

University Hospital Ayr
Legal Desk
Health Records
Dalmellington Road
Ayr
KA6 6DX

MMA Legal Ltd
Building B
23 Goodlass Road
LIVERPOOL
L24 9HJ

Date 16 July 2026
Our Ref MG/0402863410
Your Ref Access to Health Records
Enquires to Legal Desk
Telephone 01292 616452
Fax
E-mail subjectaccessrequests@aapct.scot.nhs.uk

Dear Sir/Madam

RE: Alisdair MacDonald

I refer to your recent request to myself regarding the above and enclose the relevant documents.

Yours faithfully,



Mr R N Bryden
Head of Health Records Services

To: JD.CURRAN

University Hospital Crosshouse Emergency
Department
Kilmarnock
Crosshouse Hospital
KA2 0BE
Tel: 01563 827751/827762

DUTY CONSULTANT: DR JOANNE MULLIGAN

PATIENT DETAILS

Patient Name Alisdair Macdonald
CHI Number 0402863410
DOB 04/02/1986
Address 40 BALGRAY AVENUE, KILMARNOCK,,
KA1 4QS
Previous Attendances No Attendances in Last 12 months:1 Total Number of
Attendances:26

ATTENDANCE DETAILS

Arrival Date & Time 24/04/2026 12:18
Presenting Complaint ? carbon monoxide
Diagnosis
Treatment
Investigations X-Ray,Chest
X-Ray,Chest

Additional Information

DISCHARGE DETAILS

Discharge Date & Time 25/04/2026 09:06
Left Department Date & Time 24/04/2026 16:10
Admitted CAU Medicine

Child Protection

Adult Protection /Concern
Referral?

Clinician Seen Hannah Crane, HCrane

To: JD.CURRAN

**University Hospital Crosshouse Emergency
Department
Kilmarnock
Crosshouse Hospital
KA2 0BE
Tel: 01563 827751/827762**

DUTY CONSULTANT: DR LESLEY BROWN

PATIENT DETAILS

Patient Name	Alisdair Macdonald
CHI Number	0402863410
DOB	04/02/1986
Address	25 WADDELL COURT, KILMARNOCK,,, KA3 2EB
Previous Attendances	No Attendances in Last 12 months:2Total Number of Attendances:27

ATTENDANCE DETAILS

Arrival Date & Time	29/04/2026 22:05
Presenting Complaint	collapsed lung?
Diagnosis	Shortness of breath
Treatment	Chest drain
Investigations	X-Ray,Chest X-Ray,Chest X-Ray,Chest
Additional Information	Spontaneous PTx. 2nd in 6 days: Admit medics

DISCHARGE DETAILS

Discharge Date & Time	30/04/2026 08:00
Left Department Date & Time	30/04/2026 16:29
	Admitted CAU
Child Protection	None
Adult Protection /Concern Referral?	No
Clinician Seen	David-Peter Lynch,DLynch

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Phone: 01563 521133

Immediate Discharge Letter
&
Prescription

To: The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Re: ALISDAIR M MACDONALD
40 BALGRAY AVENUE , ,
KILMARNOCK , AYRSHIRE , KA1 4QS
DOB: 04/02/1986
Hosp. No.: 0402863410
CHI No.: 0402863410

Date of Admission: 24/04/2026

Ward: WARD 3B - XH

Mode of Admission: Emergency

Consultant: DR NICHOLAS PITMAN (Respiratory)

Admission Reason:

Follow Up:

Discharge Date: 27/04/2026

Diagnoses Spontaneous pneumothorax (L)

Clinical Progress

Dear Doctor
Alisdair was admitted to UHC with sudden onset dyspnoea and left sided chest pain. CXR showed a large left sided pneumothorax and he had a chest drain inserted in A&E with difficulty.
He was covered with doxycycline and prednisolone for wheeze and CAP due to raised inflammatory markers on bloods.
He was admitted to MHDU for observation and weaned off oxygen well.
Repeat CXR's showed his lung had reinflated well
His chest drain was removed on 27/4 with no complications.
He is MFFD home with his final day of doxycycline to complete his course.

DR ADAM PERROS (2026-04-27 12:06:51)

Allergy/intolerance	Reaction
PENICILLINS	Rash - minor, self-limiting

Allergy records are as recorded at time and date of printing.

Discharged by:

DR ADAM PERROS

Page: 1 of 2

Report generated on:

27/04/2026 20:00

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Phone: 01563 521133

Immediate Discharge Letter
&
Prescription

To: The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Re: ALISDAIR M MACDONALD
40 BALGRAY AVENUE
KILMARNOCK, AYRSHIRE, KA1 4QS
DOB: 04/02/1986
Hosp. No.: 0402863410
CHI No.: 0402863410

Drug	Route	Dose/Frequency	Note	GP		
				to	Days	
				contin	POD	Su y
DOXYCYCLINE 100 mg Capsules	Oral	100 mg ONCE daily at 7am		No	N	1
MIRTAZAPINE 30 mg Tablets	Oral	30 mg ONCE daily at 10pm		Yes	Y	
QUETIAPINE 25 mg Tablets	Oral	50 mg ONCE daily at 7am		Yes	Y	
QUETIAPINE 200 mg Tablets	Oral	200 mg ONCE daily at 10pm		Yes	Y	

Additional Medicines Information:

Medicines discontinued or modified during admission
(Medicines that patient was recorded as admitted on only)

Drug

Discontinued / Modified reason

*** Warning - accuracy of information in this section is
dependent on details entered by users of the HEPMA system. ***
****Information here may be incomplete and is for guidance only.****

Discharged by:

DR ADAM PERROS

Page: 2 of 2

Report generated on:

27/04/2026 20:00

Adult Mental Health Services

Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 27/03/2026
Date Dictated: 27/03/2026
Date Typed: 10/04/2026
Our Ref: YN/JT
Enquiries to Secretary
Tel No: 01563 578592

Dear Dr Curran

ALISDAIR MACDONALD

**40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE,
KA1 4QS**

CHI No: 0402863410

Diagnosis:

**Recurrent Depression with psychosis
Past alcohol dependence
High risk metabolic syndrome.**

Psychiatric Medication:

**Seroquel 100 mg mane, 200 mg at night
Mirtazapine 30 mg at night**

Recommendations/Plan:

**As per the recent clinic email, thank you for
reducing Seroquel by 50 mg in the morning
and this can be used as a prn instead if
requested.
We strongly encouraged him to make a further
appointment with yourself due to his non healing
ulcers as he may need a further referral.
Encouraged routine and I have referred to
Community connector as Alisdair now keen to
engage (esp to help weight loss)
Crisis supports reinforced
Next review in the next 9 months.**

Alisdair attended for a follow up review after his review in September last year. I was joined by health and wellbeing assistant Leanne as Alisdair remains under a 2 person clinic review due to past forensic history, however he has remained stable and appropriate in reviews.

Alisdair was brought to the clinic by his brother who remained outside. Alisdair is 40 and continues to live alone. He said that he has quite an isolated life and that he struggles with his physical health and has non healing ulcers. These are reported to be under his arms and around his groin and he has had several in recent years that have not healed. He is concerned about a possible underlying cause.



He did engage with blood tests at our clinic in October but these were for routine antipsychotic screening and there were no abnormalities found there.

Alisdair said that he has very little to do in his days. He is looking forward to getting back to his garden as he said that it is in a bad state at the moment and he will be starting his vegetable garden again. He said that he tries to eat healthy and has salad with less snacks. He said that he can become overwhelmed when he goes out to visit the shops and he is slowly trying to increase his exposure so that he doesn't have to avoid busy places. It was unclear if having panic attacks. There were no psychotic symptoms. He said that his sleep has been better recently and he is able to fall asleep. He said that he feels his mood has also improved slightly, although his motivation is still down and this is likely due to his physical health issues. He said since reducing Mirtazapine there has been little change although he does feel like he can zone out at times, however there was no significant concerns noted. When asked, he said that he is not drinking alcohol anymore and there was no history of illicit drug use.

[REDACTED]

and he was easy to engage with, however he did become irritable discussing mild frustrations in recent months such as the slow post and other people's bad driving. His mood was euthymic and he said that his mood was better than previously. His affect remains reactive. He was logical. There was no evidence of perceptual disturbance. It was unclear when this was last evident. He had no unusual beliefs. No thoughts to harm himself voiced. He was happy to slightly reduce his Seroquel and be referred to any groups suitable for him.

Clinic will also recheck his physical obs in a few months time and if Alisdair remains well on future reviews we would be looking to discharge him. He has engaged in previous CPN support. His main issues currently appear to be physical, however he was encouraged to call up if he did require further mental health input.

If you have any concerns please do not hesitate to contact clinic, and prior to discharge we would be contacting his family for an update too.

Yours sincerely

Authorised on 22/04/2026 18:37:53 by Yasmin Nalci (East).

Dr Yasmin Nalci
Locum Consultant Psychiatrist

**Confidential - Clinical
Information**

**Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
01563 578592**



www.nhsaaa.net

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Our Ref: YN/KK/
Ref Date: 27/03/2026
Date Dictated: 27/03/2026
Date Typed: 27/03/2026
Enquiries to: Kirsty Kinghorn
Direct Line: 01563 578592

Dear Dr Curran,

ALISDAIR MACDONALD	DOB: 04/02/1986	CHI No: 0402863410
40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS		

Alisdair attended and engaged well. He is suffering ongoing non healing abscesses – could he be seen for a possible surgical referral? He was told to make follow up with you but has been unable when non-urgent.

Could mane Seroquel be reduced to 50mg mane?

He may request this as PRN instead.

We are keen to reduce medication while his mental state is improved as his weight continues to increase.

Further letter to follow.

Please contact clinic if any concerns.

Yours sincerely

Authorised on 27/03/2026 13:42:56 by Typist Kirsty Kinghorn, on behalf of Yasmin Nalci (East).

**Dr Yasmin Nalci
Locum Consultant Psychiatrist**



Adult Mental Health Services

**Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net**



CLINICAL IN CONFIDENCE

Alisdair MacDonald
40 Balgray Avenue
Kilmarnock
Ayrshire
KA1 4QS

Clinic Date: 10/01/2025
Date Dictated: 23/01/2025
Date Typed: 23/01/2025
Our Ref: YN/JT/
Enquiries to: Ms J Taylor
Tel No: 01563 578593

Dear Alisdair

ALISDAIR MACDONALD

**40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE,
KA1 4QS**

CHI No: 0402863410

Sorry you were not able to attend today's review.

I hope you are doing ok. The clinic will send you out a further appointment. If you would like to reschedule this appointment, or if you would like to request a sooner appointment, or more support, please contact clinic.

I apologise that last review was via phone and next review would be at clinic if you are able to attend.

This letter has also been sent to your GP.

Yours sincerely

Authorised on 23/01/2025 14:22:59 by Yasmin Nalci (East).

**Dr Yasmin Nalci
Locum Consultant Psychiatrist**

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD



Dermatology
Department
University Hospital
Crosshouse
Kilmarnock Road
Kilmarnock
KA2 0BE
Direct Line:
01563 827070
www.nhsaaa.net



Alisdair MacDonald
40 Balgray Avenue
Kilmarnock
Ayrshire
KA1 4QS

Our Ref: RMS/FEG
Hospital No:

Date Dictated: 08/11/2024
Date Typed: 08/11/2024
Enquiries to Referral Management Service
Direct Line: 01563 827070
Ext. Number: 27070
Email:

Dear Alisdair MacDonald,

ALISDAIR MACDONALD **DOB: 04/02/1986** **CHI No: 0402863410**
40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS

We sent you a letter a few weeks ago advising that you have been on the Dermatology Service outpatient waiting list for some time.

We asked that you contact us to confirm whether:

- You still require an appointment with the service or
- You no longer require an appointment so we can remove you from the waiting list.

According to our records we have not received any response. Please note that you will now be removed from the waiting list.

If you have any queries in relation to this letter please contact Referral Management Service 01563 827070.

Yours sincerely

Referral Management Service



Dr JD Curran

The Surgery

Old Irvine Road Surgery

4/6 Old Irvine Road

Kilmarnock

KA1 2BD



Adult Mental Health Services

**Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net**



CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 28/05/2024
Date Dictated: 10/07/2024
Date Typed: 10/07/2024
Our Ref: YN/JT
Enquiries to Ms J Taylor
Tel No: 01563 578593

Dear Dr Curran

ALISDAIR MACDONALD

**40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE,
KA1 4QS**

CHI No: 0402863410

Diagnosis:

Recurrent depression with psychosis

Ongoing diagnostic review

Past alcohol dependence

Recommendations:

**Referred back to CPN for community links, assess
needs, reduce isolation**

Continue medication

Yearly fasting bloods recommended

Crisis supports reinforced

Clinic review in next 4-6 months

Alisdair had a first phone review with me last week. He is a 38 year old living alone (previous spray painter) He had seen Dr Taylor in 2023 who had referred him for further CPN support however he missed the appointments (some may have been received late)

Alisdair has a long history of mental illness. First admission age 17 (although records not available currently) and has been diagnosed with depression and psychosis and past alcohol dependence. He has not drank for several years. Past illicit substance use when young.

Today he reported he is getting back on track after his mum died in a house fire in 2022. No recurring nightmares etc reported. He sees his brothers twice a week and he is trying to garden. He can feel isolated and little to do. He reports sleep can be difficult and he struggles to switch off at night. Self care slowly improving.



He reported generally feeling well however recurrent abscess seeing GP about.

Meds: mirtazapine 45mg, Seroquel XR 200mg and 100mg IR nocte

He was polite and cooperative and logical on phone. He reported still feeling low but 'not terrible' He worries about panic attacks but seem more controlled. He reported vague auditory hallucinations which seem more controlled on Seroquel. Vague referential delusions like reading into things on the news mentioned. He reported he was content with his medication however he was keen for more support in the community. He denied any thoughts to harm self. He is keen to complete an IT course in future and improve his mental health.

Thank you for your ongoing care of this patient. Please do not hesitate to contact clinic if you have concerns about Alisdair's mental health.

Yours sincerely

Authorised on 10/07/2024 14:51:50 by Yasmin Nalci.

Dr Yasmin Nalci
Locum Consultant Psychiatrist

Adult Mental Health Services

Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Alisdair MacDonald
40 Balgray Avenue
Kilmarnock
Ayrshire
KA1 4QS

Clinic Date: 28/05/2024
Date Dictated: 29/05/2024
Date Typed: 29/05/2024
Our Ref: YN/JT
Enquiries to: Ms J Taylor
Tel No: 01563 578593

Dear Alisdair

ALISDAIR MACDONALD

**40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE,
KA1 4QS**

CHI No: 0402863410

Sorry you missed your appointment today.

I have taken over some of Dr Taylor's past patients.

I hope you are doing well and you may have decided you do not need treatment from this clinic. The clinic will send you out a further routine appointment. If you would like to cancel this appointment, or if you would like to request a sooner appointment, or more support, please contact clinic.

This letter has also been sent to your GP.

Yours sincerely

Authorised on 29/05/2024 10:31:06 by Yasmin Nalci.

Dr Yasmin Nalci
Locum Consultant Psychiatrist

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD



Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?

Unique Care Pathway Number: 1010325548579

REFERRAL LETTER
MEDICAL IN CONFIDENCE

CHI:0402863410

REFERRAL TO

DermatologyA7
AA General Referral PMH High

University Hospital Crosshouse
Kilmarnock Road
Kilmarnock
Ayrshire
KA2 0BE

Ethnic Origin
Language interpreter req'd
Religion
Religious Observance
Vision impairment
Hearing impairment
Sign language interpreter
req'd.

Urgency of referral Routine
Date of referral 22-Mar-2024
Date submitted 22-Mar-2024

PATIENT DETAILS

Surname MacDonald
Forename(s) Alisdair
Title -
Sex Male
Date of birth 04-Feb-1986
CHI no. 0402863410

Patient's address

40 Balgray Avenue
Kilmarnock
KA1 4QS

Contact number(s)

REGISTERED GP DETAILS

Name Dr David Curran
GMC code 3302705 GP code 24236
Practice name Old Irvine Road Surgery (16992)
Practice code 80414

Practice address

4/6
Old Irvine Road
Kilmarnock

Contact number(s)

Voice: 01563 522413
Facsimile: 01563 573559

REFERRING PRACTITIONER DETAILS

Name Dr. Esther McGregor
GMC code 3442067 GP code 24678

Practice address

Old Irvine Road Surgery
4/6 Old Irvine Road

Practice name	The Surgery (80414)	Kilmarnock KA1 2BD
Practice code	80414	Contact number(s)
		Voice: 01563522413

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: hydradenitis suppurativa

Comment: This 38 year old man has had problems with recurrent abscesses for at least 20 years. Currently it is left side of abdo apron area which is recurrently infected. I have given him Doxycycline 100 mg bd for 2 weeks and then 100 mg daily for 2 months. He has previously also used Hibiscrub but now uses a more gentle antiseptic cleansing skin lotion. He buys valuaid dressings which are latex free as he found Mepore was irritating his skin. I have asked him to come for repeat bloods but always previously his HbA1C has been normal. I have given him a leaflet from BAD.org.uk regarding HS but would be grateful if you could see him and advise.

Examinations and Investigations

Height:	164	
Weight(kg):	125	
BMI:	49.38	
Current smoker:		14-Jun-2022
Current smoker :	chat re chest - stabvle.CXR >>	03-Aug-2017
Current smoker :	cough with green sputum. high temp.	27-Oct-2014
Current smoker :		14-Nov-2013
Alcohol consumption, 25 units/week:		16-Jun-2022
Takes inadequate exercise:		16-Jun-2022
Less than 30 mins/day of at least mod int physc act >=5 week:	Admits he has a sedentary lifestyle. Has bought exercise equipment to use at home as has anxieties about going to the gym or walking any distance in public.	16-Jun-2022

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset	Recorded Date
Family bereavement	-	-	-	11-Oct-2022	11-Oct-2022

Hidradenitis suppurativa	-	-	-	25-Jul-2017	25-Jul-2017
Overdose of drug	-	-	insulin 22/4/2010	31-Jul-2013	31-Jul-2013
Cellulitis and abscess NOS	-	-	-	22-May-2013	22-May-2013
Anxiety states	-	-	-	12-Apr-2012	12-Apr-2012
Pilonidal cyst with abscess	-	-	-	28-Jan-2011	28-Jan-2011
History of domestic violence	-	-	-	25-Aug-2010	25-Aug-2010
Overdose of drug	-	-	insulin & alcohol	07-Feb-2010	07-Feb-2010
Nondependent alcohol abuse	-	-	-	12-Oct-2009	12-Oct-2009
Head injury	-	-	-	12-Aug-2008	12-Aug-2008
Head injury	-	-	-	01-Aug-2008	01-Aug-2008
Cutaneous abscess	-	-	-	05-Dec-2005	05-Dec-2005
Complete tear, knee, anterior cruciate ligament	-	-	-	25-Feb-2005	25-Feb-2005
Misuse of drugs NOS	-	-	speed hash ecstasy	01-Nov-2004	01-Nov-2004
Closed fracture thoracic vertebra	-	-	-	01-Aug-2004	01-Aug-2004
Skin and subcut tissue infection NOS	-	-	-	06-Dec-2001	06-Dec-2001

Past procedures

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Comments</u>	<u>Date performed</u>	<u>Recorded Date</u>
Excision of pilonidal sinus NEC	-	-	-	10-Jun-2009	10-Jun-2009
Closed reduction of fracture of wrist	-	-	-	22-Mar-2009	22-Mar-2009
Closed reduction of dislocation of patella	-	-	-	05-Apr-2005	05-Apr-2005

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

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course start ed</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Quetiapine Fumarte Tablets 100 mg	0402010ABA AACAC	28 tablet	ONE TO BE TAK EN AT NIG HT	-	31-Jan-2012	-	21-Mar-2024

Quetia pine Fumara te M/R tablets 200 mg	28 TABLE T	ONE TO BE TAK EN DAI LY	22- Dec - 202 1	21- Mar- 2024
Mirtaza pine Tablets 45 mg	28 TABLE T	ONE TO BE TAK EN AT NIG HT	14- Nov - 201 4	21- Mar- 2024

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

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Doxycycline Hyclate Capsules 100 mg	-	56 capsule	1 TO BE TAKEN DAILY	-	18- Mar- 2024	42 Days	18-Mar- 2024
Doxycycline Hyclate Capsules 100 mg	-	28 capsule	TAKE 1 CAPSULE TWICE DAILY	-	18- Mar- 2024	42 Days	18-Mar- 2024

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Allergies

Smoking status

Number per day
? (not known)

Alcohol consumption

Units per day
? (not known)

<u>Description</u>	<u>Comment</u>	<u>Recorded Date</u>
Adverse reaction to Penicillin V	personal history of rash and vomiting aged approx 12	27-Oct- 2014

Additional relevant information

Administrative information

Referred By: Registered GP

Mental Health Services

**Adult Community Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net**



CLINICAL IN CONFIDENCE

Alisdair MacDonald
40 Balgray Avenue
Kilmarnock
Ayrshire
KA1 4QS

Clinic Date: 22/11/2023
Date Dictated: 30/11/2023
Date Typed: 04/12/2023
Our Ref: AU/JMcC
Enquiries to: Ms J Taylor
Tel No: 01563 578593
Fax No:

Dear Alisdair MacDonald

ALISDAIR MACDONALD

**40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE,
KA1 4QS**

CHI No: 0402863410

Sorry you didn't attend your appointment on 22nd November 2023 at the North West Kilmarnock Area Centre. I would be grateful if you could contact CMHT within 14 days of receipt of this letter to let us know if you wish to be offered another appointment. If we don't hear from you, you will be discharged from this clinic.

Yours sincerely

Authorised on 13/12/2023 18:29:12 by Anna Ulanova.

**Dr Anna Ulanova
Locum Consultant Psychiatrist**

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD



Mental Health Services

**Adult Community Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net**



CLINICAL IN CONFIDENCE

Mr Alisdair MacDonald
40 Balgray Avenue
Kilmarnock
Ayrshire
KA1 4QS

Date Typed: As Postmark
Our Ref: AG/JT/AK/NJ/MN
Chi: 0402863410

Dear Mr Alisdair MacDonald

ALISDAIR MACDONALD

**40 BALGRAY AVENUE, KILMARNOCK, Ayrshire,
KA1 4QS**

CHI No: 0402863410

As a current patient of the East Ayrshire Community Mental Health Team we are writing to inform you of changes occurring within the local service.

Due to Consultant staffing changes within our team it has become necessary for us to review how to achieve the best care and outcomes for our patients.

This process is currently underway and you will be informed of the outcome in due course.

We appreciate that you may have concerns or anxieties in this regard. Should you have any deterioration in your mental health please contact your CPN/Keyworker in the first instance on 01563 578592; otherwise, the Duty Nurse will be available.

If you have any queries, please do not hesitate to call 01563 578593 or 01290 425947.

Yours sincerely

Dr Aileen Guthrie

Consultant Psychiatrist/Clinical Director East Ayrshire Community Mental Health

Ashley Kennedy

Team Leader East Community Mental Health Team

Nicky Jenkins

Service Manager, Mental Health Services



Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD



Mental Health Services

**Adult Community Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net**



CLINICAL IN CONFIDENCE

Mr Gary Ballantyne
Charge Nurse
Adult Community Mental Health
Team
North West Kilmarnock Area Centre
Western Road
KA3 1NQ

Clinic Date: 13/03/2023
Date Dictated: 13/03/2023
Date Typed: 13/03/2023
Our Ref: MT/MN
Enquiries to Jenny Taylor
Tel No: 01563 578593
Fax No:

Dear Mr Ballantyne

ALISDAIR MACDONALD

**40 BALGRAY AVENUE, KILMARNOCK, Ayrshire,
KA1 4QS**

CHI No: 0402863410

You will recall this man who has schizophrenia and his mother died in tragic and traumatic circumstances for Mr MacDonald in a house fire. I note that he was discharged after failing to attend his appointment and Mr MacDonald explained his appointment letter had in fact arrived after the appointment was due. I believe he may have made some brief contact with yourself or the service to explain that at the time. However, by his own admission he was feeling rather demotivated at the time and feeling rather hopeless and helpless and could not believe that nursing input would be particularly beneficial.

Mr MacDonald is now of a different view and is keen to have a more frequent assessment of his mental health in between his outpatient appointments as well as the psychological and emotional support of nursing care. I, therefore, would be grateful if he could be seen for CPN follow up particularly to continue to assess his suicide risk and any fluctuations in his mental health which may require adjustments to his treatment. I have attached a copy of my correspondence to his GP from his recent outpatient review on 13 March which provides some additional information.

Yours sincerely

Authorised on 17/03/2023 16:13:03 by Mike Taylor.

**Dr Mike Taylor
Consultant Psychiatrist MBChB, MRCPsych, MPhil**

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD





Mental Health Services

**Adult Community Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net**



CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 13/03/2023
Date Dictated: 13/03/2023
Date Typed: 14/03/2023
Our Ref: MT/JMcC
Enquiries to: Jenny Taylor
Tel No: 01563 578593
Fax No:

Dear Dr Curran

ALISDAIR MACDONALD

**40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE,
KA1 4QS**

CHI No: 0402863410

Diagnosis:

**Schizophrenia
Acute grief reaction (trauma of mother dying in house
fire during which he was present in October 2022)**

Psychiatric Medication:

**Mirtazapine 45mgs nocte
Quetiapine MR 200mgs once daily
Quetiapine Immediate Release 100mgs nocte**

Recommendations/Plan:

I reviewed this man by telephone appointment on 13th March.

Unfortunately he had missed an appointment with his CPN and due to lack of his contacting the Service he was discharged. Mr MacDonald explained to me that the appointment letter had arrived after his appointment and when he received a letter explaining that he had been discharged he did not see the point in making contact as he believed a decision had already been made that he should be discharged.

Mr MacDonald continues to be traumatised by the loss of his mother as this only occurred five months ago he continues to be troubled by nightmares and has been told that he is shouting out in his sleep.

Fortunately his psychosis has not significantly deteriorated. However he does have intermittent thoughts of suicide which include cutting his wrists open in a warm bath. He has been in two minds about this and is unable to describe any clear protective factors. He continues to hear derogatory voices although is able to distinguish these from reality and he also has intermittent thoughts of a paranoid nature which he again is able to control after a period of time.



Mr MacDonald remains at significant risk of deterioration in his mental health which includes risks of increasing psychosis and suicide. I will therefore re-refer him for CPN monitoring of his mental state, which will help inform us as to how he is coping in between his out-patient appointment and whether further adjustments are needed in his medication. I thought he may benefit from Prazosin due to the frequency of nightmares or some night sedation such as Zopiclone but Mr MacDonald is not keen on taking additional medicine at this time. We will therefore continue to monitor these symptoms and can advise him further if necessary.

He does not have a particular preference as to whether he attends the North West Centre or has a phone appointment at his next review and as telephone appointments have a shorter waiting time I will allocate him to this clinic.

Yours sincerely

Authorised on 25/03/2023 12:59:20 by Mike Taylor.

Dr Mike Taylor
Consultant Psychiatrist MBChB, MRCPsych, MPhil

Mr Gary Ballantyne
Charge Nurse
Adult Community Mental Health Team
North West Kilmarnock Area Centre
Western Road
KA3 1NQ

Mental Health Services

**Adult Community Mental Health Services
North West Kilmarnock Area Centre
Western Road
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www.nhsaaa.net**



CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 28/11/2022
Date Dictated: 01/12/2022
Date Typed: 05/12/2022
Our Ref: MT/JT
Enquiries to: Ms J Taylor
Tel No: 01563-578593

Dear Dr Curran

ALISDAIR MACDONALD

**40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE,
KA1 4QS**

CHI No: 0402863410

Diagnosis:

**Recurrent psychotic depression with severe
social anxiety.
History of alcohol dependence.**

Psychiatric Medication:

**Quetiapine MR 200mg once daily
Quetiapine immediate release 100 mg nocte
Mirtazapine 45 mg nocte.**

**Changes to Medication
Following Review:**

Nil

Recommendations/Plan:

**Outpatient review in 3 months.
CPN Charge Nurse Gary Ballantyne**

I reviewed this man by telephone appointment on 28th November 2022.

He told me that he was continuing to feel traumatised by the events in which his mother died in a house fire when he and his father were also present. He describes emotional disturbance "coming in waves". He also continues to hear intermittent voices consistent with auditory hallucinations which are generally unpleasant and derogatory in nature. There is also some intermittent paranoid ideation. However on the whole his psychosis and affect do not appear to have been significantly adversely affected to date and there are no signs of any significant relapse of his mental illness. He does however of course remain at risk of a relapse of mental illness in which case we would need to consider higher doses of antipsychotic medicine and also a hypnotic drug such as Zopiclone as insomnia has been a feature of his illness in the past.



28/11/2022

ALISDAIR MACDONALD

**40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE,
KA1 4QS**

CHI No: 0402863410

I discussed the option of adding Zopiclone or increasing medicine at this stage but Mr MacDonald was quite clear in that he does not consider that his mental health has deteriorated to such an extent that he would require any additional medicine at this time. He is also sleeping reasonably well with some nights worse than others.

He is likely to remain at significant risk of a relapse of his depressive psychosis for at least the next 6 to 12 months and I will therefore ask his CPN Gary Ballantyne to continue to regularly monitor Mr MacDonald's mental health particularly any worsening of his psychosis or depressive symptoms. I would be happy to advice on further changes to medication in the event that there are any concerns about his mental state deteriorating particularly as his condition is associated with a significant risk of suicide if not treated carefully at the onset of any relapse.

I will arrange for an appointment at the outpatient clinic as soon as possible and this is likely to be in around 3 or 4 months from now and I would be happy to arrange a sooner appointment for him should his CPN have further concerns.

Yours sincerely

Authorised on 28/12/2022 17:18:02 by Mike Taylor.

Dr Mike Taylor
Consultant Psychiatrist MBChB, MRCPsych, MPhil



Accident & Emergency Department
Ailsa Hospital
Dalmellington Road
Ayr
KA6 6AB
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 07/10/2022
Date Dictated: 07/10/2022
Date Typed: 07/10/2022
Our Ref: MT/JT
Enquiries to: Ms J Taylor
Tel No: 01563-578593

Dear Dr Curran

ALISDAIR MACDONALD

**40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE,
KA1 4QS**

CHI No: 0402863410

Diagnosis:

**Recurrent Depressive Disorder with psychotic features.
History of alcohol dependence.**

Psychiatric Medication:

**Quetiapine MR 200 mg daily
Quetiapine immediate release 100 mg nocte
Mirtazapine 45 mg nocte.**

**Changes to Medication
Following Review:**

Nil

Recommendations/Plan:

**Refer to ICPNT (Intensive CPN Team)
Refer for CPN follow up once ICPNT no longer involved.
Outpatient review as required according to nursing assessments.**

I arranged to see this man on an urgent basis at the North West Area Centre on 7th October 2022.

I had been informed the previous day from the Duty Nurses, that there had been a fire at Mr MacDonald's mother's home. At the time his stepfather and Ms MacDonald were in the house as he had decided to sleep over that night. In the early hours of the morning, the smoke alarm sounded and he eventually realised that there was smoke in the house. A fire had taken hold in his mother's bedroom, the door had swollen and they could not open the door to rescue her. His mother tragically died in the incident.

The incident appears to have occurred around Sunday or Monday 3rd October and since then Mr MacDonald has been living with his sister and more recently with his stepfather.



7th October 2022

Alisdair MacDonald
CHI No: 0402863410

40 Balgray Avenue, Kilmarnock, Ayrshire, KA1 4QS

[REDACTED] Mr MacDonald does not have a downstairs toilet at his own home. They have therefore decided to stay together at his stepfather's home.

Mr MacDonald said that he drank alcohol heavily the night after the fire but since then has not had any alcohol. He describes himself as being in a state of shock, describing his thoughts as being in a haze and his emotions coming in waves. He denied any indication of any recurrence of his symptoms of depression such as suicidal ideation. Instead he describes his emotions as ranging from anger as his mother appears to have been smoking in bed and also concern for his stepfather's wellbeing.

Mr MacDonald has residual psychotic symptoms which again do not appear to have worsened so far. He hears 1 or more voices which are of a derogatory nature and say offensive things to him. The voices also seem to say things about his family which can trigger arguments with members of his family. In addition he continues to have social anxiety which is affected by paranoid delusional beliefs that people outside may harm him.

I asked Mr MacDonald about his current medication and he appears to be fully compliant. We talked about the options of increasing antipsychotic medicines as a protective measure and also the possibility of trying to alleviate some of his distress with Diazepam or some sleeping tablets. However he does not currently feel that he requires any additional medicine or increased doses and I suggested instead that we monitor his illness closely over the next couple of weeks or more. He is clearly at risk of an escalation of his psychosis and depressive symptoms including suicidal ideation and I have therefore referred him to ICPNT. His family have phoned the service as they are concerned about his state of mind and he appears to be staring into space for much of the time.

I will continue to liaise with ICPNT and I am open to altering his medication if and when required. I will of course keep you updated on any other significant developments.

Yours sincerely

Authorised on 10/10/2022 16:37:18 by Mike Taylor.

Dr Mike Taylor
Consultant Psychiatrist MBChB, MRCPsych, MPhil



Adult Mental Health Services

Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 25/05/2022
Date Dictated: 25/05/2022
Date Typed: 06/06/2022
Our Ref: MT/JT
Enquiries to: Ms J Taylor
Tel No: 01563-578593

Dear Dr Curran

ALISDAIR MACDONALD

**40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE,
KA1 4QS**

CHI No: 0402863410

Diagnoses:

**Recurrent Depressive Disorder,
together with severe social anxiety
History of alcohol dependence.**

Psychiatric Medication:

**Quetiapine MR 200 mg
Quetiapine Immediate Release 100 mg nocte
Mirtazapine 45 mg nocte**

**Changes to Medication
Following Review:**

Nil

Recommendations/Plan:

Outpatient review in 6 months.

I reviewed this man at the North West Centre on 25th May 2022.

The switch to immediate release Quetiapine has been very helpful in managing his insomnia. He is sleeping much better and as a consequence he feels that his mental health overall has improved. He remains avoidant of social and public places, but feels quite content that he can manage situations fairly well.

We had a long discussion about avoidance behaviours and the role of graded exposure in bringing about longer lasting improvements in anxiety. He is mindful of this and intends to attempt to put some of this into action himself over the next 6 months. We will then review the situation and consider whether involving a therapist may be of some help for example with a CBT approach. In the meantime the combination of medicines appear to have been successful in managing his depression and anxiety and I have not recommended any changes at this point.

Yours sincerely

Authorised on 20/06/2022 17:32:25 by Mike Taylor.

**Dr Mike Taylor
Consultant Psychiatrist MBChB, MRCPsych, MPhil**



Adult Mental Health Services

**Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net**



CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 15/12/2021
Date Dictated: 15/12/2021
Date Typed: 21/12/2021
Our Ref: MT/JT
Enquiries to: Ms J Taylor
Tel No: 01563-578593

Dear Dr Curran

ALISDAIR MACDONALD

**40 BALGRAY AVENUE, KILMARNOCK, Ayrshire,
KA1 4QS**

CHI No: 0402863410

Diagnoses:

**Recurrent Depressive Disorder
History of alcohol dependence**

Psychiatric Medication:

**Quetiapine MR 300 mg nocte
Mirtazapine 45 mg nocte**

**Changes to Medication
Following Review:**

**Please divide Quetiapine into Quetiapine
MR 250 mg once daily and 50 mg of Immediate
Release preparation at night (or if not practicable
to MR 200mg and Immediate Release 100mg).
Continue Mirtazapine 45 mg nocte**

Recommendations/Plan:

Outpatient review in 6 months.

I reviewed this man at the North West Centre on 15th December 2021.

He told me that he continued to be particularly troubled by insomnia. He lies awake for hours at night with his mind racing and wandering from one thing to another. He eventually goes to sleep in the very early hours of the morning and then has a restless sleep throughout the rest of the night. The combination of Quetiapine and Mirtazapine was previously effective in managing his insomnia but this has become less so in recent weeks and months.

He believes that Mirtazapine and Quetiapine have been helpful in managing his anxiety. He is no longer troubled by his more severe anxiety symptoms and is quite content with the current combination of treatment. He is also keeping his alcohol consumption under control and now drinking only on a social basis. This involves meeting up with friends once every few weeks and having a few beers and he no longer has any pattern of alcohol consumption indicative of harmful use.



2

15th December 2021

ALISDAIR MACDONALD

**40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE,
KA1 4QS**

CHI No: 0402863410

In terms of managing his insomnia I would recommend in the first instance that we try dividing Quetiapine so that he is provided with 50 mg of the immediate release preparation. If necessary this could be slightly increased to 75 mg or 100 mg with a corresponding reduction in the dose of the modified release preparation. If his insomnia is well controlled he is likely to experience less problems generally in terms of his mental health.

I will keep him under review at the outpatient clinic and his next appointment is likely to be in 6 months from now.

Yours sincerely

Authorised on 21/12/2021 14:09:18 by Mike Taylor.

Dr Mike Taylor
Consultant Psychiatrist MBChB, MRCPsych, MPhil

Adult Mental Health Services

**Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net**



CLINICAL IN CONFIDENCE

Dr J D Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 13/09/2021
Date Dictated: 13/09/2021
Date Typed: 14/09/2021
Our Ref: MT/IS
Enquiries to: Jenny Taylor
Tel No: 01563 578593

Dear Dr Curran

**ALISDAIR MACDONALD
CHI No: 0402863410**

40 BALGRAY AVENUE, KILMARNOCK KA1 4QS

This man had a telephone appointment scheduled for 13 September 2021 following transfer of care due to change in catchment areas. However, I was only able to reach his voicemail and so a further appointment will be sent to him in due course.

Yours sincerely

Authorised on 12/11/2021 14:41:58 by Mike Taylor.

**Dr Mike Taylor
Consultant Psychiatrist**



Crosshouse Hospital
Emergency Department
Tel: 01563 827762 / 827751
(ED Secretaries Mon-
Fri 9am-5pm Tel: 01563
827757 (Out of Hours queries

Emergency Department Discharge Letter

To: JD.CURRAN

Re: Alisdair Macdonald

40 BALGRAY AVENUE, KILMARNOCK,

KA1 4QS

DOB: 04/02/1986

ED Attendance No: XH-21-022960-1

CHI No.: 0402863410

Attendance Details

Date of Attendance: 04/06/2021

Time of Attendance: 16:37:00

Presenting Complaint: abscess on back

Duty Consultant: Dr Craig McRoberts

Additional Information: No Attendances in Last 12 months:1 Total Number of Attendances:25

Diagnosis Abscess / boil (any skin site),Skin of back,Right

Treatment Advice

Investigations

Discharge Information:

Additional Information 35 YO right upper back abscess I+D in department packed. to see practice nurse on
monday for change of dressing.

Discharged by: Eilidh Simpson, Clinical Fellow

Adult Mental Health Services

**Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net**



CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 04/05/2021
Date Dictated: 04/05/2021
Date Typed: 13/05/2021
Our Ref: KT/JT
Enquiries to Ms J Taylor
Tel.No: 01563-578593

Dear Dr Curran

ALISDAIR MACDONALD

**40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE,
KA1 4QS**

CHI No: 0402863410

I tried to contact Alisdair for his booked telephone consultation, unfortunately he did not answer and I left a message that he will offered a further appointment in due course.

Yours sincerely

Authorised on 18/05/2021 17:17:28 by Krzysztof Tyczynski.

**Dr Krzysztof Tyczynski
Consultant Psychiatrist**



Adult Mental Health Services

**Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net**



CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 03/11/2020
Date Dictated: 03/11/2020
Date Typed: 11/11/2020
Our Ref: KT/JT
Enquiries to: Ms J Taylor
Tel No: 01563-578593

Dear Dr Curran

ALISDAIR MACDONALD

**40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE,
KA1 4QS**

CHI No: 0402863410

Diagnosis:

**Recurrent Depressive Disorder – F33
History of Alcohol Dependence, currently under
control - F10.2**

Psychiatric Medication:

**Quetiapine MR 300 mg at night
Mirtazapine 45 mg at night**

**Changes to Medication
Following Review:**

Nil.

Recommendations/Plan:

Outpatient review in 6 months time.

I reviewed Alisdair during his scheduled outpatient telephone consultation on 3rd November 2020.

He wasn't great as I had woke him up and he was just coming to. He assures that there were no big changes. He is still not seeing much of his friends and family but is in touch with them via Skype or messenger. He has done his garden and it is ready for the winter. He said of the pandemic that "people are getting crazy", he didn't comment more. He sounded really sleepy so he was not keeping the conversation. He said that he still sits and watches television during the day. We agreed that medication should continue and he will be seen again in several months. He said that his mental health has recovered and plateaued but not fully to a satisfactory level.

Yours sincerely

Authorised on 13/11/2020 15:29:59 by Krzysztof Tyczynski.

**Dr Krzysztof Tyczynski
Consultant Psychiatrist**



Adult Mental Health Services

**Adult Mental Health Services
North West Kilmarnock Area Centre
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www.nhsaaa.net**



CLINICAL IN CONFIDENCE

Dr J D Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 05/05/2020
Date Dictated: 05/05/2020
Date Typed: 05/05/2020
Our Ref: KT/IS
Enquiries to Irene Sinclair
Tel No: 01563 578548

Dear Dr Curran

**ALISDAIR MACDONALD
CHI No: 0402863410**

40 BALGRAY AVENUE, KILMARNOCK KA1 4QS

Diagnoses:

**F33 - Recurrent Depressive Disorder
F10.2 - History of alcohol dependence, currently
under control**

Medication:

**Quetiapine MR 300mg nocte
Mirtazapine 45mg nocte**

**Changes to Medication following
review:**

Nil

Follow up Arrangements:

Outpatient review in six months

I reviewed Alisdair during a telephone consultation. He sounded well and answered my questions. He said that he is struggling with the Coronavirus situation as he cannot see his friends or family and he manages by contacting them via Skype or Messenger. He said that he is still slightly anxious and depressed but would like to change his life although he is not as depressed as he was. He can have some fluctuation in mood. He said that he would like to go back to college or work when his anxiety is slightly reduced and today he said that he really would like to work in future and change his life and sounded motivated. He said that he likes to do his garden, stating that he has a nice garden and he also watches television. We agreed at this stage to continue his medication as it is and I will review him again in several months, hopefully by that time lockdown will be lifted.

Yours sincerely

Authorised on 06/05/2020 12:49:50 by Krzysztof Tyczynski.

**Dr Krzysztof Tyczynski
Consultant Psychiatrist**



Mental Health Services

**Adult Community Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net**



CLINICAL IN CONFIDENCE

Dr J D Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 12/11/2019
Date Dictated: 12/11/2019
Date Typed: 13/11/2019
Our Ref: MT/IS
Enquiries to Irene Sinclair
Tel No: 01563 578548

Dear Dr Curran

**ALISDAIR MACDONALD
CHI No: 0402863410**

40 BALGRAY AVENUE, KILMARNOCK KA1 4QS

Diagnoses:

**Recurrent Depressive Disorder
History of Alcohol Dependence, currently under
control**

Medication:

**Quetiapine MR 300mg nocte
Mirtazapine 45mg nocte**

Follow up Arrangements:

- 1 Outpatient review in six months**
- 2 I will refer to Community Connector**

I reviewed this man in Dr Henderson's absence at the North West Kilmarnock Area Centre on 12 November 2019.

He has managed to control his drinking throughout this year since he was seen by Dr Henderson in February. His depression has also been largely well controlled but continues to fluctuate from time to time. He had a brief period of one week to ten days of not sleeping well around three weeks ago and this led to a brief period of suicidal ideation. He did not have any particular intent or plans to act on this and was on the verge of contacting the Duty service. However, his insomnia improved spontaneously and he no longer has any difficulties in this regard.

His main complaint today was that of persistent anxiety, which has led to various avoidance behaviours and social isolation. He tells me that Dr Henderson previously referred him to the Community Connector on a couple of occasions but he has still had no contact from the service. I will therefore chase up this referral and will write again on Dr Henderson's behalf asking if a Community Connector could be appointed in order to help him with the debilitating effects of his anxiety and depression.



2

13 November 2019

Dr J D Curran re: Alisdair MacDonald 0402863410

In the meantime, I have not seen any need to change any of his current psychiatric medication and will arrange for him to be seen again in Dr Henderson's clinic in six months' time.

Yours sincerely

Authorised on 18/11/2019 16:06:46 by Mike Taylor.

Dr M Taylor
Consultant Psychiatrist

Mental Health Services

**Adult Community Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net**



CLINICAL IN CONFIDENCE

William Pearson
Community Connector
The Surgery
4 Old Irvine Road
KILMARNOCK
KA1 2BD

Clinic Date: 12/11/2019
Date Dictated: 12/11/2019
Date Typed: 13/11/2019
Our Ref: MT/IS
Enquiries to: Irene Sinclair
Tel No: 01563 578548

Dear Mr Pearson

**ALISDAIR MACDONALD
CHI No: 0402863410**

40 BALGRAY AVENUE, KILMARNOCK KA1 4QS

This man attends Dr Henderson's outpatient psychiatric clinic at the North West Kilmarnock Area Centre. He suffers from Recurrent Depressive Disorder, which has sometimes been complicated by dependence on alcohol. He has, however, managed to control his alcohol consumption throughout this year. His depression has also improved to some extent and tends to fluctuate from time to time. He is mainly debilitated by anxiety and this causes significant avoidance behaviours of public places.

A combination of his anxiety and depression have contributed to social isolation and he is struggling to find a way out of this. I would be most grateful if he could be appointed a Community Connector as a way of trying to integrate him once again to the community and to help him overcome some of his avoidance and improve his self-confidence. He tells me that Dr Henderson referred him on two previous occasions but so far he has not had any contact from anyone. I would therefore be most grateful if this referral could be given a degree of priority.

Kind regards,

Yours sincerely

Authorised on 13/11/2019 11:49:51 by Mike Taylor.

**Dr M Taylor
Consultant Psychiatrist**

Adult Mental Health Services

**Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net**



CLINICAL IN CONFIDENCE

Alisdair MacDonald
40 Balgray Avenue
Kilmarnock
Ayrshire
KA1 4QS

Clinic Date: 19/08/2019
Date Dictated: 19/08/2019
Date Typed: 19/08/2019
Our Ref: MH/JT
Enquiries to: Ms J Taylor
Tel No: 01563-578593

Dear Alisdair MacDonald

ALISDAIR MACDONALD

**40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE,
KA1 4QS**

CHI No: 0402863410

I am sorry you did not attend your outpatient appointment on 19th August 2019. Please contact the CMHT within 14 days of receipt of this letter if you wish to be offered a further appointment, if however we do not hear from you within 14 days you shall be discharged from the service.

Yours sincerely

Authorised on 27/08/2019 13:47:40 by Morag Henderson.

**Dr M Henderson
Consultant Psychiatrist**

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD



Adult Mental Health Services

**Adult Mental Health Services
North West Kilmarnock Area Centre
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www.nhsaaa.net**



CLINICAL IN CONFIDENCE

Dr J D Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Date of Review: 18/02/2019
Date Dictated: 18/02/2019
Date Typed: 18/02/2019
Our Ref: MH/IS
Enquiries to Irene Sinclair
Tel No: 01563 578548

Dear Dr Curran

**ALISDAIR MACDONALD
CHI No: 0402863410**

40 BALGRAY AVENUE, KILMARNOCK KA1 4QS

Diagnoses:

**F33 – Recurrent Depressive Disorder
F10.2 – History of Alcohol Dependence, currently
under control**

Medication:

**Mirtazapine 45mg at night
Quetiapine MR 300mg at night**

Follow up Arrangements:

- 1 Outpatient review in six months**
- 2 I will arrange ECG for monitoring purposes**
- 3 I will refer back to Community Connector**

Alisdair presented late. He apologised for this and said that buses had not been running to schedule. He advised that his mood was picking up a bit again following a difficult festive period. He said that Christmas time always caused him to dwell on the past and that, in combination with increased alcohol intake, this tended to lead to worsening of suicidal thoughts. He assured me that he had not felt at risk of acting on suicidal thoughts however and that these had retreated again. He said that since Christmas his anxiety had been more marked and that he had become more reliant on his family even for fairly minor tasks such as putting the bins out. He advised that since I re-referred him to the Community Connector he had not been contacted. I wondered if he might be mistaken about this because no-one else has reported a similar experience but I will arrange to re-refer him. In terms of occupying his day otherwise, Alisdair said that he had made no progress towards enrolling on a college course but was still considering online educational opportunities. He said that he thought this would be more realistic than options that would involve him physically having to attend classes.



2

18 February 2019

Dr J D Curran re: Alisdair MacDonald 0402863410

In terms of his physical health, he said that his weight and recurring abscesses remained problematic ; his weight obviously being compromised by his inability to get out and about to exercise. He denied any regular alcohol for some time.

Objectively, Alisdair presented as euthymic, fairly relaxed and well kempt. I suspect that he copes reasonably well within the confines of a fairly restricted lifestyle. I did not see any indication to change his medication today but will arrange ECG monitoring due to him having been on Quetiapine for a prolonged period of time. I will arrange to review him in six month's time.

Kind regards.

Yours sincerely

Authorised on 19/02/2019 09:13:48 by Morag Henderson.

Dr M Henderson
Consultant Psychiatrist

Crosshouse Hospital A & E
Tel: 01563 577757 /
577758 Fax: 01563 572009

A&E Discharge Letter

To: JD.CURRAN

Re: Alisdair Macdonald
14C KNOCKINLAW MOUNT, KILMARNOCK,
KA3 2AG
DOB: 04/02/1986
A & E No: XH-18-069973-1
CHI No.: 0402863410

Attendance Details

Date of Attendance: 26/12/2018

Time of Attendance: 05:11:00

Presenting Complaint: facial problem

Duty Consultant: J Stevenson

Additional Information: No Attendances in Last 12 months:1 Total Number of Attendances:24

Diagnosis Laceration, Eyebrow, Left

Treatment Advice

Investigations

Discharge
formation: Discharge, Usual place of residence no follow up

Additional
Information allegedly assaulted, sustained a laceration to the left eyebrow. Cleaned and closed with wound glue. Discharged with HI advice

Discharged
by: Ashleigh Thomson, Clinical Fellow

Adult Mental Health Services

Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr J D Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Date of Review: 07/08/2018
Date Dictated: 07/08/2018
Date Typed: 08/08/2018
Our Ref: MH/IS
Enquiries to Irene Sinclair
Tel No: 01563 578548

Dear Dr Curran

ALISDAIR MACDONALD
CHI No: 0402863410

40 BALGRAY AVENUE, KILMARNOCK KA1 4QS

Diagnoses:

**F33 – Recurrent Depressive Disorder
F10.2 – History of Alcohol Dependence, currently resolved**

Medication:

**Mirtazapine 45mg at night
Quetiapine MR 300mg at night**

Follow up Arrangements:

Outpatient review in six months

Mr MacDonald reported that since increasing Quetiapine back to his original dose he had been feeling much better. He said that his sleep and appetite were now back to normal, his mood was better and that suicidal thoughts were infrequent. He said that because of his mental health having been unsettled by the reduction in his Quetiapine dose he had not yet got round to progressing plans to study for an HNC in IT but said that this was still his plan. He also advised that he was due to go for a week touring Scotland in September/October with his brother and father. Alisdair receives significant input from his family members. He reported that abscesses were still problematic but said that he was not currently undergoing investigation or treatment for this. Overall, he presented as stable and we agreed to make no further change to his medication. I will arrange to review him in six month's time.

Kind regards.

Yours sincerely

Authorised on 08/08/2018 16:38:49 by Morag Henderson.

Dr M Henderson
Consultant Psychiatrist



Adult Mental Health Services

**Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net**



CLINICAL IN CONFIDENCE

Dr J D Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Date Dictated: 20/07/2018
Date Typed: 23/07/2018
Our Ref: MH/IS
Enquiries to: Irene Sinclair
Tel No: 01563 578548

Dear Dr Curran

**ALISDAIR MACDONALD
CHI No: 0402863410**

40 BALGRAY AVENUE, KILMARNOCK KA1 4QS

Further to my letter dated 5 June 2018, Mr MacDonald's mother telephoned me on 20 July 2018 with Alisdair in her company to say that he had tried reducing Quetiapine and was struggling with poor sleep and increased agitation. She said that he was keen to revert to his previous dose of 300mg daily in Modified Release form and I have no objection to this. I would be grateful if his prescription could be amended accordingly and I will arrange to review him in August, as previously planned.

Kind regards.

Yours sincerely

Authorised on 26/07/2018 11:48:49 by Morag Henderson.

**Dr M Henderson
Consultant Psychiatrist**



Adult Mental Health Services

**Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net**



CLINICAL IN CONFIDENCE

Dr J-D Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Date of Review: 05/06/2018
Date Dictated: 05/06/2018
Date Typed: 05/06/2018
Our Ref: MH/IS
Enquiries to: Irene Sinclair
Tel No: 01563 578548

Dear Dr Curran

**ALISDAIR MACDONALD
CHI No: 0402863410**

40 BALGRAY AVENUE, KILMARNOCK KA1 4QS

Diagnoses:

**F33 – Recurrent Depressive Disorder
F10.2 – History of Alcohol Dependence, currently
resolved**

Medication:

**Mirtazapine 45mg at night
Quetiapine MR 300mg at night**

**Changes to Medication following
review:**

**Please reduce Quetiapine MR to 250mg at night for
two weeks and, if tolerated, to 200mg at night
thereafter**

Follow up Arrangements:

1 Outpatient review in two months

Mr MacDonald reported doing reasonably well at review. He reported no change in his sleep or appetite, said that his mood was quite good and denied any suicidal thoughts. He manages to confine his drinking to a couple of nights of the week when he goes out with family. He said that he had still not received an appointment for the Community Connector despite re-referral but was happy to leave this and has been considering recommencing an HNC in IT online. He said that his physical health was not quite so good. Recurrent abscesses remain an issue and he complained of feeling tired a lot and of having gained a lot of weight.



2

5 June 2018

Dr J D Curran re: Alisdair MacDonald 0402863410

We spoke about ongoing options for management as including:

- 1 Accepting things were as good as they were likely to be and discharging him back to GP care.
- 2 Trying to withdraw Quetiapine to see if this would help some of his physical issues and perhaps help him get out and about more.

Mr MacDonald chose the latter option and I would therefore be grateful if his Quetiapine could be reduced slightly as indicated above. I will arrange to review his progress routinely in two month's time but have asked him to contact sooner should he experience any problems with the medication change.

Kind regards.

Yours sincerely

Authorised on 08/06/2018 09:23:21 by Morag Henderson.

Dr M Henderson
Consultant Psychiatrist



Adult Mental Health Services

Adult Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net



CLINICAL IN CONFIDENCE

Dr J D Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Date of Review: 04/12/2017
Date Dictated: 04/12/2017
Date Typed: 04/12/2017
Our Ref: MH/IS
Enquiries to Irene Sinclair
Tel No: 01563 578548

Dear Dr Curran

ALISDAIR MACDONALD
CHI No: 0402863410

40 BALGRAY AVENUE, KILMARNOCK KA1 4QS

Diagnoses:

F33 – Recurrent Depressive Disorder
F10.2 – History of Alcohol Dependence, currently resolved

Medication:

Mirtazapine 45mg at night
Quetiapine Modified Release 350mg at night

Changes to Medication following review:

Please reduce Quetiapine Modified Release to 300mg at night

Follow up Arrangements:

- 1 Outpatient clinic in six months**
- 2 I will follow up Community Connector referral**

I met with Mr MacDonald for the first time at the North West Kilmarnock Area Centre. He reported himself to be doing "as well as possible".

He said that his financial situation had now been sorted out. Mr MacDonald presented as reasonably kempt and rather subdued. His eye contact was intermittent. His speech was low in volume and he did not offer much in terms of spontaneous conversation. However, he responded appropriately to questions and was able to provide a good account of how he had been. He described his sleep as not great but said that he had been eating regularly, possibly as a result of regular visits to his mum.



2

4 December 2017

Dr J D Curran re: Alistair MacDonald 0402863410

He rated his mood as four on a scale from zero to ten and denied any recent pressing suicidal thoughts. He denied any recent regular alcohol intake. In terms of his physical health, he said that recurrent abscesses were getting him down at times but that chronic pain had not been so severe. He told me that since his last appointment he had reduced Quetiapine MR back to 300mg at night as a result of finding it made him rather drowsy. I would be grateful if his prescription could be amended accordingly. I will arrange to review him in the outpatient clinic in six month's time. Mr MacDonald said that he had not received an appointment from the Community Connector yet and was still keen for this support. I will, therefore, chase this up.

Kind regards.

Yours sincerely

Authorised on 08/12/2017 09:19:30 by Morag Henderson.

Dr M Henderson
Consultant Psychiatrist

Mental Health Services

**Adult Community Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net**



CLINICAL IN CONFIDENCE

John Dalton
Financial Inclusion Delivery Manager
9 Balmoral Road
Kilmarnock
KA3 1HL

Date Dictated: 13/06/2017
Date Typed: 16/06/2017
Our Ref: AG/JT
Enquiries to: Ms J Taylor
Tel No: 01563-578593
Fax No: 01563-578709

Dear John Dalton

ALISDAIR MACDONALD

**40 BALGRAY AVENUE, KILMARNOCK, Ayrshire,
KA1 4QS**

CHI No: 0402863410

I would appreciate if you could consider the involvement of the above gentleman. He is known to my outpatient clinic with a diagnosis of depression and anxiety and has also some issues with alcohol dependence in the past which have now resolved. He was previously living with his brother in a joint tenancy from a private landlord and his brother moved out approximately one year ago now. Alisdair appropriately applied for housing benefit although there appears to have been multiple issues with this. Although it was granted it appears not to have been backdated and the current payments still appear to be wrong. As such he has accrued approximate debt of £1800 with his landlord. He has tried to resolve this himself by attending housing appointments with family as he suffers with anxiety when out and also of making phone calls himself and also giving them permission to speak to his landlord directly which he did in writing. Despite this the issues remain and he continues to accrue debt. I wonder whether you would be able to provide him with any assistance.

Yours sincerely

Authorised on 19/06/2017 16:18:52 by Aileen Guthrie.

**Dr Aileen Guthrie
Consultant Psychiatrist**



Mental Health Services

**Adult Community Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net**



CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 12/06/2017
Date Dictated: 13/06/2017
Date Typed: 16/06/2017
Our Ref: AG/JT
Enquiries to Ms J Taylor
Tel No: 01563-578593
Fax No: 01563-578709

Dear Dr Curran

ALISDAIR MACDONALD

**40 BALGRAY AVENUE, KILMARNOCK, Ayrshire,
KA1 4QS**

CHI No: 0402863410

Diagnosis:

**Depression / Anxiety and also past alcohol
dependence, currently in remission.**

Psychiatric Medication:

**Mirtazapine 45 mg nocte.
Quetiapine modified release 350 mg nocte.**

Follow up:

- 1. Outpatient clinic in 6 months.**
- 2. Referral to Financial Inclusion.**
- 3. Referral to Community Connectors.**

I saw the above gentleman in the outpatient clinic at the North West Area Centre on 12th June 2017.

He reports that things have been up and down. He states that he is feeling "grumpy anyway" as he has had some physical health difficulties recently. He reports having an abscess on his waist which I believe is recurrent in nature. He also complains of chronic back pain and a cough for approximately one month. I believe that he was due to see yourself in the next couple of days in regards to the above. His housing remains an issue. He states that his housing benefit had started after his brother moved out but payments have been wrong and they have not been backdated to the appropriate time. He has tried attending appointments at the housing office with his family and phoning himself and has also given them written permission to speak to his landlord but this still appears to be an issue. He believes that his landlord has stated that he has now accrued £1800 worth of debt although Alisdair appeared unsure if this was the right figure. He states that his mood is Ok or grumpy. He feels that his sleep is currently difficult secondary to his back and pain from his abscess round his waist.



12th June 2017

ALISDAIR MACDONALD

**40 BALGRAY AVENUE, KILMARNOCK, Ayrshire,
KA1 4QS**

CHI No: 0402863410

He reports his appetite as being Ok. in terms of managing his tenancy on his own he states that he does most of his food shopping on line and that his bills are paid direct debit so this is not an issue. During the day he is mainly watching television although does go for the occasional walk. We discussed his previous input with the OT and he states that he felt that he knew the techniques in regards to his anxiety and getting out already. He did however remain keen to increase his structure to his day. He did not have any current thoughts of deliberate self harm or suicide and denied any alcohol or illicit substances.

Impression

Alisdair appeared quite disgruntled secondary to multiple social and physical stressors at present.

Plan

I have not made any changes to his medications at present. I will however refer him to my colleagues in the Financial Inclusion Team in order to try and help sort out the financial issues around his housing and also to the Community Connectors to help with increasing his structure to his day. I will see him again in the outpatient clinic in approximately 6 months.

Yours sincerely

Authorised on 19/06/2017 16:18:12 by Aileen Guthrie.

**Dr Aileen Guthrie
Consultant Psychiatrist**

Mental Health Services

**Adult Community Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net**



CLINICAL IN CONFIDENCE

Alisdair MacDonald
40 Balgray Avenue
Kilmarnock
Ayrshire
KA1 4QS

Clinic Date: 22/02/2017
Date Dictated: 02/03/2017
Date Typed: 02/03/2017
Our Ref: AG/JT/
Enquiries to: Ms J Taylor
Tel No: 01563-578593
Fax No: 01563-578709

Dear Alisdair MacDonald

ALISDAIR MACDONALD

**40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE,
KA1 4QS**

CHI No: 0402863410

I am sorry you did not attend your appointment with me on 22nd February 2017 at the North West Kilmarnock Area Centre.

Please contact the Team on the above telephone number within fourteen days of receipt of this letter if you wish to be re-appointed. If however we do not hear from you within fourteen days you shall be discharged from the clinic.

Yours sincerely

Authorised on 06/03/2017 16:00:25 by Aileen Guthrie.

**Dr Aileen Guthrie
Consultant Psychiatrist**

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD



Mental Health Services

**Adult Community Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net**



CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 22/02/2017
Date Dictated: 22/02/2017
Date Typed: 23/02/2017
Our Ref: AG/JT
Enquiries to: Ms J Taylor
Tel No: 01563-578593
Fax No: 01563-578709

Dear Dr Curran

ALISDAIR MACDONALD

**40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE,
KA1 4QS**

CHI No: 0402863410

I was due to see the above gentleman in my outpatient clinic at the North West Area Centre on 22nd February 2017. Unfortunately he did not attend and did not contact ourselves. I do note however from his last clinic attendance that there is potential that he has moved address. I will try and confirm this throughout GP registration. If his address has not changed I will send him an opt in letter for the clinic. However it may be that he has missed an appointment in the post and if this is the case I will re-appoint him for 4 to 6 months time.

Yours sincerely

Authorised on 23/02/2017 14:40:30 by Aileen Guthrie.

**Dr Aileen Guthrie
Consultant Psychiatrist**



Mental Health Services

**Adult Community Mental Health Services
North West Kilmarnock Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net**



CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 26/10/2016
Date Dictated: 27/10/2016
Date Typed: 01/11/2016
Our Ref: AG/JT/
Enquiries to Ms J Taylor
Tel No: 01563-578593
Fax No: 01563-578709

Dear Dr Curran

ALISDAIR MACDONALD

**40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE,
KA1 4QS**

CHI No: 0402863410

Diagnosis:

**Depression and Anxiety
Past alcohol dependence, currently in remission**

Psychiatric Medication:

**Mirtazapine 45 mg nocte
Quetiapine modified release 300 mg nocte**

Changes to Medication:

**Please increase Quetiapine modified release
350 mg nocte.**

Follow up:

- 1. Continue with OT**
- 2. Outpatient review in 4 months**

I saw the above gentleman in my outpatient clinic at the North West Area Centre on 26th October 2016.

He reported that things had become more difficult for him as his brother is moving out of their joint tenancy. He is unsure what will happen in regards to the tenancy and if he would be able to afford to stay on himself. He is currently seeking advice from Citizen Advice Bureau in regards to whether his benefits may increase to help him cover his increase in rent. He needs help in evaluating this as he feels unable to do it himself at present. I believe that it is approximately one month until his tenancy would have to go solely into his own name. This is a private let tenancy. Should it not be possible for him to afford it he will be looking for accommodation on his own elsewhere. As expected he is feeling very stressed by this and his anxiety has increased as a result.



26th November 2016

ALISDAIR MACDONALD

**40 BALGRAY AVENUE, KILMARNOCK, Ayrshire,
KA1 4QS**

CHI No: 0402863410

He did recount to me today that he had previously been feeling very motivated to change and still does so although his last attempt at going back into work has been a "spectacular fail" and has resulted in a panic attack and faint. He was unable to identify any positives in this despite going from being very agoraphobic in the house to trying that. He reported that his mood deteriorated after this incident and his alcohol intake increased. He has now been abstinent for approximately two weeks, saying himself that this was making things worse. He is continuing to experience panic if he tries to go out alone. He does however at home enjoy time with his nephews and also enjoys music, television and the computer. He does miss his previous hobbies and friends. He met with my OT colleagues earlier in the day and it has been agreed that they will do some work with him around anxiety management and graded exposure. It has been agreed that this will start up in a few weeks once Alisdair has the difficulties with his tenancy out of the way in order not to make his current situation more difficult. He is having some difficulties sleeping due to increased anxiety although his concentration is Ok. He had no thoughts of deliberate self harm or suicide.

Mental State Examination

Alasdair was a small, plump gentleman with dark brown/red hair and beard. He was dressed in T-shirt and jeans. He did appear anxious and on the edge of his seat but he engaged well despite this. His eye contact was good as was his rapport. Subjectively he described his mood as anxious. Objectively his mood was anxious. Speech was of normal rate, tone and volume. There was no evidence of any formal thoughts disorder and there were no thoughts of deliberate self harm or suicide. There was no evidence of any perceptual disturbance. He had good insight into his difficulties. I believe there is a chronic risk of alcohol misuse.

Impression

Alisdair is a gentleman who has previously had issues with low mood, currently presenting as anxious with agoraphobic and panic symptoms.

Plan

I would appreciate if as per my clinical E-mail his Quetiapine modified release could be increased to 250 mg nocte. He plans to attend the Citizen Advice Bureau for help with his finances and tenancy. He is currently awaiting his OT input and will be seen again in clinic in approximately 4 months time.

Yours sincerely

Authorised on 01/11/2016 14:58:56 by Aileen Guthrie.

Dr Aileen Guthrie
Consultant Psychiatrist



Mental Health Services

**Adult Community Mental Health Services
North West Area Centre
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www.nhsaaa.net**



CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 08/06/2016
Date Dictated: 08/06/2016
Date Typed: 15/06/2016
Our Ref: AN/JT/
Enquiries to Jenny Taylor
Tel No: 01563-578593
Fax No: 01563-578709

Dear Dr Curran

ALISDAIR MACDONALD

**40 BALGRAY AVENUE, KILMARNOCK, Ayrshire,
KA1 4QS**

CHI No: 0402863410

Diagnosis:

**Depression – F33
Past diagnosis of alcohol dependence, currently in remission**

Psychiatric Medication:

**Mirtazapine 45 mg nocte
Quetiapine modified release 300 mg nocte**

Recommendations/Plan:

**Outpatient review in 4 months
Referral to Occupational Therapy**

I saw this gentleman in clinic today, 8th June 2016. He appeared slightly morose with poor eye contact but his mood looked fairly euthymic and he engaged well with the review. He told me that he attempted to go back into employment and saw this as a major step forward. A friend helped him to obtain a job in a call centre but unfortunately during his first day, 2 hours after he started employment, he had a major panic attack and he fainted. Therefore he needed to quit the job. He was quite upset and depressed about this but he was able to overcome the unfortunate event. Generally he says that his mood is Ok. He mainly has problems with anxiety, especially when going out. He says that he always needs to be accompanied. His sleep is good. He has good appetite and he gains weight with his medication. He clarified that it is not the medication to blame for this, possibly because of his anxieties he does less walking and less exercise which contributes to the weight gain. He does not have any suicidal thoughts. He denied any psychotic symptoms and said that he has not had them in a long time. He does not drink alcohol. After the panic attack and the feelings of depression that came after that he had a powerful urge to start drinking again but he was able to stay away from alcohol. He denied any drugs.



2

8th June 2016

ALISDAIR MACDONALD

**40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE,
KA1 4QS**

CHI No: 0402863410

He is still waiting to start the course at university. Now he lives alone and this improves the relationship with his mother. He denied any other side effects from medication and is happy to continue with the same. We discussed how best to manage his anxieties and he was agreeable to be referred to Occupational Therapy for graded exposure and said that he is quite motivated to work with them to tackle his anxieties. He will be reviewed again in clinic in 4 months.

Yours sincerely

Authorised on 16/06/2016 15:30:10 by Adrian Nitu.

Dr Adrian Nitu
Locum Consultant Psychiatrist



Mental Health Services

**Adult Community Mental Health Services
North West Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net**



CLINICAL IN CONFIDENCE

Ms Fiona Mason
Occupational Therapist
Community Mental Health Team
North West Kilmarnock Area Centre
KILMARNOCK
KA3 1NQ

Date Dictated: 08/06/2016
Date Typed: 15/06/2016
Our Ref: AN/JT/
Enquiries to Jenny Taylor
Tel No: 01563-578593
Fax No: 01563-578709

Dear Ms Mason

ALISDAIR MACDONALD

**40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE,
KA1 4QS**

CHI No: 0402863410

I am writing to refer this pleasant gentleman who has a diagnosis of chronic depression which is well managed with medication. Unfortunately he has high anxiety levels with panic attacks and he needs to be accompanied when he goes outside. He displays good motivation towards having graded exposure and anxiety management with yourselves. He even tried to go back into employment but unfortunately during the first day of work he had a massive panic attack and he fainted which made him quite depressed and wanting to return to alcohol but fortunately he was able to stay away from this. He still has hopes to rebuild his life and go back into employment but he would need to deal with his high anxiety levels first.

I would be grateful if you could see this gentleman for anxiety management and graded exposure.

Yours sincerely

Authorised on 16/06/2016 15:30:58 by Adrian Nitu.

**Dr Adrian Nitu
Locum Consultant Psychiatrist**





Mental Health Services

**Adult Community Mental Health Services
North West Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net**



CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 14/10/2015
Date Dictated: 14/10/2015
Date Typed: 16/10/2015
Our Ref: JL/JT
Enquiries to: Jenny Taylor
Tel No: 01563-578593
Fax No: 01563-578709

Dear Dr Curran

ALISDAIR MACDONALD

**40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE,
KA1 4QS**

CHI No: 0402863410

I reviewed Mr MacDonald today, 14th October 2015 at my North West Kilmarnock Area Centre Outpatient Clinic.

He reported that things were "Ok" but has found things "a bit frustrating recently".

It is also more cramped and he has lost some of his privacy. She has another tenancy, which he is redecorating, and he is hopeful that she will move out next week. He seldom drinks alcohol and denies binges. He doesn't use illicit drugs although continues to smoke. He has paid for a university course in computing and has a laptop ready to start this. He can start it at any time but has found the loss of his bedroom to his mother recently as an impediment. Once she moves out and things settle he plans to take up his study of this.

Current Medication

Quetiapine modified release 300 mg at night

Mirtazapine 45 mg at night

He thinks that these are "Ok, they keep me at a level".

He takes them regularly and the only problem that he notices is occasional tiredness.

Mental State Examination

He was a casually and appropriately dressed, middle aged man with reasonable self care and eye contact. Posture and demeanour were normal and appropriate. Speech was normal in form and flow and the main theme was the stress from his mum staying with him just now. Mood can dip at times as a result of stress of his mother staying with him and his brother but he copes with this. He denied obvious biological symptoms consistent with altered mood and was adamant that there were no thoughts of suicide or self harm. He was perhaps mildly



ALISDAIR MACDONALD

**40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE,
KA1 4QS**

CHI No: 0402863410

depressed but little changed from the last time I saw him. A good rapport was maintained. His suspicious thinking is a lot less on his current medication and he tolerates this without distress. There is nothing else suggestive of psychotic symptoms at the moment. He has good insight into his presentation and didn't have anything else to add.

Impression

This gentleman with a diagnosis of a depressive illness (ICD 10 Code – F32) is reasonably settled despite the stress of his mum living with him. His alcohol dependence (ICD 10 Code – F10.2) is not a current problem. There are no obvious unmet needs.

Recommendations

We discussed how best to proceed and he was keen to make no changes to his current prescribing. I emphasised a number of positives that are present in his situation and encouraged him to take up his computer course when he is able to do that. I will arrange for his ongoing outpatient clinic review and I encouraged him to get back in touch with us again should he identify a need to do so.

Kind regards

Yours sincerely

Authorised on 22/10/2015 12:06:06 by Jamie Lewis.

**Dr J Lewis
Consultant Psychiatrist**

Mental Health Services

**Adult Community Mental Health Services
North West Area Centre
Western Road
Kilmarnock
KA3 1NQ
www.nhsaaa.net**



CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 18/03/2015
Date Dictated: 18/03/2015
Date Typed: 20/03/2015
Our Ref: JL/JT/
Enquiries to: Jenny Taylor
Tel No: 01563-578593
Fax No: 01563-578709

Dear Dr Curran

ALISDAIR MACDONALD

**29 CAMPBELTOWN DRIVE, KILMARNOCK,
AYRSHIRE, KA3 1TB**

CHI No: 0402863410

I reviewed Mr MacDonald today, 18th March 2015, at my North West Kilmarnock Area Centre.

He reports that things are "good". He just moved into a new house with his brother in Shortlees and has coped with the stress of this. His brother is very supportive [REDACTED] this arrangement has been "good for my anxiety". He can "still get panic attacks" but they are less often and less severe. The previous breach of the peace charges against him have been "dismissed". He will admit to a "couple of beers" at home with his brother maybe once a week with the football but denied binges and this represents a significant reduction in his drinking. He is "not drinking myself". He is not using illicit drugs although smokes a variable amount of tobacco, perhaps up to a pouch a week.

Current Medication

Quetiapine modified release 300 mg at night
Mirtazapine 45 mg at night

When the Quetiapine dose was increased initially he was a bit tired with it, but he has worked out when he can take it to give him a better sleep and not be hung-over in the morning. This has also helped his suspicious thinking.

Mental State Examination

He was a casually and appropriately dressed, middle aged man with good eye contact and reasonable self care. He sat calmly and appropriately throughout. Speech was normal in form and flow and there were no recurrent themes. Mood is "Ok" with no recurrent significant depressed or elated mood. He tends not to get upswings but it varies to below the midline. He is not describing thoughts of suicide or self harm. He was not objectively depressed or elated and a good rapport was established. He can have a tendency toward suspicious thoughts, particularly with people outside that he doesn't know. These are less intense and as a result he has been aware of "less arguments" especially at home. He has good insight into his illness and the need for its treatment.



ALISDAIR MACDONALD

**29 CAMPBELTOWN DRIVE, KILMARNOCK,
AYRSHIRE, KA3 1TB**

CHI No: 0402863410

Impression

This gentleman with a diagnosis of a depressive illness (ICD 10 Code – F32) and alcohol dependence (ICD 10 Code – F10.2) is more settled in terms of his mental illness and has cut down his alcohol. He has recently moved into a new house with his brother and described this as a very positive arrangement. He coped with the stress of the house move. He is more settled with his current medication

Recommendations

We discussed how best to proceed and agreed not to make any changes to his current treatment plan. He will continue the same medication for now. I advised him to try and minimise his alcohol consumption as much as possible. I also encouraged him to try and keep as active as his symptoms allow. He has been considering Open University as a means of giving him something to focus on and perhaps ease into increasing his level of socialisation. I will see him from time to time at my outpatient clinic and he knows how to contact us beforehand if need be.

Yours sincerely

Authorised on 25/03/2015 11:14:05 by Jamie Lewis.

**Dr J Lewis
Consultant Psychiatrist**



Mental Health Services

**Adult Community Mental Health Services
North West Area Centre
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CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 25/11/2014
Date Dictated: 25/11/2014
Date Typed: 25/11/2014
Our Ref: JL/JT/
Enquiries to: Jenny Taylor
Tel No: 01563-578593
Fax No: 01563-578709

Dear Dr Curran

ALISDAIR MACDONALD

**29 CAMPBELTOWN DRIVE, KILMARNOCK,
AYRSHIRE, KA3 1TB**

CHI No: 0402863410

I was due to review Mr MacDonald today, 25th November 2014, at my North West Kilmarnock Area Centre Outpatient Clinic but he failed to attend and did not contact us in advance to cancel or reschedule. I will offer him another outpatient clinic appointment in due course but if he fails to attend this I will be discharging him from my follow up. I will keep you updated as to what happens.

Kind regards

Yours sincerely

Authorised on 04/12/2014 11:49:22 by Jamie Lewis

**Dr J Lewis
Consultant Psychiatrist**



Mental Health Services

Adult Community Mental Health Services
North West Area Centre
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**CLINICAL IN CONFIDENCE**

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Clinic Date: 28/05/2014
Date Dictated: 28/05/2014
Date Typed: 02/06/2014
Our Ref: JL/JT/
Enquiries to Jenny Taylor
Tel No: 01563-578593
Fax No: 01563-578709

Dear Dr Curran

ALISDAIR MACDONALD

**FLAT 10, 8 BREWLAND STREET, GALSTON,
AYRSHIRE, KA4 8AQ**

CHI No: 0402863410

I reviewed Mr MacDonald today, 28th May 2014, at my North West Kilmarnock Area Centre Outpatient Clinic.

He reports "not a great couple of weeks". He has felt "anxious inside" and "lost and frustrated". He is "wanting to do stuff but can't do it due to panics". He recently went out with friends and "had a drink". This is the first time he has had a drink in a number of months but "he passed out" and found himself in a police cell charged with breach of the peace when he woke up. He is due in court tomorrow and he has legal support. This is "a little" stressful for him. He denies illicit drug use and has been unable to stop smoking given his level of anxiety. He lives with his mum and this is working out "quite well". He has a very supportive brother in addition.

Current Medication

Quetiapine modified release 150 mg at night

Mirtazapine 45 mg at night

He denies significant side effects from these and feels that the Mirtazapine is "a lot better" than the Sertraline.

Mental State Examination

He was a casually and appropriately dressed young man with good self care and reasonable eye contact. He was mildly defensive in his posture but he sat appropriately throughout the interview. Speech was spontaneous and appropriate and he had a tendency towards a negative content in his speech. Mood is chronically low but I did not get a sense that it was dramatically worse. He can be a bit more irritable but he denies aggression with this. He denies thoughts of suicide or self harm. He was mildly low objectively with a degree of anxiety but he wasn't distressed. A good rapport was maintained. He can have his chronic background suspicious thoughts but these don't change his behaviour and his "paranoia doesn't run away with me". He is aware of his symptoms but not sure what would help. He



ALISDAIR MACDONALD

**FLAT 10, 8 BREWLAND STREET, GALSTON,
AYRSHIRE, KA4 8AQ**

CHI No: 0402863410

continues to make his best efforts in terms of securing his own recovery.

Impression

This gentleman with a diagnosis of a depressive illness (ICD 10 Code – F32) and alcohol dependence (ICD 10 Code – F10.2) benefited from the Mirtazapine but has been struggling a little bit with his mood. He had an alcohol binge leading to his arrest but he did not describe heavy regular drinking. He can still describe low mood, anxiety and background suspiciousness.

Recommendations

We discussed how best to proceed and agreed to try increasing his Quetiapine modified release to 200 mg at night. This can be increased as needed and tolerated by 50 mg a month aiming for a maintenance dose of 300 mg at night. If an increase causes problematic side effects then it can be reverted to the previous dose. I will keep him under outpatient clinic review later on in the year but once his antipsychotic prescribing is stabilised, if he still continues to complain of low mood and anxiety symptoms then Venlafaxine XL 75 mg in the morning can be added to run concurrently with his current dose of Mirtazapine. This may have the same side effects as Sertraline so he might not be able to tolerate it but this is something that can be tried if he continues to struggle before I see him again. A subsequent prescribing option might be to add in Lamotrigine but I will advise on that when I see him next. I have asked him to contact us in between times if he feels the need to do this.

Kind regards

Yours sincerely

Authorised on 03/06/2014 16:38:23 by Jamie Lewis.

Dr J Lewis

Consultant Psychiatrist

Mental Health Services

Adult Community Mental Health Services
North West Area Centre
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**CLINICAL IN CONFIDENCE**

Dr JD Curran
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
Ayrshire
KA1 2BD

Clinic Date: 08/01/2014
Date Dictated: 24/01/2014
Date Typed: 24/01/2014
Our Ref: JL/JT
Enquiries to: Jenny Taylor
Tel No: 01563-578593
Fax No: 01563-878709

Dear Dr Curran

ALISDAIR MACDONALD

**29 CAMELTON DRIVE, KILMARNOCK,
KILMARNOCK, Ayrshire, KA3 1TB**

CHI No: 0402863410

I reviewed Mr MacDonald on 8th January 2014 at my North West Kilmarnock Area Centre Outpatient Clinic.

He had to "stop taking the Lustral" due to "severe erectile dysfunction" which he found "disturbing". He took them for a couple of months and his problem didn't abate. They did however help his mood. He wondered if his Quetiapine is maybe not helping as much of late, and he noticed this since stopping the Sertraline. He has just moved to Galston in a one bedroom private let. He likes it and he is settling in. He is awaiting plastic surgery for his ear and is "still weighing up the pros and cons of this". He has good family support, especially from his brother. He said he had stopped drinking and is trying to get in touch with ADDACTION although finding this surprisingly difficult. He gets CPN contact from my colleague Mr Jim Young.

Current Medication

Quetiapine XL 150 mg at night

He is tolerating this well and feels that it is helping.

Mental State Examination

He was a casually and appropriately dressed, slim man with reasonable self care and eye contact. His speech was normal in form and flow with no recurrent themes. His mood is "still pretty low". Motivation and energy can be problematic. He gets "less frequent" thoughts regarding suicide and these occur only occasionally. He doesn't get plans or intent in terms of acting on them. He can get anxious, especially with "last minute changes" in arrangements for things. Going out himself can be difficult. Objectively he was mildly low and not distressed. There was limited reactivity of affect but a good rapport was established. He only



ALISDAIR MACDONALD

**29 CAMELTON DRIVE, KILMARNOCK,
KILMARNOCK, Ayrshire, KA3 1TB**

CHI No: 0402863410

gets occasional voices at the moment. He can have low grade persecutory thinking. This is much better on Quetiapine and it had improved again with the Sertraline. He has good insight into his presentation and the need to take his treatment.

Impression

This gentleman with a diagnosis of a depressive illness (ICD 10 Code – F32) and alcohol dependence (ICD 10 Code – F10.2) reports some good response to his medication. He couldn't tolerate the Sertraline however because of sexual side effects. He reports being stable in terms of his alcohol consumption although I had no independent corroboration of this.

Recommendations

We discussed how best to proceed and we both felt it appropriate to try another antidepressant. Mirtazapine is not usually associated with sexual dysfunction although clearly weight gain can be an issue. After discussing the pros of cons, he was agreeable to commencing Mirtazapine at 15 mg at night, increasing after a week to 30 mg. After a further month this can be increased to the maximum dose of 45 mg if needed. I have suggested staying on the same dose of Quetiapine for now but this could be increased by 100 mg if needed once he is stabilised on his antidepressant. I advised him to continue to try and moderate his alcohol consumption and to persevere in his efforts to make contact with ADDACTION. My CPN colleague Mr Young will follow him up as long as is indicated and I will keep an eye on him at my outpatient clinic.

Kind regards

Yours sincerely

Authorised on 24/01/2014 12:16:58 by Jamie Lewis.

**Dr J Lewis
Consultant Psychiatrist**

Copy to: Jim Young, CPN, CMHT, NWAC

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Information**

**Adult Community Mental Health Services
North West Area Centre
Western Road
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KA3 1NQ
01563 578592
01563 578709
www.nhsayrshireandarran.com**



Mr Ken Stewart
Consultant Plastic Surgeon
St John's Hospital
LIVINGSTON
West Lothian
EH54 6PP

Our Ref: AN/JF/
Hospital No:
Ref Date: 16/12/2013
Date Dictated: 23/12/2013
Date Typed: 23/12/2013
Enquiries to: Mrs Findlay
Direct Line: 01563 578548
Ext. Number: 8548
Email: www.nhs.ayrshire.org

Dear Mr Stewart,

**ALISDAIR MACDONALD DOB: 04/02/1986 CHI No: 0402863410
29 CAMBELTON DRIVE, KILMARNOCK, KILMARNOCK, AYRSHIRE, KA3 1TB**

Thank you for your letter dated 17.12.13 enquiring about Mr MacDonald's mental health situation. I saw him in early August this year in my Crisis Team Clinic due to a depressive presentation with psychotic symptoms and again once more six weeks later. Subsequently he has become homeless and moved out of our area. He was started on an antipsychotic, Quetiapine 150 mgs, which led to a significant improvement in his mental health and led to the complete cessation of his psychotic features. At his review in September he was started on an antidepressant, Sertraline, but on reviewing his nursing notes it appears he complained of sexual dysfunction on this and it was stopped. I am not aware if his General Practitioner started him on another antidepressant less likely to induce sexual dysfunction. When he was seen in clinic for the last time in October he had no complaints about his mental health. In addition, he vaguely described some epileptic-like features in the form of absences or black-outs lasting from two days to two weeks when he does not know what he is doing. During such periods he can become aggressive and he was investigated by the police for breach of the peace and police assault. The nature of these black-outs is unclear but I recommended in my clinical letter that they would warrant investigation from neurology. He has long-standing problems with alcohol and cannabis use. During our consultations he denied still using alcohol and cannabis.

He was advised to declare himself homeless and it is possible he was accommodated out of our area.

In my opinion I do not think his psychotropic medication should be stopped during his operation as the risk of relapse is high especially in times of stress. Antipsychotics can alter blood pressure, usually decreasing it and some antidepressants can increase the risk of bleeding. Nonetheless, these risks are small in comparison to the risk of relapse. I am not aware of significant interactions between Quetiapine and anaesthetic drugs.



ALISDAIR MACDONALD

DOB: 04/02/1986

CHI No: 0402863410

29 CAMELTON DRIVE, KILMARNOCK, KILMARNOCK, Ayrshire, KA3 1TB

Mr MacDonald usually tends to deteriorate in times of increased stress therefore psychological support from Health Psychology or the Crisis Team could be appropriate.

Kind regards

Yours sincerely

Authorised on 27/12/2013 09:39:16 by Jamie Lewis.

Dr Adrian Nitu

Speciality Doctor in Psychiatry

Dr JD Curran
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
Ayrshire
KA1 2BD

Confidential - Clinical Information

**Department of Otolaryngology
University Hospital Crosshouse
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KA2 0BE**



www.nhsayrshireandarran.com

Dr JD Curran
The Surgery
4/6 Old Irvine Road
Kilmarnock
Ayrshire
KA1 2BD

Our Ref: PW/SJM
Hospital No:
Clinic Date: 30/09/2013
Date Dictated: 30/09/2013
Date Typed: 04/10/2013
Enquiries to: Miss Sarah-Jane Mackie
Direct Line: 01563 827326
Ext. Number: 27326
Email: sarah.mackie@aaaht.scot.nhs.uk

Dear Dr Curran,

**ALISDAIR MACDONALD DOB: 04/02/1986 CHI No: 0402863410
29 CAMBELTON DRIVE, KILMARNOCK, KILMARNOCK, AYRSHIRE, KA3 1TB**

Diagnosis - Bite injury to left pinna 27/07/13 with 30% loss of pinna
Injury now well healed but patient has significant psychological concerns
re cosmesis
Management - Photographs
Referral to Plastic Reconstruction Centre

This 27 year old man was the victim of a biting injury and has lost the posterior third of his left pinna. Since that time he has suffered majorly with anxiety and depression and requires outpatient psychiatric services including Sertraline and Quetiapine medication. He has a rash with Penicillin. He otherwise requires no medication. He has no other significant medical background. He is currently unemployed but has previously worked as a bilingual call centre worker using his Dutch he acquired as an apprentice in the Netherlands. He is very keen for some form of reconstruction but this may lie outwith our department's area of expertise and there is quite a significant loss of pinna substance. I have arranged photographs and I will ask Mr Murray if he is able to take on this task otherwise I will ask Mr Ken Stewart in Livingstone who has a dedicated interest in this sort of work. I recently spoke to Mr Jamieson, the Plastic Surgeon in Glasgow who name Mr Stewart as the Plastic Surgeon with the most expertise.

Kind Regards.

Yours sincerely

Authorised on 04/10/2013 18:37:00 by Mr P Wardrop.

**Mr P Wardrop
Consultant ENT Surgeon
GMC 3281130**

www.nhsayrshireandarran.com



ALISDAIR MACDONALD **DOB: 04/02/1986** **CHI No: 0402863410**
29 CAMELTON DRIVE, KILMARNOCK, KILMARNOCK, Ayrshire, KA3 1TB

Page 2

Mr Andrew Murray
Consultant ENT Surgeon
Level 5 West
Crosshouse Hospital
KA2 0BE

Mr Ken Stewart
Consultant Plastic Surgeon
St John's Hospital
LIVINGSTON
West Lothian
EH54 6PP

Confidential - Clinical Information

**Department of Otolaryngology
University Hospital Crosshouse
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www.nhsayrshireandarran.com

Mr Ken Stewart
Consultant Plastic Surgeon
St John's Hospital
LIVINGSTON
West Lothian
EH54 6PP

Our Ref: PW/SJM
Hospital No:
Clinic Date: 30/09/2013
Date Dictated: 30/09/2013
Date Typed: 04/10/2013
Enquiries to: Miss Sarah-Jane Mackie
Direct Line: 01563 827326
Ext. Number: 27326
Email: sarah.mackie@aaaht.scot.nhs.uk

Dear Ken

**ALISDAIR MACDONALD DOB: 04/02/1986 CHI No: 0402863410
29 CAMELTON DRIVE, KILMARNOCK, KILMARNOCK, Ayrshire, KA3 1TB**

I enclose a GP letter and some photographs which I hope are self explanatory. The patient is very keen to have some form of reconstruction if at all possible and is willing to travel to Livingston for journeys as required. I have spoken to the Canniesburn Plastic Surgeons initially and they recommended you as the National Service Provider. The patient's phone number is 07716077634.

Kind Regards.

Yours sincerely

Authorised on 04/10/2013 18:40:12 by Mr P Wardrop.

**Mr P Wardrop
Consultant ENT Surgeon
GMC 3281130**

Dr JD Curran
The Surgery
4/6 Old Irvine Road
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Mr Andrew Murray
Consultant ENT Surgeon
Level 5 West
Crosshouse Hospital
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Mental Health Services

**Adult Community Mental Health Services
North West Area Centre
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Kilmarnock
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www.nhsayrshireandarran.com**



CLINICAL IN CONFIDENCE

Dr JD Curran
The Surgery
4/6 Old Irvine Road
Kilmarnock
Ayrshire
KA1 2BD

Clinic Date: 27/09/2013
Date Dictated: 27/09/2013
Date Typed: 30/09/2013
Our Ref: AN/JT
Enquiries to: Jenny Taylor
Tel No: 01563-578593
Fax No: 01563-878709

Dear Dr Curran

ALISDAIR MACDONALD

**29 CAMELTON DRIVE, KILMARNOCK,
KILMARNOCK, AYRSHIRE, KA3 1TB**

CHI No: 0402863410

Diagnosis:

**Depression with psychotic symptoms – F33.3
Query organic syndrome.**

Psychiatric Medication:

**Quetiapine 150 mg
Please introduce Sertraline 50 mg daily**

Follow up:

Dr Lewis outpatient clinic in 3 months

I reviewed this gentleman today, 27th September 2013 in my Crisis Team Clinic. I was glad to see the Mr McDonald is much better now compared to last time. He was very well kempt, focused, relaxed and insightful. He reported that the introduction of Quetiapine has made a significant improvement. The voices have almost completely disappeared. He feels that his head is clear now for the first time. Also the blackouts are no longer present. He did not describe any paranoid thinking but he remains anxious about going outside. He says he is "paranoid about going outside" but when asked about the motivation of this he said that this "is just my anxiety". His mood has slightly improved but unfortunately it still remains low. Sleep is much better with Quetiapine. He can have a reasonable amount of sleep every night now. Appetite is good and he has put on some weight but he said he is very happy about this. Anxiety levels remain high. He is very reluctant to go outside even if he is with his brother or other company. After being for a short whilst outside he develops intense anxiety with physical signs like light-headedness, shakes, breathlessness and sensation of constriction in the chest. There are fleeting suicidal thoughts without any plans or intent. The patient specifically emphasised this lack of intent or any planning. He still denies the usage of



ALISDAIR MACDONALD

**29 CAMELTON DRIVE, KILMARNOCK,
KILMARNOCK, Ayrshire, KA3 1TB**

CHI No: 0402863410

any alcohol or any drugs. Currently he tries to restructure his day and starts with the basics. He does not have much more activity but now he tends to have a daily routine. Until now there are no side effects from his Quetiapine.

We discussed further management of his symptoms. He would be agreeable to start an antidepressant for his anxiety and low mood. He did not respond well to Citalopram in the past. I have explained to him that the first two weeks of starting an antidepressant in the SSRI class would experience more anxiety and gastro-intestinal problems. He was still agreeable to commence with this. He is due to see his CPN in one week's time and will work more towards anxiety management and restructuring his day. He will be seen again in Dr Lewis' outpatient clinic in 3 months time.

Yours sincerely

Authorised on 03/10/2013 15:03:17 by Jamie Lewis.

Dr Adrian Nitu
Speciality Doctor in Psychiatry

Confidential - Clinical Information

**Department of Otolaryngology
University Hospital Crosshouse
Kilmarnock Road
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KA2 0BE**



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Alisdair Macdonald
29 Cambelton Drive
Kilmarnock
Kilmarnock
Ayrshire
KA3 1TB

Our Ref: PW/ST – CHI: 0402863410
Hospital No:
Clinic Date: 26/08/2013
Date Dictated: 26/08/2013
Date Typed: 27/08/2013
Enquiries to: Miss Sarah-Jane Mackie
Direct Line: 01563.827326
Ext. Number: 27326
Email: sarah.mackie@aaaht.scot.nhs.uk

Dear Mr Macdonald,

I had a message that you cancelled today's ENT check up appointment following the temporary repair of your left ear at the end of July. It may need further reconstruction. I am not sure whether you have been given a further appointment so if you require one please contact our office care of the above details. If you don't require any appointments for now you don't need to do anything but your GP can refer you to us at a later date.

Kind regards.

Yours sincerely

Authorised on 27/08/2013 16:48:20 by Mr P Wardrop.

**Mr P Wardrop
Consultant ENT Surgeon**

Dr JD Curran
The Surgery
4/6 Old Irvine Road
Kilmarnock
Ayrshire
KA1 2BD



Confidential - Clinical Information

Department of Otolaryngology
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KA2 0BE



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Dr JD Curran
The Surgery
4/6 Old Irvine Road
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Ayrshire
KA1 2BD

Our Ref: KV/ST – Mr Murray
Hospital No: -
Ref Date: 14/08/2013
Date Dictated: 14/08/2013
Date Typed: 19/08/2013
Enquiries to Mrs Susanne Trainor
Direct Line 01563 827893
Ext. Number 27893
Email susanne.trainor@aaaht.scot.nhs.uk

Dear Dr Curran,

ALISDAIR MACDONALD **DOB: 04/02/1986** **CHI No: 0402863410**
29 CAMELTON DRIVE, KILMARNOCK, KILMARNOCK, Ayrshire, KA3 1TB

Date of Admission: 27.07.13
Date of Discharge: 27.07.13

This patient presented to the ENT services for a human bite injury to his left upper ear border. There was complete avulsion noted as he presented in the A&E Department. The patient had Co-Amoxycylav, Hep B vaccine and bloods taken for hepatitis C. The patient was not for re-implantation of ear post review.

On examination the upper border of the left ear had undergone complete avulsion. It was also noted that there was bleeding from the blood vessels but this was cleaned out with iodine and haemostasis was achieved. Local anaesthetic was used to stop the bleeding and the cartilage that was visible was trimmed off and sutures applied. A non-adhesive dressing was later advised with gauze bondage. The plan later on was to bring the patient back the following day to remove the bandage. Chloramphenicol ointment was prescribed to be applied daily 3 times per day. The patient was asked to return on the Friday that followed for removal of his sutures which was on the 2nd of August 2013. The patient was also prescribed Erythromycin as he was Penicillin allergic and analgesia as appropriate.

Note to GP – The patient is to be followed up by GP in terms of his hepatitis C results and for him to complete his course of hepatitis B vaccination. An out-patient ENT follow up will be arranged after the patient has been reviewed and if considered appropriate.

Yours sincerely

Authorised on 20/08/2013 16:00:01 by Kumaralingham Vishnuvarthan.

Dr Kumaralingham Vishnuvarthan
FY2 in ENT
GMC 7284457

www.nhsayrshireandarran.com



Mental Health Services

Adult Community Mental Health Services
North West Area Centre
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Kilmarnock
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**CLINICAL IN CONFIDENCE**

Dr JD Curran
The Surgery
4/6 Old Irvine Road
Kilmarnock
Ayrshire
KA1 2BD

Clinic Date: 09/08/2013
Date Dictated: 09/08/2013
Date Typed: 12/08/2013
Our Ref: AN/DS
Enquiries to
Tel No: 01290 425947
Fax No:

Dear Dr Curran

ALISDAIR MACDONALD

**29 CAMELTON DRIVE, KILMARNOCK,
KILMARNOCK, Ayrshire, KA3 1TB**

CHI No: 0402863410

Diagnosis:

Depression with psychotic symptoms F33.3
Query organic syndrome

Psychiatric Medication:

Please prescribe Quetiapine XL 50 mg at night which
could be increased after 1 week to 100mg and to 150
after another week

Follow up:

6 weeks

I saw this patient in the Crisis Team clinic today 9th August 2013 for the first time. He was referred by my colleagues from Crisis after an incident when one of his friends without any reason has bitten his ear off. Now a significant portion of his earlobe is missing. Mr McDonald complained about black-outs lasting from 2 days to 2 weeks when he does not know what he did and has no recollection of the events. Then he confabulates about what happened. This started when he was 7-years old. They are induced by stress or by traumatic events. He was investigated for this in hospital when he was 16-years old. At that point he was smoking a lot of marijuana, a habit that had started 2 to 3 years before. The conclusion at that point was that his experiences were drug-induced and he was treated with Haloperidol. Haloperidol was effective and diminished some of his symptoms but it gave him intense extrapyramidal side effects and he had to stop. He said that his problems started well before he commenced drug use and they persisted even after he stopped them completely. He said that he has not touched drugs in the last 4 to 5 years. He also takes very little alcohol at the moment. He also complains about painful racing thoughts which are very disturbing and hearing voices both outside and inside his head. Outside his head he tends to hear 2 types of voices: 1 belongs to his uncle and 1 belongs to [REDACTED] a childhood friend. The uncle's voice is deprecating and [REDACTED] voice tells him to harm people. These voices are also triggered by stress. In the past when he did not have so much stress in his life they occurred every few months. Now they come every fortnight. When he is very stressed he cannot fight these voices and he acts on them. For instance when he was in Amsterdam, he stabbed his father with whom he had a rough relationship because he thought that his



father wanted to harm him. He served 6-years in a Dutch prison for this. Also he has severely beaten up an old friend and also a man from the street who told him something unpleasant. He said that on all these occasions he was obeying the voices. There are also many voices inside his head which are very bothersome. When he is low and stressed he describes paranoid thoughts like people want to harm him and even his family are conspiring to kill him or people are scrutinising him. All these psychotic phenomena are not occurring when he is not low or stressed. He said that there is always violence in his head but he does not plan nor has intention of harming anyone at the moment.

He does not have suicidal thoughts now. They were problematic in the past as when he was feeling very low he attempted on 2 occasions jumping off a bridge. One of these events led to him injuring his back significantly and developing hypothermia. He also had a significant overdose with his ex-girlfriend's insulin. He is not a diabetic. He describes bouts of depression lasting from 2 weeks to 2 to 3 months. During these episodes he has low mood which is lower at night, low energy levels and motivation, not doing anything just lying on the couch, not caring about himself, having decreased appetite, decreased concentration, lost interest, inability to enjoy doing his hobbies mainly playing football and having suicidal thoughts. Also he alienated from his friends. He had a very active social life with friends and many girlfriends and he was working. He said that all this had gone away. Also his memory is very poor. When he is low his sleep is impaired having 2 to 3 hours of sleep per night. This can last for days or weeks. Fortunately he tends to compensate afterwards sleeping about 14 hours each day. At the moment the voices are telling him to go and move to another place. He said he has difficulties settling in one place and he lived in different parts of Britain and also outside in Holland for about 2 years and in Germany for 2 months. Now he wishes to find a better place and start a new life. Also he said that he discussed about his problems for the first time. During his previous encounters with Mental Health professionals he said he lied and denied his symptoms. Now he thinks he wants to put things right and to discuss every aspect of his situation and to accept help.

PERSONAL HISTORY

He was born in Irvine but brought up in Troon. He had 1 brother and 1 sister. His parents were kind to them and they were attending to their emotional and material needs

He did well in school and said he was top of his class and won a scholarship to one of the best schools in Britain. Unfortunately he was paranoid about school that people had harmful intentions towards him and he left at 14 with no exams taken because he refused to go to school. He was put in a children's home for 2 years. After that he had sporadic employment as he could not settle in one job and this was due to apprehensive thoughts that managers would treat him badly and sack him despite there being no indication for this. He preferred to quit before anything unpleasant happened. The longest job he had was in a garage as an apprentice for 2 years. He mainly worked in call-centres both here in Britain and in Holland. He served 6-years in prison in Holland after stabbing his father. This was a serious incident and his father was in a coma and had a difficult recuperation. He was also charged with breaches of the peace and police assault but he cannot remember anything about this as they happened during his blackouts. When in police cells he denied any mental health issues. He had problems with alcohol in the past. For 3 years he drank heavily as much as he could afford. He used vodka, beer and other spirits. He recently had counselling for this and in his opinion this problem is dealt with. He has very little alcohol at the moment. He has not had any drugs in 5 or 6 years. For 3 to 4 years starting at 14-years old he smoked a lot of marijuana, half an ounce of solid hash and ¼ ounce of grass. He tried speed and ecstasy for a few months a long time ago. He had only one long term girlfriend but they have been on

and off together for 5 years. They have recently separated. He does not have any children. Now he lives with his parents who are worried about his presentation.

MEDICAL HISTORY

He had multiple abscesses but they were not properly investigated. He was treated with antidepressants but none of them worked. He tried Fluoxetine, Citalopram, Mirtazapine which were unhelpful and Citalopram made things worse.

MENTAL STATE EXAMINATION

Mr McDonald presented reasonably kempt but with lower standards of hygiene and he left a mal-odour in the room. He made reasonable eye contact. His affect was rather flat. His speech was diminished in volume and intensity. His mood was depressed. He was slightly anxious and uptight. His concentration was reasonably good. No psychotic phenomena were obvious in the clinic. He denied experiencing psychotic symptoms at present but described several types in the past. Last time they occurred was 1 week ago. At present there are no suicidal thoughts. He has insight into his illness and does not think that the voices are real or his paranoid thoughts justified. Now he thinks that they can be attributed towards mental illness.

IMPRESSION

This gentleman describes a picture of depression with psychotic symptoms. He also describes some epileptic-like features which probably need to be investigated further by Neurology. Currently there are no significant risks. Starting an antipsychotic would be reasonable at this moment in time especially as he reported significant improvement with Haloperidol and no improvement with antidepressants. Nonetheless a different antidepressant could be commenced after he would be established on an antipsychotic.

PLAN

Please prescribe 50 mg of Quetiapine XL at night for this gentleman which can be increased to 100 mg after 1 week and to 150 mg after another week. He will continue his involvement with the Crisis Team and will be seen again in clinic in 6 weeks time.

Yours sincerely

Authorised on 19/08/2013 12:45:19 by Jamie Lewis.

Dr Adrian Nitu
Speciality Doctor in Psychiatry

**Confidential - Clinical
Information**

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Dr AM Steven
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Our Ref: ah/amr/
Hospital No:
Ref Date: 17/07/2013
Date Dictated: 17/07/2013
Date Typed: 30/07/2013
Enquiries to: Andrena Ralston
Direct Line: 01563 827866
Ext. Number: 27866
Email: andrenar.ralston@aaaht.scot.nhs.uk

Dear Dr Steven,

ALISDAIR MACDONALD DOB: 04/02/1986 CHI No: 0402863410
8 KERSE TERRACE,, RANKINSTON, AYR, AYRSHIRE, KA6 7HG

I saw this gentleman who has problems with recurrent abscesses. Over the last few weeks he feels that the one on his back has increased in size and has become increasingly erythematous and tender. There has been no discharge from it but on examination he does clinical have quite a large abscess. It is about 3 x 7cms over his left scapular.

He tells me that he has recently been under the care of the max-fax surgeons who drained an abscess for him on his anterior neck. After discussion his options we agreed to drain the abscess under local anaesthetic which I did today.

I have discharged her back to your care and he is aware to attend the Practice Nurse to have this repacked.

Yours sincerely

Authorised on 30/07/2013 12:58:01 by Anna Harrison.

Dr Anna Harrison
CT2 in General Surgery





Confidential - Clinical Information

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Our Ref: AK/SH
Hospital No: NHS A & A
Ref Date: 10/01/2013
Date Dictated: 11/01/2013
Date Typed: 11/01/2013
Enquiries to: Louise Blades
Direct Line: 01292 614578
Ext. Number: 14578
Email: louise.blades@aaaht.scot.nhs.uk

Dear Dr Steven,

ALISDAIR MACDONALD **DOB: 04/02/1986** **CHI No: 0402863410**
8 KERSE TERRACE,, RANKINSTON, AYR, AYRSHIRE, KA6 7HG

Diagnosis: Intoxicated head injury
Treatment: Overnight observation

This gentleman had a fall or collapse in Burns Statue Square after drinking 6 or 7 pints of beer. He stated that he had struck the back of his head but was uncertain whether he had been knocked out. He had two episodes of vomiting in the Department but was otherwise neurologically intact. He was admitted to the Observation Ward overnight where he had a stable time.

At approximately 9 am this morning he went outside for a cigarette and has not returned.

I have not organised any follow up.

Yours sincerely

Authorised on 11/01/2013 13:56:47 by Alan Krichell.

DR ALAN KRICHELL
CONSULTANT IN EMERGENCY MEDICINE
G.M.C. No: 4024693





NHS Ayrshire & Arran

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

CHI No: 0402863410

Patient Name: Alisdair MacDonald

Address: 25 Waddell Court, Kilmarnock, Ayrshire,
KA3 2EB

DOB: 04/02/1986 Sex: Male

DATE
04/05/2026SURGEON
MISS EI EI KHINEANAESTHETIST
DR JAMIE WARDLAW

OPERATION PERFORMED
INCISION OF INTERCOSTAL DRAINAGE TUBE LEFT

INDICATION
Left side pneumothorax.

DESCRIPTION OF PROCEDURE

Under aseptic conditions under sedation the initial channelling was done and usual preparation with Chlorhexidine solution and proper draping. The previous Seldinger chest tube drainage which was not functioning was removed at the 5th intercostal space mid-axillary line. Local anaesthesia was infiltrated by using 5% Levobupivacaine through the skin, subcutaneous tissue in the intercostal muscle and also the lower part of the upper rib as an intercostal block. After the skin, subcutaneous tissue and the intercostal muscle were separated by using the robert clamp by blunt dissection and after that finger swapping on adhesions and then the chest tube was inserted. We tried to put the chest tube to the apical position but we could not have find a space for the cephalid position due to some adhesions and so left the tip of the intercostal drain directed to caudal and then secured with a drain suture then a dressing applied. The drain was conducted with an under water drainage system and the column was moving. A small bubble was coming out also maybe due to the underlying pathology of the spontaneous bullae rupture. After that a chest X-Ray was done and the tube was in a satisfactory position.

POST-OPERATIVE INSTRUCTIONS

1. Keep the chest drain connectd with under water drainage system
2. Patient to return to the Medical HDU

Authorised on 08/05/2026 09:19:47 by Ei Ei Khine.

Signature: Ei Ei Khine
Speciality Doctor in General Surgery
GMC: 7916807

EEK/CR/NH

UREA AND ELECTROLYTES Cumulative

Number	LATEST 10 of 10	9 of 10	8 of 10	7 of 10	6 of 10	Ref. Range (Units)
Collected	04-May-26 16:00	03-May-26 07:39	02-May-26 09:40	29-Apr-26 22:15	24-Apr-26 12:00	
Source	Revive	Revive	Revive	Revive	Revive	
Urea	3.7	3.7	4.2	5.5	3.9	2.5-7.8 (mmol/L)
Creatinine	66	64	62	84	84	50-120 (µmol/L)
Sodium	137	140	137	140	140	133-146 (mmol/L)
Potassium	3.8	3.9	3.5	^a § HAEM	^a § HAEM	§
Chloride	102	102	102	100	103	95-108 (mmol/L)
eGFR result/1.73m2	>60	>60	>60	>60	>60	60-61 (mL/min)
Graph No tests selected						

* Abnormal ** Critically Abnormal § Units or Reference Range differs

UREA AND ELECTROLYTES Cumulative

Number	6 of 10	5 of 10	4 of 10	3 of 10	2 of 10	1 of 10	Ref. Range (Units)
Collected	24-Apr-26 12:00	09-Oct-25 09:45	18-Jul-22 14:13	16-Jun-22 15:00	06-Jan-15 00:00	17-Jul-13 19:15	
Source	Revive	Revive	Revive	Revive	Revive	Revive	
Urea	3.9	4.2	3.8	* 2.1	* 1.8	3.5	2.5-7.8 (mmol/L)
Creatinine	84	74	55	53	54	56	50-120 (μmol/L)
Sodium	140	140	140	139	138	140	133-146 (mmol/L)
Potassium	^a § HAEM	3.9	* 3.4	3.7	3.8	4.0	§
Chloride	103	101	102	101	100	106	95-108 (mmol/L)
eGFR result/1.73m2	>60	>60	>60	>60	—	—	60-61 (mL/min)
Graph No tests selected							

* Abnormal ** Critically Abnormal § Units or Reference Range differs

Patient ID	0402863410:OHCP	Patient Name	MACDONALD, Alisdair
Sex	Male	Date Of Birth	04-Feb-1986
Collected	04-May-2026 16:00	Order Number	0026B241250
Ordering Provider	Dr Kati Carroll	Status	Final

Test Name	Result	Ref. Range (Units)	Abnormality	Status
Gentamicin	<0.6	(mg/L)		Final

* Abnormal, ** Critically Abnormal

FULL BLOOD COUNT Cumulative

Number	LATEST 8 of 8	7 of 8	6 of 8	5 of 8	4 of 8	Ref. Range (Units)
Collected	04-May-26 16:00	03-May-26 07:39	02-May-26 09:40	29-Apr-26 22:15	24-Apr-26 12:00	
Source	Revive	Revive	Revive	Revive	Revive	
RBC	4.69	4.55	4.55	5.36	5.40	4.32-5.66 (10 ¹² /L)
Monocytes	0.7	0.8	0.6	0.8	* 1	0.2-0.9 (10 ⁹ /L)
Haemoglobin	133	* 130	* 130	152	160	133-176 (g/L)
White Cell Count	9.4	8.8	7.9	* 10.9	* 16.0	3.7-9.5 (10 ⁹ /L)
Platelets	318	309	292	262	* 404	150-400 (10 ⁹ /L)
Haematocrit	0.40	0.39	0.39	0.45	0.47	0.39-0.5 (%)
MCV	86	87	85	85	87	§
MCH	28.4	28.6	28.6	28.4	29.6	27.3-32.6 (pg)
MCHC	332	330	336	336	342	316-349 (g/L)
Neutrophils	* 6.6	6.3	5.4	5.4	* 12.2	1.5-6.5 (10 ⁹ /L)
Lymphocytes	1.7	1.4	1.5	4.3	2.5	1.1-5 (10 ⁹ /L)
Eosinophils	0.4	0.3	0.4	0.3	0.2	0.1-0.7 (10 ⁹ /L)
Basophils	0	0	0	0.1	0.1	0-0.1 (10 ⁹ /L)
Graph No tests selected						

* Abnormal ** Critically Abnormal § Units or Reference Range differs

C-REACTIVE PROTEIN Cumulative

Number	LATEST 6 of 6	5 of 6	4 of 6	3 of 6	2 of 6	Ref. Range (Units)
Collected	04-May-26 16:00	03-May-26 07:39	02-May-26 09:40	29-Apr-26 22:15	24-Apr-26 12:00	
Source	Revive	Revive	Revive	Revive	Revive	
CRP	* 35	* 30	* 42	8	5	§
Graph No tests selected						

* Abnormal ** Critically Abnormal § Units or Reference Range differs

C-REACTIVE PROTEIN Cumulative

Number	LATEST 6 of 6	5 of 6	4 of 6	3 of 6	2 of 6	1 of 6	Ref. Range (Units)
Collected	04-May-26 16:00	03-May-26 07:39	02-May-26 09:40	29-Apr-26 22:15	24-Apr-26 12:00	17-Jul-13 19:15	
Source	Revive	Revive	Revive	Revive	Revive	Revive	
CRP	* 35	* 30	* 42	8	5	§ * 13	§
Graph No tests selected							

* Abnormal ** Critically Abnormal § Units or Reference Range differs

LIVER FUNCTION TEST Cumulative

Number	LATEST 8 of 8	7 of 8	6 of 8	5 of 8	4 of 8	Ref. Range (Units)
Collected	03-May-26 07:39	29-Apr-26 22:15	24-Apr-26 12:00	09-Oct-25 09:45	18-Jul-22 14:13	
Source	Revive	Revive	Revive	Revive	Revive	
Total Bilirubin	5	4	5	4	§ 3	§
ALP	106	* 139	* 155	128	* 134	§
AST	21	^a § HAEM	^a § HAEM	20	18	§
ALT	19	42	^b § HAEM	17	18	§
Total Protein	71	80	* 89	80	74	60-80 (g/L)
Albumin	40	46	48	45	44	35-50 (g/L)
Globulin	31	34	* 41	35	30	21-35 (g/L)
Graph No tests selected						

* Abnormal ** Critically Abnormal § Units or Reference Range differs

LIVER FUNCTION TEST Cumulative

Number	6 of 8	5 of 8	4 of 8	3 of 8	2 of 8	1 of 8	Ref. Range (Units)
Collected	24-Apr-26 12:00	09-Oct-25 09:45	18-Jul-22 14:13	16-Jun-22 15:00	06-Jan-15 00:00	17-Jul-13 19:15	
Source	Revive	Revive	Revive	Revive	Revive	Revive	
Total Bilirubin	5	4	§ 3	§ 4	§ 11	§ 3	§
ALP	* 155	128	* 134	* 146	§ * 171	§ 86	§
AST	^a § HAEM	20	18	17	25	16	§
ALT	^b § HAEM	17	18	22	20	11	§
Total Protein	* 89	80	74	78	74	70	60-80 (g/L)
Albumin	48	45	44	47	43	43	35-50 (g/L)
Globulin	* 41	35	30	31	31	27	21-35 (g/L)
Graph No tests selected							

* Abnormal ** Critically Abnormal § Units or Reference Range differs

COAGULATION SCREEN Cumulative

Number	LATEST 2 of 2	1 of 2	Ref. Range (Units)
Collected	02-May-26 09:40	24-Apr-26 12:00	
Source	Revive	Revive	
Prothrombin time	10	10	9-12 (Seconds)
APTT	22	23	22-28 (Seconds)
Fibrinogen	* 4.92	* 4.78	1.8-3.6 (g/L)
Graph No tests selected			

* Abnormal ** Critically Abnormal § Units or Reference Range differs

Patient ID	0402863410:OHCP	Patient Name	MACDONALD, Alisdair
Sex	Male	Date Of Birth	04-Feb-1986
Collected	24-Apr-2026 12:00	Order Number	0026B222674
Ordering Provider	Dr Euan McKenzie	Status	Final

Test Name	Result	Ref. Range (Units)	Abnormality	Status
Troponin T (HS)	*18	0-13 (ng/L)	Abnormal - High	Final

* Abnormal, ** Critically Abnormal

THYROID FUNCTION TESTS Cumulative

Number	LATEST 2 of 2	1 of 2	Ref. Range (Units)
Collected	09-Oct-25 09:45	16-Jun-22 15:00	
Source	Revive	Revive	
Free T4	16.9	18.8	10-22 (pmol/L)
TSH	2.49	2.38	0.27-4.2 (mU/L)
Graph No tests selected			

* Abnormal ** Critically Abnormal § Units or Reference Range differs

Patient ID	0402863410:OHCP	Patient Name	MACDONALD, Alisdair
Sex	Male	Date Of Birth	04-Feb-1986
Collected	09-Oct-2025 09:45	Order Number	0025B553358
Ordering Provider	Dr Yasmin Nalci	Status	Final

Test Name	Result	Ref. Range (Units)	Abnormality	Status
Prolactin	231	0-350 (mU/L)		Final

* Abnormal, ** Critically Abnormal

LIPID PROFILE Cumulative

Number	LATEST 2 of 2	1 of 2	Ref. Range (Units)
Collected	09-Oct-25 09:45	16-Jun-22 15:00	
Source	Revive	Revive	
Cholesterol	6.3	5.6	(mmol/L)
HDL Cholesterol	0.8	0.80	(mmol/L)
Triglyceride	3.4	3.04	(mmol/L)
LDL Cholesterol	4.0	3.42	(mmol/L)
Cholesterol:HDL Ratio	7.9	7.00	
Graph No tests selected			

* Abnormal ** Critically Abnormal § Units or Reference Range differs

GLUCOSE Cumulative

Number	LATEST 3 of 3	2 of 3	1 of 3	Ref. Range (Units)
Collected	09-Oct-25 09:45	16-Jun-22 15:00	06-Jan-15 00:00	
Source	Revive	Revive	Revive	
Glucose	5.4	§ 4.2	§ 4.9	§
Graph No tests selected				

* Abnormal ** Critically Abnormal § Units or Reference Range differs

Patient ID	0402863410:OHCP	Patient Name	MACDONALD, Alisdair
Sex	Male	Date Of Birth	04-Feb-1986
Collected	18-Jul-2022 14:13	Order Number	0022B318829
Ordering Provider	Nurse Practitioner 2	Status	Final

Test Name	Result	Ref. Range (Units)	Abnormality	Status
GGT	40	2-50 (U/L)		Final

* Abnormal, ** Critically Abnormal

Patient ID	0402863410:OHCP	Patient Name	MACDONALD, Alisdair
Sex	Male	Date Of Birth	04-Feb-1986
Collected	16-Jun-2022 15:00	Order Number	0022B269208
Ordering Provider	Nurse Practitioner 2	Status	Final

Test Name	Result	Ref. Range (Units)	Abnormality	Status
Haemoglobin A1c	5.8	4.8-6. (%)		Final
Haemoglobin A1c (IFCC)	40	29-42 (mmol/mol)		Final

* Abnormal, **, Critically Abnormal

Patient ID	0402863410:OHCP	Patient Name	MACDONALD, Alisdair
Sex	Male	Date Of Birth	04-Feb-1986
Collected	16-Jun-2022 15:00	Order Number	0022B269208
Ordering Provider	Nurse Practitioner 2	Status	Final

Test Name	Result	Ref. Range (Units)	Abnormality	Status
Calcium	2.36	2.2-2.6 (mmol/L)		Final
Adjusted Calcium	2.22	2.2-2.6 (mmol/L)		Final
Phosphate	*0.56	0.8-1.5 (mmol/L)	Abnormal - Low	Final

* Abnormal, ** Critically Abnormal

Patient ID	0402863410:OHCP	Patient Name	MACDONALD, Alisdair
Sex	Male	Date Of Birth	04-Feb-1986
Collected	17-Jul-2013 19:15	Order Number	0013B336879
Ordering Provider	Mr Simon Gibson	Status	Final

Test Name	Result	Ref. Range (Units)	Abnormality	Status
IMPORTANT	†1 From 24th June 2013 the units for Fibrinogen will change from mg/dl to g/L.			Final
Prothrombin time	10	9-13 (Seconds)		Final
APTT	26	25-31 (Seconds)		Final
Fibrinogen	*446	150-400 (mg/dl)	Abnormal - High	Final

* Abnormal, ** Critically Abnormal

†1 From 24th June 2013 the units for Fibrinogen will change from mg/dl to g/L.

Patient ID	0402863410:OHCP	Patient Name	MACDONALD, Alisdair
Sex	Male	Date Of Birth	04-Feb-1986
Collected	25-Apr-2026 10:00	Status	Final
Received	28-Apr-2026 14:51	Ordering Provider	Dr Lucy Martin
Reported	28-Apr-2026 14:51	Order Number	0026M017713
Source System	Revive		

Culture

*****Microbiology results should be viewed on Review or PMS to prevent misinterpretation. Microbiology reports do not format correctly on Clinical Portal or Revive. Antimicrobial susceptibilities may appear out of alignment. Comments relevant to this sample may appear in a different tab.*****

1) Heavy Growth of Proteus mirabilis

1)	
Amoxycillin	S
Co-amoxiclav	S
Ciprofloxacin	S
Gentamicin	S
Cotrimoxazole	S

Comment

Please note - Identifications reported may be generated by a method currently out-with our UKAS scope of accreditation.

Organisms (0)

Patient ID	0402863410:QHCP	Patient Name	MACDONALD, Alisdair
Sex	Male	Date Of Birth	04-Feb-1986
Collected	24-Apr-2026 19:15	Status	Final
Received	28-Apr-2026 16:04	Ordering Provider	Dr Lucy Martin
Reported	28-Apr-2026 16:04	Order Number	0026M238288
Source System	Revive		

Culture

*****Microbiology results should be viewed on Review or PMS to prevent misinterpretation. Microbiology reports do not format correctly on Clinical Portal or Revive. Antimicrobial susceptibilities may appear out of alignment. Comments relevant to this sample may appear in a different tab.*****

1) >100,000 Proteus mirabilis

1)
Amoxicillin S

Trimethoprim S

Gentamicin S

Comment

This sample was received without appropriate clinical information, which is crucial for correct sample processing and improves the clinical relevance of the final report.

Bacterial cultures are not "tests for infection". Unnecessary sampling causes patient harm and is wasteful.

Please note - Identifications reported may be generated by a method currently out-with our UKAS scope of accreditation.

Organisms (0)

Patient ID	0402863410:OHCP	Patient Name	MACDONALD, Alisdair
Sex	Male	Date Of Birth	04-Feb-1986
Collected	24-Apr-2026 19:15	Status	Final
Received	25-Apr-2026 09:54	Ordering Provider	Dr Lucy Martin
Reported	25-Apr-2026 09:54	Order Number	0026M017699
Source System	Revive		

Pneumococcal antigen

Negative

Legionella antigen

Negative

Legionella antigen testing only detects Legionella pneumophila serogroup 1. Other serogroups and species of Legionella can also cause disease.

If Legionella infection is still suspected, please send a respiratory sample for culture and PCR.

Organisms (0)

INFLUENZA PCR

Collected

24-Apr-2026 12:30

Received

24-Apr-2026 18:33

Reported

24-Apr-2026 18:33

Source System

Revive

Status

Final

Ordering Provider

Unknown Clinician

Order Number

0026M503989

Influenza A PCR

NOT Detected by PCR

Influenza B PCR

NOT Detected by PCR

RSV PCR (CEPHEID)

NOT Detected by PCR

Organisms (0)

Patient ID	0402863410:OHCP	Patient Name	MACDONALD, Alisdair
Sex	Male	Date Of Birth	04-Feb-1986
Collected	24-Apr-2026 12:30	Status	Final
Received	24-Apr-2026 18:43	Ordering Provider	Unknown Clinician
Reported	24-Apr-2026 18:43	Order Number	0026M503989
Source System	Revive		

Covid-19

NOT Detected by PCR

Organisms (0)

Patient ID	0402863410:OHCP	Patient Name	MACDONALD, Alisdair
Sex	Male	Date Of Birth	04-Feb-1986
Collected	23-Jun-2017 00:00	Status	Final
Received	26-Jun-2017 10:05	Ordering Provider	Dr Glenn Mulligan
Reported	26-Jun-2017 10:05	Order Number	0017M106063
Source System	Revive		

Appearance

Mucoid

Culture

*****Microbiology results should be viewed on Review or PMS to prevent misinterpretation. Microbiology reports do not format correctly on Clinical Portal or Revive. Antimicrobial susceptibilities may appear out of alignment. Comments relevant to this sample may appear in a different tab.*****

No growth

Organisms (0)

Patient ID	0402863410:OHCP	Patient Name	MACDONALD, Alisdair
Sex	Male	Date Of Birth	04-Feb-1986
Collected	15-Nov-2013 00:00	Status	Final
Received	18-Nov-2013 09:46	Ordering Provider	Dr Glenn Mulligan
Reported	18-Nov-2013 09:46	Order Number	0013M711002
Source System	Revive		

Appearance

Semi-solid

Salmonella sp

Not isolated

Shigella sp

Not isolated

Campylobacter sp

Not isolated

Esch. coli O157

Not isolated

Cryptosporidium sp

Not seen

Organisms (0)

Patient ID	0402863410:OHCP	Patient Name	MACDONALD, Alisdair
Sex	Male	Date Of Birth	04-Feb-1986
Collected	15-Nov-2013 00:00	Status	Final
Received	18-Nov-2013 09:46	Ordering Provider	Dr Glenn Mulligan
Reported	18-Nov-2013 09:46	Order Number	0013M711002
Source System	Revive		

Glutamate dehydroginase

Negative

Organisms (0)

Patient ID	0402863410:OHCP	Patient Name	MACDONALD, Alisdair
Sex	Male	Date Of Birth	04-Feb-1986
Collected	17-Jul-2013 21:00	Status	Final
Received	20-Jul-2013 11:45	Ordering Provider	Unknown Clinician
Reported	20-Jul-2013 11:45	Order Number	0013M026225
Source System	Revive		

Culture

*****Microbiology results should be viewed on Review or PMS to prevent misinterpretation. Microbiology reports do not format correctly on Clinical Portal or Revive. Antimicrobial susceptibilities may appear out of alignment. Comments relevant to this sample may appear in a different tab.*****

No significant growth

Organisms (0)

Patient ID	0402863410:OHCP	Patient Name	MACDONALD, Alisdair
Sex	Male	Date Of Birth	04-Feb-1986
Collected	29-May-2013 00:00	Status	Final
Received	30-Jul-2013 11:28	Ordering Provider	Unknown Clinician
Reported	30-Jul-2013 11:28	Order Number	0013M019568
Source System	Revive		

White blood cells

Seen +++

AAFB smear

Acid/alcohol fast bacilli NOT seen

TB Culture

*****Microbiology results should be viewed on Review or PMS to prevent misinterpretation. Microbiology reports do not format correctly on Clinical Portal or Revive. Antimicrobial susceptibilities may appear out of alignment. Comments relevant to this sample may appear in a different tab.*****

Mycobacterium species not isolated

Organisms (0)

Patient ID	0402863410:OHCP	Patient Name	MACDONALD, Alisdair
Sex	Male	Date Of Birth	04-Feb-1986
Collected	29-May-2013 00:00	Status	Final
Received	30-Jul-2013 11:28	Ordering Provider	Unknown Clinician
Reported	30-Jul-2013 11:28	Order Number	0013M019568
Source System	Revive		

Culture

*****Microbiology results should be viewed on Review or PMS to prevent misinterpretation. Microbiology reports do not format correctly on Clinical Portal or Revive. Antimicrobial susceptibilities may appear out of alignment. Comments relevant to this sample may appear in a different tab.*****

No growth

Comment

N.B. THIS IS A SUPPLEMENTARY REPORT.

Organisms (0)

Patient ID	0402863410:OHCP	Patient Name	MACDONALD, Alisdair
Sex	Male	Date Of Birth	04-Feb-1986
Collected	29-May-2013 00:00	Status	Final
Received	30-Jul-2013 11:28	Ordering Provider	Unknown Clinician
Reported	30-Jul-2013 11:28	Order Number	0013M019568
Source System	Revive		

Polymorphs

Not seen

Organisms

Not seen

Organisms (0)

XR Chest

Performed

04-May-2026 17:20

Ordering Provider

Dr Kati Carroll

Order Number

AA15170665701

Status

Final

FinalGeneral

:

:

:

: Patient Name: Alisdair, MacDonald

: Patient Address: 25 Waddell Court, KA3 2EB

: DOB: 04/02/1986

: Patient ID: 0402863410

: Accession Number: AA15170665701

: Referring Cons: Kati Carroll (Cons)

: Referring Dept: XH Ward 4F HDU

: Visit Type: IP

: Site: University Hospital Crosshouse

:

:

: 51706657 04/05/2026 XR Chest

:

:

:

:

:

: Clinical Indications

: recurrent PTX, surgical chest drain inserted overnight, swinging and bubbling++, repeat CXR to assess if lung reinflating

:

:

: Report

:

: No AP erect portable radiograph. Comparison is made with previous radiograph performed on same day.

: I note the patient has since been transferred to the GJNH with multiple new radiographs since current radiograph. See subsequent reports when available.

:

: Heart size and cardiomediastinal contours cannot be accurately assessed on current projection.

: Chest drain in situ with tip projected over the left lower zone.

: Associated subcutaneous emphysema, increased in volume when compared to previous.

: Previously noted pneumothorax has marginally reduced in size with some interval reinflation of the left lung but remains persistent.

: Unchanged minor airspace opacification at the left lower zone likely reflects atelectasis.

: Imaged bony thorax intact.

:

: Kwek, Adriel Ju Wen (Rad.Registrar, 7597317)

:

: Reported by: Adriel Kwek (Rad Reg) (Registrar)

Reported By:Adriel Kwek (Rad Reg)

Released By:Adriel Kwek (Rad Reg)

XR Chest

Performed

04-May-2026 04:27

Ordering Provider

Mr Chris Ray

Order Number

AA15170643701

Status

Final

FinalGeneral

1

2

:

: Patient Name: Alisdair, MacDonald

: Patient Address: 25 Waddell Court, KA3 2EB

: DOB: 04/02/1986

: Patient ID: 0402863410

: Accession Number: AA15170643701

: Referring Cons: Christopher Ray (Cons)

: Referring Dept: XH Ward 4F HDU

: Visit Type: IP

: Site: University Hospital Crosshouse

2

11

: 51706437 04/05/2026_XR Chest

2

• •

•

•

: Clinical Indications

: left sided pneumothorax .

: For ICD tube position

2

•

: Report

2

: Portable AP erect film. Comparison with 03/05/26.

22

: The right sided intercostal drain is projected over the lower left hemithorax, now taking a straight course (previously looped). The ipsilateral pneumothorax has reduced in volume.

2

$$\vdots$$

: Williams, Lucy (Rad. Registrar, 7597771)

• •

: Reported by: Lucy Williams (Rad Reg) (Registrar), Liam Peng (Radiologist)

R

Reported By: Lucy Williams .(Rad Reg)

Released By: Liam Peng

XR Chest

Performed

03-May-2026 23:41

Ordering Provider

Dr Natalie Rennie

Order Number

AA15170640701

Status

Final

Final**General**

:
:
:
: Patient Name: Alisdair, MacDonald
: Patient Address: 25 Waddell Court, KA3 2EB
: DOB: 04/02/1986
: Patient ID: 0402863410
: Accession Number: AA15170640701
: Referring Cons: Natalie Rennie (Cons)
: Referring Dept: XH Ward 4F HDU
: Visit Type: IP
: Site: University Hospital Crosshouse

:
:
: 51706407 03/05/2026 XR Chest

:
: Clinical Indications
: 40y/o recurrent L spontaneous PTX. Tf to commode, desaturated and
required 15L trauma mask. Sats have improved now. Drain still bubbling.

:
: Requesting CXR ?ICD still in correct position

:
: Report

:
: AP erect portable projection. Comparison is made with previous x-ray
dated 03/05/2026.

:
: Left-sided chest drain in situ; the tip is positioned inferiorly within
in the left lower zone. The previously noted large left pneumothorax
appears unchanged in size.

:
: The projection precludes accurate assessment of the heart size. The
right lung and pleural spaces remain clear. Visualised bony thorax appears
intact.

:
: Hewitt, Lorna (Reporting Radiographer, RA71218)

:
: Reported by: Lorna Hewitt (Radiographer)

Reported By:Lorna Hewitt

Released By:Lorna Hewitt



CT Chest

Performed

03-May-2026 08:43

Ordering Provider

Dr Natalie Rennie

Order Number

AA15170607801

Status

Final

FinalGeneral

:

:

:

: Patient Name: Alisdair, MacDonald

: Patient Address: 25 Waddell Court, KA3 2EB

: DOB: 04/02/1986

: Patient ID: 0402863410

: Accession Number: AA15170607801

: Referring Cons: Natalie Rennie (Cons)

: Referring Dept: XH Ward 4F HDU

: Visit Type: IP

: Site: University Hospital Crosshouse

:

:

: 51706078 03/05/2026 CT Chest

:

:

:

:

: Clinical Indications

: 40yr; recent discharge 27/4 with left spontaneous pneumothorax; improved with chest drain + discharged; re-admitted with further left sided pneumothorax; chest drain inserted (x2 difficult procedure); drain swinging but excessive bubbling ?air leak; no subcut emphysema; d/w Dr Roy resp consultant, advised suciton + non-contrast CT chest asses ?fistula ?needs thoracoscopy intervention with cardiothoracics

:

:

: Report

: No previous cross-sectional chest imaging. Multiple prior chest radiographs noted, most recent acquired earlier the same day dated 03/05/2026.

: Unenhanced acquisition.

:

: Large left-sided pneumothorax with near complete collapse of the left lung. The partially aerated left lung demonstrates linear and dependent atelectasis.

: Left-sided chest drain in situ with the tip adjacent to the left 9th posterior rib.

: Gas in the left lateral chest wall soft tissues and musculature presumed associated with chest drain insertions.

: No definite fistulous communication allowing for breathing motion artefact through the inferior thorax which limits interpretation, therefore this is not fully excluded.

: There is an emphysematous bulla associated with the anterior aspect of the collapsed left upper lobe and while there is no definite peripheral defect again this is difficult to fully exclude given artefact.

: No pleural effusion. No empyema. No pneumomediastinum.

: Background marked emphysematous change.
: Right middle lobe anterior subpleural nodules are indeterminate.
: Mildly prominent thoracic lymph nodes are thought reactive. No axillary lymphadenopathy.

: Partially included fat density well-defined lesion in the superficial soft tissues of the right posterior neck thought to represent a lipoma.
: A couple of scattered subcutaneous fluid attenuation nodules just under the skin in the left chin and midline of the upper back thought to represent sebaceous cysts.

: Unremarkable unenhanced partially included upper abdomen.

: No destructive bony lesion.

: Conclusion: Large left-sided pneumothorax with near complete collapse of the left lung.

: Gas in the left lateral chest wall/musculature presumed associated with chest drain insertions.

: Unfortunately there is breathing motion artefact through the mid/inferior thorax which limits interpretation - no definite fistula identified.

: Emphysematous bulla associated with the anterior aspect of the left upper lobe demonstrates no definite peripheral defect within motion artefact limitations.

: No pleural effusion/empyema or pneumomediastinum.

: Re-discussion with respiratory is advised for consideration of direct visualisation with bronchoscopy?

: Alexander, L (Cons Radiologist 7526880)

: Reported by: Dr Leanne Alexander (Radiologist)

Reported By: Leanne Alexander

Released By: Leanne Alexander

XR Chest

Performed

03-May-2026 05:48

Ordering Provider

Dr Natalie Rennie

Order Number

AA15170617101

Status

Final

FinalGeneral

:
:
:
: Patient Name: Alisdair, MacDonald
: Patient Address: 25 Waddell Court, KA3 2EB
: DOB: 04/02/1986
: Patient ID: 0402863410
: Accession Number: AA15170617101
: Referring Cons: Natalie Rennie (Cons)
: Referring Dept: XH Ward 4F HDU
: Visit Type: IP
: Site: University Hospital Crosshouse
:

: 51706171 03/05/2026 XR Chest
:
: -
:
:

: Clinical Indications
: 40M
:

: Acute tension pneumothorax resolved after flushing drain.
:

: Please repeat chest xray on ward 4F to check for resolution
:
:

: Report

: Reduced size of left pneumothorax however moderate amount still present.
Please see the subsequent CT and x-rays.
:
:

: Rubab, Sehrish (Loc.Radiologist, 7954781)
:

: Reported by: Sehrish Rubab (Loc Rad) (Locum Radiologist)

Reported By: Sehrish Rubab (Loc Rad)

Released By: Sehrish Rubab (Loc Rad)

XR Chest

Performed

03-May-2026 04:54

Ordering Provider

Dr Natalie Rennie

Order Number

AA15170616701

Status

Final

FinalGeneral

:
:
:
: Patient Name: Alisdair, MacDonald
: Patient Address: 25 Waddell Court, KA3 2EB
: DOB: 04/02/1986
: Patient ID: 0402863410
: Accession Number: AA15170616701
: Referring Cons: Natalie Rennie (Cons)
: Referring Dept: XH Ward 4F HDU
: Visit Type: IP
: Site: University Hospital Crosshouse
:

: 51706167 03/05/2026 XR Chest
:
:
:
:

: Clinical Indications
: 40M Portable xray in 4F
:

: Spontaneous left sided pneumothorax with chest drain in situ. Drain has
stopped swinging and bubbling. Very frothy in tube.
:

: Lung not inflated on last xray
:

: ?Drain position
: ?Pneumothorax size
:
:

: Report
: Large left sided pneumothorax with adjacent lung collapse. Chest drain
noted with tip inferiorly in the retrocardiac region. This x-ray followed
up with multiple x-rays with resolved pneumothorax in the most recent one.
:
:

: Rubab, Sehrish (Loc.Radiologist, 7954781)
:

: Reported by: Sehrish Rubab (Loc Rad) (Locum Radiologist)

Reported By: Sehrish Rubab (Loc Rad)

Released By: Sehrish Rubab (Loc Rad)

XR Chest

Performed

02-May-2026 12:08

Ordering Provider

Dr Natalie Rennie

Order Number

AA15170594101

Status

Final

FinalGeneral

:
:
:
: Patient Name: Alisdair, MacDonald
: Patient Address: 25 Waddell Court, KA3 2EB
: DOB: 04/02/1986
: Patient ID: 0402863410
: Accession Number: AA15170594101
: Referring Cons: Natalie Rennie (Cons)
: Referring Dept: XH Ward 4F HDU
: Visit Type: IP
: Site: University Hospital Crosshouse.

: 51705941 02/05/2026 XR Chest

: Clinical Indications

: 40yr; recurrent spontaneous pneumothorax; chest drain inserted; swinging
+ bubbling; haemorrhagic fluid; update CXR ?evidence of hydropneumothorax

: Report

: The tip of the chest drain is projected over the left lower zone. Large
left pneumothorax. The right lung is clear.

: Halbert, H (Cons Radiologist 6148059)

: Reported by: Dr Hazel Halbert (Radiologist)

Reported By:Hazel Halbert

Released By:Hazel Halbert

XR Chest

Performed

01-May-2026 00:35

Ordering Provider

Dr Nicholas Pitman

Order Number

AA15170488901

Status

Final

Final**General**

:

:

:

: Radiology Report

:

: Patient Name: Alisdair M MacDonald

: DOB: 04/02/1986

: Patient ID: 0402863410

: Referring Hospital: NHS Ayrshire Arran

: Referring Consultant: Nick Pitman (Cons)

:

: Examination Dated: 01/05/2026 00:35

: Reported: 08/05/2026 12:43

: Exam: XR Chest

: Accession: AA15170488901

:

: Clinical Details: 40M with pneumothorax. CXR post-drain insertion

:

: Findings:

: Compared with a film of the same date at 21:15 hours. A left chest drain is now in situ and there has been some reexpansion of the left lung a moderate pneumothorax remains with a surgical emphysema over the left lower chest wall. The heart size is normal

:

: 4Ways Reporting Radiologist: Dr Jessica Stroudley - GMC 2593340 on 08/05/2026 12:43

: Findings

: This report is intended to be read by medically qualified professionals; any patient concerns or decisions regarding medical treatment arising from its contents should be discussed with the patients's doctor or referring clinician.

:

: Reported by: 4Ways Reporter

Reported By: 4Ways Reporter

Released By: 4Ways Reporter

XR Chest

Performed

30-Apr-2026 22:21

Ordering Provider

Dr Nicholas Pitman

Order Number

AA15170487301

Status

Final

Final**General**

:

:

:

: Radiology Report

:

: Patient Name: Alisdair M MacDonald

: DOB: 04/02/1986

: Patient ID: 0402863410

: Referring Hospital: NHS Ayrshire Arran

: Referring Consultant: Nick Pitman (Cons)

:

: Examination Dated: 30/04/2026 22:21

: Reported: 08/05/2026 12:44

: Exam: XR Chest

: Accession: AA15170487301

:

: Clinical Details: L PTx. ICD fallen out. Worsening O2 requirement and tachycardia. CXR required to assess pneumothorax

:

: Findings:

: The heart size and mediastinal contour are normal, there is complete collapse of the left lung. The patient is rotated to the right. There is a large left-sided pneumothorax.

:

: 4Ways Reporting Radiologist: Dr Jessica Stroudley - GMC 2593340 on 08/05/2026 12:44

: Findings

: This report is intended to be read by medically qualified professionals; any patient concerns or decisions regarding medical treatment arising from its contents should be discussed with the patients's doctor or referring clinician.

:

: Reported by: 4Ways Reporter

Reported By: 4Ways Reporter

Released By: 4Ways Reporter

XR Chest

Performed
30-Apr-2026 00:45
Ordering Provider
Lesley Brown
Order Number
AA15170387201
Status
Final
Final**General**

:
:
:
: Radiology Report

:
: Patient Name: Alisdair M MacDonald
: DOB: 04/02/1986
: Patient ID: 0402863410
: Referring Hospital: NHS Ayrshire Arran
: Referring Consultant: Lesley Brown (Cons)
:
: Examination Dated: 30/04/2026 00:45
: Reported: 08/05/2026 12:45
: Exam: XR Chest
: Accession: AA15170387201

:
: Clinical Details: left pneumothorax. Drain inserted
:

: Findings:

: Comparison is made with a film of the same date at 22:45 hours. A left chest drain is in situ, there is an apical left pneumothorax with consolidation and left base. The heart size is normal.
:

: 4Ways Reporting Radiologist: Dr Jessica Stroudley - GMC 2593340 on
08/05/2026 12:45

: Findings

: This report is intended to be read by medically qualified professionals; any patient concerns or decisions regarding medical treatment arising from its contents should be discussed with the patients's doctor or referring clinician.
:

: Reported by: 4Ways Reporter

Reported By: 4Ways Reporter

Released By: 4Ways Reporter

XR Chest

Performed

29-Apr-2026 23:51

Ordering Provider

Lesley Brown

Order Number

AA15170384301

Status

Final

FinalGeneral

:

:

:

: Radiology Report

:

: Patient Name: Alisdair M MacDonald

: DOB: 04/02/1986

: Patient ID: 0402863410

: Referring Hospital: NHS Ayrshire Arran

: Referring Consultant: Lesley Brown (Cons)

:

: Examination Dated: 29/04/2026 23:51

: Reported: 08/05/2026 12:47

: Exam: XR Chest

: Accession: AA15170384301

:

: Clinical Details: left sided chest pain, recent pneumothorax, no air enty
?pneumothorax

:

: Findings:

: There is complete collapse of the left lung with a large left-sided the
heart size and mediastinal contour are normal

:

: 4Ways Reporting Radiologist: Dr Jessica Stroudley - GMC 2593340 on
08/05/2026 12:47

: Findings

: This report is intended to be read by medically qualified professionals;
any patient concerns or decisions regarding medical treatment arising from
its contents should be discussed with the patients's doctor or referring
clinician.

:

: Reported by: 4Ways Reporter

Reported By: 4Ways Reporter

Released By: 4Ways Reporter

XR Chest

Performed

29-Apr-2026 23:51

Ordering Provider

Lesley Brown

Order Number

AA15170386601

Status

Final

FinalGeneral

:

:

:

: Radiology Report

:

: Patient Name: Alisdair M MacDonald

: DOB: 04/02/1986

: Patient ID: 0402863410

: Referring Hospital: NHS Ayrshire Arran

: Referring Consultant: Lesley Brown (Cons)

:

: Examination Dated: 29/04/2026 23:51

: Reported: 08/05/2026 12:46

: Exam: XR Chest

: Accession: AA15170386601

:

: Clinical Details: Large PTx, chest drain inserted but not bubbling ?Check for reexpansion and placement

:

: Findings:

: There is collapse of the left lung with a large left-sided new mass or no chest drain is visible the heart size is normal. There has been no real change compared to the film of the same date at 21:38 hours

:

: 4Ways Reporting Radiologist: Dr Jessica Stroudley - GMC 2593340 on 08/05/2026 12:46

: Findings

: This report is intended to be read by medically qualified professionals; any patient concerns or decisions regarding medical treatment arising from its contents should be discussed with the patients's doctor or referring clinician.

:

: Reported by: 4Ways Reporter

Reported By: 4Ways Reporter

Released By: 4Ways Reporter

XR Chest

Performed

26-Apr-2026 14:32

Ordering Provider

Dr Lucy Martin

Order Number

AA15169984301

Status

Final

FinalGeneral

: Patient Name: Alisdair MacDonald

: Patient Address: 25 Waddell Court, KA3 2EB

: DOB: 04/02/1986

: Patient ID: 0402863410

: Accession Number: AA15169984301

: Referring Cons: Lucy Martin (Cons)

: Visit Type: Inpatient

: Referring Dept: XH Ward 4F HDU

: Site: University Hospital Crosshouse

: Reported as part of the Scottish National Radiology Reporting Service

: Clinical Indications

: 40M largeleft pneumothorax, ICD in situ, close to resolution, for serial

CXR to assess progress, occasional bubbling on coughing/deep inspiration,

CXR as d/w Dr McCully ST7 resp

: XR Chest

: In situ left intercostal drain. No surgical emphysema. No residual pneumothorax. There is little atelectasis present at the lung bases. Lungs and pleural spaces are otherwise clear.

: Reported by

: Dr Oliver Cram

: GMC: 6145333

: Consultant Radiologist

: NHS GGC

: Email: snrrs@gjnh.scot.nhs.uk

: Reported by: Share+ Reporter

Reported By:Share+ Reporter

XR Chest

Performed

25-Apr-2026 13:42

Ordering Provider

Dr Lucy Martin

Order Number

AA15169967901

Status

Final

FinalGeneral

:

:

:

: Patient Name: Alisdair, MacDonald

: Patient Address: 25 Waddell Court, KA3 2EB

: DOB: 04/02/1986

: Patient ID: 0402863410

: Accession Number: AA15169967901

: Referring Cons: Lucy Martin (Cons)

: Referring Dept: XH Ward 4F HDU

: Visit Type: IP

: Site: University Hospital Crosshouse

:

:

: 51699679 25/04/2026 XR Chest

:

:

:

:

: Clinical Indications

: 40M large Left spontaneous pneumothorax, ICD in situ, drain stopped swinging/bubbling but remains on 35% O2, no clinical surgical emphysema

?lung fully reinflated, ?drain position

:

:

: Report

: The left-sided drain remains in situ. There is no residual pneumothorax.

Very little evidence of pleural fluid. The visualised aerated lungs are clear.

:

:

: Cameron, Iain (Cons Radiologist 4508973)

:

: Reported by: Iain Cameron (Radiologist)

Reported By:Iain Cameron

Released By:Iain Cameron

XR Chest

Performed
24-Apr-2026 15:47
Ordering Provider
Ahmed (Cons)
Order Number
AA15169934201
Status
Final
Final**General**

:
:
:
: Patient Name: Alisdair, MacDonald
: Patient Address: 25 Waddell Court, KA3 2EB
: DOB: 04/02/1986
: Patient ID: 0402863410
: Accession Number: AA15169934201
: Referring Cons: Shafiq Ahmed (Loc Cons)
: Referring Dept: XH CAU Pre-Arrivals
: Visit Type: IP
: Site: University Hospital Crosshouse

:
:
: 51699342 24/04/2026 XR Chest
:
:-
:
:
:

: Clinical Indications
: left PTX, ICD inserted but ongoing significant oxygen requirement
?improving PTX
:
:

: Report
: Comparison made with previous radiograph dated 24/04/2026.
:

: AP image precludes accurate assessment of the cardiac and mediastinal contours.

: Left-sided chest drain in situ, the tip is projected superiorly in the mid zone.

: The pneumothorax has further reduced in size since previous. There is consolidation in the left lower zone, and surgical emphysema in the lateral chest wall.

: Visualised bony thorax appears intact.
:

: Please note this report has been superseded by multiple images, and CT dated 03/05/2026.
:

: Campbell, Jayne (Reporting Radiographer, RA55793)
:

: Reported by: Jayne Campbell (Radiographer)

Reported By: Jayne Campbell

Released By: Jayne Campbell

XR Chest

Performed

24-Apr-2026 14:04

Ordering Provider

Dr J Mulligan

Order Number

AA15169918501

Status

Final

FinalGeneral

:

:

:

: Patient Name: Alisdair, MacDonald

: Patient Address: 25 Waddell Court, KA3 2EB

: DOB: 04/02/1986

: Patient ID: 0402863410

: Accession Number: AA15169918501

: Referring Cons: Joanne Mulligan (Cons)

: Referring Dept: XH ED

: Visit Type: A\T\E

: Site: University Hospital Crosshouse

:

:

: 51699185 24/04/2026 XR Chest

:

:

:

:

: Clinical Indications

: See scanned request. Pneumothorax postdrain insertion? Resolution.

:

: Report

: Comparison made with previous radiograph dated 24/04/2026.

:

: AP image precludes accurate assessment of the cardiac and mediastinal contours.

: New left-sided chest drain in situ, the tip is projected medially in the left mid zone. The pneumothorax has reduced in size since previous..

: Coarse bronchovascular markings throughout the right hemithorax.

: Visualised bony thorax appears intact.

:

: Please note this report has been superseded by multiple images, and CT chest dated 03/05/2026.

:

: Campbell, Jayne (Reporting Radiographer, RA55793)

:

: Reported by: Jayne Campbell (Radiographer)

Reported By: Jayne Campbell

Released By: Jayne Campbell

Performed
24-Apr-2026 12:51
Ordering Provider
Dr J Mulligan
Order Number
AA15169909301
Status
Final
Final**General**

```
: Patient Name: Alisdair, MacDonald
: Patient Address: 25 Waddell Court, KA3 2EB
: DOB: 04/02/1986
: Patient ID: 0402863410
: Accession Number: AA15169909301
: Referring Cons: Joanne Mulligan (Cons)
: Referring Dept: XH ED
: Visit Type: ATE
: Site: University Hospital Crosshouse
```

: 51699093 24/04/2026 XR Chest

: Clinical Indications

: See scanned request:

: SOB and cough. ? consolidation.

: Report

: AP erect portable projection. Deterioration in appearances when compared to previous x-ray dated 27/06/2017.

: There is a large left-sided pneumothorax with near complete collapse of the left lung. No evidence of tension. I note a chest drain has since been inserted on subsequent imaging.

: The projection precludes accurate assessment of the heart size. The right lung appears congested. The right pleural spaces are clear. . Visualised bony thorax appears intact.

: Please note this radiograph has been superseded by multiple x-rays, the most recent dated 01/05/2026.

: Hewitt, Lorna (Reporting Radiographer, RA71218)

: Reported by: Lorna Hewitt (Radiographer.)

Reported By: Lorna Hewitt

Released By:Lorna Hewitt

General

Performed
27-Jun-2017 14:02
Ordering Provider
(Medica) Dr S Forbat
Order Number
AA13537054101
Status
Final

FinalGeneral

:
: 27 June 2017, 14:02:00
: 27 June 2017, 14:02:00
:

: RADIOLOGY REPORT

: CHI NUMBER: 0402863410 Examination Number: 35370541 Examination Date:
27/06/2017

: Name: MACDONALD, ALISDAIR DOB: 04/02/1986
: Address: 40 Balgray Avenue, Kilmarnock, KA1 4QS -- CC: -
: Referring Department / Location: Dr G.T. Mulligan
: 4/6 Old Irvine Road
: Kilmarnock
: Ayrshire
:

: Ka1 2BD
: Referring Consultant: GP Requestor
: Date Dictated: 15/07/2017
: Examination: XR Chest

Typed by: (Medica) Dr S Forbat

: Clinical Indication

: 31yr old smoker with chronic cough and sputum. Examination normal.
:

: Report:

: There are increased bronchovascular markings, consistent with smoking history.

: No focal consolidation, pleural fluid or evidence of heart failure.

: The heart and mediastinal contours are unremarkable.
:

: Dictating Radiologist / Clinical Specialist (Medica) Dr S Forbat GMC
3067985

: Verified by: (Medica) Dr S Forbat

Reported By: (Medica) Dr S Forbat

Released By: (Medica) Dr S Forbat

General

Performed

18-Sep-2015 20:12

Ordering Provider

Kirsty Slater (Rep. Radiographer)

Order Number

AA13364065001

Status

Final

Final**General**

:

: 18 September 2015, 20:12:00

: 18 September 2015, 20:18:00

:

: RADIOLOGY REPORT

: CHI NUMBER: 0402863410 Examination Number: 33640650 Examination Date:
18/09/2015

: Name: MACDONALD, ALISDAIR DOB: 04/02/1986

: Address: 14C KNOCKINLAW MOUNT, , KILMARNOCK, KA3 2AG -- CC: -

: Referring Department / Location: Accident & Emergency

: Crosshouse Hospital

: Kilmarnock Road

: Crosshouse

: Ayrshire

: KA2 OBE

: Referring Consultant: Dr D Chung

: Date Dictated: 19/09/2015

Typed by: None

: Examination: XR Foot Rt

:

: Clinical Indication

:

: inversion injury, ?# 5th mt

:

:

: Report:

: Right foot:

: No acute bony injury is seen.

:

:

: Dictating Radiologist / Clinical Specialist Kirsty Slater (Rep.
Radiographer)

:

: Verified by: Kirsty Slater (Rep. Radiographer)

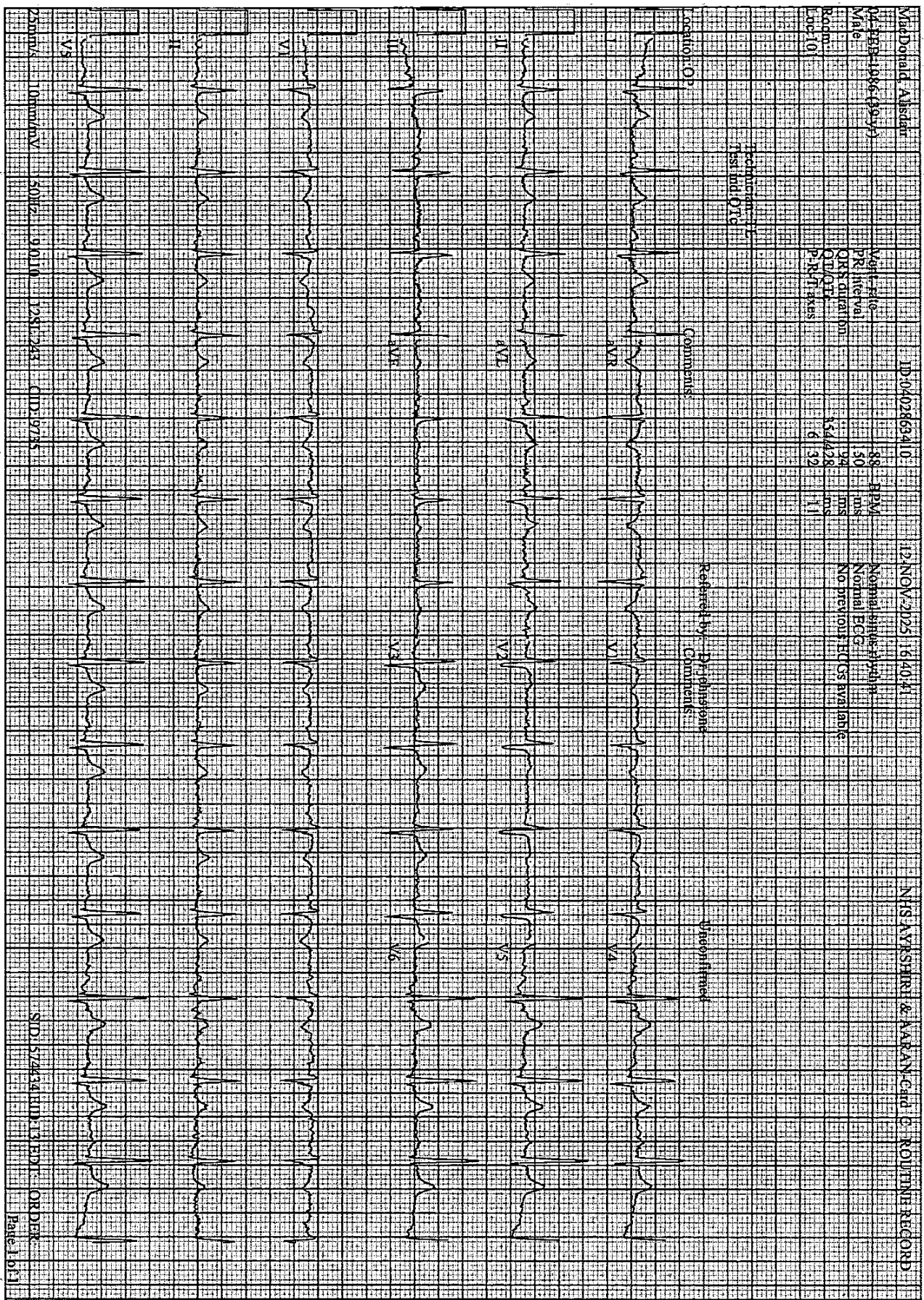
Reported By: Kirsty Slater (Rep. Radiographer)

Released By: Kirsty Slater (Rep. Radiographer)

Released On: 21/09/2015 12:06

MacDonald, Angus		ID: 0402863410	29 APR 2026 22:14:32	NHS Ayrshire & Arran	ED C ROUTINE RECORD
04 FEB 1986 (40 y)	Heart rate	125	BPM	Sinus tachycardia	
Male	PR interval	150	ms	Otherwise normal ECG	
	QRS duration	88	ms	No previous ECGs available	
Room	QT/QTc	110/44	ms		
Loc: 107	P-R-T axes	78 76 61			
Technician: _____					
Test no: _____					
Location:	comments:	comments:	Unconfirmed		
I	AVR	VI	V4		
II	AVL	V2	V5		
III	AVF	V3	V6		
VI					
II					
V3					
25mm/s 10mm/mV 50Hz 9.010 12SL 243 CID: 603					
SID: 674434 EID: 17 EOT: 15:18 30 APR 2026 ORDER					
Page 1 of 1					

[illegible]



2-Feb-1985

Male

Caucasian

Vent. rate 95.1

PR interval 42 ms

QRS duration 100 ms

QT/QTc 342/32 ms

P-R-T axes 23 59 20

Normal sinus rhythm

Normal ECG

History: Unknown

Technician: B

Test: Ind

Referred by: DR HENDERSON

Unconfirmed

150 Hz

25.0 mm/s

10.0 mm/mV

by 2.5s rhythm id

MAC55 009A

L 128 207

MOB 0402-025

Crosby Controls

Printed in UK



Inpatient prescription & administration record for MACDONALD, Alisdair M (CHI: 0402863410).



Patient Demographics

MACDONALD, Alisdair M (CHI: 0402863410)

DOB: 04/02/1986

25 Waddell Court, Kilmarnock,

Ayrshire,

KA3 2EB

Admitted: 30/04/2026 01:05:00

Discharged: 05/05/2026

Transfer history

Admission	2026-04-30 0	XCAU PRE ADMIT
Transfer	2026-04-30 1	XCAU INPATIENT
Transfer	2026-04-30 1	WARD 3B - XH
Transfer	2026-05-01 0	WARD 4F HDU - XH
Transfer	2026-05-04 2	XICU

GP details

Curran, Dr. Jd,

4/6 Old Irvine Road,

Kilmarnock,

Ayrshire,

KA1 2BD

Responsible Consultant history

Dr Adam Williamson	30/04/26	01:05
Dr Nicholas Pitman	30/04/26	11:40
Dr Callum Taylor	01/05/26	00:34
Dr Kati Carroll	04/05/26	23:56
Dr Christopher Leddy	05/05/26	00:32
Dr Jill Selfridge	05/05/26	09:10

Current recorded allergy (reaction): PENICILLINS (Rash - minor, self-limiting)

Regular Medication Orders

CO-TRIMOXAZOLE 480 mg in 5mL Injection for Infusion

☒ 04/05/26 07:00 960 mg TWICE daily at 7am and 10pm (Intravenous Intermittent Infusion)

DR JAMES ROBERTSON

04/05/26	07:00	Withheld	NURSE CAMERYN HAVLIN
04/05/26	22:00	Absent from Ward	NURSE STACIE MCGUIRE
05/05/26	07:00	05/05/2026 06:01	NURSE STACIE MCGUIRE

☒ 04/05/26 00:52 960 mg (Intravenous Intermittent Infusion)

DR JAMES ROBERTSON

04/05/26	00:52	04/05/2026 01:59	NURSE RACHEL MILLIGAN
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ENOXAPARIN 40 mg in 0.4mL Pre-Filled Syringe

☒ 30/04/26 18:00 40 mg ONCE daily at 6pm (Subcutaneous Bolus Injection)

MR STEPHEN DEWAR (PIP)

30/04/26	18:00	30/04/2026 18:23	NURSE EMMA FERGUSON
01/05/26	18:00	01/05/2026 17:14	NURSE MEGAN CURRIE
02/05/26	18:00	02/05/2026 17:19	NURSE CATHERINE CREE
03/05/26	18:00	03/05/2026 17:01	NURSE HAZEL TYLER
04/05/26	18:00	Withheld	NURSE STACIE MCGUIRE
05/05/26	18:00	Not Charted prior to Discharge	SYSTEM

LAXIDO Sachets

☒ 03/05/26 22:00 1 Sachet TWICE daily at 7am and 10pm (Oral)

DR GREGOR MCMURRAY

03/05/26	22:00	03/05/2026 21:28	NURSE RACHEL MILLIGAN
04/05/26	07:00	04/05/2026 08:42	NURSE LEANNE CUTHBERT
04/05/26	22:00	Refused by Patient	NURSE LISA CUTHBERT
05/05/26	07:00	Refused by Patient	NURSE MICHELLE TAYLOR

MIRTAZAPINE 30 mg Tablets

☒ 30/04/26 22:00 30 mg ONCE daily at 10pm (Oral)

DR AKINWUNMI KEHINDE

30/04/26	22:00	30/04/2026 23:54	NURSE SIOBHAN SKEHILL
01/05/26	22:00	01/05/2026 21:29	NURSE LEANNE CUTHBERT
02/05/26	22:00	02/05/2026 21:46	NURSE RACHEL MILLIGAN
03/05/26	22:00	03/05/2026 21:26	NURSE RACHEL MILLIGAN
04/05/26	22:00	04/05/2026 21:59	NURSE LISA CUTHBERT

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PARACETAMOL 500 mg Tablets
☒ 30/04/26 07:00 1,000 mg FOUR times daily - 7am;1pm;6pm;10pm (Oral)

DR AKINWUNMI KEHINDE

30/04/26	07:00	30/04/2026	08:05	NURSE KIMBERLY CURRIE
30/04/26	13:00	30/04/2026	14:24	NURSE SINEAD BELL
30/04/26	18:00	30/04/2026	18:23	NURSE EMMA FERGUSON
30/04/26	22:00	30/04/2026	22:37	NURSE SIOBHAN SKEHILL
01/05/26	07:00	01/05/2026	08:52	NURSE MUKUKA CHABALA
01/05/26	13:00	01/05/2026	12:22	NURSE MUKUKA CHABALA
01/05/26	18:00	01/05/2026	17:13	NURSE MEGAN CURRIE
01/05/26	22:00	01/05/2026	21:26	NURSE LEANNE CUTHBERT
02/05/26	07:00	02/05/2026	08:19	NURSE CATHERINE CREE
02/05/26	13:00	02/05/2026	12:50	NURSE CATHERINE CREE
02/05/26	18:00	02/05/2026	17:19	NURSE CATHERINE CREE
02/05/26	22:00	02/05/2026	21:45	NURSE RACHEL MILLIGAN
03/05/26	07:00	03/05/2026	08:07	NURSE HAZEL TYLER
03/05/26	13:00	03/05/2026	12:23	NURSE HAZEL TYLER
03/05/26	18:00	03/05/2026	17:01	NURSE HAZEL TYLER
03/05/26	22:00	03/05/2026	21:25	NURSE RACHEL MILLIGAN
04/05/26	07:00	Withheld		NURSE CAMERYN HAVLIN
04/05/26	13:00	04/05/2026	12:18	NURSE LEANNE CUTHBERT
04/05/26	18:00	04/05/2026	17:24	NURSE LEANNE CUTHBERT
04/05/26	22:00	04/05/2026	21:59	NURSE LISA CUTHBERT
05/05/26	07:00	05/05/2026	08:35	NURSE MICHELLE TAYLOR
05/05/26	13:00	Not Charted prior to Discharge		SYSTEM
05/05/26	18:00	Not Charted prior to Discharge		SYSTEM

☒ 30/04/26 02:57 1,000 mg (Oral)

DR AKINWUNMI KEHINDE

30/04/26 02:57 30/04/2026 03:32 NURSE CERI STEAD

PARACETAMOL_1000 mg in 100mL Intravenous Infusion
☒ 04/05/26 04:30 1,000 mg (Intravenous Intermittent Infusion)

DR LOUISE MANSON

04/05/26	04:30	04/05/2026	04:30	DR LOUISE MANSON
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QUETIAPINE 25 mg Tablets
☒ 30/04/26 07:00 50 mg ONCE daily at 7am (Oral)

DR AKINWUNMI KEHINDE

30/04/26	07:00	30/04/2026	08:04	NURSE KIMBERLY CURRIE
01/05/26	07:00	01/05/2026	08:52	NURSE MUKUKA CHABALA
02/05/26	07:00	02/05/2026	08:50	NURSE CATHERINE CREE
03/05/26	07:00	03/05/2026	08:07	NURSE HAZEL TYLER
04/05/26	07:00	04/05/2026	08:41	NURSE LEANNE CUTHBERT
05/05/26	07:00	05/05/2026	08:36	NURSE MICHELLE TAYLOR

QUETIAPINE 200 mg Tablets
☒ 30/04/26 22:00 200 mg ONCE daily at 10pm (Oral)

DR AKINWUNMI KEHINDE

30/04/26	22:00	30/04/2026	23:55	NURSE SIOBHAN SKEHILL
01/05/26	22:00	01/05/2026	21:27	NURSE LEANNE CUTHBERT
02/05/26	22:00	02/05/2026	21:46	NURSE RACHEL MILLIGAN
03/05/26	22:00	03/05/2026	21:27	NURSE RACHEL MILLIGAN
04/05/26	22:00	04/05/2026	21:59	NURSE LISA CUTHBERT

As Required Medication Orders**GENTAMICIN AS PER PAPER CHART Intravenous Infusion as required**
☒ 04/05/26 00:28 1 Dose (Intravenous Intermittent Infusion) SEE PAPER CHART

DR JAMES ROBERTSON

1.00 Dose	04/05/2026	01:07	NURSE LEANNE CUTHBERT
1.00 Dose	05/05/2026	00:56	NURSE STACIE MCGUIRE

MORPHINE SULFATE 10 mg in 1 mL Injection as required

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MORPHINE SULFATE 10 mg in 1 mL Injection as required

(Continued)

30/04/26 10:40 5-10 mg every TWO HOURS (Intravenous Slow Bolus Injection)
FOR PAIN

MR STEPHEN DEWAR (PIP)

5.00 mg 30/04/2026 10:48

NURSE KIMBERLY CURRIE/ NURSE HAVEN- LEE WALKER

MORPHINE SULFATE 10 mg in 5mL Oral Solution as required

30/04/26 03:45 5 mg every TWO HOURS (Oral) FOR PAIN

DR MATHEW SERMANNI

5.00 mg 30/04/2026 07:00

NURSE CERI STEAD

Discontinued on: 30/04/2026 10:33 by: MR STEPHEN DEWAR (PIP)

30/04/26 03:45 5-10 mg every TWO HOURS (Oral) FOR PAIN

MR STEPHEN DEWAR (PIP)

10.00 mg	30/04/2026	19:59	NURSE SIOBHAN SKEHILL
10.00 mg	30/04/2026	22:34	NURSE SIOBHAN SKEHILL
5.00 mg	01/05/2026	11:18	NURSE MUKUKA CHABALA
5.00 mg	01/05/2026	18:41	NURSE LAURA JACKSON
5.00 mg	02/05/2026	08:22	NURSE CATHERINE CREE
5.00 mg	02/05/2026	15:11	NURSE CATHERINE CREE
10.00 mg	02/05/2026	18:51	NURSE LAUREN MCCULLOCH
10.00 mg	02/05/2026	21:46	NURSE RACHEL MILLIGAN
10.00 mg	03/05/2026	05:16	NURSE RACHEL MILLIGAN
5.00 mg	03/05/2026	08:10	NURSE HAZEL TYLER
10.00 mg	03/05/2026	10:04	NURSE HAZEL TYLER
10.00 mg	03/05/2026	13:17	NURSE HAZEL TYLER
10.00 mg	03/05/2026	20:09	NURSE RACHEL MILLIGAN
10.00 mg	03/05/2026	22:18	NURSE RACHEL CADDIS
5.00 mg	04/05/2026	04:52	NURSE RACHEL MILLIGAN
5.00 mg	04/05/2026	08:42	NURSE LEANNE CUTHBERT
5.00 mg	04/05/2026	10:07	NURSE LEANNE CUTHBERT
10.00 mg	04/05/2026	12:19	NURSE LEANNE CUTHBERT
10.00 mg	04/05/2026	14:30	NURSE LEANNE CUTHBERT
10.00 mg	04/05/2026	17:20	NURSE LEANNE CUTHBERT
10.00 mg	04/05/2026	20:31	NURSE RACHEL MILLIGAN
10.00 mg	05/05/2026	07:53	NURSE MICHELLE TAYLOR
10.00 mg	05/05/2026	10:01	NURSE MICHELLE TAYLOR

Patient level notes

Note to Pharmacist added by MR STEPHEN DEWAR (PIP) on 30/04/2026 at 10:42

Title: Pharmacy Care Plan CAU

PC: repeat pneumothorax

PMH: nil significant

Meds: per med rec

Issues:

1. VTE prophylaxis- no given chest drain SD 30/4

Enoxaparin now added as per consultant, monitor pnts. LK 1/5

2. Analgesia - increase oramorph and IV morphine prn. Leave as prn and consider regular SD 30/4

*3. ?HAP - IV co-trimox and gent prescribed. Gent dose

added by NURSE KIMBERLY CURRIE on 30/04/2026 at 08:06

Title: quetiapine

charted at 3 am, not given at 7am but charted



Inpatient prescription & administration record for MACDONALD, Alisdair M (CHI: 0402863410).



Patient Demographics		Admitted:	24/04/2026	15:03:00
MACDONALD, Alisdair M (CHI: 0402863410)		Discharged:	27/04/2026	
DOB: 04/02/1986				
40 Balgray Avenue, Kilmarnock,				
Ayrshire,				
KA1 4QS				
GP details				
Curran, Dr. Jd,				
4/6 Old Irvine Road,				
Kilmarnock,				
Ayrshire,				
KA1 2BD				
		Transfer history		
		Admission	2026-04-24 1	XCAU PRE ADMIT
		Transfer	2026-04-24 1	WARD 4F HDU -XH
		Transfer	2026-04-26 1	WARD 3B -XH
		Responsible Consultant history		
		Dr Claire Shepherd	24/04/26	15:03
		Dr Shafiq Ahmed	24/04/26	15:04
		Dr Lucy Martin	24/04/26	17:09
		Dr Emily Turner	26/04/26	14:44
		Dr Nicholas Pitman	27/04/26	07:45

Current recorded allergy (reaction): PENICILLINS (Rash - minor, self-limiting)

Regular Medication Orders

DOXYCYCLINE 100 mg Capsules

☒ 25/04/26 07:00 100 mg ONCE daily at 7am (Oral) for 4 day(s)

DR KATHRYN FERGUSON

25/04/26	07:00	25/04/2026	09:19	NURSE EMMA PRENTICE
26/04/26	07:00	26/04/2026	08:47	NURSE MELANIE MILLIGAN
27/04/26	07:00	27/04/2026	08:56	NURSE HOLLY DAKIN/ NURSE SAMANTHA GRAHAM

☒ 24/04/26 16:10 200 mg (Oral)

DR KATHRYN FERGUSON

24/04/26	16:10	24/04/2026	17:37	NURSE PAUL CHARLES
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ENOXAPARIN 40 mg in 0.4mL Pre-Filled Syringe

☒ 24/04/26 22:00 40 mg TWICE daily at 7am and 10pm (Subcutaneous Bolus Injection)

DR LUCY MARTIN

24/04/26	22:00	24/04/2026	21:51	NURSE LAUREN MCCULLOCH
25/04/26	07:00	25/04/2026	09:20	NURSE EMMA PRENTICE
25/04/26	22:00	25/04/2026	22:06	NURSE LAUREN MCCULLOCH
26/04/26	07:00	26/04/2026	08:48	NURSE MELANIE MILLIGAN
26/04/26	22:00	26/04/2026	22:06	NURSE EMMA MCNEIL
27/04/26	07:00	27/04/2026	08:57	NURSE HOLLY DAKIN/ NURSE SAMANTHA GRAHAM

...IRTAZAPINE 30 mg Tablets

☒ 24/04/26 22:00 30 mg ONCE daily at 10pm (Oral)

DR KATHRYN FERGUSON

24/04/26	22:00	24/04/2026	21:50	NURSE LAUREN MCCULLOCH
25/04/26	22:00	25/04/2026	22:01	NURSE LAUREN MCCULLOCH
26/04/26	22:00	26/04/2026	22:05	NURSE EMMA MCNEIL

MORPHINE SULFATE 10 mg in 5mL Oral Solution

☒ 25/04/26 11:17 5 mg (Oral)

DR LUCY MARTIN

25/04/26	11:17	25/04/2026	11:17	NURSE EMMA PRENTICE
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PARACETAMOL 500 mg Tablets

☒ 24/04/26 22:00 1,000 mg FOUR times daily - 7am;1pm;6pm;10pm (Oral)

DR KIMBERLY MCINTYRE

24/04/26	22:00	24/04/2026	21:51	NURSE LAUREN MCCULLOCH
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PARACETAMOL 500 mg Tablets

(Continued)

25/04/26	07:00	25/04/2026	09:19	NURSE EMMA PRENTICE
25/04/26	13:00	25/04/2026	13:22	NURSE SARAH CLANCY
25/04/26	18:00	25/04/2026	18:00	NURSE SARAH CLANCY
25/04/26	22:00	25/04/2026	22:02	NURSE LAUREN MCCULLOCH
26/04/26	07:00	26/04/2026	08:48	NURSE MELANIE MILLIGAN
26/04/26	13:00	26/04/2026	13:11	NURSE MELANIE MILLIGAN
26/04/26	18:00	26/04/2026	18:15	NURSE MARION COGHILL
26/04/26	22:00	26/04/2026	22:18	NURSE EMMA MCNEIL
27/04/26	07:00	27/04/2026	08:57	NURSE HOLLY DAKIN/ NURSE SAMANTHA GRAHAM
27/04/26	13:00	Not Charted prior to Discharge		SYSTEM
27/04/26	18:00	Not Charted prior to Discharge		SYSTEM

PREDNISOLONE 5 mg Tablets
☒ 25/04/26 07:00 40 mg ONCE daily at 7am (Oral) for 4 day(s)

DR LUCY MARTIN

25/04/26	07:00	25/04/2026	09:19	NURSE EMMA PRENTICE
25/04/26	07:00	25/04/2026	09:19	NURSE EMMA PRENTICE

☐ Discontinued on: 25/04/2026 11:01 by: DR LUCY MARTIN . Reason: Rationalising Medication
QUETIAPINE 25 mg Tablets
☒ 25/04/26 07:00 50 mg ONCE daily at 7am (Oral)

DR KATHRYN FERGUSON

25/04/26	07:00	25/04/2026	09:19	NURSE EMMA PRENTICE
26/04/26	07:00	26/04/2026	08:47	NURSE MELANIE MILLIGAN
27/04/26	07:00	27/04/2026	10:19	NURSE HOLLY DAKIN/ NURSE SAMANTHA GRAHAM

QUETIAPINE 200 mg Tablets
☒ 24/04/26 22:00 200 mg ONCE daily at 10pm (Oral)

DR KATHRYN FERGUSON

24/04/26	22:00	24/04/2026	21:50	NURSE LAUREN MCCULLOCH
25/04/26	22:00	25/04/2026	22:06	NURSE LAUREN MCCULLOCH
26/04/26	22:00	26/04/2026	22:06	NURSE EMMA MCNEIL

As Required Medication Orders**MORPHINE SULFATE 10 mg in 1 mL Injection as required**
☒ 24/04/26 15:07 2.5-5 mg every HOUR (Intravenous Slow Bolus Injection) FOR PAIN

DR KATHRYN FERGUSON

5.00 mg	25/04/2026	04:06	NURSE SHEREE COWAN/ NURSE VALERIE MCCLUSKEY
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MORPHINE SULFATE 10 mg in 5mL Oral Solution as required
☒ 24/04/26 16:28 5 mg every TWO HOURS (Oral) FOR PAIN due to drain

DR LUCY MARTIN

5.00 mg	24/04/2026	20:31	NURSE VALERIE MCCLUSKEY
5.00 mg	24/04/2026	22:54	NURSE LAUREN MCCULLOCH
5.00 mg	25/04/2026	02:33	NURSE LYNNE MCAVOY
5.00 mg	25/04/2026	10:01	NURSE SARAH CLANCY
5.00 mg	25/04/2026	14:01	NURSE SARAH CLANCY
5.00 mg	25/04/2026	19:11	NURSE SARAH CLANCY
5.00 mg	25/04/2026	22:08	NURSE LAUREN MCCULLOCH
5.00 mg	26/04/2026	04:35	NURSE PAULINE GRAHAM
5.00 mg	26/04/2026	09:05	NURSE RACHEL MILLIGAN
5.00 mg	26/04/2026	16:12	NURSE MARION COGHILL
5.00 mg	26/04/2026	22:56	NURSE EMMA MCNEIL

PARACETAMOL 500 mg Tablets as required
☒ 24/04/26 16:07 1,000 mg FOUR times daily - 7am;1pm;6pm;10pm (Oral) FOR PAIN

DR KATHRYN FERGUSON

☐ Discontinued on: 24/04/2026 20:25 by: DR KIMBERLY MCINTYRE . Reason: Discontinued due to conflict

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MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Assessed 12th May 2026 at 16:12

Summary of contact/details	
jiamie Leigh CUMmings email address is : jiamieleigh.cummings2@gjnh.scot.nhs.uk OT FROM GOLDEN JUBILEE called to advise alisdair at golden jubilee after pneumothorax and surgery. will be dc to his brothers initially no mental health concerns but poor motivation for rehab. taking usual meds. i enquired if district nursing could be considered will await dc summary and alisdair to be reminded to contact duty if needed - and admin will offer a slightly earlier review once 's home.	

Assessed 1st Apr 2026 at 15:59

Summary of contact/details	
Further to meeting with Alisdair and Dr Nalci's appointment this week it was discussed that Alisdair may find it beneficial to be linked with the community connector team to find groups in the area to engage with. Permission was not obtained within the appointment so writer followed up by calling Alisdair and discussing that the community connector team do and he gave permission to be linked with the service and his number to be passed on. Alisdair stated 'that sounds good' Email sent to Dr Nalci confirming permission was given and to proceed with referral	

Assessed 27th Mar 2026 at 15:33

Summary of contact	
ar Dr Curran ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK, Ayrshire, KA1 4QS CHI No: 0402863410 Diagnosis: Recurrent Depression with psychosis Past alcohol dependence High risk metabolic syndrome. Psychiatric Medication: Seroquel 100 mg mane, 200 mg at night Mirtazapine 30 mg at night Recommendations/Plan: As per the recent clinic email, thank you for reducing Seroquel by 50 mg in the morning and this can be used as a prn instead if requested. We strongly encouraged him to make a further appointment with yourself due to his non healing ulcers as he may need a further referral. Encouraged routine and I have referred to Community connector as Alisdair now keen to engage (esp to help weight loss) Crisis supports reinforced Next review in the next 9 months.	

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Alisdair attended for a follow up review after his review in September last year. I was joined by health and wellbeing assistant Leanne as Alisdair remains under a 2 person clinic review due to past forensic history, however he has remained stable and appropriate in reviews.

Alisdair was brought to the clinic by his brother who remained outside. Alisdair is 40 and continues to live alone. He said that he has quite an isolated life and that he struggles with his physical health and has non healing ulcers. These are reported to be under his arms and around his groin and he has had several in recent years that have not healed. He is concerned about a possible underlying cause.

He did engage with blood tests at our clinic in October but these were for routine antipsychotic screening and there were no abnormalities found there.

Alisdair said that he has very little to do in his days. He is looking forward to getting back to his garden as he said that it is in a bad state at the moment and he will be starting his vegetable garden again. He said that he tries to eat healthy and has salad with less snacks. He said that he can become overwhelmed when he goes out to visit the shops and he is slowly trying to increase his exposure so that he doesn't have to avoid busy places. It was unclear if having panic attacks. There were no psychotic symptoms. He said that his sleep has been better recently and he is able to fall asleep. He said that he feels his mood has also improved slightly, although his motivation is still down and this is likely due to his physical health issues. He said since reducing Mirtazapine there has been little change although he does feel like he can zone out at times, however there was no significant concerns noted. When asked, he said that he is not drinking alcohol anymore and there was no history of illicit drug use.

He remained calm and quite polite and co-operative and he was easy to engage with, however he did become irritable discussing mild frustrations in recent months such as the slow post and other people's bad driving. His mood was euthymic and he said that his mood was better than previously. His affect remains reactive. He was logical. There was no evidence of perceptual disturbance. It was unclear when this was last evident. He had no unusual beliefs. No thoughts to harm himself voiced. He was happy to slightly reduce his Seroquel and be referred to any groups suitable for him.

Clinic will also recheck his physical obs in a few months time and if Alisdair remains well on future reviews we would be looking to discharge him. He has engaged in previous CPN support. His main issues currently appear to be physical, however he was encouraged to call up if he did require further mental health input.

If you have any concerns please do not hesitate to contact clinic, and prior to discharge we would be contacting his family for an update too.

Yours sincerely

Authorised on 22/04/2026 18:37:53 by Yasmin Nalci (East).

Dr Yasmin Nalci
Locum Consultant Psychiatrist

Assessed 27th Mar 2026 at 13:44

Summary of contact

Alisdair attended and engaged well. He is suffering ongoing non healing abscesses – could he be seen for a possible surgical referral? He was told to make follow up with you but has been unable when non-urgent.

Could mane Seroquel be reduced to 50mg mane?

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

He may request this as PRN instead.

We are keen to reduce medication while his mental state is improved as his weight continues to increase.

Further letter to follow.

Please contact clinic if any concerns.

Assessed 12th Sep 2025 at 11:02

Summary of contact/details

Dear Mr MacDonald

I would like to offer you an appointment with myself for a physical health check.

As part of the physical health check we will try to obtain bloods from yourself and complete additional physical health monitoring as discussed with your referring Clinician

Date: Thursday 9th October 2025

Time: 09.30

Venue: Central Clinic, Old Irvine Road, Kilmarnock, KA1 2BD

We would appreciate if you could drink water before attending your appointment.

These bloods should be fasted, therefore please withhold food prior to your appointment for 8 hours.

If this appointment is not suitable, please contact the above number to re arrange.

Please note parking is very limited at this clinic, therefore please allow plenty of time to get to your appointment.

Yours sincerely

Assessed 2nd Sep 2025 at 10:55

Summary of contact

Dear Dr Curran

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS
CHI No: 0402863410

Diagnosis: Recurrent depression with psychosis

Past Alcohol Dependence

Ongoing diagnostic review,

High risk of metabolic syndrome.

Psychiatric Medication: Quetiapine 100 mg mane, 200 mg at night
Mirtazapine 45 mg at night

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Recommendations/Plan: Please can Mirtazapine be reduced to 30 mg as some improvement in mental health and high risk of side effects.

Alisdair was referred to the health and wellbeing clinic for 6 to 12 monthly physical observations. I have requested ECG which will be in November.

Alisdair to seek help due to his reported non healing abscess.

Alisdair was not keen to reduce his further medications.

No other additional supports.

Next Clinic review in 6 months or earlier if requested.

Alisdair attended for a recent review with myself and CPN Mags at clinic. Alisdair remains under a 2 person review at clinic due to his past forensic history, however he was very appropriate during review. We should note that the last review had unfortunately been on the telephone and this was my first time meeting Alisdair.

Alisdair had been referred to the CPNs last year, however he had not continued to engage so he was discharged.

Alisdair is 38 and continues to live at home. Alisdair's mum as you will know died in a house fire around 2020. Alisdair sees his dad every couple of months. Alisdair reports that he had felt worse in the last few years and he spoke much about his physical health and he says that he can feel short of breath and that he is much troubled by an abscess in his crotch area which he feels is not healing. He says that he has been on numerous creams and antibiotics. He says that he is able to wash but the abscess is causing him much discomfort. He is not driving. He says that he is still seeing his brother every other day who takes him to the shops and things that are needed.

Alisdair felt overall his mental health had made some improvement. He does report that his sleep can still be quite erratic but that he is generally less anxious than previously. He said that his mood is not quite as low and although his motivation is still on the lower side this is impacted by his physical health issues. He feels that his situation has slightly improved and his suicidal thoughts have also reduced.

He said that he is drinking alcohol very rarely. We noted his past history on the review last year and we have also now obtained his past records. He noted that there were no known significant family history

He had a long beard and he was slightly poorly kempt. He was polite and co-operative and quite easy to engage with. His mood was euthymic and his affect reactive. He had no persistent depressive symptoms. He was fully logical. He reported some perceptual disturbance but this was very rare and he said that this had been a big improvement. He did report that he can have much negative self-talk and he can have some obsessive ruminations in keeping with generalised anxiety. He did not report any referential or other psychotic experiences. He was very keen to continue his Seroquel which he felt was helpful and he agreed to complete the physical obs and blood tests and ECG which we did highlight was very important.

If you have any concerns about Alistair prior to his next review please do contact clinic.

Yours sincerely

Authorised on 16/10/2025 11:03:16 by Yasmin Nalci (East).

Dr Yasmin Nalci -
Locum Consultant Psychiatrist

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Assessed 10th Jan 2025 at 10:06

Summary of contact

Dear Alisdair

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS
CHI No: 0402863410

Sorry you were not able to attend today's review.

I hope you are doing ok. The clinic will send you out a further appointment. If you would like to reschedule this appointment, or if you would like to request a sooner appointment, or more support, please contact clinic.

I apologise that last review was via phone and next review would be at clinic if you are able to attend.

This letter has also been sent to your GP.

Yours sincerely

Authorised on 23/01/2025 14:22:59 by Yasmin Nalci (East).

Dr Yasmin Nalci
Locum Consultant Psychiatrist

Dr JD Curran
The Surgery
1 Irvine Road Surgery
476 Old Irvine Road
Kilmarnock
KA1 2BD

Assessed 20th Dec 2024 at 11:43

Summary of contact

As I have had no response from my 14 day opt in letter, I am therefore discharging you from my caseload at this time. However you will remain open to Dr Nalci Outpatient Clinic.

Your GP has been informed by copy of this letter.

Assessed 20th Dec 2024 at 10:41

Summary of contact/details

Alisdair did not respond to his 14 day opt in letter and will now be discharged from CPN caseload. Unable to complete generic mental health discharge assessment due to non-engagement, however, generic mental health assessment from 22/08/24 remains relevant as per writer's knowledge. Alisdair remains open to Dr Nalci's OPA and has an appointment scheduled for 10/01/25. Alisdair will be able to access duty should support be required.

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

PLAN:

- Discharge from CPN due to non attendance
- Remains open to Dr Nalci's OPA

Assessed 5th Dec 2024 at 15:46**Summary of contact**

I am sorry you did not attend your arranged appointment on Thursday 5th December.

Please contact the team on the above telephone number within 14 days of receipt of this letter if you wish to re arrange an appointment. If, however, we do not hear from you within 14 days you will be discharged from my caseload.

Assessed 5th Dec 2024 at 15:25**Summary of contact/details**

Alisdair did not attend his scheduled appointment and did not make any contact to advise otherwise. A 14 day opt in letter will now be sent. Should Alisdair not respond within this timeframe, he will be discharged from CPN caseload.

Assessed 7th Nov 2024 at 12:00**Summary of contact/details**

Alisdair attended his appointment as scheduled, accompanied by his brother who waited in the waiting room. SHW Mark Griffin also present due to 2x person contact.

Objectively, Alisdair appeared to be wearing unclean clothes with marks on his tshirt, but was otherwise appropriately dressed and presented. Alisdair engaged pleasantly, at times focussing on the floor but engaging in more spontaneous conversation with writer than he has at previous appointments. No evidence of distraction or preoccupation. Thoughts appeared linear and logical, no evidence of disordered or delusional thoughts. No evidence that Alisdair was under the influence of any substance or that his judgement or capacity would have been otherwise impaired.

Alisdair advised that he felt his chest was tight today, and cited this as being due to his anxiety surrounding travelling on the bus. Alisdair advised that he had used his headphones to play music to distract himself during this and the bus journey was only around 5 minutes, so felt this was manageable. Discussed this as being one of Alisdair's SMART goals and to continue trying to travel via bus at least once per week. Alisdair advised he had not been able to identify any other SMART goals. Through discussion, James advised that he used to love cooking and spoke in depth about a recipe for Moroccan Soup that he liked making. SMART goal also set with Alisdair to cook once a week, taking time to look up recipes and purchase the items needed. Alisdair disclosed that very occasionally, he would have thoughts of harming himself using a knife, so would make sure not to cook if he was experiencing these thoughts. Alisdair denied having experienced self harming thoughts recently.

Discussed with Alisdair effective means of distraction from his feelings of anxiety. Alisdair advised he currently utilises:

- Vaping (encouraged Alisdair to substitute vaping at times with deep breathing exercises)
- Gardening (in the summer months)

Alisdair encouraged to use:

- Playing FIFA on his playstation
- Watching Bob Ross Art Videos which he previously enjoyed
- Cooking
- Regular breathing exercises/guided meditation on Youtube

Alisdair also spoke briefly about his historic traumas for the first time including physical (non sexual) abuse whilst in children's

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

homes and the traumatic death of his mother in a house fire. Alisdair advised he felt it may be beneficial for him to discuss these and advised he would be open to a referral for specialist counselling "in the not too distant future."

No immediate risk identified

PLAN:

- Alisdair to continue practicing his SMART goals
- Next appt: Thu 5th Dec at 1500 NWKAC
- Alisdair reminded he can contact duty/OOH should he require additional support with his mental health

Assessed 8th Oct 2024 at 11:16

Summary of contact/details

Alisdair attended his scheduled appointment at NWKAC, with his brother waiting in the waiting room. Objectively, Alisdair was appropriately dressed and presented. His eye contact was poor at times, largely looking at the floor throughout contact. His affect was largely flat, however, occasionally responding to humour. No evidence that Alisdair was experiencing or responding to any psychotic or delusional symptoms at time of contact. SHW Mark Griffin also present due to 2x person contact.

Alisdair advised he was not feeling well today. He stated he believed he may have a virus and had felt feverish and cold overnight. Reminded Alisdair he could have cancelled the appointment if he was not feeling well and he stated that he had been reluctant to do so as he did not want to set a precedent of cancelling appointments and perpetuating avoidance. Asked Alisdair if it would be his preference to keep his appointment shorter today and he advised that he would.

Alisdair spoke about ongoing physical health conditions and that he had been waiting on a dermatology appointment for 18 months due to skin ulcers. Alisdair advised he was going to try to liaise with his GP to discuss physical health concerns.

Re: previous SMART goals, Alisdair advised he continued to work towards going on the bus with his brother. He advised he had got the bus with his brother today - choosing to get a bus at a quiet time. Alisdair encouraged to continue with this.

Attempted to set more SMART goals with Alisdair, but he advised that he did not feel able to think of any due to feeling physically unwell. Worksheet on setting SMART goals talked through and provided to Alisdair, who was encouraged to think about this independently and discuss at next appointment. Worksheet on identifying situations Alisdair regularly avoids and strategies to counter this were also explored and encouraged to complete in his own time.

Appointment ended short due to Alisdair feeling unwell and he has been encouraged to complete the worksheets in his own time.

PLAN:

- Alisdair to complete worksheets and bring these to his next appointment
- Next appointment: Thu 7th Nov at 11am-NWKAC
- Alisdair reminded he can contact NHS24/DUTY/CMHT should he require additional support

Assessed 13th Sep 2024 at 14:19

Summary of contact/details

Alisdair attended his scheduled appt at NWKAC, with his brother waiting in the waiting room. SHW Mark Griffin present due to ongoing assessment of risk to others. No risk identified during today's contact.

Alisdair was dressed appropriately in casual clothing. He engaged well throughout, offering his own insight and conversation. Eye contact poor at times, often fixed on the floor. Presented with reactive affect and responded well to humour at times. Alisdair's

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

speech was normal in rate, tone, rhythm and volume. No evidence he was experiencing or responding to any psychotic or delusional symptoms. No evidence that Alisdair's capacity would be otherwise impaired.

Alisdair advised that he continued to experience poor sleep since his branded Seroquel had changed to generic Quetiapine and how it would be his preference for branded Seroquel to be recommenced.

Spoke at length re: Alisdair's care plan. Consent to care plan received which Alisdair signed and this has now been uploaded onto CarePartner.

Discussed anxiety with Alisdair. He advised his signs and symptoms of anxiety included:

- Mild: feels manageable, breathing heavy, racing heart (present on a daily basis)
- Moderate: Mild symptoms but also feeling sweaty
- Severe: Mild and moderate symptoms but also feeling dizzy, nauseous and a feeling of butterflies in stomach

Thoughts: no identifiable thoughts, just feel as though his head is busy and noisy

Alisdair reports his anxiety can escalate quickly, going from 0-60 before he has noticed. He cited having to go on a bus as an incident which causes him severe anxiety and usually is only able to do this with the support of his brother.

Discussed setting a SMART goal ahead of next session and have agreed to try the following: "When visiting my brother, instead of getting a taxi both ways, taking a bus with support from my brother, one leg of the way". Discussed various ways Alisdair could manage his anxiety during these times.

Strategies:

- Breathing - Advised to focus on taking one big deep breath or using his hands in a cupped position to regulate his breathing
- Distraction - Going through the alphabet in his head and trying to name an item from each letter (eg countries with A, B, C etc)
- Grounding - 54321 explained and discussed

Psychoeducation surrounding the fight or flight or freeze response, with the analogy of an internal smoke alarm being used. Alisdair able to identify different ways he responds to this. Alisdair reporting that he continues to find low mood and depression an issue (lack of motivation, feeling tired etc). Explained the link between anxiety and depression and advised how increased activity could contribute to an improvement in Alisdair's mood.

Worksheets on the above discussed provided.

PLAN:

- Writer will speak to Dr Nalci re: branded Seroquel.
- Next appt: Tue 8th Oct at 11am NWKAC (card given)
- Alisdair reminded to contact CMHT/OOH should he require additional support for his mental health

Assessed 27th Aug 2024 at 14:56

Summary of contact/details	
Dear Mr MacDonald	
I would like to offer you a treatment appointment with myself	
Date:	Friday 13th September 2024

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Time: 13.30

Venue: North West Kilmarnock Area Centre

If this appointment is not suitable, please contact the above number to re arrange.

If you are suffering from recent new respiratory symptoms please do not travel to hospital/outpatient clinic for your appointment, please contact us on the telephone number provided within this letter.

Yours sincerely

Kerry Patterson
COMMUNITY MENTAL HEALTH NURSE

Assessed 26th Jul 2024 at 14:06

Summary of contact/details

Dear Mr MacDonald

Following referral to the Community Mental Health Team, I would like to offer you an assessment appointment

Date: Thursday 22nd August 2024

Time: 10.00

Venue: North West Kilmarnock Area Centre

this appointment is not suitable, please contact the above number to rearrange.

If you do not make contact or you fail to attend your appointment we will therefore discharge you back to the care of your GP at this time.

If you are suffering from recent new respiratory symptoms please do not travel to hospital/outpatient clinic for your appointment, please contact us on the telephone number provided within this letter.

Yours sincerely

COMMUNITY MENTAL HEALTH NURSE (Blue Hub)

Cc Dr Curran, 4/6 Old Irvine Road, Kilmarnock, KA1 2BD

Assessed 16th Jul 2024 at 14:37

Summary of contact

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Dear Mr MacDonald,

Following referral to the Community Mental Health Team, please contact the above number within 14 days, should you wish to arrange an assessment appointment.

If however, I do not hear from you within this time, I will therefore discharge you back to the care of your GP.

Yours sincerely

Community Mental Health Team (Blue Hub)

Cc: Dr John Curran – Old Irvine Road Surgery (Kilmarnock)

Assessed 28th May 2024 at 14:21

Summary of contact

Dear Dr Curran

ALISDAIR MACDONALD , 40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS

CHI No: 0402863410

Diagnosis: Recurrent depression with psychosis

Ongoing diagnostic review

Past alcohol dependence

Recommendations: Referred back to CPN for community links, assess needs, reduce isolation

Continue medication

Yearly fasting bloods recommended

Crisis supports reinforced

Clinic review in next 4-6 months

Alisdair had a first phone review with me last week. He is a 38 year old living alone (previous spray painter) He had seen Dr Taylor in 2023 who had referred him for further CPN support however he missed the appointments (some may have been received late)

Alisdair has a long history of mental illness. First admission age 17 (although records not available currently) and has been diagnosed with depression and psychosis and past alcohol dependence. He has not drank for several years. Past illicit substance use when young.

Today he reported he is getting back on track after his mum died in a house fire in 2022. No recurring nightmares etc reported. He sees his brothers twice a week and he is trying to garden. He can feel isolated and little to do. He reports sleep can be difficult and he struggles to switch off at night. Self care slowly improving.

He reported generally feeling well however recurrent abscess seeing GP about.

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Meds: mirtazapine 45mg, Seroquel XR 200mg and 100mg IR nocte

He was polite and cooperative and logical on phone. He reported still feeling low but 'not terrible'. He worries about panic attacks but seem more controlled. He reported vague auditory hallucinations which seem more controlled on Seroquel. Vague referential delusions like reading into things on the news mentioned. He reported he was content with his medication however he was keen for more support in the community. He denied any thoughts to harm self. He is keen to complete an IT course in future and improve his mental health.

Thank you for your ongoing care of this patient. Please do not hesitate to contact clinic if you have concerns about Alisdair's mental health.

Yours sincerely

Authorised on 10/07/2024 14:51:50 by Yasmin Nalci.

Dr Yasmin Nalci

Locum Consultant Psychiatrist

Assessed 28th May 2024 at 10:02

Summary of contact

Dear Alisdair

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK, Ayrshire, KA1 4QS
CHI No: 0402863410

I'm sorry you missed your appointment today.

I have taken over some of Dr Taylor's past patients.

I hope you are doing well and you may have decided you do not need treatment from this clinic. The clinic will send you out a further routine appointment. If you would like to cancel this appointment, or if you would like to request a sooner appointment, or more support, please contact clinic.

This letter has also been sent to your GP.

Yours sincerely

Authorised on 29/05/2024 10:31:06 by Yasmin Nalci.

Dr Yasmin Nalci

Locum Consultant Psychiatrist

Dr JD Curran

The Surgery

Old Irvine Road Surgery

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Assessed 22nd Nov 2023 at 09:00

Summary of contact

Sorry you didn't attend your appointment on 22nd November 2023 at the North West Kilmarnock Area Centre. I would be grateful if you could contact CMHT within 14 days of receipt of this letter to let us know if you wish to be offered another appointment. If we don't hear from you, you will be discharged from this clinic.

Assessed 22nd May 2023 at 12:20

Summary of contact

Dear Mr Alisdair MacDonald

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK, Ayrshire, KA1 4QS
CHI No: 0402863410

As a current patient of the East Ayrshire Community Mental Health Team we are writing to inform you of changes occurring within the local service.

Due to Consultant staffing changes within our team it has become necessary for us to review how to achieve the best care and outcomes for our patients.

This process is currently underway and you will be informed of the outcome in due course.

We appreciate that you may have concerns or anxieties in this regard. Should you have any deterioration in your mental health please contact your CPN/Keyworker in the first instance on 01563 578592; otherwise, the Duty Nurse will be available.

If you have any queries, please do not hesitate to call 01563 578593 or 01290 425947.

Yours sincerely

Dr Aileen Guthrie
Consultant Psychiatrist/Clinical Director East Ayrshire Community Mental Health

Ashley Kennedy
Team Leader East Community Mental Health Team

Nicky Jenkins
Service Manager, Mental Health Services

Dr JD Curran
The Surgery
Old Irvine Road Surgery

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Assessed 5th May 2023 at 15:54

Summary of contact

As agreed you have now been discharged from my caseload at this time.

Your GP has been informed by copy of this letter.

...erefore, should you require any further input, please contact your GP.

Yours sincerely

Diana Simpson
COMMUNITY MENTAL HEALTH TEAM

CC: Dr John Curran – Old Irvine Road Surgery – 4/8 Old Irvine Road, Kilmarnock, KA1 2BD

Assessed 28th Mar 2023 at 12:02

Summary of contact

I reviewed this man by telephone appointment on 13th March.

Unfortunately he had missed an appointment with his CPN and due to lack of his contacting the Service he was discharged. Mr MacDonald explained to me that the appointment letter had arrived after his appointment and when he received a letter explaining that he had been discharged he did not see the point in making contact as he believed a decision had already been made that he should be discharged.

Mr MacDonald continues to be traumatised by the loss of his mother as this only occurred five months ago he continues to be troubled by nightmares and has been told that he is shouting out in his sleep.

Fortunately his psychosis has not significantly deteriorated. However he does have intermittent thoughts of suicide which include cutting his wrists open in a warm bath. He has been in two minds about this and is unable to describe any clear protective factors. He continues to hear derogatory voices although is able to distinguish these from reality and he also has intermittent thoughts of a paranoid nature which he again is able to control after a period of time.

Mr MacDonald remains at significant risk of deterioration in his mental health which includes risks of increasing psychosis and suicide. I will therefore re-refer him for CPN monitoring of his mental state, which will help inform us as to how he is coping in between his out-patient appointment and whether further adjustments are needed in his medication. I thought he may benefit from Prazosin due to the frequency of nightmares or some night sedation such as Zopiclone but Mr MacDonald is not keen on taking additional medicine at this time. We will therefore continue to monitor these symptoms and can advise him further if necessary.

He does not have a particular preference as to whether he attends the North West Centre or has a phone appointment at his next review and as telephone appointments have a shorter waiting time I will allocate him to this clinic.

Assessed 24th Mar 2023 at 12:28

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Summary of contact/details

Following referral to the Community Mental Health Team, I would like to offer you an assessment appointment

Date: Tuesday 4th May 2023

Time: 09:30

Venue: North West Kilmarnock Area Centre, Western Road, Kilmarnock, KA3 1NQ

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

If you do not make contact or you fail to attend your appointment we will discharge you back to the care of your GP at this time.

Yours sincerely

COMMUNITY MENTAL HEALTH NURSE

CC: Dr John Curran - Old Irvine Road Surgery - 4/6 Old Irvine Road, Kilmarnock, KA1 2BD

Assessed 13th Mar 2023 at 10:11

Summary of contact

Dear Mr Ballantyne

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS
CHI No: 0402863410

You will recall this man who has schizophrenia and his mother died in tragic and traumatic circumstances for Mr MacDonald in a house fire. I note that he was discharged after failing to attend his appointment and Mr MacDonald explained his appointment letter had in fact arrived after the appointment was due. I believe he may have made some brief contact with yourself or the service to explain that at the time. However, by his own admission he was feeling rather demotivated at the time and feeling rather hopeless and helpless and could not believe that nursing input would be particularly beneficial.

Mr MacDonald is now of a different view and is keen to have a more frequent assessment of his mental health in between his outpatient appointments as well as the psychological and emotional support of nursing care. I, therefore, would be grateful if he could be seen for CPN follow up particularly to continue to assess his suicide risk and any fluctuations in his mental health which may require adjustments to his treatment. I have attached a copy of my correspondence to his GP from his recent outpatient review on 13 March which provides some additional information.

Yours sincerely

Authorised on 17/03/2023 16:13:03 by Mike Taylor.

Dr Mike Taylor
Consultant Psychiatrist MBChB, MRCPsych, MPhil

Dr JD Curran

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Assessed 4th Jan 2023 at 12:58

Summary of contact

I was sorry to learn that you did not attend your assessment appointment with myself on Wednesday, 04 January 2023

I have not received any contact from yourself; I assume there is no requirement for CPN input and have discharged you from my caseload. However, you will remain open to the outpatient clinic.

If you wish to speak with the duty nurse, please do not hesitate to call on 01563 578592, Monday to Friday 9am to 5pm, and via NHS 24 on 111 at all other times.

Your GP has been informed by copy of this letter.

Assessed 4th Jan 2023 at 11:43

Summary of contact/details

Alisdair did not attend for his scheduled appointment today again. This is now the third consecutive appointment that Alisdair has failed to attend including assertive outreach by writer attending his home and also a welfare check being completed. Writer will discharge Alisdair from CPN input at this stage and inform Dr Taylor of non attendance.

Assessed 20th Dec 2022 at 15:08

Summary of contact/details

Following a referral to the Community Mental Health Team; I would like to offer you an assessment appointment with myself as follows:

Date: Wednesday, 04 January 2023 at 11:00 am

Venue: Yellow waiting area
North West Kilmarnock Area Centre
Western Road, Kilmarnock KA3 1NQ

If this appointment is not suitable, please could you call the number above, and an alternative appointment can be arranged for you.

If however, we do not hear from you and you do not attend your appointment, you will be discharged back to the care of your GP.

I hope to see you soon.

Assessed 16th Dec 2022 at 12:35

Summary of contact/details

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Phone contact with Alisdair to offer an appointment with CN Ballantyne - 04/01/2023 at 11am NWKAC. Alisdair accepting of same.

Assessed 13th Dec 2022 at 11:39

Summary of contact

I was sorry to learn that you did not attend your assessment appointment with myself on Monday, 12 December 2022.

I have not received any contact from yourself; I assume there is no requirement for CPN input and have discharged you from my caseload. However, you will remain open to the outpatient clinic.

If you wish to speak with the duty nurse, please do not hesitate to call on 01563 578592, Monday to Friday 9am to 5pm, and via NHS 24 on 111 at all other times.

Your GP has been informed by copy of this letter.

Assessed 12th Dec 2022 at 11:10

Summary of contact/details

Alistair did not attend for his allocated clinic appointment today. As this is now the third occasion on which Alisdair has not attended he will be discharged from CPN input. Dr Taylor has been informed of same. Will remain open to OPA.

Assessed 1st Dec 2022 at 16:22

Summary of contact/details

Following a referral to the Community Mental Health Team; I would like to offer you an assessment appointment with myself as follows:

Date: Monday, 12 December 2022 at 10:00 am

Venue: Yellow waiting area

North West Kilmarnock Area Centre

Western Road, Kilmarnock KA3 1NQ

If this appointment is not suitable, please could you call the number above, and an alternative appointment can be arranged for you.

If however, we do not hear from you and you do not attend your appointment, you will be discharged back to the care of your GP.

I hope to see you soon.

Assessed 28th Nov 2022 at 11:24

Summary of contact

Dear Dr Curran

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS
CHI No: 0402863410

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Diagnosis: Recurrent psychotic depression with severe social anxiety.
✓ History of alcohol dependence.

Psychiatric Medication: Quetiapine MR 200mg once daily
Quetiapine immediate release 100 mg nocte
Mirtazapine 45 mg nocte.

Changes to Medication
Following Review: Nil

Recommendations/Plan: Outpatient review in 3 months.
CPN Charge Nurse Gary Ballantyne

I reviewed this man by telephone appointment on 28th November 2022.

He told me that he was continuing to feel traumatised by the events in which his mother died in a house fire when he and his father were also present. He describes emotional disturbance "coming in waves". He also continues to hear intermittent voices consistent with auditory hallucinations which are generally unpleasant and derogatory in nature. There is also some intermittent paranoid ideation. However on the whole his psychosis and affect do not appear to have been significantly adversely affected to date and there are no signs of any significant relapse of his mental illness. He does however of course remain at risk of a relapse of mental illness in which case we would need to consider higher doses of antipsychotic medicine and also a hypnotic drug such as Zopiclone as insomnia has been a feature of his illness in the past.

2

23/11/2022

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS
CHI No: 0402863410

I discussed the option of adding Zopiclone or increasing medicine at this stage but Mr MacDonald was quite clear in that he does not consider that his mental health has deteriorated to such an extent that he would require any additional medicine at this time. He is also sleeping reasonably well with some nights worse than others.

He is likely to remain at significant risk of a relapse of his depressive psychosis for at least the next 6 to 12 months and I will therefore ask his CPN Gary Ballantyne to continue to regularly monitor Mr MacDonald's mental health particularly any worsening of his psychosis or depressive symptoms. I would be happy to advise on further changes to medication in the event that there are any concerns about his mental state deteriorating particularly as his condition is associated with a significant risk of suicide if not treated carefully at the onset of any relapse.

I will arrange for an appointment at the outpatient clinic as soon as possible and this is likely to be in around 3 or 4 months from now and I would be happy to arrange a sooner appointment for him should his CPN have further concerns.

Yours sincerely

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Authorised on 28/12/2022 17:18:02 by Mike Taylor.

Dr Mike Taylor

Consultant Psychiatrist MBChB, MRCPsych, MPhil

Assessed 17th Nov 2022 at 09:59

Summary of contact/details

Writer attempted to contact Alisdair via telephone in CN Ballantyne's absence. Unfortunately, there was no answer so writer left a voicemail asking Alisdair to contact the CMHT.

Assessed 15th Nov 2022 at 10:00

Summary of contact/details

Called 101 for an update on Alisdair this morning following not receiving any further contact from Police Scotland yesterday. The police call handler was able to advise that Alisdair had been traced safe and well by officers, however there was no indication if this had been in Kilmarnock or at his fathers [REDACTED] Call handler unable to provide any further info as this was all the information that she had in front of her.

Writer then attempted to contact Alisdair following the call with Police without success. Writer will discuss further with team at first opportunity and make a plan to offer Alisdair a further appointment.

Assessed 14th Nov 2022 at 11:58

Summary of contact/details

Contact with Police who were looking for some more info on Alisdair. Appropriate information passed over to Police who have advised that they will attend Alisdair's home.

Assessed 14th Nov 2022 at 11:26

Summary of contact/details

Alisdair did not attend for his scheduled appointment today with writer. Writer and SN Jim Young had been unable to make contact on Thursday/Friday. Writer therefore opted to attempt a home visit. When writer arrived at Alisdair's home the house appeared messy and all the blinds were closed, however they looked like they had been like this for a while. Writer knocked on the door on several occasions and there was no sign/sounds of any movement in the home. Writer will therefore action a welfare check with Police, due to being unable to contact Alisdair today and there being no other contacts other than his mother noted on Carepartner, who unfortunately has recently passed away.

Discussion with Police:

Details passed to Police regarding Alisdair and they have agreed to action a welfare check. Police will call back with further info once they have attended the address.

Incident number: 1145141122

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Assessed 11th Nov 2022 at 17:00

Summary of contact/details	
Note in retrospect	
Have been unable to contact Alistair today via duty. Writer has appointment with Alisdair on Monday 14th November at 10am.	

Assessed 10th Nov 2022 at 16:58

Summary of contact/details	
DUTY	
-two further attempts again with no answer. -discussion with Crisis Team who had recent contact and with C/N Grier all of whom agreed that, as he had assured staff last night that he could keep himself safe and that he would contact us if any further suicidal ideation, duty tomorrow would follow this up.	

Assessed 10th Nov 2022 at 10:21

Summary of contact/details	
DUTY.	
-no answer when I called at 10:20. -message left I would call later.	

Assessed 10th Nov 2022 at 05:31

Summary of contact/details	
10:11:2022 03:25:38 ANDREWA.. HAS BEEN MAKING PLANS TODAY.. SUIDICAL THOUGHTS ONIGHT. MAKING PLANS. STATING DOES NOT WANT TO CARRY THEM OUT. MUM RECENTLY DIED IN FIRE. HAS CPN. KNOWN TO CMHT. HAS AN APPOINTMENT ON 14/11 WITH CPN GARY BALLANTYNE. HEAD ALL OVER THE PLACE TONIGHT... HAS PMH OF DEPRESSIVE EPISODES ON QUETIEPINE MIRTAPAZINE AND ZOPICONE. PREVIOUS UNSUCCESSFUL SUICIDE ATTEMPTS. HAS BEEN SEEN BY A PSYCHIATRIST AND DIRECT INTERVENTIONS TEAM. HAS AGREED TO KEEP SELF SAFE FOR 1 HOUR. CPN TO PHONE	

Above transcript from NHS 24.

I returned the call to Alisdair. He remembered f from our recent involvement. Alisdair advised that "I am glad its you ". He advised that he had been having an increase in suicidal thinking and that he was sitting with a sharp knife, he added I understand that this is " stupid". We agreed that Alisdair would put the knife away and that we could take the opportunity to talk. Alisdair had advised that he felt that during our period of recent involvement that he had been unable to " talk with me" but that he always found it difficult to talk and very often " clams up " but he continued that " he probably should have shared more". Alisdair validated this by adding that when he 16 he was admitted to Ailsa Hospital and was treated with some " horrible drug " and he has since been overly cautious of disclosing. He advised that he probably should " share more with Dr Taylor ". He spoke for a long time about his time in childrens home and explored some of the lasting difficulties that this had caused him due to the nature of some of the traumatic events that he had witnessed. He added I probably have some " PTSD ". We spoke positively about his sharing off information, feeling comfortable enough to disclose some of his traumatic experiences and I added that this could be very helpful and he engages with his new CPN, Gary Ballantyne. He added that his mood was still " a little down" and that he was still having some " paranoid thoughts" but to no greater degree that when ICPNT supported him a few weeks ago. Alisdair advised that he was still having some suicidal thinking but would keep himself safe overnight.

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

We agreed the following.

- 1) Alisdair would contact services again if requiring further support or feeling unsafe.
- 2) I would request that duty service make contact tomorrow to establish an update on his presentation.
- 3) CPN will visit on the 14/11/2022

Assessed 4th Nov 2022 at 11:24**Summary of contact/details**

Dear Mr MacDonald

I would like to offer you an initial appointment with myself

On: Monday 14th November 2022

At: 10.00am

In: North West Kilmarnock Area Centre

If this appointment is not suitable, please contact the above number to re arrange.

Yours sincerely

Gary Ballantyne
COMMUNITY MENTAL HEALTH NURSE**Assessed 31st Oct 2022 at 13:40****Summary of contact**

27-Oct-2022 14:53 Ayrshire Mental Health Risk Assessment Framework v3 sent to GP

Assessed 24th Oct 2022 at 15:40**Summary of contact/details**

Home visit for the purposes of ongoing monitoring and support. I met with Alisdair at home. His home remain untidy but no worse or better than my last visit. Alisdair looked slightly unkempt but this was no real different from the last time I visited. Alisdair spoke about his mothers service and the aftermath etc. He advised that plans are in place to scatter some of her ashes in Malta, [REDACTED] and have a remembrance bench made and placed in Kelvingrove park. In his self, David presents as very similar, his mood was reactive, slightly on the low side but proportionate to recent events and no worse than previously noted. Continues with some enduring symptoms of "voices" and paranoid ideas but nothing new in his profile. Alisdair advised that felt that he had a "mild panic attack" whilst out with his sister, but managed to overcome this through breathing exercises. He is eating well and sleep remains some problematic, to that end I have managed to track down his prescription for Zopiclone which remains at the pharmacy. I have phoned Alisdair to advise and he will collect. [REDACTED]

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

[REDACTED]

I will visit Alisdair again on Thursday. TTBC with a view to discharge. In the interim, Alisdair can contact services if required.

Assessed 21st Oct 2022 at 14:41

Summary of contact/details

Phone contact to Alisdair to arrange a suitable time for a visit today. Alisdair reports he was going to his sisters today and to see his dad. Writer advised she was keen for a home visit today if possible but Alisdair declined same.

Reports that he has collected medication from GP to aid sleep. Discussed support for his dad. Discussed with C/N Donnelly and he will do referral for carers support for his father.

No further concerns voiced at time of contact.
In C/N Livingstone's diary for contact 24/10/2022.

Assessed 20th Oct 2022 at 11:23

Summary of contact/details

Alisdair appears to be resolute in his own grief and coping admirably well at this time. His medication should be available at his local pharmacy this afternoon. Alasdair inquired about some support from his step-father after the terrible events of his mother's death recently and reported that he himself is unable to provide his dad the emotional support required and wondered if there was any support available through local services.

PLAN.

Telephone Alisdair in the morning to arrange a home visit [REDACTED]

Assessed 19th Oct 2022 at 15:58

Summary of contact/details

I spoke with Alasdair as requested by my colleagues regarding Alasdair's prescription to benefit sleep: Dr Taylor has suggested Zopiclone 7.5 mg. Alasdair will telephone the pharmacy and inquire as to when this prescription will be available for him to pick up and I will telephone tomorrow, to schedule a review as previously planned.

Assessed 18th Oct 2022 at 17:28

Summary of contact/details

Telephone call at 1630 from Alisdair advising that he has tried to collect prescribed Temazepam however has been advised by his pharmacy that there is currently a supply issue with Temazepam and they are unable to source this. Alisdair advised that he continues to struggle with his sleep and feels he is getting nowhere.

Writer provided support and reassurance, advised I would email Dr Taylor to ask for further advice/alternative medication. Alisdair accepting of same. At time of call no correspondence from Dr Taylor. Writer returned Alisdair's call to advise that CN Donnelly would be in touch with him tomorrow following discussion with Dr Taylor. Alisdair advised that his mother's funeral went "ok", he has to collect the ashes tomorrow. His family continue to support him. No concerns raised throughout call.

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Plan

- CN Donnelly will liaise with Dr Taylor tomorrow and make contact with Alisdair thereafter

Assessed 17th Oct 2022 at 13:58

Summary of contact/details

Telephone contact with Alisdair this afternoon at the bequest of my colleagues. Alisdair spoke candidly about his mothers cremation tomorrow and remarked that he is as well as can be, "all things considering" and is going through his own grieving process. His brother will be picking up the recently prescribed Temazepam 20mg nocte, Alisdair hopes that this will benefit his sleep at this time, we agreed upon the next contact being Thursday 20th October 2022.

I will telephone Alisdair in the first instance and schedule an appointment (in person), Alisdair offered no other concerns at this time, his mothers cremation is tomorrow (18th October 2022).

Assessed 14th Oct 2022 at 17:30

Summary of contact/details

Dr Taylor replied to email and has prescribed Alisdair Temazepam 20mg at night. Dr Taylor sent a request to the GP and I have clarified the prescription has now been completed. Alisdair has been informed of this and plans to attend his GP tonight before 1730hrs to collect this. Plan remains to phone Alisdair on Monday with a view to arranging face to face contact

Assessed 14th Oct 2022 at 11:14

Summary of contact/details

Phone contact this morning as planned. Alisdair answered and engaged well throughout the call. Alisdair explained that on the whole he feels his mental health is ok at present although did appear to have good insight into the fact that he is currently grieving and it is hard to distinguish his current mental state. Alisdair has also been occupied with looking after his step father and assisting other family members through this hard time. His mothers cremation is on Tuesday and they will collect her ashes on Wednesday. Alisdair does have some concerns regarding how he will after the funeral and indeed over the next coming weeks however was reassured in the fact that services are aware and able to assist if required. Alisdair continues to describe that sleep remains an issue however he is able to maintain an adequate diet. Alisdair is happy with phone contact today as he has a busy day ahead. We discussed next contact and agreed that staff would phone him on Monday with a view to seeing him face to face if required. Alisdair is aware of how to contact services should he require support prior to this contact.

Following today's contact, I have emailed Dr Taylor to discuss his current night dose of Quetiapine and if he would consider increasing this.

PLAN

1, TC Monday 17th to arrange potential face to face appointment

Assessed 11th Oct 2022 at 16:01

Summary of contact/details

I visited Alisdair at home following our earlier telephone call. I visited with Student Nurse which Alisdair had agreed to on our earlier visit. I found Alisdair to be slightly more animated today, spontaneous and with better eye contact. He himself addressed that he felt the "haze" had lifted, meaning the very acute grief stage following his mums untimely passing. There is no confirmed time/date for her cremation but Alisdair advised that as a "close" family they were working through the practical aspects

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

required, with Alisdair doing what he could to help out his brother and sister. In respect of his mental health, he advises that he feels that the "grief is drowning out" everything else and that he is not overly worried or concerned by paranoia or "voices". There has been no further alcohol since last Tuesday with Alisdair admitting "it wouldn't help". He informed me that he is still eating well but that his sleep is interrupted and he asked that I advise Dr Taylor and request an increase to his nocte Quetiapine to support an improved sleep. I have emailed Dr Taylor regarding this. Alisdair denies any current suicidal ideation or thoughts of harm to himself, he admits to still feeling "slightly angry" about the event of his mum's passing and whether "I could have done more". I advised that these were the normal emotional/grief processes given his circumstances. Alisdair advised that he may go and stay with Dad over the weekend. I have agreed with Alisdair the following.

- 1) I will email Dr Taylor about an increase in his night time Quetiapine.
- 2) Alisdair can access service anytime over the 24/7 if he requires support.
- 3) We will contact him on Friday to arrange a further visit.
- 4) ICPNT will continue to monitor as they are some difficult events ahead for Alisdair to navigate.

Assessed 7th Oct 2022 at 17:16**Summary of contact**

Dear Dr Curran

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK, Ayrshire, KA1 4QS
CHI No: 0402863410

Diagnosis: Recurrent Depressive Disorder with psychotic features.
History of alcohol dependence.

Psychiatric Medication: Quetiapine MR 200 mg daily
Quetiapine immediate release 100 mg nocte
Mirtazapine 45 mg nocte.

Changes to Medication

Following Review: Nil

Recommendations/Plan: Refer to ICPNT (Intensive CPN Team)
Refer for CPN follow up once ICPNT no longer involved.
Outpatient review as required according to nursing assessments.

I arranged to see this man on an urgent basis at the North West Area Centre on 7th October 2022.

I had been informed the previous day from the Duty Nurses, that there had been a fire at Mr MacDonald's mother's home. At the time his stepfather and Ms MacDonald were in the house as he had decided to sleep over that night. In the early hours of the morning, the smoke alarm sounded and he eventually realised that there was smoke in the house. A fire had taken hold in his mother's bedroom, the door had swollen and they could not open the door to rescue her. His mother tragically died in the incident.

The incident appears to have occurred around Sunday or Monday 3rd October and since then Mr MacDonald has been living with

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

his sister and more recently with his stepfather.

2

7th October 2022

Alisdair MacDonald 40 Balgray Avenue, Kilmarnock, Ayrshire, KA1 4QS
CHI No: 0402863410

Mr MacDonald does not have a downstairs toilet at his own home. They have therefore decided to stay together at his stepfather's home.

Mr MacDonald said that he drank alcohol heavily the night after the fire but since then has not had any alcohol. He describes himself as being in a state of shock, describing his thoughts as being in a haze and his emotions coming in waves. He denied any indication of any recurrence of his symptoms of depression such as suicidal ideation. Instead he describes his emotions as ranging from anger as his mother appears to have been smoking in bed and also concern for his stepfather's wellbeing.

Mr MacDonald has residual psychotic symptoms which again do not appear to have worsened so far. He hears 1 or more voices which are of a derogatory nature and say offensive things to him. The voices also seem to say things about his family which can trigger arguments with members of his family. In addition he continues to have social anxiety which is affected by paranoid delusional beliefs that people outside may harm him.

I asked Mr MacDonald about his current medication and he appears to be fully compliant. We talked about the options of increasing antipsychotic medicines as a protective measure and also the possibility of trying to alleviate some of his distress with Diazepam or some sleeping tablets. However he does not current feel that he requires any additional medicine or increased doses and I suggested instead that we monitor his illness closely over the next couple of weeks or more. He is clearly at risk of an escalation of his psychosis and depressive symptoms including suicidal ideation and I have therefore referred him to ICPNT. His family have phoned the service as they are concerned about his state of mind and he appears to be staring into space for much of the time.

I will continue to liaise with ICPNT and I am open to altering his medication if and when required. I will of course keep you updated on any other significant developments.

Yours sincerely

Authorised on 10/10/2022 16:37:18 by Mike Taylor.

Dr Mike Taylor
Consultant Psychiatrist MBChB, MRCPsych, MPhil

Assessed 7th Oct 2022 at 17:11

Summary of contact/details

Attempts to contact Alisdair by telephone this afternoon however to no avail. On discussion with CMHT, no immediate concerns. Therefore have discussed with CN Livingston who will kindly call and appoint in am.

Assessed 7th Oct 2022 at 14:31

Summary of contact/details

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Referral from CMHT duty K Gilmour and Dr Taylor for Alisdair. Assessed this am and concerns regarding potential relapse of psychotic illness. Please see CMHT entry for full details.

Referral accepted and ICPNT will make telephone contact to arrange.

Assessed 6th Oct 2022 at 13:22**Summary of contact/details**

Email response from Dr Taylor advising he could see Alistair tomorrow at NWC. Further attempt to contact Alistair no response. Phone call to Sharon Taylor community connector who will contact Alistair's sister and ask her to make contact with CMHT. Alistair's sister called CMHT, writer attempted to call back x2 on the number provided. No answer no capacity to leave message. called back, she reports family in shock with the events, and sister lived across the road. Concerned about Alistair aware of appointment with Dr Taylor tomorrow at 11.30am NWC she will make sure Alistair will attend. Email sent to Dr Taylor to advise.

Assessed 6th Oct 2022 at 12:31**Summary of contact/details**

DUTY/ return call to Sharon Taylor community connector. She reports that there had been a house fire at Alistair's mothers home, unfortunately his mother died, Alistair was at the address at the time of the fire and had attempted to save his mother from the burning building, but couldn't gain entry to her bedroom. The fire was started by his mother smoking in bed. She was phoning to give the CMHT this information with consent from Alistair, she reports concerns that he is sitting staring into space and very detected, discussion around shock and how this presents. Writer offered to call Alistair. Phone call to Alistair no answer left voicemail message with CMHT contact number. Writer will email DR Taylor to make him aware.

Assessed 25th May 2022 at 16:06**Summary of contact**

Dear Dr Curran

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS
CHI No: 0402863410

Diagnoses: Recurrent Depressive Disorder,
together with severe social anxiety
History of alcohol dependence.

Psychiatric Medication: Quetiapine MR 200 mg
Quetiapine Immediate Release 100 mg nocte
Mirtazapine 45 mg nocte

Changes to Medication

Following Review: Nil

Recommendations/Plan: Outpatient review in 6 months.

I reviewed this man at the North West Centre on 25th May 2022.

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

The switch to immediate release Quetiapine has been very helpful in managing his insomnia. He is sleeping much better and as a consequence he feels that his mental health overall has improved. He remains avoidant of social and public places, but feels quite content that he can manage situations fairly well.

We had a long discussion about avoidance behaviours and the role of graded exposure in bringing about longer lasting improvements in anxiety. He is mindful of this and intends to attempt to put some of this into action himself over the next 6 months. We will then review the situation and consider whether involving a therapist may be of some help for example with a CBT approach. In the meantime the combination of medicines appear to have been successful in managing his depression and anxiety and I have not recommended any changes at this point.

Yours sincerely

Authorised on 20/06/2022 17:32:25 by Mike Taylor.

Dr Mike Taylor

Consultant Psychiatrist MBChB, MRCPsych, MPhil

Assessed 15th Dec 2021 at 16:52

Summary of contact	
Outpatient prescription request sent to GP via clinical email	

Assessed 15th Dec 2021 at 15:31

Summary of contact	
Dear Dr Curran ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS CHI No: 0402863410 Diagnoses: Recurrent Depressive Disorder History of alcohol dependence Psychiatric Medication: Quetiapine MR 300 mg nocte Mirtazapine 45 mg nocte Changes to Medication Following Review: Please divide Quetiapine into Quetiapine MR 250 mg once daily and 50 mg of Immediate Release preparation at night (or if not practicable to MR 200mg and Immediate Release 100mg).Continue Mirtazapine 45 mg nocte Recommendations/Plan: Outpatient review in 6 months. I reviewed this man at the North West Centre on 15th December 2021. He told me that he continued to be particularly troubled by insomnia. He lies awake for hours at night with his mind racing and	

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

wandering from one thing to another. He eventually goes to sleep in the very early hours of the morning and then has a restless sleep throughout the rest of the night. The combination of Quetiapine and Mirtazapine was previously effective in managing his insomnia but this has become less so in recent weeks and months.

He believes that Mirtazapine and Quetiapine have been helpful in managing his anxiety. He is no longer troubled by his more severe anxiety symptoms and is quite content with the current combination of treatment. He is also keeping his alcohol consumption under control and now drinking only on a social basis. This involves meeting up with friends once every few weeks and having a few beers and he no longer has any pattern of alcohol consumption indicative of harmful use.

2

11th December 2021

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS
CHI No: 0402863410

In terms of managing his insomnia I would recommend in the first instance that we try dividing Quetiapine so that he is provided with 50 mg of the immediate release preparation. If necessary this could be slightly increased to 75 mg or 100 mg with a corresponding reduction in the dose of the modified release preparation. If his insomnia is well controlled he is likely to experience less problems generally in terms of his mental health.

I will keep him under review at the outpatient clinic and his next appointment is likely to be in 6 months from now.

Yours sincerely

Authorised on 21/12/2021 14:09:18 by Mike Taylor.

Mike Taylor
Consultant Psychiatrist MBChB, MRCPsych, MPhil

Assessed 13th Sep 2021 at 12:21

Summary of contact

Dear Dr Curran

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK KA1 4QS
CHI No: 0402863410

This man had a telephone appointment scheduled for 13 September 2021 following transfer of care due to change in catchment areas. However, I was only able to reach his voicemail and so a further appointment will be sent to him in due course.

Yours sincerely

Authorised on 12/11/2021 14:41:58 by Mike Taylor.

Dr Mike Taylor
Consultant Psychiatrist

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Assessed 9th Jun 2021 at 09:32

Summary of contact	
letter to patient re change of Consultant	

Assessed 4th May 2021 at 12:49

Summary of contact	
Dear Dr Curran	
ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS	
CHI No: 0402863410	
I tried to contact Alisdair for his booked telephone consultation, unfortunately he did not answer and I left a message that he will offered a further appointment in due course.	
Yours sincerely	
Authorised on 18/05/2021 17:17:28 by Krzysztof Tyczynski.	
Dr Krzysztof Tyczynski	
Consultant Psychiatrist	

Assessed 3rd Nov 2020 at 11:06

Summary of contact	
Dear Dr Curran	
ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS	
CHI No: 0402863410	
Diagnosis: Recurrent Depressive Disorder – F33	
History of Alcohol Dependence, currently under control - F10.2	
Psychiatric Medication: Quetiapine MR 300 mg at night	
Mirtazapine 45 mg at night	
Changes to Medication	
Following Review: Nil	
Recommendations/Plan: Outpatient review in 6 months time.	
I reviewed Alisdair during his scheduled outpatient telephone consultation on 3rd November 2020.	
He wasn't great as I had woke him up and he was just coming to. He assures that there were no big changes. He is still not seeing much of his friends and family but is in touch with them via Skype or messenger. He has done his garden and it is ready for	

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

the winter. He said of the pandemic that "people are getting crazy", he didn't comment more. He sounded really sleepy so he was not keeping the conversation. He said that he still sits and watches television during the day. We agreed that medication should continue and he will be seen again in several months. He said that his mental health has recovered and plateaued but not fully to a satisfactory level.

Yours sincerely

Authorised on 13/11/2020 15:29:59 by Krzysztof Tyczynski.

Dr Krzysztof Tyczynski
Consultant Psychiatrist

Assessed 5th May 2020 at 09:34

Summary of contact

Dear Dr Curran

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK KA1 4QS
CHI No: 0402863410

Diagnoses: F33 - Recurrent Depressive Disorder
F10.2 - History of alcohol dependence, currently under control

Medication: Quetiapine MR 300mg nocte
Mirtazapine 45mg nocte

Changes to Medication following
review: Nil

Follow up Arrangements: Outpatient review in six months

I reviewed Alisdair during a telephone consultation. He sounded well and answered my questions. He said that he is struggling with the Coronavirus situation as he cannot see his friends or family and he manages by contacting them via Skype or Messenger. He said that he is still slightly anxious and depressed but would like to change his life although he is not as depressed as he was. He can have some fluctuation in mood. He said that he would like to go back to college or work when his anxiety is slightly reduced and today he said that he really would like to work in future and change his life and sounded motivated. He said that he likes to do his garden, stating that he has a nice garden and he also watches television. We agreed at this stage to continue his medication as it is and I will review him again in several months, hopefully by that time lockdown will be lifted.

Yours sincerely

Authorised on 06/05/2020 12:49:50 by Krzysztof Tyczynski.

Dr Krzysztof Tyczynski
Consultant Psychiatrist

Assessed 12th Nov 2019 at 15:01

Summary of contact

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Dear Mr Pearson

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK KA1 4QS
CHI No: 0402863410

This man attends Dr Henderson's outpatient psychiatric clinic at the North West Kilmarnock Area Centre. He suffers from Recurrent Depressive Disorder, which has sometimes been complicated by dependence on alcohol. He has, however, managed to control his alcohol consumption throughout this year. His depression has also improved to some extent and tends to fluctuate from time to time. He is mainly debilitated by anxiety and this causes significant avoidance behaviours of public places.

A combination of his anxiety and depression have contributed to social isolation and he is struggling to find a way out of this. I would be most grateful if he could be appointed a Community Connector as a way of trying to integrate him once again to the community and to help him overcome some of his avoidance and improve his self-confidence. He tells me that Dr Henderson referred him on two previous occasions but so far he has not had any contact from anyone. I would therefore be most grateful if this referral could be given a degree of priority.

Kind regards.

Yours sincerely

Authorised on 13/11/2019 11:49:51 by Mike Taylor.

Dr M Taylor
Consultant Psychiatrist

Assessed 12th Nov 2019 at 09:54

Summary of contact

Dear Dr Curran

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK KA1 4QS
CHI No: 0402863410

Diagnoses: Recurrent Depressive Disorder
History of Alcohol Dependence, currently under control

Medication: Quetiapine MR 300mg nocte
Mirtazapine 45mg nocte

Follow up Arrangements: 1 Outpatient review in six months
2 I will refer to Community Connector

I reviewed this man in Dr Henderson's absence at the North West Kilmarnock Area Centre on 12 November 2019.

He has managed to control his drinking throughout this year since he was seen by Dr Henderson in February. His depression has also been largely well controlled but continues to fluctuate from time to time. He had a brief period of one week to ten days of not sleeping well around three weeks ago and this led to a brief period of suicidal ideation. He did not have any particular intent or plans to act on this and was on the verge of contacting the Duty service. However, his insomnia improved spontaneously and

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

he no longer has any difficulties in this regard.

His main complaint today was that of persistent anxiety, which has led to various avoidance behaviours and social isolation. He tells me that Dr Henderson previously referred him to the Community Connector on a couple of occasions but he has still had no contact from the service. I will therefore chase up this referral and will write again on Dr Henderson's behalf asking if a Community Connector could be appointed in order to help him with the debilitating effects of his anxiety and depression.

In the meantime, I have not seen any need to change any of his current psychiatric medication and will arrange for him to be seen again in Dr Henderson's clinic in six months' time.

Yours sincerely

Authorised on 18/11/2019 16:06:46 by Mike Taylor.

Dr M Taylor
Consultant Psychiatrist

Assessed 19th Aug 2019 at 12:55

Summary of contact

Dear Alisdair MacDonald

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK, Ayrshire, KA1 4QS
CHI No: 0402863410

I am sorry you did not attend your outpatient appointment on 19th August 2019. Please contact the CMHT within 14 days of receipt of this letter if you wish to be offered a further appointment. If however we do not hear from you within 14 days you shall be discharged from the service.

Yours sincerely

Authorised on 27/08/2019 13:47:40 by Morag Henderson.

Dr M Henderson
Consultant Psychiatrist

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Assessed 18th Feb 2019 at 09:48

Summary of contact

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Dear Dr Curran

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK KA1 4QS
CHI No: 0402863410

Diagnoses: F33 - Recurrent Depressive Disorder
F10.2 - History of Alcohol Dependence, currently under control

Medication: Mirtazapine 45mg at night
Quetiapine MR 300mg at night

Follow up Arrangements: 1 Outpatient review in six months
2 I will arrange ECG for monitoring purposes
3 I will refer back to Community Connector

Alisdair presented late. He apologised for this and said that buses had not been running to schedule. He advised that his mood was picking up a bit again following a difficult festive period. He said that Christmas time always caused him to dwell on the past and that, in combination with increased alcohol intake, this tended to lead to worsening of suicidal thoughts. He assured me that he had not felt at risk of acting on suicidal thoughts however and that these had retreated again. He said that since Christmas his anxiety had been more marked and that he had become more reliant on his family even for fairly minor tasks such as putting the bins out. He advised that since I re-referred him to the Community Connector he had not been contacted. I wondered if he might be mistaken about this because no-one else has reported a similar experience but I will arrange to re-refer him. In terms of occupying his day otherwise, Alisdair said that he had made no progress towards enrolling on a college course but was still considering online educational opportunities. He said that he thought this would be more realistic than options that would involve him physically having to attend classes.

In terms of his physical health, he said that his weight and recurring abscesses remained problematic; his weight obviously being compromised by his inability to get out and about to exercise. He denied any regular alcohol for some time.

Objectively, Alisdair presented as euthymic, fairly relaxed and well kempt. I suspect that he copes reasonably well within the confines of a fairly restricted lifestyle. I did not see any indication to change his medication today but will arrange ECG monitoring due to him having been on Quetiapine for a prolonged period of time. I will arrange to review him in six month's time.

Kind regards.

Yours sincerely

Authorised on 19/02/2019 09:13:48 by Morag Henderson.

Dr M Henderson
Consultant Psychiatrist

Assessed 7th Aug 2018 at 11:31

Summary of contact

Dear Dr Curran

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK KA1 4QS
CHI No: 0402863410

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Diagnoses: F33 - Recurrent Depressive Disorder
F10.2 - History of Alcohol Dependence, currently resolved

Medication: Mirtazapine 45mg at night
Quetiapine MR 300mg at night

Follow up Arrangements: Outpatient review in six months

Mr MacDonald reported that since increasing Quetiapine back to his original dose he had been feeling much better. He said that his sleep and appetite were now back to normal, his mood was better and that suicidal thoughts were infrequent. He said that because of his mental health having been unsettled by the reduction in his Quetiapine dose he had not yet got round to progressing plans to study for an HNC in IT but said that this was still his plan. He also advised that he was due to go for a week touring Scotland in September/October with his brother and father. Alisdair receives significant input from his family members. He reported that abscesses were still problematic but said that he was not currently undergoing investigation or treatment for this. Overall, he presented as stable and we agreed to make no further change to his medication. I will arrange to review him in six month's time.

Kind regards.

Yours sincerely

Authorised on 08/08/2018 16:38:49 by Morag Henderson.

Dr M Henderson
Consultant Psychiatrist

Assessed 20th Jul 2018 at 13:41

Summary of contact

Dear Dr Curran

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK KA1 4QS
CHI No: 0402863410

Further to my letter dated 5 June 2018, Mr MacDonald's mother telephoned me on 20 July 2018 with Alisdair in her company to say that he had tried reducing Quetiapine and was struggling with poor sleep and increased agitation. She said that he was keen to revert to his previous dose of 300mg daily in Modified Release form and I have no objection to this. I would be grateful if his prescription could be amended accordingly and I will arrange to review him in August, as previously planned.

Kind regards.

Yours sincerely

Authorised on 26/07/2018 11:48:49 by Morag Henderson.

Dr M Henderson
Consultant Psychiatrist

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Assessed 5th Jun 2018 at 10:22

Summary of contact	
Dear Dr Curran ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK KA1 4QS CHI No: 0402863410 Diagnoses: F33 – Recurrent Depressive Disorder F10.2 – History of Alcohol Dependence, currently resolved Medication: Mirtazapine 45mg at night Quetiapine MR 300mg at night Changes to Medication following review: Please reduce Quetiapine MR to 250mg at night for two weeks and, if tolerated, to 200mg at night thereafter Follow up Arrangements: 1 Outpatient review in two months Mr MacDonald reported doing reasonably well at review. He reported no change in his sleep or appetite, said that his mood was quite good and denied any suicidal thoughts. He manages to confine his drinking to a couple of nights of the week when he goes out with family. He said that he had still not received an appointment for the Community Connector despite re-referral but was happy to leave this and has been considering recommencing an HNC in IT online. He said that his physical health was not quite so good. Recurrent abscesses remain an issue and he complained of feeling tired a lot and of having gained a lot of weight. We spoke about ongoing options for management as including: 1 Accepting things were as good as they were likely to be and discharging him back to GP care 2 Trying to withdraw Quetiapine to see if this would help some of his physical issues and perhaps help him get out and about more. Mr MacDonald chose the latter option and I would therefore be grateful if his Quetiapine could be reduced slightly as indicated above. I will arrange to review his progress routinely in two month's time but have asked him to contact sooner should he experience any problems with the medication change. Kind regards. Yours sincerely Authorised on 08/06/2018 09:23:21 by Morag Henderson. Dr M Henderson Consultant Psychiatrist	

Assessed 4th Dec 2017 at 16:40

Summary of contact/details	
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MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y), undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Dear Dr Curran

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK KA1 4QS
CHI No: 0402863410

Diagnoses: F33 - Recurrent Depressive Disorder
F10.2 - History of Alcohol Dependence, currently resolved

Medication: Mirtazapine 45mg at night
Quetiapine Modified Release 350mg at night

Changes to Medication following
review: Please reduce Quetiapine Modified Release to 300mg at night

Follow up Arrangements: 1 Outpatient clinic in six months
2 I will follow up Community Connector referral

I met with Mr MacDonald for the first time at the North West Kilmarnock Area Centre. He reported himself to be doing "as well as possible". He described recent family stressors [REDACTED]

[REDACTED] He said that although none of these impacted directly on him they still affected him. He said that his financial situation had now been sorted out. Mr MacDonald presented as reasonably kempt and rather subdued. His eye contact was intermittent. His speech was low in volume and he did not offer much in terms of spontaneous conversation. However, he responded appropriately to questions and was able to provide a good account of how he had been. He described his sleep as not great but said that he had been eating regularly, possibly as a result of regular visits to his mum.

He rated his mood as four on a scale from zero to ten and denied any recent pressing suicidal thoughts. He denied any recent regular alcohol intake. In terms of his physical health, he said that recurrent abscesses were getting him down at times but that chronic pain had not been so severe. He told me that since his last appointment he had reduced Quetiapine MR back to 300mg at night as a result of finding it made him rather drowsy. I would be grateful if his prescription could be amended accordingly. I will arrange to review him in the outpatient clinic in six month's time. Mr MacDonald said that he had not received an appointment from the Community Connector yet and was still keen for this support. I will, therefore, chase this up.

Kind regards.

Yours sincerely

Authorised on 08/12/2017 09:19:30 by Morag Henderson.

Dr M Henderson
Consultant Psychiatrist

Assessed 26th Jul 2017 at 16:39

Summary of contact/details

Dear Alisdair MacDonald

As a current patient of the East Ayrshire Community Mental Health Team we are writing to you to inform you of changes occurring within the local service. With the recent formation of the new East Ayrshire Health and Social Care Partnership and also Consultant staffing changes within our team it has become necessary for us to review how to achieve the best care and outcomes for our

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

patients. This includes who should provide this to each of our local catchment areas. As a result the consultant responsible for your care shall be changing to Dr Morag Henderson as of 29/8/17. You will still receive any appointments or access to the team as agreed at your last review.

We appreciate that you may have concerns or anxieties in this regard. Should you wish to discuss this with someone please contact your CPN in the first instance. Otherwise, if you wish to speak with the duty nurse, please do not hesitate to call 01563 578592.

Assessed 13th Jun 2017 at 13:38**Summary of contact/details**

Dear John Dalton

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS

CHI No: 0402863410

I would appreciate if you could consider the involvement of the above gentleman. He is known to my outpatient clinic with a diagnosis of depression and anxiety and has also some issues with alcohol dependence in the past which have now resolved. He was previously living with his brother in a joint tenancy from a private landlord and his brother moved out approximately one year ago now. Alisdair appropriately applied for housing benefit although there appears to have been multiple issues with this. Although it was granted it appears not to have been backdated and the current payments still appear to be wrong. As such he has accrued approximate debt of £1800 with his landlord. He has tried to resolve this himself by attending housing appointments with family as he suffers with anxiety when out and also of making phone calls himself and also giving them permission to speak to his landlord directly which he did in writing. Despite this the issues remain and he continues to accrue debt. I wonder whether you would be able to provide him with any assistance.

Yours sincerely

Authorised on 19/06/2017 16:18:52 by Aileen Guthrie.

Dr Aileen Guthrie

Consultant Psychiatrist

Assessed 12th Jun 2017 at 13:37**Summary of contact/details**

Dear Dr Curran

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS

CHI No: 0402863410

Diagnosis: Depression / Anxiety and also past alcohol dependence, currently in remission.

Psychiatric Medication: Mirtazapine 45 mg nocte.
Quetiapine modified release 350 mg nocte.

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Follow up:

1. Outpatient clinic in 6 months.
2. Referral to Financial Inclusion.
3. Referral to Community Connectors.

I saw the above gentleman in the outpatient clinic at the North West Area Centre on 12th June 2017.

He reports that things have been up and down. He states that he is feeling "grumpy anyway" as he has had some physical health difficulties recently. He reports having an abscess on his waist which I believe is recurrent in nature. He also complains of chronic back pain and a cough for approximately one month. I believe that he was due to see yourself in the next couple of days in regards to the above. His housing remains an issue. He states that his housing benefit had started after his brother moved out but payments have been wrong and they have not been backdated to the appropriate time. He has tried attending appointments at the housing office with his family and phoning himself and has also given them written permission to speak to his landlord but this still appears to be an issue. He believes that his landlord has stated that he has now accrued £1800 worth of debt although Alisdair appeared unsure if this was the right figure. He states that his mood is Ok or grumpy. He feels that his sleep is currently difficult secondary to his back and pain from his abscess round his waist.

2

12th June 2017

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK, Ayrshire, KA1 4QS
CHI No: 0402863410

He reports his appetite as being Ok. in terms of managing his tenancy on his own he states that he does most of his food shopping on line and that his bills are paid direct debit so this is not an issue. During the day he is mainly watching television although does go for the occasional walk. We discussed his previous input with the OT and he states that he felt that he knew the techniques in regards to his anxiety and getting out already. He did however remain keen to increase his structure to his day. He did not have any current thoughts of deliberate self harm or suicide and denied any alcohol or illicit substances.

Impression

Alisdair appeared quite disgruntled secondary to multiple social and physical stressors at present.

Plan

I have not made any changes to his medications at present. I will however refer him to my colleagues in the Financial Inclusion Team in order to try and help sort out the financial issues around his housing and also to the Community Connectors to help with increasing his structure to his day. I will see him again in the outpatient clinic in approximately 6 months.

Yours sincerely

Authorised on 19/06/2017 16:18:12 by Aileen Guthrie.

Dr Aileen Guthrie
Consultant Psychiatrist

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Assessed 22nd Feb 2017 at 11:50

Summary of contact/details

Dear Alisdair MacDonald

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS
CHI No: 0402863410

I am sorry you did not attend your appointment with me on 22nd February 2017 at the North West Kilmarnock Area Centre.

Please contact the Team on the above telephone number within fourteen days of receipt of this letter if you wish to be re-appointed. If however we do not hear from you within fourteen days you shall be discharged from the clinic.

Yours sincerely

Authorised on 06/03/2017 16:00:25 by Aileen Guthrie.

Dr Aileen Guthrie
Consultant Psychiatrist

Dr JD Curran
The Surgery
Old Irvine Road Surgery
4/6 Old Irvine Road
Kilmarnock
KA1 2BD

Assessed 22nd Feb 2017 at 11:03

Summary of contact/details

Dear Dr Curran

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS
CHI No: 0402863410

I was due to see the above gentleman in my outpatient clinic at the North West Area Centre on 22nd February 2017. Unfortunately he did not attend and did not contact ourselves. I do note however from his last clinic attendance that there is potential that he has moved address. I will try and confirm this throughout GP registration. If his address has not changed I will send him an opt in letter for the clinic. However it may be that he has missed an appointment in the past and if this is the case I will re-appoint him for 4 to 6 months time.

Yours sincerely

Authorised on 23/02/2017 14:40:30 by Aileen Guthrie.

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Dr Aileen Guthrie
Consultant Psychiatrist

Assessed 11th Jan 2017 at 14:37**Summary of contact/details**

Dear Dr Curran

RE: ALISDAIR MACDONALD, 40 BALGRAY AVENUE, KILMARNOCK, KA1 4QS, DOB: 04.02.1986, CHI NO: 0402863410

The above gentleman was referred to occupational therapy by Dr Nitu, Consultant Psychiatrist. A copy of the risk assessment carried out by myself on 26.10.16 was previously forwarded to you.

Mr MacDonald initially engaged with treatment, however then failed to attend 2 consecutive appointments and has not responded to a 14 day opt-in letter. I have therefore discharged him from my caseload.

If you require any further information please do not hesitate to contact me.

Kind regards

Joanne Reilly
OCCUPATIONAL THERAPIST

c.c. Dr Guthrie, Consultant Psychiatrist, CMHT, NWKAC

Assessed 15th Dec 2016 at 11:29**Summary of contact/details**

Dear Alisdair

I am sorry you did not attend your appointment on 14 December 2016. As you have now failed to attend 2 appointments and failed to make contact I can only assume you no longer require input at this time.

If you do not respond within 14 days I will assume you no longer wish to continue with Occupational Therapy treatment and you will be discharged from my caseload

Yours sincerely

Joanne Reilly
OCCUPATIONAL THERAPIST

Assessed 14th Dec 2016 at 13:30**Summary of contact/details**

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Alistair did not attend for arranged appointment and did not make contact. Plan: as this is second DNA a 14 day opt-in letter will be issued.

Assessed 1st Dec 2016 at 12:26**Summary of contact/details**

Dear Alisdair

I am sorry you did not attend for your appointment on 30 November 2016.

I would like to offer you a further appointment

On: Wednesday 14th December 2016

At: 1.30pm

In: North West Kilmarnock Area Centre

If you are unable to attend this appointment please contact me at the above number to re-arrange.

Assessed 30th Nov 2016 at 15:45**Summary of contact/details**

Alistair did not attend for planned appointment at North West Area Centre (NWAC) and did not make contact. Further appointment will be offered for 14.12.16 at 1.30pm, NWAC.

Assessed 16th Nov 2016 at 10:00**Summary of contact/details**

Alistair attended appointment at North West Area Centre Kilmarnock (NWAC) as arranged. Alistair was appropriately dressed for appointment however did not appear to have attended to personal care and clothing appeared dirty. Alistair reported that his housing issue was still ongoing, however the letting agent is dealing with this and due to get back to him soon. Until the lease is signed over to him as lone tenant he is unable to apply for severe disability premium, however states his brother is still helping out with the rent. Alistair was reminded about Financial Inclusion Team however stated he had assistance of his brother and his fiancée. Alistair reported that the delay in resolving this issue was having a knock-on effect on him. Alistair appeared agitated with rapid speech whilst discussing this. He avoided eye contact during appointment, however did appear to engage well and responses were appropriate.

Alistair was agreeable to continuing with assessment process. Continued with Canadian Occupational Performance Measure (COPM). Scoring of measure not completed as Alistair appeared to lack concentration and interest in scoring process. Alistair identified his main issues and which of these he wanted to work on in the short and long term, namely -

1. Household management
2. Getting out the house
3. Longer term - hobbies and socialising
4. Long term - Vocational - voluntary or paid work

Alistair felt that improving his daily routine would be beneficial initially and was supported to complete weekly planner, appearing motivated to continue this independently.

Graded exposure was discussed and agreed to commence when Alisdair is managing better within the home. Alisdair reported that he misses walking and used to walk for miles each day. Informed re CMHT walking group as an option however Alisdair feels

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

he is not ready for this. Also informed Alisdair re forthcoming Greenskills sessions and although he felt this is something he would enjoy, he did not feel able to participate at this time but would re-consider in future.

Plan: Alistair to make use of weekly planners to help with routine and structure. Next appointment: 30.11.16 at 12.30pm, NWAC to review use of same and identify gaps in routine.

Assessed 27th Oct 2016 at 12:32**Summary of contact/details**

ICP assessment sent to GP on behalf of Joanne Reilly.

Assessed 26th Oct 2016 at 14:39**Summary of contact/details**

Dear Dr Curran

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS
CHI No: 0402863410

Diagnosis: Depression and Anxiety
Past alcohol dependence, currently in remission

Psychiatric Medication: Mirtazapine 45 mg nocte
Quetiapine modified release 300 mg nocte

Changes to Medication: Please increase Quetiapine modified release
50 mg nocte.

Follow up: 1. Continue with OT
2. Outpatient review in 4 months

I saw the above gentleman in my outpatient clinic at the North West Area Centre on 26th October 2016.

He reported that things had become more difficult for him as his brother is moving out of their joint tenancy. He is unsure what will happen in regards to the tenancy and if he would be able to afford to stay on himself. He is currently seeking advice from Citizen Advice Bureau in regards to whether his benefits may increase to help him cover his increase in rent. He needs help in evaluating this as he feels unable to do it himself at present. I believe that it is approximately one month until his tenancy would have to go solely into his own name. This is a private let tenancy. Should it not be possible for him to afford it he will be looking for accommodation on his own elsewhere. As expected he is feeling very stressed by this and his anxiety has increased as a result.

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26th November 2016

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

CHI No: 0402863410

He did recount to me today that he had previously been feeling very motivated to change and still does so although his last attempt at going back into work has been a "spectacular fail" and has resulted in a panic attack and faint. He was unable to identify any positives in this despite going from being very agoraphobic in the house to trying that. He reported that his mood deteriorated after this incident and his alcohol intake increased. He has now been abstinent for approximately two weeks, saying himself that this was making things worse. He is continuing to experience panic if he tries to go out alone. He does however at home enjoy time with his nephews and also enjoys music, television and the computer. He does miss his previous hobbies and friends. He met with my OT colleagues earlier in the day and it has been agreed that they will do some work with him around anxiety management and graded exposure. It has been agreed that this will start up in a few weeks once Alisdair has the difficulties with his tenancy out of the way in order not to make his current situation more difficult. He is having some difficulties sleeping due to increased anxiety although his concentration is Ok. He had no thoughts of deliberate self harm or suicide.

Mental State Examination

Alasdair was a small, plump gentleman with dark brown/red hair and beard. He was dressed in T-shirt and jeans. He did appear anxious and on the edge of his seat but he engaged well despite this. His eye contact was good as was his rapport. Subjectively he described his mood as anxious. Objectively his mood was anxious. Speech was of normal rate, tone and volume. There was no evidence of any formal thoughts disorder and there were no thoughts of deliberate self harm or suicide. There was no evidence of any perceptual disturbance. He had good insight into his difficulties. I believe there is a chronic risk of alcohol misuse.

Impression

Alisdair is a gentleman who has previously had issues with low mood, currently presenting as anxious with agoraphobic and panic symptoms.

Plan

I would appreciate if as per my clinical E-mail his Quetiapine modified release could be increased to 250 mg nocte. He plans to attend the Citizen Advice Bureau for help with his finances and tenancy. He is currently awaiting his OT input and will be seen again in clinic in approximately 4 months time.

Yours sincerely

Authorised on 01/11/2016 14:58:56 by Aileen Guthrie.

Dr Aileen Guthrie
Consultant Psychiatrist**Assessed 26th Oct 2016 at 10:30****Summary of contact/details**

Alisdair attended for Occupational Therapy appointment at North West Area Centre, Kilmarnock. Alisdair was appropriately dressed for appointment. Eye contact was intermittent throughout appointment and he appeared anxious and distracted at times. Responses were appropriate and Alisdair was pleasant throughout. Alisdair reported he had experienced depression and paranoia for many years, however recognises this has been well managed with medication. Alisdair states his main issue now is anxiety and panic attacks, and he is unable to go out on his own. Alisdair reported poor sleep and increasingly vivid dreams which he described as a "warning sign" that he may be becoming unwell. Alisdair stated he was sleeping on the couch rather than using his bedroom. Alisdair also stated he was frequently distracted and losing concentration. Alisdair described low motivation in

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

activities of daily living. Alisdair reported he had issues with alcohol in the past and for a few weeks recently had been drinking excessively as a way of self medicating for his anxiety. He stated he has now stopped this as he realised it was unhelpful and has only had a bottle of beer at his mother's socially in the past 2 weeks.

Alisdair reported that his anxiety levels were currently higher than usual and he attributed this to his current housing situation [REDACTED] and Alisdair is concerned he will not be able to stay in his current property for financial reasons. Alisdair is keen for this to be resolved however they are required to wait 4 weeks due to terms of the lease before Alisdair can officially be the sole tenant. Alisdair stated he has moved around a lot since a teenager including periods of homelessness and would prefer to stay where he is as he feels safe there and is close to his family who provide support. Alisdair is aware of the Housing Options Team and reported that his brother would accompany him to both this and Citizens Advice Bureaux for advice. Writer informed him about Financial Inclusion Team however Alisdair declined referral at this time.

Alisdair reported that he lacks motivation and structure to his day. He is unable to go out without support of his family. Alisdair is currently unemployed and in receipt of benefits. He enjoys spending time at his mothers where he gardens and plays computer games with his nephew. He listens to music, plays games on his phone and watches some TV at home although is often distracted. Alisdair stated he is unable to participate in his previous hobbies such as golf, darts, going out with friends due to anxiety. Alisdair engaged well in the assessment process although became visibly restless and agitated towards end of appointment, and it was agreed to continue discussion at a further date.

Plan:

- Alisdair intends to speak to Dr Guthrie, Consultant Psychiatrist at today's out patient appointment to discuss medication and poor sleep.
- Alisdair intends to seek advice re his housing situation with the support of his brother. Also informed about Financial Inclusion Team, however referral declined at present time. - Continue Occupational Therapy assessment
- Identify clear goals for treatment with Alisdair when he has clarified his housing situation which is his current priority.
- Anxiety management input. Self help materials provided on 18.10.16.
- Graded exposure treatment
- Sleep hygiene advice provided.

Next appointment: 16.11.16 at 10am, North West Centre, Kilmarnock

Assessed 18th Oct 2016 at 14:18**Summary of contact/details**

Dear Alisdair

Further to our discussion today, I would like to offer you another appointment with myself

On: Wednesday 26th October 2016

At: 10.30am

In: North West Kilmarnock Area Centre

If this appointment does not suit please contact me on the above telephone number when a more suitable arrangement can be made.

Please note an Occupational Therapy Student may be present at this appointment. If you would prefer a Student is not in attendance, please let me know by phoning the above number.

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Assessed 18th Oct 2016 at 11:35**Summary of contact/details**

Arrived at Alisdair's home for scheduled home visit accompanied by Student Occupational Therapist, Lynn Jones. Alisdair answered the door and introductions were made. Writer asked Alistair if he had remembered about today's visit and Alistair responded that he thought it was later. Writer asked if Alistair was busy and he replied that he was not busy but was very anxious. Alistair if he wanted to continue with appointment however Alistair declined stating he was too anxious. Writer reminded Alistair that was the reason he had been referred to Occupational Therapy and asked if Alistair still wanted to engage with treatment. Alistair stated he was and would like to move forward. Writer asked if Alistair would feel more comfortable with a clinic appointment and Alistair agreed. He reported he could get the bus or a lift to the clinic. Writer agreed to issue further appointment for same. Writer asked if Alistair had received anxiety management self help information previously sent out, however Alistair stated he had not. Writer provided relaxation CD and booklet and Understanding Anxiety worksheet and encouraged Alistair to read through these before attending appointment.

Plan: Re-appoint for 26.10.16 at 10.30am, North West Area Centre

Assessed 29th Sep 2016 at 09:26**Summary of contact/details**

Dear Alisdair

I would like to offer you an appointment with Occupational Therapy

On: Tuesday 18th October 2016

At: 11.30am

In: Within Your Own Home

If this appointment does not suit please contact me on the above telephone number when a more suitable arrangement can be made.

Please note I will have an Occupational Therapist Student present with me at this appointment, however if you would prefer a student is not in attendance, please contact me on the above number to advise.

Assessed 26th Jul 2016 at 12:05**Summary of contact/details**

Alisdair attended for OT screening appointment at North West Area Centre, Kilmarnock with writer and Laura Campbell, OT. Alisdair was referred by Dr Nitu due to increased anxiety and panic attacks. Introductions were made and role of OT was explained. Alisdair was appropriately dressed for appointment. He was pleasant and co-operative throughout and appeared motivated to engage with OT. No risk of harm to self or others identified at appointment. Alisdair described a history of depression and paranoia for many years which he reported to be under control with current prescribed medication. Alisdair stated anxiety and panic attacks were now his main issue which he has tried to manage without support. He described trying to return to a graded employment opportunity, however experienced a panic attack on his first day which affected his confidence and he did not return. Alisdair states he is unable to go out alone or use public transport independently and requires support of his brother. He was driven to and from the clinic to attend this appointment. Alisdair would like to manage day to day activities independently and identified returning to employment and playing golf as his long-term goals. Alisdair was able to identify some techniques which were helpful such as distraction, however finds this more difficult to implement outwith the home. Discussed

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

anxiety management/ graded exposure which Alisdair agreed would be helpful and was keen to try this. Plan: Alisdair will remain on the Occupational Therapy waiting list for individual treatment; Laura Campbell will send anxiety management self help education and online support information which Alisdair agreed would be helpful meantime.

Assessed 22nd Jun 2016 at 11:55

Summary of contact/details

Dear Alisdair

I would like to offer you a screening appointment with myself

On: Tuesday 26th July 2016

At: 12.00

In: North West Kilmarnock Area Centre

If this appointment does not suit please contact me on the above telephone number when a more suitable arrangement can be made.

Assessed 17th Jun 2016 at 11:31

Summary of contact/details

Please see scanned referral checklist.

Assessed 8th Jun 2016 at 11:18

Summary of contact/details

Dear Ms Mason

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS
CHI No: 0402863410

I am writing to refer this pleasant gentleman who has a diagnosis of chronic depression which is well managed with medication. Unfortunately he has high anxiety levels with panic attacks and he needs to be accompanied when he goes outside. He displays good motivation towards having graded exposure and anxiety management with yourselves. He even tried to go back into employment but unfortunately during the first day of work he had a massive panic attack and he fainted which made him quite depressed and wanting to return to alcohol but fortunately he was able to stay away from this. He still has hopes to rebuild his life and go back into employment but he would need to deal with his high anxiety levels first.

I would be grateful if you could see this gentleman for anxiety management and graded exposure.

Yours sincerely

Authorised on 16/06/2016 15:30:58 by Adrian Nitu.

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Dr Adrian Nitu
Locum Consultant Psychiatrist

Assessed 8th Jun 2016 at 11:17

Summary of contact/details

Dear Dr Curran

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS
CHI No: 0402863410

Diagnosis: Depression - F33
Past diagnosis of alcohol dependence, currently in remission

Psychiatric Medication: Mirtazapine 45 mg nocte
Quetiapine modified release 300 mg nocte

Recommendations/Plan: Outpatient review in 4 months
Referral to Occupational Therapy

I saw this gentleman in clinic today, 8th June 2016. He appeared slightly morose with poor eye contact but his mood looked fairly euthymic and he engaged well with the review. He told me that he attempted to go back into employment and saw this as a major step forward. A friend helped him to obtain a job in a call centre but unfortunately during his first day, 2 hours after he started employment, he had a major panic attack and he fainted. Therefore he needed to quit the job. He was quite upset and depressed about this but he was able to overcome the unfortunate event. Generally he says that his mood is Ok. He mainly has problems with anxiety, especially when going out. He says that he always needs to be accompanied. His sleep is good. He has good appetite and he gains weight with his medication. He clarified that it is not the medication to blame for this, possibly because of his anxieties he does less walking and less exercise which contributes to the weight gain. He does not have any suicidal thoughts. He denied any psychotic symptoms and said that he has not had them in a long time. He does not drink alcohol. After the panic attack and the feelings of depression that came after that he had a powerful urge to start drinking again but he was able to stay away from alcohol. He denied any drugs.

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8th June 2016

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS
CHI No: 0402863410

He is still waiting to start the course at university. Now he lives alone and this improves the relationship with his mother. He denied any other side effects from medication and is happy to continue with the same. We discussed how best to manage his anxieties and he was agreeable to be referred to Occupational Therapy for graded exposure and said that he is quite motivated to work with them to tackle his anxieties. He will be reviewed again in clinic in 4 months.

Yours sincerely

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Authorised on 16/06/2016 15:30:10 by Adrian Nitu.

Dr Adrian Nitu
Locum Consultant Psychiatrist

Assessed 14th Oct 2015 at 12:35

Summary of contact/details

Dear Dr Curran

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS
CHI No: 0402863410

I reviewed Mr MacDonald today, 14th October 2015 at my North West Kilmarnock Area Centre Outpatient Clinic.

He reported that things were "Ok" but has found things "a bit frustrating recently".

It is also more cramped and he has lost some of his privacy. She has another tenancy, which he is redecorating, and he is hopeful that she will move out next week. He seldom drinks alcohol and denies binges. He doesn't use illicit drugs although continues to smoke. He has paid for a university course in computing and has a laptop ready to start this. He can start it at any time but has found the loss of his bedroom to his mother recently as an impediment. Once she moves out and things settle he plans to take up his study of this.

Current Medication

Quetiapine modified release 300 mg at night

Mirtazapine 45 mg at night

thinks that these are "Ok, they keep me at a level".

He takes them regularly and the only problem that he notices is occasional tiredness.

Mental State Examination

He was a casually and appropriately dressed, middle aged man with reasonable self care and eye contact. Posture and demeanour were normal and appropriate. Speech was normal in form and flow and the main theme was the stress from his mum staying with him just now. Mood can dip at times as a result of stress of his mother staying with him and his brother but he copes with this. He denied obvious biological symptoms consistent with altered mood and was adamant that there were no thoughts of suicide or self harm. He was perhaps mildly

ALISDAIR MACDONALD 40 BALGRAY AVENUE, KILMARNOCK, AYRSHIRE, KA1 4QS
CHI No: 0402863410

depressed but little changed from the last time I saw him. A good rapport was maintained. His suspicious thinking is a lot less on his current medication and he tolerates this without distress. There is nothing else suggestive of psychotic symptoms at the moment. He has good insight into his presentation and didn't have anything else to add.

Impression

This gentleman with a diagnosis of a depressive illness (ICD 10 Code - F32) is reasonably settled despite the stress of his mum

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

living with him. His alcohol dependence (ICD 10 Code - F10.2) is not a current problem. There are no obvious unmet needs.

Recommendations

We discussed how best to proceed and he was keen to make no changes to his current prescribing. I emphasised a number of positives that are present in his situation and encouraged him to take up his computer course when he is able to do that. I will arrange for his ongoing outpatient clinic review and I encouraged him to get back in touch with us again should he identify a need to do so.

Kind regards

Yours sincerely

Authorised on 22/10/2015 12:06:06 by Jamie Lewis.

Dr J Lewis
Consultant Psychiatrist

Assessed 5th Oct 2015 at 13:32

Summary of contact/details

Dear Alisdair

I am writing to inform you that I will be moving to another post and so, after Friday 16 October 2015, I will no longer be involved in your care. A permanent replacement Consultant has still to be appointed however arrangements will be made in the short term to try and ensure that patient care is not disrupted.

It has been a pleasure being involved with your care and I wish you the best for the future.

Kind regards.

Assessed 18th Mar 2015 at 12:06

Summary of contact/details

Dear Dr Curran

ALISDAIR MACDONALD 29 CAMPBELTOWN DRIVE, KILMARNOCK, AYRSHIRE, KA3 1TB
CHI No: 0402863410

I reviewed Mr MacDonald today, 18th March 2015, at my North West Kilmarnock Area Centre.

He reports that things are "good". He just moved into a new house with his brother [REDACTED] and has coped with the stress of this. His brother is very supportive and [REDACTED] this arrangement has been "good for my anxiety". He can "still get panic attacks" but they are less often and less severe. The previous breach of the peace charges against him have been "dismissed". He will admit to a "couple of beers" at home with his brother maybe once a week with the football but denied binges and this represents a significant reduction in his drinking. He is "not drinking myself". He is not using illicit drugs although smokes a variable amount of tobacco, perhaps up to a pouch a week.

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Current Medication

Quetiapine modified release 300 mg at night

Mirtazapine 45 mg at night

When the Quetiapine dose was increased initially he was a bit tired with it, but he has worked out when he can take it to give him a better sleep and not be hung-over in the morning. This has also helped his suspicious thinking.

Mental State Examination

He was a casually and appropriately dressed, middle aged man with good eye contact and reasonable self care. He sat calmly and appropriately throughout. Speech was normal in form and flow and there were no recurrent themes. Mood is "Ok" with no recurrent significant depressed or elated mood. He tends not to get upswings but it varies to below the midline. He is not describing thoughts of suicide or self harm. He was not objectively depressed or elated and a good rapport was established. He does not have a tendency toward suspicious thoughts, particularly with people outside that he doesn't know. These are less intense and as a result he has been aware of "less arguments" especially at home. He has good insight into his illness and the need for its treatment.

ALISDAIR MACDONALD 29 CAMPBELTOWN DRIVE, KILMARNOCK, AYRSHIRE, KA3 1TB

CHI No: 0402863410

Impression

This gentleman with a diagnosis of a depressive illness (ICD 10 Code - F32) and alcohol dependence (ICD 10 Code - F10.2) is more settled in terms of his mental illness and has cut down his alcohol. He has recently moved into a new house with his brother and described this as a very positive arrangement. He coped with the stress of the house move. He is more settled with his current medication.

Recommendations

We discussed how best to proceed and agreed not to make any changes to his current treatment plan. He will continue the same medication for now. I advised him to try and minimise his alcohol consumption as much as possible. I also encouraged him to try and keep as active as his symptoms allow. He has been considering Open University as a means of giving him something to focus on and perhaps ease into increasing his level of socialisation. I will see him from time to time at my outpatient clinic and he knows how to contact us beforehand if need be.

Yours sincerely

Authorised on 25/03/2015 11:14:05 by Jamie Lewis.

Dr J Lewis

Consultant Psychiatrist

Assessed 25th Nov 2014 at 11:35

Summary of contact/details

Dear Dr Curran

ALISDAIR MACDONALD 29 CAMPBELTOWN DRIVE, KILMARNOCK, AYRSHIRE, KA3 1TB

CHI No: 0402863410

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

I was due to review Mr MacDonald today, 25th November 2014, at my North West Kilmarnock Area Centre Outpatient Clinic but he failed to attend and did not contact us in advance to cancel or reschedule. I will offer him another outpatient clinic appointment in due course but if he fails to attend this I will be discharging him from my follow up. I will keep you updated as to what happens.

Kind regards

Yours sincerely

Authorised on 04/12/2014 11:49:22 by Jamie Lewis.

Dr J Lewis
Consultant Psychiatrist

Assessed 28th May 2014 at 11:54**Summary of contact/details**

Dear Dr Curran

ALISDAIR MACDONALD FLAT 10, 8 BREWLAND STREET, GALSTON, AYRSHIRE, KA4 8AQ
CHI No: 0402863410

I reviewed Mr MacDonald today, 28th May 2014, at my North West Kilmarnock Area Centre Outpatient Clinic.

He reports "not a great couple of weeks". He has felt "anxious inside" and "lost and frustrated". He is "wanting to do stuff but can't do it due to panics". He recently went out with friends and "had a drink". This is the first time he has had a drink in a number of months but "he passed out" and found himself in a police cell charged with breach of the peace when he woke up. He is due in court tomorrow and he has legal support. This is "a little" stressful for him. He denies illicit drug use and has been unable to stop smoking given his level of anxiety. He lives with his mum and this is working out "quite well". He has a very supportive brother in addition.

Current Medication

Quetiapine modified release 150 mg at night
Mirtazapine 45 mg at night

He denies significant side effects from these and feels that the Mirtazapine is "a lot better" than the Sertraline.

Mental State Examination

He was a casually and appropriately dressed young man with good self care and reasonable eye contact. He was mildly defensive in his posture but he sat appropriately throughout the interview. Speech was spontaneous and appropriate and he had a tendency towards a negative content in his speech. Mood is chronically low but I did not get a sense that it was dramatically worse. He can be a bit more irritable but he denies aggression with this. He denies thoughts of suicide or self harm. He was mildly low objectively with a degree of anxiety but he wasn't distressed. A good rapport was maintained. He can have his chronic background suspicious thoughts but these don't change his behaviour and his "paranoia doesn't run away with me". He is aware of his symptoms but not sure what would help. He

ALISDAIR MACDONALD FLAT 10, 8 BREWLAND STREET, GALSTON, AYRSHIRE, KA4 8AQ
CHI No: 0402863410

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

continues to make his best efforts in terms of securing his own recovery.

Impression

This gentleman with a diagnosis of a depressive illness (ICD 10 Code - F32) and alcohol dependence (ICD 10 Code - F10.2) benefited from the Mirtazapine but has been struggling a little bit with his mood. He had an alcohol binge leading to his arrest but he did not describe heavy regular drinking. He can still describe low mood, anxiety and background suspiciousness.

Recommendations

He discussed how best to proceed and agreed to try increasing his Quetiapine modified release to 200 mg at night. This can be increased as needed and tolerated by 50 mg a month aiming for a maintenance dose of 300 mg at night. If an increase causes problematic side effects then it can be reverted to the previous dose. I will keep him under outpatient clinic review later on in the year but once his antipsychotic prescribing is stabilised, if he still continues to complain of low mood and anxiety symptoms then Venlafaxine XL 75 mg in the morning can be added to run concurrently with his current dose of Mirtazapine. This may have the same side effects as Sertraline so he might not be able to tolerate it but this is something that can be tried if he continues to struggle before I see him again. A subsequent prescribing option might be to add in Lamotrigine but I will advise on that when I see him next. I have asked him to contact us in between times if he feels the need to do this.

Kind regards

Yours sincerely

Authorised on 03/06/2014 16:38:23 by Jamie Lewis.

Dr J Lewis

Consultant Psychiatrist

Assessed 8th Jan 2014 at 16:50**Summary of contact/details**

Dear Dr Curran

ALISDAIR MACDONALD 29 CAMELTON DRIVE, KILMARNOCK, KILMARNOCK, Ayrshire, KA3 1TB
CHI No: 0402863410

I reviewed Mr MacDonald on 8th January 2014 at my North West Kilmarnock Area Centre Outpatient Clinic.

He had to "stop taking the Lustral" due to "severe erectile dysfunction" which he found "disturbing". He took them for a couple of months and his problem didn't abate. They did however help his mood. He wondered if his Quetiapine is maybe not helping as much of late, and he noticed this since stopping the Sertraline. He has just moved to Galston in a one bedroom private let. He likes it and he is settling in. He is awaiting plastic surgery for his ear and is "still weighing up the pros and cons of this". He has good family support, especially from his brother. He said he had stopped drinking and is trying to get in touch with ADDACTION although finding this surprisingly difficult. He gets CPN contact from my colleague Mr Jim Young.

Current Medication

Quetiapine XL 150 mg at night

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

He is tolerating this well and feels that it is helping.

Mental State Examination

He was a casually and appropriately dressed, slim man with reasonable self care and eye contact. His speech was normal in form and flow with no recurrent themes. His mood is "still pretty low". Motivation and energy can be problematic. He gets "less frequent" thoughts regarding suicide and these occur only occasionally. He doesn't get plans or intent in terms of acting on them. He can get anxious, especially with "last minute changes" in arrangements for things. Going out himself can be difficult. Objectively he was mildly low and not distressed. There was limited reactivity of affect but a good rapport was established. He only

ALISDAIR MACDONALD 29 CAMBELTON DRIVE, KILMARNOCK, KILMARNOCK, AYRSHIRE, KA3 1TB
CHI No: 0402863410

gets occasional voices at the moment. He can have low grade persecutory thinking. This is much better on Quetiapine and it had improved again with the Sertraline. He has good insight into his presentation and the need to take his treatment.

Impression

This gentleman with a diagnosis of a depressive illness (ICD 10 Code - F32) and alcohol dependence (ICD 10 Code - F10.2) reports some good response to his medication. He couldn't tolerate the Sertraline however because of sexual side effects. He reports being stable in terms of his alcohol consumption although I had no independent corroboration of this.

Recommendations

We discussed how best to proceed and we both felt it appropriate to try another antidepressant. Mirtazapine is not usually associated with sexual dysfunction although clearly weight gain can be an issue. After discussing the pros of cons, he was agreeable to commencing Mirtazapine at 15 mg at night, increasing after a week to 30 mg. After a further month this can be increased to the maximum dose of 45 mg if needed. I have suggested staying on the same dose of Quetiapine for now but this could be increased by 100 mg if needed once he is stabilised on his antidepressant. I advised him to continue to try and moderate his alcohol consumption and to persevere in his efforts to make contact with ADDACTION. My CPN colleague Mr Young will follow him up as long as is indicated and I will keep an eye on him at my outpatient clinic.

Kind regards

Yours sincerely

Authorised on 24/01/2014 12:16:58 by Jamie Lewis.

Dr J Lewis
Consultant Psychiatrist

Copy to: Jim Young, CPN, CMHT, NWAC

Assessed 23rd Dec 2013 at 09:42

Summary of contact/details

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Dear Mr Stewart,

ALISDAIR MACDONALD DOB: 04/02/1986 CHI No: 0402863410
29 CAMELTON DRIVE, KILMARNOCK, KILMARNOCK, Ayrshire, KA3 1TB

Thank you for your letter dated 17.12.13 enquiring about Mr MacDonald's mental health situation. I saw him in early August this year in my Crisis Team Clinic due to a depressive presentation with psychotic symptoms and again once more six weeks later. Subsequently he has become homeless and moved out of our area. He was started on an antipsychotic, Quetiapine 150 mgs, which led to a significant improvement in his mental health and led to the complete cessation of his psychotic features. At his review in September he was started on an antidepressant, Sertraline, but on reviewing his nursing notes it appears he complained sexual dysfunction on this and it was stopped. I am not aware if his General Practitioner started him on another antidepressant less likely to induce sexual dysfunction. When he was seen in clinic for the last time in October he had no complaints about his mental health. In addition, he vaguely described some epileptic-like features in the form of absences or black-outs lasting from two days to two weeks when he does not know what he is doing. During such periods he can become aggressive and he was investigated by the police for breach of the peace and police assault. The nature of these black-outs is unclear but I recommended in my clinical letter that they would warrant investigation from neurology. He has long-standing problems with alcohol and cannabis use. During our consultations he denied still using alcohol and cannabis.

He was advised to declare himself homeless and it is possible he was accommodated out of our area.

In my opinion I do not think his psychotropic medication should be stopped during his operation as the risk of relapse is high especially in times of stress. Antipsychotics can alter blood pressure, usually decreasing it and some antidepressants can increase the risk of bleeding. Nonetheless, these risks are small in comparison to the risk of relapse. I am not aware of significant interactions between Quetiapine and anaesthetic drugs.

Mr MacDonald usually tends to deteriorate in times of increased stress therefore psychological support from Health Psychology or the Crisis Team could be appropriate.

Kind regards,

Yours sincerely

Authorised on 27/12/2013 09:39:16 by Jamie Lewis.

Dr Adrian Nitu
Speciality Doctor in Psychiatry

Dr JD Curran

Assessed 6th Dec 2013 at 15:22

Summary of contact/details	
-phone call from Kilmarnock Sheriff Court requesting information. -same given.	

Assessed 25th Nov 2013 at 15:38

Summary of contact/details	
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MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

- I phoned Alistair as I had not heard from him in some time.
- he remains in Dalmellington but hopes to move to Galston on Thursday.
- hopes to move to 10, flat 8, Brewlands Street, but said he would phone to confirm this when he moves.
- said he has been coping much better and receiving good support from Addaction.
- however is experiencing side effects from Lustral in the form of sexual dysfunction which he feels he cannot continue with.
- Gp had suggested he could stop this but needed to continue with Quetiapine.
- he attempted stopping it last week but had severe headaches so I have suggested he reduces and stops more slowly by taking it only on alternate days for next week then stopping.
- he agrees there is no need for continuing input from myself at present and that he can phone duty system if he has any problems.
- he has o/p appt. with Dr Lewis in January.

Assessed 24th Oct 2013 at 12:46**Summary of contact/details**

Seen at home at request of C/N Jim Young due to currently being housed in homeless accommodation in Dalmellington. Please see risk assessment entered on same date.

Assessed 18th Oct 2013 at 14:39**Summary of contact/details**

- phone call from [REDACTED] to let me know he has been temporarily rehoused in Dalmellington (48A merrick Drive).
- DIGS have taken him on and have offered accomodation in either Galston or Newmilns but he will be unable to view these until next Friday.
- he has also engaged with Addaction and Momentum and has stopped drinking.
- I explained that as he is unlikely to be able to attend our appointment next Tuesday at base I would arrange for him to be seen by one of my colleagues who cover that area.
- I suggested family inform me as soon as he knows where he will be settling to enable support to be organised.
- after discussing situation with C/N Ashley Davidson, she has agreed to visit him around 13:30 on Thursday afternoon and I have spoken with Alistair about this.
- he remains aware of how to contact service if required.
- further appointment will be arranged in due course.

Assessed 15th Oct 2013 at 18:36**Summary of contact/details**

- phone call from St Andrews hostel staff to report that Alistair had asked if they would inform me he is there.
- staff report he will have accomodation overnight but must present at homeless office in morning.

Assessed 14th Oct 2013 at 17:34**Summary of contact/details**

[REDACTED]

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

[REDACTED]

- he presented an hour later with his belongings in a bin bag after being put out by mum.
- admitted drinking heavily over past few weeks, 'whatever I can get my hands on' and admitting this has been a problem in varying degrees for many years.
- saying he 'cant cope' and 'can't function' due to his anxieties, claiming to have had two panic attacks already this afternoon and that he needed help.
- I pointed out that help and support has already been provided by CRT and psychiatrist and that I had planned to continue this.
- he apologised for missing last weeks appointment as he 'forgot'.
- I pointed out that his main problems at present are homelessness and alcohol and that he required to address these first.
- when he again stated he would not cope in hostel situation I had discussion with C/N Jim Livingstone, CRT, and Dr Nitu, both of whom have seen him recently and both agreed on minimal risk issues present, that he had made lifestyle choices and that presenting at homeless offices with a view to hostel accommodation was only option.
- I spoke with him again along with C/N Livingstone and again explained his options and he reluctantly accepted this.
- I have stressed importance of contacting Addictions Service for assistance in addressing his alcohol problem and that I would see him again as arranged on 22nd.
- he has been provided with appropriate contact numbers and how and when to utilise them.

Assessed 14th Oct 2013 at 09:49**Summary of contact/details**

[REDACTED]

Assessed 13th Oct 2013 at 13:56**Summary of contact/details**

[REDACTED]

- he has apparently been drinking increasingly heavily over past few weeks (whatever he can get his hands on) and yesterday stole money from his mum.
- Alistair unaware of call and unable to come to phone as he is 'drunk'.

[REDACTED]

- his flat remains available until Tuesday but brother feels he will be unable to return there due to his state of mind.
- agreed I would discuss situation further with team tomorrow and phone back around lunchtime.
- aware to phone back if any further problems.

Assessed 4th Oct 2013 at 14:52**Summary of contact/details**

- DNA today's arranged appointment.
- further appointment arranged.
- on reading Dr Lewis's recent review letter I spoke with Fiona Mason, OT, who agreed Alisdair may be appropriate for her service.
- joint assessment arranged.

Assessed 27th Sep 2013 at 10:26**Summary of contact/details**

[REDACTED]

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Dear Dr Curran

ALISDAIR MACDONALD 29 CAMBELTON DRIVE, KILMARNOCK, KILMARNOCK, AYRSHIRE, KA3 1TB
CHI No: 0402863410

Diagnosis: Depression with psychotic symptoms - F33.3
Query organic syndrome.

Psychiatric Medication: Quetiapine 150 mg
Please introduce Sertraline 50 mg daily

Follow up: Dr Lewis outpatient clinic in 3 months

I reviewed this gentleman today, 27th September 2013 in my Crisis Team Clinic. I was glad to see the Mr McDonald is much better now compared to last time. He was very well kempt, focused, relaxed and insightful. He reported that the introduction of Quetiapine has made a significant improvement. The voices have almost completely disappeared. He feels that his head is clear now for the first time. Also the blackouts are no longer present. He did not describe any paranoid thinking but he remains anxious about going outside. He says he is "paranoid about going outside" but when asked about the motivation of this he said that this "is just my anxiety". His mood has slightly improved but unfortunately it still remains low. Sleep is much better with Quetiapine. He can have a reasonable amount of sleep every night now. Appetite is good and he has put on some weight but he said he is very happy about this. Anxiety levels remain high. He is very reluctant to go outside even if he is with his brother or other company. After being for a short whilst outside he develops intense anxiety with physical signs like light-headedness, shakes, breathlessness and sensation of constriction in the chest. There are fleeting suicidal thoughts without any plans or intent. The patient specifically emphasised this lack of intent or any planning. He still denies the usage of

ALISDAIR MACDONALD 29 CAMBELTON DRIVE, KILMARNOCK, KILMARNOCK, AYRSHIRE, KA3 1TB
CHI No: 0402863410

any alcohol or any drugs. Currently he tries to restructure his day and starts with the basics. He does not have much more activity but now he tends to have a daily routine. Until now there are no side effects from his Quetiapine.

We discussed further management of his symptoms. He would be agreeable to start an antidepressant for his anxiety and low mood. He did not respond well to Citalopram in the past. I have explained to him that the first two weeks of starting an antidepressant in the SSRI class would experience more anxiety and gastro-intestinal problems. He was still agreeable to commence with this. He is due to see his CPN in one week's time and will work more towards anxiety management and restructuring his day. He will be seen again in Dr Lewis' outpatient clinic in 3 months time.

Yours sincerely

Authorised on 03/10/2013 15:03:17 by Jamie Lewis.

Dr Adrian Nitu
Speciality Doctor in Psychiatry

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Assessed 17th Sep 2013 at 09:31

Summary of contact/details

[REDACTED]

[REDACTED] will be unable to offer another appointment for a few weeks but that he can phone our duty service if any problems.

- he is due to see Dr Nitu again on 27th.
- further appointment sent out.

Assessed 16th Sep 2013 at 16:57

Summary of contact/details

- Alistair attende appointment as arranged today but had to leave before being seen after waiting 15 minutes.
- I phoned and spoke with his mum offering my apologies and arranged for home visit tomorrow morning at 09:30 if acceptable.
- she told me he had phoned her to say he couldn't wait due to mounting anxiety and had gone for a walk with his brother to calm down.
- she will pass on the offered appointment and agreed that he would phone back if this was unsuitable.
- she is aware that if not suitable, he may have to wait a further week to be seen.

Assessed 5th Sep 2013 at 08:21

Summary of contact/details

Dear Alistair

You have been referred to the Community Mental Health Team by the Crisis Resolution Team. I would therefore like to offer you an appointment with myself

On: Monday 16th September 2013

At: 3pm

In: North West Kilmarnock Area Centre

If this appointment is not suitable, please contact me on the above number to re arrange.

Assessed 3rd Sep 2013 at 14:01

Summary of contact/details

Home visit for the purposes of discharge.

See Unscheduled care assessment

See Risk Assesssment

Discussed with Jim Young CPN and awaiting appointment

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Discharge from Crisis
 Awaiting appointment from CPN
 Follow up arranged through Dr Nitu

Assessed 30th Aug 2013 at 17:29**Summary of contact/details**

I met with Alistair at home as arranged.

I met with Alistair at home as arranged. He continues to describe his mood as being flat, although he feels that the Quetiapine is working as his " head felt quieter " and he was feeling less paranoid. He advises that he is still having difficulty with sleep after the initial commencement on Quetiapine he was sleeping better.

He is still struggling with being outwith the home, describing symptoms of anxiety, although he does state that if he chooses a time which he knows is quieter he can go out with his dog for a walk, although feels that is an area of his life he wants to improve as it is impacting on his quality of life. I have discussed that I have referred him for a CPN and I await its allocation.

Alistair is awaiting acknowledgement from Maxo-facial at Glasgow so that his ear can be reconstructed.

There appears to be no current drug use and he states that he has no thoughts of harming himself or others.

Assessed 28th Aug 2013 at 17:30**Summary of contact/details**

Wasted Home Visit:

telephone this morning to no avail, to arrange a suitable appointment time. Unscheduled house call this afternoon, unfortunately, there appeared to be no one at home. There is nothing to suggest that Alistair is an immediate risk to himself or others at this time, I will forward plan in colleagues e-diary in an attempt to establish contact for further support.

Assessed 27th Aug 2013 at 16:17**Summary of contact/details**

Wasted Home visit.

I attended Alistair's at home as arranged. There was no one home. With previous knowledge of risk and current mental health, I will leave further contact to my colleague tomorrow and continue with the plan for a CPN to be allocated at team meeting on Friday.

Assessed 23rd Aug 2013 at 16:03**Summary of contact/details**

I met with Alistair at home as arranged.

Alistair advised that he remains concordant with his Quetiapine, he is currently on 100mgs and offers no difficulty with sedation or tolerability. He discussed that he feels that the Quetiapine is having a beneficial effect and rationalise this by saying his head is " quieter and less noisy ". Whilst he feels the benefit of the Quetiapine he remains anxious especially outwith the home, he advises that Dr Nitu had been considering an Anti-depressant and this may offer benefits to his anxiety levels in the future. Although his

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

anxiety is having an impact on his ability to properly function as he would like.

He is aware that he is seeing Dr Nitu next Friday, but I broached the subject on other support following withdrawal of Crisis, we were both in agreement following discussion that a CPN in the short - medium term would be helpful to underpin the work that has been started and to continue his engagement with services.

He has an appointment on Monday with the registrar for assessment of possible reconstruction to his ear which he is hoping will have a positive outcome.

He denies any current alcohol/drug use and advise he has no thoughts of harming himself.

an :

Home visit next tuesday

Alistair will contact services in the interim should he require support

Discuss/refer for allocation of a CPN

Assessed 21st Aug 2013 at 16:21**Summary of contact/details**

ACRHTT home visit following initial telephone contact, Alistair expressing increased anxiety during telephone contact.

On arrival at home, Alistair described issues with anxiety longstanding, and although did appear troubled by this, was inconsistent at times and appeared reluctant to engage with support in relation to this. Alistair reports continued difficulty going out, due to physical symptoms associated with anxiety and irrational fears. Discussed anxiety management techniques, encouraging Alistair to focus on one method and practice this, as he gave description of attempting a variety of methods without success. Discussed option for OT referral for ongoing support in relation to managing anxiety, and graded exposure. Alistair stated he would consider this and discuss further with Dr Nitu should he feel this would be beneficial. On discussion, Alistair stated he has had CBT in the past and would look out workbooks as a refresher. Alistair states he has plans tomorrow, with his family visiting and plans to try and go out a walk with his brother.

Agreed telephone contact with Jim Livingston on Friday (23rd) to arrange further appointment and review need for ongoing ACRHTT support at this time.

Assessed 16th Aug 2013 at 16:32**Summary of contact/details**

I met with Alistair at home as agreed.

We discussed his appointment with Dr Nitu and his commencement on Quetaipine, he agreed that he was hopefully of being on medication, and that whilst he took his first dose early in the day he has subsequently been taking it at night and this has promoted a better sleep pattern in the first instance, with no obvious tolerability difficulties. Whilst Alistair couldn't offer any immediate other changes, I did find him to be a little more engaging and showing signs of spontaneity in his interactions and behaviours. Whilst Alistair does appear to be more settled and there appears a lack of any definitive symptoms at present, I feel it would be helpful to continue to visit him one more time next week and discharge to Outpatient review.

Plan :

One more home visit with view to discharging to Outpatients

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

Assessed 15th Aug 2013 at 14:18

Summary of contact/details

Home visit agreed for tomorrow @ 1530 at his mothers address.

Assessed 13th Aug 2013 at 10:27

Summary of contact/details

ACRHTT telephone contact as requested by Jim Livingstone.

Alistair stated he had taken his 1st dose of Quetiapine (XL 50mgs) last night, stating he slept well. Alistair enquiring as to what the medication was for, offered home visit to discuss this further however Alistair declined stating he did not feel this was necessary. Information on medication provided over the phone. Alistair reports ongoing auditory experiences and anxiety symptoms, reporting no change, however states he is able to cope with this and recognizes that it will take time for the medication to take effect. Agreed further telephone contact on 15.08.13 with Jim Livingston, with a view to arranging appointment. Alistair advised to make contact with services should he require prior to this.

Assessed 9th Aug 2013 at 15:12

Summary of contact/details

Dear Dr Curran

ALISDAIR MACDONALD 29 CAMBELTON DRIVE, KILMARNOCK, KILMARNOCK, AYRSHIRE, KA3 1TB
CHI No: 0402863410

Diagnosis: Depression with psychotic symptoms F33.3
Query organic syndrome

Psychiatric Medication: Please prescribe Quetiapine XL 50 mg at night which could be increased after 1 week to 100mg and to 150 after another week

Follow up: 6 weeks

I saw this patient in the Crisis Team clinic today 9th August 2013 for the first time. He was referred by my colleagues from Crisis after an incident when one of his friends without any reason has bitten his ear off. Now a significant portion of his earlobe is missing. Mr McDonald complained about black-outs lasting from 2 days to 2 weeks when he does not know what he did and has no recollection of the events. Then he confabulates about what happened. This started when he was 7-years old. They are induced by stress or by traumatic events. He was investigated for this in hospital when he was 16-years old. At that point he was smoking a lot of marijuana, a habit that had started 2 to 3 years before. The conclusion at that point was that his experiences were drug-induced and he was treated with Haloperidol. Haloperidol was effective and diminished some of his symptoms but it gave him intense extrapyramidal side affects and he had to stop. He said that his problems started well before he commenced drug use and they persisted even after he stopped them completely. He said that he has not touched drugs in the last 4 to 5 years. He also takes very little alcohol at the moment. He also complains about painful racing thoughts which are very disturbing and hearing voices both outside and inside his head. Outside his head he tends to hear 2 types of voices: 1 belongs to his uncle and 1 belongs to [REDACTED] a childhood friend. The uncle's voice is deprecating and [REDACTED] voice tells him to harm people. These voices are also triggered by stress. In the past when he did not have so much stress in his life they occurred every few months. Now they come every fortnight. When he is very stressed he cannot fight these voices and he acts on them. For instance when he was in Amsterdam; he stabbed his father with whom he had a rough relationship because he thought that his father wanted to

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

harm him: He served 6-years in a Dutch prison for this. Also he has severely beaten up an old friend and also a man from the street who told him something unpleasant. He said that on all these occasions he was obeying the voices. There are also many voices inside his head which are very bothersome. When he is low and stressed he describes paranoid thoughts like people want to harm him and even his family are conspiring to kill him or people are scrutinising him. All these psychotic phenomena are not occurring when he is not low or stressed. He said that there is always violence in his head but he does not plan nor has intention of harming anyone at the moment.

He does not have suicidal thoughts now. They were problematic in the past as when he was feeling very low he attempted on 2 occasions jumping off a bridge. One of these events led to him injuring his back significantly and developing hypothermia. He also had a significant overdose with his ex-girlfriend's insulin. He is not a diabetic. He describes bouts of depression lasting from 2 weeks to 2 to 3 months. During these episodes he has low mood which is lower at night, low energy levels and motivation, not doing anything just lying on the couch, not caring about himself, having decreased appetite, decreased concentration, lost interest, inability to enjoy doing his hobbies mainly playing football and having suicidal thoughts. Also he alienated from his friends. He had a very active social life with friends and many girlfriends and he was working. He said that all this had gone away. Also his memory is very poor. When he is low his sleep is impaired having 2 to 3 hours of sleep per night. This can last for days or weeks. Fortunately he tends to compensate afterwards sleeping about 14 hours each day. At the moment the voices are telling him to go and move to another place. He said he has difficulties settling in one place and he lived in different parts of Britain and also outside in Holland for about 2 years and in Germany for 2 months. Now he wishes to find a better place and start a new life. Also he said that he discussed about his problems for the first time. During his previous encounters with Mental Health professionals he said he lied and denied his symptoms. Now he thinks he wants to put things right and to discuss every aspect of his situation and to accept help.

PERSONAL HISTORY

He was born in Irvine but brought up in Troon. He had 1 brother and 1 sister. His parents were kind to them and they were attending to their emotional and material needs.

He did well in school and said he was top of his class and won a scholarship to one of the best schools in Britain. Unfortunately he was paranoid about school that people had harmful intentions towards him and he left at 14 with no exams taken because he refused to go to school. He was put in a children's home for 2 years. After that he had sporadic employment as he could not settle in one job and this was due to apprehensive thoughts that managers would treat him badly and sack him despite there being no indication for this. He preferred to quit before anything unpleasant happened. The longest job he had was in a garage as an apprentice for 2 years. He mainly worked in call-centres both here in Britain and in Holland. He served 6-years in prison in Holland after stabbing his father. This was a serious incident and his father was in a coma and had a difficult recuperation. He was also charged with breaches of the peace and police assault but he cannot remember anything about this as they happened during his blackouts. When in police cells he denied any mental health issues. He had problems with alcohol in the past. For 3 years he drank heavily as much as he could afford. He used vodka, beer and other spirits. He recently had counselling for this and in his opinion this problem is dealt with. He has very little alcohol at the moment. He has not had any drugs in 5 or 6 years. For 3 to 4 years starting at 14-years old he smoked a lot of marijuana, half an ounce of solid hash and ¼ ounce of grass. He tried speed and ecstasy for a few months a long time ago. He had only one long term girlfriend but they have been on and off together for 5 years. They have recently separated. He does not have any children. Now he lives with his parents who are worried about his presentation.

MEDICAL HISTORY

He had multiple abscesses but they were not properly investigated. He was treated with antidepressants but none of them worked. He tried Fluoxetine, Citalopram, Mirtazapine which were unhelpful and Citalopram made things worse.

MENTAL STATE EXAMINATION

Mr McDonald presented reasonably kempt but with lower standards of hygiene and he left a mal-odour in the room. He made reasonable eye contact. His affect was rather flat. His speech was diminished in volume and intensity. His mood was depressed. He was slightly anxious and uptight. His concentration was reasonably good. No psychotic phenomena were obvious in the clinic.

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

He denied experiencing psychotic symptoms at present but described several types in the past. Last time they occurred was 1 week ago. At present there are no suicidal thoughts. He has insight into his illness and does not think that the voices are real or his paranoid thoughts justified. Now he thinks that they can be attributed towards mental illness.

IMPRESSION

This gentleman describes a picture of depression with psychotic symptoms. He also describes some epileptic-like features which probably need to be investigated further by Neurology. Currently there are no significant risks. Starting an antipsychotic would be reasonable at this moment in time especially as he reported significant improvement with Haloperidol and no improvement with antidepressants. Nonetheless a different antidepressant could be commenced after he would be established on an antipsychotic.

PLAN

Please prescribe 50 mg of Quetiapine XL at night for this gentleman which can be increased to 100 mg after 1 week and to 150 mg after another week. He will continue his involvement with the Crisis Team and will be seen again in clinic in 6 weeks time.

Yours sincerely

Authorised on 19/08/2013 12:45:19 by Jamie Lewis.

Dr Adrian Nitu
Speciality Doctor in Psychiatry

Assessed 8th Aug 2013 at 16:54**Summary of contact/details**

Home visit as arranged with Alistair.

He immediately informed me that he was "calmer" now, so I asked him to elaborate on what that meant to him. He advised me that his "head was quieter" and that he was experiencing a reduction in anxiety. He certainly objectively appeared more relaxed than our last visit. Alistair continues to describe episodes of increased noises in his head, increase in feelings of paranoia, occasionally believe that there is "things" in his flat watching him which he is unable to dislodge with rational thought. He also describes feeling anxious whilst outside the home "jumpy" with no obvious triggers, more transient is his episodes of low mood which he describes as causing him to sleep more, eat less and affect his concentration.

Objectively he denies any current drug use that may have precipitated such an episode, although he does declare that he usually increases his alcohol to "self medicate" when he feels like that. During this period of "calm" it is somewhat difficult to determine the validity and root of some of these experiences, although it is prudent to highlight that he does describe difficulty with anger and his "blackouts" do appear to occur when he is angry.

Plan:

Await outcome of review by Dr Nitu

Assessed 6th Aug 2013 at 11:02**Summary of contact/details**

Home visit at his mother's home as arranged. Attended with colleague Gary Donnelly CRT.

We met with Alistair at home, he was a bearded gentleman who was casually dressed and whilst mildly agitated, he established a good rapport and spoke freely without difficulty. Eye contact was good and he engaged purposefully in the process. He

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

immediatly told us that things " had calmed down", which through further exploration he expanded that he was not hearing any voices and their had been no " blackouts " or difficultiy in recollection of events.

He provided a history since childhood of not recalling periods of time, and auditory hallucinations, often people he knew and derogatory in nature, the last time he exoperienced this was at the weekend but that it had ceased since. He informe3d us of the events on Friday , when two acquaintenances had been banging on his window and door in the early hours to gain access to his home, Alistair had let them and a fight had ensued over the alleged disappearance of a phone, Alistair had a portion of his left ear bitten off. He had left at this point and went to his mum to live.

Whilst in th epast Alistair claims to have attempted to take his own life through command hallucinations, there was no evidence at present that this was anything more than a historical risk .

We are aware from the past that he has had an admission to Ailsa for what was thought to be drug induced phenomena and that he was detoxed from alcohol at this time, of interest his alcohol consumption had increased in the lead up to the weekend events. Forensic would suggest a period of incarceration in this country for breach of the peace, and a peiod of incarceration in Holland- for stabbinghis dad, which Alistair recounts as being illness related. Alistair advises that post hospital discharge, he was commenced on Haloperidol, which he felt had helped but had caused leg spasms and he stopped taking it for this reason.

Given his current presentation and the symptoms and histroy he is recalling , I have informed Alistair that I would prefer if he was reviewed by a Psychiatrist , which Alistair was i agreement with.

Plan :

Further home visit on Thursday
Review by DR Nitu on Friday @ 1400

Assessed 4th Aug 2013 at 19:15**Summary of contact/details**

S.

ADOC G.P. attended follwoing mum raising concerns that Alistair had been behaving biazzarely made attempts to jump out of ground floor window and was talking to his dog and was hearing voices.

B.

Alistair is a 27 year old male, originally from Glasgow he reportedly had a stay at Ailsa around 12 years ago where he was diagnosed with a drug induced psychosis, this is yet to be corroborated though he reports he was prescribed Haloperidol. Alistair had recently been assaulted (last week) where he had part of his left ear bitten off.

A.

Assessed jointly with C/N Jacqueline Nisbett. Alistair was initially uncommunicative, looking out window, however following around five minutes began engaging when a reasonable rapport was established. He describes years of torment since he was a child he reports being "institutionalised from age 13 in various residential schools. He described hearing voices "some inane" and some specific voices describing an old deceased friend speaking in a derogatory nature and other voices telling him to run away or dissapear, he gives an account of continually running away or indeed moving area reporting that he has been and worked in six countries. He spoke of a period where he worked in Holland following his admission 11 years ago with his dad, he gives an account of tense relationship with him and stated that he had stabbed him in repaosnse to the voices. He denies being under the influence during this and mentioned "thats not right to do that to my dad". (got five and a half months in Holland prison). There was no indication of him responding to voices or of being pre-occupied by such. He did however appear somewhat agitated at times slightly banging his head with his hands. He gives an account of anxiety "paranoia" no pleasure lack of sleep

MacDonald, Alisdair

Date of Birth 04-Feb-1986 (40y) undefined Male CHI Number 0402863410

History for Summary of contact/details

From 09/06/1926 Until 09/06/2026

"no sleep, I can nod off through the day". He did admit that his anxiety has heightened since he was assaulted, appetite appears intact. He denies current drug use though previous historic Cannabis use.

Alistair also given an account of frequent "blackouts" where he will have periods of around two weeks where he has no recollection of events, he denies alcohol use during these blackouts, though does admit to alcohol use, nearly daily though did not quantify and did not appear intoxicated today. He reports having previous alcohol counselling through Ayrshire council on alcohol though had reportedly DNA'd a number of G.P. appointments that his mum had arranged for him. He states that he never discusses his issues with professionals and states today was the most he had ever spoken to anyone.

Alistair also reported to having been charged for police assault, common assault and Breach of Peace. There was no indication of risk to others/staff however during assessment. With regards to thoughts of suicide Alistair reports that he has previously attempted suicide by Overdosing on girlfriends Insulin and having jumped off a bridge where he broke his back. There was no indication during assessment of suicide planning though he spoke of an urge to "run away" though this was not deemed imminent.

R.

Given the lack of background regarding Andrew, his reporting of voices/paranoia and distress associated by such, ongoing ACRHTT assessment/input and request for soon medical assessment.

request medical notes. (previous admission to ailsa.11/12 years ago.

Contact numbers given to Alistairs mum who will contact as/if required.

MacDonald, Alisdair

CHI Number 0402863410

Date of Birth 04-Feb-1986 (40y)

Sex Male

Document (V2)

Date of Activity 21 April 2026 09:00 by Dr. Yasmin Nalci (GMC7020082)

Status Closed

Centre of Care East Ayrshire CMHT

Document

Document

Community Connector Referral alisdair macdonald.pdf

Document type

Not known

Document details

Not Recorded

COMMUNITY CONNECTOR REFERRAL FORM

Referral date	21/4/2026	Referrer's name	Dr Yasmin nalci
Client's Name	Alisdair macdonald	Designation & base	HCSW North West Kilmarnock Area Centre. 01563 578592
Address	40 Balgray Avenue Shortlees Kilmarnock KA1 4QS	Landline: Mobile: Email:	07932887681
Contact Numbers	MOBILE ONLY	Client consent to contact	YES
DoB/Chi	040286 3410		
GP Practice	Old Irvine road surgery		

Reason for referral	40 year old single male, recurrent depression. Moos improved, some irritability. lost mum in a house fire. Very isolated lifestyle. Has much physical issues (obese and ulcers and has been reluctant to engage in community however now wants to) He would benefit from learning what could be suitable for him. No substance issues. Looking to discharge soon and needs linked with community prior. He is looking for suitable weight loss and community group options
Any identified risks	Past violence to family noted but no known clinic risks.

Incomplete forms may be returned to referring agent



CVO (East Ayrshire)
Scottish Charity: SC024931
Registered Company: SC247449



MacDonald, Alisdair

CHI Number 0402863410

Date of Birth 04-Feb-1986 (40y)

Sex Male

Results

Date of Activity 12 January 2026 14:34 by Ms Jenny Taylor

Status Closed

Centre of Care East Ayrshire CMHT

Results

Document

ECG AM.pdf

Document details

ECG

MacDonald, Alisdair
Male
04.02.1986 (39 Years)

Vent rate 83 PM
PR interval 164 ms
QRS duration 94 ms
QT/QTc-Baz 354/428 ms
P-R-T axes 6 -32 -11

Patient ID: 0402863410
Normal sinus rhythm
Normal ECG

12.11.2025 16:40:41
Crosshouse Hospital

PRINTED IN UK

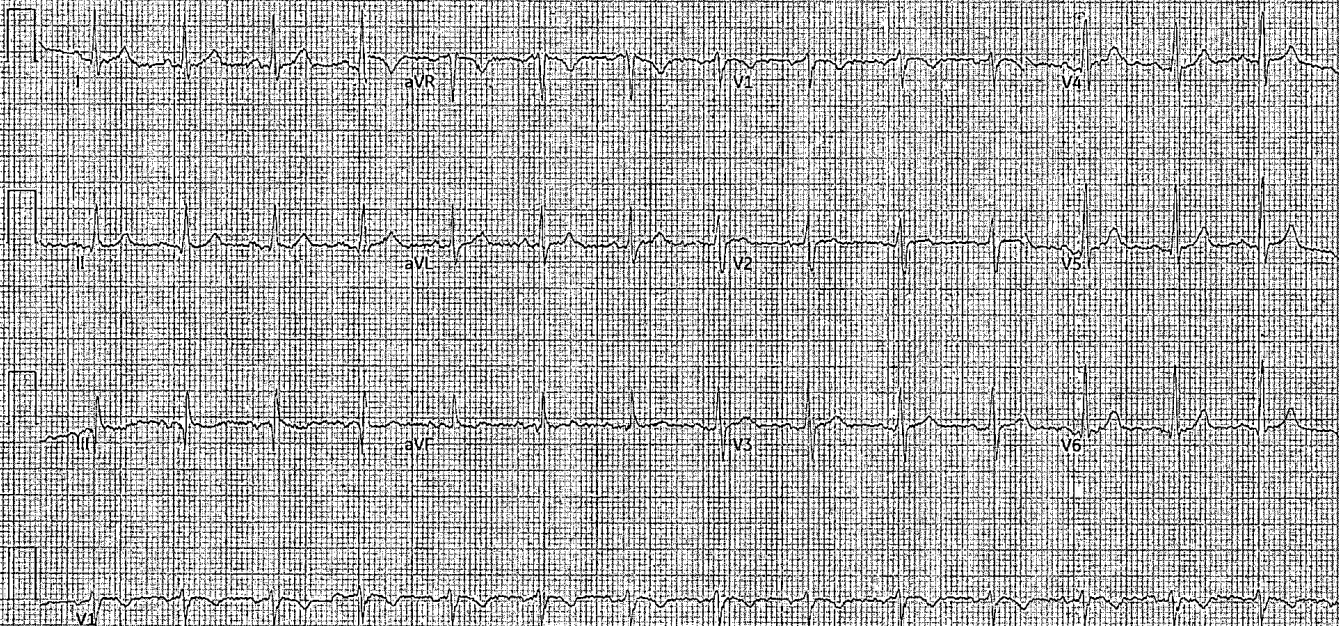
Technician ID: TL

Location: OP
Comments:
Comments:

Test Indication: QTC

Referred By: Dr Johnstone

Unconfirmed



25mm/s - 10.0mm/mV

0.56-150 Hz ZPD - 50 Hz

MAC * VU360 1.02 SP06

12SL V23.1 4 by 2.5s + 1 rhythm id

Page 1 of 1

MacDonald, Alisdair

CHI Number 0402863410

Date of Birth 04-Feb-1986 (40y)

Sex Male

Clozapine/Antipsychotic Physical Health Checks

Date of Activity 09 October 2025 09:26 by Gabriella McKinlay

Status Closed

Centre of Care East Ayrshire CMHT

Tags Venepuncture

Medication

Current medication

mirtazapine 45mg, Quetiapine XR 200mg and 100mg IR nocte

Past antipsychotic medication history

Not Recorded

Clozapine serum levels

Not Recorded

Norclozapine serum level

Not Recorded

Clozapine assay results

Not Recorded

Taking of medication

Mild problem

Note: Brother usually prompts - occasionally forgets to take meds.

Patient Measures

Height (metres)

1.680 Metres

Weight (kg)

132.0 Kg

BMI

46.769

Waist circumference (cm)

Not Recorded

Pulse

Not Recorded

Systolic blood pressure (mmHg)

0 Mm Hg

Note: Unable to take BP today due to wrong size of cuff and no manual equipment. Will re-take at next appointment

Diastolic blood pressure (mmHg)

Not Recorded

Respiration rate

23 Respirations per minute

Health Issues

Smoking status

I am currently dependent on cigarettes every day...

Note: Smokes vapes

Previous smoker

Yes

Current cigarette intake

Not Recorded

When did you last have a menstrual period?

Not recorded

Date contraception advice given on Clozapine

Date health advice given regarding pregnancy

Constipation

No

Medication for constipation

No

Long term condition

None

Long term condition (2)

None

Long term condition (3)

None

Long term condition (4)

None

Physical health

I have occasional minor problems with my physical health OR I have major health problems but they are well controlled and not causing me any difficulties.

Note: Prone to abscess', currently on lymecycline for 2 months

Checks Completed

GASS (Side effects)

Yes

Date GASS last completed

09 October 2025

ECG

No

Note: ECG booked for 12/11/2025

Date ECG last completed

FBC (Full Blood Count)

Yes

Date FBC last completed

09 October 2025

U & E (Urea and Electrolytes)

Yes

Date U & E last completed

09 October 2025

TFT (Thyroid Function Test)

Yes

Date TFT last completed

09/10/2025

Lipid Profile

MacDonald, Alisdair

CHI Number 0402863410

Date of Birth 04-Feb-1986 (40y)

Sex Male

Yes

Date Lipid Profile last completed

09 October 2025

Fasting Glucose

Yes

Date Fasting Glucose last completed

09 October 2025

Prolactin

Yes

Date Prolactin levels last completed

09 October 2025

Generic ICP Assessment

No

Date Generic ICP Assessment last completed

Ayrshire MH Risk Assessment

No

Date Ayrshire MH Risk Assessment last completed

22 August 2024

ASSIGN score

Not recorded

Date ASSIGN score last completed

Oral Health Assessment

No

Date Oral Health Assessment last completed

13 February 2025

Note: Attends yearly dentist check ups

Decisions/Referrals

Refer to dietician

No

Refer to physiotherapy

No

Advice on smoking cessation

No

Advice on physical activity

No

GASS (Glasgow Antipsychotic Side Effect Scale)

Date of Activity 09 October 2025 09:25 by Gabriella McKinlay

Status Closed

Centre of Care East Ayrshire CMHT

GASS

Current medication

mirtazapine 45mg, Quetiapine XR 200mg and 100mg IR nocte

Service User Side-Effects Scale (rate for previous week)

1. I felt sleepy during the day

A few times = 2

2. I felt drugged or like a zombie

Never = 0

3. I felt dizzy when I stood up and/or have fainted

Never = 0

4. I have felt my heart beating irregularly or unusually fast

Once = 1

5. My muscles have been tense or jerky

Never = 0

6. My hands or arms have been shaky

A few times = 2

7. My legs have felt restless and/or I couldn't sit still

Never = 0

8. I have been drooling

Never = 0

9. My movements or walking have been slower than usual

A few times = 2

10. I have had, or people have noticed uncontrollable movements of my face or body

Never = 0

11. My vision has been blurry

Never = 0

12. My mouth has been dry

Never = 0

13. I have had difficulty passing urine

Never = 0

14. I have felt like I am going to be sick or have vomited

Never = 0

15. I have wet the bed

Never = 0

16. I have been very thirsty and/or passing urine frequently

Never = 0

17. The areas around my nipples have been sore and swollen

Never = 0

18. I have noticed fluid coming from my nipples

Never = 0

19. I have had problems enjoying sex

Never = 0

20. I have had problems getting an erection (men only)

Never = 0

Service User Side-Effects Scale (rate for last three months)

21. I have noticed a change in my periods (women only)

Not relevant = 0

22. I have been gaining weight

Yes = 3

Note: Alisdair highlighted that he needs to start some form of physical exercise, he is going to try and get out walking.

GASS Score

Total GASS Score

10

MacDonald, Alisdair.

CHI Number 0402863410

Date of Birth 04-Feb-1986 (40y)

Sex Male

Assessed outcome based on overall score.

Absent/mild side effects

Assessment attached

Assessment attached

Not Recorded

MacDonald, Alisdair

CHI Number 0402863410

Date of Birth 04-Feb-1986 (40y)

Sex Male

ACMHS Referral Vetting (Secondary)

Date of Activity 09 September 2025 14:04 by Nikitta Janssens

Status Closed

Centre of Care East Ayrshire CMHT

Secondary Vetting

UCPN

1370023594559

Secondary vetting outcome

Screened by Nikitta Janssens, EAST CMHT Charge Nurse.

Referral accepted for routine antipsychotic physical health check.

For Central Clinic, PHC, 2 x person Fasting Slot. Send letter 6.

Referral accepted

Referral accepted

Discipline accepted by (if applicable)

Not applicable

MacDonald, Alisdair

CHI Number 0402863410

Date of Birth 04-Feb-1986 (40y)

Sex Male

ACMHS Referral Vetting (Initial)

Date of Activity 03 September 2025 10:52 by Fiona Logan

Status Closed

Centre of Care East Ayrshire CMHT

Referral Details

UCPN

1370023594559

Reason for referral

Other

Initial Vetting

Initial vetting outcome

FL - 03.09.25 - intra team referral for HWBA

Referral accepted?

For secondary vetting

Discipline accepted by (if applicable)

Not applicable

Duplicate referral requested for (if applicable)

Psychiatry

No

Psychology

No

CMHT Nursing

No

PCMHT Nursing

No

OT

No

Pharmacy

MacDonald, Alisdair

CHI Number 0402863410

Date of Birth 04-Feb-1986 (40y)

Sex Male

No

MacDonald, Alisdair

CHI Number 0402863410

Date of Birth 04-Feb-1986 (40y)

Sex Male

ACMHS Intra-Team Referral

Date of Activity 02 September 2025 14:27 by Dr. Yasmin Nalci (GMC7020082)

Status Closed

Centre of Care East Ayrshire CMHT

Referral Details

Referred by

Psychiatry

Is patient in treatment or on treatment waiting list with referring discipline

Yes

Referral (1)

Referred to

HWBA

For attention of

Kilmarnock

Reason for referral

Other

Rationale for referral

39 year old, long term antipsychotics. very obese.
has non healing abscess seeing GP about.

we greatly need his fasting full bloods (inc prolactin, crp, gluc, lfts, u_es, full blood, lipds) and full obs for metabolic monitoring. non in recent years:

i have booked ecg
seen with Mags today and he was cooperative

please can he added to 6 montly-12 montly metabolic monitoring list thanks

Urgency of referral

Routine

Referral (2)

Referred to

Not applicable

MacDonald, Alisdair

CHI Number 0402863410

Date of Birth 04-Feb-1986 (40y)

Sex Male

For attention of

Not Recorded

Reason for referral

Not applicable

Rationale for referral

Not Recorded

Urgency of referral

Not applicable

Referral (3)

Referred to

Not applicable

For attention of

Not Recorded

Reason for referral

Not applicable

Rationale for referral

Not Recorded

Urgency of referral

Not applicable

MacDonald, Alisdair

CHI Number 0402863410

Date of Birth 04-Feb-1986 (40y)

Sex Male

Generic Mental Health Assessment

Date of Activity 22 August 2024 10:41 by Kerry Patterson

Status Closed

Centre of Care East Ayrshire CMHT

Presentation

Source of current referral

Other NHS

Note: Dr Nalci, Consultant Psychiatry

Date referral received

Assessment type

New

Patient agreed to carer being involved in treatment?

Not applicable

Current medication

Current prescription: mirtazapine 45mg, Quetiapine XR 200mg and 100mg IR nocte

Crisis arrangements

Alisdair reminded he can contact CMHT or NHS24 should he require additional support with his mental health.

Summary of strengths, goals and aspirations

Alisdair would like to develop some skills to manage his current anxiety levels and notice an improvement in his sleep. He would like to work towards long term goals of more social interaction and activities to fill his day.

Has Care Programme Approach been considered?

Yes

Note: Considered, but not clinically indicated at this time.

Has the Adult Support and Protection Act been considered?

Yes

Note: Considered, but not clinically indicated at this time.

Has the Mental Health Act been considered?

Yes

Note: Considered, but not clinically indicated at this time.

Has Adults with Incapacity Act been considered?

Yes

Note: Considered, but not clinically indicated at this time.

Advanced Statement**Advanced Statement in place?**

No

Has the individual been made aware of their right to have an Advanced Statement?

Not recorded

Named Person**Named Person identified?**

No

Has the individual been made aware of their right to identify a Named Person?

Not recorded

Summary of Assessment**Summary of Assessment**

Alisdair attended his scheduled appointment, with his brother waiting in the waiting room. SHW Mark Griffin was also present during contact for care planning purposes.

Objectively, Alisdair was dressed in casual jogger bottoms and a tshirt - he appeared to have spilled some food down the front of his clothing and they were evidently uncleaned. He presented with a long, unkempt beard. Alisdair engaged with poor eye contact, often looking at the floor throughout contact. Initially, Alisdair appeared slightly verbally hostile when speaking about his displeasure at having received a phone consultation from Dr Nalci, however, he was easily redirected. His speech was otherwise normal in rate, tone, rhythm and volume. No visible evidence of agitation or motor abnormalities. No evidence that Alisdair was experiencing or responding to psychotic symptoms at the time of contact. No evidence that Alisdair was under the influence of substances or that his capacity or judgement would have been otherwise impaired.

Alisdair has a diagnosis of recurrent depressive disorder with psychotic symptoms. Alisdair advised he felt he needed help as he had noticed a worsening in his low motivation. Advised he was struggling with his ability to complete ADLs and would not regularly complete this. He reported an increase in experiencing 'intrusive thoughts' which he appeared reluctant to disclose. He did advise that these thoughts were not of the nature to harm himself or other people. He advised that these thoughts are in the form of an older males voice - he is unsure if he can identify who this voice belongs to. Alisdair appears to have insight that this is a thought and has been able to ignore these thoughts to date. He disclosed a history of alcohol misuse, but has not struggled with this since 2013. Alisdair reports the thoughts will occasionally encourage him to drink alcohol, but that he is aware of the negative effects of same.

Alisdair reports that during previous psychotic episodes, he has had the belief he could speak to his dog and his dog could speak back to him. He advised that this was negative in nature, with his dog advising him to harm people who had harmed him in the past but that he ultimately had not done so. Alisdair denies having experienced anything similar since commencing medication.

Current prescription: mirtazapine 45mg, Quetiapine XR 200mg and 100mg IR nocte. Alisdair reports he has noticed a worsening in his sleep when his medication changed from Seroquel to a generic brand of Quetiapine due to medication shortages. Reports he is currently not sleeping for sometimes 2/3 days at a time, and when he does sleep, it is for short periods only. Alisdair reports he believes this is contributing greatly to his worsening mood and motivation and

increase in his reported intrusive thoughts.

Alisdair reported experiencing severe anxiety symptoms: vomiting before leaving the home, shaking, sweating, feeling hot, feeling breathless. Alisdair reports this stops him from leaving his home largely. He advised that he used to enjoy long walks daily but feels too anxious to do this. Reports being unable to use a bus without support from his brother, shopping is received via online deliveries. Reports that listening to music on noise cancelling headphones can reduce anxiety.

Alisdair denies any thoughts, plans or intents of suicide. Alisdair denies any thoughts, plan or intent of self-harm. He denies any history of self-harm, but reported historic alcohol misuse which he now perceives as being a form of self-harm. Alisdair reports he has not drank alcohol to excess for a number of years.

Initially during assessment, Alisdair was verbally hostile towards his recent phone consultation with Dr Nalci, advising he had been unsatisfied with having a phone consultation as opposed to face to face.

When asked if Alisdair had experienced any thoughts to harm others, he advised 'not for some time' however, was reluctant and did not answer what the nature of these thoughts had been.

Noted from 2013: "No current risk perceived by visiting staff. Alisdair did inform staff that he has had previously served time in prison in Holland (5 months) for stabbing his father. Has subsequent charges for Breach of the Peace, assault and resisting arrest - no current charges pending or involvement with criminal justice."

Due to vague answers, verbal hostility and documented history of violence, Alisdair will initially be seen by 2x clinicians in a clinic setting to allow for ongoing assessment of risk.

PLAN:

- Period of CPN input for anxiety management work
- Long term goal to work towards attending the Morven Centre for social purposes
- CPN to email Dr Nalci for advice re: short term sleeping aid
- Next appt: Fri 13th Sept at 1330 NWKAC
- Assessment sent to GP

Ayrshire Mental Health Risk Assessment Framework

Mental state

Mental state

Amber

Note: Objectively, Alisdair was dressed in casual jogger bottoms and a tshirt - he appeared to have spilled some food down the front of his clothing and they were evidently uncleaned. He presented with a long, unkempt beard. Alisdair engaged with poor eye contact, often looking at the floor throughout contact. Initially, Alisdair appeared slightly verbally hostile when speaking about his displeasure at having received a phone consultation from Dr Nalci however, he was easily redirected. His speech was otherwise normal in rate, tone, rhythm and volume. No visible evidence of agitation or motor abnormalities. No evidence that Alisdair was experiencing or responding to psychotic symptoms at the time of contact. No evidence that Alisdair was under the influence of substances or that his capacity or judgement would have been otherwise impaired. Alisdair has a diagnosis of recurrent depressive disorder with psychotic symptoms. Alisdair advised he felt he needed help as he had noticed a worsening in his low motivation. Advised he was struggling with his ability to complete ADLs and would not regularly complete this. He reported an increase in experiencing 'intrusive thoughts' which he appeared reluctant to disclose. He did advise that these thoughts were not of the nature to harm himself or other people. He advised that these thoughts are in the form of an older males voice - he is unsure if he can identify who this voice belongs to. Alisdair appears to have insight that this is a thought and has been able to ignore these thoughts to date. He disclosed a history of alcohol misuse, but has not struggled with this since 2013. Alisdair reports the thoughts will occasionally encourage him to drink alcohol, but that he is aware of the negative effects of same. Alisdair reports that during previous psychotic episodes, he has had the belief he could speak to his dog and his dog could speak back to him. He advised that this was negative in nature, with his dog advising him to harm people who had harmed him in the past but that he ultimately had not done so. Alisdair denies having experienced anything similar since commencing medication. Current prescription: mirtazapine 45mg, Quetiapine XR 200mg and 100mg IR nocte. Alisdair reports he has noticed a worsening in his sleep when his medication changed from Seroquel to a generic brand of Quetiapine due to medication shortages. Reports he is currently not sleeping for sometimes 2/3 days at a time, and when he does

sleep, it is for short periods only. Alisdair reports he believes this is contributing greatly to his worsening mood and motivation and increase in his reported intrusive thoughts. Alisdair reported experiencing severe anxiety symptoms vomiting before leaving the home, shaking, sweating, feeling hot, feeling breathless. Alisdair reports this stops him from leaving his home largely. He advised that he used to enjoy long walks daily but feels too anxious to do this. Reports being unable to use a bus without support from his brother, shopping is received via online deliveries. Reports that listening to music on noise cancelling headphones can reduce anxiety. Alisdair denies any thoughts, plans or intents of suicide. Alisdair denies any thoughts, plan or intent of self-harm. He denies any history of self-harm, but reported historic alcohol misuse which he now perceives as being a form of self-harm. Alisdair reports he has not drank alcohol to excess for a number of years. Initially during assessment, Alisdair was verbally hostile towards his recent phone consultation with Dr Nalci, advising he had been unsatisfied with having a phone consultation as opposed to face to face. When asked if Alisdair had experienced any thoughts to harm others, he advised 'not for some time' however, was reluctant and did not answer what the nature of these thoughts had been. Noted from 2013: "No current risk perceived by visiting staff. Alistair did inform staff that he has had previously served time in prison in Holland (5 months) for stabbing his father. Has subsequent charges for Breach of the Peace, assault and resisting arrest - no current charges pending or involvement with criminal justice." Due to vague answers, verbal hostility and documented history of violence, Alisdair will initially be seen by 2x clinicians in a clinic setting to allow for ongoing assessment of risk.

Engagement

Engagement with services

Green

Note: No issues identified. Alisdair previously missed a CPN appointment and was discharged due to non-engagement but he advised that he did not receive an appointment letter for this appointment.

Medication management

Green

Note: No issues identified.

Risk of absconding

Green

Note: Lives in the community on an informal basis.

Risk of suicide/self-harm

Risk of self-harm

Green

Note: Alisdair denies any thoughts, plan or intent of self-harm. He denies any history of self-harm, but reported historic alcohol misuse which he now perceives as being a form of self-harm. Alisdair reports he has not drank alcohol to excess for a number of years.

Risk of suicide

Green

Note: Alisdair denies any thoughts, plans or intents of suicide.

Risk of harm to or from others

Risk of harm to others

Amber

Note: Initially during assessment, Alisdair was verbally hostile towards his recent phone consultation with Dr Nalci,

advising he had been unsatisfied with having a phone consultation as opposed to face to face. When asked if Alisdair had experienced any thoughts to harm others, he advised 'not for some time' however, was reluctant and did not answer what the nature of these thoughts had been. Noted from 2013: "No current risk perceived by visiting staff. Alistair did inform staff that he has had previously served time in prison in Holland (5 months) for stabbing his father. Has subsequent charges for Breach of the Peace, assault and resisting arrest - no current charges pending or involvement with criminal justice." Due to vague answers, verbal hostility and documented history of violence, Alisdair will initially be seen by 2x clinicians in a clinic setting to allow for ongoing assessment of risk.

Abuse issues

Green

Note: Alisdair alluded to 'someone doing bad things to me' in the past but did not definitively disclose a history of abuse.

Neglect/Vulnerability issues (consider ASP/AWIA)

Green

Note: Reports struggling with motivation with ADLs at present, however, no requirement for escalation at time of assessment as Alisdair has recognised this as a goal to work towards.

Child protection concerns

Green

Note: Alisdair denied any dependant children or childcare responsibilities.

Child well-being concerns

Green

Note: Alisdair denied any dependant children or childcare responsibilities.

Risk from substance misuse

Substance misuse

Green

Note: Alisdair disclosed that he had previously misused alcohol to excess but was supported by Momentum and Addaction to reduce this. He advised that he 'very occasionally' will consume alcohol, but advised that in general, he has no desire to. As an example, Alisdair disclosed that he and his brother had bought a mint rum to make mojito cocktails at a barbeque, however, he has not opened this since he bought it around 6 months ago. Alisdair advised that he occasionally experiences 'intrusive thoughts' to drink alcohol, but has managed to avoid this due to being aware of the negative effects of alcohol. From 2013 notes: Admission in 2011 to Ailsa was suggested to be drug induced, which Alistair denied. He current denies any substance use. He suggest that he has used alcohol in the past when experiencing symptoms of illness. Today admitted drinking heavily over past few weeks, 'whatever I can get my hands on' and admitting this has been a problem in varying degrees for many years. Stole money from mum at weekend for alcohol.

Social and personal risks

Support network

Green

Note: Alasdair lives on his own but he visits regularly with his brother, who lives close by. He advised that he stays over with his brother and his wife every Wednesday and at the weekend. Alasdair was previously well supported by his mother, but she passed away in a house fire in 2022.

Physical health

Green

Note: Alisdair reports significant weight gain since commencing Quetiapine a number of years ago. Reports no other physical health concern.

Occupation of time

Amber

Note: Alisdair reports little to no structure or routine in his daily life. Advised he wakes around 0930am most days, struggles with motivation and cannot complete ADLs. Reports filling his day by watching TV or playing games on his phone - however, he denied getting any enjoyment from this and that they just 'fill the time.' Alisdair reports that he stays overnight with his brother on Wednesdays at the weekend and enjoys growing vegetables in his brother's garden.

Housing and finances

Green

Note: Reports no financial concerns. Lives in a private let and reports his hob has broken but his landlord refuses to fix this. Alisdair advised he is reluctant to move from the tenancy as he enjoys the garden in his flat.

Any other issues**Any other issues**

Not recorded

Overall Impression of Risk**Overall Impression of Risk**

Amber

Note: Risked rated as AMBER due to: - Psychotic illness diagnosis - Poor sleep pattern - Worsening anxiety symptoms - Recent traumatic bereavement - History of violent offense

Immediate Risk Management Plan**Immediate Risk Management Plan**

PLAN:

- Period of CPN input for anxiety management work
- Long term goal to work towards attending the Morven Centre for social purposes
- CPN to email Dr Nalci for advice re: short term sleeping aid
- Next appt: Fri 13th Sept at 1330 NWKAC
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Gender Based Violence Assessment**Was gender based violence routine enquiry carried out during this assessment?**

No - Not appropriate due to other clinical priority

Gender Based Violence Disclosure Assessment (ONLY COMPLETE THIS SECTION IF ANSWERED YES (OUTCOME: VICTIM) ABOVE, FOR ALL OTHER ANSWERS LEAVE AS 'NOT APPLICABLE')

What type of GBV is involved

Not applicable

Is abuse current or past or both?

Not applicable

Describe the relationship between the service user and the perpetrator

Not applicable

What is the sex of perpetrator(s)?

Not applicable

Response to disclosure

Referred to other specialist service

Not applicable

Information given on local services

Not applicable

Shared information with other health professional

Not applicable

Shared information with external agency (e.g. police, social work etc)

Not applicable

Safety planning discussed

Not applicable

Child protection procedures initiated

Not applicable

Adult protection procedures initiated

Not applicable

No further action required

Not applicable

Documented plan in case record

Not applicable

Revisit enquiry at a later date

Not applicable

Has consent been given to share this information with GP?

Not applicable

Mental health and well-being

Mental health and well-being strengths/needs identified?

Yes

Behaviour

Aggressive behaviour

Not known

Suspicious or accusatory behaviour

Not known

Eating problems

Not known

Wandering

Not known

Overactivity

Not known

Odd, inappropriate or unacceptable behaviour

Not known

Cognition

Memory

Not known

Attention and concentration

Not known

Understanding

Not known

Expression

Not known

Mental health

Thought disorganisation

Not known

Delusions

Not known

Hallucinations and other perceptual abnormalities

Not known

Elated or expansive mood

Not known

Depressed mood and ideation

Not known

Obsessional ideas and compulsive behaviour

Not known

Intrusive ideation

Not known

Anxiety, phobias and panics

Not known

Somatic preoccupations

Not known

Lowering of energy, drive or interest

Not known

Self-esteem

Not known

Sleep disturbance

Not known

Involvement in treatment and care

Not recorded

Mental health and well-being summary

Mental health and well-being summary

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Objectively, Alisdair was dressed in casual jogger bottoms and a tshirt - he appeared to have spilled some food down the front of his clothing and they were evidently uncleaned. He presented with a long, unkempt beard. Alisdair engaged with poor eye contact, often looking at the floor throughout contact. Initially, Alisdair appeared slightly verbally hostile when speaking about his displeasure at having received a phone consultation from Dr Nalci, however, he was easily redirected. His speech was otherwise normal in rate, tone, rhythm and volume. No visible evidence of agitation or

motor abnormalities. No evidence that Alisdair was experiencing or responding to psychotic symptoms at the time of contact. No evidence that Alisdair was under the influence of substances or that his capacity or judgement would have been otherwise impaired.

Alisdair has a diagnosis of recurrent depressive disorder with psychotic symptoms. Alisdair advised he felt he needed help as he had noticed a worsening in his low motivation. Advised he was struggling with his ability to complete ADLs and would not regularly complete this. He reported an increase in experiencing 'intrusive thoughts' which he appeared reluctant to disclose. He did advise that these thoughts were not of the nature to harm himself or other people. He advised that these thoughts are in the form of an older males voice - he is unsure if he can identify who this voice belongs to. Alisdair appears to have insight that this is a thought and has been able to ignore these thoughts to date. He disclosed a history of alcohol misuse, but has not struggled with this since 2013. Alisdair reports the thoughts will occasionally encourage him to drink alcohol, but that he is aware of the negative effects of same.

Alisdair reports that during previous psychotic episodes, he has had the belief he could speak to his dog and his dog could speak back to him. He advised that this was negative in nature, with his dog advising him to harm people who had harmed him in the past but that he ultimately had not done so. Alisdair denies having experienced anything similar since commencing medication.

Current prescription: mirtazapine 45mg, Quetiapine XR 200mg and 100mg IR nocte. Alisdair reports he has noticed a worsening in his sleep when his medication changed from Seroquel to a generic brand of Quetiapine due to medication shortages. Reports he is currently not sleeping for sometimes 2/3 days at a time, and when he does sleep, it is for short periods only. Alisdair reports he believes this is contributing greatly to his worsening mood and motivation and increase in his reported intrusive thoughts.

Alisdair reported experiencing severe anxiety symptoms: vomiting before leaving the home, shaking, sweating, feeling hot, feeling breathless. Alisdair reports this stops him from leaving his home largely. He advised that he used to enjoy long walks daily but feels too anxious to do this. Reports being unable to use a bus without support from his brother, shopping is received via online deliveries. Reports that listening to music on noise cancelling headphones can reduce anxiety.

Alisdair denies any thoughts, plans or intents of suicide. Alisdair denies any thoughts, plan or intent of self-harm. He denies any history of self-harm, but reported historic alcohol misuse which he now perceives as being a form of self-harm. Alisdair reports he has not drank alcohol to excess for a number of years.

Initially during assessment, Alisdair was verbally hostile towards his recent phone consultation with Dr Nalci, advising he had been unsatisfied with having a phone consultation as opposed to face to face.

When asked if Alisdair had experienced any thoughts to harm others, he advised 'not for some time' however, was reluctant and did not answer what the nature of these thoughts had been.

Noted from 2013: "No current risk perceived by visiting staff. Alistair did inform staff that he has had previously served time in prison in Holland (5 months) for stabbing his father. Has subsequent charges for Breach of the Peace, assault and resisting arrest - no current charges pending or involvement with criminal justice."

Due to vague answers, verbal hostility and documented history of violence, Alisdair will initially be seen by 2x clinicians in a clinic setting to allow for ongoing assessment of risk.

PLAN:

- Period of CPN input for anxiety management work
- Long term goal to work towards attending the Morven Centre for social purposes
- CPN to email Dr Nalci for advice re: short term sleeping aid
- Next appt: Fri 13th Sept at 1330 NWKAC
- Assessment sent to GP

Alcohol or substance misuse

Alcohol/substance misuse strengths/needs identified?

Not recorded

Alcohol misuse

Not recorded

Misuse of prescribed drugs

Not recorded

Misuse of non-prescribed drugs

Not recorded

Alcohol/substance misuse summary**Alcohol/substance misuse summary**

Alisdair disclosed that he had previously misused alcohol to excess but was supported by Momentum and Addaction to reduce this. He advised that he 'very occasionally' will consume alcohol, but advised that in general, he has no desire to. As an example, Alisdair disclosed that he and his brother had bought a mint rum to make mojito cocktails at a barbeque, however, he has not opened this since he bought it around 6 months ago. Alisdair advised that he occasionally experiences 'intrusive thoughts' to drink alcohol, but has managed to avoid this due to being aware of the negative effects of alcohol.

From 2013 notes:

Admission in 2011 to Ailsa was suggested to be drug induced, which Alisdair denied.

He current denies any substance use.

He suggest that he has used alcohol in the past when experiencing symptoms of illness.

Today admitted drinking heavily over past few weeks, 'whatever I can get my hands on' and admitting this has been a problem in varying degrees for many years.

Stole money from mum at weekend for alcohol.

Forensic/Criminal**Forensic/criminal**

Noted from 2013: "No current risk perceived by visiting staff. Alistair did inform staff that he has had previously served time in prison in Holland (5 months) for stabbing his father. Has subsequent charges for Breach of the Peace, assault and resisting arrest - no current charges pending or involvement with criminal justice."

Due to vague answers, verbal hostility and documented history of violence, Alisdair will initially be seen by 2x clinicians in a clinic setting to allow for ongoing assessment of risk.

Physical**Physical health and well-being strength/needs identified?**

Not recorded

Physical impairment or disability

Not recorded

Physical health condition

Not recorded

Long term physical health conditions

Not recorded

Long term condition

Not recorded

Long term condition (2)

Not recorded

Long term condition (3)

Not recorded

Long term condition (4)

Not recorded

Mobility

Not recorded

Sensory impairment

Not recorded

Diet/hydration

Not recorded

Swallowing difficulties

Not recorded

Continence

Not recorded

Distress/pain caused by physical state

Not recorded

Side-effects of prescribed medication

Not recorded

Health promotion advice required

Not known

Sexual health

Not recorded

Blood borne virus testing

Not recorded

Physical health check/assessment

Does the patient meet SMI (Severe Mental Illness) criteria, and/or is patient prescribed anti-psychotic medication?

Not recorded

Physical health check

Not recorded

Responsible for annual physical health check

Not recorded

Date of last physical health assessment

Date BMI last measured and recorded

Smoking status

Does the patient smoke?

Not recorded

Offered referral for smoking cessation support

Not recorded

Physical summary

Physical summary

Not Recorded

Social

Social strengths/needs identified?

Not recorded

Work/vocational/educational performance

Not recorded

Ability to work now

Not recorded

Social activities outside the home

Not recorded

Activities of daily living

Not recorded

Personal care

Not recorded

Relationship with close family

Not recorded

Relationship with partner

Not recorded

Relationships with others close by

Not recorded

Carer's needs/support

Carer's needs assessment

Not recorded

Carer support offered

Not recorded

Social summary

Social summary

Alisdair reports little to no structure or routine in his daily life. Advised he wakes around 0930am most days, struggles with motivation and cannot complete ADLs. Reports filling his day by watching TV or playing games on his phone - however, he denied getting any enjoyment from this and that they just 'fill the time.'

Alisdair reports that he stays overnight with his brother on Wednesdays at the weekend and enjoys growing vegetables in his brother's garden.

Consent to care and treatment

Sufficient information provided?

Yes

Does the person understand the information given to them that is relevant to the decision?

Yes

Can the person retain that information long enough to be able to make the decision?

Yes

Can the person use or weigh up the information as part of the decision-making process?

Yes

Can the person communicate their decision?

Yes

Is consent valid?

Yes

Is the consent given voluntarily?

Yes

MacDonald, Alisdair

CHI Number 0402863410

Date of Birth 04-Feb-1986 (40y)

Sex Male

CMHS Referral (attachment) (v2)

Date of Activity 09 July 2024 17:00 by Sam Tatem

Status Closed

Centre of Care East Ayrshire CMHT

Tags Intra-Team Referral

Referral Details

UCPN

1370020958253

Referral source

Community Mental Health Team

Document

Uploaded document

0402863410 AM ACMHS.pdf

Document details

Intra team referral from Dr Y Nalci for CMHT Nursing Vetting

Adult Community Mental Health Service - Internal Referral Form



All fields marked * are mandatory. Forms will be returned if incomplete.

Please send completed forms to aa.clinicalmentalhealthrms@aapct.scot.nhs.uk

* Patient Name	ALISDAIR MACDONALD	* CHI	0402863410
* Referral From (Clinician's Name)	DR Y NALCI	* Intra-Team Referral Date (date of assessment/ appointment)	9/7/2024
* Locality	East		
* Referral To	1. For CMHT Nursing Vetting	For attention of (local hub team/ specific clinician) BLUE - NIKITA/GARY	
* Is patient currently in Treatment or on Treatment Waiting List with Referring Discipline?	Yes		

* Referral via Occupational Health	No	* Veteran or Armed Forces	No
* Pregnancy/ Perinatal Mental Health	Not Pregnant		

* Reason for Referral	Psychosis
-----------------------	-----------

Rationale for Referral:

recently discharged from nursing - Alisdair is certain one of letters was received after the appointment time. he would greatly benefit from support linking with suitable clinic groups and assess needs, ongoing diagnostic review (Dr Taylor has mentioned schizophrenia once but most notes show depression/psychosis) and he will need some support around this, and help this isolated man in his recovery.

Alisdair had a first phone review with me last week. He is a 38 year old living alone (previous spray painter) He had seen Dr Taylor in 2023 who had referred for further CPN support after his mum had died (see below) however he missed the appointments (some may have been received late)

Alisdair has a long history of mental illness. First admission age 17 (although records not available currently) and has been diagnosed with depression and psychosis and past alcohol dependence. He has not drank for several years. Past illicit substance use when young.

Today he reported he is getting back on track after his mum died in a house fire in 2022. No recurring nightmares etc reported. He sees his brothers twice a week and he is trying to garden. He can feel isolated and little to do. He reports sleep can be difficult and he struggles to switch off at night. Self care slowly improving.

Adult Community Mental Health Service - Internal Referral Form

He reported generally feeling well however recurrent abscess seeing GP about.

Meds: mirtazapine 45mg, Seroquel XR 200mg and 100mg IR nocte

He was polite and cooperative and logical on phone. He reported still feeling low but 'not terrible' He worries about panic attacks but seem more controlled. He reported vague auditory hallucinations which seem more controlled on Seroquel. Vague referential delusions like reading into things on the news mentioned. He reported he was content with his medication however he was keen for more support in the community. He denied any thoughts to harm self. He is keen to complete an IT course in future and improve his mental health.

MacDonald, Alisdair

CHI Number 0402863410

Date of Birth 04-Feb-1986 (40y)

Sex Male

Generic Mental Health Assessment

Date of Activity 04 May 2023 11:04 by Ms Diana Simpson

Status Closed

Centre of Care East Ayrshire CMHT

Presentation

Source of current referral

Other NHS

Date referral received

Assessment type

New

Patient agreed to carer being involved in treatment?

Not applicable

Current medication

Has been commenced on Quetiapine 300mg and Mirtazipine 45mg with which he is concordant and tolerating well

Crisis arrangements

Remains open to OPC/ CMHT/DUTY/OOH/GP

Summary of strengths, goals and aspirations

Not Recorded

Has Care Programme Approach been considered?

Not applicable

Has the Adult Support and Protection Act been considered?

Not applicable

Has the Mental Health Act been considered?

Not applicable

Has Adults with Incapacity Act been considered?

No

Advanced Statement

Advanced Statement in place?

No

Has the individual been made aware of their right to have an Advanced Statement?

Not recorded

Named Person

Named Person identified?

No

Has the individual been made aware of their right to identify a Named Person?

Not recorded

Summary of Assessment

Summary of Assessment

PLAN:

Referral to OT for walking group.
Dealing with distress workbook discussed and provided.
Alisdair to engage with self-help material.
To continue concordance with medication.
Discussed Andy's man club
Morven day centre.

Ayrshire Mental Health Risk Assessment Framework

Mental state

Mental state

Amber

Note: Alisdair had initially sat in the wrong waiting area, this resulted in writer believing he did not attend appointment. Alisdair attended appointment, he was dressed appropriately for the weather, however a little unkempt. Alisdair reported that his last grandparent died last week and he has to attend the funeral, which is causing him some anxiety. Alisdair initially appeared a little flat in mood, little eye contact, his speech was or normal, rate and pitch, however a little monosyllabic in tone. During assessment became more relaxed and engaged well, rapport established and responded to humour. He reports periods of low mood, difficulty getting out of bed and attending to ADL's, no motivation or volition to engage with any activities, reports isolating, withdrawing and pushing people away. Little routine and structure day/night, reports watching TV and reading. Discussion around goal setting, attending the library, Andy's man club and Morven day centre. He reports however able to attend to activities when he is with his brother. Helping him in the garden etc. Alisdair was happy for a referral to OT for walking group. He reports high anxiety and paranoid thoughts, however is managing these better since his mother's death. Alisdair denied any current substance misuse, however at times of distress he can turn to alcohol, which makes him more impulsive. Denied any DSH or current suicidal ideation, plan or intent. Reports these as passing thoughts. No evidence of delusional or hallucinatory symptomology at time of assessment. No evidence of responding to unseen stimuli. No evidence of impaired decision making or capacity at time of assessment. No immediate risk identified at time of assessment. PLAN: Referral to OT for walking group. Dealing with distress workbook discussed and provided. Alisdair to engage with self-help material. To continue concordance with medication. Discussed Andy's man club and Morven day centre. to provide routine and structure.

Engagement

Engagement with services

Green

Note: No issues identified

Medication management

Green

Note: No issues identified

Risk of absconding

Green

Note: No issues identified

Risk of suicide/self-harm

Risk of self-harm

Green

Note: No risk identified.

Risk of suicide

Green

Note: No risk identified. Denied any DSH or current suicidal ideation, plan or intent. Reports these as passing thoughts.

Risk of harm to or from others

Risk of harm to others

Green

Note: No risk identified.

Abuse issues

Green

Note: No risk identified.

Neglect/Vulnerability issues (consider ASP/AWIA)

Green

Note: No risk identified.

Child protection concerns

Green

Note: No risk identified. No children within the home, no child minding responsibilities.

Child well-being concerns

Green

Note: No risk identified. No children within the home, no child minding responsibilities.

Risk from substance misuse

Substance misuse

Amber

Note: Alisdair denied any current substance misuse, however at times of distress he can turn to alcohol, which makes him more impulsive.

Social and personal risks

Support network

Amber

Note: Brother is a good support. No social activities or friend group.

Physical health

Not known

Occupation of time

Amber

Note: Little routine and structure day/night, reports watching TV and reading. Discussion around goal setting, attending the library, Andy's man club and Morven day centre. He reports however able to attend to activities when he is with his brother. Helping him in the garden etc. Alisdair was happy for a referral to OT for walking group.

Housing and finances

Green

Note: No issues identified

Any other issues

Any other issues

Green

Note: No issues identified

Overall Impression of Risk

Overall Impression of Risk

Amber

Note: RATED: AMBER: Due to ongoing symptomology He reports high anxiety and paranoid thoughts, however is managing these better since his mother's death. Alisdair denied any current substance misuse, however at times of distress he can turn to alcohol, which makes him more impulsive. Denied any DSH or current suicidal ideation, plan or intent. Reports these as passing thoughts. No evidence of delusional or hallucinatory symptomology at time of assessment. No evidence of responding to unseen stimuli. No evidence of impaired decision making or capacity at time of assessment. No immediate risk identified at time of assessment.

Immediate Risk Management Plan

Immediate Risk Management Plan

Denied any DSH or current suicidal ideation, plan or intent. Reports these as passing thoughts. No evidence of delusional or hallucinatory symptomology at time of assessment. No evidence of responding to unseen stimuli.

No evidence of impaired decision making or capacity at time of assessment.
No immediate risk identified at time of assessment.

PLAN:

Remains open to OPC

CMHT/DUTY/OOH/GP

Referral to OT for walking group.

Dealing with distress workbook discussed and provided.

Alisdair to engage with self-help material.

To continue concordance with medication.

Discussed Andy's man club

Morven day centre. For routine and structure.

Gender Based Violence Assessment

Was gender based violence routine enquiry carried out during this assessment?

Yes - (Outcome: No disclosure)

Gender Based Violence Disclosure Assessment (ONLY COMPLETE THIS SECTION IF ANSWERED YES (OUTCOME: VICTIM) ABOVE, FOR ALL OTHER ANSWERS LEAVE AS 'NOT APPLICABLE')

What type of GBV is involved

Not applicable

Is abuse current or past or both?

Not applicable

Describe the relationship between the service user and the perpetrator

Not applicable

What is the sex of perpetrator(s)?

Not applicable

Response to disclosure

Referred to other specialist service

Not applicable

Information given on local services

Not applicable

Shared information with other health professional

Not applicable

Shared information with external agency (e.g. police, social work etc)

Not applicable

Safety planning discussed

Not applicable

Child protection procedures initiated

Not applicable

Adult protection procedures initiated

Not applicable

No further action required

Not applicable

Documented plan in case record

Not applicable

Revisit enquiry at a later date

Not applicable

Has consent been given to share this information with GP?

Not applicable

Mental health and well-being

Mental health and well-being strengths/needs identified?

Yes

Behaviour

Aggressive behaviour

No problem

Suspicious or accusatory behaviour

Mild problem

Eating problems

No problem

Wandering

No problem

Overactivity

No problem

Odd, inappropriate or unacceptable behaviour

No problem

Cognition

Memory

Mild problem

Attention and concentration

Mild problem

Understanding

No problem

Expression

No problem

Mental health

Thought disorganisation

No problem

Delusions

No problem

Hallucinations and other perceptual abnormalities

No problem

Elated or expansive mood

No problem

Depressed mood and ideation

Mild problem

Obsessional ideas and compulsive behaviour

No problem

Intrusive ideation

No problem

Anxiety, phobias and panics

Moderate problem

Somatic preoccupations

No problem

Lowering of energy, drive or interest

Mild problem

Self-esteem

Mild problem

Sleep disturbance

Mild problem

Involvement in treatment and care

No problem

Mental health and well-being summary

Mental health and well-being summary

Not Recorded

Alcohol or substance misuse

Alcohol/substance misuse strengths/needs identified?

No

Alcohol misuse

No

Misuse of prescribed drugs

No

Misuse of non-prescribed drugs

No

Alcohol/substance misuse summary

Alcohol/substance misuse summary

Alisdair denied any current substance misuse, however at times of distress he can turn to alcohol, which makes him more impulsive.

Forensic/Criminal

Forensic/criminal

NIL

Physical

Physical health and well-being strength/needs identified?

Yes

Physical impairment or disability

No problem

Physical health condition

No problem

Long term physical health conditions

Not recorded

Long term condition

Not recorded

Long term condition (2)

Not recorded

Long term condition (3)

Not recorded

Long term condition (4)

Not recorded

Mobility

No problem

Sensory impairment

No problem

Diet/hydration

No problem

Swallowing difficulties

No problem

Continence

No problem

Distress/pain caused by physical state

No problem

Side-effects of prescribed medication

No problem

Health promotion advice required

Not recorded

Sexual health

No issues/concerns raised

Blood borne virus testing

No need for testing

Physical health check/assessment

Does the patient meet SMI (Severe Mental Illness) criteria, and/or is patient prescribed anti-psychotic medication?

No

Physical health check

Not applicable

Responsible for annual physical health check

Not applicable

Date of last physical health assessment

Date BMI last measured and recorded

Smoking status

Does the patient smoke?

Not recorded

Offered referral for smoking cessation support

Not recorded

Physical summary

Physical summary

Not Recorded

Social

Social strengths/needs identified?

Yes

Work/vocational/educational performance

Moderate problem

Ability to work now

Moderate problem

Social activities outside the home

Moderate problem

Activities of daily living

Mild problem

Personal care

Mild problem

Relationship with close family

Mild problem

Relationship with partner

Not applicable

Relationships with others close by

Mild problem

Carer's needs/support

Carer's needs assessment

Not required

Carer support offered

Not applicable

Social summary

Social summary

Not Recorded

Consent to care and treatment

Sufficient information provided?

Yes

Does the person understand the information given to them that is relevant to the decision?

Yes

Can the person retain that information long enough to be able to make the decision?

Yes

Can the person use or weigh up the information as part of the decision-making process?

Yes

Can the person communicate their decision?

Yes

Is consent valid?

Yes

MacDonald, Alisdair

CHI Number 0402863410

Date of Birth 04-Feb-1986 (40y)

Sex Male

Is the consent given voluntarily?

Yes

MacDonald, Alisdair

CHI Number 0402863410

Date of Birth 04-Feb-1986 (40y)

Sex Male

CMHS Referral Vetting (v2)

Date of Activity 20 March 2023 17:00 by Sam Tatem

Status Closed

Centre of Care East Ayrshire CMHT

Referral Details

UCPN

137001836064M

Reason for Referral

Suicidal ideation/behaviour

Referral via Occupational Health

No

Pregnancy/Perinatal Mental Health

Not pregnant

Veteran or Armed Forces

No

Vetting

Initial vetting date

20 March 2023

Initial vetting outcome

Intra team referral from Dr Taylor to ACMHS for CMHT Nursing Vetting

REFERRAL FOR CPN FOLLOW UP SEE ATTACHED CLINIC LETTERS

Secondary vetting date

24 March 2023

Secondary vetting outcome

24/03/23 - OIR. Blue Hub Assessment Clinic. Screened by GB and NJ. Appointment on 4/5/23 @ 0930hrs in NWKAC (Diana PMS). Will be discharged if non attendance due to history of non engagement.

Referral accepted

Referral accepted

Date referral rejected

MacDonald, Alisdair

CHI Number 0402863410

Date of Birth 04-Feb-1986 (40y)

Sex Male

Rejected referral reason (if applicable)

Not applicable

Rejected referral actions (if applicable)

Not applicable

MacDonald, Alisdair

CHI Number 0402863410

Date of Birth 04-Feb-1986 (40y)

Sex Male

CMHS Referral (attachment) (v2)

Date of Activity 20 March 2023 17:00 by Sam Tatem

Status Closed

Centre of Care East Ayrshire CMHT

Tags Intra-Team Referral

Referral Details

UCPN

137001836064M

Referral source

Community Mental Health Team

Document

Uploaded document

0402863410 AM.pdf

Document details

Intra team referral from Dr Taylor to ACMHS for CMHT Nursing Vetting

MacDonald, Alisdair

CHI Number 0402863410

Date of Birth 04-Feb-1986 (40y)

Sex Male

CMHS Referral Vetting

Date of Activity 27 October 2022 16:46 by Katy Stewart

Status Closed

Centre of Care East Ayrshire CMHT

Referral Details

UCPN

1370017672791

Reason for Referral

Post Traumatic Stress Disorder

Referral via Occupational Health

No

Pregnancy/Perinatal Mental Health

Not pregnant

Veteran or Armed Forces

No

Vetting

Initial vetting date

31 October 2022

Initial vetting outcome

Vetted by NJ and KM

Secondary vetting - Locality CPN

Secondary vetting date

04 November 2022

Secondary vetting outcome

04/11/22 - Screened by CN Janssens and CN Ballantyne.

Appointed to Monday 14/11/22 at 10.00 hours within NWKAC with CN Ballantyne

Allocation date

Allocation outcome

MacDonald, Alisdair

CHI Number 0402863410

Date of Birth 04-Feb-1986 (40y)

Sex Male

Not Recorded

Adult Community Mental Health Service - Internal Referral Form



All fields marked * are mandatory. Forms will be returned if incomplete.

Please send completed forms to aa.clinicalmentalhealthrms@aapct.scot.nhs.uk

* Patient Name	ALISDAIR MACDONALD	* CHI	0402863410
* Referral From (Clinician's Name)	DR M TYALOR	* Intra-Team Referral Date (date of assessment/ appointment)	13/03/2023
* Locality	East		
* Referral To	1. For CMHT Nursing Vetting	For attention of (local hub team) BLUE	
* Patient currently in Treatment or on Treatment Waiting List with Referring Discipline		Yes - Use New UCPN	

* Referral via Occupational Health	No	* Veteran or Armed Forces	No
* Pregnancy/ Perinatal Mental Health	Not Pregnant		

* Reason for Referral	Suicidal ideation/behaviour
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Rationale for Referral:

REFERRAL FOR CPN FOLLOW UP SEE ATTACHED CLINIC LETTERS

MacDonald, Alisdair

CHI Number 0402863410

Date of Birth 04-Feb-1986 (40y)

Sex Male

Referral (attachment)

Date of Activity 27 October 2022 16:46 by Katy Stewart

Status Closed

Centre of Care East Ayrshire CMHT

Document

Uploaded document

0402863410 AM.pdf

Document details

Referral received from Jim Livingstone.

**EAST AYRSHIRE HEALTH & SOCIAL CARE PARTNERSHIP
COMMUNITY MENTAL HEALTH TEAM
ELECTRONIC REFERRAL**

CMHT Clinical Email address: Clinical MentalHealth CMHTEastAdmin A&A@aapct.scot.nhs.uk

Patient Name:	Alisdair MacDonald	CHI:	0402863410
Address 1:	40, Balgray Avenue		
Town:	Kilmarnock		
Postcode:	KA1 4QS		
GP Details:	Dr Curran, Old Irvine Road Surgery		

Referred by:	Jim Livingstone	Designation:	C/N - ICPNT	Date:	27/10/2022
Has referral been discussed with receiving clinician? Yes ☐ No ☐					

Referral to (please check):

CPN	Yes	OT *	
Consultant Psychiatrist		Psychological Specialty*	
Social Work		Recovery & Wellbeing Course	
HCA^			

^ If referred to WRAP or Recovery course, referring clinician will remain point of contact.

Rationale:
*If the referral is for OT or Psychological Specialty please consider readiness to engage with the interventions offered? - Is the patient motivated to make changes to their mental health symptoms/lifestyle/functioning? Yes ☐ No ☐ - Is the patient aware of the level of commitment required regarding engagement & 'homework' out with planned sessions? Yes ☐ No ☐ - Is the patient currently appropriately engaging with the Service? Yes ☐ No ☐ - When considering the phase of psychologically informed intervention that is required - has the patient already had opportunity to acquire a psychologically informed understanding for the maintenance of their MH symptoms & to develop healthier psychological strategies to assist in managing episodes of anxiety/low mood? For example, in advance of making a referral to OT for graded exposure the patient should have received anxiety management education & advice. Yes ☐ No ☐ N/A

Alisdair is a 36 year old gentleman, with a diagnosis of depressive disorder with psychotic features. He is currently open to Dr Taylor, Psychiatrist and treated with Mirtazepine and Quetiapine. Following the recent traumatic death of his mum, ICPNT supported him. He has enduring paranoid thoughts and voices. He has severe social anxiety.

Ayrshire Mental Health Risk Assessment Framework v3

Date of Activity 27 October 2022 14:53 by Mr Jim Livingstone

Status Closed

Centre of Care Intensive CPN Team (E)

Ayrshire Mental Health Risk Assessment Framework**Assessment completed by**

Individual clinician

Note: Jim Livingstone C/N - ICPNT

Mental state**Mental state**

Amber

Note: Background : Referred to ICPNT for support and monitoring. Alisdair's mum had unfortunately died in a house fire, with Alisdair being in her home at the time. Alisdair had tried to reach his mothers room but been unable to open a fire door which had warped and expanded, thus not allowing him entry to her room. Following an urgent review by Dr Taylor he was referred to ICPNT. On arrival today, Alisdair let me into his home. Alisdair was wearing jogging bottoms and t-shirt, he was looking slight unkempt and dishevelled. Although, this has been his appearance throughout our level of support. His home is similarly untidy but has been no different throughout or period of involvement. There was reasonable eye contact throughout and a rapport was established. Alisdair spoke in a low quiet voice of normal rate and rhythm. The content of his speech was logical and easy to follow. His mood both objectively and subjectively was a little on the low side, but his affect was reactive appropriately. He is eating well, and sleep has improved over the last few night with the introduction of some short term Zopiclone. He describes some level level paranoid thoughts and voices, which have not increased in frequency or intensity since the untimely passing of his mum. He feels able to manage these and is not compelled to act upon them. There is no thoughts of self harm or suicidal ideation, no thoughts or plans to harm others. He has long standing issues with anxiety, mostly social anxiety and tends to not " spend much time out of the house ". He described a " panic attack " a number of weeks ago when he was outwith his sister but he returned to the car and was able after a period of time to " bring this under control". He describes ongoing concern for his step dad, feeling that he is " drinking far too much and might be dependant" During my last visit with Alisdair I had left some contact details for services and Alisdair advises me that his father has made contact with We are with you and has had a telephone consultation with Alisdair's step dad. Alisdair advises that this had reassured him " a little".

Engagement**Engagement with services**

Green

Note: Engaged well through period of support.

Medication management

Green

Note: Concordant with medication. Quetiapine, Mirtazepine and a short term course of Zopiclone.

Risk of absconding

Not applicable

Note: Community based patient.

Risk of suicide/self-harm

Risk of self-harm

Green

Note: No current thoughts of self harm

Risk of suicide

Green

Note: No current suicidal ideation, plan or intent

Risk of harm to or from others

Risk of harm to others

Green

Note: No thoughts of harm identified to others.

Abuse issues

Green

Neglect/Vulnerability issues (consider ASP/AWIA)

Green

Note: No issues identified from assessment.

Child protection concerns

Green

Note: No children

Child well-being concerns

Not applicable

Note: No children

Risk from substance misuse

Substance misuse

Green

Note: No issues identified from assessment. Some alcohol following the death of his mother on the Tuesday night in the company of his family. But nil since.

Social and personal risks

Support network

Green

Note: Alisdair describes family as close and currently mutually supportive.

Physical health

Not recorded

Occupation of time

Amber

Note: No real structure top his day. Spend most of his time watching "shit tv". Can become anxious whilst out in the community.

Housing and finances

Green

Note: No issues identified from assessment.

Any other issues

Any other issues

Green

Overall Impression of Risk

Overall Impression of Risk

Amber

Note: Rated amber due to pervasive paranoid thoughts and "voices" low level of intensity and haven't changed during period of supports.

Immediate Risk Management Plan

Immediate Risk Management Plan

Fully discussed and agreed with Alisdair.

- 1) Discharge from ICPNT
- 2) Follow up by CMHT - O/P - psychiatry. Refer for CPN as per Dr Taylor recommendation.
- 3) Has contact details for services over 24/7 and would access if needed.
- 4) Copy of assessment to GP

MacDonald, Alisdair

CHI Number 0402863410

Date of Birth 04-Feb-1986 (40y)

Sex Male

Document (V2)

Date of Activity 07 October 2022 14:02 by Dr. Michael Taylor (GMC3551145)

Status Closed

Centre of Care East Ayrshire CMHT

Document

Document

ZDr Mike Taylor2022Alistair MacDonald 040286 Update review.htm

Document type

Not known

Document details

Email sent to GP clinical mailbox following outpatient review

From: Taylor, Michael George
Sent: 08 October 2022 12:43
To: aa.Clinical_Practice_OldIrvineRoad_80414
Cc: Livingstone, Jim; Gilmore, Keith; Simpson, Diana; Taylor, Jenny
Subject: Alistair MacDonald 04/02/86

Categories: Red Category

Dear Dr.

I arranged to review this man urgently on Friday 7 October. I had been informed the previous day that his mother had died in a house fire while Mr MacDonald and his step father were also in the house. He tried to rescue her but her door had swollen during the fire and was jammed.

He has suffered from a Depressive Disorder with psychosis and anxiety outside related to paranoia for at least 9 years since this was diagnosed by his Psychiatrist Dr Lewis. Although he takes quetiapine he has never been fully free of auditory hallucinations of a derogatory nature and in recent months at least their content had been provoking arguments between him and his family. He does not elaborate any further on this.

He also has paranoid delusional beliefs that when he is outside he is at imminent risk of being attacked.

The concern is that he generally does not disclose his psychotic experiences unless asked directly about them and even then he tends to be vague and difficult to fully assess.

I assessed him with Charge nurse CPN Keith Gilmore and did not find any indication of any relapse of illness. He appeared traumatised and described his emotions as coming in waves and generally feeling 'in a haze'.

Due to the traumatic nature of this event and his need for close support as well as monitoring closely for the emergence of increased psychosis and depression including suicidal ideation, I have referred him for close follow up for the next couple of weeks by the Crisis Resolution Team and then after this to a CPN for fortnightly reviews. I have not recommended any change to his medication and he declined the offer of diazepam or a sleeping tablet at this stage. As he is still in the very early stages of trauma and grief, this may change in the coming days and weeks and I would be happy to advise on any prescription changes that may be necessary.

I had dictated a letter for urgent typing yesterday with full details of the assessment and plan but as this has not yet been completed or forwarded to you I have sent this summary by e-mail instead and copied to the CRT and CPN's for their information over the weekend and to share with their colleagues as necessary.

Kind Regards

Dr M Taylor
Consultant Psychiatrist

Ayrshire Mental Health Risk Assessment Framework v3

Date of Activity 07 October 2022 13:22 by Keith Gilmore

Status Closed

Centre of Care East Ayrshire CMHT

Ayrshire Mental Health Risk Assessment Framework

Assessment completed by

Not recorded

Mental state

Mental state

Amber

Note: Assessment carried out with Dr Taylor. Suffers from psychotic depression. Recent traumatic event where his mother was killed in a fire in the home. Alisdair was present that night and had attempted to save her but the door swelled and jammed. Alisdair reports feeling in a daze currently. He experiences waves of anger and frustration over the incident. Dr Taylor concerned, due to previous paranoia over family issues, Alisdair suffers a relapse of symptoms including hallucinations and delusional thoughts. Alisdair reports his depressive symptoms has been stable over the past few years so not keen on medication changes. States he feels numbed at the moment and he may require support during the grieving process. Alisdair reports the voices he hears have not increased in frequency or intensity but that his head feels all "buzzing". Remains visibly shocked by events. No thoughts of suicide but did mention he sometimes thinks it would have been less painful not to have woken and been killed in the fire.

Engagement

Engagement with services

Green

Note: No current issues.

Medication management

Green

Note: No issues noted.

Risk of absconding

Not applicable

Risk of suicide/self-harm

Risk of self-harm

Green

Note: No intent to harm self.

Risk of suicide

Green

Note: NO current thoughts or plans to kill self.

Risk of harm to or from others

Risk of harm to others

Green

Note: No issues identified.

Abuse issues

Green

Note: No issues identified.

Neglect/Vulnerability issues (consider ASP/AWIA)

Green

Note: No issues identified.

Child protection concerns

Not applicable

Child well-being concerns

Not applicable

Risk from substance misuse

Substance misuse

Not known

Social and personal risks

Support network

Green

Note: Reports currently staying with step dad [REDACTED]. Would like to return to his own home to "grieve" but this may lead to isolation. Reports sister lives across the road and brother has visited. Alisdair describes family as close and currently mutually supportive.

Physical health

Not known

Occupation of time

Not known

Housing and finances

MacDonald, Alisdair

CHI Number 0402863410

Date of Birth 04-Feb-1986 (40y)

Sex Male

Not known

Any other issues

Any other issues

Not known

Overall Impression of Risk

Overall Impression of Risk

Green

Note: 36 year old male with diagnosis of psychotic depression. Recent loss of mother in house fire may exacerbate symptoms leading to deterioration in mental state. Dr Taylor requesting ICPNT monitor mental state during this period to ensure any deterioration in depressive/psychotic symptoms can be managed appropriately.

Immediate Risk Management Plan

Immediate Risk Management Plan

Discussion with ICPNT

Dr Taylor will email ICPNT with details of presentation.

MacDonald, Alisdair

CHI Number 0402863410

Date of Birth 04-Feb-1986 (40y)

Sex Male

Results

Date of Activity 11 March 2019 10:15 by Irene Sinclair

Status Closed

Centre of Care East Ayrshire CMHT

Results

Document

ZIrene CMHTCMHTScansECG2019AM 3410 ECG.pdf

Document details

ECG Results

4 Feb 1986

Vent. rate

bpm

Normal sinus rhythm

Male Caucasian

PR interval

ms

Normal ECG

QRS duration

ms

QT/QTc

344/432 ms

PR axis

23° 59' 20"

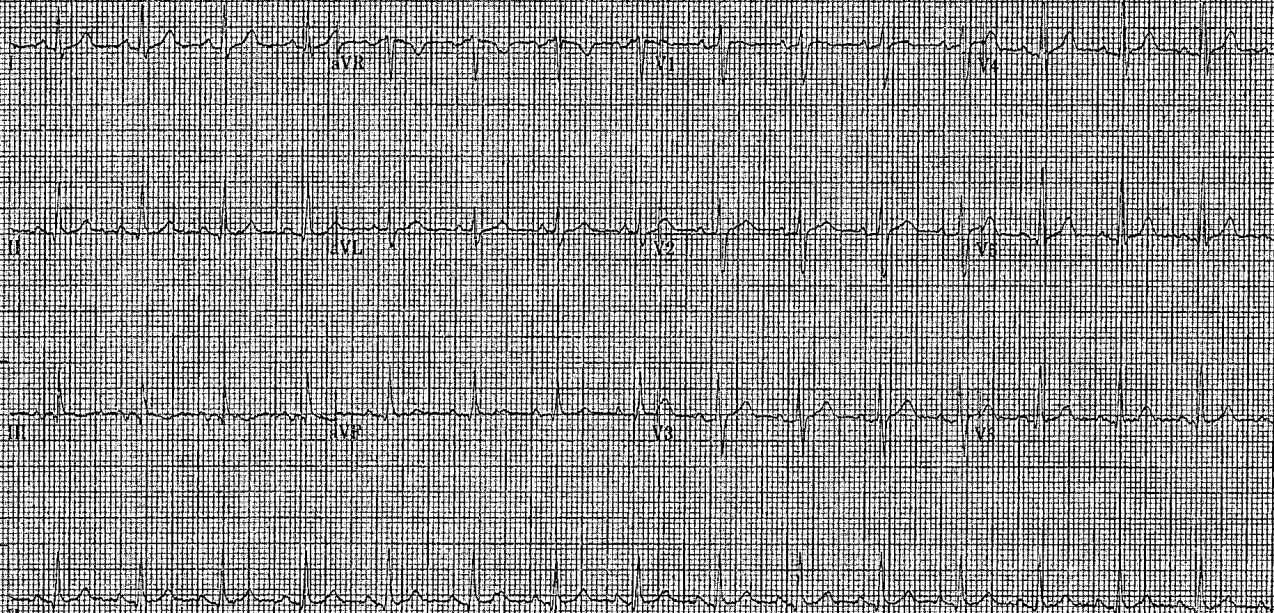
WMA COPY TO GP 10/5
File only

History Unknown
Technician: DJ
Fast Ind

RECEIVED 14 MAR 2013

Referred by: DR HENDERSON

Unconfirmed



150 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s rhythm lead

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Ayrshire Mental Health Risk Assessment Framework

Date of Activity 26 October 2016 10:30 by Joanne Reilly

Status Closed

Centre of Care East Ayrshire CMHT

Ayrshire Mental Health Risk Assessment Framework

Assessment completed by

Individual clinician

Note: Joanne Reilly, Occupational Therapist

Mental state

Mental state

Amber

Note: Alisdair reported he had experienced depression and paranoia for many years, however recognises this has been well managed with medication. Alisdair states his main issue now is anxiety and panic attacks, and he is unable to go out on his own. Alisdair reported that his anxiety levels were currently higher than usual and he attributed this to feeling unsettled and worried about his current housing situation as his brother has moved to his own tenancy and Alisdair is concerned he will not be able to stay in his current property for financial reasons. Alisdair reported poor sleep and increasingly vivid dreams which he described as a "warning sign" that he may be becoming unwell. Alisdair stated he was sleeping on the couch rather than using his bedroom. Alisdair also stated he was frequently distracted and losing concentration. Alisdair described low motivation in activities of daily living. Alisdair reported he had issues with alcohol in the past and for a few weeks recently had been drinking excessively as a way of self medicating for his anxiety. He stated he has now stopped this as he realised it was unhelpful and has only had a bottle of beer at his mother's socially in the past 2 weeks. Alisdair was appropriately dressed for appointment. Eye contact was intermittent throughout appointment and he appeared anxious and distracted at times. Responses were appropriate and Alisdair engaged well in the assessment process although became visibly restless and agitated towards end of appointment, and it was agreed to continue discussion at a further date.

Engagement

Engagement with services

Green

Note: Alisdair reports he has been attending Dr Nitu for some time and was due to see Dr Guthrie this afternoon for the first time. Alisdair previously attended OT screening appointment and appeared keen to engage, however recent arranged home visit for first assessment was wasted as Alisdair reported to feeling too anxious for visit. He engaged well at today's clinic appointment.

Medication management

Green

Note: Reports he is compliant with medication and recognises benefits of same. Alisdair reported that his mother phones him to remind him to take his tablets.

Risk of absconding

Green

Note: n/a, community patient

Risk of suicide/self-harm

Risk of self-harm

Green

Note: Alisdair denied any thoughts of self harm at assessment.

Risk of suicide

Green

Note: Alisdair denied any thoughts of suicide at assessment.

Risk of harm to or from others

Risk of harm to others

Green

Note: No identified risk of harm to others.

Abuse issues

Not recorded

Note: None disclosed at assessment

Neglect/Vulnerability issues (consider ASP/AWIA)

Green

Note: No evidence of neglect or vulnerability at assessment, however Alisdair has had periods of homelessness in the past which he attributes to his mental health.

Child protection concerns

Green

Note: No issues identified at assessment or recorded in notes. Alisdair has contact with his nephews whilst at his sister's and mother's house.

Risk from substance misuse

Substance misuse

Green

Note: No substance misuse disclosed at assessment. Alisdair reported he had issues with alcohol in the past and for a few weeks recently had been drinking excessively as a way of self medicating for his anxiety. He stated he has now stopped this as he realised it was unhelpful and has only had a bottle of beer at his mother's socially in the past 2 weeks.

Social and personal risks

Support network

Green

Note: Alisdair reports good family support from his brother, sister, mother and step-dad.

Physical health

Green

Note: Alisdair reported to having no physical health problems, although noted he had a significant weight gain over the past few years.

Occupation of time

Amber

Note: Alisdair reported that he lacks motivation and structure to his day. He enjoys spending time at his mothers where he gardens and plays computer games with his nephew. He listens to music, plays games on his phone and watches some TV at home although is often distracted. Previously enjoyed golf, darts, playing pool and going to the football with his brother but is unable to participate in these activities currently due to anxiety.

Housing and finances

Amber

Note: Alisdair described previously moving around a lot since the age of 14 including periods of homelessness, and attributed this in part due to paranoid thinking. He stated that he had been feeling more settled and safe in his current tenancy (a private let), however his brother has recently moved to his own tenancy and Alisdair is concerned he will not be able to stay in his current property for financial reasons. Alistair's brother plans to accompany him to Housing Options Team and Citizens Advice Bureau in the next few weeks to seek advice re this. Alisdair reported no financial difficulties and states he is able to manage his monies. He is in receipt of benefits - ESA (support group) and PIP.

Any other issues

Green

Note: No other issues raised during assessment.

Overall Impression of Risk

Green

Note: No risk to self or others identified at time of assessment

Immediate Risk Management Plan

Immediate Risk Management Plan

- Alisdair intends to speak to Dr Guthrie, Consultant Psychiatrist at today's out patient appointment to discuss medication and poor sleep.
- Alisdair intends to seek advice re his housing situation with the support of his brother. Also informed about Financial Inclusion Team, however referral declined at present time.
- Continue Occupational Therapy assessment
- Identify clear goals for treatment with Alisdair when he has clarified his housing situation which is his current priority.
- Anxiety management input. Self help materials provided on 18.10.16.
- Graded exposure treatment
- Sleep hygiene advice provided.
- Next appointment: 16.11.16 at 10am

Ayrshire Mental Health Risk Assessment Framework

Date of Activity 24 October 2013 11:58 by Ms Ashley Davidson

Status Closed

Centre of Care East Ayrshire CMHT

Ayrshire Mental Health Risk Assessment Framework**Assessment completed by**

Individual clinician

Mental state**Mental state**

Green

Note: Writer met with Alistair at Homeless accommodation in Dalmellington at request of Jim Young, this being due to writer covering the area of current residence. Alistair appeared relaxed, he advised that he has experienced a marked reduction in symptoms of anxiety and attributes this to being away from the situation of Kilmarnock. Alistair reports that he feels more able to go out and about in the Dalmellington area and feel safer within a small village setting. Alistair advised that over the first two days of being in the accommodation he felt increased anxiety, however does recognise that he had at that time gone from drinking heavily to not consuming any alcohol. He reports that these feelings have now passed and he feels calm. Alistair shared plans for the future with writer, advising of his plan to meet with both Addaction and Momentum over the next week. He also has plans to meet with the Digs Scheme in Kilmarnock, to facilitate his being able to move back to the Irvine valley area. Alistair advised that eh will be supported by his brother to do this. Alistair is in contact with his mother on a daily basis and feels well supported, he is aware of how to contact CMHT named nurse Jim Young and the duty service when required. Writer asked that Alistair keep Jim updated on his current residence to allow contact and advised that she can facilitate another visit if he remains in Dalmellington for any length of time. Alistair advised that eh hopes to view houses on Wednesday next week and move back to Irvine Valley area and will let Jim know what is happening.

Engagement**Engagement with services**

Green

Note: Poor history of engagement, advises that he plans to engage at this time and was available for writers visit today.

Medication management

Green

Note: Advised writer today that he is continuing to be concordant with medication and has not changed his GP at the moment as he plans to move back to Irvine valley area, reports having a enough medication to allow him to remain concordant

Risk of absconding

Green

Note: Not Applicable as is an informal community based patient

Risk of suicide/self-harm

Risk of self-harm

Green

Note: No risk of self harm identified, has stopped his harmful use of alcohol and plans to engage with add action and momentum to facilitate his success with this.

Risk of suicide

Green

Note: No risk of suicide reported. Evidence of future planning throughout assessemnt

Risk of harm to or from others

Risk of harm to others

Green

Note: Did not disclose any thoughts of harming others today, spoke about the attack which he was the victim of and did not express any thoughts of retaliation

Abuse issues

Green

Note: No abuse issues identified today

Neglect/Vulnerability issues (consider ASP/AWIA)

Amber

Note: Currently residing in homelessness accommodation which is approximately 30 miles away from any of his usual supports. Reports feeling slightly isolated, however is managing to get out and about due to not feeling threatened the way he did when staying in kilmarnock.

Child protection concerns

Green

Note: No dependant children

Risk from substance misuse

Substance misuse

Amber

Note: Alistair advised today that his use of alcohol increased hugely following his attack, he advised that he has now stopped drinking after the realisation that his situation was only being hindered by his continued use of alcohol. He reports that this has improved his relationship with his mother and he has plans to engage with Add action and Momentum to look at his continued abstinence

Social and personal risks

Support network

Amber

Note: Reports that since his attack he has been living with family, however this arrangement became untenable last week due to Alistair's increased use of alcohol. Alistair reports that since being made homeless he has been abstinent from alcohol and that this has improved his relationships with his mum and brother. Unfortunately at the moment the available homelessness accommodation is 30 miles away from family supports. Has daily telephone contact with mum.

Physical health

Green.

Note: No issues identified

Occupation of time

Amber

Note: Currently residing in homeless accommodation in Dalmellington, this is allowing him to get out of the house more and has been enjoying walks in local area, is familiar with area as previously camped in loch doon many years ago. Has been reading books as has no tv at the moment, was asking writer where the library was and planned to go a walk there today.

Housing and finances

Amber

Note: Currently residing in a homeless flat in Dalmellington. Plans to meet with the digs scheme on Wednesday next week to attempt to secure housing in the Irvine Valley area.

Any other issues

Green

Note: Has current outstanding warrants for unpaid fines.

Overall Impression of Risk

Amber

Note: Currently rated AMBER due to instability of social situation and ongoing reports of feelings of social vulnerability. Alistair currently abstinent from alcohol, however this has only been for 1 week and risks of vulnerability are changeable dependent of substance use.

Immediate Risk Management Plan

Immediate Risk Management Plan

Alistair is currently dealing with his homelessness issues and has meeting arranged to address this, is currently safe in a homeless accommodation in Dalmellington.

Has two meetings arranged with Addaction and momentum to address alcohol issues.

Currently making appropriate choices to improve situation and improve mental health.

To contact Jim Young to keep him abreast of current situation and place of residence as this changes.

Is aware of appropriate contact numbers to seek supports when required.

Ayrshire Mental Health Risk Assessment Framework

Date of Activity 14 October 2013 15:56 by Mr Jim Young

Status Closed

Centre of Care East Ayrshire CMHT

Ayrshire Mental Health Risk Assessment Framework

Assessment completed by

Individual clinician

Mental state

Mental state

Amber

[REDACTED]

-he presented an hour later with his belongings in a bin bag after being put -admitted drinking heavily over past few weeks, 'whatever I can get my hands on' and admitting this has been a problem in varying degrees for many years. -saying he 'cant cope' and 'can't function' due to his anxieties, claiming to have had two panic attacks already this afternoon and that he needed help. -I pointed out that help and support has already been provided by CRT and psychiatrist and that I had planned to continue this. he apologised for missing last weeks appointment as he 'forgot'. -I pointed out that his main problems at present are homelessness and alcohol and that he required to address these first. -when he again stated he would not cope in hostel situation I had discussion with C/N Jim Livingstone, CRT, and Dr Nitu, both of whom have seen him recently and both agreed on minimal risk issues present, that he had made lifestyle choices and that presenting at homeless offices with a view to hostel accomodation was only option. -I spoke with him again along with C/N Livingstone and again explained his options and he reluctantly accepted this. -I have stressed importance of contacting Addictions Service for assistance in addressing his alcohol problem and that I would see him again as arranged on 22nd. -he has been provided with appropriate contact numbers and how and when to utilise them.

Engagement

Engagement with services

Green

Note: Two previous failed arranged contact since transfer from CRT but he continues to insist he is committed to engaging with service.

Medication management

Green

Note: Some doubts being expressed by family that he may not be taking medication as prescribed, however Alista insists he remains fully concordant.

Risk of absconding

Not applicable

Risk of suicide/self-harm

Risk of self-harm

Green

Note: No identified risks in this domain

Risk of suicide

Green

Note: No identified risks in this domain

Risk of harm to or from others

Risk of harm to others

Green

Note: No identified risks in this domain, however historically has been assaultive "when unwell"

Abuse issues

Green

Note: No problem identified

Neglect/Vulnerability issues (consider ASP/AWIA)

Amber

Note: Vulnerability risk raised as he is now homeless after being put out of mum's house.

Child protection concerns

Green

Note: No problem identified

Risk from substance misuse

Substance misuse

Red

Note: Admission in 2011 to Ailsa was suggested to be drug induced, which Alistair denied. He current denies any substance use. He suggest that he has used alcohol in the past when experiencing symptoms of illness. Today admitted drinking heavily over past few weeks, 'whatever I can get my hands on' and admitting this has been a problem in varying degrees for many years. Stole money from mum at weekend for alcohol.

Social and personal risks

Support network

Amber

Note: Family have been very supportive and he has been back in family home since recent assault, however they can no longer cope with his behaviour and put him out. He is now homeless but family remain very concerned and supportive.

Physical health

Green

Note: No identified risks

Occupation of time

Amber

Note: No structure to his day, and current anxieties outwith the home are reducing his ability to improve his situation.

Housing and finances

Red

Note: Family have been very supportive and he has been back in family home since recent assault, however they can no longer cope with his behaviour and put him out. Now homeless and plans to attend St Andrews Hostel this evening.

Any other issues

Amber

Note: Has current outstanding warrants for unpaid fines.

Overall Impression of Risk

Amber

Note: Rated AMBER due to current social situation on top of existing vulnerability

Immediate Risk Management Plan

Immediate Risk Management Plan

- I pointed out that his main problems at present are homelessness and alcohol and that he required to address these.
- when he again stated he would not cope in hostel situation I had discussion with C/N Jim Livingstone, CRT, and Dr Nitu, both of whom have seen him recently and both agreed on minimal risk issues present, that he had made lifestyle choices and that presenting at homeless offices with a view to hostel accomodation was only option.
- I spoke with him again along with C/N Livingstone and again explained his options and he reluctantly accepted this.
- I have stressed importance of contacting Addictions Service for assistance in addressing his alcohol problem and that I would see him again as arranged on 22nd.
- he has been provided with appropriate contact numbers and how and when to utilise them.

Mental Health Unscheduled Care ICP Assessment V2

Date of Activity 03 September 2013 14:01 by Mr Jim Livingstone

Status Closed

Centre of Care Intensive CPN Team (E)

Presentation

Source of current referral

Other NHS

Note: NHS 24

Reason for referral

S.
ADOC G.P. attended following mum raising concerns that Alistair had been behaving bizarrely made attempts to jump out of ground floor window and was talking to his dog and was hearing voices.

Assessment type

Discharge assessment

Current contact with other services

No

Carer's perspective of current problems and interventions

Not Recorded

Current medication

Has been commenced on Quetiapine with which he is concordant and tolerating well

Side-effects of prescribed medication

No problem

Risk

Risk to self

Low apparent risk

Note: Nil noted current, though previous self-reported attempts at suicide O/D and jumping from bridge.

Risk to others

Low apparent risk

Note: No current risk perceived by visiting staff. Alistair did inform staff that he has had previously served time in prison in Holland (5 months) for stabbing his father. Has subsequent charges for Breach of the Peace, assault and resisting arrest - Has outstanding warrants for unpaid fines

Personal and social history

Gender based violence

Was routine gender based violence enquiry carried out?

Not recorded

Why was gender based violence enquiry not possible?

Not recorded

Did disclosure take place?

Not recorded

Psychological well-being

Behaviour

Alcohol or substance misuse

Moderate problem

Note: See assessment

Eating problems

Not recorded

Cognition

Memory

Not recorded

Attention and concentration

Not recorded

Mental health

Thought disorganisation

Not recorded

Delusions

Not recorded

Hallucinations

Moderate problem

Note: See assessment

Elated or expansive mood

Not recorded

Depressed mood and ideation

Moderate problem

Note: See Assessment

Obsessional ideas and compulsive behaviour

Not recorded

Intrusive ideation

Not recorded

Anxiety, phobias and panics

Severe problem

Note: See Assessment

Somatic preoccupations

Not recorded

Lowering of energy, drive or interest

Not recorded

Self-esteem

Not recorded

Sleep disturbance

Mild problem

Note: Some difficulties with onset although improvement noted on Quetiapine

Physical

Physical health condition

Not recorded

Physical impairment or disability

Not recorded

Activities of daily living and life skills

Work/vocational/educational performance

Not recorded

Family, friends and carers

Relationship with close family

Not recorded

Relationships with others close by

Not recorded

Social circumstances

Housing

Not recorded

Financial situation

Not recorded

Daytime activity

Not recorded

Social vulnerability

Not recorded

Involvement in recovery

Involvement in treatment and care

Not recorded

Crisis arrangements

Discharge from Crisis

Awaiting appointment from CPN

WILL BE FURTHER REVIEWED BY dR nITU

Capacity to consent to care and treatment

Sufficient information provided?

Not recorded

Does the person have capacity

Understand the information given to them that is relevant to the decision

Not recorded

Retain that information long enough to be able to make the decision

Not recorded

Use or weigh up the information as part of the decision-making process

Not recorded

Communicate their decision

Not recorded

Is consent valid?

Not recorded

Is the consent given voluntarily?

Not recorded

Summary**Summary of Assessment****HOME VISIT FOR THE PURPOSE OF DISCHARGE****Background**

ADOC G.P. attended following mum raising concerns that Alistair had been behaving bizarrely made attempts to jump out of ground floor window and was talking to his dog and was hearing voices. Alistair is a 27 year old male, originally from Glasgow he reportedly had a stay at Ailsa around 12 years ago where he was diagnosed with a drug induced psychosis, this is yet to be corroborated though he reports he was prescribed Haloperidol. Alistair had recently been assaulted (last week) where he had part of his left ear bitten off.

Initial assessment : Alistair was initially uncommunicative, looking out window, however following around five minutes began engaging when a reasonable rapport was established. He describes years of torment since he was a child he reports being "institutionalised from age 13 in various residential schools. He described hearing voices "some inane" and some specific voices describing an old deceased friend Dave speaking in a derogatory nature and other voices telling him to run away or disappear, he gives an account of continually running away or indeed moving area reporting that he has been and worked in six countries. He spoke of a period where he worked in Holland following his admission 11 years ago with his dad, he gives an account of tense relationship with him and stated that he had stabbed him in response to the voices. He denies being under the influence during this and mentioned "that's not right to do that to my dad". (got five and a half months in Holland prison). There was no indication of him responding to voices or of being pre-occupied by such. He did however appear somewhat agitated at times slightly banging his head with his hands. He gives an account of anxiety "paranoia" no pleasure lack of sleep "no sleep, i can nod off through the day". He did admit that his anxiety has heightened since he was assaulted, appetite appears intact. He denies current drug use though previous historic Cannabis use.

Alistair also given an account of frequent "blackouts" where he will have periods of around two weeks where he has no recollection of events, he denies alcohol use during these blackouts, though does admit to alcohol use, nearly daily though did not quantify and did not appear intoxicated today. He reports having previous alcohol counselling through Ayrshire council on alcohol though had reportedly DNA'd a number of G.P. appointments that his mum had arranged for him. He states that he never discusses his issues with professionals and states today was the most he had ever spoken to anyone. Alistair also reported to having been charged for police assault, common assault and Breach of Peace. There was no indication of risk to others/staff however during assessment. With regards to thoughts of suicide Alistair reports that he has previously attempted suicide by overdosing on girlfriend's Insulin and having jumped off a bridge where he broke his back. There was no indication during assessment of suicide planning though he spoke of an urge to "run away" though this was not deemed imminent.

Current presentation

Following support by Crisis Team and review at outpatient clinic by Dr Nitu, Alistair has been commenced on Quetiapine which in Alistair's own words has improved his sleep pattern and settled the noise in his head. He certainly appears to be engaged better during visits and his mood whilst a little flat is showing some evidence of reactivity. He continues to discuss his difficulties without the home and his anxieties and avoidance behaviours related to this.

He denies current drug use, and minimal alcohol use although I strongly suspect he is minimising his alcohol use. No current suicidal ideation, plan or intent

Plan :

Awaiting allocation of CPN

Will be reviewed at OPC

Has all relevant service details to contact in the interim

Immediate plan of care

Discharge from Crisis

Awaiting appointment from CPN

WILL BE FURTHER REVIEWED BY dR nITU

Ayrshire Mental Health Risk Assessment Framework

Date of Activity 03 September 2013 14:00 by Mr Jim Livingstone

Status Closed

Centre of Care Intensive CPN Team (E)

Ayrshire Mental Health Risk Assessment Framework

Assessment completed by

Individual clinician

Mental state

Mental state

Amber

Note: Alistair has been commenced on Quetiapine which in Alistairs own words has improved his sleep pattern and settled the noise in his head. He certainly appears to be engaged better during visits and his mood whilst a little flat is showing some evidence of reactivity. He continues to discuss his difficulties with the home and his anxieties and avoidance behaviours related to this.

Engagement

Engagement with services

Green

Note: Has never historically engaged with services although appears committed to his recovery at present and fully engaged in contact

Medication management

Green

Note: Concordant with Quetiapine

Risk of absconding

Not applicable

Risk of suicide/self-harm

Risk of self-harm

Green

Note: No identified risks in this domain

Risk of suicide

Green

Note: No identified risks in this domain

Risk of harm to or from others

Risk of harm to others

Green

Note: No identified risks in this domain. Historically has been assaultive "when unwell".

Abuse issues

Green

Neglect/Vulnerability issues (consider ASP/AWIA)

Green

Child protection concerns

Green

Risk from substance misuse

Substance misuse

Amber

Note: Admission in 2011 to Ailsa was suggested to be drug induced, which Alistair denied. He currently denies any substance use. He suggests that he has used alcohol in the past when experiencing symptoms of illness. He states that his current use is minimal/recreational although I strongly suspect that he is minimising his use.

Social and personal risks

Support network

Green

Note: Currently back living with parents who appear supportive

Physical health

Green

Note: No identified risks

Occupation of time

Amber

Note: No structure to his day, and current anxieties outwith the home are reducing his ability to improve his situation

Housing and finances

Green

Any other issues

Amber

Note: Has current outstanding warrants for unpaid fines.

Overall Impression of Risk

Amber

Note: Rated amber due to current mental health which is improving although will require monitoring. Substance misuse and alcohol are likely to variable to his risks dependant on his usage.

Immediate Risk Management Plan

Immediate Risk Management Plan

Discharge from Crisis

Awaiting CPN

REVIEW AT opc

Has all relevant service numbers to access

MacDonald, Alisdair

CHI Number 0402863410

Date of Birth 04-Feb-1986 (40y)

Sex Male

Care Plan from Profiler

Date of Activity 16 September 2013 00:00 by Legacy Import

Status Closed

Centre of Care East Ayrshire CMHT

Attachment

Care Plan PDF

CarePlan_6704327.pdf

Identified needs/strengths

Priority	Description
Nominated	Hallucinations and other perceptual abnormalities
Nominated	Sleep disturbance
Nominated	Depressed mood and ideation
Nominated	Alcohol or substance misuse
Prioritised	Anxiety, phobias and panics

Goals

Description	Person Responsible	Target	Attainment	Date Attained
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Planned Care

Description	Frequency
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Mental Health Unscheduled Care ICP Assessment V2

Date of Activity 05 August 2013 09:02 by Mr Graham Kane

Status Closed

Centre of Care Intensive CPN Team (S)

Presentation

Source of current referral

GP

Note: ADOC G.P.

Reason for referral

S.
ADOC G.P. attended following mum raising concerns that Alistair had been behaving bizarrely made attempts to jump out of ground floor window and was talking to his dog and was hearing voices.

Assessment type

New

Current contact with other services

No

Carer's perspective of current problems and interventions

Mum feels Alistair is unwell and reports she is struggling.

Current medication

Nil.

Side-effects of prescribed medication

No problem

Risk

Risk to self

Low apparent risk

Note: Nil noted current, though previous self-reported attempts at suicide O/D and jumping from bridge.

Risk to others

Low apparent risk

Note: No current risk perceived by visiting staff. Alistair did inform staff that he has had previously served time in prison in Holland (5 months) for stabbing his father. Has subsequent charges for Breach of the Peace, assault and resisting arrest - no current charges pending or involvement with criminal justice.

Personal and social history

Gender based violence

Was routine gender based violence enquiry carried out?

No

Why was gender based violence enquiry not possible?

Not relevant as already carried out

Did disclosure take place?

No

Psychological well-being

Behaviour

Alcohol or substance misuse

Moderate problem

Note: See Assessment.

Eating problems

No problem

Cognition

Memory

Moderate problem

Note: See assessment re-blackouts.

Attention and concentration

No problem

Mental health

Thought disorganisation

No problem

Delusions

No problem

Hallucinations

Moderate problem

Note: See assessment.

Elated or expansive mood

No problem

Depressed mood and ideation

Mild problem

Obsessional ideas and compulsive behaviour

No problem

Intrusive ideation

No problem

Anxiety, phobias and panics

Moderate problem

Note: See assessment.

Somatic preoccupations

No problem

Lowering of energy, drive or interest

No problem

Self-esteem

No problem

Sleep disturbance

Moderate problem

Physical

Physical health condition

No problem

Physical impairment or disability

No problem

Activities of daily living and life skills

Work/vocational/educational performance

Mild problem

Note: REports to working in a number of jobs (sales). Not currently working

Family, friends and carers

Relationship with close family

No problem

Relationships with others close by

No problem

Social circumstances

Housing

Not known

Financial situation

No problem

Daytime activity

No problem

Social vulnerability

No problem

Involvement in recovery

Involvement in treatment and care

No problem

Crisis arrangements

R.
Given the lack of background regarding Andrew, his reporting of voices/paranoia and distress associated by such, ongoing ACRH/T assessment/input and request for soon medical assessment.
request medical notes. (previous admission to ailsa 11/12 years ago.
Contact numbers given to Alistairs mum who will contact as/if required.

Capacity to consent to care and treatment

Sufficient information provided?

Yes

Does the person have capacity

Understand the information given to them that is relevant to the decision

Yes

Retain that information long enough to be able to make the decision

Yes

Use or weigh up the information as part of the decision-making process

Yes**Communicate their decision**

Yes

Is consent valid?

Yes

Is the consent given voluntarily?

Yes

Summary**Summary of Assessment**

S.

ADOC G.P. attended following mum raising concerns that Alistair had been behaving bizzarely made attempts to jump out of ground floor window and was talking to his dog and was hearing voices.

B.

Alistair is a 27-year old male, originally from Glasgow he reportedly had a stay at Ailsa around 12 years ago where he was diagnosed with a drug induced psychosis, this is yet to be corroborated though he reports he was prescribed Haloperidol. Alistair had recently been assaulted (last week) where he had part of his left ear bitten off.

A.

Assessed jointly with C/N Jacqueline Nisbett. Alistair was initially uncommunicative, looking out window, however following around five minutes began engaging when a reasonable rapport was established. He describes years of torment since he was a child he reports being "institutionalised from age 13 in various residential schools. He described hearing voices "some inane" and some specific voices describing an old deceased friend Dave speaking in a derogatory nature and other voices telling him to run away or dissappear, he gives an account of continually running away or indeed moving area reporting that he has been and worked in six countries. He spoke of a period where he worked in Holland following his admission 11 years ago with his dad, he gives an account of tense relationship with him and stated that he had stabbed him in response to the voices. He denies being under the influence during this and mentioned "that's not right to do that to my dad". (got five and a half months in Holland prison). There was no indication of him responding to voices or of being pre-occupied by such. He did however appear somewhat agitated at times slightly banging his head with his hands. He gives an account of anxiety "paranoia" no pleasure lack of sleep "no sleep, i can nod off through the day". He did admit that his anxiety has heightened since he was assaulted, appetite appears intact. He denies current drug use though previous historic Cannabis use.

Alistair also given an account of frequent "blackouts" where he will have periods of around two weeks where he has no recollection of events, he denies alcohol use during these blackouts, though does admit to alcohol use, nearly daily though did not quantify and did not appear intoxicated today. He reports having previous alcohol counselling through Ayrshire council on alcohol though had reportedly DNA'd a number of G.P. appointments that his mum had arranged for him. He states that he never discusses his issues with professionals and states today was the most he had ever spoken to anyone.

Alistair also reported to having been charged for police assault, common assault and Breach of Peace. There was no indication of risk to others/staff however during assessment. With regards to thoughts of suicide Alistair reports that he has previously attempted suicide by overdosing on girlfriends Insulin and having jumped off a bridge where he broke his back. There was no indication during assessment of suicide planning though he spoke of an urge to "run away" though this was not deemed imminent.

R.

Given the lack of background regarding Andrew, his reporting of voices/paranoia and distress associated by such, ongoing ACRHTT assessment/input and request for soon medical assessment. request medical notes. (previous admission to ailsa 11/12 years ago. Contact numbers given to Alistairs mum who will contact as/if required.

Immediate plan of care

R.
Given the lack of background regarding Andrew, his reporting of voices/paranoia and distress associated by such, ongoing ACRHTT assessment/input and request for soon medical assessment.
request medical notes. (previous admission to ailsa 11/12 years ago.
Contact numbers given to Alistairs mum who will contact as/if required.

Ayrshire Mental Health Risk Assessment Framework

Date of Activity 04 August 2013 19:38 by Mrs Jacqueline Nisbet

Status Closed

Centre of Care Intensive CPN Team (S)

Ayrshire Mental Health Risk Assessment Framework

Assessment completed by

Other

Note: Joint assessment with S/N G Kane

Mental state

Mental state

Amber

Engagement

Engagement with services

Amber

Note: Historically has been in contact with mental health services although reports that he has never attended follow up arrangements. Not currently involved with any services although previous admission to Ailsa Hospital 11 years ago.

Medication management

Green

Risk of absconding

Amber

Note: Describes wanting to "start afresh" and has done this many times over his adult life. Staying with mother at the moment who he has consented to contacting services if she feels this risk increases. Has agreed to stay with mother throughout duration of any community service involvement.

Risk of suicide/self-harm

Risk of self-harm

Green

Note: No concerns raised.

Risk of suicide

Green

Note: No concerns raised.

Risk of harm to or from others

Risk of harm to others

Amber

Note: No current risk perceived by visiting staff. Alistair did inform staff that he has had previously served time in prison in Holland (5 months) for stabbing his father. Has subsequent charges for Breach of the Peace, assault and resisting arrest - no current charges pending or involvement with criminal justice.

Abuse issues

Green

Note: No concerns raised.

Neglect/Vulnerability issues (consider ASP/AWIA)

Green

Note: No concerns raised.

Child protection concerns

Green

Note: No concerns raised.

Risk from substance misuse

Substance misuse

Amber

Note: History of illicit substance use although denies any recent use. Describes long history of alcohol use although not drinking daily advised that he does drink for long periods of time when he does - vague about intake and has in the past seen ACA.

Social and personal risks

Support network

Green

Note: No concerns raised.

Physical health

Green

Note: Right ear bitten off 1/52 ago following altercation - attending GP surgery for suture care. No other physical health problems reported.

Occupation of time

Green

Note: Currently unemployed and has no structure to day.

Housing and finances

Green

Note: On unemployment benefits and has local authority tenancy but currently living with mother.

Any other issues

Green

Note: No concerns raised.

Overall Impression of Risk

Green

Immediate Risk Management Plan

Immediate Risk Management Plan

