PERIODS OF TREATMENT				
ADM	O.P.	D.P.	FROM	TO
			15.11.00	CR

Wesley Phillips

No contact c psych services for 5yrs.
Became Christian 2y ago - made him more confident, no longer feels paranoid, ~~more~~ less anxious.

Lives c mum in Prospecthill Ct.
- generally gets on well.
- still has some outbursts where smashes things around the house.
- couple charges b/f in last yr - once when 'defending' [redacted] against arrest by police, once when drunk went into police station to ask for a light - when they wouldn't give him one smashed a bottle

Doesn't do a lot - sits + reads bible, listens to Christian music.
No friends outwith church, rarely goes out except to Church meetings.
Keeps contact c bro. in IG + F. (bereaved).

Says no drink for last 3 months since jailed. Prior to that was drinking heavily 3-4 x week. - maybe ½ bottle vodka + 10 bottles wine ± spirits.
No symptoms of dependance however.
Has periods when would use a bag of heroin (smoking) for ~ 3 months then stop for months - says none since last 8/12.
Denies any other recent drug use.

Mood fairly level.
Hasn't cut self for about 8 months. - sees no point in it, used to do it cos felt bad about things he can do - now can apologise rather than harming self.

Sleep OK
Appt OK.

Hasn't had any tics for some years - didn't bother going back to see him.
Panoxetine 30mg ~~bd~~ mane. for OCD → has had for years.
CBZ 200bd - for mood swings

No tics or abnormal movements seen. Dyed blonde hair. Patent left

Obsessions used to have anxieties about tormentors following him -- began with a dream. Couldn't sleep & light being on, wouldn't sit in certain places where it could hide, checking places to see if it was hiding.

No counting or other rituals now

Compulsions & needs regularity.

No aud/visual hallucs

No thought ins/withdr.

No delusional ref

No other needs. Medically - no problems.

No fits/faints/blackouts/HI's.

Wants to learn to drive as could get him out more.

Can travel in dad's car etc.

Cog. Day ✓ 15th ✓ April ✓ 2004 ✓

Pres ✓ US ✓

Current events = Hostages in Iraq
- local news

NART 6/6 at 5".

Serial 7's 93 86 79 72 65.

DS 6 + F.
5 + B.

GBR.
38752

01475 656147

20000031176

AH\HMS\050282 3496

Ext. 5121

15th November 2000

PSYCHIATRIC REPORT

ON

WESLEY PHILIPS, d.o.b. 5.2.1982
50 Murdieston Street, Greenock

I, Dr. Audrey Hillman, Consultant Psychiatrist, Ravenscraig Hospital, being approved under Section 20 of The Mental Health (Scotland) Act, 1984, certify on soul and conscience that this is a true Report on Wesley Philips. I confirm that I am not related to Mr. Philips, nor do I have any pecuniary interest in his disposal.

BASIS OF THE REPORT

The report is based on the Adult Mental Health Psychiatric Case Records available to me from Mr. Philips' considerable contact with our service, and on an interview with Mr. Philips on 14.11.2000 conducted in the Agent's Suite at Gateside Prison. Mr. Philips is previously known to myself.

CIRCUMSTANCES SURROUNDING THE OFFENCE

Mr. Philips advised me that he had come off his medication several weeks ago. His compliance with medication has always been erratic. In the week prior to the alleged offence he had tried to stab his father following a minor argument at home. He was not actually charged with this. Mr. Philips told me that his father had come home on the day of the alleged offence and accused Wesley of smoking all his tobacco. This enraged him and he picked up a chair and attempted to smash this on his father. His father prevented him and he then picked up a knife and threatened him with it. He then told me that he picked up an axe with the intention of smashing up his father's garden hut as he knew this would upset him. He broke a window in the hut and the Police were then called. He tells me he was brandishing the pick axe in the garden and that when the Police came and told him to put it down he became further enraged, resulting in his multiple charges.

Mr. Philips is currently on remand in Gateside Prison. I understand he is on no special observations, is eating and sleeping well and is coping with the routine of prison life. Mr. Philips denied being under the influence of any substances prior to the alleged assault.

PAST PSYCHIATRIC HISTORY

This is very extensive. He has previous contact with Child & Adolescent Services both in Greenock and/

and at Hawkhead in Paisley. He has had a history from about the age of three or four years old of abusive outbursts directed only towards his family as well as aggression towards inanimate objects. As he passed into secondary school his behavioural problems extended into school life and he was suspended from school after a number of incidents, when he would throw tables and chairs and would be abusive. In 1997 he had been diagnosed as suffering from Tourette's Syndrome (a collection of symptoms usually diagnosed in childhood and involving multiple abnormal movements or motor tics, plus verbal outbursts either of grunts or of sweating). At the time of the diagnosis he had been placed on Haloperidol an antipsychotic medication which is of some use in this disorder. During this period of treatment he was under supervision of Dr. Leighton, Consultant Child & Family Psychiatrist and it is of note that the family made several complaints about his treatment and his diagnosis and on one occasion Mr. Philips Senior was especially threatening to Dr. Leighton and chased her through her own Department.

He had an admission to the Short Stay Psychiatric Unit in January 1999 following a G.P. referral as Mr. Philips was thought to be suicidal. Once he was in the ward his low mood improved, he was observed to have outbursts which were thought to be controllable, intelligible and triggered in response to provocation and this was not felt to be compatible with a diagnosis of Tourette's. During his admission he had investigations to exclude an epileptiform disorder and genetic tests to exclude other disorders causing tics, i.e. Huntington's chorea. A possible diagnosis of early undifferentiated schizophrenia was made and was felt to be unlikely given the pattern of his behaviour and the lack of any specific symptoms. EEG investigation was negative for epilepsy and he was negative for genetic testing for Huntington's Disease.

It was noted in the ward that he did have a difficult relationship with his parents, who were at times over-protective and at others understandably somewhat rejecting of his difficult behaviour. At discharge on 21.1.1999 he was felt to have no treatable psychiatric disorder, but has behavioural problems which may be amenable to a range of supports and family interventions. To this end he was referred to the psychiatric day hospital where attempts were made to involve him in meaningful activities and to provide him with some skills of daily living, such as cooking etc. Given that many of his behavioural problems were context specific to within the family attempts were made to provide him with his own accommodation. I understand that this has since failed and he has been living at home prior to his incarceration.

His parents had also pursued a referral to the neuropsychiatrist in Birmingham who was though to be an expert in Tourette's Syndrome. I understand Mr. Philips still sees him on a six monthly basis.

PAST MEDICAL HISTORY

Nil of note.

DRUG HISTORY

Mr. Philips is currently taking Carbamazepine 200 mg bd and Paroxetine, an antidepressant, at a dose of 30 mg per day. These are prescribed under the recommendation of Dr. Ricard, Neuropsychiatrist at the Queen Elizabeth Hospital in Birmingham.

DRUG AND ALCOHOL HISTORY

There is a positive family history of harmful use of alcohol. He himself drinks in a binge fashion, often/

often consuming a bottle of vodka at one time. He denies that this leads to any worsening of his behavioural problems. He tells me the he has not had regular binges of alcohol for several months although he has dabbled with smoking opiates in the form of heroin and using benzodiazepines illicitly. At no time has he been dependent on any of these substances.

FAMILY HISTORY

[redacted]

PERSONAL HISTORY

There is no history of birth trauma or injury. The patient was born in Germany when the father served in the Armed Forces and was stationed there. The family returned to Port Glasgow when Wesley was two years old. The family originated from the Inverclyde area. There is a long history of temper problems and hyperactivity, causing many difficulties in his childhood. He attended St. Mary's School when he was four as they specialised in working with children who suffer from hyperactivity. He then moved on to various primary schools in Port Glasgow and attended Port Glasgow High School, but was expelled from there in 1996 because of his difficult behaviour. He had a period of reception into care and was placed in Crosshill Children's Home at the age of 15 after an emergency Children's Hearing on the grounds that Wesley was outwith parental control. Whilst in the home he was involved in a breach of the peace and was taken to Newfield Assessment Centre and remained there for eight months, returning home in September 1997. Whilst he was resident in Newfield Assessment Centre he was seen by Dr. Leighton at the Larkfield Child & Family Centre and also Dr. Lindsay who practises in Hawkhead. It was at this stage they both made a diagnosis of Tourette's Syndrome. Mr. Philips has also spent some time at the Mearns Centre Support Project, attending there from March 1997 to November 1997 before leaving to take up a YTS post with Slaemuir Coaches. He managed to do for four months. He has not worked for a considerable length of time.

FORENSIC HISTORY

There have been several breach of the peace charges in the past, plus charges of vandalism and Police assault. These almost always occur within the family context and arise from Wesley's difficulties in dealing with any form of authority. Mr. Philips' impression is that things have been relatively stable up until the last month or so as he had been compliant with medication and there had been fewer incidents. There have also been multiple incidents of deliberate self harm over the last few years, the most recent being an attempt to slash his wrists. He was last seen by psychiatric services in Inverclyde in November 1999 following an overdose of his Carbamazepine tablets plus alcohol.

INTERVIEW WITH THE ACCUSED

Mr. Philips was quiet, calm and appropriate when he came into the interview room. He was polite, shook my hand and volunteered information. He made good eye contact and the only abnormality detectable was transient tic in his right eye. He attempted to answer all my questions clearly. His affect/

affect was essentially normal and his mood although subjectively lowered at times in the past was euthymic and constant. There were no functional symptoms suggestive of depressive disorder, i.e. he sleeps well, eats well and there is no classic variation in his mood throughout the day. His speech was normal in rate and form and his thought form was normal. His thought content showed no evidence of any abnormal preoccupations, obsessions or delusional beliefs. He denied any hallucinatory experiences in any form. He was fully cognitively intact and clearly understood the purposes of my meeting with him, how the Court worked, the charges against him and the differences between a plea of Guilty and Not Guilty.

Mr. Philips was in a rather reflective mood during the interview and did seem to understand that the reason for his difficulties was his very poor temper control. He seems to have made some progress from blaming this on an illness outwith his control to realising it is something that he will have to address to avoid further incarceration. However he did not give me the impression that he would be able to address making these changes in any sustained way and this was backed up by his consistent failures to take medication appropriately, and to engage with activities that have been offered to him.

IMPRESSION AND RECOMMENDATIONS

Mr. Philips is a young man with character traits of poor impulse control, low frustration tolerance and difficulties with authority. Although he has previously been given a diagnosis of Tourette's, his main behavioural difficulties do not seem to relate very clearly to this diagnosis.

1. Mr. Philips is sane and fit to please

2. Mr. Philips is not suffering from any major psychiatric disorder as defined in the Act.

3. Although I have no particular psychiatric recommendations to make to the Court, I would respectfully suggest that they consider a Probation Order. Mr. Philips offending is almost solely confined to within the family circle and he may be able to address some of these difficulties through contact with the Probation Service. Hopefully contact with Probation Services will result in him being involved in more positive activities and help him to look at practical and social ways of reducing his impulsivity, e.g. spending more time outside the family home, working towards moving into his own accommodation, etc.

This Report is given on soul and conscience.

Dr. A. Hillman, MB, ChB, MRCPsych
Consultant Psychiatrist

Medical Records Department
Ravenscraig Hospital
Inverkip Road
Greenock PA16 9HA
Telephone 01475 633777
Fax 01475 656147

www.renver-pct.scot.nhs.uk

If telephoning, please ask for Ext: 5195

Your Ref: M1786581/LJ/T7

Our Ref: AD/SM/0502823496

Date: 13 April 2004

Dr J Morgan
Medical Adviser
DVLA
Drivers Medical Group
Longview Road
Morriston
Swansea
SA99 1DA

Dear Dr Morgan

Wesley Phillips 45 Prospecthill Court Greenock PA15 4ER
Date of Birth: 05.02.82

Further to your letter of 5 April 2004 I arranged to carry out an assessment on Mr Phillips with respect to his application for a driving licence. I interviewed him at Greenock Health Centre on 13 April, and the assessment took approximately 50 minutes. I had access to his psychiatric case file from Ravenscraig Hospital.

Mr Phillips is a 23 year old man who had previous contact with our psychiatric services in 1999. There was a history of episodes of aggression beginning around the age of 5 which were initially restricted to the family home, but by the age of 11 were also evident in the school environment and led to suspensions and finally expulsion from school. He was placed in social work care at the age of 15 at which point he was assessed by Child and Adolescent psychiatry services who diagnosed Tourette's syndrome on the basis that he had simple motor ticks. A treatment trial with Haloperidol was carried out with little improvement in his aggressive outbursts. When he graduated to adult psychiatric services at the age of 16 there was no evidence of motor ticks. However significant abnormalities within family relationships were noted, and there was a history of domestic violence and alcohol abuse in another family member. Treatment trial of low dose intramuscular Depixol and a period of assessment at our psychiatric day hospital followed and a diagnosis of personality disorder, emotionally unstable impulsive type (ICD 10 F60.30) was made. His behaviour was not considered to be amenable to treatment at that point and he was discharged from services.

He was seen following an overdose in November 1999 but offered not further psychiatric contact at that time and was seen again in November 2000 for the purposes of a psychiatric report, having been charged with possession of an offensive weapon and assault. He was seen on that occasion by my consultant colleague Dr Audrey Hillman, was not considered to be suffering from major psychiatric disorder and no psychiatric disposal was sought. He had no further contact with our service since that time.

In the intervening period Mr Phillips did have contact with Dr Ricards, Consultant Neuro-psychiatrist in Birmingham who commenced treatment with Paroxetine and Carbamazepine. Mr Phillips has been compliant with this medication over the last 3 years although he no longer attends Dr Ricards. He told me that he had been commenced on Paroxetine for obsessional beliefs which focus around a fear of spiders. This had begun following a dream about a tarantula in which he had become very frightened, and subsequently feared that spiders might be hiding under chairs or in dark corners and led to the development of avoidance and ritual checking behaviours. He stated that he no longer has any of these anxieties or rituals, and denied any other obsessional behaviours. He told me he had been started on Carbamazepine as a mood stabiliser.

Mr Phillips told me that over the last 2 years he had noticed a significant reduction in his aggressive outbursts. He felt that his medication might have contributed somewhat to this, although believed that the main reason was his becoming a Christian. He has dispensed with his previous circle of friends and now has very little in the way of social outlets outwith contact with his church. He has been more reflective about his behaviour and the impact it has upon other people and estimated that he had only had perhaps 4 aggressive outbursts in the past 12 months. He told me that in the past he would have been unable to apologise or de-escalate a stressful situation, whereas now he was able to stand back, reflect upon his actions and apologise without feeling that he had lost face. The intensity of his disturbed behaviour during aggressive outbursts also appears to have substantially diminished over time, he described that his last aggressive outburst consisted of throwing 2 vases about in his living room. He has had forensic involvement in the last year however, being charged with police assault approximately 8 monthly ago when he was "defending" a friend of his who the police were trying to arrest. He was also charged with breach of the peace 3 months ago when he went into the police station in an intoxicated state to ask for a light for his cigarette and when they would not provide him with one he smashed a bottle. He was jailed over the weekend for this and states that this has been a turning point for him, and that he rarely drinks alcohol any longer.

With regard to alcohol and drug history he has used alcohol episodically in the past. He estimated that he could consume in excess of 25 units of alcohol 3 – 4 times per week although denied any symptoms of alcohol dependence. Over the last 3 months he has been entirely abstinent from alcohol, he states. There is a past history of experimentation with various illicit drugs. The only drug that he appears to have used for any consistent period of time has been heroin and has on several occasions in the past will have smoked one bag of heroin daily for approximately 3 months followed by periods of a number of months where he would use no heroin. He states that he has used no heroin in the past 8 months and does not intend to use this drug in the future.

At interview Mr Phillips presented as a tallish young man with dyed blonde hair who was pleasant and co-operative throughout the interview. There was no evidence of tics or abnormal movements seen. He appeared relaxed and displayed no evidence of elation or depression of mood. There was no evidence of auditory or visual hallucinations, interference with his thinking or formal thought disorder.

He was fully orientated in time, place and person, had an adequate knowledge of recent current events and showed no abnormalities of concentration, immediate registration, short term or long term memory impairment.

He told me that he would like to learn to drive as he felt this would allow him to expand his social horizons, and would also be useful to his mother who has heart problems.

Opinion

From the information available to me it appears that there has been a substantial improvement in Mr Phillips behavioural disturbance over the past 5 years. Whether this is due to his current medication or to a natural maturing process with time is unclear. Although he still admits to having episodes of disturbed behaviour and to intermittent abuse of alcohol and illicit drugs I would regard his behavioural abnormalities as being much closer to the normal spectrum of behaviour seen in the general population than was the case in the past. I would therefore consider him to be substantially less unsafe were he to be granted a driving licence at this point in time. Were his alcohol intake to substantially increase in the future this could be expected to exert an adverse effect upon his safety on the roads and I would suggest that if he were granted a driving licence that there be a supplementary report requested in 12 – 24 months time concerning his consumption of alcohol and other drugs.

Yours sincerely

Alistair Deering
Consultant Psychiatrist

PERIODS OF TREATMENT				
ADM	O.P.	D.P.	FROM	TO
Elective			24.11.99	24.11.99

INVERCLYDE ROYAL HOSPITAL

Continuation Sheet

DATE	NAME	UNIT No.
	Wesley Phillips	

23.11.99 17 year old ♂

took 30 × 200mg CBZ then drinking 5 pints
took on Sunday night → found on Monday
morning vomiting → ambulance
had been thinking about it for a few days.
friend had killed himself 1 week ago — found this
out on Saturday
occ thoughts of self harm.
previous OD of paracetamol 3 × in past
numerous self laceration — not for past 2 months

- thought he would not wake up — thought fatal dose.
- told mother that he had only taken 2 to stop her calling for ambulance

- don't really know if wants to die now.
still dopey with tablets — "can't think straight"
don't know if need to be in hospital

depressed - suicidal thoughts for several months
fleeting.
sleep - initial insomnia - not sleeping until 6am
appetite — ↓ wt ↑. sleep until 3pm. 9hrs
usually sit in house - go to groups & mental health
team → football etc ; no friends

DATE	NAME	UNIT No.
	want to go out but nothing to do.	
	don't like being at home.	
	- moved house 1 year ago → find difficult	
	to make friends.	

01475 656147

WI\SM\23768 Ext. 5195

30 November 1999

Dr Thomson
Consultant Physician
Inverclyde Royal Hospital
Larkfield Road
Greenock

Dear Dr Thomson

Wesley Phillips 50 Murdieston Street Greenock
Date of Birth 05.02.82

Thank you for referring this 17 year old boy who I saw on ward J North on 23 November 1999 after he took an overdose of 30 x 200 mgs Carbamazepine tablets along with alcohol. He is well known to the psychiatric department and was recently discharged to the Day Hospital because of breech of contract. He has a long history of deliberate self harm including 3 previous overdoses of Paracetamol and self laceration. He is a rather chaotic individual who takes very little responsibility for his own actions and does not learn from past mistakes. He does not have good coping skills but is not really at the stage of addressing his problems. While attending the Day Hospital he continued to self harm and had rather antisocial behaviour. At interview today there was really no apparent change in his mental state since then although I offered him support from the Community Mental Health Team and a re-referral to psychology for anger management. He was unwilling to accept this. Unfortunately it is likely that he will self harm in one form or another and his prognosis is poor given his lack of insight. His most likely diagnosis is of a dyssocial and borderline personality disorder. I have not made any further plans to see him again in future.

Yours sincerely

Dr W Imrie
Specialist Registrar to Dr Deering

cc Dr Mutch GP Port Glasgow Health Centre

Fax 01475 656147

AB\CK\23768 Ext. 4235

7th September, 1999

Dr. M. Mutch,
Medical Centre,
Dubbs Road,
PORT GLASGOW.

Dear Dr. Mutch,

Re:- Wesley Phillips, 15 Murdieston Street, Greenock. d.o.b. 5.2.82

I was asked to see Wesley on the evening of the 3rd September 1999 at Casualty in the IRH. He had presented there at about 8.30pm, having cut both his forearms superficially with a razor blade, and also having cut the anterior aspect of his neck. It seems that he had had a fight with his mother, locked himself in the bathroom, and then cut himself. He told the Casualty Officer that he did not want to die, as it would upset his family and friends. It seems that his last attempt was on the 17th August this year, and he has been talking to a variety of people about different ways he might kill himself. However, when I attended Casualty to talk to him, I met his parents at the door to Casualty, and infact in the end they didn't want me to see him.

Wesley is on our restricted admission list, and after my initial conversation with his parents, I felt it incumbent on myself to let them know this before I talked to him. Both of his parents were initially extremely confrontational, and I note the past history of violence from his father towards Medical Staff. They feel that they have been let down quite grievously by our service, and that we are infact not doing anything to help them. He repeatedly told me that they feel that they themselves had been blamed for Wesley's condition, and this is certainly something which they have no intention of accepting. As such, I did not feel that it was appropriate to antagonise them further by discussing with them the behavioural nature of his problems, and the role that they have played in this. I did, however, let them talk to me at some length about how they felt, and I feel that I should note formally that Mr. Phillips expressed to me ideas of extreme violence and infact threatened to kill the Consultant's who have previously treated Wesley here. There was no physical or verbal abuse directed to myself, as their perception of my role is that of an "underling" who has been given certain instructions. Mr. Phillips also told me that it was his intention to get a lawyer involved in this case, and that he threatened to sue our service, as well as asking for an appointment to meet with our Clinical Director and then changing his mind. It seems it is also still their intention to "prove" that Wesley does suffer from a psychiatric illness.

In the event, they told me that they felt it was not worth my talking to Wesley, as I was not going to "do anything". However, Wesley did smile at me on his way out, leading me to believe that his

condition is behavioural and that he is quite reactive. Further more, as I left Casualty I was able to over-hear the family having further arguments outside the hospital.

I understand that Wesley is at present awaiting trial for assaulting a Police Officer, and that they are trying once more to get him seen by an expert in Tourette's Syndrome, that they had previously referred him to. I will certainly discuss this presentation with my Consultant's, and if there are any further developments with regard to this young man we will certainly let you know.

Yours sincerely,

Dr. A. Brodie,
S.H.O. in Psychiatry.

INVERCLYDE ROYAL NHS TRUST, GREENOCK ACCIDENT/EMERGENCY DEPARTMENT

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
PHILLIPS	WESLEY	17	05/02/1982	03/09/99	20:22	022473

Address	Sex	Religion	Date of Inc	Time
15 MURDIESTON ST GREENOCK	MALE		03/09/99	

Marital Status	Occupation/School	Type of Inc	Mode of Arrival
SINGLE	UE	HOME ACC	WALK/OT

PC PA15 Tel 723916

GP

Name: MUTCH

Address: MEDICAL CENTRE
DUBBS RD
PORT GLASGOW

Referred by: SELF REFERRAL

NEXT OF KIN

Name: [redacted]

Relat.

Tel No.

Address: SA

Complaint: LACERATION
WRIST/NECK

Patient Category: Resus ☐ Trolley ☐ Walking ☑

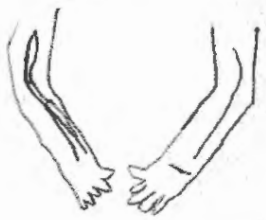
TIMES
TRIAGE: 2035
SEEN BY DOCTOR: 2040

CLINICAL NOTES

B.P:
PULSE:
TEMP:
TIME: 9/A

. Cut forearms ē razor blade. 1 x @ arm 2 x @ arm.
. Cut Ant aspect neck/throat ē razor blade

→ Felt depressed - had a fight with his mother - locked himself in the bathroom. - wanted to kill himself.
→ then didn't want to die as it would upset family + friends.
→ Last attempt 17/8/99.
→ Still has a wish to die.
low mood, oversleeping, overeating, ↓ energy
talks with friend about different ways to kill himself.



- Past Med - Tourettes } neither
Depression
Personality disorder

ALLERGIES: NKDA

- Meds

Left arm - volar aspect ē 1% lignocaine
5x4/0 Ethibon sutures ē 1% lignocaine local anaesthetic.
3 sutures
Inadine dressings

TREATMENT PRESCRIBED:
1. Stensmp
2. Staples x8 upper (R) arm laceration.
3. Psych R/V - S/O Dr Brodie, SHO - talked to family, who took wesley away.

Examining Doctor (Signature): Maria Brennan.
PRINT NAME: MARIA BRENNAN

Investigations	X-Ray	Lab	ECG	Cross Match	Bact
	☐	☐	☐	☐	☐

Diagnosis: DSH.

Treatment	Dressing	Suture	Tet Tox	Antibiotic	Analg
	☐	☑	☐	☐	☐

Pop	Resusc	Nurse's Signature
☐	☐	

	Pat Group	Diag	Anat Sit
1	P	L	S F+A
2			
3			
FD			

Disposal Time	Home	Admit	A/E Clinic	Irreg Dis
:	☐	☐	☐	☐

Died	DOA	GP	Transfer	Other Clinic	DNW
☐	☐	☐	☐	☐	☐

Research: 4

PHYSICAL EXAMINATION

DATE	SURNAME	FIRST NAMES	AGE	UNIT No.
	PHILIPS	WESLEY	16	

GENERAL EXAMINATION HEIGHT WEIGHT

5/1/99 Tattooed, dyed hair, some acne
Fit °JACCO (? Overt minimally)

CARDIO-VASC SYSTEM

PULSE ~ 84 bpm REG HS I + II

B.P. 138/90

RESPIRATORY SYSTEM

percussion = (N) = (L) = (N)
AE good all over
added sounds

ALIMENTARY SYSTEM

°Organomegaly or masses palpable

Abdo soft + non-tender

BS +

GENITO-URINARY SYSTEM

NERVOUS SYSTEM GCS 15/15, PERLA

CRANIAL NERVES Intact

FUNDI Not visualised

REFLEXES	BI.	TRI.	SUP.	ABD.	KNEE	ANKLE	PLANTAR
RIGHT		+			++		↓
LEFT		+			++		↓

MOTOR Abnormal Movements NIL

Power } (L) = (N) = (N) upper / lower limbs

Tone

SENSATIONS Light Touch /

Pinprick

Vibration

Proprioception

GAIT (N)

SUMMARY Fit.

Doctor's Signature:

CLINICAL NOTES

DATE	SURNAME	FIRST NAMES	AGE	UNIT No.

	WESLEY PHILIPS
4.1.99	**ADMISSION NOTE**
11pm	16 year old male referred by G.P. with suicidal thoughts.
	HISTORY OF PRESENTING COMPLAINT
	Wesley suffers from Turette's syndrome - abusive, violent outbursts. Recently smashed up
	house and threatened mother with knife.
	Low mood over last two weeks, increasing suicidal thought and decided last night to hang
	himself. Told his mother this tonight - taken to G.P.
	No DV or sleep disturbance but reduced appetite, concentration, anhedonia, low self wash,
	hopeless.
	No specific trigger for this episode - has had several short (2-3 day) episodes over the last 5
	months.
	Tearful++
	Has lost interest in usual hobbies.
	Due to see specialist on Thursday 14th January in Birmingham - Dr. Ricker, Queen Elizabeth
	Hospital, Birmingham.
	PAST PSYCHIATRIC HISTORY
	Previous contact with Dr. Leighton and Dr. Lindsay at Hawkhead. Tourettes diagnosed 18/12
	ago.
	PAST MEDICAL HISTORY
	Nil else.
	DRUG HISTORY
	Haloperidol 1.5mgs b.d.
	FAMILY HISTORY
	Nil.
	PERSONAL HISTORY
	No history birth trauma/injury
	Born and brought up in Port Glasgow - recently moved to Greenock.
	Suspension from school for abusive language/violent outbursts. Made friends well.
	Spent 7/12 in care aged 15 following repeated suspensions.

CLINICAL NOTES

DATE	SURNAME	FIRST NAMES	AGE	UNIT No.

WESLEY PHILIPS

Currently working in training scheme.

Obsess with cleanliness - hand washing, clean clothes and uses deodorant x5/day.

Alcohol - Two litres Cider on Saturdays

Drugs - previously tried jellies and Heroin (smoking) but no habitual use.

Family - lives with mother and father.

Mother - [redacted]

Supportive, good relationships.

Father - [redacted]

Also supportive.

Brother age 28, married, two children. Sees him weekly.

Other brother age 20, lives alone. Close to him.

IMPRESSION

16 year old male with Touretter's Syndrome. Depressed with biological symptoms, suicidal thoughts were increasingly for a week, now feels he is likely to act on these.

MMSE

No abnormality found.

PLAN

Admit

Constant obs ?appropriate treatment in view of Tourette's.

DR. K. MERCER/SHO/JB

5.1.99 History of Tourette's - gets abusive, "throws things", motor tic of eye, every day at home, nil over last few weeks.

Low mood and suicidal ideation (to hang self) for last two weeks, talking about it, no deliberate self-harm history, initial insomnia, reduced appetite, reduced energy, anhedonia, not out much. Normally - friends, socially, but not now.

Feels if increased mood could re-start social life. (eg. football, some alcohol, denies illicit drugs).

Still has thoughts self-harm (for last two weeks). for constant obs.

CLINICAL NOTES

DATE	SURNAME	FIRST NAMES	AGE	UNIT No.
	WESLEY PHILIPS			
	On Haloperidol 1.5mgs b.d. for about 6 months now - by Dr. Coutts, IRH, feels it helps.			
	DR. A. BRODIE/SHO/JB			
6.1.99	Wesley has been sleeping on the ward and apparently has seemed brighter today. He said that			
	he was still "fed up" and suicidal and had been so for some one and a half weeks. He had been			
	staying in the house a lot of the time as he had no-one to go out with and his mood seems to be			
	worse at night when he thought over his problems. He had been taking Nytol at home and we			
	will avoid sleeping tablets with him here in order to assess his sleep. He describes poor			
	appetite but no weight loss. He also described his "ticks" that she said started two years ago			
	with coughing/grunting noises, eye blinking, and no control or warning over this. He also has			
	been swearing and shouting, kicking walls and smashing up his house on occasions - these			
	episodes last for about 10 minutes to half an hour. On one occasion he threatened his mother			
	(two weeks ago) with a knife but has never been actually violent towards her. He says that			
	these episodes have been preceded by anger and frustration on his part, often after his mother			
	asks him to do something eg. go to the shops or clean up. He does feel he has no control over			
	this and his last outburst was apparently two weeks ago. He also feels that Haloperidol helps			
	to calm him down and that there had been less outbursts recently, and he says that he has no			
	relief of tension from these outbursts. He has been having behavioural problems since about			
	the age of 6 when he would shout and swear at home when he "did not get my own way"; but			
	the problems at school started from the age of 12, just before he started secondary school. He			
	has been suspended for throwing chairs and shouting and his behaviour in general seemed to be			
	similar to that at home. He says he never took this out on his friends only teachers. He was			
	diagnosed by Dr. Leighton as suffering from Tourette's syndrome and was to go for an out-			
	patient appointment with Dr. Ricard in Birmingham (neuro psychiatrist). He takes showers			
	two to three times per day although he does not know why, he changes his clothes frequently;			
	he does not feel he would get an increase in anxiety if he was stopped from doing this and does			
	not appear to have an obsession about cleanliness (he does not clean his teeth that often). He			
	washes his hands some 3-4 times per day and also checks his spots some 3-4 times per day.			
	He says he gains no relief from checking. He does not feel that he is a social misfit but			
	apparently has few friends these days. His mother is going for a heart operation (transplant)			

CLINICAL NOTES

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and he said at first that he did not worry about this, but it is suspected that he was down-playing this considerably. His grandfather died age 47 of an MI and this maybe affecting his view of the operation.

His mother attended the ward round today and told us that when he was younger he did "weird things" such as pulling down his trousers, underpants, and socks because he did not like them "scratching", and would sleep in a sleeping bag to avoid this feeling. He would often sleep only 15 minutes in the evening then be awake until 4a.m. and he started swearing from the age of 4-6 with abusive terms that his mother described as "sexually orientated". He apparently would follow his mother about the house swearing at her and she said that these episodes lasted only for ten minutes - she also agreed that it was after she asked him to do something. Although he would speak very rapidly his speech was directed to her, intelligible, and although he would repeat some phrases, it did not seem to be typical Tourette syndrome. She says that he could see his tick lessening when he was taking Haloperidol and she takes this suicide risk seriously since he is very rarely if ever tearful in the past. She believes that previously, Wesley's problems have been "blamed" on herself and her husband and has taken some exception to this. Wesley denies any passivity experiences or thought interference but says that at times over the last few weeks he can hear his own voice inside his head urging him to kill himself. Immediately after the ward round, he threw a tablet in the lounge and has threatened to jump out of the window. He said repeatedly he did not know why he does either odd things or his aggressive behaviour. Since his outbursts are controllable, intelligible, and are triggered in response to provocation - this is not typical of Tourette syndrome. His odd pre-occupations, bizarre behaviour and a possible lack of affect may point to a diagnosis of early undifferentiated schizophrenia. As such, he will be for an EEG (which will also exclude any epileptiform disorder), as well as for testing for Huntington's Chorea (it is possible that his impulsivity, outbursts, and ticks are related to this). His Haloperidol was stopped, and he was started on Olanzapine 5mgs twice a day. Dr. Groves will discuss with Dr. Ricard in Birmingham, and in the meantime Wesley is for constant observation.

DR. A. BRODIE/SHO/JB

7.1.99 Attended Case Conference (with parents).

?Reduced affect, reduced ego.

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WESLEY PHILIPS

?undifferentiated schizophrenia, ?seizure disorder, ?Huntington's Chorea - for EEG and genetic testing.

DR. A. BRODIE/SHO/JB

7.1.99 Verbal report from staff in Child/Adolescent Psychiatry. ?Has physically attacked Dr. Leighton in the past, will get more info.

DR. A. BRODIE/SHO/JB

8/1/99 d/w ex-secretarial staff

— Dr Leighton was chased out of interview room by Wesley + Mr Philips + does consider a good distance — actual violence

After this, Wesley was no longer seen at Child + Adolescent (this was his last visit).

A Brodie

CLINICAL NOTES

DATE	SURNAME	FIRST NAMES	AGE	UNIT No.
	PHILLPS	Wesley		

8/1/99 d/w re: Huntington's } - blood test
Schizophrenia } - EEG

- happy to stay for now
- explained roughly re: his assessment
- for GENERAL obs as not thinking of hurting self just now.

VBrown

13.01.99 **WARD ROUND NOTES**

Wesley has been quite pleasant and settled on the Ward, with no tics or odd movements apparent. There have been no further episodes of impulsive behaviour and it does seem that he is quite an immature personality. His mother is quite histrionic and appears to do everything for him at home, despite describing herself as quite incapacitated. He came back from pass early on Sunday, saying that he would rather be here than at home. There have also been no odd behaviours on the Ward. Today, he said that he liked being on the Ward and feels better for it, but that he still has thoughts of suicide, although they are not so bad now, and he feels he will not do anything. He said he does feel calmer on Olanzapine, and felt that the voice he has in his head (which is his own) is not under his control and it had continued for two days whilst he was taking his Olanzapine, but then had disappeared five days ago. He finds it quite hard to resist the voice, but denies any thought interference or passivity experiences. He denied having any problems with his mother and said it made no difference whether she visited or not. Dr Groves has apparently spoken to Dr Rickhard in Birmingham and this appointment for assessment of his Tourette's Syndrome has been cancelled. Wesley's mother attended the Ward Round and told us that she generally arrives at the Ward some twice per day. It has been explained to both of them that the possibility of Wesley having Huntington's Chorea is quite unlikely, but that it is something we should exclude. It has been decided to stop his Olanzapine today, and to ask his mother and father not to come to the Ward for one week;

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they are also not to phone him, although they may write to him if they wish. This is in order to determine if Wesley's feelings and impulsive actions are related to any illness process, or whether they are simply because he has behavioural difficulties in dealing with his family. Wesley appeared reasonable content with this experiment, but his mother became quite tearful when told of this, but did leave the Ward Round quite cheerfully. It is possible that she has been quite overly protective with him and has been smothering his personality. However, after the Ward Round, Wesley's mother spoke to him briefly and then he ran away from the Ward. He did come back later on with his family, and it seems that his mother told him that we thought he had Huntington's Chorea. It may well be that this young man's problems derive from his poor family background and his odd relationship with his parents. He continues on no medication at the moment.

DR A BRODIE, SHO / CK

20.1.99

Wesley left the ward a second time without telling anyone the day after the ward round, because he said he was quite bored on the ward. His mother has apparently been saying that he is not happy with her staying away, although he himself says that it does not bother him. He has had no tantrums on the ward, feels fine and has not been suffering from ticks or abusive outbursts. His mood seems to be quite stable and good. His mother was apparently overheard saying that she was quite unhappy to stay away from him, and the fact that his diagnosis of Turette's had been rescinded; she also said that she feels he is schizophrenic and appears to have become quite agitated and infuriated at that time. He will be for blood test for Huntington's Chorea tomorrow, and will be referred to the Day Hospital for attendance for five days a week. He will also be referred to the Occupational Therapist's, who will assess him for living skills and hopefully teach him how to self-care on his own. This is with a view to him moving to his own accommodation once his skills are up to scratch.

Today, he said he felt well and left the ward as he wanted cigarettes. He also admitted to feeling bored on the ward, and denied any voices of any sort. He had not yet thought about leaving home, and would be happy to do so if he was sharing but not if he was living on his own. He has never self-cared in the past and has no cooking, cleaning etc. skills. He was asked if he thought his mother might be causing some problems from him but he was not really

CLINICAL NOTES

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WESLEY PHILIPS

able to answer this question. His EEG was normal, and he expressed a desire to take more exercise such as football in which he used to play regularly. The diagnosis of Huntington's Chorea and Schizophrenia were both considered over the past few weeks, and it seems most likely that his problems are of a behavioural nature. This maybe due to his interactions with his mother, and his poor family environment, as well as the fact there maybe an element of Munchausen's disease by proxy. The diagnosis of a behavioural disorder is not 100%, but does seem the most likely diagnosis at the moment, considering his good health on the ward over the last week, and comments that his mother has made within an ear shot of staff regarding her feelings that he is mentally unwell. She does appear to become quite agitated regarding this, and some of the comments she has made to him - she told him that he had Huntington's Chorea after the last ward round, although he now denies this - they have been involved in sabotaging his good behaviour. He is now for discharge, on no medication. His parents attended the ward round, and were told that he was actually very good in his behaviour here, they were informed that he would receive the blood test of Huntington's Chorea, and that steps would be taken to increase his self-caring skills so that he might go on to his own accommodation eventually, and gain his independence from the family home. It was also pointed out to Mrs. Philips that having Wesley at home could well be bad for her health. The mother reiterated today that she feels he is schizophrenic, and she was told this was considered but seems unlikely. She took this fairly calmly, but it maybe that she will try to sabotage his treatment at the Day Hospital.

DR. A. BRODIE/SHO/JB

CLINICAL NOTES

DATE	SURNAME	FIRST NAMES	AGE	UNIT No.

WESLEY PHILIPS

25.1.99 **DAY HOSPITAL NOTE**

Wesley has been referred to the Day Hospital from Short Stay Psychiatric Unit, ward A. East where he had been an in-patient. He was initially admitted with some suicidal thoughts and behaviour problems with violence towards particularly his mother, abusive and violent outbursts at home. He had previously been attached a diagnosis of Tourette's Syndrome because of his abuse but in view of the fact of this tends to be in response to situations or being asked to do things he doesn't want to do it was felt unlikely that he had Tourette's despite his previous history of tics. In view of his violent and aggressive behaviour Dr. Groves had wondered about early schizophrenia or possibly early Huntington's Chorea although there is no family history of either disease. He is due to have an EEG as well as tests for Huntington's.

Wesley has previously had contact with the Child & Adolescent Psychiatry Service here and at Hawkhead with a history since about the age of 4 of abusive outbursts towards his family and aggression towards inanimate objects and refusal to obey his parents. His behavioural problem began to effect his schooling in secondary school where he previously was confined to the home and he was suspended from school after a number of incidents where he would throw tables and chairs about and be quite abusive. He had some tic disorder involving blinking of the left eye and ended up being diagnosed as having Tourette's Syndrome and was placed on Haloperidol. We gather that on one occasion his father chased Dr. Leighton from Child & Adolescent Psychiatry through the building with possible violent intent.

There is no previous medical history of note.

FAMILY HISTORY

Wesley's father had been abusing alcohol when Wesley was young and was abusive and violent to his wife at that time. He also had regularly seen other women and infact his parents were divorced a few years ago although they are now back together. His father has previously been in prison for manslaughter. Wesley's mother is hugely obese and is presently awaiting a heart transplant for cardiomyopathy, she has had several other medical complaints in the past. There is certainly an odd interpersonal relationship between both him, his mother and his father, not to mention between his father and his mother.

CLINICAL NOTES

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WESLEY PHILIPS

PERSONAL HISTORY

Wesley was born and brought up in Port Glasgow. No history of birth trauma/injury. Has a long history from early childhood of behavioural problems and impulsivity and previously had been seen at Child & Adolescent Psychiatric Services. He has been suspended from school for using fowl and abusive language and violent outbursts although he says the school was alright and he made friends there. He was in care age 15 for seven months following repeated suspensions, he finished his schooling while in care.

He is now living in Greenock and has lost contact with many of his previous friends from Port Glasgow. He is currently working on a training scheme and at times has been obsessed with cleanliness such as handwashing and cleaning clothes occasionally using deodorant up to five times a day and taking four or five showers a day. He drinks two litres of Cider on a Saturday and has tried Benzodiazepines and smoking Heroin with no habitual use.

MENTAL STATE EXAMINATION

Wesley is big for his age both in terms of height and build and makes reasonable rapport. Hair is dyed blonde. His mood is probably slightly less reactive than one would expect but his affect and speech seem to be normal. There is no evidence of any thought disorder although he does say he doesn't see the point in going on with life.

While on the ward Wesley had episodes of becoming quite violent and following a ward round where he seemed to be doing reasonably well he had thrown a table around and around and threatened to jump out the window. He said he did not know why he was like this or why he occasionally became aggressive. He attended a case conference along with his parents and it was felt that he may have early Huntington's or Schizophrenia and that EEG and tests for Hungtington's should be carried out.

His progress on the ward was that there seemed to be an element of him being more settled on the ward than he was when he was at home and his mother seemed to be pushing for a diagnosis of schizophrenia and it was felt that her influence might have an almost Munchausen's by Proxy element to it. The impression increasingly grew that his behavioural problems were related to interactions with his parents rather than any organic disease and indeed EEG was normal.

CLINICAL NOTES

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WESLEY PHILIPS

In summary Wesley presents as a young man with behavioural problems from a very early age probably stemming from the unusual dynamics of his relationship with his mother and his father's relationship with his mother. [redacted] The possibility of an undifferentiated mental illness remains open.

I saw Wesley at the Day Hospital today (25.1.99) after he had cut his left wrist using razor blades he had bought. He expressed his intention when he did this was to get back into the ward because there were things to do in the ward like play pool etc. He seems to be uncomfortable at home and his behaviour on this occasion certainly appeared to be manipulative. He will be attending the Day Hospital initially for two week assessment.

DR. K. MERCER/SHO/JB

27.01.99 **DAY HOSPITAL WARD ROUND**

Wesley attended the Ward Round at the Day Hospital for the first time today, having cut his wrists on two occasions since his discharge from the Ward last week. It seems that his motivation in doing so is frustration and a desire to get back into A East and, indeed, during one of the groups yesterday, when asked where he would most like to be, he said A East. He had a violent outburst at home on Tuesay night following his mother asking him to go to the shop when he was just in the door from the Day Hospital.

He continues to complain of hearing his own voice telling him to commit suicide but there are no other features to suggest psychotic illness at the moment. He is not on any medication at present and Dr Deering has started him on Depixol, 10 mgs every two weeks, to reduce impulsivity and outbursts.

The plan is to continue this for about two months and see if it is helpful in controlling his outbursts. Wesley was advised to speak to staff at the Day Hospital if he feels the impulse to harm himself and not to distress himself and other patients by cutting his wrists, etc, at the Day Hospital.

DR K MERCER, SHO / CK

CLINICAL NOTES

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WESLEY PHILLIPS

10.2.99 Wesley said that he felt okay today with no particular problems at home. He left his O.T. session due to some worries he had been having at the time, and is due to appear in Court tomorrow for sentencing. No psychiatric report has been requested and he will make his lawyer aware of this. He did not seem bothered about Court, which is due to him attempting to assault his mother. He had fought with his mother this week on Thursday, grabbing her by the throat and attempted to choke her after she asked him to go to the shops. However, he has no problems at the Day Hospital with his temper and has been okay at home since Thursday. He has had no side effects and did not suffer from his depot, and will now be for 20mgs of Depixol every two weeks as depot injection. He is also thinking of applying for the Army again tomorrow, and the structure that this life would provide for him would be good. He is negative for Huntingtons Disease, and will continue to receive his tuition and activities of daily living at the Day Hospital.

DR. A. BRODIE/SHO/JB

25/3/99 2pm Admitted to taking 32 PARACETAMOL (after some persuasion)
- feeling low in mood
- last few days, tried to cut wrists (? serious attempt)
(- at Lawyer's on Friday)

Took them ~1 hr ago,
feels lonely + no-one to spend time with
- talks to ~~sister~~ brother's partner as she's been deprived
- doesn't want mother to know.

2015
Brodie

CLINICAL NOTES

DATE	SURNAME	FIRST NAMES	AGE	UNIT No.
	WESLEY PHILIPS			
23.2.99	Wesley was not seen at the ward round today, and is at the moment in the Medical Ward in			
	IRH after consuming 32 Paracetamol tablets yesterday. The previous night he had attempted			
	to scratch his wrists, and he had said that his mood had been okay but had dipped this week.			
	The previous week he had been fine, taking part in the sporting activities and feeling much			
	better. As such his depot injection of Flupenthixol dec. has been increased to 30mgs every two			
	weeks - the next dose will be given tomorrow.			
	DR. A. BRODIE/SHO/JB			
24.2.99	Wesley seemed quite subdued today, and felt that last Wednesday was when his mood started			
	to drop. He found himself going out alone in order to "get out of the house" and he had			
	suicidal thoughts constantly once more, which are still with him. He denied any new worries			
	or stresses at home, that may have triggered this and said that his sleep and appetite were okay			
	with possibly decreased concentration, and no diurnal variation in mood. He said that he was			
	not worried about going to Court as he believes he won't be jailed, but it is possible that he is			
	hiding this. When he went home yesterday from hospital, he said that his mother had asked			
	him a question and he had immediately got quite agitated and left the house to buy more			
	Paracetamol tablets. He took about five tablets before his father came into the toilet and			
	stopped him. He then ran out of the house and was brought by his father for assessment at the			
	ward; he said that his father did not upset him in any way. He was not admitted to the short			
	stay ward and will see Dr. Deering tomorrow for his court report. He is due to play football			
	today and is looking forward to it, but has been advised against drinking alcohol because of the			
	effect on his impulsivity. He has also been advised that if further self-harm attempts continue,			
	we will have to consider discharge for him. He will be given 30mgs of Depixol as IM injection			
	today.			
	DR. A. BRODIE/SHO/JB			
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	WESLEY PHILLIPS			
2.3.99	Wesley feels better over the last few days and has had no more overdoses - he was warned			
	again today that if he does he will be discharged. He has his court appearance this Thursday,			
	and the court report has been done with no specific psychiatric recommendations, saying that			
	he has no profound mental illness or Taurette's syndrome and suggesting a deferred sentence.			
	Wesley was informed today of possible actions they might take. Things seem to be okay at			
	home at the moment - he told us - and once he is stable, he could come off his medication and			
	therefore be eligible to be admitted to the Army. He continues on Depixol 30mgs every two			
	weeks at the moment, and seemed quite bright today. He has been informed that he will be			
	referred to Psychology, starting next Thursday.			
	DR. A. BRODIE/SHO/JB			

CLINICAL NOTES

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WESLEY PHILLIPS

17.03.99 **DAY HOSPITAL WARD ROUND**

Wesley has been doing well recently with no further outbursts and has been shopping with our OT, after which he cooked his own dinner. He did, however, refuse to housework, as this was "women's work - there seemed to be some problem with this attitude of his as regards all these self-caring activities. It may be that he will be referred for OT at the new resource centre when this is available; otherwise, will probably stay here until early summer. He himself felt that his training in living skills is going well and he has found that talking to his mother helps when he is feeling like attempting self-harm; he has avoided any impulsive actions, despite the feelings still being present and this is an obvious improvement. He missed Peter Ronald last week, although it was not his fault, and he is to see him tomorrow as regards helping to control the impulses that he has. He will continue to work on his living skills and attended a party recently, which apparently went well. He has been advised to avoid alcohol, due to his difficulty with impulse control, and he continues on Depixol, 30 mgs every two weeks.

DR A BRODIE, SHO / CK

~~**31.03.99**~~ ~~**DAY HOSPITAL WARD ROUND**~~

~~Wesley has only one more scheduled appointment with the Psychologist and has only attended his living skills class once. He was dressed quite brightly today and said that he felt okay, but did claim to have taken another overdose last week - he was informed not to make a habit of this, as it would not be tolerated. He admitted also to "losing the nut" a couple of times and has tried to smother his mother with a coat, as well as holding knives to her throat. This has happened four or five times in the last two weeks over trivial matters, such as asking him to go to the shops, or picking his socks up, and he told us that his intention was not to hurt his mother, but to get her to "shut up". He has been warned that his Court Case has been deferred until June, and that if he wishes to avoid a jail sentence then he will have to work on these impulses to improve them drastically. He claims not to have taken any alcohol or illicit drugs recently, and agrees that he is not enthusiastic for his living skills training, but that he has been enjoying sports, such as snooker and football. He has been advised to show a similar~~

CLINICAL NOTES

DATE	SURNAME	FIRST NAMES	AGE	UNIT No.

enthusiasms for living skills, and his depot preparation will remain unchanged. Over the next few weeks, his mother will be contacted so that she can come up for the Ward Round.

DR A BRODIE, SHO / CK

14.4.99 Wesley's has had no more overdoses recently, and his mother apparently seems quite happy with the progress that is being made. He continues doing his living skills with out O.T., and told us today this was getting easier. He feels he is doing well, and has had a few outbursts, but none of them too serious. He has been discussing with his keyworker ways to avoid angry outbursts, and these have been successful. He continues with his football and badminton as a physical release, and enjoys this. He takes Depixol as depot injection 30mgs every two weeks, and his mother is due to attend the ward round in two week's time.

DR. A. BRODIE/SHO/JB

12.5.99 Wesley has recently been on a two week ban from the Day Hospital, after trying to strangle his mother once more. In addition, whilst in Ireland, his house was burgled and some money was stolen; when he found out the identity of the burglar, he tried to go after him with a knife. In addition, whilst he was punching and strangling his mother, his brother's girlfriend (who is pregnant) said that she would call the Police. After this, Wesley threatened and verbally abused her, saying that he wished her baby would die.

Wesley's mother attended the ward round today, saying that she has seen a difference in him recently in that he is less impulsive. However, some four or five days before his Depixol is due, his behaviour is almost always worse. She feels that the violence is still there in him, and he can still be extremely verbally abusive with no thought for the consequences of this. However, she said that his behaviour has improved by 40 or 50%. She was told today that our priorities are to stop first of all his violent behaviour, secondly his self-harm, and thirdly his verbal abuse. Wesley has been told today that such behaviours are not acceptable here (including alcohol and drug abuse), and he has been warned that if he goes over the limits we have set for him discharge is the likely outcome. He will possibly be for Clopixol at his next depot injection to improve control of his violent behaviour, and is wondering whether he would like two more weeks in Ireland. This may be good for him, and that it may be an aid to

CLINICAL NOTES

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	WESLEY PHILIPS			

increasing his sense of responsibility, as well as his independence. His mother will be brought into the ward round every six weeks or so.

DR. A. BRODIE/SHO/JB

26.05.99 **DAY HOSPITAL WARD ROUND**

There have been no further outbursts with Wesley and he seems to be doing well. He is due to go away on holiday on 4 June and we will see him when he returns. He has been advised that his behaviour must be good when on holiday. He continues on Depixol, 30 mgs every two weeks.

DR A BRODIE, SHO / CK

23.6.99 Wesley slept in today, and did not attend the ward round. He has been informed that he will be for the ward round next week instead.

DR. A. BRODIE/SHO/JB

30.6.99 Wesley has been doing well since he returned from Ireland, and infact offered to make a cup of tea for the staff yesterday. He is getting more relaxed in shopping and cooking, but does not seem able to do this at home. However, he mentioned to us today that one and a half weeks ago, he asked his father for a mobile phone, when his father declined to buy him one, he got a knife and tried to stab him; his father was able to disarm him. In addition, he kicked the cupboard at home, and on being castigated by his mother attempted to choke her. Certainly, these episodes are less frequent than before as they do not occur anywhere other than at home. This was discussed with Wesley today, and it seems that he does know that he should not do this, and that the consequences for him could well be imprisonment; however, he does not seem able to control this impulsivity. There have been no more attempts to harm himself, however, and he continues with his weight training and football. He would like to return to Ireland in three weeks time for one week, and continues on Depixol 30mgs every two weeks as depot injection.

DR. A. BRODIE/SHO/JB

CLINICAL NOTES

DATE	SURNAME	FIRST NAMES	AGE	UNIT No.

WESLEY PHILLIPS

20.7.99 Wesley failed to attend for the ward round today, and his attendance has been poor in recent weeks. There have been further forensic problems, and he was apparently arrested by the Police having broken into a local school and setting off fire alarms, and assaulted a Police Officer during this debacle. He stated to staff that he no longer wishes to attend the Day Hospital and does not feel it is helping him. Under the circumstances there seems little benefit to ongoing contact with him and I have discharged him today in his absence.

DR. A. DEERING/CONS.PSYCH./JB

WESLEY PHILLIPS **23768**

5.2.99 **TWO WEEK ASSESSMENT**

Urgent referral via Dr. Small this morning 22.1.99.

Wesley had gone to the General Practitioner last night stating he was suicidal. Reports being fed up, left the ward too early. Claimed he had not told the truth whilst on the ward ie. feeling depressed, poor sleep, decreased appetite, lethargic. He is not taking any medication at present.

PSYCHIATRIC HISTORY

Previous involvement with Child & Family Unit having been diagnosed as having Tourettes Syndrome some 18 months ago. Prone to having abusive violent outbursts.

Assessed on A. East over a three week period, a diagnosis of Huntington's Chorea or Schizophrenia were considered although Medical Staff feel that his problems are more of a behavioural nature.

PHYSICAL HISTORY

No problems indicated.

SOCIAL HISTORY

Wesley is the youngest of three other siblings, [redacted] His brothers do not live in the family home. He is totally isolated within his family home, just watches television all day.

Reports conflict with his mother over doing household tasks. Wesley argues with his mother who in turn informs his father who intern scolds him. Behavioural problems date back to his youth when he was 6 years old. He felt a strong desire to inform me of his diagnosis - states "I just blank out and cannot remember a thing". Wondered if this gave Wesley permission not to accept full responsibility for his actions.

SOCIAL HISTORY

Enquired to see if Wesley would be interested in living in accommodation by himself, however Wesley says "do not feel I could cope". Feels too young.

Misses the social aspects of the ward. Given reassurance that it can be difficult adjusting to life in the community setting.

WESLEY PHILLIPS

INITIAL INTERVIEW

Only interest is pool and football. Has a great deal of learning difficulties probably due to his behavioural problems and the fact he was expelled. Said he is unable to read, also attended a special school.

Takes a great deal of caffeine, advised that this may cause him to be agitated, restless or frustrated. Advised to reduce same slowly.

Wesley said he thinks of suicide constantly, advised to divert these thoughts, although it is difficult to say how much he can take on board. Seems to have a very short concentration span and yawns a lot through the discussion.

An incident occurred on his second day. Senior Nurse Islay McNicol took a message from Clinical Nurse Manager Dany chundoo re Wesley on A. East ward. Went up to A. East to find Wesley receiving first aid by Nurse H. Scholte. The Nurse applied 3 steri strips to Wesley's cut wrists, unable to allocate a bandage, therefore came downstairs and applied same.

Advised Wesley that the incident could have been dealt witih by Day Hospital Staff, therefore would appreciate it if he came to our staff rather than go upstairs. Telephoned duty doctor Keith Mercer to assess Wesley's wrist. No further treatment ie. did not require stitches.

Wesley informed Dr. Mercer that he had been seeking admission to A. East, and that is why he cut his wrist. Seen at the ward round on 27.1.99. Finding it difficult to cope since discharge.

Discussed stat dose of Depixol 10mgs to help control temper. Discussed possible side effects - monitor benefits. Advised that cutting himself in the unit causes a great deal of distress to other patients and if he feels impulsive he should discuss same with staff.

There has been no signs of any impulsive behaviour since the wrist cutting incident. Wesley said the suicidal thoughts are there but not as strong.

On 29.1.99 BP was lower, however discovered that this was a faulty machine, same checked out by Medical Physics. Examined depot site - no adverse signs.

Discussed at Clinical Team Meeting 5.2.99. We have not detected any violent outbursts during his assessment here. A referral has been sent to the CMHRT for Wesley to attend for

the snooker and football group. He is also attending Ravenscraig O.T. Department for assessment of his daily living skills plus rehabilitation.

Dr. Deering advised that Wesley should be encouraged to pursue his interest in joining the Army as this would give him a good sense of discipline.

A. MCSHANE/RMN/JB

5.3.99 **MONTHLY MEETING**

Since last review Wesley has had an impending court case looming, therefore seemed to be under more stress.

He has been admitted to J. North on two occasions after taking Paracetamol - 32 tablets 22.2.99 and 30 tablets 25.2.99.

Wesley was involved with O.T. Department at Ravenscraig, although has declined input, however started an activities of daily living programme.

Seen at the ward round on 10.2.99, Reports that he is feeling a bit better since commencing attendance here. No reports of ill effects from test dose, increased to 20mgs Depixol. Did not find O.T. Ravenscraig beneficial.

In the future Wesley is keen to go along to the Army Recruitment, 24.2.99.

Discussed at the ward round with Dr. Deering, to have depot increase to Depixol 30mgs 2/52. Behaviour seems to have improved over the last few weeks.

Went to court again on Thursday 4.3.99, sentence has been deferred for four months.

Discussed at Clinical Team Meeting with Dr. Deering, re Wesley's treatment programme. Medication remains unchanged. Wesley will see Psychologist Peter Ronald to see if he can alter or change his behaviour. Now attending two groups in the community Wednesday p.m. and Friday p.m. ie football and badminton.

A. MCSHANE/RMN/JB

WESLEY PHILLIPS **23768**

2~~4~~.99 **MONTHLY REVIEW**

Over the past month there has only been one more overdose attempt on Thursday 18th whilst his keyworker was on holiday. Only informed staff on 22nd March that he had taken 32 Paracetamol. Claims he went to Casualty three days later. Nursing staff reinforced that he is putting his life in considerable danger.

Mrs. Phillips states that Wesley's sentence has been deferred for 4 months to look at background and behaviour reports over this period. According to Mrs. Phillips Wesley hates authority figures. She believes that we have not seen any disruptive behaviour as we do not ask Wesley to do anything. It would be accurate to say that we do ask Wesley to participate in a nice way but perhaps he feels that he does not need to react with us.

He has started his daily living programme with O.T. Amanda Gerrie (see attached report). It would seem that Wesley loses concentration easily and has to be prompted repeatedly.

Seen Peter Ronald, Clinical Psychologist on three occasions, however he feels that he could not offer Wesley any input as his aggression is personality related and there is a cognitive difficulty given the fact that he finds it difficult processing information.

Seen at the ward round 24.2.99, reports feelings of being down last Wednesday ie suicidal thoughts present. Recounted recent events concerning overdose and his behaviour last night when he took 5 Paracetamol. Dr. Deering expressed his concern re Wesley's behaviour when he has difficulty in controlling his aggression. Reports 2/52 having a knife to his mother's throat 4-5 times, states it is just to "shut her up".

Advised of the implication in relation to this event ie. he has to go back to court and his recent behaviour may influence the judges decision.

No drugs or alcohol. Intends to continue working on his daily living skills, although has missed two sessions.

Wesley's mother is worried re his friendship with a fellow in-patient on A. West. Informed her that we do try to diswade patient from doing this however at the end of the day Wesley has the right to choose his friends. She claims that at times she feels the patinet concerned uses Wesley.

2.4.99 **WESLEY PHILLIPS**

Discussed at the Clinical Team Meeting, advised Dr. Deering that we plan for Wesley to keep a diary to see if he could alter or challenge his behaviour.

A. MCSHANE/RMN/JB

30.4.99 **MONTHLY REVIEW**

Over the past month there had been no recurrent problems with Wesley's behaviour. There was also no more attempts to self-harm. Wesley was also integrating well with fellow peer members and staff alike.

On the 4.4.99 Wesley reports having a good week however, he has not got the cognitive ability to detect what the difference is.

Informed me that he may go to Ireland, although claimed "my mother may not be able to trust me". Reassurance given that he is now taking more responsibility and has proved himself this week.

Wesley's domestic programme remains ongoing. Went to Tescos using public transport to shop for items on a previously prepared list. He required verbal prompting and lots of encouragement throughout. Seemed more relaxed in the shop environment although states he is unlikely to do this on his own. See O.T. report for detail information.

DNA 13.4.99. Telephoned - not feeling well. Seen at ward round 14.4.99, reports feeling okay. Has had a couple of outbursts "not that bad". Appeared to go to the shops and states his mother was surprised. Relationships are a bit better at home. Advised Wesley to ask his mother along to the next ward round 2/52. Continues to participate in football and badminton. Now reduced his attendance 20.4.99, encouraged Wesley to see this as progress or part of moving forward. Wesley wondered if he would be discharged soon, as he does not feel confident at this moment. Reassurance given that we will work towards this slowly as long as he is making progress.

Wesley came in 22.4.99, appeared to be behaving suspiciously. This information was fed back to staff from Nurse Hugh Scholte.

Seen Wesley for 1:1 as a result of this incident. Halfway up the corridor he questioned me to see if his mother had phoned.

WESLEY PHILIPS

30/4/99.

Desperate to inform me that he had a dispute with his mother. According to Wesley his mother had got him a pellet gun and would not give him the bullets. Reports he became very angry stating my mother said "you know what like you are Wesley you can't have the bullets", so I just tried to choke her, therefore she nearly had a heart attack. This made me feel really bad, so I bought razor blades then cut my right arm.

Enquired to see if he had gone to casualty however on observation it was obvious that he had attended to same by the stitches evident.

Plans to go back in 1/52 time to have stitches removed. Explored how he could have prevented this behaviour, he claimed "I was not depressed just angry. Informed Wesley that the judge would not look at this behaviour in a favourable manner. If he could carry out this type of action on a person that he loved, what would he do to a complete stranger that he despised.

Notified Dr. Deering of the above events. He advised that Wesley be suspended for a two week period as a result of this incident, will return 10.5.99. Explained to Wesley that it is essential to set these ground rules. Also asked not to visit the unit for a 2/52 period.

Discussed at the Clinical Team Meeting. Dr. Deering advised that depot medication be put on hold until Wesley returns to Day Hospital.

A. MCSHANE/RMN/JB

28.05.99 **MONTHLY REVIEW**

Since Wesley's last review, there has not been any recurrence of actively abusing himself physically. On 12 May, Dr Deering arranged for Wesley's mother to come along to the Ward Round to give a more accurate picture of Wesley's behaviour at home.

Mrs Phillips was asked if she had noticed any changes since Wesley started. Admits his behaviour has improved, highlighting that she feels the medication has been an influential factor in this. Mrs Phillips also notes he has more to occupy his time. When doing tasks around the house, he has improved between 40 - 50 per cent, but was not 100 per cent helpful.

Complained that Wesley cannot see the consequences of his actions.

WESLEY PHILLIPS (Cont)

28.05.99 Dr Deering informed Wesley that he has to take on more responsibility and that we have to collaborate together to address the underlying problem.

1 **Violent behaviour is not acceptable** - Dr Deering explained this in great detail, as he would not like to see him go to prison, for it would be incredibly difficult to get away from this type of environment.

2 **No self-harm** - Any attempt would lead to discharge

3 **Plan to look at verbal aggression** - towards his own family - focus on alternative behaviour

He plans to go on holiday on 4 June to Northern Ireland. Check arrangements have been carried out for Wesley to have 30 mgs of Depixoll on 8 June 1999.

Discussed at Clinical Team Meeting - treatment programme remains ongoing. Wesley will return to the Day Hospital on 21 June.

ANN McSHANE, RMN / CK

25.6.99 **MONTHLY REVIEW**

A family dispute occurred on 28.5.99 where Mrs. Phillips lost her purse containing £300. the consequent of this incident involved the police being called in to sort out the theft. Apparently Wesley had been tormenting his mother and had hidden the purse. Mrs. Phillips did not pursue charges against him.

Wesley reports his holiday in Ireland had gone well. He left on 4.6.99 and returned on 14.6.99 stating he was bored. He plans to go back in five weeks time.

At present Wesley is still going to groups in the community ie. football, weight training and badminton. His interest in the badminton seems to have diminished therefore not been attending this as much.

On the 22.6.99 during a 1:1 Wesley stated that things were not going too well. It would appear that family dynamics are still highly explosive. At times he is unable to choose which direction he should take when there is conflict at home.

WESLEY PHILLIPS

Discussed at the Clinical Team Meeting on 25.6.99. Wesley continues to work with O.T. Amanda Gerrie and daily living programme (see notes). Treatment programme remains ongoing.

A. MCSHANE/RMN/JB

WESLEY PHILLIPS **23768**

20.7.99 **DISCHARGE REVIEW**

Since Wesley's last review he was seen at the ward round 30.6.99. Cooking and shopping witih Amanda going well (see O.T. notes).

Reports things at home are okay sometimes, however spoke about a recent incident where his father disagreed to Wesley having a mobile phone. The following day he attempted to choke his mother after she gave him into trouble for kicking a cupboard.

Feels the depot has controlled his suicidal feelings.

Over the past few weeks Wesley was not as enthusiastic to take part in groups. He began to be non-compliant in his attendance. Wesley also had trouble staying out of trouble with the Police and at one point claimed to have ten impending charges against him.

Two weeks before Dr. Deering's return from holiday Wesley was seeking discharge. He was also reluctant to receive his depot 6.7.99 although agreed to same.

Failed to attend the ward round on 20.7.99, therefore in view of his recent behaviour plus non-commitment Dr. Deering is now discharging Wesley from out-patient attendance. Wesley will continue to attend his football and weights group and follow up care will continue from his GP Dr. Mutch. Dr. Deering will write a letter to Dr. Mutch to confirm same.

A. MCSHANE/RMN/JB

WARD	NAME	D of B.	UNIT No.	CONSULTANT
	Wesley Phillips		23768	

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	~~27/9/99~~	DEPIXOL	10mg	Every two weeks								IM		10/2/99	
B	10/2/99	DEPIXOL	~~20mg~~ 30mg	EVERY 2 WEEKS								IM		10/2/99	
C	~~27~~ 2/99	DEPIXOL	30mg	EVERY 2 WEEKS								IM			
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
	10/2/99	DEPIXOL	30mg	IM			

Drug Sensitivity

1

2

3

4

Surname PHILLIPES (PHILLIPS.)	Forenames WESLEY
Date of Birth 5.2.82	Unit No. 23768
Marital Status Single	Religion
Occupation Unemployment	
Address 50 MURDICSON STREET GREENOCK	
	Tel No. 723916
Next of Kin ALEC PHILLIPES	Relationship FATHER.
Address S/A.	Tel No.
Contact Person	Relationship
Address	Tel No.
Other Personal Details G.P. DR MUTCH P.G.H.C.	
BRIAN HORN	
Social Work - 714100 | 714500	LYN OT EXT 5242.
Admission date	Ward/Dept
5/2/am 5/3 2/4 30/4 28/5 25/6.	Transfer 1
20/7	Transfer 2
	Transfer 3
Status 1 M, T, W, T	Date
2 M T Wam Th	Date
3 Mon(am) Tues(am) Wed(am)	Date
4 Thurs (PM)	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 DR	Unit No. 23768.

Date	NURSING NOTES (Progress/Evaluation/Assessment)	Signed Ch. Nurse	Other Relevant Information (eg Pass, Tests, etc)
22/11/99	Urgent referral via Dr Small this morning. Wesley had gone to the general practitioner last night claiming to be suicidal. Reported being fed up said he left the ward too early. Claimed he had not told the truth. i.e. feeling depressed poor sleep — eating — lethargic no medication at present.		
	Psychiatric History.		
	Previous involvement with Child and family unit having been diagnosed as having Tourettes Syndrome 18 months ago. Prone to having abusive violent outbursts The consultant at Child + Family Dr Leighton was chased out of an interview room by Wesley and Mr Phillips and down stairs a good distance. No actual violence but Wesley was not seen after this incident.		
	Assessed on A/EAST. — A diagnosis of Huntingtons or Schizophrenia were considered but the problems are of a behavioural nature.		
	Physical History.		
	No problems known.		
	Social History. Wesley is the youngest of three other siblings. Anthony 26 yrs Graham 28 yrs. Feels Graham is a little bossy. His two brothers do not live at home.		

Totally Bolcited within his family home. Reports conflict over being asked to do household activities Argues constantly with his mother who in turn reports him to his father and he also scolds him.
Behavioural problems date back to his early life when he was 6 years old. He felt a great need to inform me that he has Tourettes Syndrome - States "I just black out cannot remember a thing." Wondered if this allowed him not to accept responsibility for his actions.
Asked if he wished to get accommodation by himself he said "Do not feel I could cope". Feels to young not ready for the responsibility.
Ideal occupation would be in the army.
Misses the social side of the ward i.e. playing pool. Advised that sometimes it is difficult adjusting to life in the community setting.
Initial Interview.
Only interest is pool and football.
Has a great deal of learning difficulties, Unable to read, attended special school.
Takes a great deal of caffeine advised this may cause him to be agitated restless or frustrated also asked him to reduce slowly.
Smokes 20 cigarettes a day.
Thinks of suicide constantly advised to divert thoughts.

Surname PHILLIPS	Forenames WESLEY	Consultant DR	Unit No. 23768.

Sheet No. .....

NOTES (Progress/Evaluation/Assessment) - *Continued*	Signed Ch. Nurse	Ot
think more positively – it is difficult to say how Wesley is able to take on board as per as ing or advise.	DMShane	
shop: attended and refused to take part in activity. Asked about an in patient but otherwise d little conversation. Left the room on several ons for a smoke, then returned and sat dly with others.	LDOKu	
ve Group – attended but reluctant to take h group – working on topic based on "Room 101" ying dislikes. Picked at lunch and left group and returned.	LDOKu	
The lunch hour received a message from r Nurse Tobay M'Neal re Wesley West up. AST, and Wesley had cut his wrists with or blade. Advised not to go up to the ward staff here could have dealt with the incident into the treatment room, put a bandage his wrist. Called Dr Mercer to assess. Same. ther treatment given i.e did not require s.		
ed Dr Mercer that he was seeking admission why he cut his wrists. Told his keyworker	DMShane	

	Forenames	Consultant	Unit No.
	WESLEY	DR DEERING	2376

Sheet No. .....

Date	NURSING NOTES (Progress/Evaluation/Assessment) - *Continued*	Signed Ch. Nurse	*Other Relevant Information (e.g. Pass, Tests, etc.)*
25/1/99	that her did not wish to live	M'Sherry	
26/1/99	Attended social expression group, participated in quiz offering answers, conversating with staff with prompt.	Gillian Eames	
	1-1 Seemed much more amenable this afternoon. Feel that his learning difficulties interfer with his treatment programme. Looked at positive measures to decal with aggressive outburst ie. pushing pillow or bed instead of destroying furniture. Behaviour was slightly improved, given praise with regards to same.		
	Wesley loses concentration after a very short period of time. Still thinks he has little to live for explained that at present he was very isolated within his own home and haveing a structured routine would give him some sort of purpose.		
	Plan to encourage Wesley to use the snooker club at the cammunity mental health resouse team also football.		
P.M.	Bingo. Participated in the session although lost concentration and decided to go to the toilet. Returned promptly did not attempt to contribute to the group. Persuaded him to join the rest of the group which he eventually did	M'Sherry	

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Surname	Forenames	Consultant	Unit No.
PHILLIPS	WESLEY	DR DEGRING	23768

Sheet No. ....

Date	NURSING NOTES (Progress/Evaluation/Assessment) - *Continued*	Signed Ch. Nurse	*Other Relevant Information (e.g. Pass, Tests, etc.)*
27/1/99	Seen at unit this am, finding it difficult to cope since discharge, feels he had more to occupy him in the ward snooker - company, how much? and what from GP? Mum thinks he'll cut his wrists. Still refers to hearing a voice telling him to kill himself, feels voice is his own. Had aggressive verbal outburst last night (mother asked him to go to the shop). Discussed medication i.e. Depixol 10mg helping in controlling temper and stop or reduce episodes of self harm, Wesley agreeable to same. Discussed possible side effects - same will be reviewed over next few weeks, & monitor benefits over few months time period. Advised that cutting himself in the unit causes distress to other patients, if he feels impulsive to discuss feelings with staff.	[signature]	
28/1/99	Keep fit - Wesley took part eagerly, left to go to ward room, although returned. Advised him to bend legs whilst doing abdominal crunches tried not to bring to much attention to this although wanted to adhere to safety.		Depot given LR
pm.	Positive Health - Topic discussed was positive measures to deal with stress. Did not converse much mainly observed.	[signature]	

Surname	Forenames	Consultant	Unit No.
PHILLIPS	WESLEY	Dr DEERING	23768,

Sheet No. .....

NOTES (Progress/Evaluation/Assessment) - *Continued*	Signed Ch. Nurse	O
...er vital signs observation see chart, only recording		
... doctors notes. If is lower will report same to		
... staff. i.e. Dr Mercer. Examined depot site no		
...e signs at present will continues to monitor		
... states he see's black when he closes his eyes.		
...lt to know if he is describing low blood pressure		
...haps something else. This is definately a communication		
...n		
...kshop: managed to maintain a low profile		
...g the session. Did no practical activity but		
...alised with others and became quite chatty		
...rds the end of the session. Seemed		
...ally settled in mood.		
...sation: tried t'ai chi exercises and watched		
...t Relax" video. Found t'ai chi difficult to		
...w but responded to assistance from staff.		
...ared bored during video, but gave no		
...back.		
...ne call received from mother asking how Wesley		
... a sickline to excuse him from his YTS.		
...sed to contact Wesley's GP for this.		
...kshop: worked a little on a colouring-in poster.		

Forenames	Consultant	Unit No.
WESLEY	DR DEERING	237

Sheet No. .....

Date	NURSING NOTES (Progress/Evaluation/Assessment) - Continued	Signed Ch. Nurse	Other Relevant Information (e.g. Pass, Tests, etc.)
1.2.99 cont'd	Generally quiet and reluctant to do much but appeared settled & a little subdued.	[illegible]	
pm	Creative group: took part in board game "Therapy". Initially quite keen to read out cards and took part actively but concentration seemed to wane towards the end of the group.	[illegible]	
	Attempted to contact [redacted] Social Worker as Wesley informed me that he is due to go to court re assault on his mother. Wesley took a knife to her throat. Said he had an appointment with the Social Worker on 24th but failed to attend.		
	1-1 Said he had a few verbal outbursts, thinks he is still having some suicidal thoughts but feels this has reduced slightly.	[illegible]	
2/2/99.	Social expression - Wesley participated well within the group volunteering to write down answers, gave feedback saying that it was good, appeared to lose concentration near the end of the session.	[illegible]	
2.2.99	Bingo - Initially participated well in group however appeared to lose interest/concentration towards the middle of the group duration. Wesley appeared pre-occupied attempting to return to		

Surname	Forenames	Consultant	Unit No.
PHILLIPS	WESLEY	DR DEERING	23768

Sheet No. .....

G NOTES (Progress/Evaluation/Assessment) - *Continued*	Signed Ch. Nurse	
n a few occassions.	A.Genie	
ni-attended and participated in the group. Managed to do the exercises		
enough. Had great difficulty relaxing, moved about a lot, ended up		
in a chair, started off by lying down. Said his difficulties were due to		
-ache.	Earlen	
ive Health Group - Appeared pre-occupied throughout group		
did not contribute to discussion. When asked if		
njoyed the group Wesley stated that he had injoy		
ed this group.	A.Genie	
ed an early telephone call from Wesley's mother		
y he would not be in. We were in the middle		
it treatment, therefore informed Mrs Phillips that		
uld call back.		
honed the family home, spoke to Mrs Phillips		
tates Wesley had an upset stomach; said		
ud eat a great deal of home made peas and		
w. Plans to phone the general practioner		
d this persist. Advised that she was doing		
ght thing, also advised that Wesley should		
o drink plenty of fluids to stop dehydration.		
alot during the conversation, said she did not		
e that Wesley was ill, but when she addressed	Elizabeth	

	Forenames	Consultant	Unit No.
S	Wesley	DR Deering	234

Sheet No. .....

Date	NURSING NOTES (Progress/Evaluation/Assessment) - *Continued*	Signed Ch. Nurse	*Other Relevant Information (e.g. Pass, Tests, etc.)*
4/2/99.	this issue with Wesley, he was verbally aggressive towards both her and his father. Explained that Adolescence was a difficult period, although Mrs Phillip recalls that Wesleys behaviour has been a major concern since he was six, he was expelled 36 times. Mrs Phillips said Wesley wanted to join the army if the diagnosis of Huntingtons Chorea was negative. Asked how she felt about that, claims he would hardly be able to withstand the discipline. Reassurance given that his keyworker had also explored this issue. Mrs Phillips said Wesley was born in Gemany when his father was in the army. She would be pleased if Wesley went into the army. Very disgruntled re - Dr Groves opinion about her parenting skills. Enquired to see if she had seen any improvement in Wesley over the past 2/52. Mrs Phillips said there is a sparkle in his smile but he is still swearing at her. Wesley swore whilst we were speaking, advised Mrs Phillips that perhaps we should not discuss him obviously it was upsetting him.		
5/2/99	Discussed at the Clinical Team C.M.H.R.T. for Wesley		

Surname	Forenames	Consultant	Unit No.
PHILLIPS	WESLEY	DR PERRINE	23768.

Sheet No. .....

G NOTES (Progress/Evaluation/Assessment) - *Continued*	Signed Ch. Nurse	C
end the football and snooker groups to gradually ain into the community setting. He is also attending epartment for assessment of daily living skills and ducation input. ening advised that Wesley's interest in joining the should be encouraged as this would give him d sense of discipline.	AM Shum.	
lshop: started work on a friendship bracelet. Able maintain attention whilst being assisted, but ble to spot mistakes and needed constant ersion in the activity. Chatted a little when tly approached and seemed generally settled. Left p early for a smoke and did not return.	LEDeKer	
n assessment - Wesley was willing to participate, however at home that he does not carry out any activities kitchen that his mother does all. Wesley agreed h task of making hot drink requiring verbal prompting		

Forenames	Consultant	Unit No.
Wesley	Dr Deering	23

Sheet No. .....

Date	NURSING NOTES (Progress/Evaluation/Assessment) - *Continued*	Signed Ch. Nurse	*Other Relevant Information (e.g. Pass, Tests, etc.)*
8.2.99	kitchen assessment (contd.) - regarding safe and correct use of kettle. Wesley prepared a hot drink for both himself and occupational therapist. Discussed rehabilitation programme with Wesley. Wesley stated that since his diagnosis for Huntington's Chorea has come back negative he is keen to go into the army. Wesley stated he wishes to begin training towards getting into the army. Discussed activities of daily living with Wesley and encouraged him to think what things are important to him to plan an appropriate treatment programme, to which Wesley stated "this would give him something to look forward to."	A Greene	
9/2/99.	Social Expression - Integrated well throughout but lacks confidence in his own ability. The rest of the team are very supportive to him and one of them tried to work with him despite this Wesley still lost his confidence, therefore sat down.	A Greene	
PM	Bingo - Participated well in the first half although concentration wanes as time goes on. Left for a short period of time although returned.	A Greene	
10/2/99	Interviewed by Dr. Deering at the ward round. Reports that he is feeling a bit better since commencing attendance here. No reported		

Surname	Forenames	Consultant	Unit No.
Phillips	Wesley	Dr. Deering	23768.

Sheet No. .....

G NOTES (Progress/Evaluation/Assessment) - *Continued*	Signed Ch. Nurse	C
fects from test dose do not therefore a further prescription for		
se (Depixol 20mg) has been written. Informed Dr. Deering that		
n't find his visit to O.T Ravenscraig beneficial and is adamant		
e will not go again. Therefore it has been agreed that he		
some basic 'ADL' work with Amanda Gerrie' OT here at Day		
d: For court attendance tomorrow ie: sentencing for alleged		
t on his mother - states he isn't worried about this. Is planning		
nd an Army Recruitment Day tomorrow, still keen on the ~~day~~ (G)		
joining! Still having frequent 'fall outs' with his mother,		
he'd 'put his hands round her throat' on Thursday because she asked		
go to the shops. For review two weekly at ward round.	E. hyle	
e Health - Watched most of video which was on		
" after approximately twenty minutes Wesley fell asleep		
sing video Wesley contributed to discussion		
ng" that he does not sleep well.	A Gerrie	
ship - Attempted to complete friendship bracelet		
er appeared to loose interest after a short period of		
left workshop to meet with Anne Robertson from ~~Social~~ CPN		
unity mental health team, returned afterwards with		
encouragement began paint by numbers. Appears		
to participate in community activities.	A Gerrie	
ive group: took part helping group collect wildlife		

Forenames	Consultant	Unit No.
WESLEY	DR. DEERING	23

Date	NURSING NOTES (Progress/Evaluation/Assessment) - *Continued*	Signed Ch. Nurse	*Other Relevant Information (e.g. Pass, Tests, etc.)*
15.2.99	pictures. spent most of the session reading articles but		
cont'd	seemed settled.	[signature]	
16/2/99	Attending social work interview	[signature]	
17/2/99	KeepFit - Participated very well throughout the session. Really looking forward to going to football this afternoon. Still complains of having a sore back advised to be careful and if there was any discomfort to stop.	[signature]	
17.2.99 pm	Positive Health - Quietly watched video, did not contribute to discussion afterwards left group early due to Support worker picking him up to go to football.	A Genie.	
18.2.99	Workshop: Attended and spent a little time on his friendship bracelet. Still making mistakes in this and lost interest fairly quickly. Spent most of the session reading a newspaper or chatting/smoking with others.	[signature]	
19/2/99	Relaxation Group; Mood appeared quite bright, appeared to enjoy the aromatherapy demonstration but reluctant to participate despite encouragement to do so.	E. hyle	
22.2.99	Workshop - Participated for a short while in group attempting two different things however appeared to loose interest quickly, left group with other group member and		

Surname	Forenames	Consultant	Unit No.
PHILLIPS	WESLEY	Dr DEERING	23768

Sheet No. .....

NOTES (Progress/Evaluation/Assessment) - *Continued*	Signed Ch. Nurse	O
of return.	A Gorie	
ent occurred during the afternoon an in-patient ed nursing staff that Wesley had consumed two s of paracetamol. Wesley denied that he had sum when questioned.		
r day patient verified that he also seen Wesley n few paracetamol. Telephoned S.H.O doctor who was given an update. After assessment admitted to taking the paracetamol therefore ments were attended to by Dr Brodie ie he contacted th and medical staff have decided to take bloods ic toxicity or paracetmol levels.		
med Wesleys mother unfortunately no one ome. therefore left a message on the answering ine	C Mc Gee	
med J- North Wesley has been kept in overnight e the doctor for assessment this morning. to Wesley's mother who informed staff that she him last night, reports he was pale in .		
she was attempting to hide sharps objects and tablets w felt that Wesley could buy the same from any	C Mc Gee	

Surname	Forenames	Consultant	Unit No.
S	WESLEY	DR DEERING	2376

Sheet No. ....

Date	NURSING NOTES (Progress/Evaluation/Assessment) - *Continued*	Signed Ch. Nurse	Other Relevant Information (e.g. Pass, Tests, etc.)
23/2/99.	Shop. Also reports that Wesley went a walk around the		
	dam. Said he wanted to jump in but felt guilty		
	as his mother [redacted]		
	Reassurance given, informed Wesley's mother that it		
	was positive that the thought of her was preventing		
	him from same.		
	Wesley's mum plans to phone staff if Wesley is discharged	[signature]	
	~~Disc~~ Discussed with Dr Deering, to have Depot 30mg Tomorrow	[signature]	
24/2/99.	Phone call from A West this am, Wesley father phoned for		~~Re~~ [illegible]
	admission last night - Wesley was apparently running up & down		Re admitted 24/2/99
	the street threatening to take more tablets. Seen by Duty Dr		
	Lawrence, now admitted	[signature]	
	Tai Chi - Did not bother to contribute even when		
	encourage. Upset at consequence of his recent overdose		
	however this does not seem to put him off repeating		
	this action. Seen at visit by Dr Deering reports he started	[signature]	Given Depot as cardex
	to go down ~~as~~ last Wednesday ie return of suicidal thoughts		
	that are present all the time. Recounted Monday events		
	concerning overdose & his behaviour last night when he		
	took 5 Paracetamol. Dr Deering expressed his concerns re		
	Wesley's behaviour and the upset it can cause to other		
	patients. Continues to c/o suicidal ideas today. States last week		

Surname	Forenames	Consultant	Unit No.
PHILLIPS	WESLEY	DR DEERING	23768.

Sheet No. ....

NOTES (Progress/Evaluation/Assessment) - *Continued*	Signed Ch. Nurse	Ot
...ig heavy drinking session but a hangover - low mood		
...ext day. To see Dr Deing Tomorrow 3pm re court		
	[illegible]	
...orkshop Wesley worked a painting		
...number for a short while, left		
...igarette with fellow patient, returned		
...workshop sat with his head in hands		
...ersation was poor when approached		
...staff	WB	
...d by an in-patient that Wesley was feeling unwell		
...had taken 30 paracetamol. Contacted duty doctor		
who telephoned casualty and advised that we		
...n over.		
...t casuality given a drink to encourage vomiting.		
... taken sent for an x-ray, then admitted to J/North.		
...ed to contact family, however left message on the		
... phone.	[illegible signature]	
...es of Daily Living Programme - Discussed this with		
... highlighting benefits of him making meals for himself.		
... States that at home his mother assumes responsibility		

Forenames	Consultant	Unit No.
WESLEY	DR DEGRING	23...

Sheet No. .....

Date	NURSING NOTES (Progress/Evaluation/Assessment) - *Continued*	Signed Ch. Nurse	*Other Relevant Information (e.g. Pass, Tests, etc.)*
1/3/99 (cont'd)	for preparing all his meals, however Wesley states he would be keen to commence an programme. Discussed menu planning, using the bus to visit shops and cooking meal for lunch, which Wesley appears keen to do. Wesley stated that he was unsure how much that this would cost and required maximal verbal assistance to plan meal. Kitchen assessment carried out, see attached report.	A. Genie	
	Attended workshop following this assessment. Not willing to work on anything, but chatted socially about the weekend, gone out and playing football which he would like to start again.	[illegible]	
pm	Creative group: group was very small and seemed generally reluctant to take part. Left early to have a smoke with one of the in-patients. Went through the motions of working on collage, but not interested.	[illegible]	
2/3/99 am	Social expression - participated well in activities in group, concentrating well throughout, appeared able to concentrate for duration of group. Confidently providing answers for spots quiz, appeared to benefit from positive re-inforcement following correct answering		

A4BO372 6.96

Surname	Forenames	Consultant	Unit No.
Phillips	Wesley	Dr. Deering	23768

Sheet No. .....

G NOTES (Progress/Evaluation/Assessment) - *Continued*

	Signed Ch. Nurse
estions. Seen by Dr Deering, discussed come	A Genie
om a Trinity. Also discussed Psychology referral.	
settled at home and w/end. To continue with	
medication at present, may be able to learn	
coping strategies with Psychologist. Discussed any	
a/Doses might be discharged.	[signature]
iscussed at Clinical team meeting with Dr Deering	
regard to his treatment plan. He will see	
ologist Peter Ronald at 10.45am on Thursday	
ing. Outside groups remain ongoing. Wesley	
been strongly warned not to act on his	
lsive behaviour of suicide attempt. Advised	
ind a better coping strategy to deal with same	[signature]
honed Mrs Phillips who reports that Wesleys sentence	
een deferred for 4 months. States the Judge	
Wesley has a personality disorder and Wesley	
l confused by this diagnosis.	
ing to Wesley's mum the reason we have not	
any behaviour problems is because we have not	
Wesley to do anything. Claims Wesley hates all	
orithian figures.	AMcShane

Forenames: WESLEY | Consultant: Dr DEERING | Unit No. 23

Date	NURSING NOTES (Progress/Evaluation/Assessment) – *Continued*	Signed Ch. Nurse	*Other Relevant Information* (eg Pass, Tests, etc.)
8.3.99	Individual domestic activities of daily living - Task - using the bus to shop at Tescos gathering items which were then prepared at SSFU kitchen. Wesley required verbal encouragement and instruction throughout; tends to be reluctant to assume responsibility for most tasks Plan - Encourage Wesley to assume responsibility for gathering items in Tescos plus responsible for managing money. See attached formal report.	A Genie	
(PM)	Creative Group - Wesley managed to answer a few questions was fairly bright throughout the session. Interacted well with fellow peer group and staff.	A M Shane	
9.3.99 (am)	Social expression - arrived late to group. Appeared to concentrate for duration of group however appeared unable to answer questions. Attempted to answer questions on spot, appeared bright throughout.	A Genie	
(PM)	Bingo - Participated very well managed to win a prize which he gave away. Easily influenced by fellow inpatients to go for a cigarette however returned to the group. Fellow in-patient allowed Wesley to have her prize.	A M Shane -	
10/3/99	Keep Fit Keen to try new techniques attempted skipping	A M Shane Report given AMS	

Surname PHILLIPS | Forenames WESLEY | Consultant DR DEERING | Unit No. 23768.

A4B0372 6.92

Sheet No. ...

G NOTES (Progress/Evaluation/Assessment) – *Continued*	Signed Ch. Nurse	Other (
he managed to coordinate very well. Participated		
laxation, appeared to gain benefit.	AMShane	
nop - Attended workshop for a short while		
g on many occasions for a cigarette. Attempted		
g quickly becoming bored. Appeared sociable with		
group members.	A.Genie	
tion Participated in gentle Tai Chi exercises		
ed same well although a little uncoordinated		
tain points. A bit restless during the relaxation	AMShane	
phoned this am to say that he would		
e in today that he was feeling sick. Wesley		
d that he would phone tomorrow if he is		
cely to come or is still feeling unwell.	A.Genie	
etter today. Attended and participated in the social expression group		
well with same. Wrote down the answers on behalf of his team.	Ewlew	
i / Relaxation; Appeared relaxed, fully participated and appeared		
the group today. Quite sociable. Managed the relaxation		
well.	E. hyle	
ed bingo yesterday. Stayed only for half the		
on having been encouraged to leave the group		
nother patient. Seemed settled.	[illegible]	
at [illegible] This am, [illegible] is only feeling down l/c		

Forenames WESLEY. Consultant DR. DEERING Unit No. 2376

Sheet No. ....

Date	NURSING NOTES (Progress/Evaluation/Assessment) - *Continued*	Signed Ch. Nurse	*Other Relevant Information (e.g. Pass, Tests, etc.)*
17/3/99 (cont)	suicidal thoughts at w/end's when not here. Will continue to work on Daily living skills + ways of dealing with his impulses [illegible] over next months, probably until the summer.	[illegible]	
18.3.99	Mother phoned this am to say that she was concerned as Wesley had stated he felt like taking an overdose. Mother stated that she was concerned that he had not come in today. Informed her that he had attended today.	A Game	
	Relaxation Group; Mood appeared bright, quite sociable. Participated well in the various meditation exercises, however quickly lost his concentration and left the group early.	E. Hyde	
22.3.99	Did not attend workshop, but sat in patients sitting room with an inpatient he is friendly with.	[illegible]	
pm	Creative group: played board game "Therapy". Seemed to enjoy this, had good concentration and stayed for the whole group.	[illegible]	
23/3/99	Social Expression. Mainly participate in going and discussion afterwards. Informed Dr Deering of yesterdays events: Wesley informed his Keyworker that on Thursday he had taken 32 paracetamol tablets, advised that he should have went to casualty or seen his general	[illegible]	

A4B0372 6:96

Surname	Forenames	Consultant	Unit No.
PHILLIPS	WESLEY	Dr DEERING	23768

Sheet No. .....

G NOTES (Progress/Evaluation/Assessment) - *Continued*	Signed Ch. Nurse	C
oner.		
ning advised that he will give Wesley one more chance ve himself.		
r his bus fares for the past 3 weeks 8/3 — 25/3		
lephoned cashier office to give advise about bus Enquired to see whether Wesley has come and notified ice concerned.		
hop- Seen Peter Ronald this morning. He ned me that he will be likely to see Wesley e more occasion		
ation - Participated in some yoga exercises. He ng well and in the end seemed to enjoy this n		
g Phillips's mum phoned this morning to state Wesley would not be in due to sickness, s will be in contact tomorrow, if he is not g to attend.		
oned to inform Wesley not to come in to-morrow left ge on the answering machine.		
hi- attended the grop. Participated in the exercises did well. ed to participate in relaxation. Seen at ward by Dr Deig, doesn't o/Dose last week, Dr. Deig states we appreciate this		

	Forenames	Consultant	Unit No.
	WESLEY	DR DEEGAN	370

NURSING NOTES

DATE	SURNAME	FIRST NAMES	AGE	UNIT No.
	PHILLIPS	WESLEY.		23768.

cont
31/3/99 difficulty he does with controlling his behaviour. Refuses and fears 2/52 he does had a trip to his mothers house 4-5 times, at this it's time to "shut he up". Refused this offer to go back to convert + this behaviour may influence Judge's decision. No drugs or alcohol. He working a day skills he wants to persevere with some plans he'll be able to help his mum. Dr Doig will see mother + a months time. Simpi

5.4.99 Wesley phoned this am to query whether the day hospital was open or not. Informed Wesley that it was and it was up to him whether he came in or not as it was a public holiday. Wesley stated that he would not be in.

A. Genie

6.4.99 am Social expression - Participated well offering to feedback from warm up activity. Appeared sociable on approach. Appeared to maintain concentration for duration of activity answering questions appropriately.

A Genie

7/4/99 Keep Fit -

Wesley participated very well throughout the session. Said he has had a really good week, however cannot detect what is different. Reports that he may go to Ireland, although feels his mother might not be able to trust him. Reassurance given, that he has proved himself this week.

M Shane.

8/4/99 Relaxation - Observed for a little while then

A480038 10:93

NURSING NOTES

DATE	SURNAME	FIRST NAMES	AGE	UNIT No.
	PHILLIPS	WESLEY		23768

8/4/99 Left the room seemed to be uncomfortable about receiving or giving a hand massage
A.M. Shore

12.4.99 Domestic Activities of Daily Living carried out today. Task: visit Tescos using public transport to shop for items on a previously prepared list. Return to hospital to prepare items. Wesley required verbal prompting and encouragement throughout. Appeared more relaxed in shop environment, however states that he is unlikely to do this on his own. See attached report for more information. A. Genie.

pm Creative Group: stayed for first half of group which involved writing on the topic "If I won the lottery..." and contributed to discussion, but left when the activity changed to collage. Seemed quite settled but not very interested.

13/4/99. Not seen today. Not feeling well. Smith

14/4/99. Seen at work, reports feeling "OK". Re domestic activities planned to remain encouraged to keep it going. Has had a couple of outings, not that keen to go to the shops + states his mum was unwell. Relationship a little better at home. To ask his mum along to his next review 21/5/99. Continues to engage positively + participate. Smith

14/4/99 T'ai Chi/Relaxation; Participated very well in the T'ai Chi exercises, appeared quite bright + relaxed. Left the group prior to the relaxation exercise. E. Hyle

20/4/99 Social Expression - Wesley worked extremely hard within the group session. Found the 1-1 information more difficult to tackle P.T.O. A.M. Shore

NURSING NOTES

DATE	SURNAME	FIRST NAMES	AGE	UNIT No.
	PHILLIPS	WESLEY		23768

20/4/94 (am) this was evident as he choose not to answer certain questions i.e. hidden talents. He was much more confident whilst feeding back information about himself and strangely enough provided information for fellow in-patient.

A little restless about going for a cigarette although dissuaded from same on several occasions

CM Shane

PM. Bingo Group: Appeared to enjoy the company within the group, concentration quite good and was even persuaded to call the numbers!. E. Hyle

Seen 1-1 reports things are better, claims he is continuing to ask mother if she wishes him to get anything from the shops.

Only had one outburst this weekend therefore his mother said she may not allow him to go to Ireland.

Attempted to explore what had provoked this incident although he is unclear, mainly reporting that he does not like to be told what to do — Enquired to see whether he liked to be in control ie by offering his services.

Plans to go to Ireland for 1 week will notify Keyworker of the dates.

Now reduced his attendance, encouraged to see this as progress or part of moving forward. Wesley enquired about possible discharge, although states he doesn't feel totally confident at the moment. Reassurance given — that a reduction in his days will assist in working towards discharge. CM Shane

21/4/94 Keep Fit — Participated well whilst performing aerobics exercises. Able to relax during the cool down

NURSING NOTES

DATE	SURNAME	FIRST NAMES	AGE	UNIT No.
	PHILLIPS	Wesley		23768

21/4/99 or relaxation exercises. Given depot as per carelex AM Shane

22/4/99 Came in this afternoon seen acting suspeciously by (Enor) ~~She~~ Nurse Hugh Scholtz who alerted Peny Hospital staff.

Seen Wesley per 1-1 as a result of this incident. Half way up the corridor he questioned to see if his mother had phoned.

Desperate to inform me that he had a dispute with his mother. According to Wesley his mother had got him a pelt gun and would not give him the bullets. He became anger stating my mother said "You know what I did you one Wesley you cant have the bullets".

So I just tried to choke her, therefore she (enormous) nearly had a heart attack. This made me feel really bad, therefore I bought razor blades then cut my right arm.

Un observation required if he had gone to Casualty. It was perfectly obvious from the stiches that he had seen a doctor.

Plans to go back in 1 week to have stiches removed.

Explored how he could have prevented this behaviour Claimed "I was not depressed just angery".

Informed Wesley that the judge would not look at this behaviour favourably.

Notified Dr Beering who advised as a result of this incident Wesley is now suspended for a two week period, so he will return 10/5/99.

Explained that it was essential to set these ground rules. Also asked not to visit the unit AM Shane

NURSING NOTES

DATE	SURNAME	FIRST NAMES	AGE	UNIT No.
	PHILLIPS	Wesley		23768

12/5/09 (am) states there has been a difference in his behaviour since starting his depot medication, he seems to flare up when the depot is due. He has now got more to occupy his time.

Over the past few months has there been any improvement when you ask him to do tasks around the house. Mrs Phillips said he has improved by almost 40% to 50% but was not 100% helpful. She also said that Wesley does not think of the consequence of his actions. Dr Deering offered reassurance that Wesley must take on more responsibility.

We must colaborate together to address the underlying problem ① Violent behaviour is not acceptable, this was explained in great detail to Wesley i.e. if he is violent he must be responsible for the consequence. Dr Deering said that he would not like to see Wesley go to prison as it would be incredably difficult to get away from this environment once he was part of that system.

② No self-harm and any attempts would lead to discharge.

③ We could looke at verbal aggression towards his own family — Address alternative behaviour.

Mrs Phillips enquired how long will he be on his depot. Dr Deering advised that he will remain on this as long as it is of therapeutic benefit to him.

Once Wesley entered the room Dr Deering said we are all concerned when you end up exploding within the family home this is not acceptable behaviour we need to set clear limits and boundries and you have to take more responsibility for your actions or the consequence will be prison. Taking on more responsibility is perfectly feasable for a young teenager, it will give you

NURSING NOTES

DATE	SURNAME	FIRST NAMES	AGE	UNIT No.
	PHILLIPS	WESLEY		

23/4/99 Discussed at today's clinical team meeting. Depot medication to be put on hold until Wesley's return to the day hospital as is mum's appointment with Dr Deering. Quinlan

10.5.99 Workshop: attended but refused to do anything practical. Socialised with other patients and staff and seemed fairly settled if a little put out not to be cooking. Good Mel.

Spoke briefly to Wesley re his progress over the past two weeks. Still having behavioural problems i.e. acting out in a violent manner. In the example he gave me it would appear do be in self-defence. States after the house in Ireland was robbed someone said who the culprit was, therefore Wesley said he went up to the person with a knife.

In my opinion Wesley is unable to look at the consequences of his actions therefore acts in an impulsive manner.

Wesley also reports that he had an argument with his brothers girlfriend who is expecting a baby he threaten to push her down stairs and used a great deal of verbal aggression towards her wishing the baby harm. It would seem that he has absolutely no insight into his actions.

M McShane.

11/5/99 Social Expression Group: Bright and sociable, very keen to 'join in' today and managed the various activities very well. E. Hyde

12.5.99 Seen at this morning's ward round by Dr Deering. First Dr Deering spoke to Wesley's mum with regards to any progress she has seen over the past few months. What are your feelings since Wesley has started to attend the Day Hospital. Mrs Phillips

NURSING NOTES

DATE	SURNAME	FIRST NAMES	AGE	UNIT No.
	PHILLIPS	WESLEY		23768

(cont)
12/5/99 more control. It is vital for you to change and have a better quality of life. The Medication may help but you have to work at this by taking on more duties ie. Kitchen skills and daily living activities.
We need to see improvement or reduction in violent outbursts.
Dr Reeling may review a change in medication perhaps use Clopixol as this is know to be successful in dealing with aggressive behaviour. A M Shane

13/5/99 D.N.A no phone call A M Shane

17/5/99 Domestic activity of daily living programme carried out today, See attached report.
A Genie

18/5/99 Social Expression – Participate very well in doing a holiday quiz We got a great deal of the answers correct. Really gained benefit at of guessing the football teams. A M Shane

19/5/99 Went a long walk to Gourock seemed to enjoy making general conversation. Only reports two outbursts therefore explored other alternative responses to this events.
Really looking forward to going back to Northern Ireland Will return on Friday 4th June. A M Shane.

20/5/99 PM. Given travel expenses A M Shane
Did not go into the relaxation group and did not give any reason for same A M Shane.

24599 Phone call from Wesley's mum today to say that Wesley shall not be in today as he has a cold. A Genie.
Telephoned Wesley to inform him that he was actually due his depot, however he had not realised this. Plans to come into-morrow. A M Shane

NURSING NOTES

DATE	SURNAME	FIRST NAMES	AGE	UNIT No.
	PHILLIPS	WESLEY		23768

25/5/99	Social Expression — Made an excellent contribution to his own teams answers. He was voted group leader and seemed able to take on this responsibility. Given his depot a day late. He plans to go to Ireland, therefore need to discuss plans for his injection to be administered. [signature]
26/5/99.	Seen at unit this am, reports being anxious. Thoughts a [illegible], felt maybe this is because his injection was due. No outbursts, not drinking, spending most of his time at home. Going to Ireland for 2/52 from 4th June. Will be given ampule of Depot to take with him - a letter for father's friend GP to ensure Wesley gets his injection while away. [signature]
27.5.99	Domestic programme activites of daily living, aims for this session were for Wesley to go into shop independently following list to purchase items. Plus increased responsibility and independence to ~~purchase~~ AND prepare items. Wesley met both aims, see attached report. A.Gerrie
28/5/99	Mrs Phillips telephoned very distressed, apparently she had lost her pursue containing £300 pounds. She thought that perhaps she left it in a taxi. Given lots of reassurance throughout but there appeared to be a major family dispute between Mrs Phillips and Wesley. Advised not to shout at him as this seemed to be provoking the situation, then spoke to Wesley asked him to go upstairs to listen to some music.
	Mrs Phillips telephoned over the lunch hour to inform us that she had contacted the police to -

NURSING NOTES

DATE	SURNAME	FIRST NAMES	AGE	UNIT No.
	PHILLIPS	WESLEY		23768

28/5/99 to charge Wesley. I was unable to speak with her as the police was looking for information therefore advised that I would phone on Monday.

31/5/99 Telephoned Mrs Phillips to find out what occurred on Friday. She reports that she did not charge him. Wondered if anger management might help. Informed Mrs Phillips that Family Therapy may be better.
A McShane.

1/6/99 Social Expression Group, Keen to participate - mood bright & sociable, fully participated and enjoyed the various quizzes. E. Hyde

2/6/99 Came in Tuesday given depot medication. Really looking forward to Ireland A McShane

11/6/99 Telephoned to find out if the holiday had gone alright. Spoke to Wesley, he informed me that he returned 14/6/99 as he was a little bored. Reports things had gone well wants to return to Ireland in 5 weeks time.
Claims he met another girl named [redacted] and she is twenty-one years old. Keeping in touch over the phone. Wesley said he has invited her for a holiday.
Plans to go to his football group at 3.00pm today. Enquired to see if he had been given his medication and he reports that there was not any problems in administering same in Northern Ireland.
A McShane.

22/6/99 Social Expression Group > Bright, sociable, fully participated in the various quizzes, appears to really enjoy this group
E Hyde
Seen 1-1 family dynamics still explosive and Wesley can be at odds in which direction he should take.
P.T.O

A480038 10/93

NURSING NOTES

DATE	SURNAME	FIRST NAMES	AGE	UNIT No.
	PHILLIPS	WESLEY		2271[illegible]

22/6/99 [redacted] Given lots of reassurance. [illegible signature]

23/6/99. Failed to attend for the ward round. Telephoned the family home mother has taken responsibility for his non-attendance, states Wesley is still in bed asleep after watching videos all night. Advise if she is concerned re his mental health, she should send him out for the ward round otherwise he could wait till next week to see Dr Brodie. [illegible signature]

25/6/99. Discussed at the Clinical Team Meeting treatment remains ongoing [illegible signature]

29/6/99. Social Expression - attended and participated in the group appeared to enjoy the group. Eileen

30/6/99. Seen at unit this am, feels 'alright' - Cooking & shopping with Amanda going well. Refers to things at home are ok sometimes, however just over a week ago tried to stab his father because of a row about Wesley getting a mobile phone. The following day tried to choke mother who gave him a row for kicking a cupboard. Outbursts not as often, sometimes feels he can't control himself. Feels that he has controlled his anxiety though. Enjoying weights & football. Feels generally OK in himself. Going to Ireland on 12th July for 1 week. [illegible signature]

Keep Fit - Not as enthusiastic to take part preferring to talk. Advised that we must look at other activities that he could do whilst in the community setting.
Wesley said he would like to do mechanics or painting and decorating. Advised to find out about

Sheet No. .....

Date	NURSING NOTES (Progress/Evaluation/Assessment) - *Continued*	Signed Ch. Nurse	*Other Relevant Information (e.g. Pass, Tests, etc.)*
30/6/99	this himself.		
	Plans to either go play pool or go swimming on Thursday afternoon therefore will not attend Hall Day Hospital.	A McShane	
1/7/99	Mrs. Phillips contacted Day Hospital to say that Wesley had been charged this morning by Police for something that he had done two years ago whilst in school. Wesley had reacted aggressively in police station (his mother states) and Police informed Wesley that charges had been dropped, this was only said to calm Wesley down and is in fact not the case, Mrs. Phillips stated.	A. Gerrie	
6/7/99	Mrs Phillips + Wesley contacted the unit to say Wesley had been charged with assult. Apparently two police officers spoke to Wesley. He was extremely rude and verbally aggressive, therefore the officers charged him. According to Wesley it was only attempted assult. Has to go to court on Thursday.	A McShane	
7/7/99	Mrs Phillips called today to say that Wesley had gone to Coathridge with his father this morning and will not be in today	A Gerrie	
13.7.99	Social Expression - Participated well in group, keen to feed back answers, concentrated well for duration		

Surname	Forenames	Consultant	Unit No.
PHILLIPS	WESLEY	DR DEERING	23768

Sheet No. .....

NOTES (Progress/Evaluation/Assessment) - *Continued*	Signed Ch. Nurse	Of
se throughout.	N. Caine	
came into-day still seeking to be discharged.		
he will probably go to jail re impending		
es committed. Feels he has not got anything		
in by coming in to the Day Hospital.		
ed that I would discuss this matter later		
Dr Deering and we shall see him at tomorrows		
round to assess his treatment programme.		
n permission to go home this morning as he		
r interested in the workshop.	J M Evans	
not attend to see Dr Deering - discussed. To be		
ed in this absence - follow up will be with GP.		
ad - Dr Deering waiting to GP re same.	Smyth	

Forenames	Consultant	Unit No.
Wesley	Dr. Deering	23768

NAME	D. of B.	UNIT No.	CONSULTA
WESLEY PHILLIPS	5.2.82	23760.	DR DEERING.

RIPTIONS:

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.)	SIGNA
~~DEPIXOL~~	10mg	tues		into		weeks				IM	
DEPIXOL	30mg	every		2		weeks				IM	

SCRIPTIONS:

DRUG (BLOCK LETTERS)	DOSE	METHOD OF ADMIN.	SIGNATURE	TIME	GIVEN BY	
DEPIXOL	10mg	IM		1.20PM	AM Shanaplk	
DEPIXOL	20mg	IM		1.50PM	AM Shane LI	1
						2
						3
						4

Drug Recording Sheet - Regular Prescriptions

...	10 a.m.	10 Md.	2 p.m.	6 p.m.	10 p.m.	12 Mn	Other Times	Comment
							11 30 am B	LR upper
							11 45 am B	L upper
						B		R upper depot
							2 pm B	L upper depot
							12 15 am B	R upper depot
							12 15 pm B	L upper depot
							12 15 pm B	R upper depot
							12 15 pm B	R upper depot
							11 50 am B	

'S | Forename WESLEY | Date of Birth 5·2·82 | Unit No. 23768 | Consultant DR DEGRINO

DAY HOSPITAL. ASSESSMENT FORM DATE OF ASSESSMENT:

NAME: WESLEY PHILLIPES GP: DR MUTCH DOB: 5-2-82 UNIT NO 23768

SOCIAL / FAMILY BACKGROUND:

(3. boys) Anthony - 20yrs
Graham - 28yrs
Mum - household chores
Dad

HOBBIES / INTERESTS

Football.

EVENTS LEADING TO ADMISSION:

MEDICATION (No medications)

Calms.

PHYSICAL CONDITIONS / PRECAUTIONS

Tick any of the following in which there is a problem:		DESCRIPTION OF IDENTIFIED PROBLEM
Finance		Dream - (Army) afraid
Occupation		Unsure - [responsibility]
Accommodation		
Communication		
Affect		3/10. - level.
Risk of self harm		✓ ( ) Plan - Action
Anxiety		- level back ->
Perception		
Elimination		-> (No Problems)
Rest / Sleep		
Diet / Fluids		Caffiene - (Bottle) (Veg)
Alcohol / Drugs		
Smoking		20 cigarettes?
Other		

PATIENTS ATTITUDE TO ATTENDING DAY HOSPITAL : -

Help me get better.

Patient informed about : -

Keyworker	✓
Consultant	✓
Travel expenses	✓
Attendance	✓
Groups	✓
Medication	✓
Confidentiality	✓
Contact	✓

Patient given : -

Information Leaflet	✓
Group Programme	✓

Signature (and status) of assessor : -

MENTAL HEALTH SERVICE, INVERCLYDE

LEVEL A, PSYCHIATRIC DAY HOSPITAL REFERRAL

PATIENT'S NAME: Wesley Phillips

URGENT/NON URGENT:

CONSULTANT/REF. AGENT: Groves

HOME ADDRESS: 50 Mountstuart St, Greenock.

TEL. NO: 723916

DATE OF REFERRAL: 20/1/99

UNIT NO. 23768

PRESENTING PROBLEMS:

? Difficult Relationship with Mother → behavioural problems
from family background.
For support + Living Skills
- OT Assessment (Requesting OTs written to)
- with view to own accommodation
- To come to D-H 5 days/week if possible.

[redacted]

(Dr Groves will speak to Dr Deering).

[redacted]

RECEIVED
21 JAN 1999
SSPU DAY HOSP

CURRENT MEDICATION: NIL

PRECAUTIONS: Impulsive
But not aggressive
(Father may be aggressive)

(Sgd.) AM Date: 20/1/99

newref.frm

(- You could try paging me if you want to discuss on Thursday AM.

RENFREWSHIRE HEALTHCARE NHS TRUST

RECORD CHART

4 HOURLY/TWICE DAILY/DAILY

SURNAME PHILIPS
FORENAME WESLEY
UNIT No. 3496

DATE	28/1/98.	28/1/98				
TIME	a.m. 2 6 10 p.m. 2 6 10	a.m. 2 6 10 p.m. 2 6 10	a.m. 2 6 10 p.m. 2 6 10	a.m. 2 6 10 p.m. 2 6 10	a.m. 2 6 10 p.m. 2 6 10	
TEMPERATURE 40 39 38 37 36 35 34						
BLOOD PRESSURE 260 240 220 200 180 160 140 120 100 80	Standing / Lying	Standing / Lying				
PULSE 60 40 20 0						
WEIGHT						
URINE ALBUMEN						
BLOOD						
SUGAR						
KETONE						
BILIRUBIN						
UROBILIN						

S	WESLEY	5.2.82.	23768

NURSING PLAN

	Objective	Commenced Date	Commenced Inits	Nursing Action
outbursts the .	Control his behaviour in the Day Hospital and within the family home.	25/1/99	DMS	(1.1) Assess for a 2 week per thereafter monthly.
		25/1/99	DMS	(1.2) Reinforce positive behavio by given praise when We reaches his targets.
		25/1/99	DMS	(1.3) Verbally inform Wesley t we want him to take cor or responsibility over hi behaviour — We will not accept violent outbursts.
		25/1/99	DMS	(1.4) Integrate Wesley into more structure routine s to his needs. Monitor viole of certain groups.
		25/1/99	DMS	(1.5) Encourage Wesley to s sporting activities. As he g a great deal of benefit fro this.
in confidence ing e lacks	To give Wesley more independency in this area	2/3/99	DMS	(1.1) To work closely with Angel Genie OT in order to t more responsibility in ca for himself.
		2/3/99	DMS	(2.2) Work towards a structure programme that will promote

				(2.3) Give him praise when he reaches his targets and offer support when he is having problems with same.	20/7/99 DMS
Attempting to change behavioural pattern	To Challenge Automatic negative responses with rational alternative coping strategies Ultimate him is to modify or alter instinctive aggressive outbursts.	2/4/99	DMS	(3.1) Keep a record or diary at night to see if we can notice ineffective patterns develop.	20/7/99 DMS
		2/4/99	DMS	(3.2) Experiment with ~~normal~~ everyday his own maladaptive response ie. go to the shops without aggressive outburst.	20/7/99 DMS
		2/4/99	DMS	(3.3) Challenge his own behaviour by accepting responsibility and control over his actions.	20/7/99 DMS

RENFREWSHIRE AND INVERCLYDE PRIMARY CARE N.H.S. TRUST

INVERCLYDE MENTAL HEALTH DIRECTORATE

INTERNAL MEMORANDUM

To : Dr Deering
Consultant
Ravenscraig

Date : 22 April 1999

From : Lynn Preston
Senior O.T.
Ravenscraig

Ref : LP/CL

Subject : **Wesley Philips, 50 Murdieston Street, Greenock. (D.O.B. 05.02.82)**

I was referred the above named young man by Dr Brodie and saw Wesley on two occasions:

28 January 1999
Seen at S.S.P.U. for initial interview. Agreed to attend Occupational Therapy Department at Ravenscraig Hospital on 5 February 1999 for initial session.

5 February 1999
Attended for initial occupational therapy session. Appeared quiet but was co-operative in manner and discussed with me plans for his attendance. As session was coming towards its conclusion, Wesley stood up abruptly and said he was going and that he was "fed up with this type of thing." Wesley left the department. He has not returned to Occupational Therapy but is attending the Day Hospital regularly at S.S.P.U.

I have kept Wesley "on the books" until now in case he would have attended again. As the Occupational Therapy Department is closing, it is inappropriate to keep Wesley on my caseload, therefore, I am discharging him.

Should he require any further help, he can be referred to the Community Mental Health Resource Team where I will be involved with developing therapeutic day group activities.

√file.

OCCUPATIONAL THERAPY

DATE	SURNAME	FIRST NAMES	AGE	UNIT No.
	WESLEY PHILLIPS			**23768**

2.3.99 KITCHEN ASSESSMENT CARRIED OUT 1.3.99

TASKS

To prepare a hot drink and toast.

Wesley sequenced the task correctly preparing a hot drink, usually using electrical appliances to do so. He required verbal instruction whilst preparing toast due to unfamiliar toaster. Also required verbal prompting whilst preparing toast as appeared to have poor concentration forgetting that the toast was on. Was reluctant to assist with domestic tasks following activity (to wash dishes). Required verbal instruction whilst washing the dishes as appeared to rush and did not use washing up liquid.

Action following kitchen assessment.

Wesley would benefit from further kitchen practise using grading appropriately.

A. GERRIE/O.T./JB

ASSESSMENT.

8.3.99 DOMESTIC ACTIVITIES OF DAILY LIVING HISTORY

Previously planned menu and arranged time to visit Tescos and prepare meal. Wesley was unable to identify how much this would cost. Wesley keen to participate, following explanation that carrying out activities aiming to be more independent.

Wesley was able to identify how much bus fare was. Tended to allow Therapist to assume responsibility for paying fare. Wesley identified correct bus and place to get off bus.

Whilst in Tescos Wesley required assistance to identify where items could be gathered. Wesley also handed list to Therapist, again was unwilling to assume responsibility. Wesley received verbal prompting throughout to gather items. Wesley allowed therapist to pay for items, however provided assistance to pack items.

On return journey despite being advised not to smoke on the bus Wesley insisted that he do so.

KITCHEN PRACTISE

Task

Prepare ready made lunch - burgers and chips.

Required verbal instruction/prompting to initiate task as did not do so independently.

Encouraged to read instructions on packaging however was unable to carry out instructions,

OCCUPATIONAL THERAPY

DATE	SURNAME	FIRST NAMES	AGE	UNIT No.

WESLEY PHILIPS

following verbal instruction Wesley operated electrical cooker. Unable to sequence activity correctly, advised Wesley re same encouraging him to observe cooking times. Required verbal encouragement to check food. Seemed to lose concentration as session progressed requiring continued verbal encouragement re timing food. Advised Wesley re food handling and correct hygiene prior to meal provision.

Analysis

Required verbal encouragement throughout due to poor concentration. Wesley stated he felt tired. Required verbal instruction throughout whilst gathering food in shops, plus preparing food. Wesley also tended to allow therapist to assume responsibility for most activities, was unwilling to take responsibility.

Plan

Continue encouraging Wesley to assume responsibility for gathering items plus responsibility for dealing with money, next week.

A. GERRIE/O.T./JB

WESLEY PHILLIPS

12.4.99 **DOMESTIC ACTIVITIES OF DAILY LIVING PRACTISE**

Prior to activity discussed attendance with Wesley as unfortunately he has not been attending the Day Hospital on the day when programme had been agreed. Highlighted importance of attendance as programme requires to be intensive to be of any benefit. Wesley states that he is keen to continue programme.

TASK

Purchase items at Tescos to prepare meal.

Prior to visiting shop discussed meal with Wesley encouraging him to prepare a shopping list. Informed Wesley of aims for him to take more responsibility, he agreed to take responsibility for gathering items in shop and dealing with money on the bus and also at the shops.

PUBLIC TRANSPORT

Wesley appeared aware of the correct bus and correct stops. On the journey to Tescos Wesley required verbal prompting to assume responsibility for purchasing bus ticket. However, on the return journey Wesley did so automatically, he appeared relaxed whilst doing so.

TESCOS

Whist in Tescos Wesley required continual verbal prompting to refer to his shopping list. He also appeared keen to allow therapist to assume responsibility for locating items. Wesley appeared relaxed throughout. Independently dealt with money.

KITCHEN PRACTISE

Task

To prepare a meal following recipe.

Initially Wesley appeared keen to participate, referring regularly to method. Concentration did appear to wane towards the end where Wesley required an increased level of verbal prompting. Advised Wesley re food handling and correct hygiene prior to meal provision.

Analysis

Required verbal encouragement and prompting whilst collecting items from Tescos. Initially Wesley appeared keen whilst preparing meal however, required increased verbal prompting as concentration appeared to diminish after a short period of time.

WESLEY PHILIPS

Plan

Continue programme, encouraging an increase in independent function both in shop and whilst preparing meal.

AMANDA GERRIE/O.T./JB

27.05.99 **DOMESTIC ACTIVITIES OF DAILY PRACTISE**

Menu Planning

With verbal guidance, Wesley planned menu for lunch assessment, listing ingredients required which he would have to purchase.

Aims

To increase responsibility whilst shopping, plus preparing. Monitor mood whilst shopping, using public transport and whilst preparing food.

Assess safety awareness and behaviour whilst carrying out programme.

Public Transport

Wesley independently paid for bus fares and appeared relaxed whilst doing so.

Tescos

Wesley independently purchased items from list. Therapist waited outside Tesco whilst Wesley purchased items. Wesley appeared relaxed on completion of task. Appeared pleased that he had completed task set. Verbal encouragement provided regarding this.

Kitchen Practise

Task - To prepare a meal following minimal verbal instruction.

Objective

Wesley was keen to get started with activity. Required verbal instruction upon sequencing task correctly. Tended to rush activity, as a result, tended to put himself at risk. Wesley tended to seek assistance at times. However, with verbal instruction, he prepared meal with minimal assistance.

WESLEY PHILLIPS (Cont)

Mental State

Wesley appeared relaxed throughout and was happy with end result. He concentrated for duration of session and appeared able to retain verbal instruction provided, Positive reinforcement provided regarding Wesley's behaviour.

Plan

Aim for Wesley to independently purchase items in Tescos, plus travel to Tescos using public transport without presence of therapist for items to be prepared at Day Hospital.

AMANDA GERRIE, OT / CK

28.6.99 **Domestic Activities of Daily Living Practise**

Menu Planning

Wesley independently planned his menu from recipe used previous sessions before.

Aims

Increase responsibility whilst preparing meal and using public transport.

Assess behaviour and mood whilst carrying out the above.

Public Transport

As before.

Tescos

As before, unfortunately aim set from previous session was not met due to Wesley's poor attendance, therefore prior plans had not been made to allow Wesley to purchase items plus use public transport without presence of Therapist.

Kitchen Practise

Task

To prepare a meal following minimal verbal instruction, demonstrating on awareness of safety issues.

Outcome

Wesley prepared meal with minimal verbal instruction. Occasionally required prompting to consult method as unable to sequence independently.

Appeared more aware of safety issues today.

WESLEY PHILLIPS

Mental State

Wesley appeared relaxed throughout session, also offered therapist a cup of tea. He concentrated well for duration of session and did not tend to rush activities he had on past sessions.

Plan

Similarly to previous aim it is hoped that Wesley shall independently purchase items from Tescos, plus travel to Tescos using public transport without presence of Therapist. This aim was a joint one discussed both with Therapist and Wesley.

AMANDA GERRIE/O.T./JB

20.7.99 **DISCHARGE REVIEW**

Prior to Wesley's discharge Wesley contacted Day Hospital to say that he has been banned from Tescos for shoplifting and as a result plan from domestic programme cannot be achieved. On discharge from Day Hospital Wesley's domestic programme had been suspended. This was unfortunate as Wesley had made steady progress (see previous notes).

AMANDA GERRIE/O.T./JB

RENFREWSHIRE HEALTHCARE NHS TRUST

INVERCLYDE MENTAL HEALTH DIRECTORATE

DISCHARGE SUMMARY

Ravenscraig Hospital
Inverclyde Royal X

Name: WESLEY PHILLIPS Unit No: 23768
Address: 50 MURDIESTON STREET, GREENOCK Date of Birth: 05 02 82

Date of Admission: 04 01 99 Date of Discharge: 21 01 99 Consultant: DR GROVES

Diagnosis: Context-specific behavioural disorder
ICD10 Code: Not applicable
G.P. Dr M Mutch
Address: Port Glasgow Health Centre

Discharge medication:

Nil

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

1 REASON FOR REFERRAL

Wesley was referred to the Short Stay Psychiatric Unit of Inverclyde Royal Hospital via his GP due to suicidal ideation.

2 HISTORY OF PRESENTING ILLNESS

Wesley had been diagnosed as suffering from Tourette's Syndrome, with abusive, violent outbursts. He had recently wrecked his house and threatened his mother with a knife. He had been having a low mood over the past two weeks before admission, with increasing suicidal ideation and had decided, the night before admission, to hang himself. He had told this to his mother, who had taken him to see his GP. He had no diurnal variation in mood, no sleep disturbance, but did have reduced appetite, reduced concentration, anhedonia, low self-worth and ideas of hopelessness. There did seem to be no specific trigger for this episode and he had had several two or three-day episodes over the last five months. He had also lost interest in his usual hobbies and had an appointment to see a specialist in Tourette's Syndrome, Dr Rickhard, at a hospital in Birmingham on 14 January.

3 PAST PSYCHIATRIC HISTORY

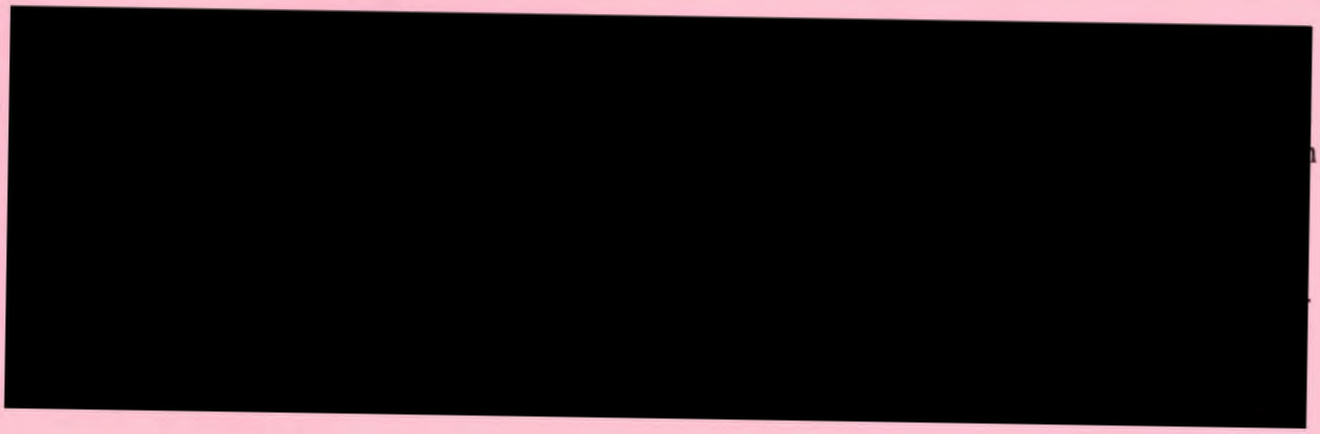
Wesley had had previous contact with the Child and Adolescent Service, both here and at Hawkhead. He had a history from the age of about three or four years old of abusive outbursts towards his family in the home, as well as aggression towards inanimate objects, not people, and had been refusing to

obey his parents. As he passed into secondary school, this behavioural problem extended itself into his school life, when previously it had been confined to the home, and he had been suspended from school after a number of incidents where he would throw tables and chairs about and be quite abusive. Eighteen months before admission, he had been diagnosed as suffering from Tourette's Syndrome, as over the previous two or three years he had begun to show some signs of a tic disorder; this tic would be intermittent and involved blinking the left eye, as well as occasional odd limb movements. He had not had any problems with this over the last six months, and had been placed on Haloperidol which he had only been taking for the last six months. He had no previous episodes of self-harm. On one occasion he and his father had chased Dr Leighton from Child and Adolescent Psychiatry through the building, with possibly violent intent.

4 PAST MEDICAL HISTORY

There was nil of note.

5 FAMILY HISTORY



6 PERSONAL HISTORY

There was no history of birth trauma or injury and Wesley was born and brought up in Port Glasgow. As stated earlier, he has a long history from early childhood of behavioural problems and impulsivity, for which he had been seen up until the age of 15 at the Child and Adolescent Psychiatric Services. He was suspended from school over the last couple of years for abusive language and violent outbursts, but said that he made friends well there. He had been in care since the age of 15 for seven months, following repeated suspensions, and whilst there, had finished his schooling.

The family have recently moved to Greenock and since this move, he has lost contact with many of his previous friends. From the age of about 13 or 14, he had suffered from what appeared to be a tic disorder and had been diagnosed as suffering from Tourette's Syndrome some eighteen months ago, despite his atypical history. He had been placed on Haloperidol and had been taking it intermittently until the last six months, with no return of his tic symptoms in the last six months when he had been taking his Haloperidol regularly.

He is currently working in a training scheme and has at times been obsessed with cleanliness, such as hand-washing and clean clothes, occasionally using deodorant up to five times per day. He drinks about two litres of cider on Saturdays and has tried benzodiazepines and smoking heroin, with no habitual use. He was living with his mother and father, and his father was working as a bricklayer.

7 MENTAL STATE EXAMINATION

Appearance and behaviour - Wesley is a well-built young man for sixteen years old, who has some acne and dyed blond hair. He had no particular mannerisms and was not agitated, making reasonable rapport.

Mood - this was subjectively low.

Affect - this was normal.

Speech - this was normal.

Thoughts - Wesley was having some suicidal ideation, with ideas of low self-worth and hopelessness. He had no abnormal perceptions or psychotic ideation.

Insight - Wesley's insight was quite poor, as he did not really know why he acts the way he does, and had probably never considered that there may be deeper reasons for his behavioural problems. He was, however, happy to accept our help.

Cognition - this was normal.

The impression was of a sixteen-year-old male, previously diagnosed with Tourette's Syndrome, who had behavioural problems from an early age, and was not quit low in mood and possibly suicidal.

8 PHYSICAL EXAMINATION AND INVESTIGATIONS

Physical examination was normal and investigations, including EEG, were also normal.

9 PROGRESS AND TREATMENT

Wesley seemed quite bright on the Ward and told us that he was "fed up" and had been suicidal for some one-and-a-half weeks. He had not been leaving the house, as he no longer had contact with his friends, and described his tics as starting two years ago, with coughing, grunting noises, eye blinking and no control or warning over this. He had also been swearing, shouting, kicking walls, and wrecking his house on occasions, for about ten minutes to half-an-hour. He had also threatened his mother some two weeks ago with a knife, but had never actually been violent towards her, and said that the episodes had been preceded by anger and frustration on his part, often after his mother had asked him to do something, such as clean up, or go to the shops.

He felt that the Haloperidol was helping him, and he had no relief of tension from the outburst. He did not appear to have an obsession about cleanliness and his symptoms of changing clothes frequently and taking frequent showers do not seem to relieve his anxiety. They also seemed to be sporadic, in that he told us that he does not clean his teeth very often. He may check his spots three to four times a day, or wash his hands some three to four times a day, but again, gains no relief from this.

His mother told us that he would often sleep only fifteen minutes in the evening and then be awake until 4.00 am as a very young child, and that he started swearing from the age of four to six, with abusive terms that his mother described as "sexually orientated". He would follow his mother about the house swearing at her, and these episodes often lasted for only ten minutes, and she agreed that it was after she asked him to do something. His speech was rapid, but directed to her, intelligible and in sentences. She told us that she believed that previously, Wesley's problems had been "blamed" on herself and her husband, and that she had taken some exception to this. Wesley denied any psychotic ideation, or experiences, but did say that over the last few weeks, he could hear his own voice inside his head, urging him to kill himself.

After the Ward Round, he threw a table in the lounge and threatened to jump out the window - he told us that he did not know why he did these odd things or why he was occasionally aggressive. He attended a Case Conference with his parents, and it was decided that he should have an EEG, genetic testing for Huntington's Chorea and continued to stay on the Ward, with no passes. His suicidal ideation settled quite quickly and he remained pleasant and co-operative on the Ward. There were no tics or odd movements apparent, and no further episodes of impulsive behaviour for one further week. He did seem to have a slightly rigid personality and it became apparent that his mother is quite histrionic and does everything for him at home, despite describing herself as incapacitated. He came back from his first pass early, saying that he would rather be on the Ward than at home, and continued to deny any psychotic or depressive ideation as such. Wesley's mother was attending the Ward twice a day to see him at this point, and his Olanzapine was then stopped and his parents told that they should not attend the Ward for this week. This was to determine whether this would have any effect on his behaviour.

Immediately after the Ward Round, Wesley's mother spoke to him briefly, with the result that he ran away from the Ward. Initially, he said that she had told him that he had Huntington's Chorea. This was not what we told her, but he later denied this. He remained well without medication for one week, and although he appeared quite settled on the Ward, with no problems, his mother told us that he was actually not happy there. She had one witnessed outburst where she said that she was not happy with him staying away from her and that she was unhappy that he was no longer diagnosed as suffering from Tourette's Syndrome (this did seem quite unlikely, as he was quite atypical in his symptoms): she also said that she was fairly certain that he was schizophrenic, and had been from an early age.

It was decided that he should attend the Day Hospital for assessment of his living skills, and would see Occupational Therapists from Ravenscraig Hospital as regards improving them. It did seem that his behavioural problems were probably due to his interactions with his parents, and especially his mother, and that there might be an element of Munchausen's by Proxy in his admission. He was kept off all medication, as he was well, and was discharged to the Day Hospital from the Ward. He is due to receive his blood test for Huntington's Chorea, although we do not think this is likely, on 21 January 1999.

His parents were informed that he had been well whilst they had not been visiting him, and that we would be trying to arrange for him to live away from the parental home in his own accommodation, both for his sake and for the sake of his mother's health. We also told them that we did not think he had an overt mental illness, and his mother reiterated her feelings that he was schizophrenic; we told her this was not likely.

10 PROGNOSIS

Wesley has probably been having some difficulties at home, due to his unsettled home life and the dynamics of the relationship between himself and his mother. He may well have picked up some behaviour patterns as a young child from his father with regard to her, and she herself does seem to be overly protective and insightless regarding his condition. It may be that she would try to sabotage his treatment, not necessarily by choice, but simply because her actions have to keep him in a dependent state. It may be that this young man does have a mental illness, which is quite undifferentiated at the moment, but only time will tell and it does not seem likely at the moment. If Wesley was allowed to leave the home, it is certainly possible that his behavioural problems may improve, and away from home, his relationship with his parents may also improve.

11 RECOMMENDED MANAGEMENT AND FOLLOW-UP

Wesley is to attend the Day Hospital for emotional support, increased level of activities such as exercise, assessment of his self-caring skills, and improvement of his self-caring skills, with a view to getting him, at some point, in his own accommodation. He is still to have his blood test taken for Huntington's Chorea and no outpatient follow-up has been made.

Yours sincerely

DR A BRODIE
SHO, Psychiatry

AB/CK/25 January 1999

01475 656137

Ext.

AB\JB\23768

22 January 1999

O.T. Department,
Ravenscraig Hospital,
GREENOCK.

Dear Colleague,

Re:- Wesley Philips, 50 Murdieston Street, Greenock. d.o.b. 5.2.82

I wonder whether it would be possible for you to see this 16 year old man who has just been discharged from ward A. East, Short Stay Psychiatric Unit of Inverclyde Royal Hospital to the Day Hospital in the same building. He was originally referred to us due to behavioural problems, to determine whether or not he had an underlying mental illness - he previously had some tick disorders, as well as quite bad conduct disorder initially at home and then later at school. It seems at the moment that his problems are purely behavioural, in that all our investigations are so far negative, and he does come from quite a poor family background. [redacted]

Wesley's parents - and his mother in particular - do not seem to have much insight into his illness, or their part in it, and feel that any suggestion that they may have some involvement in his behavioural problems, is blaming them. It may also be that Wesley's mother will try and sabotage his treatment at the Day Hospital, and at the moment we are trying to get him up to scratch with his living skills (such as cooking, cleaning, washing clothes etc.) with a view to his leaving the parental household and having his own accommodation. Wesley himself has never thought about this, but does not seem opposed to it in principal.

I wonder then whether it would be possible for you to review this young man at the Day Hospital, and assess him for skills of self-caring. He has never cared for himself alone in the past, and it maybe that he will need some instruction in the activities of daily living.

If you wish to discuss this young man with me further, please do not hesitate to contact me on page 2019 at the Short Stay Psychiatric Unit.

Thank you for your consideration.

Yours sincerely,

Dr. A. Brodie,
S.H.O. to Dr. Groves.

RENFREWSHIRE HEALTHCARE NHS TRUST

MENTAL HEALTH DIRECTORATE (INVERCLYDE)
SHORT STAY PSYCHIATRIC UNIT
INVERCLYDE ROYAL HOSPITAL
LARKFIELD ROAD
GREENOCK PA16 0XN
TELEPHONE: 01475-633777

YOUR REF:

OUR REF:

IF TELEPHONING, PLEASE ASK FOR

DATE: 22/1/99

Wesley Philips
notes not available.
Went to GP last night 'suicidal'
Dr Stuart phoned for advice.
- Appt made see me at 10 a.m
today.

He said he was fed up -
I left here too early. I never told
the truth - feeling depressed.
Sleeping ✓ eating ✓ lethargic.
Ambivalent Day Hosp. Nurse Mc Shane
agreed to see to finalise starting
date. At end of interview showed
scratched wrist of last night.

Fax 01475 656147

AD\JB\23768

Ext. 4603

20th July, 1999

Dr. M. Mutch,
Medical Centre,
Dubbs Road,
PORT GLASGOW.

Dear Dr. Mutch,

Re:- Wesley Phillips, 50 Murdieston Street, Greenock. d.o.b. 5.2.82

The above patient was referred to the Day Hospital at Inverclyde Royal following his discharge from the Short Stay Unit in January '99. As you may recall he was felt to have been suffering from conduct/behavioural disorder during his admission and the aim of his attendance at the Day Hospital was to set limits on his behaviour, to work if possible on issues of impulse control and aggression management, to explore the potential relevance of family factors in his behaviour and to offer him the opportunity to improve his skills for independent living. Overall he appeared to make some progress at the Day Hospital. There have been a number of episodes of impulsive behaviour where he has either been aggressive to his family, particularly his mother or has harmed himself by scratching his wrists or taking overdoses. In general these episodes were dealt with by temporary suspensions from the Day Hospital which until recently appeared to exert a positive influence on his behaviour. His mother felt that his behaviour had improved significantly although he could still be aggressive towards her, and indeed had tried to strangle his mother in late April leading to criminal proceedings being taken against him for which he was given a deferred sentence. As before, such outbursts were generally triggered by his mother asking him to do things for her such as to go to the shops and we attempted to alter his behavioural pattern for example by suggesting that he volunteered to go to the shops rather than being asked, and this had some success.

I had commenced him on a low dose of Depixol which I have sometimes found to be useful in reducing impulsive behaviour in certain individuals. Both Wesley and his mother felt there had been a benefit from the introduction of this drug and mother reported that his behaviour tended to be worse in the four or five days before his next fortnightly injection was due. He has been receiving 30mgs fortnightly at present.

Unfortunately over the last six weeks his attendance has been poorer and he has stated that he is not wanting to continue attending the Day Hospital. He has been in further trouble with the Police having broken into a local school, caused some damage and assaulting a Police Officer. It therefore appears that while we may have reduced his antisocial behaviour to some degree there is still a considerable tendency for him to engage in violent or antisocial acts. We did arrange for him to see

our Clinical Psychologist during his attendance at the Day Hospital but this was not successful as he showed little motivation to engage and lacked insight into his behaviour which was not able to be altered by psychological input.

I have decided to discharge Wesley from further attendance with psychiatric services at this time. I did not feel that he is suffering from a major mental disorder and I am reluctant to give a spurious psychological "excuse" for his antisocial behaviour. It is disappointing that the combination of work at the Day Hospital and his low depot has not been more successful in controlling his impulsive and destructive behaviour and it unfortunately looks as though the normal social sanctions will now have to be applied; I feel that it is likely that he will end up sooner or later with a custodial sentence. In view of the limited benefit that appeared to accrue from his Depixol injections he may wish to continue this although I would not feel particularly strongly either way. I have not made arrangements to see him again.

With kind regards.

Yours sincerely,

Dr. A. Deering,
Consultant Psychiatrist.

Southern General Hospital NHS Trust - Glasgow
Clinical Neurophysiology (EEG)

patient no. : 99/0041C date: 05.02.1982
sex: male
surname : PHILLIPS
first name : Wesley
address : 50 Murdiston St
: Greenock
:

last data change on : 12.01.1999

Last EEG recorded on : 12.01.1999
Total number of EEGs : 1

date	time	eeg number	length	worm number
12.01.1999	10:29:35	99/0041C	00:21:01	1-180

TECHNICAL REPORT

The patient was conscious and co-operative becoming drowsy at times.
Alpha rhythm is symmetrical and responsive to eye opening at 8/9Hz. Background theta activity occurs bilaterally and is slightly more marked over the posterior temporal regions. Occasional minor theta transients, at times with a sharper appearance are seen mainly in the right temporal region. Hyperventilation enhances the resting rhythms slightly. Photic stimulation evokes a symmetrical following response to most flash rates.
ECG is, at times, irregular in rhyhtm.

Alison Cronie
EEG Technician AC

MEDICAL OPINION

There are some minor slow wave changes in both hemispheres. These are marginally more pronounced over the right temporal region. There is no clear evidence, however, of any focal abnormalities or epileptiform discharges in this particular recording.

Dr A P McGeorge
Associate Specialist in EEG

13 JANUARY 1999/KED

INVERCLYDE ROYAL NHS TRUST
GREENOCK PA16 0XN

ISSUE 1 of PAGE 1

HAEMATOLOGY

HOSPITAL	NUMBER	SURNAME	FORENAME(S)	SEX	DATE OF BIRTH
RAV	LNHM13723	PHILIPS	WESLEY	M	05/02/82

WARD A EAST
CONSULTANT DR. S. GROVES

G.P.

PATIENT'S ADDRESS

CLINICAL DATA
DEPRESSED

Please retain in case folder only latest ISSUE of each PAGE

DATE OF COLLECTION	SPECIMEN	NEUTRO- *10^9/L	LYMPHO- *10^9/L	MONO- *10^9/L	EOSINO- *10^9/L	BASO- *10^9/L	LUC *10^9/L
05/01/99 137232	BLOOD	N/A	N/A	N/A	N/A	N/A	N/A

DATE OF COLLECTION	SPECIMEN	ESR		o	mm in 1hr	RETICS			%
		Hb g/dl	RBC x10^12/1	HCt %	MCV fl	MCHC g/dl	MCH PG	WBC x10/1	PLAT X10^9/1
05/01/99 137232	BLOOD	14.6	5.00	43.6	87	33.6	29.3	5.9	230

INVERCLYDE ROYAL NHS TRUST
GREENOCK PA16 0XN

CUMULATIVE REPORT

ISSUE 1 of PAGE 1

BIOCHEMISTRY

HOSPITAL NUMBER	SURNAME	FORENAME(S)	SEX	DATE OF BIRTH
RAV LNHM13723	PHILIPS	WESLEY	M	05/02/82

WARD A EAST
CONSULTANT DR. S. GROVES

G.P.

PATIENT'S ADDRESS

CLINICAL DATA
DEPRESSED

DATE OF COLLECTION	SPECIMEN * =FASTING	SODIUM MMOL/L	POTASSIUM MMOL/L	CHLORIDE MMOL/L	BICARB. MMOL/L	UREA MMOL/L	CREAT. UMOL/L	GLUCOSE MMOL/L
05/01/99	V.BL 27387Y	141	4.5	100	30	4.7	85	
05/01/99	V.BL 27388Z							5.5

DATE OF COLLECTION	SPECIMEN * =FASTING	TOT.PROT. G/L	ALBUMIN G/L	GLOBULIN G/L	AST. IU/L	ALT. IU/L	GAMMA GT IU/L
05/01/99	V.BL 27387Y	80	51 >	29	15	17	27

DATE OF COLLECTION	SPECIMEN * =FASTING	ALK.PHOS. IU/L	BILIRUBIN UMOL/L	TOT.T4 NMOL/L	TSH MU/L
05/01/99	V.BL 27387Y	423 >	10	105	0.6

COMMENTS

SIGNED

COMPLIED 05/01/99

Please retain in case folder only latest ISSUE of each PAGE

WARD A EAST.

THE GREENOCK HEALTH CENTRE GROUP PRACTICE

Date 4/1/99

Patient's G. P. Dr. MATCH

Address HEALTH CENTRE, GREENOCK

Patient's Details Name WESLEY PHILLIPS

Address 50 Murdieston St.

Greenock

Date of Birth 5/2/82

Dear Dr. Mercer, P.H. Tourette's Syndrome

History: Suicidal: fed up & everything. Nothing to look forward to.

Clinical Details: Emotional: crying etc.

Obsessional (& deodorant etc).

[redacted]

Drug Therapy (if applicable)

↳ Haloperidol 1.5mg b.d

Diagnosis: Has appointment for Dr Richard Queen Elizabeth PSY Hosp Birmingham (14/1/99) (Specialist in Tourette's)

Signed D Russell

01475 656137

Ext. 4235

AB/CK/23768

08 January 1999

Dr J Tolmie
West of Scotland Regional Genetic Service
Institute of Medical Genetics
Yorkhill Hospital
GLASGOW
G3 8SJ

Dear Dr Tolmie

WESLEY PHILLIPS, 50 MURDIESTON STREET, GREENOCK (DoB: 05.02.82)

I wonder whether it would be possible for your service to take a blood sample for Huntington's Chorea (after appropriate counselling, of course) from the above-named young man?

Wesley is a sixteen-year-old, who has a long history of being seen by the Child and Adolescent Services for behavioural problems. These initially began at a very young age (aged three to four) and involved him being quite abusive towards his mother and father. As a child, he was quite aggressive at home, with shouting, violence towards inanimate objects, poor sleep, odd behaviours (such as refusing to wear underpants, as they chafed his skin), and showed considerable anger towards his parents. Initially, this behaviour was expressed only in the home, but by the age of twelve, when he attended Secondary School, he was beginning to act the same way at school also. He would throw chairs and tables about, abuse teachers, and had, in fact, been suspended by the age of fourteen or fifteen, when he attended a special school after this.

At the age of fourteen, he also began to show some alarming facial tics, reported as one whole side of his face "drawing in" towards the eye. He also tended to utter frequent coughs that were more like grunts, and his behaviour worsened. Because his abuse appeared to be voluntary, in response to provocation, always intelligible, and situation-specific, it was thought unlikely that he suffers from Tourette's Syndrome. Also, the tics are a more recent development than his previous behavioural disturbance.

[redacted] It is possible, however, that Wesley has an organic cause for his behaviour; in particular, at the moment, we are wondering whether he may be suffering from an early undifferentiated schizophrenia, or whether (although there

is no known family history, [redacted] he may be suffering from the impulsivity of Huntington's Chorea. As his motor disturbances have only begun to become apparent over the past few years, this does seem more likely than Tourette's Syndrome.

In fact, Wesley was diagnosed as suffering from Tourette's Syndrome some eighteen months ago by our Child and Adolescent Psychiatric Service and has been intermittently been taking Haloperidol since them, which he believes (and his mother agrees) has made some difference to him; although he feels drowsy at times, his outbursts have decreased in number of the last six months. At the moment, however, this medication has been stopped and he has been started on Olanzapine, 5 mgs twice a day; he takes no other medications.

I hope I have supplied you with enough information here. This boy's story is obviously quite long and complex, but if you do require any further information, or simply want to discuss the case with me, then please do not hesitate to contact me on Pager 2019 at the Short Stay Psychiatric Unit at Inverclyde Royal Hospital. (Wesley is at present an in-patient in Ward A East there).

Thank you for your consideration.

Yours sincerely

DR A BRODIE
SHO, Psychiatry

Please file.

RENFREWSHIRE HEALTHCARE NHS TRUST

MENTAL HEALTH DIRECTORATE (INVERCLYDE)
RAVENSCRAIG HOSPITAL
INVERKIP ROAD
GREENOCK PA16 9HA
TELEPHONE: 01475-633777
FAX:

23768

YOUR REF:

OUR REF: DS/CL

DATE: 4 February 1999

IF TELEPHONING, PLEASE ASK FOR

Lynn Preston
Tel No: 01475 656104

Dr A Brodie
Medical Records Office
Ravenscraig Hospital
Greenock

Dear Dr Brodie

Wesley Philips, 50 Murdieston Street, Greenock. (D.O.B. 05.02.82)

Thank you for the above referral. I met with Wesley for an initial interview at the Short Stay Psychiatric Unit Day Hospital on Thursday, 28 January 1999.

Wesley was pleasant and co-operative in manner and agreed to attend Occupational Therapy on Friday, 5 February 1999 when a more detailed programme of attendance will be discussed.

I shall keep you informed of Wesley's progress as appropriate.

Yours sincerely

L M Preston

Lynn Preston (Miss)
Senior Occupational Therapist

01475 656147

Ext. 5195

AD\SM\23768

1 March 1999

PRIVATE & CONFIDENTIAL

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

Psychiatric Report on:
Wesley Phillips 50 Murdieston Street Greenock
Date of Birth 05.02.82

I, Dr Alistair Deering Consultant Psychiatrist at Ravenscraig Hospital, being approved under Section 20 of the Mental Health (Scotland) Act 1984 certify on soul and conscience that the following is a true report on Phillips. I confirm that I am not related to Phillips, nor do I have a pecuniary interest in his disposal.

Basis of the Report

At the request of the Sheriff Clerk Depute the following report has been prepared from several interviews with Phillips between 27 January and 24 February 1999. Additional information has been gleaned from his psychiatric case file and have seen social inquiry reports compiled by Mr Heron and Mr West as well as the charge sheet and comments by the Sheriff.

The Offence

I understand that Phillips has pleaded guilty of one charge of breach of the peace and a further charge of damage of property relating to events which took place on 25 November 1998 in Phillips' home in Murdieston Street. He had had an argument with his mother over something she had forgotten to buy for him and had become angry with her, and had threatened her with a knife. Such behaviour is far from uncommon in the family home. Mother asked him to leave, and after he did so he smashed a window because he was still angry with her. Prior to the argument he had been feeling his normal self and denied consuming alcohol or drugs on that day.

Psychiatric History

Phillips describes being prone to outbursts of aggression and abusive behaviour towards his family since he was around 5 years old. Initially this behaviour was restricted to the family home, but from the age of 11 or 12 onwards he also began to display this behavioural pattern at school and this led to numerous suspensions for verbal abuse and throwing tables and chairs around the classroom. This behaviour subsequently led to him being placed in Crosshill Children's Home at the age of 15 and subsequently to Newfield Assessment Centre where he resided for 8 months. At that point he was seen by the Child and Adolescent psychiatry service were a diagnosis of Tourette's Syndrome was made. Simple motor tics (jerky, involuntary muscle movements) had been observed for several years previously and it was felt that these tics together with his aggressive behaviour might be due to Tourette's syndrome. He was commenced on medication, Haloperidol at this time with only a modest improvement in his outbursts. On January 4th 1999 he was referred to the adult psychiatric services by his General Practitioner with suicidal thoughts and was admitted to the psychiatric ward for assessment. He remained in hospital for 2½ weeks. During that time no evidence of depressive illness was seen and he was noted to interact well with other patients. During the last fortnight of his admission there was no evidence of aggressive or impulsive behaviour although he did express anxiety when faced with discharge. Several investigations for rare organic psychiatric disorders were carried out but the results to date revealed no abnormalities. He was discharged with a diagnosis of behavioural disorder and it was recommended he attend the Psychiatric Day Hospital with a view to enhancing his coping skills and also his ability to self care with a view to moving him at some point into his own accommodation. He has attended the Day Hospital regularly and has shown no outbursts of aggression whilst at the Day Hospital. He was commenced on a low dosage of the neuroleptic drug Depixol, given by intramuscular injection every fortnight. (This drug has been used to reduce impulsive, aggressive and self harming behaviour in some patients). On 22 February he took an overdose of Paracetamol and was admitted overnight to the medical wards. He took a small overdose of 5 tablets the following evening and superficially scratched his wrists and took a further Paracetamol overdose on 25 February, again resulting in his admission to the medical wards at Inverclyde Royal Hospital. He gave the reason for these overdoses as being that he felt lonely and wanted someone to talk to rather than because he felt any desire to end his life.

Personal History

Phillips was born in Germany, his father being stationed there in the armed forces. He returned with his family to Port Glasgow when aged 2. [redacted] Phillips reports feeling anxious about his mother's well-being. There are 2 older brothers, one married with children who live locally.

He left the education system with no qualifications. He had a period of employment on a youth training scheme but is currently unemployed. He presently lives with his mother and father. He appears to have lost contact with most of his friends over the last 2 years although has formed some new friendships since his contact with the psychiatric services. He denies a history of drug or alcohol abuse. He has consumed alcohol in the past, but this does not appear to be related to his episodes of aggressive behaviour. He has previously smoked cannabis, but again denies using any illicit drug over recent months.

Previous Convictions

I understand he has one previous conviction for breach of the peace from September 1998.

Examination

At interview Phillips presents as a well-built young man with short blond hair. No motor tics were evident nor did he display any other abnormal muscle movements. He co-operates with interview, although at times his answers can be monosyllabic and he frequently responds that he does not know the answer to a question. This would be particularly true when asking him to explain his behavioural outbursts. His mood is not elated nor obviously depressed. There is no evidence of delusions or hallucinations. On the basis of my contact with him I would assess his intelligence as being within the normal range. He is fully and correctly orientated in time, place and person.

Summary and Recommendations

1 Phillips is sane and fit to plead.

2 In my opinion he is not suffering from a mental disorder under the terms of the Mental Health (Scotland) Act 1984. I do not consider it likely that he suffers from Tourette's syndrome. He does exhibit very poor impulse control and it is significant that his aggressive outbursts invariably have a trigger, usually being that he does not get his own way. He has shown an ability to control these outbursts however inasmuch as they have not been observed in his interactions with health care professionals including myself and seemed to be largely restricted to his domestic environment. I would consider his diagnosis to be that of personality disorder, of the emotionally unstable impulsive type. This is characterised by outbursts of violence or threatening behaviour particularly in response to criticism from others or frustration.

3 It is possible that his behavioural disturbances might be amenable to treatment in the form of medication he is presently prescribed and psychological intervention to provide him with more adaptive coping skills. However his place at the Day Hospital is in jeopardy because of his repeated acts of self harm (by taking overdoses) and if these continue he will be discharged from psychiatric follow-up.

4 I have no formal psychiatric recommendation to make. The court may wish to consider a further period of deferred sentence whilst Phillips is engaged in therapeutic work at the Day Hospital. If however he were to receive a custodial sentence I would regard him as being at risk of further self harm in prison and I would recommend that appropriate medical supervision be provided.

Alistair Deering MB ChB MRCPsych
Consultant Psychiatrist

Please file

DEPARTMENT OF CLINICAL PSYCHOLOGY

INTERNAL MEMORANDUM

To: Dr. A. Brodie
SHO to Dr. Deering

18 March 1999

From: Peter Ronald
Chartered Psychologist

Re: **Wesley Phillips (d.o.b. 05.02.82.)**
50 Murdieston Street, Greenock

Wesley attended for the first time at the Day Hospital on 18 March. His issues seem to be poor impulse control leading to outbursts of aggression and deliberate self-harm, abuse of alcohol and the fact that he has nothing to occupy his time apart from the Day Hospital which contributes to his problems through frustration and boredom. We did not really have time to explore his home life in much detail, apart from in relation to his outbursts of aggression.

On a positive note Wesley told me he tries to stay out of the violence that permeates his peer group and that he does not get involved vicariously in violence through t.v. etc., preferring to watch comedies. Wesley also has an interest in sport and tries to play football frequently as well as snooker and pool, although he does have difficulty finding people to join him.

Plan

Our next appointment is for 25 March. I am not yet sure if therapy will be suitable given the nature of Wesley's problems but I will let you know after our second meeting.

P Ronald

PR/ML/23768 (5344)

c.c. Dr. Mutch

Please file

DEPARTMENT OF CLINICAL PSYCHOLOGY

INTERNAL MEMORANDUM

To: Dr. A. Brodie
SHO to Dr. Deering

8 April 1999

From: Peter Ronald
Chartered Psychologist

Re: **Wesley Phillips (d.o.b. 05.02.82.)**
50 Murdieston Street, Greenock

As suggested at the last clinical meeting, I agreed with Wesley at our session today not to make any further appointments for him to attend psychology in the meantime. The reason I came to this decision is that I do not think Wesley will benefit from psychological therapy at the present time: he does not have enough insight, in my opinion, for him to engage effectively in psychological therapy and I do not think that I will be able to help him develop this in the circumstances. Secondly, I would say he is not really motivated enough and, as you know, he would have missed more than one appointment if he had not been reminded by staff. Finally, it seems to me that Wesley is already benefiting from the input he is receiving from the other Day Hospital staff, in particular his key worker. The goals that he told me he wanted to achieve he seems already to be discussing with his key worker and therefore if I were involved this would only be duplicating efforts. His home life is very difficult and stressful and I do not think that he will be able to benefit much from anger management until he is able to make major changes in his home situation but he does not feel able to do this just now.

I have now closed Wesley's psychology file.

Peter Ronald

PR/ML/23768 (5344)

Dr. Mutch

Dr MICHAEL W MUTCH MB ChB DRCOG MRCGP
Dr LUCY F HOLMS BSc MB ChB DRGCOG MRCGP
Dr JOSEPH BOYCE MB ChB MRCGP
Dr JENNIFER M DOOLEY MB ChB DRCOG DCH MRCGP

THE MEDICAL CENTRE

Dubbs Place
Port Glasgow
PA14 6HW

Tel: (01475) 705604
Fax: (01475) 701277
Email: administrator@GP86336.ac-hb.scot.nhs.uk

JB/CF

4th August 1999

Dr Deering
Consultant Psychiatrist
Ravenscraig Hospital
Inverkip Road
GREENOCK
PA16 9HA

Dear Dr Deering

Re Wesley Phillips, dob 5.2.82,
50 Murdieston Street, Greenock

You are well aware of Wesley who had been attending the Day Hospital. His mum had phoned to say that he appears to have a drug problem and she had contacted the Day Hospital who said that if I wrote a letter then he could start re-attending. I am not sure whether this is true, although I have encouraged her to ask Wesley to come to the surgery so that we could discuss his problem and any treatment which we could offer.

Yours sincerely

Dr J Boyce

01475 656147

AD\MG\23768 Ext. 5195

11 August 1999

Dr J Boyce
The Medical Centre
4 Dubbs Place
Port Glasgow

Dear Joe

Wesley Phillips, 50 Murdieston Street, Greenock (DOB 05.02.82)

Thank you for your recent letter concerning the above - it is interesting to hear that a drug problem is now suspected. This was vehemently denied, both by Westley and his parents, early in the course of his treatment. There is no possibility of his re-attending the Day Hospital at this time. I do not feel that his antisocial behaviour has its basis in mental disorder, nor has it proved amenable to treatment.

If, in your opinion, he requires intervention for any drug problem then you may wish to make the appropriate referral to the Drugs Clinic in due course.

With kind regards.

Yours sincerely

Alistair Deering
Consultant Psychiatrist

PERIODS OF TREATMENT				
ADM	O.P.	D.P.	FROM	TO
			04.01.99	SSPL

RENFREWSHIRE HEALTHCARE NHS TRUST

ADMISSION RECORD

PSYCHIATRY

Copies: white - Nursing
yellow - Medical Record
green - Medical Records Dept.
pink - Social Work Dept.

Hospital I.R.H. Ward A-EAST
Day MONDAY
Consultant Dr Groves.
Hospital Number 23768.
Date of Current Admission — Day 4 Month 1 Year 99
Time of Admission 11.25pm

PATIENT

Surname (Block Letters) PHILLIPS. Mr / Mrs / Miss MR
Forenames LOESHEY.
Maiden Surname

Sex ~~M~~ F | Age 16 | Date of Birth — Day 5 Month 2 Year 82.

Present Marital State: (Never Married) / Married / Widowed / Divorced / Separated / Not Known

Home Address
50 MURDIESTON ST,
GREENOCK

Telephone Number 723916.
Occupation ( ) ( ) TRAINING SCHEME

a) Occupation of patient.
b) If retired, enter last normal occupation.
c) If under 18 years, or never employed, enter parent's guardian's occupation
d) If married, enter husband's occupation.

NATIONAL HEALTH SERVICE NUMBER

RELIGION PROT

NEXT OF KIN

Name [redacted]
Relation
FATHER.
Address
S/A [redacted]
Telephone

NATIONAL INSURANCE NUMBER

Pension / Allowance
Type Number

Money and / or valuables lodged Yes / (No)

ADMISSION DETAILS

Type of Admission EMERGENCY
Status on Admission INFORMAL.
Referred to Hospital by G.P.
Mode of Transport
CAR.
Residence immediately prior to admission
HOME

Previous Hospital care
Hospital / s CHILD + FAMILY UNIT.
Year / s

GP

Name of General Practitioner
Dr MUTCH
Address Port GLASGOW ~~Greenock~~ HEALTH CENTRE.
Telephone Number

SPECIAL WARNINGS

SPECIAL HAZARDS (e.g.. Drug allergies, etc.)
NONE KNOWN.

Other

CHANGE OF STATUS
Date
To

Date of discharge Day Month Year
To:

AHM0017 4.98

RENFREWSHIRE HEALTHCARE NHS TRUST

SSPU

NURSING RECORD SHEET

Surname	Forenames	Unit No.
PHILLIPS	WESLEY	

NAMED NURSE:	ASSOCIATE NURSE:
MAIRI WRIGHT	P. DONNACHIE

CONTACT PERSON : if different from next of kin

Name:
Address:

Relationship:
Tel. No

COMMUNITY CONTACT

Name:
Dept:
Tel No:

DR RICKER.
Name: QUEEN ENZ HOSP.
Dept: BIRMINGHAM
~~Tel No~~: 0121 627 2860 (OUT PATIENTS)

TRANSFER DETAILS		STATUS		
			Date	Lapses
Date.....	Transfer 1.....	1.....	.....	.....
.....	Transfer 2.....	2.....	.....	.....
.....	Transfer 3.....	3.....	.....	.....
.....	Transfer 4.....	4.....	.....	.....
		5.....	.....	.....

PHYSICAL DESCRIPTION

Height ..tall..... Hair Colour ..DYED BLONDE... Hair Style ..SHORT.....

Build ..medium.... Eye Colour ..BLUE..... Scars etc .....

Distinguishing Features: ACNE

Significant Health Problems	Medication Lodged	~~YES~~/NO
TOURETTS SYNDROME.....		.....
.....		.....
.....		.....
.....		.....

SSPU

INVESTIGATION RECORD SHEET

Surname.	Forenames	Unit No
PHILLIPS	WESLEY	

Date	INVESTIGATIONS	WEIGHT Date	Kg	Date	Kg
4/1/99	Routine Bloods 5/1/99	10/1/99	73·7		
4/1/99	Physical Exam 5/1/99	16/1/99	95·5		
4/1/99	Urinalysis				
4/1/99	Urine Drug				
4/1/99	Weight 10/1/99				

REFERRALS	
Date of Referral	Dept/Agency

SSPU

ADMISSION/DISCHARGE CHECKLIST

Surname	Forenames	Unit No.
PHILLIPS	WESLEY	

ADMISSION PROCEDURES

- [x] Doctor informed
- [ ] Case Notes/Unit No obtained
- [x] Check drug sensitivity
- [x] Assessment completed
- [x] Admission book
- [x] Daily bed statement
- [x] Bed chart
- [ ] Sick line sent
- [ ] Other dept/agencies involved
- [x] Next of kin informed

EXPLANATION GIVEN TO PATIENTS:

Hospital Policies

- [x] Belongings
- [x] Valuables
- [x] Finances
- [x] Medication
- [ ] Electrical Equipment

- [x] Clothing checked
- [x] Valuables checked
- [x] Patient accepts responsibility

INFORMATION GIVEN TO PATIENTS

- [x] Named/Associate nurses
- [x] Visiting times
- [x] Smoking areas
- [x] Legal status
- [x] Patient Information booklet
- [x] Driving whilst taking medication

- [ ] Obtain medical opinion regarding finances of detained patients

---

DISCHARGE PROCEDURES

- [ ] 7 days medication supplied
- [ ] Medication copy to GP
- [ ] Dept/agencies informed
- [ ] Next of kin
- [ ] Discharge care plan completed
- [ ] Admission book
- [ ] Daily bed statement
- [ ] Bed chart

SSPU

ADMISSION ASSESSMENT SHEET

Surname	Forenames	Unit No.
PHILLIPS	WESLEY	

PHYSICAL

NUTRITION/HYDRATION

Present Appetite..... POOR .....
Specific requirements ~~YES~~/NO.....
.....
Nutritional screening tool required ~~YES~~/NO

SLEEP

Present sleep pattern..... POOR .....
Early morning wakening..... YES .....
.....

HYGIENE

Appearance..... NEAT + TIDY .....
Any deficits ~~YES~~/NO.....

BREATHING

Problems ~~YES~~/NO .....
.....
Smoker YES/~~NO~~ .....

ELIMINATION

Problems ~~YES~~/NO .....
.....

MOBILITY

Problems ~~YES~~/NO .....
.....

Moving & Handling Assessment required
~~YES~~/NO

PSYCHOLOGICAL

MOOD.....
NO DOWNS SUICIDAL.....
DEPRESSION.....

EMOTIONAL STATE.....
TEARFUL.....
.....
.....

MEMORY..... NO PROBLEMS .....
.....

CONCENTRATION.....
..... NO PROBLEMS .....

HALLUCINATIONS:PERCEPTUAL DISTURBANCES
~~YES~~/NO.....
.....

DELUSIONS:THOUGHT DISORDER.....
~~YES~~/NO.....
.....

SELF HARM RISK
YES/~~NO~~.....
.....

Assessment scale used YES NO
.....
.....

SOCIAL

ALCOHOL INTAKE.....
OCCASIONALLY, BUT NOT
RECENTLY.....

ILLICIT SUBSTANCE ~~YES~~/NO .....
.....

LIVING CIRCUMSTANCES.....
LIVES WITH PARENTS.....
.....

COMMUNICATIONS PROBLEMS ~~YES~~/NO
.....
.....

SUPPORT
NETWORK.....
.....
.....

DRIVER ~~YES~~/NO
.....
.....

T	P	BP	R
°C		/	

Assessment Next Due: .....

Signed M. Dwight Date 4/11/99

SSPU **WARD ROUNDS/NURSING CARE EVALUATION**

U922

Surname PHILIPS	Forenames WESLEY	Unit No.

Specify each identified problem in margin provided

Date Areas Assessed	REVIEW
6/1/99	Seen at Dr Groves Ward Round. Discussed about his symptoms related to his condition (Tourettes) - aggressive behaviour & swearing and inability To control himself. Has Clozaril his meds 1/c a delay before - Has been depressed recently and haloperidol helped 1/c controlling his outbursts Expresses - TICKS, - arrange E.E.G. Appt 1/c Dr Bogerton next week obsessional behaviours - regular showers / use of deodorants Does not clean his teeth / Combs his hair Plan E.E.G - observe in Ward Stop Haloperidol Added - Burnigton appt - Confirm Diagnosis - Refer to Day Hospital - Nursing Activities Program - CARE conference - To meet THrew Rabbs in lounge after Dr's review - advised to leaving wards To ~~Resist~~ commit suicide. - Cared appt to Burnigton - Constant observ - Review to assess if Required - he may become ~~unpredictable~~ and violent Dr
13/1/99	WARD ROUND :- Feels better This week and feels the medication has helped him. However to get a clearer picture of Wesley Dr. Groves has stopped his clozapine and has asked that his mother and father do not visit or phone for a week Wesley and his mother both agreed

SSPU **WARD ROUNDS/NURSING CARE EVALUATION**

Surname	Forenames	Unit No.
PHILLIPS.	WESLEY	11922

Specify each identified problem in margin provided

Date Areas Assessed	REVIEW
	to same. [redacted] to have E-Feeds taken for genetic testing for ensure Tics not caused by Huntington's Pchorea. M Stevenson
20/1/99	WARD ROUND seen seperatly from parents at ward round, also parents were seen. Dr Groves feel that behaviar is worsened by family dynamics. Has to be referred to day Hospital and O.T. for attendance hopefully 5 day attendance. Once this is in place (for discharge For indepent living skills

SSPU **IDENTIFIED PROBLEMS SHEET**

Surname	Forenames	Unit No.
PHILLIPS	WESLEY	

List all problems identified from assessment sheet, actual and potential.

DATE	PROBLEM
	ACTUAL
4/1/99	1) LOW MOOD WITH SUICIDAL IDEATION
4/1/99	2) TOURETTS SYNDROME
6/7/99	3)
	OTHER PROBLEMS OF NOTE:
	–

SSPU **TARGET/ INTERVENTION SHEET**

Surname	Forenames	Unit No.
PHILIPS	WESLEY	

PROBLEM THREATS OF SELF HARM.

TARGET 1: MAINTAIN A SAFE ENVIRONMENT.

TARGET 2:

INTERVENTION: **(Enter Target number (1) followed by Intervention number (1.1)**

Date Comm. Sign	INTERVENTION	Date Eval Sign	Date DISC. Sign
	(1.1) LIMIT ACCESS TO ANY HARMFUL OBJECTS - SUBSTANCES.		
	(1.2) ENSURE P/T SWALLOWS PRESCRIBED MEDICATION.		
	(1.3) ENCOURAGE P/T TO DISCUSS ANY FEELINGS OF SELF HARM.		

6

SSPU TARGET / INTERVENTION SHEET

Surname | Forenames | Unit No

PROBLEM: LOW MOOD

TARGET 1 RAISE LEVEL OF MOOD

TARGET 2

TARGET 3

INTERVENTION: (Enter target number (1.) followed by intervention number (1.1)):

Date Comm Sign		Date Eval Sign	Dat Dis Sig
	1.1 Establish therapeutic rapport with patient by spending time with him/her in order that trust and confidence can be developed.		
	1.2 Assess and monitor level of mood by observing verbal/non-verbal behaviour.		
	1.3 Spend time with patient, allowing them to ventilate their fears/worries/anxieties, offering reassurance/guidance/advice where appropriate.		
	1.4 Liase daily with medical staff regarding any improvement/deterioration in mental state.		
	1.5 Administer prescribed medication and note response.		

SSPU NURSING EVALUATION

Surname | Forenames | Unit No

1.6 Ensure patient has an individual activity programme devised and they attend allocated classes.

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OBSERVATION LEVEL SHEET

Surname	Forenames	Unit No.
PHILLIPS	WESLEY	

Date Comm Sign	Observation Level	Reason for Observation Level Nursing Intervention Comments	Medical Staff	Date Disc. Sign
4/1/99 M. Wright	CONSTANT	SUICIDAL IDEATION	DR MERCER	6/1/99
6/1/99	General	more settled	Dr Bodie	6.1.99
6.1.99	CONSTANT	INCREASED RISK OF ABSCONDING UNSETTLED, VERBALLY ABUSIVE	DR GROVES	8.1.99
8.1.99	General	Settled in the ward no further verbal aggression.	Dr REED	

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ADMISSION NOTE

Relevant information: AGE, SEX, Time of Admission; Referring Doctor GP/psychiatrist; status; PREVIOUS HISTORY Past contact with psychiatric services, treatments, special management; PERSONAL HISTORY - living with, health problems, source of income, money manager, money problems; RECENT HISTORY - factors leading to admission, doctors involved, social work/CPN/other involvement, present medication, patient's perception of his/her illness; OBSERVATIONS ON ADMISSION - dress and appropriateness, personal hygiene, posture, gait, behaviour, conversation - make self understood/understand others; OTHER INFORMATION; CONCLUSION - examined by doctor? Specimens taken, medication prescribed, any special instructions

Surname PHILLIPS	Forenames WESLEY	Unit No.	Date

This 16yr old male was admitted by Dr Mercer at 11.25pm following referral by G.P.

He has had previous involvement with Child and Family Unit and was diagnosed as having Tourettes Syndrome 18 months ago. He is prone to having abusive, violent outbursts although these have been minimal since his mood became low.

His mood has lowered over the last 2 weeks with increasing suicidal thoughts and decided last night to hang himself. He told his mother about this today and she took him to see G.P. He continues to voice suicidal ideation and due to his mother's ill health presenting her from observing him, admission was necessary.

On admission he presented as a well-dressed young man, pleasant but emotionally labile. He was able to assist in admission procedure and

SSPU **NURSING CONTINUATION SHEET**

Surname	Forenames	Unit No
PHILLIPS	WESLEY	

ENTER DATE/ TIME / SIGN AFTER EACH REPORT

4/1/99	realises the need for admission.
	Prescribed medication as per
	drugdex, physical and bloods
	tomorrow a.m.
	Due to attend Queen Elizabeth
	Hospital in Birmingham - Dr Ricker
	(specialist in Tourette Syndrome
	management) on 14th Jan. 1999.
12.30am.	Ward urine drug screen -VE. Ward urinalysis
	shows trace of protein A.N. Kolan.
NIGHT	cont. Wesley settled quickly & appears relaxed
	in ward. c/o poor sleep pattern & was
	given once only Zopiclone 3.75mg at 1AM
	& settled & slept well from 1.30AM. Constant
	observation continues. A.N. Kolan
5/1/99	Wesley rose around 10.30am, attended to
1pm	his personal hygiene (shower). appears relaxed
	and has settled in to the ward, tending
	to spend his time either playing snooker
	or watching T.V. visited by his mother
	who is quite concerned about him
	and she informed nursing staff that
	Wesley is still voicing thoughts of
	self harm. mood appears fair. remains

on constant observation J McGeoghegan

SSPU **NURSING CONTINUATION SHEET**

Surname	Forenames	Unit No
PHILIPS	WESLEY	23768

ENTER DATE/ TIME / SIGN AFTER EACH REPORT

5.1.99 pm	Pleasant and settled within the
	ward. Not voicing any suicidal ideas
	to staff. Played pool and watched TV
	for majority of the day between visits
	from various family members which
	he appeared to enjoy. [signature]
	Remains on Constant.
5/6/1/99	Wesley appears settled on the ward
	spending time in the lounge talking
	to fellow patients, pleasant on
	approach. [signature]
6/01/99	Rose around 10:30am appears bright in
12-30pm	mood Conversing well with staff & fellow
	pts offering no complaints good diet taken,
	observation level reduced to general. [signature]
p.m	Seen @ Ward Round see Report
	pt kicked table and chairs after
	Ward Round. Placed under Constant Obs
	[signature]
6.1.99	As reported above Wesley appeared
	quite angry after being seen
	at ward round. Entered TV lounge
	and overturned coffee table.
	Escorted to his room by staff

CONT/D

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NURSING CONTINUATION SHEET

Surname PHILLIPS	Forenames WESLEY	Unit No. 23768

Date	
6·1·99	and quickly settled. Seen again by Dr Groves, commenced on Olanzapine as per drugsex. Apologised for his previous behaviour. Settled for remainder of evening. Remains on constant observations. M Schott
6/7/1/99	Wesley has been settled to-night with no evidence of anger or aggression. Played snooker with staff then went to bed at 11·30pm & has slept well without sedation. Constant observation maintained during the night. M. Schott
7·1·99. 1pm.	Prompted to rise this morning encouraged to do his own washing but declined stating that his mum does all his washing. Appears quite settled in the ward mixing well with fellow patients [redacted] Attended case conference accompanied by his parents, no concerns regarding same. Appearing relatively settled on return. Retires to bed for long periods and prompted to rise for lunch. Remains on CONSTANT observations. E Glen.
7·1·98 1940	Wesley spent Long Periods on Top of his

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NURSING CONTINUATION SHEET

Surname PHILIPS	Forenames WESLEY	Unit No. 23768

Date	
	BED THIS AFTERNOON. APPEARED FAIRLY PLEASANT IN MANNER MIXING WELL WITH FELLOW PATIENTS + STAFF, PLAYING POOL. ACCEPTED A GOOD DIABETIC INTAKE. REMAINS ON CONSTANT OBSERVATIONS. VISITED X 2 TODAY BY BROTHER THEN MOTHER + FATHER.
	——— EJ ———
7/1/99	Pt appeared pleasant and settled on arrival of night shift, accepted 10pm medication asking if it would help depression - reassurance given with good effect, retired to bed at midnight and slept well during the night.
8/1/99	Prompted to rise this morning remains pleasant + settled. Spending time playing snooker + tends lays on top of his bed, mixing + conversing well with staff + fellow pts. Fair diet taken. Remains on CON OBS. ——— Edman pleasant

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NURSING CONTINUATION SHEET

Surname PHILIPS	Forenames WESLEY	Unit No. 23768

Date	
2Rm 8.1.99	Seen by Dr. Archie observation level reduced to general observation. Edna
8.1.99 Pm	APPEARS SETTLED AND PLEASANT ON THE WARD PLAYED POOL AND WATCHED TV most of THE EVENING. VISITED BY FAMILY WHICH HE SEEMED TO ENJOY. DCC
8/9/1/99	Pt. appeared pleasant and settled this evening, played pool with staff retired to bed and slept well during the night. Asking staff how long will his medication take to improve, reassurance given with good effect. MM
2pm 9/1/99	Slept until 12no. Rose for lunch. States he is feeling better. Requested pass this afternoon with his parents Dr. Parissma contacted. Agreed to same. M. Stevenson
9/1/99 PM	Robert did not go on pass but has been settled, pleasant, playing pool with

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NURSING CONTINUATION SHEET

Surname PHILIPS.	Forenames WESLEY.	Unit No.

Date	
CONT PM	staff. Visited by his mother & apparently had an argument with her in downstairs lounge, ~~[illegible]~~ MR. but came was resolved. Good diet at supper. Requesting pass to-morrow. [illegible]
9/10/1/99	Patient retired to bed early has slept well all night. Observed. [illegible]
10/1/99 AM	Had a long lie this morning. Continues pleasant & amenable. Played snooker with staff & fellow pts. aPleym. Left on pass at 1Pm to return at 6Pm. M Stevenson aPleym.
10.1.99	WESLEY RETURNED TO THE WARD AT AGREED TIME, APPEARED FAIRLY BRIGHT IN MOOD MIXING WELL WITHIN THE WARD ENVIRONMENT. C Jay
10/11/1/99	Patient retired to bed early has slept well all night. [illegible] Observed
11/1/99 AM	Prompted to rise at 10AM. Spent morning playing snooker. Continues

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NURSING CONTINUATION SHEET

Surname PHILLIPS	Forenames WESLEY	Unit No. 23768

Date	
11/1/99 Am	pleasant & amenable [illegible]
Pm.	Afternoon spent with visitor and lying in his bed. Evening spent also with visitors in downstairs lounge & playing Scrabble with staff & fellow patients. No complaints offered. M Stevenson [illegible]
11/1/99	Wesley continues to remain settled on the ward. Interacting well with fellow patients. Counselled by staff this evening for Smoking in his room. [illegible]
12/1/99	Attended for EEG. Returned at 1pm Says it had went fine. Said he sometimes worried about his mother as she never sat down and was always brushing the house and didn't like him to [illegible] [redacted]

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NURSING CONTINUATION SHEET

Surname PHILLIPS	Forenames WESLEY	Unit No.

Date	
12·1·99	Wesley continues to appear settled. Spent time in downstairs lounge with visitors. Interacting well with staff and fellow patients. M. Sahitt
12/13/1/99	Remains settled on the ward, mixing well with fellow patients and staff, slept soundly all night. Date 1.1.99
13/1/99 12·45pm	Required several prompts before getting out of bed at 11·15AM. Appearing pleasant & amenable mixes well with fellow pts. A Clayton.
1pm	Seen by Dr. Groves, to get a clearer picture of Wesley his Olanzapine has been discontinued and his mother and father have not to visit or telephone. Wesley agreed to same but after speaking to his mother Wesley ran out of unit. His mum contacted ward shortly after and said that Wesley was with her and she would bring him back after getting something to eat.

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NURSING CONTINUATION SHEET

Surname PHILLIPS	Forenames WESLEY	Unit No.

Date	
	On return at 6pm she said she had taken Wesley into town to buy him some new track suit bottoms. Wesley settled quickly, playing pool. Said he ran off because he didn't know how he was going to get cigarettes if his mum didn't bring them. Also said his mum had told him he may have Huntingtons. Advised this was not probable but the blood test would be done to hopefully eliminate this. M. Stevenson
13/4/1/99	Pt appeared pleasant and settled, played pool with fellow patients, requested sleeping tablet. Encouraged to sleep without, retired to bed at 11.30pm and slept well during the night. Settled morning. Stated his outbursts are usually triggered by someone annoying him but do not happen spontaneously. Spoke to Dr. Groves

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NURSING CONTINUATION SHEET

Surname	Forenames	Unit No.
PHILLIPS	WESLEY	

Date	
	re Wesley. He can be referred to day hosp. M Stevenson
13/1/99.	Noted to be missing from the ward. shortly after this there was a phone call from Wesley's mother stating that Wesley was at home after leaving the ward. On return Wesley's mum stated that Wesley felt as bad as he did on admission and that he was thinking of harming himself after parents left. Wesley stated that he did feel low, that he was missing his mum but did not think he would harm himself. Encouraged to speak to staff about his feelings. J Neil
14/1/99	Pt appeared brighter this evening played pool with staff and patients until midnight. Retired to bed and slept on intermittantly. Reluctant to speak about today when spoken to.

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NURSING CONTINUATION SHEET

Surname	Forenames	Unit No.
PHILLIES	WESLEY	

Date	
15/1/99	1-15pm Had a long lie Settled on rising, playing pool with fellow patient. Said he had went home last night because he was bored and knew he would not be allowed out if he asked. Advised that he had agreed to no visitors but if this was upsetting him we would review this but he said that he was quite happy if his family didn't visit. Said he felt better being in here and was quite happy but would like to start at day hospital soon. Asking about the blood test and reassured about it. Says he began feeling depressed about a couple of months ago due to losing contact with his friend due to house move. Said he still has fleeting thoughts of suicide but they are less so. — M. Stevenson
15/1/99	SPENT MUCH OF THE EVENING PLAYING POOL WITH FELLOW CLIENT. SETTLED EVENING CHATTING TO STAFF —

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NURSING CONTINUATION SHEET

Surname	Forenames	Unit No.
PHILLIPS	WESLEY	

Date	
15/16/1/99	Bright and chatty prior to going to bed at 11pm. Slept for short periods only.
16/1/99 Am	Spent most of the morning playing pool with fellow clients. Pleasant and affectionate
16/1/99	Continues pleasant and settled this pm. Played pool with staff and fellow pts and offering no complaints. Lindsay Delaney
night	Played pool with fellow pts. Seemed to enjoy this. Slept well. Mala
16.1.99	Rose around 10 am. Attended to washing. Appeared settled around the ward playing pool with fellow patients & staff. C Dyer
16/1/99 Pm	Visited by father etc this evening. Affect settled and pleasant in mood
17/18/1/99 (Night)	Settled & enjoying company of others c/o being unable to sleep but has slept well from 2 am. M.P.K.L.
18/1/99	Up early & did his washing. Spent
AM	time at workshop downstairs &

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NURSING CONTINUATION SHEET

Surname PHILLIPS	Forenames WESLEY	Unit No. 23768

Date	
18/1/99	in company of fellow male pts.
AM	Pleasant & amenable, mood bright.
	A Flynn.
18/1/99	Continues pleasant and settled in
	Ward area. Spends time playing
	pool with staff and fellow pts.
	Shirley Clancy
18/19/1/99	Wesley remains settled and
	interacts well with fellow
	patients and staff. Slow to settle
	when going to bed, but eventually
	slept well. Jones
19/1/99	Continues settled and pleasant in Ward
	area. Kim Shirley Clancy
19/01/99	Remains settled this pm Conversing well
9pm.	with staff & fellow pts offering no complaints
	good diet taken. S Spinks
night	Played snooker Knight - Very settled
	slept well. M Allan
20/1/99	Appears settled & amenable, played
AM	snooker & listened to music for most
	of the morning. Asked if he could
	see his mum when she visits to

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NURSING CONTINUATION SHEET

Surname PHILLIPS	Forenames WESLEY	Unit No. 23768

Date	
20/1/99	speak to medical staff. Advised to discuss same at ward round. Offers no complaints.
20.1.99	Wesley appears SETTLED, WARD ROUND approaches TO go well, WORK in Pass with his Family until 9-0'clock, RETURNED from Pass 8.50.
20/21/1/99	Bright and chatty in the company of other patients. Played snooker prior to retiring to bed around 12.30am and slept well all night.
21/1/99 dmw	Wesley rose, opened 9.30 am attended to his personal hygiene remains quite settled tending to spend his time playing snooker or watching T.V. J McHeadhegan Can be discharged after seeing Dr. Smiths Day Hospital will phone him at home either to-morrow afternoon or Monday to advise attendance M Stevenson

RENFREWSHIRE HEALTHCARE NHS TRUST

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NURSING CONTINUATION SHEET

Surname	Forenames	Unit No.

Date	
	Wesley Phillips
21/1/99	Called at request of Dr Brodie - Pt
	thought possibly to have Huntingtons disease.
	Dr Brodie requested DNA testing.
	Consents & Wesley's father. No objection
	to son being tested for HD.
	Discussed & Wesley. Happy to proceed
	with testing. Consent form signed. Mouth
	wash sample obtained. [signature]
	B. Smith
	Genetics, Yorkhill Hospital
	Glasgow 0141 201 0365.
21/1/99 pm	Discharged Home this pm at 2.30pm.
	No Pass Medication Required. [signature]

SSPU **DISCHARGE CARE PLAN**

Surname	Forenames	Unit No.
PHILLIPS	WESLEY	23768
Named Nurse	**Completed By Nurse**	**Date** / **Sign**
M Arrowsmith	K Marshall	21/1/99

FOR COMPLETION ON DISCHARGE WITH COPY GIVEN TO COMMUNITY CARE MANAGER

OUTSTANDING PROBLEMS REQUIRING INTERVENTION AFTER DISCHARGE AND REFERRED TO OTHER HEALTH CARE PROFESSIONALS

BRIEF SUMMARY OF NURSING CARE/DURATION OF ADMISSION/
PRESENTING PROBLEMS/OUTCOME

16 year old boy admitted with Low mood & suicidal ideas. Attended Larkfield Child & family unit & has been diagnosed with 'Tourettes Syndrome'. 2 week admission was uneventful, all medication discontinued on discharge to Day Hospital.

- **IS PATIENT UNDER SECTION 18 (MHA)** • **NO** (circled)
- **YES INCLUDE FORM 9 OR 10 OF TREATMENT PLAN** • **YES**

PROBLEM	INTERVENTION REQUIRED	REFERRED TO
Stressful family circumstances	Diversionary input/therapies	Day Hospital/O.T.

SSPU **PASS CHECKLIST**

Surname	Forenames	Unit No.
PHILLIPS	WESLEY	23768.

Appropriate pass information and advice given to patient and carer and relative			
ADDITIONAL INFORMATION		AGENCIES CONTACTED	7
Order and supply pass medication	1	CMHT & CPN	8
Explanation given re self medication	2	Social Work	9
Inform patient relative	3	SAMH	10
Discuss transport arrangements	4	Health Visitor, midwife	11
Belongings removed for pass exceeding two days	5	Day Hospital SSPU	12
DSS pass lines issued	6	RAV-Argyle Unit/OT/RCI	13
COMMENTS : ANY ADDITIONAL INFORMATION			

DURATION OF PASS ENTER DATE	CHECKLIST NOS. COMPLETED	NAME OF DEPT	NURSES SIGNATURE

Drug Recording Sheet - Regular Prescriptions

Date	8 a.m..	10 a.m.	10 Md.	2 p.m.	6 p.m.	10 p.m.	12 Mn	Other Times	Comments on Discrepancies
5/1/99.		B				B	B		D. GIVEN AT 12MN RR
Initials		MS					RR		
6/1/99		B				D		C 11.30pm	
Initials									
7.1.99.		D				D			
Initials		ES.							
8.1.99.		D				D			
Initials		ES.							
9/1/99.		D				D			
Initials		MS							
10/1/99	D					D			
Initials	MS								
11/1/99.	D					D			Ø
Initials									
12/1/99.	1.15pm D					D			D withheld at 8am for E.E.G (MS) given at 1.15pm
Initials	MS					RR			
13/1/98		D							
Initials									
Initials									
Initials									
Initials									
Initials									
Initials									

Please Enter Appropriate Code From Prescription Sheet

A4C0008 6:95 Trust Printing Services

Surname PHILIPS. Forename WESLEY Date of Birth 5/2/82 Unit No. Consultant Dr GROVES Ward/Dept ALERT.

WARD	NAME	D. of B.	UNIT No.	CONSULTANT
A EAST	WESLEY PHILLIPS	5/2/82		DR GRAVES

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	4·1·99	APPROVED LIST MEDS		AS		INDICATED						ORAL			
B	~~4·1·99~~	~~HALOPERIDOL~~	~~1·5mg~~	✓					✓			~~ORAL~~		6/1	AS
C	~~6/1/99~~	~~CHLORPROMAZINE~~	~~50mg~~	IF REQUIRED, MAX 4x/DAY								O		6/1	AS
D	6/1/99	O LAMZIPINE	5mg	✓					✓			O		13/1	AS
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
	5/1/99	ZOPICLONE	3·75mg	O	PHONED BY DR MERAB	1AM.	
	5/1/99	ZOPICLONE	3·75mg	O	PHONED BY DR KARKSIN	12MN	

Drug Sensitivity

1

2

3

4