RENFREWSHIRE HEALTHCARE N.H.S. TRUST

INVERCLYDE PSYCHIATRIC SERVICES

SURNAME (Block Capitals)

MR.

MRS. PHILLIPS

MISS

FORENAMES (Block Capitals)

WESLEY

0502823496
WESLEY PHILLIPS
45 PROSPECTHILL COUR
GREENOCK

PA15 4ER 05/02/1982

UNIT No. 23768

DATE OF BIRTH 05.02.82

C.H.I. No. 3496

MARITAL STATUS M ☐ S ☐ W ☐ D ☐ Sep ☐

SEX M

RELIGION

FULL POSTAL ADDRESS

WESLEY PHILLIPS
45 PROSPECTHILL COUR
GREENOCK

PA15 4ER

Telephone No.

CHANGE OF ADDRESS

Postal Code

Telephone No.

NAME AND ADDRESS OF G.P.

Dr Mutch
The Medical Centre
Dubbs Place
Port Glasgow
PA14 6HW

Telephone No.

OCCUPATION/INDUSTRY

IF CHILD - occupation of parents

IF HOUSEWIFE - occupation of husband

IF RETIRED - enter (R) and last main occupation

NAME AND ADDRESS OF NEXT OF KIN

Postal Code

Relationship Tel No.

CHANGE OF ADDRESS

Postal Code

Telephone No.

CHANGE OF ADDRESS

Postal Code

Telephone No.

CHANGE OF G.P. ADDRESS

Postal Code

Telephone No.

CHANGE OF G.P. ADDRESS

Postal Code

Telephone No.

MAIDEN NAME

MOTHER'S MAIDEN NAME

NAME AND ADDRESS OF RELATIVE

Postal Code

Relationship Tel No.

ADVERSE DRUG REACTIONS	NOTED BY	DATE Month	DATE Year

RECORD OF ADMISSIONS AND OUT-PATIENT/DAY ATTENDANCES

RECORD SECTION	PERIOD OF TREATMENT		TYPE OF CARE		STATUS
	FROM	TO	I.P.	O.P./D.P.	
1	04.01.99				SSPC.
2	05.01.99	21.01.99.	✓		
3	03.09.99		LIAISON		
4	24.11.99	24.11.99	liaison		
5	C.R.	15-11-00			
6	26.10.05	09.03.06		✓	
7	22.11.09.			ASSESSMENT.	

PERIODS OF TREATMENT				
ADM	O.P.	D.P.	FROM	TO
Assess			20110	

NOTES

COMMUNICATION WITH GP FOLLOWING EMERGENCY ASSESSMENT

PATIENT NAME Wesley Phillips DoB 5/2/82
ADDRESS 45 Prospecthill Court CHI NUMBER 3496
Greenock,
POST CODE

Current contact with Inverclyde Psychiatric Services: Yes / (No)
– if Yes: Consultant= (Send Copy of Form)

Source of Referral – ☐ GP ☑ SELF ☐ CPN ☐ SW ☐ POLICE ☐ OTHER

GP Mutch PRACTICE Dubbs Road

Reason for Referral

Suicidal thoughts

History

Broke up with girlfriend. Using drugs. Describing voices inside his head – telling him to kill himself. No voices in ext space. No thought disorder. P has been admitted to Leverndale twice in past month & signed himself out. Lives in Barnhead but will not go back due to break up with his gf. Nowhere to go.

~~Mental State~~

Good eye contact & rapport. Speech normal. No FTD. No delusions. Describes voices as detailed. No cognitive impairment. No insight

Provisional Diagnosis: 1: Emotionally unstable personality disorder (impulsive type)
2:

Proposed Management Plan:

Discharged – Arrested by police due to aggression in A+E & not leaving department. No plans for follow-up.

Emergency Medication Given: Nil

Disposal ☐ In Patient ☐ OP Appointment ☐ Alcohol / Drug Clinic
☑ GP care only ☐ CPN ☐ SW ☐ Other.....

Duty Doctor's Name K. Muller Signature Kirsty Muller Date 22/11/09

8.00pm
20.11.09

ASSESSMENT

Wesley Phillips D.O.B 5/2/82

Assessed in A+E with John Mullholland.

Known to us with a history of DSH. Diagnosis of Emotionally unstable personality Disorder (impulsive type)

Presents tonight with thoughts of suicide after breaking up with his girlfriend. On the Methadone programme but is also using Heroin, Benzodiazepines & 'any other drug he can get his hands on', inc Crack cocaine. Describes voices inside his head. Everal. Telling him to kill himself. None in external space. Can't identify the voices. No visual hallucinations. No thought withdrawl/ insertion or broadcasting. No passitivity phen. Tells me he has been admitted to Lovendale twice in the past month. Informally. Took own DIC on both occasions before being seen by Doctor!? Usually lives in Barnhead but will not go back due to break up with Gf. Tried to get into Inverclyde centre but they

wouldn't take him. Then came to A+E.
Note previous attendances (from J Drive).
Does not see his brothers. Mum died approx.
2 yrs ago. Sees his dad but he won't
let him stay. No money, nowhere to go.
Not had methadone today.
Extensive forensic hx - inc. armed robbery &
assault.

MSE/ Good eye contact, good rapport.
Casually dressed. Several large self harm
scars on his arms.
Speech normal rate, rhythm & vol.
No FTD.
Describing voices as detailed. No obsessions/
other perceptual abnormalities.
No cognitive impairment. No insight.

DIW on call Registrar. (Dr van der Speck)
No evidence of mental illness. Manipulative
behaviour. ?Sy substance abuse.
Tells me he will commit suicide if he is
not admitted. Not for admission.
Wesley not happy. Kicked door + left dept.
Followed into toilet → tried to tie phone
charger cord round neck. Crying &
shouting. Police called. Arrested.

DR K Miller GPSR

MENTAL HEALTH PARTNERSHIP
Short Stay Psychiatric Unit
Dunrod G & H
Ravenscraig Hospital
Inverkip Road
Greenock PA16 0XN
Telephone 01475 633777
Direct Line 01475 504603 Fax 01475 504370

www.renver-pct.scot.nhs.uk

If telephoning, please ask for Ext: 64603

Your Ref:

Our Ref: KM/LD/0502823496

Date Seen: 20.11.09
Date Dictated: 27.11.09
Date Typed: 30.11.09

Dr Mutch
The Medical Centre
Dubbs Place
Port Glasgow
PA14 6HW

CONFIDENTIAL

Dear Dr Mutch

Ref: Wesley Phillips 45 Prospecthill Court Greenock – dob 5.2.82

Diagnosis: Emotionally unstable personality disorder (impulsive type)
Medication: Methadone

PRESENTING COMPLAINT
Suicidal thoughts.

HISTORY OF PRESENTING COMPLAINTS
Wesley is well known to us with a history of deliberate self harm on a diagnosis of emotionally unstable personality disorder. He presented with thoughts of suicide after breaking up with his girlfriend. He is on the Methadone programme but is also using Heroin, Benzodiazepines, and "any other drug he can get his hands on" including crack Cocaine. He describes voices inside his head. He describes several voices telling him to kill himself. There are no voices in internal space and he can't identify the voices. He did not complain of any visual hallucinations, no thought withdrawal, insertion or broadcasting and no passivity phenomenon. He tells me he had been admitted to Leverndale twice in the past month informally. He tells me he took his own discharge on both occasions before being seen by the doctor. This was not entirely clear. He tells me he usually lives in Barrhead but will not go back due to the breakup with his girlfriend. He tried to get into the Inverclyde Centre on the day of assessment but they would not take him. He then came to A/E.

PAST PSYCHIATRIC HISTORY
As previously documented.

PAST MEDICAL HISTORY
Nil.

CURRENT MEDICATION
NR

FAMILY HISTORY
Wesley tells me that his Mum died approximately 2 years ago. He sees his Dad but his Dad will not let him stay due to his drug use. He has brothers he does not have any contact with.

PERSONAL HISTORY
Previously documented.

DRUG AND ALCOHOL HISTORY
NR

FORENSIC HISTORY
Extensive, including armed robbery and assault.

SOCIAL HISTORY
Wesley admits to using Heroin, benzodiazepines and crack Cocaine.

MENTAL STATE EXAMINATION
Wesley presented as a slightly unkempt young man with multiple tattoos and deliberate self harm scars. He had good eye contact and good rapport initially. His speech was normal in rate, rhythm and volume and was spontaneous. There was no formal thought disorder. He was describing voices as detailed. He had no obsessions or other perceptual abnormalities. He was cognitively intact and had no insight. I discussed Wesley with the on call registrar Dr Van Der Speck. We agreed there was no evidence of mental illness and he was displaying manipulative behaviour and polysubstance abuse. He told me he would commit suicide if he was not admitted. It was decided admission was not in Mr Phillips best interest and he was asked to leave the department. Wesley was not happy with the outcome of this and became aggressive, kicking the door and equipment in the A/E room. He then left the department and went into a toilet in the main reception at Inverclyde Hospital. He was followed into the toilet by nursing staff where he tried to tie a phone charger cord around his neck. He was crying and shouting. The Police were then called and Wesley left the department. He was subsequently arrested for lying in the middle of the road.

Yours sincerely

Dr K Miller GPST Psychiatry KM /LD/30.11.09

Mental Health Partnership

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

NHS
Greater Glasgow and Clyde

Private and Confidential

Dr ~~Linden~~ London
Inverclyde Community Mental Health Team
128 Cathcart Street
Greenock
PA15 1BQ

Date 24th November 2009
Your Ref
Our Ref
Direct Line 0141 427 8277 / 8279
Mobile
Fax 0141 427 8278
Email pauline.mcintosh@ggc.scot.nhs.uk

0502823486

Fish

Dear Dr Linden

Re: Wesley Phillips DOB 05/02/82, 39 Sunnyside Place, Barrhead

I saw your patient on 23rd November 2009 as part of our court liaison service we provide to the Procurator Fiscal at Greenock Sheriff Court. I believe he has longstanding drug misuse problems and admitted to taking heroin and benzodiazepines the day before his arrest for Breach of the Peace.

He presented himself at Accident and Emergency at Inverclyde Royal Hospital for admission after feelings of suicide but was not admitted after assessment. Whereby he hung about the hospital premises before kneeling in the middle of the road outside the hospital. Prior to this he said he had tried to hang himself with a battery charger and flush his head down the toilet. He was arrested unharmed and taken to the local Police Station.

On assessment, his recent history was of falling out with his girlfriend who called him an "obsessive weirdo" and was concerned for his family's good name if she were to gossip about their relationship. He was very vague about why he travelled to Inverclyde for assessment, all the way from Paisley, only saying he was from Port Glasgow.

There was no evidence of distraction nor preoccupation and he was able to respond appropriately to questions. He again was vague about what he would do if liberate and stated "oh I don't know what I'll do".

He wanted to remain in jail to get his "head straight" and told me that he had owned up to an armed robbery which should get him remanded.

He denied any self harm or suicidal ideation at that time but, as I say, was vague and guarded about his future plans.

I discussed him with Dr Macdonald over the telephone and we both agreed that as he was not exhibiting any signs of mental disorder at that time, there was no reason for further assessment by him.

He is currently on Methadone, prescribed by Dr McMahon but he has been using Street Diazepam also. He denied any alcohol use.

After my interview with him I was made ware that he was to receive a Procurator Fiscal liberation after I had saw him.

The Police, due to his earlier disclosure of a robbery collected him to be questioned further at Greenock Police Station.

I would hope that he will re-engage with local services when liberated but I am unsure now as to when that will be.

I do hope you find this information helpful.

Yours sincerely

Chris O'Brien
Forensic Community Psychiatric Nurse

cc: Dr Ahmed, GP, Barrhead Health Centre
Dr McMahon, Consultant Psychiatrist, Renfrew Drugs Service

PERIODS OF TREATMENT				
ADM	O.P.	D.P.	FROM	TO
	✓		08.02.09	

* CARRYING KNIFE AND RAZOR BLADES *
POLICE ATTENDED.

SSPU Admission Document

Date of assessment 17/11/05. Time of assessment 02:00 (am) / pm

Patient Details:

Name Wesley Philips. Address 45 PROSPECTHILL COURT GREENOCK.

DoB 5/2/82. GP

CHI Number

Source of Referral

☐ Arranged / elective ☑ Emergency
- ☐ via GP
- ☑ via A&E
- ☐ Via Police
- ☐ Via CMHT
- ☐ Self Presentation
- ☐ Other.....
  .....

Presenting Complaint(s)

Deliberate self-harm
Voices in head told him to cut himself.
Threatens to cut his throat.

History of Presenting Complaint(s)

Felt down today.
Drank 1 bottle Archers Aqua + a couple of red Squash, to see if it would make him feel better.
Cut himself on (L) arm x3 + presented to A+E.

Date Name

CHI Number

History of Presenting Complaint(s) continued

Feels stressed out because of his mum who is awaiting a heart operation.
States he has taken 3x overdoses in past week.

On haloperidol, quetiapine + seroxat.
Tablets ran out 3/52 ago.
Only phoned GP a few days ago but the GP 'didn't phone back'.
Doesn't feel the tablets help but states he doesn't take them regularly.

O/E: 3x superficial wounds to (L) arm.
Stitched by A+E staff.
No other injuries.

* CARRYING A KNIFE IN HIS POCKET *
AND IX RAZOR BLADE.
POLICE ATTENDED.
Advised him that (1) Needs to take medication regularly
(2) Contact GP ASAP for a prescription.
(3) I would inform the Liaison Team about recent presentations.

Date Name

CHI Number

Past Psychiatric History

(inc date of first psychiatric problems, diagnoses, previous self harm, treatment details)

Hx self harm
? Tourette's syndrome.

☐ **Previous Admissions** –

Approximate number of admissions.....Date of most recent admission / /

☐ **Previously treated** under Mental Health Legislation
(details)

☐ **Currently under Mental Health Legislation**: ☐ EDC ☐ STDC ☐ CTO

☐ **Current Outpatient** RMO.....

Date of last OP appt / / Seen by.....

☐ **CMHT contact** Keyworker / Care manager.....

☐ **On CPA**: Date of next CPA meeting / /

Date

Name

CHI Number

Family History

(Include details of parents, siblings, family relationships and history of psychiatric illness in family)

Lives with mother

- She is awaiting heart op.

Both worried about each other.

Personal History

(Inc birth problems / milestones / childhood trauma / schooling / employment / relationships / children)

Date Name

CHI Number

Personal History (cont)

Social History

(inc current employment / living circumstances / financial or housing problems / agencies involved)

Date

Name

CHI Number

Past Medical History

- ☐ Diabetes
- ☐ Thyroid Dysfunction
- ☐ Pancreatitis
- ☐ Jaundice / Hepatitis
- ☐ Asthma
- ☐ Other....
- ☐ Angina
- ☐ MI
- ☐ Hypertension
- ☐ CVA
- ☐ Carcinoma
- ☐ Seizures /Blackouts
- ☐ Paraesthesia
- ☐ Sexual Dysfunction
- ☐ Haematemesis
- ☐ Duodenal Ulcer

☐ Operations

Current Medication

(list all medications, with timing and dosage)

Quetiapine
Haloperidol.
Seroxat.

☐ **Allergies / Adverse reactions**

i.....

ii.....

iii.....

Date Name

CHI Number

Alcohol & Drug History

☐ **Smoker** .....(amount per day)

☐ ~~**Drinks Alcohol**~~ Average number of drinking days per week...../7 only occasionally

Average number of units alcohol per drinking day.....

= Average number of units per week .....

CAGE

☐ Ever felt you should cut down drinking?
☐ People annoyed you by criticising your drinking?
☐ Ever felt bad or guilty about your drinking?
☐ Ever had a drink first thing in morning to steady nerves / get rid of hangover?

Past History of ☐ Withdrawal symptoms ☐ Withdrawal Seizures ☐ Delerium Tremens

☐ Current Withdrawal Symptoms
(list)

☐ **Drug Use:**

States no illicit drug use

Drug	**Current Use**	**Quantity per day**
☐ Cannabis	☐	.....
☐ Heroin	☐	.....
☐ Other opioids	☐	.....
☐ Cocaine	☐	.....
☐ Amphetamines	☐	.....
☐ Ecstacy	☐	.....
☐ Benzodiazepines	☐	.....
☐ Other.....		

☐ History of IV Drug Use

☐ Current withdrawal symptoms

☐ Past / Present contact with Drug Services
(details)

Date Name

CHI Number

Forensic History

☐ Previous convictions (list)

☐ Previous imprisonment(s) Longest sentence.....

☐ Previous convictions for violent offences (details)

☐ Driving Convictions / Ban

☐ Pending Charges..... Date of Court / /

Other Information

☐ Patient has a Named Person (details)

☐ Patient has made an advance directive

Date Name

CHI Number

Mental State Examination

Appearance & Behaviour
(kempt, facial appearance, posture & movement, social interaction, motor behaviour)

Teshirt, covered in blood stains.
Sitting back in chair, relaxed, polite.

Speech
(rate, flow, neologisms)

Speech a bit slow but normal flow + content.

Mood / Affect

Objective: bit low

Subject: 'depressed'

Suicidal Ideation: ☑ Current thoughts about harming ~~killing~~ self ☑ Past suicide attempts
☐ Current plans to end life ☐ Made preparations to kill self

Thoughts of Harming Others:

NONE.

Obsessional Phenomena
(thoughts & rituals)

Thought Form & Content
(Themes, preoccupations etc)

Delusions

NONE.

Hallucinations

States to A+E staff: auditory hallucinations.
but did not admit this to me, even after asking.

Cognitive:

Orientation ☑ ~~Time~~ ☑ ~~Place~~ ☑ ~~Person~~ ☐ Serial 7's impaired

Short Term Recall /6

Insight

Date Name

CHI Number

Diagnostic Impression
(include salient features of history & mental state) → DSM

? Personality disorder
? low IQ.

Known to services.

On Alert Folder : recent violent conduct at day hospital.
: frequent presentations

Not to be admitted out-of-hours.

Differential Diagnosis

1.

2.

3.

Disposal:

☑ **Patient Not Admitted**

- ☑ Sent Home
- ☐ To friends/ family
- ☐ Admitted to Medical/Surgical ward
- ☐ Police Disposal
- ☐ Other

Reasons for not admitting:

On Alert Folder.
DSH
No suicidal ideation.
Was carrying ^ potential weapon.

- ☐ Follow Up Arranged (with.....)
- ☐ No Psychiatric Follow Up
- ☑ Case discussed with Duty Consultant (Dr ...McMillan.....)

— NOT FOR ADMISSION
— INFORM LIASON TEAM IN MORNING + ON-CALL TEAM.

Date Name

CHI Number

☐ Patient Admitted

☐ **Mental Health Act used** ☐ **EDC** ☐ **STDC** **Date / Time implemented**

Name & address of MHO.....

.....

.....

Observation Level
☐ General ☐ Constant ☐ Special (Detention must be considered)

☐ **Physical Exam Completed**

☐ **Blood Taken**
☐ U & E ☐ TFT ☐ LFT& γGT ☐ Gluc ☐ FBC ☐ Other

☐ **Urine Drug Screen:** Results.....

☐ **Other Investigations:**

☐ **Drug Kardex Completed**

☐ **RMO / Duty Consultant informed of admission and management plan**

Date / / **Time** .....**am/pm**

Plan should patient request self-discharge:

Assessing Doctor..... **Assessing Nurse**.....

Signed..... **Signed**.....

CLINICAL NOTES

Name: Wesley Rushton

Ward:

DATE	
31/10/05	G North 10th Dr Steele c Dr Deering
	i/v c pt - Dad present.
	Last self harm 3/12 - cut throat
	Last Wed ? tried to hang himself
	Sat night - poor sleep
	hearing voices - diff voice ?
	- command type
	inside his head
	"You're better off killing
	yourself" i.e. not
	getting help.
	Voices settling
	Mood worse at night when sleep poor
	- no major DV
	No other suicidal thoughts
	- past 3/52 except for
	worry about heart attack
	No other strange phenomena
	Only concerned c sleep & ...
	Rarely sees friends two J.B.
	MC plan discussed
	- to promote independent living skills
	c S.H. attendance
Current Meds	HPL 2mg b.d.
	Paroxetine 20mg o.d.
	(Previous CR2 - old)
	No recent violent behav. or illicit drug use

CLINICAL NOTES

DATE

DH attendance explained, Dr. ATP
own commitment
– initially 4 days/wk – Mon–Thurs
for 1st 2/52.
– start tomorrow at 2pm – Tues 1st dose.
RIV [illegible] – to help sleep too.
? Naltrexone to ↓ [illegible] behav.

Hosp. admission would be futile

[signature]
[illegible]
(SpR)

STY0411D

CLINICAL NOTES

DATE	SURNAME	FIRST NAMES	AGE	UNIT No.
	Phillips	Wesley		

Dr Shek + D— seeing.

31/10/05 Meeting + Mr Phillips senior.

\+ advocacy worker Frances Belling ham.

Dad's viewpoint -

poor sleep ∴ of TS.

release phenomena after self-harm

req. [illegible] + support

Him + partner can't cope

Sees son most weekends.

\- c/o feeling down

Related past 4 [illegible] + [illegible]

? duration of Sx - not clear.

worse since was in hospital.

\- mood variable.

Hpl not helping despite 3 doses

Pt doesn't think he's getting help over yrs

No recent Hx of violent behav.

Mx plan discussed

\- R/V psychotropics

\- support - skills - ADL - sleep.

\- prob. D/H [illegible].

\- Mon-Thurs.

Supp. accomod not hopeful.

CMHT.

\- not fit criteria.

Pt becoming mature now - more able to be helped now

Pt still c/o feeling dep. - restarted AD.

CLINICAL NOTES

DATE	SURNAME	FIRST NAMES	AGE	UNIT No.

Mum to be DICd this wed.

Pt prev. on CBZ – SE rash.
Dad wants us to monitor HR.

Pt in IRH today.
Can start attending DH.

No guarantee DH attendance will help
or self harm will stop.
worth a try then.

Dad happy + Mx plan.
will encourage Mum to be there
re attending DH.

Rach
SHO
CMH

CLINICAL NOTES

DATE	SURNAME	FIRST NAMES	AGE	UNIT No.
	Worley	Phillips 5/2/82		

24/10/05 F North — Seen c dad.
— since then.

(G3) Rx Haloperidol b.d. } GP.
(Paroxetine t.d.)
DOB8 + carvedilol e maintain

poor sleep past 2/52
Stopped paroxetine.
Mum c CALt — angina
ADHD + Tourettes

Coping sadly — Enjoys this — actors Christmas
Church — vol. work.

Regretful of old.
knows poor coping skills
prev old — DSH 8-9y.

Hx — GP.

Forensic see Neuro 4r.

Agitated - even when staying at dads.

MSE — Ima. Agit 2° to dis. SSRI
Mum c P.R.-lf.

— NR 4./Dep. No further
Pseudohallucinat Involvement
Not preoccupied Plan

D Radcliff P.D.

[illegible]
Staff Grade

A4B0134 JMcC/203159

CLINICAL NOTES

Name: Wesley Phillips
Ward:

DATE	
3.11.5	Wesley was referred to DH following meeting c his father and review in medical wards on 31.10.5 with view to providing further assessment, reviewing medication and containing his self-destructive behaviour. This proposal had full agreement of Wesley and his father (who stressed to Wesley the need to comply with our treatment plan and attend regularly). He attended for initial interview c Lynn Laverty on Tuesday pm, then attended Wednesday 2nd. learning at lunchtime with 'a headache' despite knowing that he was due to be reviewed by me c regard to commencing medication. He promised to attend today, but again has phoned to cancel stating that he will return on Monday. This does not bode well for a successful admission. If he attends on Monday he will be informed that full attendance is expected next week. I have proposed to commence him on Quetiapine 25mg nocte with dose gradually ↑ to aid sleep, reduce arousal and stabilize mood.
3-11-05 8pm.	Wesley was seen in the A&E when he self presented complaining of auditory hallucinations, persecutory in nature and ideas of self harm. Said these hallucinations are present since Sunday but has not spoken about them to the staff at DH. Wesley said he was not feeling well physically to attend the DH last couple of days. He was not in distress and was not appearing to be responding to auditory/visual hallucinations. There was no evidence of significant depressive features and no active plans of self harm.

CLINICAL NOTES

DATE	
	As per plan at DH: Wesley was given Quetiapine 25mg Nocte for 4 days to be taken over the weekend & to attend the DH on Monday for further prescription. He is willing to do so. T. Devany 0287
4/11/05	Day hospital / weekly review Wesley attended for his initial interview on Tuesday today and agreed to commence a two week ~~initial~~ assessment period the following day. Wesley attended on the Wednesday morning, but appointed staff at lunch time complaining of a headache and requested to go home. Encouraged to have some lunch and something to drink as this might help. Shortly after lunch Wesley approached staff stating that he still had a headache and that he was going home and that he would be in the following day. Unfortunately Wesley called the next day to say that he would not be attending (no reason given). Dr Devany had planned to commence Wesley on Quetiapine on Thursday but as Wesley did not attend we were unable to do this. Wesley self referred to Accident and Emergency yesterday evening, and was seen by Dr Jerard. Declined admission and advised to attend the day hospital on Monday. Commenced on Quetiapine. (Please see notes above). L Laverty (Nurse)
4-11-05 3.35 pm	R/v. Asked to review by Nurse L. Laverty as Wesley self presented to Day Hospital asking to be seen by a doctor or to get admitted. Said that he had started taking the tablets (Quetiapine) prescribed yesterday but feels that he needs to come and stay in the hospital as he has no where to go & his mother is stressed out. Advised to him to continue the

Name

CLINICAL NOTES

Ward

DATE

medications as prescribed. He immediately became aggressive, kicked the chairs & pulled them towards the wall, threatened to harm himself if not admitted and stormed out on his way tried to topple the water stand.

D/w Dr Deering :- to inform the police
- Wesley is barred from further attendance to DH due to threatning behaviour -

T Terard
1257

www.renver-pct.scot.nhs.uk

Medical Records Department
Ravenscraig Hospital
Inverkip Road
Greenock PA16 9HA
Telephone 01475 633777
Fax 01475 502391

If telephoning, please ask for Ext: 62375
Direct Line: 01475 502375

Your Ref:

Our Ref: ES/JB/0502823496

Date: 26th October, 2005

Dr. Curry,
Consultant Physician,
Ward J. North,
Inverclyde Royal Hospital,
Larkfield Road,
GREENOCK.

Dear Dr. Curry,

Wesley Phillips, d.o.b. 5.2.82
45 Prospecthill Court, Greenock.

Many thanks for referring the above 23 year old man whom I reviewed as he was in J. North ward, IRH on 24th October, 2005. I was accompanied by my colleague Christine Robb, Liaison Nurse.

You may recall he was admitted in the early hours of 24th October having taken an overdose of 10 Carvedilol tablets along with 4 x 5mgs Haloperidol tablets. He also took a handful of Warfarin tablets and a couple of DF118's.

He told me that he has been living alone over the past two weeks since his mother was admitted to IRH for an angina attack. He said that he was complaining of poor sleep and agitation and this all started when he had stopped his Paroxetine medication two weeks ago. He thus felt that he was in a desperate situation and thus took his mother's cardiac medication along with his psychotropic medication i.e. Haloperidol in a desperate attempt to get some sleep. He was thus regretful of the overdose and was glad to be alive. Although he did initially feel suicidal, he said that this overdose was not a planned attempt but more an impulsive one to help him feel less agitated and gain more sleep.

He has a history of previous overdose and self-harm attempts more with cutting his wrists since a very young age and was previously known to Child & Family Psychiatric Services. There has been a history of aggressive behaviour in his early years from age of 5 initially within the family home but by the age of 11 this aggressive behaviour was also evident in a school setting leading to suspensions and finally expulsions from school. He was assessed by Child & Adolescent Psychiatry Services when he was aged 15 and a diagnosis of Tourette's Syndrome was made on the basis that he had simple motor tics. When he was seen by Adult psychiatric

Services from the age of 16, there was no evidence of any ongoing motor tics. Apparent disturbances within the family relationship were noted particularly history of domestic violence and alcohol abuse in another family member. He had an admission to the Short Stay Psychiatric Unit in January 1999 following a G.P. referral as Mr. Phillips was thought to be suicidal and was followed up by Dr. Deering at our Day Hospital for about six months. At that time a diagnosis of personality disorder, emotional unstable impulsive type was made and Mr. Phillips was commenced on a treatment trial of low dose intramuscular Depixol. Mr. Phillips gradually lost enthusiasm to take part in groups and gradually defaulted in his attendance and was thus discharged in July 1999.

Other previous psychiatric history includes being reviewed again in November 1999 when he took an overdose of Carbamazepine tablets along with alcohol. No formal psychiatric follow up was arranged and he was reviewed again in November 2000 with a purpose of a psychiatric court report having been charged with possession of an offensive weapon and assault. He was seen by Dr. Audrey Hillman, Consultant Psychiatrist and her opinion was that he was not suffering from a major psychiatric disorder and no psychiatric dispose was sought.

Mr. Phillips has had contact with a Dr. Ricards, Consultant Neuropsychiatrist in Birmingham who commenced him on Paroxetine and Carbamazepine. This contact with the Neuropsychiatrist was not initiated by our local services and I gather it was Mr. Phillips own father that was seeking a second opinion.

When I assessed him today, he was overall appropriate and pleasant with no abnormal behaviours to note. He did get out of his chair a couple of times as he was complaining of restlessness and agitation although this did not delay my interview with him. His speech was spontaneous and coherent and his affect was euthymic. No evidence of any overt depressive or psychotic symptoms although he did relate experiencing hearing his own voice inside his head telling him to harm himself which is in keeping with an auditory pseudo hallucination. He was not thought disordered and seemed to have some insight in recognising that when he does get stressed he has more of these self-harm thoughts not a true intent to commit suicide but more an escape and relief from feeling tense and agitated. He denied any further suicidal thoughts or plans and again as mentioned before he was relieved that he was still alive. Although he recognised that he does have some poor coping skills he did tell me that he is still an active Christian and attends the local church and helps with voluntary work with the elderly. He tells me that he enjoys this work but apart from that he usually spends most of his time at home.

Summary and Opinion

Mr. Phillips is a 23 year old man whose had a history of impulsive and anti-social behaviour in his early years resulting in several breach of the peace charges as well as charges of vandalism and police assault. When he was seen by Dr. Hillman for a psychiatric report in 2000, he was charged with using an offensive weapon i.e. an axe where he tried to assault his father. Since then until present, there has been less of this anti-social behaviour more so over the past three years when Mr. Phillips has become an active Christian where he attends the local Church. There is no recent history of any alcohol or drug misuse.

The reason for this admission to J. North ward is his complaints of feeling agitated as well as a poor sleep pattern over the two weeks since he discontinued his Paroxetine medication which thus led to an impulsive overdose of a combination of Haloperidol and his mother's cardiac medication. Mr. Phillips is thus regretful of the overdose and denied any further suicidal thoughts or plans. He recognises that he has poor coping strategies and recurring stressor of his mother being in the same hospital with an angina attack is more than likely the precipitating event leading to his own admission. He expressed little opinion with regards to his

relationship with his father although I gather from other staff that his father is somewhat over-involved and is seeking further psychiatric help.

I do not feel that Mr. Phillips was suffering from a major depressive or psychotic illness. He did relate experiencing auditory pseudo hallucinations in times of stress and these features would be in keeping with someone with a borderline personality disorder. Mr. Phillips does have a long history of overdose and self-harm attempts and these seem to occur in the context of stressful situations which include poor family relations and misuse of alcohol. Since Mr. Phillips has become a Christian, he does have some structure to his daily activities which include voluntary work which he enjoys very much.

I have not made any arrangements to review Mr. Phillips again and he can thus be discharged when medically fit. I will leave it to the discretion of his GP whether to recommence him on another antidepressant as I gather that he still has some contact with the Neuropsychiatrist in Birmingham.

Yours sincerely,

Dr. Evonne Shek,
Specialist Registrar to Dr. Deering.

c.c. Dr. Mutch, The Medical Centre, Port Glasgow.

Medical Records Department
Ravenscraig Hospital
Inverkip Road
Greenock PA16 9HA
Telephone 01475 633777
Fax 01475 502391

If telephoning, please ask for Ext: 62375
Direct Line: 01475 502375

www.renver-pct.scot.nhs.uk

Your Ref:

Our Ref: ES/JB/0502823496

Date: 31st October, 2005

Dr. M. Mutch,
The Medical Centre,
Dubbs Place,
PORT GLASGOW.
PA14 6HW.

Dear Dr. Mutch,

Wesley Phillips, d.o.b. 5.2.82
45 Prospecthill Court, Greenock.

Myself and Dr. Deering had a meeting with Phillips senior and Wesley's Advocacy Worker, Frances Bellingham on Monday 31.10.05 at the Short Stay Psychiatric Unit. This was arranged after having reviewed Wesley when he was admitted to J. North ward on the 24.10.05 and since then he has had two other self-harm attempts, one last Wednesday where he tried to hang himself as well as this weekend and has been re-admitted to IRH.

Mr. Phillips senior main complaint was that he is finding it difficult for his son to gain access to psychiatric services recently. His main concerns were that of Wesley's poor sleep pattern as well as his recent overdoses and self-harm behaviour. He has thus found it difficult to cope with him more so since Wesley's mother was admitted to hospital, and I gather that she has cardiac and arthritic problems.

Mr. Phillips senior did not give a clear history of how long his son's symptoms were becoming problematic but obviously recognised that his mood had deteriorated more so when Wesley's mum was in hospital over these past few weeks. Mr. Phillips senior did indicate that his son's mood would be variable at times but would also complain of feeling depressed.

Mr. Phillips senior was thus requesting his son to re-engage in psychiatric services in particular to review his psychotropic medication. He did not feel that Wesley's Haloperidol medication was helping him despite recent increases to his dosage.

Dr. Deering did explain to Mr. Phillips senior that Wesley's self-harm behaviour may not necessarily be due to his diagnosis of Tourette's Syndrome but could also be in keeping with people who cope poorly in stressful situations.

A brief management plan was thus discussed which would involve Wesley attending the Day Hospital initially four days a week as well as a review of his psychotropic medication. The aim of Day Hospital attendance would be to improve Wesley's independent living skills. We did explain to Mr. Phillips senior that there is no guarantee that attending the Day Hospital will help or even alleviate Wesley's self-harm behaviour particularly in crisis situations. It is hoped that Wesley will engage and work along with the Day Hospital staff and thus gain coping skills which would benefit him in the long run especially if his mother should be re-admitted to the hospital.

We reviewed Wesley along with his father again later that afternoon in G. North ward, IRH.

Wesley's main complaints were his poor sleep pattern as well as his concerns about his mother's health. He did relate he experienced hearing voices inside his head of a command type nature telling him to kill himself. He said these voices were worse at the weekend and are now settling and is thus not distressed by this. He described his mood being worse at night when he cannot sleep although there was no major diurnal variation throughout the day. There is no recent problems of any obsessional thoughts or other psychotic experiences.

Despite attending his local Church, he is not in any regular contact with other friends which included a previous in-patient when Wesley was last admitted in 1999. Wesley admits that this other friends influence is not good for him and he also realises that being admitted again to the psychiatric ward would be futile.

Apart from his self-harm behaviour there has been no recent violent behaviour nor illicit drug issues.

Wesley seems to express some commitment and motivation to attend the Day Hospital and it was agreed that he can start tomorrow, i.e. Tuesday, 1st November at 2pm where he will initially meet with the staff and start attending all the groups for the first two weeks. Dr. Deering will also review his medication and it is planned to commence him on another antipsychotic i.e. Quetiapine. In the interim, he should still remain on the same medication as before i.e. Haloperidol 2mgs b.d. and Paroxetine 20mgs once daily.

We will keep you informed of his progress.

Yours sincerely,

Dr. Evonne Shek,
Specialist Registrar to Dr. Deering

Medical Records Department
Ravenscraig Hospital
Inverkip Road
Greenock PA16 9HA
Telephone 01475 633777
Fax 01475 502391

If telephoning, please ask for Ext: 62375
Direct Line: 01475 502375

www.renver-pct.scot.nhs.uk

Your Ref:

Our Ref: AD/JB/0502823496

Date: 7th November, 2005

Dr. M. Mutch,
The Medical Practice,
Dubbs Road,
PORT GLASGOW.
PA14 6HW

Dear Dr. Mutch,

Wesley Phillips, d.o.b. 5.2.82
45 Prospecthill Court, Greenock.

Just a note to put on paper the contents of our telephone discussion today concerning Wesley.

As you are aware I had a meeting with Wesley and his father along with my SpR Dr. Shek on Monday looking at how the service could best respond Wesley's various needs. It was agreed by all parties that his problems were long standing and would not be solved by short term admissions to hospital which would solve nothing, but rather that a containing approach at the Day Hospital providing him with a review of his medication, psychology input to address anger management, occupational/life skills training and general support would be beneficial, and that if Wesley was prepared to work with us we could continue this work at the Day Hospital over a lengthy time period, with involvement of other parts of the service if and when appropriate.

Wesley attended for his initial interview on Tuesday 1st November and expressed a willingness to participate with this arrangement. However he left at lunch time the following day before his appointment for medical review saying that he had a headache but promised to return the next day. However he did not attend the next day but did present to the duty doctor in the evening demanding admission to hospital. This was declined but he was offered to attend either Friday or on Monday when he could see myself. He once again presented without appointment on Friday afternoon where my Senior House Officer, Dr. Jerard offered to see him. He stated that he could no longer stay with his mother, that he was homeless and demanded to be admitted to hospital for at least two weeks. When he was told that homelessness was not an appropriate reason to be admitted to a psychiatric ward he became verbally and physically aggressive, throwing over a bookcase and a water machine and storming out of the Unit. He had also been heard to make threats that he would continue harming himself until he was admitted to hospital or that he might also harm his mother. The police were called with respect to this disturbance.

Whilst I accept that Wesley does have complex difficulties intervention can only work if he is prepared to accept fundamental conditions of engaging in treatment. This would include complying with the treatment and attendance and more importantly not engaging in threatening behaviour towards staff. As he has breached each of these conditions by his behaviour this week I have withdrawn my offer of support for him at the Day Hospital at this time. I regret that I can offer no further input with regard to his case at this time.

Yours sincerely,

Dr. A. Deering,
Consultant Psychiatrist.

c.c. Alert Folder, A. East
DeHanne Bonnar Complaints Manager, IRH
Mr. Phillips.

Medical Records Department
Ravenscraig Hospital
Inverkip Road
Greenock PA16 9HA
Telephone 01475 633777
Fax 01475 502391

If telephoning, please ask for Ext: 62375
Direct Line: 01475 502375

www.renver-pct.scot.nhs.uk

Your Ref:

Our Ref: AD/JB/0502823496

Date: 7th November, 2005

Mr. Phillips,
48 Braeside Drive,
BARRHEAD.
G78 2QB

Dear Mr. Phillips,

I enclose for your reference a copy of a letter I have written to Wesley's G.P. in light of events in the latter half of this week. I am, as I suspect you yourself will be, disappointed that Wesley has not seen fit to co-operate with the treatment package that we discussed at length on Monday and appreciate that it is likely to be difficult for both yourself and his mother if his current behaviour continues. However as we both stated on Monday progress is only going to be made if Wesley himself shows a commitment to make change and make use of the resources offered to him.

With kind regards.

Yours sincerely,

Dr. A. Deering,
Consultant Psychiatrist.

Short Stay Psychiatric Unit
Inverclyde Hospital
Larkfield Road
Greenock PA16 0XN
Telephone 01475 633777
Direct Line 01475 504603
Fax 01475 504370
www.renver-pct.scot.nhs.uk

If telephoning, please ask for Ext: 64603

Your Ref:

Our Ref: JT/YC/0502823496

Date: 9th November 2005

Dr Mutch
The Medical Centre
Dubbs Road
Port Glasgow
PA14 6HW

CONFIDENTIAL

Dear Dr Mutch

RE: Wesley Phillips 45 Prospecthill Court Greenock
DOB: 5.2.82

I was asked to review Wesley in the A&E department at IRH on the 3rd November 2005 as an emergency assessment. Earlier that evening he had requested the staff in A West Short Stay Psychiatric Unit to admit him as he was stressed out at home. He was then requested to attend A&E.

I met with Wesley in the A&E department when the doctor referred him for a psychiatric review. I saw him at around 7.30p.m. on the 3rd November 2005 he was unaccompanied. Wesley said that he could not cope at home, as he felt that his mother is stressed out because of his behaviour. He wanted to be admitted to the hospital for respite. He also said that he had been hearing his own thoughts telling him to harm himself. He said that he heard these voices around 5.30p.m. and then decided to come to the hospital. Although he said that he could still hear the voices he was not appearing to be responding to auditory or visual hallucinations.

As you are aware from recent correspondence regarding Wesley, he was admitted to the Day Hospital to attend on a daily basis, since 31st October 2005. However Wesley defaulted from attending and when asked about why he could not attend he said that he felt that it was not beneficial for him. Wesley also said that he was not sure whether he could speak to the staff about all of his difficulties. I took the opportunity to explain to Wesley regarding the future plan of attending the Day Hospital.

At the interview Wesley did not appear to be distressed and there was no evidence of restlessness or agitation. His speech was normal and his mood appeared euthymic with reactive affect. There was no evidence of any overt depressive or psychotic symptoms and he spoke about auditory pseudo hallucinations. There were no ongoing thoughts of self-harm and he denied any plans of self-harm in the future.

When it was explained to him about the future plans for the Day Hospital attendance he became motivated and was willing to get involved in the future management with regard to his medication. It was proposed to him by Dr Deering Consultant Psychiatrist that he would benefit from commencing on Quetiapine, he was keen on this and I have commenced him on this occasion Quetiapine 25mg nocte. He was given a four day supply of medication and will be reviewed at the Day Hospital on Monday for further gradual increase of this medication to aid sleep and also reduce arousal and to stabilise his mood. He was happy with this plan and was discharged home from A&E

Yours sincerely

Jerard Tharumanayagam
SHO in Psychiatry

Medical Records Department
Ravenscraig Hospital
Inverkip Road
Greenock PA16 9HA
Telephone: 01475 633777
Fax: 01475 502391

www.renver-pct.scot.nhs.uk

If telephoning, please ask for Ext: 62349
Direct Line: 01475 502349

Your Ref:

Our Ref: JT/ELB/05 02 82 3496

Date: 17 November, 2005

Dr. J. Thomson,
Inverclyde Royal Hospital,
Larkfield Road,
GREENOCK. PA16 0XN

Dear Dr. Thomson,

Wesley Phillips, 45 Prospecthill Court, Greenock
Date of Birth: 5. 2.1982

Thank you for referring Mr. Wesley Phillips for Liaison Psychiatry review. I reviewed him in J north ward I.R.H. on the 7th of November, 2005. I was accompanied by my colleague, Morag a medical student from Glasgow University and Mr. Phillips gave consent to be interviewed along with my colleague.

Mr. Phillips was admitted on the 4th of November, 2005 around 8.00 p.m. via Accident & Emergency, when he had reported taking overdose of eighteen Seroxat 20 mg tablets along with 2 Amitriptyline and 2 Haloperidol tablets. Wesley told me that he returned home that evening from Day Hospital where he was involved in an incident where he displayed aggressive and violent behaviour. While at home he was interviewed by the police who were informed of his behaviour during the interview in the Day Hospital. He was agitated and distressed by these events and at around 7.15 p.m. he decided to take the tablets. He denied having thoughts of killing himself but was looking for some relief by taking the overdose. He then called the ambulance and got admitted to the hospital. At A. & E. he spoke to the doctor saying that he had auditory hallucination of persecutory nature telling him to kill himself. However when speaking to him today in the ward he said his main reason to take the overdose was to seek some relief. He denied any suicidal intention. He said that he felt his mother is stressed out because of his behaviour and needed some kind of respite from home. He was not sure whether the overdose gave him relief from these stresses, however he felt staying in the ward made him feel better. He denied any ongoing suicidal or self-harm ideas.

When assessed in the ward today he was appropriate and pleasant with no abnormal behaviour to note. He made good rapport and eye to eye contact. Speech was spontaneous and coherent and his mood appeared euthymic with reactive affect. There was no evidence of significant depressive features and he denied low mood. He did say that he experienced hearing a strong voice inside his head telling himself to harm himself. He denied any second or third person hallucinations. He denied any first rank symptoms of schizophrenia and there were no overt

psychotic symptoms noted. He was not thought disordered and there was no delusional content to his speech. He denied any ongoing self-harm thoughts, however said that when he gets stressed the self-harm thoughts appear suddenly and he acts impulsively. He was offered attendance at the Day Hospital a week ago from which he defaulted and later on, on the day he was admitted to J North, he was involved in violent and aggressive behaviour during an interview in the Day Hospital, which resulted in him being discharged from the hospital. As he does not display any evidence of significant mental disorder and denies any ongoing suicidal ideation he is discharged to the care of his G.P.

Thank you for referring him to the Liaison Psychiatry service.

Yours sincerely,

Jerard Tharumanayagam,
Senior House Officer to Dr. Deering

c.c.

Dr. M. W. Mutch,
The Medical Centre,
Dubbs Place,
PORT GLASGOW. PA14 6HW

Renfrewshire and Inverclyde Primary Care NHS Trust

Ravenscraig Hospital
Inverkip Road
Greenock PA16 9HA
Telephone 01475 633777
Fax 01475 502391
www.renver-pct.scot.nhs.uk

NHS Argyll & Clyde

Internal memo

To: All Consultants, Staff Grades, SHO's, G.P., Charge Nurse, J. North, Charge Nurse A&E Dept. **Date:** 21.11.05

From: Dr. A. Deering, Consultant Psychiatrist, Ravenscraig Hospital. **REF:** AD/JB/0502823496

Subject: **Wesley Phillips, 45 Prospecthill Court, Greenock. D.o.b. 5.2.82**

I wish to bring the following patient to your attention in light of multiple recent presentations out of hours and the potential for risk to staff carrying out an assessment of him.

Mr. Phillips has a primary diagnosis of emotionally unstable personality disorder, impulsive type. He has also in the past been diagnosed with Tourette's Syndrome. Over recent months he has presented with acts or threats of self-harm including lacerating his arms and taking overdoses. He has been assessed by myself, my specialist Registrar Dr. Shek and by several SHOs when he has presented out of hours. No evidence of major underlying mental illness has been identified on these assessments and his presentations follow a stereotyped pattern with his apparent desired aim being admitted to the Psychiatric Unit. This is not considered to be appropriate in terms of managing long-standing behavioural problems, and the reasons for this have been conveyed to Wesley and to Wesley's father by myself. Wesley was offered attendance at the Psychiatric Day Hospital four days per week at the beginning of November '05 but breached the terms of this attendance within the first week by defaulting from agreed attendance then creating a violent disturbance within the Day Hospital. The offer of Day Hospital attendance has since been withdrawn. At the present time it is not considered appropriate to offer intervention from the psychiatric services.

My reason for circulating this letter is that he presented to Casualty on the 16th November: in his possession were several razor blades and a large knife. On this occasion the police were notified and admission was not offered. As further presentations to Casualty are likely I consider it important that both Casualty Staff and psychiatric Staff who may be called on to carry out a further assessment be aware of the potential risk to their safety when assessing Mr. Phillips. I would therefore suggest that any interview which takes place be carried out in a safe environment with adequate numbers of staff in support. If Psychiatric Staff are requested to assess his mental state it would be appropriate to check for any signs of new symptoms suggestive of an underlying major mental disorder. In the unlikely event that such symptoms are present then the case should be discussed with the duty Consultant Psychiatrist. Under no circumstances should admission to the psychiatric ward be offered without full discussion with the duty Consultant Psychiatrist.

If staff are asked to assess Mr. Phillips I would be grateful if I could be notified of this having occurred on the next working day.

Medical Records Department
Ravenscraig Hospital
Inverkip Road
Greenock PA16 9HA
Telephone 01475 633777
Fax 01475 502391

If telephoning, please ask for Ext: 62375
Direct Line: 01475 502375

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Your Ref:

Our Ref: AD/JB/0502823496

Date: 7th December, 2005

Dr. M. Mutch,
The Medical Centre,
Dubbs Place,
PORT GLASGOW.

WED 18th JAN
@ 11:30

Dear Dr. Mutch,

Wesley Phillips, d.o.b. 5.2.82
45 Prospecthill Court, Greenock.

Further to our recent discussion I have raised the subject of Wesley's referral to the Community Mental Health Team with both Dr. Walker and Dr. Loudon. Dr. Loudon has very kindly agreed to see him for a second opinion, with particular reference to whether the Community Team might be appropriate to engage, although from my presentation of the details to date he did not feel that it would be very likely that Wesley would be offered input from the Team. A routine assessment appointment will be sent out for Dr. Loudon's clinic in due course.

Yours sincerely,

Dr. A. Deering,
Consultant Psychiatrist.

INVERCLYDE DIVISION
Inverclyde Royal Hospital
Larkfield Road
GREENOCK
PA16 OXN
Tel: 01475 633777 Extn 64501
Fax:01475 505223
Direct Line: 01475 504501

NHS Argyll & Clyde

REF: JET/SN/195834
CHI: 0502823496

Dictated 03.01.06
Typed: 04.01.06

Dr Mutch
The Medical Centre
Dubbs Place
PORT GLASGOW

c.c. Dr A Deering, Consultant Psychiatrist
Ravenscraig Hospital
GREENOCK

Dear Dr Mutch

Wesley Phillips - 05.02.82. 45 Prospecthill Court, Greenock.

Date of admission: 23.12.05 Date of discharge: 26.12.05

Diagnosis:
1. Self poisoning with a mixture of drugs.
2. Gilles de la Tourette's syndrome

Comment: Admitted with another overdose, came to no physical harm. Reviewed by our psychiatric colleagues who are arranging further review.

Plan: Continue Haloperidol 1.5 mg bd, Quetiapine 25 mg nocte, Citalopram 20 mg daily.

Follow-up: Dr Deering.

Yours sincerely

James E Thomson
Consultant Physician

Medical Records Department
Ravenscraig Hospital
Inverkip Road
Greenock PA16 9HA
Telephone 01475 633777
Fax 01475 502391

If telephoning, please ask for Ext: 62375
Direct Line: 01475 502375

www.renver-pct.scot.nhs.uk

Your Ref:

Our Ref: CR/JB/0502823496

Date: 10th January, 2006

Dr. Dilawari,
Consultant Physician,
Ward J. North,
Inverclyde Royal Hospital,
Larkfield Road,
GREENOCK.
PA16 0XN.

Dear Dr. Dilawari,

Wesley Phillips, d.o.b. 5.2.82
45 Prospecthill Court, Greenock.

Thank you for referring this 23 year old man to the Psychiatric Liaison Service.

I saw him for assessment in J. North on the 26.12.05. He had been admitted on 23.12.05 via A&E following a self-poisoning act of taking approximately 25 Cardevol tablets and ?a number of Quetiapine and Seroxat tablets. He had also made superficial cuts to his neck with a razor. Mr. Phillips tells me that he had been unable to sleep and had heard a voice which he thinks was the Devil's telling him to take the tablets. He said he thought he was not going to get better and had acted impulsively and maintains he had not been planning to take the tablets. He says the Cardevol tablets were prescribed for his mother and after taking these and a few of his own prescribed medication he then left the house for a short period and soon after telephoned for an ambulance to bring himself to hospital. He said the intention of his actions was partly to die and partly to escape from how he was feeling. He said he regretted his actions although was unsure whether he would try to harm himself again in the future. Mr. Phillips also tells me that he had a chest infection recently and says in the past couple of weeks he has felt down with the occasional thoughts that he will never get better. He reports having reduced appetite although he has noticed no recent change to his weight. He complains of disrupted sleep and of reduced concentration and denies having recent thoughts or plans to actively harm himself. He was unable to identify any family stressors that may have contributed to his actions at present. In addition he tells me he had not been taking his prescribed medication for the past couple of weeks and had only re-started taking his antidepressant a few days ago. He generally collects his medication which is dispensed on a weekly basis via the Chemist in Dubbs Road. He denies use of illicit substances and says he

has drank alcohol on one or two occasions in the past couple of weeks generally around a half bottle of spirits on each occasion. He denies having any current problems with the police.

Mr. Phillips is well known to the Psychiatric Services with a primary diagnosis of emotionally unstable personality disorder, impulsive type. He has also in the past been diagnosed with Tourette's Syndrome. As you know he has presented in recent months with acts or threats of self-harm which include lacerating his arms and taking overdoses. He also in the past has presented with weapons in his possession. His current medication is Haldol 1.5mgs b.d., Seroxat 20mgs daily and Quetiapine 25mgs nocte. He is due to be seen by Dr. Loudon, Consultant Psychiatrist at the Community Mental Health Team on 18th January, 2006.

Mr. Phillips currently lives at home with his mother. His mother is apparently awaiting heart surgery and says he generally has a good relationship with his mother. His father lives in Barrhead who he sometimes sees at the weekend, however said his father does not want to know him at present because of his behaviour. He is involved with Church activities although says in the last few weeks he has not been attending same. He is currently unemployed and in receipt of disability living allowance and income support. He denies having any financial problems at this time.

I contacted my Medical colleague, duty doctor, Dr. Karim who agreed to see patient for further review with myself. A rapport was established with moderate eye contact. There was no evidence of distress when recounting recent events. He expressed no active plans or thoughts to harm himself at interview. There was no psychotic symptoms prominent. Dr. Karim had discussed with him the importance of taking his medication as prescribed and reviewed his current antidepressant at this time which he discontinued and commenced Mr. Phillips on Citalopram 20mgs daily in addition to continuing with prescribed Haldol and Quetiapine. As Mr. Phillips was medically fit for discharge he agreed to the following plan to see his GP on discharge regarding the change in antidepressant and was given three days supply on discharge from Medical ward. He has agreed to attend the out-patient appointment as arranged with Dr. Loudon on 18th January, 2006.

Yours sincerely,

Christine Robb,
Liaison CPN to Dr. Deering.

c.c. Dr. Mutch, The Medical Centre, Dubbs Road, Port Glasgow.

Medical Records Department
Ravenscraig Hospital
Inverkip Road
Greenock PA16 9HA
Telephone: 01475 502377
Fax: 01475 502391
www.renver-pct.scot.nhs.uk

Your Ref:

Our Ref: JL/FS/0502823496

Date Dictated: 19 January 2006
Date Typed: 23 January 2006

Dr M Mutch
The Medical Centre
Dubbs Place
PORT GLASGOW
PA14 6HW

cc Dr Deering, Consultant Psychiatrist

Dear Dr Mutch

Wesley Phillips, Dob: 05.02.82, 45 Prospecthill Court, Greenock, PA15 4ER

DIAGNOSIS: Emotionally unstable personality disorder (impulsive type)

MEDICATION: Citalopram 20 mgs mane
Quetiapine 25 mgs nocte
Haloperidol 1.5 mgs bd
Chlordiazepoxide (dosage unknown)

I reviewed Wesley at outpatients on 18 January 2006, principally as there has been suggestion that the Community Mental Health Team should attempt to engage Wesley. At interview he was unaccompanied, although he had been accompanied to the appointment by a pasture from his local church. Approximately 8 days prior to our interview Wesley was discharged from McKinnon House, Stobhill Hospital following an 8 day admission. He had presented to the Casualty department at Glasgow Royal Infirmary on 2 January 2006 believing that local psychiatric services are prejudiced against him.

I note that Wesley has suffered from behavioural and psychological morbidity since his early childhood. From the age of 3 or 4 aggressive outbursts became problematic and this behaviour escalated throughout his school years culminating in his expulsion from mainstream schooling in 1996. At this time, a diagnosis of Tourette's syndrome was made and attempts were made with treatment with Haloperidol under the supervision of local Child and Family Psychiatric Services. The family simultaneously pursued treatment with a neuropsychiatrist in Birmingham who specialises in Tourette's syndrome. Wesley first presented to Local Adult Psychiatric Services in 1999 at which time he had a brief period of inpatient treatment having presented with suicidal ideation. At this time, no major mental illness was

identified and follow-up arranged at the Psychiatric Day Hospital which Wesley ultimately defaulted from. Since that time Wesley has had intermittent contact with local services, often following episodes of deliberate self-harm and for the purpose of Court Reports usually relating to Charges of Breach of the Peace or Police assault. There appears to have been an escalation of his self-harming behaviour during the latter part of 2005, Wesley receiving several periods of inpatient medical treatment for overdoses whilst also attending the Accident & Emergency Department with threats of deliberate self-harm. Attempts were made in early November 2005 to engage him at the Psychiatric Day Hospital, however, during his first few days of attendance his conduct was violent thus was discharged. Since that time he has been assessed on several other occasions. Since his initial presentation to Adult Services in 1999 no treatable mental illness has been identified.

Wesley was co-operative at interview today. He was rather unforthcoming and appeared to experience difficulty accurately conveying his subjective complaints. Throughout our interview he appeared suggestible. Wesley stated that his principal complaint is of unpleasant, dark thoughts accompanied by an inability to think straight and a persistent sense of emptiness. He also described an ongoing internal dilemma with respect to his religious beliefs. He also described poor sleep in the form of initial insomnia, however, this would appear to reflect a fazed shift in his sleeping as he often sleeps until late in the afternoon. Wesley described poor concentration which effects his ability to watch television. He also described auditory pseudohallucinations which are derogatory and instruct him to self-harm. At present, Wesley appears to be relatively inactive with few activities out with his home. He has a limited social circle, his mother and church friends being his main social contacts.

Wesley feels that his difficulties have been worsening over the past 2 months but could identify no obvious precipitate.

Physically Wesley is fit and well suffering from no concurrent physical condition. His current prescription medication is as detailed above. Wesley's personal history is well documented in previous correspondence. At present, he is living with his mother who is awaiting cardiac surgery. There is some suggestion contained within his casenotes that the escalation in Wesley's presentations over recent months reflects his mother's failing health and repeated admissions to Inverclyde Royal Hospital. He is a smoker but denied recent excessive alcohol or illicit substance misuse. Wesley stated that he has no current outstanding contacts with the Criminal Justice System.

At interview Wesley was kempt and appropriate. He co-operated fully throughout being polite and unthreatening. He replied to questions appropriately providing short replies to questions which he did not expand upon. As stated above, he appeared to be suggestible and eager to maximise his current difficulties. Objectively there was no evidence of mood disturbance and his affect was reactive. He described the presence of unpleasant dark thoughts but there did not appear to be any. No delusional beliefs were evident and whilst he described auditory perceptual abnormalities these appeared to be auditory pseudohallucinations rather than true hallucinatory experiences. He was fully orientated and demonstrated no gross cognitive impairment.

Wesley Phillips

On the basis of my interview with Wesley and having reviewed his psychiatric case records from 1999 to present, I can detect no evidence which would suggest an alternative diagnosis to that already established, namely, an emotionally unstable personality disorder. Wesley displays signs compatible with both the impulsive and borderline sub-type. Given the nature of Wesley's recent interactions with services I can see no prospect of engaging him in a meaningful therapeutic process, certainly I do not feel that it would be appropriate for the Community Mental Health Team to become involved in his management. I have not arranged to review Wesley again.

Yours sincerely

James Loudon
Consultant Psychiatrist

Greater Glasgow Primary Care NHS Trust

NHS Greater Glasgow

Out of Hours Psychiatric Nursing Service

To	Telephone Number	Fax Number	Sent
~~DR MITCH~~		~~531~~	
DR LOUDAN			
RAIGMORE HOSP CAITHNESS	01475 633 777	01475 502 391	

From: Tony Ing

Telephone Number
0845 650 1730
Fax Number
0141 616 6259

Hours of Service

Weekdays
8.30pm – 9.30am
Weekends and Public Holidays
4.30pm – 9.30am

For Out of Hours use only

Pimmed	
Pages inc. this page	

Out-of-Hours Psychiatric Nursing Service

NURSING ASSESSMENT

PIMS NO. [ ][ ][ ][ ][ ][ ][ ]

PATIENT DETAILS

DATE 28/1/06

NAME WESLEY PHILLIPS

ADDRESS 46 PRESTWICK CT
GREENOCK

POSTCODE

DATE OF BIRTH 5/8/83

TELEPHONE NO:

GP DR MUTCH?

GP ADDRESS PORT GLASGOW H/C

KNOWN TO SERVICE: YES [✓] NO [ ]

IF SO, CONSULTANT/KEYWORKER
DR LOUDEN, RANFURLY HOSP

TIME TRIAGED (24HR) HR 23 MIN 00

REFERRER: GP/ A&E

ASSESSOR: TONY IRVINE
CHARLIE GUDDIE

TIME: VISITED HR 00 MIN 00

TIME: ASSESSMENT/CONTACT COMPLETE: (24HR) HR 01 MIN 00

VENUE PATIENT SEEN: HOME [ ] A&E [✓] HOSPITAL [ ]
GEMS CLINIC [ ] POLICE [ ] OTHER [ ] (please specify) .....

HISTORY

1. REASON FOR REFERRAL/HISTORY OF PRESENT CRISIS.
CLIENT BROUGHT TO A&E BY AMBULANCE CALLED BY FATHER CUTTING NECK SUPERFICIALLY WITH RAZOR BLADE. LEFT HOME IN GREENOCK TO FATHER STAYING BUT EVENTUALLY USED DSH TO AID/RELIEVE TENSIONS/AGITATION. HISTORY OF DSH AND PLAYING THOUGHTS OF SUICIDAL IDEATION. NOT COPING WELL WITH MOTHERS ILLNESS. CLIENT ASKING FOR HELP TO BE "NORMAL".

2. RELEVANT PSYCHIATRIC / MEDICAL HISTORY / PRESENT MEDICATIONS.
KNOWN TO SERVICES IN GREENOCK UNDER DR LOUDEN. STATES HAS DIAGNOSIS OF PERSONALITY DISORDER. STATES TOLD HE MAY BE DISCH DUE TO RELENT AGGRESSIVE OUTBURST AT DAY UNIT. RECENTLY HAS STAFF ADMISSION TO MCKINNON HOUSE WITH SIMILAR CRISIS AND TOLD HE HAD NO DEPRESSIVE FEATURES.
ON OLANZAPINE, HALOPERIDOL, CITALOPRAM FOR PAST 3/12, FEELS NOT HELPING. PREVIOUSLY ON DOTHIEPIN WHICH HE STATED WAS MORE HELPFUL.

SUMMARY

22 YR OLD MAN WITH HISTORY OF PERSONALITY DISORDER, CATHETIC AND AGGRESSIVE BEHAVIOUR AND DSH. BROUGHT INTO CAR WITH DSH, STATING EARLIER SUICIDE IDEATION HAS LED TO DSH. NO FURTHER IDEATION, PLANS OR INTENT. FEELS CURRENT POLICE TEAM IN OMBUDSMAN NOT HELPING CONDITION. FEELS MEDICATION NOT HELPING. SUFFERS DYSSOMNIA, REGULAR TORMENTS, SUFFERS FROM TOURETTE SYNDROME AND APPEARS TO HAVE LOW IQ. NO PSYCHOTIC OR MOOD DISORDER FEATURES. CUTS TO GIVE RELIEF TO STRESSORS. PRESENTS WITH AGGRESSIVE OBSTACLES.

DIAGNOSIS: ICD10 CODE: F6

FOLLOW UP

1.	Client to seek follow up via GP	☑
2.	Client to contact Care Team	☑
3.	CPN will contact Care Team	☐
4.	Psychiatric Medical opinion requested	☐
5.	Admitted to Hospital	☐
6.	Urgent CMHT next day follow up	☐

AGREED TO SEEK OPA WITH GP / POLICE TEAM TO DISCUSS OPTIONS RE MEDICATION AND CARE / MANAGEMENT.

APPROPRIATE REFERRAL: YES ☑ NO ☐

(If No, explain)

SIGNATURE

Call No: 1565256 CHI No:	Date : 26 Jan 2006	NHS 24 No:
Patients Name: WESLEY PHILLIPS	D.O.B. Age 05/02/1982 23 Y	Callers Name Dr Sharma - Gri
Address Today: 45 Queen St 1/1 Rutherglen GLASGOW	Home Address if different 46 PROSPECTHILL CT GREENOCK.	
Post Code: G73	Post Code:	
Phone Number (0141) 211 4102 - Home	Call Type Tel Advice	
Name of GP: Mutch SM	Time Call Received at NHS 24: 00:00	
Surgery 309 30 Croftfoot Road / Gorbals HC	Time Details Received at GEMS: 22:56	
Practice Number 309	Time Patient Arrived:	
Fax Number 0141 531 8602	Consultation Start time:	
Speed Dial 033V	Consultation End time: 27/01/2006 04:09:58	
Dispatched To COMMUNITY MENTAL HEALTH		

Clinical Information

deliberate self harm

BP: /	Pulse	Temp: °c	Allergies

Clinicians Notes

CLIENT KNOWN TO GREENOCK PSYCHE SERVICES WITH PERSONALITY DISORDER,UNDER DR LOUDEN.CAME TO GLASGOW DUE TO ONGOING THOUGHTS OF SELF HARM .THESE APPEAR LONGSTANDING,CUT SELF SUPERFICIALLY.UNHAPPY WITH CURRENT MANAGEMENT,LIVES WITH MOTHER.AGREED TO SEEK INPUT FROM OWN SERVICES .WILL ATTEND HAM ALLAN FOR ACCOM TONIGHT UNTIL TRAIN TOMORROW.

Referral:	Seen by Dr:	Rota No:	Nurse:

Dr L

01 FEB 2006

Primary Care Division
SPRINGPARK CENTRE
101 Denmark Street
Glasgow G22 5EU

Tel: 0141 531 9300
Fax: 0141 531 9304

NHS Greater Glasgow

Dictated: 20 January 2006
Typed: 20 January 2006

MJ/MRH

Dr Mutch
4 Dubbs Place
Port Glasgow PA14 6HW

Dear Dr Mutch

Wesley Phillips – D o b 5 2 1982
c/o 45 Prospecthill Court Greenock PA15 4ER
Unit No T/1808520/1

Admitted:	**3.1.2006**
Discharged:	**10.1.2006**
Diagnosis:	**Probable Learning Disability**
	Previous Tourette's Syndrome
Medication:	**Nil**
Follow up:	**Out Patient Clinic Dr Loudon**
Status:	**Informal**

Wesley Phillips had a short out of sector admission to McKinnon House in Glasgow following a domestic crisis. He had been referred from A & E at Glasgow Royal Infirmary after presenting himself complaining of feeling suicidal. He had been thrown out of his mother's home in Port Glasgow following an argument; his mum is physically unwell and is unable to cope with Wesley. He had taken an overdose of his mum's heart medication just before Christmas and had a brief admission to Inverclyde Hospital. On day of presentation he stated he was having persistent thoughts of suicide and was worried what would happen to him if he wasn't admitted to hospital.

Mental State on Admission:

Wesley presented as a dishevelled but relaxed young man, behaving normally, and established good rapport. His speech was normal in rate, rhythm and tone and he described his mood as depressed but his affect appeared reactive and congruent. He had no abnormalities of thought form but his thought content was a little pre-occupied with thoughts of harming himself, however he had no specific plans or fixed intent. He denied auditory or visual hallucinations of delusions. His insight was reasonably good.

Progress on the Ward:

Wesley was admitted to Armadale Ward, McKinnon House for further observation. He settled fairly easily into the ward environment and was no management problem. He informed us he had previously been on **Haloperidol** and **Quetiapine**, but remained off all medication during his admission with no apparent ill effect. He stated he felt safe in hospital and had no thoughts of self harm or suicide; however he remained worried about things getting on top of him when he got out of hospital. He described voices in his head telling him to kill himself, however these had an "as if" quality and seemed to be more his own internal voice than true auditory hallucinations.

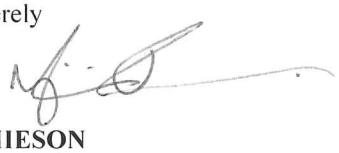
Over the course of the week's admission Wesley remained pleasant and interactive with no signs of psychosis or mood disorder. His cognitive function was felt to be fairly limited and this may represent a long standing learning disability.

His thoughts of harming himself seemed to be a long standing theme with Wesley and may be associated with personality difficulties. He is usually able to divert his thoughts from self harm but has cut himself on two occasions in the past.

Wesley's relationship with hi mum improved during his admission and she was agreeable to have him home again in Port Glasgow. He has a Psychiatry Out Patient Clinic appointment at Inverclyde on the 18th January following his admission just before Christmas.

We have not arranged any further follow up in Glasgow but please do not hesitate to get in touch if you require any further information.

Yours sincerely



Dr M JAMIESON
Senior House Officer
Consultant - Dr R Ward

Copy: Dr Loudon Community Mental Health Centre 128 Cathcart Street Greenock

12 JAN 2006

GREATER GLASGOW PRIMARY CARE NHS TRUST: MENTAL HEALTH DIVISION.

DISCHARGE SUMMARY INFORMATION.

PLEASE PRINT IN BLOCK CAPITALS

Patient Details	
Patient's name:	Wesley Philips
Address:	c/o 45 Prospecthill Court Greenock
Date-of-Birth:	05/02/82
Case record number:	

Next-of-Kin / Nearest Relative Details	
Name:	Christene Philips
Relationship:	Mother
Address:	c/o 45 Prospecthill Court Greenock
Telephone Number:	0141 580 0223

Details of Stay in Hospital	
Date of admission:	03/01/06
Reason for admission:	Assessment of Mental Health
Ward admitted to:	Parkhead then transferred to Armadale ward
Legal status on admission:	Informal
Summary of treatment received during admission:	Review of Mental Health
Consultant's name:	Dr Ward
Named nurse:	

Discharge Information	
Name of hospital:	McKinnon House
Hospital telephone number:	531 3100
Legal status on discharge:	
Discharged against medical advice: *(If yes, give details)*	
Ward discharged from:	Armadale ward
Ward telephone number:	531 3263

Follow-up Arrangements *(as known at time of discharge)*		
Address discharged to: *(If different from home address, give details of arrangement e.g. nursing home, supported accommodation scheme, living with relative etc.)*		
Outpatient appointment:	**Date:**	**18th January**
Venue:	**Address:**	**Community Mental Health Building 128 Carcart Street Greenock**
G.P:		**Dr Mutch**
G.P. contact details:	**Surgery:**	**6 Dubbs Place, Port Glasgow, PA14 6HW**
	Tel. No:	**01475 705 604**
CPN:		
CPN contact details:	**Base:**	
	Tel. No:	
Social Worker:		
Social Worker contact details:	**Base:**	
	Tel. No:	
District Nurse/Health Visitor:		
District Nurse/Health Visitor contact details:	**Base:**	
	Tel. No:	
Medication On Discharge:		
Depot medication prescribed:		
If Yes:	**Date due:**	
	Venue:	
Additional follow-up support: *(e.g. home help, befriender, advocacy, input from voluntary organisations etc.)*		
Special Instructions / Information / Precautions: *(Related To: Wound-Care, Medication, Diet, Exercise, Driving, Return To Work Etc.)*		
Additional information provided: *(Information leaflets, personal planning information, guidance notes, travel information etc.)*		

Signatures		
Staff member:		**Date:10/01/2006**
Patient:		**Date:10/01/2006**
Carer *(Where appropriate)*		**Date:10/01/2006**

GREATER RENFREWSHIRE DIVISION
Mental Health Directorate
Adult Mental Health

Date	**07 February 2006**
Dictated	**03 February 2006**
CHI No	**050282-3496**
Your Ref	
Our Ref	**SM/MJD**
Direct Line	**0141-314-4288**

PRIVATE & CONFIDENTIAL

Dr Mutch
4 Dubbs Place
Port Glasgow

Dear Dr Mutch

RE: WESLEY PHILLIPS - D.O.B. 05.02.1982
48 BRAESIDE DRIVE BARRHEAD G78 2QB (TEMPORARY ADDRESS)

Date of Admission: 29.01.2006
Date of Discharge: 30.01.2006

Type of Discharge:

Planned Discharge	☑
Early Discharge at Patient Request	☐
AMA	☐
LOA (liable to detention S.18 MHA)	☐

Discharge Diagnosis: (ICD10) Emotionally unstable personality disorder

Medication: None given

Management Plan on Discharge: Referred back to GP and local services, as appropriate

I am sure you know this man very well. I understand that he has been a patient at Inverclyde Royal under the care of Dr Deering and Dr Loudon over the last seven years and having discussed his case with Dr Loudon on the 30 January 2006, I understand that while attendance at the Day Hospital was offered to the patient, he was discharged from the service after he caused criminal damage to the Unit. I understand from the patient that through his criminal charges he has been offered an anger management course at some point soon.

He made his way to Accident and Emergency at the Royal Alexandra Hospital because, after he cut his wrists on 28 January 2006, his mother had asked him to leave the house. He arrived at Accident and Emergency to say that he was suicidal and he was referred to Dykebar Hospital for assessment by the SHO there. A bed was found in Inverclyde Royal Hospital and transfer was being arranged but was halted when the patient details were given to staff at Inverclyde Royal because apparently the patient is no longer permitted admission to the psychiatric department. He was therefore transferred to Ward 2 of the Royal Alexandra Hospital under my care.

file

Dykebar Hospital, Grahamston Road, Paisley PA2 7DE
Telephone : 0141-884 5122 Fax: 0141-884 7162

NHS
Argyll
& Clyde

Throughout the day of the 29 and 30 January 2006, there was no evidence whatsoever of any mental health problems. He admitted to staff and to me that he had felt suicidal for a very long time and that he had frequently hurt himself over the years. He told us that he was diagnosed as suffering from personality difficulties and he admitted that he did "trash" the Day Hospital, which led to his discharge from Inverclyde. He told me that he had subsequently gone to Gartnavel Royal Hospital to seek admission there and had been an in-patient there for some time. He denied any symptoms suggestive of affective illness and I was able to confirm that, in my view, he suffered from personality difficulties and that his admission had been prompted by an argument at home.

Having discussed his case with Dr Loudon, I felt that it would be unhelpful for the patient to remain an in-patient for any length of time. I discussed this with him and he was quite willing to take discharge that evening.

No arrangements have been made for follow-up but I am sending a copy of this to Dr Loudon and Dr Deering at Inverclyde Royal Hospital for their information.

I should add that I received a telephone call the following morning from the Community Psychiatric Nurse, who offers a Court Liaison Service to Paisley Sheriff Court. He told me that the patient had telephoned the Police later on on the evening of discharge to inform them that he had a knife and intended to harm either himself or someone else. He was detained overnight in Police custody.

Kind regards.

Yours sincerely

H M J. Dann

Dr Helen M Anderson
Consultant Psychiatrist

cc **Dr J Loudon, Consultant Psychiatrist, Inverclyde Royal Hospital**
Dr A Deering, Consultant Psychiatrist, Inverclyde Royal Hospital

GREATER RENFREWSHIRE DIVISION
Mental Health Directorate
Adult Mental Health

Date	**07 February 2006**
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Our Ref	**SM/MJD**
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Port Glasgow

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Medication: None given

Management Plan on Discharge: Referred back to GP and local services, as appropriate

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NHS
Argyll
& Clyde

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Kind regards.

Yours sincerely

M J. Dann

Dr Helen M Anderson
Consultant Psychiatrist

cc **Dr J Loudon, Consultant Psychiatrist, Inverclyde Royal Hospital**
Dr A Deering, Consultant Psychiatrist, Inverclyde Royal Hospital

Medical Records Department
Ravenscraig Hospital
Inverkip Road
Greenock PA16 9HA
Telephone: 01475 633777
Fax: 01475 502391

www.renver-pct.scot.nhs.uk

If telephoning, please ask for Ext: 62377
Direct Dial: 01475 502377

Your Ref: 2006001437

Our Ref: JL/FS/0502823496

Date Dictated: 9 February 2006
Date Typed: 13 February 2006

Sheriff Clerk Depute
Greenock Sheriff Clerk's Office
Sheriff Court House
1 Nelson Street
GREENOCK
PA15 1TR

PSYCHIATRIC REPORT

Wesley Phillips (d.o.b 05.02.82)
45 Prospecthill Court, Greenock, PA15 4ER

Currently remanded in HMP, Gateside, Greenock.

I, Dr James Loudon, Consultant Psychiatrist at Ravenscraig Hospital, Greenock, being a fully registered medical practitioner approved by Argyll and Clyde Health Board under the terms of Section 22 of the Mental Health Care & Treatment (Scotland) Act 2003 do hereby certify on soul and conscious that this is a true report on Wesley Phillips. I confirm that I am in no way related to Wesley Phillips and that I have no pecuniary interest in his admission to hospital.

Basis of the Report

At the request of the Sheriff Clerk Depute, Greenock Sheriff Clerk's Office, I examined Wesley Phillips in HMP, Gateside Greenock, on 9 February 2006. He is previously known to myself as I reviewed him at outpatients on 18 January 2006. I have read a copy of the Charge against him and the summary of his previous convictions. In the preparation of this report I have reviewed his psychiatric case records held at Ravenscraig Hospital which date from 1999 to present.

Wesley Phillips

The Charge

Mr Phillips is aware that he is being charged with possession of an offensive weapon in a public place. He stated that he has plead guilty to this Charge and is currently awaiting sentencing. During our discussions he demonstrated that he is aware of the difference between pleas of guilty and not guilty. He was able to name his solicitor and demonstrated a rudimentary understanding of the legal process.

Mr Phillips states that on the 30th January 2006 he was discharged from Ward 2 at the Royal Alexandria Hospital. Upon returning to his mother's home he felt overwhelmed by suicidal feelings and telephoned the police to inform them of his intentions. When the police arrived he was discovered in the street close to his mother's home holding a kitchen knife and was subsequently arrested. Mr Phillips denies consuming either alcohol or illicit substances prior to this incident.

Previous Psychiatric History

Mr Phillips has suffered from behavioural and psychological morbidity since his early childhood. From the age of 3 or 4 aggressive outbursts became problematic and this behaviour escalated throughout his school years culminating in his expulsion from mainstream schooling in 1996. At this time, a diagnosis of Tourette's syndrome (a syndrome presenting in childhood which usually involves multiple abnormal movements or ticks accompanied by verbal outbursts) was made and attempts were made at treatment under the supervision of the local child and family psychiatric services. His family simultaneously pursued treatment with a neuropsychiatrist in Birmingham who specialises in Tourette's syndrome. Wesley first presented to local psychiatric services in 1999. At which time, he had a brief period of inpatient treatment having presented with suicidal ideation. At this time, no major mental illness was identified and follow-up was arranged at the psychiatric Day Hospital which Mr Phillips ultimately defaulted from. Since that time Mr Phillips has had intermittent contact with local psychiatric services, often following episodes of deliberate self-harm. His self-harming behaviour escalated during the latter half of 2005. Mr Phillips receiving several periods of inpatient medical treatment following overdoses whilst also attending the Accident & Emergency Department with frequent threats of deliberate self-harm. Attempts were made in early 2005 to engage him at the local psychiatric Day Hospital, however, during his first few days in attendance his conduct was violent and disturbed, thus he was discharged. Since that time he has been assessed on several other occasions. In early January 2006 he received a week long period of inpatient assessment at McKinnon House, Stobhill Hospital, Glasgow, having presented to the Accident & Emergency Department of Glasgow Royal Infirmary complaining of suicidal feelings. Immediately prior to the event which bring him before the Court at this time Mr Phillips received a 2 day period of assessment at Ward 2, Royal Alexandria Hospital.

Since his initial presentation to adult psychiatric services in 1991 no treatable major mental illness has been identified.

Wesley Phillips

Alcohol and Drug History

Previously Mr Phillips has used alcohol and illicit substances in a harmful fashion, however, at present he claims to be abstinent from both alcohol and illicit substances.

Personal History

Mr Phillips was born in Germany as his father was serving in the Armed Forces there at that time. When he was aged 2 the family returned to Port Glasgow. His schooling was interrupted by behavioural difficulties with frequent moves of school.

He was subsequently expelled from mainstream schooling in 1996. At the age of 15 he was accommodated in local authority care following a Children's Panel Hearing at which time he was considered to be out with parental control. He had his first contact with the Criminal Justice System at this time being charged with Breach of the Peace. He subsequently assessed that the new field assessment centre for 8 months prior to returning to his mother's home in 1997. He has not worked for many years.

Mental State Examination

At interview Mr Phillips was kempt and appropriate. He co-operated fully throughout being polite and unthreatening. He replied to questions appropriately providing short replies to questions. There was no evidence of mood disturbance nor delusional beliefs. He described the presence of dark unpleasant thoughts but these did not appear to be held with delusional intensity. He described the presence of ongoing auditory pseudohallucinations but these did not have the quality which would suggest a mental illness. Mr Phillips stated that approximately 4 days prior to our interview he inflicted lacerations to his left arm with a razor blade. As a result, he is subsequently being reviewed by a Forensic Psychiatrist and is currently being closely observed by the prison authorities.

Opinion and Recommendations

Mr Phillips suffers from an emotionally unstable personality disorder which is characterised by emotional instability and a lack of impulse control. These difficulties first manifested themselves in early childhood and have resulted in frequent episodes of deliberate self-harm over recent years. Attempts have been made to engage Mr Phillips in treatment but such attempts have proved unsuccessful.

Wesley Phillips

Series of Recommendations

(i) Mr Phillips is sane and fit to plead.

(ii) Mr Phillips does not suffer from a treatable mental disorder.

(iii) As such, I have no psychiatric recommendations to make to the Court regarding his disposal, although I would respectfully suggest that a non custodial sentence is considered, as were Mr Phillips to receive a custodial sentence his self-harming behaviour is likely to escalate.

Yours faithfully

Dr James Loudon MB ChB, MRCPsych
Consultant Psychiatrist

05 02 82

TELEPHONE MESSAGE

TO: Dr Loudon

RE: Wesley Phillips (Dob:- 05.02.82)

Wednesday 8 March 2006

As requested I tried to call back Mr Phillips. He said he would be contactable at his Dad's Telephone No: 0141-580-0223 from 8.03.06. I spoke to a lady who informed me he had not arrived at his Dad's home. He was coming up from Wales.

Wednesday 9 March 2006 at 0950 hours

Mr Phillips returned my call. I informed him that he had been discharged from Dr Loudon's clinic on 18.01.06 and if he wishes to be referred to the Community Mental Health Team he would have to go back to his GP to be referred.

Mr Phillips was very unhappy. Informing me that no one in the NHS is willing to help him and he was going to cut his f**king throat (implying to me that he meant Dr Loudon rather than himself.). I said I had been asked to pass on the above message and repeated he needs to go back to his GP if he wishes to be referred to his GP. Mr Phillips hung up and ended the call.

Fiona

Audrey

For info

James

PHONED LATER & APOLOGISED TO FIONA

Surname	Phillips	Forenames	Wesley
Date of Birth	5/2/82	Unit No.	3496
Marital Status	Single.	Religion	Protestant.
Occupation	Unemployed.		
Address	45 Prospecthill Court	Tel No.	800482
Next of Kin	Christine Phillips. Greenock.	Relationship	Mum.
Address	45 Prospecthill Court	Tel No.	800482
~~Contact Person~~	Greenock	Relationship	
Address		Tel No.	
Other Personal Details			
Admission date	1/11/5	Ward/Dept	Day hospital
		Transfer 1	
		Transfer 2	
		Transfer 3	
Status 1		Date	
2		Date	
3		Date	
4		Date	

Significant Health Detail	Date		Date
1.		4.	
2.		5.	
3.		6.	

Discharge Date

Referred to

Weight in Kilogrammes (Kgs.)

Date	Kgs	Date	Kgs	Date	Kgs	Date	Kgs

Summary of ECT

Date	Treatment and Comment			Date	Treatment and Comment		

Phillips | Wesley | Dr Leahy | 3496

Date	NURSING NOTES (Progress/Evaluation/Assessment)	Signed Ch. Nurse	Other Relevant Information (eg Pass, Tests, etc)
1/11/5	Reason for Referal Referred to the day hospital by Dr Deering. Wesley was admitted to S North on the 24th of October following an overdose of Carvedilol, Haloperidol, Warfarin and DF118's. Wesley stated that he was desperate to get some sleep and that he regrets taking an overdose. He also stated that it was not planned and that it was done on impulse.		
1/11/5	Past Psychiatric History Wesley has had previous contact with the Child e Adolescent Services both in Greenock and Paisley. He has a long history of behavioural problems since age 3 or 4. He was diagnosed as suffering Tourettes Syndrome in 1997, and was prescribed Haloperidol and an antipsychotic medication for this. He was also seeing Dr Leighton a Consultant at the Child and Family unit at this time. He was admitted to ward A East at SGPH in January 1999 following a referal from his GP for suicidal thoughts. Following several outbursts on the ward it was felt that his behaviour was not compatible with Tourettes. Wesley has undergone tests for an epileptiform disorder and		

genetic testing for Huntingtons Chorea. Both of which he does not have.
Wesley Grandfather died in Ravenscraig Hospital but it is unclear whether this was thought dementia or a more formal treatable psychiatric disorder.
Wesley also has a long history of self harm, he has cut his wrists on several occasions and has also overdosed with medication and alcohol.

1/11/5 Past Medical History
Nothing known.

Medication
1/11/5 Haloperidol, Paroxatine. Recently on ~~Keppra~~ Carbamazepine but this was discontinued.

1/11/5 Family & Social History
Wesley was born in Germany where his father was stationed with the armed forces. They returned to Greenock when Wesley was two years old. Wesley attended several schools in the Port Glasgow area and was expelled from school in ~~1996~~ 1996 due to his difficult behaviour.
Wesley currently lives with his mother. His father moved out of the family home 4½ years ago. Wesley has two brothers. One lives in Port Glasgow and the other in Wales. Wesley says that he speaks with them both regularly on the phone. Wesleys father lives in Bertrand and he stated that he occasionally sees him at the weekends.
Wesley used to binge drink in the past and only occasionally has a drink if he is having trouble sleeping. Wesley has also smoked and injected Heroin in the past (2 years ago now) and no longer uses any illegal substances.

Surname	Forenames	Consultant	Unit No.
PHILLIPS	WESLEY		3496

Surname	PHILLIPS	Forenames	Wesley
Date of Birth	5/2/82	Unit No.	3496
Marital Status	Single.	Religion	Protestant.
Occupation	Unemployed.		
Address	45 Prospecthill Court	Tel No.	800482
Next of Kin	Christine PHILLIPS. Greenock.	Relationship	Mum.
Address	45 Prospecthill Court	Tel No.	800482
~~Contact Person~~	Greenock	Relationship	
Address		Tel No.	
Other Personal Details			
Admission date	1/11/5	Ward/Dept	Day hospital
		Transfer 1	
		Transfer 2	
		Transfer 3	
Status 1		Date	
2		Date	
3		Date	
4		Date	

Significant Health Detail	Date		Date
1.		4.	
2.		5.	
3.		6.	
Discharge Date		Referred to	

Weight in Kilogrammes (Kgs.)

Date	Kgs	Date	Kgs	Date	Kgs	Date	Kgs

Summary of ECT

Date	Treatment and Comment	Date	Treatment and Comment

Surname	PHILLIPS	Forenames	WESLEY	Consultant		Unit No.	3496

Date	NURSING NOTES (Progress/Evaluation/Assessment) - *Continued*	Signed Ch. Nurse	*Other Relevant Information (e.g. Pass, Tests, etc.)*
1/11/05	Family & Social History (cont) Wesley is also a smoker and smokes about 10 cigarettes per day.		
	Forensic History		
1/11/05	Wesley has been charged several times with breach of the peace in the past. He has also been charged with ~~vandalism~~ vandalism and Police assault. These almost always occur within the family context and appear to arise from Wesleys difficulty in dealing with any forms of authority. (See case notes)		
11/1/05	Initial Interview Wesley attended the day hospital at 2pm as arranged for his initial interview. He was ~~was~~ casually dressed and unshaven. He managed to answer all my questions in detail and comes across as being softly and slowly spoken. His mood appears quite flat and he did not mention hearing		

Surname	Forenames	Consultant	Unit No.
PHILLIPS	WESLEY	Dr Deeley	3496

STY0026N

Sheet No. .....

Date	NURSING NOTES (Progress/Evaluation/Assessment) - *Continued*	Signed Ch. Nurse	*Other Relevant Information (e.g. Pass, Tests, etc.)*
1/11/5 (CONT)	Symptoms of anxiety. Although ~~during~~ his Hospital anxiety and depression scale could indicate that he suffers from occasional anxiety, worrying thoughts, restlessness and feelings of panic. Wesley is keen to attend the day hospital and feels that it will benefit him. Wesley has agreed to attend for a two week assesment period Monday to Thursday. Thereafter we will discuss a programme specifically for him.		
2/11/5	Attended Tai-chi + relaxation, participated fully + appeared to relax thoroughly out.		
pm	Informed staff that he wanted to go home at lunch time as he had a headache. Advised to stay and have something ~~to~~ to eat and drink. Wesley did this but still wished to go home at this point. Advised that he should be in tomorrow morning.		
3/11/5	Called at 9:30am to say that he wouldn't be in today.	K Kennedy	

Surname PHILLIPS | Forenames WESLEY | Consultant Dr Deering | Unit No. 3496.

STY0026N

Sheet No. .....

Date	NURSING NOTES (Progress/Evaluation/Assessment) - *Continued*	Signed Ch. Nurse	*Other Relevant Information (e.g. Pass, Tests, etc.)*
4/10/15	Phone call recieved from Wesley today to say that he was feeling unwell and that he was having thoughts of self harm. Advised to continue taking his Quetiapine medication as prescribed by Dr Tennard last night and reassurance given. Wesley asked if he could see Dr Deering today or be admitted. I advised Wesley that I would speak with Dr Deering on his behalf and call him back at home. Roughly ten minutes later Wesley appeared at the unit. I spoke with Wesley for a short while and explained to him that I hadn't had a chance to speak with Dr Deering yet and that he was more than welcome to wait but it could be a while. I informed Wesley that admission would be unlikely as I had been informed this by another member of nursing staff. ~~I then~~ later I asked Dr Tennard if he would speak with Wesley as Dr Deering was unavailable. Dr Tennard agreed to this and Wesley was also agreeable to speaking with Dr Tennard. Dr Tennard spoke with Wesley individually for a short while and the interview ended with Wesley becoming verbally agressive towards Dr Tennard and physically agressive towards inanimate objects. Please see case notes re Dr Tennards notes. Dr Deering informed staff that Wesley was to be discharged due to todays incident.	Hanratty	

Surname	Forenames	Consultant	Unit No.
phillips	Wesley	Dr Deering	8496

SSPU Day Hospital - Assessment Form

Name Wesley Phillips Date of Assessment 1/11/15

GP Dr Mutch / Pk Health Centre D.O.B. 5/2/82 Unit No. 3496

Social / Family Background

Wesley was born in Germany and moved to Port Glasgow at the age of 2. His father worked for the armed forces in Germany. Wesley was brought up in Port Glasgow and attended several schools there. Wesley currently lives with his mother and has two brothers. One lives in Port Glasgow the other in Wales. Wesley speaks with them on the phone regularly. His father moved out of the family home 4½ years ago.

Hobbies / Interests

Regularly attends church.

Events leading to Admission (cava Wash in) (cava D'118')

Wesley took an overdose of Carvedilol and Haloperidol on 24th Oct. He was admitted to J North at IRH. He stated that he hadn't been sleeping and that he took the pills to try and get a sleep. Wesley regrets what he done and says that he wasn't trying to kill himself.

Medication

Haloperidol, Paroxetine. Was on Carbamazepine but this was discontinued a few weeks ago. ? due to commence on Quetiapine.

Physical conditions / Precautions

Nothing known.

Description of Identified Problems

Tick any of the following areas in which there is a problem

Finance	☐	
Occupation	☐	
Accommodation	☐	
Communication	☐	
Affect	☐	
Risk of Self Harm	☑	Patient has a history of self harm
Anxiety	☑	Patient experiences periods of anxiety / worrying thoughts and restlessness
Perception	☐	
Elimination	☐	
Rest / Sleep	☑	Patient complains of a poor sleep pattern.
Diet / Fluids	☐	
Alcohol / Drugs	☐	
Smoking	☐	
Other	☐	

Patients attitude to attending day hospital:

Wesley is keen to attend the day hospital. He feels that it will benefit him.

Patient Informed about:-		Please tick appropriate box	
Keyworker	☑	Consultant	☑
Travel Expenses	☑	Attendance	☑
Groups	☑	Medication	☑
Confidentiality	☑	Contact	☑
Patient Given:			
Information Leaflet	☑	Group Programme	☐

Signature and status of assessor K Laverty (Nurse)

SSPU Day Hospital: Initial Assessment Form

Name	Wesley Phillips	Unit No.	3496
Address	45 Prospect Hill Court, Greenock	D.O.B.	05/02/82

G.P. Dr Mutch / Port Glasgow Health Centre

Referred by: Dr Deering Date of first attendance 1/11/5

Diagnosis (ICD 10)

1.	F
2.	F

Clinical Global Impression

1. Normal - not ill	☐
2. Borderline	☐
3. Mildly ill	☐
4. Moderately ill	☑
5. Markedly ill	☐
6. Severely ill	☐
7. Among most severely ill	☐

Rating Scale (S)	Score
M.A.D.R.A.S.	24
M.A.D	23

Aims of attendance: 1.

2.

3.

Groups / Treatments to be attended:

Core		Other	
☑ Workshop	☑ Social Expression	N/A Anxiety management basic	N/A Psychology
☑ Tai Chi	☑ Positive Health	N/A Anxiety management Adv.	N/A Dietician
N/A Keep Fit	N/A Depression Group	N/A Individual Counseling	N/A SW
☑ Relaxation	N/A Psychosocial Group	N/A Assertion	☐ ICMHRT
N/A Baking Group	N/A Target Setting	☐ Other	

RENVER PCT
Short Stay Psychiatric Unit, IRH

Risk Assessment Checklist

(Please use ballpoint pen to complete)

PATIENT NAME: Wesley Phillips DATE OF BIRTH: 05/02/82

HISTORY

1. History of violence (ever)
0 = none
1 = one incident
2 = two incidents
3 = three incidents
4 = more than three incidents
[4]

2. Most serious harm caused
0 = None
1 = Minor injury
2 = Serious injury
3 = Fatality
? 0
[1]

3. History of suicide attempts (ever)
0 = none
1 = one
2 = two
3 = three
4 = more than three
[4]

4. History of severe self-neglect
0 = No 1 = Yes
[0]

5. History of risk to children (ever)
0 = No 1 = Yes Unknown
[ ]

6. History of containment (ever)

State Hospital	0 No	1 Yes	0
Secure Care	0 No	1 Yes	✓
Prison	0 No	1 Yes	✓
IPCU/locked ward	0 No	1 Yes	0
Compulsory admission	0 No	1 Yes	0
Temp detention at Police Station	0 No	1 Yes	✓

7. Incidents involving police (past year) (ever)
1 = Yes 0 = No
[✓] [✓]

8. History of failure to take medication
1 = Yes 0 = No
[✓] [✓]

9. History of unplanned cessation of contact
1 = Yes 0 = No
[0] [0]

Checklist *(tick all problems)*	(past year)	(ever)
Accidental harm at home *(e.g. falling, careless smoking)*	0	0
Accidental harm outside home *(e.g. wandering into road)*	0	0
Alcohol abuse	0	✓
Arson	0	0
Drug Abuse	0	✓
Overdose	✓	✓
Risk of abuse from others	Unknown	
Risk to children	Unknown	
Self injury (e.g. cutting)	✓	✓
Other methods of self harm *(specify)*		
Self neglect	0	0
Sexual assault *(incl. touching/exposure)*	Unknown	
Violence to family	0	✓
Violence to staff	✓	0
Violence to other patients	0	0
Violence to general public	0	0
Violence to specific other	0	0
Other *(specify)* Police assault		✓

See case notes re incident 4/11/15

Detail nature of risk
Wesley has a history of abusive and aggressive outbursts since the age of 3 or 4 years old. Wesley tends to be violent towards his family and inanimate objects. In 2010 Wesley had a fall out with his father which ended up with Wesley vandalising a pizza in his father's garden with the intent of damaging property. Wesley has been detained in both Prison and Police cells. Wesley appears to be unpredictable, although his violent outbursts seem to have deteriorated greatly over the last few years. Wesleys outbursts almost always seem to involve his family or alcohol. Wesley no longer drinks alcohol.

State sources of information, who consulted and relationship to patient

Date & time of completion 14/11/15 3pm Name (Block Capitals) Lynn LAVERTY dad to this

Designation Nurse Signature

Information gained from case notes and Wesley.

Please see case notes for more information

(WP)

H.A.D. SCALE

NAME.. ..... DATE. 1/11/5

Please circle the appropriate reply for each question as it relates to you *in the last 7 days only*.

1. I feel tense or wound up:
   - Most of the time 3
   - A lot of the time 2
   - Time to time, occasionally 1 ✓ (A)
   - Not at all 0

2. I still enjoy the things I used to enjoy:
   - Definitely as much 0
   - Not quite as much 1 ✓
   - Only a little 2
   - Hardly at all 3

3. I get a sort of frightened feeling as if something awful is about to happen:
   - Very definitely & quite badly 3 ✓
   - Yes, but not too badly 2
   - A little but it doesn't worry me 1 (A)
   - Not at all 0

4. I can laugh and see the funny side of things:
   - As much as I always could 0
   - Not quite so much now 1 ✓
   - Definitely not so much now 2
   - Not at all 3

5. Worrying thoughts go through my mind:
   - A great deal of the time 3
   - A lot of the time 2 ✓ (A)
   - From time to time but not often 1
   - Only occasionally 0

6. I feel cheerful:
   - Not at all 3
   - Not often 2
   - Sometimes 1 ✓
   - Most of the time 0

7. I can sit and feel relaxed:
   - Definitely 0
   - Usually 1 (A)
   - Not often 2 ✓
   - Not at all 3

8. I feel as if I am slowed down:
   - Nearly all the time 3
   - Very often 2
   - Sometimes 1 ✓
   - Not at all 0

9. I get a sort of frightened feeling like butterflies in my stomach:
   - Not at all 0
   - Occasionally 1 ✓
   - Quite often 2 (A)
   - Very often 3

10. I have lost interest in my appearance:
    - Definitely 3
    - I don't take as much care as I should 2 ✓
    - I may not take as much care 1
    - I take as much care as ever 0

11. I feel restless as if I have to be on the move:
    - Very much indeed 3
    - Quite a lot 2 ✓ (A)
    - Not very much 1
    - Not at all 0

12. I look forward with enjoyment to things:
    - As much as I ever did 0
    - Rather less than I used to 1
    - Definitely less than I used to 2 ✓
    - Hardly at all 3

13. I get sudden feelings of panic:
    - Very often indeed 3
    - Quite often 2 ✓ (A)
    - Not very often 1
    - Not at all 0

14. I can enjoy a good book or TV program:
    - Often 0
    - Sometimes 1 ✓
    - Not often 2
    - Very seldom 3

SCORES: DEP= 10 ANX= 13 TOTAL= ~~10~~ 23

WP

Montgomery Asberg Depression Rating Scale - Entry Form

NB1: Wherever possible rating must not be carried out on an 'ECT' day.
Remember you are rating on past week symptoms
NB2: Please circle the appropriate score (1-6). Use odd numbers for intermediate ratings.

1. Apparent Sadness

no sadness 0
1
looks dispirited but reacts ..... (2)
3
appears sad most of the time 4
5
miserable all of the time, despondent 6

2. Reported sadness

occasional appropriate sadness 0
1
sad or low but can brighten 2
3
pervasive sadness, still influenced ..... (4)
5
unvarying sadness, despondent 6

3. Inner tension

placid only fleeting tension 0
1
occasional edginess ..... (2)
3
continuous tension or intermittent panic 4
5
unrelenting dread, overwhelming panic 6

4. Reduced sleep

sleeps as usual 0
1
sleep slightly reduced ..... (2)
3
reduced by at least two hours 4
5
less than two hours sleep 6

5. Reduced appetite

normal or increased 0
1
slightly reduced 2
(3)
no appetite, food tasteless 4
5
needs persuasion to eat at all 6

6. Concentration

no difficulty concentrating 0
1
occasional difficulties ..... (2)
3
difficulty reading or in conversation 4
5
unable to read or converse 6

7. Lassitude

no sluggishness 0
1
difficulty getting started 2
(3)
simple routine an effort 4
5
needs help with anything 6

8. Inability to feel

normal interests 0
1
reduced interest ..... (2)
3
loss of interest or feelings 4
5
emotionally paralysed 6

9. Pessimistic thoughts

none 0
1
fluctuating failure or self reproach ..... (2)
3
self accusations, ideas of guilt 4
5
delusions of ruin, guilt or sin 6

10. Suicidal thoughts

enjoys life 0
1
weary fleeting suicidal thoughts ..... (2)
3
suicide an option but no plans 4
5
explicit or active plans for suicide 6

MADRS Total Score 24

CGII: Severity of illness pre-ect

Normal - not ill	☐	1
Borderline illness	☐	2
Mildly ill	☐	3
Moderately ill	☑	4
Markedly ill	☐	5
Severely ill	☐	6
Among most extremely ill	☐	7

Additional comments .....

Date 1/11/05

NB: Please complete CGII on all patients plus MADRS on all depressed patients

WARD	NAME	D. of B.	UNIT No.	CONSULTANT
DH	Wesley Phillips			DEEKING

REGULAR PRESCRIPTIONS:

	DATE	DRUG (BLOCK LETTERS)	DOSE	ADMINISTRATION TIMES: 8 am	10 am	12 M.D.	2 pm	6 pm	10 pm	12 M.N.	OTHER	INSTRUCTIONS (INCL. METHOD OF ADMIN.)	SIGNATURE	STOP Date	STOP Initials
A	4/11/15	QUETIAPINE	50mg						✓			oral			
B															
C															
D															
E															
F															
G															
H															
I															
J															
K															
L															
M															
N															
O															
P															
Q															
R															

ONCE ONLY PRESCRIPTIONS:

DATE	DRUG (BLOCK LETTERS)	DOSE	METHOD OF ADMIN.	SIGNATURE	TIME	GIVEN BY
31/1/15	QUETIAPINE	25mg	O			

Drug Sensitivity

1.

2.

3.

4.

STY0061N

IRF1
IN CONFIDENCE

Ref No .....
Datix No .....

ARGYLL & CLYDE ACUTE HOSPITALS NHS TRUST

REPORT OF ANY CLINICAL & NON CLINICAL INCIDENT/NEAR MISS TO PATIENTS, STAFF OR ANY OTHER PRSON

SECTION 1: Details of Person(s) Injured/involved

Full Name: WESLEY PHILLIPS. Grade/Occupation: _____
Address: 45, Prospecthill Court Tel No: _____
Greenock
Date of Birth: 5-2-82. Sex: M ☑ F ☐ Patient Unit No: 3496.
Ward/Department/Employer Day Hospital / SSPU

In Patient ☐ Out Patient ☐ Day Case ☑ Staff ☐ Visitor ☐ Other (Specify) ☐ _____

SECTION 2: Particulars of Near Miss / Incident (including loss / damage of property)

Non Clinical **Near Miss** ☐ **Incident** ☑ Staff Group Involved _____ Code(s) _____

Clinical **Near Miss** ☐ **Incident** ☐ Clinician Involved _____ Code(s) _____

Please give description of near miss / incident (continue on separate sheet if necessary)
Recording only Factual Information not Opinion

During the interview the patient became aggressive and displayed violent behaviour in the form of kicking the chair + table. He then got up, kicked the door several times, opened and kicked the bookcase nearby and toppled the water cooler, before storming out of the premises.

If loss / theft of property, ordamage to property, please give estimated value of property: £ _____

Date of incident 4-11-2005 Time of incident 3.40 ~~am~~/pm (specify)
Place of incident (Ward/Dept) Day Hospital, SSPU. Location - Exact (Room No.)

Name and Post held / Address of any Witness: ISLEY MCNICOL SSPU DAY HOSP. WARD MANAGER. Telephone No: _____

Name and Post held / Address of any Witness: _____ Telephone No: _____

Incident reported to: Dr DEERIOG Designation: CONSULTANT Date: 4/11/2005
Person completing the IRF: Jerard Tharumangayagam Designation: SHO Date: 4-11-2005

USING THE RISK MATRIX TABLE BELOW THE BELOW GRADE THE SEVERITY OF THE NEAR MISS / INCIDENT BY CIRCLING (ONCE) THE APPROPRIATE SCORE (Please refer to the Reporting of Incidents and and Follow Up of Significant Events Policy)

LIKELIHOOD	SEVERITY				
	1 INSIGNIFICANT	2 MINOR	3 MODERATE	4 MAJOR	5 CATASTROPHIC
1 - Remote	1	2	3	4	5
2 - Unusual	2	4	6	8	10
3 - Possible	3	6	9	12	15
4 - Probable	4	8	12	16	20
5 - Almost Certain	5	10	15	20	25

Score of 1 - 5: incident is LOW risk - **maintain level**
Score of 6 - 9: incident is MEDIUM risk - **investigate / reduce**
Score of 10 - 25: incident is SIGNIFICANT risk - **significant incident investigation**

SECTION 3: Particulars of any injury

Medical attention sought? Yes ☐ No ☑ If yes, name of clinician: _____

Part(s) of the body affected (specify exact area(s)): _____

Sort of injury sustained? (tick more than one box if appropriate and specify associated body part)

Abrasion/Graze ☐ Bruise/Swelling ☐ Burn/Scald ☐ Fracture ☐ Laceration/Cut ☐

Needlestick ☐ Sprain/Strain ☐ Other (specify): _____

Please record period sickness / absence of staff member following accident or injury:

4 - 8 hours ☐ 1 day ☐ 1 - 3 days ☐ 4 - 7 days ☐ 8 or more days ☐ Other (please specify): _____

SECTION 4: Details of Medical Devices, Equipment and/or Consumables Involved

Description of equipment (include Serial No. where known): _____

Has it been retained for inspection? Yes ☐ No ☐

SECTION 5: Outcome

Immediate action taken/treatment received: Police was informed and the incident was reported to them.

Future action taken/proposed: Patient was discharged from attending the Day Hospital due to agressive and violent behaviour towards the staff.

Investigation Undertaken: Yes ☐ No ☑

Name of Investigator: _____ Designation: _____ Date: _____

SECTION 6: Reporting

Form countersigned by Consultant, Directorate Managers, Directorate Nurse/Midwifery Manager, Head of Dept.

Signature: _____ Date: 4/11/05

Notified: Consultant ☑ Patient ☐ Next of Kin ☐ H&S Advisor ☐ Hospital Manager ☐

Procurator Fiscal ☐ Police ☑ HSE ☐ SHS ☐ MDA ☐ Clinical Director ☐

Other (specify): _____

Please complete the completed form when countersigned by Directorate Nurse / Midwifery Manager, Directorate Manager, Head of Department to:
Directorate Administrators, Level E, IRH
or Hospital Manager's Secretariat at RAH, Hospital Manager's Office at VOL and LIDGH

Please note that this section is to be completed by Datix administration staff only:
RIDDOR: Yes ☐ No ☐ If 'Yes': F2508 ☐ F2508A ☐ Date Sent:

SSPU Admission Document

Date of assessment 26 / 10 / 05 Time of assessment 23 · 45 ~~am~~ / pm

Patient Details:

Name Wesley Phillips Address 145 Prospecthill Ct Greenock.

DoB 05/02/1982. GP - Dr. Match.

CHI Number

Source of Referral

☐ Arranged / elective ☑ Emergency

- ☐ via GP
- ☑ via A&E
- ☐ Via Police
- ☐ Via CMHT
- ☐ Self Presentation
- ☐ Other.....
  .....

Presenting Complaint(s)

- Suicidal attempt
- Smoking Cannabis } in an effort to sleep.
- Drinking Alcohol

History of Presenting Complaint(s)

(Barhead)

. staying with father 7 because his mother is in hospital.

Attempted to hang in the garden & branches of tree broke & ? he fell to ground.

Had cannabis → x 2 puffs. because could't get sleep also tried Alcohol → Brandy x 2, Haloperidol → 1.5mg x 2. But usually doesn't go to sleep till 2 am early morning.

Date Name

CHI Number

History of Presenting Complaint(s) continued

· His father brought him to A/E from Barhead. Had an admission 3 days ago ē Overdose & was discharged after medically fit from J.N was assessed by Liason nurse, no details available. Presented Dykebar last week ē Similar complaints assessed & not admitted.

· Usually stays with Mother but after his mother admitted to hospital not coping, usually looked after by his mother.

Date Name

CHI Number

Past Psychiatric History

(inc date of first psychiatric problems, diagnoses, previous self harm, treatment details)

• Was in Psychiatry ward - 6 yrs ago & attended day hospital for 8 months & then discharged.

• Tourette Syndrome diagnosed in Birmingham.

☐ **Previous Admissions** – Medical admission.

Approximate number of admissions.....2.....Date of most recent admission (24/10/05)

☐ **Previously treated** under Mental Health Legislation – Not Known.
(details)

Has an appointment of Dr Deering on 31/10/05

☐ **Currently under Mental Health Legislation**: ☐ EDC ☐ STDC ☐ CTO

☐ **Current Outpatient** RMO.....

Date of last OP appt / / Seen by.....

☐ **CMHT contact** Keyworker / Care manager.....

☐ **On CPA**: Date of next CPA meeting / /

Date Name

CHI Number

Family History

(Include details of parents, siblings, family relationships and history of psychiatric illness in family)

- Father, Mother + 2 Brothers

He lives ē mother in Greenock who is presently in hospital probable d/c on Friday 28/10/05

Personal History

(Inc birth problems / milestones / childhood trauma / schooling / employment / relationships / children)

School till ~ 15 yrs

was suspended often from School – for swearing & shouting.

Not working, on benefits

dependent on Mother.

Date Name

CHI Number

Personal History (cont)

Social History

(inc current employment / living circumstances / financial or housing problems / agencies involved)

- watches Television
- no much social life / hobbies
- Financial -> getting benefits

Date

Name

CHI Number

Past Medical History

☐ Diabetes	☐ Angina	☐ Seizures /Blackouts
☐ Thyroid Dysfunction	☐ MI	☐ Paraesthesia
☐ Pancreatitis	☐ Hypertension	☐ Sexual Dysfunction
☐ Jaundice / Hepatitis	☐ CVA	☐ Haematemesis
☐ Asthma	☐ Carcinoma	☐ Duodenal Ulcer

☐ Other….

☐ Operations

Current Medication

(list all medications, with timing and dosage)

- Haloperidol 1·5mg BID
- Paroxitine 2·5mg od.

☐ **Allergies / Adverse reactions** i.....nil.....

ii.....

iii.....

Date Name

CHI Number

Alcohol & Drug History

☐ **Smoker** .....6 - 7 / day.....(amount per day)

☐ **Drinks Alcohol** Average number of drinking days per week...Occasional/7

Average number of units alcohol per drinking day.....

= Average number of units per week .....

CAGE

☐ Ever felt you should cut down drinking?
☐ People annoyed you by criticising your drinking?
☐ Ever felt bad or guilty about your drinking?
☐ Ever had a drink first thing in morning to steady nerves / get rid of hangover?

Past History of ☐ Withdrawal symptoms ☐ Withdrawal Seizures ☐ Delerium Tremens

☐ Current Withdrawal Symptoms
(list)

☐ **Drug Use:**

Drug	Current Use	Quantity per day
☐ Cannabis	☑	Couple of puffs
☑ Heroin	☐	Previously 2yrs ago
☐ Other opioids	☐	.....
☐ Cocaine	☐	.....
☑ Amphetamines	☐	.....
☑ Ecstacy	☐	.....
☑ Benzodiazepines	☐	.....
☐ Other.....		

☑ History of IV Drug Use

☒ Current withdrawal symptoms

☒ Past / Present contact with Drug Services
(details)

Date Name

CHI Number

Forensic History

☐ Previous convictions (list)

Breach in Peace x 10

Shouting & Swearing

☐ Previous imprisonment(s) no Longest sentence.....

☐ Previous convictions for violent offences (details)

☐ Driving Convictions / Ban —

☐ Pending Charges..... Date of Court / /

Other Information

☐ Patient has a Named Person (details)

☐ Patient has made an advance directive

Date Name

CHI Number

Mental State Examination

Appearance & Behaviour
(kempt, facial appearance, posture & movement, social interaction, motor behaviour)

- Dress → mud ? fell on ground
- Scars & bruises on face & forearms.

Speech
(rate, flow, neologisms)

- Answering to questions.

Mood / Affect

- feels not getting sleep
otherwise not depressed.

Suicidal Ideation: ☑ Current thoughts about harming / killing self ☑ Past suicide attempts
☑ Current plans to end life ☐ Made preparations to kill self

Thoughts of Harming Others:

nil

Obsessional Phenomena
(thoughts & rituals)

nil.

Thought Form & Content
(Themes, preoccupations etc)

Delusions

nil

Hallucinations

nil

Cognitive:

Orientation ☑ Time ☐ Place ☐ Person ☑ Serial 7's impaired

Short Term Recall 6/6

Insight - intact.

Date Name

CHI Number

Diagnostic Impression
(include salient features of history & mental state)

- ~~Steel~~
- suicidal attempts
- not coping at home without mother.

Differential Diagnosis

1. Suicidal attempts
2. Drugs - Cannabis + Haloperidol + alcohol.
3.

Disposal:

☑ **Patient Not Admitted**

- ☑ Sent Home
- ☐ To friends/ family
- ☐ Admitted to Medical/Surgical ward
- ☐ Police Disposal
- ☐ Other

Reasons for not admitting:

Doesn't have psychiatric illness & needing admission & treatment ~~at~~ rig now.

D/w Family, Father quite ~~ag~~ angry over the system & swearing. Informed that this is the decision of the team.

☐ Follow Up Arranged (with.....)
☐ No Psychiatric Follow Up

☑ Case discussed with Duty Consultant (Dr ...H. Clmans.....)

Date Name

CHI Number

☐ Patient Admitted

☐ **Mental Health Act used** ☐ **EDC** ☐ **STDC** **Date / Time implemented**

Name & address of MHO.....

.....

.....

Observation Level

☐ General ☐ Constant ☐ Special (Detention must be considered)

☐ **Physical Exam Completed**

☐ **Blood Taken**

☐ U & E ☐ TFT ☐ LFT& γGT ☐ Gluc ☐ FBC ☐ Other

☐ **Urine Drug Screen:** Results.....

☐ **Other Investigations:**

☐ **Drug Kardex Completed**

☐ **RMO / Duty Consultant informed of admission and management plan**

Date / / **Time .....am/pm**

Plan should patient request self-discharge:

Assessing Doctor.....V.K. Patil..... **Assessing Nurse**.....SOPHIE GRAY.....

Signed..... **Signed**.....