

Health and Social Care Partnership

Chief Officer: Kate Rocks



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



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Inverclyde

CHI: 1003820107

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Health and Social Care Partnership

Chief Officer: Kate Rocks



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.



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CHI: 1003820107

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Health and Social Care Partnership
Chief Officer: Kate Rocks



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

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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.



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Chief Officer: Kate Rocks



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.

NHS Greater Glasgow & Clyde
Mental Health Services

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:

<input type="checkbox"/> Urgent (within 48 hours) (*phone practice prior to emailing confirmation)	<input type="checkbox"/> 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

Approved By Prescribing Management Group (Mental Health) June 2018
Review date December 2020

Health and Social Care Partnership
Chief Officer: Kate Rocks



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

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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



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Health and Social Care Partnership

Chief Officer: Kate Rocks



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



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Inverclyde

CHI: 1003820107

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Health and Social Care Partnership
Chief Officer: Kate Rocks



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**



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Inverclyde

CHI: 1003820107

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Jamieson Yvonne

CHI: 1003820107

Emergency Attendance Letter



Emergency Department
Inverclyde Royal Hospital
Larkfield Rd
Greenock
Renfrewshire
PA16 0XN

Dept. Contact Details:
Tel: 01475 504351
Fax: 01475 504434
Email: inverclyde@nhs.net

Date Completed: 02/01/2025

Consultant: Dr Raghavendra Nayak

GC Sykes
Cochrane Medical Practice
Greenock Health & Care Centre
Wellington Street
Greenock
Greenock
PA 15 4NH

Dear GC Sykes

Re: **Jamieson Yvonne**
FLAT 2-2
Greenock PA15 4LN

DOB: **10/03/1982**

CHI: **1003820107**

Attended on: **29/12/2024 at 18:23 hrs.**
Discharge Type: **01a - Discharge with no follow up**
Previous ED Attendance in last 12 months: **0**

Departed on: **29/12/2024 at 22:39 hrs.**
Destination: **Private residence**

Presenting complaint
overdose BIBA

Nursing Assessment:
Potential overdose of 750mg Quetiapine and 50mg zopiclone. Estimate based on missing tablets in house

Investigations in ED:

- | | | |
|---------------------|--------|--------------------------|
| 1. Bone Profile | 2. CRP | 3. Glucose |
| 4. HCG | 5. LFT | 6. Urea and Electrolytes |
| 7. Full Blood Count | | |

Jamieson Yvonne

CHI: 1003820107

Diagnosis:

Diagnosis	Side	Site
Poisoning By Other Opioids		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

BIBA , took OD of zopclone 50mg and quetiapline 750mg , felt suicidal. known to MH team previously, has taken OD in the past , don't to say the reason why she took this time, stated only speaks with selected people from MH team and they are on holidays, so don't want to speak with MH team. called the on call MH team for background check, first time in Inverclyde hospital.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,

Hassan Ali

Doctor

Copies to:

1. GC Sykes (GP)

School Address:

16/2

 Outlook

Yvonne Jamieson 100 382 0107 px please

From Brian Hart <brian.hart@nhs.scot>

Date Mon 16/12/2024 13:50

To GP86374CLINICAL (NHS GREATER GLASGOW & CLYDE) <ggc.gp86374clinical@nhs.scot>

Cc Jardine, Lauren <Lauren.Jardine@nhs.scot>

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.

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

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	7474918	Receive Date:	18-Nov-2024 01:44
Patient's Name:	Yvonne Jamieson		
Date of birth:	10-Mar-1982 (42 years)	Gender:	F
Address:	Flat 2/2 3 Roxburgh Way Greenock PA15 4LN	Current Address:	Flat 2/2 3 Roxburgh Way Greenock PA15 4LN
Return Contact No:			
Tel No:	01475 336287		01475 336287
Mobile No:			
Priority:	within 4 hours	Call Origin:	
Received:	18-Nov-2024 01:44	Calltype:	Attend OOH Appointment
Advised:	05:27	Arrived PCC:	18-Nov-2024 04:57
Cons start:		Cons End:	
Consulting Doctor:	Chloe Brown	Own doctor:	Glen Sykes

CHI Number:
1003820107

Reported Condition:

Symptoms: This case was generated from 7474791. **Caller Name:** Yvonne **Caller Number:** Initial **Symptoms:** History: 42 year old lady who had vomit tonight at about 9pm with blood streaks. No clots. Denies violent vomiting. No abdo pain. Not dizzy/light headed. No bowel upset. No bleeding/malaena. Suffers with acid reflux-had it over the weekend, no meds taken. No PPI on ECS. No alcohol/NSAID's. Lives alone **Examination:** **Diagnosis:** ?gastritis/acid reflux **Treatment:** PCEC within 4 hours with PTS for obs/exam ?home with PPI and GP follow up. **Case Summary:** --- **VOMITING WITH BLOOD - TONIGHT ---** Clinical summary created by: Kirsty Gordon (Call Taker Si) () [17/11/2024 22:20:13] Reason for call: **VOMITING WITH BLOOD - TONIGHT 17:11:2024 21:56:33 GORDONK.. ACID REFLUX RECENTLY. VOMITED WITH BLOOD IN IT... 17:11:2024 22:18:11 GEORGEA.. C/O SUDDEN ONSET OF VOMITTING -DARK RED STREAKS OF BLOOD WITH VOMITUS,C/O ACID REFLUX X 2 DAYS- CALMS WITHOUT MEDS USUALLY , PU-OKAY , BO-NORMAL, NO FEVER , PMH-CYST OVER FALLOPIAN TUBE , NOT IN PAIN ... PT IS ASTHMATIC , HAS UNDERACTIVE THYROID,PT IS CONCERNED, STC 4HRS, WS-GIVEN..** **Outcome:** Speak to clinician within 4 Hrs ---

Triage details:

History - **HX as per telephone consultation:**
Symptoms: This case was generated from 7474791. Caller Name: Yvonne
Caller Number: Initial Symptoms: History: 42 year old lady who had vomit tonight at about 9pm with blood streaks. No clots. Denies violent vomiting. No abdo pain. Not dizzy/light headed. No bowel upset. No bleeding/malaena. Suffers with acid reflux-had it over the weekend, no meds taken. No PPI on ECS. No alcohol/NSAID's. Lives alone
Examination: Diagnosis: ?gastritis/acid reflux

@PCEC:

Nil pain required.
Managing usual oral intake.
Passing urine as normal.
PMH - asthma, hypothyroid.
Meds as per ECS.
Allergies as per ECS.

Examination - **Appears alert and orientated.**
Talking in sentences, no increased WOB.

abdominal examination - abdo soft and non-tender. Nil masses or organomegaly. Nil rebound tenderness. Nil pain on balloting of kidneys. BS present.

Diagnosis - **dyspepsia**

Treatment - **Given short supply of PPI x2 30mg lansoprazole from stock, and remaining as per prescription (only PPI available on site).**
Also given some peptac as per prescription.
Advised to follow up with own GP.
Self-care - avoid triggers - spicy food, alcohol, stress etc, rest, push fluids.
WSG - vomiting (coffee ground, large blood volume), becoming unwell, fever, abdo pain to attend a&e, any new/worrying/worsening symptoms to be reassessed.

Patient happy with above.

Examination Details - **HCA SCOTLAND FEMALE**
Systolic BP (Initial Reading) mmHg 112
Diastolic BP (Initial Reading) mmHg 76
Oxygen saturation % 99.0
Heart Rate 77
Temperature C 36.0

Prescriptions:

Peptac liquid aniseed (Teva UK Ltd) 10 to 20ml - FOUR times a DAY - after meals and at bedtime - oral 500.00 Lansoprazole 30mg gastro-resistant capsules 1 capsule - every MORNING - half to one hour before food - oral 7.00

Followups:

GP Follow Up

Clinical Codes:

J16y4 Dyspepsia

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

A handwritten signature in black ink, appearing to be a cursive name, written over a horizontal line.

Screening and Allocation Team

cc: Dr G. Sykes, Cochrane Medical Practice

Patient's Name: _____

Today's Date: 24/10/24

Asthma Control Test™ (ACT) is:

CHI: 1003820107 10/03/1982 F
JAMESON, Yvonne
 Flat 2-2,3 Roxburgh Way, PA15 4LN
 Dr G Sykes, 3076479
 Cochrane Medical Pra, PA15 4LN 063774
 24/10/2024 11:29 Practice: 063774

- ▷ A quick test that provides a numerical score to assess asthma control.
- ▷ Recognized by the National Institutes of Health (NIH) in its 2007 asthma guideline
- ▷ Clinically validated against spirometry and specialist assessment.²

PATIENTS: 1. Answer each question and write the answer number in the box to the right of each question.
 2. Add your answers and write your total score in the TOTAL box shown below.
 3. Discuss your results with your doctor.

1. In the past 4 weeks, how much of the time did your asthma keep you from getting as much done at work, school or at home?	SCORE										
<table border="1" style="width: 100%; text-align: center;"> <tr> <td>All of the time</td> <td>①</td> <td>Most of the time</td> <td>②</td> <td>Some of the time</td> <td>③</td> <td>A little of the time</td> <td>④</td> <td>None of the time</td> <td>⑤</td> </tr> </table>	All of the time	①	Most of the time	②	Some of the time	③	A little of the time	④	None of the time	⑤	3
All of the time	①	Most of the time	②	Some of the time	③	A little of the time	④	None of the time	⑤		
2. During the past 4 weeks, how often have you had shortness of breath?											
<table border="1" style="width: 100%; text-align: center;"> <tr> <td>More than once a day</td> <td>①</td> <td>Once a day</td> <td>②</td> <td>3 to 6 times a week</td> <td>③</td> <td>Once or twice a week</td> <td>④</td> <td>Not at all</td> <td>⑤</td> </tr> </table>	More than once a day	①	Once a day	②	3 to 6 times a week	③	Once or twice a week	④	Not at all	⑤	1
More than once a day	①	Once a day	②	3 to 6 times a week	③	Once or twice a week	④	Not at all	⑤		
3. During the past 4 weeks, how often did your asthma symptoms (wheezing, coughing, shortness of breath, chest tightness or pain) wake you up at night or earlier than usual in the morning?											
<table border="1" style="width: 100%; text-align: center;"> <tr> <td>4 or more nights a week</td> <td>①</td> <td>2 or 3 nights a week</td> <td>②</td> <td>Once a week</td> <td>③</td> <td>Once or twice</td> <td>④</td> <td>Not at all</td> <td>⑤</td> </tr> </table>	4 or more nights a week	①	2 or 3 nights a week	②	Once a week	③	Once or twice	④	Not at all	⑤	5
4 or more nights a week	①	2 or 3 nights a week	②	Once a week	③	Once or twice	④	Not at all	⑤		
4. During the past 4 weeks, how often have you used your rescue inhaler or nebulizer medication (such as albuterol)?											
<table border="1" style="width: 100%; text-align: center;"> <tr> <td>3 or more times per day</td> <td>①</td> <td>1 or 2 times per day</td> <td>②</td> <td>2 or 3 times per week</td> <td>③</td> <td>Once a week or less</td> <td>④</td> <td>Not at all</td> <td>⑤</td> </tr> </table>	3 or more times per day	①	1 or 2 times per day	②	2 or 3 times per week	③	Once a week or less	④	Not at all	⑤	1
3 or more times per day	①	1 or 2 times per day	②	2 or 3 times per week	③	Once a week or less	④	Not at all	⑤		
5. How would you rate your asthma control during the past 4 weeks?											
<table border="1" style="width: 100%; text-align: center;"> <tr> <td>Not controlled at all</td> <td>①</td> <td>Poorly controlled</td> <td>②</td> <td>Somewhat controlled</td> <td>③</td> <td>Well controlled</td> <td>④</td> <td>Completely controlled</td> <td>⑤</td> </tr> </table>	Not controlled at all	①	Poorly controlled	②	Somewhat controlled	③	Well controlled	④	Completely controlled	⑤	3
Not controlled at all	①	Poorly controlled	②	Somewhat controlled	③	Well controlled	④	Completely controlled	⑤		

TOTAL
13

If your score is 19 or less, your asthma may not be under control.

Copyright 2002, by QualityMetric Incorporated.
 Asthma Control Test is a trademark of QualityMetric Incorporated.
 The Asthma Control Test is for people with asthma 12 years and older.

HEALTHCARE PROVIDER:

▷ Include the ACT score in your patient's chart to track asthma control.

References: 1. US Department of Health and Human Services, National Institutes of Health, National Heart, Lung and Blood Institute. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma (EPR-3 2007). NIH Item No. 06-4051. <http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm>. Accessed September 10, 2007. 2. Nathan RA et al. J Allergy Clin Immunol. 2004;113:59-65.

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

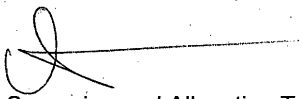
Following your recent referral to the Community Mental Health Team we would wish to offer you an initial mental health assessment at your home by two members of our staff. We would wish to carry out this assessment at your home on **Tuesday 29th October 2024 at 10.30am.**

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


P.P. Screening and Allocation Team

✓ Cc: Dr G Sykes, Cochrane Medical Practice

Jackie Kerr
Interim Chief Officer

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 Craill 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.

dupes

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.

-2-

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

duples

**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		
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.				
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				
Can you give brief description of your current difficulties and how long you have had them?				
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.				
Current Psychotropic Medication				
Not discussed				
Could you tell me something about your use of alcohol or drugs in the past and now?				
not discussed				
Self-Harm/Suicidal Ideation past or present?				
No concerns regarding self-harm or suicide currently.				
Any previous convictions or pending charges?				
Not discussed				
Is there any other relevant information you want to share?				
No				
Decision and rationale discussed with patient:				
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.				

Inverclyde Primary Care Mental Health Team Triage Questions



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





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.



cl v pleo

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



Susanne Millar
Chief Officer

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.

1003820107

Page 1 of 1



05/04/2024

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

PRIVATE & CONFIDENTIAL

Dr R Khan
Westmuir Medical Centre
The Westmuir Medical Practice
109 Craill 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.



Susanne Millar
Chief Officer

Our Ref: JH
Job ID: 100413152
Date: 17/11/2023

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Dr R Khan
Westmuir Medical Centre
The Westmuir Medical Practice
109 Craill 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

Diagnosis	Emotional Unstable Personality Disorder
Current Medication	Thyroxine 100mcg daily Quetiapine 75mg at night
Follow up	Outpatient clinic 4 months time Awaiting allocations to female CPN for emotional coping skills work

I reviewed Yvonne in my outpatient clinic on the 15th November 2023. Yvonne reported that things have been very difficult over recent months. She has had an on-off relationship with her partner, although they are now back together. She was living in supported accommodation for a few weeks although has now returned to her tenancy in Govan. Yvonne reports she has been slightly more emotionally dysregulated over this time and has been having some heightened visions in the evening relating to previous sexual abuse. She has at times taken Quetiapine over her prescribed dose although has now returned to the recommended amount. Yvonne is keen to engage in emotional coping skills work and today presented as well kempt and insightful in to her mental health. She denied any thoughts of self-harm or suicide today and appears future focused. I have provided her with



Susanne Millar
Chief Officer

some further handouts on BPD and PTSD and we agreed today to make no changes to her medication. I advised her that if she is finding Quetiapine over sedating she could reduce this herself to 50mg daily. Yvonne was happy with this as a plan and we will keep her under review in the outpatient clinic. In the meantime she is aware of our contact details should she require any earlier input.

Yours sincerely

Dr Claire McGhee
Consultant Psychiatrist

Authorised on 17/11/2023 16:21:31 by Clare McGhee.



Susanne Millar
Chief Officer

Our Ref: NM
Job ID: 100360053
Date: 14/08/2023

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Allocations
Brand Street CMHT
Festival Business Centre
150 Brand Street
Glasgow
G51 1DH

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

Dear Allocations

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

Diagnosis:	EUPD
Mental Health Act Status:	Informal
Current Medication:	Quetiapine 25mg in the morning, 50mg at night

As discussed in the MDT, I would be the most grateful if Yvonne could be allocated to a CPN to do emotional coping skills work. Yvonne is a very pleasant 41-year-old lady who was given a diagnosis of Bi-Polar Affective Disorder whilst living in Blairgowrie. Since she has moved to Glasgow I have revised this diagnosis to EUPD and have provided Yvonne with information on this. She remains at fairly high risk of impulsive overdoses and is keen





Susanne Millar
Chief Officer

to engage with services to improve her emotional coping skills. She is very pleasant and there are no concerns regarding her ability to engage.

I would be more than happy to discuss this further if you require any additional information.

Yours sincerely

A handwritten signature in black ink, appearing to read "Cl McGhee".

DR CLAIRE McGHEE
Consultant Psychiatrist

If phoning please ask for Dr McGhee's secretary.
Telephone 0141 303 8900 Fax 0141 303 8909

Authorised on 24/08/2023 09:43:59 by Clare McGhee.

(D) Dr CD Martin
Dr Mair & Partners
1600-1604 Paisley Road West
Ibrox
Glasgow
G52 3QN



Susanne Millar
Chief Officer

Our Ref: NM
Job ID: 100360756
Date: 15/08/2023

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Dr CD Martin
Dr Mair & Partners
1600-1604 Paisley Road West
Ibrox
Glasgow
G52 3QN

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

Dear Dr Martin

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

Diagnosis:	EUPD Previous diagnosis of Bi-Polar Affective Disorder
Mental Health Act Status:	Informal
Current Medication:	Levothyroxine 100mcg, Quetiapine 25mg in the morning, 50 mg at night
Follow-Up:	Referral to CPN for Emotional Coping skills work

I reviewed Yvonne in my outpatient clinic on the 02nd August 2023. She was accompanied by her partner Charlene. She reported that things have been fairly stable over recent months. She had found the reduction in Quetiapine quite difficult, describing her mood to be more variable and in general feeling more agitated. We therefore agreed to increase this back to 25mg in the morning and 50 mg at night. Yvonne was keen to spend the majority of the appointment discussing her diagnosis. I had provided her with some information on





Susanne Millar
Chief Officer

EUPD at her last appointment, and so we spent time discussing this today. I was clear with Yvonne that while she has a previous diagnosis of Bi-Polar affective disorder I feel her difficulties are much more in keeping with that of Emotional Unstable Personality Disorder and would suggest that Psychological based treatment would be most beneficial for Yvonne. She was in agreement with this and was keen to pursue this. We therefore agreed that I would discuss her for allocation at our MDT for emotional coping skills work.

On examination, Yvonne presented as looking very well. She was well kempt and casually and appropriately dressed. She was very pleasant and easily developed a rapport. There was no evidence of any significant mood disturbance or any psychotic features and Yvonne continues to have good insight into her difficulties. She continues to be at high risk of impulsive overdoses and self harm and I would advise continuing with weekly dispense currently. She is good at contacting the department when she feels more overwhelmed and has thoughts of suicide. I therefore agreed to keep her under review and I will see her again in the outpatient clinic in 4 months time.

Yours sincerely

A handwritten signature in black ink, appearing to read "C. McGhee".

DR CLAIRE McGHEE
Consultant Psychiatrist

If phoning please ask for Dr McGhee's secretary.
Telephone 0141 303 8900 Fax 0141 303 8909

Authorised on 24/08/2023 09:33:10 by Clare McGhee.



Susanne Millar
Chief Officer

Our Ref: NM
Job ID: 511356
Date: 30/03/2023

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Dr CD Martin
Dr Mair & Partners
1600-1604 Paisley Road West
Ibrox
Glasgow
G52 3QN

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

Dear Dr Martin

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

Diagnosis:	EUPD, Previous diagnosis of Bi-Polar type 2
Mental Health Act Status:	Informal
Current Medication:	Quetiapine 100mg at night, Levothyroxine 100mcg
Follow-Up:	Telephone call to Yvonne following medication review Yvonne will consider whether she wishes Psychology based input for treatment of EUPD Outpatient clinic follow-up 3 months time

I reviewed Yvonne in my outpatient clinic on the 29th March 2023. This was my first time meeting Yvonne, although I have had a chance to review her notes since moving from Blairgowrie. Yvonne herself reported a history of a diagnosis of Bi-Polar Type 2 however she has been querying for a number of years whether this is a correct description of her difficulties. We therefore spent the majority of the appointment discussing diagnostic criteria



CHI: 1003820107

Page 1 of 3

30/03/2023



Susanne Millar
Chief Officer

for both that and EUPD. It was clear that Yvonne has a long history of trauma, attachment difficulties and meets the diagnosis of EUPD rather than Bi-Polar Affective Disorder.

I therefore provided Yvonne with some written information from the MIND website regarding this and spent some time discussing treatment options. Yvonne was also keen to discuss medication as she feels Quetiapine has not been helpful with her mood and is leading to over sedation. I will therefore undertake a medication review prior to suggesting any alternative medications as I believe she is quite prone to side effects.

Objectively, Yvonne presented today as a well kempt, casually dressed woman who was very pleasant and appropriate. She described her mood as very variable and objectively appeared euthymic with normal reactivity. There was no evidence of a psychotic illness and Yvonne really appears to have excellent insight into her difficulties. The main risk for Yvonne is that of impulsive overdoses at times when interpersonal difficulties arise, and she reported her ex-partner in particular goading her to take an overdose and this being a trigger for her. At the time of the appointment she was future focussed with positive plans for improving her life and is keen to continue to engage with ourselves. We therefore agreed that I will complete a medication review and telephone her with further suggestions and Yvonne will consider whether she wants a referral to our emotional coping skills group.

Yvonne was happy with this as a plan, and we will keep you updated of her progress.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Cl McGhee'.

DR CLAIRE MCGHEE
Consultant Psychiatrist

If phoning please ask for Dr McGhee's secretary.
Telephone 0141 303 8900 Fax 0141 303 8909

Authorised on 31/03/2023 15:34:18 by Clare McGhee.

NHS Confidential: Personal data about a patient



Susanne Millar
Chief Officer

CHI: 1003820107

Page 3 of 3



30/03/2023

Susanne Millar
Chief Officer

Our Ref: CMG
Job ID: 100353998
Date: 02/08/2023

Private & Confidential

Dr CD Martin
Dr Mair & Partners
1600-1604 Paisley Road West
Ibrox
Glasgow
G52 3QN

Department of General Adult Psychiatry
Brand Street Resource Centre
Festival Business Park
150 Brand Street
Glasgow
G51 1DH
3038900 EXT: 3038900
www.nhsggc.org.uk

Dear Dr Martin

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

Change of Medication Request

Your above named patient was reviewed by telephone/video/face to face assessment.

Urgent (Within 24 hrs) <input type="checkbox"/> (should be followed by a telephone call)	Routine (available 48 hrs following request) <input checked="" type="checkbox"/>
Action required by GP:	
Please increase Quetiapine to 25mg mane, 50mg nocte.	
For ongoing weekly dispense thank you.	

Please do not hesitate to get in touch on the number above if you need further information.

Yours sincerely

Authorised on 02/08/2023 12:56:03 by Clare McGhee.

Susanne Millar
Chief Officer

Susanne Millar
Chief Officer

Our Ref: CR
Job ID: 100295046
Date: 31/03/2023

Private & Confidential

Dr CD Martin
Dr Mair & Partners
1600-1604 Paisley Road West
Ibroy
Glasgow
G52 3QN

Community Mental Health Team
Brand Street Resource Centre
Festival Business Park
150 Brand Street
Glasgow
G51 1DH
sPrefPhoneNo EXT: sPrefExtension
www.nhsggc.org.uk

Dear Dr Martin

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

Change of Medication Request

Your above named patient was reviewed by telephone/video/face to face assessment.

Urgent (Within 24 hrs) <input type="checkbox"/> (should be followed by a telephone call)	Routine (available 48 hrs following request) <input checked="" type="checkbox"/>
Action required by GP:	
Please reduce Quetiapine to 50mg nocte.	

Please do not hesitate to get in touch on the number above if you need further information.

Yours sincerely

Claire McGhee

Authorised on 31/03/2023 13:43:21 by Clare McGhee.



PRIVATE AND CONFIDENTIAL
Scottish Ambulance Service
National Headquarters
1 South Gyle Crescent
Edinburgh
EH12 9EB
Tel - 0131 314 0000



Date : 26 Feb 2023
CHI Number : 1003820107

Dear Doctor, (Practice Code - 52241)

Yvonne Jamieson, 10/03/82 , 0/2 0/2 7 TARANSAY STREET GOVAN GLASGOW

Yvonne Jamieson, was attended by ambulance crew on 26 Feb 2023 but was not conveyed to hospital.

The full electronic patient record is also attached for your information. If you require further information please contact sas.gpepr2@nhs.scot , stating the Incident number CR009582873.

Yours sincerely,

Scottish Ambulance Service

TerraPACE REPORT														
Time	01:32			Date	26/02/2023									
PATIENT AND INCIDENT DETAILS														
Incident number	CR009582873													
Name	Yvonne Jamieson													
CHI Number	1003820107													
Date of Birth	1982-03-10													
Additional Comments and Observations	999 call to 40yo f c/o overdose of quetiapine and levothyroxine. Pt states ingested 4x 100mg quetiapine and 6x 100mcg levothyroxine at 2000hrs. Went to bed at 2100hrs. Pt known to support services, currently awaiting appointment for mh assessment for alternative diagnosis. o/a pt alert and orientated. o/e obs as noted, 4 lead nsr. Pt denies any pain, nausea, dizziness or vomiting. States took tablets as rash decision, feels in a clearer state of mind, declined conveyance. Advised to call gp monday morning to arrange prescription of medication and to discuss further support. Wsg.													
Additional Comments: Presenting Complaint	OVERDOSE													
PATIENT ASSESSMENT														
AVPU	Alert													
Circulation														
Pulse Rate	85			BP	99/69									
Cap Refill	<=2 Secs			ECG Rhythm	Sinus Rhythm									
Rhythm	Reg			Arm	Right									
Central/Peripheral	Peripheral			ECG	3 Lead									
IV(L)				IV(R)										
IO(L)				IO(R)										
Observations														
Time	P	RR	BP	SpO2	CR	GCS	AVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF
01:00	85	17	99/69	97	<=2 Secs	15	Alert		36	9.1	Sinus Rhythm			
01:10	82	18	102/70	97	<=2s	15	Alert							
HISTORY														
AMPLE														
Allergies	None													
Medication	AS ECS													
Past Medical History	HYPOTHYROIDISM, BIPOLAR													
Last Eaten	Within Past Hour													
Events Prior	OVERDOSE OF PRESCRIPTION TABLETS SEVERAL HOURS AGO													

The Scottish Ambulance Service takes every effort to ensure that the information contained on this patient report is correct. The process to match patient to GP practice is based on the patient details entered and can, on occasion, be subject to error. If, for any reason, you believe that this patient does not belong to your practice or anything else is incorrect on this report please report this to esg.mfegor@snhs.scot. Please quote the SAS incident number, date of the incident and CHI of the patient along with a short description of the error you believe has occurred. Please do not send any paper copies through the postal service.

NHS Confidential: Personal data about a patient

Social History	
Lives alone	
MEDICAL	
TRAUMA	
OBSTETRICS/GYNAE	
OTHER	

The Scottish Ambulance Service takes every effort to ensure that the information contained on this patient report is correct. The process to match patient to GP practice is based on the patient details entered and can, on occasion, be subject to error. If, for any reason, you believe that this patient does not belong to your practice or anything else is incorrect on this report please report this to esg.mfegor@nhs.uk. Please quote the IAS incident number, date of the incident and OPH of the patient along with a short description of the error you believe has occurred. Please do not send any paper copies through the postal service.



Susanne Millar
Chief Officer

Our Ref: PO
Job ID: 100271844
Date: 13/02/2023

PRIVATE & CONFIDENTIAL

Dr CD Martin
Dr Mair & Partners
1600-1604 Paisley Road West
Ibrox
Glasgow
G52 3QN

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

Dear Dr Martin

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

Ms Jamieson called to cancel her appointment at my out patient clinic on 1st February 2023 due to her being unwell through the night.

A further appointment with be organised in due course.

Yours sincerely

A handwritten signature in black ink, appearing to read 'CMcGhee', is positioned below the text 'Yours sincerely'.

DR CLAIRE MCGHEE
Consultant Psychiatrist

If phoning please ask for Dr McGhee's secretary.

1003820107

Page 1 of 2



13/02/2023

NHS Confidential: Personal data about a patient



Susanne Millar
Chief Officer

Telephone 0141 303 8900 **Fax** 0141 303 8909

Authorised on 13/02/2023 11:02:28 by Typist Paula Ottaway, not verified by Clare McGhee.

1003820107

Page 2 of 2



13/02/2023

NHS Greater Glasgow and Clyde OOH Call Incident Report

Call number:	6846108	Receive Date:	31-Dec-2022 00:17
Patient's Name:	Yvonne Jamieson		
Date of birth:	10-Mar-1982 (40 years)	Gender:	F
Address:	0/2	Current Address:	0/2
	7 Taransay Street		7 Taransay Street
	Glasgow		Glasgow
	G51 3EF		G51 3EF
Return Contact No:			
Tel No:	0141 286 6623		0141 286 6623
Mobile No:			
Priority:	Urgent	Call Origin:	
Received:	31-Dec-2022 00:17	Calltype:	Direct Referral ED
Advised:	00:40	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	Chris Martin

CHI Number:
1003820107

NHSD details:

Receptionist:

PARTNER HAS TAKEN 5 QUETIAPINE TONIGHT, 100MG.

AEP Patient advised to go to A&E

Clinical summary created by: Bethany Griffith (Pwp Call Taker) () [31/12/2022 00:40:27] Reason for call: PARTNER HAS TAKEN 5 QUETIAPINE TONIGHT, 100MG.Confirmed Symptom(s): Endpoint Management Selected (CT) History and Mental state: Main problem: PARTNER CALLED WITH PT IN THE ROOM; PT HAS TAKEN 5 QUETIAPINE TONIGHT OF 100MG WITH INTENT TO END HER LIFE. THIS WAS TAKEN AT APPROXIMATELY 00:00. PT ALSO TOLD PARTNER TO PLUNGE A KNIFE INTO HER CHEST AS SHE WANTS TO END HER LIFE. PARTNER STATED PT HAS HX OF SUICIDE ATTEMPT AROUND THIS TIME LAST YEAR. Engagement with services: NOT ASSESSED. Medication: PT HAS TAKEN 5 QUETIAPINE TONIGHT OF 100MG WITH INTENT TO END HER LIFE. NOT FURTHER ASSESSED. RAG History and mental state: Red Public protection considerations: Harm to others risk: PARTNER STATES: NIL Adult protection: PARTNER STATES, PT SUICIDAL, HAS ATTEMPTED OVERDOSE. Child protection: NIL RAG Child protection: Green RAG Adult protection: Red RAG Harm to others: Green

Suicide or self-harm: Self-harm risk: PT STATES: NO SELF HARM, ATTEMPTED OVERDOSE TO END LIFE USING 5 QUETIAPINE. Suicide risk: PARTNER SPEAKING WITH PT IN ROOM: PT HAS TAKEN 5 QUETIAPINE TONIGHT, 100MG. PT TOOK THESE WITH INTENT TO END LIFE. LAST ATTEMPT WAS THIS TIME LAST YEAR. SUICIDAL THOUGHTS. TOLD PARTNER TO STICK A KNIFE THROUGH HER. RAG Suicide: RAG Red RAG Self-harm: Red Social and personal risks: Support network: PT LIVES WITH PARTNER. PARTNER STATES SHE HAS HAD TO LEAVE HER FAMILY (ALSO SCOTLAND BASED) AND MOVE AWAY SO SHE MAY BE MISSING THEM TONIGHT. PT ALSO WAS IN AN ARGUEMENT WITH HER PARTNER (CONTENT NOT DISCUSSED) Physical health: NOT ASSESSED Occupation/activity: NOT ASSESSED Housing and finances: NOT ASSESSED RAG Social and personal risks: Not known Risk from substance misuse: Substance abuse risk: NIL RAG Risk from substance misuse: Green Any other issues: Other issues: PT LIVES CLOSE TO THE QUEEN ELIZABETH UNIVERSITY HOSPITAL. PARTNER STATES THAT SHE CAN TAKE HER THERE TONIGHT FOR ASSESSMENT. RAG Any other issues: Green Overall impression: Overall impression: PARTNER CALLED WITH PT IN THE ROOM: PT HAS TAKEN 5 QUETIAPINE TONIGHT OF 100MG WITH INTENT TO END HER LIFE. THIS WAS TAKEN AT APPROXIMATELY 00:00. PT ALSO TOLD PARTNER TO PLUNGE A KNIFE INTO HER CHEST AS SHE WANTS TO END HER LIFE. PARTNER STATED PT HAS HX OF SUICIDE ATTEMPT AROUND THIS TIME LAST YEAR. MHNPA ASHLEY MCKEITCH PROVIDED CLINICAL SUPERVISION: DOSE UNLIKELY TO BE TOXIC BASED ON PT'S SIZE - ROUGHLY 5'2 OR 5'3, SIZE 16-18. PT DOES NOT KNOW THEIR WEIGHT. PT LIVES CLOSE TO THE QUEEN ELIZABETH UNIVERSITY HOSPITAL. PARTNER STATES THAT SHE CAN TAKE HER THERE TONIGHT FOR ASSESSMENT. RAG Overall impression: Red RAG Summary: Red:5 Amber:0 Green:4 Not known:1 Call Detail(s): Clinical supervisor: MHNPA ASHLEY MCKEITCH Call reason: Suicidal acts 31:12:2022 00:41:12 GRIFFITHB.. PARTNER CALLED WITH PT IN THE ROOM: PT HAS TAKEN 5 QUETIAPINE TONIGHT OF 100MG WITH INTENT TO END HER LIFE. THIS WAS TAKEN AT APPROXIMATELY 00:00... PT ALSO TOLD PARTNER TO PLUNGE A KNIFE INTO HER CHEST AS SHE WANTS TO END HER LIFE. PARTNER STATED PT HAS HX OF SUICIDE ATTEMPT AROUND THIS TIME LAST YEAR... MHNPA ASHLEY MCKEITCH PROVIDED CLINICAL SUPERVISION: DOSE UNLIKELY TO BE TOXIC BASED ON PT'S SIZE - ROUGHLY 5'2 OR 5'3, SIZE 16-18. PT DOES NOT KNOW THEIR WEIGHT... PT LIVES CLOSE TO THE QUEEN ELIZABETH UNIVERSITY HOSPITAL. PARTNER STATES THAT SHE CAN TAKE HER THERE TONIGHT FOR ASSESSMENT. WORSENING STATEMENT GIVEN... DW MHNPA ASHLEY MCKEITCH. OUTCOME - PT ADVISED TO GO TO A&E... Outcome: Patient advised to go to A&E

Followups:
None



Susanne Millar
Chief Officer

Our Ref: SP/SM
Job ID: 467779
Date: 30/11/2022

PRIVATE & CONFIDENTIAL

Dr CD Martin
Dr Mair & Partners
1600-1604 Paisley Road West
Ibroy
Glasgow
G52 3QN

Mental Health
Brand Street Resource Centre
Units G7, G8 & G4
150 Brand Street
Glasgow
G51 1DH
0141 303 8900 EXT: 48916
www.nhsggc.org.uk

Dear Dr Martin

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

Diagnosis: Bipolar Affective Disorder II – was under review as disclosed
 childhood trauma and possible personality disorder
Current Medication: Quetiapine 100mg nocte, Levothyroxine 100mcg OD, Salamol inhaler,
 Relvar Ellipta inhaler, Spirivia Respimat inhaler
Follow-Up: Outpatient clinic in 4 months face to face

I reviewed Yvonne again at Dr McGhee's outpatient clinic by telephone on 30/11/2022. As such, we did not receive her notes from previous CMHT until today's consultation therefore we were still unclear about her diagnosis.

On a positive note, Yvonne has managed to secure her own tenancy in Govan area and looking forward to moving there next week. Moreover she and her partner have reconciled, giving their relationship another chance and planning to move at a slower pace. In the context of these developments Yvonne is feeling much better now with much improved mental state. She denied having any other stress in her life at present. Unfortunately she has not slept well for couple of nights recently due to noisy environment in the hostel, otherwise she sleeps well. She appears to be fairly busy with different commitments that she enjoys. She attends church on regular basis and is planning to get involved in voluntary work once settled in her new home. She also attends activities in the community and meets her relatives in Glasgow. As such she has not managed to complete the mood diary that we had recommended at last consultation, I have encouraged her to do so. She remains compliant with her medication, denies experiencing any adverse side effects. She feels the current dose of Quetiapine is adequate hence we have agreed not to make any changes in it. She did not disclose any suicidal thoughts or psychotic symptoms today. She was concerned about





Susanne Millar
Chief Officer

having PTSD however on further exploration she denied experiencing any ongoing symptoms of flashbacks or nightmares of past trauma therefore it looks unlikely, however we will keep this under review.

I am planning to see her again in 4 months' time, face to face. She is aware to seek help should she require earlier input.

Yours sincerely

A handwritten signature in black ink that reads "Shaila Patil".

DR SHAILA PATIL
Speciality Doctor in Psychiatry

If phoning please ask for Dr McGhee's secretary.
Telephone 0141 303 8900

Authorised on 22/12/2022 14:23:49 by Shaila Patil.



General Adult Psychiatry
NHS Tayside

North Perthshire Community Mental Health Team
Blairgowrie Community Hospital
Perth Road
Blairgowrie
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1
2

Dr GA Dames
Forge Medical Practice
Parkhead Health Centre
101 Salamanca Street
Glasgow
G31 5BA

Date	24/08/2022
Clinic Date	11/07/2022
Your Ref	
Our Ref	MM/AM/ 1003820107
Enquiries to	Administrator
Extension	Extension
Direct Line	01250 877852

Dear Dr Dames

Yvonne Jamieson, 5 Burgher Street, Glasgow, J31 4FZ
CHI: 10/03/1982 0107

We have been made aware that Yvonne Jamieson, CHI 100382 0107, has relocated to a refuge in Glasgow at 5 Burgher Street, G31 4FZ and has apparently also registered with your practice. We write to advise that all information can be accessed through the clinical portal with regards to Community Mental Health input and if requested we would be happy to transfer any files accordingly. Below is a brief outline of the last contacts with Yvonne and involvements with some local supports.

Diagnosis: **Bipolar Affective Disorder Type 2, although was under review as disclosed childhood trauma and possible Personality Disorder.**

Medication: **At time of transfer, Topiramate 50mg**
Quetiapine 150mg nocte although was going to reduce this to 100mg
Levothyroxine 100mcg
Salamol 100mcg
Relvar Ellipta 184mcg
Spiriva Respimat 2.5mcg

Yvonne had a recent presentation to A&E on the 21/06/2022 and was seen by my colleagues from Liaison Psychiatry and then followed up by myself in the community in my role as Advanced Nurse Practitioner.

Brief outline of recent consultations: Yvonne was struggling with the recent disclosure of the abuse by her brother and was speaking to her colleagues at RASAC for this and had also informed the Police of the alleged abuse when she was younger. She also reported that her son has been involved in a Police matter in relation to underage sexual contact and this was also heightening her anxiety and stress. Her partner lives in Glasgow and has been a massive support to Yvonne and this is possibly a reason why she has decided to move through but did not inform us at her last consultation on 11/07/22 that she was going to be doing this. We are unsure of the services that can be offered to Yvonne at this time but felt it was important to ensure communication so that she can access the right supports for her while she is staying in Glasgow.



I have enclosed the last two letters of consultation from the team and will formally close her from our services at this time so her files can be accessed accordingly by your services and if you have any questions or queries please do not hesitate to contact me.

Yours sincerely

Authorised on 29/08/2022 16:25:47 by Melanie McGill.

Melanie McGill
Advanced Nurse Practitioner

Encs – clinical letters



1/2

General Adult Psychiatry
NHS Tayside
North Perthshire Community Mental Health Team
Blairgowrie Community Hospital
Perth Road,
Blairgowrie
Telephone Number 01250-877852
www.nhstayside.scot.nhs.uk

Dr RD Humble
Strathmore Surgery
Jessie Street
Blairgowrie
Perthshire
PH10 6BT

Date 03/08/2022
Clinic Date 11/07/2022
Your Ref
Our Ref MMcG/CAS/ 1003820107
Enquiries to Administrator
Extension
Direct Line 01250 877852
Email

Dear Dr Humble

Yvonne Jamieson, 13 Hatton Place, Rattray, Blairgowrie, Perthshire, PH10 7AN
DOB: 10/03/1982 0107

Diagnosis: Bipolar Affective Disorder 2
Disclosed Childhood Trauma

Medication: Topiramate 50mg
Quetiapine 150mg NOCTE
Levothyroxine 100mcg
Salamol 100mcg
Relvar Ellipta 184mcg
Spiriva Respimat 2.5mcg

Plan/Recommendation

- Aware of how to access services.
- Referral to RASASC completed.
- Yvonne to be seen by medic in approximately two months time for medication and review of current diagnosis (Trauma/EUPD).
- Can be followed up by the ANP clinic thereafter.

Yvonne was seen at clinic in the company of her partner Charlene on July 11th 2022.

Assessment

This appointment was a follow up following deliberate self harm in June and when she was seen immediately after this and there has been communication from this. CORE 10 was completed and attached score was 19. There was no active suicidal ideation at time of clinic and Yvonne denied same. Stressors are still evident with regards to ongoing report to the police by her brother which has now meant that she cannot see her family and this causes her to be upset due to the way that they have been treating her at present. Charlene confirmed this and is supporting Yvonne at this time. Yvonne reported that she can get very upset and can become quite detached but is trying to regulate her feelings at this time. Partner Charlene as outlined agreed that staying away from Yvonne's family at present was probably the best as she has noticed the triggers that this causes and the decline in Yvonne's mental state.



Yvonne herself has some positive forward planning and supports from Charlene will ensure that these are undertaken such as a possible short break away. Yvonne was also advised to utilise the duty worker/NHS24 and Breathing Space which she has all contacts of.

Yvonne states that she has completed her safety plan but is apprehensive about sharing it at this time but her partner Charlene is keen to support and feels at a loss when she is in Glasgow where she resides. Charlene also told Yvonne that she will support her to access services appropriately. Yvonne agreed to a referral to RASASC which was completed at time of clinic. Yvonne would benefit from their supports with regards to her abuse, especially now as it is being investigated by police. Long term review of Yvonne's diagnosis and medication would be beneficial by a medic as symptoms align with EUPD. A referral to DBT should also be considered if diagnosis reviewed. There were no immediate risk identified and Yvonne remains on weekly dispense at this time.

Plan/Recommendation

- Aware of how to access services.
- Referral to RASASC completed.
- Yvonne to be seen by medic in approximately two months time for medication and review of current diagnosis (trauma/EUPD).
- Can be followed up by the ANP clinic thereafter.

If you require any further information, please do not hesitate to contact me.

Yours sincerely

Authorised on 29/08/2022 16:29:59 by Melanie McGill.

Melanie McGill
Advanced Nurse Practitioner



North Perthshire Community Mental Health Team
Blairgowrie Community Hospital
Perth Road
Blairgowrie
PH10 6EE
Telephone 01250 877852
www.nhstayside.scot.nhs.uk

Dr RD Humble
Strathmore Surgery
Jessie Street
Blairgowrie
Perthshire
PH10 6BT

Date 24/06/2022
Clinic Date 21/06/2022
Your Ref
Our Ref MMc/KC/ 1003820197
Enquiries to
Extension
Direct Line 01250 877852
Email

Dear Dr Humble

Yvonne Jamieson, 13 Hatton Place, Rattray, Blairgowrie, Perthshire, PH10 7AN
CHI: 10/03/1982 0107

**Diagnosis: Bipolar Affective Disorder 2
Disclosed childhood trauma**

**Current medication: Topiramate 50mg
Quetiapine 150mg nocte
Levothyroxine 100mcg
Salamol 100mcg
Relvar Ellipta 184mcg
Spiriva Respimat 2.5mcg**

**Plan/Recommendation: Quetiapine to be reduced to 100mg nocte
Topiramate to be discontinued at this time
To be seen by Consultant Psychiatrist and Psychology to be made aware.**

Yvonne was seen at clinic on the 21st of June 2022 and had been seen by my colleague, Rhian Brown from Liaison Psychiatry on the 20th of June 2022. Yvonne was admitted to A&E following a potential overdose of her prescribed medication the previous afternoon of the 19th. There was no alcohol involved and she'd managed to message a friend who became concerned regards content of conversation and called the police. Yvonne was therefore transferred to hospital for admission and further details can be found within notes.

Assessment

Yvonne seemed quite flat on presentation at clinic today and was slightly remorseful about her overdose but stated that there was a trigger to that and is aware that a reaction like that can cause long term damage, not only to herself but also others who care for her. At time of clinic she denied any active ongoing suicidal ideation but advised that her past childhood traumas are becoming an occurrence and her brother has recently admitted to abusing her when she was younger which has resulted in her contacting the police to report this and is triggering quite a few past memories. There are also issues with regards to her 20 year old son, who currently lives with her, who she advised has additional needs, to which he is currently being charged with underage sex. Apparently he has had one charge and has been released on bail for this and is due to be seen again. She advised that he



has some supports from the Tay Project but obviously this is also a factor with regards to her past childhood abuse and feels unsupportive with regards to family. She reported that her family blame her for the upbringing of her son and there is lots of family dynamics which, again, has impacted on how Yvonne has presented today. She said that due to the lack of positive supports that she has, she says she has started to go back church and has a planned holiday at the end of July to York and is looking forward to this. She feels that it has been trauma that has been her main catalyst of how she has presented over the years, rather than Bipolar. As previously outlined we are looking to review this diagnosis and gather more information and assessment with regards to PTSD type symptoms and possible EUPD. Yvonne has had some past psychological interventions through Survive and Thrive but felt that this did result in painful memories from her past and has been referred to CMHT Psychology to assist further.

She said that seeing her brother on the 6th of June had triggered a lot and apparently he had fully disclosed that he had actually lay on top of her when she was younger and says that he has tried to take his own life because he can't live with the guilt of this. Yvonne then said that she felt quite disassociated and all these thoughts going through her head and this spurred the unintentional overdose at the weekend. Yvonne says she was thankful for her friend, she says she was able to call her and obviously they had highlighted the dangers and appropriately called the police and Yvonne had been taken in for treatment. Again, as reiterated, we discussed through how her thoughts and processes were today at clinic and she advised that she has no active suicidal thoughts but is aware that triggers from her past can evoke how she feels. She said that she just wants to try and remain calm but at clinic she was actually effectively quite calm and just slightly flat in mood overall. It was quite clear that Yvonne struggles to perhaps utilise and access appropriate supports and today at clinic she disclosed that she did not have much food or money therefore I contacted the local food bank and they have been helpful in delivering some items to Yvonne at this time until her PIP money is through. She was also given some information with regards to Scotland Wellbeing who supports childhood survivors of abuse. She was also given some CBT for online use which she has used in the past and has found this helpful. We also placed the Suicide Safety App on her phone and she is going to work through that and at next following appointments she will be able to discuss and hopefully be able to give a copy to the team to help going forward. It was very clear and evidential that Yvonne does appreciate supports. At time of clinic Yvonne denied any ongoing suicidal thoughts, plans or intent and stated she would contact services if there are any further significant changes to her mental state prior to her next appointment.

Plan/Recommendation

- **Next consultation will be with ANP then Consultant Psychiatrist to overview all recent events and to review medication, as at this time**
- **Yvonne has advised that she is not taking her medication, although sees very little benefit from this, however has agreed at this time due to impulsiveness and ongoing thoughts that Quetiapine at 100mg but has refused to take the Topiramate as it makes no difference therefore please discontinue.**
- **Yvonne is aware of how to access services 24/7 and will be discussed at team meeting for any other additional supports that might feel relevant at that time and we shall update you accordingly.**

If you require any further information please don't hesitate to contact me.

Yours sincerely

Melanie McGill
Advanced Nurse Practitioner

1 of 7



General Adult Psychiatry
NHS Tayside

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Blairgowrie Community Hospital
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Dr GA Dames
Forge Medical Practice
Parkhead Health Centre
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Date	24/08/2022
Clinic Date	11/07/2022
Your Ref	
Our Ref	MM/AM/ 1003820107
Enquiries to	Administrator
Extension	Extension
Direct Line	01250 877852

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CHI: 10/03/1982 0107

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NHS Confidential: Personal data about a patient

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Authorised on 29/08/2022 16:25:47 by Melanie McGill.

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Advanced Nurse Practitioner

Encs – clinical letters



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Plan/Recommendation

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This appointment was a follow up following deliberate self harm in June and when she was seen immediately after this and there has been communication from this. CORE 10 was completed and attached score was 19. There was no active suicidal ideation at time of clinic and Yvonne denied same. Stressors are still evident with regards to ongoing report to the police by her brother which has now meant that she cannot see her family and this causes her to be upset due to the way that they have been treating her at present. Charlene confirmed this and is supporting Yvonne at this time. Yvonne reported that she can get very upset and can become quite detached but is trying to regulate her feelings at this time. Partner Charlene as outlined agreed that staying away from Yvonne's family at present was probably the best as she has noticed the triggers that this causes and the decline in Yvonne's mental state.

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~~Yvonne agreed to a referral to RASASC which was completed at time of clinic. Yvonne would benefit from their supports with regards to her abuse, especially now as it is being investigated by police.~~

Long term review of Yvonne's diagnosis and medication would be beneficial by a medic as symptoms align with EUPD. A referral to DBT should also be considered if diagnosis reviewed. There were no immediate risk identified and Yvonne remains on weekly dispense at this time.

Plan/Recommendation

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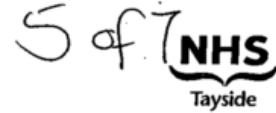
Yours sincerely

Authorised on 29/08/2022 16:29:59 by Melanie McGill.

Melanie McGill
Advanced Nurse Practitioner

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CHI: 10/03/1982 0107

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Disclosed childhood trauma

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Plan/Recommendation: Quetiapine to be reduced to 100mg nocte
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Assessment

Yvonne seemed quite flat on presentation at clinic today and was slightly remorseful about her overdose but stated that there was a trigger to that and is aware that a reaction like that can cause long term damage, not only to herself but also others who care for her. At time of clinic she denied any active ongoing suicidal ideation but advised that her past childhood traumas are becoming an occurrence and her brother has recently admitted to abusing her when she was younger which has resulted in her contacting the police to report this and is triggering quite a few past memories. There are also issues with regards to her 20 year old son, who currently lives with her, who she advised has additional needs, to which he is currently being charged with underage sex. Apparently he has had one charge and has been released on bail for this and is due to be seen again. She advised that he

6 of 7



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Plan/Recommendation

- Next consultation will be with ANP then Consultant Psychiatrist to overview all recent events and to review medication, as at this time
- Yvonne has advised that she is not taking her medication, although sees very little benefit from this, however has agreed at this time due to impulsiveness and ongoing thoughts that Quetiapine at 100mg but has refused to take the Topiramate as it makes no difference therefore please discontinue.
- Yvonne is aware of how to access services 24/7 and will be discussed at team meeting for any other additional supports that might feel relevant at that time and we shall update you accordingly.

If you require any further information please don't hesitate to contact me.

Yours sincerely

Melanie McGill
Advanced Nurse Practitioner

NHS Confidential: Personal data about a patient

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7 of 7

Tayside

North Perthshire Community Mental Health Team
Blairgowrie Community Hospital
Perth Road
Blairgowrie
PH10 6EE
Telephone 01250 877852
www.nhstayside.scot.nhs.uk

Yvonne Jamieson
5 Burgher Street
Glasgow
Lanarkshire
G31 4SZ

Date	24/08/2022
Clinic Date	
Your Ref	
Our Ref	MMc/KC/ 1003820107
Enquiries to	
Extension	
Direct Line	01250 877852
Email	

Dear Yvonne

Yvonne Jamieson, 5 Burgher Street, Glasgow, Lanarkshire, G31 4SZ
CHI: 10/03/1982 0107

Thank you for informing us that you have relocated to Glasgow at this time. We have written a letter to the GP practice with a brief outline of information and we would encourage you to access all supports in the area and they will ensure that any files and information shall be transferred over in order to continuously support you.

We hope that this letter finds you reasonably well and that you are getting the supports that you need at this time. We wish you well going forward.

Yours sincerely

Authorised on 29/08/2022 16:24:34 by Melanié McGill.

Melanie McGill
Advanced Nurse Practitioner
On behalf of North Perthshire Community Mental Health Team

(P) Dr GA Dames, Forge Medical Practice, Parkhead Health Centre, 101 Salamanca Street,
Glasgow, G31 5BA



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1 of 7



General Adult Psychiatry
NHS Tayside

North Perthshire Community Mental Health Team
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Dear Dr Dames

Yvonne Jamieson, 5 Burgher Street, Glasgow, J31 4FZ
CHI: 10/03/1982 0107

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Diagnosis: Bipolar Affective Disorder Type 2, although was under review as disclosed childhood trauma and possible Personality Disorder.

**Medication: At time of transfer, Topiramate 50mg
Quetiapine 150mg nocte although was going to reduce this to 100mg
Levothyroxine 100mcg
Salamol 100mcg
Relvar Ellipta 184mcg
Spiriva Respimat 2.5mcg**

Yvonne had a recent presentation to A&E on the 21/06/2022 and was seen by my colleagues from Liaison Psychiatry and then followed up by myself in the community in my role as Advanced Nurse Practitioner.

Brief outline of recent consultations: Yvonne was struggling with the recent disclosure of the abuse by her brother and was speaking to her colleagues at RASAC for this and had also informed the Police of the alleged abuse when she was younger. She also reported that her son has been involved in a Police matter in relation to underage sexual contact and this was also heightening her anxiety and stress. Her partner lives in Glasgow and has been a massive support to Yvonne and this is possibly a reason why she has decided to move through but did not inform us at her last consultation on 11/07/22 that she was going to be doing this. We are unsure of the services that can be offered to Yvonne at this time but felt it was important to ensure communication so that she can access the right supports for her while she is staying in Glasgow.



I have enclosed the last two letters of consultation from the team and will formally close her from our services at this time so her files can be accessed accordingly by your services and if you have any questions or queries please do not hesitate to contact me.

Yours sincerely

Authorised on 29/08/2022 16:25:47 by Melanie McGill.

Melanie McGill
Advanced Nurse Practitioner

Encs – clinical letters



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Dr RD Humble
Strathmore Surgery
Jessie Street
Blairgowrie
Perthshire
PH10 6BT

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Clinic Date	11/07/2022
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Our Ref	MMcG/CAS/ 1003820107
Enquiries to	Administrator
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Direct Line	01250 877852
Email	

Dear Dr Humble

Yvonne Jamieson, 13 Hatton Place, Rattray, Blairgowrie, Perthshire, PH10 7AN
DOB: 10/03/1982 0107

Diagnosis: Bipolar Affective Disorder - 2
Disclosed Childhood Trauma

Medication: Topiramate 50mg
Quetiapine 150mg NOCTE
Levothyroxine 100mcg
Salamol 100mcg
Relvar Ellipta 184mcg
Spiriva Respimat 2.5mcg

Plan/Recommendation

- Aware of how to access services.
- Referral to RASASC completed.
- Yvonne to be seen by medic in approximately two months time for medication and review of current diagnosis (Trauma/EUPD).
- Can be followed up by the ANP clinic thereafter.

Yvonne was seen at clinic in the company of her partner Charlene on July 11th 2022.

Assessment

This appointment was a follow up following deliberate self harm in June and when she was seen immediately after this and there has been communication from this. CORE 10 was completed and attached score was 19. There was no active suicidal ideation at time of clinic and Yvonne denied same. Stressors are still evident with regards to ongoing report to the police by her brother which has now meant that she cannot see her family and this causes her to be upset due to the way that they have been treating her at present. Charlene confirmed this and is supporting Yvonne at this time. Yvonne reported that she can get very upset and can become quite detached but is trying to regulate her feelings at this time. Partner Charlene as outlined agreed that staying away from Yvonne's family at present was probably the best as she has noticed the triggers that this causes and the decline in Yvonne's mental state.

Yvonne herself has some positive forward planning and supports from Charlene will ensure that these are undertaken such as a possible short break away. Yvonne was also advised to utilise the duty worker/NHS24 and Breathing Space which she has all contacts of.

Yvonne states that she has completed her safety plan but is apprehensive about sharing it at this time but her partner Charlene is keen to support and feels at a loss when she is in Glasgow where she resides. Charlene also told Yvonne that she will support her to access services appropriately. Yvonne agreed to a referral to RASASC which was completed at time of clinic. Yvonne would benefit from their supports with regards to her abuse, especially now as it is being investigated by police. Long term review of Yvonne's diagnosis and medication would be beneficial by a medic as symptoms align with EUPD. A referral to DBT should also be considered if diagnosis reviewed. There were no immediate risk identified and Yvonne remains on weekly dispense at this time.

Plan/Recommendation

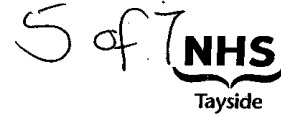
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- Can be followed up by the ANP clinic thereafter.

If you require any further information, please do not hesitate to contact me.

Yours sincerely

Authorised on 29/08/2022 16:29:59 by Melanie McGill.

Melanie McGill
Advanced Nurse Practitioner



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Dr RD Humble
Strathmore Surgery
Jessie Street
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Perthshire
PH10 6BT

Date 24/06/2022
Clinic Date 21/06/2022
Your Ref
Our Ref MMc/KC/ 1003820107
Enquiries to
Extension
Direct Line 01250 877852
Email

Dear Dr Humble

Yvonne Jamieson, 13 Hatton Place, Rattray, Blairgowrie, Perthshire, PH10 7AN
CHI: 10/03/1982 0107

**Diagnosis: Bipolar Affective Disorder 2
Disclosed childhood trauma**

**Current medication: Topiramate 50mg
Quetiapine 150mg nocte
Levothyroxine 100mcg
Salamol 100mcg
Relvar Ellipta 184mcg
Spiriva Respimat 2.5mcg**

**Plan/Recommendation: Quetiapine to be reduced to 100mg nocte
Topiramate to be discontinued at this time
To be seen by Consultant Psychiatrist and Psychology to be made aware.**

Yvonne was seen at clinic on the 21st of June 2022 and had been seen by my colleague, Rhian Brown from Liaison Psychiatry on the 20th of June 2022. Yvonne was admitted to A&E following a potential overdose of her prescribed medication the previous afternoon of the 19th. There was no alcohol involved and she'd managed to message a friend who became concerned regards content of conversation and called the police. Yvonne was therefore transferred to hospital for admission and further details can be found within notes.

Assessment

Yvonne seemed quite flat on presentation at clinic today and was slightly remorseful about her overdose but stated that there was a trigger to that and is aware that a reaction like that can cause long term damage, not only to herself but also others who care for her. At time of clinic she denied any active ongoing suicidal ideation but advised that her past childhood traumas are becoming an occurrence and her brother has recently admitted to abusing her when she was younger which has resulted in her contacting the police to report this and is triggering quite a few past memories. There are also issues with regards to her 20 year old son, who currently lives with her, who she advised has additional needs, to which he is currently being charged with underage sex. Apparently he has had one charge and has been released on bail for this and is due to be seen again. She advised that he

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has some supports from the Tay Project but obviously this is also a factor with regards to her past childhood abuse and feels unsupportive with regards to family. She reported that her family blame her for the upbringing of her son and there is lots of family dynamics which, again, has impacted on how Yvonne has presented today. She said that due to the lack of positive supports that she has, she says she has started to go back church and has a planned holiday at the end of July to York and is looking forward to this. She feels that it has been trauma that has been her main catalyst of how she has presented over the years, rather than Bipolar. As previously outlined we are looking to review this diagnosis and gather more information and assessment with regards to PTSD type symptoms and possible EUPD. Yvonne has had some past psychological interventions through Survive and Thrive but felt that this did result in painful memories from her past and has been referred to CMHT Psychology to assist further.

She said that seeing her brother on the 6th of June had triggered a lot and apparently he had fully disclosed that he had actually lay on top of her when she was younger and says that he has tried to take his own life because he can't live with the guilt of this. Yvonne then said that she felt quite disassociated and all these thoughts going through her head and this spurred the unintentional overdose at the weekend. Yvonne says she was thankful for her friend, she says she was able to call her and obviously they had highlighted the dangers and appropriately called the police and Yvonne had been taken in for treatment. Again, as reiterated, we discussed through how her thoughts and processes were today at clinic and she advised that she has no active suicidal thoughts but is aware that triggers from her past can evoke how she feels. She said that she just wants to try and remain calm but at clinic she was actually effectively quite calm and just slightly flat in mood overall. It was quite clear that Yvonne struggles to perhaps utilise and access appropriate supports and today at clinic she disclosed that she did not have much food or money therefore I contacted the local food bank and they have been helpful in delivering some items to Yvonne at this time until her PIP money is through. She was also given some information with regards to Scotland Wellbeing who supports childhood survivors of abuse. She was also given some CBT for online use which she has used in the past and has found this helpful. We also placed the Suicide Safety App on her phone and she is going to work through that and at next following appointments she will be able to discuss and hopefully be able to give a copy to the team to help going forward. It was very clear and evidential that Yvonne does appreciate supports. At time of clinic Yvonne denied any ongoing suicidal thoughts, plans or intent and stated she would contact services if there are any further significant changes to her mental state prior to her next appointment.

Plan/Recommendation

- **Next consultation will be with ANP then Consultant Psychiatrist to overview all recent events and to review medication, as at this time**
- **Yvonne has advised that she is not taking her medication, although sees very little benefit from this, however has agreed at this time due to impulsiveness and ongoing thoughts that Quetiapine at 100mg but has refused to take the Topiramate as it makes no difference therefore please discontinue.**
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Encs – clinical letters



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Plan/Recommendation: Quetiapine to be reduced to 100mg nocte
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Plan/Recommendation

- Next consultation will be with ANP then Consultant Psychiatrist to overview all recent events and to review medication, as at this time
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If you require any further information please don't hesitate to contact me.

Yours sincerely

Melanie McGill
Advanced Nurse Practitioner

NHS Tayside Communication to GP

Ward/Clinic		CHI	1003820107		
Hospital	Blairgowrie Community Hospital	Surname	JAMIESON		
Clinician	Melanie McGill	First Name	YVONNE		
Specialty	GENERAL PSYCHIATRY (MENTAL ILLNESS)	Address	13 HATTON PLACE RATTRAY PH10 7AN		
Date	21/06/2022	GP/Address	Strathmore Surgery Jessie Street Blairgowrie Perthshire PH10 6BT		
Dear Doctor,					
The above patient was reviewed today; please accept this brief communication.					
Provisional/Diagnosis is: Bipolar affective disorder type 2, past childhood trauma					
,					
Comment/Recommendations: Yvonne was seen at clinic on 21.6.22 and has recently been seen at liaison psychiatry. Following consultation today please reduce quetiapine to 100mg nocte and discontinue topiramate. Please weekly dispense due to recent risks. Letter will follow. Thank you.					
Follow up by clinic required: Yes					
Follow up by clinic required: Will be seen next by a consultant and discussion with psychology for input as requires this for past trauma.					
Specific Monitoring Required: No					
The following treatment is recommended:					
	Medication	Dose	Frequency	Indication	Duration
1.					
Is any Medication to be discontinued: Yes					
Medication to be discontinued: Topiramate to be discontinued at this time.					



Final Discharge Communication



YVONNE JAMIESON 13 HATTON PLACE, RATTRAY, BLAIRGOWRIE, PH10 7AN <i>GP Practice: Strathmore Surgery, Jessie Street, Blairgowrie, Perthshire, PH10 6BT</i>	CHI: 1003820107 Born: 10/03/1982
---	-------------------------------------

This letter updates/amends previous communication received in relation to this episode of care

Discharge Details			
Admission	19/06/2022	Discharge	20/06/2022
Specialty	Accident & Emergency	Consultant	Dr Julie Ronald (6073518)
From	Emergency Dept Observation Unit Ninewells Hospital	Destination	Home

Diagnoses	
Overdose	

Operations/Procedures

Actions Required for Primary Care

Communication to Primary Care

Dear Colleague,

Mrs Jamieson attended Ninewells ED via 999 ambulance following an intentional overdose of topiramate and quetiapine. Upon arrival to the ED Mrs Jamieson was clinically stable and minimally symptomatic and so was admitted to the observation unit for a period of observation and review by psychiatric liaison.

Mrs Jamieson remained stable overnight and in the morning psychiatric liaison found her safe for discharge home with out of hours numbers and will contact Mrs Jamieson's community support team (Mel McGinn) to notify them of this admission.

Many thanks for your ongoing care,

Ninewells ED Observation Unit

Medications

Discontinued Medication

Medication Notes

Allergies		
Morphine 10mg modified-release capsules	H/O: drug allergy	15/02/2012
Diclofenac potassium 25mg tablets	H/O: drug allergy	05/01/2012

Deleted Allergies

Follow Up Arrangements

Final Discharge Comments

n/a



Final Discharge Communication



YVONNE JAMIESON 13 HATTON PLACE, RATTRAY, BLAIRGOWRIE, PH10 7AN <i>GP Practice: Strathmore Surgery, Jessie Street, Blairgowrie, Perthshire, PH10 6BT</i>	CHI: 1003820107 Born: 10/03/1982
---	-------------------------------------

Pharmacy

Copy To

Sign Off

	Name	Job Title	Date/Time
Initial Sign Off	Dr Edward Lawrence	Foundation Doctor Year 1	20/06/2022 13:05:40
Pharmacy Sign Off			
Final Sign Off	Dr Julie Ronald	Consultant	21/06/2022 13:59:58



North Perthshire Community Mental Health Team
Blairgowrie Community Hospital
Perth Road
Blairgowrie
PH10 6EE
Telephone 01250 877852
www.nhstayside.scot.nhs.uk

Dr RD Humble
Strathmore Surgery
Jessie Street
Blairgowrie
Perthshire
PH10 6BT

Date 24/06/2022
Clinic Date 21/06/2022
Your Ref
Our Ref MMc/KC/ 1003820107
Enquiries to
Extension
Direct Line 01250 877852
Email

Dear Dr Humble

Yvonne Jamieson, 13 Hatton Place, Rattray, Blairgowrie, Perthshire, PH10 7AN
CHI: 10/03/1982 0107

Diagnosis: Bipolar Affective Disorder 2
Disclosed childhood trauma

Current medication: Topiramate 50mg
Quetiapine 150mg nocte
Levothyroxine 100mcg
Salamol 100mcg
Relvar Ellipta 184mcg
Spiriva Respimat 2.5mcg

Plan/Recommendation: Quetiapine to be reduced to 100mg nocte
Topiramate to be discontinued at this time
To be seen by Consultant Psychiatrist and Psychology to be made aware.

Yvonne was seen at clinic on the 21st of June 2022 and had been seen by my colleague, Rhian Brown from Liaison Psychiatry on the 20th of June 2022. Yvonne was admitted to A&E following a potential overdose of her prescribed medication the previous afternoon of the 19th. There was no alcohol involved and she'd managed to message a friend who became concerned regards content of conversation and called the police. Yvonne was therefore transferred to hospital for admission and further details can be found within notes.

Assessment

Yvonne seemed quite flat on presentation at clinic today and was slightly remorseful about her overdose but stated that there was a trigger to that and is aware that a reaction like that can cause long term damage, not only to herself but also others who care for her. At time of clinic she denied any active ongoing suicidal ideation but advised that her past childhood traumas are becoming an occurrence and her brother has recently admitted to abusing her when she was younger which has resulted in her contacting the police to report this and is triggering quite a few past memories. There are also issues with regards to her 20 year old son, who currently lives with her, who she advised has additional needs, to which he is currently being charged with underage sex. Apparently he has had one charge and has been released on bail for this and is due to be seen again. She advised that he



has some supports from the Tay Project but obviously this is also a factor with regards to her past childhood abuse and feels unsupportive with regards to family. She reported that her family blame her for the upbringing of her son and there is lots of family dynamics which, again, has impacted on how Yvonne has presented today. She said that due to the lack of positive supports that she has, she says she has started to go back church and has a planned holiday at the end of July to York and is looking forward to this. She feels that it has been trauma that has been her main catalyst of how she has presented over the years, rather than Bipolar. As previously outlined we are looking to review this diagnosis and gather more information and assessment with regards to PTSD type symptoms and possible EUPD. Yvonne has had some past psychological interventions through Survive and Thrive but felt that this did result in painful memories from her past and has been referred to CMHT Psychology to assist further.

She said that seeing her brother on the 6th of June had triggered a lot and apparently he had fully disclosed that he had actually lay on top of her when she was younger and says that he has tried to take his own life because he can't live with the guilt of this. Yvonne then said that she felt quite disassociated and all these thoughts going through her head and this spurred the unintentional overdose at the weekend. Yvonne says she was thankful for her friend, she says she was able to call her and obviously they had highlighted the dangers and appropriately called the police and Yvonne had been taken in for treatment. Again, as reiterated, we discussed through how her thoughts and processes were today at clinic and she advised that she has no active suicidal thoughts but is aware that triggers from her past can evoke how she feels. She said that she just wants to try and remain calm but at clinic she was actually effectively quite calm and just slightly flat in mood overall. It was quite clear that Yvonne struggles to perhaps utilise and access appropriate supports and today at clinic she disclosed that she did not have much food or money therefore I contacted the local food bank and they have been helpful in delivering some items to Yvonne at this time until her PIP money is through. She was also given some information with regards to Scotland Wellbeing who supports childhood survivors of abuse. She was also given some CBT for online use which she has used in the past and has found this helpful. We also placed the Suicide Safety App on her phone and she is going to work through that and at next following appointments she will be able to discuss and hopefully be able to give a copy to the team to help going forward. It was very clear and evidential that Yvonne does appreciate supports. At time of clinic Yvonne denied any ongoing suicidal thoughts, plans or intent and stated she would contact services if there are any further significant changes to her mental state prior to her next appointment.

Plan/Recommendation

- **Next consultation will be with ANP then Consultant Psychiatrist to overview all recent events and to review medication, as at this time**
- **Yvonne has advised that she is not taking her medication, although sees very little benefit from this, however has agreed at this time due to impulsiveness and ongoing thoughts that Quetiapine at 100mg but has refused to take the Topiramate as it makes no difference therefore please discontinue.**
- **Yvonne is aware of how to access services 24/7 and will be discussed at team meeting for any other additional supports that might feel relevant at that time and we shall update you accordingly.**

If you require any further information please don't hesitate to contact me.

Yours sincerely

Melanie McGill
Advanced Nurse Practitioner



Psychiatry Liaison

NHS Tayside
Carseview Centre
4 Tom McDonald Avenue
Dundee
DD2 1NH
www.nhstayside.scot.nhs.uk

Dr Colin Donald
A&E Consultant
Accident and Emergency Department
Ninewells Hospital
Dundee
DD1 9SY

Date	22/06/2022
Clinic Date	20/06/2022
Your Ref	
Our Ref	RB/AC/ 1003820107
Enquiries to	Rhian Brown
Extension	58246
Direct Line	01382 660111

Dear Dr Donald

Yvonne Jamieson, 13 Hatton Place, Rattray, Blairgowrie, Perthshire, PH10 7AN DOB: 10/03/1982

Assessment Date and Place

I carried out an assessment on the above lady on the on the Observation Ward, Ninewells Hospital on the 20th June 2022.

Date/Type of DSH/Suicidality at Event

Yvonne was admitted to the A&E Department after taking an overdose of 50 x 50mg Topiramate tablets and 7 x 150mg Quetiapine tablets the previous afternoon. There was no alcohol involved. She states at the time she wanted to end her life. From what I can ascertain Yvonne had been at church earlier that day and the topic discussed was regarding fostering and adoption. This triggered memories of her childhood which caused her distress. On returning home she ruminated over this and the fact that her brother had disclosed three days previously that he had attempted to sexually assault her whilst in foster care. A combination of the above and the fact that her son has now been charged twice for having sex with a minor has understandably had an impact on her mental wellbeing. She states the overdose was not planned and somewhat impulsive. She herself contacted a friend and subsequently hospital admission was arranged. At time of assessment she expressed remorse for her actions and was glad to be alive.

Past Psychiatric History

Yvonne has current contact with the Mental Health Services. She is due to see Mel McGill ANP attached to the Mental Health Services in Perth, tomorrow the 21st June 2022. She has a historical diagnosis of Bipolar, however they are questioning whether it is PTSD on the back of childhood trauma and I wonder if EUPD is also being considered in view of her presentation. She has taken numerous overdoses in the past. She is unaware of any family history of mental illness. She is currently prescribed Topiramate and Quetiapine, however believes that this needs to be reviewed.

Relevant Past Personal History

Yvonne was born in Perth. She was brought up by her parents until the age of 10. Sadly at this point the children were all put in care as a result of physical, sexual and verbal abuse by her parents and

babysitters. All five children ended up in care and albeit there was no trauma whilst in care the whole experience was somewhat traumatic. After leaving care at the age of 16, she was involved with abusive relationships. There was an ongoing history of sexual abuse by uncles. As a result she has had significant trauma in her life. She undertook the Survive and Thrive Group, which has opened up a lot of memories for her which she feels that she is struggling to cope with.

Brief MSE and Current Suicidality

As already mentioned Yvonne describes long standing difficulties with her mental health. At time of assessment she was able to provide a history of her past and current difficulties. Her speech was of normal rate and tone and eye contact was maintained. Rapport was easily established and her affect was reactive. With regards to biological symptoms of depression, she complains of a variable sleep pattern stating she is only managing approximately 5-6 hours of sleep a night. Her appetite is also variable, however she is unaware of any weight loss. She continues to try and motivate herself to carry out tasks in the house and attend to her personal hygiene. She denied any significant problems with her concentration stating that she enjoys reading. There was no evidence of any diurnal variation or increased irritability. From a cognitive perspective she could see little in the way of positives except for her two rabbits which bring her enjoyment. She also attend church on a Wednesday and Sunday which she finds rewarding. There was certainly evidence of EUPD type traits, such as impulsivity and fear of abandonment. There was no evidence of any psychotic symptomatology. At time of overdose her intentions were to end her life. At time of assessment she expressed remorse for her actions and was glad to be alive. She denied any ongoing suicidal ideation.

Forensic History

Nil

Past Medical History

Underactive Thyroid. Asthma

Alcohol/Drug/Misuse

She denied any alcohol or illicit substance misuse.

Social Circumstances

Yvonne currently lives with her 20 year old son. He has his own tenancy, however he has been receiving threats as a result of his recent charges for having under age sex. She is not working and received benefits. She is supporting her son and this is causing her some stress, however she has not accrued any debt. She is not currently involved in a relationship.

Are there any child/adult protection issues? No

Are there any Gender Based Violence/Domestic Abuse issues? No

Diagnosis – ICD 10

PTSD. Historical diagnosis of Bipolar Disorder. Query EUPD.

Disposal/Follow-up

After completing my assessment, I felt it was appropriate to discharge Yvonne home when medically fit. I have been in touch with Mel McGill to inform her of my contact and she plans to review her at her clinic on the 21st. I advised Yvonne of the out of hours numbers and the availability of the Duty Worker and encouraged her to download the Suicide Help App. We spent some time exploring safety planning which she can put into place if she feels overwhelmed again and starts to experience thoughts of wanting to end her life. I did offer to phone her son, however she declined.

If you require any further information, please do not hesitate to contact me.



Yours sincerely

Authorised on 25/06/2022 11:45:11 by Rhian Brown.

(D) Dr RD Humble, Strathmore Surgery, Jessie Street, Blairgowrie, Perthshire, PH10 6BT
(P) Melanie McGill, Advance Nurse Practitioner, Blairgowrie Community Hospital, Perth Road,
Blairgowrie, PH106EE

YVONNE JAMIESON		CHI: 1003820107
13 HATTON PLACE, RATTRAY, BLAIRGOWRIE, PH10 7AN <i>GP Practice: Strathmore Surgery, Jessie Street, Blairgowrie, Perthshire, PH10 6BT</i>		Born: 10/03/1982

This letter updates/amends previous communication received in relation to this episode of care

Discharge Details			
Admission	19/06/2022	Discharge	20/06/2022
Specialty	Accident & Emergency	Consultant	Dr Julie Ronald (6073518)
From	Emergency Dept Observation Unit Ninewells Hospital	Destination	Home

Diagnoses	
Overdose	

Operations/Procedures

Actions Required for Primary Care

Communication to Primary Care

Dear Colleague,

Mrs Jamieson attended Ninewells ED via 999 ambulance following an intentional overdose of topiramate and quetiapine. Upon arrival to the ED Mrs Jamieson was clinically stable and minimally symptomatic and so was admitted to the observation unit for a period of observation and review by psychiatric liaison.

Mrs Jamieson remained stable overnight and in the morning psychiatric liaison found her safe for discharge home with out of hours numbers and will contact Mrs Jamieson's community support team (Mel McGinn) to notify them of this admission.

Many thanks for your ongoing care,

Ninewells ED Observation Unit

Medications

Discontinued Medication

Medication Notes

Allergies		
Diclofenac potassium 25mg tablets	H/O: drug allergy	05/01/2012
Morphine 10mg modified-release capsules	H/O: drug allergy	15/02/2012

Deleted Allergies

Follow Up Arrangements

Final Discharge Comments

Pharmacy



Initial Discharge Communication



YVONNE JAMIESON 13 HATTON PLACE, RATTRAY, BLAIRGOWRIE, PH10 7AN <i>GP Practice: Strathmore Surgery, Jessie Street, Blairgowrie, Perthshire, PH10 6BT</i>	CHI: 1003820107
	Born: 10/03/1982

Copy To

Sign Off

	Name	Job Title	Date/Time
Initial Sign Off	Dr Edward Lawrence	Foundation Doctor Year 1	20/06/2022 13:05:40
Pharmacy Sign Off			
Final Sign Off			



General Adult Psychiatry
NHS Tayside

Ninewells Hospital
Dundee
DD1 9SY

sPrefPhoneNo
sPrefFax
www.nhstayside.scot.nhs.uk

Dr RD Humble
Strathmore Surgery
Jessie Street
Blairgowrie
Perthshire
PH10 6BT

Date	20/06/2022
Clinic Date	20/06/2022
Your Ref	
Our Ref	Liaison psychiatry/ 1003820107
Enquiries to	RB
Extension	Extension
Direct Line	DirectLine
Email	Email

Dear Dr Humble

Yvonne Jamieson, 13 Hatton Place, Rattray, Blairgowrie, Perthshire, PH10 7AN DOB: 10/03/1982

SITUATION

Yvonne was admitted to the AE department following an intentional overdose of her prescribed medication yesterday afternoon. There was no alcohol involved. Messaged a friend who became concerned regards content of conversation and called the police. Thereafter hospital admission was arranged.

BACKGROUND

Yvonne is currently involved with the mental health services in Perth. She has an appointment to see Melanie McGill ANP tomorrow. She has a diagnosis of bipolar disorder however my understanding is that this is currently being reviewed. She is currently prescribed Quetiapine and Tipiramate. She has taken several overdoses in the past.

ASSESSMENT

Yvonne is a 40 year old lady. She was dressed in night attire. She appeared clean and tidy with no obvious signs of neglect. She was able to provide a history of her past and current difficulties. Her speech was of normal rate and tone and eye contact was maintained. Rapport was established and affect appeared reactive. Reports feeling overwhelmed when took the overdose. At church yesterday they were discussing adoption that triggered memories on her past. On top this three days ago brother disclosed that he sexually assaulted her whilst they were in care. She has subsequently reported this to the police. As a result of a combination of the above impulsively made the decision to take overdose. At time of assessment expressed remorse for actions and denied any ongoing suicidal thoughts. Evidence of PTSD type symptoms and possible EUPD traits such as impulsivity and fear of abandonment.

RECOMMENDATION

Discharge when medically fit

Contacted Mel McGill to inform of contact

Advised of out of hours numbers



Full assessment letter to follow

Reply
Forward

Yours sincerely

Authorised on 20/06/2022 19:48:42 by Rhian Brown.



Emergency Department Ninewells Hospital

RD Humble
10445/1, Strathmore Surgery
Jessie Street, Blairgowrie, Perthshire
Blairgowrie
PH10 6BT

Ninewells Hospital
Ninewells Drive
Dundee
DD2 1GZ

Dear Doctor

Miss Yvonne Jamieson
13 HATTON PLACE
RATTRAY
Blairgowrie
PH10 7AN

Date of Birth: 10/03/1982
ACHI Number: 1003820107
ED Attendance Number: E0000368904
No. of Previous Attendances: 0
Occupation:
School:
Responsible Consultant: Dr Colin Murray

The above patient attended the Emergency Department Ninewells Hospital on 19/06/2022 at 17:18 and was admitted on 19/06/2022 at 19:37. The letter has been collated by William Lee.

Diagnosis:		
Description	Body Site	Laterality
ED diagnosis - Psychiatry / toxicology - other - see frreetext		

Diagnosis Comments: Topiramate and quetiapine

Procedures:

Prescriptions:

Discharge Destination: Admission to same NHS healthcare provider / hospital - A&E Ward

Discharge Type: Admitted

Referred To:

Notes for GP:
Clinician Name: William Lee, FY2
Time: 1810

Presenting Complaint / Concern: Overdose with suicidal intent

History of Presenting Complaint / Concern: Pt ingested 50x50mg topiramate and 7x150mg quetiapine @ c.1615 with the intent to end her life. After a few minutes felt drowsy and reports that her speech is mildly slurred. Denies N&V, dizziness, abdominal pain. Admitted this to her ex-partner who contacted the police. Now passing urine and feeling hungry.

Had been considering ending her life in this instance since 2/52 ago when her brother admitted that he attempted to sexually abuse her 30 years ago. Not specific trigger today other than processing this information. Unable to say if she regrets overdosing, but says if she home would likely just watch television and have something to eat.

Longstanding mental health issues. Incl. PTSD, that was reportedly misdiagnosed as bipolar, multiple attempt at her life, rape, losing custody of her child, her child being sexually abused by ex-partner. Multiple attempts at life in same manner. Denies self-harm / criminal convictions / aggression or violence towards others.

Not great support network. Son at home in 20s but the are not very close anymore, he lives an independent life. No other family are close. Has contacts at church - however was there today and observed several triggers for her low mood.

Has a CPN that she has an appointment with in 2/7. Also awaiting psychology review. She is looking forward to both of these. Has seen psychiatrist but doesn't find them beneficial. Thinks she may benefit from a support group or similar. Feels what would be most beneficial is regularly talking things out with someone.

Past Medical History: As per portal.

Drug History: Topiramate, levothyroxine, quetiapine, relvar ellipta, salamol, spiriva respimat. Acute - cetirizine.

Allergies: Morphine, diclofenac

Social History: Lives with son. Non-smoker. Non-drinker. Denies recreational drug use.

Focused Examination:

A: alert, speaking, no airway concerns
B: RR 16, SpO2 97%, chest clear
C: HR 86, BP 121/80, HS I+II+0, warm peripheries
D: T 35.3, PEARL, GCS 15, moving 4 limbs independently
E: ASNT, BS+ve

Investigations: Not required at present

WORKING DIAGNOSIS: OD with suicidal intention

Note: observation periods of Topiramate and Quetiapine are 4h and 6h, respectively.

Treatment Plan:

- 1) Needs medical review 6h after ingestion -> 22:30
- 2) EDOU to await this
- 3) Aim D/c home if satisfactory

Senior Clinician Review if Required: D/w Dr C Monroe (EM Consultant)

Nursing Notes

Assessment/Social History

Lives with adult son.
Normally Independently mobile

Interventions



o/a - Observations obtained, LFT done and PCR
1930 - repeat observations
1935 - handover given to EDOU for review at 2230 ? discharge home.

Preparation for Admission by D Goodsir
Does the patient agree with the plan Y

NEWS = 1

Pt accepts responsibility for belongings/valuables Y

Nameband in situ Y RED

PVC inserted Y/N by
Site
Size

Medication placed in appropriate bag

Covid Screen Obtained Y

Pt transferred to ward on trolley/cot sides up

Escort required with pt for admission Y RN escort

NOK/relatives aware of plan for admission N - patient declined for staff to contact NOK she will contact someone herself.

Wellbeing form required N

Independent/Dependant on discharge

Yours sincerely

Emergency Department Ninewells Hospital



General Adult Psychiatry
NHS Tayside
North Perthshire Community Mental Health Team
Blairgowrie Community Hospital
Perth Road
Blairgowrie
Telephone Number 01250 877852
www.nhstayside.scot.nhs.uk

Dr RD Humble
Strathmore Surgery
Jessie Street
Blairgowrie
Perthshire
PH10 6BT

Date	19/04/2022
Clinic Date	18/03/2022
Your Ref	
Our Ref	MMcG/CAS/ 1003820107
Enquiries to	Administrator
Extension	
Direct Line	01250 877852
Email	

Dear Dr Humble

Yvonne Jamieson, 13 Hatton Place, Rattray, Blairgowrie, Perthshire, PH10 7AN
DOB: 10/03/1982 0107

Diagnosis: Bipolar Affective Disorder Type 2

Medication: Quetiapine 150mg
Levothyroxine 100mcg
Topiramate 50mg
Spiriva Respimat
Salamol
Relvar Ellipta

Planned Recommendations: Discussion with Psychology. Will be seen in clinic in approximately three months time

Yvonne was seen at clinic on March 18th 2022 from this Yvonne said that she was hoping that the appointment would reassess her diagnosis as she doesn't feel she has Bipolar Type 2 and also a review of medication.

Assessment

Yvonne had just returned from seeing her friend's house in Glasgow to which she then started to talk about the issues she has had with her ex partner which has been well documented therefore I shall not reiterate. She has returned to her own home on that day and had plans for the weekend such as organising for her new pet rabbit which her friend has given her. She talked about past trauma briefly and her frustration that Psychology was unable to establish contact therapeutically following her attendance of Strive and Survive. She said that the person she was due to see called her to say she was leaving. However, she has had psychological therapies to deal with her traumas further as she feels she has PTSD and not Bipolar. This will be discussed further with Psychology.

There were some aspects of PTSD symptoms evident such as intrusive memories which Yvonne stated occurred every other day in which she feels that she is reliving the traumatic event as if it were happening again (flashbacks), avoidance such as trying to avoid thinking or talking about the traumatic event and negative changes in thinking and mood such as lack of interest in activities, and a difficulty experiencing positive emotions at times. She also described being anxious, on guard,



difficulty in getting to sleep at times even with medication and being irritable at times also. She advised that she had been researching this and feels her symptoms more align with PTSD at this time.

She also advised that it takes longer for the **Quetiapine** to work for example she took it at 9am and 9pm but does not fall asleep until 12 midnight but is able to sleep right through to 12 noon. We discussed further perhaps changing the time of her medication in the evening to perhaps an hour earlier may help in this matter. She has positive future planning and there was no suicidal ideation evident and no thoughts, plans or intent of any self harm. She is willing to engage with services and, no immediate risks identified at time of clinic and has the ability to contact services should things change. She had agreed that she would take her medication daily and remain compliant as agreed to further follow up.

Recommendation Plan

- A discussion will be undertaken with Psychology with regards to aligning interventions and formulation of possible PTSD and a referral will be made accordingly.
- Yvonne was wanting changes done today but has been advised that this will take a little bit longer to fully assess and review current diagnosis, the appropriate treatment and supports can be offered in line with this. She was accepting of this and aware of how to contact the team should she need any further supports.
- To continue with current medication.
- Will be seen at clinic for further assessment in two months time.

If you require any further information, please do not hesitate to contact me.

Yours sincerely

Authorised on 19/04/2022 14:06:23 by Melanie McGill.

Melanie McGill
Advanced Nurse Practitioner

Susanne Millar
Chief Officer

Our Ref: MHAU/KM
Job ID: 100112638
Date: 12/01/2022

17 JAN 2022

PRIVATE & CONFIDENTIAL

Dr RD Humble
Strathmore Surgery
Jessie Street
Blairgowrie
Perthshire
PH10 6BT

Mental Health
Stobhill Hospital
Nevis Building
133 Balornock Road
Glasgow
G21 3UW
0141 201 3136
www.nhsggc.org.uk

Dear Dr Humble

Re: Yvonne Jamieson **DOB: 10/03/1982** **CHI: 1003820107**
Address: 9 B Garsgadden View, Glasgow, G81 2DQ

The above named was referred to Mental Health Assessment Unit (MHAU) Stobhill by NHS24.

Assessment

On return 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 history 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 requiring support.

Recommendation

Client will seek support over the weekend if struggling

Risk

No immediate risks identified tonight.

Yours sincerely

Elizabeth MacLeod
Senior Unscheduled Care Nurse
Authorised on 12/01/2022 11:14:39 by Typist Karen McConnell, not verified by Elizabeth MacLeod.

Tayside Out of Hours Service OOH Call Incident Report

Call number:	85018	Receive Date:	5-Jan-2022 16:57
Patient's Name:	Yvonne Jamieson		
Date of birth:	10-Mar-1982 (39 years)	Gender:	F
Address:	13 Hatton Place Ratray Blairgowrie PH10 7AN	Current Address:	13 Hatton Place Ratray Blairgowrie PH10 7AN
Return Contact No:			
Tel No:	07845 832567		07845 832567
Mobile No:			
Priority:	Routine	Call Origin:	NHS24
Received:	5-Jan-2022 16:57	Calltype:	NHS24 Advised (Info Only)
Advised:	17:46	Arrived PCC:	
Cons start:		Cons End:	
Consulting Doctor:		Own doctor:	Richard Humble

Reported Condition:
SUICIDAL THOUGHTS - 1 WEEK NO COVID SYMPTOMS.

Followups:
None

NHS24 details:
Disposition - **In-Hours Action: Patient to Own GP within 4 hr**

NHS Confidential: Personal data about a patient

NHS Tayside: Clinical Report - Perth Royal Infirmary		Page 1 of 2
JAMIESON, YVONNE 13 HATTON PLACE, RATTRAY, BLAIRGOWRIE, PH10 7AN Ref. Locn. : GENERAL PRACTITIONER Ref. Source : STRATHMORE SURGERY, JESSIE STREET, BLAIRGOWRIE, PERTHSHIRE, P Referrer : DR RD HUMBLE		DoB : 10-Mar-1982 Hosp. No. : CRIS No. : 486981 CHI No. : 1003820107
VERIFIED Verified By : DR SUZANNE McCLELLAND 17-Nov-2021 Typed By : M CCS 17-Nov-2021		
Clinical History : R shoulder and neck pain/on/off since 2020 - had RTA 2020 but not seen at the time - recurrent pain into shoulder ?arm and when moves shoulder - ?bony pathol/degen ENTERED BY: Richard Humble (Medical) BLEEP: 01250 872552		
VERIFIED Verified By : DR SUZANNE McCLELLAND 17-Nov-2021 Typed By : M CCS 17-Nov-2021		
XR Cervical spine : There is reversal of the normal cervical curvature. Vertebral alignment is otherwise normal and disc spaces preserved with no bony abnormality demonstrated.		
Event Number : E-6775353 Copy To : , Examinations : XR Cervical spine, XR Shoulder Rt	Examination Date : 16-Nov-2021 Attendance Number : 2	

NHS Confidential: Personal data about a patient

NHS Tayside: Clinical Report - Perth Royal Infirmary		Page 2 of 2
JAMIESON, YVONNE 13 HATTON PLACE, RATTRAY, BLAIRGOWRIE, PH10 7AN Ref. Locn. : GENERAL PRACTITIONER Ref. Source : STRATHMORE SURGERY, JESSIE STREET, BLAIRGOWRIE, PERTHSHIRE, P Referrer : DR RD HUMBLE	DoB : 10-Mar-1982 Hosp. No. : CRIS No. : 486981 CHI No. : 1003820107	
VERIFIED Verified By : DR SUZANNE McCLELLAND 17-Nov-2021 Typed By : MCCS 17-Nov-2021		
XR Shoulder Rt : No soft tissue calcification or bony abnormality demonstrated.		
Event Number : E-6775353 Copy To : , Examinations : XR Cervical spine, XR Shoulder Rt	Examination Date : 16-Nov-2021 Attendance Number : 2	