

Our Ref: BH/LJ
Job ID: 100675115
Date Dictated:
Date: 28/01/2025

PRIVATE & CONFIDENTIAL

Dr GC Sykes
Cochrane Medical Practice
Greenock Health & Care Centre
Wellington Street
Greenock
PA15 4NH

Community Mental Health Team
Crown House
30 King Street
Greenock
Inverclyde
PA15 1NL
01475 558000 EXT: 05447
www.nhsggc.org.uk

Dear Dr Sykes,

Re: Yvonne Jamieson DOB: 10/03/1982 CHI: 1003820107
Address: Flat 2/2 3 Roxburgh Way, Greenock, Inverclyde, PA15 4LN

Diagnosis: Reactive low mood.

Medication: Please px Quetiapine 25 to 50 mgs at night as required.

Follow up: OPD Crown House 6 weeks.

I saw Yvonne back for review at the psychiatric clinic in Crown House on 27th January 2025.

Unfortunately, Yvonne spent a particularly lonely and unpleasant Christmas and New Year sharing her celebratory meal with a fellow client of the Salvation Army whose BO was so acrid that she had to excuse herself to be sick.

All of this moved Yvonne to an impulsive overdose that she immediately regretted, but the hospital staff wouldn't let her go without being assessed unless she attended today's appointment as arranged on her behalf.

As before Yvonne came across as winningly at sea in the world of interacting human beings, rather than personality disordered, and making efforts to continue an established trajectory of psychosocial recovery by applying for jobs.

On reflection, Yvonne thought that she might have been a bit hasty in forgoing the hypnotic effects of Quetiapine. She asked after any alternatives. I said that as far as something that she could take on a prn basis all sedative antihistamines had the same problems and she'd be better sticking to Quetiapine as the devil that she knew.

Yours sincerely

Dr Brian Hart
Locum Consultant Psychiatrist

Authorised on 29/01/2025 17:28:04 by Dr Brian Hart.

Our Ref: BH/LJ
Job ID: 100704598
Date Dictated:
Date: 17/03/2025

PRIVATE & CONFIDENTIAL

Dr GC Sykes
Cochrane Medical Practice
Greenock Health & Care Centre
Wellington Street
Greenock
PA15 4NH

Community Mental Health Team
Crown House
30 King Street
Greenock
Inverclyde
PA15 1NL
01475 558000 EXT: 05447
www.nhsggc.org.uk

Dear Dr Sykes,

Re: Yvonne Jamieson DOB: 10/03/1982 CHI: 1003820107
Address: Flat 2/2 3 Roxburgh Way, Greenock, Inverclyde, PA15 4LN

Diagnosis: Prolonged adjustment disorder.

Medication: Quetiapine 50 mgs at night.

Follow up: Discharged.

I saw Yvonne back for review at the psychiatric clinic in Crown House on 13th March 2025.

Yvonne continues to settle in her new life and her efforts to broaden her horizons met with the sort of good luck that they deserve. As such a dog of an expensively rare breed, albeit of admittedly astonishing ugliness (it appeared to have at least 4 times more skin than

necessary) was abandoned at the salvation army and she has adopted it for want of an alternative. Her efforts to get back into paid work have been frustrated but the overall impression very much of her merely having to wait for an opportunity rather than passing these up.

Yvonne regrets that she is taking Quetiapine again but feels that it is a necessary evil for now.

Yvonne's sensibly proactive stance doesn't sit well with attending appointments just for the sake of it and she said that she's just as well be discharged for now as her circumstances are reasonably auspicious, but she knows just to phone in if it comes to it.

Yours sincerely

Dr Brian Hart
Locum Consultant Psychiatrist

Authorised on 26/03/2025 12:18:43 by Dr Brian Hart.

Ref: BH/LJ
CHI: 100 382 0107
Date: 21 February 2025

PRIVATE & CONFIDENTIAL

Miss Yvonne Jamieson
Flat 2/2
3 Roxburgh Way
Greenock
Inverclyde
PA15 4LN

Dear Miss Jamieson

A follow up appointment has been made for you to be seen as follows:

Date: **13-Mar-2025**
Time: **2:00pm**
Appointment with: **Consultant Brian Hart**
Location: **Crown House, 30 King Street, Greenock**
Contact details: **01475 558000**

If you are attending an appointment with a doctor clinic, please note that in some instances you may be seen by a locum Consultant or another member of the medical team.

If this appointment is not suitable, please telephone me on the above number so alternative arrangements can be made.

Yours sincerely

Team Medical Secretary

REQUEST TO PRESCRIBE MEDICATION

Health and Social Care Partnership

Crown House
30 King Street
Greenock
PA15 1NL



Tel: 01475 558000

Dear Dr Sykes

Date: 27/01/2025

Patient: Yvonne Jamieson

CHI: 1003820107

Your above named patient has been seen at the duty/outpatient clinic today.

Would you please prescribe:

Urgent (within 48 hours)

(*phone practice prior to emailing confirmation)

Routine

(Prescription available 48 hours following request)

Please px Quetiapine 25 to 50 mgs at night as required.

This medication is in addition to/is an amendment to the patient's current regime.

This medication replaces:

Which the patient is currently taking and which should now be stopped.

A detailed letter will follow.

Yours sincerely

Dr Brian Hart

Consultant Psychiatrist

Ref: BH/LJ
CHI: 100 382 0107
Date: 13 January 2025

PRIVATE & CONFIDENTIAL

Miss Yvonne Jamieson
Flat 2/2
3 Roxburgh Way
Greenock
Inverclyde
PA15 4LN

Dear Miss Jamieson

A follow up appointment has been made for you to be seen as follows:

Date: **27-Jan-2025**
Time: **3:00pm**
Appointment with: **Consultant Brian Hart**
Location: **Crown House, 30 King Street, Greenock**
Contact details: **01475 558000**

If you are attending an appointment with a doctor clinic, please note that in some instances you may be seen by a locum Consultant or another member of the medical team.

If this appointment is not suitable, please telephone me on the above number so alternative arrangements can be made.

Yours sincerely

Team Medical Secretary

Our Ref: BH/LJ
Job ID: 100655492
Date Dictated:
Date Typed: 20/12/2024

PRIVATE & CONFIDENTIAL

Yvonne Jamieson
Flat 2/2 3 Roxburgh Way
Greenock
Inverclyde
PA15 4LN

Community Mental Health Team
Crown House
30 King Street
Greenock
Inverclyde
PA15 1NL
01475 558000 EXT: 05447
www.nhsggc.org.uk

Dear Yvonne Jamieson,

Diagnosis:	Complex PTSD.
Medication:	<i>Please px 14 x Zopiclone tablets to take as required for poor sleep</i> Quetiapine to reduce and stop at Yvonne's discretion.
Follow up:	Discharged.

I'm just dropping you a line to go over the main points of our discussion at the psychiatric clinic in Crown House on 16th December 2024

Even as something of a last resort I was glad that your move to Greenock had allowed you to distance yourself from what you described a toxic relationship and your work with the Salvation Army therapeutic in its own terms and allowing you to establish a social identity in your new community.

Although technically an antipsychotic, this is only really the case for Quetiapine when prescribed at doses over 300 mgs. At a dose of 75 mgs a day it is no more than a sedative



"Improving lives"

Inver

CHI: 1003820107

Page 1 of 3
20/12/2024

antihistamine of a kind that you would be able to buy over the counter. As you have experienced it has a very unpleasant withdrawal reaction that can render people unable to sleep for days and be associated with a persistent hinky feeling over the next week before settling. However, you sounded pretty clear that you've felt more energetic and focussed without it and I don't think there is any reason to say that you would lose by stopping it. Access to some sleeping tablets as above might make the process easier.

The mere fact of having been prescribed quetiapine or even taking it would not be a bar to your holding a provisional driving licence. The term 'EUPD' can raise concerns that you are an impulsive or reckless person but this sounded far from the case. As I said the striking thing about people who get labelled as having EUPD is that they never seem to have much in common and its far better seen as a loose set of feelings and behaviours that most people will manifest if you are bad enough to them. Again, it reflected a time and place in your life more than anything and I wouldn't see it as excluding your ability to hold a driving licence. If it helps, you could put my details on any future application and they'll write to me so that I can reassure them accordingly.

In terms of psychological therapies, their effectiveness correlates with their ability to engage clients in an emotionally meaningful way, present a rationale that people buy into, and that persuade you to make changes in between appointments. From your account I wouldn't have seen anything available elsewhere as likely to equal, let alone improve on, what you take part in at the Salvation Army.

I'm afraid I wouldn't be able to share your acquaintance's optimism about potentially appealing and securing an enhanced award from DWP. If anything I'd be concerned that it gets reduced. However, this is really a testament to your having successfully taken responsibility for your recovery more than anything.

I am not going to arrange any further appointments. Please accept my best wishes for the future; it was lovely to meet you.

Yours sincerely

Dr Brian Hart
Locum Consultant Psychiatrist



"Improving lives"

Inver

CHI: 1003820107

Pa 20/12/
ge 2024
2
of
3

Authorised on 30/12/2024 14:06:48 by Dr Brian Hart.

(D) Dr GC Sykes
Cochrane Medical Practice
Greenock Health & Care Centre
Wellington Street
Greenock
PA15 4NH

NHS Greater Glasgow & Clyde – Adult Mental Health Initial Assessment Tool

CHI No:	100 382 0107	Date:	30
Surname:	Jamieson	Date of Birth:	10-Mar-1982
First Name:	Yvonne	Gender:	F
Address & Post Code:	Flat 2/2 3 Roxburgh Way Greenock Inverclyde PA15 4LN		
Phone No:	07495512465	Legal Status (MHA, AWI, Guardianship):	Informal
Ethnicity:	White: Scottish - Scotland ethnic category 2011 census	Nationality:	Scottish
Have you or a close family member ever been a part of the UK Armed Forces?		*Select as appropriate	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/>
Are you a carer of someone who is in the Armed Forces or is a veteran?		*Select as appropriate	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/>
Consent to sharing info:	No		
Communication needs:	None known		
Next of Kin / Carer contact details:	Not provided <i>Carer contact details listed below:</i>		

Alerts (history of violence, offending history)

None known

Reason for referral (referrer's reason[s] for requesting assessment)

Routine referral from Dr Kerr, GP - I would be grateful if you could review this 42 year old woman who has recently moved to our area. She was under Glasgow HSCP and was attending the Psychiatrist there, although had defaulted from a couple of appointments latterly. She tried to attend the Community Mental Health Team today but was told she was unable to do so because she has a diagnosis. I don't really quite understand this, but in any case she does have significant mental health issues and has been diagnosed as suffering from EUPD and CPTSD. She is currently

Reason for attendance (Description of individuals main concerns, their

<i>perceptions of difficulties and hopes from the service)</i>				
<p>Recently moved to Greenock from Glasgow fleeign an abuse relationship and was residing in Women's Aid Refuge but recently moved into her own flat. Advised she is settling well in the local area and has managed to access services and be involved in the local community. Number of stressors in her life and previous trauma. Reported her son (20) is on the Sex Offenders Register for interactions with underage girls. Her home was previously targeted as a result of this and caused her additional stress and distress. She has also been in abusive relationships throughout her life which have impacted on her.</p> <p>Mood - rated her mood as 8/10 with previous emotional instability but feels this is much better at present</p> <p>Sleep - Currently getting a full night's sleep and advised she practices good sleep hygiene. She reported that she previously struggled to sleep but feels her medication supports this</p> <p>Personal care - attends to self-care daily with no concerns</p> <p>Appetite - Maintains a good diet and tries to make healthy choices. Awaiting new white goods in her flat and using a microwave at present</p>				
<i>Psychiatric history (previous/ongoing mental health problems, diagnoses and interventions, via GP or mental health services, and their impact; h/o self harm/attempted suicide; previous admission/detentions)</i>				
<p>Previous diagnosis of Bi-Polar Type II given in Perthshire but this was changed to EUPD when she moved to Glasgow and she was maintained on quetiapine which Yvonne felt was helpful. She has been in receipt of support via psychiatric outpatient clinic for a number of years and was recently allocated a CPN before moving abruptly therefore no therapeutic work was completed at this time.</p> <p>Previous admissions to Murray Royal on a voluntary basis due to suicidal thoughts .</p>				
<i>Medical history (prior/pre-existing/ongoing physical health problems, diagnoses and interventions and their impact)</i>				
Suffers from hyperthyroidism and asthma and is medicated for both				
<i>Current medication details as given by individual (prescribed, over-the-counter, complementary, drug allergies)</i>				
Medication	Dose	Frequency	Duration	Response
Quetiapine	75mg	Daily		
Levothyroxine	125mcg	daily		
Salbutamol Inhaler				
Fostair				

Allergies:	NKDA			
Dispensing frequency:	Monthly	Medication concordance:	Yes	
Family History (relationships; h/o MH problems, medical, substance use problems; h/o suicide)				
<p>Poor relationship with parents when young and lost her father at 10 years of age. Yvonne lived in foster care as a child and also with family members and reported to be sexually abused by an aunt's partner while in their care. Yvonne did not disclose any mental health diagnosis or addiction issues within her family other than her father being a drinker</p>				
Personal History:				
<i>Childhood / development / relationships</i>	<p>Born and bred in Perth living at home with mum, dad, two brothers and two sisters with Yvonne being the youngest sibling. Reported a difficult childhood and advised dad was abusive and would hit her and siblings. Dad passed away when Yvonne was 10 years old and she advised her mother went away with a neighbour resulting Yvonne going into foster care. She remained in foster care until she was 16 years of age and reported sexual abuse during this time. Attended primary and secondary school but was bullied and did not enjoy school. Left at 16 years old with no qualifications and moved to Corby to live with mum and stepfather. Resented stepfather and had little contact with her siblings at this time. Eventually moved back to Scotland to live with sister. Fell pregnant at 20 years of age but was not in relationship with son's father and he chose not to have anything to do with the child. Yvonne went on to have an relationship with another man who was abusive and she also lost two children during this relationship - one stillborn and second child was born pre-term (28 weeks) and passed away at 4 weeks old. Son went into care and was then adopted by Yvonne's sister. Yvonne tried to completed college courses on a few occasions but did not manage this and has never maintained</p>			
<i>Childhood trauma / neglect / abuse</i>				
<i>Education / employment</i>				
<i>Adult relationships</i>				
<i>Adult trauma / abuse / vulnerability</i>				
<i>Personal strengths / Hopes for the future</i>				

	employment.			
Current social circumstances:				
<i>Housing</i>	Currently residing in social housing and has settled well in flat. She is currently unemployed having always found it difficult to maintain a job and is in receipt of benefits. She has engaged well in her local area and has registered with Your Voice and been attending groups and classes. Support network is limited as she does not have any family in local area. Awaiting court case as she reported sexual abuse by her ex-partner's father but she has not contact with ex-partner at time of assessment			
<i>Employment / Employability</i>				
<i>Finances</i>				
<i>Support</i>				
<i>Interests / current activities</i>				
Any children/ dependents under the age of 18?				
	Child 1	Child 2	Child 3	Child 4
Name	n/a			
Age				
Address if different:				
Child protection concerns/agencies involved:				
Impact of mental health on parenting and/or potential risk to children:				
Son is now an adult and there is no risk to children				
Description of functioning before current difficulties:				
Long standing difficulties due to trauma and poor relationships from a young age which has impacted on emotional regulation and ability to cope as an adult				
Substance use: (caffeine, alcohol, tobacco, non-prescribed drugs, novel psychoactive substances)				
<i>Pattern of current use</i>	Denied any current alcohol or drug use Advised has an occasional social drink			
<i>Impact on individual</i>	No current use			
<i>Previous history</i>	Denied any previous alcohol or drug dependence Dabbled in drugs when younger			
Forensic history: (charges, fines, convictions, h/o violence)				
No known forensic history and denied same				
Legal issues: (driving, capacity, detention, vulnerability, other orders)				
No known legal issues				
Individual expectation of service:				
Keen to remain on current medication and have ongoing support similar to that she received while residing in Glasgow				
Mental State Examination:				

NHS Greater Glasgow & Clyde – Adult Mental Health Initial Assessment Tool

<i>Appearance</i>	Well kempt in appropriate attire
<i>Behaviour</i>	Behaved appropriately throughout Maintained eye contact
<i>Mood & Affect</i>	Bright and reactive and engaged well throughout Tearful at times but appropriate reaction to discussion No evidence of emotional instability
<i>Speech</i>	Normal rate, rhythm and tone Content of conversation appropriate
<i>Thought form</i>	No evidence of thought disorder
<i>Thought content</i>	No evidence of delusional ideas or psychotic phenomena
<i>Perceptions</i>	No evidence of perceptual disturbance
<i>Cognition</i>	Orientated to time, person and place Cognition appeared intact but no formal testing completed
<i>Insight</i>	Good insight into difficulties and strategies to maintain emotional stability
Carers / Next of Kin / others views, concerns and expectations from services	
Not available	
Additional notes:	

Summary

Name: JAMIESON, Yvonne (Miss)	CHI: 100 382 0107
Summary of assessment (Key findings, relevant negatives, initial formulation considering predisposing, precipitating, perpetuating and protective factors)	
42 year old lady with diagnosis of EUPD with previous trauma and more recent abusive relationship. Recently moved to local area fleeing domestic violence and being supported by Women's Aid and allocated her own flat. Ongoing stressors which impact on her mental health and wellbeing and keen for ongoing support in the local community.	
Overall impression of risk (CRAFT to be completed separately)	
Previous suicidal ideation and overdoses but denied any current thoughts, plan or intent.	
Immediate actions (including information provided)	
Discuss at MDT	
Outcome of MDT discussion/ Treatment plan (including follow up arrangements if relevant)	
Follow-up via outpatient clinic	
Primary Diagnosis:	EUPD

Name / CHI: Yvonne Jamieson 100 382 0107

NHS Greater Glasgow & Clyde – Adult Mental Health Initial Assessment Tool

Any additional diagnoses:	PTSD, complex trauma		
Suitable for psychological therapies (Y/N): Yes			
Name:	Lyn Jack	Designation:	CPN
Signature:		Date:	06/11/2024

Yvonne Jamieson 100 382 0107 px please

From Brian Hart [REDACTED]
Date Mon 16/12/2024 13:50
To GP86374CLINICAL (NHS GREATER GLASGOW & CLYDE) [REDACTED]
Cc Jardine, Lauren [REDACTED]

Diagnosis Complex PTSD

Medication, ***Please px 14 x Zopiclone tablets to take as required for poor sleep***

Quetiapine to reduce and stop at Yvonne's discretion

Follow up Discharged

Dear Yvonne

I'm just dropping you a line to go over the main points of our discussion at the psychiatric clinic in Crown House on 16th December 2024

Even as something of a last resort I was glad that your move to Greenock had allowed you to distance yourself from what you described a toxic relationship and your work with the Salvation Army therapeutic in its own terms and allowing you to establish a social identity in your new community.

Although technically an antipsychotic, this is only really the case for Quetiapine when prescribed at doses over 300 mgs. At a dose of 75 mgs a day it is no more than a sedative antihistamine of a kind that you would be able to buy over the counter. As you have experienced it has a very unpleasant withdrawal reaction that can render people unable to sleep for days and be associated with a persistent hinky feeling over the next week before settling. However, you sounded pretty clear that you've felt more energetic and focussed without it and I don't think there is any reason to say that you would lose by stopping it. Access to some sleeping tablets as above might make the process easier.

The mere fact of having been prescribed quetiapine or even taking it would not be a bar to your holding a provisional. The term 'EUPD' can raise concerns that you are an impulsive or reckless person but this sounded far from the case. As I said the striking thing about people who get labelled as having EUPD is that they never seem to have much in common and its far better seen as a loose set of feelings and behaviours that most people will manifest if you are bad enough to them. Again, it was a time and place in your life more than anything and I wouldn't see it as excluding your ability to hold a driving licence. If it helps, you could put my details on any future application and they'll write to me as that I can reassure them accordingly.

In terms of psychological therapies, their effectiveness correlates with their ability to engage clients in an emotionally meaningful way, present a rationale that people buy into, and that persuade you to make changes in between appointments. From your account I wouldn't have seen anything available elsewhere as likely to equal, let alone improve on, what you take part in at the Salvation Army.

I'm afraid I wouldn't be able to share your acquaintance's optimism about potentially increasing award from ADP. If anything I'd be concerned that it gets reduced. However, this is really a testament to your having successfully taken responsibility for your recovery more than anything.

I am not going to arrange any further appointments. Please accept my best wishes for the future; it was lovely to meet you

Ref: BH/LJ
CHI: 100 382 0107
Date: 3 December 2024

PRIVATE & CONFIDENTIAL

Miss Yvonne Jamieson
Flat 2/2
3 Roxburgh Way
Greenock
Inverclyde
PA15 4LN

Dear Miss Jamieson

As you will be aware, you have been referred to our service for an outpatient consultation. Arrangements have been made for you to be seen on:

Date: **16-Dec-2024**
Time: **12:30pm**
Appointment with: **Consultant Brian Hart**
Location: **Crown House, 30 King Street, Greenock**
Contact details: **01475 558000**

If you are attending an appointment with a doctor, please note that in some instances you may be seen by a locum Consultant or another member of the medical team.

If this appointment is not suitable, please telephone me on the above number so alternative arrangements can be made. If applicable, any specific requirements for your attendance will be noted on an enclosed page.

Yours sincerely

Team Medical Secretary

Health & Social Care Partnership
Interim Chief Officer: Kate Rocks



Our Ref:
LMacf/LJG/1003820107

Inverclyde Community Mental Health Team
Crown House
30 King Street
GREENOCK
PA15 1NL
Tel: 01475 558000
Fax: 01475 558137

Date: 8th November 2024

Private and Confidential

Miss Yvonne Jamieson
Flat 2/2
3 Roxburgh Way
GREENOCK
PA15 4LN

Dear Yvonne

Following your referral and the subsequent assessment by staff from the Community Mental Health Team, your case has now been discussed at our multi-disciplinary team meeting.

It was agreed that you will be offered a psychiatry out-patient appointment. Please note you will receive appointment in due course.

Yours sincerely

Screening and Allocation Team

cc. Dr G. Sykes, Cochrane Medical Practice

Our Ref: JH
Job ID: 695412
Date Dictated: 26/07/2024
Date: 01/08/2024

PRIVATE & CONFIDENTIAL

Dr R Khan
Westmuir Medical Centre
The Westmuir Medical Practice
109 Crail Street
Glasgow
G31 5RA

Mental Health
Brand Street Resource Centre
Festival Business Park
150 Brand Street
Glasgow
G51 1DH
0141 303 8900 EXT:
www.nhsggc.org.uk

Dear Dr Khan,

Re: Yvonne Jamieson DOB: 10/03/1982 CHI: 1003820107
Address: Flat 1/1 27 Mearns Street, Greenock, Inverclyde, PA15 4QA

I have been unable to review Yvonne in my outpatient clinic since March 2024 as she had moved outwith our area and stated she was unable to travel. She has now been referred to her locality CMHT and has not had any further contact with Brand St and so I am discharging her. In the meantime she is aware of the appropriate contact details should she require any input.

Yours sincerely

Dr Claire McGhee
Consultant Psychiatrist

Authorised on 21/08/2024 10:37:03 by Clare McGhee.

Health & Social Care Partnership
Chief Officer: Kate Rocks



Our Ref: ICMHT/AR

Inverclyde Community Mental Health Team
Crown House
30 King Street
GREENOCK
PA15 1NL
Tel: 01475 558000
Fax: 01475 558137

Date: 22nd October 2024

Private and Confidential

Miss Yvonne Jamieson
Flat 1/1
27 Mearns Street
GREENOCK
PA15 4QA

Dear Miss Jamieson

Following your recent referral to the Community Mental Health Team we would wish to offer you an initial mental health assessment at your home by two members of our staff. We would wish to carry out this assessment at your home on **Tuesday 29th October 2024 at 10.30am.**

Following your assessment, your case will be discussed within the Multi-Disciplinary Team and, if it is felt that we are the most appropriate service to be helping, you will be offered further input from the service.

In the meantime, should your condition deteriorate, you should contact your General Practitioner.

If the above date or time is unsuitable please contact the above number to reschedule.

Yours sincerely

Screening and Allocation Team

Cc; Dr G Sykes, Cochrane Medical Practice

Health and Social Care Partnership

Chief Officer: Kate Rocks



Inverclyde Community Mental Health Team
Crown House
30 King Street
GREENOCK
PA15 1NL

Our Ref : ICMHT/KW
1003820107

Date: 2nd August 2024

Tel: 01475 558000

Private and Confidential

Miss Yvonne Jamieson
Flat 1/1
27 Mearns Street
GREENOCK
PA15 4QA

Dear Miss Jamieson

Update about the Adult Community Mental Health Team

Following your referral to the Community Mental Health Team, I am writing to let you know that the service is experiencing an extremely high level of operational pressure at present.

As a result, routine assessment appointments will be delayed. We understand that this may cause some disappointment or feelings of distress but I would like to reassure you that your appointment will be scheduled as soon as possible after the current pressures improve.

In the meantime, while you are waiting, there are several local services whose support you might find beneficial. Information can be found online at the Inverclyde Life website www.inverclydelife.com and you can customise your search criteria to look specifically for mental health and wellbeing support.

Additionally, Your Voice offers a Community Connector Service that supports people to access a variety of community resources you may also find supportive at this time. Details can be found at www.yourvoice.org.uk or by calling 01475 728628 Monday – Friday 9.00am to 4.30pm to discuss what is available and could be of further help to you.

There are self-help guides that can also help whilst you are waiting for your appointment. This will give you information on common mental health problems and ways to cope.

You will find information on the websites listed below. Type the web address into the internet, or scan the QR codes with the camera on a smart phone to access the websites.

My App: My mental health

Web address: <https://rightdecisions.scot.nhs.uk/myapp-my-mental-health/>



NHS inform

Web address: <https://www.nhsinform.scot/symptoms-and-self-help/self-help-guides>



Glasgow Wellbeing

Web Address: <https://www.wellbeing-glasgow.org.uk/self-help>



If, while you are waiting for an appointment, your mental health deteriorates or you require urgent help with your mental health. Please contact your GP or telephone the NHS 24 Mental Health Hub on 111.

If you are feeling overwhelmed by your thoughts and feelings then Samaritans and Breathing Space are two services who can provide support at that time.

Samaritans: telephone – 116 123 any time

Breathing Space – Telephone - 0800 838587

Weekdays: Monday – Thursday 6.00pm – 2.00 am

Weekends: Friday 6.00pm – Monday 6.00am

Thank you for your understanding about the pressures the Adult Community Mental Health Team is facing and please accept our apologies for any inconvenience.

Yours sincerely

Inverclyde Community Mental Health Team

Cc; Dr Sykes, General Practitioner, Cochrane Medical Practice



“Improving lives”



Hospital use only	Clinic	Day Date	Time	Hospital No.
-------------------	--------	----------	------	--------------

REFERRAL LETTER
MEDICAL IN CONFIDENCE
 GGC Mental Health Referral Protocol - Glasgow

Additional Support Needs:
No known ASN requirements

REFERRAL TO	
Psychiatry - (Consultant) Inverclyde - CMHT Adult GGC Mental Health	— Consultant / receiving practitioner and/or specialty clinic
Community Mental Health Team - Adult SCI Gateway Virtual Location code	— Hospital and hospital address Hospital location code. G002G Email address -
Urgency of referral Routine Date of referral 25-Jul-2024 Date sent 25-Jul-2024	

PATIENT DETAILS		Patient's address
Surname	Jamieson	Flat 1-1 27 Mearns Street Greenock Greenock PA15 4QA Contact number(s)
Forename(s)	Yvonne	
Title	Miss	
Sex	Female	
Date of birth	10-Mar-1982	
CHI no.	1003820107	Voice: 07495512465 E-mail: yvonesamil87@gmail.com
Area of Residence	-	

101033723163X Unique Care Pathway Number: 101033723163X

REGISTERED GP DETAILS		Practice address
Name	Dr Glen Sykes	Cochrane Medical Practice Greenock Health & Care Centre Wellington Street Greenock PA15 4NH Contact number(s)
GMC code	3076479 GP code 39373	
Practice name	Greenock Health and Care Centre	
Practice code	86374	

REFERRING GP DETAILS		Practice address
Name	Dr. Brian Kerr	Greenock Health & Care Centre Wellington Street Greenock PA15 4NH Contact number(s)
GMC code	3271638 GP code 34461	
Practice name	Cochrane Medical Practice (86374)	
Practice code	86374	

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: As below.

Comment: I would be grateful if you could review this 42 year old woman who has recently moved to our area. She was under Glasgow HSCP and was attending the Psychiatrist there, although had defaulted from a couple of appointments latterly. She tried to attend the Community Mental Health Team today but was told she was unable to do so because she has a diagnosis. I don't really quite understand this, but in any case she does have significant mental health issues and has been diagnosed as suffering from EUPD and CPTSD. She is currently on Quetiapine 25mg one in the morning and two at night and I wondered if she could be reviewed by psychiatrist services.

Many thanks.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
Hypothyroidism	-	18-Jul-2024	18-Jul-2024
[X]Emotionally unstable personality disorder	-	17-Nov-2023	17-Nov-2023
Overdose of drug	QUETIAPINE /LEVOTHYROXINE	26-Feb-2023	26-Feb-2023
Overdose of drug	quetiapine/ levothyroxine/	26-Feb-2023	26-Feb-2023
H/O: psychological trauma	childhood trauma	13-Sep-2022	13-Sep-2022
Mixed bipolar affective disorder	H/O PYSCHOLOGICAL TRAUMA IN CHILDHOOD	13-Sep-2022	13-Sep-2022
[X]Intentional self-harm	Episode: New event.	19-Jun-2022	19-Jun-2022
Pain	-	26-Jan-2021	26-Jan-2021
[X]Bipolar affective disorder	-	17-Apr-2020	17-Apr-2020
Overdose of drug	LEVOTHYROXINE ARIPIPRAZOLE, LAMOTRIGINE	06-Mar-2020	06-Mar-2020
Overdose of drug	Episode: New event. NOTES: : mixed: Levothyroxine, Aripiprazole, Lamotrigine.	06-Mar-2020	06-Mar-2020
Acquired hypothyroidism	-	04-Jan-2019	04-Jan-2019
[X]Depressive episode, unspecified	-	15-Aug-2017	15-Aug-2017
Asthma	-	13-Feb-2013	13-Feb-2013
Overdose of drug	ANTI-DEPRESSANT	13-Feb-2013	13-Feb-2013

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Medication commenced	21-Feb-2020	21-Feb-2020

Family conditions (All priorities)

Description	Comment	Date of Onset
FH: Mental disorder	Relative Read code of condition: Mental disorders [E....00] NOTES: : brother: Borderline Personality Disorder.	25-Jun-2012
Family history of autism	Relative Read code of condition: Infantile autism [E140.00] NOTES: : sister: Asperger's.	25-Jun-2012
FH: Diabetes mellitus	Relative Read code of condition: Diabetes mellitus [C10..00] NOTES: Sister: Type 1.	15-Feb-2012
FH: Myocardial infarction	Relative Read code of condition: Acute myocardial infarction [G30..00] NOTES: : father under 60.	15-Feb-2012
FH: Depression	Relative Read code of condition: Depressive disorder NEC [E2B..00] NOTES: : siblings.	14-Jan-2011
FH: Cardiovascular disease	Relative Read code of condition: Cardiovascular system diseases [G....11] NOTES: : father.	14-Jan-2011
FH: Hypertension	Relative Read code of condition: Hypertensive disease [G2...00] NOTES: : father.	14-Jan-2011
FH: Ischaemic heart dis. <60	Relative Read code of condition: Ischaemic heart disease [G3...00] NOTES: : father.	14-Jan-2011
FH: Stroke	Relative Read code of condition: Cerebrovascular disease [G6...00] NOTES: : father.	14-Jan-2011
FH: Alcoholism	Relative Read code of condition: Alcoholism [E23..11] NOTES: : mother.	01-Jan-1992

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date last started	Date last issued
-----------	----------	-------------	--------	-----------	-------------------	------------------

Spiriva Respimat Inhalation Solution Cartridge With Device 2.5 micrograms/dose	30	30 dose	TWO PUFFS TO BE USED ONCE A DAY	-	18-Jul-2024	18-Jul-2024
Relvar Ellipta Dry Powder Inhaler 184 micrograms + 22 micrograms/dose	30	30 dose	ONE DOSE TO BE INHALED ONCE DAILY	-	18-Jul-2024	18-Jul-2024
Easyhaler Salbutamol Dry Powder Inhaler 100 micrograms/actuation	200	200 DOSE	ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED UP TO MAXIMUM OF EIGHT DOSES IN 24 HOURS	-	18-Jul-2024	18-Jul-2024
Levothyroxine Sodium Tablets 25 micrograms	56	56 tablet	1 DAILY	-	18-Jul-2024	18-Jul-2024
Levothyroxine Sodium Tablets 100 micrograms	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	02-May-2024	18-Jul-2024

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Quetiapine Fumarate Tablets 25 mg	84	84 tablet	I TAB AM AND 2 TABS AT NIGHT	-	18-Jul-2024	18-Jul-2024
Quetiapine Fumarate Tablets 25 mg	84	84 tablet	I TAB AM AND 2 TABS AT NIGHT	-	04-Jun-2024	04-Jun-2024
Quetiapine Fumarate Tablets 25 mg	84	84 tablet	I TAB AM AND 2 TABS AT NIGHT	-	18-Apr-2024	18-Apr-2024
Levothyroxine Sodium Tablets 100 micrograms	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	18-Apr-2024	07-Jun-2024
Easyhaler Salbutamol Dry Powder Inhaler 100 micrograms/actuation	200	200 DOSE	ONE OR TWO DOSES TO BE INHALED WHEN REQUIRED UP TO MAXIMUM OF EIGHT DOSES IN 24 HOURS	-	18-Apr-2024	18-Apr-2024
Fostair Cfc-free inhaler 200 micrograms + 6 micrograms/dose	120	120 dose	2 PUFFS MORNING AND NIGHT	-	18-Apr-2024	18-Apr-2024

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
25-Oct-2023	111	73
04-Oct-2023	115	73
07-Jun-2021	107	82

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
25-Oct-2023	153	94	40.16

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco:		25-Oct-2023
Non-smoker:		12-Oct-2022
Never smoked tobacco:	Smoking status on date of event: Never smoked.	20-Jan-2022
Never smoked tobacco:	Smoking status on date of event: Never smoked.	18-Dec-2018
Alcohol consumption, 0 units/week:		25-Oct-2023
Teetotaler:		25-Oct-2023
Drinks rarely:	Drinking status on eventdate: Current drinker. NOTES: : 1 per month.	18-Dec-2018
Alcohol consumption, 2 /wk:		14-Jan-2011
Aerobic exercise 3+ times/week:		25-Oct-2023

Clinical warnings

Allergies

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
Adverse reaction to Morphine	25-Oct-2023	
Adverse reaction to Morphine	09-Feb-2023	
Adverse reaction to Diclofenac Sodium	05-Jan-2012	
Adverse reaction to diclofenac sodium	Reaction type: Allergy, Read code for reaction: Allergy, unspecified [SN53.00], Certainty of allergy: Likely, Severity of allergy: Moderate. NOTES: : states allergic to Diclofenac-no further info.	05-Jan-2012

Additional Support Needs

No known ASN requirements

Additional relevant information

Risk of Suicide:Don't Know
Past history of suicide attempt:Don't Know
Risk of deliberate self harm:Don't Know
Is patient responsible for children?:Don't Know
Risk to others including children/dependents/clinicians/other:Don't Know
Risk from others:Don't Know
Risk of Self Neglect:Don't Know
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional)

Date



Jackie Kerr
Interim Chief Officer

Our Ref: LB/AF
Job ID: 100537373
Date: 17/06/2024

PRIVATE & CONFIDENTIAL

Dr GC Sykes
Cochrane Medical Practice
Greenock Health & Care Centre
Wellington Street
Greenock
PA15 4NH

Department of General Adult Psychiatry
Brand Street Resource Centre
Units G7, G8 & G4
150 Brand Street
Glasgow
G51 1DH
01413038900 EXT:
www.nhsggc.org.uk

Dear Dr Sykes

Re: Yvonne Jamieson DOB: 10/03/1982 CHI: 1003820107
Address: Flat 1/1 27 Mearns Street, Greenock, Inverclyde, PA15 4QA

I am writing to let you know that I will now be discharging the above person from my CPN case load.

Yvonne failed to attend on two occasions for an initial assessment with myself, I note that she has moved to the Greenock area, I will therefore be discharging her from my CPN case load.

Please do not hesitate to contact me if you have any questions.

Yours sincerely

Linda Broadfoot
Community Psychiatric Nurse
Authorised on 18/06/2024 15:03:54 by Linda Broadfoot.



Inverclyde Primary Care Mental Health Team Triage Questions

Name of patient	JAMIESON, Yvonne (Miss)	CHI	100 382 0107	
GP Name & Practice	COCHRANE MEDICAL PRACTICE GREENOCK HEALTH & CARE CENTRE			
Triage Outcome	Appropriate / Inappropriate	Date of Triage		
<p>Screening history – Known to Brand Street CMHT in 2024. Note: - Patient has diagnosis of EUPD and note on records stating ‘other bipolar affective disorders’ therefore would not meet criteria for PCMHT. Also known to NHS Tayside in the past and attended Mental Health Assessment Unit in 2023.</p>				
Call back record				
Call	Date	Time	Clinician	Message Left
1 st call	20/06/2024	11:30am	Louise McNeillage	No. See Emis.
2 nd call				
<p><u>Can you give brief description of your current difficulties and how long you have had them?</u></p> <p>I called Yvonne for triage this morning. She confirmed that she has a diagnosis of EUPD and CPTSD. Prior to moving 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 the Primary Care Mental Health Team (PCMHT) which will not meet her needs level and I have suggested that she speak to her GP for referral to tier 2 mental health services.</p>				
<p><u>Current Psychotropic Medication</u></p> <p>Not discussed</p>				
<p><u>Could you tell me something about your use of alcohol or drugs in the past and now?</u></p> <p>not discussed</p>				
<p><u>Self-Harm/Suicidal Ideation past or present?</u></p> <p>No concerns regarding self-harm or suicide currently.</p>				
<p><u>Any previous convictions or pending charges?</u></p> <p>Not discussed</p>				
<p><u>Is there any other relevant information you want to share?</u></p> <p>No</p>				
<p><u>Decision and rationale discussed with patient:</u></p> <p>Patient confirmed that she has a diagnosis of EUPD and CPTSD. I explained the function of the Primary Care Mental Health Team (PCMHT) which will not meet her needs level and I have suggested that she speak to her GP for a referral to tier 2 mental health services. Yvonne happy with advice given. I have made entry in GP notes re same.</p>				

Inverclyde Primary Care Mental Health Team Triage Questions



<u>Appropriate for Everyday CBT Group</u>	Yes	No	Rational if not
<u>Appropriate for Attend Anywhere</u>	Yes	No	Rationale if not
Triage form completed by: James Graham, Primary Care Mental Health Nurse			

Ref: LB/af
CHI: 100 382 0107

Date: 27 May 2024

PRIVATE & CONFIDENTIAL

Miss Yvonne Jamieson
Flat 0/2
7 Taransay St
Glasgow
G51 3EF

Dear Miss Jamieson

We are sorry that you did not attend your recent out-patient appointment at Brand Street Resource Centre. A further appointment has been made for you to be seen on

Date: **Wednesday 5th June 2024**
Time: **10am**
Appointment with: **Linda Broadfoot CPN - Face to face appointment at**
Location: **Brand Street Resource Centre**

If this appointment is not suitable, please telephone the above number so alternative arrangements can be made.

Please see enclosed leaflets about the service, your appointment and how the NHS protects your personal health information (available online at <http://www.nhsggc.org.uk/patients-and-visitors/faqs/data-protection-privacy/>)

Yours sincerely

Team Medical Secretary

Health and Social Care Partnership

Chief Officer: Kate Rocks



**Primary Care Mental Health Team
Crown House
30 King Street
GREENOCK
PA15 1NL**

Telephone: 01475-558000

Our Ref: PCMHT/TW/ 100 382 0107

Date typed: 3rd June 2024

PRIVATE AND CONFIDENTIAL

Miss Y Jamieson
Flat 1/1
27 Mearns Street
Greenock
PA15 4QA

Dear Miss Jamieson

You have self-referred to the Primary Care Mental Health Team (PCMHT).

Primary Care Mental Health Team is a non-urgent service for people who may be experiencing symptoms of depression, anxiety or adjustment issues.

A member of the PCMHT staff will endeavor to contact you by telephone within 14 days of your referral to conduct a triage call, this is a brief call and will involve the PCMHT staff member asking for some details about your current difficulties. If you have a voice mail facility and are unable to answer your phone a voice mail will be left advising of the attempt to contact you and further contact details. **If you do not give consent to a voicemail being left you must contact us on 01475 558000 and advise us of this within five days of receipt of this letter. If we do not hear from you within this time span we will assume you have no objection to a voicemail being left.**

We will make two attempts to contact you by phone but if there is no response to messages left within the week of the second call we will assume you no longer wish to continue with your referral and take no further action at this stage.

We have attached a list of self-help resources that you can access from home and may assist you with your difficulties in the meantime. If you feel your mental health is deteriorating and require support please contact services on the numbers provided.

PLEASE NOTE: WHILE WE AIM TO CALL YOU WITHIN 14 DAYS THERE ARE TIMES THIS MAY TAKE LONGER DUE TO INCREASED REFERRAL RATES AND STAFF AVAILABILITY.

Yours sincerely

Inverclyde Primary Care Mental Health Team

c.c. GP: SYKES, G (Dr), Cochrane Medical Practice



“Improving lives”



Ref:
CHI: 100 382 0107

Date: 27 May 2024

PRIVATE & CONFIDENTIAL

**Miss Yvonne Jamieson
Flat 0/2
7 Taransay St
Glasgow
G51 3EF**

Dear Miss Jamieson

We are sorry that you did not attend your recent out-patient appointment at . A further appointment has been made for you to be seen on

Date:
Time:
Appointment with:
Location:

If this appointment is not suitable, please telephone the above number so alternative arrangements can be made.

Please see enclosed leaflets about the service, your appointment and how the NHS protects your personal health information (available online at <http://www.nhsggc.org.uk/patients-and-visitors/faqs/data-protection-privacy/>)

Yours sincerely

Team Medical Secretary

Ref: LB/af
CHI: 100 382 0107
Date: 8 April 2024

PRIVATE & CONFIDENTIAL

Miss Yvonne Jamieson
Flat 0/2
7 Taransay St
Glasgow
G51 3EF

Dear Miss Jamieson

As you will be aware, you have been referred to our service for an outpatient consultation.

Arrangements have been made for you to be seen on:

Date: Tuesday 7th may 2024
Time: 10am
Appointment with: Linda Broadfoot CPN - Face to Face appointment at
Location: Brand Street Resource Centre

If you are attending an appointment with a doctor, please note that in some instances you may be seen by a locum Consultant or another member of the medical team.

If this appointment is not suitable, please telephone me on the above number so alternative arrangements can be made. If applicable, any specific requirements for your attendance will be noted on an enclosed page.

Yours sincerely

Team Medical Secretary

Our Ref: MHAU
Job ID: 100428028
Date: 14/12/2023

PRIVATE & CONFIDENTIAL

Dr R Khan
Westmuir Medical Centre
The Westmuir Medical Practice
109 Crail Street
Glasgow
G31 5RA

Mental Health
McLeod Centre
Leverndale Hospital
510 Crookston Road
Glasgow
G53 7TU
0141 211 6627 EXT: 46627
www.nhsggc.org.uk
<mailto:adultautismteam@ggc.scot.nhs.uk>

Dear Dr Khan

Re: Yvonne Jamieson DOB: 10/03/1982 CHI: 1003820107
Address: Flat 0/2 7 Taransay St, Glasgow, G51 3EF

The above named person was referred to the Mental Health Assessment Unit (MHAU), Leverndale by NHS24 Mental Health Hub, and was assessed by telephone on 18/11/2023.

Situation

NHS24 referral suicidal thoughts, falling out with partner superficial scratches to wrists.

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 she has run 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.

Recommendation

1. Contact NHS24 again if she feels requires support overnight.
2. Advised can access CMHT duty worker and also Crisis though calling CMHT number.
3. Writer will own task team to highlight contact.
4. Discharge from MHAU Caseload.

Risk

Denies any plan or intent to harm self further this evening. Reported overdose one year ago.

Yours sincerely

Nick McIntyre
Senior Unscheduled Care Nurse

Authorised on 14/12/2023 10:48:03 by Typist Donna Farmer, not verified by Nick McIntyre.

Our Ref: JH
Job ID: 100490563
Date: 05/04/2024

PRIVATE & CONFIDENTIAL

Dr R Khan
Westmuir Medical Centre
The Westmuir Medical Practice
109 Crail Street
Glasgow
G31 5RA

Mental Health
Brand Street Resource Centre
Units G7, G8 & G4
150 Brand Street
Glasgow
G51 1DH
0141 303 8900
www.nhsggc.org.uk

Dear Dr Khan

Re: Yvonne Jamieson DOB: 10/03/1982 CHI: 1003820107
Address: Flat 0/2 7 Taransay St, Glasgow, G51 3EF

I was due to review Yvonne in my outpatient clinic on the 20th March 2024. She telephoned to cancel this as she is currently residing in a Womens Aid outwith the city. I will therefore reappoint her in due course and she is aware of our contact details should she require any earlier input.

Yours sincerely

Dr Claire McGhee
Consultant Psychiatrist

Authorised on 06/04/2024 17:22:12 by Clare McGhee.

Detailed Print

Case Details:

Case No. 7152582 **User Description** Stephen Anderson (Pwp Call Taker) ()

Patient's Name: Yvonne Jamieson
Address: 0/2 7 Taransay Street
Glasgow
G51 3EF

Date of Birth: 10/03/1982
Own Doctor: Khan, Rashid (343)
Surgery: Westmuir Medical
Confidential: True

Tel: 0141 286 6200

Call Origin

Caller Name: Yvonne

Tel:

Stephen Anderson
NHS 24 Assessment

Start Time: 18/11/2023 19:46
End Time: 18/11/2023 20:27

SUICIDAL THINKING. ATTEMPTED TO CUT WRIST TO KILL SELF.

Clinical summary created by: Stephen Anderson (Pwp Call Taker) () [18/11/2023 20:27:01]

Reason for call: SUICIDAL THINKING. ATTEMPTED TO CUT WRIST TO KILL

SELF. Confirmed Symptom(s):

Endpoint Management Selected (CT)

History and Mental state:

Medication: RUN OUT OF QUITIAPINE TWO DAYS AGO - REALLY STRUGGLING, SIDE EFFECTS

Engagement with services: CMHT LOOKING AT EMOTIONAL COPING SKILLS

Main problem: NIGHT TERRORS, CPTSD, EUPD, TRAUMA. SEXUAL ABUSE.. FATHER OF PARTNER RAPED PT. ATTEMPTED TO CUT FOREARM BEFORE CALL WITH SUICIDAL INTENT. HX OF SUICIDE ATTEMPTS AND DSH. RECENT STRESS WITH RELATIONSHIPS. SOUNDING INTENSELY STRESSED, PECKING FOR BREATH, OVERWHELMED AND V IMPULSIVE

RAG History and mental state: Red

Public protection considerations:

Harm to others risk: NO CONCERNS

Child protection: NO CONCERNS

Adult protection: NO CONCERNS

RAG Harm to others: Green

RAG Child protection: Green

Detailed Print

Case Details:

Case No. 7152582
User Description

Patient's Name: Yvonne Jamieson
Address: 0/2 7 Taransay Street
Glasgow

G51 3EF

Tel: 0141 286 6200

Call Origin

Caller Name: Yvonne

RAG Adult protection: Green

Date of Birth: 10/03/1982

Own Doctor: Khan, Rashid(343)

Surgery: Westmuir Medical

Confidential: True

Tel:

Suicide or self-harm:

RAG Self-harm: Amber

RAG Suicide: RAG Red

Self-harm risk: HX OF DSH BY OD USING MEDS.

Suicide risk: ATTEMPTED TO CUT OWN WRIST EARLIER WITH KNIFE (30 MINS BEFORE CALL) SUPERFICIAL SCRATCHING. SUICIDAL AFTER DISAGREEMENT WITH PARTNER. HX OF SUICIDE ATTEMPTS. SOUNDING VERY OVERWHELMED IMPULSIVE AND HIGH RISK

Social and personal risks:

Support network: VERY ISOLATED IN GLASGOW, COMES FROM PERTH, REALLY ONLY HAS PARTNER AS SUPPORT

Housing and finances: STAYS WITH PARTNER

RAG Social and personal risks: Green

Physical health: NO CONCERNS

Occupation/activity: VERY POOR OCCUPATION SINCE LEAVING SUPPORTED ACCOMODATION

Risk from substance misuse:

Substance abuse risk: ALC PROBLEM RECENTLY, SELF MEDICATING WITH ALC TO CHANGE OVERWHELMING

RAG Risk from substance misuse: Amber

Any other issues:

Other issues: NA

RAG Any other issues: Green

Overall impression:

Detailed Print

Case Details:

Case No. 7152582
User Description

Patient's Name: Yvonne Jamieson
Address: 0/2 7 Taransay Street
Glasgow
G51 3EF

Date of Birth: 10/03/1982
Own Doctor: Khan, Rashid (343)
Surgery: Westmuir Medical
Confidential: True

Tel: 0141 286 6200

Call Origin

Caller Name: Yvonne

Tel:

Overall impression: PT INITIALLY STATING SHE FEELS STRONGLY SUICIDAL AND VERY IMPULSIVE, UNABLE TO CONTROL HER VERY STRONG EMOTIONS. ATTEMPTED TO CUT WRIST BEFORE CALL BUT NOT BROKEN SKIN AND NOT NEEDING TREATMENT. HAS BEEN USING ALC TO SELF MIEDICATE LAST FEW DAYS, NONE TODAY. NOT HAD PRESCR QUITIAPINE FOR LAST 2 DAYS, RUN OUT. TRIGGERED BY RELATIONSHIP STRESSES TODAY AND UNABLE TO MANAGE EMPOTIONS, FEELING OVERWHELMED AND INCAPABLE OF SAFE PLANNING. WHEN ASKED REGARDING SAFETY TONIGHT PT REPEATING SHE JUST CAN'T BE SURE. DW MHNP K MCKENNA, OUTCOME CPN 2

RAG Overall impression: Amber

RAG Summary: Red:2 Amber:3 Green:5 Not known:0

Call Detail(s):

Call reason: Suicidal thoughts

Clinical supervisor: McKenna Kathleen MCKENNAK Cardonald

18:11:2023 20:25:50 ANDERSONS.. PT INITIALLY STATING SHE FEELS STRONGLY SUICIDAL AND VERY IMPULSIVE, UNABLE TO CONTROL HER VERY STRONG EMOTIONS. ATTEMPTED TO CUT WRIST BEFORE CALL BUT NOT BROKEN SKIN AND NOT NEEDING TREATMENT... HAS BEEN USING ALC TO SELF MIEDICATE LAST FEW DAYS, NONE TODAY. NOT HAD PRESCR QUITIAPINE FOR LAST 2 DAYS, RUN OUT. TRIGGERED BY RELATIONSHIP STRESSES TODAY AND UNABLE TO MANAGE EMPOTIONS,.. FEELING OVERWHELMED AND INCAPABLE OF SAFE PLANNING. WHEN ASKED REGARDING SAFETY TONIGHT PT REPEATING SHE JUST CAN'T BE SURE. DW MHNP K MCKENNA, OUTCOME CPN 2..

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

Case type set to Mental Health

Start Time: 18/11/2023 20:27

End Time: 18/11/2023 20:27

Priority On reception set to within 2 hours

Start Time: 18/11/2023 20:27

End Time: 18/11/2023 20:27

Detailed Print

Case Details:

Case No. **User Description**
7152582

Patient's Name: Yvonne Jamieson
Address: 0/2 7 Taransay Street
 Glasgow

G51 3EF

Tel: 0141 286 6200

Call Origin

Caller Name: Yvonne

Date of Birth: 10/03/1982
Own Doctor: Khan, Rashid(343)
Surgery: Westmuir Medical
Confidential: True

Tel:

Non-disclosure set to True

Start Time: 18/11/2023 20:27
End Time: 18/11/2023 20:27

Case status set to COMPLETE

Start Time: 18/11/2023 20:27
End Time: 18/11/2023 20:27

Special Patient Notes

TELEPHONE REFERRAL FORM			
Referrer Name & Organisation:	NHS24	Contact Number:	
Date:	18/11/23	Time:	2040
Patient Name:	Miss Yvonne Jamieson	Tel No:	01412866200 / 07377923042
DOB:	10-Mar-1982	CHI:	100 382 0107
Address:	Flat 0/2, 7 Taransay St, Glasgow, G51 3EF	Postcode:	G51 3EF

Ambulance, ED, GP only		Police only	
Is the patient medically fit to be assessed/transferred? (e.g intoxicated, overdose, covid symptoms, waiting on blood results, wounds requiring treatment?)	Y <input type="checkbox"/>	Incident No:	
	N <input type="checkbox"/>	Shoulder No:	
Mental Health triage and risk assessment tool completed (from ED only)	Y <input type="checkbox"/> N <input type="checkbox"/>	Is the patient intoxicated?	Y <input type="checkbox"/> N <input type="checkbox"/>
Glasgow Coma Scale below 15 (ED/SAS Only)	Y <input type="checkbox"/> N <input type="checkbox"/>	Is the patient on a 297?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you wish to receive feedback following the completion of the MHAU assessment? (ED/GP only)	Y <input type="checkbox"/> N <input type="checkbox"/>	Is the patient under arrest?	Y <input type="checkbox"/> N <input type="checkbox"/>
Safe mode of transport:	Taxi		<input type="checkbox"/>
	Ambulance		<input type="checkbox"/>
	Police		<input type="checkbox"/>
	Own transport		<input type="checkbox"/>

Presenting Complaint:		<i>Please tick only one box</i>	
Episode of Self Harm	<input type="checkbox"/>	Other Mental Health Issues	<input type="checkbox"/>
Addiction Issues	<input type="checkbox"/>	Social Stressors/Distress	<input type="checkbox"/>
		Alcohol/ Drugs	<input type="checkbox"/>

Presentation/comment:
SUICIDAL THINKING. ATTEMPTED TO CUT WRIST TO KILL SELF. --- Clinical summary created by: Stephen Anderson (Pwp Call Taker) () [18/11/2023 20:27:01] Reason for call: SUICIDAL THINKING. ATTEMPTED TO CUT WRIST TO KILL SELF.Confirmed Symptom(s): Endpoint Management Selected (CT) History and Mental state: Medication: RUN OUT OF QUITIAPINE TWO DAYS AGO - REALLY STRUGGLING, SIDE EFFECTS Engagement with services: CMHT LOOKING AT EMOTIONAL COPING SKILLS Main problem: NIGHT TERRORS, CPTSD, EUPD, TRAUMA. SEXUAL ABUSE.. FATHER OF PARTNER RAPED PT. ATTEMPTED TO CUT FOREARM BEFORE CALL WITH SUICIDAL INTENT. HX OF

SUICIDE ATTEMPTS AND DSH. RECENT STRESS WITH RELATIONSHIPS. SOUNDING INTENSELY STRESSED, PECKING FOR BREATH, OVERWHELMED AND V					
Contact Type:	Telephone	<input checked="" type="checkbox"/>	Face to face	<input type="checkbox"/>	
Interpreter required		Primary language	unknown		
Outcome of assessment:					
Own team contacted - denied plan or intent to harm self further or end life.					
Time arrived		Time assessed	1051	Time left	2325
Completed by:	N. McIntyre		Date:	19/11/2023	Time: 0020