

**JAMIESON, Yvonne (Miss)**

Date of Birth: **10-Mar-1982 (44y)**

Flat 2/2, 3 Roxburgh Way, Greenock, Inverclyde, PA15 4LN

CHI Number:	100 382 0107	Home Tel:	
Usual GP:	SYKES, G (Dr)	Work Tel:	
Patient Type:	Community Registered	Mobile Tel:	07495512465
Registered:	12-Sep-2022	Email:	
Language:	unknown	Dispensing:	No
Advocacy Needs:		Transport Needs:	

---

**Problems**

**Active**

30-Nov-2022 [X]Other bipolar affective disorders

**Significant Past**

**Minor Past**




**Medication**

No Current Medication

**Allergies**

No allergies recorded.

**Consultations**

26-Mar-2025	Winvoice Pro Filing	HART, Brian (Consultant)
Additional	Attachment  MH6 Clinic outcome letter to GP   Crown House Community Mental Health Team   Brian Hart	
29-Jan-2025	Winvoice Pro Filing	HART, Brian (Consultant)
Additional	Attachment  MH6 Clinic outcome letter to GP   Crown House Community Mental Health Team   Brian Hart	
28-Jan-2025 16:50	NHS GG&C Mental Health Services	JARDINE, Lauren (MedicalSecretary)
Document	Drug prescription  Drug prescription from Inverclyde Adult CMHT Brian Hart - Consultant (28-Jan-2025)	
30-Dec-2024 10:19	Telephone call to a patient (Crown House)	HUTCHISON, Jade (StaffNurse)
Comment	Duty - Writer made contact with Yvonne this morning. She engaged well throughout call and gave a good account of her difficulties. States that her mood deteriorated over the Christmas period and she was able to identify triggers for same. Reports that she was planning to visit her Mum over the Christmas period however later found out that her Mum was in hospital. States that she was not advised by her Family about her Mum being back in hospital which was upsetting for her. States that it was also the anniversary of her Dad's death recently. Reports that she is also struggling due to her groups being off over the Christmas period although plans to return next week stating that she finds the groups she attends beneficial. Reports that she is no longer experiencing any further thoughts of suicide or self-harm.	

States that she had a better sleep last night and reports no concerns with regards to her appetite.  
Yvonne reports no immediate concerns or issues.  
Yvonne recently attended OPA appointment and the outcome was discharge and no further follow up.

30-Dec-2024	Additional	Winvoice Pro Filing HART, Brian (Consultant) Attachment MH64 Letter To GP   Crown House Community Mental Health Team   Brian Hart
29-Dec-2024 21:41	Comment	Telephone consultation (Leverndale - MHAU) O'HARA, Sharon (SeniorUnscheduledCarePractitioner) Telephone call from Dr Hassan IRH AE re above lady. BIBA after she called then stating that she had taken an overdose of Zopiclone and quetiapine unknown amount. No trigger offered to Dr Hassan, requesting to go home no ongoing suicidal ideation and is currently medically fit. Dr Hassan reporting that she has capacity although still feeling low. He is requesting that she be followed up by CMHT tomorrow. Writer agreed to send task to Inverclyde CMHT to request follow up tomorrow. Discharged - treatment completed
29-Dec-2024 21:38	Referral	Inbound Referral (NHS GG&C Mental Health Services) O'HARA, Sharon (SeniorUnscheduledCarePractitioner) Referral to mental health service From: GGC RS IRH - ED
29-Dec-2024 21:26	Comment	Face to face consultation (NHS GG&C Mental Health Services) SUNDERLAND, Kay (HigherSpecialistTrainee) On Call Psychiatry South Glasgow Patient has presented to A&E with overdose of Quetiapine and Zopiclone. Now medically fit for discharge. Not disclosed trigger, reluctant to speak to medic. Initially stated she had some ongoing suicidal thoughts but then stated whilst she still felt low in mood her suicidal thoughts had resolved and she wanted to go home. Dx EUPD/CPTSD. Previously known to Brand Street but discharged by CPN due to DNA and transferred to Inverclyde due to move with Womens Aid. Seen by Dr Hart 16/12/24 - plan to stop Quetiapine, offer Zopiclone and discharge from medical clinic. Case discussed with Dr Hassan who has reviewed her today. Advised to obtain further information regarding circumstances of OD - has historically come to attention of services with self harm approx 1x per year over last couple of years in context of social stress - and ongoing ideation, planning or intent. Based on outcome of further assessment he should use clinical judgement to decide if he is satisfied patient does/does not fulfil criteria for detention and plan follow up accordingly. She has voiced that she is not keen to engage with certain members of mental health team staff. I suggested that we offer Crisis team referral and CMHT re-referral if she goes home tonight and Dr Hassan should assess her capacity to refuse this if she chooses to do so - he has advised me during earlier calls he believes her capacity is intact. Plan:Await outcome of ED attendance - suggest re-referral to cmht and crisis input if not remaining inpatient.
20-Dec-2024 15:08	Document	NHS GG&C Mental Health Services JARDINE, Lauren (MedicalSecretary) Drug prescription (16-Dec-2024) Drug prescription from Inverclyde Adult CMHT Brian Hart - Consultant (16-Dec-2024)
08-Nov-2024 14:37	Document	NHS GG&C Mental Health Services GOODWIN, Laura Jane (ClericalOfficer) Administration MDT outcome letter (08-Nov-2024)
06-Nov-2024 12:14	Comment	Multidisciplinary team meeting without patient (NHS GG&C Mental Health Services) GOODWIN, Laura Jane (ClericalOfficer) Lorraine McFarlane, Susan Lindsay, Gary Kyle, Jade Hutchison, William Hempill, Elizabeth McLean, Nadine McDonald, Siobhan Wilson, Lyn Jack, Dr Pillai, Dan MarkusInitial assessment: Referred by GP.Lived in Glasgow originally from Perthshire. Moved via Women's Aid was attending psychiatry in Glasgow, has a diagnosis of EUPD and complex PTSD by GP. Looking for assessment by psychology.Difficult childhood, violent father, reliant on alcohol, dad passed away when she was 10. Was in care from around 8 years old, this was due to her mum leaving her with a neighbour. Sexual assault by aunt's

partner. Siblings split and in care and also victims of sexual assaults. Lived in Childrens Unit from 16 years old. Lived with mum and stepdad at 16 years old. Bad relationship with stepdad. Pregnant with son after one night stand, no father's involvement. Also had a still born baby and a baby which died at 4 weeks old. Son was adopted by her sister. Decline in mental health and admitted to Murray Royal, had suicidal thoughts. Sister introduced her to a man and she got into a relationship but transpired her son was sexually abused by this man. Her son is now 21 years old and is on the sex offenders register as he has had sexual interactions with young girls. He is in a relationship with a woman at present. Most recent partner is a woman who lives in Glasgow, she met 5 years ago. Woman has grown up with similar background, sexual abuse from her father. This woman's father has also raped Yvonne, current police investigation. Partner has drug and alcohol addiction and is urgently in Jericho House. No drugs or alcohol addictions for Yvonne. Reached out to support groups, currently on medication but doesn't find it helpful, allocated a CPN and Psychiatry in Glasgow to undergo CBT but then relocated by Women's Aid. Has had anxiety and depression for over 20 years - rates mood 8 out of 10 at present. Sleep - struggles but medication helps. Keen for medication to be reviewed. Did trauma therapy which she benefitted from. Needs support with medication and psychiatry for medication review. Outcome: Refer to outpatients Priority: Medium

29-Oct-2024 11:42 Face to face consultation (Crown House) JACK, Lyn (CPN)

Template: **CRAFT - Risk Assessment**

Assessment Risk assessment • When is this review taking place? Intake to MHS

Risk Assessment

What do the clinical team, service user and family/carer think the key risks are at the moment, please describe these in detail? No current risks identified and denied any thoughts of DSH/suicide

Diagnosis of EUPD and complex trauma

Currently residing in social housing flat with support from Women's Aid

What historical risk factors are there that it is important to be aware of? Previous trauma and sexual abuse

Recently fled abusive relationship and being supported by Women's Aid

Ongoing court case re recent sexual assault by her ex-partner's father

Stressors with son as he is currently on Sex Offender's Register for inappropriate interactions with underage girls

Poor family relationships and has limited contact with siblings

What are the obstacles to risk management/what risks can't be changed? Willing to engage with support and had reasonably good insight into her difficulties

Current medication regime works well for Yvonne and keen to remain on same prescription

What factors are present that reduce risk? Settled in current tenancy with support from Women's Aid

Accessing community resources and building networks and relationships in local community

Risk Management

Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)? De-stabilisation of home situation or relationship status

Increased stressors

Unable to access medication

What is the clinical team going to do about it - In the next few days/between now and next appointment? Discuss as MDT

What is the clinical team going to do about it - In the next few months? Review via outpatient psychiatric clinic

Are there any other considerations for risk management? As above

What should the service user/family/carers do if risky situations emerge? Yvonne is aware of services she can contact for support and utilises community resources also

Have all relevant professionals been informed of the risk management plan? GP; EMIS users

29-Oct-2024 10:30 Face to face consultation (Crown House) JACK, Lyn (CPN)

Document Mental health assessment (30-Dec-2024) Adult Mental Health Initial Assessment Tool

25-Oct-2024 12:20 Telephone call from a patient (Crown House) MCDONALD, Nadine (ChargeNurse)

Comment Duty contact: The writer received a call from Yvonne this am to ask if her appointment next Tuesday for the purpose of initial assessment could be changed from a domiciliary visit to a clinic appointment further stating that she is currently decorating. The writer has

subsequently discussed this request with Elizabeth McLeod. social worker who is conducting the assessment along with Lyn Jack, CPN who has agreed to same.

22-Oct-2024 14:21	Document	Mail to patient (NHS GG&C Mental Health Services) ROBERTSON, Alana (ClericalOfficer) Appointment letter sent to patient 📎 Appointment letter sent to patient from Inverclyde Adult CMHT (22-Oct-2024) Initial MH Assessment Appointment 29.10.24 at 10.30am
23-Sep-2024 11:20	Comment	Face to face consultation (Crown House) MCLEAN, Elizabeth (SocialWorker) Duty Visit Yvonne attended advised that she is awaitingf CMHT assessment medium priority and therefore not appropriate for duty, any concerns would need to be directed to GP.
21-Aug-2024	Additional	Winvoice Pro Filing MCGHEE, Claire (ConsultantPsychiatrist) Attachment 📎 MH6 Clinic outcome letter to GP   Brand Street Resource Centre Mental Health   Clare McGhee
02-Aug-2024 11:54	Document	NHS GG&C Mental Health Services WATT, Katie (Secretary) Letter sent to patient 📎 Letter sent to patient from Inverclyde Adult CMHT (02-Aug-2024)
26-Jul-2024 15:01	Comment	Multidisciplinary team meeting without patient (NHS GG&C Mental Health Services) WORKMAN, Tracy (ClericalOfficer) SPOA MEETING: 23/07/24 IN ATTENDANCE: Dr Easton, Dan Markus, Jade Hutchison and James Graham RATIONALE: Transfer of care from Glasgow HSCP - EUPD & CPTSD OUTCOME: CMHT assessment - medium priority
25-Jul-2024 14:13	Document	NHS GG&C Mental Health Services WORKMAN, Tracy (ClericalOfficer) SCI Gateway referral letter 📎 SCI Gateway referral letter from Cochrane Medical Practice (25-Jul-2024)
25-Jul-2024 14:13	Referral	Inbound Referral (NHS GG&C Mental Health Services) WORKMAN, Tracy (ClericalOfficer) Referral to community mental health team From: Cochrane Medical Practice
21-Jun-2024 10:23	Comment	Nurse telephone triage (Crown House) GRAHAM, James (CPN) I called Yvonne for triage this morning. She confirmed that she has a diagnosis of EUPD and CPTSD. Prior to movig to Inverclyde she was seen and supported by the CMHT in Brand Street Govan. Her support level there was a CPN Keyworker , Psychologist and OPC with Consultant Psychiatrist who made diagnosis of EUPD. I explained the function of PCMHT which will not meet her need level and I have suggested that she speak to her GP for referral to tier 2 mental health services. Yvonne happy with advice given with no concerns regarding self harm or suicide currently. Will make entry in GP notes. Discharged from community mental health service
20-Jun-2024 15:29	Comment	Nurse telephone triage (NHS GG&C Mental Health Services) MILLAR, Veronique (CPN) Traige call made but Yvonne was out in public at the time and not appropriate to take the call. Advised I will put her on the list for tomorrow AM and not count this as her first call.
20-Jun-2024 11:34	Comment	Telephone call from a patient (Crown House) MCNEILAGE, Louise (CPN) First triage call attempted to no avail. The phone line rang once and then appeared disconnected - did not cut off but not connecting again. Called back and same happened. Patient will receive another call and I will not count as first call in this instance. Please note - patient has diagnosis of EUPD and note on records stating 'other bipolar affective disorders' therefore would not meet criteria for PCMHT and would require redirection to GP.
18-Jun-2024	Additional	Winvoice Pro Filing THOMSON, Linda (StaffNurse) Attachment 📎 MH64 Discharge Letter To GP   Brand Street Resource Centre Psychiatry   Linda Broadfoot
07-Jun-2024 15:46	Comment	Face to face consultation (Brand Street Resource Centre) THOMSON, Linda (StaffNurse) Discussed at MDT. Discharge from CPN caseload due to DNA twice.
05-Jun-2024 10:41	Comment	Face to face consultation (NHS GG&C Mental Health Services) THOMSON, Linda (StaffNurse) DNA second time. Writer notes Yvonne has self-referred to Inverclyde services and has an upcoming appointment there. Discharge due to non-attendance and no contact from patient from CPN caseload.

04-Jun-2024 10:27	NHS GG&C Mental Health Services	WORKMAN, Tracy (ClericalOfficer)
Document	Letter sent to patient  Letter sent to patient from Inverclyde PCL (04-Jun-2024)	
03-Jun-2024 15:58	NHS GG&C Mental Health Services	WORKMAN, Tracy (ClericalOfficer)
Document	Nurse telephone triage  (21-Jun-2024) Nurse telephone triage (03-Jun-2024)	
03-Jun-2024 15:58	NHS GG&C Mental Health Services	WORKMAN, Tracy (ClericalOfficer)
Document	Source of referral: Self referral  Source of referral: Self referral from Inverclyde PCL (03-Jun-2024)	
03-Jun-2024 15:57	Inbound Referral (NHS GG&C Mental Health Services)	WORKMAN, Tracy (ClericalOfficer)
Referral	Referral to primary care mental health team	
07-May-2024 10:16	Face to face consultation (NHS GG&C Mental Health Services)	THOMSON, Linda (StaffNurse)
Comment	DNA. No contact from Yvonne. Will be re-appointed.	
06-Apr-2024	Winvoice Pro Filing	MCGHEE, Claire (ConsultantPsychiatrist)
Additional	Attachment  MH6 Clinic outcome letter to GP   Brand Street Resource Centre Mental Health   Clare McGhee	
03-Apr-2024 20:20	Administration note (NHS GG&C Mental Health Services)	MCLEAN, Elizabeth (SocialWorker)
Comment	To be discussed at MARAC 04/04/24	
06-Mar-2024 11:43	Administration note (Brand Street Resource Centre)	ADAM, Karen (ChargeNurse)
Comment	<p>Duty Task</p> <p>EUPD</p> <p>open to medics been assessed with medication recommendations + ESC and is on WL for Team allocation</p> <p>reports situation as in crisis feels overwhelmed and unable to cope with ongoing police investigation and current life events relationships</p> <p>obj keen to off load came on phone started talking at length with all detail of recent difficult interactions and events with police etc</p> <p>arranged by self support from Rape Crisis to attend Apps with her - encouraged to utilise other services</p> <p>reports still not got medication as not Reg with a GP advised to do so and trial medication will help with distress and sleep - filled form in just to hand in agreed to this in the afternoon</p> <p>risk no - no immanent concerns raised no plan / intent</p> <p>responded to validation normalisation reassurance and advice</p> <p>Follow-up appointment offered</p>	
22-Feb-2024 12:35	Telephone call to a patient (NHS GG&C Mental Health Services)	FARRELL, Anthony (StaffNurse)
Comment	<p>Duty</p> <p>Telephone contact with Yvonne who stated that she was feeling distressed following her interview at the police station due to reporting historical sexual abuse from her father-in-law. We discussed some coping and distraction techniques and also what things had helped her in the past, she will go and listen to some music then try the distraction techniques and breathing exercises that we discussed.</p>	
14-Dec-2023	Winvoice Pro Filing	FARMER, Donna (MedicalSecretary)
Additional	<p>Entered By: MCINTYRE, Nick (SeniorMentalHealthNurse)</p> <p>Attachment  AUT1 Clinical Letter   McLeod Centre Mental Health   Donna Farmer</p>	
18-Nov-2023 22:51	Telephone call to a patient (Leverndale - MHAU)	MCINTYRE, Nick (SeniorMentalHealthNurse)
Assessment	<p>Template: <b>CRAFT - Risk Assessment</b></p> <p>Risk assessment • When is this review taking place: Initial Assessment</p> <p>At risk of DSH - deliberate self harm Harm to Self: Yes 18/11/2023 - MHAU - LEVERNDALE - Ongoing suicidal thoughts. No fixed plan or intent at present. Superficial scratched to arm with knife - felt some relief. Reports overdose 1 year ago.</p> <p>Harm to Others: No 18/11/2023 - MHAU - LEVERNDALE - None known/disclosed</p> <p>Harm to Children: No 18/11/2023 - MHAU - LEVERNDALE - None known/disclosed</p>	

Harm from Self Neglect: No 18/11/2023 - MHAU - LEVERNDALE - None known/disclosed  
Vulnerable adult Harm from Others: Yes - 18/11/2023 - MHAU - LEVERNDALE - Reports sexual abuse (rape) from partner's father 3 years ago. Also experienced childhood sexual abuse. Vulnerable but no immediate risk of harm from others disclosed.

Falls: No • Harm related to Cognitive Impairment: No • Poor physical health: No  
• Absconding: No

a. Please summarise previous risk history with dates, severity and context. Are there any situations associated with increased risk? Reports overdose 1 year ago. Find this time of year stressful EUPD diagnosis - stressful situations increase likelihood of emotional dysregulation and suicidal thoughts/thoughts to harm self.

b. What are the principal risks? What are the current risk factors? What are the protective factors? PR - EUPD Diagnosis and previous overdose (1 year ago) CRF - issues with partner that have caused emotional dysregulation and an increase in suicidal thoughts. PF - Keen to work with CPN and hopeful of obtaining benefit from ECS group. Service user view of risks Denied any plan or intent to end life/harm self.

a. Safety Plan (1) Contact NHS24 OOHs (2) Advised of CMHT desk duty and Crisis through CMHT at weekends Agreeable to the above.

b. Risk management plan identify actions and timescale (1) Contact Brand Street to highlight contact.

Note of other professionals and teams and copies sent to: Brand St CMHT

18-Nov-2023 22:51	Telephone call to a patient, Unscheduled care report (Leverndale - MHAU) MCINTYRE, Nick (SeniorMentalHealthNurse)
Comment	<p>Template: <b>SBAR V4</b></p> <p>Situation NHS24 referral suicidal thoughts, falling out with partner superficial scratches to wrists. (See NHS24 referral for full details.)</p> <p>Background Diagnosis of EUPD. Open to Brand Street CMHT. Awaiting CPN allocation and emotional coping skills group. on Quetiapine 75mg. Previous hx of childhood sexual abuse and reports abuse as an adult from Partner's father.</p> <p>Assessment Yvonne engaged well over the phone. Stated still had thoughts of ending her life. Stated that she had smashed her tablet and her phone out of frustration. States her partner of 4 years has started drinking and consuming illicit substances (previous issues with alcohol and street valium) and stated that she wants to "take things slow" and Yvonne felt like she could not "get a straight answer" from her partner as to the reasoning behind this. Reports has ran out of medication as had been taking extra in an attempt to sleep and has contacted the GP for a further supply as a special request as the GP stated she was not due any more as was given an adequate supply but as stated has been taking extra. Discussed past issues and abuse she has experienced stated she only has her partner for support in Glasgow as had to leave perth due to being "ran out of where she was living" due to her son being convicted of a sexual offence. Thinks will be able to reconcile with partner. Awaiting CPN allocation and ECS group - hopeful this will help but some trepidation as when has engaged in work before felt this triggered flashbacks of previous abuse. Reports superficial scratches to arm were an attempt at gaining some relief from how she was feeling and does not think she will harm herself this evening. No plan or intent to harm self but states ongoing thoughts. Forward planning of attending GP/engaging with CMHT.</p> <p>Recommendation (1) Contact NHS24 again if feels requires support overnight. (2) Advised can access CMHT duty worker and also Crisis through calling CMHT number. (3) Writer will task team to highlight contact. (4) Discharge from MHAU Caseload.</p> <p>Risk Denies any plan or intent to harm self further this evening. Reported overdose 1 year ago.</p>
Additional	Discharge from care Appointment Outcome:
18-Nov-2023 20:38	Inbound Referral (NHS GG&C Mental Health Services) DOCHERTY, Stephen (AssUnscheduledCarePractitioner)
Referral	Referral to mental health service From: GGC RS - NHS 24 (mental health hub)
18-Nov-2023 20:38	Telephone call to a patient (NHS GG&C Mental Health Services) DOCHERTY, Stephen (AssUnscheduledCarePractitioner)
Document	Patient held record  Patient held record from MHAU - Leverndale (18-Nov-2023)

Forms - miscellaneous ⓘ MHAU Telephone Referral

17-Nov-2023	Winvoice Pro Filing MCGHEE, Claire (ConsultantPsychiatrist)
Additional	Attachment ⓘ MH6 Clinic outcome letter to GP   Brand Street Resource Centre Mental Health   Clare McGhee
15-Nov-2023 10:00	Face to face consultation (Brand Street Resource Centre) MCGHEE, Claire (ConsultantPsychiatrist)
Comment	<p>Seen in OPC</p> <p>Full letter to follow</p> <p>Difficult circumstances since last appt- struggling with emotional dysregulation at times and took extra Quetiapine on occasion</p> <p>Now returned to 2-3 tablets at night.</p> <p>Struggled in supported accommodation and now moved back to own tenancy.</p> <p>No current thoughts of self harm/suicide. Future focussed and keen to engage with staff for ECS- remains unsuitable for virtual group due to lack of tech/wifi.</p> <p>O/E- appearing well kempt, casually and appropriately dressed for the weather. Very pleasant, mood appearing euthymic, no concerns currently re risk. Good insight into mental health currently.</p> <p>Plan/ Discuss with NTL re reallocation given back in our area</p> <p>Handouts given on EUPD/PTSD.</p> <p>OPC 4 months.</p>
10-Nov-2023 11:45	Administration note (NHS GG&C Mental Health Services) HOOD, Janice (TeamSecretary)
Comment	Earlier appt offered which Yvonne agreed to. New appt for Dr McGhee's clinic 15/11/23.
09-Nov-2023 13:17	Administration note (NHS GG&C Mental Health Services) HOOD, Janice (TeamSecretary)
Comment	Yvonne called to update her address as she has moved back to Govan. Address updated on Emis.
07-Nov-2023 10:00	Telephone call to a patient (Brand Street Resource Centre) THOMSON, Linda (StaffNurse)
Comment	<p>DUTY-Writer returned t/c to Yvonne who said she had called OOH last night ( no record of this). She advised that she has recently moved to supported accomodation and for the last week has been having hallucinations where she feels that she is having intercourse. The senses she experiences are auditory-calling her name and touch. I explained that this is most likely hypnogogic hallucinations and nothing to worry about, despite acknowledging her distress. She sais she has been taking three extra quetiapine for the last week to "knock her out" but they have not worked. I advised that this medication is not meant to "knock her out" and she should take them as prescribed, explaining the dangers of over-medicating. She told me that she is being made to go into groups which consist mainly of men and this is traumatising for her. She has been told by Bethany Trust that these groups are very appropriate for her and the men are safe. She is considering moving to Perth but understands this may not be the best move for her. I advised that I would let Dr McGhee know and would phone her kew worker, Shona Howard. I spoke immediately after to Shona at some length. She explained that Yvonne is very well-known to the church and the organisation and that she is at the point in her treatment where she is being made to be accountable for her treatment and is not liking this. She is apparently attention-seeking and has been made aware this is old behaviour and one which she needs to address. She has been supported to attend a wide variety of groups, some of which teach coping skills along the lines of emotional coping skills and they are very safe, she knows the people there and are appropriate for her needs. Yvonne has also been observed attending prayer groups with a male client who is trustworthy and seems to be enjoying this. Shona also said that Yvonne told her she was not taking the Quetiapine as it "triggered" her so she has told writer something different. It would seem that her concordance is variable. It seems that Yvonne is very well-supported in the Bethanny Trust but is at the point where she has to be "grown-up" and deal with them differently and this is why she is acting out. I spoke to Nurse Team Leader as Yvonne is not in Brand St catchment area. I will also make Dr McGhee aware of Yvonne's recent contact.</p>
09-Oct-2023 11:00	Face to face consultation (NHS GG&C Mental Health Services) ORR, Ronnie (ChargeNurse)
Comment	Yvonne as noted below has requested a female keyworker for emotional coping skills work Unfortunately, she is now outwith our catchment area.

Will discuss whether with RMO Dr McGhee to consider transferring her care to her new locality team.  
Follow-up appointment offered

05-Oct-2023 12:40	Administration note (Brand Street Resource Centre) OTTAWAY, Paula (TeamMedicalSecretary)
Comment	Telephone call from Shona Howard, support worker from Bethany Christian Trust (07921 011712), who was with Yvonne. Has appt with Ronnie Orr, CPN on Monday but was called to request an appt with female worker instead as her past traumas relate to males. Advised that this may delay her being seen by a CPN but Yvonne was accepting of this. Also advised of a recent change of address to G32 area, updated on EMIS. Shona advsed that Yvonne has not registered with a new GP yet. Will advise Ronnie Orr of contact
30-Aug-2023 16:11	Administration note (NHS GG&C Mental Health Services) FINLAY, Ann Jeanette (LocalityAdministrator)
Comment	Referral meeting 30/08/23 Attendees: HP, HK, JB,SM,SP, AF Internal Referral: Outcome:Team
24-Aug-2023	Winvoice Pro Filing MCGHEE, Claire (ConsultantPsychiatrist)
Additional	Attachment MH6 Clinic outcome letter to GP   Brand Street Resource Centre Mental Health   Clare McGhee
24-Aug-2023	Winvoice Pro Filing MCGHEE, Claire (ConsultantPsychiatrist)
Additional	Attachment MH6 Clinic outcome letter to GP   Brand Street Resource Centre Mental Health   Clare McGhee
11-Aug-2023 13:30	Telephone call to a patient (NHS GG&C Mental Health Services) ORR, Ronnie (ChargeNurse)
Comment	DUTY CONTACT. Attempted to return call to Yvonne. NO response, message left.
07-Aug-2023 09:50	Face to face consultation (NHS GG&C Mental Health Services) WATSON, Graeme (ChargeNurse)
Comment	Duty contact Yvonne contacted duty following weekend crisis contact. Discussed recent difficultie sin relation to her brother who appears to have bene experiencing MH difficulites and a Yvonne currently has a 16 week puppy which she has found challenging. Was grateful that a neighbour took dog for a while yesterday to help her out. Slepts well last night and is waiting in today to receive amazon order of new tablet. She plans to use tablet to utilise self help mateiral which we discussed. No immediate concerns raised.
06-Aug-2023 16:17	Telephone call from a patient (NHS GG&C Mental Health Services) MACINNES, Maureen (ChargeNurse)
Comment	Further telephone call Charlene who wasn't with Yvonne however Charlene reported she had continuing ongoing thoughts of harming herself, writer encouraged Charlene to give Yvonne crisis number to telephone crisis Due to two calls from Charlene writer decided to contact Yvonne to assess Yvonne was happy to take call , speech was normal rate and tone , she denied any current thoughts of suicide or selfharm reports " a build of stress" reports she has a 16 week old puppy who is keeping her awake at night, Yvonne sounded reactive in mood when talking about her puppy Yvonne reports she has been recently informed she has EUPD which made her feel distressed however admits she eager to commence treatment for same advised to start engaging in mindfulness , reports she has been listening to music today and finds this helpful Writer advised Yvonne to telephone crisis if she experiences any further thoughts selfharm or suicide
06-Aug-2023 13:14	Telephone call from relative/carer (Florence Street Resource Centre) MCNAUGHTON, Kathryn (SeniorCrisisPractitioner)

Comment	South Crisis Team Telephone call from Charlene, Yvonne's partner. Charlene reports she is concerned about Yvonne. Stated she has been "in a bit of a state" over the past 2 days. Had walked out in front of a car yesterday, however Charlene clarified this was in fact due to Yvonne not paying attention rather than an intentional act. Current stressor due to Yvonne's brother voicing thoughts of suicide. Charlene advised Yvonne has not voiced any thoughts of harm to herself. Charlene will encourage Yvonne to contact for support today if required, or to contact her own team tomorrow. PLAN - task CMHT to inform of contact - No further action required by crisis. Will react appropriately should Yvonne call for support.
06-Aug-2023 13:12	Inbound Referral (NHS GG&C Mental Health Services) MCNAUGHTON, Kathryn (SeniorCrisisPractitioner)
Referral	Referral to mental health crisis team From: (FCHC) Family/Carer
04-Aug-2023 11:31	Multidisciplinary team meeting without patient (Brand Street Resource Centre) MCGHEE, Claire (ConsultantPsychiatrist)
Comment	Discussion at MDT for allocation to keyworker for ECS work. Yvonne keen for this and aware there will likely be a wait for this.
02-Aug-2023	Winvoice Pro Filing MCGHEE, Claire (ConsultantPsychiatrist)
Additional	Attachment MH13 Prescription change letter to GP   Brand Street Resource Centre Psychiatry   Clare McGhee
02-Aug-2023 12:52	Face to face consultation (Brand Street Resource Centre) MCGHEE, Claire (ConsultantPsychiatrist)
Comment	Seen in OPC Full letter to follow Seen with partner Charlene. Mental state fairly stable Found reduction in Quetiapine difficult- more agitated, mood more variable. Discussed increase to 25mg mane, 50mg nocte. Majority of appt spent discussing treatment for EUPD. Yvonne keen for ECS- will discuss at MDT- not suitable for group as does not have any technology. OPC appt 4 months.
31-Mar-2023	Winvoice Pro Filing MCGHEE, Claire (ConsultantPsychiatrist)
Additional	Attachment MH57 To Whom It May Concern   Brand Street Resource Centre Mental Health   Clare McGhee
31-Mar-2023	Winvoice Pro Filing MCGHEE, Claire (ConsultantPsychiatrist)
Additional	Attachment MH13 Prescription change letter to GP   Brand Street Resource Centre Community Mental Health Team   Clare McGhee
31-Mar-2023	Winvoice Pro Filing MCGHEE, Claire (ConsultantPsychiatrist)
Additional	Attachment MH6 Clinical outcome letter to GP   Brand Street Resource Centre Mental Health   Clare McGhee
29-Mar-2023 12:15	Face to face consultation (NHS GG&C Mental Health Services) MCGHEE, Claire (ConsultantPsychiatrist)
Comment	Seen in OPC Full letter to follow History more in keeping with EUPD. Discussed this with Yvonne Written information from MIND website given away Will review meds- likely stop Quetiapine Discussed option of Emotional Coping Skills Group- Yvonne will think about this. Risk- main risk is that of impulsive overdoses- no concerns today.
14-Feb-2023 16:48	Administration note (NHS GG&C Mental Health Services) BELL, Kirsty

	(ClinicalPsychologist)
Comment	Template: <b>Psychological Therapies HEAT Target CT</b> Psychological therapy summary report
Examination	Not suitable for psychological therapies (13-Sep-2022)
13-Feb-2023	Brand Street Resource Centre OTTAWAY, Paula (TeamMedicalSecretary) Entered By: MCGHEE, Claire (ConsultantPsychiatrist)
Additional	Attachment MH6 Clinic outcome letter to GP   Brand Street Resource Centre Mental Health   Paula Ottaway
16-Jan-2023 14:30	Telephone call to a patient (NHS GG&C Mental Health Services) PATERSON, Heather (PsychiatricNurse)
Comment	DUTY - returned Yvonne's call. Yvonne stated she phoned the police to report her partner's dad for sexual abuse and is waiting for the police to arrive. Yvonne experienced childhood sexual abuse and within the past 3 years has experienced abuse from her partner's dad. Stated she has spoken to Rape Crisis re abuse in past but did not feel ready to speak then so ended the support. Discussed that she is ready to speak about this now, writer stated Rape Crisis would offer support and she may find them helpful due to previous support. Also recommended Moira Anderson Foundation and Talk Now in East Kilbride. Yvonne explained that her partner's dad has sexually abused partner too but partner does not want to report her dad. Yvonne states that there is sexually inappropriate behaviour ongoing between them. Yvonne stated that she asked partner to leave their home today as she cannot live in these circumstances. States partner will have to return for belongings but reports relationship is finished. Yvonne was keen to share what was currently going on, Yvonne sounded anxious at start of call and calmer at end; responded well to reassurance. Yvonne reports having attended the Gilded Lily and Preshall Trust since last DUTY contact. Plans to find a church to attend as this is important for her, is considering Destiny Church. Reports has an interview tomorrow at Anderston Library to mentor a young person with homework a couple hours per week. Evidence of future planning. No suicidal plan or intent.
12-Jan-2023 14:29	NHS GG&C Mental Health Services FINLAY, Ann Jeanette (LocalityAdministrator)
Document	Email encounter (05-Jun-2021) Email encounter (05-Jun-2021)
12-Jan-2023 14:27	NHS GG&C Mental Health Services FINLAY, Ann Jeanette (LocalityAdministrator)
Document	Email encounter (19-Jan-2021) Email encounter from Tayside Hospital (19-Jan-2021)
12-Jan-2023 14:25	NHS GG&C Mental Health Services FINLAY, Ann Jeanette (LocalityAdministrator)
Document	Transfer of care (02-Mar-2021) Transfer of care from Tayside Hospital (02-Mar-2021)
12-Jan-2023 14:20	NHS GG&C Mental Health Services FINLAY, Ann Jeanette (LocalityAdministrator)
Document	Email encounter (29-Jan-2020) Email encounter (29-Jan-2020)
12-Jan-2023 14:17	NHS GG&C Mental Health Services FINLAY, Ann Jeanette (LocalityAdministrator)
Document	To whom it may concern letter written (08-Jul-2019) To whom it may concern letter written from Blairgowrie Community Hospital (08-Jul-2019)
12-Jan-2023 14:09	NHS GG&C Mental Health Services FINLAY, Ann Jeanette (LocalityAdministrator)
Document	Email encounter (11-Jul-2022) Email encounter (11-Jul-2022)
12-Jan-2023 14:07	NHS GG&C Mental Health Services FINLAY, Ann Jeanette (LocalityAdministrator)
Document	A&E attendance (22-Jun-2022) A&E attendance from Tayside Hospital (22-Jun-2022)
12-Jan-2023 14:01	NHS GG&C Mental Health Services FINLAY, Ann Jeanette (LocalityAdministrator)
Document	Discharge letter given to patient (12-Jan-2023) Discharge letter given to patient from Tayside Hospital (12-Jan-2023)
12-Jan-2023 12:41	NHS GG&C Mental Health Services FINLAY, Ann Jeanette (LocalityAdministrator)
Document	Other referral (11-Jul-2022) Other referral (11-Jul-2022)
12-Jan-2023 12:37	NHS GG&C Mental Health Services FINLAY, Ann Jeanette (LocalityAdministrator)
Document	Email encounter (24-Aug-2022) Email encounter from Blairgowrie Community Hospital (24-Aug-2022)

12-Jan-2023 12:31	NHS GG&C Mental Health Services	FINLAY, Ann Jeanette (LocalityAdministrator)
Document	Major incident survivor monitoring 📄 (11-Nov-2022) Major incident survivor monitoring (11-Nov-2022)	
12-Jan-2023 12:27	NHS GG&C Mental Health Services	FINLAY, Ann Jeanette (LocalityAdministrator)
Document	Assessment 📄 (29-Jan-2020) Assessment (29-Jan-2020)	
12-Jan-2023 12:02	NHS GG&C Mental Health Services	FINLAY, Ann Jeanette (LocalityAdministrator)
Document	Other referral 📄 (04-Jan-2019) Other referral (04-Jan-2019)	
12-Jan-2023 11:51	NHS GG&C Mental Health Services	FINLAY, Ann Jeanette (LocalityAdministrator)
Document	Email encounter 📄 (17-Jan-2013) Other referral (17-Jan-2013)	
06-Jan-2023 09:30	Multidisciplinary team meeting without patient (NHS GG&C Mental Health Services) PATERSON, Heather (PsychiatricNurse)	
Comment	Discussed at MDT. Dr McGee will offer Yvonne earlier appointment date at clinic (current appointment 29/1/23) to review medication and if CPN/additional support required.	
04-Jan-2023 11:45	Telephone call to a patient (NHS GG&C Mental Health Services) PATERSON, Heather (PsychiatricNurse)	
Comment	<p>DUTY</p> <p>Writer called Yvonne as follow-up from A&amp;E attendance on 31/12/22 following overdose of 5x100mg quetiapine.</p> <p>Yvonne stated she is "alright now, thanks". Stated there was a "combination of things" and felt "down in dumps" which led to overdose. Her partner took her to A&amp;E. Yvonne stated that she discharged self from hospital "I walked out". Reports hearing "whispers" when lying in bed at home but noone there; happened only once. Expressed frustration around unknown diagnosis unsure if bipolar or EUPD. States new home faces shipyard wall and she finds the view reminders of her facing wall as punishment in school.</p> <p>States completed 10 week Survive and Thrive previously but at end experienced flashbacks of abuse.</p> <p>Yvonne does not think quetiapine is working for mood or sleep: states 5 hours after taking it she is still awake. Yvonne would like her medication reviewed.</p> <p>Has found move from Blairgowrie hard, discussed moving to new area. Nazarene Church offered previous community support but states that due to being in same sex relationship she is unsure about attending although states that "there is no rejection there". Yvonne feels she needs more support, enquired re CPN. Writer discussed Preshal Trust and Gilded Lily as opportunities to integrate into the community. Yvonne open to these and wrote down contact information. Discussed current coping mechanisms of watching TV and listening to music to distract self, stated she finds these do not help much presently. Objectively Yvonne seemed low in mood. Discussed use of mood diary which Yvonne has completed previously. Writer printed 3x'Bipolar Uk Mood Diary' left at reception for Yvonne to collect.</p> <p>PLAN: raise at MDT re medication review; ?CPN WL.</p>	
31-Dec-2022 06:15	Discussion with colleague (Leverndale - MHAU)	WONFOR, Callum (UnscheduledCareNurse)
Comment	Dr from QEUH A&E requested a task be sent to Brand Street CMHT to make them aware of her contact with A&E overnight.	
31-Dec-2022 05:56	Inbound Referral (NHS GG&C Mental Health Services)	DOCHERTY, Stephen (AssUnscheduledCarePractitioner)
Referral	Referral to mental health service From: GGC RS QEUH - ED	
31-Dec-2022	NHS GG&C Mental Health Services	MCCONNELL, Karen (MedicalSecretary)
Document	Referral to mental health team 📄 Referral to mental health team from GGC RS QEUH - ED (31-Dec-2022)	
22-Dec-2022	Winvoice Pro Filing	PATIL, Shaila (JNR)
Additional	Attachment 📄 MH6 Clinic outcome letter to GP   Brand Street Resource Centre Mental Health   Shaila Patil	
06-Dec-2022	Winvoice Pro Filing	PATIL, Shaila (JNR)
Additional	Attachment 📄 MH6 Clinic outcome letter to GP   Brand Street Resource Centre Mental Health   Shaila Patil	

01-Dec-2022 09:26	Administration note (NHS GG&C Mental Health Services) (TeamSecretary)	MOTHERWELL, Samantha
	Comment	Previous case notes received - in Shaila's tray
30-Nov-2022 11:50	Telephone consultation (Brand Street Resource Centre)	PATIL, Shaila (JNR)
	Comment	<p>Template: <b>SBAR V4</b></p> <p>Tel OPC review.</p> <p>mental state improved. feeling much better. moving to her own tenancy next week. looking forward to the move. also got back to her partner, taking one step at a time, planning to give it another go at slower pace.</p> <p>denied any stress at present.</p> <p>sleep disturbed last few nights due to noisy environment at hostel, otherwise sleeps well.</p> <p>attends church regularly and planning to get involve in volunteering once settled in her new home.</p> <p>not managed to complete mood diary. no info received from previous CMHT as yet.</p> <p>remains compliant with meds, denied SEs, dose adequate. no change made to prescription.</p> <p>denied suicidal thoughts/ psychotic sx.</p> <p>Follow up in outpatient clinic - 4 months, face to face, aware to seek help if earlier input needed.</p>
	Problem	<b>[X]Other bipolar affective disorders (First)</b>
16-Nov-2022 10:30	Face to face consultation (Outreach) (TraineeAdvancedNursePractitioner)	MCDONALD, Emma
	Comment	<p>Attended ANP outreach clinic at Elder street. Presenting complaint of nausea and vomiting 2 days ago while attending her cousins house for dinner, states feeling better now and symptoms have resolved, mentioned she had home made soup the previous evening and did not feel sick. Systematically well on assessment, Yvonne stated she feels she ate and drank too much at her cousins house. No long standing history of presenting complaint. Advised to contact GP/NHS24 if symptoms worsen.</p>
10-Nov-2022 12:12	Telephone consultation (NHS GG&C Mental Health Services)	PATIL, Shaila (JNR)
	Comment	<p>Keyworker Gail (at her Colleague Jane McGovan's request) from Youvonne's current accomodation called enquire about our plan for ongoing support from CMHT.</p> <p>gail did not raise any specific concerns/risks except that Yvonne being upset after consultation knowing that her next review was at 4 month's time.</p> <p>without disclosing much details advised about the uncertainty around diagnosis and also that we are in process of organising to get notes from previous Psychiatric services to get the clearer picture around Yvonne's difficulties and support she needed.</p> <p>will decide next course of action once we review her notes.</p> <p>meanwhile advised to ask Yvonne and staff to contact CMHT/ utilise duty if required.</p> <p>happy with above plan and advice.</p>
04-Nov-2022 15:10	Administration note (NHS GG&C Mental Health Services) (TeamSecretary)	MOTHERWELL, Samantha
	Comment	Case notes requested via Kirsty at North Perthshire CMHT
03-Nov-2022 16:28	Face to face consultation (Brand Street Resource Centre)	PATIL, Shaila (JNR)
	Comment	<p>F2F assessment at OPC. T/F care from Perthshire. not all records received.</p> <p>described to have Bipolar-II disorder. stable on quetiapine for 2-3 yrs now, mood stable.</p> <p>could not give timeline of the events or details around diagnosis. has health and social care background. herself questiones the diagnosis, not sure it explains her difficulties.</p> <p>had input from survive and thrive- flashbacks of past trauma resurfaced since then.</p> <p>20yr old son got in to trouble for sleeping with minors hence both mum and son got targeted by locals. moved to Glasgow at request of female partner however since moving here relationship broke down, now staying in hostel, partner assaulted Yvonne for raising concern about her life style as partner gets physical abuse and sexually inappropriate behaviour by her father. also worried about housing situation. not concern about son- now in a job and stable relationship with similar age group GF.</p> <p>mood 5/10 , euthymic reactive, injecting humour in between. no h/o sustained low mood for protracted period.</p> <p>denied labile mood, impulsivity, relationship difficulties.</p>

enjoys diff arts, crafts, groups activities and visiting family in Glasgow, no evidence of psychotic sx/ paranoia. sleep 8-9hrs  
denies suicidal thoughts.  
did not give concrete evidence of manic/hypomanic presentation any time in past. not sure Bipolar appropriate diagnosis, will keep this under review.  
childhood unhappy, mum alcoholic, sexually abused between 6-10 by a close family member. bullied at school due to care history. made friends with children with similar background, keeps in touch with friends from school. impulsive while growing up but not any more.  
frequent ODs in the past for 'cry for help' and suicidal attempts in contexts of crisis situation and past rumination.  
SW got involved, grew up with diff foster carers.  
the most recent OD in june22in the context of partner's reluctance to get help for physical/ sexual abuse by father.  
will continue Quetiapine, denied SEs, suggested to keed Mood diary-incl mood, sleep, activity and conc  
request all past notes.  
Follow up in outpatient clinic - 4 months, face to face, made aware of CMHT/OOH/Crisis numbers and encouraged to seek help.  
happy with plan.

28-Oct-2022 11:39	Face to face consultation (NHS GG&C Mental Health Services) CORCORAN, Keith (TeamSecretary)
Comment	Yvonne called to say that she has received two appointments in one for Arran and one for Brand Street, as the patient is living in Brand Street area I said that i would cancel her apt with Dr Rani on 9th November and asked her to keep the Brand Street one.
21-Oct-2022 11:46	Administration note (NHS GG&C Mental Health Services) MOTHERWELL, Samantha (TeamSecretary)
Comment	Called Arran Centre @ request of MDT to inform them we have accepted patient - spoke with Karen.
21-Oct-2022 11:22	Multidisciplinary team meeting without patient (NHS GG&C Mental Health Services) IMRIE, Wai Lan (Consultant)
Comment	medical screening has open erferral to arran centre - now living in brand st area to be seen at brnad st - admin to contact arran centre to cancel appointment there allocate
19-Oct-2022 13:28	Administration note (Brand Street Resource Centre) THERIAC, Paula (OT)
Comment	screening meeting PT HP JB MR AG under care of treatment in blairgowrie moved to Glasgow bipolar diagnosis however being questioned re BPD/trauma medical appt re diagnosis clarification Follow-up appointment offered
19-Oct-2022 09:43	NHS GG&C Mental Health Services MOONEY, Yvonne (ClericalOfficer)
Document	SCI Gateway referral letter 📄 (18-Oct-2022) SCI Gateway referral letter from Dr Mair, Dr Pettigrew, Dr Martin & Dr Neylon (18-Oct-2022)
19-Oct-2022 09:43	Inbound Referral (NHS GG&C Mental Health Services) MOONEY, Yvonne (ClericalOfficer)
Referral	Referral to community mental health team From: Dr Mair, Dr Pettigrew, Dr Martin & Dr Neylon
13-Sep-2022 11:14	Multidisciplinary team meeting without patient (NHS GG&C Mental Health Services) DOWNIE, Maureen (NurseTeamLeader)
Comment	Discussed at screening with Dr Love, Dr Bell and M Downie allocated to Dr Rani for follow up
12-Sep-2022 13:18	Administration note (NHS GG&C Mental Health Services) MCBRIDE, Daniel (CommunityChargeNurse)
Comment	Arran Centre Duty: Routine referral from GP seeking follow-up as previously known to MH services in

Perthshire with a diagnosis of BPAD (Type 2) and childhood trauma.  
Patient now residing in Burgher Street Refuge accomodation.  
History of childhood sexual trauma.  
Prescribed Quetiapine.  
Past history of overdose.  
TOC letter (to GP) scanned 12/09/22  
Moved under discussion.

12-Sep-2022 11:31	NHS GG&C Mental Health Services	KEENAN, Kayleigh (TeamSecretary)
Document	Additional information  Additional information from Drs Lafferty, Macphee, Dames & Smith (12-Sep-2022)	
12-Sep-2022 11:30	NHS GG&C Mental Health Services	KEENAN, Kayleigh (TeamSecretary)
Document	SCI Gateway referral letter  SCI Gateway referral letter from Drs Lafferty, Macphee, Dames & Smith (12-Sep-2022)	
12-Sep-2022 11:30	Inbound Referral (NHS GG&C Mental Health Services)	KEENAN, Kayleigh (TeamSecretary)
Referral	Referral to community mental health team From: Drs Lafferty, Macphee, Dames & Smith	
31-Aug-2022 10:37	Face to face consultation (Outreach)	PATERSON, Kirsty (SnrAdvancedNursePractitioner)
Comment	ANP Outreach clinic Elder st- From Blairgowrie, recently seperated from partner. Looking for sexual health screen, smear and BBV testing. No DBST with us at clinic today. Advised we will refer to sexual health team and they can either to DBST or we can do it at next clinic. Yvonne also has asthma and hypothyroid, has all medications and takes regular peak flows. Has now registered with local GP. Happy for covid/ flu vaccine next week when we start campaign.	
12-Jan-2022	Unknown	MCCONNELL, Karen (MedicalSecretary)
Additional	Entered By: MCLEOD, Aimee (SeniorUnscheduledCareNurse) Attachment  AUT1 Clinical Letter   Stobhill Hospital Mental Health   Karen McConnell	
08-Jan-2022 05:33	Telephone call to a patient, Unscheduled care report (Stobhill - MHAU)	MACLEOD, Elizabeth (SeniorUnscheduledCarePractitioner)
Comment	Template: <b>SBAR V4</b> Situation Electronic referral from NHS24. Yvonne had contacted NHS24 C/o low mood and fleeting thoughts of self harm Background Currently known to services in the Blairgowrie area states has Diagnosis of Bi-Polar Type2. Current treatment Quetiapine. Assessment On returning call both Yvonne and her partner were asleep, Yvonne apologised, reports lowering of mood with fleeting thoughts of harming herself. Currently staying at her partners home in Glasgow , has daily contact at present with her own team in Blairgowrie. However, no support planned over the weekend.Spoke at length with Yvonne reports a previous hx of overdosing last overdosed a year ago, tonight no evidence of any active suicidal intent/plan. Yvonne responded well to reassurance and advice, plans on retiring to bed with a view to either returning home today and engaging with own team of Monday, if not will utilise NHS24 over the weekend if requirng support. Recommendation Client will seek support over the weekend if struggling Risk No immediate risks identified tonight.	
08-Jan-2022 01:23	Inbound Referral (NHS GG&C Mental Health Services)	DOCHERTY, Stephen (AssUnscheduledCarePractitioner)
Referral	Referral to mental health crisis team From: GGC RS - NHS 24	
08-Jan-2022	NHS GG&C Mental Health Services	MCCONNELL, Karen (MedicalSecretary)
Document	Referral to mental health team  Referral to mental health team from GGC RS - NHS 24 (mental health hub) (08-Jan-2022)	

**Values and Investigations**

29-Oct-2024 Risk assessment  
18-Nov-2023 Risk assessment

**Referrals**

<b>Date</b>	<b>Term</b>	<b>Details</b>	<b>Clinician</b>	<b>Status</b>
29-Dec-2024	! Referral to mental health service	FROM: GGC RS IRH - ED	O'HARA, Sharon (SeniorUnscheduledCarePractitioner)	Ended
25-Jul-2024	Referral to community mental health team	FROM: Cochrane Medical Practice	WORKMAN, Tracy (ClericalOfficer)	Ended
03-Jun-2024	Referral to primary care mental health team		WORKMAN, Tracy (ClericalOfficer)	Ended
18-Nov-2023	! Referral to mental health service	FROM: GGC RS - NHS 24 (mental health hub)	DOCHERTY, Stephen (AssUnscheduledCarePractitioner)	Ended
06-Aug-2023	! Referral to mental health crisis team	FROM: (FCHC) Family/Carer	MCNAUGHTON, Kathryn (SeniorCrisisPractitioner)	Ended
31-Dec-2022	! Referral to mental health service	FROM: GGC RS QEUH - ED	DOCHERTY, Stephen (AssUnscheduledCarePractitioner)	Ended
19-Oct-2022	Referral to community mental health team	FROM: Dr Mair, Dr Pettigrew, Dr Martin & Dr Neylon	MOONEY, Yvonne (ClericalOfficer)	Ended
12-Sep-2022	Referral to community mental health team	FROM: Drs Lafferty, Macphee, Dames & Smith	KEENAN, Kayleigh (TeamSecretary)	Ended
08-Jan-2022	! Referral to mental health crisis team	FROM: GGC RS - NHS 24	DOCHERTY, Stephen (AssUnscheduledCarePractitioner)	Ended

**Care plans**