RELEVANT EVIDENCE - see review schedule

MENTAL HEALTH CASENOTES: VOLUME 2

Kirkcaldy & Levenmouth CHP
Mental Health Services

Mental Health Assessment Team
Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU

Tel 01383 623623 ext 5962
Fax 01383 627044

COPY

Dr D Somerville
Inverkeithing Medical Centre
5 Friary Court
INVERKEITHING
KY11 1NU

Date	21st December 2010
Our Ref	PAS/SP/MS/SF5153833A
CHI Number	1703751191
Enquiries to	Mr John Gillen
Extension	1421
Email	John.Gillen@nhs.net

Dr Cavanagh

Dear ~~Dr~~ Somerville,

LEON GRATTON, 85 SPITTALFIELD ROAD, INVERKEITHING KY11 1DZ (DOB: 17 03 1975)

The above named person was assessed by the Mental Health Assessment Team on 22nd November 2010. The patient was seen in Ward 8 at Queen Margaret Hospital.

Patient's Profile
A 35 year old man well known to psychiatric services. Has support from the Community Outreach Team and Richmond.

Presenting Complaint
Took a mixed overdose of Citalopram, Procyclidine and street bought Diazepam. The reason he gave for taking the overdose was he was feeling down and felt as if everyone hated him. He also said he thought about the baby he had to his ex-partner every day which was given up for adoption. Leon said that a Social Worker had told him to start a trinket box for the baby but he said he didn't want any further contact with his ex-partner and that the last he had spoke to her was 2 weeks ago. He stated he had tried to contact the Samaritans prior to taking the overdose but was unable to contact them. He contacted emergency services himself. When I asked if anything else had contributed to the overdose he said that otherwise things were "pretty much the same".

General Psychiatric and Medical History
Schizophrenia, borderline personality disorder and depression. .

Current / Recent Medication
Flupenthixol IM weekly at Carnegie Clinic, Diazepam prn and Nitrazepam, Trihexyphenidyl.

Full Family History
Already well documented.

Full Personal History
Already well documented.

CHP General Manager: Mr George Cunningham

Social Circumstances
Lives on his own. Enjoys cooking, baking, writing poetry and kickboxing. Stated his relationship with his ex-partner was problematic and that he didn't want any further contact with her. Stated she treated him "like shit". Has weekly support from the Community Outreach Team. Support from Richmond 3 times a week. However he stated they may cut back his hours as at times he has not answered the door to them.

Alcohol and Drug History
Denied alcohol use. Admitted to buying Diazepam off the street. He did say that he felt this was becoming a problem as he was spending all his money on this and that he had contacted West Fife Drug Team for help. Denied any other drug use.

Forensic History
Previously documented.

Mental State Examination

- **Appearance and Behaviour**
  Casually dressed. Made reasonable eye contact.

- **Mood**
  Subjectively felt he was depressed and put his mood at 1/10. Objectively mood appeared low.

- **Appetite**
  He felt he wasn't eating as much as he used to but hadn't noticed any weight loss. Said he tends to snack a lot.

- **Concentration**
  Longstanding poor concentration levels.

- **Sleep**
  Stated he buys Diazepam to help him sleep. Feels he only gets 2 hours sleep with Nitrazepam.

- **Speech**
  Normal.

- **Thoughts**
  He felt there was an "arrogance about people" and that the only person who was decent to him was Muriel.

- **Perceptions**
  He felt his voices were worse and were reading out death threats to him. He also felt people were whispering in his ears.

- **Cognition**
  Orientated to day, place and time.

- **Insight and Risk**
  Insight was reasonably good. He has taken previous overdoses and admitted he had a problem with an addiction to Diazepam.

Assessment of On-Going Suicidal Ideation or Intent
Denied any on-going thoughts of self-harm. Stated he took the overdose due to feeling depressed and feels he has a "miserable existence".

Potential for Positive Risk Taking
Has a 12 year old son who he sees monthly. Was unable to contact the Samaritans prior to this overdose but uses their support and finds it helpful. Leon has support from the Community Outreach Team and Richmond. Leon stated he was at his happiest while working with Craig, Support Worker with the Community Outreach Team, at the gym and would like to go back to this but realises this would be dependent on staff availability and resources.

Clinical Impression / Formulation
A 35 year old single man who is well known to psychiatric services and has regular weekly support in the community from Richmond and the Community Outreach Team. He took a mixed overdose of Citalopram, Procyclidine and Diazepam due to feeling depressed and thinking that everyone hated. He had also been thinking about his child that had been given up for adoption. Leon admitted to an addiction to Diazepam which he buys off the street but stated he had contacted and left a message with the West Fife Drug Team to gain support with this. He denied any on-going thoughts of self-harm and he will be followed-up with his community support.

Prior to assessing Leon I contacted Dawn, his keyworker from the Community Outreach Team. Dawn stated she had seen Leon yesterday and at that time had no concerns about his mental health. She said he had missed his last 2 appointments with Dr Cavanagh and that Leon was responsible for arranging a further appointment himself.

Management Plan
Due to attend Carnegie Clinic for depot injection tomorrow. On-going support weekly from Dawn at the Community Outreach Team. On-going support from Richmond. Leon to contact Dr Cavanagh to arrange an out-patient appointment.

If you have any queries please contact me on the above number.

Yours sincerely,

Signed:

Print Name: Shirley Paterson

Designation: Charge Nurse
Mental Health Assessment Team

Copied to:
Dawn Stanley, Community Outreach Team, Haldane House, 71 Priory Lane, Dunfermline
Dr Cavanagh, Consultant Psychiatrist, Phase I, Queen Margaret Hospital

CHP General Manager: Mr George Cunningham

Kirkcaldy & Levenmouth CHP
Mental Health Services

Mental Health Assessment Team
Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
Tel 01383 623623 ext 5962
Fax 01383 627044

NHS
Fife

Date
Our Ref
CHI Number

Enquiries to Mr John Gillen
Extension 1421
Email john.gillen@nhs.net

Dear Dr Sommerville
Inverkeithing HC

Leon Gratton
85 Spittalfield Rd

170375 1191
(data in Fife if available)

The above named person was assessed by the Mental Health Assessment Team on the 22/11/10. The assessment took place in ~~A&E~~ / Ward 8 at QMH.

Reason for Assessment:

Impulsive overdose - which he said was due to low mood. Denied any ongoing thoughts of self harm at time of assessment. Discharged home - follow up with community outreach team.

The outcome of the assessment was as follows:

- ☐ Patient discharged from A&E / Ward ____ at QMH with no further follow up.
- ☐ Admitted to psychiatric inpatient care at QMH / Whyteman's Brae / Other _____
- ☐ Referred to appropriate CMHT for further assessment.
- ☐ Other, please specify. _____

Full assessment details will follow in due course.

If you have any queries, please contact me on the above number.

Yours sincerely

Signed S Pato Print Name S PATERSON Designation C/N

Mental Health Assessment Team

POSITIVE ABOUT DISABLED PEOPLE

Kirkcaldy & Levenmouth CHP
Mental Health Services
Chairperson: Ms Norma Wilson

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
Tel 01383 623623
Fax 01383 627044

Dr Somerville
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
KY11 1NU

Date Typed	8th November 2010
Our Ref	PC/LA/F5153833
CHI Number	1703751191
Enquiries to	Mrs Lorna Abercrombie
Direct Line	01383 674193
Email	lorna.abercrombie@nhs.net

Dear Dr Somerville

LEON GRATTON, 85 SPITTALFIELD ROAD, INVERKEITHING KY11 1DZ (DOB: 17·03 1975)

Leon failed to attend his out patient appointment with me on 6th October 2010. He has been in the A&E Department on a few occasions and taken excessive quantities of Diazepam. The motivation for this is unclear.

He will be seen by my colleagues at the Outreach Team.

Yours sincerely

Dr Paul Cavanagh
Consultant Psychiatrist

Copied to:

West Fife Community Outreach Team Haldane House 71 Priory Lane Dunfermline KY12 7DT	Dr Pujit Gandhi Affective Disorders Clinic Carnegie Clinic Pilmuir Street DUNFERMLINE	Dr Amy Hodgson Chartered Clinical Psychologist Lynebank Hospital Halbeath Road DUNFERMLINE Fife

Kirkcaldy & Levenmouth CHP
Mental Health Services

Mental Health Assessment Team
Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU

Tel 01383 623623 ext 5962
Fax 01383 627044

Dr D Somerville
Inverkeithing Medical Centre
5 Friary Court
Inverkeithing
KY11 1NU

Date	15 October 2010
Our Ref	MS/SBCM
CHI Number	1703751191
Enquiries to	Mr John Gillen
Extension	1421
Email	john.gillen@nhs.net

Dear Dr Somerville

Re: Leon Gratton 85 Spittalfield Road Inverkeithing KY11 1DZ

The above named person was assessed by the Mental Health Assessment Team on the 17 September 2010.

The patient was seen in A&E at QMH.

Patients' profile:

Leon is a 35 year old who arrived at A&E following an overdose of 12 x 10 mg Diazepam (street drugs). He is well known to the psychiatric services and Dr Cavanagh. He has az schizophrenic illness, borderline personality disorder and depression.

Presenting Complaint:

Leon was referred for assessment by A&E as, due to low mood, had taken an overdose of 12 x 10 mg of Diazepam. Expressed at this time he just wanted to "sleep away his problems", "make them go away". Attributes his low mood down to him splitting up with his partner in August 2010, as she had placed their baby up for adoption. He stated that he had none of his prescribed medication, therefore decided to go and buy "drugs off the streets" to help him calm down.

General Psychiatric and Medical History:

Schizophrenic illness. Borderline personality disorder. Depression. Well known to Dr Cavanagh and many admissions to Ward 2.

CHP General Manager: Mr George Cunningham

Current / recent medication:

Well documented.

Allergies:

None known.

Full family history:

Previously well documented. Not getting on well with his mother at present, does not feel supported by her "I'm not good enough in her eyes".

Full personal history:
Premorbid personality:

Usually level-headed, appropriate and sensible.

Social circumstances:

Lives on his own in a council flat. Split up from partner in July 2010. No longer has any contact with her. Has friends but they all take drugs Leon says. Support from Dawn Stanley (WFCOT), Richmond Fellowship x 3 weekly. Regular appointments with Dr Cavanagh.

Alcohol and Drug history:

Occasionally buys "street drugs" – like Diazepam, when runs out of his prescribed medication. He states all his friends take them. Rarely drinks alcohol. Smokes between 20-30 per day.

Forensic history:

Previous history of minor physical assaults towards family members. No offences outstanding.

Mental state examination

- **Appearance and behaviour:** Unkempt, casually dressed. Does not appear to have attended to his personal hygiene / appearance for a while. Good eye contact.

- **Mood:** States mood is low – on a rate from 1 – 10 1 being lowest, Leon states 3. States his mood is usually up and down.

- **Appetite** : Poor over past few months, only eating minimal amounts.

- **Concentration:** Usually good, but finds it difficult to read for long - "only a little while". Feels distracted.

- **Sleep:** Finds it difficult to get to sleep; lies in bed crying for lengthy periods. Tends to be up late at night; sleeps well into the afternoon.

- **Speech:** Normal in rate, rhythm and tone (although at times quite quietly spoken. Answered questions appropriately.

- **Thoughts:** Feels that people are laughing and talking about him at times. More paranoid of late.

- **Perceptions:** Denied any at present, but did say he "experiences strange smells at times".

- **Cognition:** Orientated to time, place and person.

- **Insight:** Good insight, realises the consequences of outcome of further overdoses as he stated he has already damaged his liver.

Assessment of on going suicidal ideation or intent:

He says "he just wanted to sleep through his problems". However, he did agree to keep himself safe. Leon stated that he planned to go home, get a few hours sleep before Richmond Fellowship contacted him at 10.00 a.m. Stated he realises that this was not the way to act.

Potential for positive risk taking:

Enjoys martial arts.
Enjoys reading poetry.
Also beginning an Open University Course in February 2011 on philosophy – keen to get started on this.
Wants a "normal" life and would like a relationship again in the future – "a stable lifestyle".

Clinical Impression / Formulation:

This 35 year old gentleman presented at A&E following an impulsive overdose of 12 x 10 mg street Diazepam. Mood low since August following split from girlfriend and also that his child had been placed for adoption. He is well known to psychiatric services and has many supports in place within the community. He recently missed his appointment with Dr Cavanagh as he stated that he had no money for transport. Now stating he is not suicidal and able to maintain his own safety. Talking more positively about his future plans.

Management plan:

Discharge home. Support and reassurance given.
Further appointment being made with Dr Cavanagh.
West Fife Community Outreach team informed of actions tonight – continue support from them.
Richmond Fellowship contacting Leon this morning at 10 a.m as arranged.

Leon states that he is able to maintain his own safety. No further suicidal ideas expressed.

If you have any queries please contact me on the above number.

Yours sincerely

Signed: Mairi-Clare Smith

Print Name: Mairi-Clare Smith

Designation: Charge Nurse
Mental Health Assessment Team

Copy to: Dr P Cavanagh Consultant Psychiatrist QMH ✓
Richmond Fellowship 10-12 Pentland Court The Saltire Centre Glenrothes KY6 2DA
West Fife Community Outreach Team Haldane House 71 Priory Lane Dunfermline KY12 7DT

SFJ 153833A

Kirkcaldy & Levenmouth CHP
Mental Health Services

Mental Health Assessment Team
Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU

Tel 01383 623623 ext 5962
Fax 01383 627044

Dr D Somerville
Inverkeithing Medical Centre
5 Friary Court
Inverkeithing
KY11 1NU

Date	15 October 2010
Our Ref	MS/SBCM
CHI Number	1703751191
Enquiries to	Mr John Gillen
Extension	1421
Email	john.gillen@nhs.net

Dear Dr Somerville

Re: Leon Gratton 85 Spittalfield Road Inverkeithing KY11 1DZ

The above named person was assessed by the Mental Health Assessment Team on the 17 September 2010.

The patient was seen in A&E at QMH.

Patients' profile:

Leon is a 35 year old who arrived at A&E following an overdose of 12 x 10 mg Diazepam (street drugs). He is well known to the psychiatric services and Dr Cavanagh. He has az schizophrenic illness, borderline personality disorder and depression.

Presenting Complaint:

Leon was referred for assessment by A&E as, due to low mood, had taken an overdose of 12 x 10 mg of Diazepam. Expressed at this time he just wanted to "sleep away his problems", "make them go away". Attributes his low mood down to him splitting up with his partner in August 2010, as she had placed their baby up for adoption. He stated that he had none of his prescribed medication, therefore decided to go and buy "drugs off the streets" to help him calm down.

General Psychiatric and Medical History:

Schizophrenic illness. Borderline personality disorder. Depression. Well known to Dr Cavanagh and many admissions to Ward 2.

CHP General Manager: Mr George Cunningham

Current / recent medication:

Well documented.

Allergies:

None known.

Full family history:

Previously well documented. Not getting on well with his mother at present, does not feel supported by her "I'm not good enough in her eyes".

Full personal history:
Premorbid personality:

Usually level-headed, appropriate and sensible.

Social circumstances:

Lives on his own in a council flat. Split up from partner in July 2010. No longer has any contact with her. Has friends but they all take drugs Leon says. Support from Dawn Stanley (WFCOT), Richmond Fellowship x 3 weekly. Regular appointments with Dr Cavanagh.

Alcohol and Drug history:

Occasionally buys "street drugs" – like Diazepam, when runs out of his prescribed medication. He states all his friends take them. Rarely drinks alcohol. Smokes between 20-30 per day.

Forensic history:

Previous history of minor physical assaults towards family members. No offences outstanding.

Mental state examination

- **Appearance and behaviour:** Unkempt, casually dressed. Does not appear to have attended to his personal hygiene / appearance for a while. Good eye contact.

- **Mood:** States mood is low – on a rate from 1 – 10 1 being lowest, Leon states 3. States his mood is usually up and down.

- **Appetite** : Poor over past few months, only eating minimal amounts.

- **Concentration:** Usually good, but finds it difficult to read for long - "only a little while". Feels distracted.

- **Sleep:** Finds it difficult to get to sleep; lies in bed crying for lengthy periods. Tends to be up late at night; sleeps well into the afternoon.

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- **Perceptions:** Denied any at present, but did say he "experiences strange smells at times".

- **Cognition:** Orientated to time, place and person.

- **Insight:** Good insight, realises the consequences of outcome of further overdoses as he stated he has already damaged his liver.

Assessment of on going suicidal ideation or intent:

He says "he just wanted to sleep through his problems". However, he did agree to keep himself safe. Leon stated that he planned to go home, get a few hours sleep before Richmond Fellowship contacted him at 10.00 a.m. Stated he realises that this was not the way to act.

Potential for positive risk taking:

Enjoys martial arts.
Enjoys reading poetry.
Also beginning an Open University Course in February 2011 on philosophy – keen to get started on this.
Wants a "normal" life and would like a relationship again in the future – "a stable lifestyle".

Clinical Impression / Formulation:

This 35 year old gentleman presented at A&E following an impulsive overdose of 12 x 10 mg street Diazepam. Mood low since August following split from girlfriend and also that his child had been placed for adoption. He is well known to psychiatric services and has many supports in place within the community. He recently missed his appointment with Dr Cavanagh as he stated that he had no money for transport. Now stating he is not suicidal and able to maintain his own safety. Talking more positively about his future plans.

Management plan:

Discharge home. Support and reassurance given.
Further appointment being made with Dr Cavanagh.
West Fife Community Outreach team informed of actions tonight – continue support from them.
Richmond Fellowship contacting Leon this morning at 10 a.m as arranged.

Leon states that he is able to maintain his own safety. No further suicidal ideas expressed.

If you have any queries please contact me on the above number.

Yours sincerely

Signed: _____

Print Name: Mairi-Clare Smith

Designation: Charge Nurse
Mental Health Assessment Team

Copy to: Dr P Cavanagh Consultant Psychiatrist QMH
Richmond Fellowship 10-12 Pentland Court The Saltire Centre Glenrothes KY6 2DA
West Fife Community Outreach Team Haldane House 71 Priory Lane Dunfermline KY12 7DT

Dear Dr Somerville

Leon Grattan
85 Spittalfield Road
Inverkeithing
KY11 1DZ.
D.O.B :- 17/03/75.
(patient label if available)

The above named person was/was not assessed by the Mental Health Assessment Team on the 17/09/10. The assessment took place in A&E / ~~Ward~~ ____ at QMH / ~~VRE~~

Reason for Assessment:

Asked to assess from A+E. Leon self presented at A+E following overdose of 12 x 10mgs Diazepam. Mood low following split from partner and child placed for adoption. Impulsive Act, not suicidal. Able to maintain own safety. Given further app. with Dr. Cavanagh. WFCOT informed. Discharged home

The outcome of the assessment was as follows:

- ☑ Patient discharged from A&E / ~~Ward~~ ____ at QMH / ~~VRE~~ with no further follow up.
- ☐ Admitted to psychiatric inpatient care at QMH / Whyteman's Brae / Other _____
- ☐ Referred to appropriate CMHT for further assessment.
- ☐ Other, please specify. _____

Full assessment details will follow in due course.

If you have any queries, please contact me on the above number.

Yours sincerely

Signed NCSmith Print Name N.C. SMITH Designation STAFF NURSE Mental Health Assessment Tea

Mental Health Assessment Team

17/09 2010 06:14 FAX 01383827044 QUEEN MARGARET HOSPITAL 001

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	4101
DESTINATION TEL #	901383427527
DESTINATION ID	
ST. TIME	17/09 06:13
TIME USE	00'16
PAGES SENT	1
RESULT	OK

Kirkcaldy & Levenmouth CHP
Mental Health Services

Mental Health Assessment Team
Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
Tel 01383 623623 ext 5962
Fax 01383 627044

Date 17/09/10
Our Ref
CHI Number 1703751191

Enquiries to Mr John Gillen
Extension 1421
Email john.gillen@nhs.net

Dear Dr Somerville

Leon Gratton
85 Spittalfield Road
Inverkeithing
KY11 1DZ.
D.O.B :- 17/03/75.
(patient label if available)

The above named person was/was not assessed by the Mental Health Assessment Team on the 17/09/10. The assessment took place in A&E / ~~Ward~~ ____ at QMH / ~~VHK~~

Reason for Assessment:

Asked to assess from A&E. Leon self presented at A&E following overdose of 12 x 10mgs Diazepam. Mood low following split from partner and child placed for adoption. Impulsive Act, not suicidal. Able to maintain own safety.
Given further app. with Dr Cowangh. WFCOT informed
Discharged home

The outcome of the assessment was as follows:

- [x] Patient discharged from A&E / ~~Ward~~ ____ at QMH / ~~VHK~~ with no further follow up.
- [ ] Admitted to psychiatric inpatient care at QMH / Whyteman's Brae / Other _____
- [ ] Referred to appropriate CMHT for further assessment.
- [ ] Other, please specify. _____

Full assessment details will follow in due course.

If you have any queries, please contact me on the above number.

Yours sincerely

Signed NCSmith Print Name N.C. SMITH Designation STAFF NURSE
Mental Health Assessment Team
Mental Health Assessment Team

MESSAGE

Date:	14 Sep. 10	***Time:***	
To:	Dr Cavanagh	☎	
From:	Leon Gratton		
Regarding:	Requesting OPA please		
Message:	8/10/10 2pm Wed		
Action Required:			
Message Taken by:	Shiona		

Kirkcaldy & Levenmouth CHP
Mental Health Services

West Fife Community Outreach Team
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY12 7DT
Tel 01383 432725
Fax 01383 732038

NHS Fife

RECEIVED 16 JUN 2010

Dr Garmany
Inverkeithing Medical Practice
5 Friary court
INVERKEITHING
KY11 1NU

Date Dictated	3 June 2010
Date Typed	4 June 2010
Your Ref	
Our Ref	PG/BB/SF5153833A
CHI Number	1703751191
Enquiries to	Mrs Barbara Beattie
Telephone Number	01383 432725
Email	barbara.beattie@nhs.net

Dear Dr Garmany

Re: Leon Gratton 85 Spittalfield Road Inverkeithing KY11 1DZ (DOB: 17.03.75)

Leon attended the Carnegie Clinic on 3 June 2010 for his anti-psychotic depot medication. He complained to the nurse about feeling very stressed, somatic symptoms such as pain in chest and back passage, hearing screams and hearing neighbours making strange noises. He also said he sensed people in his room at night.

I have therefore provided him with a script for 2 weeks supply of Chlorpromazine 25mg p.r.n. up to twice a day, daily dispensing.

He will be seen regularly by the staff from the Community Outreach Team and I will review him in due course.

If you require any further information please do not hesitate to contact me on the above number.

Yours sincerely

Gandhi

Dr Pujit Gandhi
Staff Grade Psychiatrist

cc Dr P Cavanagh, Consultant Psychiatrist, QMH ✓
Dawn Stanley, CCM, WFCOT, Haldane House

Continuing Care Clinic

Carnegie Clinic
Pilmuir Street
DUNFERMLINE
Fife KY12 7AX
Tel 01383 722911
Fax 01383 620180

Dr Garmany
Inverkeithing Medical Practice
5 Friary Court
Inverkeithing
KY11 1NU

Date	13 November 2009
Our Ref	PG/DK/SF5153833A
CHI Number	1703751191
Enquiries to	Dianne Kerr
Direct Dial	01383 627156
Email	diannekerr1@nhs.net

Dear Dr Garmany

Re: Leon Gratton, 85 Spittalfield Road, Inverkeithing, KY11 1DZ (DOB: 17.3.75)

I reviewed Leon at the Continuing Care Clinic on 12 November 2009 at Carnegie Clinic.

It was my first meeting with Leon. He had attended the depot clinic and had requested to be prescribed something to help his shakes and the left arm. I did a full examination to check for Extra-pyramidal side effects. There was presence of fine tremor on both hands, but more so on the left. There were some involuntary movements of his toes. There was no evidence of akathisia, dystonia or tardive dyskinesia. His gait was normal.

In the past, he had been prescribed 2 different anti-cholinergics, but they gave him side effects. Procyclidine had no beneficial effect and caused hallucinations. Orphenadrine helped his symptoms but gave him nightmares. Dr Cavanagh, Consultant Psychiatrist, had mentioned at a team meeting that he had planned to offer Leon a trial of Trihexyphenidyl (or Benzhexol). **I have therefore given him Trihexyphenidyl Hydrochloride 1mg o.d. for one week, to be increased to 2mg o.d. for one week. Either Dr Cavanagh or I will review the medication after 2 weeks.**

As far as his mental state is concerned, it has remained largely stable. He experiences second person auditory hallucinations a few times a week, which can be both inside his head or coming from outside. He finds them distressing but copes with them. There was no evidence of thought interference or thought alienation. He also spoke about experiencing "bad dreams" but would not elucidate further on it. He described his mood as "alright" and denied any hopelessness. He said he drinks "too much" alcohol.

He continues to receive input from the Community Outreach Team and outpatient appointments with Dr Cavanagh.

Current medication: **Trihexyphenidyl Hydrochloride 1mg o.d. for 1 week, 2mg o.d. for 1 week**
Inj Flupentixol Decanoate 150mg i.m. weekly
Citalopram 20mg mane
Nitrazepam 10mg nocte
Diazepam 5mg o.d.

Yours sincerely

Dr Pujit Gandhi
Staff Grade Psychiatrist

Cc Dr P Cavanagh, Consultant Psychiatrist, Queen Margaret Hospital
Community Outreach Team, Haldane House
Dr Amy McArthur, Clinical Psychologist

Kirkcaldy & Levenmouth CHP
Mental Health Services

Psychiatric Assessment Service
Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU

Tel 01383 623623 ext 1008
Fax 01383 627044

Dr David Somerville
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
Fife
KY11 1NU

Date	4 November 2009
Our Ref	PAS/PH/TP/**SF5153833A**
CHI Number	**1703751191**
Enquiries to	Mr John Gillen
Extension	1008
Email	john.gillen@faht.scot.nhs.uk

Dear Dr Somerville

Leon GRATTON, 85 Spittalfield Road, INVERKEITHING, KY11 1DZ
DoB: 17.03.1975

The above named person was assessed by the Psychiatric Assessment Service on the 20 October 2009.

The patient was seen in A&E at Queen Margaret Hospital.

Patients' profile
Leon is a 34 year old man who arrived at A&E by ambulance after texting his girlfriend to say that he had taken an overdose. He presented as unkempt and tremulous due to the high caffeine content of the tablets he consumed. He is well known to Dr Cavanagh and Ward 2. Leon has a schizophrenic illness, depression and a borderline personality disorder.

Presenting Complaint
Leon was referred for assessment by A&E due to him voicing suicidal ideations. He has a long history of disturbing hallucinations and tonight they appeared to be more distressed. He had no PRN medication which he uses and finds helpful at these times and had no credit on his phone to call Ward 2 for support.

Brief history of DSH event
Mixed overdose at 0200 hours in response to distress caused by auditory, visual and tactile hallucinations. He wanted to "pop his heart and kill himself".

General Psychiatric and Medical History.
- Borderline Personality Disorder.
- Schizophrenia.
- Depression.

CHP Chair: Ms Norma Wilson
CHP General Manager: Mr George Cunningham

Current / recent medication

- Flupenthixol 150mg IM weekly.
- Chlorpromazine PRN.
- Diazepam PRN.
- Nitrazepam at night.
- Has not been taking his full prescription of prescribed medication because his girlfriend has been using them.

Full family history

- Previously well documented.
- Not speaking to his mum – she is "a bitch" and wants Leon dressed her way "tinky".

Full personal history

Previously well documented.

Premorbid personality

Level headed, sensible and astute.

Social circumstances

- Lives on his own in a Council flat – happy with his home.
- Has been with his girlfriend Vivienne Black for 6-7 months mainly gets on well with her however she can be physically aggressive towards Leon and uses Diazepam and Chlorpromazine medication.
- Support from West Fife Community Outreach team, Richmond Fellowship x 3 times a week (Monday, Wednesday and Friday).
- CPN Dawn Stanley.
- Has a few good friends.

Alcohol and Drug history

- Smokes cigarettes x 20 a day.
- No illicit drugs – hates drugs but his friends and girlfriend use them.
- Rarely drunks alcohol but had a bottle of Becks tonight.

Forensic history

Punched mum.
Punched George – mother's husband.
Threatened to blow up Social Work Office.

} All admonished at Court.

Mental state examination

- **Appearance and behaviour**
  Unkempt, hair uncombed, casually dressed.

- **Mood**
  Mood has been up and down and very irritable.

- **Appetite**
  Terrible, only eating a couple of slices of toast and a burger each day.

- **Concentration**
  Concentration is good but finds that he cries when reading a book.

CHP Chair: Ms Norma Wilson
CHP General Manager: Mr George Cunningham

Mental State Examination cont'd

- **Sleep**
  "Shocking". Sleeps during the day and up all night.

- **Speech**
  Normal in rate, tone and rhythm.

- **Thoughts**
  Paranoid about people wanting to harm him.

- **Perceptions**
  Believes that "all junkies in the planet want him dead".
  Olfactory, condoms, food smells like bleach.
  Auditory, apologising voices (Fiona Robertson, Student Nurse, Cousin's mum's voice).
  Visual, bright, flashing light.
  Tactile hallucinations, pain in his "arse like something has crawled up". Pain in the back of his head as if something has "punched the back of his skull".

- **Cognition**
  Orientated to time, person and place.

- **Insight and risk**
  Good insight into how dangerous his overdose could have been.

Assessment of on going suicidal ideation or intent.

- Stated "you don't know what I may do", however he did speak about keeping his appointment with Dr Cavanagh on Wednesday.
- Plans to go home, take his prescribed medication and go to bed. Agreed to keep himself safe.

Potential for positive risk taking

- Writing poetry and songs.
- Son, Darren 11 years old.
- Vivienne Black, girlfriend.

Clinical Impression / Formulation

This 34 year old man is well known to the Psychiatric Services and has lots of support in the Community. Last night he took an impulsive overdose of mixed energy pills due to distressing hallucinations. He usually seeks support from Ward 2 or uses his PRN Medication however his girlfriend had used his medicine and he had no credit for his mobile phone. Leon has a long psychiatric history and has had several overdoses in the past without requiring medical intervention. He acknowledged that he could have caused himself harm but at the time he believed it was the only thing he could do, query if this is due to his depot being due today. No longer voicing suicidal ideation and is positive about his plans for the rest of the week.

CHP Chair: Ms Norma Wilson
CHP General Manager: Mr George Cunningham

Management plan

- Discharge home.
- Appointment with Dr Cavanagh on **Wednesday 21 October 2009 at 3.00 p.m.**
- West Fife Community Outreach Team to be informed and request contact more often.
- CPN to see Leon today if possible.
- Depot at 10 a.m. today at Carnegie Clinic.
- Requested that Leon either stays with a friend this morning or a friend calls in to see him. However he said that his friend was busy with her son and that Leon himself would keep himself safe.

If you have any queries please contact me on the above number.

Yours sincerely

Signed: _____

Print Name: Patricia Hutchinson

Designation: Charge Nurse
Psychiatric Assessment Service

c.c: Dawn Stanley, CPN, WFCOT, Haldane House.
Dr Paul Cavanagh, Consultant Psychiatrist, QMH, Phase 1.

CHP Chair: Ms Norma Wilson
CHP General Manager: Mr George Cunningham

Kirkcaldy & Levenmouth CHP
Mental Health Services
Chairperson: Ms Norma Wilson

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
Tel 01383 623623
Fax 01383 627044

Dr Somerville
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
KY11 1NU

Date Typed	28th October 2009
Our Ref	PC/LA/F5153833
CHI Number	1703751191
Enquiries to	Mrs Lorna Abercrombie
Direct Line	01383 674193
Email	lorna.abercrombie@nhs.net

Dear Dr Somerville

LEON GRATTON, 85 SPITTALFIELD ROAD, INVERKEITHING KY11 1DZ (DOB: 17 03 1975)

I reviewed Leon in the out patient clinic on 21st October 2009. I had heard from my colleagues at the Outreach Team that his mental state was raising some concern of late. Leon himself admitted to hearing voices two or three times a week which are often in the internal and external space and which he has found distressing. He also described persistent and pervasive low mood, anergia and anhedonia. This is the first time that I have seen him for a while, as he has missed a number of appointments this year. His engagement with the Outreach Team however has been reasonable.

He receives his depot antipsychotic medication weekly and his present dose of Flupenthixol is 150 mgs weekly. He is also on Nitrazepam 10 mgs nocte which he receives on a daily prescription from the pharmacy. We discussed a trial of Citalopram 20 mgs daily which he would like on daily dispensing also.

Yours sincerely

Paul
Dianne Kew requesting up to date list of medication.
Can I quote med in letter - 28th October?
Thanks
Lorna

Dr Paul Cavanagh
Consultant Psychiatrist

Copied to:

West Fife Community Outreach Team
Haldane House
71 Priory Lane
Dunfermline
KY12 7DT

Igson
linical Psychologist
ospital
ad
LINE

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
Tel 01383 623623
Fax 01383 627044

Date 20/10/09
Our Ref PAS/F5
CHI Number

Enquiries to Mr John Gillen
Extension 1008
Email john.gillen@falt.scot.nhs.uk

Dear Dr D. SOMERVILLE

GRATTON	D659366L
LEON	
85 Spittalfield Road	
INVERKEITHING	17/03/1975
KY11 1DZ	1703751191

The above named person was assessed by the Psychiatric Assessment Service on the 20 / 10 / 09. The assessment took place in A&E / ~~Ward~~ ____ at QMH / ~~VHK~~.

Reason for Assessment:

IMPULSIVE OVERDOSE OF MIXED HIGH ENERGY SPORT TABLETS IN RESPONSE TO DISTRESSING HALLUCINATIONS. DUE TO RECEIVE HIS DEPOT TODAY AND HAS AN APPOINTMENT WITH HIS CONSULTANT DR CAVANAGH AT 3pm TOMORROW

The outcome of the assessment was as follows:

- ☑ Patient discharged from A&E / ~~Ward~~ ____ at QMH / ~~VHK~~ with no further follow up.
- ☐ Admitted to psychiatric inpatient care at QMH / Whyteman's Brae / Other _____
- ☐ Referred to appropriate CMHT for further assessment.
- ☐ Other, please specify. _____

Full assessment details will follow in due course.

If you have any queries, please contact me on the above number.

Yours sincerely

Signed Patricia E Hutchinson Print Name PATRICIA E HUTCHINSON Designation CHARGE NURSE MHAT

Psychiatric Assessment Service

Kirkcaldy & Levenmouth CHP
Mental Health Services

Psychiatric Assessment Service
Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU

Tel 01383 623623 ext 1008
Fax 01383 627044

Dr David Somerville
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
Fife
KY11 1NU

Date	8 October 2009
Our Ref	PAS/LM/TP/ **SF5153833A**
CHI Number	**1703751191**
Enquiries to	Mr John Gillen
Extension	1008
Email	john.gillen@faht.scot.nhs.uk

Dear Dr Somerville

Leon GRATTON, 85 Spittalfield Road, INVERKEITHING, KY11 1DZ
DoB: 17.03.1975

The above named person was assessed by the Psychiatric Assessment Service on the 29 September 2009.

The patient was seen in A&E at Queen Margaret Hospital.

Patients' profile
Leon Gratton is a 34 year old unemployed gentleman who lives alone. He is well known to the Psychiatric Services. He has a diagnosis of schizophrenia and borderline personality disorder.

Presenting Complaint
Leon was referred to the Mental Health Assessment Team by staff in A&E for assessment following an impulsive overdose of 4 Paracetamol tablets and 4 Simvastatin tablets. Leon described waking up around 2 o'clock in the afternoon and could hear screaming outside the building stating he "suddenly got depressed and wanted to die".

Brief history of DSH event
Leon woke at approximately 2 p.m. and stated he could hear screaming outside his house. He stated he "decided I was going to die" and took 4 Paracetamol and 4 Simvastatin tablets which had been left in the house by his ex-girlfriend. Leon also took his prescribed medication which he had crushed and mixed with a cup of coffee (states this makes them work better). Leon then contacted the Samaritans and Richmond Fellowship and informed them of his actions. An ambulance was called and Leon was taken to A&E. Prior to taking the tablets Leon had contacted Haldane House and told the Secretary he was feeling unwell, contact from the West Fife Community Outreach Team had been arranged for later that day. No note had been left and there was no evidence of any final acts. Leon stated he knew what he had taken would not be fatal.

General Psychiatric and Medical History.
Previously well documented.

CHP Chair: Ms Norma Wilson
CHP General Manager: Mr George Cunningham

Current / recent medication

- Flupenthixol Decanoate 100mgs weekly.
- Nitrazepam.
- Diazepam.
- Chlorpromazine.

Full family history

Previously well documented.

Full personal history

Previously well documented.

Social circumstances

- Currently lives alone, recently split up with his partner.
- Describes a turbulent relationship with his mum.
- Extensive community support package in place.
- Currently in the process of having some poetry published.

Alcohol and Drug history

- Denies recent drug use.
- States occasional alcohol use. Stated he had a couple of drinks recently at his mum's wedding.
- Drinks around 9 or 10 cups of coffee a day.
- Uses "energy" drinks.

Forensic history

States only contact with Police is when he phones them due to concerns relating to his and other people's safety.

Mental state examination

- **Appearance and behaviour**
  Slightly dishevelled and unkempt. Was listening to music and reading a book when I attended A&E. Good eye contact. Happy to engage with the assessment.

- **Mood**
  Subjectively "very depressed". "Fed up with how my mum treats me". Objectively, euthymic, reactive.

- **Appetite**
  "Eating fine", had something to eat before coming to hospital.

- **Concentration**
  Fine, enjoys reading and writing poetry.

- **Sleep**
  "Terrible". Described having turned night into day. Usually sleeps for about 3 hours then after so long sleeps for 24 hours to "catch up".

CHP Chair: Ms Norma Wilson
CHP General Manager: Mr George Cunningham

Mental State Examination cont'd

- **Speech**
  Fluent, spontaneous and animated when discussing books and his poetry.

- **Thoughts**
  States he sometimes thinks he can hear other people's thoughts. Describes being paranoid about people coming after him and trying to break into house.

- **Perceptions**
  Hears voices "on and off". No objective evidence to suggest Leon was experiencing voices during assessment. Described "flashbacks" to being molested and raped.

- **Cognition**
  Intact.

- **Insight and risk**
  States he is no risk to others. Perceives himself to be at risk from intruders. Feels he could be a risk to himself if troubled by increasing perceptual disturbances. Feels he needs his medication reviewed.

Assessment of on going suicidal ideation or intent.
No evidence of ongoing suicidal ideation or intent.

Potential for positive risk taking

- Identified he had Aspirin at home but intended to "flush them down the toilet".
- Stated he would use prn Chlorpromazine to help with paranoid thoughts and voices.

Clinical Impression / Formulation
34 year old man with a diagnosis of schizophrenia and borderline personality disorder. Impulsive overdose secondary to perceptual disturbance. Recent social stressors include his mum's wedding and relationship break-up. No objective evidence to suggest deterioration in his mental state however as this is the second time Leon has been seen recently and urgent out-patient appointment is to be arranged.

Management plan

- Discussed with West fife Community Outreach Team both prior to and following assessment.
- Discharge home if medically fit.
- To be seen by Community Outreach Team at Carnegie Clinic on the 1 October 2009.
- Out-patient appointment to be arranged with Dr Paul Cavanagh.
- Continue with community support already in place.

CHP Chair: Ms Norma Wilson
CHP General Manager: Mr George Cunningham

If you have any queries please contact me on the above number.

Yours sincerely

Signed: _____

Print Name: Lynne Mosley

Designation: Charge Nurse
Psychiatric Assessment Service

c.c: Dr Paul Cavanagh, Consultant Psychiatrist, Phase 1, QMH.
West Fife Community Outreach Team, Haldane House

CHP Chair: Ms Norma Wilson
CHP General Manager: Mr George Cunningham

Kirkcaldy & Levenmouth CHP
Mental Health Services

Psychiatric Assessment Service
Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU

Tel 01383 623623 ext 1008
Fax 01383 627044

Dr David Garmany
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
Fife
KY11 1NU

Date	7 October 2009
Our Ref	PAS/LM/TP/**SF5153833A**
CHI Number	**1703751191**
Enquiries to	Mr John Gillen
Extension	1008
Email	john.gillen@faht.scot.nhs.uk

Dear Dr Garmany

Leon GRATTON, 85 Spittalfield Road, INVERKEITHING, KY11 1DZ
DoB: 17.03.1975

The above named person was seen by the Psychiatric Assessment Service on the 23 September 2009.

The patient was seen in A&E at Queen Margaret Hospital.

Mr Gratton reports that the Police called an ambulance to bring him to A&E after he had called them to his home due to hearing people at his door and perceiving they were trying to break into his house.

On attendance Leon did not appear to be experiencing any deterioration in mental state. He appeared somewhat perplexed at being sent to hospital. He denied any delusional ideas or perceptual disturbance. No changes in mood identified. Admitted to fleeting suicidal ideas but informed me these had been constant for 4 years and he had no plans to act on them.

Leon did inform me he was under increased stress at the moment due to a forthcoming family wedding and problems in a relationship.

I contacted Cathy Hilditch from the Community Outreach Team who confirmed Leon had been seen the previous day and there had been no concerns regarding Leon's mental state, and that Leon is currently complying with medication.

Cathy kindly agreed to visit Leon on Friday 25th September 2009 and Leon was happy with this.

CHP Chair: Ms Norma Wilson
CHP General Manager: Mr George Cunningham

A&E advised Leon at this time he could be discharged home, no additional follow-up required at this time.

Yours sincerely

Signed: _____

Print Name: Lynne Mosley

Designation: Charge Nurse
Psychiatric Assessment Service

c.c: Cathy Hilditch, Clinical Care Manager, Community Outreach Team.
Dr Paul Cavanagh, Consultant Psychiatrist, QMH, Phase 1.

CHP Chair: Ms Norma Wilson
CHP General Manager: Mr George Cunningham

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
Tel 01383 623623
Fax 01383 627044

Date 29/9/09
Our Ref PAS/F5
CHI Number

Enquiries to Mr John Gillen
Extension 5962
Email john.gillen@faht.scot.nhs.uk

Dear Dr SOMERVILLE

GRATTON	D659366L
LEON	
85 Spittalfield Road	
INVERKEITHING	17/03/1975
KY11 1DZ	1703751191

The above named person was assessed by the Psychiatric Assessment Service on the 29/09/09. The assessment took place in A&E / ~~Ward~~ ____ at QMH / ~~VHK~~.

Reason for Assessment:

O/DOSE OF 4 PARACETAMOL AND 4 SIMVASTATIN. FLEETING SUICIDAL IDEATION, NO PLANS, NO EVIDENCE OF LOW MOOD. SUPPORTS REMAIN IN PLACE.
CPA WITH DR CALVANAGH TO BE ARRANGED.

The outcome of the assessment was as follows:

- ☐ Patient discharged from A&E / Ward ____ at QMH / VHK with no further follow up.
- ☐ Admitted to psychiatric inpatient care at QMH / Whyteman's Brae / Other _____
- ☐ Referred to appropriate CMHT for further assessment.
- ☑ Other, please specify. SEE ABOVE

Full assessment details will follow in due course.

If you have any queries, please contact me on the above number.

Yours sincerely

Signed L Mosley Print Name LYNNE MOSLEY Designation MENTAL HEALTH SPECIALIST NURSE

Psychiatric Assessment Service

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
Tel 01383 623623
Fax 01383 627044

Date 23/09/09
Our Ref PAS/F5
CHI Number 1703751191

Enquiries to Mr John Gillen
Extension 1008
Email john.gillen@faht.scot.nhs.uk

Dear Dr GARMANY

GRATTON	D659366L
LEON	
85 Spittalfield Road	
INVERKEITHING	17/03/1975
KY11 1DZ	1703751191

The above named person was assessed by the Psychiatric Assessment Service on the 23/9/09. The assessment took place in A&E / ~~Ward~~ ____ at QMH / ~~VHK~~.

Reason for Assessment:

ASKED TO ATTEND A&E BY POLICE AFTER CALLING THEM OUT DUE TO HEARING SOMEONE TRYING TO BREAK INTO HIS HOUSE. NO EVIDENCE OF DETERIORATION IN MENTAL STATE.

The outcome of the assessment was as follows:

- ☑ Patient discharged from A&E / ~~Ward~~ ____ at ~~QMH~~ QMH / ~~VHK~~ with no further follow up.
- ☐ Admitted to psychiatric inpatient care at QMH / Whyteman's Brae / Other _____
- ☐ Referred to appropriate CMHT for further assessment.
- ☑ Other, please specify. WILL BE SEEN BY COT TEAM 25/9/09.

Full assessment details will follow in due course.

If you have any queries, please contact me on the above number.

Yours sincerely

Signed L Mosley Print Name L MOSLEY Designation CN 1

Psychiatric Assessment Service

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	1638
DESTINATION TEL #	901383427527
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Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
Tel 01383 623623
Fax 01383 627044

Date	23/09/09
Our Ref	PAS/F5
CHI Number	1703751191
Enquiries to	Mr John Gillen
Extension	1008
Email	john.gillen@fjht.scot.nhs.uk

Dear Dr GARMANY

GRATTON	D659366L
LEON	
85 Spittalfield Road	
INVERKEITHING	17/03/1975
KY11 1DZ	1703751191

The above named person was assessed by the Psychiatric Assessment Service on the 23/9/09. The assessment took place in A&E / ~~Ward~~ ____ at QMH / ~~VHK~~.

Reason for Assessment:

ASKED TO ATTEND A&E BY POLICE AFTER CALLING THEM OUT DUE TO HEARING SOMEONE TRYING TO BREAK INTO HIS HOUSE. NO EVIDENCE OF DETERIORATION IN MENTAL STATE.

The outcome of the assessment was as follows:

- ☑ Patient discharged from A&E / ~~Ward~~ ____ at ~~QMH~~ QMH / ~~VHK~~ with no further follow up.
- ☐ Admitted to psychiatric inpatient care at QMH / Whyteman's Brae / Other _____
- ☐ Referred to appropriate CMHT for further assessment.
- ☑ Other, please specify. WILL BE SEEN BY COT TEAM 25/9/09.

Full assessment details will follow in due course.

DNA 29/7 appt

Kirkcaldy & Levenmouth CHP
Mental Health Services
Chairperson: Ms Norma Wilson

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
Tel 01383 623623
Fax 01383 627044

To whom it may concern

Fife Council Concessionary
Travel

Date Typed	3rd June 2009
Our Ref	PC/LA/F5153833
CHI Number	1703751191
Enquiries to	Mrs Lorna Abercrombie
Direct Line	01383 674193
Email	lorna.abercrombie@faht.scot.nhs.uk

Dear Sir/Madam

Re: Leon GRATTON Date of Birth: 17th March 1975
85 Spittalfield Road, Inverkeithing, KY11 1DZ

The above named client suffers from a severe and long-term mental illness requiring long-term medication.

I would therefore be grateful if he could be issued with a Fife Council Concessionary Travel Card.

This is requested on the basis that his medical problems prevent him from holding a driving licence.

Yours sincerely

PAUL CAVANAGH
CONSULTANT PSYCHIATRIST

Abercrombie, Lorna

From: Beattie, Barbara
Sent: 28 May 2009 15:31
To: Abercrombie, Lorna
Subject: L Gratton

Hi Lorna

Leon Gratton has telephoned requesting an out-patient appointment with Dr Cavanagh.

He is complaining about his medication as he feels that the depot is giving him "the shakes" and Norphenadrine making him feel dizzy.

I explained Dr Cavanagh going on annual leave next Wednesday for 3 weeks and he asked if Dr Gandhi could see him instead?

I did explain to him that he has had two appointments recently which he has DNA'd and he apologised for same.

Can you ask Dr Cavanagh if he would prefer to see Leon and if so, arrange for an appointment to be sent out to him.

Thanks Lorna.

Have a lovely weekend.

Barbara

Barbara Beattie
Secretary
West Fife Community Outreach Team
Haldane House
71 Priory Lane
DUNFERMLINE
Fife
KY12 7DT
Tel 01383 432725
Email: BarbaraBeattie@fife-pct.scot.nhs.uk

Shirley can you please and say Wed at Quiet Phase 1
3/6/09
4 pm

Thanks

Abercrombie, Lorna

From: Beattie, Barbara
Sent: 26 March 2009 12:05
To: Abercrombie, Lorna
Subject: L Gratton

Hi Lorna

Leon has been on the telephone twice this week requesting an appointment to see Dr Cavanagh as he would like to come off all his current medication and would like to try herbal remedies instead.

I have spoken to his Care Manager, Tom Short, who will discuss this with Leon but Leon has just telephoned again to see if you will be sending out an appointment. Can you mention this to Paul and see how he wants to progress?

Thanks

Barbara

Barbara Beattie
Secretary
West Fife Community Outreach Team
Haldane House
71 Priory Lane
DUNFERMLINE
Fife
KY12 7DT
Tel 01383 432725
Email: BarbaraBeattie@fife-pct.scot.nhs.uk

2.30 8.4.09

Recd 5/9/08

West Fife Community Outreach Team
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY9 7DT
Tel 01383 432725
Fax 01383 732038

1948-2008
60 years of the NHS

Dr Somerville
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
KY11 1NU

Date Dictated	28 August 2008
Date Typed	29 August 2008
Your Ref	
Our Ref	PG/BB/F5153833
CHI No	1703751191
Enquiries to	Barbara Beattie
Email	BarbaraBeattie@fife-pct.scot.nhs.uk

Dear Dr Somerville

Re: Leon Gratton 85 Spittalfield Road Inverkeithing KY11 1DZ (DOB 17 03 75)

I spoke to Leon on the telephone on the 28th August 2008. He complained of hearing "screaming" which was causing him distress. His sleep was also affected and he had generally not been feeling very well. He had missed his depot antipsychotic appointment claiming that he was lacking in energy and motivation. He had called Haldane House on four occasions today requesting to speak to a member of nursing staff.

He has agreed to attend the Depot Clinic on Tuesday 2nd September 2008 and I have given him a script for Chlorpromazine 25mg PRN up to twice a day to help tide him over with the hallucinations in the meantime. I have also arranged to review him in my clinic in the next few weeks and I will keep you informed of his progress.

Yours sincerely

Gandhi

Dr Pujit Gandhi
Staff Grade Psychiatrist

Cc Dr P Cavanagh, Consultant Psychiatrist, QMH ✓
Mr Tom Short, Clinical Care Manager, COT, Haldane House
Depot Clinic, Carnegie Clinic, Pilmuir Street, Dunfermline

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
Tel 01383 623623
Fax 01383 627044

Enquiries to: Mrs Lorna Abercrombie
Direct Line: 01383 674193
Email: lorna.abercrombie@faht.scot.nhs.uk

DISCHARGE SUMMARY

XR/LA/F5153833 CHI Number 1703751191	Dictated: Typed: 31st July 2008
Dr D Somerville Inverkeithing Medical Group 5 Friary Court INVERKEITHING KY11 1NU	Leon Gratton 85 Spittalfield Road INVERKEITHING Fife KY11 1DZ Date of Birth: 17 03 1975
Admitted: 08 06 08 Discharged: 27 06 08	Medication on Discharge:
MHA Status on Discharge: Informal	Flupenthixol Decanoate 150 mgs weekly Nitrazepam 10mgs nocte – 1 day supply. (Daily dispensing from the chemist)
Diagnosis: 1) Self poisoning 2) Schizophrenia	Medication subject to treatment plan under MHA - No
Consultant: Dr Paul Cavanagh, Consultant Psychiatrist Locus of Care: Ward 2, Queen Margaret Hospital, Dunfermline	

Responsible Consultant following Discharge: **Dr Paul Cavanagh**

Follow-up Arrangements:

- Richmond Fellowship follow-up on Monday, Tuesday, Wednesday, Friday and Saturday
- West Fife Community Outreach Team
- Dr Pujit Gandhi, Affective Disorders Clinic
- Dr Paul Cavanagh's Psychiatric Out Patient Clinic

Diagnostic Summary:
This 33-year-old man, who is well known to Dr Cavanagh with a diagnosis of schizophrenia was transferred from Ward 8 (Medical Ward) with suicidal ideation following a Paracetamol overdose.

Signed .....
Dr Ximena Recabarren
ST2 to Dr Paul Cavanagh
Consultant Psychiatrist

Consultant's Comments:

Signed .....
Dr Paul Cavanagh
Consultant Psychiatrist

RELEVANT EVIDENCE - see review schedule

Dear Dr Somerville

History of presenting complaint
Leon described being lonely, depressed and suicidal for a long time. The day prior to discharged he began to feel low again and was experiencing suicidal thoughts but was dismissive of them.

On the day of admission he described feeling "tired and black". He went to a local shop and bought 16 X Paracetamol tablets. He then went home and took the tablets. He described panicking and phoned the Samaritans. His father phoned for an ambulance who brought him to the A&E Department. He described "hoping to die" and "thought it would work". Prior to buying the Paracetamols he had no plans to commit suicide. He left no suicidal note and there were no plans in place if he died. Following his overdose he still said that he wanted to die but had no specific plans or intentions. He described his mood as depressed and his sleep up and down. He was able to spend time reading and writing which he had enjoyed up to a few days ago. He felt that he had little self worth and described himself as a "scum bag". He denied any homicidal ideation or psychotic symptoms. On the day of admission he had not consumed any alcohol or illicit substances.

Past psychiatric history
Mr Gratton has been well known to Psychiatric Services for a number of years with a diagnosis of schizophrenia and borderline personality disorder.

Family psychiatric history
He has an aunt who suffers from agoraphobia.

Past medical history
Eczema and asthma.

Personal history
He was born in Manchester and brought up in Fife. His parents separated when he was three years old. His childhood was uneventful until the age of 13, when his mother divulged that he and his sister had been sexually abused during childhood by their father. This caused a family row with the mother and son being ostracised from the family. She shared the full details of her allegation with Leon who became very disturbed and preoccupied with the whole issue. He spent the age of 15 to 16 in children's homes and left school at 15 with no qualifications and poor exam results. At the time he was taking drugs for much of the time. He has a patchy employment record and has had several jobs after leaving the school. He is currently unemployed. He was married once but is now divorced and has a 9 year old son from that relationship.

Social history
He currently lives alone in a council house in Inverkeithing. His last place of employment was with Asda's six years ago. He has financial support receiving DLA and Income Support. He smokes 20 cigarettes a day. He has a history of alcohol excess which is documented; however he denied any current alcohol consumption. He has a history of substance misuse. He has previously tried cannabis, amphetamines, cocaine and LSD. He has a forensic history of shop lifting and assault.

RELEVANT EVIDENCE - see review schedule

Mental state examination
He was casually dressed with good eye contact and was responsive. There were no abnormal movements and there was no reduced expression in his face. His speech was monotonous but normal in rhythm, rate but reduced and volume. There was no formal thought disorder. His mood subjectively was depressed and suicidal. Objectively he appeared low with reduced activity. His thought content was of suicide, feeling lonely and being depressed. He denied any perceptual abnormality and was not openly responding to hallucinations. Cognition was grossly in tact. He was orientated to time, place and person (his insight was good, realising that he felt low in mood and willing to accept help and take medication).

Investigations
Us and Es were normal. Abdomen was soft. Protein 76, Alk phos 106, gamma-GT 93, ALT 49, bilirubin 5, Paracetamol 41.7 and salicylate 13.5 (both drug levels under treatment level). Full blood count and coag were normal.

Progress on the ward
Mr Gratton was admitted for further assessment of his mental state and suicidal ideation. He described taking the Paracetamol as two days prior to the overdose he had heard that charges against his father for sexually abusing him and his son were dropped. He described ruminating about this and another instance of rape. He described feeling like he had enough and he did not want to live.

Admission in the ward continued with suicidal ideation. At times there were reports of him laughing to himself, being overly animated and talking about the Mafia. The only expansion on this topic is that he felt that the kids at school were Mafiosa. He also described hearing screaming – "what I hear is screaming – it's like someone is getting attacked". There is always a female voice in the distance.

He had a weekend pass during his admission which he found difficult due to auditory hallucinations of laughter and therefore took extra Flupenthixol tablets with the purpose of stopping the voices. He felt that this helped. His depot was increased to 150 mgs weekly. He had some further passes where he felt more settled.

On discharge he had no further auditory hallucinations, paranoia or suicidal ideation. He was discharged with daily dispensing and is due to attend the Depot Clinic. Follow up includes WFCOT and Richmond Fellowship.

Yours sincerely

Dr Ximena Recabarren
ST2 to Dr Paul Cavanagh
Consultant Psychiatrist

cc West Fife Community Outreach Team, Haldane House, 71 Priory Lane, Dunfermline, KY12 7DT
Dr Pujit Gandhi, Staff Grade Psychiatrist, Affective Disorders Clinic, Carnegie Clinic, Pilmuir Street, Dunfermline KY12 7AX
Richmond Fellowship, 10-12 Pentland Court, The Saltire Centre, Glenrothes KY6 2DA

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
Tel 01383 623623
Fax 01383 627044

Enquiries to: Mrs Lorna Abercrombie
Direct Line: 01383 674193
Email: lorna.abercrombie@faht.scot.nhs.uk

DISCHARGE SUMMARY

XR/SH/F5153833
CHI Number 1703751191

Dictated: 20 May 2008
Typed: 26 May 2008

Dr D Somerville
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
KY11 1NU

Leon Gratton
85 Spittalfield Road
INVERKEITHING
Fife
KY11 1DZ

Date of Birth: 17 03 1975

Admitted: 25 04 08
Discharged: 29 04 08

MHA Status on Discharge: Informal

Medication on Discharge:

Flupenthixol Decanoate 100mg IM
Nitrazepam 10mg
Diazepam 5mg on daily prescription

Diagnosis:
1) Suicidal ideation
2) Paranoid schizophrenia

Medication subject to treatment plan under MHA - No

Consultant: Dr Paul Cavanagh, Consultant Psychiatrist
Locus of Care: Ward 2, Queen Margaret Hospital, Dunfermline

Responsible Consultant following Discharge: **Dr Paul Cavanagh**

Follow-up Arrangements:

- Richmond Fellowship follow-up on Monday, Tuesday, Wednesday, Friday and Saturday
- West Fife Community Outreach Team 3 times a week
- Dr Pujit Gandhi, Affective Disorders Clinic
- Dr Paul Cavanagh's Psychiatric Out Patient Clinic

Diagnostic Summary:

Signed .....
Dr Ximena Recabarren
ST2 to Dr Paul Cavanagh
Consultant Psychiatrist

Consultant's Comments:

Signed .....
Dr Paul Cavanagh
Consultant Psychiatrist

Dear Dr Somerville

This 33-year-old man, with known paranoid schizophrenia, was referred by the Community Mental Health Team, as he was expressing suicidal ideation in the form of an overdose of Valium, Paracetamol, slimming tablets and bleach.

History of presenting complaint
Leon was described as being unwell for the last 6-8 weeks. He had been more anxious and frightened in his flat at night-time. He complained of hearing voices at times, usually many different voices, which had increased in intensity in the last 1-2 weeks. The voices were telling him that he was a dog and "deranged species". He was also complaining of less sleep in the last 4-6 weeks, as he was paranoid and frightened at night-time. As a consequence, he had been sleeping more during the day. He felt his neighbours were very noisy and that they were being aggressive towards him. He told the community team that he felt like killing his neighbour today. He called the community team twice, threatened to take an overdose of Diazepam, Paracetamol, slimming tablets and bleach but denies having taken anything of yet. He also complained of poor appetite and weight loss.

Past psychiatric history
It is well described in previous letters. He has a diagnosis of paranoid schizophrenia and borderline personality disorder.

Family history
There is no history of mental illness in the family.

Past medical history
Eczema and asthma.

Current medication
Flupenthixol 100mg weekly.

Personal history
Well documented in previous letters. Born in Manchester, moved to Edinburgh when he was 2.

Social history
Currently lives alone, has support from Richmond Fellowship and WFCOT. Unemployed. Finances – gets DLA and Income Support. He is single, has one child with which he has no contact. He is a smoker and drinks occasional alcohol.

Mental state examination
He was slightly unkempt and unshaven. He had good eye contact and normal speech. There was no evidence of psychomotor agitation or retardation. His mood subjectively was low, objectively appeared slightly low with reactive affect. His thoughts were of suicidal ideation and he described wanting to take an overdose and thinking about killing his neighbour because he thinks he is a dog. He complains of voices at night mainly but no objective evidence of responding to external stimuli. No evidence of formal thought disorder. He was orientated to time, place and person and displayed little insight to his current circumstances.

Impression
Leon appeared to become less well in the last 6-8 weeks, displaying paranoid delusions along with suicidal ideation.

Progress on the ward
During his stay he talked about increased social stressors, in particular allegations of possible sexual abuse against his grandson from another member of the family. He had had his depot increased 2 weeks prior and did feel that this had begun to give him some benefit. Over the next 3 or 4 days the intensity of the voices reduced and he did not feel as distressed by their comments, which could be derogatory towards him. He felt that the voices would sometimes recede, particularly when he was distracted. His suicidal ideation also began to settle and, although he still had these thoughts every so often (which have been long-standing), he had no plans to harm himself and did not feel that he would act on his thoughts. On the day of discharge these were at a minimum and he described his son as being a factor in stopping him carrying out acts of self-harm. By discharge he no longer had any homicidal ideation and felt that, if the neighbours disturbed him, he would call the police. He was discharged home with follow-up with Richmond Fellowship, West Fife Community Outreach Team and Dr Cavanagh.

Yours sincerely

Dr Ximena Recabarren
ST2 to Dr Paul Cavanagh
Consultant Psychiatrist

cc West Fife Community Outreach Team, Haldane House, 71 Priory Lane, Dunfermline, KY12 7DT
Dr Pujit Gandhi, Staff Grade Psychiatrist, Affective Disorders Clinic, Carnegie Clinic, Pilmuir Street, Dunfermline KY12 7AX
Richmond Fellowship, 10-12 Pentland Court, The Saltire Centre, Glenrothes KY6 2DA

MESSAGE

Date:	23 May 2008	**Time:**	12:48
To:	Paul / Lorna		
From:	Leon Gratton	☎	0751 662 3988
Regarding:	OPA 2pm		
Message:	Won't manage to his appt.		
Action Required:	Requesting further appt.		

1.10pm
Mr Gratton phoned again to say sorry he'd cancelled his appt - he'd missed the bus. Also to say he was hearing screaming twice a day & to ask if ~~the~~ you would phone him back please. Thanks.

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
Tel 01383 623623
Fax 01383 627044

Dr Somerville
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
KY11 1NU

Date Typed	16th February 2008
Our Ref	PC/LA/F5153833
CHI Number	1703751191
Enquiries to	Mrs Lorna Abercrombie
Extension	4193
Email	lorna.abercrombie@faht.scot.nhs.uk

Dear Dr Somerville

LEON GRATTON, 85 SPITTALFIELD ROAD, INVERKEITHING KY11 1DZ (DOB: 17 03 1975)

I attempted to visit Leon at home in the company of his Care Manager on Friday 11th April 2008.

There had been concerns about deterioration in his mental state and in addition he has made allegations of abuse directed against his mother and other parties, both towards himself and his young son which is being investigated by the Police. However, despite knowing that we were due to visit, he was not at home.

I will attempt to visit him again next week.

Yours sincerely

Dr Paul Cavanagh
Consultant Psychiatrist

Copied to:

West Fife Community Outreach Team Haldane House 71 Priory Lane Dunfermline KY12 7DT	Dr Pujit Gandhi Affective Disorders Clinic Carnegie Clinic Pilmuir Street DUNFERMLINE	Dr Amy Hodgson Chartered Clinical Psychologist Lynebank Hospital Halbeath Road DUNFERMLINE Fife

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
Tel 01383 623623
Fax 01383 627044

Enquiries to: Mrs Lorna Abercrombie
Direct Line: 01383 674193
Email: lorna.abercrombie@faht.scot.nhs.uk

DISCHARGE SUMMARY

PC/LA/F5153833 CHI Number 1703751191	Dictated: 6th March 2008 Typed: 12th March 2008
Dr Somerville Inverkeithing Medical Group 5 Friary Court INVERKEITHING KY11 1NU	Leon Gratton 85 Spittalfield Road INVERKEITHING Fife KY11 1DZ Date of Birth: 17 03 1975
Admitted: 01 02 08 Discharged: 05 02 08	Medication on Discharge:
MHA Status on Discharge: Informal	Flupenthixol Decanoate 100 mgs weekly Nitrazepam 10 mgs nocte Lorazepam 6 mgs daily
Diagnosis: Schizophrenia	Medication subject to treatment plan under MHA - Yes/No
Consultant: Dr Paul Cavanagh, Consultant Psychiatrist Locus of Care: Ward 2, Queen Margaret Hospital, Dunfermline	

Responsible Consultant following Discharge: **Dr Paul Cavanagh**

Follow-up Arrangements:

- West Fife Community Outreach Team
- Dr Pujit Gandhi, Affective Disorders Clinic
- Dr Paul Cavanagh's Psychiatric Out Patient Clinic

Consultant's Comments:

Signed .....

Dr Paul Cavanagh
Consultant Psychiatrist

Leon had given rise for some concern amongst his support staff by having claimed to have taken an excessive amount of Cocodamol tablets. He was advised to attend the A&E department which he failed to do. When visited thereafter he was complaining of derogatory commands and hallucinations telling him to commit suicide. He had not been sleeping for some time and described auditory hallucinations and persecutory ideas. He described his mood as being low

Blood tests on admission revealed normal Paracetamol levels and insufficient to require treatment.

Continued over page:-

Leon GRATTON
Discharge letter continued/
6th March 2008

His dose of depot was increased. He disclosed that he had stressors including an argument with his father, concerns with an upstairs neighbour and worsening psychotic symptoms.

His affect settled as did his sleep. He was discharged with increased community support.

Yours sincerely

Dr Paul Cavanagh
Consultant Psychiatrist

West Fife Community Outreach Team Haldane House 71 Priory Lane Dunfermline KY12 7DT	Dr Pujit Gandhi Affective Disorders Clinic Carnegie Clinic Pilmuir Street DUNFERMLINE	Dr Amy Hodgson Chartered Clinical Psychologist Lynebank Hospital Halbeath Road DUNFERMLINE Fife

Queen Margaret Hospital
Whitefield Road
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Dr Somerville
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
KY11 1NU

Date Typed	11th February 2008
Our Ref	PC/LA/F5153833
CHI Number	1703751191
Enquiries to	Mrs Lorna Abercrombie
Extension	4193
Email	lorna.abercrombie@fahf.scot.nhs.uk

Dear Dr Somerville

LEON GRATTON, 85 SPITTALFIELD ROAD, INVERKEITHING KY11 1DZ (DOB: 17 03 1975)

Thank you very much for your letter of 1st February 2008 regarding Leon.

Leon is actually in Ward 2, Queen Margret Hospital at the moment with something of a situational crisis. I agree with you that he is a very complex individual. As well as myself, he has regular contact with his Care Manager and also Clinical Psychologist.

Leon first disclosed his abuse when he was a teenager and had counselling through the Edinburgh Child and Adolescent Services at that time. I think it unlikely that Leon would raise things that he has not had the opportunity to address in the past. As a general rule, we would like to keep abuse counselling separate to mainstream provision, as issues raised can become entangled with other aspects of the Care Plan to the detriment of working relationships, so in that respect, seeking counselling through an agency such as Safe Space would be a reasonably approach. I think however it would be very important that the counsellor involved was experienced and well supervised, as working with Leon may well present boundary issues.

Yours sincerely

Dr Paul Cavanagh
Consultant Psychiatrist

Copied to:

West Fife Community Outreach Team Haldane House 71 Priory Lane Dunfermline KY12 7DT	Dr Pujit Gandhi Affective Disorders Clinic Carnegie Clinic Pilmuir Street DUNFERMLINE	Dr Amy Hodgson Chartered Clinical Psychologist Lynebank Hospital Halbeath Road DUNFERMLINE Fife

Inverkeithing Medical Centre
5 Friary Court
Inverkeithing
KY11 1NU

Telephone: 01383 413234
Fax: 01383 427527

Dalgety Bay Medical Centre
Regents Way
Dalgety Bay
KY11 9UY

Telephone: 01383 822174
Fax: 01383 823975

Our ref: DS/MA

1 February 2008

Dr Paul Cavanagh
Consultant Psychiatrist
Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
KY12 0SE

Dear Dr. Cavanagh,

RE: LEON GRATTON, 85 SPITTALFIELD ROAD, INVERKEITHING, KY11 1DZ
DOB: 17.03.75 (1191) - F5153833

Leon has been in contact with Safe Space. They have requested that I write a referral to Trish Middlemist, a practitioner who works with this organisation. I spoke to Safe Space and they reassure me that they will not be undertaking deep examination of past issues, but more dealing with the here-and-now as led by Leon.

Do you think it acceptable for this to go ahead? I would have some concerns about opening up a Pandora's Box, but they really don't sound like they will be doing any form of deep analysis. They are also happy for you to contact them should this be necessary.

I look forward to hearing your thoughts and am happy to write a letter should you think that ok, I just feel a bit out of my depth in dealing with someone as complex as Leon.

Yours sincerely

Dr D Somerville.

Dr David M Taylor, Dr Allan J. Cochrane, Dr John J. Allan, Dr Lesley E. Duncan, Dr Mary R. Lapraik, Dr Maan Jalil, Dr John Lee, Dr David Garmany, Dr Susan Sheehan, Dr Lorna Donaldson, Dr David Somerville, Dr Sally Roberts