, from the Inverclyde Centre.

Has the carer been offered a needs assessment?	Yes ☐	No ☐
If YES was the offer accepted?	Yes ☐	No ☐

Adult Mental Health - Specialist Shared Assessment

Child Information

Name of Child 1:		Address:	If different to person being assessed
Date of Birth:			
Child Protection Register / Supervision		☐Yes	No☐

Name of Child 2:		Address:	If different to person being assessed
Date of Birth:			
Child Protection Register / Supervision		☐Yes	No☐

Name of Child 3:		Address:	If different to person being assessed
Date of Birth:			
Child Protection Register / Supervision		☐Yes	No☐

Name of Child 4:		Address:	If different to person being assessed
Date of Birth:			
Child Protection Register / Supervision		☐Yes	No☐

Name of Child 5:		Address:	If different to person being assessed
Date of Birth:			
Child Protection Register / Supervision		☐Yes	No☐

Agencies Involved

Social Work Child & Families Team	☐	Mental Health Practitioner	☐
Health Visitor	☐	Other (please specify below)	☐
School/Nursery	☐	None	☐

Child Name	Contact Name	Professional Title	Telephone Number

Impact of Mental Health on Parenting and/or Potential Risk to Children

Do the problems the person experiences have any effects on their ability to care for their children?

N/A

Adult Mental Health - Specialist Shared Assessment

Psychiatric History

Any contact with Mental Health Services?
Any previous experiences of mental ill health?

Wesley was an inpatient in Dykebar Hospital in September 2015, and also at Leverndale Hospital in 2011. This was following incidents of drug use and suicide attempts. Wesley disclosed that he was admitted to an adult ward within RAH following an overdose attempt, and was discharged having spent one night in hospital.

Physical Health

How is your health? Are there any issues to note?

None discosed.

Registered Disabled?	☐ Yes No ☐	If Yes please specify	

Capacity Issues

Has capacity been formally assessed in relation to:

1. Medical Treatment? Yes ☐ No x ☐

2. Ability to manage Finances? If No please go on to question 3. Yes ☐ No ☐

- Financial intervenor? Yes ☐ No ☐
- Does anyone hold financial guardianship? Yes ☐ No ☐
- Intromission with access to funds? Yes ☐ No ☐

3. Ability to manage personal Welfare Matters? Yes ☐ No ☐

- Welfare intervenor? Yes ☐ No ☐
- Welfare power of attorney? Yes ☐ No ☐
- Does anyone hold formal proxy powers/welfare guardianship? Yes ☐ No ☐

Finances

Does the person have difficulty managing finances? Yes ☐ No ☐

Does anyone assist with financial matters? Yes ☐ No ☐

Has a welfare benefit assessment been completed? Yes ☐ No ☐

Adult Mental Health - Specialist Shared Assessment

Current Income (please tick all that apply)

	☐		☐
Occupational Pension	☐	Disability Living Allowance (Care)	x ☐
Statutory Sick Pay	☐	Housing Benefit	☐
Income Support	☐	Council Tax Benefit/Exemption	☐
Incapacity Benefit	☐	Carer's Allowance	☐
Other (Please specify)	x ☐	Family Tax Credit	☐

Notes
Debts?
None disclosed.

Meaningful Activity/Occupation/Employability/Interests
What does the person enjoy doing?
What activities bring meaning into their life?
How do they make a living?

Wesley is currently looking for structure to his life.
Wesley is currently on benefits - Employment Support Allowance and Personal Independence

Personal Strengths
What helps you cope?
How do you manage things on a day to day basis?

Wesley copes by going to Church.

Alcohol History/Current Usage
Weekly estimate in units

Wesley currently has no intake of alcohol, disclosing that he was drinking heavily at the age of 20.

Drugs/Substance Abuse History/Current Usage

Wesley disclosed that in the past he used heroine (IV), crack cocaine and "valium". He hasn't used for 10 months, other than one isolated relapse.

Smoking History/Current Usage

None disclosed.

Forensic History
Convictions?

Wesley has a history of incarceration for armed robbery, carrying a weapon and police assault (verbal).

Personality/Outlook
What are you like on a good day/bad day?
How do you tend to see the world? Optimist/ Pessimist?

On a good day, Wesley attends Church and on a bad day he avoids it.

Appearance & Behaviour
Interviewers view of how the person looks and behaves during the interview

Throughout the interview, Wesley appeared relaxed with good eye contact and didn't appear to withhold any information.

Speech

Interviewers view of nature and content of speech, noting any issues

The nature and content of Wesleys speech was clear and fluent.

Mood & Affect

Interviewers view of how the persons mood seems during interview

During the interview, Wesleys mood appeared reasonably positive, and he engaged well in the assessment and was able to provide interviewer with a good account of his past.

Thought Content

Anything to note about the way the person appears to be thinking

Wesley appeared shameful of past lifestyle and motivated to making changes to his life.

Perceptions

Anything to note about how the person seems to be perceiving the world

Wesley feels anxious incase he meets peers from the past who may reintroduce him to his

former lifestyle of illicit drug use.

Cognitive Functioning

Anything to note about how the person appears to be thinking/remembering/processing

Wesley appeared to concentrate with ease and was able to give a full account of his history.

Insight

Does the person seem to have a good understanding of the issues that are affecting them? How do they account for what they are experiencing?

Wesley appeared to have full understanding of his mood and that it is a consequence of his previous lifestyle.

Sleep Pattern

Amount, frequency of waking, pattern, early morning waking?

Wesley disclosed he has always had poor sleep pattern, however this has elevated recently, describing having a disturbed sleep pattern from 1am until 8am.

Nutrition

Frequency and regularity of meals. Does the person cook for themselves?

No apparent issues with diet or appetite.

NOTE Glasgow risk screen must be completed as part of this assessment. These questions may be useful as prompts in the interview.

Assessment of Risk

Suicide/Self Harm Risk

Wesley disclosed that he has had various incidents of self harm, overdose and other suicide attempts over the years, resulting in hospital admissions.

Protective/Risk Factors

Church network.

Has The Person Actively Contemplated Suicide/Suicide Plan?

Yes, but not presently. It appears to be the case when he's under the influence of illicit substances.

Previous Suicide Attempts/Self Harm

Wesley has previously cut himself, overdosed on medication and been found

kneeling on the motorway, in the hope of being hit by oncoming traffic.

Previous History of Violence or Harm to Others

Armed robbery and verbal assault on police.

Vulnerability/Neglect/Other

Potentially vulnerable due to absence of family and friends input.

Gender based violence

Did staff make a sensitive enquiry on Gender Based Violence? YES NOx

If not, why not?

No issues apparent.

If disclosed, what is the nature of this violence?

Gender based violence action plan

If disclosed, has a detailed action plan been put in place?	**YES**	**NO**
Has the plan been agreed with the person?	**YES**	**NO**
Does it meet the Adult Protection 3 point criteria?	**YES**	**NO**
If yes, has referral been made to ASP?	YES	NO
Has this been recorded on DATIX?	YES	NO
Have Child Protection concerns been identified?	**YES**	**NO**

If yes, describe these;

If Yes has a Child Protection referral been made?	YES	NO

FORMULATION *Summary and conclusion of assessment.*

What mental health issues/difficulties have been identified?
Wesleys problems appear to be more social based in terms of current circumstances. At present Wesleys needs seem to be focused on his environment, as he is receiving support from the Inverclyde Centre to obtain a tenancy.

PREDISPOSING FACTORS *What vulnerabilities arise from the person's earlier life/family/ life experience?*
Illicit drug use **Forensic history** **Isolation** **Selfharm/suicide attempts whilst under the influence of illicit substances.**

PRECIPITATING FACTORS *What triggered this particular episode?*
Wesley is currently abstinent from illicit substances and is struggling to adjust to life in the absence of illicit substances.

Adult Mental Health - Specialist Shared Assessment

PERPETUATING FACTORS
What is happening in the here and now that keeps the problems going?

Lack of structure to daily routine.

PROTECTIVE FACTORS
What strengths and supports have enabled to person to manage so far?

Supportive Church network.

RECOMMENDED INTERVENTION
What can services do to assist this person's recovery?

Social practical interventions.

Suitable for Psychological Therapy? NO

Completed by:

Name: (Please Print) **Josephine Brown** Designation: **Student Nurse**

Signature:

Date: **29/11/16**

Counter signed by:

Name: (Please Print) **Nigel Morrison** Designation: **CMHN**

Signature:

Date: **29/11/16**

Health and Social Care Partnership
Chief Officer: Brian Moore

INVERCLYDE COMMUNITY MENTAL HEALTH SERVICE
Crown House
30 King Street
GREENOCK
PA15 1NL

Tel: 01475 558000

Your Ref:

Our Ref: DG/CG

CHI: 0502823496

Date: 23rd November 2016

CONFIDENTIAL

Mr Wesley Phillips
Inverclyde Centre
98 Dalrymple Street
GREENOCK
PA15 1BZ

Dear Mr Phillips

Following your referral from Dr Malloch, General Practitioner, you have been offered an appointment at the **Assessment Clinic, Crown House, 30 King Street, Greenock** on **Tuesday 29th November 2016 at 2.00 p.m.** for the purpose of carrying out an initial mental health assessment.

Following your assessment, your case will be discussed within the multi-disciplinary team and, if it is felt we are the most appropriate service to be helping, you will be offered further input from the service.

In the meantime should your condition deteriorate you should contact your General Practitioner.

If the above appointment time is unsuitable please contact the above number to reschedule.

Please bring this letter with you to your appointment.

Yours sincerely

Secretary
Screening and Allocation Team

c.c. Dr A Malloch, General Practitioner, Orangefield Practice, Greenock Health Centre

Mental Health Partnership
Clinical Risk Screening and Management Tool

NHS Greater Glasgow and Clyde

Service Users Name: **Wesley Phillips**	**Chi No / DoB:** **0502823496**	**PIMS No:**
Legal Status: Informal ☒ Detained ☐ Community Order ☐	**Ward / Dept / CMHT:** **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 (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.

Screening completed by

Print name: Nigel Morrison	Signature:
Designation: CMHN	Date & Time 30/11/16 1201 hours

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 Wesley has previous suicide/self-harm attempts, whilst under the influence of illicit substances.	
Violence Wesley has a history of armed robbery and police verbal assault.	
Other Risk Factors Environmental factors.	

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: Nigel Morrison	Signature:
Designation: CMHN	Date & Time 30/11/16

Health and Social Care Partnership
Chief Officer: Brian Moore

INVERCLYDE HSCP Health and Social Care Partnership

Your Ref:

Our Ref: NM/ZM

CHI: 0502823496

Date: 5th December 2016

INVERCLYDE COMMUNITY MENTAL HEALTH SERVICE
Crown House
30 King Street
GREENOCK
PA15 1NL
Tel: 01475 558000
Fax: 01475 558060

CONFIDENTIAL

Mr Wesley Philips
Inverclyde Centre
98 Dalrymple Street
GREENOCK
PA15 1BZ

Dear Mr Philips,

Further to your assessment at Crown House on 29/12/16, I can confirm that your case has been discussed at our Team Meeting. It was felt that your current needs are focused around your social circumstances and would be best met by offering you information on community resources that may be of benefit to you.

As such I will provide details below.

- Your Voice, 12 Clyde Square, GREENOCK, PA15 1HB, Telephone – 01475 728628
- Moving On, Kingston House, Jamaica Street, GREENOCK, PA15 1XX, Telephone – 01475 735200

I will write to your GP practice informing them of the outcome of the assessment.

I would encourage you to utilise these services and thank you for attending the assessment.

Yours faithfully

Nigel Morrison
Community Mental Health Nurse

Health and Social Care Partnership
Chief Officer: Brian Moore

INVERCLYDE HSCP Health and Social Care Partnership

Your Ref:

Our Ref: NM/ZM

CHI: 0502823496

Date: 5th December 2016

INVERCLYDE COMMUNITY MENTAL HEALTH SERVICE
Crown House
30 King Street
GREENOCK
PA15 1NL
Tel: 01475 558000
Fax: 01475 558060

CONFIDENTIAL

Mr Wesley Phillips
Inverclyde Centre
98 Dalrymple Street
GREENOCK
PA15 1BZ

Dear Mr Phillips

Further to your assessment which was carried out at Crown House on 29th November 2016, your case was discussed at our multidisciplinary team meeting on 30th November 2016 where it was felt that your current needs are focused around your social circumstances and would be best met by offering you information on community resources that may be of benefit to you.

Details of these are:

- Your Voice, 12 Clyde Square, Greenock PA15 1HB. Telephone – 01475 728628
- Moving On, Kingston House, Jamaica Street, Greenock PA16 1XX
  Telephone – 01475 735200

We would encourage you to utilise these services and thank you for attending the assessment.

We have informed your General Practitioner of the outcome of the assessment.

Yours sincerely

CMHT Screening and Allocation Team

Health and Social Care Partnership
Chief Officer: Brian Moore

INVERCLYDE HSCP Health and Social Care Partnership

Your Ref:

Our Ref: NM/ZM

CHI: 0502823496

Date: 5th December 2016

INVERCLYDE COMMUNITY MENTAL HEALTH SERVICE
Crown House
30 King Street
GREENOCK
PA15 1NL
Tel: 01475 558000
Fax: 01475 558060

CONFIDENTIAL

Dr A Malloch
General Practitioner
Orangefield Practice
Greenock Health Centre
20 Duncan Street
GREENOCK
PA15 4LY

Dear Dr Malloch

Wesley Phillips, c/o Inverclyde Centre, 98 Dalrymple Street, GREENOCK, PA15 1BZ. (CHI: 0502823496)

Thank you for your referral of the above gentleman to the Community Mental Health Team. Mr Phillips attended for assessment at Crown House on 29th December 2016 and his case was discussed at our Multi Disciplinary Team Meeting on 30th November 2016. It was felt that the above patient's needs were more social based in view of the fact that his environment is a predominant factor. It does not appear that there are any significant mental health issues at this time and he is currently not receiving any medication. We have provided Wesley with details of community resources, namely Your Voice and Moving On for him to utilise should he wish.

Once again, I would like to thank you for your referral and hope this is to your satisfaction.

Yours sincerely

CMHT Screening and Allocation Team

Health and Social Care Partnership
Chief Officer: Brian Moore

INVERCLYDE HSCP Health and Social Care Partnership

Our Ref: AW/JB/0502823496

Your Ref:

Date Seen: 11th January, 2017
Date Dictated: 11th January, 2017
Date Typed: 11th January, 2017

The Langhill Clinic
Inverclyde Royal Hospital
Larkfield Road
Greenock
PA16 0XN

Tel: 01475 504401
Fax: 01475 504702

Dr. Iqbal,
Locum Consultant Physician,
Inverclyde Royal Hospital,
Larkfield Road,
GREENOCK.
PA16 0XN

c.c. Dr. McNeil, Orangefield Practice,

Dear Dr. Iqbal,

Wesley Phillips, d.o.b. 05.02.82
Inverclyde Centre, 98 Dalrymple Street, Greenock.

Diagnosis:	**1. Overdose- X60** **2. Emotionally Unstable Personality Disorder – F60.31**

Thank you for referring the above gentleman to the Psychiatric Liaison Service. I met with him in J. North on 11.1.17 following his admission the previous day with a suspected overdose of Paracetamol. When admitted, despite saying he had only recently taken 28 x 500mg tablets, his Paracetamol levels were below the treatment line. Wesley told me that he had got out of rehab three months ago having spent six months there in total. He is currently living in the Inverclyde Centre and receives support from staff there. It was recently the 10th anniversary of his mother's death, he had actually found her. [redacted] however some members of his family attributed some of the blame of her death to him as he was a heavy drug user and brought a lot of trouble to her door. At this time of year, he often feels very guilty about this. He said that over the past ten days he has been troubled with intrusive thoughts that God wants him to commit suicide and that it is God's will that he should die. He described himself as a Christian and said he was finding these thoughts increasingly difficult to deal with.

I discussed my assessment with Dr. Loudon, Consultant Psychiatrist who recommended that Wesley be commenced on Quetiapine at a dose of 25mgs twice daily. He has had this in the past and Wesley said that this has helped when he has had these thoughts previously. Wesley was actually assessed by my colleagues in the CRS Team on 9.1.17 who had carried out a full assessment and had also recommend that Wesley get in touch with some local organisations including Moving On and Your Voice. I reiterated the value of this to Wesley in that it would provide further support and distraction while he is adjusting to being out of rehab and still sorting out his housing situation. He said that he may do go along to these organisations in a week or so when he feels better. He is aware that he should contact his GP in the first instance if the medication does not provide any relief.

Wesley was happy with this plan and was no longer describing any plans for overdosing. He can therefore be discharged when deemed medically fit.

Yours sincerely,

Ann Weir,
Liaison CPN.

Mental Health Partnership
Clinical Risk Screening and Management Tool

Service Users Name: **Wesley Phillips**	**Chi No / DoB:** **0502823496**	**PIMS No:**
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.
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- 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: Sylvia Wilson	Signature:
Designation: SCP	Date & Time 09/01/2017 1.30pm

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 Diagnosis of Emotionally unstable personality disorder. Previous self harm attempts while under the influence of drugs. Thoughts of not wanting to be here but no plans or intent. Problems adjusting to being back in Greenock after spending six months in a religious rehab centre. Now Homeless living in Inverclyde Centre. Feelings of anxiety which he feels is his main problem. No drugs or alcohol since rehab. On no medication. Finding it difficult to sleep. plan; To discuss medication with GP re poor sleep pattern/ anxiety. wesley in agreement with above.	
Violence Previous violence due to addiction.	
Other Risk Factors Homeless.	

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: Sylvia Wilson	Signature:
Designation: SCP	Date & Time 09/01/2017 1.30pm

Mental Health Partnership
Clinical Risk Screening and Management Tool

Service Users Name: Wesley Phillips	Chi No / DoB: 0502823496	PIMS No:
Legal Status: Informal ☒ Detained ☐ Community Order ☐	Ward / Dept / CMHT: J North IRH	

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

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- 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: Ann Weir	Signature:
Designation: Psychiatric Liaison Nurse	Date & Time 11 01 17

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	☐
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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	☐						

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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 Impulsive overdose in response to intrusive thoughts that God wants Wesley to end his life. Previously had good response to Quetiapine therefore prescription arranged. Wesley happy with this and support from Inverclyde Centre.	
Violence n/a	
Other Risk Factors Currently living in Inverclyde Centre, no temptation to use drugs again at the moment but is surrounded by other users.	

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: Ann Weir	Signature:
Designation: Psychiatric Liaison Nurse	Date & Time 11 01 17 16:00

Health and Social Care Partnership
Chief Officer: Brian Moore

Your Ref:

Our Ref: SW/PD
CHI: 0502823496

Date: 12th January 2017

INVERCLYDE COMMUNITY MENTAL HEALTH SERVICE
Inverclyde Community Response Service
Crown House
30 King Street
GREENOCK
PA15 1NL
Tel: 01475 558000
Fax: 01475 558060

CONFIDENTIAL
Dr Black
Orangefield Practice
Greenock Health Centre

Dear Dr Black,

Re: Mr Wesley Phillips, Inverclyde Centre, 98 Dalrymple Street, Greenock
Chi: 0502823496

Thank you for your referral of the above gentleman to the Community Response Service (CRS) on the 9th January 2017 for the purpose of assessing his mental health.

He attended Crown House as arranged and was assessed by me and my colleague Michael Moffat. He spoke about his difficulty since leaving rehab three months previously. He has not been on any medication for a year and for the past three months has started to feel anxious again. He is having difficulty adjusting to being on his own again and it is the tenth anniversary of his mother's death. He enjoyed the structure rehab gave him and the companionship of his peers. He has a previous diagnosis of Emotionally Unstable Personality Disorder and therefore has difficulty controlling his emotions, he feels he should be back on medication. We discussed the fact that he has done well without the medication for a year. His difficulty sleeping was getting him down and he requested something to help him sleep. He was well kempt, good eye contact, quiet spoken. He appeared anxious. There were no symptoms of clinical depression or psychotic phenomena. He was orientated to time, place and person. He spends his time in his room. He spoke about God not wanting him to be here because of his past misdeeds but has no current plan or intent.

He had previously been advised to attend Your Voice or Moving On for more structured support and socialisation and I reiterated that he should at least once to determine if it is suitable for him.

As you are aware from our previous conversation you kindly agreed to prescribe Wesley with a short course of Zopiclone to help him sleep. We have discharged him from CRS. Should you require any further information please do not hesitate to contact us.

Yours sincerely

Sylvia Wilson
Senior Crisis Practitioner

Case No 4906402 **Case Active** 07/01/2017 19:27 **Case Type** CPN To Phone Pt Within 1 Hr

Patient Wesley Phillips **Sex** M **D.O.B** 05/02/1982 **Age** 34 years

Current Address
233 Auchmead Road

Greenock
PA16 0UP

Current Phone: 01475 329726

Home Address (if currently not at home)
Inverclyde Centre 98 Dalrymple Street

PA15 1BZ

Home Phone: 0141 570 2692

Case Origin **Callers Name** (Brother [redacted]) **Callers Tel:**

Own Doctor

Surgery A 51 Orangefield Practice

NHS24 Received By (User) (Edinburgh) **NHS24 Triage Start** 19:31

NHS24 Triage By (User) (Edinburgh) **NHS24 Triage End** 19:44

NHS24 Reported Condition
SUICIDAL - TODAY -SEE A/V

NHS24 Recorded Allergies
NIL KNOWN

NHS24 Recorded Medications
AS PER ECS
METHADONE

NHS24 Recorded Medical History
HEROINE USER
SUICIDAL INTENTIONS

NHS24 Clinical Summary

Clinical summary created by: (User) (Edinburgh) [07/01/2017 19:44:05]
SUICIDAL FOR TODAY AND PT SUFFERS FROM TOURRETTES AND MENTAL HEALTH PROBLEMS - NOT HAD MEDICATION FOR EXISTING CONDITIONS SINCE JANUARY 2016 - DISCHARGED SELF FROM REHAB IN NOVEMBER 2016 - BOUGHT PARACETAMOL TO ATTEMPT SUICIDE TODAY - LAST CONTACT WITH PSCHIATRIC SERVICES ABOUT 6 WEEKS AGO AT CROWN HOUSE BUT NO FOLLW UP - ACTIVELY SEEKING TO HARM SELF TONIGHT - D/W CLINICIAN ADVISED CPN/DR TO PHONE PT 1 HOUR PLEASE

NHS24 Disposition

Contact GP Practice within 4 Hours (as soon as possible)

NHS24 NUrse Comments

PT WAS IN REHAB FOR 9MONTHS AND DISCHARGED HIMSELF IN NOVEMBER - PT SUFFERS FROM TOURRETTES AND MENTAL HEALTH PROBLEMS - NOT BEEN ON MEDICATION SINCE JANUARY LAST YEAR - FELING REALLY DOWN RECENTLY - BOUGHT PARACETAMOL TODAY AND WAS GOING TO ATTEMPT SUICIDE ((User) (Edinburgh))

CHSL-BEEN IN REHAB 9 MONTHS-DISCHARGED NOVEMBER 2016, HAD NO PSYCHIATRIC FOLLOW UP. HAS H/O TOURETTES, MENTAL HEALTH PROBLEMS AND SELF HARM. IS FEELING VERY DISTRESSED WITH INCREASING THOUGHTS OF SELF HARM BUT NOT ACTED ON THEM AS YET. WITH BROTHER WHO ADVISED HE CAN KEEP HIM SAFE MEANTIME. ADVISED CPN TO CONTACT 1HR ((Nurse Advisor) (Ayrshire (& Arran)))

D/W MOIRA ON CHSL - PT HAS ATTEMPTED SUICIDE PREVIOUSLY, HAD PREVIOUS EPISODES OF SELF HARM BUT NOT SELF HARMED TODAY - LAST CONTACT WITH PSCHIATRIC SERVICES WAS ABOUT 6 WEEKS AGO AT CROWN HOUSE WHERE PT WAS TOLD IT WAS RELATED TO DRUG USE PT STATES NOT TAKEN DRUGS SINCE REHAB - [redacted] (User) (Edinburgh))

Reported Condition **Received By** **Received**

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

Consultation **Consult By** Swan, Sharon **Consult Start** 02:47 **Consult End** 04:06

VISIT AT INVERCLYDE ROYAL ARRANGED FOR 10>30

Case No 4906402 **Case Active** 07/01/2017 19:27 **Case Type** CPN To Phone Pt Within 1 Hr

Examination Details

Myself and colleague attended A&E dept to assess Wesley this venue was decided because of past forensic history.

Wesley informs ourselves he has been in a Christian rehab Centre for last 9 months (Victory House) the rehab centre was based in London.
He describes making great progress coming off all drugs including Methadone and alcohol.
He left Rehab November by his own accord as his brother had attempted suicide and wanted to be with family majority of which stay in Inverclyde.Describes rehab as been great benefit to him gave him purpose and direction , he is firm believer in God and Bible where they learned more about scriptures out in the streets spreading good word.

Wesley is currently living in homeless accomadation in Inverclyde

Describes xmas period as a good time spent with family and happy at New Year as well attended a church ceilidh.

states today he has been unsettled had thoughts of suicide says they have been filing his mind , no concrete plans to end life and engaged in self helping behaviours. Also future focussed talking about his commitment to church and God.
Exploring thoughts further feels confused by these and agreed he does not know how to process them , agrees this is longest been off drugs and in past when experiencing difficult feelings he would take drugs now it appears he is in transition period and adjusting. Agrees it has been confusing time for him. We spoke at length about his thoughts and feeling and discussed referral to crisis team to support him , Wesley was agreeable to this then within minutes he abruptly stormed out assessment saying he was going home that was end of assessment and we were no use, asked him to return saying we were very surprised but would now not engage , extremely hostile, angry and unpredictable and could be heard having a outburst to his brother about us. [redacted]

Overall: Assessment not complete because of Wesley terminating assessment , hostile angry and unpredictable [redacted]

Clinical Codes

8.... Other Therapeutic Procedures

Diagnosis

Treatment

As before assessment not fully completed but during this there had been recognition of Wesleys difficulties and offer to provide additional support and interventions from crisis team.
We found Wesley to be future focussed also his religion was very important to him he did want to get better and Wesley engages in self helping behaviours.

Wesley terminated assessment, angry hostile and unpredictable [redacted]

Prescriptions

Follow-up(s)

Other -

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Clinical Risk Screening and Management Tool

NHS Greater Glasgow and Clyde

Service Users Name:	Chi No / DoB:	PIMS No:
Wesley Phillips	05/02/1982	1808520

Legal Status: Informal ☒ Detained ☐ Community Order ☐

Ward / Dept / CMHT: A+E Inverclyde.

Context of Assessment

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

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.

Screening completed by

Print name:	Signature:
SHARON SWAN	Sharon Swan.
Designation:	**Date & Time**
CAN CPN	8/1/17 @ 12.45

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Clinical Risk Screening and Management Tool

NHS Greater Glasgow and Clyde

Suicide &/or Self Harm		Violence		Other Risk Factors	
Historical/Static 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 No concrete plans for him to be further focussed, with strong religious beliefs. Wanted + offered Crisis team to further manage/assess risk	
Violence - hostile, unpredictable	
Other Risk Factors - Christian Rehab Centre for 9 months until November - Past Opiate Misuse	

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: SHARON SWAN
Signature: Sharon Swan
Designation: OOH CPN
Date & Time 8/11/17 @ 12:45

Case No 4911025 **Case Active** 13/01/2017 01:43 **Case Type** Advice CPN

Patient Wesley Phillips **Sex** M **D.O.B** 05/02/1982 **Age** 34 years

Current Address
INVERCLYDE ROYAL A+ E HOMELESS

Home Address (If currently not at home)

Current Phone: 01475 524166 **Home Phone:**

Case Origin **Callers Name** DR DANCE/IRH **Callers Tel:** [redacted]

Own Doctor Johnston,Christopher(A81)
Surgery A 81 The Barony Practice

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** 01:42
Symptoms: CPN REF

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

Consultation **Consult By** Russell, David
Consult Start 05:36
Consult End 06:53

Brought to A&E by police having raised concern by purchasing 2 boxes of paracetamol, then asking other shoppers to get him eight other boxes having been told he couldn't buy them himself. Reports that voice of God is telling him to kill himself.
Known to services previously mainly in Paisley, but has also come to the attention of forensic, and has spent time in prison. Still open on Plms to alcohol services. Heas had addiction issues. Detoxed in London in Christian community.Has presented for psych assessemnt on several occassions since november. Most recently today. Has been commenced on quetiapine 2 days ago. Nil psychosis evident on each occasion.
Seen in dept by OOH crisis CPNs D.Russell and E, Urquhart.

Examination Details

Police called to tesco in Greenock. Apparently seen on CCTV ingesting paracetamol. Bloods did not corroborate this.
[redacted]
Assessed 6 days ago by OOH. Wesley walked out of assessment
and [redacted]
Referred in to Crown House and referral discussed and rejected 30th Nov.
Seen by OOH crisis on 7th Jan, then admitted medically after overdose and seen by liaison on 10th, Seen by Inverclyde crisis today. No evidence of psychosis.
wesley reports that he was previously prescribed quetiapine 600mg and chlorpromazine 600mg at various points. He recalls being admitted to leverndale at some point.
Believes that he was diagnosed with tourettes when a child and attended specialist assessments in Birmingham for a number of years. He said he was discharged and diagnosed with personality disorder.

Clinical Codes

8..., Other Therapeutic Procedures

Case No 4911025 **Case Active** 13/01/2017 01:43 **Case Type** Advice CPN

Poly drug use and prison ;
Tonight; Dressed casually in lounge wear, unshaved, sitting upright and responsive to being assessed. Full compliance and support in the process. Wearing a beannie hat which sat loosely atop his head. Overweight.
Quietly spoken, maintained eye contact throughout - intense and therefore inappropriate. No sign of agitation, no distraction, no obvious thought disorder - able to converse freely and able to respond to questions appropriately.
He gave an account of the voice of god telling him to take ten packets of paracetamol. He did not think it strange or that he would draw attention to himself by asking shoppers to buy him paracetamol, or to ingest them in public.
Vague about the voice, but consistent with account .States that the voice was forceful. He didn't dispute the suggestion might be his own thought, but then questioned why the voice would be the same as his thought.
Questioned why he sees other people who are happy and don't have god telling them the same things. Doesn't understand why people in his church are being told different things by God.
Doesn't want to end his life, but maintains that he must do as god commands .Did not make any reference to secondary gain by presenting himself/ being seen repeatedly.
States that voices are persistent and he has to comply.
Mood subjectively and objectively seemed low. Flat affect. Offered advice that voices or thoughts may be reflective of lowered mood. Offered no reaction.
No illicit substances for 1 year. Some alcohol earlier.
Maintains that he has to end his life despite not wanting to. Lacks motivation to change and skills to challenge situation.
has remained homeless for 3 months.
Sleeps a lot.
Impression; Gentleman seemed to lack skills to challenge own thoughts. Struggling with situation of homelessness. Negative thoughts. We considered the possibility that there may be an underlying mild learning disability. Seems to have difficulty or inability to differentiate between thought and 'voice'.
Has been taking low dose of quetiapine for 2 days now with no obvious effect as yet.
Unwilling to accept community supports as suggested by crisis inverclyde.
No medication for mood prescribed at present.
Maintains story that involves what could be delusional ideas which corroborate with auditory hallucinations.

Diagnosis

Ongoing suicidal ideas with plan

Treatment

Given frequency of attendances at A&E and GP which have raised concern resulting in psychiatric assessment, and subjective report that he has voices which collude with delusions, we have requested duty doctor provide second opinion as to what he should do tonight, and whether there is a mood or psychosis component to his presentation.
Duty doc agreed to assess in A&E>

Prescriptions

Follow-up(s)

Other -

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

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

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Inverclyde Drug Team
GGC Mental Health

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

CAT (Community Addiction Team)
SCI Gateway Virtual Location Code

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

Hospital location code.
G004G

Email address
-

Urgency of referral Urgent
Date of referral 18-Mar-2019 **Date sent** 18-Mar-2019

PATIENT DETAILS

Surname	Phillips
Forename(s)	Wesley
Title	Mr
Sex	Male
Date of birth	05-Feb-1982
CHI no.	0502823496
Area of Residence	-

Patient's address

Flat 2B
20 Prospecthill St
GREENOCK
Inverclyde
PA15 4DL

Contact number(s)

Voice: 07935 406670

101018273016L Unique Care Pathway Number: 101018273016L

REGISTERED GP DETAILS

Name	Dr John McPherson		
GMC code	4314190	GP code	37168
Practice name	Ardgowan Medical Practice		
Practice code	86177		

Practice address

Ardgowan Medical Practice
2 Finnart Street
Greenock
PA16 8HW

Contact number(s)

Voice: 01475 888155
Facsimile: 01475 785060

REFERRING GP DETAILS

Name	a wilson advanced nurse practitioner		
GMC code	4314190	GP code	-
Practice name	-		
Practice code	86177		

Practice address

Contact number(s)

-

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: risk of relapse

Comment: i would appreciate your input for this man. he came today stating he has consider suicide at night when he cant sleep. he has attempted several times before. long history of drug dependancy. to our knowledge he went into rehab in england and has been clean since november. he states he is still clean but has thought of taking again. he appears to have came back and is not in any kind of support system.
he is known learning disability but lots of entries of drug misuse and unstable personality.
from today there is no presentation he is planning anything but will need ongoing support.

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
H/O: repeated overdose	20/06/07 24/10/05 04/11/05 23/12/05 25/11/99 22/02/99 +	30-Oct-2016	30-Oct-2016
Tennis elbow (Right)	-	29-Jul-2015	29-Jul-2015
Anxiety with depression	-	27-Mar-2015	27-Mar-2015
Abscess NOS	arm	01-Feb-2015	01-Feb-2015
Pyogenic arthritis	-	01-Nov-2014	01-Nov-2014
Drug psychosis NOS	-	01-Feb-2014	01-Feb-2014
Other cellulitis and abscess	finger and toe	01-Aug-2012	01-Aug-2012
Low mood	-	01-Aug-2012	01-Aug-2012
Haemorrhoids	-	30-May-2012	30-May-2012
[D]Hallucinations, auditory	and pseudo	01-May-2009	01-May-2009
Opioid type drug dependence	-	21-Jun-2006	21-Jun-2006
[X]Generalized anxiety disorder	-	01-Jun-2006	01-Jun-2006
Obsessive-compulsive disorders	-	01-May-2006	01-May-2006
Suicidal ideation	2009	02-Jan-2006	02-Jan-2006
Injecting drug user	-	01-Jan-2006	01-Jan-2006
Emotionally unstable personality	-	01-Jan-2006	01-Jan-2006
Alcohol dependence syndrome	-	01-Mar-1999	01-Mar-1999
Other acne	-	01-Mar-1997	01-Mar-1997
Gilles de la Tourette's disorder	-	01-Jan-1997	01-Jan-1997
Tic - symptom	right side face	01-Dec-1995	01-Dec-1995
[X]Hyperkinetic conduct disorder	-	01-May-1993	01-May-1993
[V]Behavioural problems	? ADHD	01-Jan-1993	01-Jan-1993
[X]Conduct disorder, unspecified	-	01-Jan-1993	01-Jan-1993
Closed fracture ankle, lateral malleolus	-	01-Jan-1991	01-Jan-1991
Impaired psychomotor performance	minimal cerebral dysfunction, hyperactive	01-Mar-1986	01-Mar-1986

Family conditions (All priorities)

Description	Date of Onset
FH: Ischaemic heart dis. <60	01-Jun-2018

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)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Mirtazapine Tablets 45 mg	56	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	18-Mar-2019	18-Mar-2019
Zopiclone Tablets 7.5 mg	7	7 TABLET	ONE TO BE TAKEN AT NIGHT	-	18-Mar-2019	18-Mar-2019
Mirtazapine Tablets 30 mg	56	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	06-Dec-2018	28-Jan-2019
Mirtazapine Tablets 15 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	26-Nov-2018	26-Nov-2018

Blood Pressure

Date Recorded	Systolic	Diastolic

01-Jun-2018	110	74

Body Measurements

Date Recorded	Height	Weight	BMI
01-Jun-2018	190	148	41

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		01-Jun-2018
Alcohol consumption, 0 units/week:		01-Jun-2018
Aerobic exercise 3+ times/week:		01-Jun-2018

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Risk of Suicide:Yes

If yes to Risk of Suicide, please give details:several attempts in past.
states thinks about suicide during the night when he cant sleep.

Past history of suicide attempt:Yes

Risk of deliberate self harm:Yes

Is patient responsible for children?:No

Risk to others including children/dependents/clinicians/other:No

Risk from others:No

Risk of Self Neglect:Yes

If yes to Risk of Self Neglect, please give details:came in dirty and unkept.

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**

INVERCLYDE HSCP
HEALTH & SOCIAL CARE PARTNERSHIP

DISCHARGE SUMMARY

Langhill Clinic: Tel: 01475 504521
Fax: 01475 504702
Inverclyde Royal Hospital: Tel: 01475 633777

Name:	Wesley Phillips	Unit No:	3496
Address:	Inverclyde Centre, 98 Dalrymple Street, Greenock, PA15 1BZ	Date of Birth:	05.02.1982

Date of Admission: 13.01.2017 Date of Discharge: 16.01.2017 Consultant: Dr Orr

Diagnosis:	Overdose
ICD10 Code:	
G.P.	Dr McNeil
Address:	Greenock Health Centre 20 Duncan Street Greenock PA15 4LY
Legal Status:	Informal
Tx Consent:	
CPA:	
Care Manager:	

Discharge medication:

Quetiapine 25mg twice daily
Zopiclone 7.5mg at night (short term only)

(1) Reason for Referral: (2) History of Presenting Illness: (3) Past Psychiatric History: (4) Medical History: (5) Family History: (6) Personal History (Personality Factors): (7) Mental State: (8) Physical Examination & Investigations: (9) Progress & Treatment: (10) Prognosis: (11) Future Management: (12) Additional Comments

1. REASON FOR REFERRAL

Mr Phillips was referred to on call psychiatry from A&E after presenting with an alledged Paracetamol and Ibuprofen overdose, he was brought into the department by the police.

2. HISTORY OF PRESENTING ILLNESS

Mr Phillips had been spotted on CCTV asking strangers to buy him Paracetamol in order to obtain 10 packs of Paracetamol to take. He had just been discharged the day before from the general medical wards in IRH with a similar presentation and Paracetamol overdose. His Paracetamol level at this time in A&E was less than 5 and so Parvolex treatment was not required. Mr Phillips spoke of hearing voices and "god" telling him to harm himself and take overdoses. He also described a recent low mood associated with poor sleep and appetite. He has been seen multiple times recently by CRS.

3. PAST PSYCHIATRIC HISTORY

Borderline personality disorder, low mood, anxiety, multiple overdoses in the past twenty years. Previous psychiatric inpatient admissions.

4. PAST MEDICAL HISTORY

Ex-IVDU, previous Methadone overuse. Hepatise C positive.

5. FAMILY HISTORY

[redacted].

6. PERSONAL HISTORY\ SOCIAL HISTORY

Born and raised in Port Glasgow. Moved to Southern England in 2008 and only returned back to the Greenock area recently. Had been living in a Christian Rehab Centre but is now residing in the Inverclyde Centre. His mother passed away ten years ago and he feels some guilt for this for having put a lot of stress on her during that time.

DRUG AND ALCOHOL HISTORY

Eighteen year history of Heroin, Cocaine and Diazepam use. Last took illicit drugs seven months ago. Apparently not on the Methadone regime. Previous Methadone overuse. Occasional alcohol intake and smokes 10 cigarettes a day.

FORENSIC HISTORY

Not discussed.

***7.* MENTAL STATE EXAMINATION**

Unfortunately I did not meet Mr Phillips myself and so MSE is reported from Duty Doctor, Dr Emily Robb CT1, from clark in on the 13th of January 2017. Mr Phillips presented with good eye contact, affect appeared reactive. He was dressed casually in lounge wear. Not responding to any visual or auditory hallucinations. Insight appeared good. Cognition not formally assessed but query mild LD.

8. PHYSICAL EXAMINATION AND ROUTINE INVESTIGATIONS

Physical exam and routine investigations were unremarkable.

9. PROGRESS IN WARD

Mr Phillips was assessed by Consultant Physiatrist, Dr Orr on the ward on the 13th of January 2016. He admitted consuming a “bottle of something” and a few cans of vodka and coke prior to considering his overdose that day. He reported poor sleep and low mood the last two weeks. Dr Orr felt that given his past history and current presentation that substance misuse was playing a large part in his presentation on a background of borderline antisocial personality traits\disorder. He was observed over the weekend and at this time there was no evidence of any mood disorder or psychotic symptoms observed by the on call staff. He had been started on Quetiapine 25mg BD by the Liaison Psychiatry Team who had reviewed him a few days previously on the general medical wards.

Mr Phillips was discharged on the 16th of January 2016 with no psychiatry follow up and any further reviews regarding his mental health to be by his GP. No change in medications.

10. FOLLOW UP

No psychiatry follow up. To be followed up by his GP.

Yours sincerely

Dr Cedar Andress
SHO in Psychiatry to Dr Orr

Mental Health Partnership
Clinical Risk Screening and Management Tool

NHS Greater Glasgow and Clyde

Service Users Name: Wesley Phillips	Chi No / DoB: 5/2/82.	PIMS No:
Legal Status: Informal ☑ Detained ☐ Community Order ☐	Ward / Dept / CMHT: IRH A&E.	

Context of Assessment

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

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.

Screening completed by

Print name: Eddie Urquhart	Signature:
Designation: OOH CPN	Date & Time: 13/4/17. 03-00hrs

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 Ref for Duty Psychiatric Assessment	
Violence As Above	
Other Risk Factors 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 Colleague. D Lassell

Management Plan completed by

Print name: Clive Urquhart	Signature:
Designation: OOH CPN	Date & Time 13/1/17. 03.00hrs

NHS Greater Glasgow & Clyde
Mental Health Service

NHS Greater Glasgow and Clyde

PASS MEDICINES REQUEST FORM

Section 1

Patient's Name: Wesley Phillips

CHI: (10digits): 0502 82 3496.

(Address Label)

Ward/Hospital: AAU / LLC

RMO: DR ORR

Section 2 Pass Information

Pass agreed by clinical team ✓ (Please tick)

Documented in care plan ✓ (Please tick)

PASS DATE FROM: Date: 18/1/17 Time: 1300HRS

TO: Date: 25/1/17 Time: 2000HRS

If prescription to be repeated please state how often:

'As required' Medicine/Special Instructions:

1.

2.

Authorising Signature/Name/Designation: S Lappin Skppm (S) Date/time: 14/1/17 1500HRS

Section 3 Pharmacy (to be completed by pharmacy)

Medicines Supplied (list the letter corresponding to the item on the prescription sheet, the brand, the strength & quantity dispensed)

	Brand, strength & quantity dispensed		*Brand, strength & quantity dispensed*
A	Quetiapine 25mg X 14		
B	Zopiclone 7.5mg X 7		

Dispensed by: ..... Checked by : ..... Date: 17/1/17

Section 4: Checked and issued from ward by

(Name & designation):

Date: Time:

Patient/representative signature:.....

Our Ref:

Your Ref: AP/AJ/ **0502823496**

Date: 21 March 2019

Integrated Drug Service
Cathcart Centre
128 Cathcart Street
Greenock
PA15 1BQ
Tel: 01475 499000
Fax: 01475 729097

Mr Wesley Phillips
Flat 2B
20 Prospecthill Street
GREENOCK
PA15 4DL

Health and Social Care Partnership
Chief Officer: Louise Long

Dear Mr Phillips

New Outpatient Assessment Appointment

Further to your referral to the Inverclyde Drug Service, I am inviting you to attend for an assessment appointment, which will take place at:

Cathcart Centre, Cathcart Street, Greenock

on

Thursday 4 April 2019 at 2.00 PM

If this appointment is unsuitable, or you no longer wish to be assessed, please contact the team on the number given above.

I emphasise this is an initial assessment appointment only and no treatment will be offered at this point.

Please attend on time and note that this assessment can take up to an hour.

Due to our restricted waiting area we ask you to **attend alone** unless you require specialist support from outwith the clinic. If you do please phone ahead to discuss accompanied appointments at the centre.

Please also note that animals will not be permitted to enter the building unless they are registered guide dogs.

Yours sincerely

pp Angela Jones
Secretary

Allen Paton
Nurse Team Leader

Email reads –

NHS
Greater Glasgow and Clyde

Forensic Community Mental Health Team

Court Diversion Referral Form

Date / Time Referral Received: 19/04/21 10:08 PM

Received by: SLEE

Prisoner Details

Name: [redacted] WESLEY PHILLIPS

DoB: 05/02/1982

Gender: MALE

Ethnicity:

Address: FLAT 1/2 25 CARWOOD STREET GREENOCK

Court: GREENOCK - CELLS - YES

Alleged offence:
1X POSS OF KNIFE
1X THREATENING & ABUSIVE BEHAVIOUR (+ KNIFE)

Referrer Details

Referred By: [redacted]

Telephone Number: [redacted]

Fax Number:

Email Address: [redacted]

Referral passed to (FCPN Assessor): JENNIFER HUGHES (FCPN)

Prisoner assessed by FCPN: Yes / No (delete as appropriate)

Duty Psychiatrist (if called):

Concerns around risk:

Disposal:

Seen by police custody healthcare nurses? Yes / No (delete as appropriate)
Comments:

SAT- KEPT ON CONSTANT OBS
AXX AT INVERCLYDE - SEEN / NOT SEEN?
LOW MOOD - FIT TO BE DETAINED
SEEN BY NURSES 11.30 AM SAT - AXX > CELLS?
9.00 PM SAT - AXX

Additional information held on electronic systems

Current / previous contact with services:

REASON referral - Not been seen
by anyone since Saturday
Still under constant obs
MH - ISSUES in PAST
5
Supervised release order
Subject to attend MH - Psychiatric
Service
CELLS - CONSTANT OBS - SUICIDE RISK

NHS
Greater Glasgow and Clyde

Forensic Community Mental Health Team

Verbal Consent to Sharing Information

Prisoner Details

Name: Wesley Phillips DoB. 05/02/21

Address: Flat 1/2
25 Carwood Street
Greenock

Due to the physical environment in the Sheriff Court cell area it is not possible to have the prisoners' sign this consent form, therefore verbal consent has been sought instead.

I therefore confirm that I have advised the prisoner named above that in their interest, information that is provided to me today may be disclosed in court and there may be a requirement for information related to them to be shared, in a limited way, between agencies involved in their care. I have also advised that each person involved in their care will only receive the information that they require in order that they may adequately meet the health and social care needs of the above named prisoner, in a manner befitting their roles and responsibilities.

I have also advised that their information may be used for the purposes of audit of the service and they have given their verbal consent to proceed with this assessment.

Nurses Name: Jennifer Mugles Designation: FCPN

Signature: JMugles Date: 19th April 2021

DIRECTORATE OF FORENSIC MENTAL HEALTH AND LEARNING DISABILITIES FORENSIC COURT DIVERSION NURSING ASSESSMENT

Name: Wesley Phillips		**Date / time referred: 19/04/21 @10:08am**	
Address: Flat ½, 25 Carwood Street, Greenock		**Referred by: Laura Wilcox**	
		Alleged offence: Possession of a knife, Threatening and abusive behaviour.	
		Presenting problems / diagnosis:	
DOB: 05/02/1982	**Gender: Male**	**Aliases:**	
Religion: Christian	**Ethnicity: -**	**Occupation: Unemployed**	
Marital Status: Single	**Court: Greenock**	**Disposal:**	

Professional Contacts		Identified Risks	
G.P.	Ardgowan Medical Practice	History of self harm	Y
CPN		Expressing suicidal thoughts	N
RMO		Potential substance withdrawal	N
S.W.		Medical alerts:	
Other		Staff alerts:	

Summary of assessment: Wesley was assessed in the cells of Greenock Sheriff Court following his arrest for possession of a knife and threatening and abusive behaviour. Wesley presented as well kempt and interacted well throughout interview. He offered good eye contact and his speech was of normal rate, tone and rhythm.

Wesley's mood appeared euthymic and he engaged well in conversation, offering good humour. He reports his mood currently to be "4/10" however, stated that his mood was "good" prior to arrest. He reports experiencing some anxiety at present however, states that this is due to being worried about a custodial sentence (last sentence in 2015).
Wesley denies experiencing any psychotic symptoms at time of interview and did not appear to be responding to unseen stimuli. He did not express any paranoid or delusional ideation. Wesley reports that he can experience voices when he has been drinking alcohol.

Wesley reports that he has previously self-harmed and has scars on his forearms. He stated that he has not self-harmed for approx. 3 years. At time of interview, Wesley denied any thoughts or plans to harm himself.

Wesley reports previous alcohol and drug use. He spent time in a German Rehab facility in June 2020 and has been abstinent from drugs since. He reports occasional alcohol use. He displayed good insight into how alcohol effects his mood and reports that he plans to remain abstinent from both following release.

At time of interview, Wesley did not present as acutely psychotic or suicidal and does not require diversion to hospital.

Opinion: Based on the information available at the time of assessment, it is my opinion that the accused *will not* require further assessment by a psychiatrist prior to court proceedings today. **Recommendation:**

Referred to on-Call Psychiatrist. N	Name:	
Assessed by: Jennifer Hughes	Designation: FCPN	Date: 19/04/2021Flat

Assessment	Please circle	If yes, continue with extended assessment.
1) Psychiatric history / learning disability history (include history of delusions, thought disturbance, thought disorder, hallucinations, contact with psychiatric services, psychiatric hospital admissions and detentions)	**YES**	Wesley reports previous admissions to hospital for his mental health. Most recent hospital stay was in June 2020 when he spent approx. 3 weeks in a private rehab facility in Germany for substance misuse. Reports that he has be abstinent from drugs since this stay and has only used alcohol on a couple of occasions. Information on EMIS suggests that Wesley has a diagnosis of LD. Wesley reports having ADHD. He previously attended the Larkfield Centre in Greenock to have appointments with Dr Latton. Currently prescribed medication for low mood by his GP.
2) Relevant medical history / physical problems	**NO**	
3) Prescribed medication Self Report / Confirmed (delete as appropriate)	**YES**	Sertraline 200mg Mirtazapine 45mg
4) Forensic history / offending behaviour	**YES** **NO**	Previous convictions. Last custodial sentence was in 2015.
5) Historical and Current Illicit Drug / Alcohol use	**YES**	History of using illicit drugs: Heroin, crack and Valium. Reports abstinence since June 2020. Previous excess alcohol use; reports only occasional use since June 2020

		.

6) Observation of mental state and appearance at interview
(Evidence of hallucinations, thought disturbance, delusional thinking, distress, anxiety, appearance, speech, eye contact, behaviour, non verbal communication)

Wesley reports to feeling anxious at present however states that this is due to the possibility of going to prison.

Wesley denies experiencing psychotic symptoms and did not appear to be responding to unseen stimuli. No paranoid or delusional thoughts. Reports experiencing voices when drinking alcohol.

Wesley's speech was of normal rate, tone and rhythm. He offered good eye contact and interacted well throughout the interview.

7) Evidence of disturbed mood (comment on objective presentation and subjective report)	**NO**	Wesley described his mood as "4/10" and stated that this is due to being worried about court and being disappointed about consuming alcohol. He reports that his mood was "good" prior to his arrest. Writer observed Wesley's mood to be euthymic. He engaged in conversation well and responded well to humour.
8) Suicide/Self Harm Re: RISK 1. previous attempts 2. present thoughts / ideas / plan	**YES**	**Wesley reports that he has previously self-harmed and showed writer many scars on both forearms. Wesley denies self-harming for approx. 3 years.** **Wesley denies any thoughts or plans to harm himself at time of interview.** **He stated that he has thoughts to harm himself when he consumes alcohol. He plans to return to being abstinent.**

9) Reported sleep disturbance	**YES**	Prior to arrest Wesley reports no issues with his sleep. He reports that he has been struggling to sleep since his arrest due to cells being not very comfy.

10) Evidence of disturbed or impaired cognitions (Memory, orientation and concentration)	**NO**	**Wesley was fully orientated to time, place and person. He reports no issues with his concentration and managed to participate in the interview fully.**
11) Insight into current mental state and / or circumstances	**YES**	**Wesley showed good insight into his current situation. He stated that he experiences levels of low mood when drinking alcohol and that this contributed to his arrest. He plans to return to being abstinent once released.**
12) Identified aggression / violence risks	**YES**	**Arrest involved possession of a knife.**
13) Any known / observed communication / receptive / perceptive difficulties	**NO**	
14) Any relevant social problems / difficulties / circumstances	**NO**	
15) Information obtained from others (including mental health services, GP, G4S, CJSW, addiction services, police, relatives)	**NO**	

Assessed by: Jennifer Hughes Designation: FCPN Date: 19/04/2021

Our Ref: MHAU
Job ID: 100725524
Date: 22/04/2025
Date Dictated: 22/04/2025

PRIVATE & CONFIDENTIAL

Dr J McPherson
Ardgowan Medical Practice
2 Finnart Street
Greenock
PA16 8HW

Mental Health
McLeod Centre
Leverndale Hospital
510 Crookston Road
Glasgow
G53 7TU
0141 211 6627 EXT: 46627
www.nhsggc.org.uk

Dear Dr McPherson,

Re: Wesley Phillips DOB: 05/02/1982 CHI: 0502823496
Address: Flat 1/2 25 Carwood Street, Greenock, Inverclyde, PA15 2TJ

The above named person was referred to the Mental Health Assessment Unit (MHAU), Leverndale by Police Scotland, and was assessed by telephone on 22/04/2025.

Situation

Referral from Police Scotland following contact from Wesley's brother due to concerning text messages.

Assessment

Wesley engaged well in short telephone assessment, there was no requirement for a face to face assessment in the absence of acute risk and Wesley not believing there were any issues.

Writer asked Wesley what had been going on today, he stated 'nothing'. He appeared jovial and in good spirits stating he had been feeling a bit down due to an old friend from rehab dying and him not finding out about this until much later. He stated he was feeling a bit 'fed up' and texted his brother saying he was 'sick of life' and wanted to take 'some time to himself' and turned off his phone. He feels brother has misinterpreted his text messaged and was worried about him due to previous issues with his mental health. Wesley states he has been abstinent from drugs for 3 years following rehab in Liverpool and Germany.

He states he rarely drinks alcohol and was not intoxicated at time of assessment. Wesley reports being 'fed up' due to waiting for his provisional driving licence to come through and

states he has been back and forward to his GP for a supporting letter to DVLA for a while now and feels he is getting nowhere. He stated he was surprised the Police had shown up today and this was not his intentions. Writer asked Wesley what his plans were for today and he stated he wanted to just turn his phone off and take some time to himself watching TV. He denied any thoughts of suicide or self harm. He states he sleeps well with aid of Mirtazapine. Denies any issues with appetite. He reports being prescribed Haloperidol aged 8 for tics but denies any recent tics and feels he has 'grown out of this'. He reported no issues with his mental state stating 'everythings alright' and reported just feeling a bit fed up due to no-one telling him for ages about his friend passing away. Plans to spend the day with his friend and reports might go for a walk. Pleasant and engaging during assessment, no evidence of psychosis and no risks identified.

Recommendation

Encouraged to contact NHS24 if required.- No requirement for onwards referrals as doesn't feel there are any issues with his mental health.

Risk

22/04/2025 - No new or acute risk identified during assessment.

Yours sincerely

Niamh Jenkins
Unscheduled Care Nurse

Authorised on 22/04/2025 14:55:28 by Typist Donna Farmer, not verified by Niamh Jenkins.

Mental Health Services

Forensic Community Mental Health Team
Clutha House
120 Cornwall Street South
Kinning Park
Glasgow
G41 1AF

Private and Confidential

Dr Barr
Ardgowan Medical Practice
2 Finnart Street
Greenock
PA16 8HW

Date 20 April 2021
Your Ref 050 282 3496
Our Ref JH/SL
Direct Line 0141 427 8265
Mobile
Fax
Email

Dear Dr Barr

Re: Wesley Phillips DOB 05/02/1982 – Flat 1/2 - 25 Carwood Street Greenock PA15 2TJ

The above named was seen via our Court Liaison Service at the request of the Procurator Fiscal at Greenock Sheriff Court on 19 April 2021 following his arrest for Carry a knife CONTRARY to the Criminal Law (Consolidation) (Scotland) Act 1995, Section 49(1) as amended and Threatening or Abusive Behaviour CONTRARY to Section 38(1) of the Criminal Justice and Licensing (Scotland) Act 2010.

Wesley presented as well kempt and interacted well throughout interview. He offered good eye contact and his speech was of normal rate, tone and rhythm.

Wesley's mood appeared euthymic and he engaged well in conversation, offering good humour. He reports his mood currently to be "4/10" however, stated that his mood was "good" prior to arrest. He reports experiencing some anxiety at present however, states that this is due to being worried about a custodial sentence (last sentence in 2015). Wesley denies experiencing any psychotic symptoms at time of interview and did not appear to be responding to unseen stimuli. He did not express any paranoid or delusional ideation. Wesley reports that he can experience voices when he has been drinking alcohol.

Wesley reports that he has previously self-harmed and has scars on his forearms. He stated that he has not self-harmed for approximately 3 years. At time of interview, Wesley denied any thoughts or plans to harm himself.

Wesley reports previous alcohol and drug use. He spent time in a German Rehab facility in June 2020 and has been abstinent from drugs since. He reports occasional alcohol use. He displayed good insight into how alcohol effects his mood and reports that he plans to remain abstinent from both following release.

At time of interview, Wesley did not present as acutely psychotic or suicidal and did not require diversion to hospital.

Should you require any further information regarding this assessment, please do not hesitate to contact me on the number noted above.

Yours sincerely

Jennifer Hughes
Forensic Community Psychiatric Nurse

NHS Greater Glasgow and Clyde

MHAU REFERRAL FORM			
Referral Date:	22/04/2025	**Time:**	12:10
Referral taken by:	N Jenkins		
Referrer Name:	P.C [redacted]	**Contact Number:**	[redacted]
Organisation:	Police Scotland	**Shoulder No:**	[redacted]
		Incident No:	[redacted]
Patient Name:	Mr Wesley Phillips		
DOB:	05-Feb-1982	**CHI:**	050 282 3496
Address:	Flat 1/2, 25 Carwood Street, Greenock, Inverclyde, PA15 2TJ	**Postcode:**	PA15 2TJ

Is the patient detained under Section 297 of the Mental Health Act?	Yes	☐	No	☐
Mental Health Triage and Risk Assessment Tool Completed (ED only)	Yes	☐	No	☐
Do you wish to receive feedback following the completion of the MHAU assessment? (ED/ GP only)	Yes	☐	No	☐
If delay in responding, has an update been provided?	Yes	☐	No	☐
Mode of transportation to the MHAU:				
Is the patient under arrest?	Yes	☐	No	☒

Presenting Complaint:

Brother phoned Police - had made a few comments on the phone 'done with life', brother phoned Police and Police attended. Not voicing any suicidality to Police. Recent stress - friend died in England and no-one had communicated same with him. No drugs or alcohol.

Is the patient reported to be intoxicated?	**Yes**	☐	**Comment**	
	No	☒		

Contact Type	**Telephone**	☒	**Face to face**	☐	**Information/ Advice only**	☐

Allocated Nurse:	N Jenkins			**Time of call back:**	12:22
Time arrived at MHAU/ED:	-	**Time assessment commenced:**	-	**Time left MHAU/ED:**	-
Completed by:	N Jenkins		**Date:** 22/04/2025	**Time:**	13:00