

University Hospital Ayr
Dalmellington Road
Ayr

MMA Legal Limited
Stok
43-59 Princes Street
Stockport
SK11RY

Date 20/05/2026
Our Ref MF\604873298
Your Ref 100258
Enquires to Maryann
Telephone 01292 616452

E-mail Maryann.Findlay@aapct.scot.nhs.uk

Dear Sir/Madam

RE: Archie Kennedy Brown,Stok,43-59 Princes Street,Stockport,SK11RY

I refer to your recent request to myself regarding the above and enclose the relevant documents. I would be grateful if you could return the tear-off slip confirming receipt.

Yours faithfully,



Mr R H Bryden
Head of Health Records Services

Please return to: Maryann, Health Records, University Hospital Ayr, Dalmellington Road, Ayr, KA6 6DX
I acknowledge receipt of the copies of medical records pertaining to: Archie Kennedy Brown
604873298

Signed: _____

Date: _____

Designation: _____

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Assessed 8th May 2026 at 15:46**Summary of contact/details****DUTY:**

"Archie tearful on the phone asking to speak to Crisis. Said he is not keeping to himself, not doing what he is supposed to be doing, struggling but trying his best to manage. Nothing is working and he needs help."

Phone contact to Archie. He was not distressed however conversation slightly bizarre which is not unusual for him. He said he has been doing inappropriate things online. he was quite vague about this, suggesting he could go to jail and later saying it was to do with people talking about voting and falling out with others online. Archie feels like he is an evil mastermind. He mentioned his mum and dad putting pressure on him and this causing him stress.

No evidence of risk to self or others.

Reports to be concordant with medication but said he is also drinking vodka every second night and using cannabis. Plans to use smoking patches to stop smoking but also wants to reduce cannabis. Archie speaking negatively about his situation and having nothing else he could try to help. Discussed we are with you. Archie agreed to contact them and was thankful for call. NFA from duty.

Assessed 24th Apr 2026 at 16:32**Summary of contact**

Diagnosis: Emotional Unstable Personality Disorder
Previous Psychotic Episode

Psychiatric Medication: Aripiprazole 10mg
Melatonin 8mg MR

Recommendations/Plan: review in 6 to 8 months time
encouraged to utilise techniques in order to minimise stress/distress
no change to current medication

Writer called Archie as planned on 24th April 2026 for review purposes of his mental health. Prior to today's review Writer had contact with Archie's mum [REDACTED]. Archie had also contacted Duty Service a couple of weeks ago in regards to increased stress as a result of his parents. On both occasions appropriate advice and ongoing support was offered.

Today Archie reports everything is just the usual in regards to being "stressed out with his parents". A lot of today's review revolved around Archie's historical and current relationship issues in regards to his parents. He reports their current interference is in regards to throwing things out of his house that he does not necessarily want thrown out. He did acknowledge that he is aware his parents are worried about "me". Equally Archie highlighted that he is concerned about them due to their physical health but also that he would like both of them to "mellow out" instead of shouting and raising profanities towards each other frequently. He is aware they are unlikely to change in regards to their behaviour in the future but he can change how he reacts to this. Archie highlighted that they have always been furtive towards him and say fairly frequently disparaging comments such as "nobody will want you". Archie did acknowledge that his parents generally want him in the Ailsa when "the tough gets going" in regards to his mental health.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

We spoke about his recent Duty contact which he reports was a result of everyone encouraging me to make contact in order to "get back on the tablets". "You are sick and you are not right in the head".

Archie did acknowledge that he feels he has a mental illness but attributes this to learned behaviour of his parents as opposed to having a true mental illness. He does, however, recognise that he requires to be concordant with his medication now but equally feels he needs some form of anger management. He is aware this is outwith the remit of the CMHT. He feels equally that his hoarding is a problem, again he attributes this to being passed on from his parents.

There did appear to be some contradiction in regards to Archie currently taking his medication with the previous correspondence with his mum highlighting that he was concerned about his mental health due to him not taking his tablets. Archie today reports that he has continued to take his medication although highlighted above he was encouraged to "get back on his tablets". He did, however, emphasise that previously he has consistently said he felt better off his tablets and was never keen on commencing his medication. Highlighting that previously when he took his medication it nearly "killed me" and on further exploration he described he felt his soul leaving his body with his mum having to press his spirit down. This led Archie to discuss, like he has done previously, spiritualist side, adding that he has always had an interest in the spiritual side. Archie spoke of having prophetic dreams in the past that made him aware of someone close to him was due to pass away. Some of this seemed cryptic on Archie's description. Given one example whereby the spirit told him the letter "J" and soon after his Uncle John had passed away. He feels he has always been able to pick up on energy and as a result can feel if anything right or wrong has occurred in that location. He reports also practicing tarot cards in the past.

Archie reports he tends to spend his day between trying to tidy his house up and declutter in general, out in his garden and visiting friends. He would one day like to return to hairdressing.

In regards to Archie's mental health overall he reports every day is different, whereby he has good and bad days. There was no apparent mood dysregulation highlighted today, although as above he did elude to being stressed out as a result of his parents and others. We spoke about some ways of mitigating this especially not reacting to situations at times, as well as having time away from each other on occasion.

Archie also eluded to his phone being hacked and on further exploration there may well be some justification in this as opposed to a possible delusional aspect as he appeared to describe some form of mail and adware popping up. He highlighted that his nephews have looked at it and have been unable to resolve it. Equally he received a call the other night there from another male who was sexually explicit during this call. However, Archie was able to rationalise this out adding that the other male could have got his number from a previous dating site.

In regards to Archie's current Cannabis intake he reports he takes 2 to 3 per night. Like previous review aware of the potential impact Cannabis can have on his mental health short and long term. He has no inclination of discontinuing this.

Mental Health Examination

Archie was pleasant and affable throughout the conversation. His speech was normal in rate, rhythm and intonation. Mood described as up and down generally but objectively sounded euthymic with a reactive affect. He did elude periodically throughout the review to being stressed out and attributed this to the friction between him and his parents. Sleep continues to be poor overall but slightly better than the previous review. No major concerns regarding his appetite highlighted. No imminent suicidal thoughts, plans or intent, although did acknowledge some fleeting thoughts from time to time. He reported that he takes an additional Aripiprazole on these occasions in order to manage. He has been encouraged to utilise other ways of coping and seeking support if and when these thoughts arise in the future. No cognitive deficits evident or reported.

Although Archie continues to describe what can be considered bazaar thoughts these did not appear delusional in content. He had no abnormal perceptions evident or reported.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Overall Archie appears to have an insight into his mental health and in particular how stress etc can impact this. Although there is a slight reservation based on today's review with regards to Archie fully acknowledging his diagnosis. Although reassuringly there was no evidence of any relapse indicated such as disjointed thoughts, focussing on World's injustices etc. Writer is mindful that a culmination for example of increased stress and non-concordance with his medication could alter this.

Archie is aware that he can make contact with the Team prior to the next review if he has any concerns.

Assessed 15th Apr 2026 at 17:20**Summary of contact/details**

Duty call - Archie reporting to be struggling with culmination of stressors mainly related to the relationship he holds with his parents - allowed to offload offering support and reassurance throughout. Archie ended the call after 20 minutes in a better frame of mind advising that he didn't want to take up anymore of my time given it was now after 5pm. Encouraged to utilise his love of music for distraction this evening.

Assessed 25th Mar 2026 at 15:56**Summary of contact/details**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Plan-

[REDACTED]

Assessed 9th Sep 2025 at 16:12**Summary of contact**

Diagnosis: Emotionally Unstable Personality Disorder
Psychotic episode previously
Psychiatric Medication: Melatonin 8mg MR nocte
Aripiprazole 10mg

Recommendations/Plan: 1. No change to current medication
2. Review in 8 to 9 months' time

Archie attended his planned review at Millan Suite on 9 September 2025. Archie presented as reasonably well and was affable and pleasant throughout.

Archie reports periods of low mood, feeling unmotivated and lacking enthusiasm particularly over the summer months. He was able to attribute this to feeling more isolated as has had little contact with his family over recent months. This was due to his

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Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

mum requiring a knee replacement and being unable to get out as much as she would like. He reports that he is trying to get out walks as often as he can but his arthritis in his back and lower legs has prevented him from doing so as much as he would like. Like the previous reviews we did discuss about the possibility of Archie returning to Three Sixty support. Archie acknowledged that he probably needs to do so, in particular with the winter months coming up, whereby he struggles even more with regards to his mood he reports. He does try and keep himself busy around the house tending to his cats as well as his garden, whereby over recent months he has produced tomatoes, cucumbers and potatoes which he uses for himself and gives away to others. We spoke about having plans on a daily basis in order to add structure to them, thus reducing his lack of motivation, enthusiasm and lowering of mood.

In regards to Archie's medication feels that it is still beneficial. Although his sleep could still be broken even though he is on melatonin 8mg. He has been having occasional nightmares. He attributes his chronic poor sleep as a result of doing nightshifts whilst working with Travelodge and feels he has never really recovered in this regard.

ARCHIE BROWN 20 ARTHURSTON TERRACE, COYLTON, AYR, AYRSHIRE, KA6 6HY

CHI No: 0604873298

Archie presented as reasonably well-kempt with no obvious evidence of self-neglect. A good rapport established and good eye contact maintained throughout. His speech was normal in rate, rhythm and intonation. His mood was described low at times over recent months, but objectively appeared euthymic today, with a reactive affect. His sleep continues to be problematic. It can be broken on occasion. In regards to his appetite he is trying to eat more healthier but no reports of any significant weight loss or anything. There are no cognitive deficits evident or reported. There are no suicidal thoughts, plans or intent evident or reported. The thought content, stream and possession were intact and no abnormal perceptions reported. Overall Archie's mental health appears to be in a good place and in keeping with his current diagnosis. Archie did enquire about a form being completed in regards to renewing his bus pass which the Writer promptly done whilst Archie was in attendance. Archie is aware he can make contact with the Team prior to his next review if he has any concerns.

Yours sincerely

Assessed 15th Jul 2025 at 12:01

Summary of contact
I am sorry you were unable to attend your planned review on 15th July 2025 at Millan Suite, Ailsa Hospital. A further appointment will be sent out in the future. If you have any concerns in the meantime please do not hesitate to make contact.

Assessed 7th Jan 2025 at 10:32

Summary of contact
ARCHIE BROWN 20 ARTHURSTON TERRACE, COYLTON, AYR, AYRSHIRE, KA6 6HY CHI No: 0604873298 Diagnosis: Emotionally Unstable Personality Disorder Psychotic Episode previously Psychiatric Medication: Melatonin 6mg MR nocte Aripiprazole 10mg daily Recommendations/Plan: 1. Review in six months' time. 2. Increase Melatonin to 8mg MR nocte. Archie attended his review on 7th January 2025 at Millan Suite, Ailsa Hospital. Writer had previously reviewed Archie in August

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

last year and there was a notable difference in a positive manner in Archie's presentation today as opposed to then. There was no evidence of over-talkativeness, no disjointment of his thoughts or any potential paranoia thinking and equally Archie's mood was not labile in manner as it had been at previous review. Archie today reports things overall are good. He reports he continues to take his medications, although equally stated he doesn't particularly like doing so but is aware of the benefits on his mental health by taking them. He describes at times the Aripiprazole feels as if it numbs his brain but again appreciates the benefit of taking this. He reports he can have major lows in mood at times, but suggested these are nowhere near as frequent as previous. His main concern today was regarding his sleep which tends to be broken at best. He highlighted that previously Dr Scott had suggested increasing his Melatonin to 8mg a night (writer confirmed this by looking at Carepartner from January 2024). On enquiry, Archie did report that he has used sleep hygiene techniques previously, currently continues to do so but feels this has had little sustained effect on his sleep pattern. Archie spoke equally about how he is an avid gardener and tends to potter about all year round in his garden. He was able to acknowledge the benefit this can have on his mental health overall. We spoke about potentially other ways of adding structure to Archie's day, with Archie highlighting that he hasn't yet returned to his 360 but plans to make an effort to do so. He is equally hoping to start walking again as he readily admits he has let that side of things go. He feels as a result he has put on weight.

Overall he re-emphasised and was able to acknowledge that he is in a better place today than he was the last time writer had seen him, adding "I am not in a crisis period". From the previous review writer enquired if Archie had indeed been referred to Social Work in the hope of obtaining support in regards to his finances. Archie reports this was more his mum's idea and currently has no input from Social Work, though did acknowledge he is not the best at managing his finances but through the ensuing conversation, it appears Archie is able at least to deal with the main aspects of his finances in regards to gas, electricity, food etc. There was no evidence today of Archie speaking about the world's injustices etc. like he had at the previous review. He did, however, allude to feeling sad overall about the way the world is going, equally added he tries not to stimulate himself with all of this. We spoke equally about how he had managed his condition prior to being diagnosed, whereby he would walk for miles, sometimes in the woods, and at times, as a result, get lost and he added looking back now could have potentially put him in a vulnerable position.

Mental State Examination

In regards to Archie's mental state overall, was dressed appropriately for the weather with no obvious evidence of self-neglect. Good rapport established and good eye contact maintained throughout. He was pleasant and affable throughout. Speech was normal in rate, rhythm and intonation. Mood described as up and down but no evidence of being labile today. Objectively appeared euthymic with a reactive affect. Sleep as above described as poor, broken at best. He acknowledged that his appetite is not the best either but attributes this to his previous eating disorder. He denied any thoughts, plans or intent of suicide. There was clear evidence of future planning today. No obvious cognitive deficits evident. No formal thought disorder or abnormal perceptions evident or reported. Archie overall appears to have good insight into his current mental health.

Laterally we re-visited his current medication. Archie had alluded to continue to take at least two joints of cannabis daily which, he adds, is to help with his sleep as well. Archie had previously enquired about the possibility of increasing his Melatonin to 8mg. Archie is aware that his cannabis intake, although historic, can ultimately have an effect on his overall mental health. However, after consideration, it was felt prudent to at least see if there would be any benefits had with an increase in his current Melatonin up to 8mg but writer re-emphasised importance to Archie of utilising non-medication techniques and strategies. Archie was happy to remain on his Aripiprazole, although did state that he takes it at night as previously when he was taking it during the day, he found it was making him sluggish and restless, although still tends to get restless on occasion. Archie happy overall with the plan and is aware he can make contact with the team prior to his next review.

Yours sincerely

Assessed 25th Sep 2024 at 11:22

Summary of contact/details

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

[REDACTED]

Assessed 24th Sep 2024 at 12:52**Summary of contact/details**

Call from Archie rambling in dialogue, stating "not happy" that one of the CRISIS team had informed his mum that he sometimes stopped taking his prescribed medications, this causing him some felt unnecessary stress.

Voicing to have started taking his prescribed Aripiprazole 10mg again for around two weeks, only noticeable side effect being that he feels tired all of the time - believing generally feeling a bit better otherwise on the medication.

Archie offloading about neighbour and his parents, not sounding in distress whatsoever during contact, stating plan this afternoon to get out into his garden to plant some bulbs that he had ordered online and hang some of his washing out.

Despite his rambling, Archie sounding coherent, responding to small questioning with relevant information and verbalising nothing that would indicate any risk escalation or specific difficulty - call sounding perhaps more chatty than anything.

Still not as yet called psychologist Marie Holmes, now waiting until he has something important to talk to her about.

Assessed 17th Sep 2024 at 14:41**Summary of contact/details**

[REDACTED]

Archie made contact with duty service yesterday where no new or immanent risk was identified, Archie voicing a fraught relationship with his parents. Discussion with ICPNT colleagues who agreed relationship is fraught which appears to be main concern at this time rather than Archie's mental state.

Plan

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

- Email Dr Scott and Robert White with details of contact today.
- No new or immanent risk identified.
- Archie is aware of how to contact duty.
- No further action required by duty.

Assessed 16th Sep 2024 at 09:47**Summary of contact/details**

Archie having phoned into base looking for Marie Holmes (Clinical psychologist, Wellington Sq), sounding a bit distressed to admin who passed to duty.

all to Archie, not sounding at all distressed - just looking for number for Marie, stating to have met her at a 360 event in the town and she has also helped one of his female friends and wondered about reaching out to her as he has issues related to his sexuality and relationship with his "old school" parents that he needs to work through.

Archie voicing his parents as being over involved in his life and making attempt to distance himself from them, much to their displeasure - currently considering moving up North somewhere.

Archie happy with duty contact and being provided with Marie's work contact number (readily available online), no issues re risk verbalised during call.

Assessed 9th Sep 2024 at 15:59**Summary of contact/details**

I saw Archie at home this afternoon as planned.

When I saw Archie I did not mention that his mum had called. I enquired about how they were getting on lately. He told me that he had fallen out with her and felt bad because he had said some nasty things to her. Their relationship can be fraught at times and this is not entirely unusual. I advised him to give her a call to apologise perhaps helping them both to feel better. I asked to see his meds, he was happy to show me them but did admit to taking 2x 10mg Aripiprazole on Saturday night due to feeling stressed. He is currently feeling a little sedated at times throughout the day but is aware that this will wear off in time. Archie demonstrates some insight, we talked about social isolation, he recognises that his mood fluctuates and he can be prone to withdrawing, he fully intends to re-join 360 as it is of great benefit to him but he prefers attending in the autumn/winter months.

I feel that Archie is progressing in his recovery but is still slightly labile. I will see him again on Friday with colleague John Gallacher with a plan to discharge all being well.

Assessed 3rd Sep 2024 at 16:25**Summary of contact/details**

I visited Archie at home this afternoon.

Archie was bright and welcoming. Initially Archie's conversation was tangential at times which is not unlike him but I found that he was less intense/distressed than I have previously seen him which would indicate recovery. We discussed his medication and concordance issues which have historically been a problem. Archie feels the medication 'numbs his creativity' but had insight into the destabilising effects when he stops taking it. I asked him about drug use, he admitted to the continuation of smoking

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

cannabis which he does not believe will ever change.

During the second half of the visit Archie chatted and offered humour in a more natural manner. He has ongoing relationship issues with his parents. He intends to re-start the 360 groups in the winter weather. No concerns re: risk currently.

PLAN

Next home visit Friday, a colleague will phone to arrange. I will see Archie at home on Monday.

Assessed 29th Aug 2024 at 18:13**Summary of contact/details**

Return visit to Archie this morning as planned. Joint visit with C/N White. Overall Archie continues to show signs of improvement in his presentation. Archie is less pleased and focused on world events past and present, history, politics and social injustices. Archie is a little more brighter in his general presentation and more humour is being displayed. Archie does continue to be cryptic and much of his conversation not really having much substance. Archie was however able to answer questions and give his thoughts and opinions on a subject if kept to the point by quite a lot of persistence from myself and C/N White. I said to Archie that his Mum had been on the phone this morning and spoke with my colleague. I am concerned to have [REDACTED] I asked Archie what he thinks Mum is concerned about. Archie again confirmed that his Mum can be interfering and relationship can be volatile at times. When asked how he thought his mental health was Archie said that he feels his mental health is ok at this time. I informed Archie that I will arrange for C/N Cairns to contact him on Tuesday 3rd September for follow up visit. Archie was happy that it was Julie who would be coming to see him. I informed Archie that I had been speaking to Mandy, project worker at Three Sixty today. Mandy has been contacting Archie a number of times now trying to offer support and trying to get him to re engage with this support service. Archie is aware that Mandy will be arranging to come out to house on 3rd September.

Assessed 28th Aug 2024 at 09:23**Summary of contact/details**

Phone call to Archie - appointment for today with SN John Gallagher arranged yesterday, however John is not due to return to work until tomorrow and no staff available at 11am due to other pre planned visits.

Archie more than happy to wait until tomorrow to see John, spent 5 mins engaging in superficial chat and we ended the call politely.

No risk determined.

Plan:

HV with John Gallagher 29/08 11am.

Assessed 27th Aug 2024 at 10:06**Summary of contact/details**

Phone contact this morning having not being able to speak with Archie yesterday.

Archie answered and we quickly established rapport, he engaged well throughout the call and came over relaxed and familiar.

Archie went on to describe masking his symptoms for many years and making attempts to "reinvent himself" to others. He described a changeable presentation and character dependant on who he was with, the conversation was a bit disjointed and lack substance- more often it was statements he was making such like the state of the world, the warfare and the demise of society.

I did not perceive there to be any immediate concerns at this time and Archie was keen to meet again with S.n Gallagher. subsequent visit planned tomorrow 11am at the house.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Assessed 26th Aug 2024 at 12:20**Summary of contact/details**

Phone contact this morning to appoint follow up visit, The call rang out before diverting to voicemail. I have subsequently left a message asking for Archie to call back in to the CMHT.

No immediate concerns at this time.

Assessed 22nd Aug 2024 at 15:40**Summary of contact/details**

Return visit to Archie this afternoon as planned with him. Overall Archie presenting with less pressure in speech, content less fixated on social injustice, wrong doing by others, and ancestral past.

Continues to be cryptic with answering questions however more frequent gaps in this and Archie on a few occasions able to give appropriate answers with more direct content. Archie disclosed that he had been using Cocaine around a couple of months ago. Archie reflective regarding this and regretful of engaging in this activity, saying that it is not his scene. Archie said he continues to take his prescribed Aripiprazole 10mg at night however from his reaction around medication I'm not convinced he is. Also Archie has contradicted himself on his concordance a few times now.

Overall, no new risk or concern. On the whole Archie continues to make reasonable recovery at this time. I let Archie know that his Mum had called into the ICPNT and that I had tried to call her back but no answer. I asked Archie what he thought she might be calling in to discuss or if she may have a concern. Archie said that his parents can be over involved and over worried and that there difference of opinion can be problematic at times. Archie is aware that he can contact ICPNT for additional supports out with planned contacts and how to contact ICPNT OOH. I will request that ICPNT staff contact him on Monday for a home visit and review.

Assessed 21st Aug 2024 at 17:27**Summary of contact/details**

[REDACTED]

Assessed 20th Aug 2024 at 18:06**Summary of contact/details**

I picked Archie up as planned this morning to support him to his clinic appointment at Milan suite suite. On engaging with Archie this morning as he came down to the car I could clearly notice a positive difference in his presentation. Cryptic conversation in response to questions remain however Archie less angry tone and overall brighter demeanour.

Archie attended the clinic appointment with ANP Robert White and went into this appointment on his own.

Following this appointment I dropped Archie back home. On the journey home I would say I saw further improvement in Archie and he was more able to hold short conversations around his issues of an emotional historical nature and also make reference to some of his behaviours that he himself feels that he needs to rant and get things off his chest. Archie was able to convey his frustrations regarding difficult relationships and how relationships can have an impact on his mental health. Archie was talking about or referring to his Parents and general over involvement of others at times. Overall Archie more positive and accepting of a return visit from myself on 22/8/24 and I will call him in the morning to arrange a time.

Assessed 20th Aug 2024 at 12:32**Summary of contact**

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Diagnosis: Emotionally Unstable Personality Disorder
Psychotic Episode previously

Psychiatric Medication: Melatonin 6mg MR nocte
Aripiprazole 10mg

Recommendations/Plan: Further review in 4 months' time
Currently open to ICPNT

Prior to Archie's review on 20th August 2024, writer was aware of recent concerns and increased contact with CMHT and subsequent referral to ICPNT. Archie had reportedly been voicing thoughts of a paranoid nature regarding global events, conspiracies, thinks the world is near ending, ongoing stressors with his neighbour. He has been experiencing poor sleep, using Cannabis regularly and had been non-concordant with his Aripiprazole for up to 2 months. Mum had also raised concerns regarding perceived lack of support, in particular his inability to manage household bills etc. A short 7 day course of Diazepam was arranged via Dr Scott due to Archie's presentation. Writer had had a discussion with ICPNT C/N Gallacher advising Archie had recommenced his Aripiprazole and had been exhibiting symptoms of low mood, emotional instability and increased ruminations regarding longstanding fixed beliefs and ideations around cultural and mythical concepts. Again reiterating a few week history of poor sleep and non-concordance with his prescribed medication with ongoing daily Cannabis use. C/N Gallacher had accompanied Archie to his review today updating writer separately on Archie's presentation today as compared to yesterday when he previously seen him. C/N Gallacher felt there was a marked improvement in Archie's presentation today emphasising that he knows Archie well from this input and previous input reporting a slight improvement in Archie's mood presenting as jovial and although rambling in vague sentences which can easily be construed as paranoid thoughts this is not new for Archie.

Writer spoke to Archie and introduced himself and his role within the Community Mental Health Team. From the outset Archie was over-talkative and at times difficult to interrupt. Throughout, as advised, Archie rambled in a vague and cryptic manner at times going down various topics going from discussing his hairdressing days reporting without emphasising "when all this game began". Archie would randomly express other seemingly unrelated statements such as "I have gave too much self away" and have been called "extrovert", "stupid". Archie also highlighted that he feels he has been a compulsive care giver to others without receiving much back and feels disrespected by doing so particularly by men previously in his life. He reports also being disrespected in the community, again reporting in a vague manner about "folk taking stuff out of my home" but was unable to elaborate on same. Archie also randomly voiced about thinking he has neurological problems reporting "I have got senile dementia" that was "caused by trauma". Archie proceeded at one point to remove two framed pictures from his bag to show writer, one of his mum when she was a little girl and the other one a picture of his mum holding Archie when he was a baby. Also produced various books to show writer with Archie unable to explain the rationales for doing so.

Like previous assessments, Archie spoke briefly about the world injustices, ongoing wars etc. reporting he watches the news and tries to read psychology daily and more recently has been trying to read "good things". Writer emphasised to Archie the importance of trying to stay away from negative news currently in lieu of how this impacts on his mental health. The review overall was difficult to get proper structure however with writer's patience and perseverance was able to elicit from Archie that he continues to be concordant with Aripiprazole since recommencing the other day. Writer emphasised the importance of continuing to do so. Archie also advised writer that he smokes Cannabis daily and through a brief discussion Archie appeared to be aware of the ongoing impact this may have on his overall mental health. Towards the end of review Archie produced a list of concerns and questions that he reports his mum had written down one of which was no change to current medication with writer emphasising he agrees with this particularly due to Archie recommencing his Aripiprazole. Another was for additional support with writer reminding Archie that he is currently open to ICPNT which has been beneficial in the past but also a request for a neurological assessment. On further exploration it was unclear as to what Archie meant by this but indeed it was an ADHD assessment "neurodivergent" or indeed if him or his mum had any concerns over his cognitive capabilities with writer highlighting any concerns over his physical health should be addressed by his GP. Writer emphasised further that irrespective of what he means by a neurological assessment it would be advisable to wait until his mental state was more stable before any tests, assessments or

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

investigations were undertaken.

Mental State Examination

Archie presented as a stocky gentleman with a darkish beard and highlighted blonde looking hair. He had a slight flamboyant manner to his presentation. Good rapport established and reasonable eye contact maintained throughout. Speech was over talkative and slightly pressured throughout reported as fluctuating and did appear slightly emotional to begin with and objectively slightly labile manner. Affect fragile.

Reports his sleep as being up and down which is generally normal for him. In regards to his appetite stated "I have always had eating disorder" and that he doesn't cook for himself. There was no evidence of hopelessness or worthlessness evident or reported. He denied any suicidal thoughts, plans or intent, admitting to deliberately self-harming in the past but not for some time now. There did not appear to be any cognitive deficits evident during review. Thoughts were disjointed and vague in nature, some of which could be construed as paranoid in manner however no overt evidence or reporting of abnormal perceptions. There is an overall brittleness to Archie's mental state accentuated by non-concordance, poor sleep, stress and ongoing Cannabis misuse.

After review completed, writer spoke briefly to C/N Gallacher who advised that Three Sixty, a mental health community support intend to re-engage with Archie. Also ICPNT consider referring John onto Social Work due to concerns raised by his mum feeling Archie requires practical support daily with regards to finances and his house in general. Archie had been advised of the ongoing support by ICPNT prior to review concluding. Archie happy with plan as above.

Please do not hesitate to make contact if you have any concerns regarding Archie prior to his next appointment.

Assessed 19th Aug 2024 at 14:32**Summary of contact**

15-Aug-2024 14:18 Mental Health Liaison Service/CRT/Duty Assessment v2 sent to GP

Assessed 19th Aug 2024 at 14:13**Summary of contact/details**

Joint home visit today with C/N Harding. Archie on the whole presenting similar to last visit. Continues to speak in rambling sentences that a vague. Mood does however appear slightly better as Archie walked us down the stairs and into the garden when we left. Archie spoke of other topics all the way down in a jovial manner. Very much two different presentations. This behaviour was exactly the same as I have witnessed from Archie on two previous involvements with ICPNT over the past few years. Archie had attended to his person Hygiene since last visit and reports good sleep and he is trying to make sure he has something to eat each day. With some prompting Archie started to take items of clothing off the cloths horse and put away. Remains concordant with Aripiprazole 10mg at night. Archie is aware of Clinic appointment with ANP Robert White tomorrow at 11:30 Milan suite. I have offered to collect Archie and bring him to this appointment. Archie was grateful of the offer. No new risks or concerns raised at this time.

Plan :

O/P clinic 11:30 20/08/24

I will collect Archie at his home and bring him to this appointment.

Assessed 16th Aug 2024 at 16:01**Summary of contact/details**

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Return home visit this afternoon as planned with Archie. On initial arrival Archie bright and jovial. Archie soon presented as more emotional and troubled with his thoughts, and perception of the World and the wrong doings of others, injustices and vague one line statement. Statements sounding 'Cryptic', mythical and theatrical almost.

Archie said that he took his Aripiprazole and Melatonin last night and sleep was good.

Archie aware that I was trying to get the prescription of Diazepam for him and I was waiting on the GP calling me back. I have made arrangements with Archie that I will call him once I have the prescription and even deliver it to him.

Prescription now collected and I will deliver to Archie tonight.

I will contact Archie on Monday for follow visit and Archie is aware to contact OOH service should he need additional support outwith planned contact.

Assessed 15th Aug 2024 at 15:08**Summary of contact/details**

Overnight contact suggesting CMHT and ICPNT assessment of Archie would be appropriate due to recent increasing contact from Archie. Writer attended joint visit with ICPNT to visit Archie, and ICPNT will provide short term intensive support to Archie.

Assessed 15th Aug 2024 at 12:36**Summary of contact/details**

Referral from CMHT /DUTY service. Request for joint assessment. Archie had contact with OOH service last night and recommendation for face to face assessment next day.

Assessed 14th Aug 2024 at 21:15**Summary of contact/details**

STRESSED ONGOING

Clinical summary created by: Sean McBride (Pwp Call Taker) () [14/08/2024 20:42:35]

Reason for call: STRESSED ONGOINGConfirmed Symptom(s):

No Confirmed Symptoms

History and Mental state:

Medication: N.A

RAG History and mental state: Amber

Main problem: PT AGGITATED AND PARANOID IN PRESENTAITON.

Engagement with services: N.A

Public protection considerations:

RAG Harm to others: Amber

RAG Adult protection: Red

RAG Child protection: Green

Harm to others risk: PT REPORTS HE STRUGGLES WITH ANGER. PT REPORTS THAT HE KEEPS HIMSELF TO HIMSELF.

Adult protection: REPORTS ELECTRICITY AND GAS HAS ROUN. PT REPORTS HOUSE IS IN POOR CONIDTION.

Child protection: N/A

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Suicide or self-harm:

Suicide risk: NOT FEELING SUICIDAL. PT REPORTS THAT HE LOST A FRIEND TO SUICIDE. PT STRESSED IN PRESENTATION.

PT REPORTS PREVIOUS EPISODE OF SUICIDAL "THOUGHTS".

Self-harm risk: PT REPORTS HISTORY OF SELF HARM BEHAVIOURS. DENIED INTENT.

RAG Suicide: Amber

RAG Self-harm: Amber

Social and personal risks:

housing and finances: PT REPORTS STRUGGLING WITH FINANCIES. PT REPORTS THAT HE WOULD DO FRIENDS HAIR BUT HE WOULD RECIEVE.

RAG Social and personal risks: Amber

Occupation/activity: PT REPORTS THAT HE TRIES TO SUPPORT HIS FRIENDS.

Support network: PT REPORTS WITH HIS FRIEND AT TIME OF CALL.

Physical health: PT REPORTS THAT HE FEELS LIKE HIS BODY IS BROKEN.

Risk from substance misuse:

RAG Risk from substance misuse: Red

Substance abuse risk: NO ALCOHOL OR DRUG USEAGE. PT REPORTS HAS STRUGGLED WITH SMOKING CANNABIS, PT REPORTS THAT HE CONTINUES TO SMOKE CANNABIS.

Any other issues:

RAG Any other issues: Green

Other issues: N/A

Overall impression:

RAG Overall impression: Amber

Overall impression: PT AGGITATED AND FRUSTRATED IN PRESENTATION.

RAG Summary: Red:2 Amber:6 Green:2 Not known:0

Call Detail(s):

Call reason: Psychotic symptoms

Clinical supervisor: McKissock Emma MCKISSOCKE Cardonald

Endpoint Management Selected (CT)

14:08:2024 20:45:22 MCBRIDES.. PT STRUGGLING WITH AGGITATION AND POSSIBLE PSYCHOTIC SYMPTOMS. PT WITH FRIEND AT TIME OF CALL. NO IMMEDIATE SUICIDAL OR SELF HARM THOUGHTS. HX OF BOTH... PT REPORTS NO ALCOHOL USEAGE. SMOKES CANNABIS DAILY. PT STATES HE HAS NO BEEN TAKING HIS ARIPIRAZOLE MEDICATION. PT PARANOID IN PRESENTATION, REPORTS THAT PEOPLE HAVE HACKED THE ELECTRIC GRID... PT SPEAKING ABOUT CONSPIRICIES. PT FURTHER REPORTS PEOPLE WITHIN THE COMMUNITIES HAVE BEEN SPEAKING ABOUT HIM... PT STRUGGLING TO FOLLOW QUESTIONS AND OFTEN GOING OFF IN TANGENTS NOT RELATED TO TOPIC OF CONVERSATION. D.W MHNP E.MCKISSOCK ADVISED CPN/DR 1 HR..

Outcome: CPN (Dr) to phone patient within 1 Hr

Attempted return call to Archie following NHS 24 contact , writer initially making contact with [REDACTED], Archie's friend , [REDACTED]

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

From 12/05/1926 Until 12/05/2026

Writer eventually able to speak to Archie after numerous attempts . Evidence of paranoia during mainly one sided conversation , Archie engaging in long monologues around his concerns about Lucy Letby and ongoing military events around the globe . States feels end of the world is near . Archie reports regular cannabis use with nil change in current supplier . Denies any auditory or visual hallucinations although does report that his house is " bugged " . Archie wandering off track of conversation , then discussing how much he has helped other people and the same not being reciprocated . Archie talked of the past few weeks being difficult also states poor sleep and non concordance with prescribed medication Aripiprazole 10 mg , recent short term prescription of Diazepam which has now run out , with some prompting appears to have taken prescribed Aripiprazole dose this evening . There is nil evidence of thoughts of deliberate self harm or suicide . Archie presents as paranoid and delusional in the context of current world events His plan this evening was to retire to bed utilising his prescribed melatonin . In view of numerous contacts from Archie over the past seven days and his parents concerns around his current presentation writer will request a joint CMHT and ICPNT face to face review . With Archie's permission writer then speaking to his mother who was also present . ~~Myos concerned about Archie's mental health, disgruntled about the experience in the lack of support that Archie is getting, she is also concerned about Archie's social media usage~~ ~~He would like to know what he can do to help Archie supply~~ . Writer will advise CMHTS of overnight contact by appropriate clinical email . Both Archie and his parents aware should there be any further concerns they can again contact NHS 24 for additional support

Assessed 12th Aug 2024 at 10:42

DUTY

[illegible]

Assessed 7th Aug 2024 at 15:52

Summary of contact/details

Archie called to say he is really struggling, having flashbacks. Writer called Archie back, he sounded calm and was softly spoken, he reports that he had taken a diazepam but didn't have much left, We went on to talk about the past and his upbringing and mostly about his grandmother and things that she believed, her attitude about things and how that has reflected on him and his mother. Archie spoke about peoples attitudes and how the Scottish people have been down trodden for centuries. He spoke about being a McDonald and how they owned most of the highlands. Archie didn't appear to want anything in particular, he also spoke about having a ASD.

Writer asked about medication he stated he takes his melatonin because its a herb but isnt keen on other medications. Writer suspects that Archie hasn't been taking his aripiprazole as he diverted my question twice, Archie aware of appt with ANP and was happy to end call.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

about abuse he had suffered, [REDACTED]. Spoke again about the critical parenting he received. Archie then went on to talk again about his suspicion that he has autistic traits, speaking about his responses to smell, sounds and need to be on his own at times. Again suggested he speak with practitioner at his appointment on 20/08/24. Archie talked for a while about problems in society and talked about history. Attempted twice to end call amicably which he eventually accepted. Have also informed about Breathing Space should he feel distressed later in evening.

Assessed 5th Aug 2024 at 14:56**Summary of contact/details****DUTY**

Return call to Archie.

Archie talked "at" writer for first five minutes, saying he felt he had "mass" autism that had been hidden by his mother and grandmother. reports to having difficulties at school, preferring own company at times and a sensitivity to noises.

He proceeded to blame family for covering up issues and talked about being criticized and put down.

He said about being raped aged 12 and that he was "abused by my family". Describes feeling constantly criticized and seen as black sheep of family.

On observing that he sounded aggressive and preaching, Archie did tone down and then went on to bemoan state of society and changes.

On enquiring if anything has happened, [REDACTED]

It would seem the stress of this contact with his mother last night was driving the call to duty today.

Archie was rather pressured and circumstantial in his speech, much complaining of society's ills however by end of call he was accepting of need to end call and he agreed he had needed to off load and that he doesn't have anyone he can do that with as there is friction/ discord in family dynamics.

Ended call amicably.

Assessed 2nd Aug 2024 at 15:29**Summary of contact**

This is a quick note to advise you that this gentleman has been given a 7 day course of diazepam 5mgs up to twice a day if needed. A prescription for this will be given.

Assessed 2nd Aug 2024 at 11:54**Summary of contact/details**

Archie telephoned back in to Duty following failed x 2 further attempts by CMHT to make contact.

Archie reporting that he is "upset, my gut's in knots", regarding neighbour dispute.

Archie reports to feel "run down" and stated he has not eaten properly for 3 days.

Writer attempted to encourage Archie to focus on self care and distraction, however Archie repeatedly returned the conversation to neighbour dispute despite Writer reiterating that Duty can only support and advise on health problems.

Archie reports to remain concordant with prescribed medications however stated he "doesn't like medication" and went on to state he "feels let down by the NHS, I need counselling" before returning to his issues with his neighbours.

Writer encouraged Archie to contact Ayr Housing Aid, which he stated he has done and is awaiting return call.

Writer also suggested that Archie could utilise prescribed Diazepam to reduce distress symptoms.

NO immediate risks or concerns relating to mental state identified or reported at time of contact.

PLAN

Archie did accept that Duty service purpose relates to providing support and advice for mental and physical health and that this

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Assessed 7th Aug 2024 at 12:14

Summary of contact/details	
SOUTH COMMUNITY MENTAL HEALTH TEAM REFERRAL MEETING MINUTES Dr Scott Wednesday 7th August 2024	
PRESENT: Dr Scott - Consultant Psychiatrist John Kennedy - Charge Nurse Lisa Bennett - Staff Nurse. Louise Howat - Team Secretary.	
APOLOGIES: Alison Forbes - Charge Nurse	
NURSING FEEDBACK - JOHN KENNEDY. John fed back to team. John advised that the patient had been onto Duty a few times this week presenting strangely. He is due to be seen by Dr Scott soon.	

Assessed 6th Aug 2024 at 10:22

Summary of contact/details	
DUTY: duty log message: "Said he needs to speak to someone as he wants people to leave him alone, said he only gets to speak to consultant every year, if duty was the best I could do then would take a call from them"	
Writer returned call. Archie started to vent about past trauma and mistreatment from parents and services etc. He also mentioned again that he believes he has autism. Difficult to get Archie to listen to any suggestions. He became slightly irate and started raising his voice about people letting him down. Writer unable to deescalate situation and informed Archie call would be terminated if he continued to speak in this way. Archie apologised.	
Archie allowed time to discuss ongoing issues. Writer suggested that he may be making himself more upset by talking about the past. Archie disagreed and again spoke about people not caring about him and not helping him. Writer informed Archie that this call did not seem to be of any benefit to Archie and suggested he go and do something to try and reduce his anger. Agreed to send him OPA letter out again as said he has lost this. Email to sector team to inform them of numerous contacts over past week to duty.	
No evidence of risk to self.	
Call ended amicably.	
No further action from duty at this time.	

Assessed 5th Aug 2024 at 16:19

Summary of contact/details	
Return call to Archie who phoned again seeking call or visit.	
Archie said he had spoke to one of his sisters who said his dad had been discharged today from hospital. Assured Archie that this indicates he has suffered no serious injury.	
Archie then went on to talk about his mother and believes her to have narcissistic traits. He sounded distressed at times, he spoke	

Brown, Archie (Mr)

Date of Birth-06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

service cannot assist him in resolving housing issues.
Archie has agreed to continue to put fence up between him and the neighbours today, with the help of his father
He has agreed to utilise Diazepam as prescribed
Archie has an appointment with Robert White ANP, 20/08/2024 and is aware he can discuss his care during that time
No further action for CMHT duty at this time

Assessed 2nd Aug 2024 at 11:07

Summary of contact/details	
Attempted duty telephone contact with Archie following him making contact this morning to report he is struggling. **mobile number provided a generic message stating "the caller is on another line". o voicemail facility available, therefore no message left at this time. Duty will attempt contact again later today.	

Assessed 1st Aug 2024 at 13:27

Summary of contact/details	
Duty call to Archie as requested. He offloaded about the situation with his neighbours and how this was causing him upset, he spoke in depth about the disagreement over the garden. He was overly talkative and tended to talk over writer and unsure about how much advice he was taking onboard. Archie was given time to offload and feel listened to, he did not raise any new concerns about his mental health and his reaction to the situation with his neighbours was in keeping with his EUPD diagnosis. Plan: -Supportive call -Archie will contact Housing Aid and Circles Advocacy. -No further action from Duty	

Assessed 30th Jul 2024 at 15:35

Summary of contact/details	
Duty call Archie reporting issues with neighbours causing fear and anxiety, feels that he is loosing control, scared that he ends up sectioned. Call returned to Archie, he reports having issues with his neighbour regarding his garden and a fence, this has caused him to borrow money from his elderly parents increasing stress. Archie tearful and distressed during telephone call stating that he is "tired of it all". Reports that he lives alone with his 3 cats, elderly parents are supportive and good support network of friends. Archie reports that issues regarding his neighbour is long standing however this has escalated due to issues with his fence. Discussed with Archie Ayr Housing Aid, advised that I would send information regarding this, Archie thankful of same. Archie reported concerns that his next appointment was not with Dr Scott, was concerned about discharge. I discussed with Archie the role of the Advanced Nurse Practitioner and Archie was reassured by this. Archie stated that he feels that he would benefit from talking therapies, I advised Archie to discuss this at upcoming appointment with ANP Robert White. Archie discussed potential for short term medication to utilise at this time, advised Archie to discuss with GP. Archie telephoned back to CMHT, discussed with Dr Scott. Prescription arranged and given to Archie.	

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

PLAN

- information for Ayr Housing Aid provided.
- Discussed with Dr Scott, prescription for diazepam arranged.
- Outpatient appointment with ANP Robert White 20/08/24.

Assessed 23rd Jan 2024 at 11:31**Summary of contact****Diagnosis:** Emotionally unstable personality disorder F60.1 – psychotic episode**Psychiatric Medication:** Aripiprazole 10mg a day

Melatonin 4mg modified release

Change of medication:

Melatonin to be increased to 6mg

Recommendations/Plan: 1. Review in six to eight months' time.

I carried out a telephone review of Mr Brown on 23 January 2024.

Mr Brown has remained relatively well, although his sleep pattern has deteriorated with no obvious stressors. As a result he has struggled with his functioning but overall felt that his mood was relatively settled and he acknowledged that his anxiety is much better controlled with the Aripiprazole and with fewer side effects.

On assessment he presented as relatively reactive, pleasant and there was no evidence of psychosis or thought disorder and no evidence of risk to himself or others. He denied any recent self-harming which is a significant improvement overall.

Given his sleep difficulties I wondered if the Melatonin could be increased slightly from 4mg to 6mg at night. If there are no concerns with this and he is still struggling with his sleep there is a potential for this to be further increased to 8mg at night.

ARCHIE BROWN 20 ARTHURSTON TERRACE, COYLTON, AYR,
CHI No: 0604873298 AYRSHIRE, KA6 6HY

In the meantime there is no change to his treatment otherwise and I will review him in approximately six to eight months' time.

Assessed 1st Sep 2023 at 14:29**Summary of contact**

Archie has contacted us today requesting to have his aripiprazole increased back to 10mgs from 5mgs. I would be grateful if the increase could be commenced and also to continue on melatonin 4mgs in the meantime. I will copy Archie into this letter also.

Assessed 1st Aug 2023 at 10:05**Summary of contact/details**

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Writer spoke with Dr Scott regarding concerns Archi might possible have stopped taking his medication. mainly his Aripiprazole 5mg. Writer called Archi at 10:05 but was unsuccessful in speaking to him due to going straight to his answer machine. Answer machine was identifiable as Archi's, so voicemail left to contact writer. Writer will make further attempts to contact Archi later on.

Writer returned call at 10:37. Remaining to ring onto answer machine and no contact has been received by CMHT by Archi.

Assessed 1st Aug 2023 at 09:31**Summary of contact/details**

Aware of increasing concerns regarding presentation
called mobile today - no response, went onto voicemail
discussed with duty
appears to have stopped treatment and relapsing

Assessed 28th Jul 2023 at 12:17**Summary of contact/details**

12:15

[REDACTED]

13:15

[REDACTED]

Phone call to Archie. I advised Archie that his parents have been on the phone which he did not seem to be surprised with. He reports having a somewhat strained relationship with his parents and was unaware that they were calling in. I asked about him not attending his 360 group and he stated that 360 worker Morag has been out to see him yesterday and he believes that she will be back out to see him again. This has not been confirmed as I was unable to speak with 360 (formerly ayr action for mental health) as there was no answer when I called. Archie reports that he is sleeping well, is eating well, is maintaining his tenancy and is attending to his personal care every two days. He admits that he has stopped taking aripiprazole medication approximately 6-7 weeks ago and continues to take melatonin daily. He reports feeling that he does not require medication. Archie spoke a lot of his spiritual beliefs which dominated the conversation and reviewing notes, appear to be long standing. He reports believing that he is more intuitive than the next person and feels that's why he has a deeper connection to this world. He spoke of spirits and how they have helped him over the years. A lot of this conversation was disjointed and throughout this he would mention a random actual fact. There were times where his conversation was lucid and he did not speak of spiritual beliefs or other beliefs he has. He describes himself as someone who has a set of beliefs that do not always sit well with others. He denies any thoughts, plans or intent to self harm or to harm others. He reports that he does prefer to keep himself to himself and does not describe himself as a social person. He denies any alcohol use however states he has been smoking cannabis. Archie did not wish any information passed onto his parents but was happy for me to phone them and say I have spoken with him. He is also happy for information to be passed to Dr Scott.

I called back his parents to advise them that I spoke with Archie however cannot provide anymore information. I advised that Dr Scott will be made aware of contact today. [REDACTED] I advised

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

that if he has imminent concerns re mental state over the weekend then can call NHS 24. I also advised that if he feels there is imminent or actual identified risk to Archie or others then he can call the police as they can access services via the Emergency services pathway. No further duty action at this time.

Assessed 18th Jul 2023 at 16:41

Summary of contact	
Diagnosis: EUPD/psychotic episode	
Psychiatric Medication: Aripiprazole 5mg Melatonin 4mg modified release	
I attempted to contact Archie today 18 July 2023 as part of the telephone clinic. Unfortunately there was no response on the two occasions on which I tried the contact number for him.	
I can see that he last had Aripiprazole and Melatonin prescribed on 19 June and I assume he is still compliant with his treatment.	
I will send him a further outpatient clinic appointment in 6 months time.	
Yours sincerely	
Authorised on 24/07/2023 14:56:42 by Typist Lesley Valentine, not verified by Consultant.	
Dr Daniel Dickson Psychiatric Trainee	

Assessed 16th Jun 2023 at 14:42

Summary of contact	
Thank you for contacting services as you have asked for a reduction in your aripiprazole which you are finding sedating. You have also requested an increase in your melatonin which is currently 2mgs a day. I am more than happy to reduce the aripiprazole to 5mgs a day and increase the melatonin to 4mgs a day. In the interim there will be no other changes and will copy your GP to implement these.	

Assessed 10th Jan 2023 at 09:47

Summary of contact	
I am sorry I was not able to speak to you at your arranged Outpatient appointment on 10th January 2023. From the last review with my colleague, Alison Forbes, I understand that you are currently on Aripiprazole 15mg a day as well as Melatonin 2mg a day. I would recommend no changes to this medication regime and I will plan to review you in three months' time. If there are any concerns prior to this, please do not hesitate to contact the department and I will call you back.	

Assessed 9th Dec 2022 at 14:20

Summary of contact/details	
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Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Follow up contact with Archie as arranged. Archie sounding bright in mood and calm. Speech and content all appropriate in context of conversation and a two way flow aloud. Archie expressed to be attending the art and yoga classes and appears to be enjoying same. Describes good and bad days in relation to his mental health but during down days he has worked out that he is better staying away from others until it passes.

Archie has recognised that distraction helps as well as current medications. Archie reports benefit of Aripiprazole 15mgs and has been commenced on Melatonin 2mg which he believes is helping him sleep and keep him calm.

Archie feels that he has more energy and is more active. With the help from his parents he is decorating his bathroom. Archie plans to go his parents for Xmas.

Archie describing his mental health as stable and functioning well at home. Agreed no role for CPN. Remains open to Dr Scott as outpatient.

Assessed 5th Dec 2022 at 16:46**Summary of contact**

Thank you for contacting regarding the above named gentleman. I am happy for him to continue on zopiclone 7.5mgs as this would be the most appropriate treatment for him rather than increasing the aripiprazole which he does not wish to do.

I will review him in the next few months at the outpatient clinic but any concerns please do not hesitate to contact me.

Assessed 30th Nov 2022 at 13:27**Summary of contact/details**

Phone call to Archie to arrange follow up. Archie currently in Ayr doing some shopping then meeting up with 360 supports. Archie cheerful during phone contact. Further phone contact arranged for 9/12/22. Appointment card sent out.

Assessed 28th Nov 2022 at 16:48**Summary of contact**

Archie has contacted services as he reported ongoing difficulties in his presentation. I wondered whether he may benefit from augmenting the aripiprazole with zopiclone 7.5mgs at night if his sleep is impaired. I would therefore be grateful if you would prescribe this medication and if there are any concerns please do not hesitate to contact the department.

Assessed 24th Nov 2022 at 10:44**Summary of contact/details****Duty call**

Message on pad from Archie reporting to be struggling and requesting a call back. Archie advised that his difficulties getting to and staying asleep are having a negative impact on him. Advised that his sister suggested that he speak with his CPN re being prescribed Melatonin. I advised this is not a medication that is readily available although has been used in some cases to promote sleep, I advised that this would require further discussion within his care team. Archie accepting that Dr Scott has prescribed zopiclone however reporting slight frustration that this was taken off him and now prescribed again. Despite this, Archie was appropriate during the call and offering no further concerns. Discussion with medical secretary who advised writer that Dr Scott had written to GP but this letter wasn't authorised yet and let Archie know that his prescription wouldn't be available until maybe tomorrow, he was accepting of this advising it will now most likely be next week before he receives this prescription. Aware I will pass this onto C/N Alison Forbes.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Assessed 23rd Nov 2022 at 14:11

Summary of contact/details	
Phone call to Archie following discussions at MDT regards medications to aid sleep. Dr Scott has agreed to prescribe some Zopiclone medication 7.5mgs. Message left on Archie's answer machine to return call.	

Assessed 22nd Nov 2022 at 12:55

Summary of contact/details	
SOUTH COMMUNITY MENTAL HEALTH TEAM REFERRAL MEETING MINUTES Dr Scott Tuesday 22nd November 2022 Dr Scott will write to GP re prescribing Zopiclone at night.	

Assessed 18th Nov 2022 at 09:54

Summary of contact/details	
DUTY: Archie requesting duty call him due to him struggling with sleep. Phone contact to Archie who sounded bright throughout call, spoke appropriately and engaged in humour. He reports his body clock to be messed up. States he can't remember when last he slept however later in call admitted that he is sleeping during the day. Made reference to tablets being "taken off him" and told writer he had recently been prescribed zopiclone and diazepam, which has now been stopped. He said himself that he is aware these were short term and that he knew he would need to accept that. Feels aripiprazole is working for him however questioned if his dose was strong enough. No risks to self or others identified during call. We discussed good sleep hygiene and Archie was able to give examples of things he does to try and relax in the evenings, such as listening to music. He was encouraged to try and reduce/stop sleep during the day. Writer agreed to inform sector team of contact and Archie was made aware no expectation could be given regarding response or outcome to this. He was happy with this plan and very thankful for writer's call. Email to CN A Forbes who has agreed to discuss medication with Dr Scott at MDT next week. No further action from duty at this time.	

Assessed 17th Nov 2022 at 14:59

Summary of contact	
15-Nov-2022 15:55 Ayrshire Mental Health Risk Assessment Framework v3 sent to GP	

Assessed 14th Nov 2022 at 16:01

Summary of contact/details	
Telephone call to Archie as planned. I advised him I had completed and emailed referral to 360 community service on his behalf and await reply. Archie engaged well during contact. Limited social contact over weekend (his choice). Frustrated at times by parents visits, their	

Date of Birth 06-Apr-1987 (39y) **undefined Male** **CHI Number** 0604873298

From 12/05/1926 Until 12/05/2026

Home visit tomorrow 15/11/22 - time to be confirmed.

03-Nov-2022 15:35 Mental Health Liaison Service/CRT Assessment v2 sent to GP

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Assessed 7th Nov 2022 at 14:26

Summary of contact/details
Visted at home accompanied by ICPNT colleague C/N J Cairns. Archie reports some improvement in sleep since commencing Zopiclone over weekend. Archie is well known to C/N Cairns who enquired re recent stressors. Archie highlighted that he has been visited regularly by a female friend whom he believes is a trained nurse. This female has been visiting unannounced on regular basis for several weeks. Archie reports that she has been advising him that his current diagnosis and treatment are inaccurate, that he probably has "bipolar or schizophrenia". Archie acknowledges that this has not been helpful, that he would rather she didn't continue visiting. However, it would appear he has been unable to assert himself thus far, explaining that he needs to leave door open to allow cats to come and go. Presented today in same night attire he had on when we visited 3 days ago, unkempt and house in some disarray. A degree of lability in mood, tearful and excitability when talking about family relationships, particularly with his maternal grandmother. Appetite - reports limited dietary intake (biscuits and other snacks noted around living room). Risk - no indication of suicidal risk or self harming behaviour. Mood low, however, reactive and responsive to humour. Agreed Plan: - Archie will continue on prescribed dose of Aripiprazole and Zopiclone. efficacy will be montired at each contact. - We have encouraged Archie re setting small goals, suggesting that he attend to personal care in first instance. - Archie is aware of contaact numbers available 24/7 should he require advice or support at any time in interim to sheduled contacts - ICPNT will liise with Dr should any further concerns arise. - Next scheduled contact Thursday, 10/11/22 - time to be confirmed

Assessed 4th Nov 2022 at 15:11

Summary of contact/details
Return home visit today with myself and C/N McPike as planned. Archie was much more settled in his presentation today. Less dramatic and animated and speech was not as rapid and he was able to be interrupted a bit easier. Content of his speech remains the same however again the edge was off and he presented as feeling less persecuted. More open to humour and Archie seemed to enjoy the company. informed that he had taken today's Aripiprazole. We collected Archie's prescription from local pharmacy (Zopiclone 7.5mg 10 tablets) Archie will start taking one tablet at night starting tonight. No new risk identified from today's visit and Archie is aware of contact numbers should he need additional input, outwith planned support times. Plan: T/C Elinor Mc Pike to arrange next H/V on 7/11/22

Assessed 3rd Nov 2022 at 16:34

Summary of contact

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

The above named gentleman has contacted services as he is struggling. He was noted to be presenting as bizarre, over-talkative and his mother expressed that she was struggling to cope in his mental health. Unfortunately he has suffered the loss of his grandmother which undoubtedly will exacerbate his mental health.

Archie has not been taking any of his sertraline or aripiprazole and as such given his presentation I would be grateful if you could recommence aripiprazole at 15mgs a day. I will arrange for him to be reviewed following this.

Yours sincerely

Assessed 3rd Nov 2022 at 15:29**Summary of contact/details**

joint assessment arranged and carried out by Duty and ICPNT

Assessed 2nd Nov 2022 at 14:50**Summary of contact/details**

Phone call from Archie this am who was feeling stressed. Archie talking about religion and his parents and getting himself more distressed with thoughts. Archie encouraged to try some distraction to change his current thoughts/mind as this was not helping him. Archie agreed to try this as writer had to leave to go to another appointment. Archie happy with same.

Spoke with Dr O'Reilly today who had Archie's mum on the phone concerned about his presentation. Advised that the CMHT were aware and that Archie had agreed to start treatment.

Phoned Archie this afternoon. He answered the phone in a more calm and coherent manner. Expressed to feeling more relaxed. Advised that he did not have any medication in the house. Writer advised Archie that she would go and sort this out and call him back.

Phone call to Dr Scott and GP and prescription will be ready for Archie to collect today. Several calls to Archie but no answer. Message left for him to return call.

Assessed 1st Nov 2022 at 11:33**Summary of contact/details**

Phone call to Archie, throughout he was overly talkative, it was difficult to follow the conversation or understand his train of thought; he spoke of "seeing things" that others don't see then saying he can communicate with the dead. It proved difficult for writer to get a word in as he talked over me and did not appear to be listening to anything that was being said.

Denied any alcohol consumption, said he occasionally smokes cannabis. Denied any recent self harm or any suicidal thoughts, said he believed in God and would not get into heaven if he completed suicide.

At the end of the call Archie said he would consider taking a Diazepam and practise deep breathing techniques, then went off on a tangent about how he was not a drug dealer.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

As writer has never spoken with Archie before and unsure of his usual presentation will discuss a plan with ICPNT and sector team - discussed with C/N Julie Cairns who advised this presentation was not overly concerning at this point, agreed to further monitor and discuss again with ICPNT if required.

Further call with Archie, he sounded more sedate, said he had taken Diazepam and he did find this helped. He still spoke about communicating with the dead, the Royal Family and "dark echo's of the past" all in a bizarre manner. He also spoke a lot about his relationship with his Parents and the relationship between his Mum and Dad. It was discussed with Archie possibly re starting medication he has had previously such as Aripiprazole, he said "I'll try anything" then again went off on a tangent about becoming an "addict" and being controlled. During the call there was no immediate risks identified and it was agreed CMHT would make contact once discussed with Dr Scott.

Return email from Dr Scott, Consultant Psychiatrist, who advised would recommend Archie re start Aripiprazole.

Writer has tried to call Archie back - no answer, a further attempt will be made and if no answer today passed to sector team.

Assessed 31st Oct 2022 at 15:42**Summary of contact/details**

Archie called looking to speak with someone. Return call. No answer, message left for Archie to call back.

Assessed 25th Oct 2022 at 13:44**Summary of contact/details****DUTY TELEPHONE CONTACT:**

Archie contacted Duty, audibly distressed at beginning of the call.

He reports to be "upset with everything that's going on", describing recent events in Westminster as the catalyst for his emotional state today.

On further exploration, Archie reports that his father had been antagonising him today, stating to Archie "you will go back in to hospital", with Archie advising this frightens him.

On reflection, Archie recognised that his father is perhaps just worried about him at present.

Archie spoke at length of his gran and her Scottish heritage, which he is immensely proud of, although he went on to mention government corruption repeating itself throughout history and returned to current issues within Westminster.

Archie talked about his thoughts being "constant" and admitted they are intense and tiring at times.

Writer provided supportive call and offered suggestion of increasing self care, with Archie advising that he will listen to Gaelic music which he enjoys and could also benefit from spending time tidying up his garden.

Archie reports to have utilised PRN Diazepam 5mg shortly before duty call and felt this "has taken the edge off it".

He denies any current self harm or suicidal ideation, planning or intent at time of duty contact, stating "I would not do that".

Archie was emotionally much calmer at end of duty call, with appropriate distraction planning in place.

He is aware of duty and OOH contact details, should his mental health deteriorate and he requires further support.

NIL immediate risks or concerns identified of reported at time of call.

CPN Alison Forbes has been updated regarding duty contact today.

Assessed 10th Oct 2022 at 11:47**Summary of contact**

The above named gentleman has stopped his aripiprazole as he felt this was causing side effects. Unfortunately he does have periods where he can feel very anxious and we considered propranolol. However my colleague Alison Forbes has confirmed that Archie suffers from asthma and therefore this would not be appropriate.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Archie appears to be coping relatively well however at times when his anxiety increases it is clearly very difficult for him and I wondered if he could be prescribed diazepam 5mgs a day, up to 10 tablets a month. There is no indication that Archie would abuse his treatment but it would offer him an additional support for his anxiety as and when it arises. I will copy this letter to Archie but if there are any concerns please do not hesitate to contact myself.

Assessed 5th Oct 2022 at 13:33**Summary of contact/details**

Phone contact to Archie following discussion with Dr Scott. Archie advised that Propranolol could be prescribed if Archie does not have asthma. Archie expressing that he does.

Archie expressing to be overall managing well and has good level of functioning. He experiences some anxiety symptoms during the day. We discussed deep muscle relaxation and breathing exercises that Archie does try to use during these times. He also finds pottering in his garden helps too. Archie pleasant and engaging during phone contact. No expressed concerns. Aware of contact numbers if mental health declines. Writer will update Dr Scott.

Assessed 29th Sep 2022 at 16:14**Summary of contact/details**

Archie called writer today to discuss medications. He reports to have now stopped his Aripiprazole medication because it made him feel sedated and unable to function well. He has now been off it for two weeks and has felt more able to attend to his usual routines within the home better. He is however experiencing some anxiety symptoms and wondering if there is anything else that he would be able to be prescribed. Archie is aware of anxiety management techniques and reports to be using these as and when he can. Writer agreed to liaise with Dr Scott regards his wishes. Archie happy with this. No other expressed concerns.

Assessed 30th Aug 2022 at 15:53**Summary of contact**

Diagnosis: F60.2 Emotionally unstable personality disorder, borderline type

Psychiatric Medication: Aripiprazole 10mgs

Recommendations/Plan: To commence sertraline 50mgs a day
Outpatient appointment three to six months' time

I carried out a telephone review of Archie on 30th August 2022. Archie's mood unfortunately has been flat for at least a while. He had reported struggling with motivation, poor concentration and described this as "can't be bothered". His sleep remains poor and he would like something to perk him up:

There has been no recent self-harming, no apparent mood dysregulation and no suicidal thoughts. He reported no other concerns in relation to his mood and no significant thought disorder.

Given this the plan would be to commence him on sertraline which he has previously been on at a higher dose of 100mgs a day. He found the 100mgs a day however unhelpful, possibly causing him to be overstimulated. He was however agreeable to restart at 50mgs a day and I would therefore be grateful if you could commence this in addition to the aripiprazole. I plan to review him in three to six months' time but he is aware that he can contact services if there are any concerns.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Assessed 25th Aug 2022 at 15:00

Summary of contact/details	
Archie called to speak with writer. He apologised for missing calls last week. He describes his mood as up and down but no current risks to self. Archie reports to have reduced his Aripiprazole medication to 10mgs from 20. He describes having more energy with the reduced dose but feels his mood could be better. He was on 100mgs of Sertlaine in the past but it affected his sleep and he reports to feel like 'I was on speed'. Happy for writer to discuss with Dr Scott at next MDT. Archie also expressing that he has to renew his bus pass. Writer will post out a completed form. Archie happy with same. No other issues or concerns. Pleasant and interactive during phone contact. No current ongoing CPN input required.	

Assessed 1st Aug 2022 at 15:42

Summary of contact/details	
Two phone calls to Archie today as arranged but no answer. Writer will feed this back to Dr Scott on return from annual leave as engagement with Archie has been difficult despite leaving messages with time and date of calls as well as letters.	

Assessed 28th Jul 2022 at 09:37

Summary of contact/details	
Follow up call to Archie. No answer. Message left for call on Monday 1st August at 1pm.	

Assessed 21st Jul 2022 at 12:59

Summary of contact/details	
Follow up call to Archie as arranged. No answer. Message left for return call.	

Assessed 15th Jun 2022 at 11:25

Summary of contact/details	
Archie has called to cancel home visit today but would like another appointment. Further appointment arranged for 21/7/22 phone contact at 1pm.	

Assessed 2nd Jun 2022 at 14:47

Summary of contact	
Not recorded	

Assessed 24th May 2022 at 15:20

Summary of contact/details	
Home visit to Archie as arranged. No answer to door or phone contact x 2. Message left for return call. Return call from Archie advising that he had forgotten about home visit. Writer will rearrange same.	

Assessed 20th May 2022 at 13:47

Summary of contact/details	
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Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Phone call to Archie this afternoon as per follow up. Archie expressing to be struggling with putting weight on and feeling sedated with current medication. He reports to struggle to get up before 4pm which is affecting his overall functioning. Archie wondering if he would be able to take his medication in the evening all together. Discussed with Dr Johnston who has said it would be ok to take in the evening. Archie happy to try this.

Writer discussed with Archie about him trying to put some structure into his day and get back out into the garden. Archie willing to try this.

Archie expressing to be worried that he has a physical health issue as well as his thyroid not working. Archie has appointment tomorrow to get his bloods checked with GP.

No expressed risks to self. Archie aware of contact numbers for out of hours. Arranged home visit for next Tuesday. Archie happy with same.

Assessed 12th May 2022 at 14:32**Summary of contact/details**

Writer called Archie this afternoon as agreed during last call to discuss medications with him following MDT. No answer. Message left on mobile answer machine to return call.

Assessed 6th May 2022 at 13:59**Summary of contact/details**

Follow up call to Archie as arranged. Archie at home at time of call. Archie advised of who writer was and purpose of call was to review current mental health and if any concerns or support required. Archie happy to chat with writer.

Archie expressed to going through a 'bad spell'. He reports that his mental health has declined a little and is able to identify triggers for this. Archie talked about how an old school friend has returned and been visiting him on a regular basis. Archie reports that she has also been drinking at these times as well as off loading her problems. Archie reports to have found this too much. He has asked her to stop visiting. Archie also expressed to how his parents continue to argue all the time which causes him to become stressed. Archie reports this to be a long standing issue. He also talked about his upbringing and how he felt at times unloved/supported by his mum.

Archie reports to have stopped taking all his medications some months ago and 'felt normal', he reports that it is only recently that he has become overly anxious and his motivation and energy has declined. Archie started on the Mirtazapine last week but plans to stop again because of side effects (anxious, shaky, dizzy, constipation, pins and needles). Archie reports that he has started taking Aripiprazole 20mgs daily. This is an old prescription. Archie feels this medication in the past is the one that worked better and didn't cause him to feel like a zombie. Archie happy for writer to discuss medication with Dr Scott.

Archie reports that his house is in a mess. We discussed perhaps pushing self to spend time tidying it each day, Archie going to try.

Archie noted to be reactive to humour and he denies any current self harm or thoughts to take his own life. Archie reports poor sleep last night and has issues with food that are longstanding. Archie denies any alcohol/drug use. Archie spent some time talking about Autism and how he feels this may be something that he has.

Writer has agreed to discuss medication with Dr Scott next week at MDT and has agreed to call Archie back next Thursday. No other issues or concerns. Archie aware of contact numbers to call if required.

Assessed 6th May 2022 at 11:18**Summary of contact/details**

Phone call to Archie as requested by Dr Scott to review current mental health and any issues Archie would like to discuss. No answer or availability to leave a message. Writer will try again later today.

Date of Birth 06-Apr-1987 (39y) **Sex** Male **CHI Number** 0604873298

From 12/05/1926 Until 12/05/2026

Summary of contact

I am sorry I was not able to speak to you today, 3rd May 2022 at your Outpatient Clinic appointment. I will send another Outpatient appointment but in the meantime I will copy this letter to Alison Forbes in case there is any CPN input that we can offer.

Summary of contact/details

SOUTH COMMUNITY MENTAL HEALTH TEAM
REFERRAL MEETING MINUTES
Dr Scott
Tuesday 26th April 2022

Dr Scott will bring forward next outpatient appointment

Summary of contact/details

~~He~~
~~usually goes to work at 8:00 AM. He has a car.~~
~~out of the room and he is not in the room anymore.~~

Archie contacted on his mobile this morning - going onto voicemail. Message left that contacting to arrange review and would contact back. Email sent to bring forward next OPA - happy to add to clinic next week. Message to be left to discuss with CMHT.

Summary of contact

Diagnosis: F60.1 emotionally unstable personality disorder borderline type
? Head injury

Psychiatric Medication: None having stopped

Recommendations/Plan: To be commenced on mirtazapine 15mgs at night
Further appointment three to six months time with a double slot as Archie would like an autism assessment)

Archie was requesting an autism assessment but it was not felt this was appropriate during the current assessment and he struggled to engage in a discussion regarding any other aspects of his mental health.

In many ways Archie has a very complex history and a diagnosis even of autism would not explain his overwhelming emotional difficulties and history of trauma.

I have tried to explain this and he understandably finds it very distressing that his mental health struggles with any stability. He feels that he has not had any support historically although when I discussed the fact that he has in fact had support including psychology, he acknowledged this but felt it had been unhelpful.

Date of Birth 06-Apr-1987 (39y) **undefined Male** **CHI Number** 0604873298

From 12/05/1926 Until 12/05/2026

Dr Jacqueline Scott
Consultant Psychiatrist

Summary of contact/details

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Duty call:

~~Archie has been contacted by the service that Archie's mental health may be deteriorating. Archie has been contacted by his mother but no answer on telephone number provided. Further contact will be attempted with Archie's mother. Further contact was attempted with Archie's mother and still unable to make contact or leave message asking her to call back. NEA from duty at present time.~~

Assessed 17th Aug 2021 at 16:57**Summary of contact****Diagnosis:** F60.1 Emotionally Unstable Personality Disorder, borderline type**Psychiatric Medication:** Aripiprazole 20mg od, now reduced to 10mg od by Mr Brown
Sertraline 100mg od**Recommendations:** No change to treatment.
Review six/eight months' time.**Summary**

I carried out a telephone review on Archie on 17th August 2021. Archie has reduced his Aripiprazole as he felt he was over-sedated and his motivation had reduced. He is now on 10mg a day and felt better with this drop. He continues on Sertraline 100mg a day reporting improvement in his mood, no concerns with anxiety and no thought abnormality.

He felt he was functioning better and would like to return to more exercise, cycling in particular which he had previously used to help him cope with his mental health difficulties.

On assessment, Archie presented as relatively bright in affect, there was no pressure of speech or thoughts, no evidence of significant mood or anxiety disorder, no current flashbacks or nightmares from trauma and no delusions. He reported no self-harming and no suicidal thoughts, plans or intent.

Given that he is settled, I would make no changes to the Sertraline 100mg od nor the Aripiprazole 10mg od. Archie is happy with this plan and although would like to consider reducing the Aripiprazole down further, would like to do this at a later date.

I would therefore be grateful if Archie could continue with his current treatment regime and I will review him in six to eight months' time. Archie is aware that he can contact me if there are any concerns.

Assessed 11th May 2021 at 10:16**Summary of contact****Diagnosis:** F60.3 - Emotionally Unstable personality Disorder, currently in remission
? Reactive lowering of mood - F32**Psychiatric Medication:** Aripiprazole 20mg a day
Zopiclone PRN**Recommendations/Plan:** To be commenced on Sertraline 50mg a day and to be increased after one month if no concerns to 100mg a day

Next Out-patient Appointment - 3 months

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Summary

I carried out a telephone review on Archie on 11th May 2021.

There have been no concerns regarding his thoughts and on assessment there was no evidence of irritability, brittleness, flights of ideas or thought disorder. He has felt that his mood has recently been lower and he is flat also because he has put on weight and wondered if this was due to the Aripiprazole. He is less active however, staying at home as he is anxious regarding Covid and he acknowledged that he is also possibly eating more processed foods.

He is very anxious due to Covid and although he previously would go out he has been unable to do this now.

There is no thought disorder, no psychosis, no self-harming and no suicidal thoughts.

2/ ARCHIE BROWN 20 ARTHURSTON TERRACE, COYLTON, AYR, AYRSHIRE, KA6 6HY
CHI No: 0604873298

On assessment he did present with some flatness of mood, especially lack of motivation and drive, but his appetite was settled, he is able to watch television, look after his cats, he is shopping well, and it is my impression that it is more likely due to perhaps lack of any structure.

I discussed the option of perhaps augmenting the Aripiprazole with an SSRI, which may help with his moods and/or anxiety. I have reassured him that this should not increase his weight, but he realistically does need to address his diet also. I would therefore be grateful if you could commence him on Sertraline 50mg a day and if there are no concerns with side effects that this could be increased to 100mg a day after approximately a month. He is aware that it will take at least 6 to 8 weeks for any significant improvement in his mental health and I will review him in 3 months' time. If after this point he is settled I would be happy to perhaps augment the Aripiprazole to a slightly lower dose. He may benefit from a referral to a Dietician also and I have asked him to discuss this.

In the meantime there is no evidence of risk and he presented as well otherwise and I will review him in 3 months' time.

Assessed 20th Apr 2021 at 12:46

Summary of contact	
Dear Archie I have been unsuccessful in contacting you over the last few months for CPN support post discharge. I hope that you are well and managing to maintain good mental health. You will continue to be reviewed by Dr Scott at outpatient and can call the CMHT number between working hours if you require further support. At this point I will discharge you from my caseload.	

Assessed 19th Apr 2021 at 16:05

Summary of contact/details	
Phone call to Archie this am. No answer. Message left but no return call. Writer has therefore written to Archie as discussed at last MDT meeting.	

Assessed 13th Apr 2021 at 11:10

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Summary of contact/details	
SOUTH COMMUNITY MENTAL HEALTH TEAM REFERRAL MEETING MINUTES Dr Scott Tuesday 13th April 2021 Not engaging with CPN. Multiple attempts made by Alison. Alison will write to Archie discharging him from her caseload.	

Assessed 8th Apr 2021 at 10:13

Summary of contact/details	
Follow up call to Archie. No answer. Message left for Archie to return call.	

Assessed 25th Mar 2021 at 13:04

Summary of contact/details	
Follow up call to Archie at arranged time but no answer. Message left for Archie to return call.	

Assessed 24th Mar 2021 at 11:20

Summary of contact/details	
Follow up call to Archie as arranged. No answer. Message left for Archie to return call.	

Assessed 23rd Feb 2021 at 13:02

Summary of contact/details	
Further phone call to Archie to introduce writer as CPN. No answer. Message left for Archie to return call.	

Assessed 22nd Feb 2021 at 13:38

Summary of contact/details	
Follow up call to Archie as arranged. No answer. Message left for Archie to return call.	

Assessed 9th Feb 2021 at 09:39

Summary of contact	
Diagnosis: F60.3 – Emotionally Unstable Personality Disorder, borderline type (? In remission) F20 – Psychotic Episode, currently in remission Psychiatric Medication: Aripiprazole 10mg BD Recommendations/Plan: To be commenced on Zopiclone 7.5mg for 14 days per calendar month Next Out-patient Appointment – 3 months Summary I carried out a telephone review of Archie on 9th February 2021.	

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Archie presented as very pleasant, amiable and engaged well during the assessment. He reported no ongoing thought disorder, over-valued ideas, nor hallucinations. He seemed very pleasant and he is happy with the Aripiprazole, especially as this should not be associated with weight gain. He felt he had also a better routine.

Unfortunately, he still struggles with sleep which the Olanzapine would have been helping with. He wants to understandably avoid resuming Olanzapine or Quetiapine and I wondered if you would be kind enough to consider even 14 days of Zopiclone per calendar month at a dose of 7.5mg a day. He is not someone who I believe would abuse this treatment, but he is struggling with the lack of sleep. Although this is a longstanding difficulty for him I suspect that even a small dose would help him.

He was otherwise well and I will review him in 3 months' time. Archie is aware of how to contact the services if there are any concerns.

Assessed 8th Feb 2021 at 14:32

Summary of contact	
05.02.21 Mental Health Risk Assessment sent to Riverside Med. 08.02.21	

Assessed 3rd Feb 2021 at 11:37

Summary of contact/details	
Archie still reporting to be doing well. Still some residual sleep issue at times with weird dreams on occasions that he reports is nothing new to him and causing no distress at this time. Now concerns regarding medication offered. Continues to occupy his time during day doing household chores and time in garden. Passed on details about upcoming CPN appointment. Discussed plan to discharge on Friday 05 February which Archie is happy with. Next scheduled contact with CN Julie Cairns on Friday 05/02/21, same diarised.	

Assessed 2nd Feb 2021 at 15:50

Summary of contact/details	
SOUTH COMMUNITY MENTAL HEALTH TEAM REFERRAL MEETING MINUTES Dr Scott Tuesday 2nd February 2021 Discharged from ward. Follow up appointment with Dr Scott.	

Assessed 2nd Feb 2021 at 12:46

Summary of contact/details	
Alison Forbes CPN will make contact with Archie on 22/02/21 at 1pm. Same will be forwarded to Archie at contact on Wednesday 03/02/21 by writer.	

Assessed 1st Feb 2021 at 13:05

Summary of contact/details	
Return call to Archie as per covid guidelines. Archie was in good spirits today, apologised for missing call yesterday as had been in the garden. He continues to do well without the diazepam although recognised that sometimes his anxiety can start to creep in. Discussed what he does at this time, which	

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

he described many coping strategies that have been working for him with good effect. General conversation had with Archie about variety of general topics. No concerns with content, appropriate use of humour and topics. Archie reports that he is well on way to feeling more like himself. Discussed writers contact with Dr Scott and Alison Forbes CPN to advise of OPA which is to be arranged and that a CPN is waiting to be appointed and confirmed. Discussed discharge from CRT on Friday if all remains to be going well which Archie has agreed is a good thing as doing much better.

Writer will make further call on Wednesday afternoon at 1530 hours and CN Julie Cairns will contact Friday with a view to discharge at that time.

Assessed 31st Jan 2021 at 16:31**Summary of contact/details**

I have made several attempts to phone Archie today and left messages but no reply, I have no reason to be concerned judging by the previous contacts. I will ask my colleague Suzi Hailey to attempt contact again tomorrow.

Assessed 28th Jan 2021 at 12:40**Summary of contact/details**

Return call to Archie following covid guidelines and at Archie's request.

Archie sounding bright and relaxed on phone, rapport established quickly. Continues to make good progress in his mental health at this time. Still feeling lethargic at times but managing to sleep better at night which is an improvement. Fill day with various household tasks and times in the garden and reading and watching tv. Utilising relaxation music at points during day of feeling a bit anxious with good effect. No concerns regarding medication, has now finished course of diazepam and appears to be coping well without it at this time.

General chat followed that was appropriate in content and no sign of any psychosis evidenced throughout and any agitation noted with good use of humour at times..

Care and treatment remains unchanged at this time. He has asked to find out who his CPN will be which writer agreed to find out and pass on next week. Next scheduled contact is for Sunday with CN Julie Cairns and same diarised. Archie aware how to phone in before this should he require any additional support. No concerns at this time that require a face to face visit to be carried out.

Assessed 26th Jan 2021 at 11:35**Summary of contact/details**

Archie contacted CRT as he had a missed call, Archie reports he wasn't long up and had taken his medication he sounded a little anxious but stated he would be ok when his medication kicks in, he reports that he picked up his medication yesterday so was out for a wee while, he is trying to sort out his flat, advised to do a bit at a time and ahe agreed and that was his plan. Archie spoke about his cats, he sounded euthymic and his affect was reactive. Archie hoping he doesn't have to go back in to hospital. no other concerns and Archie happy for contact again on Thursday by S/N Suzy Hailey

Assessed 25th Jan 2021 at 16:21**Summary of contact/details**

Contacted CRT this morning - spoke with Susie advised Archie has been progressing well and they raise no concerns in regards to discharge not proceeding as planned. Mental state becoming more stable, some periods of eccentric behaviour and has been finding things to keep himself busy such as gardening - more periods of feeling calmer. CRT will continue to be able to support Archie at home.

Dr Scott discussed Archie at ward review - see In-Patient MDT for further information - informed of update from CRT and Archie discharged today as previously planned - CRT to continue to support Archie in the interim.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Spoke with Susie this afternoon to confirm planned discharge, advised Archie has enough medication until 27/01/21 and will require to be prompted to contact his GP surgery to arrange repeat prescription. Susie will be speaking with Archie this evening and will inform him of this.

Short term detention certificate has been revoked.

No discharge medication of Aripiprazole 10mg provided today due to Archie having already received an extended supply of pass medication to cover him until able to access medication from GP

Risk Assessment updated accordingly

Plan on discharge

- 1) Initial follow up from CRT
- 2) CPN support
- 3) OPA within 4 weeks of discharge
- 4) CMHT to discuss addiction support
- 5) No changed to medication

Assessed 25th Jan 2021 at 15:51**Summary of contact**

Diagnosis: Emotionally unstable personality disorder (F60)
Psychotic Episode (F20)

Ward/Hospital: Ward 11, Woodland View

Date of Admission: 07.01.21

Date of Discharge: 25.01.21

Legal Status: Short term detention certificate (STDC) since revoked at discharge

Medication: Aripiprazole 10mgs OD

Recommendations/Plan: 1. Discharge with Aripiprazole and 1 week Diazepam
2. CRT follow up
3. OPC follow-up within 4 weeks

Presenting complaint

Concerns from family regarding bizarre beliefs, poor appetite and sleep, not taking medications.

History of presenting complaint

Archie presented as acutely psychotic, expressing many beliefs throughout conversation, telling us these in rhymes and riddles which make little to no sense. He was fixated on two books, one depicting a Raven and the other Fairies. He reported hearing voices relating to a Sea God and various ancestors, who were passing him information. He believed he had a celestial link to the ancestors, although seemed angry that this had now been removed from him and was being passed around to others. He stated that we all have belief systems and he has many, some coming from Pagan beliefs. He also stated that he is not gay, and dislikes women because they think he is not straight. He discussed a transsexual in heaven and seemed to be alluding that this was him.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Many of these beliefs and thoughts were expressed

/2 ARCHIE BROWN

CHI No: 0604873298

one after another and there was no obvious link. He occasionally rhymed in his speech and often in the conversation repeated three words or phrases at the end of a segment of speech. He was most often unable to answer direct questions such as where he lives or why he is in hospital. ~~There were some beliefs from his father regarding these beliefs~~

Psychiatric history

Mr Brown is known to services with an established diagnosis of EUPD and was admitted last year under his previous RMO for psychosis. He also has a background of depression and anxiety.

Medical history

Obesity

Asthma

Substance use

Admits to routine long term cannabis use

Personal history

He stated he had a relatively happy home growing up but had issues with his father, feeling that he didn't like him and there were many arguments. He has sadly had two experiences of sexual assault, once at the age of 5 with his cousins who forced him to carry out sexual acts upon them. He experienced further sexual assault at age of 14/15 in GLC. At the age of 9 or 10, Archie ran away from home several times and was collected by the police and taken home. Archie did not enjoy school and was often regarded as "class idiot" and picked on by his peers. He left school at 16 and since then has had a range of jobs including being fully qualified ladies' hairdresser, working in a Travel Lodge and as a cleaner at times, and was often bullied in the work place. Archie knew from a young age that he was gay, although initially had some difficulty accepting this. Throughout his teens and adult life he has had several male partners. He spends his time in his flat where he lives alone with his three cats and enjoys gardening.

Current social circumstances

Archie lives alone in his flat with his cats. Archie tends to keep his distance from friends and family. He finds arguments with his parents very difficult and sometimes finds this a trigger for worsening his mental health.

Family history

Not known

Forensic history

Nil

/3 ARCHIE BROWN

CHI No: 0604873298

Legal history

Archie was detained under short term detention certificate.

Mental state examination

At time of admission Archie was dressed in multiple layer and but moderately well kempt. He spent the conversation sitting down

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

but was almost constantly holding and moving two books, He made good eye contact throughout. He spoke in a normal tone and at a normal rate however did speed up at times. Speech was excessive in quantity, however not pressured. During consultation affect was variable,

At points he was very teary, at other times during consultation was laughing. He was overall euthymic with a sense of anger and hostility towards certain groups of people which varied throughout assessment. Archie was notably thought disordered. No evidence of thought blocking or insertion. Content included several delusions. No evidence of suicidal thoughts. No response to external stimuli during conversation. Cognition was not possible to assess. No obvious evidence of impairment. Archie had poor insight and did not recognise he was in hospital.

Progress on the ward

Archie made good progress on the ward over time. He was commenced on Aripiprazole which was optimized to 10mg BD and was also discharged with a week of 2mg BD diazepam. He was permitted to leave on pass for one week and was then discharged from Woodland View with CRT follow up.

If you have any further queries please do not hesitate to get in touch.

Assessed 24th Jan 2021 at 15:19**Summary of contact/details**

Returned call to Archie as planned from earlier note. Archie did answer this time. Archie presented as less animated and jovial than I had spoke to him on Friday. Engaged well none the less and was appropriate throughout. Archie was a bit 'Cryptic' at times. He did say that he can be a bit 'Deep'.

Archie has been to the local shop yesterday and said that he had to fore himself and get on with it. He has planted some bulbs in pots in garden today and said that he finds this enjoyable and therapeutic.

Archie is hoping that he remains out of the hospital and his discharge goes without any problems.

Reports that eh feels that his Aripiprazole is taking affect and that it may be the cause for his over tiredness.

Archie thanked me for calling him and reports no concerns at time of call. Archie is happy with the following plan for next contact, and is fully aware of how to contact service outwith planned support times.

PLAN:

T/C Gillianne 26/1/21. Forward planned in diary

Assessed 24th Jan 2021 at 14:18**Summary of contact/details**

Attempted to contact Archie by phone this afternoon as planned. No answer and voicemail came on. Brief message left informing Archie that I would try contacting him later again today at 3pm.

Assessed 23rd Jan 2021 at 23:19**Summary of contact/details**

Archie currently remains out on pass and is beng supported by CRT, Archie should be discharged whilst in the community if clinically indicated. At the time of entry no contact has been recieved from archie at the time of entry

Assessed 23rd Jan 2021 at 15:14**Summary of contact/details**

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Archie remains on pass, no contact with the ward today.

Assessed 23rd Jan 2021 at 03:48**Summary of contact/details**

Archie remains on pass, nil contact had with the ward.

Assessed 22nd Jan 2021 at 15:54**Summary of contact/details**

Phone contact to Archie as agreed. Initially Archie did not answer his phone, writer left a message and Archie called into the office to advise he had been sleeping.

Contact made with Archie. He sounded bright and jovial. He apologised profusely for missing writers calls. He advised that he was feeling very tired as he had struggled to sleep when in hospital and had had to go for a lie down this afternoon.

Archie advised he was feeling the benefit of being at home. He discussed his medicines and stated that he was worried about his diazepam stopping as he feels he had withdrawal from lorazepam in the past. He asked if he could further reduce the diazepam dose rather than going from 2mg BD to stopping. We discussed that this was at Archies discretion, however he would not be prescribed any further supply. Archie has decided he will take 2mg BD until Sunday and then take 1mg BD by halving the tablets until his supply is finished.

Archie remains fixated on the Covid outbreak. He spoke at length about the new strains now coming through and his fears of catching the virus. He was able to rationalise this and is aware of necessary precautions.

We discussed plans for contact over the weekend. I advised Archie that there are only male staff on for our area, given Archie has expressed a preference to speak with females. Archie agreed that a male can contact him over the weekend however he does not feel that he will cope with a prolonged conversation.

We agreed that staff will call him on Sunday afternoon. Same diarised for SN Gallacher on Sunday at 2pm.

Archie is aware of how to access services prior to this should he require to.

No new concerns raised.

Assessed 22nd Jan 2021 at 15:18**Summary of contact/details**

Archie remains on pass. No contact to the ward today.

Assessed 22nd Jan 2021 at 15:15**Summary of contact/details**

Returned call to Archie after he had called into the CMHT admin office. Archie saying that he missed 2 calls from C/N Gilliane Rogers as he was sleeping. Agreed with Archie that I would inform Gilliane that he was not ready to receive her call.

Archie was very bright and engaged well over the phone.

Assessed 22nd Jan 2021 at 04:06**Summary of contact/details**

Archie remains on pass from the ward with CRT input, no contact with ward overnight.

Assessed 21st Jan 2021 at 16:40**Summary of contact/details**

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Archie currently on pass, with CRT input. No contact to the ward today.

Assessed 21st Jan 2021 at 04:12**Summary of contact/details**

Archie contacted the ward this evening. He had just had an argument with his parents and seemed just to be phoning to vent his frustrations and seek reassurances. His parents had moved belongings in his house when tidying and this had annoyed him. Not pressured during discussion and there was no spiritual element to this. He responded well to reassurances and was calm and relaxed at the end of the phone call. No further contact overnight.

Assessed 20th Jan 2021 at 18:28**Summary of contact/details**

previous entry checked and verified by writer

Assessed 20th Jan 2021 at 13:13**Summary of contact/details**

Archie was up and awake at the start of the shift making a cup of tea before going for a shower and getting dressed. Archie was all packed and ready to go for his weeks pass home. During 1:1 Archie reported he was looking forward to going home. Archie was bright and reactive, however some bizarre content at times during conversation.

Pass meds were ordered and CRT contacted re liaison with Archie following leaving ward 10.

Good diet and fluids intake throughout day until discharged.

Archie was collected by dad at 1700. Medication re reducing diazepam explained to Archie and he appeared happy when leaving the ward.

Concordant with medication as per HEPMA.

Assessed 20th Jan 2021 at 04:08**Summary of contact/details**

Settled evening. He continues to report some anxieties regarding COVID-19 outbreak within the ward although all anxieties expressed are of a reasonable manner. No spiritual or delusional element to discussions. Accepting of prescribed medications prior to retiring to bed. He appears to have slept well overnight. No further concerns at present.

Assessed 19th Jan 2021 at 19:17**Summary of contact/details**

Previous entry checked and verified by writer

Assessed 19th Jan 2021 at 17:55**Summary of contact/details**

Archie approached staff at the nursing station roughly 1800 visibly shaking and upset due to fellow patient **██** being confrontational in the courtyard. Apparently **██** was asking Archie for a fight. Staff praised Archie for taking himself away from the situation and reporting it to staff.

During 1:1 Archie was teary about the situation, however much like earlier, Archie wasn't able to stay on topic and his

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

conversation was very bizarre, making reference to 'viking blood he had in him, ancestors, his mum was blind, the book of the dead and that his beliefs are different to the rest of the world'. Archie encouraged to make himself a cup of tea and spend some time in his room.

Assessed 19th Jan 2021 at 17:29

Summary of contact/details

Previous entry checked and verified by writer

Assessed 19th Jan 2021 at 16:21

Summary of contact/details

SOUTH
COMMUNITY MENTAL HEALTH TEAM
REFERRAL MEETING MINUTES
Dr Scott
Tuesday 19th January 2021 (MS Teams)

Pass tomorrow for a week with crisis support. Mental health improving with aripiprazole 20mgs. Female CPN post discharge

Assessed 19th Jan 2021 at 15:21

Summary of contact/details

Archie was accepting of allocated nurse.
Archie was awake at the start of shift and attended for breakfast. He then got dressed and spent a fair bit of the morning pottering about in the courtyard tidying up wearing 3 masks on his face all day.
Archie was bright in mood and chatty when interacting with staff, however, during 1:1 Archie was quite bizarre in his responses, completely going off topic saying random things about politics, the government and god.
Archie spent the afternoon in his room and utilising the courtyard for cigarettes.
Good diet and fluids at meal times.
No new concerns reported at time of writing.

NEWS 2

Assessed 19th Jan 2021 at 03:37

Summary of contact/details

Archie spent much of the evening in his bedroom, did attend treatment room for nocte medications and requested prn lorazepam due to increased anxieties. Was wearing 2 masks and gloves at this time, says "his anxieties are through the roof". Reassurances given and Archie appearing much more relaxed, speaking of his life and how he used to be a hairdresser, some bizarre elements at times about psychologically reading minds when a hairdresser, was comparing this to the job of a mental health nurse. Retired to his room following this and appears to have slept well. Nil concerns regards physical health to note at this time.

Assessed 18th Jan 2021 at 15:35

Summary of contact/details

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

WARD INREACH PATHWAY

Remote review of Archie's notes and liaison with Dr Scott, Archie will go on pass on Wednesday with CRT support with a view to being discharged at ward review the following week.

I have diarised same in my colleague Gillianne Roger's calendar.

Assessed 18th Jan 2021 at 15:20**Summary of contact/details**

Archie was informed and accepting of his allocated nurse for the day.

Writer talked at 1:1 about review with Dr Scott which was planned for this afternoon. Archie was keen to discuss discharge plans.

Reviewed by Dr Scott virtually via MS teams.

Archie presented well at the review, reporting that he was feeling up and down, acknowledged that the medication was making a difference and that he was keen to get home. He was happy to have Diazepam reduced. Discussed his Cannabis use and was happy to accept support from 'We are with you' on discharge to be discussed and actioned by CPN.

Following the review Archie decided to cancel his tribunal as he was happy with Dr Scott's plan so he informed his lawyer and advocacy.

COVID swab done.

PLAN

1. Tribunal on Wednesday at 2pm. (Archie has since cancelled this)
2. Reduce Diazepam to 2mg BD as of today with plan to stop after one week.
3. Continue with current dose of Aripiprazole.
4. COVID Test today.
5. One week pass home on Wednesday with Crisis Team support with a view to discharge next week if Archie remains settled and detention will continue until then.
6. Outpatient appointment with Dr Scott to be arranged.
7. CPN input in the community (preference for female).
8. CMHT will discuss with Archie about Addiction Services.
9. Dr Scott to update risk assessment.

Archie remained settled on the ward for the rest of the day. No further concerns at time of writing.

Assessed 18th Jan 2021 at 03:16**Summary of contact/details**

Archie has been visible in communal areas briefly, though spent majority of the evening within his bedroom. Appearing brighter in mood. Continues to be reactive. Some delusional content remains during conversation. Humour evident. Pleasant and appropriate during interactions.

Enjoyed supper and a good fluid intake. Remains accepting of medications as per HEPMA. Retired to bed shortly after and has appeared to have slept well overnight.

No other issues at the time of writing.

Assessed 17th Jan 2021 at 16:42**Summary of contact/details**

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

writer introduced self to Archie this afternoon, Archie was pleasant on approach, utilising kitchen area and chatted with staff, verbal altercation with fellow patient in sitting room, before going back to bedroom, attended for evening meal, since dinner time Archie has been slightly argumentative, with fellow patients and staff, paranoid and hostile at times when approached and during conversation easily wound up

Assessed 17th Jan 2021 at 03:23**Summary of contact/details**

Archie has been visible in communal areas. He presents as low in mood and flat in affect. Conversation still contains some delusional content. Though remains pleasant throughout interactions. Enjoyed supper and a good fluid intake. Remains accepting of medications as per HEPMA. Retired to bed shortly after and has appeared to have slept well overnight. No other issues at the time of writing.

Assessed 16th Jan 2021 at 18:15**Summary of contact/details**

Entry by ST/N Gordon verified by S/N McHaffie

Assessed 16th Jan 2021 at 09:40**Summary of contact/details**

Archie was made aware that St/N A.Gordon was his nurse for the day, he was accepting of this.

Archie spent time in his room today due current COVID restrictions within the ward, he left to collect meals and drinks.

On presentation this morning Archie was bright and settled. He reported that he didn't sleep well but he believes that this will change when he goes home.

On 1:1 this afternoon Archie reported that he is going to begin eating properly and making healthy meals for himself when he is discharged. He requested to move room due to the COVID-19 outbreak, he reported feeling anxious about being in the same corridor as COVID-19 patients. Writer reassured Archie that he is safe in his own room.

Archie got agitated this afternoon yet he was still pleasant, he reported that he wanted to go home and that he was nervous for his review with Dr Scott on Monday.

NEWS 2 - stats 95 and pulse 100

Concordant with all medication as per HEPMA

Good dietary and fluid intake.

Assessed 16th Jan 2021 at 02:35**Summary of contact/details**

Quiet evening for Archie, spent within room area for the most part. During discussions Archie expressed some anxieties regarding COVID +ive cases within the ward but was reasonable and understanding throughout this discussion. Made reference to feeling staff did not take his spiritual beliefs seriously but spoke no further about spirituality or inherited psychic powers. Accepting of prescribed medications prior to retiring to bed. No further concerns at present.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Assessed 15th Jan 2021 at 18:54

Summary of contact/details	
Entry by ST/N Gordon verified by S/N McHaffie	

Assessed 15th Jan 2021 at 12:17

Summary of contact/details	
Archie was made aware that St/N A.Gordon was his nurse for the day, he was accepting of this. On 1:1 this morning, Archie voiced concerns about COVID-19 cases being on the ward, he states that he feels scared to stay within the ward because he doesn't feel the environment is going to be positive to his mental health and he would rather be at home with input from community services. Archie spent most of his day in his room, occasionally entering ward communal areas for a tea and a chat with staff/peers. He attempted to contact Circles Advocacy this afternoon yet they didn't answer, he left an answer phone message. This afternoon Archie requested a 1:1 with writer, he reported that he was angry at his friend [REDACTED] and his dad for 'forcing' him to come into hospital. He conveyed good insight into his illness and accepts that he has to be concordant with his medication to say well. At times his conversation became disjointed speaking about psychic powers being passed down from his deceased gran. He reported that his cats are a good distraction for him and that they bring him joy, he then continued to report that he stopped taking his medication prior to admission due to his cats being unwell. Archie told writer that it upsets him that he doesn't have a good relationship with his dad, he thinks this is due to his dad not accepting his sexuality. He continued to tell writer that he wishes he grew up in a generation that was more accepting of his sexuality. No suicidal thought, plan or intent evident and no bizarre behaviours observed. NEWS 0. Concordant with all routine medication as per HEPMA. Good dietary and fluid intake.	

Assessed 15th Jan 2021 at 03:12

Summary of contact/details	
Fairly settled evening. Conversation appropriate in manner and content for the most part although did get a little fixed on his belief that Dr's have not treated events in his life with the significance he feels they deserved such as being hit on the head by a pole. This did appear to agitate Archie however his agitation was short lived. He retired to his bed after receiving nocte medications and has appeared to have slept well.	

Assessed 14th Jan 2021 at 17:33

Summary of contact/details	
Previous note by student nurse C Pettigrew verified as accurate.	

Assessed 14th Jan 2021 at 11:08

Summary of contact/details	
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Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Archie aware and accepting of nurse for the day St/N. C. Pettigrew.

Archie has spent time in his room today due to the current covid restrictions within the ward leaving to come to the communal area to collect meals and drinks.

During 1:1 Archie states that he feels that he is scared to stay within the ward because he doesn't feel the environment is going to be positive to his mental health and he would rather be at home with input from community services. Archie states that he would like to be back home where he can work on his garden and practice his meditation which he feels is beneficial to him.

Archie spent a lengthy time talking to Martine Walker from AC White Solicitors. Did not appear upset by this.

Archie spent some time in the garden today. No bizarre behaviours observed. Archie states that he no longer feels that ward environment is helpful to his recovery and feels that he would continue to recover better at home. Showing insight into his behavior on admission and how he has improved in this time.

Archie provided with paperwork for advocacy to assist with his detention.

Assessed 13th Jan 2021 at 21:27**Summary of contact/details**

Request to check Covid-19 swab: NOT Detected by PCR
verbal info given to ward 10

Assessed 13th Jan 2021 at 21:01**Summary of contact/details**

Archie in his room sleeping tonight, rose around 22.00 for medication, bright and chatty in manner tonight, returned to bed and has slept well overnight.

Assessed 13th Jan 2021 at 19:27**Summary of contact/details**

Previous note by student nurse C Pettigrew verified as accurate.

Assessed 13th Jan 2021 at 12:01**Summary of contact/details**

Archie aware and accepting of nurse for the day St/N C. Pettigrew.

Archie was in the communal area at the beginning of shift chatting with staff. Archie was pleasant in mood, interacting well with staff and peers. During 1:1 Archie reported that he was feeling much better since admission and believes that medication has made a difference and now he just wants to get home to continue getting better. At times the conversation became disjointed and Archie would talk about ancestry, kings and queens of Scotland and his past. Archie explained that these beliefs are always there even when he is mentally well, stating that he is "an old soul in a young body". Archie was contacted by Circles Advocacy this afternoon. After discussion Archie spoke with staff to say that he is concerned that he is detained until 3/02 and just wants to get home to his cats as he is worried for them and his parents who have to look after them. Archie reassured with some effect.

Archie appears settled in his room at time of writing.

No new concerns noted.

Assessed 12th Jan 2021 at 20:39**Summary of contact/details**

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Archie spent his night in his room, attended for supper and medication as per HEPMA. Archie chatty and appropriate in manner, talking about his pet cats and his family. Retired to bed and appears to have slept overnight.

Assessed 12th Jan 2021 at 17:31**Summary of contact/details****INREACH PATHWAY**

Remote review of Archie's notes, mental state appears to be stabilising since re-commencement of medication. Remains under STDC, Dr Scott will review next Monday, CRT happy to facilitate early discharge.

Assessed 12th Jan 2021 at 16:27**Summary of contact/details**

Archie was informed of his allocated nurse for the day.

He has had a settled day spent mostly in his room.

At 1:1 he was given his STDC information sheet which he was happy to read and sign. Archie reported that he was feeling much better since admission and believes that medication has made a difference. He continued to talk about his beliefs in supernatural beings and how he has always since being a child felt this. Conversation was mostly appropriate.

Archie said that he had spent time talking to Dr Bremner today and he had spoken about past childhood sexual and physical abuse (see note on carepartner). Archie was upset and tearful when talking about this. Archie advised that he had contacted Advocacy and was given a list of solicitors. He was initially apprehensive about this, worried that he would upset staff by making this decision advised we would support and encourage him to have an advocate.

Concordant with medication as per HEPMA. NEWS: 1

2nd Covid swab sent. Archie was advised that there was Covid on the ward.

No further concerns at time of writing.

Assessed 12th Jan 2021 at 16:06**Summary of contact/details**

Archie reviewed by myself in order to obtain further detail regarding personal and social history. He was happy to discuss this today, reporting feeling improved since admission.

Initially we discussed Archie's childhood. He states he had a happy home growing up but had issues with his father, feeling that he didn't like him. They had lots of arguments, [REDACTED]

[REDACTED] He feels his father should have apologised to him for these times in his childhood, but he has not.

There were two points in Archie's childhood where he describes experiencing sexual assault. Archie became tearful whilst depicting what happened during these events. The first event he describes took place at the age of 5. He was with his cousins, male and female, who forced him to carry out sexual acts upon them. The cousins were older than him. [REDACTED]

[REDACTED] For this reason he has felt some pity for his cousins since this event, but he has also despised them.

At the age of 9 or 10, Archie wished to run away from home. He took the train himself to Glasgow and states he wandered the streets, enjoying the feeling of being invisible. This was different to when he was at home, where he felt he stood out too much. After running away he would be collected by the police and taken home. This happened several times.

Archie tells me he did not have a good experience at school. He felt he needed extra support which was not given to him. He was often regarded as "class idiot" and picked on by his peers. He did not do well with class work or homework. He had some friends at secondary school but often felt they were laughing at him or making fun of him.

Archie knew from a young age that he was gay, although had some difficulty accepting this. He attended counselling and a social

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

worker referred him to a LGBT centre, at the time he says was called the GLC (Gay Lesbian Centre). He feels let down by the social workers for referring him there, because of the events which took place. At this centre Archie was again sexually abused. He states he attended the centre at the age of around 14/15, and his boyfriend at the time would partake in sexual acts with men he had met on the internet for money. He describes that one evening at the centre a stranger who initially seemed "charming" convinced Archie to go to the bathroom with him, and subsequently Archie was raped. He disclosed this information to a friend from school, who then told other peers that Archie was gay leading to further distress. He went to counselling regarding the rape but found it very difficult to discuss and would often walk out of the session.

At a similar time, whilst Archie's boyfriend was spending time with men at the centre, Archie had become jealous and states it was around this time he developed an eating disorder. He made himself sick with the intention of "becoming beautiful" for his boyfriend. He states the bulimia carried on for 4-5 years. He stopped this because he noticed he was having heart palpitations, and had watched an episode of Hollyoaks featuring a girl who died from bulimia complications. Although the bulimia has not persisted, he has since had ongoing issues with body image and fluctuation of weight. His weight has ranged from 22 to 10 stone. He still at times struggles to maintain a normal diet of three meals a day and often starves himself for stretches of time.

Shortly after he was raped at the centre Archie was also physically assaulted by a stranger who hit his head with a metal pipe. He describes being upset that the attacker was not charged and got away with "nothing more than a tap on the wrist." He also expresses concern that this attack and the sexual assault may have been planned against him. He says his ~~CT scan and MRI were carried out many years after the attack demonstrating no obvious head injury.~~

Archie tells me he left school at 16 and since then has had a range of jobs. He states at times he was very ambitious and studied hairdressing, becoming a fully qualified ladies' hairdresser. With this job, however, he feels he was sometimes taken advantage of by female friends who would not pay him for his services. He does seem to have enjoyed hairdressing, however, and says this is something he may wish to go back to on a part time basis. He also worked in a Travel Lodge and as a cleaner at times, and was often bullied in the work place.

Throughout his teens and adult life he has had several male partners. He was cheated on by an ex boyfriend but says he still loved him. He felt some partners were nasty and made fun of him and his mental health, calling him a "nut job," and saying he should be "locked up in a padded cell." He feels it is not fair for someone to have to "put up" with his mental health and says he does not think he will have another partner in his life.

Archie describes an event in recent years when one man he met took him up to the Carrick Hills. This was, he tells me, a location where gay men used to often meet. He then showed him a CD belonging to one of Archie's previous boyfriend's and told him he had also been involved with him, which greatly upset Archie. Archie says that at this time, he thinks this man carried out "black magic" on him. He tells me that this man is the head of a witches' coven and was trying to convince him of lots of things, a lot of which he did not believe. This led us to discuss some of Archie's magical beliefs. Archie says that ever since he was a young child, he has believed in magic and tells me as a child he used to see a lady watching over him at the foot of his bed, who he believed may have been his deceased great grandmother acting as a guardian angel. He does not know exactly what exists but expresses there may be a God or Gods /aliens/angels. He says he has several different beliefs which sometimes contradict each other.

Archie tends to keep his distance from friends and family. He finds arguments with his parents very difficult and sometimes finds this a trigger for worsening his mental health. He spends his time in his flat where he lives alone with his three cats. He does some gardening. He sometimes feels too anxious to go out and to do his shopping.

Archie recognises another trigger for poor mental health is cannabis use; he states he uses this as a coping mechanism. He had been regularly smoking cannabis in the weeks prior to this admission. He has previously managed to stop using this, and thinks he should do so again. However, he says he may struggle with this.

I thanked Archie very much for his time and for discussing this information with me. He is happy to remain in hospital and continue with his current medication, and will be reviewed with Dr Scott next Monday.

Assessed 11th Jan 2021 at 22:28

Summary of contact/details

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Archie appearing slightly more relaxed this evening. he remained visible in communal areas of the ward for a small part of the evening.

Archie has had minimal engagement with staff this evening. He presents as not being thought disordered but conversation does continue to involve some delusional content. He appears flat in mood though reactive. He continues to have poor insight into his current mental health concerns.

Accepting of evening medications as per HEPMA, including PRN Haliperidol which appeared to have good effect.

Archie retired to bed shortly after medications and appears to have slept well overnight.

No other issues at the time of writing.

Assessed 11th Jan 2021 at 15:48**Summary of contact/details**

Archie has remained within bedroom area for majority of today, attending communal areas to collect meals and have cigarette.

During therapeutic 1:1 Archie did appear more relaxed and settled however continuing to express grandiose beliefs regarding witch craft and mythical creatures. When discussing mental state, Archie advised that he was "fine" prior to admission and was keen for discharge as did not identify any benefits of same. Believes that his parents, specifically his father has been involved in a plot to get him admitted and has been manufacturing situations which make him "look crazy" and wishes to be "left alone" at home with his cats and plants. Worried that they are not being looked after appropriately.

Reviewed by Dr. Scott:

Archie continuing to discuss his belief in fairies and the power of his ancestors. He then went on to speak about "the man that took me up the Carrick Hills to scare me, he did black magic over me" and being abused online due to his sexuality.

Mood reactive but mildly flat.

Not thought disordered but delusions remains. Insight remains poor and would not be suitable for treatment in the community at present.

Plan to continue treatment on the ward and review next week.

Plan : ☒

1. Increase Aripiprazole to 10mg twice daily.
2. If Archie remains settled this week plan is to consider Crisis Team Support next Monday.
3. General observations.
4. No unescorted time out.

Archie spoke with dad on the phone this evening.

Otherwise remains settled, lying on bed in bedroom at time of writing.

Concordant with all prescribed medications.

Good fluid and dietary intake.

concocting

Assessed 11th Jan 2021 at 14:06**Summary of contact/details**

Archie attended the Games Group this afternoon. He appeared nervous initially, but with support to play the game; Archie became more confident. He chatted with other group participants, and seemed to enjoy their company. Archie appeared happy and relaxed until another group participant disrupted the group, upon which Archie chose to leave the group.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Assessed 11th Jan 2021 at 04:15

Summary of contact/details	
Quiet and somewhat subdued in presentation this evening. He spent his time within his room area leaving only for nocte medications. Was minimal during discussions. Only reported that he wanted to go home to look after his cats. No delusional content to discussion. Speech rate, rythem and tone normal. No bizarre behaviours. Accepting of prescribed medications and appears to have slept well overnight.	

Assessed 10th Jan 2021 at 19:12

Summary of contact/details	
Previous entry by ST/N Dalzell has been checked and verified by writer to be accurate.	

Assessed 10th Jan 2021 at 13:35

Summary of contact/details	
Archie appeared within the living areas first thing in the morning to collect his breakfast, returning to his room to eat this before returning the tray. Writer informed Archie that he was his nurse for the day of which he was accepting. When asked of how he was feeling he stated that he didn't know. His presentation appeared lowered and less erratic than the previous day, with his speech of a normal rate and tone. Archie showed no evidence of delusions throughout interaction, presenting with low mood. He joined in with the group in the morning, but during interaction only talked of his own problems negatively, appearing unable to keep concentration or to focus on the activities within the group. After lunch Archie returned to his room for a nap, presenting as the same when waking. He kept to mostly his own company throughout the afternoon, rarely interacting with peers or staff. When attempts were made by writer to interact he was pleasant throughout. He briefly joined in with the afternoon mindfulness and colouring group, interacting well throughout before returning to his room again. At time of writing no further concerns. Accepting of all medications as per hepma.	

Assessed 10th Jan 2021 at 13:34

Summary of contact/details	
Archie attended the Mindfulness Colouring Group this morning. His general mood appeared low, and he seemed negative in his thinking when chatting with other group participants. Archie appeared unfocussed, and seemed to struggle with the activity presented. Archie remained for the rest of the duration of the group. This afternoon Archie briefly joined the continuation of the Mindfulness Colouring Group. He initially did not seem keen to participate, and when asked if he wished to join in, Archie stated that he doesn't like being "forced" into social situations, but still chose to attend. Archie appeared unfocussed, and spent the short time he attended the group relaying stories of his childhood, which were largely negative in nature. Archie left the group after approx. 10 minutes.	

Assessed 10th Jan 2021 at 03:26

Summary of contact/details	
Archie spent his evening in the company of peers. Initial Archie was rude towards staff if any attempt was made to engage him however did have discussion with staff later in the evening. Speech content continues to be dominated with bizarre religious ideas. Making reference to gifts from god such as having inherited his grans stern eyes and being given cold hands which had some	

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

obscure spiritual relevance to Archie. No rhythmical pattern to speech. Was quite changeable throughout discussion, cycling from angry to relaxed quickly with no real trigger for this. Accepting of prescribed medication including PRN Haloperidol for agitation. He appears to have slept well overnight.

Assessed 9th Jan 2021 at 19:13**Summary of contact/details**

Previous entry by ST/N Dalzell has been verified by writer to be accurate.

Assessed 9th Jan 2021 at 18:27**Summary of contact/details**

Archie spent the morning in the wards living area, interacting with peers and smoking. He appeared to challenge other individuals during conversation, asking questions that were unable to be answered. When these weren't answered, he challenged with another rhyme or riddle. This appeared to be the only way that Archie would interact, making conversation hard to follow and causing difficulty during 1-1 conversation as he continuously ranted in loops. His tone and topic of conversation was jumpy, with rate of speech also changeable. He appeared to interact well with specific peers, no longer challenging them during conversation.

Archie stated no feelings of suicidal feelings or ideation, showing no intent or evidence of these. Archie spent time within his room in the afternoon, coming out with into the living area for drinks or to smoke. Archie got items dropped off by his dad, some of which he was happy to share with other patients. He showed moments of over-activity with his speech and actions being erratic, having more moments upbeat than appearing relaxed.

Archie ate and drank well throughout the day, accepting of all medication as per hepma. No concerns at time of writing.

Assessed 8th Jan 2021 at 20:54**Summary of contact/details**

Archie tearful and upset at commencement of shift, reporting being fed up giving away all his beliefs to others and he is concerned they can now use them and he can't, given support from staff and Archie accepting PRN Lorazepam 2mgs with good benefit achieved, more relaxed as night progressed allowing Archie to retire to bed and sleep well overnight following nocte medication. Phonecall received earlier in evening from Archie's father to advise staff he would be bringing items such as tobacco to the Ward tomorrow for Archie, Archie happy with this plan at present.

Assessed 8th Jan 2021 at 18:45**Summary of contact/details**

Previous note by Student nurse Pettigrew verified as accurate.

Assessed 8th Jan 2021 at 15:10**Summary of contact/details**

ECG repeat and print out obtained.
QTC - 383, sinus tachycardia.
No concerns at present.

Assessed 8th Jan 2021 at 10:37**Summary of contact/details**

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Archie spent time this morning around the unit and the communal area spending time with peers. Archie continues to display bizarre behaviours, using excessive theatrical gestures and reporting beliefs of angels, fairies, vikings and royalty. Archie spoke at times in rhyme and riddles. Archie disclosed no thought or intent or suicidal ideation. Archie at times made reference to a "Mummy" when asked who this person is Archie gave a distorted response discussing sexual behaviours and vikings and fairies that the writer could not comprehend. Archie spent time today listening to his music on his phone in his room. He reports that the music makes him feel calm. At other times Archie was in the garden smoking and chatting with peers.

Archie's dad called re: Archie's mobile phone. Mobile phone was found in another patient's room. Phone call made to Archie's dad to advise that Archie now had his phone.

Archie has ate and drank well throughout the day. No new concerns at time of writing.

Assessed 8th Jan 2021 at 06:33**Summary of contact/details**

Archie initially very loud and disruptive, arguing with fellow inpatients due to them not agreeing with his religious beliefs. Spent time in the garden smoking before approaching staff requesting nocte medication stating he needed to retire to bed. Archie slept well overnight, waking once for a drink before returning to bed.

Assessed 8th Jan 2021 at 03:43**Summary of contact/details**

Archie loud, irate and challenging in manner at commencement of shift, arguing with fellow inpatients who did not agree with his belief system. Accepted supper and requested nocte medication including night sedation stating he needed to get to bed as he was exhausted. Retired to bed and rose on one occasion around 02.00 for a drink before returning to bed, slept overnight.

Assessed 7th Jan 2021 at 21:19**Summary of contact/details**

FBC, UE, Bone Prof, TFT, LFTs, Prolactin, Glucose

Mostly unremarkable

T4 slightly raised (new), TSH normal - Will make patient's own team aware for any further investigation / follow up

Assessed 7th Jan 2021 at 19:10**Summary of contact/details**

Additional - admission COVID 19 swab obtained and sent to labs next swab (5 day) due Tuesday 12.01.21

Archie unwilling to allow staff to search belongings and adamant his dad has this despite being explained he does not. Charger present in room when approached.

Night shift to advise when dad returns call to the ward.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Assessed 7th Jan 2021 at 12:15

Summary of contact/details
Archie admitted to Ward 10 this afternoon under Short term detention which will expire on 03/02/21 at midnight after urgent review this morning with Dr. Scott. Archie had stopped all his psychotropic treatment a few weeks ago and in the last week had been displaying bizarre behaviours and fixated on spiritual beings, ancestors and royalty. Archie has a diagnosis of Emotionally Unstable Personality Disorder. Whilst on the ward Archie has presented as bizarre, reporting beliefs of angels and discussing God and making reference to heaven and hell. Archie spoke in riddles with difficult to follow thought content. No thought or intent or suicidal ideation disclosed. Archie has ate and drank well since admission. Archie is spending time in the communal area at time of writing, no new concerns noted. Plan 1) To be tested for Covid as per hospital protocol. No unescorted leave from the ward. General observations 2) To be commenced on medication of ARIPIRAZOLE 5MG BD, DIAZEPAM 5MG BD AND PRN HALOPERIDOL AND LORAZEPAM (AS PER RAPID TRANQUILLISATION POLICY) 5) History of weight gain with previous antipsychotics so to avoid Olanzapine and Quetiapine. May need to consider depot depending on progress in the ward

Assessed 7th Jan 2021 at 10:07

Summary of contact/details
Mr Brown is known to services with an established diagnosis of EUPD however was admitted last year under his previous RMO for psychosis. A clear diagnosis is unclear however his father confirmed he has not been aware of his illness for a long time. He stopped all his psychotropic treatment a few weeks ago and in the last week approx has been presenting as bizarre, reporting beliefs of angels, having inherited information, being in danger, etc. He was refusing admission yesterday and a MHA was undertaken this morning with Steven McLean. On presentation - distressed and agitated. Dressed in PJs; shoulder length hair, moderate self-care. Spoke in riddles, difficult to follow thought content. He was unable to engage in any discussion regarding his mental health and concerns raised from his family. Presenting as acutely psychotic on a background of EUPD. Unable to establish risk to himself as he struggled to focus during the assessment. Attempts to treat him in the community have been unsuccessful and he is not accepting of medication. Management plan: 1) To be commenced under STDC - completed 2) To be admitted to Ward 10, Woodland view hospital 3) On admission - to be tested for Covid as per hospital protocol. No leaves from the ward. General observations 4) To be commenced on medication of ARIPIRAZOLE 5MG BD, DIAZEPAM 5MG BD AND PRN HALOPERIDOL AND LORAZEPAM (AS PER RAPID TRANQUILLISATION POLICY) 5) History of weight gain with previous antipsychotics so to avoid Olanzapine and Quetiapine. May need to consider depot.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

depending on progress in the ward

Dr J Scott

Assessed 6th Jan 2021 at 15:15

Summary of contact/details	
Telephone contact with Archie and father Archie refusing admission Archie remains very thought disordered. Insight impaired and requires admission Father aware of plan that Steven MHO and I will be attending tomorrow at 9.15 for MHA He is also aware of out of hours numbers if further concerns overnight and have confirmed they have CRT details Dr J Scott	

Assessed 6th Jan 2021 at 11:36

Summary of contact/details	
Attempted to call Mr Brown to update the plan for admission tomorrow Phone went onto voicemail and left a message that I would try and call back later to update him but if any concerns to also contact the CMHT J Scott	

Assessed 6th Jan 2021 at 09:09

Summary of contact/details	
Aware of contact over the last few days regarding concerns from Archie and his family. CRT unable to carry out assessment yesterday due to level of hostility and agitation from Mr Brown. Telephone call this morning to Archie. Spoke to me - not aggressive but very tearful and emotional. Understood we have never met but aware of who I am and happy to discuss current concerns. Presented as thought disordered - spoke of information and time and space not resolved. Reported he had been created by wind in the atmosphere which he described as being a "special atmosphere" which others did not understand - the "concepts and upsets". Discussed "ancestors" having info which is passed down to him. He described being one of the afflicted and always had been one of them, alot of research and money had been spent on this and "concepts out of proportion". Not sleeping or eating. Stopped medications recently. "Stopped souls and angels" Does not feel safe but denied thoughts to harm himself. Worried if he goes to hospital about his safety but when discussed changeable about coming in and not refusing altogether. Has a diagnosis of EUPD but similar presentation a year ago and admitted then to hospital. Under care of another RMO and since transfer not been seen as not engaged. Mr Brown's father (07561300275). Understandably distressed. Has been told to stay away from Archie and his family. Mr Brown's father is not accepting of Archie's condition and is not offering him any support.	

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

[REDACTED]

Agreed plan that I would contact Archie back later this morning and to ask CRT for a telephone review later. I would also inform Archie of the admission tomorrow and his father happy to bring him in. If this changes tomorrow - will organise a MHA.

Mr Brown happy with this plan. Will confirm bed situation again later today but at present none available.

Dr J Scott

Assessed 5th Jan 2021 at 18:19

Summary of contact/details

Home joint visit with CPN Shirley, PPE worn as per guidelines, writer rang bell and Archie shouted about scaring his cats, then about the noise from the buzzer, Archie went into a tirade about gods, and the UN, the accused staff of being involved in some conspiracy, he was right up in writers face shouting and being menacing and also in Shirleys, when staff tried to engage with him in conversation he continued to rant and rave, there was no content regarding safety with himself, he would not even engage in conversation about his Cats. Due to his aggressive stature and lack of engagement it was felt best to leave. Shirley discussed with Dr Scott who will try and secure a bed and arrange with MHO to attend his property for detention, either tomorrow or Thursday.

Assessed 5th Jan 2021 at 17:17

Summary of contact/details

[REDACTED]

riter called and spoke with archie and he began a tirade of nonsensical and bizarre ideas and statements. it was difficult to communicate with archie but he did agree to a visit. writer called and spoke with consultant jackie scott who offered a prescription of olanzapine b.d to see if he was amenable to this but acknowledged a face to face nursing assessment would be good to ascertain next steps.

writer liased with crt and visit arranged. writer attended with gordon dunlop for crt. archie was bizarre in presentation from outset. outlandishly dressed in a jacobean shirt and dressing gown, bradnishing books and making wild accusations and claims which are hard to document as most were random. at times archie was making aggressive advances towards writer and gordon but he was not making explicit threats. did not make threats of self harm.

offerign medication was not an option as archie was in no frame of mind to let us speak with him and was very distrusting of us in general.

we left the home and agreed that he would likely benefit from admission to hospital at some point. liaison with dr scott and we established he was not making threats to others at this time and no threats of harm to himself. dr scott looking to arrange a likely admission tomorrow as he is psychotic right now but not obvious risk to himself or others at this point.

[REDACTED]

Assessed 5th Jan 2021 at 16:20

Summary of contact

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

The above named gentleman was transferred to my care from Dr Johnston however I have not yet had any contact with him as he has not attended any of the telephone appointments.

He has however come to the attention of the duty service over the last few days. It is unclear of the current stress or triggers for his presentation but from discussion with crisis team, it appears his presentation is similar to that prior to his last admissions.

There is certainly an underlying diagnosis of an emotionally unstable personality disorder borderline type, and it may be that he is under stress at the moment. It had been passed on that his cat had died.

He is not currently taking any psychotropic medication and his former CPN reported that olanzapine had been effective. I would be grateful if you would be kind enough to prescribe olanzapine velotab 5mgs bd. We plan to review him by the crisis team however if he does not settle than admission can be considered.

Assessed 4th Jan 2021 at 14:38

Summary of contact/details

I phoned and spoke with Archie this afternoon following contact from the police, his friend had called them due to concerns re: bizarre Facebook posts. I had also spoken to Archie last night after his dad called NHS 24 concerned about his change in presentation. He did not answer the door to my colleagues when they went to his home.

Archie was calm on the phone but still talking about fantastical topics and focusing on past abuse/rape and the injustice. I asked him if he was smoking cannabis currently he replied 'the computer says no'. I asked about his medication, he said that there was no pill that could fix his disorder and that he was learning to live with it, he does not think that the medication ever worked for him and does not wish to take any. He also refused the offer of a home visit as he said he was fine. We discussed the posts he's been putting on Facebook, he told me that he is posting riddles and that no one understood them. I advised that he perhaps stay off social media meantime. He said that celtic music is the only thing that calms him.

I made a plan with Archie that I would inform CMHT and request that they give him a phone to see how he is and also organise an outpatients appointment as he had missed a few, he said that he had not received any letters but was amenable to speaking to Dr Scott. I'm content that Archie does not pose a risk to himself currently. The call ended amicably. No further action from CRT at this juncture.

Assessed 4th Jan 2021 at 13:23

Summary of contact/details

[REDACTED]

Assessed 3rd Jan 2021 at 23:12

Summary of contact/details

[REDACTED]

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Writer contacted Archie as arranged to arrange a suitable time for assessment this evening. Archie answered the phone. He advised writer that it was his dad who contacted services not him. He advised writer that he doesn't live with his dad he lives alone with his 3 cats.

Through conversation Archie was rude condescending and derogatory with writer. During conversation there was no delusional conversation and seemed unhappy at the fact his father had contacted services. Didn't appear confused or elated at time of contact.

Attempted home assessment due to expectation of same unfortunately there was no reply from his address. Christmas tree lights were on at the window but no other light appeared to be on in the house.

During previous contact there didn't appear to be any risk and wasn't keen for staff assessment this evening. No further support required from CRT.

Assessed 3rd Jan 2021 at 18:09**Summary of contact/details**

NHS 24 call
CONFUSED AND AGITATED 3WKS

Clinical summary created by: Alana McLeod (Pwp Call Taker) () [03/01/2021 17:47:20]

Reason for call: CONFUSED AND AGITATED 3WKS

Confirmed Symptom(s):

Endpoint Management Selected (CT)

03:01:2021 17:38:00 MCLEODA.. COVID-19 NO ACTIVE SYMPTOMS ALTHOUGH PT NOT ANSWERING DIRECTLY.. PT VERY ELATED, AGITATED AND AGGRESSIVE, RAISING HIS VOICE AND SPEAKING ABOUT VARIOUS TOPICS INCLUDING SPACE PROGRAMMES, ROYAL FAMILIES, FAMILIES IN THE WAR AND OTHERS.. PT VERY ANGRY AND DOESNT ANSWER ANY QUESTIONS DIRECTLY BUT DOES CONFIRM THAT HE HAS NO ACTIVE SUICIDAL THOUGHTS AT THE MOMENT.. PT DOES CONFIRM HE HASNT SEEN HIS CPN SINCE MARCH LAST YEAR DUE TO COVID..

CONFIDENTIAL - DW SCN M CARRAGHER WHO TOOK OVER THE CALL TO PT AND CONFIRMS NEEDS FURTHER PSYCH ASSESSMENT PRESENTING WITH PRESSURE OF SPEECH, SPEAKING AT FAST RATE AND VOLUME AND THOUGHT DISORDERED AS JUMPS FROM SEVERAL UNRELATED TOPICS.. ACKNOWLEDGES SOME QUESTIONS BUT LINKS THIS TO OTHER UNRELATED ISSUES AND MENTIONS CHILDHOOD TRAUMA OF SEXUAL ABUSE AND BECOMES EMOTIONAL WHEN SPEAKING ABOUT THAT.. CPN 2 HRS.. WORSENING STATEMENT WAS GIVEN ALSO.. CPN 2 HRS..

Outcome: CPN (Dr) to phone patient within 2 Hrs

Returned call to Archie this evening. Archie was mildly distressed and agitated. He's not making much sense but in saying that he does hold unusual beliefs which is normal for him. He told me that he is disgusted at the slaughter of his ancestors, he said that he's been disgusted since he was in the womb. He said that the men in red coats were coming for him, when asked to elaborate he said the IRA. He talked about fabricating lies into tapestry and 'Queen Camilla', he said the bagpipes may come alive or he

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

might be chased by a haggis, he also talked about 'Startrek Express' among other bizarre topics that were nonsensical.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

I have informed Archie that my nightshift colleague's will visit him this evening for face to face assessment which he agreed to. I have also updated Mr Brown.

Assessed 12th Oct 2020 at 11:02**Summary of contact**

I am sorry you were unable to attend your out-patient appointment with myself today, 12th October 2020.

A further appointment will be made in 3 months' time as a telephone review. I would be grateful if this telephone appointment is unsuitable for you that you contact the department to rearrange.

Assessed 3rd Sep 2020 at 16:33**Summary of contact/details**

SOUTH
COMMUNITY MENTAL HEALTH TEAM
REFERRAL MEETING MINUTES
Dr Johnston 01/09/20

As there has been no contact it was agreed that he could be discharged from the CMHT at this time.

Assessed 2nd Sep 2020 at 17:09**Summary of contact**

01-Sep-2020 14:43 CMHT Contact Record v3 sent to GP on 2/9/20 on behalf of CPN Linda Taylor

Assessed 1st Sep 2020 at 14:43**Summary of contact/details**

Archie was discussed today at MDT. Archie has appeared to have disengaged with CMHT at this time. Archie failed to respond to CPN request for him to get in touch therefore we will discharge Archie from CPN caseload at this time, however Archie will remain open to DR Scott's outpatient clinic

Assessed 28th Jul 2020 at 09:38**Summary of contact**

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Dear Mr Brown,

Unfortunately Claire Connelly, your Community Mental Health Nurse is off work at the moment.

Claire will be in contact with you on her return to work; but if you feel you need support in the meantime please do not hesitate to contact the above number.

Yours sincerely

Frank Hughes
Team Leader

cc Riverside Medical Practice

Assessed 20th Jul 2020 at 15:57**Summary of contact**

I am sorry you were unable to attend your out-patient appointment with myself today, 20th July 2020.

I have reviewed your records and I am aware that you have not seen Dr Johnston for some time.

I would be grateful if you could contact the department in the next 14 days if you wish for a further review. If I do not hear from you I will discharge you from the out-patient clinic, however, you will remain under the care of services.

Assessed 18th Jun 2020 at 13:15**Summary of contact/details**

Planned contact with Archie at 13:00 no answer and message left.

Call back from Archie advising he had been waiting for the call and thinks there is a problem with his reception.

Archie reports he has been feeling unwell again and has been prescribed another round of antibiotic's reports this to be the 3rd or 4th course for an infection around his navel, states he is worried he may be developing diabetes and there is a family history of this.

Reports he had been struggling with poor motivation, tiredness and sleeping well into the mornings, states he has discontinued Quetiapine at night and has found this has improved. Reports he has been working in his garden and making more effort around the home, he feels he has put on quite a lot of weight but plans to start working on this again and getting out for walks more regularly.

Continues with aripiprazole and feels this has settled his moods and helps him feel more in control, reports over all to be feeling his mental health is improving.

Denies any current cannabis use.

Agreed further appointment after his OPA with Dr Scott.

Assessed 10th Jun 2020 at 15:20**Summary of contact/details**

appointment card sent out for 18/06/2020.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Assessed 18th May 2020 at 14:45

Summary of contact	
Sorry I have not been able to catch you on the telephone, I hope things have remained fairly settled for you. I would be grateful if you could call me within 14 days of this letter to confirm you have the same number. We can then decide further contacts if you are happy to carry on with nursing intervention at this time.	

Assessed 14th May 2020 at 17:24

Summary of contact/details	
Attempted to phone Archie, message left advising I am about the office tomorrow and asking him to call.	

Assessed 12th May 2020 at 11:20

Summary of contact/details	
Attempted phone contact with Archie, message left advising I will call back either later today or Thursday. Archie is aware of contact number for CMHT.	

Assessed 30th Mar 2020 at 16:54

Summary of contact	
I have been requested to offer you an appointment as you have now moved to my catchment area. I would be grateful if you could contact the department in the next 14 days if you wish for an outpatient appointment.	

Assessed 26th Mar 2020 at 12:38

Summary of contact/details	
SOUTH COMMUNITY MENTAL HEALTH TEAM MEETING MINUTES 26th March Morning Meeting DR SCOTT Opt in OPA Dr Scott	

Assessed 25th Mar 2020 at 11:33

Summary of contact	
I am writing to inform you that unfortunately we are having to cancel clinic based and home appointments in light of the current situation with Covid-19. If you have an appointment scheduled within the next few weeks you will be contacted by telephone by the clinician at that scheduled date/time. You should store 0800 678 3393 in your phone, so that you know it's the NHS calling and the number is recognised when you receive a call.	

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

If you have any immediate concerns please contact the number above to discuss this with your named clinician.

I will update you once things change.

Assessed 17th Mar 2020 at 15:04**Summary of contact**

Following his CPN Claire Connelly's contact with Archie he is currently over-sedated and therefore I have advised decreasing his quetiapine to 50mgs at night.

Assessed 13th Mar 2020 at 15:10**Summary of contact/details**

Phone call to Archie re: follow up on medication.
Spoke with Dr Johnston who advised reducing Quetiapine 100mgs by 50mgs.
No answer, message left advising he will be able to contact me on Tuesday.

Assessed 10th Mar 2020 at 15:12**Summary of contact/details**

ASOUTH
COMMUNITY MENTAL HEALTH TEAM
REFERRAL MEETING MINUTE
Dr Johnston Tuesday 10th March 2020
Archie has contacted Claire re medication and feeling sedated. Did not turn up for Dr Johnston outpatient appointment yesterday.
Dr Johnston will check medications and feedback to Claire.

Assessed 10th Mar 2020 at 13:00**Summary of contact/details**

Planned home visit with Archie, reports on going sedation and concerns with regard to weight gain, discussed medication advising I will phone towards the end of the week once Dr Johnston has reviewed his notes Archie agreeable to this.
Encouraged Archie to focus on his daily structure and routine, discussing what he enjoys - gardening, his indoor plants, his cats and walking, also discussed possibility of some voluntary job working with others, also talking about what his goal are - states he would like to learn to drive this summer, learn more about himself and try to focus on his own health and relationships.
This was with a view to complete Archie's care plan.
Archie is aware I will be on AL for a prolonged period and states he is happy to wait for my return for a further appointment.
Archie has contact numbers for the team and agreed to phone if any concerns arise.
He is also aware Dr Johnston will be requesting a transfer of care to Dr Scott who is his sector Consultant.

Assessed 9th Mar 2020 at 09:41**Summary of contact**

Mr Brown did not attend his out-patient appointment at North Ayr Health Centre on 9th March 2020.

I note however he had telephone contact with his CPN, Claire Connelly on 6th March 2020 with no concerns noted. I therefore will go ahead with asking Dr Scott to take this gentleman over who has now moved surgeries. I will not arrange to see him again.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Assessed 6th Mar 2020 at 13:35

Summary of contact/details	
Phone contact with Archie No acute concerns; medication to be discussed with Dr Johnston at MDT next week. PIP assessment on Monday.	

Assessed 21st Feb 2020 at 12:56

Summary of contact/details	
Returned Archie call re: PIP, no answer, message left on answer machine to advised we have an appointment on 10/3/20 and to call back with details of assessment times.	

Assessed 6th Feb 2020 at 09:30

Summary of contact/details	
Planned home visit with Archie. Reviewed inpatient stay and subsequent contact with CRT. Discussed what Archie would like from follow up with the CMHT, asking what his expectation would be and what he feels would be helpful in moving forward with his recovery. Archie stated he feels he needs more occupation of his time and opportunities to build his self confidence, he is aware of his vulnerability to psychosis with an on going use of cannabis and would like to reduce and stop this altogether, however states he does struggle as he finds it beneficial with his sleep and stress management. Discussed other stress and sleep management techniques, developing better habits, some structure and routine to his days. Archie reports to be concordant with his medication, however he does appear to have put on weight since I last saw him but did not address this at todays session. Reports on going difficult relationship with his father reporting they had "fallen out" the previous evening and he feels his Dad ha no empathy or understanding of Archie and his lifestyle. Archie spoke about a long time friend who he chats to online and future plans for arranging to meet with him. Discussed change of GP's and possible transfer of sector team, advised I will speak to his new sector team to enquire if they have capacity to appoint CMHN for Archie.	

Assessed 22nd Jan 2020 at 16:17

Summary of contact	
Archie's insomnia continues to be troublesome as reported by the crisis team nurse Julie Cairns. I would therefore advise increasing his quetiapine to 100mgs at night: Thanks in advance.	

Assessed 22nd Jan 2020 at 12:21

Summary of contact/details	
SOUTH COMMUNITY MENTAL HEALTH TEAM MEETING MINUTES Wednesday 22nd January Morning Meeting	

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

DR SCOTT

Has now moved to Riverside Medical Practice will transfer to Dr Scott. Will remain with Claire Connelly for CPN input. Outpatient appointment with Dr Scott to be arranged at Millan Suite.

Assessed 20th Jan 2020 at 15:34**Summary of contact**

17-Jan-2020 17:50 Ayrshire Mental Health Risk Assessment Framework - sent to GP

Assessed 17th Jan 2020 at 14:57**Summary of contact/details**

Appointment card sent for 06/02/2020 at 09:30.

Assessed 15th Jan 2020 at 16:24**Summary of contact**

This gentleman has recently transferred from Cathcart Street to Coylton Surgery. I would appreciate it very much if you could arrange with me to take over his consultant care.

Archie is a 32 year old man who lives by himself. He recently had an admission to Ward 10 on 17th December 2019 until his discharge on 8th January 2020. Archie had had an historical diagnosis of Emotionally Unstable Personality Disorder. He had been admitted following family concerns about his bizarre behaviour, delusional beliefs and self-neglect. He denied any deliberate self-harm or suicidal ideation. He had various delusions relating to the elements, space, heaven and earth and had limited insight into this. He admitted to frequent cannabis use and possibly amphetamines. He was detained under a short term detention certificate the day after admission as he wished to leave. He was commenced on Aripiprazole 20mg and his symptoms improved well. He has now been back home for the last week and is under Crisis Team care with an increase in his quetiapine (100mg) to help his sleep. He has been supported historically by CPN Claire Connelly and will be again followed up by her. He says he is going to stop using illicit substances.

I will arrange to see him on one occasion following his hospital discharge but after this I would appreciate if he could be followed up by yourself.

Assessed 14th Jan 2020 at 16:33**Summary of contact/details**

I visited Archie at home this morning.

Archie was in good spirits and talked at great length about historical matters and his family heritage.

His only complaint at the moment is his sleep pattern, he did mention experiencing involuntary movements and he had been reading the side effects of Aripiprazole but he was also able to recognise that perhaps it was mostly due to anxiety, there was no evidence of epse during the visit.

I discussed the sleep issue with Dr Johnston, he agreed to increase the Quetiapine to 100mg nocte, I arranged same with the GP and informed Archie that he can now collect it at the Coylton pharmacy.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Archie's care will be transferring to Dr Scott, CPN allocation not decided yet.

Next HV on Friday with myself.

Assessed 14th Jan 2020 at 16:12

Summary of contact/details	
SOUTH COMMUNITY MENTAL HEALTH TEAM REFERRAL MEETING MINUTE Dr Johnston Tuesday 14th JANUARY 2020 9.30am Registered with new GP OPA with Dr. Johnston to be arranged	

Assessed 13th Jan 2020 at 15:27

Summary of contact/details	
Phone call received from Archie, returning missed call from C/N J Cairns. Archie discussed with writer that he had been out today hence why he hadn't answered his phone. Archie discussed at length reported side effects he is experiencing from Omeprazole medication. Archie identified; involuntary movements, restless legs, hunger and the inability to sleep. Archie identified concern around his poor sleep hygiene and stated that he hasn't slept at all. Archie discussed that he has taken steps to attempt to induce sleep however this has not been successful. Writer advised to ensure that he is physically tired prior to bed, reduce caffeine intake and not to have any before bed and to participate in relaxation prior to bed. Archie accepting of same. Writer discussed and agreed with Archie that H/V will be facilitated tomorrow at 1100am with C/N J Cairns. Archie aware of CRT and OOH contact numbers in the interim should he need to speak with anyone.	

Assessed 10th Jan 2020 at 10:38

Summary of contact/details	
Phone contact with Archie re: follow up from inpatient care. No concern's identified at this time, Archie planning to hand forms in to GP surgery and make an appointment. Reports he feels medication is starting to "kick in". Discussed healthy eating and routine, Archie talking about other lifestyle factors such as smoking and working towards giving this up. Agreed I will liaise with CRT re arranging appointment.	

Assessed 9th Jan 2020 at 16:32

Summary of contact/details	
I visited Archie at home this afternoon. Archie was pottering around the garden on my arrival. He was bright and welcoming. We chatted easily about his spiritual beliefs, at times Archie will hanker back to the past and fixate on random ideas such as a dream he had at 13 years old. On the whole he was calm and relaxed although still reports some residual symptoms of anxiety from time to time. He didn't sleep very well but he attributes this to it being his first night home since leaving the hospital and last night was his first dose of Quetiapine.	

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

I assisted Archie to complete his registration forms for his new GP which will be the Riverside Medical Practice.

I will continue to monitor Archie into next week and will also liaise with his CPN Claire Connelly re: follow up.

Next HV Monday.

Assessed 8th Jan 2020 at 16:56**Summary of contact**

Diagnosis: Unspecified nonorganic psychosis
Emotionally unstable personality disorder F60.3

Ward/Hospital: Woodland View, Ward 10

Date of Admission: 17.12.19

Date of Discharge: 08.01.20

Legal Status: Informal

Medication: Aripiprazole 20mgs od
Quetiapine 50mgs od
Zerobase cream one application prn

Recommendations/Plan: Crisis Team support on discharge
Outpatient follow up with Dr Johnston

History of presenting complaint

Archie was admitted following concerns by his CPN and his mother that he was more unwell and irritable. Archie described various "belief systems" and talked about "three emblems, the three realms, and the three trinity". He also spoke of the ancestors and "others who brought their own magic in the spaceship". He was frequently noted to be looking up to the sky and to the left when discussing these thoughts. He alluded to his father at times stating he had done wrong but was unwilling to elaborate further. Archie believes he hears voices including one of his close relatives who are constantly talking to him. He said these voices were both inside and outside his head. He denied any thoughts of self-harm although he admitted to feeling fearful of the future.

/2 ARCHIE BROWN

CHI No: 0604873298

Past Psychiatric History

Previous diagnosis of EUPD and drug induced psychosis.

Personal and Social History

Andrew left school at the age of 15 with very few qualifications. He describes being bullied in school. He went to college to do hairdressing although he stated his dad didn't want that to happen. He has previously been employed as a hairdresser and a cleaner in the past though it was unclear how long he has currently been out of employment.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Archie has two older sisters who he is currently not in touch with. His parents are alive and he is in contact with his mother. He currently lives alone in Cowlton in a council flat. There have been previous records regarding a sexual assault and physical abuse.

Mental State Examination

He appeared appropriately dressed and was wearing slippers. Though in the community was noted that there was poor self-care evident. Initially there was little eye contact though he became more reactive/animated as the interview progressed. He described his mood as up and down though objectively he appeared euthymic with a mixed affect. His speech was normal in rate, rhythm and volume. There was evidence of multiple delusions regarding elements and others and heaven and space. There was also evidence of tangential thinking. He denied any auditory or visual hallucinations though he was obviously responding during the interview. He was orientated to time and place and appeared to have partial insight – he was aware that he was unwell though he did not feel he needed to be in hospital.

Progress on the Ward

It was felt that a significant part of his presentation was due to a drug induced psychosis as there have been concerns that Archie was heavily involved in the drug fraternity and was taking amphetamines. He was started on aripiprazole which was subsequently increased to 20mgs. There was a gradual improvement in his psychotic symptoms though he had ongoing chronic anxieties. Archie had multiple overnight passes which were uneventful. His zopiclone has been changed to quetiapine due to his chronic insomnia. As he is clinically improved he has been discharged home with support from crisis team. He will be reviewed in Dr Johnston's outpatient clinic.

Assessed 8th Jan 2020 at 14:21

Summary of contact	
upload immediate discharge letter.	

Assessed 8th Jan 2020 at 11:39

Summary of contact/details	
Archie seen today at review, plan: 1. Revoke detention. 2. Discharge today with Crisis Team support. 3. Stop Zopiclone. 4. Commence Quetiapine 50mg nocte. 5. Outpatient appointment with Dr Johnston to be arranged. No concerns today with Archie, mental state good. Only issue arising that Archie reports ongoing anxiety and insomnia. Crisis contacted ward and advised that they will phone Archie tomorrow to arrange contact. Prior to leaving ward Archie reported to staff that he was not registered at a GP surgery, staff will call Cathcart Street tomorrow to confirm if he is registered there or not. Collected by his parents. Medication on discharge: Aripiprazole 20mgs mane Quetiapine 50mgs nocte.	

Assessed 8th Jan 2020 at 11:39

Summary of contact/details	
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Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Archie attended the Social Group this morning. He appeared to enjoy the company of the other group participants, and responded well to humour throughout. Archie engaged confidently with the discussions taking place, and appeared happy and relaxed throughout. Archie remained for the full duration of the group.

This afternoon Archie attended the Mindfulness Colouring Group. He engaged well with the activity, and appeared to enjoy same. Archie engaged in conversation with other group users, and appeared to enjoy their company. He remained for the full duration of the group.

Assessed 8th Jan 2020 at 11:01**Summary of contact/details**

I phoned Ward 10 and spoke with Kirsty.

I viewed Archie's review notes and saw that he is to be discharged home today, I asked that they inform Archie that I will phone him tomorrow and arrange to see him at home.

Assessed 8th Jan 2020 at 05:23**Summary of contact/details**

Archie has spent a settled evening within the ward. Archie has appeared brighter in mood this evening, reporting improvements in mental state, described feeling "clearer" in his thinking. Archie spent time within the ward communal areas, noted to be interacting well with fellow peers. Archie attended for his evening medication and was accepting of same. Archie keen to meet with Dr Johnson today and wishing to discuss medication. Archie retired to bed shortly after his evening medication, and has appeared to sleep well overnight. No other concerns at time of writing.

Assessed 7th Jan 2020 at 14:46**Summary of contact/details**

No concerns today with Archie, looking forward to potentially being discharged from ward tomorrow following review with Dr Johnston. Archie visited on ward today by MHO, no feedback given.

Contact from crisis team this afternoon advising that Dr Johnston had agreed that Archie could be discharged if pass had went well however, no formal documentation of this and Archie was not available due being otherwise engaged and not having adequate time for medication to be arranged and junior doctor also unavailable. Archie willing to remain on ward until tomorrow.

Assessed 7th Jan 2020 at 13:08**Summary of contact/details**

SOUTH COMMUNITY MENTAL HEALTH TEAM
REFERRAL MEETING MINUTE Dr Johnston Tuesday 7th JANUARY 2020 9.30am
Archie has improved significantly. Due for discharge tomorrow, 8/01/2020.

Assessed 7th Jan 2020 at 12:08**Summary of contact/details**

Archie attended this morning's Pom Pom Making Group, participated well with activity and engaged with peers. Appeared to enjoy and remained for the full duration.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Assessed 7th Jan 2020 at 05:24

Summary of contact/details	
Archie has spent a settled evening on the ward, appearing brighter in mood this evening. Reported that recent pass had went "okay", reports that on occasion he felt somewhat "anxious" at times. Archie feels medication is helping at present. Keen to meet with Dr Johnston this week. Archie accepting of his routine medication this evening. Retired to bed around midnight and has appeared to sleep well overnight. No other concerns at time of writing.	

Assessed 6th Jan 2020 at 16:38

Summary of contact/details	
Archie returned from ward at approx. 16.00 this afternoon. Stated his time-out went "so-so" however is aware that Dr Johnston will review him this Wednesday with a view for Archie being discharged then. Mental state appearing stable - no evidence of psychotic features during interactions with writer. No other issues of note at time of writing.	

Assessed 6th Jan 2020 at 15:50

Summary of contact/details	
Writer made telephone contact with Ward 10 Woodland View to confirm if Archie has been discharged as planned however i was advised that he will not be discharged until 08/01/2020 following appointment with Consultant Dr Johnston. CRT colleague will contact Ward 10 again on 08/01/2020.	

Assessed 5th Jan 2020 at 16:02

Summary of contact/details	
I phoned Archie this afternoon, he was upbeat and informed that today he feels a little better. He had been into town taking stuff to the charity shop. He will return to Woodland View tomorrow and hopes he will be discharged soon after, he is happy for ongoing CRT support.	
All being well and Archie is discharged tomorrow I will be happy to see him at home on Tuesday.	

Assessed 4th Jan 2020 at 02:40

Summary of contact/details	
Archie remains on pass, no contact made overnight.	

Assessed 3rd Jan 2020 at 15:50

Summary of contact/details	
Myself and colleague John Gallacher visited Archie at home this afternoon.	
Archie welcomed us into his home, he began talking about 'him' from the past and was a little ramby and talking in riddles. He spoke at length about all of his spiritual beliefs, crystals and that he's a witch but not a devil worshipper and has never been part of a coven. Although the content of his conversation could be viewed as delusional with psychotic flavours I think that Archie does have a genuine interest in these things in his ordinary life.	
It was a little difficult to steer him onto rational, health related conversation but he did say that he now thinks he does need the	

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Remains on pass, no contact overnight.

Assessed 1st Jan 2020 at 13:18**Summary of contact/details**

Phone call to Archie as arranged. Archie advised that he had a quiet night at his home and did not stay up for the bells. He slept well overnight and was doing ok this morning. Advised he has taken his medications without issue today. De-cluttering house and general tidying up is his plan for today and then to parents for dinner. Archie advised that he had found old medication when clearing up and has agreed to put this to side for writer to collect at visit on 02/01/20.

Spoke at length about Archie's mental health and the techniques he utilises such as distraction and thought diary which he has found to be helpful. Archie advised that he did not know if would manage till Monday at home, advised that crisis would be providing support throughout this period and he advised he should be alright. Archie has agreed that a visit tomorrow would be better, time agreed with writer and diarised. Archie aware how to contact team if required.

Assessed 31st Dec 2019 at 16:11**Summary of contact/details**

Archie returned from pass late afternoon with his father, father left the ward before Archie was reviewed by Dr Johnston later in the afternoon. Archie attended MDT advised scheduled today instead of tomorrow as Dr Johnston off tomorrow.

Archie discussed how previous pass had went (see MDT note entry). Despite some distress evident about nightmares and some altercations with family friend he discussed further pass for today until Monday however decided he would be best staying at his own home with his cats during this period and also to distance self from dynamics with his parents and only spend short periods with them. Archie agreeable to have crisis support and to contact ward staff rather than relying on his parents throughout period on pass and aware crisis team will contact him tomorrow to arrange times to meet/contact. Archie's number remains the same as recorded on summary page and also address remains unchanged. Archie reported his new phone not compatible with his SIM card and will change phone to one he has at home that works as aware Crisis team will be contacting him via this number. Archie aware to contact the ward if he feels he cannot manage out on pass until Monday and feels he needs to return.

Plan:

1. Increase Aripiprazole to 20mg.
2. Pass home today until Monday with Crisis Team support.

Pass medications amended to increased dose of Aripiprazole and supplied by pharmacy.

Medications provided on leaving for pass and explained times scheduled to be administered.

Aripiprazole 20mgs 1 x daily at 7am (12 x 10mgs supplied)

Lorazepam 1mgs (6 supplied) for PRN use only

Zopiclone 7.5mgs 1 x daily at 10pm (6 supplied)

Archie left ward with friend who advised he would take Archie home via his parents home to pick up house keys. Archie and requested writer contact parents and inform of this and of overnight pass plans.

Contacted parents on behalf of Archie's, informed of pass home as decided at MDT.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

medication and will happily accept Dr Johnstons guidance and advice. He reports that he does feel better but is experiencing some symptoms of anxiety particularly in the morning.

Archie's happy to go back to the hospital on Monday, he's unsure as to whether he's ready for discharge but is unable to elaborate as to why. I did not get the impression that Archie was floridly psychotic, he has a flamboyant personality anyway, some of his chat went off on a tangent a times.

I will contact Archie on Sunday by phone to see how he is prior to returning to the hospital.

Assessed 3rd Jan 2020 at 15:44**Summary of contact**

02-Jan-2020 16:00. Mental Health. Unscheduled Care ICP Assessment.V3 - sent to GP

Assessed 3rd Jan 2020 at 10:59**Summary of contact/details**

Archie remains on pass. No contact made to the ward today. No concerns expected at this time. Archie has been furnished with the ward's phone number and is aware he can call if he has any issues.

Expected to return to the ward on Monday (06/01/2020).

No other issues at the time of writing.

Assessed 3rd Jan 2020 at 03:16**Summary of contact/details**

Archie remains on pass, no contact with ward overnight.

Assessed 2nd Jan 2020 at 16:44**Summary of contact/details**

Archie remains on pass from the ward with CRT input. No contact has been made from Archie. He has been furnished with the ward phone number and is aware he can call if he has any issues. Archie is also aware he can return to the ward at any time before his planned return time. Archie is due to return to the ward on Monday (06/01/2020).

No other issues at the time of writing.

Assessed 2nd Jan 2020 at 16:14**Summary of contact/details**

Archie remains on pass from the ward with CRT input. No contact has been made from Archie. He has been furnished with the ward phone number and is aware he can call if he has any issues. Archie is also aware he can return to the ward at any time before his planned return time. Archie is due to return to the ward on Monday (06/02/2020).

No other issues at the time of writing.

Assessed 2nd Jan 2020 at 03:43**Summary of contact/details**

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

~~Archie happy for min team to contact their home address from 12/05/2026~~

ARAF updated. PMS and bed state completed.

Assessed 31st Dec 2019 at 15:32**Summary of contact/details**

Referral received from Dr Johnston this afternoon.

Archie is going home this afternoon at his request with the plan for him to return to the ward on Monday 6th Jan for possible "charge. During this time Dr Johnston has requested that CRT monitor/support him while at home. He has had the odd overnight home without incident. He commenced Aripiprazole 10mg when admitted due to experiencing a psychotic episode, symptoms appear to be reduced, he will commence 20mg as of today.

My colleague Suzi Hainey will phone Archie tomorrow and arrange a suitable time for assessment at home, he is aware of same.

Assessed 30th Dec 2019 at 16:21**Summary of contact/details**

Archie remains on pass, no contact made with the ward today. Archie due to return 31/12/19 at lunchtime.

Assessed 30th Dec 2019 at 03:06**Summary of contact/details**

Archie remains on pass, no contact made with the ward this evening. Archie due to return on the 31/12/19.

Assessed 29th Dec 2019 at 11:54**Summary of contact/details**

Archie aware and accepting that writer is his nurse today. He reports not having slept great last night, advising he "tossed and turned". Archie reported he has been continuing to write down his thoughts. He stated he has wrote "to do" and "to don't" lists. He has advised these have been "helping him". He has stated he doesn't feel ready to show these to anyone yet and remains guarded with their content.

He continues with a good food and fluid intake. He also remains concordant with medication.

He does however appear brighter around the ward and has engaged well with staff and his peers in communal areas.

Archie left the ward on pass at around 11.30am with his pass medication for his time ward. He was accompanied by his dad.

Archie will return to the ward on Tuesday (31/12/2019). No issues expected during his time out. Archie is aware of the ward phone numbers if he has any issues whilst off the ward. He is also aware he can return to the ward at any time prior to the end of his pass.

No other issues at the time of writing.

Assessed 29th Dec 2019 at 03:46**Summary of contact/details**

Archie has spent a settled evening within the ward, spending majority of his evening within the ward communal areas in the company of fellow peers. Archie has appeared brighter in mood this evening, voicing no concerns. Archie looking forward to going on pass, happy that he will get to see his cats again. Archie accepting of his routine medication. Appears to have slept well

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

overnight. No other concerns at time of writing.

Assessed 28th Dec 2019 at 16:34**Summary of contact/details**

Archie awarer and accepting that writer is his nurse today. Archie has advised he didn't sleep well last night, stating he "can't sleep in here". He reports to be missing his cats and reports "worrying about them, all night". Archie has been having a minimal food and fluid intake. He remains concordant with medication. He has advised he is utilising distraction techniques, to "stop him taking the wee blue pill".

Archie has appeared brighter on the ward today. He has spent a large part of the day socialising with his peers in the ward area. However he did not join in with the ward group activities, stating "nobody wanted him in the group". He was advised by nursing staff, he was more than welcome and advised him to join in if he changed his mind. Archie has also slept in his room for short spells of the day.

He has reported looking forward to going on pass tomorrow (29/12/2019), stating he "can't wait to see the cats". He also reported hoping to "be home for good, soon". Writer advised this would be the Doctors decision at his next review. Archie appeared accepting of this.

No other issues noted or reported at the time of writing.

Assessed 28th Dec 2019 at 12:00**Summary of contact/details**

Archie attended the Card Making Group this morning. He participated fully, and appeared to enjoy the activity. Archie was chatty and friendly, throughout, and appeared to enjoy the company of other group participants. Archie remained for the full duration of the group, and helped to tidy up afterwards.

Assessed 28th Dec 2019 at 05:07**Summary of contact/details**

Archie appeared fairly settled this evening, stated that he is looking forward to further pass. Spent majority of the evening within his room. Offering no concerns on approach. Concordant with nocte medication and appears to have slept overnight.

Assessed 27th Dec 2019 at 14:53**Summary of contact/details**

Archie informed of allocated nurse for today. Archie reports he is having an off day could not identify a trigger for feeling flat however, feeling frustated about being back on the ward. Archie reports he feels better when out on pass. Advised duty doctor has completed pass slip for upcoming from Sunday 29th until Tuesday 31st at lunchtime, same has been collected from pharmacy. During 1:1 Archie report that he is not currently registered with a GP. Advised in order to register with a GP he should attend a practice and ask for a form and provide ID. Writer looked online for Archie and gave him the name of two medical practices in Coylton. Concordant with medicaitons as per hepma, PRN Lorazepam utilised. No other concerns at the time of entry.

Assessed 27th Dec 2019 at 04:49**Summary of contact/details**

Archie has been fairly settled this evening, observed to be engaging well with others. Archie attended treatment room for nocte medication, speech slightly disjointed and bizarre at times. Concordant with nocte medication and retired to bed thereafter. Appears to have slept well overnight

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Assessed 26th Dec 2019 at 16:51

Summary of contact/details	
Archie out on pass due back to the ward today. Writer contacted Archie at his parents address to discuss time expected to return to the ward. Archie stated that his dad would be bringing him back to the ward later and he expected to be back for around 19:00. Returned at 18:30, reports that he was anxious on pass and could of doing with more "stress busters" (Lorazepam) advised to try and utilise distractions techniques to help with periods of distress rather than solely relying on medication. Archie reports he finds listening for music helps him relax and will try this. Archie keen to go out on a further pass Sunday-Tuesday as per Dr Johnston's entry. No other concerns to report at the time of entry.	

Assessed 26th Dec 2019 at 03:54

Summary of contact/details	
Archie remains on pass, no contact made overnight.	

Assessed 25th Dec 2019 at 03:30

Summary of contact/details	
Archie remains on pass no contact made with ward	

Assessed 24th Dec 2019 at 15:02

Summary of contact/details	
Spoke with Archie prior to plan for pass over Christmas. Archie was appreciative of his time in hospital and treatment he was receiving. He recognised that he was not as distressed by his emotions and they were not as overwhelming. Nevertheless he believes he is one of three white witches including his mother and his grandmother (who is deceased about 8 years ago). He does it believe he has any special powers. He has no thoughts of self harm or harm to others and is looking forward to being at home over Christmas. Archie said how important his medication was and how he planned to ensure he took them when out of hospital. Plan 48 hour pass from today to Boxing Day If goes well can have further pass from Sunday to Tuesday lunchtime Continue Aripiprazole STDC remains in place	

Assessed 24th Dec 2019 at 13:43

Summary of contact/details	
Archie was early to rise this morning and writer introduced herself as his named nurse for the day. Limited engagement offered by Archie however was able to express he was feeling rather anxious and was awaiting his morning medication as he feels this would help with his symptoms. Archie attended for his breakfast having an adequate fluid and dietary intake. Archie spent the remainder of the morning between his bedroom and also attended the morning group facilitated by staff. Archie attended the dining room for lunch and initially took his meal at the table however returned it to the pantry stating he wasn't hungry.	

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Archie has spent the remainder of the afternoon in his bedroom where he appears settled with no concerns voiced or expressed. Dr Johnston attended the ward this afternoon and has agreed Archie can have a two night pass at home. Whilst Dr Johnston was in the duty room agreeing to same, ~~Archie did not show the ward nurse to G.M. Regan and was in formation by the~~ Archie did about his overnight pass. Archie did have agreed he can stay there and he will oversee his medication and it is now agreed for Archie to leave the ward at 1730 hours today and will return to the ward on boxing day around 1730 hours. Writer will contact the duty Doctor to arrange pass medication.

Assessed 24th Dec 2019 at 12:36

Summary of contact/details	
Archie attended the Arts and Crafts Group this morning. He appeared relaxed throughout, and engaged in conversation with other group participants, appearing to enjoy their company. Archie participated fully, and appeared to enjoy the activity he chose. Archie remained for the full duration of the group.	
This afternoon Archie attended the Christmas Movie. He appeared happy and relaxed for most of the movie, and was observed smiling and laughing at times. At some points, Archie appeared to become negative in his thinking, with some negative comments, but these episodes were short lived. Archie remained for the full duration of the group.	

Assessed 24th Dec 2019 at 03:45

Summary of contact/details	
Archie presented as fairly settled and relaxed this evening, spent time in the company of peers and noted to be interacting well. Archie not offering any delusional ideas this evening during interactions. Concordant with nocte medication and retired to bed thereafter. Appears to have slept well overnight.	

Assessed 23rd Dec 2019 at 13:51

Summary of contact/details	
Archie attended the Christmas Craft Group this morning. He initially did not want to participate, but with encouragement +++ he chose to attend, and made a Christmas card. Throughout the group, Archie appeared very sullen and negative in his thinking, with statements such as "I want to be at home with my cats" and "I hate Christmas". He was also tearful at times, talking about how Christmas has never been the same since his Gran died. Archie remained for the full duration of the group.	

Assessed 23rd Dec 2019 at 12:48

Summary of contact/details	
Archie is aware and accepting that writer is his nurse today. He reports sleeping well. He continues to accept a minimal food and fluid intake. He remains concordant with medications. Archie has spent the majority of the day self isolating in his room and sitting in the small quiet room alone. He participated in the ward Christmas craft group. Archie has continued to remain delusional in his conversation. Advising that he can hear what the staff are thinking of him. He appeared to accept staff reassurances that this was not the case. Archie has been negative in his thinking, he has advised he has been ruminating over the past, speaking about his ex partner XXXX , but not elaborating into any great detail about the relationship. He has been advised to utilise distraction techniques when he experiences these thoughts. He has also been advised to join in with group activities and spend more time out of his room. He agreed at the time of discussion, but has only spent minimal time in the dining area at meal times. Archie has been slightly tearful today, advising "Christmas is a difficult time, since he lost his wee granny". He expressed an interest about being at home for Christmas. Writer spoke to Archie about his medication and he agreed to take them for	

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

~~Christmas. He reported being happy about this and willing to have him.~~ Writer spoke to Dr Johnstone about the possibility of Archie going home on pass over Christmas. Dr Johnstone advised this shouldn't be an issue. He advised he will visit the ward tomorrow (24/12/2019) and meet with Archie to discuss this. Archie is aware and accepting of this plan. He appears happy at the prospect of going home for Christmas.

No other issues noted or reported at the time of writing.

Assessed 23rd Dec 2019 at 04:26**Summary of contact/details**

Archie spent some time in quiet room this evening in company of peers, interacting well with others. Attended for nocte medication, stated that his day had been up and down but did not elaborate. Retired to bed thereafter and appears to have slept well overnight.

Assessed 22nd Dec 2019 at 15:26**Summary of contact/details**

Asked to take a look at Archie's hands due to them being dry and flaking.

Archie reports washing his hands a lot. He reports being 'a little OCD' and that the inability to clean things in hospital increases his anxiety. He is currently using vaseline on his hands. I note no mention of OCD symptoms on a number of psychiatric reviews and clinic letters.

O/E - dry flaking skin, particularly on palms/insides of fingers. No erythema, no signs of infection.

Plan:

1. Diprobase to moisturise skin.
2. Review of OCD symptoms through week.

Assessed 22nd Dec 2019 at 09:03**Summary of contact/details**

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Archie is aware and accepting that writer is his nurse today. He reports having had a better sleep last night. He continues to have a minimal food and fluid intake. He remains compliant with medications.

Archie report feeling "hemmed in" and was stating he "wanted to go home". Writer advised he accompanied her on a walk. He agreed and proceeded on the woodland walk with writer. Archie remained completed appropriate whilst on the walk. He was bright and reactive. Archie spoke about future plans including returning to "hairdressing", advising this "is his trade". He also spoke about returning to "volunteering" stating he "wants to help others". Writer advised that Archie needs to get himself better first, before he can help others. And he appeared to accept this advice. He reported to have enjoyed the walk and advised it "helped a bit".

Archie advised he has started to write his thoughts down and has stated he isn't ready to show anyone yet. He advised "this is for himself".

Archie has spent the majority of the rest of the day in his room, stating "anxiety has a lot to answer for". He spent lunch time in the dining area. When he was finished, Archie had an outburst and became verbally aggressive towards staff. He then proceeded to have a cigarette. Archie did apologise to staff after this and asked for some time in his room.

Archie advised staff he has been suffering with "dry hands". He states he thinks this is due to his "OCD". No current OCD evidence witnessed at this time. Archie stated he wanted to see the doctor regarding this. Dr Kyle Myers met with Archie, who prescribed Diprobase and will plan to review OCD symptoms during the week. (see previous note on care partner).

No other issues or concerns noted or reported at the time of writing.

Assessed 22nd Dec 2019 at 05:43**Summary of contact/details**

Archie presenting as overall settled this evening, requested nocte medication early this evening as stated that he was tired and wished an early night. Concordant with same and retired to bed thereafter. Appears to have slept well overnight.

Assessed 21st Dec 2019 at 15:55**Summary of contact/details**

Archie spent the most part of his morning within the main area and garden appearing to engage well with fellow peers during this time. Archie settled in presentation and appeared conversation content un concerning when in the main areas.

Later requesting walk on the grounds and agreed that myself would go out on the grounds after lunches were finished to enable some time off the ward as requested and allow time to have 1:1. However prior to staff returning from lunches approached and requested 1:1 chat with writer at this time. Archie voicing at this time he felt people 'disliked' him and were being 'homophobic' towards him, however when questioned on this further was evasive with information provided and changed the subject mainly discussing relationship between himself and his father and also his mother. Archie believing his behaviour recently had been hostile and abusive however re-assured this had not been a concern. During conversation at times disjointed however this appeared to be to digress from current conversation when he made implications to people not believing him or when he was implying he was not liked when he was being challenged on why he had believed this to be the case. Re-assured Archie that there has been no evidence of this. Archie made some slight references whilst out with writer later about making references to having autism and OCD due to previous behaviours and hoping to get some kind of diagnosis from this admission. No delusional content in conversation or implied in conversation today during time went in conversation or later whilst out on the grounds.

Archie made reference to hoping to get home soon as missed his cats and feels he has had some benefit from being on the ward and commencing medications and reports a significant improvement in his mental state when discussing this today. Archie's conversation did revert back to his relationship with his father during conversations.

Attended for meals and accepting of all prescribed medications.

Archie handed letter into staff at tale end of shift apologising for his presentation on the ward and thanking staff for there support(note in Dr Johnston's tray).

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Assessed 21st Dec 2019 at 00:46**Summary of contact/details**

A little less focused on spirituality and associated entities this evening. Much of his discussion was around his father and their difficult relationship. Archie feels his dad is too needy. Still quite disjointed during discussions. Appearing relaxed and euthymic during all engagements. Spent much of the evening socialising with peers. Accepting of nocte medications. Appears to have slept well. No further concerns at time of writing.

~~Archie advised that Archie was currently asleep.~~

Assessed 20th Dec 2019 at 12:41**Summary of contact/details**

Archie is aware and accepting of writer as his nurse today. He reports sleeping well. He has had a good food and fluid intake today, he reports previously having had a poor appetite and "has lost 3 stone". Archie remains concordant with current medications and MEWS as charted.

Archie has appeared quite confused at times throughout the day. He reported having his wallet stolen from his room, writer assisted him to look for it in his room in case he misplaced it. ~~Archie has his wallet at home. He reported having taken it home as there was a significant amount of money in it.~~

~~Archie was with Archie's permission.~~

Archie's conversation content remains delusional. He reports to speak to fairies, stating "the help take away his bad thoughts". He spoke about being able to jump "in and out" of his own thoughts. Stating he can "see his own past lives". He reports he has once "seen himself lying on a slab, with the devil running around him". He reports having felt scared by this. He was reluctant to accept reassurances that these things haven't happened.

Archie spoke slightly about childhood sexual abuse, advising, "he spoke out, so it didn't happen to anyone else".

Archie advised he has been to rape counselling regarding this in the past, and writer advised he could have a think about seeking future counselling when he felt better. Writer advised this isn't the right time for him to opening up about this topic. Archie appeared to accept this advice.

Archie continues to spend time in his room, reporting that his "anxiety" stops him "from socialising". Archie has also advised his mum is coming to visit later today. He advised he is looking forward to this.

Archie attended the ward craft group activity this afternoon and fully engaged. He reported to have enjoyed it and has stated he plans to attend future groups.

No other concerns noted or reported at the time of writing.

Assessed 20th Dec 2019 at 05:10**Summary of contact/details**

Addition to previous note - urine sample provided. Urinalysis = ++ Ketones, UDS = +ive for cannabis only.

Assessed 20th Dec 2019 at 04:39**Summary of contact/details**

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Appearing settled this evening. Mood euthymic. Remains disjointed and fairly bizarre during discussion, making numerous references to "they" and spiritual entities of sorts. Accepting of nocte medications at around 21:30 and immediately retired to bed afterwards. Archie has slept well overnight.

Assessed 19th Dec 2019 at 12:28**Summary of contact/details**

Archie attended this morning's Cake Decoration, participated with activity but did appear distracted throughout. Remained for ten minutes.

Assessed 19th Dec 2019 at 11:47**Summary of contact/details**

Archie appearing more settled within the ward this morning, Archie making no mention about wishing to leave the ward or return home. Archie has appeared euthymic in mood, and was observed to be interacting well with fellow peers this morning. Content of Archie's conversation remains bizarre at times, often speaking about religion, angels and the afterlife, during conversation Archie mostly speaking about "they" however when questioned about same Archie unable to say who "they" were. Conversation largely disjointed, with Archie often jumping between topics. Archie commenced on Aripiprazole 10mg this morning, Archie offered same and was accepting. Archie has spent majority of his day within the ward communal areas, Archie interacting well with fellow peers and has been noted to be engaging well in ward based activities throughout today. During 1:1 with writer this afternoon Archie again noting his displeasure about being detained, feels he would recover better at home with his own "comforts". Content of conversation largely delusional. Archie appearing to accept that current thoughts may be due to deterioration in mental state. Archie has been accepting of a good diet and fluid intake throughout today. Archie reports that his mother is planning to visit him at some point later this afternoon/evening. No other concerns at time of writing.

Assessed 19th Dec 2019 at 04:24**Summary of contact/details**

Settled for the most part. Was speaking on one occasion about his thoughts regarding not requiring hospital treatment however not appearing agitated regarding this. During discussions made reference to fairies and angels in quite a factual manner. Did not appear to be distress by the thought of this. Kept making reference to "they" during discussions although did not elaborate on who "they" were. Asking about reality and whether this was reality. Making odd gestures such as tapping his head during discussions. Accepting of nocte medications. Sleep broken. No further concerns at present.

Assessed 18th Dec 2019 at 17:04**Summary of contact/details**

Archie joined in with both groups today, Discovery and Christmas Craft. At times appeared pre-occupied and distracted in own thoughts. Remained for the full duration in both Groups and engaged with peers.

Assessed 18th Dec 2019 at 12:04**Summary of contact/details**

Archie initially appearing settled within the ward this morning, however as morning progressed Archie requesting to be discharged back home, at times appearing increasingly agitated. Archie continues to voice delusional beliefs about religious beliefs and his ancestry. During conversation Archie continues to vent anger towards his father. Archie agreed to remain on ward until seen by Dr Johnston later this morning. Archie reporting to have poor sleep overnight, continues to reports he doesn't need to be in hospital, and feels his father has initiated this admission. Archie has been accepting of a good diet and fluid intake throughout today. Still

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

awaiting urine sample for drug screen.

Archie attended for review this morning. Archie initially stated "I feel your all angry at me", reassurances were given. Archie reporting poor sleep last night, stating "I cant sleep here". Archie spoke at length about his mother and various concerns he has when she is unwell. Archie feels like he has let himself go and reports that he just need time to himself in the company of hi cats. Archie spoke about his parents and advised his mum can understand it, however his dad cannot. Archie told us that his dad tells people that they are all "devil worshippers". Archie denies having any suicidal thoughts today, he reported "I've never had these feelings, it was my dad that has these feelings". Archie denies using illicit substances, stating "I have put it all in the bin". Archie went on to say "I need to stay in my own bed and start looking after myself again". He then went on to say that he is "very concerned about his parents" and he is keen to be discharged. Archie was advised that another specialist will have to assess him rst. Archie agreed to take medication.

Following review with Dr Johnston Archie was seen by MHO Brian Gallagher, Brian advised that information given by Archie indicated he has been associating with those involved in illicit substance misuse, and that he was possibly taking amphetamines. It was agreed between Dr Johnston and Brian Gallagher that Archie met the criteria for detention, Archie informed that he has been detained on a STDC. Archie displeased about having to remain in hospital, but has advised he will commence on his medication and is hopeful that he will be able to have time at home over Christmas.

Plan Following Review :

- 1) Mental Health Officer assessment and if agreed progress to STDC.
- 2) Zopiclone 7.5mg nocte and a PRN of Lorazepam 1mg have been prescribed.
- 3) Oral Aripiprazole 10mg to be started as Archie is happy to take medication but felt the Olanzapine was a abit "heavy".
- 4) Drug-screen to exclude illicit substances.
- 5) General observations.
- 6) Bloods/ECG/physical exam have been completed and are normal.

Assessed 18th Dec 2019 at 02:14

Summary of contact/details

Archie initially settled within ward environment however as evening progressed becoming increasingly agitated. Requested to be discharge at approx. 22.30 this evening stating that he didn't need to be in hospital and that his father should have been admitted instead of him. Spoke wildly about his thoughts on fairies and religious aspects of life and aiming a lot of anger towards his father. After maximum reassurances from writer Archie agreeable to remain in ward overnight and has requested that he is seen first by Dr Johnston at MDT in the morning. Has had very little sleep overnight if any - pre-occupied with his thoughts of not requiring to be in hospital. No other issues at time of writing.

Assessed 17th Dec 2019 at 17:25

Summary of contact/details

Emergency informal admission of Archie Brown, a 32 year old male from Coylton under the care of Dr Johnston. Archie is known to services with ongoing input from CMHT and reports to have had previous inpatient admissions a number of years ago, has previous diagnosis of EUPD and ?drug induced psychosis. While in ward 10 Archie's named nurse will be Alec Lewis.

~~He is admitted after being seen at home by Dr Johnston following concerns being raised by Archie's family that he had deteriorated recently.~~

~~Archie's family report that recently Archie has been acting more heavily, content of his conversation has been disjointed and strangely~~
~~Based on by a well valued and trusted individual, family history of mental illness, social problems and alienation Archie reports that recently sleep~~
~~and appetite have been poor. He denies any current drug or alcohol use but admitted historical drug use and is known to have~~
 previously used cannabis, UDS has been requested but not provided yet. Archie denies any current thoughts of self harm or suicide

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

From 12/05/1926 Until 12/05/2026

- Voluntary admission unless wishes to leave - for Mental Health Act assessment
- Zopiclone 7.5mg nocte has been helpful
- Drug-screen to exclude illicit substances
- Discuss oral antipsychotic drug tomorrow at ward round
- General obs
- Bloods/ECG/physical exam to be completed.

Following home visit with Dr Johnston agreed informal admission to hospital, Archie agreed to be transported by CPN. On picking Archie up he had to perform a number of rituals prior to leaving this house this included Tarot cards and 3 personal items to protect the house and cats while he was away. On arrival at the hospital he appeared to become quite anxious struggled with his breathing his gait became unsteady, he stopped to look at all the pictures on the wall touching each picture several times in patterns of 3 touches 3 times and drawing a circle around the spot he touched. On entering the ward and being shown to the sitting room he took off his coat and scarfs turning a full circle before laying out the same 3 personal items he had brought from home and put a small pile of coloured feathers in the middle of these. He then picked all this up putting it back in his pocket before asking me to take the feathers and "throw them to the wind" When Nurses in Charge arrived back on the ward offered handover however was advised this would not be needed as they had a handover from the bed manager Amy, provided casenotes from Dr Johnston. On returning to Archie's room to say good by he was unpacking his stuff and putting this away, he advised he was hoping for a short admission as he does not wish to be in over Christmas. Archie appeared to be following some sort of rituals while putting his things on his shelves.

Archie was wearing a dressing gown with tee shirt and shorts, he has put up his Christmas decorations but the house was cold. There was a degree of clutter such there were various items on every step.

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

From 12/05/1926 Until 12/05/2026

Archie believes he hears voices including all of his close relatives who are constantly talking to him. These he said are inside and outside his head. He did appear to be responding to voices currently. He denied any command hallucinations. He admitted to feeling fearful of the future but denied any plans to harm himself or others.

Diagnosis

Previous diagnosis of EUPD and drug-induced psychosis

? Drug-induced ? SMI (strong FH of Bipolar disorder and Schizophrenia)

Plan

Voluntary admission unless wishes to leave—for Mental Health Act assessment

Zopiclone 7.5mg nocte has been helpful

Drug-screen to exclude illicit substances

Discuss oral antipsychotic drug tomorrow at ward round

Assessed 17th Dec 2019 at 12:09

Summary of contact/details

SOUTH

COMMUNITY MENTAL HEALTH TEAM

FERRAL MEETING MINUTE.

Dr Johnston Tuesday 17th December 2019 9.30am

His mother contacted duty yesterday with concerns. North Ayrshire Duty Service did not return the call or contact the team who were at a meeting. Claire has contacted Archie this morning and will contact his mum later on today. Dr Johnston and Claire will visit Archie today.

Assessed 17th Dec 2019 at 10:40

Summary of contact/details

[illegible]

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Assessed 17th Dec 2019 at 08:55

Summary of contact/details
Phone call to Archie as agreed, sounded drowsy, he advised he was still in bed, reports better sleep last night and starting to feel "they are getting out my head" reports he feels his heart is starting to "light up again". Agreed I would call at 11:00 once he was properly awake. To be discussed at this mornings MDT re: home visit with Dr Johnston.

Assessed 16th Dec 2019 at 18:56

Summary of contact/details
DUTY CALL [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Assessed 13th Dec 2019 at 14:30

Summary of contact/details
Planned routine home visit with Archie, [REDACTED] [REDACTED] Archie was wearing a dressing gown with tee shirt and shorts, he has put up his Christmas decorations but the house was cold. Archie presented slightly unkempt, stated he has not been able to maintain his personal care and not washing his hair, however he has cut his hair stating this was to "get them all out of my head". Reports he is not sleeping well and appetite is poor. Archie started to tell me about his current concerns these revolve around his Gran having been a "seer" and passing on her family history to Archie both orally and by "putting the oracles in to me". Over the next 30 mins he tried to explain what this meant for him, he spoke passionately about "3 emblems" "the 3 realms" and "the trinity", he spoke of the ancestors and also the "others" who brought their own magic in the space ships. Archie appeared to be delusional / psychotic, he frequently looked up to his right advising me "He is all around" and Archie appeared to believe this person meant some harm to Archie as he has taken all the "oracles" out of Archie's head when "they are not his to take". Archie was very focused on what he wanted to tell me, tried to get more information with regard to when he had last slept and eaten, he did not appear to have been using substances however was not explicit in answering this, at times he was tearful and distress that the world would not survive. He named himself his Mum and the Queen as each being one of the 3 pillars that was hold things for the moment but expressed his worry for Queen Elizabeth. Discussed hospital admission as a way to keep him safe, and provide him with care - food, sleep however he did not feel he could manage "all those lost souls" suggesting they were from another "realm". Advised Archie I needed to go to speak with Dr Johnston with regard to taking his care forward. Archie gave me some reassurance he would try to maintain his safety and would contact MH services if he felt he required further help. He also agreed to accept my telephone contact or further visits. Above discussed with Dr Johnston and CRT - It was agreed to offer olanzapine for Archie over the weekend with support from CRT for concordance and on going assessment. Phone call to Archie who refused this, stating he just needed time on his own to get this sorted, he stated he can "hear you all talking and know you are worried" going on to state that he will maintain his safety.

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

From 12/05/1926 Until 12/05/2026

Assessed 12th Dec 2019 at 12:59

DUTY CALL

[illegible]

Summary of contact/details

anned home visit with Archie to complete PIP form and review mental health.
Archie reports he has now withdrawn contact with his family as he can no longer cope with how they speak to him and constantly undermine and make a fool of him.
Archie was very talkative, no pressures of speech however he was very focused on his subject and it was difficult to to keep him focused on completing his PIP for.
He spoke at length about his ancestors referring back to the MacDonald's and MacLeod's as royalty from which he is descended, he spoke of the bad blood and men interfering in things they can not comprehend again talking about seer's and mystic's stating his Gran had second sight and he too has various visions about the past and the future, reporting he is concerned for the end of the world feeling there maybe some catastrophe leading to an ice age or the world blowing up.
Archie also spoke about his beliefs with regard to aliens or others amongst us and interbreeding, he also spoke about this in the past between "the giants and fairy folk".
Archie appeared distressed by the state of our world and the lack of care for each other, however felt the world would sort this out be it an ice age ridding us of most of mankind or off people from space leaving now they have taken all the earths resources and finding another planet.
He stated he believes the Queen has knowledge of this and has tried to intervene but has no authority.
Archie appeared to be very invested in his various beliefs and that any of these options could be the outcome for us.
Completed PIP with Archie he agreed he will post this away, reminded him this had to be done ASAP as it is due back on 9/12/2019.
To discuss above with Dr Johnston.
Reappointed in 1 weeks time to try to engage Archie in psycho education re: Emotional distress.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Assessed 2nd Dec 2019 at 18:01

Summary of contact/details	
DUTY CALL Archie advised that he was struggling with his mood and having thoughts of suicide. Archie sounded very upset on the phone and he sounded as though he was crying. Archie explained this had been triggered by being asked to leave his GP Surgery due to missed appointments and his conduct within the practice. Archie claims he feels let down and that he is being discriminated against because of the 'way he is'. Archie then went on to explain that he continues to struggle with his mood and emotions as he 'feels deeply' and he is 'sensitive to energies, good and bad, from buildings, streets and places'. Archie stated he finds this very intense and struggles to manage this sometimes which resulting in him 'can't stop thinking about doing away with myself'. Archie was given time to express his concerns. Writer then encouraged Archie to implement distraction techniques and coping mechanisms. Archie began to speak about politics and history which he reports he is very interested in and his mood began to brighten. Archie was then responsive to humor and animated in his speech by this point. Archie was reminded that he has an upcoming appointment with his CPN Claire Connelly this week. Archie stated he is looking forward to this and is hoping to work on his mood. Archie assured he would be able to keep himself safe in the interim. Archie is aware of contact numbers should he require them. No further issues or concerns to note at this time.	

Assessed 29th Nov 2019 at 18:50

Summary of contact/details	
Phone call from Archie reporting he was struggling to cope and felt he had no option but to "do away with himself". Allowed Archie time to express his distress, this was around the relationship difficulties he has with his parents, stating he feels his father is poisoning his mother against him, feels they are both very abusive in the way they talk to him and often treat him as if he is "stupid". Tried to engage him in considering what he could do to distract himself from this but he reports all his current strategies are not working. Advised him I have spoken to Dr Johnston about Archies concerns he may be on the spectrum, advised Archie I have been reviewing his notes from CAMH's and passed these to Dr Johnston who has agreed to offer Archie an OPA to assess this further. Advised we still have his PIP to complete and arranged an appointment for next week to go over this. Encouraged Archie to have some tea and maybe some toast if he can manage this, he is reporting he has not eaten all day due to his anxiety and distress. Archie spoke about his physical symptoms - infections in his "belly button", feeling "shaky" drinking alot and also "peeing alot", advised he try to make a GP appointment early next week. Archie advised he will have a cup of tea and go to his bed, reminded him of NHS 24 number and weekend contact if he has any further concern's with regard to maintaing his own safety. Archie has agreed he will call if he has any concerns.	

Assessed 21st Nov 2019 at 15:15

Summary of contact/details	
Message from Duty to advise Archie had called, when I returned the call unfortunately the line was very poor and it was difficult to hear him, however he advised he feels "abused" by his parents and this is having a negative impact on his mental health, stated they keep going round and round in circles with no resolutions. Due to quality of the line could not discuss fully, advised Archie I have contact PIP and had his time extended for return of application, advised I would try to catch up with him next week to review this with him.	

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Assessed 21st Nov 2019 at 13:05

Summary of contact/details	
Duty call. Archie reported that his main concern was his Mum and Dad as they are tearing and that he has recent diagnosis of Emotionally unstable personality disorder. When I asked if his parents were verbally and/or physically tearing lumps from each other he said sorry mate I don't really trust males and that he would be terminating the call. Before he terminated the call I advised that I would update C/N Claire Connelly.	

Assessed 19th Nov 2019 at 10:59

Summary of contact/details	
SOUTH COMMUNITY MENTAL HEALTH TEAM REFERRAL MEETING MINUTE Dr Johnston Tuesday 19th November 2019 9.30am CC feedback on recent assessment. Claire will continue to see. CC will discuss medication options with him Dr. Johnston would like to see his medical records	

Assessed 18th Nov 2019 at 13:00

Summary of contact/details	
Planned home visit with Archie, home was tidy and warm, Archie appropriately dressed for weather conditions. reports he had spent the past 2 weeks cleaning and tidying so his home would be presentable. Archie had received his PIP forms and spent the appointment reviewing these. Archie struggled to keep to topic and went off on various tangents with regard to his "hertiage", devil worship, druids and aliens. Archie also spoke of his father and mother and how they spoke of paranoid thoughts of being watched and spied upon by men from his past. At times difficult to draw back to the topic in hand. Again wanting to discuss possibility of autistic symptoms. Plan was to introduce the Decider Skills however agreed a further appointment to be arranged to start this work.	

Assessed 18th Oct 2019 at 16:49

Summary of contact	
18-Oct-2019 09:15 CMHT Contact Record v2 sesnt vai clinical mail to Dr Phinn Cathcart Street Medical Practice on behalf of Claire Connelly CPN	

Assessed 18th Oct 2019 at 09:15

Summary of contact/details	
Archie attended todays assessment with his Mum. ICP to be completed, risk assessment completed.	

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Out come:

Assessment to be continued at next appointment.

Archie to maintain his own safety, if he has any concern's he will contact CMHT.

CMHN to speak to MDT re: diagnosis and possible referral to psychology for assessment for autism.

Assessed 10th Oct 2019 at 22:29**Summary of contact**

Joint assessment with DR McElvey please see completed ARAF.

Assessed 10th Oct 2019 at 19:02**Summary of contact/details**

Archie was admitted to ED 10/10/2019 and referred to the Psychiatry Liaison service following being found with a ligature around his neck by the police. He was reviewed by myself and by Helen Norris, PLN, in ED. Police were present and remained outside during consultation.

Archie states that he had an argument with his mum today over the phone and feels this was a trigger for his actions & attempt of suicide. He states he contacted his sister via text, to inform her to look after the cats. She became suspicious and contacted the police. Police attended Archie's house and found him with a dressing gown rope tied around his neck. He states his plans was to hang himself from the television, however never managed to this far due to Police arriving.

He states his mood has been particularly low since his PIP was stopped and was no longer allowed a Free Bus Pass, on-going for a few months. He states this was due to his mental health diagnosis changing. He is known previously to Dr Tim Johnston, CONS Psychiatrist however was discharged from his care in September 2018. He was recently referred back to CMHT and has an appointment with them at Arrol Park on 18/10/2019. He denied any issues with his appetite, however states that he has less money to spend on food. He denies any issues with sleep.

He denies having regular panic attacks. He denied being bothered with regular headaches or muscle tension. There was no bipolarity of symptoms.

He states he didn't want to end his life. He denied any active plans of self harm or suicidal intent. Denies any plans to harm others.

Past Medical and Psychiatric History;

Denies any medical problems.

Has a diagnosis of EUPD. Known to Dr Tim Johnston - discharged. Re-referred to CMHT Appt scheduled 18/10/2019.

He denies any regular medications.

Social History;

Currently living alone in Coyllon, in a council flat with 3 cats. States most of his friends are in Ayr, and doesn't see regularly. Denies having any financial or housing issues. States PIP and Bus Pass stopped, and has been struggling more with finances since however denies any debt.

Both mum and dad are still alive. States doesn't see them regularly as father doesn't make him feel particularly welcome in family home. Phone calls with mum regularly, however states recently had lots of arguments with his dad.

He states that he previously ran away from home at the age of 10 years old after experiencing verbal and physical abuse from father. He states he would push his cheek up against the wall and shout at him, He state she attended a LGBT youth club in Glasgow. He states he was the youngest person to declare homosexuality in Scotland. He states that aged 12 he was raped at this youth club. He states that his family did not press charges or pursue his rape allegations. He feels he hasn't got closure of this and

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

wishes to pursue this himself now.

He states he doesn't drink alcohol. He smokes tobacco regularly. Recent use of cannabis within last 3 days. States currently not using any illicit drug use, however has previously used drugs in the past.

Forensic History;

He denies having any convictions or being involved with the Police previously.

MSE;

Casually dressed 32 year old man. Good rapport and eye contact variable. Good eye contact when talking to us during consultation. Speech was normal in rate, volume and intonation. Remained calm during consultation, and tearful when discussing relationship with mum and previous rape. Describes mood as 'Shit' and objectively euthymic. Affect reactive. Thought content normal. States believed in spirits, however denied any auditory or visual hallucinations. Denies any plans to self harm, suicidal intent, plans or ideation. He states that his mum, sister and cats were all protective factors for this. Denies any plans to harm others. In terms of insight, understands mood is low and wishing to seek help. States doesn't want to end life. Happy to engage with CMHT. Forward planning - could tell us date and time of CMHT appointment and states that he planned to attend this.

Impression;

32 year old man with diagnosis of EUPD, attended with suicide attempt to ED. Social stressors including poor relationship with dad, recent argument with mum, recent stopping of PIP and bus pass. States doesn't wish to end his life, denies any further plans to end life, or self harm.. No plans to hurt others. Forward planning and willing to engage with CMHT.

Plan;

- 1) Discharged Psychiatry Liaison
- 2) Given Psychiatry Leaflet with emergency contact details
- 3) Will update South Ayrshire CMHT of attendance
- 4) FU with CMHT on 18/10/2019

Assessed 10th Oct 2019 at 18:27

summary of contact/details	
Archie was admitted to ED 10/10/2019 and referred to the Psychiatry Liaison service following being found with a ligature around his neck by the police. He was reviewed by myself and by Helen Norris, PLN, in ED. Police were present and remained outside during consultation. Archie states that he had an argument with his mum today over the phone and feels this was a trigger for his actions & attempt of suicide. He states he contacted his sister via text, to inform her to look after the cats. She became suspicious and contacted the police. Police attended Archie's house and found him with a dressing gown rope tied around his neck. He states his plans was to hang himself from the television, however never managed to this far due to Police arriving. He states his mood has been particularly low since his PIP was stopped and was no longer allowed a Free Bus Pass. He states this was due to his mental health diagnosis changing. He is known previously to Dr Tim Johnston, CONS Psychiatrist however was discharged from his care in September 2018. He was recently referred back to CMHT and has an appointment with them at Arról Park on 18/10/2019. Past Medical and Psychiatric History;	

Assessed 10th Oct 2019 at 15:46

Summary of contact	
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Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Diagnosis: Emotionally Unstable PD

Psychiatric Medication: Nil

Recommendations: As per plan

Archie was admitted to ED on the 10th October 2019 and referred to the Psychiatry Liaison Service following being found with a ligature around his neck by the police. He was reviewed by myself and by Helen Norris, PLN, in ED. Police were present and remained outside during consultation. Archie states that he had an argument with his mum today over the phone and feels this was a trigger for his actions and attempt of suicide. He states he contacted his sister via text, to inform her to look after the cats. She became suspicious and contacted the police. Police attended Archie's house and found him with a dressing gown rope tied around his neck. He states his plans was to hang himself from the television, however never managed to this far due to Police arriving. He states his mood has been particularly low since his PIP was stopped and was no longer allowed a Free Bus Pass, on-going for a few months. He states this was due to his mental health diagnosis changing. He is known previously to Dr Tim Johnston, Consultant Psychiatrist, however was discharged from his care in September 2018. He was recently referred back to CMHT and has an appointment with them at Arrol Park on the 18th October 2019. He denied any issues with his appetite, however states that he has less money to spend on food. He denies any issues with sleep. He denies having regular panic attacks. He denied being bothered with regular headaches or muscle tension. There was no bipolarity of symptoms. He states he didn't want to end his life. He denied any active plans of self harm or suicidal intent. Denies any plans to harm others.

Past Medical and Psychiatric History

He denies any medical problems. He has a diagnosis of EUPD. He was known to Dr Tim Johnston - discharged. Re-referred to CMHT and has an appointment scheduled for the 18th October 2019. He denies any regular medications.

Social History

He is currently living alone in Coynton, in a council flat with 3 cats. He states most of his friends are in Ayr, and doesn't see regularly. Denies having any financial or housing issues. States PIP and Bus Pass stopped, and has been struggling more with finances since however denies any debt. Both mum and dad are still alive. He states he doesn't see them regularly as his father doesn't make him feel particularly welcome in family home. He has phone calls with mum regularly, however states he doesn't see her as much. He states that he previously ran away from home at the age of 10 years old after experiencing verbal and physical abuse from father. He states he would push his cheek up against the wall and shout at him. He states he attended a LGBT youth club in Glasgow. He states he was the youngest person to declare homosexuality in Scotland. He states that aged 12 he was raped at this youth club. He states that his family did not press charges or pursue his rape allegations. He feels he hasn't got closure of this and wishes to pursue this himself now. He states he doesn't drink alcohol. He smokes tobacco regularly. Recent use of cannabis within last 3 days. He states he is currently not using any illicit drug use, however has previously used drugs in the past.

Forensic History

He denies having any convictions or being involved with the Police previously.

Mental State Examination

On mental state examination he was a casually dressed 32 year old man. There was good rapport and eye contact variable. Good eye contact when talking to us during consultation. Speech was normal in rate, volume and intonation. Remained calm during consultation, and tearful when discussing relationship with mum and previous rape. Describes mood as 'Shit' and objectively euthymic. Affect reactive. Thought content normal. States believed in spirits, however denied any auditory or visual hallucinations. He denies any plans to self harm, suicidal intent, plans or ideation. He states that his mum, sister and cats were all protective factors for this. He denies any plans to harm others. In terms of insight, understands mood is low and wishing to seek help. He states he doesn't want to end his life. He is happy to engage with the Community Mental Health Team. Forward planning

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

- could tell us date and time of CMHT appointment and states that he planned to attend this.

Impression

This is a 32 year old man with a diagnosis of EUPD, attended with suicide attempt to ED. Social stressors including poor relationship with dad, recent argument with mum, recent stopping of PIP and bus pass. He states he doesn't wish to end his life, denies any further plans to end life, or self harm. There are no plans to hurt others. He has forward planning and willing to engage with the Community Mental Health Team.

Plan

- 1) Discharged from Psychiatry Liaison Service.
- Given Psychiatry Leaflet with emergency contact details.
- Will update South Ayrshire Community Mental Health Team of attendance.
- 4) Follow up with Community Mental Health Team on 18th October 2019.

Assessed 30th Sep 2019 at 12:48**Summary of contact/details****Duty Call****Assessed 18th Sep 2019 at 11:02****Summary of contact/details**

You have been referred to our service. Please find below details of appointment offered:

Date: Friday 18th October 2019

Time: 9.15am

Venue: Out-patients dept, Arrol Park Resource Centre, Doonfoot Road,
Ayr, KA7 4DW.

With: Jacque Ferguson and Claire Connelly

As the Community Mental Health Team is an approved area for student training, on occasions there may be a student present during your appointments. If you do not wish a student to be present during this meeting, please let us know in advance of the appointment on the above number.

Please contact the above number if this is unsuitable and we can arrange an alternative appointment.

Assessed 18th Sep 2019 at 08:36**Summary of contact/details**

Urgent from GP - for nursing assessment. Appointment sent for 18/10/19 @ 9.15 @ Arrol Park.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Assessed 17th Sep 2019 at 11:40

Summary of contact/details	
Telephone call to Mr Brown. He sounded extremely disgruntled regarding support he has received in the past and voiced that he was unhappy with his previous consultant psychiatrists. Archie spoke at length about his past experiences and also reduction in benefits and no bus pass which appears to be his main concern today. Writer advised Archie that an appointment has been arranged for 18/10/19 @ Arrol Park with Claire Connelly at 9.15. Archie accepting of appointment although disgruntled at the same time. Archie is aware of service telephone numbers should he require additional support outwith arranged appointment.	

Assessed 16th Sep 2019 at 13:59

Summary of contact/details	
Phone call to Duty from Archie. He spoke about how unhappy he was regarding his PIP being downgraded and not having a Bus Pass. Very derogatory about any past input from mental health services and also Information and Advice Hub, saying how he felt it was there fault he has lost benefit money. Archie spoke in a fast, high pitched tone, writer struggled at times to talk and when I did he tended to talk over me. He said he was being "passed from pillar to post", "no one cared". Also spoke about wanting compensation for an alleged previous rape and head injury he sustained. Spoke about how no medication, in his opinion, helps Personality Disorder and he feels he has never had any relevant intervention. Denied consuming alcohol or taking any illicit substances, voices was slurred at times, jumping from topic to topic and difficult to keep on track or engage in any meaningful conversation. Plan: -Archie was given details of Circles Advocacy. -Given details of Moving On, however said he had previously contacted them. -He was advised that a referral had been received from his GP and sector team would discuss this. -Archie said that as he is a rape victim he would prefer if he was not allocated a male Psychiatrist - he was advised his request would be passed on to team.	

Assessed 13th Sep 2019 at 12:43

Summary of contact	
11-Sep-2019 16:07 CMHT Contact Record v2 sent to GP Cathcart Street surgery via clinical mail.	

Assessed 11th Sep 2019 at 16:07

Summary of contact/details	
Urgent referral recieved through duty. Referral discussed with C/N Lynette Childs. No current risk perceived, therefore referral will be downgraded to routine and passed to sector team for discussion.	

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Assessed 28th Sep 2018 at 13:53

Summary of contact	
Diagnosis: Emotionally Unstable Personality Disorder Substance Abuse (historical)	
Psychiatric Medication: Nil	
Recommendations/Plan: Discharge back to GP Stop Olanzapine 5mg nocte	
I reviewed Archie at my out-patient clinic at Millan Suite, Ailsa Hospital on 28th September 2018. Archie has continued to avoid Cannabis and has felt that this has been particularly helpful to his mental health. Archie reports trying the Olanzapine at a small dose of 5mg, however, he felt that it made him more angry rather than less so and therefore stopped it himself two months ago. Archie describes his mental health as having 3 days better than 3 days when it is poor. He describes the latter when he is shut down in which he means he withdraws from company. He said that is one reason why he chose to live in Coylton which is a quieter town. Archie was clear with me that he felt he no longer wished to take psychotropic medication and is pushing to get back into work as a mobile hairdresser. He recognises he can only do this gradually. On mental state examination Archie was bright and cheerful. There was no bizarre conversation. He had no suicidal ideas. ARCHIE BROWN 20 ARTHURSTON TERRACE, COYLTON, AYR, Ayrshire, KA6 6HY CHI No: 0604873298 Archie agreed discharge from the clinic and no medication so I will not plan to see him again at this time. Yours sincerely Authorised on 28/09/2018 16:36:26 by Tim Johnston.	

Assessed 12th Jun 2018 at 11:26

Summary of contact/details	
SOUTH COMMUNITY MENTAL HEALTH TEAM REFERRAL MEETING MINUTE Tuesday 12th June 9.30 am Continue to attend outpatient with Dr Johnston, not for CPN at this time.	

Assessed 8th Jun 2018 at 16:44

Summary of contact/details	
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Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Activity of Vicki McAughtrie, Student Nurse authorised and certified by myself- Laura Dempsey, Staff Nurse.

Assessed 8th Jun 2018 at 11:02

Summary of contact

Diagnosis: Personality Disorder
Substance abuse (currently reporting abstinence)

Psychiatric Medication: Olanzapine 5mg nocte

Recommendations/Plan: 1. Continue Olanzapine 5mg nocte
2. Referral to Social Work for support worker
3. Out-patient Clinic- 3 months

I reviewed Archie at my Out-patient Clinic at North Ayr Health Centre on 8th June 2018. His mother accompanied him following her contact with the services because of her own concerns.

Archie reported that since stopping his Cannabis he felt his mental health had improved. However his mother was very angry with him and this was a problem for the meeting. This unsurprisingly led to significant friction in the meeting.

Archie said he had stopped taking his Cannabis 6 weeks ago and is not planning to return to it.

Archie mentioned that he is interested in "earth angels", and this he said are angels that buzz in the air. However, they do not seem to have any significance other than that and he is reporting to accept they are in his imagination. He also had some bizarre ideas about how his mum can communicate with him, but these were not either frankly delusional.

Mental State Examination

Archie today was well tanned. He had neat long hair. He said he had thoughts of self-harm, but no plans.

2/ ARCHIE BROWN 20 ARTHURSTON TERRACE, COYLTON, AYR, Ayrshire, KA6 6HY
CHI No: 0604873298

Since meeting with Archie previously he has had an MRI scan of his brain and I spent some time showing this to him. He said he believed he had bipolar disorder or schizophrenia, but I told him that I am not convinced.

Archie's diagnosis remains not entirely clear. There is a clear history of a head injury but this was not severe. His speech at times has bizarre content but I am not convinced they are delusional beliefs. He is previously recorded as having an isolated hypomanic episode but his heavy use of cannabis makes this not entirely convincing. His presentation with me has been more in keeping with personality disorder and substance misuse. I plan to discuss this with Archie at our next meeting as the friction evident with his mother did not allow this today.

I recommend that he continue with his Olanzapine, which is on an unlicensed basis, as it brings some stability to his mood. I did feel that getting some support workers would help in taking Archie out of the house and that the longer he spends at home the more conflict there is which doesn't help either him or his parents. I will copy this letter therefore to our local Social Work Department.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Yours sincerely

Authorised on 13/06/2018 13:09:32 by Tim Johnston.

Assessed 7th Jun 2018 at 11:50**Summary of contact/details**

Message for duty to make contact with Archie. Attempted to call on three separate occasions however no answer at time of call. Received a call back.

Archie states that he is finding it hard to detach himself from arguments within the family stating that he feels that his parents involve him in arguments. The writer advised that he tell his parents that he does not want to get involved and distraction techniques were advised. Archie states that he likes to water his plants and tidy up to help distract him which he finds beneficial. Archie reports that he wants to work in charity and help other people who have suffered like himself or who have misused drugs in the past. Archie states that he wants to "walk in a better light and not a dark light" now and become the independent man he used to be. The writer encouraged this positive thinking which Archie was agreeable too. Archie however advised that the tablets he is currently taking can make him angry. The writer then advised Archie to discuss with Dr Johnston tomorrow at his appointment which Archie states he had forgotten about but was grateful for the reminder. The writer then advised Archie of time of appointment and to write down any questions or concerns he may have so that he doesn't forget. Archie was happy at end of call and stated that he was feeling much better.

Assessed 5th Jun 2018 at 16:27**Summary of contact/details**

[REDACTED]

Assessed 5th Jun 2018 at 14:38**Summary of contact/details**

DUTY CALL

[REDACTED]

Assessed 22nd May 2018 at 11:34**Summary of contact/details**

[REDACTED]

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

From 12/05/1926 Until 12/05/2026

[illegible]

Summary of contact/details	
Message for duty to make contact with Archie's um, Joyce. Attempted to call however no answer at time of call. Will try again in the morning.	

Summary of contact
[REDACTED]
[REDACTED] This board [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Summary of contact/details	
Spoke with Archie who spoke of his thoughts currently bizarre thoughts and talking about religion and spiritualism. Reverting to past gods. Pandora's box and Masonic Books etc. Has not been sleeping and smoking cannabis not being clear about how much or the strength Would appear to be heavily under the influence and not making much sense. Denies any thoughts of harming himself or others at this time. No further input at this time.	

Summary of contact/details
DUTY CALL [REDACTED] [REDACTED] stated that they have had to [REDACTED] [REDACTED] [REDACTED] from crew members of whether he [REDACTED] [REDACTED] appears to have changed. Discuss with center team Charge nurse. Explain to [REDACTED] that last communication and unable to contact duty.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Assessed 22nd Jan 2018 at 09:27

Summary of contact/details

Diagnosis: ? Traumatic Brain Injury
? Personality Disorder

Psychiatric Medication: Nil

Recommendations/Plan: 1. Arrange MRI scan
2. Out-patient Appointment - 4 months

I reviewed Archie at my out-patient clinic at Millan Suite, Ailsa Hospital on 22nd January 2018 when I was accompanied by Ilse Van De Wijgert, medical student.

I informed Archie of the CT scan result which was normal and I allowed him to read the report. He wishes for a more detailed examination of his brain while he is convinced that things are normal.

Archie tells me that he changed from being an outgoing pleasant person at the age of 18 when he suffered his head injury of a metal bar being struck on the back of his head and has become an impulsive moody person with thoughts of suicide.

Archie reports that the medication I gave him only made him feel worse, namely Olanzapine and Quetiapine. Since I also saw no benefit from the medication I agree that it should be discontinued and that is what happened.

On mental state examination Archie's mood was subjectively depressed and objectively his mood was reactive. His appetite and concentration were fair and he says that his problems were put down to "too many chemicals in my brain". He said he had no current suicidal ideation.

ARCHIE BROWN 20 ARTHURSTON TERRACE, COYLTON, AYR, Ayrshire, KA6 6HY
CHI No: 0604873298

Archie continues to use Cannabis on a daily basis and I suggested this might be affecting his memory however he was insistent that it was due to his head injury. I decided I will organise an MRI scan of his head to exclude pathology and if this was normal I would stress the role that Cannabis is playing in his mental health. If he was unable to see this I would have to withdraw.

Finally I asked Archie if I could speak to his parents either in person or on the phone. He had told me that they had noticed how much change he had suffered over the years. However, he refused this offer. His mother has recently been in hospital for thyroid problems, but he offered no reason why I could not speak to his father.

I will arrange an MRI of head and arrange an out-patient appointment for 4 months. The MRI scan is already requested on PMS.

Yours sincerely

Authorised on 30/01/2018 11:28:22 by Tim Johnston.

Assessed 27th Nov 2017 at 10:57

Summary of contact/details

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Please can you arrange a 12 lead ECG for this young man who is not on any medication, but has a strong family history of cardiac problems.

He is ambulatory.

Thanks in advance.

Assessed 27th Nov 2017 at 10:56**Summary of contact/details**

Diagnosis: ? Traumatic Brain Injury
? Personality Disorder

Psychiatric Medication: Nil

Recommendations/Plan: 1. Due to have a CT scan next week
2. Arrange ECG at Ayr Hospital
3. Out-patient Appointment as soon as possible

I reviewed this 30 year old man at my out-patient clinic in Millan Suite, Ailsa Hospital on 27th November 2017.

Unfortunately he has not yet had his CT scan which is arranged for next week. This had been arranged because he reports a history of being attacked over the head with a metal pole as a teenager and says that he has been experiencing erratic moods and behaviour since then. Since he was last seen you stopped his Olanzapine as he felt he wasn't being overly helpful. He described himself as a "self-abuser" and says he has stopped eating at times for several days at a time. He sees himself as fat, as a child he said he was morbidly obese saying that he was 22 stone at the age of 8 and then 18 stone at the age of 12.

~~He reported that he had been in the police and prison many years and that he was this about with his mother~~
~~and he had a long history of being in the police and prison many years and that he was this about with his mother~~
He consequently has been very sceptical about any medication given to him by Psychiatrists.

2/ ARCHIE BROWN 20 ARTHURSTON TERRACE, COYLTON, AYR, Ayrshire, KA6 6HY
CHI No: 0604873298

Archie stopped his Olanzapine as he felt it was making things worse. He says he feels better now since stopping it. However, he said the Olanzapine slowed his heart, but did not treat his anxiety or mood changes.

Archie also mentioned that he has strange sensations that he can pre-empt tragedies and that he is aware that these can happen. ~~He said that his mother was also able to do this.~~ He said that these strange feelings come on before his mood changes. He wonders whether these maybe epileptic in origin.

Archie continues to take Cannabis daily with no intention of stopping this. He says he prefers holistic treatment. He says he gets thoughts of self-harm, but has no plans. On mental state examination today he was anxious, but not depressed. He had good eye contact and was not elated in mood. He had no suicidal ideation.

There remains a difficulty in diagnosis of this young man, he is due for a CT scan next week and I plan to do an ECG because of his other symptoms. Depending on the CT scan I may consider an EEG or an MRI. For the time being I will arrange to see him again as soon as I can with the CT scan result.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Yours sincerely

Authorised on 04/12/2017 12:16:22 by Tim Johnston.

Assessed 31st Jul 2017 at 16:02**Summary of contact/details**

Please can you arrange a CT scan of Brain for this 30 year old man who gives a history of being attacked violently and repeatedly on the head by a heavy metal pole. He reports that his personality has changed since and he has developed anxiety symptoms and paranoia which were not present previously. He does have some objective evidence of short term memory loss.

I thank you for your assistance.

Yours sincerely

Authorised on 01/08/2017 13:04:55 by Tim Johnston.

Assessed 31st Jul 2017 at 16:01**Summary of contact/details**

Diagnosis: Personality Disorder (not yet discussed with the patient)
Anxiety Disorder
? Traumatic Brain Injury

Psychiatric Medication: Olanzapine 12.5mg nocte
Zopiclone 7.5mg nocte PRN

Recommendations/Plan: 1. Referral for CT scan
2. Continue medications above
3. Out-patient Appointment - 4 months

I saw this 30 year old man at my out-patient clinic at Millan Suite, Ailsa Hospital on 31st July 2017. He had been transferred from Dr Gibb, Consultant Psychiatrist.

Mr Brown initially told me of his dissatisfaction about his previous encounters with Mental Health Services and that he felt his diagnosis had been incorrect. I told him that I would take a pragmatic view on his situation as I was seeing him for the first time. He reports feelings of anxiety, nightmares, symptoms of "sleep paralysis", suicidal thoughts and paranoid thoughts, some of which have occurred after a traumatic head injury in which he was attacked with a steel bar when he was younger. He also told me about times when his mood was high and also times when his mood was low. He had been told he had a drug induced psychosis rather than a bipolar disorder, but he disagreed with this.

Family and Personal History

His father lives in Dalmilling and is a retired mechanic. His mother lives with him ~~and previously had a cleaning business~~. He has 2 sisters, ~~Sharon aged 45 and Michelle aged 37 both of whom live locally~~.

2/ ARCHIE BROWN 20 ARTHURSTON TERRACE, COYLTON, AYR, AYRSHIRE, KA6 6HY
CHI No: 0604873298

~~He said his mother has a diagnosis of bipolar disorder and that she has been in hospital for a long time. He~~

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

He was born in Irvine and says of normal birth and normal milestones. However, he said he was physically assaulted by his father and ran away from his home as early as the age of 8 to Glasgow. He maintains he went to a children's home and he was attacked with a metal pole. He left school at the age of 16 and pursued a career in hairdressing for the next 15 years, however, he has been unemployed for the last 5.

Personality

He describes his interests as gardening, history books and heritage.

Forensic History

Nil.

Past Psychiatric History

He was involved with CAMHS and has attended the Moving On Service. He said he was an in-patient in Park Ward and his diagnoses in the past have been personality disorder, anxiety disorder, bulimia and drug induced psychosis.

Past Medical History

Tonsillectomy.

Medication

Olanzapine 12.5mg nocte.

Zopiclone 7.5mg nocte PRN.

Allergies he describes as Quetiapine, he gets itchy with red blotches.

Social History

He lives alone. He smokes 10 to 15 cigarettes per day. He is a daily Cannabis user which started after he got raped. He said he was raped on 2 occasions, one by an LGBT worker and secondly by a stranger. He takes daily Cannabis, a quarter gram per day, but he used to be heavier in the past. He said he used Ecstasy in the past when he was 18 as a result of his best friend killing himself. He said he took "Base" when aged 18, but it did not agree with him.

Mental State Examination

Mr Brown said he was not having a great day and felt anxiously sick. He showed good eye contact, but was not agitated while talking to me. He denied any suicidal thoughts today and says he struggles to eat regular meals and was afraid "bulimia might come back". Cognition - orientated in day, week and year, date - no, prime minister - yes. He required a name and address to be repeated twice and after 2 minutes he repeated 3 items out of 7 and after 5 minutes 3 items out of 7.

3/ ARCHIE BROWN 20 ARTHURSTON TERRACE, COYLTON, AYR, Ayrshire, KA6 6HY
CHI No: 0604873298

In conclusion this 30 year old man with a 20 year history of mental health problems presents with a history of head injury, alleged rape, and childhood abuse.

Differential diagnoses I think include personality disorder (emotionally unstable), substance misuse and possibly traumatic brain injury. I have purposively not attempted to discuss his diagnosis at this stage as I want to introduce him gradually given his relationship with mental health services.

I will arrange a CT scan (I think this may reassure Mr Brown) and I have got agreement from Mr Brown that he will continue his Olanzapine and also that no CPN is required. Current treatment of his anxiety and sleep disturbance with Olanzapine seems appropriate in this case given there is probably some assistance to his paranoia. The latter is likely given his daily cannabis use.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

I will see him again in 4 months.

Yours sincerely

Authorised on 01/08/2017 13:02:52 by Tim Johnston.

Assessed 21st Jun 2017 at 14:47**Summary of contact/details**

Archie phoned to say he was not coping. He stated that he was disgruntled with mental health services and was demanding a change in medication and a diagnosis. Writer explained that this was not possible and that his medication was recently increased and that he was due to see Dr Johnston next month. Agreed, he will attend OPA. Archie was encouraged to write down his questions for Dr Johnston prior to attending his appointment. Tried to engage Archie in some self management strategies however he was unable to do so at this time. Archie is aware he can contact the Duty number for telephone support.

Assessed 16th Jun 2017 at 14:46**Summary of contact/details****DUTY CALL**

Following an email from C/N Quinn requesting to contact Archie to advise that Dr Johnston has increased his Olanzapine to 12.5mg. Writer called Archie to advise of increase however he stated that he could not get out to get his prescription. Archie appeared to have disconnected the call. Writer attempted to call back however this went to his voicemail.

Assessed 14th Jun 2017 at 09:22**Summary of contact/details**

Number of attempts to contact Archie and inform of plan to increase Olanzapine - no answer, 2 messages left on voicemail but no return call to Duty. Will pass to sector colleagues. Dr Johnston will write to GP to inform of suggested increase in Olanzapine to 12.5 mgs.

Assessed 13th Jun 2017 at 13:22**Summary of contact/details**

Phone contact from Archie via Duty Service - struggling with current anxiety symptoms, describing mood swings and outbursts towards others. He is experiencing distressing dreams - visual experience of people being murdered. Archie feels he has lost his daily structure, "everything is falling apart", "struggling to get even balance of things". He spoke about being unhappy at previous change in diagnosis, fear of taking Olanzapine regularly due to fear of weight gain. Has been taking Olanzapine 7.5 mgs "on and off" but feels even when he takes it is not having huge effect on thinking and sleep. Archie has agreed to take Olanzapine as prescribed - discussed issue of increased appetite and education re healthy eating rather than previous craving of sugar foods on previous medication. Agreed that I would discuss medication advice with Dr Johnston and CPN input pending O/P appointment at the end of July.

Reggie will contact following discussion with Dr Johnston.

Discussed with Dr Johnston who has suggested increase in Olanzapine to 12.5 mgs, he will send letter to GP to inform. Request for CPN input.

Attempted to feedback to Archie but no answer, message left that I will call again.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Assessed 13th Jun 2017 at 10:32

Summary of contact/details	
Duty Call Archie contacted duty looking to speak with someone. Return call but no answer. Message left for Archie to contact duty.	

Assessed 13th Jun 2017 at 09:38

Summary of contact/details	
Dear Dr Phin, ARCHIE BROWN DOB: 06/04/1987 CHI No: 0604873298 20 ARTHURSTON TERRACE, COYLTON, AYR, AYRSHIRE, KA6 6HY. Following contact with CPN Reggie Quinn I would advise increasing Archie's Olanzapine to 12.5mg at night. We will also look to getting extra support. I will see him in the not so distant future.	

Assessed 2nd Jun 2017 at 14:33

Summary of contact/details	
Phone contact with Archie, reports he is struggling to cope with "flare up" stating he has been "on a high for the last 3 days", reports he has been struggling to sleep, has no appetite, his head feels "all over the place", his breathing can become laboured and his "heart skips a beat". Reports 10 year history of these symptoms, with constant mood swings and "extreme highs & lows". Reports he is unable to go out on his own and has to have a friend with him to get for shopping or to visit family, states his friends and family live in Ayr and with him living in Coynton he feels isolated and alone. Reports CPN has helped in the past however feels abandoned by the service and that his health has deteriorated since discharge from CPN, going on to state he would not have a CPN in his house again as he feels they influenced the doctors against him. He went on to talk about growing debts and reduction in benefits, stating his CPN should have attended the ATOS appointment with him. Reports medication does not help and he has stopped prescribed olanzapine 7.5mgs so the Doctor can see him free of medications. Reports no "happy medium between mood swings", suicidal ideation with no plan or intent, stating a friend took her own life and this is a protective factor for him as he "knows how it makes people feel." Tried to engage Archie in some self management strategies however he was unable to do so at this time. Agreed, he will attend OPA as planned and I will request he can be offered a cancellation should one arise prior to his planned appointment. Archie is aware he can contact the Duty number for telephone support.	

Assessed 25th May 2017 at 09:36

Summary of contact/details	
Dear Mr Brown Following your contact with our Duty Nurse on 17 May 2017 your case was discussed with the Multi-Disciplinary Team including Dr Johnston. Unfortunately he is unable to offer an earlier appointment and your appointment in July will remain in place.	

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

telephone contact, with Archie becoming angry and agitated out of frustration and feelings that he is not being listened to opposed to acute mental illness.

Writer made several attempts to highlight to Archie previously discussed coping strategies, however he was reluctant to accept any advice or support that writer offered at this time.

At time of visit writer observed Archie to have capacity, with there being no impairment identified through mental illness. Archie advised that he had been experiencing thoughts of suicide and been looking into ways in which he could carry this out. Writer highlighted to Archie the responsibility in which he had for his own actions and maintaining his own safety, writer highlighted to Archie supportive telephone numbers in which he could use should he find himself unable to manage thoughts of suicide, he advised that he would be unlikely to use such telephone numbers, ~~At this time Archie was not accepting any support or advice from writer.~~

~~Archie had contacted over the last couple of months advising that he planned to end his life which naturally causes her a great deal of concern.~~

~~Archie was not accepting any support or advice from writer.~~ writer advised that should this happen and she have significant concerns it would be advisable to contact the police, she was accepting of this.

Throughout writer's contacts with Archie, appropriate education, advice and support has been delivered around his difficulties and use of positive coping strategies and distraction techniques. Writer has also offered appropriate sign posting where necessary. It was considered from what Archie reported during contacts that despite continuing to experience difficulties with anxiety and mood, which appear to have been affected by various stressors, he remained stable, advising to be implementing suggested positive coping, reporting no issues with same. There were no significant changes observed in his mental state. Writer has also monitored Archie's medication concordance, which is poor, he appears to pick and choose when he takes his medication, choosing only to take it during one of his "flare ups" as the rest of the time is sedates him. Writer has highlighted to Archie on numerous occasions the impact that this can have and how medication will not work effectively if he is not concordant. He disagreed with this advice, reporting that he knows his body best and this works for him. At this time Archie appears to be presenting as angry and frustrated at not getting answers or being taken seriously. Attempts however have been made to try and provide Archie with such information and advice, however he has not been accepting of any of it. Writer put to Archie what it is he would like and he advised his diagnosis in black and white, and proper investigations to be carried out in relation to damage that his "head injury" has left him with.

Writer concluded today's appointment by advising that the plan still remained for Archie to be discharged from caseload, however would hear in due course with regards to an appointment with Dr Johnston, to which he responded "fine". Archie reminded of supportive contact numbers to contact and advised how to access same, again responding "fine".

PLAN

1. Writer will now discharge Archie from caseload.
2. Writer discussed today's contact with Dr Johnston sector team.
3. Archie aware that he will receive details of out patient appointment with Dr Johnston.

Assessed 11th Apr 2017 at 12:14**Summary of contact/details**

Archie Brown

CHI: 0604873298

Referral received from GP, redirected from Primary Care Team. Outpatient appointment with Dr Johnston to be arranged.

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

From 12/05/1926 Until 12/05/2026

[illegible]

Summary of contact/details	
Writer discussed previous contact with Dr Gibb. Dr Gibb advised that he will discuss Archie with Dr Johnston as he has now been referred to this sector team. It has been agreed that Archie will be required to be reviewed by Dr Johnston in the first instance to discuss medication options. Writer contacted Archie to advise him of this however he was dismissive and angry towards writer. Archie would not elaborate on why he was feeling agitated and could not identify any triggers to why he was feeling this way stating that Olanzapine did not help and that he had stopped taking the medication. He continued to demand medication and continued to say that he would need to "take an overdose" before he could be taken seriously. States he feel that he is not being supported by services. Archie stated that he would present himself at Ailsa to "sign himself in". Writer explained that this was not possible and that there was no longer any inpatient wards within Ailsa. Believes that he should be seen daily. Writer explained that this was not possible and that he had an appointment with his CPN on Wednesday. Archie started to shout and swear at writer advised that this would not be tolerated he continued to swear and call was terminated by writer.	

Summary of contact/details	
Archie phoned duty spoke with Tricia demanding to be put through to a nurse and if no one called him back he was going to "Kill himself". Call passed to writer Archie was shouting at writer demanding medication told writer that he wanted to be put on "Quietapine" and if he did not get it he would overdose on the medication he had. Writer asked Archie to stop shouting. Writer asked Archie why he felt that he needed his medication changed he started to shout again stating "I have told you for the last four weeks" writer explained that she did not know Archie and he stated that he was a burden on society and to his family. Writer explained to Archie that writer was unable to prescribe medication and that writer would speak to Dr Gibb. Archie started shouting again demanding Quietapine. Writer stated that she would speak to the charge nurse and phone Archie back. Archie replied "don't bother" and ended the call. Writer discussed same with C/N Ingram will seek further guidance from Dr Gibb.	

Summary of contact/details	
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Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Discussion with Dr Gibb this am. Advised that Dr Shearer plans to send in referral for consultant review and this will be picked up by Dr Johnston for consideration. Dr Gibb will inform Dr Johnston to expect same. Writer has attempted to contact Archie this morning although phone going straight to answering machine. Message left requesting Archie call back to advise of above.

Assessed 5th Apr 2017 at 15:39**Summary of contact/details**

Phone contact from Dr Shearer from Cathcart street Practice looking to make a referral to the team although was advised initially that Archie was already opened to the service. He was presenting with suicidal ideation and voiced that he felt he was a burden to his parents and had been tearful at times during conversation with Gp. It was agreed that duty would contact Archie on the phone the absence of keyworker. Gp also advised that Archie was also advised that Archie has an arranged appointment with S/N Vaughan on the 12/04/17.

Writer contacted Archie on the phone. Archie reporting he was 'having nightmares' 'going off the head with everyone' stating he is not coping with everything that is going on his life at present. He spoke about not seeing S/N Vaughan for some time but admitting he had missed a few appointments with her. Archie stating that he doesn't remember things and that he has a bipolar illness. Writer discussed current diagnosis and Archie was not happy with the recorded diagnosis for him. Accusing writer of saying there was nothing wrong with him and speaking out of tone. Writer at one point asked Archie to refrain from speaking in this manner or the conversation would require to be terminated. Archie apologised for same. Advised Archie he had an appointment with S/N Vaughan next week and asked him to put things in place to ensure he remembered this. Archie spoke about stopping his medication a few months ago and stated that he feels he needs to be started back on Quetiapine. Writer reported that this would be discussed with his keyworker however Archie was not willing to wait until S/N Vaughan returned to work. Due to same Writer agreed to discuss further with Consultant. Archie accepting of same. Advised Archie that we would feedback to him after same but reported this may not be until tomorrow.

Discussed further with Dr Gibb. Dr Gibb has discharged Archie from his out patient clinic previously and was aware that the plan with S/N Vaughan was also to discharge Archie with a staying well plan. Next weeks appointment was to complete same and it was not felt that Archie was required to be transferred over to another sector team in order to follow him up. However, if Dr Shearer felt there was a requirement for Archie to be reviewed he would ask that she write her thoughts down and send this in for the attention of Dr Johnstone. Archie is requesting to recommence on Quetiapine. Archie has changed his minds several times over the last year with regards to his medication and Dr Gibb has no strong view about this at the moment and has not saw Archie for sometime to make an informed decision on same. Writer agreed to make contact with Dr Shearer and discuss. On speaking with Dr Shearer she stated that she does not know Archie well but would write a further referral requesting consultant review. Advised that writer and Dr Gibb will see if Dr Johnstone was available to speak with in the morning to discuss above.

Assessed 30th Mar 2017 at 11:59**Summary of contact/details**

Telephone contact from Archie this morning.

Archie requesting that writer, write a letter of support for PIP appeal.

Writer advised that this has now been passed to Income Maximiser, who would support Archie with this process and should writer be required to provide any additional information, it would be requested by them, or the dwp. Archie accepting of this. Writer highlighted that she had spoken with Income Maximiser Fiona, who advised that she hoped to make contact with Archie next week. Archie advised that he also had an appointment with the corer shop on 05/04/17.

Archie advised that he had received writer's letter and does not feel that he could participate in staying well group with others, therefore would prefer a final appointment with writer to put together a staying well plan. Writer agreed with this, however advised that this would be Archie's final appointment and he would be discharged from writer's case load thereafter.

Archie advised that he did not think he would be able to "cope without support", writer put back to Archie all of the positive steps

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

in which he had taken in the the independent management of his difficulties. Archie did not appear to initially agree, advising that he currently "flaring up". Writer suggested that his recent presentation may be a reaction to the current stress of PIP and financial concern, which he did appear to agree with.

Writer re-iterated to Archie the importance of distraction, breaking day down into small manageable chunks and not putting pressure on himself with unrealistic goals that could potentially cause stress. Archie appeared to agree with same, then asked if writer or Dr Gibb would be reviewing him annually, as he was under the impression that writer had advised this. Writer advised that this would not be the case, it may have been possible that Archie had misunderstood information that if there was a need or new concerns in the future his GP could re-refer back in for review, writer highlighted this once again to Archie that his GP would his first point of call should he have any new concerns, however we could discuss this in more detail at our final appointment.

No immediate risk highlighted at time of contact and home visit appointment agreed and arranged for 12/04/17 at 2pm.

Assessed 30th Mar 2017 at 09:35**Summary of contact/details**

I was asked to provide information in relation to Archie's endeavours to secure Personal Independence Payment. I have had contact with Archie in the past in relation to his mental health problems. He has had regular contact with the Community Mental Health Team for a number of years now. He had a significant illness episode in 2015 precipitated by significant stress and anxiety in relation to social circumstances. He suffers from anxiety which can be significant and distressing at times. He is prescribed antipsychotic medication for this purpose. He remains in contact with the Community Mental Health Team.

I would appreciate if this information could be handled sensitively.

Assessed 24th Mar 2017 at 15:11**Summary of contact/details**

Dear Mr Brown

Further to our recent discussion I have now referred you to the Income Maximiser, who shall be able to support you with the PIP appeal process. You shall hear from them in due course, however should you have any concerns with regards to your income and finances in the meantime, I encourage you to make contact with corner shop for advice and support.

It had been by plan to complete a Staying Well Plan before discharging you from my caseload; however I understand that you have been unable to engage recently due to conflicting appointments.

It remains my plan to proceed with discharge; however I do have some options for you:

1. I can offer one further appointment to complete Staying Well Plan.
2. I can make a referral to our Staying Well Group, which I enclose details of.

I will give you the opportunity to give consideration to my suggestions, and ask that you make contact with me by Monday 10 April 2017. Should I not hear from you by this date, I shall assume that you do not wish to complete this piece of work and I shall therefore discharge you back to the care of your GP.

Assessed 23rd Mar 2017 at 18:20**Summary of contact/details**

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Phone contact from Archie following team meeting.

Writer spoke with Archie who sounded a lot calmer, however continuing to report feelings of worry and distress in relation to recent PIP assessment.

Writer provided Archie with advice and plan of referring him to the Income Maximiser, which he was accepting, however reported some concern that they would not know him, therefore would they be able to provide accurate information. Writer provided reassurance in relation to this.

Write also highlighted to Archie should he have any financial concerns in the meantime to make contact with corner shop for support. He was agreeable with this.

Archie advised that he feels that he requires his medication reviewed, as per Dr Gibbs advice writer advised Archie to attend his GP regarding this and he advised that he had made an appointment to see on eon Friday, therefore would discuss this with them.

Archie inquired with writer if she still planned on discharging him, it was advised that yes this still remained the plan, however writer would be more than happy to complete suggested staying well plan with Archie should he wish to, Archie advised that he would think about this. Writer will give Archie a few days to think about this, however should she not hear from him, shall send a 14 day opt in letter, highlighting again to him plan of discharge an option of completing staying well plan.

Assessed 22nd Mar 2017 at 16:07

Summary of contact/details	
Financial Benefits Welfare Rights Referral - Income Maximiser. Archie has had involvement with services on/off for a number of years. He had input with CAMHS as an adolescent before being discharged and referred into adult services approx two years ago. Archie experienced a Hypomanic episode, at which time he was under significant stress and using cannabis. Despite Archie's difficulties, he has remained stable for a significant amount of time, therefore it had been writers plan to carry out Staying Well Plan and discharge him from caseload. Archie however not home at times of arranged appointments to complete this piece of work, therefore writer unable to follow through with this plan. Archie however made contact with writer yesterday advising he recently attended a PIP review interview and following this has had his benefits stopped, this has caused Archie significant stress and worry and I therefore wonder if you could offer him support in the appeal process of this. Archie Brown 20 Arthurston Terrace Coylton KA6 6HY Telephone Number: 07482994340	

Assessed 22nd Mar 2017 at 10:00

Summary of contact/details	
SOUTH COMMUNITY MENTAL HEALTH TEAM REFERRAL MEETING MINUTES DR GIBB WEDNESDAY 22nd March 2017	

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Kate discussed with Dr Gibb. Dr Gibb advised Kate to contact Archie and inform him that he will be referred to Income Maximiser and discharged from CPN.

Assessed 21st Mar 2017 at 11:06**Summary of contact/details**

Telephone call from Archie this morning.

Archie presenting as upset and expressed high emotions in relation to having PIP support discontinued.

Archie advised that he had recently attended a PIP interview in Kilmarnock that a friend accompanied him to.

Writer was unaware of interview appointment, only aware that Archie had arranged support through Corner Shop in completing the form

Archie reports that he feels he cannot cope with this and this type of stress and it causes a "flare up" of his "organic bipolar", which he reports he can feel happening. Writer attempted to suggest that there is potential that presentation is reactive to the situation that he currently finds himself opposed to acute mental illness, and in turn is causing him to experience symptoms/feelings of anxiety and stress. Archie quite disgruntled by this response advising that he has no control over how he is feeling and is bipolar through no fault of his own, and it was caused after a blow to the head and he is not able to control his emotions and feelings. Writer offered some reassurance in response to this in relation to the support she could offer, also making suggestion to techniques that Archie could implement to alleviate his current presentation. This only appeared to cause Archie further agitation with him advising writer that he had no control over his emotions on account of his bipolar. Writer made attempts to highlight Archie's capabilities to implement such strategies. Archie became even further disgruntled advising writer that he had been diagnosed with Bipolar and now writer was advising that he simply had anxiety - this was not the case, writer was attempting to normalise some of Archie's feelings and suggest possible coping strategies to help in the short term, in order to make telephone call more productive in advising of support that could help in the long term in resolving situation with PIP.

From documentation however, Archie's diagnosis reads; Anxiety Disorder, with previous Hypomanic Episode. Archie had been using Cannabis and had been under a significant amount of stress. Personality Disorder remains a differential diagnosis. There is nothing within Archie's care partner notes that highlights a bipolar diagnosis. Writer would be required to discuss this further with Dr Gibb.

Archie reported that he felt services were to blame for his rejection of PIP as they had organised it all for him in the past and he was supported along to an interview by his previous CPN, however Archie had not advised writer of recent appointment, only that he was attending Corner Shop for support in completing form. Writer attempted to suggest that she could make a referral to Income Maximiser to offer him support with appeal process, Archie did not appear to feel that this was enough, advising that he did not feel writer was doing enough to help and this could result in a further "flare up". Writer attempted to provide Archie with the information of the Income Maximisers role, however this did not appear to offer Archie any reassurance, with him advising "it was you that put me on this and now your taking it away," writer attempted to explain the process of PIP, however this only appeared to cause Archie further frustration and he became verbally aggressive toward writer, using expletive language..

Archie reported that he also feels that both Dr's and Nurses within the service are to blame for his current physical health. He advised that he was recently hospitalized for an abscess and had to be put under general anesthetic to have this investigated further. Archie advised that he blames prescribed medication for this, advising that he had never experienced such difficulties prior to "bi polar" diagnosis, however then went on to advise, he feels his medication requires increasing due to this "flare up".

Archie advised that he did not feel that services had been helpful and he feels that everyone has pulled away from him. Writer attempted to offer some reassurance regarding this, however Archie not accepting of any, advising that he no longer felt a staying well plan was an appropriate plan moving forward, and felt he required another CPN, despite advising that he had not found myself or previous CPN to have been helpful. Writer did not offer Archie any expectation regarding this and will discuss this further with Dr Gibb.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Writer explained that due to Archie's high expressed emotion and consistently talking over writer it was not felt that any productive progress could be made at this time, therefore suggested making contact with Archie when he felt calmer and more able to discuss this. Archie was not happy about this, and continued to be verbally aggressive and use expletive language, therefore writer terminated call at this time.

Writer discussed telephone call with Team Leader Liz Ferries, who made suggestion that writer discuss this with Income Maximiser as suggested and write to Archie, giving him the opportunity to calm, and offer advice to the support that can be offered to him at this time in relation to starting a PIP appeal

Archie's current presentation appears to be in reaction to PIP being discontinued at this time opposed to acute mental illness, writer however mindful that Archie finds stressful situations to cope with having a potential impact on his mood and presentation, writer does believe that Archie requires support with this process, however at time of telephone call Archie's emotions were high, and writer was unable to highlight or discuss this with Archie productively. Therefore writer suggests the following;

PLAN

- Writer write to Archie advising of possible support at this time with PIP appeal.
- Discuss with Income Maximiser.
- Discuss suggested plan with Dr Gibb.

Assessed 7th Mar 2017 at 09:09**Summary of contact/details**

Telephone message received from Archie this morning at 08.56.

To advise that he had missed yesterday's appointment due to a doctor and subsequent hospital appointment. Archie advised in his message that he would be going back into hospital today as he requires surgery.

Writer attempted to phone Archie back at 09.10, without success. Writer left message advising that she had got Archie's message and requested a call back when he gets the opportunity.

Writer does not plan on offering any further appointments at this time, and shall await Archie making contact back.

No further action at this time.

Assessed 6th Mar 2017 at 15:18**Summary of contact/details**

Writer visited Archie at home today, appointment sent after previous wasted home visit, no contact from Archie prior to this to advise that appointment was unsuitable.

Writer had planned on formulating a Staying Well Plan with Archie prior to discharge which he had agreed on during our last contact.

This is the second time writer has attempted to visit Archie to complete this and he has not been in.

On this occasion writer has left Archie a note to advise of today's visit and request that he make contact, further to this writer will post 14 day letter requesting Archie make contact, should no contact be made no further appointments shall be offered and Archie it shall be assumed that Archie does not find Staying Well Plan to be required and he will be discharged from CMHT back to

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

care of his GP.

No further appointment offered or arranged at this time.

Assessed 16th Feb 2017 at 15:03**Summary of contact/details**

Writer visited Archie at home today as previously arranged to complete Staying Well Plan.

No answer from Archie despite door into porch area being open, writer chapped second door in porch area also, however no answer.

Writer has made attempt to contact Archie via telephone to arrange further appointment, without success, message left requesting Archie make contact with writer.

Writer will offer one further appointment in order to complete Staying Well Plan.

Appointment; home visit, 06/03/17 at 12.30.

Appointment card sent 16/02/17.

Assessed 7th Feb 2017 at 08:22**Summary of contact/details**

Writer visited Archie at home as previously arranged.

Archie advised that he had forgotten about arranged appointment, however was happy to engage.

During visit Archie did not offer writer any concerns regarding his mental health and denied any struggles with same.

Archie advised that he had arranged an appointment at the corner shop for some support in completing PIP form. He advised of feeling stressed on receiving this letter however, feels reassured and calmer that he will be supported and guided on how best to complete it.

Archie advised that he and friend ~~Wag~~ had resolved things and were enjoying spending time together once again. Despite enjoying himself Archie reports that he occasionally worries about things not working out and being left feeling let down and hurt. Writer offered Archie some reassurance in response to this, which he was accepting and agreeable with.

Archie advised that his flat had now been fitted with a new heating system and since then, he had made attempts to have a clear out of things that he no longer felt he needed. Archie advised that he had managed to clear some things out, however reported that he continues to buy things despite not necessarily needing them.

Writer discussed with Archie the idea of and concept of a staying well plan opposed to him being allocated a new CPN at this time.

Archie was agreeable with this plan and was happy to proceed with a Staying Well Plan.

Writer plans to visit Archie at home next week to complete this and from there will discharge him from caseload.

Archie engaged well throughout visit and there was no immediate risk to self or others highlighted or observed at this time.

Archie consented to student O/T joining writer on this visit. Appointment agreed and arranged for 16/02/17 at 11.00.

Assessed 9th Jan 2017 at 15:14**Summary of contact/details**

Writer visited Archie at home today as previously arranged.

During visit Archie did not offer writer and concerns regarding his mental health and he denied any struggles with same, although continues to voice some upset regarding the break up of a relationship.

Archie voicing that a lot of how he is feeling is down to his "bi-polar diagnosis" and he blames this for the breakdown in his relationship.

Writer attempted to reassure and normalise some of the feelings in which Archie was experiencing highlighting that these were natural responses to the situation opposed to having anything directly to do with his difficulties.

Writer however did highlight the impact such feelings can have on his mood, therefore made suggestion to strategies Archie could implement in order to distract and help him move forward. He was in agreement with same, however advised that implementing

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

such strategies could be difficult due to his mental health, however he would try and he would like to move forward.

Archie advised that he has to pack up his flat in order to make room from renovations taking place within his flat. He advised that he does not know where to begin with this, and can feel himself beginning to "stress out". Writer spent some time discussing with Archie breaking things down into small, manageable chunks, he was in agreement with same, he reported that his parents would offer him some help.

Archie highlighted that he considers himself to be a "hoarder" and struggles to "let go" or "get rid" of things, however recognises that his flat is becoming cluttered and he would like to "de-clutter". Writer made suggestion to Archie focussing on one area (he chose his clothes), spending half an hour and attempting to put at least one item of clothing into a charity bag a day and at the end of the week taking it handing it into a charity shop. He advised that this could be manageable and he would aim to try this.

Archie advised that he has now registered with Cathcart Street Practice. Writer advised that she would now discuss this further with Dr Gibb as a transfer of care would now be required to take place. Archie happy and agreeable with this. On reflection throughout writer's contact with Archie he has remained stable and has not offered writer any immediate concern's regarding his mental health. He has experienced some social stressors and an occasional difficulty to cope and manage same, however appears to respond well to reassurance and an opportunity to offload these stressors. Therefore it may be that Archie would benefit from a staying well plan, opposed to regular contact from a CPN, writer has not yet discussed this with Archie and plans to discuss this with wider MDT in the first instance.

Next appointment arranged 06/02/16, writer plans to feed back outcome of discussion with Archie and suggestions for plans moving forward.

Assessed 6th Dec 2016 at 16:22

Summary of contact/details	
Writer visited Archie at home today as previously arranged. During visit Archie did not offer writer any concerns regarding his mental health and denied any struggles with same, although did voice that he continues to feel stressed as his cat remains missing in addition to the break up of new relationship. Archie engaged well in conversation, and there was no evidence to suggest acute mental illness and cognition appeared grossly intact. Archie advised that he has had a few phone calls from neighbors in response to his missing cat posters, however has not yet been able to find his cat. He continues to report that he hopes that it has been taken in by an elderly couple and is being well looked after for the time being and will eventually make it's way home. Archie advised that he had been out late at night trying to locate his cat, writer highlighted the risks of this and discussed the importance of Archie keeping himself safe, he advised that he was aware of the risks of being out late at night and reported that he would stick to well lit areas. Archie reported a breakdown in relations with a male that he had recently met and had been enjoying the company of. He reported of some issues that did not "ring right" with him and in the end feels that he is best to go with his "gut instinct," therefore decided it best to end the relationship. He appeared quite upset about this, however report that he does not intend to let it get him down. He advised that he recently got a new kitten and that had offered him a distraction. Archie advised that he plans on spending Christmas with his family at his parents house. While writer was there she encouraged Archie to make contact with Cathcart Street Practice to finalise the registration process, he made appointment while writer was there, he has to attend the surgery on Friday at 13.10 for a health check and to complete registration. No other concerns voiced or highlighted during today's visit or any immediate risk to self or others identified. Next appointment arranged 09/01/16 - appointment card sent.	

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

From 12/05/1926 Until 12/05/2026

Summary of contact/details	
Archie didn't attend his out-patient appointment on 24th November 2016. According to my CPN colleague Kate Vaughan things are reasonably settled just now for Archie. I do not consider it necessary to follow him up at this juncture and have therefore discharged him from clinic.	

Summary of contact/details	
GP registration forms handed into Cathcart Street Surgery on Archie's behalf as planned. Writer will now advise Archie to make a medical health check appointment to complete the registration process, writer has tried to reach Archie on the phone to advise this without success. Writer will therefore discuss with Archie at planned home visit appointment next week.	

Summary of contact/details	
Writer visited Archie at home today as previously arranged: During visit Archie did not offer writer any concerns regarding his mental health and denied any struggles with same, although did voiced that he had been feeling stressed recently due to his cat being missing. He reported that he has been out trying to find it and had also put a notice up in the local shop. He reports that he hopes that it has been taken in by an elderly couple and is being well looked after for the time being and will eventually make it's way home. Archie sounded optimistic regarding this and was able to laugh and make appropriate jokes regarding same to make light of the situation. Archie reports that he recently met a new male friend through an online dating app and has been enjoying his company. He reported concerns regarding what others thought about him and there opinions regarding gay relationships. Writer offered Archie some reassurance regarding this which he appeared to be in agreement and accepting of. He advised that he plans to take things slowly and not rush into anything, however had been enjoying his company. Writer assisted Archie in filling out relevant form to join new GP Practice - Cathcart Street. Writer advised that she would hand forms in on his behalf which he was happy with. No other concerns voiced or highlighted during today's visit or any immediate risk to self or others identified. Next appointment arranged and agreed for 06/12/16 at 1330.	

[illegible]

Date of Birth 06-Apr-1987 (39y) **undefined Male** **CHI Number** 0604873298

From 12/05/1926 Until 12/05/2026

Writer however will make contact with Archie to ascertain if there has been any change in Archie's mental state.

- Contact attempted, no answer, message left requesting that Archie phone writer back when he gets the chance.

Next appointment arranged and agreed for 09/11 at 1200.

Summary of contact/details

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Attempt made to contact Archie to re-arrange cancelled appointment on 05/10/15.
Archie unavailable, therefore message left offering an appointment Friday 14th October at 1pm.
Writer requested that Archie make contact to confirm suitability.

Assessed 8th Sep 2016 at 13:30

Summary of contact/details

Writer visited Archie at home today as previously arranged.
During this brief appointment Archie did not offer writer any concerns regarding his mental health, which appears to remain stable at this time. No evidence to suggest acute mental illness at this time and no immediate risk to self or other observed at this time.
Archie voiced that he is feeling stressed, and he worries that this may cause a "flare up of bipolar", writer spent some time discussing Archie's stress and how this is likely to be reactive to his recent move, Archie was agreeable with this and writer suggested things Archie could try to help de-stress, he advised that he had gone a cycle on his bike the other evening and had felt the benefits of same.
Archie provided writer with passport photo and utility bill, to complete application for bus pass form.
Writer will complete this and send off in the next couple of days.
Writer and Archie arranged and agreed upon follow up appointment - 05/10/16 at 1200.

Assessed 6th Sep 2016 at 16:47

Summary of contact/details

Writer visited Archie at his new address today as previously arranged.
On arrival Archie was outside washing his front door.
When going to enter property Archie realized he had locked himself out, leaving the key inside the house.
Archie contacted his dad, who was home, therefore arranged to go down to their house and await his mum, who had spare key, coming home.
Writer gave Archie a lift to his parents address and has re-arranged to revisit Archie at home on Thursday at 12pm.

Assessed 1st Sep 2016 at 14:47

Summary of contact/details

Telephone call received from Archie advising he was experiencing a "bipolar flare up."
It appears that Archie is currently experiencing some of social stressors that are having an impact on his mood, he advised that he is feeling "extremely low."
He reports that he has just moved into his new flat in Coynton and does not know where to start with unpacking and he and his dad have fallen out. He reports that his family do not understand his condition and it frustrates him how they expect him to function as he did before his "bipolar episode."
Writer offered Archie some reassurance and attempted to normalise his feeling in relation to his recent move and current situation, he appeared accepting of same.
Archie further added that he is not sleeping, writer inquired about outcome of telephone call he had made to GP requesting sleeping medication that Dr Gibb had suggested to GP on an as required basis. He advised that he had not heard back from them following last phone call to them requesting it.
Writer offered to make contact, which Archie was accepting of.

Contact made to GP requesting prescription of Zopiclone medication as suggested by Dr Gibb on an as required prescription.
Writer advised to phone back at 4 to ascertain if prescription has been processed.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Writer contacted GP at 4pm, advised prescription had been processed and would be available for collection from Whitletts Pharmacy tomorrow at 4pm. Writer made contact to advise Archie, however no answer, therefore message left advising same and should he have any issues not to hesitate in making further contact.

Assessed 22nd Aug 2016 at 16:11**Summary of contact/details**

Writer visited Archie at home today as previously arranged. During this visit Archie offered writer no concerns regarding his mental health, which appears to remain stable at this point. Archie advised concordance with medication at present, as he feels life is becoming quite stressful at present, between organizing his move and his parents physical health.

Despite this however writer observed Archie to be coping relatively well, he continues to pack his home up and organise, utilizing the corner shop regarding advice around his move and what he is required to do and carrying out same independently.

Writer took along for for Archie to sign for new bus pass form, writer requested that he have a passport photo, for next visit - Archie agreeable to this.

Archie appears optimistic regarding his move, and voiced that he feels he is doing the right thing and looks forward to getting settled there.

Archie advised that he contacted GP following our telephone conversation and he was hopeful that prescription of Zopiclone would be included in his next prescription.

Archie engaged well throughout today's appointment and was bright and reactive in mood. There was no evidence to suggest acute mental illness and no immediate risk to self or other identified at this time.

Although Archie appears to be coping well with organising his move writer will continue to monitor same, next appointment agreed and arranged for 06/09/16 at 15.00.

Assessed 15th Aug 2016 at 12:19**Summary of contact/details**

ephone call received from Archie.

Archie reporting to be feeling stressed regarding packing for his impending move to Cowlton.

Writer worked with Archie to try and normalise his feelings regarding this, suggesting ways in which Archie could reduce stress and worry; planning a to do list, packing one room at a time; an not moving on the next until it is complete, asking any family or friends for some help.

Archie advised that he is also struggling to sleep and feels that he could benefit from Zopiclone medication, however his GP had not included this in his prescription.

Writer advised that Archie contact his GP regarding this as Dr Gibb had sent a letter advising that this prescription could be of benefit to him on an as required basis.

Archie agreed to make contact with his GP regarding this and would contact writer if there was any issue with same.

No further contact made by Archie.

Assessed 5th Aug 2016 at 09:25**Summary of contact/details**

Writer visited Archie a home as previously arranged.

During visit Archie offered writer no concerns regarding his mental health, which appears to remain stable at this point.

Archie's concordance with medication remains variable, he continues to insist that he is aware of when he is starting to experience one of his "high or low episodes", therefore is aware when he should take it to prevent things from escalating, writer continues to highlight the benefits of medication concordance with Archie however, he insists he is more comfortable and happier taking them his way. Writer will continue to monitor this, during visits, and Archie aware of contact numbers of services, should he feel he is

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

struggling or requires additional support.

Archie advised that he has secured a new council tenancy within Coylton - 20 Arthurston Terrace, Coylton. He reports that he has been to see this flat on two occasions and at his last visit signed the paperwork to proceed with the move.

He voiced that he is feeling optimistic about the move and looks forward to settling in there although a little stressed about packing all his belongings, as he reported the move would happen within 28 days. He asked if writer could look into an application for a bus pass, that would enable him transport in and out of Ayr - writer agreeable to this.

He reports that he has an appointment with the corner shop next week to complete an application for a community care grant, however he also asked if writer could make inquiries regarding a grant that would enable him to fit a combi boiler. Writer advised that she could not make any promises if this type of grant were available, and if he would be entitled to it, however would ask colleagues if they had any knowledge of it and how he could possibly apply, writer also advised Archie to ask when at the corner shop.

Archie also advised that he has contacted his GP regarding prescription for sleeping tablets, however he was advised that he would not be given a prescription for this. Archie reported that during his appointment with Dr Gibb this had been discussed and Dr Gibb advised he would write to GP, which from notes has been done. Writer advised she would speak to Dr Gibb regarding this at the next meeting - Archie happy for writer to feedback at next visit.

Writer has arranged to visit Archie at home in two weeks, to monitor his mental health and offer any additional support during his move - 22/08/16 at 12.30,

Assessed 15th Jul 2016 at 11:50

Summary of contact/details
Dear Mr Brown PLEASE NOTE THERE HAS BEEN A CHANGE MADE TO YOUR APPOINTMENT. I hope it will be convenient for us to meet on Thursday 4 August 2016 at 12.00pm within your own home. As the Community Mental Health Team is an approved area for student training, on occasions I may have a student with me during our appointment. If you do not wish the student to be present during our meeting, please let me know in advance of the appointment on the above number. Please contact the above number if this is unsuitable and we can arrange an alternative appointment.

Assessed 4th Jul 2016 at 16:06

Summary of contact/details
Writer visited Archie at home this afternoon as previously arranged. On arrival Archie was still in his nightwear and informed writer that he was having one of his "down days." Writer explored this further with Archie and he began to discuss past experiences that had caused him trauma and distress. Initially writer observed Archie to be quite flat in tone, however he engaged well in appropriate conversation and maintained good eye contact. Writer gave Archie opportunity to talk, however discouraged him from going over the same thing more than once and when he appeared to have finished talking encouraged Archie to try and focus on the here and now and highlighted the negative impact ruminating on experiences from his past appeared to be having, writer suggested distraction techniques. Archie continues not to take his medication as prescribed, informing that he takes it most of the time, however voiced that he does not wish to become reliant on it in addition to his feelings that it affects his "creativity". Writer discussed with Archie the benefits and importance of compliance with his medication, however Archie remained adamant that he knows when he should take his medication and when he does not require it. Writer explored with Archie any forthcoming plans, he reported that he was going on a camping trip with friends to the Isle of Skye, writer observed Archie's presentation to improve significantly from here, he appeared excited, enthusiastic and was reactive in

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

mood. Content of conversation remained appropriate throughout visit and there was no evidence to suggest acute mental illness. No immediate risk to self or others identified at this time.

Archie discussed that he continues to have difficulty sleeping, particularly during periods whereby his mood is more elated. Writer discussed methods Archie could implement in order to help this; hot bath, milky drinks or reading a book before bed. He reported that these were all things he had tried and not worked. He reported that he had discussed a sleeping tablet prescription with Dr Gibb and he had been agreeable to same, however his GP had not prescribed it as Dr Gibb has not advised them of prescription. Writer advised Archie that she would discuss this with Dr Gibb on his return from a/l next week. Archie agreeable to this and advised that there is no urgency for it at present however would like to know that it is there should he need it.

Next appointment arranged and agreed upon for 03/08/16 at 15.00.

Assessed 10th Jun 2016 at 09:30**Summary of contact/details**

Writer visited Archie at home as previously arranged.

During appointment Archie engaged well in conversation, establishing a good rapport maintaining reasonable eye contact throughout and was reactive in mood. No concerns offered in relation to mental health, Archie appeared stable and writer did not consider there to be any risk to self or others at this time.

During appointment writer offered Archie previously discussed prospectus for Ayr College, along with some other useful leaflets relating to study, Archie appeared grateful for same and reported that he intended on having a look in to it.

Archie reported that he had, had a couple of "low" days, after attending a funeral of a friend, he informed that this had evoked memories of the loss of his best friend who had committed suicide a few years ago. Writer normalized these feelings, discussing with Archie that this is a normal reaction to such situations, he appeared to agree and reported that he was feeling better.

Archie also discussed that she has been appearing at his house unannounced seeking support from him and he feels this is having a negative impact on his mental health. Writer suggested that Archie set boundaries with this friend suggesting that she only come round when invited to limit the amount of times in which he sees her a week, Archie agreeable to trying this.

Archie discussed his concordance with Olanzapine medication, reporting that he does not take it every day, "perhaps every other day" or "when I start feeling I'm not in control". Writer discussed with Archie the importance of being concordant with his medication and how this would help keep him on more of an even keel. Archie informed writer that he knows what he does works for him, he dislikes taking the medication and putting "chemicals in his body", and therefore refuses to do it every day. When discussing this, Archie appeared very assertive and despite writers attempts at discussing the importance of medication concordance he remained adamant that what he was doing "works" and showed no signs of willing to address this, despite writer highlighting risks and advice.

During appointment, Archie continued to revisit past traumatic memories; sexual abuse and attack causing serious head injury. Archie attends Moving On for support in talking about his past sexual abuse, therefore writer encouraged him to discuss what he was feeling during these session. Writer made attempts throughout appointment to bring Archie back into the present discussing that thinking and going over what happened would evoke negative feelings and thoughts, he agreed, however on a few occasions reverted back to talking about past experiences.

Writer and Archie agreed upon appointment for Monday 4th July at 15.00, Archie aware however that he can make contact with writer and duty service should he feel he requires any support, feeling a deterioration in his mental health and unable to implement positive coping strategies independently.

Assessed 25th May 2016 at 15:05**Summary of contact/details**

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Diagnosis: Anxiety Disorder, not otherwise specified
Previous hypomanic episode

Psychiatric Medication: Olanzapine 2.5mg in the morning, 5mg at night

Recommendations/Plan: Please give consideration to Zopiclone 7.5mg when required

Out-patient review 6 months

CPN input

I reviewed Archie at Arrol Park on 25th May 2016.

He seemed more relaxed today. The neighbour whom he hadn't been getting on with has actually passed away. The difficulty that he experienced was more to do with her children and following her death they are no longer visiting. A new neighbour has moved in who Archie has formed a good relationship with. Consequently he is feeling more secure. He would still like to move from the property given the negative experiences that he has had and speaks about having a fresh start. He is also thinking about the future and contemplating what he might do with respect to education and work. He is content enough for now to continue taking Olanzapine. He believes that Quetiapine suits him better when he is more distressed and he also values having Zopiclone on an as required basis at times when sleep is particularly problematic. I think this would be a sensible strategy given how distressed Archie can become when his anxiety becomes acute.

2

ARCHIE BROWN 3D GLENMUIR ROAD, AYR, AYRSHIRE, KA8 9RD
CHI No: 0604873298

As I say he presented quite well today and engaged well during the consultation. I am content enough to see him back at clinic in around 6 months time or earlier if necessary.

Assessed 12th May 2016 at 09:56

Summary of contact/details

Writer visited Archie at home today as previously arranged, to introduce self as new CPN.

Throughout visit writer observed Archie to be bright and reactive in mood, he offered writer no concerns regarding his mental health and there was no evidence to suggest low mood, acute anxiety, elated mood or psychosis. No risk to self or others highlighted/observed at time of visit.

Writer considered Archie to engage well in conversation, establishing a good rapport. At times writer observed Archie to be animated and over talkative during conversation, however majority of content and thought process was appropriate. Writer considered Archie to lack understanding and to an extent insight into his illness.

Writer used visit as opportunity to build a rapport with Archie and establish his expectations of writer and establish what she could do to provide Archie with support and advice he feels he needs.

Archie discussed passed traumatic experiences; being attacked, raped, losing a number of loved ones, fractured relationship with

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

his dad and sisters. In relation to the sexual assault he reported that he is currently attending Moving On for Support, and while he feels this has been helpful, he informed that whenever he argues with his father or sisters, he feels he is reminded of how unsupportive they were during that period, therefore he has found it difficult to try and move forward.

Archie also discussed that he believes his bipolar diagnosis to be "organic" on exploring this further with Archie reported "well I was not born with this, I was hit over the head in an attack", in addition to this, he was 18, reported significant anxiety and social stressors - all potential contributory factors in inducing a psychosis. Writer attempted to touch upon this, however Archie did not appear to take on board.

Writer explored with Archie his concordance with medication. He informed that he is currently prescribed Olanzapine, however informed that he is not always concordant. His reason's for this being that he feels it blocks his creative side, therefore effecting his abilities to be a good hairdresser, in addition to this he feels it slows him down. He described himself as being a productive person in the past, being able to complete a number of jobs throughout the day, however he feels the medication prevents that. writer again touched upon the importance of taking medication as it is prescribed, however Archie informed "I know when I need to take it and when I don't."

Writer explored with Archie what his expectations of writer were. He informed that he was looking for support and advice and to be "stimulated", on further exploring he reported that he was looking for more structure however with no pressure, he showed an interest in voluntary work or finding a language or facinator making course. Writer advised that she could discuss Archie's interest in voluntary work with IPS worker Susie Ferguson, in addition to seeking information regarding courses, he was agreeable to this. Archie appeared to show awareness that it is up to him to put into practice advice and support offered by writer, voicing "I know I need to help myself and I'll try."

Writer considered Archie to have high expectations of himself, setting himself a number of challenging goals all at the one time. Writer discussed with Archie setting one goal at a time, ensuring that it is realistic and achievable, as accomplishment could encourage motivation. Writer asked Archie to think about one goal that he could work towards with writer's support, he informed that he wishes to look into a course that would help "stimulate" his mind without pressure and give him some structure. Writer reported that she would attempt to retrieve some information that would assist Archie in achieving this goal, he appeared happy with same.

riter offered Archie further appointment in 4 weeks- Thursday 9th June at 13.00. Archie aware how and what numbers to utilise if he feels he requires any support in the meantime.

Assessed 26th Apr 2016 at 14:21

Summary of contact/details	
Dear Mr Brown I am writing to offer you an appointment to introduce myself as your new CPN as care has been transferred from Kirsty MacLeod. I hope it will be convenient for us to meet on Wednesday 11th May 2016 at 2.30 pm within your own home. Please contact the above number if this is unsuitable and we can arrange an alternative appointment. I look forward to meeting you. Yours sincerely	

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Kate Vaughan
Community Mental Health Nurse

cc Dr Brown, Station Road Medical Practice, 2 Station Road, Prestwick, KA9 1AQ

Assessed 26th Apr 2016 at 11:25**Summary of contact/details**

Writer has offered Archie a home visit appointment as an opportunity to introduce self as new CPN for Wednesday 11th May at 1430. Letter to be sent to Archie advising same.

Assessed 18th Mar 2016 at 15:33**Summary of contact/details**

Due to changes in staff Structure in the coming months Archie has been advised that there will be a change to his CPN and that this will be allocated soon. Archie is aware of duty contact details and that of out of hours services should he require further support prior to being reallocated. No concerns raised with regards to same.

Assessed 9th Mar 2016 at 13:30**Summary of contact/details**

Accompanied Archie to appointment at Russell House for benefit assessment as agreed yesterday. At Archie's request writer was present during assessment and contributed to same. Writer offered Archie a lift home allowing him to discuss how he felt the assessment had been. Archie stating that he felt relieved it "hadn't been as bad as he had imagined." Archie thanked writer for attending and her contribution. Writer advising Archie that she was going on annual leave and would contact him on her return to arrange further appointments. Archie aware of contact details of services in writer's absence. Nil new concerns regarding his current mental state. Archie continues to voice his demands to be moved house and continues to state that "He knows Mental Health Services can get him a new home." Writer again clarified that together Archie and I have visited SeAscape, writer has written supportive letters to housing and housing associations, Dr Gibb has written supportive letters, Writer has discussed with SW who advise he would need to either go through the homeless route or private rent, Archie unwilling to do same due to cats and feeling "others with mental health didn't need to." Writer has spoken with South Ayrshire Housing Officer Nicole on his behalf. Writer has provided Archie with contact details for agencies that offer support for Stalking, gay males suffering abuse, housing projects for gay or lesbians having tenancy issues. Archie states he has not contacted these. Archie stating that he has disengaged from Moving On services.

Archie denying any use of illicit drugs which were believed to play a significant part in his previous presentation of ?Mania.

Following discussion with Dr Gibb to clarify diagnosis there is no formal diagnosis of bipolar disorder. Archie continues to state to writer and DWP assessor that he has "Organic Bipolar due to a head injury he sustained in an assault several years previously." Writer has advised Archie to contact Ayr Police and request incident numbers to provide to Housing which may assist him with his application.

Archie showing signs of anxiety, irritation and slight aggression due to his frustration at not being re-housed. No evidence of acute symptoms associated with severe mental illness. The issues continue to appear to be socially related. Archie stating he wishes to re-housed out of the area, "away from his parents and local people."

Assessed 8th Mar 2016 at 13:06**Summary of contact/details**

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Archie contacted CMHT stating that he had not been contacted by writer to arrange a further appointment. Writer contacted Archie by telephone and explained that due to none engagement of planned visits there had been a card left by writer requesting he contact CMHT to make further appointment arrangements. Initially Archie was shouting that he had not received a card. However then contradicted himself stating he did receive the card but that it was not his place as the patient to contact writer for an appointment. Archie denies DNA appointments stating he was in the property and that writer had failed to attend despite agreeing the card he received through his letter box was hand written and hand delivered by writer on the day of arranged appointment. Writer agreed to meet Archie at his home address today.

When writer arrived Archie was verbally aggressive. Shouting at writer and when challenged he demanded writer leave his property stating "You are useless." When writer did leave Archie apologised stating "He did not really want" writer to leave. Boundaries discussed and agreed for writer to remain in property.

Archie venting regarding alleged ongoing incidents with local people in his community and his desire to be re-housed. Housing are offering to install a new security system to his block of flats to address his concerns however Archie not satisfied with same and demanding to be moved to a newly built home in the Doonfoot area of Ayr. Writer discussed with SW colleagues Archie's options and advised Archie once again that they were to present as homeless although this could be seen as intentionally homeless or to consider privately renting. Archie became angry at same stating "He knew others got help from CMHT to move to new houses if he was a Junkie he's get help." He states he can not present homeless due to his cats and he has been to SeAscape with writer previously to enquire about private renting but feels this is not an option as he may not be able to afford the rent in future should he return to employment. He was unwilling to discuss these options further.

Archie stated that he planned to seek legal advice as he felt he was being discriminated against for being gay. He stated he felt there was not enough services around tailored for his needs as a gay man.

Archie presents as histrionic and often returns to previous alleged assaults against him and of stalking. Writer had referred him to Moving On for assistance with same. However he has DNA several appointments.

Writer researched and provided Archie with numbers for organisations that assist with the issues he raised, stalking, accommodation for gay and lesbians and suggested that he contact them for advice and support.

Writer advising Archie to contact police if he feels threatened in his property.

Archie denying taking illicit drugs which were a major factor in his one previous episode of ?Mania. Archie not currently taking medication. Archie has not been taking medication for some considerable time with the agreement of Dr Gibb. Archie stating that he is not sleeping at night due to feeling unsafe from potential attack by local people due to him being gay.

Archie again stating that he feels his parents are contributing to his increased anxiety and that he has an assessment with DWP for his benefits at Russell House tomorrow. Writer offered to accompany Archie to his DWP assessment and Archie agreeable to same. Time and place agreed.

Evidence of anxiety due to his desire to be re-housed. No evidence of acute symptoms due to severe mental health identified. No evidence voiced or observed of intention to self harm or suicidal ideation, plan or intent.

Writer will discuss at Today's clinical meeting to update Dr Gibb and seek advice regarding other services or resources that may be of assistance to Archie at this time.

Assessed 8th Mar 2016 at 09:57

Summary of contact/details	
COMMUNITY MENTAL HEALTH TEAM REFERRAL MEETING TUESDAY 8th March 2016 MINUTES - Dr Gibb Kirsty updated Dr Gibb re home visit with Archie.	

Assessed 10th Feb 2016 at 13:54

Summary of contact/details	
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Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

This is the 2nd wasted home visit to Archie with no contact from Archie despite contact card being left requesting he contact writer to arrange further appointment. Due to non-engagement writer will not offer Archie any further CPN appointments at this time. Dr Gibb has planned to see Archie at OPA for review of medication and if he feels CPN input is appropriate and Archie is willing to engage then further CPN appointments can be offered.

Assessed 9th Feb 2016 at 15:28**Summary of contact/details**

I write in support of Archie's endeavours to secure a new tenancy.

Archie had a significant illness episode last year which was perhaps precipitated by significant stress and anxiety in relation to his social circumstances. Whilst he has recovered from the more severe aspects of his illness his recovery could be expedited by Archie managing his stress as best he can. He tells me that he is worried about his current accommodation and continues to experience harassment by neighbours and neighbours' family. He is keen to move on from this and I believe it could have a significant beneficial effect on his mental health if he does.

I would appreciate if this information could be handled sensitively.

Assessed 28th Jan 2016 at 13:45**Summary of contact/details**

I reviewed Archie at Arrol Park on 28th January 2016. He had been reviewed previously by my CPN colleague, Kirsty MacLeod.

Archie had contacted the service a few weeks ago to say that he wasn't coping very well. He said things have settled down however he is still feeling anxious and is having difficulty sleeping. He lives alone but is not happy with his flat and is looking to try and secure a move some time in the future. He is not working but cuts hair for his friends and family. He appeared reasonably okay today. He can come across as slightly agitated and has a tendency to talk rather excessively. There is no evidence of thought disorder and I didn't think his mood was elated. He is very focussed on his mental health and wants to feel as stable as possible. He believes that Olanzapine does address his anxiety better than Quetiapine however he has a lot of difficulty in the evening with falling asleep. I wonder if we could try Zopiclone for 2-3 weeks to see if this has an impact on his sleep. Archie is aware that this medication would be used intermittently and he has always demonstrated to me a reasonable position with medication.

I will aim to see him back at clinic in around 3-4 months and review things from there.

Assessed 20th Jan 2016 at 11:45**Summary of contact/details**

Archie was not home when writer arrived for planned appointment. Contact card left. New appointment to be sent on return to CMHT base. Next appointment arranged 10/02/16 10.30hrs

Assessed 14th Jan 2016 at 18:09**Summary of contact/details**

Phone call from Archie this afternoon. Archie reporting he was not happy and that he felt he required to speak with someone. Archie stated that he spoke with S/N MacLeod on Tuesday but he cannot remember if the plan was that S/N MacLeod would call him on Friday or she would be Visit. Archie stating he has been having 'nightmares about his stalker' and stating that he feels he is 'having a flare up' he stated that his days are turning into nights and he is experiencing ticks, panicking more and he can feel his

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

anger building up again. He is fearful that he is slipping back the way. He stated that his current prescription of Olanzapine 7.5mgs is not helping him like it has. He stated that his lack of sleep is having a negative impact on him and contributes to him feeling unwell. Archie is requesting if he can have his medication reviewed as he feels that he requires something to help his anxiety and to help him sleep better. He spoke about previous prescription of Quetiapine although he felt this made him very sluggish and slow down and felt that he wasn't able to do things as he would have previous to taking this. Explained that tiredness is a common side effect of Quetiapine although this tends to taper off with continuous use. Archie also spoke about previous input from Moving on and felt this helped although with his worker going on annual leave he forgot about some appointments and has not been back.

Agreed that it would be best for Archie to speak with his key worker S/N Macleod with regards to medication and possible further discussions with medics. Writer agreed to attempt contact with key worker in the morning when she returns to work to clarify if a visit has been arranged and ask that she calls Archie back to inform. Writer has asked Archie if he could make contact with Moving on to see if they can still offer appointments or if further referral is required. Archie happy with this plan.

Assessed 12th Jan 2016 at 15:53**Summary of contact/details****Clinical Meeting**

S/N Macleod discussed with Dr Gibb and it was agreed that after wasted visits and unable to make contact on phone S/N Macleod will write a letter to Archie asking to make contact.

Assessed 5th Jan 2016 at 17:10**Summary of contact/details**

Archie contacted the department today as he is having some difficulties with anxiety and poor sleep and he is agitated. Was responsive to suggestions about distraction techniques and planned to download some audio books to help him settle tonight. Archie keen to recommence Quetiapine as he feels that it is more beneficial when he feels like this. We agreed that I would ask his CPN to call him tomorrow to discuss further. Archie also felt that he would like to find some daily activity and agreed to be added to the waiting list for the IPS worker Susie Ferguson, again I agreed that I would discuss with his CPN to make the referral.

Assessed 5th Jan 2016 at 15:56**Summary of contact/details**

Telephone message from Archie requesting call back- No answer, message on answer phone identified Archie - therefore message left stating I had returned his call.

Assessed 23rd Dec 2015 at 16:42**Summary of contact/details**

Telephone message from Archie requesting call back tel: 07482994340.
No answer, message on answer phone identified Archie - therefore message left stating I had returned his call.

Assessed 17th Dec 2015 at 13:12**Summary of contact/details**

d/c summary attached

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Assessed 13th Oct 2015 at 14:40

Summary of contact/details	
-Home visit as previously agreed. Archie was bright in mood. Nil evidence of symptoms associated with low mood, acute anxiety, elated mood or psychosis. He reports no new concerns in relation to current mental state, risk to self or others. Discussed Staying Well group and Archie verbally consented to referral. Referral actioned by writer via email to CN Connelly. Archie aware that he will be contacted directly regarding same.	

Assessed 21st Aug 2015 at 15:38

Summary of contact/details	
-Home visit as previously arranged. Archie appeared bright in mood. No evidence of symptoms associated with acute mental illness present during today's contact voiced or observed. States that he plans on going away for the weekend to visit friends in Edinburgh. No evidence of previously described symptoms associated with anxiety. Socialised in local area. No new concerns in relation to significant risk identified. Next appointment for 4 weeks time.	

Assessed 17th Aug 2015 at 14:03

Summary of contact/details	
Did not attend today and has made no contact at this time.	

Assessed 7th Aug 2015 at 13:00

Summary of contact/details	
-Wasted home visit. New appointment sent for 21/08/15 at 1500hrs.	

Assessed 29th Jul 2015 at 13:02

Summary of contact/details	
Met with Archie at public coffee shop as previously agreed. Archie showed no evidence of acute symptoms associated with social anxiety. Discussed outcome of Clinical Team Meeting with Dr Gibb. Advised Archie that it had been decided that referrals to other services were not deemed appropriate at this time. Advised Archie Dr Gibb felt that it would not be beneficial for Archie to be prescribed Zopiclone or Diazepam both of which Archie had requested via writer. Advised Archie that Dr Gibb felt he should weigh up the benefits with the side effects of his currently prescribed medication and make an informed choice accordingly. Archie continuing to attend Moving On counselling for survivors of sexual abuse and has been attending appointments with housing regarding his desire to move to alternative accommodation. No evidence of significant risk to self or others. No evidence of symptoms of acute mental illness or distress caused by social anxiety. Next appointment agreed 07/08/15	

Assessed 27th Jul 2015 at 13:59

Summary of contact/details	
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Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Archie attended and agreed to assessment and intervention. He spoke at length of his anxiety of many years. He spoke of hyper hysteria mania. He has had a change of medication and he feels this is not helping. Writer explained he had only been on the medication for a short time and that it may take longer for there to be an effect. Archie became emotional at times when talking about his history. Anxiety Inventory completed which indicates high anxiety. Writer tried to explain anxiety response but Archie interrupted on many occasions. Diaphragmatic breathing explained and practised. Archie has an increased breathing rate, he called it hyperventilating. He experiences most symptoms of same. Regular practise advised. Archie then asked writer about assessment for arthritis(rheumatoid) and scoliosis which he feels he may be experiencing and that there is a family history of both. Writer advised that his gp would be the one who could refer him for assessment. Archie agreed to return in 3 weeks to continue.

sessed 27th Jul 2015 at 13:57

Summary of contact/details

Confidential - Clinical Information

Adult Community Mental Health Services

Ailsa Hospital

Dalmellington Road

Ayr

KA6 6AB

01292 513036

www.nhsaaa.net

Dr Brown

tation Road Medical Practice

Station Road

Prestwick

Ayrshire

KA9 1AQ Our Ref: JS/MH/

Hospital No:

Ref Date: 25/06/2015

Date Dictated: 27/07/2015

Date Typed: 27/07/2015

Enquiries to Margaret Honeyman

Direct Line:

Ext. Number: 01292 513036

Email:

Dear Dr Brown,

ARCHIE BROWN DOB: 06/04/1987 CHI No: 0604873298

3D' GLENMUIR ROAD, AYR, Ayrshire, KA8 9RD

Archie contacted me today as he felt the Olanzapine at 7.5mg was unhelpful and was increasing his agitation and making him feel more awake. He acknowledged the Quetiapine at 250mg was too sedating and when I last spoke to him he did not wish to restart. He now wishes to have "something to help sedate" him and given the Quetiapine had been more helpful, I have

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

recommended that the Olanzapine stop and he recommence Quetiapine, most likely at a dose of 100mg at night. He has informed me he has no Quetiapine left and I have therefore asked him to stop the Olanzapine when he receives his new prescription and to commence on Quetiapine 100mg at night.

I will copy this to Gibb.

Yours sincerely

Authorised on 27/07/2015 13:40:07 by Jacqueline Scott.

Dr Jacqueline Scott
Consultant Psychiatrist

cc Dr A Gibb, Consultant Psychiatrist, Ailsa Hospital.

Assessed 10th Jul 2015 at 16:48

Summary of contact/details

Archie contacted the department today as he is having some difficulties with anxiety at the moment. His current Quetiapine dose is 50mg daily having been reduced steadily from 250mg to 150mg in June and 50mg every day thereafter at his own request. He now however feels that his anxiety is worsening especially when out of the house and he is not sleeping. He has reported that the intrusive thoughts are coming back and he is agitated.

I contacted him today and there was no obvious stressor for this. He acknowledged however that the higher dose he found was too sedating he found and preferred to have an alternative treatment. I discussed the option of Risperidone initially as this can be less sedating however he then reported that he continues to have problems sleeping. I discussed the option of Olanzapine perhaps initially at 5mg at night and provided he is not overly sedated after a few days this can then be increased to 2.5mg in the afternoon. It is hopeful that this will help his sedation, intrusive thoughts and anxiety during the day. I have encouraged him however to not take the treatment later than 9pm as he appears to be taking his current Quetiapine at different times of the day.

He informed me that he was recently at A&E Department and he was given Diazepam for anxiety. Although I did not get the impression he was drug seeking I advised him that I would not be prescribing Diazepam routinely but would be happy if he required brief use of an anxiolytic with Diazepam 5mg up to 5-7 times a month. I have informed him that this treatment is highly addictive and is not an alternative treatment for the psychotropic medication he is currently taking. He did accept this and was happy with trying the alternative of Quetiapine.

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ARCHIE BROWN DOB: 06/04/1987 CHI No: 0604873298
3D GLENMUIR ROAD, AYR, AYRSHIRE, KA8 9RD

In the meantime I have not planned for him to be re-seen at the clinic but have advised him to either contact the department if there are any concerns with the medications or yourself and he can then be reviewed and if need be re-referred.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Assessed 6th Jul 2015 at 14:37

Summary of contact/details	
Mr Brown did not attend and has made no contact at this time.	

Assessed 30th Jun 2015 at 16:17

Summary of contact/details	
Dear Mr Brown Note that you were not at home for our appointment arranged for Tuesday 23 June 2015. If you wish a further appointment, please contact the above number within 14 days of receiving this letter. If no contact is made, we will assume you no longer need an appointment and will therefore be discharged from our service back to the care of your GP. Yours sincerely cc Dr Brown, Station Road Medical Practice, 2 Station Road, Prestwick, KA9 1AQ.	

Assessed 23rd Jun 2015 at 14:28

Summary of contact/details	
-NURSE FEEDBACK - KIRSTY MacLEOD Archie Brown I: 0604873298 Kirsty has been unable to make contact with this man recently. Kirsty plans to send a 14-day opt-in letter with a view to formulating staying well plan - agreed this is appropriate as Dr Gibb has now discharged from OPA attendance. Kirsty will write to Mr Brown as above.	

Assessed 23rd Jun 2015 at 14:26

Summary of contact/details	
-Wasted home visit	

Assessed 18th Jun 2015 at 15:20

Summary of contact/details	
Dear Sir/Madam ARCHIE BROWN 3D GLENMUIR ROAD, AYR, AYRSHIRE, KA8 9RD CHI No: 0604873298 I write in support of Archie's endeavours to secure a new tenancy. Archie had a significant illness episode this year which was perhaps precipitated by significant stress and anxiety in relation to his	

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

social circumstances. Whilst he has recovered from the more severe aspects of his illness his recovery could be expedited by Archie managing his stress as best he can. He tells me that he is worried about his current accommodation and tells me that he underwent an unfortunate experience of being harassed by someone local. He is keen to move on from this and I believe it could have a significant beneficial effect on his mental health if he does.

I would appreciate if this information could be handled sensitively.

Assessed 18th Jun 2015 at 15:17**Summary of contact/details**

Dear Dr Brown

ARCHIE BROWN 3D GLENMUJR ROAD, AYR, AYRSHIRE, KA8 9RD
CHI No: 0604873298

Diagnosis: Recent Hypomanic Episode - the exact nature of which is unclear at this time. Archie had been using Cannabis and had been under a significant amount of stress. Personality Disorder remains a differential diagnosis.

Psychiatric Medication: Quetiapine 150mg at night

Recommendations/Plan: Discharge from psychiatry clinic

I met up with Archie at Arrol Park on 18th June 2015.

Archie continues to recover from the recent illness episode. When he reflects back he thinks he had taken on too much and had become quite anxious. His presentation did appear to be hypomanic and it was pervasive however he was smoking Cannabis and anxiety may have played a significant part as well. Archie feels sluggish in the mornings with his Quetiapine and would like to stop. I suggested to him to reduce his medication by 50mg once a week to an eventual stop and to consider recommencing the medication should his symptoms return.

He was in good form today and was quite content that we would discharge him from the clinic. He may still have contact with his CPN but I am not entirely sure just now. If he does then we might consider trying to draw up a staying well plan in order that Archie can access some useful material at times where he is struggling and ultimately if there are any concerns about him in the future then please do not hesitate to refer him back.

Assessed 5th Jun 2015 at 12:04**Summary of contact/details**

-Writer contacted by Atos assessor regarding Archie's claim for PIP. Writer provided details as requested.

Assessed 5th Jun 2015 at 10:35**Summary of contact/details**

Dear Mr Brown

Following referral to our service, we are writing to offer you an appointment to start relaxation/anxiety management. Please read this letter and information sheet carefully.

I can offer you an appointment:

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

On: Monday 6th July 2015

At: 2.45pm

Within: North Ayr Health Centre, Glenmuir Place, Ayr (Whitletts)

Assessed 1st May 2015 at 11:14**Summary of contact/details**

Wasted Home visit. Archie has changed his mobile number so writer unable to contact by telephone will attempt to cold call later today.

Assessed 27th Apr 2015 at 16:35**Summary of contact/details**

-Notes accessed for audit purposes.

Assessed 24th Apr 2015 at 13:56**Summary of contact/details**

-Reviewed Archie at home as previously agreed. Archie has been fully compliant with prescribed medication since our last appointment. Archie continuing to voice concerns regarding long term reliance on medication and side effects causing him to feel sedated, "slowed down" and "chemically flat and unproductive."

Archie considering return to college to study HND Hairdressing. Writer discussed Archie's current financial circumstances and agreed a referral to Income Maximiser would be appropriate as Archie remains unsure of what he is claiming and what he is entitled to. Writer advised he contact PIP Helpline and request an application pack.

riter to refer to Pyhsiotherapy for Anxiety Management now that he has recommenced medication.

No evidence of symptoms associated with acute mental illness present. Nil evidence of significant risk to self or others identified.

Assessed 7th Apr 2015 at 10:44**Summary of contact/details**

-Reviewed Archie at home as previously agreed. Archie appeared slightly aggitated and some evidence of flight of ideas and speech was slightly pressured. Archie stated that he had "forgotten" to collect his medication prior to the Easter holidays. He stated that he contacted out of hours service and ADOC as he knew he was starting to experience slight "mania and not sleeping" due to having no medication for several days. Was prescribed 5mg of Diazepam PRN which he has taken to assist with sleeping. Writer accompanied Archie to his local pharamist to collect prescribed Olanzapine medication. Archie has taken today's medication and states he is willing to continue to comply with prescribed medication.

Next appointment 24/04/15.

Assessed 6th Apr 2015 at 12:05**Summary of contact/details**

Out of hours contact

Phone call from Archie looking for advice as he had ran out of Quetiapine 2 days ago. Advised to contact ADOC to arrange prescription. No other concerns expressed at time of call.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Assessed 1st Apr 2015 at 11:44

Summary of contact/details
-reviewed Archie at home as previously agreed. Archie had been showered, his hair styled and dressed in smart casual appropriate clothing. He reports that since our last appointment he has managed to get out on his bike in the local area and the feeling of achievement has helped him in relation to his mood and self confidence. He has discussed with his sister his return to work and she has suggested that he start off slowly taking on one cleaning contract to start with gradually building up to fully returning to running his entire business. Archie although able to see the logic in same is concerned regarding the impact of one contract on his benefits as he would not be able to meet his financial commitments on one contract. Archie has concerns regarding previous tax payments and benefits. Writer has encouraged Archie to make an appointment at the North Ayr Resource Centre to discuss his entitlements in relation to possible changes in his working situations allowing him to make informed choices in relation to work commitments and financial viability. Archie reports he has been getting constantly contacted and harassed by an ex-boyfriend who Archie has repeatedly asked to not contact him. Discussed options regarding empowerment and Archie decided to contact his mobile phone provider and request a change of number which they did free of charge due to the circumstances. After implementing change Archie stated that he felt relieved that not only his ex couldn't contact him but that other "so called friends" could no longer contact him either. Discussed boundaries and importance of keeping ourselves safe and valued by limiting who we give our personal information to including mobile telephone numbers. Archie stating he plans to keep his number private and only give it to a very select few. Archie plans to continue to get out on his bike weather permitting and will visit North Ayr Resource Centre prior to our next appointment. Archie has been in contact with Ayrshire Housing and requested writer complete a medical component of his application form. Writer will complete and return prior to next appointment.

Assessed 17th Mar 2015 at 13:39

Summary of contact/details
-Writer reviewed Archie at home as previously agreed. Archie reporting that he is feeling better however continues to have concerns regarding peers. Archie stating that he knows he should limit contact for his own well being but finds it difficult to turn people away. Archie spoke about his current medication and concerns regarding his current medication and a rash that has developed on his neck. Writer advised Archie to discuss his concerns with Dr Gibb at their review appointment on 19/02/15. Archie's friend arrived and made it difficult for appointment to continue so writer left for confidentiality reasons. Next appointment arranged 25/02/15.

Assessed 4th Mar 2015 at 15:00

Summary of contact/details
-Writer contacted Archie by telephone and arranged to meet with him at his home later today. Archie appeared brighter in mood than he had been on previous visits. He continues to fixate on his current medication and whether or not he wishes to remain on same. We spoke about this at length and he has agreed that he will continue to use as prescribed "for now". Discussed previously traumatic experiences and difficulties with certain individuals and family members. Discussed the possibility of future referral to Psychology for assistance with same. However writer advising Archie that he would need to have had a period of stability in relation to his mental state prior to referral being made to Psychology. Archie agreeing to same. Discussed Moving On and the service that they provide. Writer to provide Archie with literature at next appointment for him to consider self referral if he feels this may be of benefit to him. No new concerns regarding risk or current mental state identified at this time.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Assessed 25th Feb 2015 at 17:06

Summary of contact/details	
-DUTY Several attempts to make phone contact with Archie with a message left. Archie making phone contact at 16.50 and was offered an appointment with duty service for tomorrow at 14.00. Archie declining this as he wished to wait until CPN Kristy Macleod returned from work next week due to seeing numerous different people. Spoke with Team Leader Liz Ferries secretary who will request Liz make contact with Archie tomorrow. Archie discussing his medication and had queries around his dose of 200mg Quetiapine. He feel this dose causes sedation and impacts on his ability to function during the day. Archie talking about his wish not to be on antidepressants and wishes to stop however reporting he is currently concordant with the same. Archie is not aware of his next out patient appointment with Dr Gibb so CPN Helen Wallace is to email Dr Gibbs secretary requesting he be notified of the same so he can discuss his concern re medication at this time.	

Assessed 23rd Feb 2015 at 11:56

Summary of contact/details	
Duty [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	

Assessed 20th Feb 2015 at 18:34

Summary of contact/details	
[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	

Assessed 19th Feb 2015 at 12:03

Summary of contact/details	
Dear Dr Brown ARCHIE BROWN 3D GLENMUIR ROAD, AYR, AYRSHIRE, KA8 9RD CHI No: 0604873298 Diagnosis: Recent Hypomanic Episode - the exact nature of which is unclear at this time. Archie had been using Cannabis and had been under a significant amount of stress. Personality Disorder remains a differential diagnosis.	

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Psychiatric Medication: Quetiapine 150mg at night

Recommendations/Plan: CPN input Kirsty McLeod
Out-patient review 3-4 months

I met up with Archie at my out-patient clinic on 19th February 2015.

I feel there has been a significant change in Archie's mental state over the last several weeks. When I first met him on 16th December he presented with a mental state suggestive of a hypomanic episode. He was over talkative, somewhat paranoid and emotionally distressed. He was much calmer today, more clear in his thinking and generally more stable. He still has concerns about his emotional health just now. He feels himself that he has recovered from the recent illness episode however doesn't feel back to normal. ~~I am aware that his mood still has concerns about this but subjectively these symptoms are treated healthily~~

I encouraged him to continue the Quetiapine for the foreseeable future. He feels it is helping him sleep but is not sure that it is helping in other ways. I suspect he may discontinue it some time in the near future. It is unclear whether this will lead to any significant relapse but if there are any concerns please contact us.

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ARCHIE BROWN 3D GLENMUIR ROAD, AYR, AYRSHIRE, KA8 9RD
CHI No: 0604873298

I will review Archie back at clinic in 3-4 months time. He will be followed up by his CPN in the meantime and I would anticipate that things will settle even more as time progresses.

Assessed 17th Feb 2015 at 13:47

Summary of contact/details

--Writer reviewed Archie at home as previously agreed. Archie reporting that he is feeling better however continues to have concerns regarding peers. Archie stating that he knows he should limit contact for his own well being but finds it difficult to turn people away. Archie spoke about his current medication and concerns regarding his current medication and a rash that has developed on his neck. Writer advised Archie to discuss his concerns with Dr Gibb at their review appointment on 19/02/15. Archie's friend arrived and made it difficult for appointment to continue so writer left for confidentiality reasons. Next appointment arranged 25/02/15.

Assessed 10th Feb 2015 at 14:33

Summary of contact/details

--Writer and CPN Kirsty MacLeod visited Archie this morning as arranged.

Archie was reflective today thinking about the person he used to be and feeling that he has lost the exuberant part of himself. We discussed the recovery process and highlighted the progress he has already made, Archie agrees that the medication has helped and that he is much calmer than he had been but he feels that he is emotionally blunt at times and has lost motivation. He still

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

voices positive plans for the future and wants to get back to work when he is ready he just feels frustrated that his recovery isn't happening quickly enough.

Archie has been ruminating about past abuse and spoke about remembering a rape that he alleges occurred when he was 12yrs old close to the time of the original rape that he has reported. He stated that this memory has been suppressed until now. He continues to worry about how others view him and feels he has lost all his confidence. Archie accepts that it may take a while to work through his issues but is keen to engage with his new CPN Kirsty.

With regards to suicidal thinking, Archie reports that he experiences fleeting thoughts from time to time when feeling anxious and low but states that he has no such thoughts presently.

His sleep appears to have improved as has his self care. He remains naturally talkative but today there was no discussion around matters of a spiritual nature which at times in the past dominated the conversation.

PLAN

Discharge from CRT

Follow up provided by Kirsty MacLeod CPN

Out patient appointments with Dr Gibb

All relevant contact numbers provided

Assessed 10th Feb 2015 at 10:35**Summary of contact/details**

Ayrshire Mental Health Risk Assessment Framework sent to GP (Station Road) via clinical email on behalf of Julie Cairns

Assessed 5th Feb 2015 at 15:23**Summary of contact/details**

Writer visited Archie at home this morning as arranged.

Presentation remains largely unchanged. Archie was initially quite sullen expressing his frustration at not yet being back to his usual self. He spent some time yesterday with the sister of his friend who completed suicide several years ago and this triggered some feelings from the past.

Archie spoke at length about family, friends and past relationships as he does at most sessions and has recently been exploring his family tree. He also touched on past sexual abuse (allegedly cousins) and an alleged rape which he stated may have 'made him daft'. He carries a lot of hurt around not only about the abuse but also his dad's negative response to same over the years.

On a positive note, Archie has increased his daytime activity and later today he is collecting a kitten as he feels lost without a pet in the home.

Risk to self and others remains low at this time.

Writer will visit again Tues 10th Feb at 11am accompanied by Kirsty McLeod CPN who will be following up his care. Archie will be discharged from CRT if presentation remains the same.

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

From 12/05/1926 Until 12/05/2026

Summary of contact/details	
-Visited Archie at his home address accompanied by colleague S/N Julie Cairns as arranged.	
Archie reported that, despite initial reluctance he has taken increased quetiapine dose over weekend and has noted a degree of improvement in his sleep, particularly getting off to sleep initially. No current concerns regarding adverse effects since increase in dose	
As discussed and agreed with C/N Montgomery at her last visit Archie has started reintroducing daytime activity, having been food shopping with his mum and out on his bike, taking himself out for a few hours around outskirts of Ayr, enjoying being out in open. Archie states that he continues to have minimal social contacts. He is still "avoiding toxic people", elaborating that he does not want to be in company of those he feels are judging him either due to his potential "bipolar" diagnosis or his personality on general. He continues to describe feelings relating to low self esteem.	
Archie's presentation remains much as previous. Incessant chatter about various topics of his personal interest and rarely responded to questions when first asked, having to be asked repeatedly for response, particularly regarding recent illicit substance misuse. Archie acknowledged having tried many illicit substances when he was younger, however, is aware of the potential impact these can have on mental health if taken in longer term.	
Speech was of normal rate, tone and volume, he was generally bright in mood.	
No indication of risk to self or others.	
Archie is aware of plan to transfer his care to CPN when allocated where he will be monitored in longer term. He remains keen for a diagnosis and is aware that this can only be made by HSI consultant.	
DISCUSSED AND MUTUALLY AGREED PLAN:	
1. Next appointment arranged for Thursday 5 February 2015, 11am	
2. Archie will continue making prescribed medication, with ongoing monitoring of effects/side effects at each visit	
3. Will be discussed at MDT meeting tomorrow regarding allocation of CPN	
4. Archie is aware of contact numbers should he require advice or support in interim to scheduled contacts	

[illegible]

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

From 12/05/1926 Until 12/05/2026

Summary of contact/details

We agreed that S/N Elinor Mc Pike will visit on Monday 02/02/15 at 11am and will review what Archie was able to carry out over weekend as well as further monitor/ discuss his sleep pattern.

Summary of contact/details

GP has also agreed to issue further prescription taking QUETIAPINE to 30mg twice and 150mg at night.
Writer phoned Archie twice and had to leave message. Contacted His mother who said she did have medications and agreed that writer can visit today at 4pm to double check what medications are being dispensed. Have also left message for Archie indicating writer will be at his mums at 4pm.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Assessed 27th Jan 2015 at 15:43**Summary of contact/details**

Phone contact requested via duty following message to contact from GP Dr Brown - on return call Dr Brown finished for the day and agreed for further contact next day with GP. Archie has contact details for service if further support out with arranged appointments required.

Assessed 26th Jan 2015 at 13:10**Summary of contact/details**

Visited Archie at home as planned this morning.

Appeared relatively at ease and pleasant and engaging. Good eye contact.

States he has been taking increased dose of medication and is aware that his new prescription will be collected by chemist from his surgery. Family members continue to drop medication off to him daily.

Archie says he still does not sleep until 4 or 5am, as is usual for him. He may sometimes nap during day but not routinely. He does not express feeling tired and says he "probably has ADHD".

Asked Archie if he was happy to take this medication:

Archie spoke of how he used to hear his grandmothers voice quite clearly, often saying "dont listen to him/ her" or advising him at times. Archie says he now realises that previously a lot of background noise was lots of others spirits, and that because there were so many of them all at once, he couldnt hear them clearly. He reports this to have reduced noticeably. He also reports reduction in hearing grandmothers voice.

Archie also reports to feel less strongly that he is to be prosecuted. He described that for some time, he felt he was about to be prosecuted but didnt know why. This feeling has been around since before christmas time.

Archie then went on to speak about his spiritual beliefs and his sensitivities and described intuitive experiences.

He relates knowing when someone is going to die, sensing it before his grandmother passed and feels that the date of her death which he said was also his birthday is significant, and that it was also same date as events in America (9/11). However on writers return to base, noted that Archie's birthday is 6th April. Also observed when asking more indepth questions about supposed intuitions or events, he was very vague on details, almost confused like. There appeared no intent to deliberately misinform nor evade answers.

Mood appeared appropriately reactive with no pessimistic, grandiose nor over inclusive content. No pressure of speech noted either.

Archie seemed minimally insightful but appears to accept taking medication and briefly agreed that there may be benefits to it. We briefly spoke about alcohol and drugs (cannabis), neither of which Archie says he has had since before Christmas.

Continues to wish to find work to have meaningful structure/ purpose in his day, and to also help improve his financial situation.

Assessed 23rd Jan 2015 at 16:54**Summary of contact/details**

[REDACTED]

Assessed 23rd Jan 2015 at 13:57**Summary of contact/details**

[REDACTED]

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

From 12/05/1926 Until 12/05/2026

DITION:

Archie is being kept for a diagnosis as he doesn't feel it is solely anxiety and depression related. Discussed with Dr Gibb who informed that Archie had not attend his scheduled Outpatient appointment on 15 January 2015. Dr Gibb

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

suggested further crisis assessment with discussion around medication changeover to Olanzapine should this prove appropriate following review and monitoring thereafter.

Attended Archie's home this afternoon accompanied by colleague S/N Karen Jamieson. Archie greeted us at door in his night attire (2pm). In contrast to previous presentation Archie was somewhat subdued and sullen in demeanour. We advised him of his mum's concerns around his mental health and particularly poor dietary intake. Archie initially started describing vivid and disturbing dreams he is experiencing on a regular basis. Sleep pattern is generally poor, waking feeling tired and unrested. On exploring Archie's mood and level of activity he went on to talk about how he feels that he doesn't "fit in" in either a social or work environment and admits to feeling persecuted by others at times; that this is impart due to his sexuality and more specifically due to his own issues around his body image. He is extremely unhappy with the excess skin resultant of significant weight loss and is focussed on skin removal of excess surgery as resolution. Describes becoming more avoidant and socially isolated as a result, that he doesn't feel comfortable in public places due to his physical appearance. He is keen to be in a stable relationship, however again feels this is impossible due to self esteem/body image. Describes returning to previous "eating disorder" behaviours, restricting his diet and use of laxatives. Appeared unkempt, in night attire. House was in disarray in contrast to what he describes as his "OCD" cleaning. Motivation clearly poor. He is in possession of benefit forms, however is struggling with concentration and volition to complete these.

No indication of psychotic symptomatology. Rapport was established quickly with Archie maintaining reasonably good eye contact throughout.

No indication of thought disorder as highlighted in previous assessments, although Archie continues to relate to his beliefs around his study of and his own psychic ability.

McPike, Elinor on 22/01/2015 17:22

Discussed and mutually agreed plan

1. Archie is happy to accept Crisis support in short term to allow for further monitoring of his mental health.
2. Medication changeover (to Olanzapine) discussed. Archie amenable to this, however, due to presentation today writer and colleague s/n Jamieson will discuss this further with Dr Gibb
3. Discussion with Dr Gibb around presentation today and Archie's body image issues/possible psychology referral
4. Next appointments arranged for tomorrow at 11am at Archie's home address.
5. Archie was provided with Crisis Information leaflet and 24/7 contact numbers should he require advice or support in interim to schedule appointments
6. Medical Review with Dr Gibb arranged for 19 February 2015
7. Introduce to Support Worker Kevin Hodge who will facilitate completion of benefit forms

ADDITION:

Discussion with Dr Gibb following assessment. Quetiapine to be increased to 50mg in morning, 150mg at night.

Archie will be informed of change during scheduled visit tomorrow

Assessed 22nd Jan 2015 at 09:38**Summary of contact/details**

Ayrshire Mental Health Risk Assessment Framework sent to GP (Station Road) via clinical email on behalf of Karen Jamieson with copy given to Dr Gibb, Consultant Psychiatrist

Assessed 21st Jan 2015 at 14:06**Summary of contact/details**

After discussion with CPN, Joanna Ingram I would be grateful if the following medication changes could be made:-

" Please stop Quetiapine

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined site CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

" Please prescribe Olanzapine 10mg at night

I will arrange to review Archie in due course.

Assessed 21st Jan 2015 at 12:43.

Summary of contact/details

DUTY CALL - Message received from Linda Anderson regarding Archie today in Frank's absence. [REDACTED]

Writer was able to speak to Archie on his own phone, he was at his own address. Archie reports that he feels he is not getting any better and experiencing acute distress. He is describing voices and visions about Nazis coming to harm him. Archie reporting distressing dreams and is not getting proper sleep. Archie reports that he no longer smoking cannabis however has experienced these distressing symptoms for many years prior to drug use. He fears he may relapse "to help ease the pain". I have discouraged him from doing this. Archie is keen for a diagnosis as he doesn't feel it is solely anxiety and depression related. Presentation essentially unchanged from previous FACE entries. Archie states he did not receive an OPA with Dr Gibb and denies having any correspondence from NHS apart from an appointment for an abdominal scan on Thursday. Archie stated he would feel more comfortable speaking to female nurse. Archie was advised that Frank is on sick leave and that I would speak to Dr Gibb today regarding his concerns and I would advise him of the outcome. Archie advised writer that he was expecting a visit from a friend today however he finds this overwhelming and "toxic" at times. I have advised Archie to utilise friends and family for support but to limit this himself. Archie thanked writer for call. No immediate risks identified.

PLAN

Writer will speak with Dr Gibb regarding sooner OP review/medication review
Follow up from female CPN to be explored

ADDITION - Writer has spoken with Dr Gibb and advised of above. Dr Gibb has suggested a change of medication to Olanzapine 10mg due to Archie not having any benefit from current Quetiapine and explore referral to ACR&HTT to support medication changes. Dr Gibb will advise GP accordingly.

Writer has spoken with ACR&HTT who are agreeable to offering support during changeover. They can offer him an appointment tomorrow at 3pm for further assessment purposes and medication monitoring. Writer will telephone Archie and his mother to advise of arrangements. An OPA has been arranged for 19.2.15 at 14.50 at Arral Park. Archie and his mother will be informed in the event Archie does not open his mail.

Assessed 19th Jan 2015 at 15:25

Summary of contact/details

-DUTY CALL

Assessed 15th Jan 2015 at 14:57

Summary of contact/details

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number: 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Dear-Dr Brown

ARCHIE BROWN 3D GLENMUIR ROAD, AYR, AYRSHIRE, KA8 9RD
 CHI No: 0604873298

Archie failed to attend his out-patient appointment on 15th January 2015.

He was reviewed by his CPN a few days ago who still had some concerns about Archie's mood. He still appears stressed and a bit erratic however is better compared to how he was when he first presented. His CPN suggested increasing his Quetiapine which I might very well do. I will discuss his non attendance with his CPN and get back to you.

Assessed 12th Jan 2015 at 13:36**Summary of contact/details**

I met with Archie in his own home. Archie was in his dressing gown. He was sitting in a darkened living room with only 2 candles on. He appeared low at times, laughing at others. He spoke quite rapidly, continuing to change from one topic of conversation to another. He said that he had not,

Assessed 8th Jan 2015 at 09:58**Summary of contact/details**

MDT MEETING 6/1/15

Archie Brown
 CHI: 0604873298
 Karen Jamieson

Mr Brown has been with CRT for 4 weeks now. No great improvement and nearing discharge. Karen asking about CPN follow-up. Due to see Dr Gibb at clinic 15/01/15. Frank Hughes will liaise with Julie to arrange follow-up.

Assessed 7th Jan 2015 at 10:19**Summary of contact/details**

Phone call to Archie no answer writer will contact his parents to make them aware of visit today at 13:00hrs with writer and CPN Frank Hughes.

Home visit with CPN Frank Hughes, [REDACTED] Archie was calm but continuing to voice about dad people and the mafia and that he had been busy over the last couple of days reading books and had done a couple of people's hair. Despite voicing his beliefs Archie was calm, he feels that his medication is helping but continues to have difficulty getting to sleep at night and sleeps until mid afternoon. Not voicing any suicidal or self harm thoughts plans or intent, appeared a little flat in affect today. Franks spoke about discussing an increase in Archie's medication with Dr Gibb, Archie agreed with same and also feels that getting a new house would help him.

plan Discharge from CRT

Frank Hughes to appoint for next week

Frank Hughes to discuss increase in medication with Dr Gibb

Date of Birth 06-Apr-1987 (39y), undefined Male CHI Number 0604873298

From 12/05/1926 Until 12/05/2026

Summary of contact/details

Summary of contact/details

Summary of contact/details	
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where $\mathbf{P}_0$ is the initial value of $\mathbf{P}$ and $\mathbf{P}_1$ is the value of $\mathbf{P}$ at the end of the first time step.

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

From 12/05/1926 Until 12/05/2026

Next visit on Monday with S/N Cairns note placed in diary.

Summary of contact/details

Following discussion with the Crisis Team I would appreciate if you could increase Archie's Quetiapine to 50mg Twice Daily. He remains under review of the Crisis Team and will likely receive further follow up by the CPN's and I will arrange to review him at out-patient clinic in due course.

Summary of contact/details

Writer then phoned Archie, he was very upbeat but prone to rambling on about nurturing his tree in the garden and that all humans are part of mythical creatures. We discussed his medication increase but he quickly went off topic, his mum will ensure that he gets the correct doses though.

Next visit arranged with colleague Gordon Dunlop 2/1/15.

Summary of contact/details

Phone call to Archie following discussion at team meeting; Archie to increase his Quetiapine to 100mg nocte, Dr Gibb to offer an O/P appt in approx 2 weeks; CPN to be allocated for ongoing monitoring following discharge from CRT. Writer spoke with Archie and his mum to make them aware of the increase to his medication and about the O/P appointment. Archie was asking about a further prescription for diazepam which he had been taking since his admission to hospital. He said that he had been taking it for some time and that he had been told by his doctor that it was safe to take. He also mentioned that he had been taking it for some time and that he had been told by his doctor that it was safe to take. He also mentioned that he had been taking it for some time and that he had been told by his doctor that it was safe to take. He also mentioned that he had been taking it for some time and that he had been told by his doctor that it was safe to take. He also mentioned that he had been taking it for some time and that he had been told by his doctor that it was safe to take.

[REDACTED]

to contact him regarding cannabis leaf with Mr [REDACTED] possible visit by writer on Friday 2/01/14

Summary of contact/details

-Colleague Gordon Dunlop returned a call to Joyce, Archie's mum this morning. She expressed her intention to be odd. She reported that she had been told by "somebody" that "they" were still looking for the driver who was involved in the crash. She said she was watching him. Joyce also mentioned that she had seen a man with a long white beard and a black hat.

Writer and colleague Gordon Dunlop visited Archie this morning at home, [REDACTED] was also present. It took some time for Archie to answer the door as he was still in bed. He was subdued upon rising, writer asked Archie how he felt about the concerns his parents were raising such as the strange attire and burying rubbish bags. Archie stated that the bags were full of negativity that required discarding. ~~It is not true that his negative beliefs are a 6146 concern, but it is completely out of character for Archie he~~ ~~disagreed and~~ stated that he had always held these beliefs but no-one believed the same as him.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

As he became more alert he became louder and more animated, he and [redacted] talked at length about his father's wrong doings over the years and the family dynamic which appears at times to have been somewhat dysfunctional. [redacted] agrees that Archie is slightly calmer and Archie himself states that he feels less agitated but it is clear that he can quite easily become disinhibited in his conversation.

Archie mentioned that he hoped the mental health services would help him get a move of flat, we explained that we could only advise and signpost.

No evidence of risk to self or others at this time although Archie did express hopelessness as he feels no-one can help him and that he's just 'given up'.

Advice will be sought from Dr. Gibb this afternoon at the MDT as to how to progress with treatment at this point and same will be [redacted] back to Archie and his family.

Assessed 26th Dec 2014 at 21:47

Summary of contact/details	
Phone contact to Archie this evening at the request of SN Dunlop. Archie indicated that things were relatively settled. Spoke openly about his wishes to move to a new home in the future. Made reference to his spiritual beliefs and wanting to be close to nature. Also indicated that he had been giving some thought to starting the process of hormone therapy as Archie was now more sure that he was female in his essence. This theme of beliefs have remained consistent throughout Archie's input with CRT. Although Archie remains over-talkative and somewhat excitable there was no overt evidence of any disorganised thinking as had been demonstrated in the past. Writer able to interject with relative ease and Archie was bright in manner and response throughout. Archie stated that he continues to concord with prescribed medication. Offered no concerns. No indication of risk to self or others. Aware of the plan for visit with SN Dunlop Tuesday 30/12/14 and how to contact services in the interim period if required.	

Assessed 24th Dec 2014 at 10:28

Summary of contact/details	
[redacted] [redacted] currently has his mums mobile and writer will obtain number for contact over the holiday period home visit as arranged, mood euthymic with reactive affect, Archie continued to talk about his family dynamics, and the history of same and how it had affected him. He spoke about the future and how he would like to move to a new house and have his own garden and would hopefully get a new partner who would appreciate him. not voicing any suicidal or self harm thoughts plans or intent at this time planning on going to his parents tomorrow for xmas dinner arranged for a phone call on boxing night by S/N Jamieson note placed in diary and writer to see him again on Tuesday Archie happy with same and his family have contact numbers for service, Archie currently using his mums mobile number placed in personal details	

Assessed 22nd Dec 2014 at 14:46

Summary of contact/details	
[redacted] [redacted] as discussed the need of being a professional and the need to be a professional [redacted] and [redacted] that he is a professional and they are looking for the most appropriate [redacted]	

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Writer visited Archie at his own home this morning, he was still in bed on my arrival and dishevelled on opening the door. He appeared slightly calmer but was still extremely talkative. Content of conversation was still somewhat disorganised as he spoke endlessly about several different people who had been in his life. Archie reports that he thinks the medication is helping him and that his thoughts are clearer but over valued beliefs remain, for example, he stated that he is experiencing the 'feeling' which indicates someone close to him is going to pass away, he states that this has occurred before and his uncle died. Archie stated that this time he believes that his dad will die but then flitted to thinking it could be his mum or indeed himself. Archie remains very much focussed on negative thinking about his dad, writer advised that Archie tries to remain calm throughout interactions with his dad but is not entirely convinced that Archie will heed same.

Writer spoke with the duty GP at the practice who has agreed to supply a final prescription for Diazepam (15x5mg tablets).

With regards to benefits, Archie has 2 sick lines that the DWS have refused to accept due to their need for further information which he has been unable to provide due to his mental state. Archies parents have tried to sort this out but to no avail, writer sought advice from Joan Love S/W who has organised for an advisor to visit Archie, appointment will be made in due course.

PLAN

Gordon Dunlop will phone and appoint 24/12/14.

Assessed 20th Dec 2014 at 14:36**Summary of contact/details**

Writer visited Archie today at his home. Some delay in Archie answering and when he did he presented somewhat dishevelled, suggesting he may have just woken up. Archie had slept overnight at his own flat independently and could offer that it was better for him to have some distance from his father. Archie spoke at length today about the fractious dynamics within the family. Touched on issues around acceptance and Archie's emerging low self esteem. ~~Archie mentioned that he had experienced sexual abuse from his father, furthermore mentioning an incident of sexual abuse at the age of 5 years, his cousins being the perpetrator of same.~~

Archie was able to describe future aspirations and mentioned the prospect of travel. Moderately reflective today about past issues and some mild tearfulness noted within this context. Archie described erratic sleep patterns and having more vivid dreams. On a more positive note Archie's thought process was more slowed, reasonably logical in context and there was no evidence of pressured speech. In general Archie presented as more settled in mental state.

Archie offered no specific plans for the weekend period however was keen to return home to his parents and collect his medication. Made no disclosure about intention to stay there any longer than he needed to. Archie agreeing for visit Monday 22/12/14 by SN Cairns 11.30am Home Visit Own Address. Ongoing monitoring of mental state, efficacy of medication: QUETIAPINE 100MG and DIAZEPAM 5MG.

Prior to concluding notes writer could confirm that Archie had made no disclosure of any current suicidal thinking, planning or intent. No evidence that would conflict with this reporting or that would necessitate any further out of hours contact. Archie has agreed to use support numbers if any changes arise that require sooner input.

Assessed 19th Dec 2014 at 15:29**Summary of contact/details**

Phone call to archie his own number unobtainable, ~~spoke with his Dad who said that Archie was not at home and that his father was not at home either. Archie was not at home and his father was not at home either. Archie was not at home and his father was not at home either.~~ writer agreed to cold call Archie and appt arranged for tomorrow

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

with S/N Jamieson at 11:30

Assessed 19th Dec 2014 at 13:24**Summary of contact/details**

Home visit to visit Archie at his parents house accompanied by S/N Jamieson, initially spoke with his mother and father, then

S/N Jamieson could see improvement to Archie there was no pressure of speech and no evidence of manic behaviour, Archie felt that his medication has helped. staff spoke about the current living arrangements and how it is currently detrimental to Archies mental state, writer and S/N Jamieson suggesting that Archie move back to his own flat at present Archie not keen and reports at he does not feel safe and has no gas or electricity. writer and S/N Jamieson explained to Archie and his family that we dont think being admitted to hospital would be indicated at this time but we would discuss same with Dr Gibb on return to base. spoke with Dr Gibb who agreed that there did not appear to be any indication of admission but will discuss again later.

Assessed 19th Dec 2014 at 10:18**Summary of contact/details**

Message left from Archies dad on answer machine last night writer call backed

Assessed 18th Dec 2014 at 13:13**Summary of contact/details**

Telephone call made to Mrs Brown; Archie's mum following call received by duty CPN from a friend of Archie's (call redirected from NHS24). Mrs Brown stated that Archie is currently in hospital and that he is not feeling well.

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Assessed 18th Dec 2014 at 12:56**Summary of contact/details**

Duty call re directed from NHS 24. who had been contacted by Archie's mum

Mrs Brown stated that Archie is currently in hospital and that he is not feeling well.

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Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Assessed 18th Dec 2014 at 12:08

Summary of contact/details	
Dear Dr Brown ARCHIE BROWN 3D GLENMUIR ROAD, AYR, AYRSHIRE, KA8 9RD CHI No: 0604873298 I was asked to see Archie by my colleagues in the Crisis Team and I was able to meet with him on 16th December 2014 at Ailsa Hospital. I assessed him in the company of my nursing colleague, Julie Cairns. Concerns have been raised about Archie's mental state mainly by his family. They had noticed a change in his temperament. He appeared to them to be over talkative, irritable and expressing odd ideas. This was evident also to my nursing colleagues who had assessed him over the previous week. Archie is known to psychiatric services having had involvement with Child & Adolescent Mental Health Services as early as 2000. There are frequent comments in his case records alluding to problems with his temperament being volatile and impulsive and having problems with his family. He was admitted to hospital in 2003 after threats to take his life. He spent 4 days in hospital and settled quickly and the comment was simply that he was in social crisis at that time. They didn't feel he was suffering from a psychiatric illness however he was referred to psychology for counselling regarding some troubles he was having with his sexuality. Archie is openly gay but at that time things weren't so clear. Archie's next contact came in 2004 where he was assessed at the out-patient clinic. He was noted to be displaying some bizarre behaviour and the differential diagnosis at that time included personality disorder and drug induced psychotic features. He received some further follow up however it looks as though he disengaged from services up until now. Archie had been living in his own flat up until recently. He was generally a bit disjointed when trying to describe his situation today so it was difficult to follow. It seems as though Archie had been at college for a period of time but latterly has been trying to run his own cleaning business. He has had partners and they sound like they have caused him some stress. The impression I formed was that Archie had been under mounting stress for several months culminating in the situation that we see just now. He has had to move back in with his parents who have been concerned about him. He is not sleeping well, often staying up during the night and keeping others awake. 2 ARCHIE BROWN 3D GLENMUIR ROAD, AYR, AYRSHIRE, KA8 9RD CHI No: 0604873298 He is expressing some odd pseudo philosophical and political ideas, none of which I would consider to amount to any form of delusion however I do think he is paranoid just now. He believes there has been some form of whispering campaign to try and put him down. It is possible that he is experiencing some sensitive ideas of reference from the television and from Facebook. He had been smoking Cannabis daily for a long time up until last week probably coinciding with greater parental involvement. Archie describes his mood as up and down and this would seem fairly accurate. He looks as though he is struggling to come to terms with things and is rather confused about matters just now. He denies any thoughts or plans to take his life and denies any thoughts or plans to hurt anyone else. He is not eating particularly well. He was previously very obese and has lost a great deal of weight but this sounds to have been planned and deliberate. He has been keen in recent years to undergo surgery to remove the excess fat from his weight loss but has been left disappointed about this. I would include this as another stress in Archie's life just now.	

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

He denied any physical health problems just now. He is not taking any medication and denied using any illicit drugs presently.

On examination he was well kempt and appropriately dressed. He tried to engage with the consultation however his thinking was rather tangential and I suspect represented a degree of thought disorder. His mood was generally on the elated side however he was labile as well. He wasn't distracted or responding in any way. His insight into his difficulties is reasonable in the sense that he appreciates that he has been under stress and that things have gone wrong however puts this very much down to the role of others rather than illness.

Impression

Archie is a 27 year old man who presents with symptoms to suggest the presence of a hypomanic or mixed affective state the cause of which just now is unclear. It might be that drugs have played a part but it might also be that Archie has an underlying mental illness which might explain some of his earlier contact. We discussed things in detail today and agreed that he would continue to be under the care of the Crisis Team and I gave him a prescription for Quetiapine 50mg at night for 28 days which I would appreciate if you could take over when that it finished.

I aim to review Archie back at clinic soon to monitor his response.

Assessed 17th Dec 2014 at 16:49**Summary of contact/details**

Due to Dr Gibb and Dr Douglas being on A/L today writer sought advice from GP Dr Lindsay who advised a short term course of izepam. Prescription issued for 15 x 5mg Diazepam tablets. Archie's dad agreed to collect the prescription.

Elinor McPike will contact Archie by phone tomorrow.

Assessed 17th Dec 2014 at 13:18**Summary of contact/details**

Writer spoke with Archie over the phone this afternoon, he reported that he had a slightly better sleep last night. He stated that he had been experiencing nightmares about 'humanity' and spoke about his dad entering his dreams and not accepting what he had created. He assured writer that he intended to continue with the medication in the hope that his thoughts clear.

Archie is happy for colleague Karen Jamieson to visit on Friday 19th December, time to be arranged.

Assessed 16th Dec 2014 at 17:45**Summary of contact/details**

Writer and st/n Jocelyn Main collected Archie from home to take him to his out patients with Dr Gibb at Ailsa Hospital. ~~Archie's mother reported that he had been awful yesterday, he had ranted all day and they were unable to calm him down as he would become extremely agitated with ideas of reference.~~

On route to the appointment Archie continually spoke about a range of issues lot's of which were impossible to make sense of.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Throughout the appointment Archie was much the same, conversation was disjointed, his memory about recent and past events is clouded and he has persecutory ideas with no identifiable persons. Archie is concerning himself with the 'worlds' problems and feels his brain never slows down. He is up all night and sleeping all day, this stems from the fear he felt when living in his flat and he has formed an unhealthy routine. Archie spoke about his difficult relationship with his dad, his gender issues and the bullying he has encountered throughout his life due to his sexuality.

Dr Gibb spoke with writer after the appointment and feels Archie is suffering from an affective disorder, further assessment is required and CRT will continue to monitor. He has prescribed 50mg Quetiapine and Archie is agreeable to taking same.

Writer will contact Archie by phone tomorrow.

Assessed 14th Dec 2014 at 16:43**Summary of contact/details**

Home visit to Archie today at his own accommodation as planned.

Archie was able to provide more history of past events: loss of his grandmother several years ago, previous abusive relationship, transgender issues, poor body image and not feeling accepted by some of his family and his peers.

Elements of this explored today with Archie of the view that "they were to blame" and believed he was subject to a "witch hunt". Made reference to people taunting him and how he "sensed this". Told writer that "they" had access to "government files" and were "displaying them" to others. Continues to describe self as being "empathetic", more in tune with women and spoke of his "gifts" that are also shared by his mother and his late grandmother.

Archie would describe emotions to be "up and down". Sleep remains poor this being an ongoing issue. Appetite limited however Archie inferred this somewhat within his control due to previous poor self image. Archie acknowledged previous suicidal thinking - however denied any active intent, planning or preparatory action. Denied any ideation regarding harming others and there was no evidence to suggest Archie would be a direct threat to others.

During today's visit rapport established with relative ease and Archie pleasant throughout. It would seem that Archie was notably calmer in his own house as opposed to when seen in his parents home where he can enter into rather volatile exchanges with his father.

Kempt in appearance and no overt evidence to suggest neglect of self or living environment. No overt evidence of agitation, irritability or significant mood disorder. No overt evidence of Archie being distracted or responsive to external stimuli. Speech not overly pressured, although some evidence of thought disorganisation. Current impression is that Archie is a young man who at times can exhibit emotional dysregulation, past issues as already documented clearly impacting on this. Indication of what may be overvalued ideas / beliefs with underlying theme of persecution perhaps due to past events. This presentation has remained consistent and the only stressor that Archie could offer was that of his living environment and the painful memories attached to this.

Would merit a medical review for consideration around diagnosis and treatment options within the community. Next appt will be 16/12/14 OPA with Dr Gibb. SN Cairns will accompany Archie to this appointment for support purposes. Numbers for mental health services have already been provided for the interim period if required.

Assessed 13th Dec 2014 at 15:06**Summary of contact/details**

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Phone call to Archie via parents landline to ascertain his whereabouts. Archie's father reported that Archie had stayed with the last night. Following yesterday's visit Mr Brown could report that things had settled however Archie acknowledged that

Writer overheard Archie declaring in the background that his father was "homophobic" which was the reason for all the tension.

Writer chatted with Archie who spoke about "those people on face book" and "ill be fine once that sorted out". Speech somewhat pressured and content suggestive of over valued ideas around topics of gender, male dominance and vulnerabilities that exist for women. There was nil disclosure of suicidal thought or ideation around harming others. Writer suggested that next visit take place at Archie's home to allow for review which will also enable both Archie and his father to have some therapeutic distance from each other. Mr Brown and Archie both agreeing to this plan and will contact services should there be any concerns. Not identifying any overt risk factors that would indicate that a x2 person contact was required. PLAN: Home Visit to Archie's own address 14/12/14 3pm.

Assessed 12th Dec 2014 at 17:42**Summary of contact/details**

Cold call to Archie today at his parents address as writer was unable to establish contact with Archie via mobile phone. Archie was in the bedroom under the duvet for the former part of visit. Able to detail for writer his recent "spiritual awakening" and that he harboured a psychic gift which brought about a variety of memories from the past as well as present, future.

There was an underlying theme of reflection on past events centring around how others responded to him as well as his fragmented relationship with his father. Archie would consider self to have wiccan beliefs and felt that he would relate better to those who shared his beliefs. A degree of gender issues detailed with Archie stating that he felt more at ease with women, more mistrustful of men and did not consider self to be either male or female in gender.

There was no evidence of any agitation, distress during this conversation and in many ways Archie presenting reasonably relaxed in manner. No overt evidence of pressured speech or flight of ideas albeit there was some elements of disorganised thinking. Archie denying any suicidal ideation and was amenable to the option of ongoing support via CRT.

At latter stage of visit Archie's parents asked to speak with writer to offer their concerns regarding Archie's behaviours: overtalkitiveness, suicidal reporting and hostility directed to his father. Archie entered into the room at this point and entered into a rather hostile exchange with his father. High expressed emotion evident both fuelled by both Archie and his fathers responses. Writer exploring what may assist in reducing this tension and it was suggested that Archie may benefit from staying at his own flat for larger periods of time. Archie agreed to this albeit stating he would leave indefinitely instead of just a few hours. Writer bringing visit to an end due to the obvious volatility within the house. Agreed that should Archie return to his own home over the weekend and owing to parents concerns re: Archie's safety that CRT would provide some monitoring over weekend period.

PLAN:

CRT will make face to face contact Saturday 13/12/14 and review need for visits thereafter.

Support numbers provided for CRT both in and out with office hours to both Archie and his parents.

OPA has now been organised for 16/12/14 3.30pm Kyle/Park Reception with Dr Gibb ~ SN Cairns will accompany Archie to this appointment.

Assessed 12th Dec 2014 at 09:38**Summary of contact/details**

Mental Health Unscheduled Care ICP Assessment V2, sent to GP on behalf of Julie Cairns.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Assessed 11th Dec 2014 at 18:06

Summary of contact/details

-Referral received from CMHT last night requesting further assessment of mental state following concerns raised by GP. Writer visited Archie at home this afternoon accompanied by Jocelyn Main st/n for assessment purposes.

Archie was casually dressed and welcoming on arrival, his parents were also present throughout. Archie spoke at length about having the gift of 'empathy' and psychic ability inherited from his grandmother whom passed away 2 years ago. He believes that he can see images when entering rooms of what has gone before and can instantly pick up on a persons 'vibe' upon meeting them which he finds stressful.

Archie is currently staying with his parents due to them feeling he was a danger to himself and also ongoing issues with antisocial behaviour at his tenancy. Archie reports bullying and 'dark forces' against him, he spoke vaguely about these outside influences but was unable to identify a specific person stating that he had never physically seen anyone but he knew they were present. Archie states that he practices white magic but feels that black magic is always trying to get in. At times Archie went off on tangents and it was difficult to follow the flow of conversation, he was unable also at times to answer direct questions.

~~Archie's Dad reported that his mood is extremely labile, fluctuating between being extremely happy and extremely angry. He has reported that he has had a recent episode of aggression which would cause extreme agitation resulting in aggressive outbursts and he has been reported hitting himself. Archie's mum reported that their relationship has always been fractious and he would get agitated but that he has been aggressive towards his mother. Last night Archie's mum had to take him to bed with him to get him to sleep as he had been threatening to go outside naked.~~

Throughout assessment Archie was extremely talkative but no pressure of speech noted, eye contact was good and rapport was easily established. Clear evidence of thought disorganisation but no overt evidence of responding to psychotic phenomena. Although both Archie and his parents report extreme anxiety he was calm throughout and they did say today was a good day. Archie reports thoughts of suicide although same have diminished since he moved into his parents as he feels safe but he denies any intent stating that his best friend completed suicide and he witnessed the damage caused by this, he stated that he would never put his parents through this, he has in the past taken an overdose (previous documentation) but when asked directly by writer about past episodes of self harm he went off on several tangents again and did not inform of this. Recently prescribed Mirtazapine but has not taken any, Archie believes that antidepressants do not agree with him and he would prefer to recover 'spiritually'.

It would appear that there has been many stressors over the years and currently for Archie, he spoke about several bereavements, feeling very unhappy in his current tenancy and being rejected for excess skin removal on the NHS caused by significant weight loss. He also reports a rape at age 12 and was also assaulted sustaining a head injury during a homophobic attack, ~~he was injured in this assault.~~

Mutually agreed plan

- CRT input for ongoing assessment of risk, symptoms and response to treatment.
- Psychotherapeutic input and practical interventions such as activity planning and lifestyle choice evaluation.
- Prompt facilitation of medical review/treatment and ongoing monitoring of it's efficacy.
- Ongoing safety planning and risk management.
- Liaise with Dr Gibb re: out patients appointment.
- Phone contact tomorrow to arrange when next appointment should be scheduled.
- All relevant contact numbers issued.

Date of Birth 06-Apr-1987 (39y) **Sex** Male **CHI Number** 0604873298

From 12/05/1926 Until 12/05/2026

Summary of contact/details

Referral received via CPN Frank Hughes who assessed Archie today and discussed with Dr Gibb.
 Referred for ACRHTT input for further assessment of ?psychotic illness and further risk assessment.
 I agreed with Frank that Archie will be contacted by phone tomorrow and an assessment appointment scheduled.

Summary of contact/details

DUTY CALL

Returned call to Mr. Brown (Auntie's father) He left a message on a number 1-800-888-8888 phone:

Mr. Dutton was relieved to have someone with his own agenda.

4

[illegible]

6. Father unable to receive Archie's financial aid.

be aware of appointments with service providers, such as therapy, and inform the appropriate community agency.

Appointment

Summary of contact/details

You have been referred you to our service by Dr David Brown.

An appointment has been arranged for you to attend the Assessment Clinic on Wednesday 10 December 2014 at 12 noon within Arrol Park Resource Centre, Doonfoot Rd, Ayr KA7 4DW.

Please contact the above number on receipt of this letter if this is unsuitable and we can arrange an alternative appointment.

Summary of contact/details

S.
INITALL 3RD PARTY CALL FROM PT'S FRIEND WHO THINK PT MAY BE BY-POLA, PT CRYING ON THE PHONE, PT CANT COPE WITH LIFE,
((User) (Glasgow))
DW/CALL TAKEN OVER BY T.L ELIZABETH WHITE LAW, ((User) (Glasgow))
ADV C.PN CALL 1HR ((User) (Glasgow))
LOW MOOD 7/7 SEE AV
Clinical summary created by: (User) (Glasgow) [06/12/2014 20:13:04]
LOW MOOD/DISTRESSED FOR 1 WEEK AND ONGOING SYMPTOMS, SYMPTOMS WORSENING TODAY, PT CRYING ON THE PHONE, ADV
PT CPN/G.P WILL CALL 1HR.

B. Archie is a 27 year old male, lives alone in Ayr on review of FACE had some brief input from PCMHT with regards self-esteem issues, sexuality, oCD symptoms and possible eating disorder. Note of alleged rape when he was 12. Archie is off work currently as a

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026.

cleaner though had previously attended college and done hairdressing. Is signed off work at moment. There is an active referral to CMHT/PCMH dated 03/12 (please refer to SCI referral).

A.

I asked to speak with Archie directly who was tearful for the large part. We spoke at length with regards his historical issues related to alleged rape when he was 12, of being persecuted by people in his community and of various persecution within his various workplaces. Archie could/not did not give any specific examples of recent overt persecution though experiences ongoing intense anxiety in this regard to the point he has considered moving. He has put in for another home in Ayr though has been on waiting list for around 5 years and states that he was asked to go to G.P. if desiring a sooner move on medical grounds; he did not state how long ago this was. It was unclear if Archie was being deliberately evasive with regards specific recent or indeed current instances; though his friend Shadrach [redacted] Archie states that he has never had any proper input or assistance; nor does he have a diagnosis he offered. He states he has intense swings in mood and feels he may be bi-polar.

He states that his facebook account had been hacked and that he found out it was from a childhood bully, he suggests that he had been previously assaulted for his sexuality and persecution is ongoing though again could not/did not offer any specific instances and it was difficult to ascertain if this was current or historical.

His speech appeared normal in rate, rhythm and tone, he was largely tearful stating that he was scared and anxious of people he states he feels he is now becoming anorexic as had previous issues with weight/bulimia and hasn't eaten for two days. He admits to smoking one Cannabis joint today, with nil alcohol and states to using Bombay blue on two occasions but didn't like, though this was not recently.

Archie went on to speak of various spiritual thoughts within context of himself and of his readings of Buddha and various texts, which became somewhat confusing and difficult to fully assess though it was considered possibly more associated with his interests and possibly in the context of heightened anxiety/stress, though likely requires further assessment.

With regards risk of suicide Archie spoke of having suicidal ideation on and off for a number of years, states he was not baptised and indicated he was fearful of going to hell. There was no indication of definitive planning to end life tonight with an expressed desire for an improvement in his mental health.

On balance current risk appears low, though note of previous paracetamol overdose from SCI record, this was seen latterly and not fully explored during contact.

R.

Difficult to assess fully during phone contact, though no immediate indication of risk. ?issue with Cannabis use ?psychological issues long standing ?acute delusional state.

Archie feels he requires support to address his ongoing anxiety/psychological issues. He was not concordant with prescribed Mirtazapine as felt that his heart was going to explode on taking, states prefers talking therapy.

Archie was given contact number for moving on service.

Archie aware that I will communicate with CMHT colleague Frank Hughes regarding ongoing plan.

Archie thankful for our contact and friend Shadrach reports he is calmer, both are aware they can further contact if/as required.

Assessed 2nd Dec 2014, at 17:27

Summary of contact/details

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

I returned a call to Archie following a telephone call from Dr Brown station RD who had had telephone contact with Archie earlier in the day. Dr Park has sent a routine referral. Dr Brown was requesting telephone contact with Archie in the first instance. On speaking to Archie he was difficult to comprehend initially, speaking about UKIP and his head being messed up as a result of this. On further questioning this appears to have been related to his sexuality. he spoke of anxiety, discrimination as well as being raped a few years ago, he described his head as seeing a mess. he denied any suicidal thoughts plans or intent. He was a little flighty in terms of his speech content. I asked Archie about drug use. he initially challenged me for asking this, asking about the relevance of this question. I gave Archie the rationale that the use of drugs can impact on a person's mental state. he admitted to smoking cannabis regularly, having used legal highs in the past. I asked about his missing previous appointments. he said that they clashed with his work and college. I asked Archie about suitable times to be seen. he said he would leave it to our service. I will discuss the referral further with Primary care colleagues.

Assessed 5th Sep 2014 at 14:30**Summary of contact/details**

Discharge Activity Record sent to GP 5/9/14 on behalf of Allan Smith, PCMHN

Assessed 22nd Aug 2014 at 16:13**Summary of contact/details**

Client failed to respond to 14 day dna letter and is now discharged from my caseload

Assessed 21st May 2014 at 11:51**Summary of contact/details**

I am sorry you were unable to attend your appointment on 19th May 2014.

I would be grateful if you could contact me at the above number within the next 14 days if you require a further appointment. If I not hear from you I will assume you no longer wish an appointment.

You can be re-referred in the future by your General Practitioner if necessary.

I hope you are well.

Assessed 19th May 2014 at 13:18**Summary of contact/details**

Dna no message 14 day dna letter sent

Assessed 28th Apr 2014 at 16:35**Summary of contact/details**

Dear Mr Brown.

Due to unforeseen circumstances, it was necessary to cancel your appointment with Alan Smith on 28th April, 2014. You will be re-appointed in due course.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

If however you wish to speak to another member of staff, please do not hesitate to call the number above.

I apologise for any inconvenience this may have caused.

Assessed 8th Apr 2014 at 12:12

Summary of contact/details	
Dear Mr Brown You have been referred to the Primary Care Mental Health Team by Dr Brown. On receipt of this letter please TELEPHONE the number noted above to let us know if you are able to attend the appointment on:- Date: Monday 28th April 2014 Time: 10.00am Location: Kyle/Park Wards Reception, Ailsa Hospital, Dalmellington Road, Ayr, KA6 6AB Clinician: Alan Smith, Primary Care Mental Health Nurse Unfortunately, we can only hold this appointment open for 7 working days so please contact us as soon as you can. If we do not hear from you this space will be offered to someone else and you will be discharged from the Primary Care Mental Health Team back to your GP. If you no longer feel you need an appointment, please could you also let us know. I am enclosing two questionnaires (GAD-7, PHQ-9), which we would be grateful if you could complete and bring with you to the appointment - it is especially important that the questionnaires are completed one week before your appointment. Please be assured that you are welcome to attend the service whether or not you complete the forms. We look forward to hearing from you as soon as possible.	

Assessed 18th Mar 2014 at 09:24

Summary of contact/details	
Triage activity sent to GP on 18th March, 2014 on behalf of Alan Smith, PCMHN.	

Assessed 4th Mar 2014 at 17:54

Summary of contact/details	
Introduced self to patient and triage role. Stated and recorded took overdose calpol at 4 years. Issues related to gransdeath and parents marriage. At 16 years attended strathdoonhouse but did not perceive benefit as issues too vivid. Describes issues related to male rape, disclosure of gay sexuality. Described self as out of character. States mum supportive but issues with dynamics with dad. No issues from school. Lives alone employed as hairdresser and 4 cleaning jobs. Describes feels others offload to him. Describes when busy distracted from bad thoughts related to past. Describes cleaning rituals in the house. Mr Alan Smith Mr Alan Smith. He has been in patient twice at 16 years and 22 years. States he was diagnosed obesity in 98 and by 18 years was 11 stone. Describes bulimia but not diagnosed. Seeking diagnosis and advised to discuss same with gp and seek out patient review as agreed. Has been prescribed citalopram in the past but stopped due to perceived side effects. Agreed nurse treatment to undertake feature assessments and obtain history with view to plan of care. Client expresses a desire to manage his mental health needs.	

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Assessed 30th Jan 2014 at 12:19

Summary of contact/details	
Dear Mr Brown You have been referred to the Primary Care Mental Health Team by Dr Brown. I enclose a leaflet for your information and would be obliged if you could follow the steps detailed below: Step 1: Read the leaflet which will tell you who we are and what we do. Step 2: Telephone the team on the above number between the hours of 10.00am and 2.00pm to arrange an initial appointment to assess your needs and discuss treatment options. This triage appointment will last no longer than 30 minutes. If we do not hear from you before 13th February, 2014 we shall assume you do not wish input from the Primary Care Mental Health Team and will discharge you back to your GP.	

Assessed 15th Nov 2011 at 14:30

Summary of contact/details	
Dear Dr Park ARCHIE BROWN, 3D GLENMUIR ROAD, AYR KA8 9RD DOB: 06/04/1987 We recently wrote out to the above named asking them to make contact to arrange an appointment. Unfortunately there has been no contact within the allocated time frame and they have therefore been discharged back to your care. Yours sincerely John Leighton John Leighton Team Leader	

Assessed 2nd Nov 2011 at 12:05

Summary of contact/details	
Dear Mr Brown You have been referred to the Primary Care Mental Health Team. On receipt of this letter please TELEPHONE the number noted above to arrange an appointment with one of our clinical staff. The purpose of this appointment is to review your referral and to discuss treatment options. This appointment will be	

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

approximately 30 minutes long.

If we do not hear from you by Friday 11 November 2011 we will assume that you do not wish to attend our service and you will be discharged back to your GP.

We look forward to hearing from you as soon as possible.

Yours sincerely

Arlene Middleton
Team Secretary

Assessed 7th Jul 2011 at 11:28

Summary of contact/details	
pink sheet	

Assessed 25th Jun 2007 at 15:13

Summary of contact/details	
-CPN appointment to be arranged.	

Assessed 19th Jun 2007 at 10:38

Summary of contact/details	
-ISSUES RAISED: Anxiety, sexuality problems.	
ACTION POINTS: Lorraine Dodds to discuss with GP. ? CCPS.	

Ayrshire Mental Health Risk Assessment Framework v3

Date of Activity 13 September 2024 15:36 by Julie Cairns

Status Closed

Centre of Care Intensive CPN Team (S)

Ayrshire Mental Health Risk Assessment Framework**Assessment completed by**

Individual clinician

Mental state**Mental state**

Green

Note: Myself and colleague John Gallacher saw Archie at home this afternoon as planned. Archie has settled fairly significantly over the past few weeks. As is his nature he will try to dominate the conversation but is now much more easily interrupted and will take advice on board. He can identify his difficulties managing relationships, in particular his parents. He described himself as 'needy' and dislikes this about himself. He has self awareness in terms of having anger issues, he admits that he can flare up very quickly, especially with his mum. Archie will go through phases in his life where he will keep the company of others that easily influence him, prior to ICPNT involvement he had been indulging in alcohol, cocaine and cannabis, this often results in non-concordance with prescribed meds then in turn his mental state deteriorates. Archie will struggle with re-commencement of meds due to the initial sedating effects and will lack motivation and purpose. Archie has genuine interest in history, ancestry and mystical concepts, when he becomes unwell these topics become distressing for him and he will become quite fixated on the past. These themes have subsided in frequency throughout visits. Archie continues to smoke cannabis but has reduced the amount. He clearly denies any thoughts of self harm or suicide.

Engagement**Engagement with services**

Green

Note: Archie engaged well today . Overall Archie does engage well with mental health services and utilises same when required .

Medication management

Green

Note: Aripiprazole 10mg nocte. Melatonin nocte. History of non-concordance but re-establishes with support and i currently maintaining concordance.

Risk of absconding

Green

Note: No concerns

Risk of suicide/self-harm

Risk of self-harm

Green

Note: Denies any thoughts of self harm.

Risk of suicide

Green

Note: Clearly denies any thoughts of suicide.

Risk of harm to or from others

Risk of harm to others

Green

Note: No concerns

Abuse issues

Amber

Note: Archie made reference to previous sexual abuse as a child from a known Adult Male .

Neglect/Vulnerability issues (consider ASP/AWIA)

Green

Note: No necessity to consider ASP/AWIA at this juncture.

Child protection concerns

Green

Note: No issues.

Child well-being concerns

Not applicable

Risk from substance misuse

Substance misuse

Amber

Note: Long term use of Cannabis . Archie said that overall he has reduced the amount of Cannabis he uses over some years now .

Social and personal risks

Support network

Amber

Note: Supportive parents but the relationship is often fraught. Enjoys 360 groups which he intends to re-join.

Physical health

Green

Note: No concerns.

Occupation of time

Amber

Note: Archie has reduced his routine of late but has the intention to re-join the 360 group. He manages to get out and about for shopping etc.

Housing and finances

Green

Any other issues

Any other issues

Green

Overall Impression of Risk

Overall Impression of Risk

Green

Note: GREEN deemed appropriate at this juncture. Archie has no thoughts of suicide or self harm. He is at risk of relapse due to non-concordance and the use of illicit substances.

Immediate Risk Management Plan

Immediate Risk Management Plan

Discharged from ICPNT.
Follow up by CMHT (out patients).
All contact numbers issued.
Re-commence 360 groups in near future.

Status Closed

Centre of Care Intensive CPN Team (S)

Page 1 of 6

Amber

Note: Myself and S/N Smith visited Archie at his home as arranged with him earlier. Archie remembered me from previous ICPNT involvement around 2 years ago. Archie very much presenting the same as when I had met him previous. Archie very much holding the conversation and storytelling almost about conspiracies, injustice in the world, people getting away with things and himself feeling the weight of too much. Archie jumping from topic and overall no real thread to his content. Archie cited the Mc Donald clan, Historical past of his ancestors and Grandmother. Tearful and emotional and exhausted looking. Difficult to interrupt or ask him a question. When eventually answering a question Archie would not focus on the answer for too long and instead go onto other dialogue. Speech was not necessarily pressured, and rate was normal. Archie did have an angry tone and this was probably in keeping with his overall perception of injustice, corruption and badness in the world. Archie did manage to give some update regarding possible things that are causing him stress. He was able to inform that his Neighbour has been confronting him about his garden and also issue with paying for a fence and who is cutting the grass. Archie is finding his finances are tight and paying gas and electricity is stressful. Archie confirmed that he has not been taking his medication for a couple of months now. Informing that he felt it was not having any affect therefore stopped taking it. Archie appears to have let his flat and himself go a bit. He put this down to the impact other peoples behaviours have on him and made reference to feeling emotional drained by them. Archie describe himself as someone who does for others however this takes its toll on him as he cant solve everything. Archie informed that he has not had contact from community support service 'Three sixty' for a while now. Archie said that a couple of staff members left the service and he has lost contact primarily due to same. Archie identifying this as a good support and he benefited from this. Overall Archie was given the time to vent and responded with assessing staff as the assessment progressed. No evidence of intent to end his life and no self harm indicated from today's assessment. Archie was willing to look at how mental health services and other services can help him at this time. Archie presented as reactive throughout the visit however this expression and presentation was very one sided. This did change later on into the visit and Archie became more engaging with staff and responding to humour and suggestions of help and support. Archie is in agreement with reconnecting with Three sixty and is happy for me to contact them as part of ICPNT support at this time. Archie has re started Aripiprazole 10mg at night and from assessment today gives assurance that he will continue taking same. Archie said that he does continue taking Melatonin at night. Archie is happy for me to contact gp and ask for consideration to prescribe short course of diazepam. Overall as we ended the assessment and recapped on the plan going forward Archie became more light and jovial in his conversation and engagement with us.

Engagement

Engagement with services

Green

Note: Archie engaged well today. Overall Archie does engage well with mental health services and utilises same when required.

Medication management

Amber

Note: Archie does report that he has stopped taking his Aripiprazole 10mg for a couple of months now. Archie has resumed taking this medication last night.

Risk of absconding

Green

Note: no risk identified today

Risk of suicide/self-harm

Risk of self-harm

Green

Note: No risk identified today. From notes it appears that Archie did have episodes of self harm and has reduced this significantly over the years.

Risk of suicide

Green

Note: No evidence of suicidal intent or planning . Archie is willing to engage in supports at this time in order to help him improve his situation .

Risk of harm to or from others

Risk of harm to others

Green

Note: no risk identified .

Abuse issues

Amber

Note: Archie made reference to previous sexual abuse as a child from a known Adult Male .

Neglect/Vulnerability issues (consider ASP/AWIA)

Amber

Note: Evidence of personal neglect from today's assessment . However at the end of the assessment Archie was open to the direction from assessing staff to attend to this later tonight .

Child protection concerns

Green

Note: no issues identified

Child well-being concerns

Green

Note: no issues

Risk from substance misuse

Substance misuse

Amber

Note: Long term use of Cannabis . Archie said that overall he has reduced the amount of Cannabis he uses over some years now .

Social and personal risks

Support network

Green

Note: Archie reports good support from parents and good circle of friends . Archie is looking to re engage with community based supports such as 'Three sixty'

Physical health

Green

Note: Archie has Asthma appears controlled

Occupation of time

Amber

Note: No structure identified . Archie is currently finding it difficult to get out . When well it is reported that Archie likes working in his garden and is more sociable and engaging .

Housing and finances

Amber

Note: Issues with neighbour at this time over maintenance to garden and splitting costs . overall Archie reporting that it is difficult to budget on his benefits .

Any other issues

Any other issues

Green

Note: nil .

Overall Impression of Risk

Overall Impression of Risk

Amber

Note: Overall impression rated Amber. Archie appears to be relapsing with symptoms of fixed delusional beliefs ?, reactionary to multiple social and emotional stressors . Presentation resembling previous episodes of relapse . Archie is not presenting with any risk around self harm or suicide at this time . Archie of the agreement that community based supports such as ICPNT is most appropriate at this time and has been beneficial to aid his Recovery previously .

Immediate Risk Management Plan

Immediate Risk Management Plan

PLAN:

Short term input and support from ICPNT for ongoing monitoring of mental state .

Archie to re engage with community supports such as ' Three Sixty ' and happy for ICPNT to contact them on his behalf .

Archie to re establish himself on his prescribed medication Aripiprazole 10mg at night .

ICPNT to discuss with gp for consideration of short term course of diazepam .

Archie aware of contact numbers outwith planned / scheduled supports .

Copy of assessment sent to gp .

Recommendations

Recommendations

Not Recorded

Gender Based Violence Assessment

Was gender based violence routine enquiry carried out during this assessment?

Not recorded

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 recorded

Is abuse current or past or both?

Not recorded

Describe the relationship between the service user and the perpetrator

Not recorded

What is the sex of perpetrator(s)?

Not recorded

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

Consent to care and treatment

Sufficient information provided?

Not recorded

Does the person understand the information given to them that is relevant to the decision?

Not recorded

Can the person retain that information long enough to be able to make the decision?

Not recorded

Can the person use or weigh up the information as part of the decision-making process?

Not recorded

Can the person communicate their decision?

Not recorded

Is consent valid?

Not recorded

Is the consent given voluntarily?

Not recorded

Brown, Archie (Mr)

CHI Number 0604873298,

Date of Birth 06-Apr-1987 (39y)

Sex Male

Ayrshire Mental Health Risk Assessment Framework v3

Date of Activity 15 November 2022 15:55 by Julie Cairns

Status Closed

Centre of Care Intensive CPN Team (S)

Ayrshire Mental Health Risk Assessment Framework

Assessment completed by

Individual clinician

Note: CN Cairns & CN McPike

Mental state

Mental state

Green

Note: Myself and colleague CN McPike visited Archie at home this afternoon as planned. Archie's mental state has stabilised considerably over the past couple of weeks. Conversation and content is more appropriate rather than fantastical and uninterruptible as had been the case. Archie is naturally quite flamboyant and holds mystical beliefs but this isn't mental illness. We've discussed his past at length which has resulted in Archie withdrawing, he has little in the way of routine and social interaction and he agreed to a referral to 360 (formerly Ayr Action for Mental health) which has been actioned but my colleague Elinor McPike will chase up on her return to work on Thursday. Archie has recommenced Aripiprazole, he says that from time to time he becomes lethargic and gains weight so he stops taking his meds resulting in emotional dysregulation, he usually recovers fairly quickly once he recommences. No risks to self or other identified. I have emailed his CPN Alison Forbes to inform her of discharge from ICPNT.

Engagement

Engagement with services

Green

Note: Archie has engaged well.

Medication management

Green

Note: Archie has recommenced Aripiprazole. He has a supply of a few Diazepam which he GP prescribes on a monthly basis, he hasn't been utilising these recently.

Risk of absconding

Green

Note: No concerns.

Risk of suicide/self-harm

Risk of self-harm

Green

Note: Previous history of cutting but nothing current.

Risk of suicide

Green

Note: Archie denies any thoughts of suicide.

Risk of harm to or from others

Risk of harm to others

Green

Note: No risk identified.

Abuse issues

Amber

Note: Archie has discussed a rape at the age of 12, he also alleges other abusive behaviours at the hands of mer in the past.

Neglect/Vulnerability issues (consider ASP/AWIA)

Green

Note: Not necessary to consider ASP/AWIA at this juncture.

Child protection concerns

Not applicable

Child well-being concerns

Not applicable

Risk from substance misuse

Substance misuse

Green

Note: Archie uses cannabis on occasion but denies any current use. No alcohol.

Social and personal risks

Support network

Amber

Note: Archie is quite lonely, his relationship with family can be difficult at times although they try to be supportive. He lacks true friendships and can be easily manipulated.

Physical health

Green

Note: Nil

Occupation of time

Amber

Note: Archie lacks any routine and structure, a referral to 360 has been made.

Housing and finances

Green

Note: No concerns.

Any other issues

Any other issues

Green

Note: Nil

Overall Impression of Risk

Overall Impression of Risk

Green

Note: GREEN deemed appropriate, Archie has made a good recovery and his mental state is much improved. No risks to self or others identified. Appropriate to discharge from ICPNT back to the care of his CPN Alison Forbes.

Immediate Risk Management Plan

Immediate Risk Management Plan

Discharge from ICPNT.
CPN follow up, I have emailed Alison Forbes to inform of discharge.
Letter to GP.
All contact numbers issued.

Mental Health Liaison Service/CRT Assessment v2

Date of Activity 03 November 2022 15:35 by John Gallacher

Status Closed

Centre of Care Intensive CPN Team (S)

Situation**Situation**

Referral received from DUTY . Growing concerns identified over past few weeks around Archie relapsing in symptoms of lowering in mood , emotional lability and an increase in ruminations that are long standing fixed beliefs/ ideations around his cultural heritage and mythical and spiritual concepts .

Background**Background**

Well know to services and currently under care of Dr Scott at O/P clinic . Diagnosis of emotionally unstable personality disorder. Archie had decide to stop taking his medication of aripiprazole around 2 months ago as he had issues with the side effects he reported such as increase in weight and over sedation . An increase in concern from Family has led to frequent contact into Duty service lately and from discussion with Duty C/N Forbes [REDACTED]

Assessment**Ayrshire Mental Health Risk Assessment Framework****Mental state****Mental state**

Amber

Note: Joint assessment this afternoon with DUTY C/N Forbes. Before arriving at Archie's flat we collected the new prescription that was generated yesterday of 15mg Aripiprazole from local pharmacy. On arrival Archie's front door was wide open and so was the door at the top of the staircase. After a short while of calling out to Archie we went up the stair , still calling out. eventually on entering the flat Archie answered and came through from the kitchen area at the back of the flat. Archie was dressed in nighttime attire and dressing gown . Archie was a bit dishevelled looking . From the outset Archie spoke in cryptic terminology and content of which is well documented and relates to his ideation around Scottish heritage , Vikings , spiritual powers of mythical nature. Archie was slightly theatrical in his presentation and mood appeared labile . Difficult o interrupt Archie in order to ask him and confirm relevant information. Tearful and described that he does feel unwell at this time . Archie denies any thoughts plans or intent o self harm and no thoughts plans or intent to end his life . Archie overall was difficult to assess . Archie looked tired and did say that he was not sleeping . Unsure if he has been looking after himself . C/N colleague reported that there was tins of food in the kitchen when she went in to get water for Archie . Archie confirmed that his mind was racing and overwhelmed by the content . Archie took the aripiprazole tablet at staff request while sitting with him . We spoke about asking the gp to prescribe a short course of sleeping tablet and Archie was I agreement with this . Archie is wiling to engage with ICPNT at this time for short term input to monitor and review his mood and mental state and efficacy of reinstating his medication .

Engagement

Engagement with services

Green

Note: Archie is willing to engage with ICPNT at this time .

Medication management

Amber

Note: Archie has been restarted on 15mg Aripirazole starting from today . Archie had stopped taking his medications around '6-8 weeks ago as he felt that they were the cause of his weight gain and felt over sedated .

Risk of absconding

Green

Note: No risk identified from today's visit.

Risk of suicide/self-harm

Risk of self-harm

Green

Note: No risk identified from today's visit . Archie said that he used to cut himself in the past however denied any thoughts plan sor intent to self harm at todays assessment .

Risk of suicide

Green

Note: No risk of suicide said that he has no thoughts plans or intent o end his life . dentified from today's home assessment . Archie

Risk of harm to or from others

Risk of harm to others

Green

Note: No risk identified

Abuse issues

Green

Note: No disclosure of abuse identified at today's assessment . however from notes it has been previously documented that Archie has disclosed previous trauma in his life .

Neglect/Vulnerability issues (consider ASP/AWIA)

Amber

Note: Elements of neglect evident . unable to fully establish at this stage . Further assessment at future visits

Child protection concerns

Green .

Note: no issues identified .

Child well-being concerns

Green

Note: No issues identified .

Risk from substance misuse

Substance misuse

Green

Note: no current issues identified at today's assessment . Archie did say that he does smoke Cannabis however h said that he has not used Cannabis for a while .

Social and personal risks

Support network

Green

Note: Archie lives alone. There does appear to be supports from Mum and dad and other family . Again from notes and from what Archie was saying today it does appear that Family can also irritate Archie at times .

Physical health

Green

Note: No issues identified or discussed at today's assessment . Again from previous notes Archie has asthma

Occupation of time

Amber

Note: No structure identified . Archie is currently finding it difficult to get out . When well it is reported that Archie likes working in his garden and is more sociable and engaging .

Housing and finances

Green

Note: Lives in local authority accommodation . Flat is untidy and cluttered looking . unsure of finances at this time . Unable to explore .

Any other issues

Any other issues

Green

Note: I have spoke with GP Dr O Reilly and he has agreed to write a prescription for 10 tablets of Zopiclone 7.5 mg which will be sent o local pharmacy in Coylton for tomorrow collection .

Overall Impression of Risk

Overall Impression of Risk

Amber

Note: Overall impression rated amber: Archie is currently experiencing a relapse in his mental health of which is similar in presentation as previous episodes . Archie has stopped taking prescribed medication around 6-8 weeks

ago . Again this position that Archie takes regarding medication is historical in nature . On previous occasions Archie has had periods of time in hospital and has also been detained under the mental health act . It is of concern that Archie's mood , mental state and symptoms progress which would lead to such measures being put in place at this time . At this time Archie is reporting that he does not want to go into Hospital and concerned that services would impose this . Archie is wanting to engage in treatment and with mental health community based services at this time .

Immediate Risk Management Plan

Immediate Risk Management Plan

Plan ;

- Short term input from ICPNT .
- Next home visit 4/11/22 John G, Elinor McPike . T/C in morning to arrange a time with Archie .
- Archie has resumed medication concordance starting from today .
- ICPNT to Liaise with Dr Scott as required .
- Archie will take his own medication and ICPNT can play a monitoring role at this time .
- Archie will be prescribed a short course of Zopiclone 7.5mg and ICPNT will collect from local pharmacy in Coylton on 4/11/22.
- Archie has all contact numbers to utilise outwith planned supports should he feel he requires additional support .
- Copy of assessment sent to Gp .

Recommendations

Recommendations

as above

Gender Based Violence Assessment

Was gender based violence routine enquiry carried out during this assessment?

Not recorded

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 recorded

Is abuse current or past or both?

Not recorded

Describe the relationship between the service user and the perpetrator

Not recorded

What is the sex of perpetrator(s)?

Not recorded

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

Consent to care and treatment

Sufficient information provided?

Not recorded

Does the person understand the information given to them that is relevant to the decision?

Not recorded

Can the person retain that information long enough to be able to make the decision?

Not recorded

Can the person use or weigh up the information as part of the decision-making process?

Not recorded

Can the person communicate their decision?

Brown, Archie (Mr)

CHI Number 0604873298

Date of Birth 06-Apr-1987 (39y)

Sex Male

Not recorded

Is consent valid?

Not recorded

Is the consent given voluntarily?

Not recorded

Ayrshire Mental Health Risk Assessment Framework v3

Date of Activity 05 February 2021 15:57 by Julie Cairns

Status Closed

Centre of Care Intensive CPN Team (S)

Ayrshire Mental Health Risk Assessment Framework**Assessment completed by**

Individual clinician

Mental state**Mental state**

Green

Note: I phoned and spoke with Archie on the phone today as planned. Initially Archie was anxious, he told me that he had received a recorded phone call from HMRC saying that he owed them money, I reassured him that these are very common scam calls and that he must immediately end these types of calls and not to press any buttons like the message asks. He was happy with the explanation and soon calmed down and chatted. He tells me that he's doing well, he has started doing some arts and crafts, he listens to his music and watches some TV. He has sensibly cut down on social media with only occasional use (prior to admission to hospital he had been posting some bizarre statements). Archie is happy on the lower dose of Aripiprazole (10mg BD), he feels it's just the right dose to keep him mentally well without dulling his senses. He has some difficulty sleeping occasionally, he is only taking Zopiclone on alternate nights but will contact his GP should he require a further prescription. I reminded him of the importance of remaining concordant with his meds and he is able to reflect on periods of non-concordance and how this is very destabilising for him. I asked him how his relationship is with his parents, he says it's much improved, he and his dad will never share the same opinions and he is trying to accept this. Archie did wander into conversing about his ancestors and angels but this is not an indicator of illness as such, he has alternative views which will not likely change. Archie sounded well on the phone, he was upbeat and full of humour, there are no current risks to self or others. He is pleased to have been allocated a female CPN (Alison Forbes) and is looking forward to getting to know her. Archie will now be discharged from CRT.

Engagement**Engagement with services**

Green

Note: Engaged well with CRT and is looking forward to meeting his new CPN Alison Forbes.

Medication management

Green

Note: Currently concordant and happy with his current meds (aripiprazole 10mg BD), history of non-concordance.

Risk of absconding

Green

Note: lives in the community.

Risk of suicide/self-harm

Risk of self-harm

Green

Note: No risks currently.

Risk of suicide

Green

Note: Nil thoughts of suicide.

Risk of harm to or from others

Risk of harm to others

Green

Note: No risks.

Abuse issues

Amber

Note: Archie has disclosed a sexual assault some years ago.

Neglect/Vulnerability issues (consider ASP/AWIA)

Green

Note: Not necessary to consider ASP/AWIA at this juncture.

Child protection concerns

Not applicable

Note: No children and no concerns.

Child well-being concerns

Not applicable

Risk from substance misuse

Substance misuse

Green

Note: Previous history of substance misuse and cannabis, I see from the notes that Addiction has been considered.

Social and personal risks

Support network

Green

Note: Has supportive parents but this becomes strained when he becomes unwell. Currently stable.

Physical health

Amber

Note: Asthmatic and obese.

Occupation of time

Green

Note: Unemployed but able to occupy his time.

Housing and finances

Green

Note: No issues.

Any other issues

Any other issues

Green

Note: Nil

Overall Impression of Risk

Overall Impression of Risk

Green

Note: Archie's mental state is currently stable and he is presenting with no risks, this could change should he not take his medication.

Immediate Risk Management Plan

Immediate Risk Management Plan

Discharge from CRT.
Alison Forbes CPN will follow up.
Out patients in due course with Dr Scott
Letter to GP
Contact numbers issued

Brown, Archie (Mr)

CHI Number 0604873298

Date of Birth 06-Apr-1987 (39y)

Sex Male

Generic Mental Health Assessment

Date of Activity 25 February 2021 14:49 by Mrs Alison Forbes

Status Closed

Centre of Care South Ayrshire CMHT

Presentation

Source of current referral

Other NHS

Note: Referred from CRT.

Date referral received

Assessment type

New

Patient agreed to carer being involved in treatment?

Not known

Current medication

Aripiprazole 10mgs

Crisis arrangements

Archie is aware of crisis numbers.

Summary of strengths, goals and aspirations

Enjoys gardening and has been trying to plan each day with tasks and activities.

Has Care Programme Approach been considered?

No

Has the Adult Support and Protection Act been considered?

No

Has the Mental Health Act been considered?

No

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**

CPN follow up to Archie as arranged. Archie expressing to live on his own with his cat. Archie recently discharged from hospital then CRT. Archie describing his mood as 'good and upbeat'. No expressed Pshchotic symptoms and thought content all relevant to text. Archie reports having some intrusive thoughts but can distract himself. Archie is prescribed 10 mgs of Aripiprazole and feels this dose is enough to allow him to have the energy to do something during the day. Archie reports that he was having difficulty sleeping. He managed to get some Zopiclone from the GP and has been using this every other night with good effects. Archie reports to have a good appetite but also expressed to have over the years used food as a way to self harm. He reports to having been Bulimic and was 15 stone at one point then went to 22. Archie was able to recognise some triggers that affected his mental health. He reports that Social Media caused him allot of anxiety and he would begin to overthink and overanalyse things. Archie also expressed that although his parents have been married for 47 years he states that they always argue and bring him into it. Archie touched on the fact that he has been abused in the past by partners and was bullied at school. We briefly discussed the Stress vulnerability model and how this impacts on our mental health. Archie reports that he is trying to stick to a daily routine and finds this is helping his mental health. Archie reports to enjoy gardening and is keen to get back to this when the better weather returns. Archie pleasant and chatted well with writer. Agreed for further follow up call in 3 weeks time. Archie is aware of contact numbers inbetween times.

Ayrshire Mental Health Risk Assessment Framework**Mental state****Mental state**

Green

Note: CPN follow up to Archie as arranged. Archie expressing to live on his own with his cat. Archie recently discharged from hospital then CRT. Archie describing his mood as 'good and upbeat'. No expressed Pshchotic symptoms and thought content all relevant to text. Archie reports having some intrusive thoughts but can distract himself. Archie is prescribed 10 mgs of Aripiprazole and feels this dose is enough to allow him to have the energy to do something during the day. Archie reports that he was having difficulty sleeping. He managed to get some Zopiclone from the GP and has been using this every other night with good effects. Archie reports to have a good appetite but also expressed to have over the years used food as a way to self harm. He reports to having been Bulimic and was 15 stone at one point then went to 22. Archie was able to recognise some triggers that affected his mental health. He reports that Social Media caused him allot of anxiety and he would begin to overthink and overanalyse things. Archie also expressed that although his parents have been married for 47 years he states that they always argue and bring him into it. Archie touched on the fact that he has been abused in the past by partner and was bullied at school. We briefly discussed the Stress vulnerability model and how this impacts on our mental

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

I am aware that you were fairly recently discharged from Community Mental Health Nurse intervention and at times it can be helpful to have this time to consolidate any advice and information, using self-management to develop your coping strategies and I would encourage you to continue with this

If you have further concerns you can discuss these with Dr Johnston at your outpatient appointment or contact the Duty Service.

Should you require any further information, please do not hesitate to contact me or the Duty worker on the above number.

Assessed 23rd May 2017 at 16:18**Summary of contact/details**

Archie Brown

CHI 0604873298

Team discussed. CC will write to patient to inform him he has an appointment with Dr Johnston in July

Assessed 18th May 2017 at 15:49**Summary of contact/details**

Telephone calls to Archie's mobile on 2 occasions today as requested by crisis colleague C/n Jamieson to provide update of plan to offer for CPN assessment. This has been discussed with in response to his recent contact via CPN duty service expressing concerns re: mental state relapse and possibility of recommencing quetiapine medication. As it stands O/P review is on July 2017. C/N Jamieson plans to pass this to Sector CPN C/N Connelly for follow up.

Writer will discuss with C/N Jamieson tomorrow

Assessed 17th May 2017 at 18:36**Summary of contact/details**

Discussion with Dr Johnston regarding recent duty contact with Archie and the concerns he has raised re: mental state relapse. As it stands O/P review is on July 2017. To allow for sooner consideration re: medication changes as desired by Archie it was felt more appropriate to request nursing assessment in the first instance. Writer will direct this to Sector CPN C/N Connelly and request that SN McPike call Archie next day to update.

Assessed 17th May 2017 at 18:26**Summary of contact/details**

Note entered from word document from earlier due to carepartner update.

Archie Brown 6/4/1987 – phone call via Duty Service stating he had contacted Crisis recently and was awaiting outcome – attempted to return call but voicemail left asking Archie to call back. From records appointment has been arranged with Dr Johnston on 31/7/2017.

Assessed 17th May 2017 at 16:14**Summary of contact/details**

Dr Shearer phoned regarding Archie who has been in contact with them today. Reporting issues with mood fleeting suicidal ideations no plan expressed. I have informed Dr Shearer that Archie has been in touch and a member of staff is going to discuss his medication with Dr Johnston and that he made us aware earlier.

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Assessed 17th May 2017 at 14:37

Summary of contact/details
Phone contact via Archie directed to CRT in the absence of duty service. Archie continuing to report symptoms of mood swings, not sleeping or eating. Archie inquiring into the outcome of planned discussion with Dr Johnston as per earlier agreement - see previous note SN McPike. Archie presenting as somewhat heightened in emotional response. during call. In attempt to manage this today writer agreeing to forward Archie's concerns to Dr Johnston. Archie was wondering if: a/ he could be offered an earlier out patient apt b/ there could be consideration as to whether his Olanzapine could be changed to Quetiapine which worked for him previously. Writer will communicate the above to Dr Johnston and agreed that Archie would be called back to update.

Assessed 28th Apr 2017 at 14:26

Summary of contact/details
Duty Call - Archie contact CMHT via duty service requesting sooner OPA to discuss/review medication and requesting further CPN support Majority of conversation focussed on diagnosis. Archie is convinced that he is suffering from "Organic Bipolar Disorder" as result of head injury in 2005. Describes deterioration in his mood since Christmas 2016. With increase in "mood swings" and broken sleep. describes fall outs with family and close friends due to irritability and "anger". Has moved to Coylton and is feeling isolate at times. Believes that his "mod swings" significantly impact on his ability to gain employment due to inconsistency in concentration and ability to complete tasks Believes that quetiapine medication was effective in stabilising his mood in past. However, acknowledges that he made request to reduce and stop it before commencing Olanzapine. Medication : remains on Olanzapine 2.5mg - am, 5mg at night and zopiclone. Alcohol/Drugs: denies use of alcohol. Smokes cannabis at night to aid sleep. No other illicit substances. Risk: Describes fleeting thoughts of suicide, however without current plan or intent. Agreed plan: 1. To be discussed at MDT meeting next week beginning 1/5/17 2. Archie was encouraged regarding use of contact numbers available 24/7 should he require further advice or support at any time

Assessed 27th Apr 2017 at 12:30

Summary of contact/details
Dear Sir/Madam RE: ARCHIE BROWN 20 ARTHURSTON TERRACE, COYLTON, KA6 6HY CHI: 0604873298 Further to our telephone call I enclose the relevant information in relation to Archie K Brown's application for Personal

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

Independent Payment Allowance.

It is stated within medical documentation that Archie has a diagnosis of Anxiety Disorder. Archie has had ongoing support from the Community Mental Health Team since 2014, in addition to engagement with CAMHS as an adolescent.

I last visited Archie on 13 April 2017, I have now discharged Archie from my caseload on account of him having joined a new Dr's Surgery, Archie now awaits an appointment with Dr Tim Johnston the Psychiatric Consultant attached with his new surgery. Archie feels that his medication requires reviewed.

Archie's difficulties in relation to anxiety are ongoing, and have been particularly prevalent of late on account of life stressors, which Archie struggles to cope with, requiring support and frequent reminding of beneficial coping strategies. Archie's levels of anxiety can have an impact on his daily functioning, often resulting in him, becoming increasingly agitated; have difficulty sleeping, become self isolating, requiring frequent prompting and reassurance from family. Archie has engaged in support with CMHT, who have offered education and advice in relation to anxiety and the management of this, which on occasions he has utilised independently with success, however there have been other occasions whereby Archie has required additional support from both family and CMHT.

Archie is currently prescribed Olanzapine 2.5mgs in the morning and 5mgs at night, and has been prescribed Zopiclone in the past when he has experienced difficulty in sleeping. As previously mentioned however, Archie no longer feels that his medication is as effective, therefore he has an appointment with Dr Johnston in the near future to review this and discuss the potential for change.

RE: ARCHIE BROWN 20 ARTHURSTON TERRACE, COYLTON, KA6 6HY
CHI: 0604873298

I hope you find this information to be helpful and sufficient.

Assessed 13th Apr 2017 at 10:25**Summary of contact/details**

Telephone contact from Archie this morning inquiring if he would he would hear by letter regarding details of appointment with Dr Johnston, writer reminded Archie that he would:

Archie then advised that he was having a "bad day" yesterday and requested a further appointment with writer to complete staying well plan. Writer advised that at this time she would not be offering any further appointments and that he would receive an appointment with Dr Johnston in due course. Archie inquired if this was something that Dr Johnston would make suggestion to completing, writer advised that Archie attend the appointment and await Dr Johnston's advice and take things forward from there. He was accepting of this and agreed that he would make use of supportive contacts if he felt the need to while he awaits appointment.

Assessed 12th Apr 2017 at 15:19**Summary of contact/details**

Writer visited Archie at home today, for the purposes of completing a staying well plan. Archie's mother [REDACTED] was also present at time of appointment.

Archie was dressed in his nightwear at time of visit, advising things to be "not good". Archie advised that he does not feel that services are listening to him and reported to feeling annoyed that "health professionals" are reporting that he does not have a bipolar diagnosis and "just has anxiety." He advised that he does not feel that he is getting the answers in which he requires to help manage his diagnosis. Writer attempted to offer reassurance, education and advice in relation to the difficulties that anxiety

Brown, Archie (Mr)

Date of Birth 06-Apr-1987 (39y) undefined Male CHI Number 0604873298

History for Summary of contact/details

From 12/05/1926 Until 12/05/2026

may cause for individuals (information that has been provided within previous appointments). Archie was reluctant to accept any of writers response, advising that it was "our opinion" (Dr Gibb, GP and nursing staff) that he did not have bipolar and "only anxiety" and that he had no control over his "flare ups". Archie believes that his symptoms indicate that he has something far more severe.

Writer also attempted to highlight that Archie's recent presentation appeared to have been triggered as a result of being declined PIP and a difficulty in coping with the stresses and concerns that this created. He disagreed with this advising he had no control over it was a "flare up." Writer highlighted that prior to this Archie offered no new concerns in relation to his mental health, he continued to experience on going difficulties, which he appeared and advised to be coping and managing with. In previous visits writer has highlighted this to Archie, which he has been in agreement with, however today did not, advising that he struggles to do anything and cannot cope and this remained the "opinion" and "observation" of writer and not how he perceived things to be.

Archie's mother also added her own concerns, advising that

During previous visits Archie has highlighted the disagreements and arguments that he has had with his parents and has admitted to asking them to leave as he has been aware that their presence has began to agitate him. He reports that on occasions he has found them to be interfering and he would prefer if they just allowed him to get on with things. Archie has also advised of poor management of money, reporting that he enjoys to shop, writer and Archie in the past however have discussed the importance of budgeting, which he has shown awareness and understanding of. It would appear that Archie is making choices.

Archie went on to advise that he does not believe he has a "mental illness" that has occurred chemically, however has been caused through a blow to the head, which he advised is documented within his notes as a "cut", reporting that his GP had advised him of this. Archie was extremely angered by this, advising that it was a "blow" to the head that has caused a "brain injury", causing an organic form of bipolar. At this point Archie had become very dismissive of writer's response and suggestion to anything, talking over writer, therefore making conversation very unproductive. These beliefs are longstanding.

Archie however later added that he in fact does not consider himself to be a "mental patient" and this "brain injury" has caused him to experience, migraines, muscle spasms, shooting pains through his body, which may indicate a nerve disorder, however he does not believe services or his GP to be taking any of his concerns seriously. Writer suggested that if Archie believes his difficulties to be physically related, he should consult his GP regarding this. Archie reported that his mother had been diagnosed with bipolar and mental health difficulties, however it was later found that this was incorrect, therefore there is potential that this has

Writer reminded Archie the purpose of today's visit, to complete Staying Well Plan, however he declined this reporting it to be a waste of time. Writer attempted to highlight the purpose of this and the support that it may offer in the long term, however Archie continued to decline. Writer therefore advised that a referral had been received from his GP and this had now been passed to the sector team, and Archie would hear from CMHT in due course with regards to an appointment with Dr Johnston. Archie advised that he would attend appointment, however it would likely be a waste of time as everybody is of the same opinion that he does not have bipolar or a brain injury and "just" has "anxiety". Writer attempted to offer reassurance in response to this with no success.

In respect to reassurances offered during this contact, writer attempted to highlight that Archie's recent presentation had been potentially triggered by his refusal for PIP, which understandably had caused significant stress and worry, increasing levels of anxiety, which in turn he was struggling to manage and cope with. Attempts have been made during these contact to offer him advice and reassurance, however due to Archie's high expressed emotion and verbal aggression, which appear to be out of frustration opposed to acute mental illness telephone contact has been terminated. Archie advised that he was disgruntled by this advising that services were simply not interested in helping him. Writer attempted to highlight this not to be the case, however he disagreed with writers response.

During today's visit there was no evidence to suggest acute mental illness, much of Archie's presentation reflected, recent

health. Archie reports that he is trying to stick to a daily routine and finds this is helping his mental health. Archie reports to enjoy gardening and is keen to get back to this when the better weather returns. Archie pleasant and chatted well with writer. Agreed for further follow up call in 3 weeks time. Archie is aware of contact numbers inbetween times.

Engagement

Engagement with services

Green

Note: Archie engaged well during contact.

Medication management

Green

Note: Aripiprazole 10mgs with good effects. Zopiclone 7.5mgs as prescribed by GP. Taking on alternate nights.

Risk of absconding

Green

Risk of suicide/self-harm

Risk of self-harm

Green

Note: History of self harm by cutting and overdose. No current behaviours or thoughts to take excess tablets.

Risk of suicide

Green

Note: History of overdose when unwell. No current thoughts, plan or inten. Currently showing good insight into his mental health and working on realistic goals to maintain this.

Risk of harm to or from others

Risk of harm to others

Green

Note: No known risk to others.

Abuse issues

Green

Note: History of abuse by previous partners. This trauma still impacts on Archie to a degree.

Neglect/Vulnerability issues (consider ASP/AWIA)

Green

Note: No expressed evidence of neglect or vulnerability.

Child protection concerns

Green

Note: No child protection issues.

Child well-being concerns

Green

Note: Not applicable

Risk from substance misuse

Substance misuse

Green

Note: History of misusing drugs and alcohol. Denies any current issues.

Social and personal risks

Support network

Green

Note: Archie has support from his family.

Physical health

Green

Note: IBS and Stomach problems.

Occupation of time

Green

Note: Managing to set daily goals to help gain a more structured day. Archie is finding this planning useful.

Housing and finances

Green

Note: No expressed concerns with housing or finances.

Any other issues

Any other issues

Green

Overall Impression of Risk

Overall Impression of Risk

Green

Note: Green- Mental health appears good with no current risks to self.

Immediate Risk Management Plan

Immediate Risk Management Plan

CPN follow up to empower positive mental health and good daily structure.

Gender Based Violence Assessment

Was gender based violence routine enquiry carried out during this assessment?

Not recorded

Gender Based Violence Disclosure Assessment

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

No problem

Note: When unwell Archie can be paranoid about others and can have bizarre views.

Eating problems

Mild problem

Note: Archie reports that he is obese and has had bulimia in the past. Food has always been an issue for him. Archie believes he is 22 stone at the moment.

Wandering

No problem

Overactivity

No problem

Odd, inappropriate or unacceptable behaviour

No problem

Cognition

Memory

No problem

Attention and concentration

No problem

Understanding

No problem

Expression

No problem

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**

Archie has identified that sometimes Social Media can impact on his mental health in a negative way. Archie encouraged to reduce social media time and not to use it if he is having a bad day.

Archie has managed to try and plan each day with house work and other activities. Archie has found that this helps him focussing on any negative thoughts he may have.

Archie is a keen gardener and keen to start this hobbie again.

Archie is aware of the impact drugs will have on his mental health.

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**

Not Recorded

Forensic/Criminal**Forensic/criminal**

Not Recorded

Physical**Physical health and well-being strength/needs identified?**

No

Physical impairment or disability

No problem

Physical health condition

No problem

Long term physical health conditions

No

Long term condition

None

Long term condition (2)

None

Long term condition (3)

None

Long term condition (4)

None

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

No

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

Archie reports to have history of Bulimia which has given him IBS and stomach problems. Archie reports to be overweight and has long standing issues with food.

Social

Social strengths/needs identified?

Yes

Work/vocational/educational performance

Very severe problem

Note: Archie feels that he would be unable to manage to stress and routine of work. He is a qualified hairdresser and used to have a cleaning business.

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

No problem

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

Archie enjoys gardening. He reports to have a few friends but has lost a few along the way. Archie lives on his own and manages his home well.

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

Brown, Archie (Mr)

CHI Number 0604873298

Date of Birth 06-Apr-1987 (39y)

Sex Male

Is the consent given voluntarily?

Yes

Ayrshire Mental Health Risk Assessment Framework v3

Date of Activity 25 January 2021 16:37 by Mrs Heather McHaffie

Status Closed

Centre of Care Ward 10 Woodland View

Ayrshire Mental Health Risk Assessment Framework

Assessment completed by

Multi-disciplinary Team

Note: Updated following MDT

Mental state

Mental state

Amber

Note: Remains on pass, ongoing improvement continues - CRT remain involved and happy to proceed supporting Archie to facilitate discharge today. Much improvement in mental state No florid psychosis Continues to express thoughts but not delusional No pressuer of speech noted

Engagement

Engagement with services

Green

Note: Engaging with CRT during pass History of non compliance with medication within the community

Medication management

Amber

Note: History of non compliance with medication within the community however has accepted meds in the ward since admission.

Risk of absconding

Green

Note: Archie's detention revoked, discharged home today

Risk of suicide/self-harm

Risk of self-harm

Green

Note: No thought or intent to harm himself.

Risk of suicide

Green

Note: No thought or intent or suicidal ideation.

Risk of harm to or from others

Risk of harm to others

Green

Note: Presents as irritable and verbally hostile when unwell but not escalating to physical aggression during this admission

Abuse issues

Not known

Note: Unclear. reports some trauma when young but was vague on this when asked.

Neglect/Vulnerability issues (consider ASP/AWIA)

Amber

Note: History of self neglect and poor sleep hygiene when unwell.

Child protection concerns

Green

Child well-being concerns

Green

Risk from substance misuse

Substance misuse

Amber

Note: Archie agreeable to be supported by the CMHT on discharged in regards to accessing support from addiction services

Social and personal risks

Support network

Green

Note: Archie lives alone with his 2 cats and has family support however he reports the family relationship is strained.

Physical health

Amber

Note: Asthmatic and obese.

Occupation of time

Green

Note: Archie is able to occupy his time, reading books and spending time outdoors.

Housing and finances

Green

Note: Currently reports no issues.

Any other issues

Any other issues

Green

Overall Impression of Risk

Overall Impression of Risk

Amber

Note: Objectively and subjectively Archie's mental health is currently stable, supported during his pass by CRT and continues to make progress and discharge able to proceed today as planned.

Immediate Risk Management Plan

Immediate Risk Management Plan

Plan on discharge

- 1) Initial follow up from CRT
- 2) CPN support
- 3) OPA within 4 weeks of discharge
- 4) CMHT to discuss addiction support
- 5) No changed to medication

Mental Health Liaison Service/CRT Assessment v2

Date of Activity 21 January 2021 15:22 by Gillianne Rogers

Status Closed

Centre of Care Intensive CPN Team (S)

Situation**Situation**

Archie has been referred for CRT support in order to support pass from ward 10 with a view to early discharge. Assessment carried out over the 'phone today at Archies request and in accordance with Covid guidelines.

Background**Background**

Archie was admitted to ward 10 at Woodland view on 7th January under Section 44 of the mental health (care and treatment) (Scotland) Act. He presented as floridly psychotic with delusional ideation of a spiritual nature. He reported a gradual deterioration over a period of several months and had laterally been non concordant with prescribed medications. Archie has a diagnosis of Emotionally unstable personality disorder and a history of trauma.

Assessment**Ayrshire Mental Health Risk Assessment Framework****Mental state****Mental state**

Amber

Note: Writer contacted Archie as planned this morning. In accordance with current Covid guidance, writer offered Archie a face to face appointment, however he politely declined and advised he would rather have a telephone assessment. Archie was amiable and a good rapport was established. We discussed Archies call to the ward yesterday evening. He advised that he had got home to find that his parents had 'tidied up' whilst he was in hospital. Archie found this very unsettling as things had been moved and he insinuated that he felt that this was an invasion of his privacy. He reported that his plan had been to come home and sort through things he had been neglecting prior to going into hospital and that this had 'put him off'. Archie voiced that he wished his parents hadn't done this and that they 'would realise I'm a grown man'. Reassurance offered and Archie was able to rationalise that they were trying to help. Writer attempted to establish a timeline of Archies illness. This started well with Archie advising that he had seen a gradual deterioration in his mental state since the beginning of last year. Archie cites the Covid pandemic as a 'massive stressor' and reported that he became very anxious about this. Archie discussed his cats becoming unwell and his subsequent belief that they had Covid as the tipping point for his mental state that led to him needing admission to hospital. Archies was very tangential and required much redirection throughout discussion. He was very focussed on his feeling of being a 'loner' and wanting to retreat to the country. He spoke at great length regarding his love of nature and how he believes this is rooted in his family being 'island folk' for generations living in the highlands and islands. He also spoke about his lineage being traced back to the clan MacDonald and how he now feels that society are paying for their ancestors mistakes. He also wished to discuss reincarnation and evolution. He expressed his belief that we are all 'recycled' and mentioned that as a child he was able to travel back in time through the power of his dreams. Archie did appear to have some insight into these topics being unrelated to our initial discussion and apologised stating that he knew he was rambling. Archie did mention his previous mental health problems and how he feels he is on the autistic spectrum. He also mentioned his trauma background and a wish to seek out counselling for this when his mental state is stable. He

reports that he finds it difficult to trust people, in particular health professionals, as he finds it difficult to make himself understood or to feel heard. We discussed Archie's recovery and how he would identify himself as being 'better'. Archie stated that his 'usual' routine entails him being able to tend to his house and his cats without any concern or associated stress. He identified walking as something that he used to do to help with his anxiety and he reported that he hopes to get back into this. Impression: Archie continues to present with delusional ideation and mild thought disorder. He is now displaying a degree of insight into this and allows himself to be redirected when required. Archie is reporting ongoing symptoms of anxiety, particularly in relation to the Covid pandemic and resultant political coverage. Plan: CRT will support Archie during pass period from ward 10. Archie will remain concordant with medications as prescribed by Dr Scott. Archie will look at commencing enjoyable activities such as walking and gardening in order to keep himself busy. Archie will be further reviewed by Dr Scott on Monday with a view to discharge from ward 10. Writer will make phone contact with Archie tomorrow afternoon. Archie is aware of how to access services if required.

Engagement

Engagement with services

Green

Note: Archie is amenable to CRT input. Female staff preferred.

Medication management

Green

Note: Archie is currently concordant with prescribed medications, however had recently been non concordant when becoming unwell.

Risk of absconding

Not applicable

Risk of suicide/self-harm

Risk of self-harm

Green

Note: No thoughts or intent of self harm

Risk of suicide

Green

Note: Archie reports no suicidal ideation, planning or intent.

Risk of harm to or from others

Risk of harm to others

Green

Note: No current indication of risk.

Abuse issues

Amber

Note: Archie reports childhood sexual abuse and a history of being raped. He reported that this is something he wishes to seek counselling for when his mental state is stable.

Neglect/Vulnerability issues (consider ASP/AWIA)*

Green

Note: No current indication of need for ASP or AWIA

Child protection concerns

Green

Note: No concerns

Child well-being concerns

Not applicable

Risk from substance misuse

Substance misuse

Amber

Note: Archie had been using cannabis prior to admission and has a history of substance misuse. Denies any current use.

Social and personal risks

Support network

Amber

Note: Archie lives alone. He does report that his parents are supportive, however he sometimes finds them 'too much'. He reports a small network of friends however this is limited to due to current covid restrictions.

Physical health

Amber

Note: Archie is asthmatic and very concerned regarding the current pandemic

Occupation of time

Green

Note: Archie is keen to resume his usual routine tending to his home and spending time in his garden.

Housing and finances

Green

Note: No issues reported.

Any other issues

Green

Note: Archie reports difficulties communicating with males.

Overall Impression of Risk

Amber

Immediate Risk Management Plan (if indicated)**Immediate Risk Management Plan**

Plan:

CRT will support Archie during pass period from ward 10.

Archie will remain concordant with medications as prescribed by Dr Scott.

Archie will look at commencing enjoyable activities such as walking and gardening in order to keep himself busy.

Archie will be further reviewed by Dr Scott on Monday with a view to discharge from ward 10.

Writer will make phone contact with Archie tomorrow afternoon.

Archie is aware of how to access services if required.

Recommendations**Recommendations**

Plan:

CRT will support Archie during pass period from ward 10.

Archie will remain concordant with medications as prescribed by Dr Scott.

Archie will look at commencing enjoyable activities such as walking and gardening in order to keep himself busy.

Archie will be further reviewed by Dr Scott on Monday with a view to discharge from ward 10.

Writer will make phone contact with Archie tomorrow afternoon.

Archie is aware of how to access services if required.

Gender Based Violence Assessment**Was gender based violence routine enquiry carried out during this assessment?**

No - Not relevant as already carried out

Gender Based Violence Disclosure Assessment**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

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?

Brown, Archie (Mr)

CHI Number 0604873298

Date of Birth 06-Apr-1987 (39y)

Sex Male

Yes

Is the consent given voluntarily?

Yes

Ayrshire Mental Health Risk Assessment Framework v3

Date of Activity 20 January 2021 13:15 by Miss Samantha Chittick

Status Closed

Centre of Care Ward 10 Woodland View

Ayrshire Mental Health Risk Assessment Framework

Assessment completed by

Multi-disciplinary Team

Mental state

Mental state

Amber

Note: Much improvement in mental state No florid psychosis Continues to express thoughts but not delusional No pressuer of speech noted

Engagement

Engagement with services

Green

Note: No issues. History of non compliance with medication within the community however has accepted meds in the ward since admission.

Medication management

Amber

Note: History of non compliance with medication within the community however has accepted meds in the ward since admission.

Risk of absconding

Green

Note: Detained under the Mental Health Act under STDC however has been granted a weeks pass to home on the 20/1/21, with a hope to discharge if all goes well within community. CRT support while on pass.

Risk of suicide/self-harm

Risk of self-harm

Green

Note: No thought or intent to harm himself.

Risk of suicide

Green

Note: No thought or intent or suicidal ideation.

Risk of harm to or from others

Risk of harm to others

Green

Note: Presents as irritable and verbally hostile at times on admission but did not escalate to physical aggression. Has significantly settled and is more pleasant to staff when engaged at present. He denies any wish to cause others harm.

Abuse issues

Not known

Note: Unclear, reports some trauma when young but was vague on this when asked.

Neglect/Vulnerability issues (consider ASP/AWIA)

Amber

Note: History of self neglect and poor sleep hygiene when unwell.

Child protection concerns

Green

Child well-being concerns

Green

Risk from substance misuse

Substance misuse

Amber

Note: Archie has a history of substance misuse and been using cannabis. Will discuss this post discharge

Social and personal risks

Support network

Green

Note: Archie lives alone with his 2 cats and has family support however he reports the family relationship is strained.

Physical health

Amber

Note: Asthmatic and obese.

Occupation of time

Green

Note: Archie is able to occupy his time, reading books and spending time outdoors.

Housing and finances

Green

Note: Currently reports no issues.

Any other issues

Any other issues

Green

Overall Impression of Risk

Overall Impression of Risk

Amber

Note: Objectively and subjectively Archie's mental health is currently stable. Remains amber due to going on a weeks pass home and potential for deterioration in mental health which could result in him being readmitted. Whilst on pass Archie will be supported by the CRT. On leaving the ward, Archie was bright, reactive and voiced no current thoughts of suicide or self-harm.

Immediate Risk Management Plan

Immediate Risk Management Plan

1. No change to Aripiprazole to 10mg twice daily.
2. Reduce diazepam to 2mg bd and stop after a week post discharge.
- 3) For pass for a week with CRT input (STDC remains in place). If remains well - discharge to CMHT and will then revoke STDC.
- 4) One weeks pass meds provided.

Brown, Archie (Mr)

CHI Number 0604873298

Date of Birth 06-Apr-1987 (39y)

Sex Male

Ayrshire Mental Health Risk Assessment Framework v3

Date of Activity 18 January 2021 18:10 by Dr. Jacqueline (GMC4450623) Scott

Status Closed

Centre of Care: Ward 10 Woodland View

Ayrshire Mental Health Risk Assessment Framework

Assessment completed by

Multi-disciplinary Team

Mental state

Mental state

Amber

Note: Much improvement in mental state No florid psychosis Continues to express thoughts but not delusional No pressuer of speech noted

Engagement

Engagement with services

Green

Note: No issues. Non compliance with medication within the community however has accepted meds since admission.

Medication management

Amber

Note: Non compliance with medication within the community however has accepted meds since admission.

Risk of absconding

Green

Note: Detained under the Mental Health Act, under STDC with no time out of the ward.

Risk of suicide/self-harm

Risk of self-harm

Green

Note: No thought or intent to harm himself.

Risk of suicide

Green

Note: No thought or intent or suicidal ideation.

Risk of harm to or from others

Risk of harm to others

Green

Note: Presents as irritable and verbally hostile at times on admission but did not escalate to physical aggression. Has significantly settled and is more pleasant to staff when engaged at present. He denies any wish to cause others harm.

Abuse issues

Not known

Note: Unclear. reports some trauma when young but was vague on this when asked.

Neglect/Vulnerability issues (consider ASP/AWIA)

Amber

Note: History of self neglect and poor sleep hygiene when unwell.

Child protection concerns

Green

Child well-being concerns

Green

Risk from substance misuse

Substance misuse

Amber

Note: Archie has a history of substance misuse and been using cannabis. Will discuss this post discharge

Social and personal risks

Support network

Green

Note: Archie lives alone with his 2 cats and has family support however he reports the family relationship is strained.

Physical health

Amber

Note: Asthmatic and obese.

Occupation of time

Green

Note: Archie is able to occupy his time, reading books and spending time outdoors.

Housing and finances

Brown, Archie (Mr)

CHI Number 0604873298

Date of Birth 06-Apr-1987 (39y)

Sex Male

Green

Note: Currently reports no issues.

Any other issues

Any other issues

Green

Overall Impression of Risk

Overall Impression of Risk

Amber

Note: Rated amber due to current deterioration in mental state

Immediate Risk Management Plan

Immediate Risk Management Plan

1. No change to Aripiprazole to 10mg twice daily.
2. Reduce diazepam to 2mg bd and stop after a week post discharge
- 3) For pass for a week with CRT input (STDC remains in place). If remains well - discharge to CMHT and will then revoke, STDC.
- 4) Awaiting also further negative covid test prior to discharge

MDT Inpatient Review

Date of Activity 18 January 2021 12:41 by Dr. Jacqueline (GMC4450623) Scott

Status Closed

Centre of Care Ward 10 Woodland View

MDT Inpatient Review**Present**

Dr Scott (MS Teams),
Dr Bremner (MS Teams),
Ruth Kelly - Staff nurse (Ward 10),
Lynne Ann Davidson - Admin (MS Teams),

Update

Archie has been mostly settled in the ward. He reports feeling benefit from his medication and he is mentally well. Still has beliefs around supernatural powers. Handled altercation with fellow patient well yesterday. Archie is keen to be discharged home and is keen to have a further COVID test prior to being discharged. Archie has been in contact with his parents.

Interview

At review today Archie reports feeling "up and down", "I have been doing my best to put a brave face on it". States he still has his own personal beliefs. Reports that his mum and dad both have different beliefs. He reports that his current medication is effective. He was advised that his Diazepam will be reduced to 2mg BD and no change to his current Aripiprazole dose. Archie was advised that Aripiprazole was weight neutral which he was pleased about. He then spoke about his struggle with his weight in the past and told us that he was 22 stone when he was 15 years old and suffered from bulimia for 5 years and went down to 8 stone. He spoke about having his own cleaning company around 5 years ago and he has also been a hairdresser. He reports eating well, however not sleeping great but feels he will sleep better once he returns home. Denied experiencing suicidal thoughts. Archie is keen to stop smoking Cannabis now that his current medication is effective.

Archie is keen to be discharged home and he plans to appeal his detention. Archie not displaying any florid psychosis, no mood disorder and no thoughts of self-harm or suicide. Insight improved and agreeable to treatment in the community.

Impression

Not Recorded

Plan

1. Tribunal on Wednesday at 2pm.
2. Reduce Diazepam to 2mg BD as of today with plan to stop after one week.
3. Continue with current dose of Aripiprazole.
4. COVID Test today.
5. One week pass home on Wednesday with Crisis Team support with a view to discharge next week if Archie remains settled and detention will continue until then.
6. Outpatient appointment with Dr Scott to be arranged.
7. CPN input in the community (preference for female).
8. CMHT will discuss with Archie about Addiction Services.
9. Dr Scott to update risk assessment.

Brown, Archie (Mr)

CHI Number 0604873298

Date of Birth 06-Apr-1987 (39y)

Sex Male

Ayrshire Mental Health Risk Assessment Framework v3

Date of Activity 12 January 2021 05:40 by Don Cherry

Status Closed

Centre of Care Ward 10 Woodland View

Ayrshire Mental Health Risk Assessment Framework

Assessment completed by

Other

Note: S/N Cherry

Mental state

Mental state

Amber

Note: Remains delusional regarding spells and black magic and being controlled by person who took him to the Carrick hills. Mood reactive but mildly flat. Not thought disordered but delusions remains. Insight remains poor and would not be suitable for treatment in the community at present. Not expressing any thoughts of self-harm.

Engagement

Engagement with services

Green

Note: No issues. Non compliance with medication within the community however has accepted meds since admission.

Medication management

Amber

Note: Non compliance with medication within the community however has accepted meds since admission.

Risk of absconding

Green

Note: Detained under the Mental Health Act under STDC with no time out of the ward.

Risk of suicide/self-harm

Risk of self-harm

Green

Note: No thought or intent to harm himself.

Risk of suicide

Green

Note: No thought or intent or suicidal ideation.

Risk of harm to or from others

Risk of harm to others

Green

Note: Presents as irritable and verbally hostile at times on admission but did not escalate to physical aggression. Has significantly settled and is more pleasant to staff when engaged at present. He denies any wish to cause others harm.

Abuse issues

Not known

Note: Unclear, reports some trauma when young but was vague on this when asked.

Neglect/Vulnerability issues (consider ASP/AWIA)

Amber

Note: History of self neglect and poor sleep hygiene when unwell.

Child protection concerns

Green

Child well-being concerns

Green

Risk from substance misuse

Substance misuse

Green

Note: Archie has a history of substance misuse.

Social and personal risks

Support network

Green

Note: Archie lives alone with his 2 cats and has family support however he reports the family relationship is strained.

Physical health

Amber

Note: Asthmatic and obese.

Occupation of time

Green

Note: Archie is able to occupy his time, reading books and spending time outdoors.

Housing and finances

Green

Note: Currently reports no issues.

Any other issues

Any other issues

Green

Overall Impression of Risk

Overall Impression of Risk

Amber

Note: Rated amber due to current deterioration in mental state

Immediate Risk Management Plan

Immediate Risk Management Plan

1. Increase Aripiprazole to 10mg twice daily. 2. If Archie remains settled this week plan is to consider Crisis Team Support next Monday. 3. General observations. 4. No unescorted time out.

MDT Inpatient Review

Date of Activity 11 January 2021 14:10 by Dr. Jacqueline (GMC4450623) Scott

Status Closed

Centre of Care Ward 10 Woodland View

MDT Inpatient Review**Present**

Dr Scott,
Dr Bremner,
Gemma Moore - Staff nurse,
Lynne Ann Davidson - Admin,

Update

Archie appears a little flat and subdued. During 1:1 conversations Archie continues to talk about the fairies and conspiracies, however he is more settled. Not expressing any thoughts of self-harm.

Interview

At review today Archie spoke about his parents and said his "dad got me in here". He states that his dad does not have the same beliefs as him and his mum. Archie spoke about "giving up" at the beginning of the year due to COVID and found this all very confusing and stressful. "I thought I was doing the right thing by turning the T.V off and lying in bed until it all blew over".

Archie reports that he still believes in angels. He then went on to speak about "the man that took me up the Carrick Hills to scare me, he did black magic over me". "I was an adult but I met him as a child as well". "From the internet I have been abused". "I have forgave my family for what they have done to me". He then spoke about his features, "blue eyes, blonde hair, and I looked like a little girl".

Medication was discussed today and he told us that he had stopped his Quetiapine.

Archie is keen to be discharged home so he can look after his cats and his plants. His parents are currently looking after his cats. Remains delusional regarding spells and black magic and being controlled by person who took him to the Carrick hills. Mood reactive but mildly flat.

Not thought disordered but delusions remains. Insight remains poor and would not be suitable for treatment in the community at present.

Plan to continue treatment on the ward and review next week.

Impression

Not Recorded

Plan

1. Increase Aripiprazole to 10mg twice daily.
2. If Archie remains settled this week plan is to consider Crisis Team Support next Monday.
3. General observations.
4. No unescorted time out.

Brown, Archie (Mr)

CHI Number 0604873298

Date of Birth 06-Apr-1987 (39y)

Sex Male

Generic Mental Health Assessment

Date of Activity 07 January 2021 23:57 by Mrs Moira Sanderson Welsh

Status Closed

Centre of Care Ward 10 Woodland View

Presentation

Source of current referral

Other NHS

Note: Crisis Team

Date referral received

07 January 2021

Assessment type

New

Patient agreed to carer being involved in treatment?

Not applicable

Current medication

Olanzapine 5mg BD

Crisis arrangements

N/a

Summary of strengths, goals and aspirations

Supportive family

Previous admission to Ward 10 last year

Has Care Programme Approach been considered?

Not recorded

Has the Adult Support and Protection Act been considered?

No

Has the Mental Health Act been considered?

Yes

Note: Detained under a STDC , expires 03/02/2021

Has Adults with Incapacity Act been considered?

No

Advanced Statement**Advanced Statement in place?**

Not recorded

Has the individual been made aware of their right to have an Advanced Statement?

Not recorded

Named Person**Named Person identified?**

Not recorded

Has the individual been made aware of their right to identify a Named Person?

Not recorded

Summary of Assessment**Summary of Assessment**

Archie has been admitted as an emergency into ward 10 on a short term detention certificate under The Mental Health Care and Treatment Act.

Archie is currently being nursed on general observations as per SSCOG as no immediate identified risks to self or others. Archie is a 33 year old gentleman presenting today as acutely psychotic on a background of EUPD. Notably thought disordered and evidence of delusions. Difficult to establish risk to himself as he struggled to focus during the assessment. Attempts to treat him in the community have been unsuccessful and he is not accepting of medication, therefore STDC and admission required as per Dr Scott.

Archie has been non complaint with prescribed medications in the community and has poor sleep hygiene and self neglect.

Archie has delusions surrounding spirits and that he is able to contact angels and inherit them. Archie's thought process is hard to follow and at times fleets from one topic to the next.

Ayrshire Mental Health Risk Assessment Framework**Mental state****Mental state**

Amber

Note: Archie has been admitted as an emergency into ward 10 on a short term detention certificate under The Mental Health Care and Treatment Act. Archie is currently being nursed on general observations as per SSCOG as no immediate identified risks to self or others. Archie is a 33 year old gentleman presenting today as acutely psychotic on a background of EUPD. Notably thought disordered and evidence of delusions. Difficult to establish risk to himself as he struggled to focus during the assessment. Attempts to treat him in the community have been unsuccessful and he is not accepting of medication, therefore STDC and admission required as per Dr Scott. Archie has been non complaint with prescribed medications in the community and has poor sleep hygiene and self neglect. Archie has delusions surrounding spirits and that he is able to contact angels and inherit them. Archie's thought process is hard to follow and at times fleets from one topic to the next.

Engagement

Engagement with services

Amber

Note: Non compliance with medication.

Medication management

Amber

Note: Non compliance with medication however nursing staff will continue to monitor same.

Risk of absconding

Amber

Note: Detained under the Mental Health Act under STDC with no time out of the ward.

Risk of suicide/self-harm

Risk of self-harm

Green

Note: No thought or intent to harm himself.

Risk of suicide

Green

Note: No thought or intent or suicidal ideation.

Risk of harm to or from others

Risk of harm to others

Green

Note: Presents as irritable and verbally hostile at times.

Abuse issues

Green

Note: None identified.

Neglect/Vulnerability issues (consider ASP/AWIA)

Amber

Note: Archie has presented unkempt with a history of self neglect and poor sleep hygiene.

Child protection concerns

Green

Child well-being concerns

Green

Risk from substance misuse

Substance misuse

Green

Note: Archie has a history of substance misuse.

Social and personal risks

Support network

Green

Note: Archie lives alone with his 2 cats and has family support however he reports the family relationship is strained.

Physical health

Amber

Note: Asthmatic and obese.

Occupation of time

Green

Note: Archie is able to occupy his time, reading books and spending time outdoors.

Housing and finances

Green

Note: Currently reports no issues.

Any other issues

Any other issues

Green

Overall Impression of Risk

Overall Impression of Risk

Amber

Note: Archie is a 33 year old gentleman presenting today as acutely psychotic on a background of EUPD. Notably thought disordered and evidence of delusions. Difficult to establish risk to himself as he struggled to focus during the assessment. Attempts to treat him in the community have been unsuccessful and he is not accepting of medication, therefore STDC and admission required as per Dr Scott.

Immediate Risk Management Plan

Immediate Risk Management Plan

- 1) Detained under The Mental Health Act on a STDC
- 2) Admitted to Ward 10 with currently no time off the ward.
- 3) Covid test to be done
- 4) Nursing general observations
- 5) To be reviewed at the earliest opportunity by Dr. Scott

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

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

No problem

Eating problems

No problem

Wandering

No problem

Overactivity

Moderate problem

Odd, inappropriate or unacceptable behaviour

No problem

Cognition

Memory

No problem

Attention and concentration

No problem

Understanding

No problem

Expression

No problem

Mental health

Thought disorganisation

No problem

Delusions

Moderate problem

Note: Fixed/strong beliefs about spirituality, angels, monsters and aliens.

Hallucinations and other perceptual abnormalities

No problem

Elated or expansive mood

No problem

Depressed mood and ideation

No problem

Obsessional ideas and compulsive behaviour

No problem

Intrusive ideation

No problem

Anxiety, phobias and panics

Mild problem

Note: Archie identified social anxiety and gave an example of being in a shop he would panic about who/what other people are doing/saying.

Somatic preoccupations

No problem

Lowering of energy, drive or interest

No problem

Self-esteem

No problem

Sleep disturbance

No problem

Involvement in treatment and care

No problem

Mental health and well-being summary

Mental health and well-being summary

Promote good sleep hygiene

Encourage medication concordance

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

Note: Has admitted that historically he used various illicit substances. Currently awaiting urine sample from Archie for drug screening purposes.

Alcohol/substance misuse summary

Alcohol/substance misuse summary

No issue evident at present

Forensic/Criminal

Forensic/criminal

N/A

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

Yes

Long term condition

Asthma

Long term condition (2)

Not known

Long term condition (3)

Not known

Long term condition (4)

Not known

Mobility

No problem

Sensory impairment

No problem

Diet/hydration

No problem

Note: Reporting recent poor nutritional intake however no significant weight loss recorded recently.

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

No

Sexual health

No issues/concerns raised

Blood borne virus testing

Brown, Archie (Mr)

CHI Number 0604873298

Date of Birth 06-Apr-1987 (39y)

Sex Male

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

Completed

Responsible for annual physical health check

General Practitioner annual recall

Date of last physical health assessment

08 January 2021

Date BMI last measured and recorded

08 January 2021

Smoking status

Does the patient smoke?

Yes

Offered referral for smoking cessation support

Yes, declined

Physical summary

Physical summary

Not Recorded

Social

Social strengths/needs identified?

No

Work/vocational/educational performance

No problem

Ability to work now

No problem

Social activities outside the home

No problem

Activities of daily living

No problem

Personal care

Mild problem

Note: Dishevelled in presentation on admission. May require encouragement to maintain good level of personal hygiene.

Relationship with close family

No problem

Note: Spoke at length about his Mum and his Gran (recently deceased) however described a breakdown in relationship with Auntie for "outing" him to his Gran.

Relationship with partner

Not applicable

Relationships with others close by

No problem

Carer's needs/support

Carer's needs assessment

Not required

Carer support offered

No

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

Is the consent given voluntarily?

Yes

Psychiatric Assessment (Revised 2017)

Date of Activity 07 January 2021 14:36 by Dr. Melissa Bremner (GMC7648178)

Status Closed

Centre of Care Ward 10 Woodland View

Presentation

Existing diagnosis

EUPD

Existing ICD-10

Not Recorded

Legal status

Short Term Detention Certificate (STDC)

Date referral received

Time referral received

Not Recorded

Date

07 January 2021

Time patient seen

Not Recorded

Source of referral

Not known

Reason for referral

Concerns from Archie, his family and CRT. He stopped all his psychotropic treatment a few weeks ago and over the past week has been presenting as bizarre, reporting beliefs of angels, having inherited information and being in danger. Seen by Dr Scott who has arranged admission, STDC and has made management plan.

Presenting complaints

Patient does not appear to know he is in hospital or why he is here.
Father expressed concerns regarding his delusions, poor appetite and sleep, not taking medications.

History of presenting complaints

Discusses many beliefs throughout conversation, telling us these in rhymes and riddles which make little to no sense. Fixation on two books, one depicting a Raven and the other Fairies. He states that he has been hearing voices relating to a Sea God and various ancestors, who are passing him information. He tells us he has a celestial link to the

ancestors, although seems angry that this has now been removed from him and is being passed around to others. He discusses black magic and states it is really white magic "wrapped in black." He occasionally rhymes in his speech and notes he is speaking in riddles and rhymes. He very frequently in the conversation repeats three words or phrases at the end of a segment of speech.

He says that we all have belief systems and he has many, some coming from Pagan beliefs. He also discusses that he is not gay, and dislikes women because they think he is not straight. He states there is a transsexual and seems to be alluding that this is him. Many of these beliefs and thoughts are expressed one after another and there is no obvious link. He states he has had these beliefs throughout his entire life, but that he has not been listened to. He is most often unable to answer direct questions such as where he lives or why he is in hospital.

Psychiatric history

Mr Brown is known to services with an established diagnosis of EUPD and was admitted last year under his previous RMO for psychosis.

Depression

Anxiety

Medical history

Obesity

Asthma

Current medication

Olanzapine 5mg BD

Drug allergies

NKDA

Substance use

Not known although father states this is unlikely.

Personal history

Difficult to establish during consultation, however does mention difficulties at school. Poor relationships with family. States that whilst growing up his mother acted as a father and father acted as a mother which has left him with an "affliction." Has 2 older sisters who is not in touch with.

From previous entries:

Alludes to difficult childhood. Left school at 15 with very few qualifications. Became quite tearful whilst discussing this.

Went to college after school to do hairdressing - says all he wanted was to be a good hairdresser, but 'dad didn't want that to happen'.

Describes bullying in school and being taunted. Has been employed as hairdresser and cleaner in the past. Unclear how long has been out of employment for. Says has no friends anymore; left them when he moved. Unable to give examples of any hobbies/how he spends his time.

Premorbid personality

Not discussed.

Current social circumstances

Lives alone with two cats. States dad and others who claim to be friends (but he does not feel are his friends) visit often.

Family history

No known family history.

Differential diagnosis

Psychotic episode on background of EUPD

?Manic episode

?Drug induced psychosis

Overall risk impression

Very difficult to establish risk during conversation. No evidence of suicidal thoughts. Does not express intent to harm himself or others.

Action plan

- 1) To be commenced under STDC - completed
- 2) To be admitted to Ward 10, Woodland view hospital
- 3) On admission - to be tested for Covid as per hospital protocol. No leaves from the ward. General observations
- 4) To be commenced on medication of ARIPIPRAZOLE 5MG BD, DIAZEPAM 5MG BD AND PRN HALOPERIDOL AND LORAZEPAM (AS PER RAPID TRANQUILLISATION POLICY)
- 5) History of weight gain with previous antipsychotics so to avoid Olanzapine and Quetiapine. May need to consider depot depending on progress in the ward
- 6) Blood tests and ECG
- 7) Continue to assess risk whilst in patient

Ayrshire Mental Health Risk Assessment Framework v3

Date of Activity 07 January 2021 14:32 by Charlene Pettigrew

Status Closed

Centre of Care Ward 10 Woodland View

Ayrshire Mental Health Risk Assessment Framework**Assessment completed by**

Other

Note: Dr Melissa Bremner and Student nurse Charlene Pettrigrew**Mental state****Mental state**

Amber

Note: Archie has been admitted as an emergency into ward 10 on a short term detention certificate under The Mental Health Care and Treatment Act. Archie is currently being nursed on general observations as per SSCOG a: no immediate identified risks to self or others. Archie is a 33 year old gentleman presenting today as acutely psychotic on a background of EUPD. Notably thought disordered and evidence of delusions. Difficult to establish risk to himself as he struggled to focus during the assessment. Attempts to treat him in the community have been unsuccessful and he is not accepting of medication, therefore STDC and admission required as per Dr Scott. Archie has been non compliant with prescribed medications in the community and has poor sleep hygiene and self neglect. Archie has delusions surrounding spirits and that he is able to contact angels and inherit them. Archie's thought process is hard to follow and at times fleets from one topic to the next.

Engagement**Engagement with services**

Amber

Note: Non compliance with medication.**Medication management**

Amber

Note: Non compliance with medication however nursing staff will continue to monitor same.**Risk of absconding**

Amber

Note: Detained under the Mental Health Act under STDC with no time out of the ward.**Risk of suicide/self-harm****Risk of self-harm**

Green

Note: No thought or intent to harm himself.

Risk of suicide

Green

Note: No thought or intent or suicidal ideation.

Risk of harm to or from others

Risk of harm to others

Green

Note: Presents as irritable and verbally hostile at times.

Abuse issues

Green

Note: None identified.

Neglect/Vulnerability issues (consider ASP/AWIA)

Amber

Note: Archie has presented unkempt with a history of self neglect and poor sleep hygiene.

Child protection concerns

Green

Child well-being concerns

Green

Risk from substance misuse

Substance misuse

Green

Note: Archie has a history of substance misuse.

Social and personal risks

Support network

Green

Note: Archie lives alone with his 2 cats and has family support however he reports the family relationship is strained.

Physical health

Amber

Note: Asthmatic and obese.

Occupation of time

Green

Note: Archie is able to occupy his time, reading books and spending time outdoors.

Housing and finances

Green

Note: Currently reports no issues.

Any other issues

Any other issues

Green

Overall Impression of Risk

Overall Impression of Risk

Amber

Note: Archie is a 33 year old gentleman presenting today as acutely psychotic on a background of EUPD. Notably thought disordered and evidence of delusions. Difficult to establish risk to himself as he struggled to focus during the assessment. Attempts to treat him in the community have been unsuccessful and he is not accepting of medication, therefore STDC and admission required as per Dr Scott.

Immediate Risk Management Plan

Immediate Risk Management Plan

- 1) Detained under The Mental Health Act on a STDC
- 2) Admitted to Ward 10 with currently no time off the ward.
- 3) Covid test to be done
- 4) Nursing general observations
- 5) To be reviewed at the earliest opportunity by Dr. Scott

Ayrshire Mental Health Risk Assessment Framework

Date of Activity 17 January 2020 17:50 by Julie Cairns

Status Closed

Centre of Care Intensive CPN Team (S)

Ayrshire Mental Health Risk Assessment Framework

Assessment completed by

Individual clinician

Mental state

Mental state

Green

Note: I visited Archie at home this afternoon as planned. As usual during our visit Archie chatted away at length about his life, ex boyfriends and the mistakes he's made. We discussed his thoughts around using cannabis again he has smoked it since age 12 and although he is currently abstinent he cannot promise that he will never indulge again but he is aware of the detrimental effect it has on his mental state and doesn't want to continually be unwell due to using it. Some of his close friends are users and he is worried that he will succumb. He reports still experiencing anxiety attacks from time to time when he's out and about but is trying to manage that, he knows that eventually this will get better as he is already beginning to benefit from the medications. With the increase in Quetiapine his sleep is improving. He is not experiencing any psychotic symptoms nor suicidal thoughts. Archie's care is in the process of being transferred from Dr Johnston to Dr Scott due to a change of GP, Claire Connelly will remain his CPN and has appointed him 6/2/20 @ 09:30 hrs.

Engagement

Engagement with services

Green

Note: No concerns

Medication management

Green

Note: Concordant with prescribed meds.

Risk of absconding

Green

Note: No concerns.

Risk of suicide/self-harm

Risk of self-harm

Green

Note: No self harming behaviours.

Risk of suicide

Green

Note: No thoughts of suicide.

Risk of harm to or from others

Risk of harm to others

Green

Note: No concerns

Abuse issues

Amber

Note: Raped at age 12 yrs.

Neglect/Vulnerability issues (consider ASP/AWIA)

Green

Note: No necessity to consider ASP/AIWA at this juncture.

Child protection concerns

Green

Note: No concerns

Risk from substance misuse

Substance misuse

Green

Note: Currently abstinent from cannabis but previously a heavy user.

Social and personal risks

Support network

Green

Note: Has some supportive friends. CPN Claire Connelly Dr Scott

Physical health

Green

Note: No concerns

Occupation of time

Green

Note: Archie identified that he enjoys decorating his home environment and working in the garden planting flowers

Housing and finances

Brown, Archie (Mr)

CHI Number 0604873298

Date of Birth 06-Apr-1987 (39y)

Sex Male

Green

Note: No concerns

Any other issues

Green

Note: Nil

Overall Impression of Risk

Green

Note: GREEN deemed appropriate at this juncture. Archie is not experiencing any thoughts of suicide nor psychotic features.

Immediate Risk Management Plan

Immediate Risk Management Plan

Discharge from CRT
Appointment with CPN Claire Connelly 6/2/20 @ 09:30 hrs.
Contact numbers issued.
Letter to GP.

Ayrshire Mental Health Risk Assessment Framework

Date of Activity 08 January 2020 11:10 by Kirsty Burns

Status Closed

Centre of Care Ward 10 Woodland View

Ayrshire Mental Health Risk Assessment Framework

Assessment completed by

Individual clinician

Note: S/N K Burns

Mental state

Mental state

Green

Note: Archie was calm and was clear in his thinking. There was no evidence of thought disorder, delusions or hallucinations. Archie had anxieties about his family which are longstanding. He did not appear depressed and he denied any suicidal thoughts.

Engagement

Engagement with services

Green

Note: Attended today's appointment and accepting of CRT input.

Medication management

Green

Note: Archie has been concordant with prescribed medication.

Risk of absconding

Green

Note: Discharged from ward 10.

Risk of suicide/self-harm

Risk of self-harm

Green

Note: Archie did not express any thoughts of DSH. Known history of self harm in the past.

Risk of suicide

Green

Note: Archie did not express any suicidal ideation.

Risk of harm to or from others

Risk of harm to others

Green

Note: None identified.

Abuse issues

Green

Note: None identified at present.

Neglect/Vulnerability issues (consider ASP/AWIA)

Green

Note: No concerns noted or raised at today's assessment.

Child protection concerns

Green

Note: Nil dependants.

Risk from substance misuse

Substance misuse

Green

Note: Known history of Cannabis use however Archie reports that he intends to abstain from cannabis use.

Social and personal risks

Support network

Green

Note: Archie will have crisis support CPN on discharge.

Physical health

Green

Note: No concerns noted.

Occupation of time

Green

Note: Archie identified that he enjoys decorating his home environment and working in the garden planting flowers

Housing and finances

Not known

Note: No concerns noted although it has recently been documented that his benefits have been cut.

Any other issues

Green

Note: Nil noted.

Overall Impression of Risk

Green

Note: Archie reviewed today and deemed fit for discharge.

Immediate Risk Management Plan

Immediate Risk Management Plan

1. Revoke detention.
2. Discharge today with Crisis Team support.
3. Stop Zopiclone.
4. Commence Quetiapine 50mg nocte.
5. Outpatient appointment with Dr Johnston to be arranged.

MDT Inpatient Review

Date of Activity 08 January 2020 09:13 by Dr. Tim (GMC3586165) Johnston

Status Closed

Centre of Care Ward 10 Woodland View

MDT Inpatient Review**Present**

Dr Johnston,
Kirsty Burns - Staff nurse,
Lynne Ann Davidson - Admin,

Update

Archie returned from pass on Monday, stating his time out has been "so-so". No evidence of any delusions. He has voiced to staff that he is having trouble sleeping.

Interview

At review today Archie told us that he had been "a bit better". He has been de-cluttering his flat. He states he continues to feel anxious, "anxious about the outcome of a situation, life". He is worried about himself and his family. He told us that he got too involved in politics through social media and this has caused him to worry. "I felt as if I was under threat, but a lot of this is because of other people's views and beliefs".

Archie felt benefit from Crisis Team support when on pass.

Medication was discussed with Archie today and he is not experiencing any side effect, however told us that his sleep is poor.

Discharge was discussed today and Archie was keen to be discharged today, with Crisis Team support, he told us he has no plans to return to taking Cannabis "I don't need the Cannabis if I have my medications". He denied hearing any voices and denied having any suicidal thoughts.

MENTAL STATE ASSESSMENT

Archie was calm and was clear in his thinking. There was no evidence of thought disorder, delusions or hallucinations. Archie had anxieties about his family which are longstanding. He did not appear depressed and he denied any suicidal thoughts.

Impression

Archie appears to be making a good recovery which no longer required him to be in hospital.
Archie has chronic insomnia which has not responded to hypnotics, Quetiapine will be offered as an alternative.

Plan

1. Revoke detention.
2. Discharge today with Crisis Team support.
3. Stop Zopiclone.
4. Commence Quetiapine 50mg nocte.
5. Outpatient appointment with Dr Johnston to be arranged.

Mental Health Unscheduled Care ICP Assessment V3

Date of Activity 02 January 2020 16:00 by Eilidh Murphy

Status Closed

Centre of Care Intensive CPN Team (S)

Presentation

Source of current referral

Other NHS

Note: Dr Johnston- Consultant Psychiatrist

Reason for referral

Support whilst home on pass from Woodland View Ward 10.

Assessment type

New

Current contact with other services

Yes

Note: Currently an in-patient at Ward 10 Woodland View.

Carer's perspective of current problems and interventions

N/A.

Patient agreed to carer being involved in treatment?

Not applicable

Ayrshire Mental Health Risk Assessment Framework

Assessment completed by

Individual clinician

Note: SN E Murphy SN S Hainey

Mental state

Mental state

Green

Note: Archie presented bright in mood and manner today- dressed appropriately. On arrival, Archie reported to have just turned the shower on so attending to his personal hygiene and grooming needs. Archie was reactive with his speech being normal rate/rhythm/volume. Archie did not appear delusional however did express strong beliefs around evolution, other worlds, aliens etc. Archie did not appear to be responding to any unseen/unheard stimuli nor did he express any delusional content. Archie was orientated to time, place and person. Archie did not express any feelings of DSH nor any suicidal ideation.

Engagement

Engagement with services

Green

Note: Attended today's appointment and accepting of CRT input.

Medication management

Green

Note: Archie had Olanzapine medication in his home however bagged this and returned to SN Hainey for disposal. Currently concordant with Aripiprazole 10mg twice daily and Zopiclone 5mg nocte.

Risk of absconding

Green

Note: Archie currently on pass from Ward 10 and due to return 06/01/2020.

Risk of suicide/self-harm

Risk of self-harm

Green

Note: Archie did not express any thoughts of DSH.

Risk of suicide

Green

Note: Archie did not express any suicidal ideation.

Risk of harm to or from others

Risk of harm to others

Green

Note: Nil identified at today's assessment.

Abuse issues

Green

Note: Was not discussed at today's assessment due to other clinical priorities.

Neglect/Vulnerability issues (consider ASP/AWIA)

Green

Note: No concerns noted or raised at today's assessment.

Child protection concerns

Green

Note: Nil dependants.

Risk from substance misuse

Substance misuse

Green

Note: Archie did not appear under the influence nor did he express any desire to consume alcohol or illicit substances.

Social and personal risks

Support network

Green

Note: CRT input. Archie identified that his friend "Scott" is coming over who appears supportive.

Physical health

Green

Note: No concerns noted.

Occupation of time

Green

Note: Archie identified that he enjoys decorating his home environment and working in the garden planting flowers

Housing and finances

Not known

Note: No concerns noted although it has recently been documented that his benefits have been cut.

Any other issues

Green

Note: Nil noted.

Overall Impression of Risk

Overall Impression of Risk

Green

Note: Archie will be supported by Crisis Team whilst on pass and has a note of appropriate numbers should he feel he needs to utilise same. Archie did not express any thoughts of DSH nor suicidal ideation. Archie is concordant with prescribed medication.

Immediate Risk Management Plan

Immediate Risk Management Plan

Remain concordant with 10mg x2 Aripiprazole and Zopiclone 5mg nocte.
ICP will be sent to GP.

Archie is in agreement with short term intensive CRT input whilst on pass.
Archie is aware of CRT and out of hours contact numbers if needed.

Gender based violence

Was gender based violence routine enquiry carried out?

No

Why was gender based violence routine enquiry not possible?

Not appropriate due to other clinical priority

Did disclosure take place?

Not applicable

Psychological well-being

Behaviour

Eating problems

No problem

Cognition

Memory

No problem

Attention and concentration

No problem

Mental health

Thought disorganisation

No problem

Delusions

No problem

Note: Fixed/strong beliefs about spirituality, angels, monsters and aliens.

Hallucinations and other perceptual abnormalities

No problem

Elated or expansive mood and ideation

No problem

Depressed mood and ideation

No problem

Obsessional ideas and compulsive behaviour

No problem

Intrusive ideation

No problem

Anxiety, phobias and panics

Mild problem

Note: Archie identified social anxiety and gave an example of being in a shop he would panic about who/what other people are doing/saying.

Somatic preoccupations

No problem

Lowering of energy, drive or interest

No problem

Self-esteem

No problem

Sleep disturbance

No problem

Physical

Physical impairment or disability

No problem

Activities of daily living and life skills

Work/vocational/educational performance

No problem

Family, friends and carers

Relationship with close family

No problem

Note: Spoke at length about his Mum and his Gran (recently deceased) however described a breakdown in relationship with Auntie for "outing" him to his Gran.

Relationships with others close by

No problem

Carer support offered

No

Social circumstances

Daytime activity

No problem

Social vulnerability

No problem

Involvement in recovery

Involvement in treatment and care

No problem

Crisis arrangements

Remain concordant with 10mg x2 Aripiprazole and Zopiclone 5mg nocte.
ICP will be sent to GP.
Archie is in agreement with short term intensive CRT input whilst on pass.
Archie is aware of CRT and out of hours contact numbers if needed.

Medication

Current medication

20mg Aripiprazole
Zopiclone 7.5mg

Side-effects of prescribed medication

No problem

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

"Emergency informal admission of Archie Brown, a 32 year old male from Coylton under the care of Dr. Johnston. Archie is known to services with ongoing input from CMHT and reports to have had previous inpatient admissions a number of years ago, has previous diagnosis of EUPD and ?drug induced psychosis". Archie spoke at length about spirituality, angels, monsters and aliens and appeared to feel very strongly around these beliefs. Archie did not present as under the influence and did not identify utilising any substances. Archie denies any current thoughts of self harm or suicide. Archie discussed having a good relationship with his Mum and his Gran whom has now deceased. Archie lives alone with his 3 cats and states that his friend "Scott" is visiting tonight. Archie reports to be concordant with prescribed medication currently with no adverse side effects.

Immediate plan of care

Discussed and agreed plan-

1. Archie is happy to accept Crisis support in short term to allow for further monitoring of his mental health.
2. Writer will attend for H/V 03/01/2020 at 1400hrs.
3. Archie was provided with Crisis information leaflet and 24/7 contact numbers should he require advice or support interim to scheduled appointments.

Ayrshire Mental Health Risk Assessment Framework

Date of Activity 31 December 2019 16:05 by Leeann McDicken

Status Closed

Centre of Care Ward 10 Woodland View

Ayrshire Mental Health Risk Assessment Framework

Assessment completed by

Individual clinician

Note: SN L McDicken

Mental state

Mental state

Amber

Note: On admission to the ward Archie described his mood as 'up and down'. Has been low at times; 'they pull me down, but I bring myself back up'. Objectively euthymic. Reactive affect. Speech normal rate/rhythm/volume. Multiple delusions/overvalued ideas regarding elements, 'others'; heaven and space. Tangential thought stream. Denies any auditory/visual hallucinations, but openly responding throughout interview. Orientated to time place and person. Partial insight. Aware he is in hospital, and is here because he is unwell. States he is unwell physically, mentally, and spiritually. Doesn't feel he needs to be in hospital, but willing to stay. During review this afternoon Archie was distressed at times when recalling nightmares he had and omits the times when he is confused and his thoughts are jumbled. He denied any hallucinations and did not express any delusions. He denied any thoughts of self-harm. Some improvement since admission in psychotic symptoms, but still troubled by thought disorder at times.

Engagement

Engagement with services

Green

Note: Has been co-operative with the admission process thus far, Archie requesting to leave hospital this morning at review. Advised that he would be seen by MHO regarding detention, Archie agreeable to same.

Medication management

Green

Note: No concerns identified.

Risk of absconding

Amber

Note: Archie wishing to leave hospital this morning, however making no physical attempts. Archie seen by MHO this morning, whom agreed that periods of further assessment would be beneficial. Archie now detained on STDC.

Risk of suicide/self-harm

Risk of self-harm

Amber

Note: Currently denies any thoughts or plans of self harm but has a history of self harming by cutting.

Risk of suicide

Amber

Note: Denies any current thoughts of suicide but did attend A&E in October following a reported hanging attempt.

Risk of harm to or from others

Risk of harm to others

Green

Note: Denies any thoughts of harming others and no apparent history of same other than some aggression directed towards his father in the past.

Abuse issues

Amber

Note: Raped at age 12 years old. Still not got closure for this and wishing to pursue charges. No current concerns about abuse.

Neglect/Vulnerability issues (consider ASP/AWIA)

Amber

Note: Appears to have been neglecting his personal hygiene prior to admission and it is reported that he has not been eating well.

Child protection concerns

Green

Note: No risks identified.

Risk from substance misuse

Substance misuse

Green

Note: Denies any current illicit substance use but admitted to using various substances in the past. UDS awaited.

Social and personal risks

Support network

Amber

Note: Reports that mother is supportive although it appears his relationship with his father is more fractious.

Physical health

Green

Note: No concerns noted.

Occupation of time

Amber

Note: Was somewhat vague and uncommittal when asked about how he spends his time although gave the impression that he has little structure to his day.

Housing and finances

Not known

Note: No concerns noted although it has recently been documented that his benefits have been cut.

Any other issues

Green

Note: Nil noted.

Overall Impression of Risk

Amber

Note: Rated amber due to mental state and historical risk of self harm/suicide. Reports no current intent or plan of self harm or suicide.

Immediate Risk Management Plan

Immediate Risk Management Plan

Plan:

1. Increase Aripiprazole to 20mg.
2. Pass home today until Monday with Crisis Team support.

MDT Inpatient Review

Date of Activity 31 December 2019 14:20 by Dr. Tim (GMC3586165) Johnston

Status Closed

Centre of Care Ward 10 Woodland View

MDT Inpatient Review

Present

Dr Johnston,
Leanne McDicken - Staff nurse,
Lynne Ann Davidson - Admin,

Update

Passes have gone well, however it has been reported to staff that Archie spent time sitting in the garden for a few hours when at home. There had been no contact with the ward during the time he was out on pass.

Interview

At review today Archie told us that he started experiencing nightmares again. "Quite dark and the medications did not suppress this". Last night he was unable to recall what the nightmare was about but said it was "scary" and told he was running away from people. Archie told us that he had an outburst yesterday with a family friend. Archie told us that he is thinking more clearly, however he continues to worry about his mum and dad.

Medication was discussed today and Archie agreed to have his Aripiprazole increased.

Passes were discussed today and Archie said he would like to spend more time at home. It was agreed for Archie to have a further pass from today until Monday. "I want everyone in here to have a good time without me being here". Archie was encouraged to contact the ward if he has any concerns when out on pass or if he feels he needs to return to the ward sooner.

Archie told us that he had thoughts of harming himself, however he said "I don't act on them".

MENTAL STATE ASSESSMENT

Archie was distressed at times when recalling nightmares he had and omits the times when he is confused and his thoughts are jumbled. He denied any hallucinations and did not express any delusions. He denied any thoughts of self-harm.

Impression

Some improvement since admission in psychotic symptoms, but still troubled by thought disorder at times.

Plan

1. Increase Aripiprazole to 20mg.
2. Pass home today until Monday with Crisis Team support.

Ayrshire Mental Health Risk Assessment Framework

Date of Activity 18 December 2019 12:04 by Mr Jamie McMaster

Status Closed

Centre of Care Ward 10 Woodland View

Ayrshire Mental Health Risk Assessment Framework**Assessment completed by**

Individual clinician

Note: SN McMaster.

Mental state**Mental state**

Amber

Note: On admission to the ward Archie described his mood as 'up and down'. Has been 'low at times; 'they pull me down, but I bring myself back up'. Objectively euthymic. Reactive affect. Speech normal rate/rhythm/volume. Multiple delusions/overvalued ideas regarding elements, 'others', heaven and space. Tangential thought stream. Denies any auditory/visual hallucinations, but openly responding throughout interview. Orientated to time place and person. Partial insight. Aware he is in hospital, and is here because he is unwell. States he is unwell physically, mentally, and spiritually. Doesn't feel he needs to be in hospital, but willing to stay. At review this morning Archie stated "I feel your all angry at me", reassurances were given. Archie reporting poor sleep last night, stating "I can't sleep here". Archie spoke at length about his mother and various concerns he has when she is unwell. Archie feels like he has let himself go and reports that he just need time to himself in the company of his cats. Archie spoke about his parents and advised his mum can understand it, however his dad cannot. Archie told us that his dad tells people [REDACTED]. Archie denies having any suicidal thoughts today, he reported "I've never had these feelings, it was my dad that has these feelings". Archie denies using illicit substances, stating "I have put it all in the bin". Archie went on to say "I need to stay in my own bed and start looking after myself again". He then went on to say that he is "very concerned about his parents" and he is keen to be discharged. Archie was advised that another doctor will have to assess him first. Archie agreed to take his medication.

Engagement**Engagement with services**

Green

Note: Has been co-operative with the admission process thus far, Archie requesting to leave hospital this morning at review. Advised that he would be seen by MHO regarding detention, Archie agreeable to same.

Medication management

Green

Note: No concerns identified.

Risk of absconding

Amber

Note: Archie wishing to leave hospital this morning, however making no physical attempts. Archie seen by MHO this morning, whom agreed that periods of further assessment would be beneficial. Archie now detained on STDC.

Risk of suicide/self-harm

Risk of self-harm

Amber

Note: Currently denies any thoughts or plans of self harm but has a history of self harming by cutting.

Risk of suicide

Amber

Note: Denies any current thoughts of suicide but did attend A&E in October following a reported hanging attempt.

Risk of harm to or from others

Risk of harm to others

Green

Note: Denies any thoughts of harming others and no apparent history of same other than some aggression directed towards his father in the past.

Abuse issues

Amber

Note: Raped at age 12 years old. Still not got closure for this and wishing to pursue charges. No current concerns about abuse.

Neglect/Vulnerability issues (consider ASP/AWIA)

Amber

Note: Appears to have been neglecting his personal hygiene prior to admission and it is reported that he has not been eating well.

Child protection concerns

Green

Note: No risks identified.

Risk from substance misuse

Substance misuse

Green

Note: Denies any current illicit substance use but admitted to using various substances in the past. UDS awaited.

Social and personal risks

Support network

Amber

Note: Reports that mother is supportive although it appears his relationship with his father is more fractious.

Physical health

Brown, Archie (Mr)

CHI Number 0604873298

Date of Birth 06-Apr-1987 (39y)

Sex Male

Green

Note: No concerns noted.

Occupation of time

Amber

Note: Was somewhat vague and uncommittal when asked about how he spends his time although gave the impression that he has little structure to his day.

Housing and finances

Not known

Note: No concerns noted although it has recently been documented that his benefits have been cut.

Any other issues

Green

Note: Nil noted.

Overall Impression of Risk

Amber

Note: Rated amber due to mental state and historical risk of self harm/suicide.

Immediate Risk Management Plan

Immediate Risk Management Plan

- Mental Health Officer assessment and if agreed progress to STDC.
- Zopiclone 7.5mg nocte and a PRN of Lorazepam 1mg have been prescribed.
- Oral Aripiprazole 10mg to be started as Archie is happy to take medication but felt the Olanzapine was a bit "heavy".
- Drug-screen to exclude illicit substances.
- General observations.
- Bloods/ECG/physical exam have been completed and are normal.

Generic IGP Assessment V4

Date of Activity 17 December 2019 22:09 by Mr Alec Lewis

Status Closed

Centre of Care Ward 10 Woodland View

Presentation

Source of current referral

Other

Note: Home visit from Dr Johnston

Reason for referral

Assessment of mental state

Assessment type

New

Target date for completion

19 December 2019

Was target date for completion met?

Yes

Current contact with other services

No

Previous contact with other services

Yes

Note: Primary Care Mental Health Team

Patient's perspective of current problems and interventions

Has been co-operative with the admission process thus far, is agreeable to remain in hospital informally at present time for assessment of his mental state. Archie appears to engage well in the community.

Carer's perspective of current problems and interventions

Patient agreed to carer being involved in treatment?

Not known

Patient's perspective of previous problems and interventions

Archie previously seen at A+E this October for a hanging attempt

Does the patient feel they might benefit from spiritual support or guidance?

Not recorded

Summary of strengths, goals and aspirations

Willing to remain in hospital informally for a period of assessment

Were alternative care options considered?

No

Has Care Programme Approach been considered?

Not appropriate at this time

Has the Adult Support and Protection Act been considered?

No

Has referral been made to local authority under ASP legislation for further investigation?

No

Has the Mental Health Act been considered?

No

Summary of Assessment

Emergency informal admission of Archie Brown, a 32 year old male from Coylton under the care of Dr Johnston. Archie is known to services with ongoing input from CMHT and reports to have had previous inpatient admissions a number of years ago, has previous diagnosis of EUPD and ?drug induced psychosis. While in ward 10 Archie's named nurse will be Alec Lewis.

Archie admitted after being seen at home by Dr Johnston [REDACTED]

[REDACTED] Archie reports that recently sleep and appetite have been poor. He denies any current drug or alcohol use but admitted historical drug use and is known to have previously used cannabis, UDS has been requested but not provided yet. Archie denies any current thoughts of self harm or suicide but has previous history of self harm by cutting and attended A&E in October following a reported hanging attempt.

There is previously documented historical sexual abuse but Archie did not raise this at assessment today. He did allude to a fractious relationship with his father and sisters but states his mother is supportive.

Archie lives alone with his 3 cats, he reports that he "does not really have any benefits" and it has been documented recently that his benefits have been cut and his bus pass withdrawn, Archie denied any financial or housing issues. Nil of note from physical examination. Has previously been on Olanzapine 5mg, unlicensed use as a mood stabiliser.

Since admission Archie has been settled and has co-operated with the admission process. Content of conversation has been bizarre at times but Archie has engaged well with staff and fellow patients. States he is "here for 3 days". Attended for evening meal and ate well. Spending time watching TV in company of others this evening.

Action points

Plan as per Dr Johnston; 's instructions -

- Voluntary admission unless wishes to leave - for Mental Health Act assessment
- Zopiclone 7.5mg nocte has been helpful
- Drug-screen to exclude illicit substances

- Discuss oral antipsychotic drug tomorrow at ward round
- General obs
- Bloods/ECG/physical exam to be completed.

Ayrshire Mental Health Risk Assessment Framework

Assessment completed by

Individual clinician

Note: S/N Weir.

Mental state

Mental state

Amber

Note: Information from Dr Connick's admission assessment - Archie is a slightly overweight man of youthful complexion, with long blonde/brown hair tied back. He was appropriately dressed, and wearing slippers. Initially made no eye contact during interview, with head down and eyes to the floor. Became more reactive/animated as interview progressed, moving in seat, and at one point stood up to go around the room and tap each of us on the knee, referring to a different 'element' at each point. Smiling at inappropriate times throughout interview. Describes mood as 'up and down'. Has been low at times; 'they pull me down, but I bring myself back up'. Objectively euthymic. Reactive affect. Speech normal rate/rhythm/volume. Multiple delusions/overvalued ideas regarding elements, 'others', heaven and space. Tangential thought stream. Denies any auditory/visual hallucinations, but openly responding throughout interview. Orientated to time place and person. Partial insight. Aware he is in hospital, and is here because he is unwell. States he is unwell physically, mentally, and spiritually. Doesn't feel he needs to be in hospital, but willing to stay.

Engagement

Engagement with services

Green

Note: Has been co-operative with the admission process thus far, is agreeable to remain in hospital informally at present time, Archie appears to engage well in the community.

Medication management

Green

Note: No concerns identified.

Risk of absconding

Amber

Note: Agreeable to remain informally at present time but during discussion has appeared ambivalent about admission.

Risk of suicide/self-harm

Risk of self-harm

Amber

Note: Currently denies any thoughts or plans of self harm but has a history of self harming by cutting.

Risk of suicide

Amber

Note: Denies any current thoughts of suicide but did attend A&E in October following a reported hanging attempt.

Risk of harm to or from others

Risk of harm to others

Green

Note: Denies any thoughts of harming others and no apparent history of same other than some aggression directed towards his father in the past.

Abuse issues

Amber

Note: Raped at age 12 years old. Still not got closure for this and wishing to pursue charges. No current concerns about abuse.

Neglect/Vulnerability issues (consider ASP/AWIA)

Amber

Note: Appears to have been neglecting his personal hygiene prior to admission and it is reported that he has not been eating well.

Child protection concerns

Green

Note: No risks identified.

Risk from substance misuse

Substance misuse

Green

Note: Denies any current illicit substance use but admitted to using various substances in the past. UDS awaited.

Social and personal risks

Support network

Amber

Note: Reports that mother is supportive although it appears his relationship with his father is more fractious.

Physical health

Green

Note: No concerns noted.

Occupation of time

Amber

Note: Was somewhat vague and uncommittal when asked about how he spends his time although gave the impression that he has little structure to his day.

Housing and finances

Not known

Note: No concerns noted although it has recently been documented that his benefits have been cut.

Any other issues

Green

Note: Nil noted.

Overall Impression of Risk

Amber

Note: Rated amber due to mental state and historical risk of self harm/suicide.

Immediate Risk Management Plan

Immediate Risk Management Plan

As per Dr Johnston;

- Voluntary admission unless wishes to leave - for Mental Health Act assessment
- Zopiclone 7.5mg nocte and a PRN of Lorazepam 1mg have been prescribed.
- Drug-screen to exclude illicit substances
- Discuss oral antipsychotic drug tomorrow at ward round
- General obs
- Bloods/ECG/physical exam have been completed.

Personal and social history

Aspects relevant to minority / ethnic communities

No

Maternal status

None

Is there a dependent child?

No

Gender based violence

Was gender based violence routine enquiry carried out?

No

Why was gender based violence routine enquiry not possible?

Not appropriate due to other clinical priority

Did disclosure take place?

Not applicable

Forensic/Criminal

Has the patient been convicted of a criminal offence?

Not recorded

Forensic contact

Previous Criminal Justice Service involvement

Not recorded

Current Criminal Justice Service involvement

Not recorded

Charges pending

No

Psychological well-being

Behaviour

Aggressive behaviour

No problem

Suspicious or accusatory behaviour

No problem

Eating problems

No problem

Wandering

No problem

Overactivity

No problem

Odd, inappropriate or unacceptable behaviour

No problem

Level of care required to manage behaviour

No problem

Cognition

Memory

No problem

ACE-III total score

Not Recorded

Attention and concentration

Mild problem

Note: Noted to be distracted during 1:1 conversation

Understanding

No problem

Expression

No problem

Mental health

Thought disorganisation

No problem

Delusions

Moderate problem

Note: ?delusional beliefs about spirituality, angels, monsters and aliens

Hallucinations and other perceptual abnormalities

No problem

Elated or expansive mood

No problem

Depressed mood and ideation

No problem

Obsessional ideas and compulsive behaviour

No problem

Intrusive ideation

No problem

Anxiety, phobias and panics

No problem

Somatic preoccupations

No problem

Lowering of energy, drive or interest

No problem

Self-esteem

No problem

Sleep disturbance

Mild problem

Note: Recent poor sleep pattern

Psychological Therapies and interventions

In need of psychological therapy

Not recorded

Currently suitable for psychological therapy

Not recorded

Alcohol or substance misuse

Alcohol misuse

Absent

Misuse of prescribed drugs

Absent

Misuse of non-prescribed drugs

Present

Note: Has admitted that historically he used various illicit substances. Currently awaiting urine sample from Archie for drug screening purposes.

Smoking

Yes

Current cigarette intake

20 Per day

Offered referral for smoking cessation support

No

Note: Still to be offered same.

Alcohol / substance profile

Main alcohol / substance name

Not Recorded

Prescribed

Brown, Archie (Mr)

CHI Number 0604873298

Date of Birth 06-Apr-1987 (39y)

Sex Male

Not known

Route

Not known

Level of use

Not Recorded

Alcohol / substance name (2)

Not Recorded

Prescribed

Not known

Route

Not known

Level of use

Not Recorded

Alcohol / substance name (3)

Not Recorded

Prescribed

Not known

Route

Not known

Level of use

Not Recorded

Alcohol / substance name (4)

Not Recorded

Prescribed

Not known

Route

Not known

Level of use

Not Recorded

Alcohol / substance name (5)

Not Recorded

Prescribed

Not known

Route

Not known

Level of use

Not Recorded

Substance career

Teens

20's

30's

40's

50's

60's

Physical

Physical health check

Pending

Responsible for annual physical health check

General Practitioner annual recall

Date of last physical health assessment

Physical health needs identified

None identified as of time of initial assessment.

Significant past medical history

None identified at time of assessment

Significant family medical history

None identified at time of assessment

Physical impairment or disability

No problem

Long term physical health conditions

No

Long term condition

None

Long term condition (2)

Not known

Long term condition (3)

Not known

Long term condition (4)

Not known

Mobility inside the home

No problem

Mobility over distances

No problem

Difficulty transferring to vehicles/transport?

No

Ease of movement (upper body)

No problem

Uses aids, equipment or adaptations

No

Sensory impairment

No problem

Nature of main impairment

Visual

No

Auditory

No

Tactile

No

Other

No

Diet/hydration

Mild problem

Note: Reporting recent poor nutritional intake however no significant weight loss recorded recently.

Malnutrition Universal Screening Tool

Completed

Overall risk of malnutrition

0

Swallowing difficulties

No problem

Continence

No problem

Distress/pain caused by physical state

No problem

Sexual health

None identified

Blood borne virus testing

No need for testing

Health promotion advice required

No

Activities of daily living and life skills and Social circumstances

Eating and drinking

No problem

Personal care

Mild problem

Note: Dishevelled in presentation on admission. May require encouragement to maintain good level of personal hygiene.

Activities of daily living in the home

No problem

Activities of daily living outside the home

No problem

Daytime activity

Mild problem

Note: Lacking any real structure

Social vulnerability

Mild problem

Work/vocational/educational performance

No problem

Ability to work now

No problem

Current support received in activities of daily living

No problem

Formal Lifeskills Assessment

Not recorded

Family, friends and carers

Significant family history

No

Relationship with close family

Mild problem

Note: Supportive mother however appears to have fractious relationship with his Father and Sister

Relationship with partner

Not applicable

Friendships

Mild problem

Social activities outside the home

Mild problem

Relationships with others close by

No problem

Carers Needs Assessment

Impact of caring role upon independence of carer

No problem

Emotional impact of caring role upon carer

No problem

Carer support offered

No

Consideration for respite care

Not applicable

Involvement in recovery

Involvement in treatment and care

No problem

Communication about emotions/difficulties

No problem

Reflectiveness

No problem

Self assessment

Not recorded

Crisis arrangements

Medication

Current medication

As per current prescription

Responsible for medication monitoring

Mental Health Inpatient Services

Side-effects of prescribed medication

No problem

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

Overall change in state

A little worse

Overall impact of difficulties upon quality of life

Minor impact

Ayrshire Mental Health Risk Assessment Framework

Date of Activity 17 December 2019 17:38 by Mr David Weir

Status Closed

Centre of Care Ward 10 Woodland View

Ayrshire Mental Health Risk Assessment Framework

Assessment completed by

Individual clinician

Note: S/N Weir.

Mental state

Mental state

Amber

Note: Information from Dr Connick's admission assessment - Archie is a slightly overweight man of youthful complexion, with long blonde/brown hair tied back. He was appropriately dressed, and wearing slippers. Initially made no eye contact during interview, with head down and eyes to the floor. Became more reactive/animated as interview progressed, moving in seat, and at one point stood up to go around the room and tap each of us on the knee, referring to a different 'element' at each point. Smiling at inappropriate times throughout interview. Describes mood as 'up and down'. Has been low at times; 'they pull me down, but I bring myself back up'. Objectively euthymic. Reactive affect. Speech normal rate/rhythm/volume. Multiple delusions/overvalued ideas regarding elements, 'others', heaven and space. Tangential thought stream. Denies any auditory/visual hallucinations, but openly responding throughout interview. Orientated to time place and person. Partial insight. Aware he is in hospital, and is here because he is unwell. States he is unwell physically, mentally, and spiritually. Doesn't feel he needs to be in hospital, but willing to stay.

Engagement

Engagement with services

Green

Note: Has been co-operative with the admission process thus far, is agreeable to remain in hospital informally at present time, Archie appears to engage well in the community.

Medication management

Green

Note: No concerns identified.

Risk of absconding

Amber

Note: Agreeable to remain informally at present time but during discussion has appeared ambivalent about admission.

Risk of suicide/self-harm

Risk of self-harm

Amber

Note: Currently denies any thoughts or plans of self harm but has a history of self harming by cutting.

Risk of suicide

Amber

Note: Denies any current thoughts of suicide but did attend A&E in October following a reported hanging attempt.

Risk of harm to or from others

Risk of harm to others

Green

Note: Denies any thoughts of harming others and no apparent history of same other than some aggression directed towards his father in the past.

Abuse issues

Amber

Note: Raped at age 12 years old. Still not got closure for this and wishing to pursue charges. No current concerns about abuse.

Neglect/Vulnerability issues (consider ASP/AWIA)

Amber

Note: Appears to have been neglecting his personal hygiene prior to admission and it is reported that he has not been eating well.

Child protection concerns

Green

Note: No risks identified.

Risk from substance misuse

Substance misuse

Green

Note: Denies any current illicit substance use but admitted to using various substances in the past. UDS awaited.

Social and personal risks

Support network

Amber

Note: Reports that mother is supportive although it appears his relationship with his father is more fractious.

Physical health

Green

Note: No concerns noted.

Occupation of time

Amber

Note: Was somewhat vague and uncommittal when asked about how he spends his time although gave the impression that he has little structure to his day.

Housing and finances

Not known

Note: No concerns noted although it has recently been documented that his benefits have been cut.

Any other issues

Green

Note: Nil noted.

Overall Impression of Risk

Amber

Note: Rated amber due to mental state and historical risk of self harm/suicide.

Immediate Risk Management Plan

Immediate Risk Management Plan

As per Dr Johnston;

- Voluntary admission unless wishes to leave - for Mental Health Act assessment
- Zopiclone 7.5mg nocte and a PRN of Lorazepam 1mg have been prescribed.
- Drug-screen to exclude illicit substances
- Discuss oral antipsychotic drug tomorrow at ward round
- General obs
- Bloods/ECG/physical exam have been completed.

Psychiatric Assessment (Revised 2017)

Date of Activity 17 December 2019 15:17 by Dr. Alastair Connick (GMC7608073

Status Closed

Centre of Care Ward 10 Woodland View

Presentation

Existing diagnosis

EUPD

Existing ICD-10

Not Recorded

Legal status

Informal

Date referral received

17 December 2019

Time referral received

13:00

Date

17 December 2019

Time patient seen

15:00

Source of referral

Other

Note: CPN/Seen by Dr Johnston in community.

Reason for referral

See Dr Johnston's note from home visit. Mum and CPN concerned about behaviour recently; bizarre ideas/delusions.

Presenting complaints

Bizarre behaviour/beliefs, concerns re poor self care.

History of presenting complaints

Describes various 'belief systems' and strongly held ideas. Talking a lot of 'others' and 'the elements'. Frequently looking up to sky and to the left when discussing these thoughts, saying we know who they are, and they are whoever we want them to be.

Alluded to his father at times, that he has done wrong, but unwilling to explore this further.

Tangential thoughts about various things; the earth, space, heaven, gaining admission. Says he feels safe at home, when questioned, but worried that 'they' want to harm his mother and father. Unable to elaborate further on this. Refers to thoughts of self-harm in the past when asked specifically, but denies any recent thoughts/suicidal ideation. Scar evident on right hand - when questioned in relation to this responded by talking about his gran embodying a cat. States 'they got what they wanted, now I'm in their padded cell'. States this refers to his mum and dad.

Psychiatric history

Diagnosis of EUPD.

States he has been in psychiatric ward before many years ago. Became annoyed discussing this, referring to previous consultant and disagreement over hormones/sex change.

Medical history

Denies any specific physical health issues.

Current medication

Patient states only on zopiclone.

Drug allergies

None stated.

Substance use

Tells me he has 'tried it all in the past'. Denies any recent use.

Personal history

Alludes to difficult childhood. Left school at 15 with very few qualifications. Became quite tearful whilst discussing this. Went to college after school to do hairdressing - says all he wanted was to be a good hairdresser, but 'dad didn't want that to happen'.

Describes bullying in school and being taunted.

Has been employed as hairdresser and cleaner in the past. Unclear how long has been out of employment for.

Says has no friends anymore; left them when he moved.

Unable to give examples of any hobbies/how he spends his time.

Premorbid personality

Not explored.

Current social circumstances

Unable to describe accurately where he lives, if receiving any benefits etc.

Could not answer when asked about how he copes day to day with finances/shopping etc.

Family history

Appears to have poor relationships with family. Has 2 older sisters who is not in touch with. Did not discuss his mother during interview. Referred to father multiple times, unwilling to speak in detail about this relationship though.

Forensic history

Describes being collected by police aged 10 after running away from home, and multiple times since.

Denies ever being in trouble with police/law.

Legal issues

Doesn't drive.

Collateral history

Not available at time of writing.

Mental State Examination

Archie is a slightly overweight man of youthful complexion, with long blonde/brown hair tied back. He was appropriately dressed, and wearing slippers.

Initially made no eye contact during interview, with head down and eyes to the floor. Became more reactive/animated as interview progressed, moving in seat, and at one point stood up to go around the room and tap each of us on the knee, referring to a different 'element' at each point. Smiling at inappropriate times throughout interview.

Describes mood as 'up and down'. Has been low at times; 'they pull me down, but I bring myself back up'. Objectively euthymic. Reactive affect.

Speech normal rate/rhythm/volume.

Multiple delusions/overvalued ideas regarding elements, 'others', heaven and space. Tangential thought stream.

Denies any auditory/visual hallucinations, but openly responding throughout interview.

Orientated to time place and person.

Partial insight. Aware he is in hospital, and is here because he is unwell. States he is unwell physically, mentally, and spiritually. Doesn't feel he needs to be in hospital, but willing to stay.

Physical examination

Appears generally well + comfortable.

HS I+II+0. HR 80 reg. CRT <2 secs. No peripheral oedema.

Good bilateral a/e. No added sounds.

Abdo SNT. BS present.

No gross neurological abnormality.

Investigation results

ECG - NSR. 70bpm. QTc 384.

Blood results awaited.

Summary of Assessment

Summary of Assessment

Unclear cause of increased delusions/overvalued ideas.

Agrees to be admitted informally.

Partial insight - for further assessment on ward.

Differential diagnosis

As per Dr Johnston;

Previous diagnosis of EUPD and drug-induced psychosis

? Drug-induced ? SMI (strong FH of Bipolar disorder and Schizophrenia)

Overall risk impression

Risk to self - GREEN

Risk to others - GREEN

Action plan

As per Dr Johnston;

-
- Voluntary admission unless wishes to leave - for Mental Health Act assessment
 - Zopiclone 7.5mg nocte has been helpful
 - Drug-screen to exclude illicit substances
 - Discuss oral antipsychotic drug tomorrow at ward round
 - General obs
 - Bloods/ECG/physical exam to be completed

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Unique Care Pathway Number: 1010195705838

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

CHI:0604873298

REFERRAL TO

Community Mental Health Services - South G1AE
AA Adult Mental Health

Ethnic Origin

(White) Scottish

Language interpreter req'd

Religion

Religious Observance

Vision impairment

Hearing impairment

Sign language interpreter req'd.

Community Mental Health Services - Adult
NHS Ayrshire & Arran

Urgency of referral

Urgent

Date of referral

11-Sep-2019

Date submitted

11-Sep-2019

PATIENT DETAILS

Surname

Brown

Forename(s)

Archie

Title

-

Sex

Male

Date of birth

06-Apr-1987

CHI no.

0604873298

Patient's address:

20 Arthurston Terrace
Coylton
Ayr
KA6 6HY

Contact number(s)

Voice: 07482-994340

REGISTERED GP DETAILS

Name

Dr Pauline Phin

GMC code

4698539

GP code

20419

Practice name

Cathcart Street Practice(13460)

Practice code

80109

Practice address

8 Cathcart Street
Ayr

Contact number(s)

Voice: 01292 264051

REFERRING PRACTITIONER DETAILS

Name

Dr. Gavin McKenzie

GMC code

6148128

GP code

24694

Practice name

The Cathcart Street Medical Practic
(80109)

Practice code

80109

Practice address

8 Cathcart Street
AYR
AYRSHIRE
KA7 1BJ

Contact number(s)

Voice: 01292 264051

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: As below

Comment: Dear Colleague

This 32 year old gentleman has a history of personality disorder. He attended the practice on 3 September and appears to be generally struggling with life, mainly due to the fact he had his PIP revoked and his bus pass was therefore under threat which he felt would isolate him due to his residence in Coynton. It is causing a lot of stress and affecting his sleep. He reported to my colleague who saw him in a state that he had multiple traumas growing up including previous rape, had an abusive father and had a drug induced psychosis. He had no deliberate thoughts of self-harm but his sleep was poor and he clearly appeared agitated. He was referred to the Community Links Practitioner to help navigate what benefit supports could be available and was given a further Med 3 for the DWP as he was emotionally too labile to work at present. He was contacted by the Community Links Practitioner, however, unfortunately it appears that he had been quite aggressive to her over the phone and had to be reminded of the zero tolerance policy.

On review he was previously known to Psychiatry but was discharged in September last year having had his Olanzapine stopped. He wishes referral back to the Mental Health Team as he feels his mental state has deteriorated over the past few weeks. I would therefore be grateful for your input.

Many thanks.

Examinations and Investigations

Is patient aware of referral?:	Yes	-
If referral is urgent, has this been discussed with duty clinician:	No	-
1. Are there current active thoughts of self harm, is there a plan?:	No	-
Is there a History of suicidal or self harm injurious behaviours?:	Yes	-
Suicide/Self harm comments:	01/01/91 - Suicide and self-inflicted injury	-
Any history or current threat of violence or aggression, considerations to staff safety?:	Yes	-
History of violence or aggression/staff safety concerns comments:	History of being verbally abusive to female clinicians	-
Any social circumstances or previous psychiatric history impacting on current presentation?:	Yes	-
Social circumstances/previous psychiatric history comments:	See above	-
Considerations of vulnerability /Child Protection Issues/ First presentation Psychosis/ Peri-Natal:	Unknown	-
Height:	174	-
Weight(kg):	98	-
BMI:	32.37	-
Current smoker:		09-Dec-2016 00:00
Current smoker:		06-May-2009 00:00
Alcohol consumption, 0 units/week:		09-Dec-2016 00:00

30 mins/day of at least mod intensity physc activity >=5
week:

5

09-Dec-
2016 00:00

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>	<u>Recorded Date</u>
Personality disorder NOS	-	-	-	08-Jun-2018	08-Jun-2018
Perianal infection	-	-	superficial	06-Mar-2017	06-Mar-2017
[X]Hypomania	-	-	-	18-Jun-2015	18-Jun-2015
Depressive disorder NEC	-	-	-	26-May-2011	26-May-2011
Depressive disorder NEC	-	-	-	01-Apr-2002	01-Apr-2002
Anxiety states	-	-	Temper tantrums	01-Oct-1999	01-Oct-1999
Acute reaction to stress	-	-	-	01-Oct-1999	01-Oct-1999
Wrist fracture - closed (Right)	Right	-	-	01-Jan-1998	01-Jan-1998
Hallucinations	-	-	-	01-Jan-1998	01-Jan-1998
Obesity	-	-	-	01-Jan-1998	01-Jan-1998
Asthma NOS	-	-	-	01-Jan-1995	01-Jan-1995
Closed fracture of tibia, unspecified part, NOS	-	-	-	01-Jan-1995	01-Jan-1995
Enuresis	-	-	-	01-Jan-1994	01-Jan-1994
Suicide and selfinflicted injury NOS	-	-	Paracetamol overdose	01-Jan-1991	01-Jan-1991
Upper respiratory infection NOS	-	-	-	01-Jan-1989	01-Jan-1989
Viral infection NOS	-	-	Hospital admittance pyrexia	01-Jan-1988	01-Jan-1988

Past procedures

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Comments</u>	<u>Date performed</u>	<u>Recorded Date</u>
Excision of tonsil	-	-	-	01-Jan-1990	01-Jan-1990

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

No current medications recorded

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

<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</u>
------------------	-----------------	--------------------	---------------	------------------	-----------------------	-----------------	------------------------

Promethazine
Hydrochloride
Tablets 25
mg

0304010W0AAALAL

28 tablet

1 OR 2
TABS
AT
NIGHT

03-
Sep-
2019

14 Days

Date

03-Sep-
2019

Clinical warnings

Smoking status

Alcohol
consumption

Lifestyle risks

Number per day
? (not known)

Units per day
? (not known)

Exercise status: Not Known

Additional relevant information

Administrative information

Referred By: Registered GP

Social circumstances

Signature of referring doctor (or other professional) Date

Consultant/SHO Communication to GP

Date of Activity 28 September 2018 13:53 by Dr. Tim (GMC3586165) Johnston

Status Closed

Centre of Care South Ayrshire CMHT

Consultation/SHO Communication to GP

Summary of contact

Diagnosis: Emotionally Unstable Personality Disorder
Substance Abuse (historical)

Psychiatric Medication: Nil

Recommendations/Plan: Discharge back to GP
Stop Olanzapine 5mg nocte

I reviewed Archie at my out-patient clinic at Millan Suite, Ailsa Hospital on 28th September 2018.

Archie has continued to avoid Cannabis and has felt that this has been particularly helpful to his mental health.

Archie reports trying the Olanzapine at a small dose of 5mg, however, he felt that it made him more angry rather than less so and therefore stopped it himself two months ago.

Archie describes his mental health as having 3 days better than 3 days when it is poor. He describes the latter when he is shut down in which he means he withdraws from company. He said that is one reason why he chose to live in Coylton which is a quieter town.

Archie was clear with me that he felt he no longer wished to take psychotropic medication and is pushing to get back into work as a mobile hairdresser. He recognises he can only do this gradually.

On mental state examination Archie was bright and cheerful. There was no bizarre conversation. He had no suicidal ideas.

2/ ARCHIE BROWN 20 ARTHURSTON TERRACE, COYLTON, AYR, AYRSHIRE, KA6 6HY
CHI No: 0604873298

Archie agreed discharge from the clinic and no medication so I will not plan to see him again at this time.

Yours sincerely

Authorised on 28/09/2018 16:36:26 by Tim Johnston.

Uploaded document

YAngelaDr JohnstonBrownArchie06041987Clinic Letter6221996.doc

Ayrshire Mental Health Risk Assessment Framework

Date of Activity 22 January 2015 18:21 by Ms Karen Jamieson

Status Closed

Centre of Care Intensive CPN Team (S)

Ayrshire Mental Health Risk Assessment Framework**Assessment completed by**

Individual clinician

Note: SN Jamieson and SN McPike - ACRHTT

Mental state**Mental state**

Amber

Note: TRANSCRIBED FROM MENTAL HEALTH UNSCHEDULED ICP SUMMARY OF ASSESSMENT - SN MCPIKE 22/1/15 ----- Referral received from duty CPN Joarina Ingram in absence of Archie's allocated CPN Frank Hughes.

S/n Ingram went on to speak with Archie who feels that he is not getting any better and experiencing acute distress. He described voices and visions about Nazis coming to harm him as well as distressing, vivid dreams leaving him feeling tired and unrested Archie is keen for a diagnosis as he doesn't feel it is solely anxiety and depression related. Discussed with Dr Gibb who informed that Archie had not attend his scheduled Outpatient appointment on 15 January 2015. Dr Gibb suggested further crisis assessment with discussion around medication changeover to Olanzapine should this prove appropriate following review and monitoring thereafter. Attended Archie's home this afternoon accompanied by colleague S/N Karen Jamieson. Archie greeted us at door in his night attire (2pm). In contrast to previous presentation Archie was some what subdued and sullen in demeanour. We advised him of his mum's concerns around his mental health and particularly poor dietary intake. Archie initially started describing vivid and disturbing dreams he is experiencing on a regular basis. Sleep pattern is generally poor, waking feeling tired and unrested. On exploring Archie's mood and level of activity he went on to talk about how he feels that he doesn't "fit in" in either a social or work environment and admits to feeling persecuted by others at times; that this is impart due to his sexuality and more specifically due to his own issues around his body image. He is extremely unhappy with the excess skin resultant of significant weight loss and is focussed on skin removal of excess surgery as resolution. Describes becoming more avoidant and socially isolated as a result, that he doesn't feel comfortable in public places due to his physical appearance. He is keen to be in a stable relationship, however again feels this is impossible due to self esteem/body image. Describes returning to previous "eating disorder" behaviours, restricting his diet and use of laxatives. Appeared unkempt, in night attire. House was in disarray in contrast to what he describes as his "OCD" cleaning. Motivation clearly poor. He is in possession of benefit forms, however is struggling with concentration and volition to complete these. No indication of psychotic symptomatology. Rapport was established quickly with Archie maintaining reasonably good eye contact throughout. No indication of thought disorder as highlighted in previous assessments although Archie continues to relate to his beliefs around his study of and his own psychic ability.

Engagement**Engagement with services**

Green

Note: Archie is agreeable to engage with community based services. Will be allocated a CPN in due course and has stated preference for female clinician as he feels less comfortable speaking with a male.

Medication management

Green

Note: [REDACTED] No apparent issues with concordance. Archie questioning efficacy of current medication as symptoms remain. Dr Gibb agreeing to provisionally increase the dose of Quetiapine to 50mg mane and 100mg nocte as opposed to making a change at this juncture. This will be reviewed at next OPA Dr Gibb 19/2/15.

Risk of absconding

Green

Note: Archie stays informally within community setting. No formal risk identified.

Risk of suicide/self-harm

Risk of self-harm

Amber

Note: Past history of overdose although details of same unclear. Self harming presents itself through Archie's maladaptive coping mechanisms - control around dietary intake and use of laxatives.

Risk of suicide

Amber

Note: Archie reports periodic fleeting thoughts of suicide. Strongly denies any current plan or intent. Having lost a close friend who completed suicide, Archie is aware of the impact on others and would not consider this an option

Risk of harm to or from others

Risk of harm to others

Green

Note: Historically noted to be outwardly aggressive towards his father and irritable in manner. This has not been reported recently nor was there any overt aggression, irritability or hostility noted at today's contact.

Abuse issues

Amber

Note: Documentation of reported rape during Archie's adolescent years. This was not formally discussed during today's assessment.

Neglect/Vulnerability issues (consider ASP/AWIA)

Amber

Note: Notable neglect of person and living environment with Archie admitting that he has less interest in attending to such tasks. Describes feeling socially unaccepted due to his sexuality preferences and belief systems which may result in risk of vulnerability by means of social isolation.

Child protection concerns

Green

Note: No known dependants. No formal child protection concerns to report.

Risk from substance misuse

Substance misuse

Green

Note: Denies current alcohol or illicit substance misuse, although previously was regular cannabis user. Has also used other illicit drugs and alcohol

Social and personal risks

Support network

Amber

Note: Archie has good support in the form of his mother. Relations within wider family circle are somewhat fragmented.

Physical health

Green

Note: Archie voiced concern over the potential for physical health problems due to use of laxatives and strict control over diet, albeit no evidence or descriptors of any current physical health concerns.

Occupation of time

Amber

Note: Self isolative, not attending to his day to day needs. Described feeling socially unaccepted due to his sexuality preferences and belief systems which can result in Archie avoiding being with others.

Housing and finances

Amber

Note: Archie reports general dissatisfaction in where he currently lives. Wishes to stay somewhere more remote with his own garden. In the process of applying for benefits although has not filled out relevant forms despite having them in his possession. Has in the past accrued personal debt of which his parents had to financially assist him with.

Any other issues

Not known

Note: No other issues to note.

Overall Impression of Risk

Amber

Note: AMBER - Archie remains with changeable affective symptoms. Would benefit from a period of more urgent monitoring whilst increases are made to medication. This will allow also for female CPN to be allocated and eventual transfer of care to medium term support to take place. No indication that admission is required as risk to self is low currently and Archie remains open to support from crisis service.

Immediate Risk Management Plan

Immediate Risk Management Plan

Discussed and mutually agreed plan

1. Archie is happy to accept Crisis support in short term to allow for further monitoring of his mental health.
2. Medication changeover (to Olanzapine) discussed. Archie amenable to this, however. due to presentation today writer and colleague s/n Jamieson will discuss this further with Dr Gibb
3. Discussion with Dr Gibb around presentation today and Archie's body image issues/possible psychology referral
4. Next appointment arranged for tomorrow at 11am at Archie's home address.
5. Archie was provided with Crisis Information leaflet and 24/7 contact numbers should he require advice or support in interim to scheduled appointments
6. Medical Review with Dr Gibb arranged for 19 February 2015
7. Introduce to Support Worker Kevin Hodge who will facilitate completion of benefit form

Brown, Archie (Mr)

CHI Number 0604873298

Date of Birth 06-Apr-1987 (39y)

Sex Male

Ayrshire Mental Health Risk Assessment Framework

Date of Activity 07 January 2015 17:53 by Mr Gordon Dunlop

Status Closed

Centre of Care Intensive CPN Team (S)

Ayrshire Mental Health Risk Assessment Framework

Assessment completed by

Individual clinician

Mental state

Mental state

Amber

Note: Archie continue to voice his ideas about the dead and the mafia and talking about people that he cant name today he appeared flatter in affect but calm compared to times when he was very flamboyant and vociferous this appears to be days when he has contact with his father.

Engagement

Engagement with services

Green

Note: No problem

Medication management

Green

Note: Parents give Archie his medication

Risk of absconding

Green

Risk of suicide/self-harm

Risk of self-harm

Green

Note: Not voicing any current self harm thoughts plans or intent past history of overdose.

Risk of suicide

Green

Note: Not voicing any suicidal thoughts plans or intent

Risk of harm to or from others

Risk of harm to others

Green

Note: Has been prone to hitting his dad when agitated.

Abuse issues

Green

Note: Reports being raped at age 12, same was reported to the police.

Neglect/Vulnerability issues (consider ASP/AWIA)

Green

Child protection concerns

Green

Note: No concerns.

Risk from substance misuse

Substance misuse

Green

Note: Denies any current substance or alcohol misuse

Social and personal risks

Support network

Green

Note: Supportive parents.

Physical health

Green

Note: No issues reported.

Occupation of time

Amber

Note: .has not been seeing friends but has daily contact with family unable to work at present due to mental state

Housing and finances

Amber

Note: Continues to voice concern about not feeling safe in his flat, is awaiting review from welfare officer at home

Any other issues

Green

Overall Impression of Risk

Brown, Archie (Mr)

CHI Number 0604873298

Date of Birth 06-Apr-1987 (39y)

Sex Male

Amber

Note: Amber due to ongoing mental state despite it having improved slightly over the last 4 weeks

Immediate Risk Management Plan

Immediate Risk Management Plan

plan Discharge from CRT

Frank Hughes to appoint for next week

Frank Hughes to discuss increase in medication with Dr Gibb

Ayrshire Mental Health Risk Assessment Framework

Date of Activity 11 December 2014 18:06 by Julie Cairns

Status Closed

Centre of Care Intensive CPN Team (S)

Ayrshire Mental Health Risk Assessment Framework**Assessment completed by**

Individual clinician

Mental state**Mental state**

Amber

Note: Referral received from CMHT last night requesting further assessment of mental state following concerns raised by GP. Writer visited Archie at home this afternoon accompanied by Jocelyn Main st/n for assessment purposes. Archie was casually dressed and welcoming on arrival, his parents were also present throughout. Archie spoke at length about having the gift of 'empathy' and psychic ability inherited from his grandmother whom passed away 2 years ago. He believes that he can see images when entering rooms of what has gone before and can instantly pick up on a persons 'vibe' upon meeting them which he finds stressful. Archie is currently staying with his parents due to them feeling he was a danger to himself and also ongoing issues with antisocial behaviour at his tenancy. Archie reports bullying and 'dark forces' against him, he spoke vaguely about these outside influences but was unable to identify a specific person stating that he had never physically seen anyone but he knew they were present. Archie states that he practices white magic but feels that black magic is always trying to get in. At times Archie went off on tangents and it was difficult to follow the flow of conversation, he was unable also at times to answer direct questions.

Throughout assessment Archie was extremely talkative but no pressure of speech noted, eye contact was good and rapport was easily established. Clear evidence of thought disorganisation but no overt evidence of responding to psychotic phenomena. Although both Archie and his parents report extreme anxiety he was calm throughout and they did say today was a good day. Archie reports thoughts of suicide although same have diminished since he moved into his parents as he feels safe but he denies any intent stating that his best friend completed suicide and he witnessed the damage caused by this, he stated that he would never put his parents through this, he has in the past taken an overdose (previous documentation) but when asked directly by writer about past episodes of self harm he went off on several tangents again and did not inform of this. Recently prescribed Mirtazipine but has not taken any, Archie believes that antidepressants do not agree with him and he would prefer to recover 'spiritually'. It would appear that there has been many stressors over the years and currently for Archie, he spoke about several bereavements, feeling very unhappy in his current tenancy and being rejected for excess skin removal on the NHS caused by significant weight loss. He also reports a rape at age 12 and was also assaulted sustaining a head injury during a homophobic attack,

Engagement**Engagement with services**

Green

Note: Appears keen to engage with services however in the past was referred to PCMHT and did not engage well.

Medication management

Amber

Note: Recently prescribed Mirtazipine but has not taken any, Archie believes that antidepressants do not agree with him and he would prefer to recover 'spiritually'.

Risk of absconding

Green

Note: No concerns.

Risk of suicide/self-harm

Risk of self-harm

Green

Note: Denies any thoughts of self harm although was fairly vague, past history of overdose.

Risk of suicide

Green

Note: Reports recent thoughts of suicide but states that same have diminished since moving in with his parents, he denies any intent stating that he realises the damage it would do to his family.

Risk of harm to or from others

Risk of harm to others

Amber

Note: Has been prone to hitting his dad when agitated.

Abuse issues

Amber

Note: Reports being raped at age 12, same was reported to the police.

Neglect/Vulnerability issues (consider ASP/AWIA)

Green

Note: No concerns.

Child protection concerns

Green

Note: No concerns.

Risk from substance misuse

Substance misuse

Not known

Note: Reports drinking to excess and taking illicit substances in the past but was vague about current use and would not be pinned down on the matter.

Social and personal risks

Support network

Green

Note: Supportive parents.

Physical health

Green

Note: No issues reported.

Occupation of time

Green

Note: Reports no issues.

Housing and finances

Red

Note: Subjected to antisocial behaviour at his tenancy, he no longer feels safe there.

Any other issues

Green

Note: Nil

Overall Impression of Risk

Amber

Note: AMBER deemed appropriate at this time due to instability of mental state, further assessment required. Denies suicidal intent.

Immediate Risk Management Plan

Immediate Risk Management Plan

Mutually agreed plan

CRT input for ongoing assessment of risk, symptoms and response to treatment.
Psychotherapeutic input and practical interventions such as activity planning and lifestyle choice evaluation.
Prompt facilitation of medical review/treatment and ongoing monitoring of it's efficacy.
Ongoing safety planning and risk management.
Liaise with Dr Gibb re: out patients appointment.
Phone contact tomorrow to arrange when next appointment should be scheduled.
All relevant contact numbers issued.

Mental Health Unscheduled Care ICP Assessment V2

Date of Activity 11 December 2014 16:14 by Julie Cairns

Status Closed

Centre of Care Intensive CPN Team (S)

Presentation

Source of current referral

Other NHS

Note: CMHT following urgent GP referral.

Reason for referral

-?psychotic symptoms

Assessment type

New

Current contact with other services

No

Carer's perspective of current problems and interventions

-Parents present at assessment.

Current medication

-Nil

Side-effects of prescribed medication

No problem

Risk

Risk to self

Low apparent risk

Risk to others

Low apparent risk

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

Not known

Eating problems

No problem

Cognition

Memory

No problem

Attention and concentration

Mild problem

Mental health

Thought disorganisation

Moderate problem

Delusions

Moderate problem

Hallucinations

Not known

Elated or expansive mood

Moderate problem

Depressed mood and ideation

No problem

Obsessional ideas and compulsive behaviour

No problem

Intrusive ideation

Moderate problem

Anxiety, phobias and panics

Mild problem

Somatic preoccupations

No problem

Lowering of energy, drive or interest

No problem

Self-esteem

No problem

Sleep disturbance

Mild problem

Physical

Physical health condition

No problem

Physical impairment or disability

No problem

Activities of daily living and life skills

Work/vocational/educational performance

Moderate problem

Family, friends and carers

Relationship with close family

Mild problem

Relationships with others close by

Moderate problem

Social circumstances

Housing

Severe problem

Financial situation

No problem

Daytime activity

No problem

Social vulnerability

Moderate problem

Involvement in recovery

Involvement in treatment and care

No problem

Crisis arrangements

-Happy to accept CRT support.

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

Referral received from CMHT last night requesting further assessment of mental state following concerns raised by GP.
Writer visited Archie at home this afternoon accompanied by Jocelyn Main st/n for assessment purposes.

Archie was casually dressed and welcoming on arrival, his parents were also present throughout. Archie spoke at length about having the gift of 'empathy' and psychic ability inherited from his grandmother whom passed away 2 years ago. He believes that he can see images when entering rooms of what has gone before and can instantly pick up on a person's 'vibe' upon meeting them which he finds stressful.

Archie is currently staying with his parents due to them feeling he was a danger to himself and also ongoing issues with antisocial behaviour at his tenancy. Archie reports bullying and 'dark forces' against him, he spoke vaguely about these outside influences but was unable to identify a specific person stating that he had never physically seen anyone but he knew they were present. Archie states that he practices white magic but feels that black magic is always trying to get in. At times Archie went off on tangents and it was difficult to follow the flow of conversation, he was unable also at times to answer direct questions.

Throughout assessment Archie was extremely talkative but no pressure of speech noted, eye contact was good and rapport was easily established. Clear evidence of thought disorganisation but no overt evidence of responding to psychotic phenomena. Although both Archie and his parents report extreme anxiety he was calm throughout and they did say today was a good day. Archie reports thoughts of suicide although same have diminished since he moved into his parents as he feels safe but he denies any intent stating that his best friend completed suicide and he witnessed the damage caused by this, he stated that he would never put his parents through this, he has in the past taken an overdose (previous documentation) but when asked directly by writer about past episodes of self harm he went off on several tangents again and did not inform of this. Recently prescribed Mirtazapine but has not taken any, Archie believes that antidepressants do not agree with him and he would prefer to recover 'spiritually'.

It would appear that there has been many stressors over the years and currently for Archie, he spoke about several bereavements, feeling very unhappy in his current tenancy and being rejected for excess skin removal on the NHS caused by significant weight loss. He also reports a rape at age 12 and was also assaulted sustaining a head injury during a homophobic attack.

Immediate plan of care

-Mutually agreed plan

CRT input for ongoing assessment of risk, symptoms and response to treatment.
Psychotherapeutic input and practical interventions such as activity planning and lifestyle choice evaluation.
Prompt facilitation of medical review/treatment and ongoing monitoring of its efficacy.
Ongoing safety planning and risk management.
Liaise with Dr Gibb re: out patients appointment.
Phone contact tomorrow to arrange when next appointment should be scheduled.
All relevant contact numbers issued.

Brown, Archie (Mr)

CHI Number:0604873298

Date of Birth 06-Apr-1987 (39y)

Sex Male

Mental Health Unscheduled Care ICP Assessment V2

Date of Activity 10 December 2014 15:28 by Mr Frank Patrick Hughes

Status Closed

Centre of Care South Ayrshire CMHT

Presentation

Source of current referral

GP

Reason for referral

Stress anxiety and low mood due to stressors related to sexuality and housing.

Assessment type

New

Current contact with other services

No

Carer's perspective of current problems and interventions

Current medication

-GP prescribed Mirtazepine . Archie is not currently taking this.

Side-effects of prescribed medication

No problem

Risk

Risk to self

No apparent risk

Risk to others

No apparent risk

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: ? regular cannabis use

Eating problems

Moderate problem

Note: Recent significant weight loss.

Cognition

Memory

Not recorded

Attention and concentration

Severe problem

Mental health

Thought disorganisation

Moderate problem

Delusions

Mild problem

Hallucinations

Mild 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

No problem

Self-esteem

Not recorded

Sleep disturbance

Not recorded

Physical

Physical health condition

No problem

Physical impairment or disability

No problem

Activities of daily living and life skills

Work/vocational/educational performance

Moderate problem

Family, friends and carers

Relationship with close family

Mild problem

Relationships with others close by

Moderate problem

Social circumstances

Housing

Severe problem

Financial situation

Not recorded

Daytime activity

Not recorded

Social vulnerability

Moderate problem

Involvement in recovery

Involvement in treatment and care

No problem

Crisis arrangements

-Referred to CRT

Capacity to consent to care and treatment

Sufficient information provided?

No

Does the person have capacity

Understand the information given to them that is relevant to the decision

Not known

Retain that information long enough to be able to make the decision

Not known

Use or weigh up the information as part of the decision-making process

Not known

Communicate their decision

Not known

Is consent valid?

Not known

Is the consent given voluntarily?

Not applicable

Summary

Summary of Assessment

-Archie arrived at Arrol Park for assessment accompanied by his mother [REDACTED]. Archie had initially been referred routinely to the CMHT by Dr Park GP this was then followed by an urgent referral by Dr Brown due to increased risk to self. I found the assessment of Archie very difficult, he appeared unable to focus and answer questions directly. He

appeared to be possibly thought disordered, he would go of at tangents with what might be seen as flight of ideas and some beliefs about a conspiracy and abuse against him. He spoke of systems and organisations being against him and "messaging with his head" He appeared a little irritated initially looking for answers about who might be against him. He described himself as "highly psychic". On review of the referral information with Archie, he agreed that he was very anxious and stressed at present. The stressors appear to be his current housing situation. He stated that he was being targeted by people in his local area because of his sexuality. There seems to have been damage done to his property and threats to himself. the other stressor appear to be related to the recent refusal of NHS services to accept Archie for plastic surgery to remove excess skin. Archie has also apparently lost considerable weight. In attempting to get this information from Archie he spoke about seeing "colors on a multi dimensional level" "higher plains" "hexes and curses", . He spoke about his Gran who had died on his birthday on the 11/September the same day as the world trade centre plane crashes. He then went off at another tangent. Archie appeared bemused when I asked about hearing voices, he said that he did, he was a little hesitant, he said both male and female, he could not recall any of the content of the voices apart from "I look in and out". [REDACTED]

[REDACTED]. Archie has currently moved into the family home.

Archie admitted to using Cannabis, he denied currently using other drugs or legal highs. On asking Archie about what might help he spoke of "therapeutics" he was unable to expand on this.

Archie has been referred previously to mental health services, he has a history of overdose. He has a past history of sexual abuse and rape. Archie told me he spent some time in care homes. Archie reported that he is fine with his sexuality but implied that no body else was. Archie spoke about his father a few times in the assessment. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Immediate plan of care