

MENTAL HEALTH CASENOTES: VOLUME 1

Unit Number F515333		CHI No	SW Case No	CP No 194 Date of CPA: 16.1.07
Name LEON GRATTON		Nearest Relative/Carers/Partners: Name LORNA GRATTON		
Address: 85 Spittalfield Road INVERKEITHING 01383 415625		Address: DR GARMANY Inverkeithing Medical Practice 5 Friary Court INVERKEITHING 01383 413234		
Tel: 17.3.75		Tel: 01383 413234		
DOB		Social Worker Name n/a		
Name Psychiatrist/Consultant DR P CAVANAGH		Address: West Fife Community Outreach Team Haldane House, 71 Priory Lane DUNFERMLINE 01383 432725		
Address Psychiatry Dept QMH		Tel: 01383 432725		
Tel: 01383 623623 Ext 6251		Tel: 01383 432725		
RMO: Yes/No		MHA Status: INFORMAL Changed Yes ☐ No ☐		
Other(s) 1. CRAIG MILL, Support Worker, COT, Haldane House, 71 Priory Lane, Dunfermline Tel 01383 432725 2. TREVOR SPENCER, Service Manager, Richmond Fellowship, Dickson House, Dickson Street, Dunfermline Tel 01383 622133 3. DAVID SANDERS, OT, COT, Haldane House, 71 Priory Lane, Dunfermline Tel 01383 432725		Date of Detention (of any change of Detention Order) Date of Discharge from Detention: Does the Adults with Incapacity Act Apply; Yes ☐ No ☒ Date of next MHO Review: Date Leave of Absence Commenced: Interpretation or assistance requirements re: Ethnic Origin Yes ☐ No ☒ Sensory Impairment Yes ☐ No ☒ Physically Disabled Yes ☐ No ☒		
Named Person Address		Role / Relationship		
Advanced Statement Exists Yes ☐ No ☒		Care Co-ordinator Name TOM SHORT Address: West Fife Community Outreach Team Haldane House, 71 Priory Lane, DUNFERMLINE Clinical Care Manager 01383 432725		
Held (by)		Designation Tel		
Signed		Date		
.....		Care Co-ordinator		
.....		Date		
.....		Admission to/Discharge from hospital since last review Dates		
.....		Next CPA Review: Date TUESDAY 22ND MAY 2007 Time 4.00PM Place HALDANE HOUSE, 71 PRIORY LANE, DUNFERMLINE		



Care Programme Approach - CARE PLAN (CPAI)



Patient / Client NameLEON GRATTON..... Unit No

NEEDS IDENTIFIED -INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
MONITOR MENTAL HEALTH AND MEDICATION	• Out-patient appointments • COT visits for depot and ongoing support • Visits gym at Carnegie Centre	Leon / Dr Lehany / Dr Cavanagh Tom Short	
OT INPUT	• Develop dietary intake / set realistic goals to incorporate and commit self to within routines.	Leon / David Sanders	
SOCIAL NEEDS	• Attend Community facilities, explore same. • Attends Martial Arts Class • To attend Drama Class	Leon / Richmond	
HOUSING SUPPORT	• Ongoing support / advice / encouragement re keeping house tidy, budgeting	Leon / Richmond	

UNMET NEEDS - requires to be detailed on CPA, Care Plan 4
I have read this Care Plan and have had the opportunity of discussing it

Signed Patient/Client
If not signed by the patient, please give relationship and reason

Date



Patient/Client NameLEON GRAYTON.....

Unit No.....

PROGRESS SINCE LAST REVIEW	ISSUES ARISING	AREAS OF CONCERN
Overall Leon doing well.	Sleep pattern remaining a problem issue.	Access issues

(CPA Care Plan no 3)



Patient /Client Name ... LEON GRATTON Unit No Unmet needs - Review No:

Are there any UNMET NEEDS: (unmet needs can be anything that the person has difficulties obtaining, which could benefit his/her quality of life)

Yes ☐ No ☒

If Yes: Please specify	What action is/has been taken to address the need(s) identified

I have had the opportunity of discussing the unmet needs with

Signed Date

.....
If not signed by patient, please give relationship and reason

Unit Number		CHI No		SW Case No		CP No 194	
Name		LEON GRATTON		Nearest Relative/Careers/Partners: Name		LORNA GRATTON	
Address:		85 Spittalfield Road INVERKEITHING		Address:			
Tel:		01383 415625		Tel:			
DOB		17.3.75		Does service user agree that this information can be shared with ;			
				Carer Yes ☐ No ☐ Nearest Relative Yes ☐ No ☐			
				Partner Yes ☐ No ☐ Named Person Yes ☐ No ☐			
Name Psychiatrist/Consultant		DR P CAVANAGH		Designated Community Nurse		TOM SHORT	
Address		Psychiatry Dept QMH		Address:		West Fife Community Outreach Team Haldane House, 71 Priory Lane DUNFERMLINE	
Tel:		01383 623623 Ext 6251		Tel:		01383 432725	
RMO:		Yes/No					
Other(s)		Role / Relationship		MHA Status: INFORMAL		Changed Yes ☐ No ☐	
1. CRAIG MILL, Support Worker, COT, Haldane House, 71 Priory Lane, Dunfermline Tel 01383 432725				Date of Detention (of any change of Detention Order)			
2. TREVOR SPENCER, Service Manager, Richmond Fellowship, Dickson House, Dickson Street, Dunfermline Tel 01383 622133				Date of Discharge from Detention:			
3. DAVID SANDERS, OT, COT, Haldane House, 71 Priory Lane, Dunfermline Tel 01383 432725				Does the Adults with Incapacity Act Apply; Yes ☐ No ☐			
Named Person		Role / Relationship		Date of next MHO Review:			
Address				Date Leave of Absence Commenced:			
				Interpretation or assistance requirements re:			
				Ethnic Origin Yes ☐ No ☒			
				Sensory Impairment Yes ☐ No ☒			
				Physically Disabled Yes ☐ No ☒			
Advanced Statement Exists		Yes ☐ No ☐		Care Co-ordinator Name		TOM SHORT	
Held (by)				Address:		West Fife Community Outreach Team Haldane House, 71 Priory Lane, DUNFERMLINE	
				Designation		Clinical Care Manager	
				Tel		01383 432725	
Signed <i>Leon Sh...</i>				Date 3-2-06			
				Care Co-ordinator			

NEEDS IDENTIFIED -INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
MONITORING OF MENTAL HEALTH AND MEDICATION	• Out-patient appointment 3 monthly • Ad hoc home visits • COT weekly home visits for depot and ongoing support • Access medication to assist Leon's sleep	Leon / Dr Cavanagh Dr Lehany Tom Short Leon / GP	Mental state more settled though has fluctuated during time between CPAs. Leon not using Stelazine. Using 10mg Mirtazapine from GP. To try reducing to 5mg due to side effects.
PHYSICAL HEALTH	• Visits gym at Carnegie Centre	Leon / Craig Mill	
OT INPUT	• Develop dietary intake / set realistic goals to incorporate and commit self to within routines.	Leon / David Sanders	Leon has begun going to gym independently at times.
SOCIAL NEEDS	• Explore community facilities, ie gym, cinema, fishing	Leon / Richmond	Now has bus pass
	• Await outcome of application for increased social hours funding	Leon / Richmond / Social Work	Social funding application allocated to Karen McLaren, Social Work
FURTHER SOCIAL INPUT	• Apply for social fund input for increased Richmond Fellowship involvement.	Richmond / COT	

UNMEET NEEDS - requires to be detailed on CPA, Care Plan 4

I have read this Care Plan and have had the opportunity of discussing it

Signed *Leon* Patient/Client
If not signed by the patient, please give relationship and reason

Date *3-2-06*

Patient/Client Name.....LEON GRATTON..... Unit No Action Plan No

NEEDS IDENTIFIED -INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
HOUSING SUPPORT	Support re keeping house tidy, budgeting.	Leon / Richmond	Continues. Leon's motivation to maintain home low
ACCESS VISITS	- Ongoing regular contact - Leon considering visiting a Solicitor re these issues	Leon / Lorna Leon	Ongoing

UNMEET NEEDS - requires to be detailed on CPA, Care Plan 4

I have read this Care Plan and have had the opportunity of discussing it

Signed *Leon Gratton*LEON GRATTON... Patient/Client
If not signed by the patient, please give relationship and reason

(CPA Care Plan no 2)

Date *3-2-06*

Patient/Client Name Unit No.

PROGRESS SINCE LAST REVIEW	ISSUES ARISING	AREAS OF CONCERN
Leon remains frustrated re unresolved issues surrounding access to son. Sleep pattern improved, less distressing thoughts / dreaming over past couple of months	Unresolved issues re access level to Leon's son, Darren. Leon to visit a solicitor re above. Leon identified particular difficulty dealing with access difficulties at significant events ie Christmas, birthdays etc.	- Leon has ongoing frustration re access arrangements for Darren and effects of same to ongoing relationship with mum. - Leon's budgeting skills remain a cause of concern, can be impulsive at times.

(CPA Care Plan no 3)

Unit Number		CHI No	SW Case No	CP No 194	Date of CPA: 24.1.06
Name LEON GRATTON		Nearest Relative/Carers/Partners: Name LORNA GRATTON			
Address: 85 Spittalfield Road INVERKEITHING Tel: 01383 415625		Address: Tel:			
DOB 17.3.75		Does service user agree that this information can be shared with: Carer Yes ☐ No ☐ Nearest Relative Yes ☐ No ☐ Partner Yes ☐ No ☐ Named Person Yes ☐ No ☐			
Name Psychiatrist/Consultant DR P CAVANAGH		Designated Community Nurse TOM SHORT			
Address Psychiatry Dept QMH Tel: 01383 623623 Ext 6251 RMO: Yes/No		Address: West Fife Community Outreach Team Haldane House, 71 Priory Lane DUNFERMLINE Tel: 01383 432725			
Other(s) 1. CRAIG MILL, Support Worker, COT, Haldane House, 71 Priory Lane, Dunfermline Tel 01383 432725 2. TREVOR SPENCER, Service Manager, Richmond Fellowship, Dickson House, Dickson Street, Dunfermline Tel 01383 622133 3. DAVID SANDERS, OT, COT, Haldane House, 71 Priory Lane, Dunfermline Tel 01383 432725		MHA Status: INFORMAL Changed Yes ☐ No ☐ Date of Detention (of any change of Detention Order) Date of Discharge from Detention: Does the Adults with Incapacity Act Apply; Yes ☐ No ☐ Date of next MHO Review: Date Leave of Absence Commenced: Interpretation or assistance requirements re: Ethnic Origin Yes ☐ No ☒ Sensory Impairment Yes ☐ No ☒ Physically Disabled Yes ☐ No ☒			
Named Person Address		Role / Relationship			
Advanced Statement Exists Held (by)		Yes ☐ No ☐			
Signed <i>John Smith</i>		Signed <i>John Smith</i>			

GP		Name DR GARMANY	
Address: Inverkeithing Medical Practice 5 Friary Court INVERKEITHING Tel: 01383 413234		Social Worker Name n/a	
Address:		Address:	
Tel:		Tel:	
CRISIS AND OUT OF HOURS ARRANGEMENTS: Haldane House - Tel 01383 432725 Monday-Friday 9.00am - 9.00pm Saturday & Sunday 9.00am - 5.00pm GP - Tel 01383 413234 Ward 2, QMH - Tel 01383 627002		Admission to/Discharge from hospital since last review Dates	
Next CPA Review:		Next CPA Review:	
Date FRIDAY 28 TH APRIL 2006		Date FRIDAY 28 TH APRIL 2006	
Time 4.00PM		Time 4.00PM	
Place HALDANE HOUSE, 71 PRIORY LANE, DUNFERMLINE		Place HALDANE HOUSE, 71 PRIORY LANE, DUNFERMLINE	
Signed <i>John Smith</i>		Signed <i>John Smith</i>	
Date <i>3-2-06</i>		Date <i>3-2-06</i>	

NEEDS IDENTIFIED -INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
MONITORING OF MENTAL HEALTH AND MEDICATION	• Out-patient appointment 3 monthly • Ad hoc home visits • COT weekly home visits for depot and ongoing support • Access medication to assist Leon's sleep	Leon / Dr Cavanagh Dr Leahy Tom Short	Mental state more settled though has fluctuated during time between CPAs. Leon not using Stelazine. Using 10mg Mirtazapine from GP. To try reducing to 5mg due to side effects.
PHYSICAL HEALTH	• Visits gym at Carnegie Centre	Leon / Craig Mill	
OT INPUT	• Develop dietary intake / set realistic goals to incorporate and commit self to within routines.	Leon / David Sanders	Leon has begun going to gym independently at times.
SOCIAL NEEDS	• Explore community facilities, ie gym, cinema, fishing	Leon / Richmond	Now has bus pass
FURTHER SOCIAL INPUT	• Await outcome of application for increased social hours funding • Apply for social fund input for increased Richmond Fellowship involvement.	Leon / Richmond / Social Work Richmond / COT	Social funding application allocated to Karen McLaren, Social Work

UNMEET NEEDS - requires to be detailed on CPA, Care Plan 4

I have read this Care Plan and have had the opportunity of discussing it

Signed *[Signature]* Patient/Client
If not signed by the patient, please give relationship and reason

Date *3-2-06*

Patient/Client Name.....LEON GRATTON..... Unit No Action Plan No

NEEDS IDENTIFIED -INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
HOUSING SUPPORT	Support re keeping house tidy, budgeting.	Leon / Richmond	Continues. Leon's motivation to maintain home low
ACCESS VISITS	- Ongoing regular contact - Leon considering visiting a Solicitor re these issues	Leon / Lorna Leon	Ongoing
UNMEET NEEDS - requires to be detailed on CPA, Care Plan 4			

I have read this Care Plan and have had the opportunity of discussing it

Signed .....LEON GRATTON... Patient/Client
If not signed by the patient, please give relationship and reason

(CPA Care Plan no 2)

Date 3-2-06.....

Patient/Client Name Unit No.....

PROGRESS SINCE LAST REVIEW	ISSUES ARISING	AREAS OF CONCERN
Leon remains frustrated re unresolved issues surrounding access to son. Sleep pattern improved, less distressing thoughts / dreaming over past couple of months	Unresolved issues re access level to Leon's son, Darren. Leon to visit a solicitor re above. Leon identified particular difficulty dealing with access difficulties at significant events ie Christmas, birthdays etc.	- Leon has ongoing frustration re access arrangements for Darren and effects of same to ongoing relationship with mum. - Leon's budgeting skills remain a cause of concern, can be impulsive at times.

(CPA Care Plan no 3)

Unit Number		CHI No	SW Case No	CP No 194	Date of CPA: 4.10.05
Name LEON GRATTON		Nearest Relative/Carers/Partners: Name LORNA GRATTON			
Address: 85 Spittalfield Road INVERKEITHING Tel: 01383 415625		Address: Tel:			
DOB 17.3.75		Does service user agree that this information can be shared with: Carer Yes ☐ No ☐ Nearest Relative Yes ☐ No ☐ Partner Yes ☐ No ☐ Named Person Yes ☐ No ☐			
Name Psychiatrist/Consultant DR P CAVANAGH		Designated Community Nurse TOM SHORT			
Address Psychiatry Dept QMH		Address: West Fife Community Outreach Team Haldane House, 71 Priory Lane DUNFERMLINE Tel: 01383 432725			
Tel: RMO: 01383 623623 Ext 6251		Tel: 01383 432725			
Other(s) 1. CRAIG MILL, Support Worker, COT, Haldane House, 71 Priory Lane, Dunfermline Tel 01383 432725 2. MARGARET WEIR, Fife Advocacy, Unit 2 Business Centre, 318 High Street, Cowdenbeath KY4 9QU Tel 01383 511155 3. WILLIAM CUMMINGS/FIONA DRUMMOND, Service Manager, Richmond Fellowship, Dickson House, Dickson Street, Dunfermline Tel 01383 622133 4. AMY HODGSON, Trainee Clinical Psychologist, Stratheden Hospital, Cupar, Fife		MHA Status: INFORMAL Changed Yes ☐ No ☐ Date of Detention (of any change of Detention Order) Date of Discharge from Detention: Does the Adults with Incapacity Act Apply; Yes ☐ No ☐ Date of next MHO Review: Date Leave of Absence Commenced:			
Named Person Address		Interpretation or assistance requirements re: Ethnic Origin Yes ☐ No ☐ Sensory Impairment Yes ☐ No ☐ Physically Disabled Yes ☐ No ☐			
Advanced Statement Exists Yes ☐ No ☐ Held (by)		Care Co-ordinator Name TOM SHORT Address: West Fife Community Outreach Team Haldane House, 71 Priory Lane, DUNFERMLINE Designation Clinical Care Manager Tel 01383 432725			
Signed		Date			
GP Name DR GARMANY Address: Inverkeithing Medical Practice 5 Priory Court INVERKEITHING Tel: 01383 413234 Social Worker Name n/a Address: Tel: CRISIS AND OUT OF HOURS ARRANGEMENTS: Haldane House - Tel 01383 432725 Monday-Friday 9.00am - 9.00pm Saturday & Sunday 9.00am - 5.00pm GP - Tel 01383 413234 Ward 2, QMH - Tel 01383 627002		Admission to/Discharge from hospital since last review Dates Next CPA Review: Tues 24/10/06 4.45 Date TUESDAY 17TH JANUARY 2006 Time 3.00PM Place HALDANE HOUSE, 71 PRIORY LANE, DUNFERMLINE			

NEEDS IDENTIFIED -INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
MONITORING OF MENTAL HEALTH AND MEDICATION	• Out-patient appointment 3 monthly • Ad hoc home visits • COT weekly home visits • Attends Carnegie Clinic for depot	Leon / Dr Cavanagh Dr Lehany Tom Short Leon / Craig	
PHYSICAL HEALTH	• Visits gym at Carnegie Centre	Leon / Craig Mill	
OT INPUT	• Discuss dietary intake / set realistic goals	Leon / David Sanders	
SOCIAL NEEDS	• Explore community facilities, ie gym, cinema, fishing • Obtain bus pass	Leon / Craig Leon / Craig	
FURTHER SOCIAL INPUT	• Apply for social fund input for increased Richmond Fellowship involvement.	Richmond / COT	
HOUSING SUPPORT	• Support re keeping house tidy, budgeting.	Leon / Richmond	

UNMEET NEEDS - requires to be detailed on CPA, Care Plan 4
I have read this Care Plan and have had the opportunity of discussing it

Signed Patient/Client
If not signed by the patient, please give relationship and reason

Date

Patient/Client Name.....LEON GRATTON..... Unit No Action Plan No

NEEDS IDENTIFIED -INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
ACCESS VISITS	- Ongoing regular contact - Leon considering visiting a Solicitor re these issues	Leon / Lorna Leon	
UNMEET NEEDS - requires to be detailed on CPA, Care Plan 4			

I have read this Care Plan and have had the opportunity of discussing it

Signed *Leon Gratton* LEON GRATTON... Patient/Client
If not signed by the patient, please give relationship and reason

(CPA Care Plan no 2)

Date

Patient/Client Name Unit No.....

PROGRESS SINCE LAST REVIEW	ISSUES ARISING	AREAS OF CONCERN
Leon less prone to emotional outbursts Leon is more able to talk issues over with other service providers. Leon is attending the Depot Clinic at Carnegie.	Unresolved issues re access level to Leon's son, Darren. Leon to visit a solicitor re above.	• Sleep pattern continues to be erratic • Leon's reaction to mum following access visits to Darren. • Leon's budgeting skills remain a cause for concern, in particular when ordering CD's, DVD's by mail order.

called by Penelope

LEON GRATTON

CPA REVIEW

24/1/06

Leon's last review 6 months ago identified that Leon wanted extra support for social activities, and also that Leon identified himself that his mental health is not as good as he would have liked it to be. In the 6 months nothing has changed for Leon. His mental health has deteriorated further as he seems to stay in his house apart from when he goes shopping or occasionally to the gym. Leon needs these extra hours to enable staff to start to plan things with him to build up his confidence and his motivation.

Leon has spoken to his key worker about his future and what he would like to do. College is a possibility and the long term goal is for Leon to get into full time work which he wants to do, but feels at the moment he cannot as a result of his continuing mental health deterioration.

In the past 6 months Leon has told staff frequently about him hearing voices especially at night time, this is why he cannot sleep, this resulting in Leon taking sleeping tablets. These sleeping tablets are not the answer as Leon can become dependant on them. Leon also has been showing increased signs of paranoia, he has told staff on several occasions that he thinks people are coming into his house and stealing his things. When asked what has been stolen Leon cannot remember as he said he has been confused whether he has gave them to charity shops or not. Leon continues to want more contact with his son and has spoke at great length with the staff team about his feelings about not seeing his son grow up and not helping make decisions about his son's future. Leon wants more access to his son, but doesn't know what to do about

getting more access at a time when he knows he is not feeling at his best.

Leon has said on a few occasions that he feels that people are waiting for him to die and are taking bets on when he does; staffs has reassured him on every occasion that this is not true. Leon has also asked staff if people like him and feels that nobody that is in his life thinks he is worth anything.

Leon's motivation to do housework has been very poor over the past 6 months, before Christmas Leon's mum paid for a company to come to Leon's and clean his whole house, Leon kept his house tidy for a few weeks but it is now as bad as ever.

Christmas was a difficult time for Leon. His mental health was especially low in the week running up to Christmas, and he had several rows with his mother over money and his son. He had said to a few staff that he wished he could have seen his son on Christmas day and that he didn't want to be alone. Leon got to speak to his son on Christmas day which made him very happy.

Leon needs to become more motivated and this can only be done by increased activity so that his mental health improves. Leon also needs to be able to trust professionals and more needs to be done to improve his life and his health. After this meeting Leon is to meet a social worker to discuss extra hours and hopefully by his next CPA there will be a great improvement in Leon's life, this will be done by careful support planning for Leon's requirements.

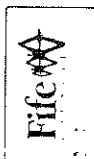
David McCormack
24/1/06

Unit Number	CHI No	SW Case No	CP No 194
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Date of Care Plan Meeting:- 9.11.04

Name LEON GRATTON Address 85 Spittalfield Road INVERKEITHING Tel: 01383 415625 DOB 17 3 75		Next of Kin/Carers/Partners Name LORNA GRATTON Address: 41 Spittalfield Road INVERKEITHING Tel: 01383 420856 Does service user agree with the sharing of this information with Carer / Next of Kin Yes/No		GP Name DR GARMANY Address: Inverkeithing Medical Practice 5 Friary Court INVERKEITHING Tel: 01383 413234 Social Worker Name N/A	
Name Psychiatrist/Consultant DR PAUL CAVANAGH / DR LEHANY Address Psychiatry Department QUEEN MARGARET HOSPITAL Tel: 01383 623623 Ext 6451 RMO: Yes/No		Designated Community Nurse JOHN HAMILTON Address: COT, Haldane House, 71 Priory Lane DUNFERMLINE Tel: 01383 432725		Address: Tel:	
Others - Name 1 DEREK ALLEN, COT, Haldane House, 71 Priory Lane, Dunfermline Tel 01383 432725 2 MARGARET WEIR, Fife Advocacy, Unit 2 Business Centre, 318 High Street, Cowdenbeath KY4 9QU Tel 01383 511155 3 WILLIAM CUMMINGS/FIONA DRUMMOND, Service Manager, Richmond Fellowship, Dickson House, Dickson Street, Dunfermline Tel 01383 622133		MHA Status: INFORMAL Date of Section (of change of Section) Date of Discharge from Section: Does the Adults with Incapacity Act Apply: Yes ☐ No ☐ Date of next MHO Review: Date Leave of Absence Commenced:		CRISIS AND OUT OF HOURS ARRANGEMENTS: Haldane House - Tel 01383 432725 Monday-Friday - 9.00am - 9.00pm Saturday/ Sunday - 9.00am - 5.00pm GP - Tel 01383 413234 Ward 2, QMH - Tel 01383 627002	
Care Co-ordinator Changed Yes/No Name JOHN HAMILTON Address: COT, Haldane House 71 Priory Lane DUNFERMLINE Designation Clinical Care Manager Tel: 01383 432725		Next Review: 29.3.05 Date TUESDAY 8 TH FEBRUARY 2005 Time 4.00PM Place HALDANE HOUSE, 71 PRIORY LANE, DUNFERMLINE		Admission to/Discharge From Hospital Since Last Review Dates	

Signed JOHN HAMILTON Care Co-ordinator (Key Worker/Named Nurse) Date



Care Programme Approach - CARE PLAN (CPAI)



NEEDS IDENTIFIED -INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
MONITORING OF MENTAL HEALTH	3 monthly reviews as an out-patient with Dr Cavanagh Dr Lehany ad hoc home visits	Leon / Dr Cavanagh Dr Lehany / Leon	John to use weekly programme to give structure and occupy time throughout day.
	Weekly visits by John Hamilton	John Hamilton	
	Sleep pattern disturbed	Leon	
PHYSICAL HEALTH	Raised lumpy area on left hip	Leon	Examined by Dr Cavanagh - abscess Prescribed antibiotics
MEDICATION	Dr Cavanagh John Hamilton - weekly	Leon / Dr Cavanagh / John Hamilton John	Leon did not attend despite assistance from Support staff. Placement withdrawn.
HOME ENVIRONMENT	Referral made to Richmond Fellowship - now providing care.	John	
SOCIALISATION	Leon to attend social groups using bus pass. To attend football Attending gym with Derek To try attendance at Core Club	Leon / Derek Leon Leon / Derek Leon / Core Club staff	

UNMET NEEDS - requires to be detailed on CPA, Care Plan 4
I have read this Care Plan and have had the opportunity of discussing it

Signed Patient/Client
If not signed by the patient, please give relationship and reason

Date

Patient/Client Name.....LEON GRATTON..... Unit No Action Plan No

NEEDS IDENTIFIED -INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
SOCIALISATION CONT.	Intermittently attends 5-a-side football on Wednesdays with COT	Leon / COT staff	
BUDGETING	Golf when not playing football	Leon / Derek	
ACCESS VISITS WITH DARREN	Richmond Fellowship	Richmond Fellowship staff	
CRISIS PLAN	Leon to have regular contact with his son, Darren - co-ordinated by Lorna	Leon / Lorna	
	See front sheet of Care Plan		

UNMET NEEDS - requires to be detailed on CPA, Care Plan 4

I have read this Care Plan and have had the opportunity of discussing it

SignedLEON GRATTON... Patient/Client Date

If not signed by the patient, please give relationship and reason

(CPA Care Plan no 2)

Unit Number		CHI No		SW Case No		CP No 194	
Name		LEON GRATTON		Date of CPA: 4.10.05		Nearest Relative/Carers/Partners: Name LORNA GRATTON	
Address:		85 Spittalfield Road INVERKEITHING		Address:		GP	
Tel:		01383 415625		Tel:		Name DR GARMANY	
DOB		17.3.75		Does service user agree that this information can be shared with:		Address: Inverkeithing Medical Practice 5 Friary Court INVERKEITHING	
Name Psychiatrist/Consultant		DR P CAVANAGH		Carer Yes ☐ No ☐ Partner Yes ☐ No ☐ Nearest Relative Yes ☐ No ☐ Named Person Yes ☐ No ☐		Tel: 01383 413234	
Address		Psychiatry Dept QMH		Designated Community Nurse TOM SHORT		Social Worker Name n/a	
Tel:		01383 623623 Ext 6251		Address: West Fife Community Outreach Team Haldane House, 71 Priory Lane DUNFERMLINE		Address:	
RMO:		Yes/No		Tel: 01383 432725		Tel:	
Other(s)		Role / Relationship		MHA Status: INFORMAL		CRISIS AND OUT OF HOURS ARRANGEMENTS:	
1. CRAIG MILL, Support Worker, COT, Haldane House, 71 Priory Lane, Dunfermline Tel 01383 432725				Changed Yes ☐ No ☐		Haldane House - Tel 01383 432725 Monday-Friday 9.00am - 9.00pm Saturday & Sunday 9.00am - 5.00pm	
2. MARGARET WEIR, Fife Advocacy, Unit 2 Business Centre, 318 High Street, Cowdenbeath KY4 9QU Tel 01383 511155				Date of Detention (of any change of Detention Order)		GP - Tel 01383 413234	
3. WILLIAM CUMMINGS/FIONA DRUMMOND, Service Manager, Richmond Fellowship, Dickson House, Dickson Street, Dunfermline Tel 01383 622133				Date of Discharge from Detention:		Ward 2, QMH - Tel 01383 627002	
4. AMY HODGSON, Trainee Clinical Psychologist, Stratheden Hospital, Cupar, Fife				Does the Adults with Incapacity Act Apply; Yes ☐ No ☐			
Named Person		Role / Relationship		Date of next MHO Review:		Admission to/Discharge from hospital since last review	
Address				Date Leave of Absence Commenced:		Dates	
				Interpretation or assistance requirements re:		Next CPA Review:	
				Ethnic Origin Yes ☐ No ☐		Date TUESDAY 17 TH JANUARY 2006	
				Sensory Impairment Yes ☐ No ☐		Time 3.00PM	
				Physically Disabled Yes ☐ No ☐		Place HALDANE HOUSE, 71 PRIORY LANE, DUNFERMLINE	
Advanced Statement Exists Yes ☐ No ☐		Care Co-ordinator Name TOM SHORT		Changed Yes/No			
Held (by)		Address: West Fife Community Outreach Team Haldane House, 71 Priory Lane, DUNFERMLINE		Designation Clinical Care Manager			
		Tel 01383 432725					
Signed		Care Co-ordinator		Date			

NEEDS IDENTIFIED - INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
MONITORING OF MENTAL HEALTH AND MEDICATION	• Out-patient appointment 3 monthly • Ad hoc home visits • COT weekly home visits • Attends Carnegie Clinic for depot	Leon / Dr Cavanagh Dr Lehany Tom Short Leon / Craig	
PHYSICAL HEALTH	• Visits gym at Carnegie Centre	Leon / Craig Mill	
OT INPUT	• Discuss dietary intake / set realistic goals	Leon / David Sanders	
SOCIAL NEEDS	• Explore community facilities, ie gym, cinema, fishing • Obtain bus pass	Leon / Craig Leon / Craig	
FURTHER SOCIAL INPUT	• Apply for social fund input for increased Richmond Fellowship involvement.	Richmond / COT	
HOUSING SUPPORT	• Support re keeping house tidy, budgeting.	Leon / Richmond	

UNMET NEEDS - requires to be detailed on CPA, Care Plan 4
I have read this Care Plan and have had the opportunity of discussing it

Signed *[Signature]* Patient/Client
If not signed by the patient, please give relationship and reason

Date

Patient/Client Name.....LEON GRATTON..... Unit No Action Plan No

NEEDS IDENTIFIED -INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
ACCESS VISITS	- Ongoing regular contact - Leon considering visiting a Solicitor re these issues	Leon / Lorna Leon	
UNMET NEEDS - requires to be detailed on CPA, Care Plan 4			

I have read this Care Plan and have had the opportunity of discussing it

Signed *Leon Gratton* LEON GRATTON... Patient/Client
If not signed by the patient, please give relationship and reason

Date

(CPA Care Plan no 2)

Patient/Client Name Unit No.....

PROGRESS SINCE LAST REVIEW	ISSUES ARISING	AREAS OF CONCERN
Leon less prone to emotional outbursts Leon is more able to talk issues over with other service providers. Leon is attending the Depot Clinic at Carnegie.	Unresolved issues re access level to Leon's son, Darren. Leon to visit a solicitor re above.	• Sleep pattern continues to be erratic • Leon's reaction to mum following access visits to Darren. • Leon's budgeting skills remain a cause for concern, in particular when ordering CD's, DVD's by mail order.

UNITED STATES OF AMERICA

15133833



Care Programme Approach - CARE PLAN (CPAI)



RECEIVED 25 JUL 2005

Unit Number		CHI No		SW Case No	CP No 194	Date of CPA: 21.6.05
Name		LEON GRATTON		Nearest Relative/Carers/Partners: Name LORNA GRATTON		
Address:		85 Spittalfield Road INVERKEITHING		Address:		
Tel:		01383 415625		Tel:		
DOB		17.3.75		Does service user agree that this information can be shared with: Carer Yes ☐ No ☐ Nearest Relative Yes ☐ No ☐ Partner Yes ☐ No ☐ Named Person Yes ☐ No ☐		
Name Psychiatrist/Consultant		DR P CAVANAGH		Designated Community Nurse TOM SHORT		
Address		Psychiatry Dept QMH		Address: West Fife Community Outreach Team Haldane House, 71 Priory Lane DUNFERMLINE		
Tel:		01383 623623 Ext 6251		Tel: 01383 432725		
RMO:		Yes/No				
Other(s)		Role / Relationship		MHA Status: INFORMAL		
1. CRAIG MILL, Support Worker, COT, Haldane House, 71 Priory Lane, Dunfermline Tel 01383 432725				anged Yes ☐ No ☐		
2. MARGARET WEIR, Fife Advocacy, Unit 2 Business Centre, 318 High Street, Cowdenbeath KY4 9QU Tel 01383 511155				Date of Detention (of any change of Detention Order)		
3. WILLIAM CUMMINGS/FIONA DRUMMOND, Service Manager, Richmond Fellowship, Dickson House, Dickson Street, Dunfermline Tel 01383 622133				Date of Discharge from Detention:		
4. AMY HODGSON, Trainee Clinical Psychologist, Stratheden Hospital, Cupar, Fife				Does the Adult with Incapacity Act Apply; Yes ☐ No ☐		
Named Person		Role / Relationship		Date of next MHO Review:		
Address				Date Leave of Absence Commenced:		
				Interpretation or assistance requirements re: Ethnic Origin Yes ☐ No ☐ Sensory Impairment Yes ☐ No ☐ Physically Disabled Yes ☐ No ☐		
Advanced Statement Exists		Yes ☐ No ☐		Care Co-ordinator Name TOM SHORT		
Held (by)				Address: West Fife Community Outreach Team Haldane House, 71 Priory Lane, DUNFERMLINE		
				Designation Clinical Care Manager Tel 01383 432725		
Admission to/Discharge from hospital since last review				Next CPA Review: Date TUESDAY 4 th OCTOBER 2005 Time 3.00PM Place HALDANE HOUSE, 71 PRIORY LANE, DUNFERMLINE		

Signed Date 18/7/05

Care Co-ordinator

NEEDS IDENTIFIED -INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
MONITORING OF MENTAL HEALTH AND MEDICATION	• Out-patient appointment 3 monthly • Ad hoc home visits • COT weekly home visits	Leon / Dr Cavanagh Dr Lehany Tom Short	
PHYSICAL HEALTH	• Visits gym at Carnegie Centre	Leon / Craig Mill	
OT INPUT	• Discuss dietary intake / set realistic goals	Leon / David Sanders	
SOCIAL NEEDS	• Explore community facilities, ie gym, cinema, fishing • Obtain bus pass	Leon / Craig Leon / Craig	
FURTHER SOCIAL INPUT	• Apply for social fund input for increased Richmond Fellowship involvement.	Richmond / COT	
HOUSING SUPPORT	• Support re keeping house tidy, budgeting.	Leon / Richmond	

UNMET NEEDS - requires to be detailed on CPA, Care Plan 4
I have read this Care Plan and have had the opportunity of discussing it

Signed  Patient/Client
If not signed by the patient, please give relationship and reason

Date 18/7/05



Care
Care Programme Approach - CARE PLAN (CPA1)



Patient/Client Name.....LEON GRATTON..... Unit No Action Plan No

NEEDS IDENTIFIED -INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
PSYCHOLOGY		Leon / Amy Hodgson	
ACCESS VISITS	• Regular sessions • Ongoing regular contact	Leon / Lorna	

UNMET NEEDS - requires to be detailed on CPA, Care Plan 4

I have read this Care Plan and have had the opportunity of discussing it

Signed *Leon Gratton*

If not signed by the patient, please give relationship and reason
.....LEON GRATTON... Patient/Client

(CPA Care Plan no 2)

Date *18/7/05*

29.3.05

SW Case No. CPAD 194

CPAD No.

Ref Number

JOHN GILFILLAN Name Address 85 Spittalfield Road INVERKILTHING 01383 415625 Tel 01383 415625 DOB 17.3.75		JOHN GILFILLAN Name Address 85 Spittalfield Road INVERKILTHING 01383 415625 Tel 01383 415625 DOB 17.3.75		Nearest Relative's Partners Name: JOHN GILFILLAN Address 85 Spittalfield Road INVERKILTHING 01383 415625 Tel 01383 415625 Does service user agree that this information can be shared with: Carer Yes ☐ No ☐ Nearest Relative Yes ☐ No ☐ Partner Yes ☐ No ☐ Named Person Yes ☐ No ☐		GP Name DR GARMAN Address Inverkeithing Medical Practice 5 Priory Court INVERKEITHING 01383 413234 Tel 01383 413234 Social Worker Name: n/a Address Address: Tel: CRISIS AND OUT OF HOURS ARRANGEMENTS: Haldane House - Tel 01383 432725 Monday-Friday 9.00am - 9.00pm Saturday & Sunday 9.00am - 5.00pm GP - Tel 01383 413234 Ward 2, QMH - Tel 01383 627002	
Designated Community Nurse: JOHN HAMILTON Address: West Fife Community Outreach Team Haldane House, 71 Priory Lane DUNFERMLINE 01383 432725 Tel: 01383 432725		MHA Status: INFORMAL Changed Yes ☐ No ☒ Date of Detention (of any change of Detention Order) Date of Discharge from Detention: Does the Adults with Incapacity Act Apply: Yes ☐ No ☐ Date of next MHO Review: Date Leave of Absence Commenced: Interpretation or assistance requirements re: Ethnic Origin Yes ☐ No ☐ Sensory Impairment Yes ☐ No ☐ Physically Disabled Yes ☐ No ☐		Admission to/Discharge from hospital since last review Dates Next CPA Review: Date TUESDAY 21 ST JUNE 2005 Time 3.00PM Place HALDANE HOUSE, 71 PRIORY LANE, DUNFERMLINE			
Named Person Address Advanced Statement Exists Yes ☐ No ☐ Held (by)		Care Co-ordinator Name JOHN HAMILTON Address: West Fife Community Outreach Team Haldane House, 71 Priory Lane, DUNFERMLINE Designation Clinical Care Manager Tel 01383 432725		Date 25/4/05 25/4/05			

Signed

Care Co-ordinator

Date

NEEDS IDENTIFIED INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
MONITORING OF MENTAL HEALTH	3 monthly reviews as an out-patient with Dr Cavanagh Dr Leahy ad hoc home visits Weekly visits by John Hamilton	Leon / Dr Cavanagh Dr Leahy / Leon John Hamilton	John to use weekly programme to give structure and occupy time throughout day.
PHYSICAL HEALTH	Sleep pattern disturbed	Leon	
MEDICATION	Dr Cavanagh John Hamilton -- weekly	Leon / Dr Cavanagh / John Hamilton John	
HOME ENVIRONMENT	Richmond Fellowship now providing care.	Leon / Richmond Fellowship staff	
SOCIALISATION	Leon to attend social groups using bus pass. Craig to assist with bus pass Attending gym with Craig To try attendance at Core Club John to apply for extra funding for social support direct payments	Leon / Craig Craig / Leon Leon / Craig Leon / Core Club staff / Richmond John	

UNMEET NEEDS - requires to be detailed on CPA, Care Plan 4

I have read this Care Plan and have had the opportunity of discussing it

Signed *John Hamilton* Patient/Client
 If not signed by the patient, please give relationship and reason

Date *25/4/05*

Patient/Client Name.....LEON GRATTON..... Unit No Action Plan No

NEEDS IDENTIFIED -INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
SOCIALISATION Continued	Golf when not playing football	Leon / Craig	
BUDGETING	Richmond Fellowship	Richmond Fellowship staff	
ACCESS VISITS WITH DARREN	Leon to have regular contact with his son, Darren - co-ordinated by Lorna	Leon / Lorna	
CRISIS PLAN	See front sheet of Care Plan		

UNMEET NEEDS - requires to be detailed on CPA, Care Plan 4

I have read this Care Plan and have had the opportunity of discussing it

Signed LEON GRATTON... Patient/Client Date

If not signed by the patient, please give relationship and reason

(CPA Care Plan no 2)

Patient/Client Name Unit No.....

Unit Number	CHI No	SW Case No	CP No 194
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Date of Care Plan Meeting:- 7.9.04

Name LEON GRATTON Address: 85 Spittalfield Road INVERKEITHING Tel: 01383 415625 DOB 17.3.75		Next of Kin/Care Partners: Name LORNA GRATTON Address: 41 Spittalfield Road INVERKEITHING Tel: 01383 420856 Does service user agree with the sharing of this information with Carer / Next of Kin Yes ☒ No ☐		GP Name DR GARMANY Address: Inverkeithing Medical Practice 5 Priory Court INVERKEITHING Tel: 01383 413234 Social Worker Name N/A Address: Tel:	
Name Psychiatrist/Consultant DR PAUL CAVANAGH / DR LEHANY Address Psychiatry Department QUEEN MARGARET HOSPITAL Tel: 01383 623623 Ext 6451 RMO: Yes ☐ No ☐		Designated Community Nurse JOHN HAMILTON Address: COT, Haldane House, 71 Priory Lane DUNFERMLINE Tel: 01383 432725		CRISIS AND OUT OF HOURS ARRANGEMENTS: Haldane House - Tel 01383 432725 Monday-Friday - 9.00am - 9.00pm Saturday/ Sunday - 9.00am - 5.00pm GP - Tel 01383 413234 Ward 2, QMH - Tel 01383 627002	
Care Co-ordinator Changed Yes ☐ No ☐ Name JOHN HAMILTON Address: COT, Haldane House 71 Priory Lane DUNFERMLINE Designation Clinical Care Manager Tel: 01383 432725		Next Review: Date TUESDAY 9 TH NOVEMBER 2004 Time 4.00PM Place HALDANE HOUSE, 71 PRIORY LANE, DUNFERMLINE			
Signed <i>John Hamilton</i> JOHN HAMILTON Care Co-ordinator (Key Worker/Named Nurse)		Admission to/Discharge From Hospital Since Last Review Dates		Date	

NEEDS IDENTIFIED –INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
MONITORING OF MENTAL HEALTH	3 monthly reviews as an out-patient with Dr Cavanagh Dr Lehaney ad hoc home visits Weekly visits by John Hamilton	Leon / Dr Cavanagh Dr Lehaney / Leon John Hamilton	John to use weekly programme to give structure and occupy time throughout day.
PHYSICAL HEALTH	Sleep pattern disturbed Raised lumpy area on left hip	Leon Leon	Examined by Dr Cavanagh – abscess Prescribed antibiotics
MEDICATION	Dr Cavanagh John Hamilton – weekly	Leon / Dr Cavanagh / John Hamilton John	
HOME ENVIRONMENT	Referral made to Richmond Fellowship	John	
SOCIALISATION	Leon to attend social groups using bus pass. To attend football To try attendance at Core Club	Leon / Derek Leon Leon / Core Club staff	
	SAMH's Pantry	John to refer	

UNMET NEEDS - requires to be detailed on CPA, Care Plan 4
I have read this Care Plan and have had the opportunity of discussing it

Signed  Patient/Client
If not signed by the patient, please give relationship and reason

Date

Patient/Client Name.....LEON GRATTON..... Unit No Action Plan No

NEEDS IDENTIFIED –INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
SOCIALISATION CONT.	Intermittently attends 5-a-side football on Wednesdays with COT	Leon / COT staff	
BUDGETING	Golf when not playing football	Leon / Derek	
CRISIS PLAN	Richmond Fellowship	Richmond Fellowship staff	
	See front sheet of Care Plan		

UNMEET NEEDS - requires to be detailed on CPA, Care Plan 4

I have read this Care Plan and have had the opportunity of discussing it

Signed *Leon Gratton*.....LEON GRATTON... Patient/Client
If not signed by the patient, please give relationship and reason

Date

(CPA Care Plan no 2)

Unit Number	CHI No	SW Case No	CP No
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Date of Care Plan Meeting:-2.3.04

Name LEON GRATTON Address: 85 Spittalfield Road INVERKEITHING Tel: 01383 415625 DOB 17.3.75		Next of Kin/Carers/Partners: Name LORNA GRATTON Address: 41 Spittalfield Road INVERKEITHING Tel: 01383 420856 Does service user agree with the sharing of this information with Carer / Next of Kin Yes/No		GP Name DR GARMANY Address: Inverkeithing Medical Practice 5 Friary Court INVERKEITHING Tel: 01383 413234 Social Worker Name N/A Address: Tel:	
Name Psychiatrist/Consultant DR PAUL CAVANAGH Address Psychiatry Department QUEEN MARGARET HOSPITAL Tel: 01383 623623 Ext 6451 RMO: Yes/No		Designated Community Nurse JOHN HAMILTON Address: COT, Haldane House, 71 Priory Lane DUNFERMLINE Tel: 01383 432725		CRISIS AND OUT-OF-HOURS ARRANGEMENTS: Haldane House - Tel 01383 432725 Monday-Friday - 9.00am - 9.00pm Saturday/ Sunday - 9.00am - 5.00pm GP - Tel 01383 413234 Ward 2, QMH - Tel 01383 627002	
Care Co-ordinator Changed Yes/No Name JOHN HAMILTON Address: COT, Haldane House 71 Priory Lane DUNFERMLINE Designation Clinical Care Manager Tel: 01383 432725		MHA Status: INFORMAL Date of Section (of change of Section) Date of Discharge from Section: Does the Adults with Incapacity Act Apply: Yes ☐ No ☐ Date of next MHO Review: Date Leave of Absence Commenced:		Next Review: Date TUESDAY 1 ST JUNE 2004 Time 4.00PM Place HALDANE HOUSE, 71 PRIORY LANE, DUNFERMLINE.	
Others - Name Role Relationship 1 DEREK ALLEN, COT, Haldane House, 71 Priory Lane, Dunfermline Tel 01383 432725 2 ELAINE FRASER, Assistant Manager, PENUMBRA, 89 New Row, Dunfermline Tel 01383 728467 3 DAVID MURRELL, Support Worker, PENUMBRA, 89 New Row, Dunfermline Tel 01383 728467 4 JENNIFER McHALE, PENUMBRA, 89 New Row, Dunfermline Tel 01383 728467 5 JANE WEIR, Clinical Care Manager, COT, Haldane House, 71 Priory Lane, Dunfermline Tel 01383 432725		Admission to/Discharge From Hospital Since Last Review Dates			

Signed JOHN HAMILTON Care Co-ordinator (Key Worker/Named Nurse) Date

NEEDS IDENTIFIED -INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
MONITORING OF MENTAL HEALTH	3 monthly reviews as an out-patient with Dr Cavanagh Weekly visits by John Hamilton	Leon / Dr Cavanagh John Hamilton	Mrs Gratton to be informed of next appointment to assist in prompting attendance. John to use weekly programme to give structure and occupy time throughout day.
PHYSICAL HEALTH	Sleep pattern disturbed	Leon	
MEDICATION	Dr Cavanagh John Hamilton - weekly	Leon / Dr Cavanagh / John Hamilton	
HOME ENVIRONMENT	Penumbra assisting with household • Housework Thursday 1.30 - David • Shopping Monday 11.30 - Jennifer • Mrs Gratton to continue to do weekly shop on Wednesday or Thursday	David Murrell / Jennifer Mc Hale Support Workers Mrs Gratton	
RE-SOCIALISATION	Leon to attend social groups using bus pass. To try attendance at Core Club	Leon / Derek Leon / Core Club staff / Penumbra staff	

UNMEET NEEDS - requires to be detailed on CPA, Care Plan 4

I have read this Care Plan and have had the opportunity of discussing it

Signed *[Signature]* Patient/Client

If not signed by the patient, please give relationship and reason

Date

Patient/Client Name.....LEON GRATTON..... Unit No Action Plan No

NEEDS IDENTIFIED -INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
RE-SOCIALISATION	Attends 5-a-side football on Wednesdays with COT	Leon / COT	
BUDGETING	Golf when not playing football	Leon / John Hamilton	
PSYCHOLOGY	Lorna to continue with help re budgeting	Mrs Gratton	
	Referral made to Psychology but no service available for enduring needs in West Fife.	Dr Cavanagh / Mrs Gratton	Mrs Gratton to formally complain to NHS Fife. Also to try to access via GP
ANGER MANAGEMENT / DEVELOPMENT COPING STRATEGIES	Leon to attend Haldane House for anger management.	Leon / John / Jane	
CRISIS PLAN	See front sheet		

UNMEET NEEDS - requires to be detailed on CPA, Care Plan 4

I have read this Care Plan and have had the opportunity of discussing it

Signed Patient/Client
If not signed by the patient, please give relationship and reason

Date

CARE PROGRAMME APPROACH **CONFIDENTIAL**
(All sections MUST be completed) **Date of Care Plan Meeting: 8.5.03 Review No. 2**

Unit Number	CHINo	SW Case No	CP No		
Name LEON GRATTON Address: 85 Spittalfield Road INVERKEITHING Tel: 01383 416833 DOB 17.3.75		Next of Kin/Carers/Partners: Name LORNA GRATTON Address: 41 Spittalfield Road INVERKEITHING (01383) 420856 Tel: Relationship mother		GP Name DR GARMANY Address: Inverkeithing Medical Practice 5 Friary Court INVERKEITHING Tel: 01383 413234 Social Worker Name n/a	
Psychiatrist Name DR PAUL CAVANAGH Address Queen Margaret Hospital Whitefield Road DUNFERMLINE Tel: 01383 623623 Ext 5451 RMO: Yes/No		CPN Name JOHN HAMILTON Address: Community Outreach Team Haldane House 71 Priory Lane DUNFERMLINE Tel: 01383 432725		Type of Accommodation: COUNCIL FLAT Living With: SELF If in hospital – date discharged planned	
Others – Name Designation 1 DEREK ALLEN, Support Worker, COT, Haldane House, 71 Priory Lane, Dunfermline Tel 01383 432725 2 FRANCES MCKAY, Penumbra, Ground Floor, Wymet House, 87 New row, Dunfermline Tel 01383 728467 3 4		MHA Status: INFORMAL Changed Yes/No Date of Section (of change of Section) Date of Discharge from Section: Date of next MHO Review: Date Leave of Absence Commenced:		Admission to/Discharge From Hospital Since Last Review Dates	
Care Co-ordinator Changed Yes/No Name JOHN HAMILTON Address: Community Outreach Team Haldane House, 71 Priory Lane DUNFERMLINE Designation CLINICAL CARE MANAGER Tel: 01383 432725		Next Review: Date THURSDAY 28 th AUGUST 2003 Time 4.00PM Place HALDANE HOUSE, 71 PRIORY LANE, DUNFERMLINE			

Signed *John Hamilton* JOHN HAMILTON Care Co-ordinator (Key Worker)
CPA Care Plan no 1

Date 10.2.03

John Hamilton

CARE PROGRAMME APPROACH

CONFIDENTIAL

Patient/Client Name.....LEON GRATTON..... Unit No ...194..... Action Plan No ...1.....

NEEDS IDENTIFIED - INCLUDING Crises/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
MONITORING OF MENTAL HEALTH	3 monthly reviews as an out-patient with Dr Cavanagh	Leon / Dr Cavanagh	
	Weekly visits by John Hamilton	John Hamilton	
MEDICATION	Dr Cavanagh John Hamilton - weekly	Leon / Dr Cavanagh / John Hamilton	
HOME ENVIRONMENT	Penumbra to help with household chores, decorating, gardening.	Steve Mathers / Leon	John to phone Frances at Penumbra re situation at home.
RE-SOCIALISATION	Leon to attend social groups using bus pass. Refer to Spirals 2 x per week ? FEAT - 12 week programme	Leon / Derek Allen	
BUDGETING	Lorna to continue with help re budgeting.	Mrs Gratton	
CRISIS PLAN	Haldane House - Tel 01383 432725 Mon-Frid - 9.00am-9.00pm Sat/Sun - 9.00am-5.00pm GP - Tel 01383 413234 Ward 2 - Tel 01383 627002	Leon	

UNMEET NEEDS - requires to be detailed on CPA, Care Plan 4

I have read this Care Plan and have had the opportunity of discussing it
Signed LEON GRATTON..... Patient/Client

Date

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

Dr Garmany
Inverkeithing Medical Centre
5 Friary Court
INVERKEITHING
KY11 1NU

Date Dictated
Date Typed
Our Ref
CHI Number

12th December 2007
19th December 2007
PC/LA/F5153833
1703751191

Enquiries to
Extension
Email

Mrs Lorna Abercrombie
4193
lorna.abercrombie@fahf.scot.nhs.uk

Dear Dr Garmany,

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

Leon was seen during the course of his Care Programme Meeting on 11th December 2007. The meeting was also attended by the police as over the last year there has been an increase in the number of phone calls that he has made to them, imagining that his house has been broken into frequently and that his property has been interfered with. There has been no objective evidence that this has been the case and the presumption is that Leon is experiencing delusional ideas.

His time structure remains poor with a tendency to turn night into day. Engagement with support has possibly improved. There remains a sense that Leon's mental state is not optimum and I will be looking at increasing his dose of depot in the near future.

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

RECEIVED 07 NOV 2007

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



Dr Garmany
Inverkeithing Medical Practice
5 Friary Court
INVERKEITHING

Date Dictated
Date Typed
Your Ref
Our Ref
CHI Number

1st November 2007
2nd November 2007
TS/BB/F5153833
1703751191

Enquiries to
Email

Barbara Beattie
BarbaraBeattie@fife-pct.scot.nhs.uk

Dear Dr Somerville

Re: Leon Gratton 85 Spittalfield Road Inverkeithing KY11 1DZ (DOB 17 03 1975)

I visited Leon on the 1st November 2007 and during my visit he informed me that he had visited yourself to undergo an annual health review check. This is something I have also been encouraging him to do and I wondered if I could be kept informed of any outcomes re this, which we would gladly follow-up. At present he has input 5 days a week from Richmond Fellowship and our Team Support Worker, Craig Mill, accompanies Leon to the gym at Carnegie Leisure Centre twice weekly.

I have discussed the possibility of Leon doing voluntary work and he will think this over.

If there are any issues pending from the assessment, please do not hesitate to contact me.

Yours sincerely

**TOM SHORT
CLINICAL CARE MANAGER**

Cc Dr P Cavanagh, Consultant Psychiatrist, QMH ✓

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
Our Ref
CHI Number

23 July 2007
GL/EW/f5153833
1703751191

Enquiries to
Extension
Email

Mrs Dianne Kerr
2014
DianneKerr@fife-pct.scot.nhs.uk

Dear Dr Garmany,

Re: Leon Gratton, 85 Spittalfield Road, Inverkeithing. DOB: 17.03.75

I saw the above gentleman at Carnegie Clinic on 19 July 2007.

Leon has been experiencing psychotic symptoms for a number of months again. In response to this his Depot was increased to Depixol 50 mg weekly which he has been getting for about 2 weeks now. Leo himself feels that the increase in Depot has improved his psychotic symptoms and he now denies any hallucinatory experiences.

In terms of his mental state Leo was dressed and behaving appropriately during the interview. His mood was euthymic and his speech was normal in spontaneity with no evidence of any thought disorder. Leo continues to express odd beliefs about people breaking into his house and stealing things when he's asleep. These may represent true delusional ideas, although they may also be more over-valued ideas. He is also pre-occupied with thoughts about abuse as a child, and his wish to pursue this through the court. It is impossible to say whether these beliefs are psychotic or based on reality. There was no evidence objectively of any perceptual abnormality at interview and cognitively Leon was intact.

Leon has been phoning Haldane House an excessive number of times over the past few weeks, up to ten times per day. At times he can say sexually inappropriate things and may perhaps be disinhibited.

I think there are a number of issues here. Leon does seem to have psychotic symptoms at times and these have been worse over the past month or two. The psychotic symptoms do appear to have improved with the increase in his Depot. Leon continues to have some odd ideas although I'm not entirely convinced these are truly psychotic in nature at this time.

I think Leon's problems are really quite complex. There seems to be good reason to believe he has a psychotic illness, but I also think there is good evidence for an emotionally unstable personality disorder of borderline type. These two areas of difficulty present rather different challenges. Given that Leon feels the Depot is helping, I think it is worth continuing to pursue this in the hope that in another week or two as the level of Depot increases in his blood his psychotic symptoms will subside. If he remains unwell I think it would be reasonable to admit Leon to the Ward for further assessment in the hopes that we can disentangle the problems he has and possibly resolve some of his difficulties with medication. Leon is not willing to consider admission at this time, but said that should things not improve he would consider it in a month or so. In the meantime input from the Community Outreach Team will continue.

There is the further issue of physical issues Leon is describing. These symptoms all seem to relate to Leon's genital area and his rectum. He describes bleeding when he masturbates and also pain in the rectum and genital area. Leon told me he has an appointment with a surgeon at the end of this month to have these physical symptoms investigated, and I think it is important that this is done as there may well be physical pathology present.

Leon will be reviewed on an ongoing basis.

Yours sincerely

Dr Gordon Lehany
Staff Grade Psychiatrist

Cc Haldane House notes
Dr Paul Cavanagh, Consultant Psychiatrist, Queen Margaret Hospital

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

Dr Garmany
Inverkeithing Medical Centre
5 Friary Court
INVERKEITHING
KY11 1NU

Date Dictated 6th July 2007
Date Typed 9th July 2007
Our Ref PC/LA/F5153833
CHI Number 170375-1191

Enquiries to Mrs Lorna Abercrombie
Extension 4193
Email lorna.abercrombie@faht.scot.nhs.uk

Dear Dr Garmany,

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

I reviewed Leon in the out patient clinic on 5th July 2007.

His mental state has given rise to some concern of late. He has been phoning a number of places during the night including Ward 2 and the Police, often in a quite threatening manner.

I have been informed by staff from the Outreach Team, that there are concerns of deterioration in his mental state. This had changed however and he seemed more distressed and on occasion thought disordered.

At interview today I certainly considered him to be psychotic. He was thought disordered and paranoid. He described having had a rectal examinations for a pain that he seemed to associate with previous sexual abuse and implied that people were breaking into his house in the middle of the night and causing him to have that pain. In a vision he described people breaking in and moving his possessions around. He described hearing noises coming from a passing van that were of significance to him.

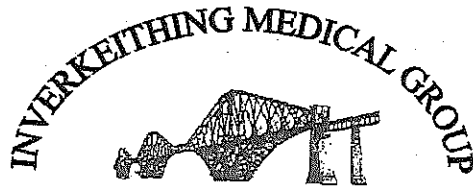
In view of his agitation I have commenced him on **regular Diazepam 5 mgs tid and increased his depot Flupenthixol to 50 mgs weekly**. He is going to be visited daily by the Outreach Team and if things continue to deteriorate, we will look at admission to hospital.

Yours sincerely

Dr Paul Cavanagh
Consultant Psychiatrist

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

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



Inverkeithing Medical Centre
5 Friary Court
Inverkeithing
KY11 1NU

Telephone: 01383 413234
Fax: 01383 427527

Our ref: DS/MA

21 June 2007

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

Dalgety Bay Medical Centre
Regents Way
Dalgety Bay
KY11 9UY

Telephone: 01383 822174
Fax: 01383 823975

Dear Dr Cavanagh

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

I was just sending you a note to update you on Leon's situation.

He came to me earlier this month complaining of an episode of haematospermia. He also complains of some anal discomfort when defecating or tensing associated with very intermittent fresh rectal bleeding on the toilet paper and never mixed with his stool. The anal pains he reports over the past four years and although they are intermittent, they are more often than not.

In view of the haematospermia I suggested to him that we could try treating for infective cause and he can have a think about whether he was okay with myself and one of the nurses as a chaperone examining him. He returned following another episode of haematospermia and said he was quite comfortable with examination.

With one of the nurses present I examined him and could see no penile abnormality and no abnormality in his testes or scrotum. Rectal examination was tender but with no obvious haemorrhoid or fissure and his prostate felt normal.

I have asked the surgeons for an opinion as to whether he could have a fissure given the tenderness on examination. I have dropped a note to the urologists asking whether they think further investigation of haematospermia is useful, although I do believe it is quite a benign symptomatology in spite of its alarming appearance. I scoured through his notes and although he has reported past sexual abuse

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

and auditory pseudo-hallucinations I could not find anything mentioning these various symptoms in the context of a period of mental illness. Mentally he currently appeared quite well to me, still complaining of auditory pseudo-hallucinations but very much aware that these were not real.

This is just for your information. Should you have a problem with a surgical opinion or even potentially a GUM or urological opinion should the haematospermia continue please let me know.

Yours sincerely



Dr David 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

Fife Primary Care
NHS Fife
Mental Health Directorate

Rowan House
28 – 32 Willow Drive
Whyteman's Brae
KIRKCALDY KY1 2LF

FIFE PSYCHIATRIC SERVICE
DISCHARGE SUMMARY

ST/MT/F5153833	Dictated: 10 April 2007	Typed: 11 April 2007
Dr Germany Inverkeithing Medical Centre 5 Friary Court INVERKEITHING KY11 1NU		Leon Gratton 85 Spittalfield Road INVERKEITHING KY11 1DZ CHI - 1702751191
Admitted: 11.03.07 Discharged: 15.03.07		Medication on Discharge: Ranitidine – 150 mgs at 8.00 am and 6.00 pm Nitrazepam – 10 mgs nocte Flupenthixol decanoate – 30 mgs weekly Loratidine – 10 mgs as required up to 10 mgs per day
MHA Status on Discharge: Informal		
Diagnosis: Schizophrenia – F20.0 Emotionally unstable personality disorder, borderline type – F60.31		
Consultant: Dr Mairi Fee		Medication subject to treatment plan under MHA - No
Locus of Care: Rothes Ward		

Responsible Consultant following Discharge: Dr Paul Cavanagh, Queen Margaret Hospital

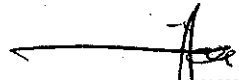
Follow-Up Arrangements:

To continue depot weekly
CPN support
Richmond Fellowship
Community Outreach Team
Further follow-up by Dr Cavanagh's team.

Diagnostic Summary: Leon is well known to Psychiatric Services for a number of years. He was admitted to Rothes Ward following an overdose as there were no beds at Queen Margaret Hospital. His problems were seen to be longstanding and there were no new issues uncovered in this admission. He was settled on the ward and after a brief period of assessment he was discharged with follow-up arrangements as above. He has a very good package of carer in the community.

Signed: 
Dr S Thommandru, Locum Staff Grade Psychiatrist
to Dr Mairi Fee

Consultant's Comments:

Signed: 
Dr Mairi Fee, Consultant Psychiatrist

For more detailed summary see over

Handwritten initials: M, MC

History of Presenting Complaint

Leon was seen in the A&E Department of Queen Margaret Hospital on 11.03.07 where he self-presented after taking an overdose of loratidine 250 mgs in total earlier that afternoon. He claimed that he had heard voices asking him to commit suicide, saying "it's not worth living" and "you'd be better off dead". He said that he responded to these voices. He said that he felt sick of living. It was an impulsive act and there was no planning. He did not leave any suicide notes. He said that he did it as he was fed up with life. He thinks that his neighbours are laughing at him. He had also taken 8 to 10 tablets of paracetamol. After taking the tablets he phoned NHS 24, who sent him an ambulance which brought him to A&E. He said that he was still continuing to have thoughts of harming himself. He did not regret his actions and wished that he had died. He could not describe any particular trigger for his actions. He felt that he could not control his thoughts of self-harm. He had missed his last 2 depots as he was sleeping all day. Also he was spending all his time texting a girl called "Susan". He said that he was worried that he may damage his liver by taking an overdose and did not want this to happen. He felt that someone was coming into his house and taking things and believes that it may be his neighbours doing this to "wind him up" as he was a drug user previously. Because of his excessive texting he received a bill of £500 for his phone and has now stopped doing it. He has taken numerous overdoses in the past usually in times of stress. This seems to happen at least once every 2 to 3 months. Recently he has been calling the Samaritans almost every night and finds speaking to them helpful. He is afraid that he will wake up and find his throat slit by old enemies because he thinks that he knows secrets about them, so they might consider him a threat. He feels paranoid that everyone is out to get him and are laughing at him. He cannot be sure of this. He thinks that people laugh at him because he is "an idiot" and that he has not achieved anything worthwhile. He was also complaining of hearing voices of someone talking in his ear and was also seeing things - people appearing and disappearing in his room which was not very clear and happened any time during the day in his house. He said that his sleep was poor and that he slept during the day as he could not sleep during the night. He described his appetite as poor. His concentration and energy was unaffected. His grandmother died about 5 weeks ago and this seemed to affect him badly. He denied taking any illicit drugs or any alcohol. He is currently on flupenthixol decanoate depot 30 mgs once weekly but does not feel that it helps. He sees his support worker twice a week and his CPN once a week. He also has Richmond coming in 4 times a week. He finds the weekends and nights very difficult.

Past Psychiatric History

He is well known to Psychiatric Services for a number of years with a diagnosis of schizophrenia and borderline personality disorder.

Family Psychiatric History

There is no history of mental illness in the family.

Medical History

Eczema

Asthma.

Drug and Alcohol History

He smokes about 40 cigarettes per day and occasionally drinks alcohol. He denied any ongoing illicit drug use.

Personal History

He was born in Manchester and brought up in Fife. His parents separated when he was 3 years old. His childhood was uneventful up until the age of 13 when his mother divulged that he and his sister had been sexually abused during childhood by their father. This disclosure caused a family row with mother and son being ostracised from the family. She shared the full details of her allegation with Leon, who subsequently became very disturbed and preoccupied with the whole issue. He spent the age of 15 to 16 in care in children's homes and left school at 15 with no qualifications and poor exam results. At that time he was taking drugs a lot. He has a patchy employment record and has held several jobs after leaving school. He is currently unemployed. He was married once before but is now divorced and has an 8 year old son from that relationship.

Page 3 of 3
Leon Gratton

CHI - 1702751191

11 April 2007

Social Circumstances

He lives alone in a council flat for the past 5 years. He is unemployed and receives benefits.

Forensic History

He has been in trouble with the police before for assaulting his mother.

Mental State Examination on Admission

Appearance and behaviour – He was casually dressed and reasonably well kempt. He was behaving oddly and kept looking through the window. He seemed to respond to voices once but it was not possible to understand what he was saying. He was cooperative, making good eye contact and communicated well.

Speech – Normal tone and rhythm.

Mood – Subjectively he felt low, objectively he appeared low, reactive affect at times.

Thoughts – He was still continuing to have thoughts of suicide and self-harm. No evidence of formal thought disorder.

Perception – He was complaining of auditory and visual hallucinations.

Cognition – Oriented in time, place and person.

Insight – He believed that he had a mental illness but was not particularly sure what it was.

He was admitted to Rothes Ward at Whyteman's Brae Hospital as there were no beds in Queen Margaret Hospital.

Progress on the Ward

Leon remained settled on the ward. Gradually his mood seemed to improve and he seemed much brighter. He was seen to be singing and humming to himself. He still believed that people were laughing at him but did not seem to be as distressed as before. His sleep was still poor but his appetite was good and he was eating well. He denied any continuing thoughts of self-harm. He felt that he was not receiving adequate care despite having a good package of care. His problems seemed to be longstanding with no new issues at this time. His team at Queen Margaret Hospital was contacted, who also had not noticed any new issues apart from missing 2 doses of his depot. It was explained to him that being in hospital would not be beneficial for him and Leon agreed this. In fact he was planning to go to a party organised by his mum for his birthday. In view of this he was discharged on 15.03.07 with follow-up arrangements as above.

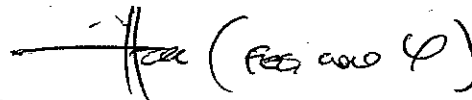
If you have any further queries regarding him please do not hesitate to get in touch.

Thank you.

Yours sincerely



Dr Shailaja Thommandru
Locum Staff Grade Psychiatrist to Dr M Fee



c.c. Dr Paul Cavanagh, Consultant Psychiatrist, QMH
Tom Short, CPN

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



Dr Garmany
Inverkeithing Medical Centre
5 Friary Court
INVERKEITHING

Date Dictated
Date Typed
Your Ref
Our Ref
CHI Number

27 February 2007
2 March 2007

GL/BB/F5153833
1703751191

Enquiries to
Email

Barbara Beattie
BarbaraBeattie@fife-pct.scot.nhs.uk

Dear Dr Garmany

**RE: LEON GRATTON 17 03 75
85 SPITTALFIELD ROAD INVERKEITHING**

I saw the above gentleman at his home on the 27th February 2007 with Tom Short from the Community Outreach Team.

Leon continues to struggle somewhat at the moment. The death of his grandmother, ongoing conflict with his mother and issues with regards to access with his son continue to be significant stressors for Leon. Despite this he does seem to be making some progress at the moment. He intends going to the Music Group at Haldane House and he has been going out to the gym. He remains enthusiastic about reading, writing and also his martial arts.

In terms of positive symptoms of psychosis, Leon continues to describe strong visual imagery, although I am not clear what he is experiencing are truly hallucinations. Similarly, Leon continues to have suspicions that people are taking things from his flat and breaking in without him being aware, but it is not clear that he holds these beliefs with delusional intensity. He continues to take his Depixol weekly and seems to have minimal side effects from this. He is complaining of shaking when he is lying in bed trying to get to sleep, but he does not seem to have tremor at any other time so it seems more likely that this experience is unrelated to his depot medication.

Overall, Leon was quite positive with regard to the future and he talked enthusiastically about the books he was reading and about his plans to be more active again.

He will continue to get close input from the Community Outreach Team and he is happy to leave his medication as it is for the time being.

Page 2/-over

A handwritten signature in black ink, appearing to be 'J. H.' or similar, written in a cursive style.

2 March 2007

Leon Gratton continued

I will review him again in due course.

Kind Regards
Yours sincerely



Dr Gordon Lehany
Staff Grade Psychiatrist

Dr Paul Cavanagh ✓
Consultant Psychiatrist
QMH

Tom Short
Clinical Care Manager
COT
Haldane House

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

Dr Garmany
Inverkeithing Medical Centre
5 Friary Court
INVERKEITHING
KY11 1NU

Date Dictated 30th January 2007
Date Typed 13th February 2007
Our Ref PC/LA/F5153833
CHI Number 170375-1191

Enquiries to Mrs Lorna Abercrombie
Extension 4193
Email lorna.abercrombie@fahf.scot.nhs.uk

Dear Dr Garmany,

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

Leon was seen during the course of his Care Programme Meeting on 16th January 2007.

Things had been quite difficult over the preceding few weeks but now seem to have settled down again. He is compliant with his Care Plan and his sleep/wake cycle seems to have improved. He continues to see my colleague Dr Laheny at the Affective Disorders Clinic on a regular basis for review of his mental state and medication.

A further attempt to reduce the dose of his depot lately resulted in worsening of his mental state and consequently the dose has been increased again to Flupenthixol Decanoate 30 mgs weekly.

Yours sincerely

Dr Paul Cavanagh
Consultant Psychiatrist

Copied to:
Tom Short
West Fife Community Outreach Team
Haldane House
71 Priory Lane
Dunfermline
KY12 7DT

Dr Gordon Laheny
Affective Disorders Clinic
Carnegie Clinic
Pilmuir Street
Dunfermline

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



Dr Garmany
Inverkeithing Medical Centre
5 Friary Court
INVERKEITHING

Date Dictated
Date Typed
Your Ref
Our Ref
CHI Number

19th January 2007.
22nd January 2007

GL/GW/F5153833
170375-1191

Enquiries to
Email

Gillian Wilkie
gillianwilkie@fife-pct.scot.nhs.uk

Dear Dr Garmany

Leon Gratton 85 Spittalfield Road Inverkeithing 17.3.75

I saw the above gentleman at his home on 10th January 2007 and again at his CPA meeting on 16th January.

Leon had been less well over the Christmas period with an increase in anxiety and an increase in vaguely psychotic phenomena such as believing that people were stealing things from his house. Christmas is frequently a stressful time for Leon and conflict often arises around access to his son over the Christmas period.

Leon's depot was increased before Christmas and in the past week or two things have improved. I suspect a combination of the increase in depot and the decrease in social stresses has probably contributed this but Leon, himself, believes that he is beginning to feel better again. He is hoping to go back to the gym with a support worker from the Community Outreach Team and he intends to continue working with the supports he gets from Supporting People. Leon's main complaint continues to be difficulties with sleep. He complains that he does not sleep for 3 days on end and that he is unable to sleep at night. On closer questioning, however, it is clear that he will frequently take his night time sedation earlier in the day and catch 2 or 3 hours during the day when he is tired and will then not be able to sleep at night. He is also relatively inactive during the day and spends most of his time in his flat which again will not help with his sleep. Leon has complained of difficulties with sleeping for at least the last 2-3 years and the use of hypnotics has not helped greatly. I am hoping that an increase in Leon's activity levels and him being busier during the day, combined with avoiding napping during the day will help with his sleep, but I suspect that Leon is always going to experience difficulties with getting a good nights sleep with him having had such a poor sleep pattern for such a long time.

In terms of his mental state Leon was well presented and his mood reasonably good. He was not overtly anxious and there were no obvious psychotic symptoms. He continues to believe that people come in to his house from time to time and take things such as CD's.

Stratton 23.1.07

his may represent a delusional idea, although it may also be more of an over valued idea and reflect Leon's vaguely persecutory perspective on the world in general. Nonetheless, things seem to have improved with the increase in his depot and hopefully this will continue to help things along with other aspects of his treatment. He continues to get regular input from the Community Outreach Team as well as from Supporting People and this continue.

I will review Leon again at the clinic in the near future.

Current medication is Depixol 60mgs two weekly, Citalopram 20mgs per day and Nitrazepam 5mgs nocte.

Kind Regards
Yours sincerely



Dr Gordon Lehany
Staff Grade Psychiatrist

c.c Dr Paul Cavanagh Consultant Psychiatrist QMH ✓
c.c Tom Short, CCM COT

Leon Gratton CPA- 16/01/07

Leon continues to receive 17.5 hours of support per week which consist of 10 hours housing support and 7.5 hours social support. Leon's support times were altered to enable him to attend a NC drama course at Lauder College. Leon was upbeat about attending this course but after attending classes he felt that they broached on subjects that affected Leon's mental health, as a result Leon stopped going to classes.

Housework continues to be an issue for Leon and requires a lot of prompting from staff to tidy up. Leon keeps on top of his personal hygiene and ensures that his laundry is kept up to date.

Leon has recently increased the amount of his loan to allow him to go to Lapland on holiday with his son and mother but in the end Leon did not go with them. Leon has attended a meeting with his bank to discuss his finances. Leon did not want support at this meeting and as a result Leon's debt has increased which is a concern. Leon makes every effort to buy food and essentials when he receives benefits leaving the remainder for social activities.

Leon receives support to pick up his medication and is tries to wait for support to end before taking his sleeping tablets to ensure he makes the most of the support hours received, this is not always the case and as a result Leon's support suffers. Leon still has problems with his sleeping pattern which can affect his energy levels during the day. Leon's mood varies depending on how much sleep he has had. Leon took it upon himself to contact his CPN over the festive period as he was feeling very low.

Leon often comments on how little he sees his son and regularly talks about falling out with his mother and feels that no-one believes him. Leon has spoken of items going missing from his house and has contacted the police on one occasion but the items have since been found.

Leon is in better spirits when he is out with members of staff shopping or out for lunch. Now that Leon receives support hours in the evening staff it is a perfect opportunity for Leon to get out to socialize which is regularly prompted by staff. Leon enjoys visits to the gym and has attended martial arts classes in the past. Leon has talked recently about studying English and getting in to dungeons and dragons which used to be one of Leons interests.

Leon is an intelligent guy with a great sense of humour and a pleasure to support.

Neil Freir 16/01/07

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

Dr Garmany
Inverkeithing Medical Centre
5 Friary Court
INVERKEITHING
KY11 1NU

Date Dictated
Date Typed
Our Ref
CHI Number

22nd November 2006
29th November 2006
PC/LA/F5153833
170375-1191

Enquiries to
Extension
Email

Mrs Lorna Abercrombie
4193
lorna.abercrombie@fahf.scot.nhs.uk

Dear Dr Garmany,

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

I reviewed Leon in the out patient clinic on Wednesday 22nd November 2006.

Things have deteriorated of late and it is possibly because his college course has been covering power issues which has reawakened some thoughts of abuse in his mind. He has seen his MSP and I gather is now planning to seek prosecution of his alleged abusers from when he was in the care home in Edinburgh. There has been an increase in his auditory hallucinations. I discussed the matter with Tom Short, his Care Manager and have agreed to increase his dose of depot.

Yours sincerely

Dr Paul Cavanagh
Consultant Psychiatrist

Copied to:
Tom Short
West Fife Community Outreach Team
Haldane House
71 Priory Lane
Dunfermline
KY12 7DT

Dr Gordon Laheny
Affective Disorders Clinic
Carnegie Clinic
Pilmuir Street
Dunfermline

DISCHARGE SUMMARY

Ward:	Haldane House	Name:	Leon Gratton
Unit No:	F5153833	Address:	85 Spittalfield Road
DOB (inc CHI No):	170375-1191		INVERKEITHING
Consultant:	Dr Paul Cavanagh	Telephone No:	01383 415625
GP Name: Dr Garmany		Telephone: 01383 413234	
Address: Inverkeithing Medical Practice, 5 Friary Court, Inverkeithing			
Occupational Therapist Name: David Sanders		Telephone: 01383 432725	
Address: COT, Haldane House, 71 Priory Lane, Dunfermline KY12 7DT			

IDENTIFIED PROBLEM AREAS:	
Motivation:	Difficulty sustaining occupational engagement. Low expectation of success
Aims:	Maintain occupational engagement by keeping appointments Develop and sustain motivation by engagement in variety of roles and activities
Habits/Roles:	Erratic routines Limited role demands Low acceptance of responsibilities
Aims:	Develop and sustain motivation to improve dietary routines
Skills:	Cognitive skills - Concentration Planning
Aims:	Develop and sustain motivation and engagement to develop and stimulate cognitive function
Environment:	Social isolation Limited occupational demand
Aims:	Develop and sustain motivation to engage in improving dietary routines, cognitive functioning, and occupational confidence.

CHECKLIST OF OCCUPATIONAL THERAPY INTERVENTIONS:			
Departmental Assessments	Date Done	Departmental Assessments	Date Done
Kitchen Skills		Other (specify)	
Home Visit		MOHOST	23.11.05
Community Living Skills			

SINGLE SHARED ASSESSMENT:		
Destination	Date Completed	First 3 pgs or complete document sent?

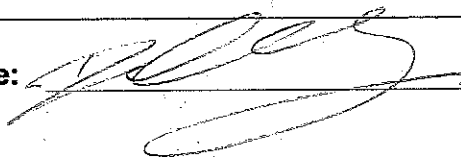
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Summary of Occupational Performance:

referred in April 2005 to address aspects of Leon's motivational confidence and interest. At that time Leon's valued goals were focussed upon improving his dietary routines, concentration skills, and general motivation. Commitment and engagement with OT was inconsistent at best during 2005. Since the turn of the year Leon began to keep appointments more frequently having focussed goals down to address Leon's dietary routines which appear to be a stronger area of his motivation. Although Leon would generally engage actively in these sessions with prompting, Leon has been unable to incorporate changes within his occupational functioning on a day-to-day basis. Leon agrees that these goals and sessions are less valued by himself at present, and is of lower priority within his increased level of commitments currently. Therefore I have agreed with Leon, his Care Manager, and his Consultant, to discharge him from OT.

Recommendations:

Should Leon's ability to sustain his present level of commitments diminish, or as his priorities change, I would welcome his re-referral to explore and develop aspects of Leon's occupational performance and functioning.

Occupational Therapist's signature: 

Date: 12.10.06

Name: David Sanders
Address: COT, Haldane House, 71 Priory Lane, Dunfermline
Telephone No: 01383 432725

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

Dr Garmany
Inverkeithing Medical Centre
5 Friary Court
INVERKEITHING
KY11 1NU

Date Dictated 17th August 2006
Date Typed 28th August 2006
Our Ref PC/LA/F5153833
CHI Number 170375-1191

Enquiries to Mrs Lorna Abercrombie
Extension 4193
Email lorna.abercrombie@fahf.scot.nhs.uk

Dear Dr Garmany,

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

Leon was seen during the course of his Care Programme Meeting on 14th August 2006. There has been an increase in his out of hours contact with services in the last few weeks but broadly speaking the care plan is proceeding reasonably well. He has 17 hours support weekly from the Richmond Fellowship and is engaging well also with the Outreach Team, attending gym regularly and engaging positively with the Occupational Therapy Department. His sleep/wake cycle is poor since the frequency of his depot was reduced to fortnightly. He seems to be experiencing less in the way of extra pyramidal side effects.

An issue has arisen with regards to access to his son of late which is a source of considerable distress for his mother. She had visited Leon with his son at a time when Leon was not expecting them and didn't know that his son was in Fife. Leon reacted very angrily, his son became distressed, he told his mother and she has now refused further visits either to Leon or his grandmother. Leon is planning to speak to his lawyer again but unfortunately his mother has no legal rights or access and is not in a position to influence things and are very distressed by the circumstances.

Leon is planning to start a drama course at college in August. He will continue to be reviewed by my colleague Gordon Laheny at the clinic.

Yours sincerely

Dr Paul Cavanagh
Consultant Psychiatrist

Copied to:
Dr Gordon Laheny
West Fife Community Outreach Team
Haldane House
71 Priory Lane
Dunfermline
KY12 7DT

LEON GRATTON
CPA - 15/8/06

Since Leon's last review, his hours have increased to 17.5 which include 10 social hours of support as well as 7.5 housing support hours. Leon has benefited from the extra hours of social support enabling him to get out to do a variety of different activities, going into town regularly and going to the cinema. He is also now going to do an NC in drama at college which begins at the end of August. He also would like to do more courses when he completes next year. He has been quite excited at the thought of going to college and will hopefully be more settled with more structure in his life.

Housework continues to be an issue for Leon and he needs a lot of prompting. He does keep on top of his washing though.

Leon still has difficulties managing his money. He tends to spend his benefits which he receives every second Wednesday within the first week, which doesn't leave him with any money to go out with the second week. Staff have tried to support Leon to budget his finances and through support planning an agreement was set up to try to help Leon with this, but it has not worked very well.

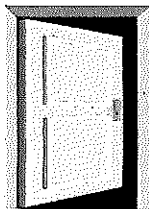
At present Leon's mood appears to vary from him being really happy to being very depressed. When Leon picks up his sleeping tablets he generally takes them within an hour of getting them, which leaves him lethargic for the rest of the day and then he cannot sleep at night. Leon continues to feel that no-one wants him around and speaks of this to staff.

He is also frustrated with the lack of access he has with his son and speaks regularly about wishing he could see him more.

Leon has spoke about changing his life a lot over the past 6 months, and he sees the college course as the start of this. Hopefully this will be the start of something good for Leon giving him a focus and introducing him to new people.

David McCormack 2/8/06

DL *HL*



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



Dr Garmany
5 Friary Court
INVERKEITHING

Date Dictated 12th May 2006
Date Typed 14th May 2006
Your Ref
Our Ref GL/GW/F515333
CHI Number 170375-1191

Enquiries to Gillian Wilkie
Email gillianwilkie@fife-pct.scot.nhs.uk

Dear Dr Garmany

Leon Gratton 85 Spittalfield Road Inverkeithing 17.3.75

I saw the above gentleman at Carnegie Clinic on 12th May 2006.

Leon told me that overall he was feeling reasonably okay. He is not getting out a great deal and he is not going to the gym, but he has told me that he is doing quite a lot of weight training within the house and finds this quite satisfying and enjoyable. He is not doing any creative writing at the moment, but he plans to get back to this at some point in the near future. Overall he is feeling reasonably positive about the future. His sleep pattern remains something of a problem but Leon seemed quite realistic today that even with sleeping tablets his sleep pattern was always likely to be erratic. He told me that he does not use sleeping tablets every night but he tends to use it on average perhaps every other night.

There was no evidence of any psychotic symptoms at the moment. Leon does, however, continue to complain of extra pyramidal side effects from his depot and he feels that generally his depot is not really suiting him anymore. We discussed the possibilities of a change, the main possibilities being Risperdal Consta or another typical depot injection. We agreed that initially we would try a change to Depixol. This is because Depixol is a little bit different from Clopixol and is sometimes tolerated better by patients. It is also often possible to use lower doses and it can have a positive effect on mood. Leon agreed that he would like to give this a try and I will arrange for this to be instigated in the next week or so.

I will see Leon again at the clinic in about one month's time and I will advise you of any progress. In the meantime he continues to get input from the Community Outreach Team.

Kind Regards
Yours sincerely

Dr Gordon Lehany
Staff Grade Psychiatrist

c.c Paul Cavanagh Consultant Psychiatrist QMH ✓
c.c Tom Short CCM COT



CHP Interim General Manager Irene R. Souter

Queen Margaret Hospital
Whitefield Road
Dunfermline
Fife KY12 0SU

Tel: 01383 623623
Fax: 01383 627044

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

Date: 11th April 2006
Your Ref:
Our Ref: GR/MAC/F5153833/100406
CHI Number: 170375-1191
Enquiries to: Mrs M Currie
Extension: 7041
E mail: mags.currie@fahf.scot.nhs.uk

Dear Dr Garmany

RE: LEON GRATTON (DoB 17.03.1975) 85 Spittlefield Road, Inverkeithing KY11 1DZ

I assessed this 31 year old man on ward 2, Queen Margaret Hospital, after he had been brought in by the Community Outreach Team, with worsening distress, paranoia, auditory hallucinations and suicidal ideation. Their feelings were that he was likely to be suitable for ongoing community care, but might require some prn medication.

He has a history of schizophrenia and borderline personality disorder and is seen regularly in clinic by Dr Lehany, and regularly during the week by the Community Outreach Team (Keyworker Craig Mill and Care Manager Tom Short). He is also visited daily by the Richmond Fellowship for ADL assistance.

Mr Gratton contacted the Outreach Team for support because of his increasing agitation. He complains of worsening auditory hallucinations and hearing frightening voices screaming, laughing and roaring at him. He has paranoid thoughts that he is wanted by lots of people including his neighbours, old enemies (drug dealers) and some family members. He has also been waking up with a taste of semen in his mouth, as though he has been molested or raped and he is unsure whether these are flashbacks (to his childhood when he was sexually abused) or whether they are "total fantasy or what". He has also had suicidal thoughts because of "I'm tired of the hallucinations, feeling lonely, people on my back". He has taken four concealed overdoses recently.

PAST PSYCHIATRIC HISTORY

As above.

Last admission 2003.

PAST MEDICAL HISTORY

Eczema

MEDICATIONS

Page 2

11th April 2006

RE LEON GRATTON cont:

MEDICATIONS

Clopixol 300 mg weekly (on Thursday)

Nitrazepam

Mirtazapine – poor compliance (Mr Gratton tells me that he saves the Mirtazapine up until he has enough to take an overdose).

He has previously used Haloperidol prn, but has no supply at home.

No drug allergy.

DRUGS AND ALCOHOL

Mr Gratton has recently been increasing his alcohol intake to take away the voices. Over the last few weeks he has had a couple bottles of tequila and vodka.

He has a history of multiple drug use as a teenager, but denies any active recreational drug use.

SOCIAL HISTORY

Mr Gratton lives alone in a council house. His nearest family is his mother, who lives in Cowdenbeath, who he meets once a week. He does not have a partner but has a son from a previous relationship who lives in Glasgow and with whom Mr Gratton still keeps in contact. He is currently unemployed.

I did not expand his personal history as he is well known to the Community Outreach Team.

MENTAL STATE EXAMINATION

Appearance and behaviour:

Mr Gratton is a large man with a pierced eye brow. He appeared calm on interview and was not anxious, agitated or irritable. He became upset when I suggested that he has a diagnosis of schizophrenia, so we agreed that his diagnosis is unknown. He maintained good eye contact on interview and there was no psychomotor agitation or retardation. There were no tremors, sweats or tachycardia or other signs of alcohol withdrawal.

Speech:

Normal. No formal thought disorder.

Mood:

Subjectively and objectively Mr Gratton appeared anxious. He had a reactive affect and his behaviour was appropriate. There was no increase in autonomic activity.

Thoughts:

Mr Gratton has paranoid beliefs, including beliefs of abuse and has suicidal thoughts. He also complains of thought interference.

Perception:

Mr Gratton describes auditory, visual and somatic hallucinations. He did not appear distracted on interview.

Cognition:

Alert and orientated.

Insight: /

Insight:

Mr Gratton acknowledges that his illness is deteriorating and that his paranoid beliefs and hallucinations are due to his illness.

SUMMARY

This 31 year old man, with a history of schizophrenia and personality disorder, presented complaining of worsening symptoms but has a retained insight. He was able to call his Outreach Team for help. I note he has had a recent increase in his alcohol intake, that he has recently taken four concealed overdoses, but he did guarantee his safety in the short term. He has excellent community support team and hospital admissions have generally been avoided due to his strong support network.

MANAGEMENT

I have discharged Mr Gratton home with prn Haloperidol (5 x 5 mg) and Nitrazepam (5 x 5 mg). I notified the West Fife Community Outreach Team today (10.04.2006) and they will make efforts to see him at home today. I believe he will be seen as an out-patient shortly by Dr Lehany, but I am sure that this could be brought forward if felt necessary.

I have discussed my management plan with Dr Stewart (On-Call Consultant) and she agrees with this.

Thank you.

Yours sincerely

DR GARETH REES
SHO TO DR WEST

- c. Dr G Lehany, Staff Grade, Carnegie Clinic
Tom Short, Care Manager, COT, Haldane House, Dunfermline



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

Dr Garmany
5 Friary Court
INVERKEITHING

Date Dictated 13th March 2006.
Date Typed 15th March 2006.
Your Ref
Our Ref GL/GW/F515333
CHI Number 170375-1191

Enquiries to Gillian Wilkie
Email gillianwilkie@fife-pct.scot.nhs.uk

Dear Dr Garmany

Leon Gratton 85 Spittalfield Road Inverkeithing 17.3.75

I saw the above gentleman at Carnegie Clinic on 3rd March 2006.

Leon seems to be doing reasonably well just now and things have settled from around Christmas time when he was feeling really quite low and really quite anxious. He told me he continues to get hallucinations at night, but is not too troubled by them. He told me that he is sleeping well using Nitrazepam at night, although he does find that he has some hangover tiredness the next day. He told me that he is also feeling generally much less stressed than he was in December time.

Leon's main concern just now is the tremor which he has been experiencing for quite some time. He has previously been prescribed Procyclidine and Orphenadrine for this, but he told me that he does not like the experience of taking Procyclidine and Orphenadrine does not help the symptoms. He has also noticed that the tremor is significantly better after taking Nitrazepam.

I think it is possible that Leon does have persisting extra pyramidal side effects and many patients do need to take a small dose of anti cholinergic to control this. I also think it is possible that his tremor is exacerbated by anxiety and that the extra pyramidal component is only part of the tremor. Having said this we discussed the possibility of changing Leon's medication. It may be that Leon is going to have persistent tremor whilst taking the Clopixol and that the only way this will improve is if he is changed to another medication. I think there are significant risks with this approach however, as a change in medication may result in Leon's psychotic symptoms becoming worse. We discussed these issues at some length and I advised Leon that he should give the issue some further thought before we took any decision. We agreed that we would meet again at the clinic here in a month or so and in that time Leon would give some thought to the issue about relapse and control of his tremor. In the meantime I will also have a look through his notes and discuss this matter with other staff involved in Leon's care which will allow us to hopefully come up with a number of options which I can discuss with Leon.

Overall, Leon's mental state is quite stable at the moment and he does appear to be doing quite well. He has a good deal of input from the Community Outreach Team and Richmond Fellowship and he told me that he comes up to Carnegie to go to the gym two or three times a week now.

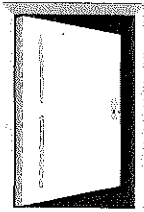
As discussed I will see Leon again at the clinic here in about one months time and at that point we will have a further discussion about these medication issues.

Kind Regards
Yours sincerely

4
Dr Gordon Lehany
Staff Grade Psychiatrist

c.c Paul Cavanagh Consultant Psychiatrist QMH
c.c Tom Short CCM COT

Community outreach team - couple times - (Craig Mill)
Richmond Fellowship (supportive for ADLs) 4 days week Mon-Fri
Cwmynant - Tom Short



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



Dr Garmany
Inverkeithing Medical Centre
5 Friary Court
INVERKEITHING
KY11 1NU

Date Typed
Your Ref
Our Ref
CHI Number

7th February 2006
DS/GW/

Enquiries to
Email

Gillian Wilkie
gillian.wilkie@fife-pct.scot.nhs.uk

Dear Dr Garmany

Leon Gratton 85 Spittalfield Road Inverkeithing 17.3.75

Since I last wrote in May 2005, Leon has continued to receive regular occupational therapy input, therefore I felt this would be an opportune time to update you on our progress and future plans.

During the initial stages of intervention Leon's engagement and commitment levels varied, with progress at that stage being hindered by a lack of consistent contact and therefore lack of focus and momentum in addressing the agreed goals.

Consequently, occupational therapy goals were prioritised with Leon, and sessions became centred around Leon's strongest area of motivation which related to his dietary habits. Engagement levels improved in the latter months of 2005, and his reviewed occupational therapy plan in January 2006 reflects the change in emphasis. We have agreed to meet fortnightly for kitchen sessions to work towards agreed short term goals, based on Leon's longer term aims of:-

- Developing routine dietary habits to improve diet and budgeting
- To manage and maintain appointments as planned regularly.

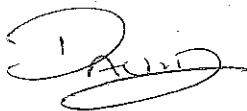
As part of my ongoing monitoring and review of Leon's occupational functioning, I intend using the MOHOST (Model of Human Occupation Screening Tool) as a longer term indicator of his occupational patterns, motivations, skills, and environmental influences on his situation. I carried out an initial MOHOST in late November 2005, which concluded:-

"Under the observed situation (kitchen sessions), Leon generally possesses the skills to perform a wide range of occupational tasks with interference of a minor nature, predominantly within areas related to his cognitive processing. Greater impact and restrictions to his occupational function are apparent within his pattern of roles and routine, and particularly his motivation to commit self, based on factors such as low expectations for success, energy, and the effect environmental factor such as his social groups and occupational demands have upon him."

I would anticipate by addressing our agreed aims, using kitchen sessions where Leon does have an increased level of motivation, that it will be possible to further explore and develop areas highlighted by the MOHOST. This would include Leon's occupational cognition in terms of concentration, planning, timing, and sequencing, particularly with regards to carrying out more than one task at a time consisting of multiple steps within common day to day tasks. This perhaps demonstrates a possible reason why Leon appears to be inhibited from taking responsibility for committing and transferring his own valued occupations into his day to day occupational roles and responsibilities. I would also expect to gain a clearer picture of Leon's energy levels which appear questionable within his overall general functioning, though has sufficient stamina and endurance to maintain his energy when occupied in moderate demand domestic activity over a sustained period of time.

I intend seeing Leon on at least a fortnightly basis, and will write again periodically to keep you updated of our progress. However, should you have any queries with regard to my input with Leon in the meantime please do not hesitate to contact me directly at this office.

Kind Regards
Yours sincerely



David Sanders
Senior IOT
Community Outreach Team

c.c Dr Cavanagh Consultant Psychiatrist QMH ✓
c.c Dr Lehany Staff Grade Cot
c.c Tom Short CCM COT

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

Dr Garmany
Inverkeithing Medical Centre
5 Friary Court
INVERKEITHING
KY11 1NU

Date Dictated 25th January 2006
Date Typed 30th January 2006
Our Ref PC/LA/F5153833
CHI Number 170375-1191

Enquiries to Mrs Lorna Abercrombie
Extension 4193
Email

Dear Dr Garmany,

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

Leon was reviewed during the course of his Care Programme Meeting on 24th January 2006.

He is now in receipt of support from Penumbra in addition to the Outreach Team. His mood has been somewhat low of late particularly over the Christmas period, but there has been no increase in psychotic symptoms. Dr Laheny is due to review his antidepressant medication soon. For the present, he is receiving his depot weekly at home because of his reluctance to attend the clinic but it is hoped that he will do so soon.

He no longer attends psychology.

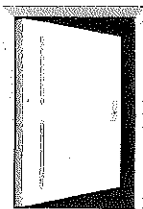
There has been somewhat less difficult behavioural interaction with his mother.

He will be seen for review in due course.

Yours sincerely

Dr Paul Cavanagh
Consultant Psychiatrist

Copied to:
Dr Gordon Laheny
West Fife Community Outreach Team
Haldane House
71 Priory Lane
Dunfermline



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



Dr Lehman
27/2/06

4/7/06

Dr Garmany
Friary Court
INVERKEITHING

Date Dictated
Date Typed
Your Ref
Our Ref
CHI Number

9th January 2006
GL/GW/F5153833

170375-1191

Enquiries to
Email

Gillian Wilkie
gillianwilkie@fife-pct.scot.nhs.uk

Dear Dr Garmany

Leon Gratton 85 Spittalfield Road Inverkeithing 17.3.75

I saw the above gentleman at his home on 22nd December 2005 with Tom Short from the Community Outreach Team.

Leon was saying that he has been struggling a little bit more over the last week or so. In particular, he has a worsening of auditory hallucinations at night and he told me he is feeling more anxious generally. Sleep remains a problem for him although this does not seem to be any worse than it has been for some time.

Leon told us that Christmas is always quite a difficult time for him as he always feels quite stressed at this time of year. In addition to this members of staff have been unwell in the last week or two and some of the activities he was doing have been reduced over that time. Leon himself is quite realistic about this however and does feel that the way he is feeling is probably relatively transient and that he is likely to feel somewhat better come the new year.

We discussed medication and agreed that persevering with the Mirtazapine is wise just now as it may be that his feelings of low mood are connected much more with the time of the year than with the worsening of a depressive illness. Certainly there was no real evidence that Leon was depressed at the moment and he denied any thoughts of self harm. We talked about Leon's anti psychotic and he wasn't keen to try increasing his depot again, and given the problems he does have with side effects that seems reasonable enough. Leon told me that he had had Stelazine in the past and had found this worked quite well for him. As Haloperidol can be particularly problematic for extra pyramidal side effects it is perhaps not the ideal medication for Leon to have on an as required basis.

After some discussion we agreed we would try Leon with an as required prescription of Stelazine 2mgs tablets to take for the next few weeks instead of the Haloperidol.

CHP Interim General Manager Irene R. Souter



Leon will continue to get regular input from the Community Outreach Team and I will review him again in due course.

Kind Regards
Yours sincerely



Dr Gordon Lehany
Staff Grade Psychiatrist

c.c Paul Cavanagh Consultant Psychiatrist QMH ✓
c.c Tom Short CCM.



West Fife Community Outreach Team
Haldane House
71 Priory Lane
DUNFERMLINE
Fife KY9 7DT
Tel 01383 432725
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Dr Garmany
Friary Court
INVERKEITHING

Date Dictated
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9th January 2006
GL/GW/F5153833
170375-1191

Enquiries to
Email

Gillian Wilkie
gillianwilkie@fife-pct.scot.nhs.uk

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After some discussion we agreed we would try Leon with an as required prescription of Stelazine 2mgs tablets to take for the next few weeks instead of the Haloperidol.

Leon will continue to get regular input from the Community Outreach Team and I will review him again in due course.

Kind Regards
Yours sincerely



Dr Gordon Lehany
Staff Grade Psychiatrist

c.c Paul Cavanagh Consultant Psychiatrist QMH
c.c Tom Short CCM.



Mental Health Risk Assessment Checklist



Patient/Client Name LEON GRATTON

Date of Birth 17/3/75

CHI/Unit No

Past History

History of Violence (ever)

- None home
One incident
Two incidents
Three incidents
More than three incidents

Tick

☐
☐
☐
☐
☒

Most serious harm caused

- None
Minor injury
Serious injury
Fatality

☐
☒
☐
☐

History of Suicide attempts (ever)

- None
One
Two
Three
More than three

☐
☒
☐
☐
☐

History of severe self neglect (ever)

- No ☐ Yes ☒

History of risk to children (ever)

- No ☒ Yes ☐

History of containment (ever)

- State Hospital
Secure Care
Prison
ICU/Locked ward
Compulsory Admission
Temp Detention at Police Station

No	☐	Yes	☐
No	☐	Yes	☒
No	☐	Yes	☐
No	☐	Yes	☐
No	☐	Yes	☐
No	☐	Yes	☒

Incidents involving the Police (past year) (ever)

- None ☐
One ☐
More than one ☒

History of failure to take medicine

- No ☐ Yes ☒

History of unplanned cessation of contact

- No ☒ Yes ☐

Known Problems over the last year - ever

Tick all problems presented (in past year) (ever)

Accident harm at home
(eg, falling, careless smoking) ☐ ☐

Accident harm outside the home
eg, wandering into road ☐ ☐

Alcohol abuse ☐ ☒

Arson (deliberate fire-setting only) ☐ ☐

Drug abuse ☐ ☒

Overdose ☐ ☐

Risk of abuse from others ☐ ☒

Risk to children ☐ ☐

Self-injury (eg, cutting) ☐ ☐

Other methods of self harm (specify).

Self-neglect ☐ ☐

Sexual Assault ☐ ☐

Violence to family ☐ ☒

Violence to staff ☐ ☐

Violence to other patients ☐ ☐

Violence to the general public ☐ ☐

Violence to specific other ☐ ☐

Other (specify) MOTHER

CAN BE AT RISK
FROM LEON, ALSO
LEON'S STEPFATHER

Patient/client name LEON GRATTAN CHI/Unit No

Detail of nature of risk:

- o POOR STRESS CONTROL / IMPULSIVE BEHAVIOUR
- o ABOVE? MIXED WITH ALCOHOL CONSUMPTION CAN LEAD TO AGGRESSION
- o CAN BE OVER FAMILIAR / INAPPROPRIATE IN MANNER TOWARDS FEMALE STAFF.

State sources of information, who consulted and relationship to patient/client

- o NURSING / MEDICAL NOTES
- o RELATIONSHIP WITH LEON.
- o C.P.A. MEETINGS
- o FAMILY

Further Level of Assessment Required No ☐ Yes ☒ Specify WHEN REQUIRED

Plan of Action

Date time of completion 1.2.06

Name in Block Capitals TOM SHORT

Designation C.C.M.

Signature T. Short

Fife Primary Care Division – Mental Health Directorate
ADMISSION INFORMATION SHEET [A1-1]

MHS

Initial admission to Ward/Department:	Community Service/Hospital:	Date Time
Consultant: DR CAVANAGH	Named Nurse/Case Manager TOM SHORT CRAIG MILL	Unit No/CHI No
		Care Programme Approach No

Personal Information

NAME LEON GRATTON	Where appropriate, likes to be known as: LEON	Maiden Name
	Date of Birth 17-3-75	Place of Birth
Home Address 85 SPITTALFIELD RD. CONVERKETHING.	Current Address	Telephone No
Post Code	Post Code	
Present/Past Occupation UNEMPLOYED	Religion and/or Chaplaincy requirement	Ethnic Origin
		Sensory Impairment problem (s)
Allergies	Is English first language? Yes ☐ No ☐ Preferred Language	Is an Interpreter required? Yes ☐ No ☐ Name (relationship to client, if any)
MHA Status	Review Date	Tribunal Date
	Clinical Risk Yes ☒ No ☐ If yes; Specify Main Risk POTENTIAL FOR PHYSICAL AGGRESSION WHEN MENTALLY UNWELL OR UNDER THE INFLUENCE OF ALCOHOL / DRUGS.	Does the Adults with Incapacity Act Apply; Yes ☐ No ☐
		Is there an Identified Relapse Signature? Yes ☐ No ☐ If Yes; Refer to Care Plan No

Main Carer/Partner/Relatives Information etc

(1) Full Name LORNA GRATTON	Home Address	Telephone No.
	Post Code	Relationship MOTHER.
(2) Full Name	Home address	Telephone No
	Post Code	Relationship
Does service user agree with the sharing of information with Carer / Nearest Relative /Partner Yes ☐ No ☐	Identify person to be contacted if patient is sick, dying or in any emergency.	Where appropriate - Order of Contact

Fife Primary Care Division – Mental Health Directorate
ADMISSION INFORMATION SHEET [A1-1]

Patients Name LEON GRATTON Unit/CHI No

Diagnosis

Relevant Medical Condition:	Medication Concordance:

Community Service Involvement

	Name/Address	Tel No's
LMHT/Community Team	WEST FIFE COMMUNITY OUTREACH TEAM	7432725
General Practitioner	DR GARMANY INVERKEITHING MEDICAL PRACTICE	01383 413234
Social Worker		
Community Psychiatric Nurse		
District Nurse		
Care Programme Approach Co-ordinator	TOM SHORT	
Home Care Manager		
Chaplain		
Named Person		
Other involvement	RICHMOND FELLOWSHIP	

Patient Financial Information etc

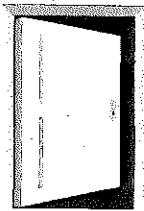
	Where appropriate - Name/Address	Tel No's
Welfare Power of Attorney:		
Power of Attorney/Guardian/Curator:		
Pension Book etc held by:		
House Keys held by:		
Insurance Number:		
Advanced Statement held at/with		

Nursing Observations

Temperature	Pulse	Blood Pressure

Signature of Person Completing this Form: _____

Date: _____



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



Dr Garmany
5 Friary Court
INVERKEITHING

Date Dictated 13th March 2006.
Date Typed 15th March 2006.
Your Ref
Our Ref GL/GW/F515333
CHI Number 170375-1191

Enquiries to Gillian Wilkie
Email gillianwilkie@fife-pct.scot.nhs.uk

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Leon seems to be doing reasonably well just now and things have settled from around Christmas time when he was feeling really quite low and really quite anxious. He told me he continues to get hallucinations at night, but is not too troubled by them. He told me that he is sleeping well using Nitrazepam at night, although he does find that he has some hangover tiredness the next day. He told me that he is also feeling generally much less stressed than he was in December time.

Leon's main concern just now is the tremor which he has been experiencing for quite some time. He has previously been prescribed Procyclidine and Orphenadrine for this, but he told me that he does not like the experience of taking Procyclidine and Orphenadrine does not help the symptoms. He has also noticed that the tremor is significantly better after taking Nitrazepam.

I think it is possible that Leon does have persisting extra pyramidal side effects and many patients do need to take a small dose of anti cholinergic to control this. I also think it is possible that his tremor is exacerbated by anxiety and that the extra pyramidal component is only part of the tremor. Having said this we discussed the possibility of changing Leon's medication. It may be that Leon is going to have persistent tremor whilst taking the Clopixon and that the only way this will improve is if he is changed to another medication. I think there are significant risks with this approach however, as a change in medication may result in Leon's psychotic symptoms becoming worse. We discussed these issues at some length and I advised Leon that he should give the issue some further thought before we took any decision. We agreed that we would meet again at the clinic here in a month or so and in that time Leon would give some thought to the issue about relapse and control of his tremor. In the meantime I will also have a look through his notes and discuss this matter with other staff involved in Leon's care which will allow us to hopefully come up with a number of options which I can discuss with Leon.

Dr IL



CHP Interim General Manager Irene R. Souter

Overall, Leon's mental state is quite stable at the moment and he does appear to be doing quite well. He has a good deal of input from the Community Outreach Team and Richmond Fellowship and he told me that he comes up to Carnegie to go to the gym two or three times a week now.

As discussed I will see Leon again at the clinic here in about one months time and at that point we will have a further discussion about these medication issues.

Kind Regards
Yours sincerely



Dr Gordon Lehany
Staff Grade Psychiatrist

c.c Paul Cavanagh Consultant Psychiatrist QMH ✓
c.c Tom Short CCM COT