RELEVANT EVIDENCE - see review schedule

Queen Margaret Hospital
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DUNFERMLINE
Fife KY12 0SU
Tel 01383 623623
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Dr Lahany
22/11/05

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

Date Dictated	8th October 2005
Date Typed	18th October 2005
Our Ref	SDH/MS/F5153833
CHI Number	170375-1191
Enquiries to	
Extension	
Email	

Dear Dr Garmany,

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

I assessed this 30 year old gentleman on 8th October 2005 at the A&E department of Queen Margaret Hospital. Mr Gratton self-presented with an overdose of 5 x Zaleplon sleeping tablets and 1 Mirtazapine tablet.

History of Presenting Complaint

He stated that earlier today everything had been fine but then he had started getting feelings that people had been sleeping in his bed, breaking into his house and moving things, "this has been going on for ages". He then took an overdose of the 5 sleeping tablets and 1 antidepressant stating that he had just "wanted to fall asleep and never wake up again". Following taking the tablets he phoned the Samaritans who suggested that he contact the Ward. Ward 2 advised Leon to phone the A&E department. He then phoned for an ambulance.

He stated that the trigger for his overdose was "just agitation". He described agitation as "just sheer anger about everything I have been through and everything that is happening to me now". He further went on to expand this saying that it was "the way my mum treats me and me being alone".

Previous Deliberate Self-Harm

The last overdose was last year. Admits to previous self-cutting behaviours. Nil current.

Past Psychiatric History

Well known to Dr Cavanagh's team. Last admission was last year. Denies having a diagnosis. He has had 3 or 4 admissions to psychiatric hospitals including the Royal Edinburgh, Monklands and Queen Margaret Hospital. Extensive community support under ?Dr Lehany. CPN contact at least weekly for a depot injection. Due to see support worker tomorrow.

RELEVANT EVIDENCE - see review schedule

Current Medication
Clopixol 200mg weekly, Mirtazapine 15mg per day, Zaleplon at night and Haloperidol 5mg as required.

Family & Social History
He stays on his own in Inverkeithing. His mother lives in Cowdenbeath. His father stays in Manchester. He has 2 sisters in Manchester. He has 1 son in Glasgow who is 7 years old.

Forensic History
Past convictions include breach of the peace and assault. Nil outstanding charges.

Drugs & Alcohol
Denies illicit drug or alcohol use.

Personal History
Born in Manchester he described his early childhood as fine. He describes being bullied a lot at primary school and drinking a lot of alcohol at secondary school which he left at 16 years of age. Both primary and secondary school were in Edinburgh. He went to work in Aberdeen for 6 months but left because he had nowhere to stay. He came back to Fife and stayed with his mother.

Mental State Examination
Large gentleman with a ring piercing in his lower lip. He appeared relatively sedated throughout interview but established a good rapport albeit with inconsistent eye contact. No abnormal movements or tremor. His speech was slow and monotonous. Objectively his mood was possibly low, ?secondary to excessive sedation, and subjectively he felt depressed and angry. He stated that "I just feel everybody knows what I am going to do before I do it". Unclear whether true thought interference. Denies thought echo, thought insertion or withdrawal. Denies any thought broadcasting. No indication of any odd ideas. There was no evidence of any thought disorder. Mr Gratton did however state that on some nights he was unable to sleep and this is because "I think people are going to be on top of me, raping me". I asked if he had ever experienced anything like this in his real life previously and he stated "I think so but I am not sure". Mr Gratton described seeing flashes of seeing people in his bed. He described them as all kinds of different people. He said they had the consistency of a real form in external space and that he believed them to be real. This had happened this evening and as many times in the past. He also described a notion of things being moved around his house and the conviction that somebody was firing pellets at his window because "I can hear it cracking off the window". He also described hearing earlier this evening cheering, screaming and fighting all in external space. Insight was good. Cognitively he was orientated to time, place and person. He had suicidal ideation. He also stated impulsive overdose following ?possible argument with mother. No clear concrete plans.

Conclusion
I was unfortunately unable to obtain Mr Gratton's previous notes due to a computer failure. From his presentation I was unsure as to whether this man suffered from a psychotic disorder such as schizophrenia or whether his symptomatology was possibly secondary to childhood abuse/neglect and its resultant influences upon mental function. I discussed the case with Dr Brown, on-call for the Fife area. We decided that given the apparent intensive package in place for Mr Gratton and the likely impulsive nature of his current presentation that a hospital admission would be in appropriate.

ussed this plan with Mr Gratton explaining that I would be in contact with his team the wing morning to arrange further follow-up. Although disappointed (he had wanted a hospital ission) he accepted this line of thinking and agreed that he would return home.

plan
Discharge home, contact Dr Cavanagh the next morning and then follow-up by the team.

Yours sincerely,

DR SAM DOPPING-HEPENSTAL
SHO in PSYCHIATRY

Fife Primary Care

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CUPAR
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Fax 01334 655380

NHS Fife

Private & Confidential

Date 29 September 2005

Your Ref
Our Ref AH/CM
Enquiries to Cathy Mitchell
01334 696218 (office hours)

Tom Short
Clinical Care Manasger
West Fife Community Outreach Team
Haldane House
DUNFERMLINE
KY12 7DT

.Dear Tom

Leon Gratton, 85 Spittalfield Road, Inverkeithing – (d.o.b. 17.3.75) 1191

Further to my previous letter dated 19th May 2005, I have subsequently seen Leon at Carnegie Clinic on a further 5 occasions. Unfortunately since May his attendance has been much more inconsistent and he has also failed to attend on 5 occasions and cancelled another 2 appointments. This pattern of attendance has made it difficult to ensure that Leon has had a good experience of therapy and more crucially of the process of ending therapy, which I considered to be very important in his particular case. Leon reported that continuing difficulties with his sleep pattern were having a detrimental affect on his ability to attend, although often appointments were in the mid to late afternoon and I suspect that some degree of his non-attendance was due to ambivalence about addressing issues around his relationships and past experiences. I have now concluded my input with Leon.

Leon reports having found our sessions useful in two key respects; having a space to explore and express difficult emotions and also helping him to gain some more clarity in his thinking. My main aims in the sessions I had arranged with Leon (subsequent to completing the neuropsychological assessment) were 1) to help Leon develop a clearer shared psychological formulation of how his past experiences had contributed to particular beliefs and his style of relating to others and help Leon make more use of these links and 2) to work on introducing flexibility into some of Leon's beliefs where these were causing him distress or leading to difficulties in interpersonal relationships. Leon has been quite varied in terms of his ability to engage with this process, at times being open and at others being very defensive and expressing differing views, especially regarding his relationship with his mother. Nonetheless, I do feel that Leon has done his best to make use of this opportunity to reflect on his personal style of relating to others and the experiences which have shaped this style.

We have also devoted some time to considering his periodic abusive phone calls to his mother which Leon recognises as unhelpful and is causing him greater difficulties. There seems to be a high level of conflicting emotions for Leon involved in their relationship which he finds very confusing and difficult to tolerate. A particular flashpoint for Leon's phone calls to his mum seems to be his frustration at what he considers to be inadequate contact with his son, in terms of which his mum acts as something of a gatekeeper,

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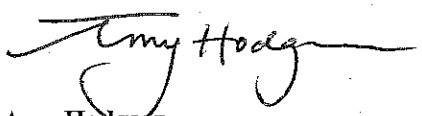
and therefore is a target for Leon's frustrations. However, the situation doesn't seem open to much change or negotiation and Leon does not wish to press for more contact for fear of ending up with less. We have discussed alternative ways of addressing his concerns and channelling his frustrations. I have also encouraged Leon to make use of strategies to help him avoid making phone calls to his mum when he is particularly distressed, such as reminders left next to his telephone not to call her when he is distressed, using the strategy of writing down his frustrations either creatively or as a means of having clear points to discuss with his mother when calm. I have also encouraged Leon to develop alternative opportunities outside our session for him to express difficult emotions in an appropriate way, either by writing about them or speaking to others, particularly in his meetings with yourself. However, Leon seems to find it very difficult to inhibit his tendency to behave somewhat inappropriately when he is agitated. Perhaps with further assistance and prompting this may increase the likelihood of his using some of the more appropriate strategies outlined above.

It may well prove to be helpful for Leon to return to psychological therapy in the future but it is my impression that at this time further sessions would have little additional benefit for him. Therefore I am discharging Leon from our service at this time.

Yours sincerely



Amy Hodgson
Trainee Clinical Psychologist

Gordon Mitchell
Chartered Clinical Psychologist

Dr. Cavanagh
Consultant Psychiatrist
Queen Margaret Hospital
DUNFERMLINE

Dr. Garmany
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West Fife Community Outreach Team
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Dr Garmany
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INVERKEITHING

Date Dictated	20th September 2005
Date Typed	21st September 2005
Your Ref	
Our Ref	GL/GW/F5153833
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 his home with Tom Short from the Community Outreach Team on 14th September 2005.

Leon reported that over the past three or four weeks he has not been doing as well as he had been doing. In particular he was complaining of a poor sleep pattern again.

On closer questioning though Leon actually appears to be doing really quite well. He gets input most days from various agencies including the Community Outreach Team from Haldane House. He initially told me that the Mirtazapine prescribed in May had had no effect, but he admitted that his mood was brighter than it had been at that time. The support worker who works with Leon from the Community Outreach Team has been away for three weeks and as a result the activities, which Leon normally does with Craig, had not happened. Leon seems to have missed this and is looking forward to going back to the gym regularly.

When we arrived Leon told us that things were "really terrible" but by the end of the visit Leon agreed that things were not perhaps quite as bad as his initial impression had suggested and that in many ways things were gradually progressing.

Leon continues on his depot Zuclopenthixol and he also continues to take Mirtazapine. Leon has a supply of Haloperidol tablets which he can take 5mgs of if required, he seems to have been needing this probably two or three times a week.

I advised Leon that he could take the Haloperidol as required and that I would arrange to see him again in about six weeks.

Kind Regards
Yours sincerely

Dr Gordon Lehany
Staff Grade Psychiatrist

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

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Date Dictated	11th May 2005
Date Typed	17th May 2005
Our Ref	PC/MS/F5153833
CHI Number	170375-1191
Enquiries to	Mrs Lorna Abercrombie
Extension	4193
Email	

Dear Dr Garmany,

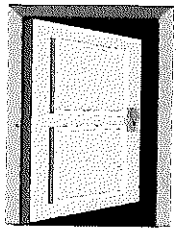
LEON GRATTON, 85 SPITTALFIELD ROAD, INVERKEITHING KY11 1DZ (DOB: 17 03 1975)

I was asked to see Leon as he was complaining of depressive symptoms. It appears he has not been taking his antidepressants because he is unable to manage the daily dispensing. His sleep/wake cycle is poor as ever. However reports from the Outreach Team are that he don't feel he is particularly depressed and that his mental state seems reasonable. **I agreed to prescribe Mirtazapine 15mg at night and Zaleplon 10mg at night.** I would be obliged if these prescriptions could be carried through. **In the meantime he continues to have extrapyramidal side effects and so I will reduce his depot by 15mg.**

Yours sincerely,

DR PAUL CAVANAGH
CONSULTANT PSYCHIATRIST

Fife Primary Care



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NHS Fife

RECEIVED
31 MAY 2005

27 May 2005

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

Dear Dr Garmany

Re: Leon Gratton 85 Spittalfield Road Inverkeithing DOB 17.3.75

Recently John Hamilton, Clinical Care Manager referred Leon to the Community Outreach Team's Occupational Therapy Service. The reason for the referral was primarily to explore and develop Leon's motivation, and to carryout a skills assessment.

Following my initial contact with Leon, several areas were identified whereby support could be offered. Leon has prioritised his lack of motivation, poor concentration and poor diet as areas which he would like to address. Consequently, I am currently working with Leon to prioritise and establish realistic and manageable short-term goals based on his longterm goals which I have noted below:-

- Routinely participate in own Creative Writing
- To eat a more balanced and healthy diet

I will write again periodically to keep you informed of our progress. Should you require any further information or clarification with regards to my input do not hesitate to contact me at the number above.

Yours sincerely

DAVID SANDERS
SENIOR 1 OCCUPATIONAL THERAPIST
COMMUNITY OUTREACH TEAM

CC Tom Short, Clinical Care Manager, COT, Haldane House
Dr Paul Cavanagh, Consultant Psychiatrist, QMH

RECEIVED 30 MAY 20

Fife Primary Care

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Dr. Cavanagh
Consultant Psychiatrist
Queen Margaret Hospital
DUNFERMLINE
Fife

Date 19 May 2005
Your Ref
Our Ref AH/SP/32763

Enquiries to
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Email psychology@fife-pct.scot.nhs.uk

Dear Dr Cavanagh,

Re: Leon Gratton, 85 Spittalfield Road, Inverkeithing – (d.o.b. 17.3.1975) 1191.

Reason for referral for neuropsychological assessment.

Neuropsychological assessment was undertaken with Leon in order to investigate his level of cognitive functioning and any specific impairments which may have been impacting on his symptomatic and behavioural presentation. Additionally, an assessment for possible decline from pre-morbid levels of intellectual functioning was also desired by the team.

Behavioural Observations.

Leon reported being happy to participate in neuropsychological assessment and seemed to make his best effort with all of the tasks involved. However, he would demonstrate signs of frustration and disappointment with himself very quickly when he perceived any mistakes or failure, which would then have a detrimental impact on his subsequent performance. Although Leon reported being unconcerned about the assessment and did not display any physical signs of anxiety, his quick frustration would indicate that his performance may have suffered from interference due to anxiety.

The following assessments were completed across four appointments. This has both the benefit of reducing the detrimental effects of fatigue on the individual's performance but also the negative consequence of introducing the possible influence of other sources of variability into the profile. For example, Leon's alertness and mood may have varied between assessment appointments. However, the assessments were all completed at the same time of day in the same clinical environment which provides a certain level of consistency.

Irene Soutar, Divisional Manager
Fife Primary Care is an operating division within NHS Fife

Leon Gratton (cont)

On some tasks where Leon struggled to complete the task successfully he seemed to lack insight into this difficulty, however, his self-reports may have been more heavily influenced by the need to defend his sense of self-esteem, especially given that Leon prides himself on his intellectual interests in literature and creative writing.

Assessment of current intellectual functioning – WAIS-III.

The WAIS- III is an individually administered test of intellectual ability and provides a profile of cognitive strengths and weaknesses. It is comprised of a broad range of subtests which require the individual to apply different skills including verbal and non-verbal abilities.

Leon achieved a Full Scale IQ Score of 91 which places him in the average to low average range of intellectual functioning (27th percentile). Leon's Verbal IQ of 91 and Performance IQ of 91 may initially appear to demonstrate strong consistency of performance across the two domains. However, closer examination of his profile reveals considerable variability within and between the Performance and Verbal subscales which render these composite scores and his overall full-scale IQ score unreliable and not particularly informative.

Within Leon's profile there is a highly significant discrepancy between the Verbal Comprehension Index and the Working Memory Index which make up the Verbal scale and the scale overall does demonstrate an abnormal scatter of scores which makes it difficult to interpret reliably. Additionally, there is also a highly significant discrepancy between the two indexes which comprise the Performance scale; the Perceptual Organization Index score is significantly greater than the Processing Speed Index score, which falls into the borderline/extremely low range. The presence of these significant discrepancies within the two scales means that the composite Verbal and Performance IQ scores are not reliable or meaningful in this case as they represent the average of significantly different index scores.

The two indexes on which Leon was stronger are Verbal Comprehension (58th percentile) and Perceptual Organization (21st percentile) whilst tasks within the Working Memory (12th percentile) and Processing Speed (2nd percentile) Indexes posed significantly greater difficulty for Leon. Although Leon's overall Verbal and Performance IQ scores give the impression of consistency across the scales, his stronger index score from the verbal scale, the Verbal Comprehension index, is significantly greater than that for it's counterpart within the Performance scale, the Perceptual

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Leon Gratton (cont)

Organization index. This discrepancy means that Leon may have greater difficulty with visuo-spatial/perceptual tasks than those that require the use of verbal skills.

Looking at Leon's profile in even greater detail at the level of the individual subtest strengths and weaknesses may help to make more sense of his broader profile. However, again here there is some variation across tasks which are constructed to tap into similar skills and abilities. This type of presentation often indicates the adverse impact of test anxiety on performance. Although Leon appeared and reported being relaxed and happy to complete the assessments, he was also very sensitive to his perceived failures and difficulties. Anxiety about his performance may well have adversely affected some aspects of Leon's performance.

Within the Verbal scale Leon's strengths were the Vocabulary and Information subtests which would indicate good general knowledge, interests, breadth of reading and intellectual curiosity. These abilities are in keeping with Leon's self-reports about his interests and intellectual habits. The Performance subtest where Leon demonstrated strength was Picture Arrangement which requires the use of attention to detail, common-sense and reasoning abilities within a time-limited task with pictorial stimuli. Leon's performance on other tasks which drew on some of these abilities was not always consistent with this but my impression was that he excelled on this task for the following reasons; it draws on Leon's interest in narratives and stories, it aroused his sense of humour and therefore held his attention and he was able to tell when he had successfully completed each pictorial story, therefore gaining positive reinforcement for his sustained effort and good performance.

Consideration of the subtests on which Leon's performance was significantly weaker relative to his overall profile does provide some indication about likely underlying skills deficits, although again there are some inconsistencies within his profile. This variation may be partially due to difficulty maintaining concentration on a task, which is suggested by his weakness on the Arithmetic, Symbol Search and Digit-Symbol Coding subtests. Also indicated here are possible interference from both anxiety and distraction, difficulty encoding information for storage, a possible difficulty using numbers and the fact that Leon struggles to complete time-limited tasks at a satisfactory speed. The latter difficulty clearly fits in with his lowest index score for the Processing Speed Index which falls within the extremely low range (2nd percentile) and is indicative of substantial difficulty.

Some/

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Leon Gratton (cont)

Some degree of these difficulties may be due to the impact of past substance misuse and over-doses as well as the implications of psychotic illness and medication for cognitive functioning. However, given Leon's reports of academic and behavioural difficulties at school and the lack of a clear indication of significant cognitive decline from premorbid levels (see below), it seems likely that they owe more to pre-existing specific cognitive difficulties. Leon's interest in literature and creative writing may have served to mask some of his difficulties and perhaps gives others the impression that he is functioning at a higher cognitive level than is evident from this assessment.

Assessment of Premorbid Intellectual Functioning – Cambridge Contextual Reading Test (CCRT).

The Cambridge Contextual Reading Test uses the same irregular words as the National Adult Reading Test (NART) but places these in the context of meaningful sentences, which has been found to improve performance and therefore provide a more accurate assessment of premorbid intellectual functioning. Norms for scoring on the CCRT are only available for elderly populations (both healthy and dementing) and the procedure and data from the NART for estimating pre-morbid IQ are also used with the CCRT. Len's error score would indicate a premorbid level of intellectual functioning in the average range. Given that overall Leon's current level of intellectual functioning, as measured by the WAIS-III was in the average to low average range overall, and the margin of error in estimates of premorbid functioning, **this is unlikely to indicate any significant decline**. However, due to the variation within Leon's performance on the WAIS-III composite scores are unlikely to be particularly informative and therefore, **this interpretation must be treated with caution**.

Assessment of Executive Functioning – The Hayling and Brixton Tests.

The Hayling and Brixton Tests provide an assessment of executive abilities such as the ability to inhibit automatic responses, to detect and apply rules, cognitive flexibility and planning. In the Hayling Sentence Completion task Leon's performance was in the average range. He was able both to complete sentences appropriately and, in the second part of the task, to inhibit his automatic response and provide a nonsensical completion to the sentence. Leon made a few errors initially and seemed to find inhibiting his automatic response tendency difficult initially but his overall performance was normal and not indicative of any impairment in this ability.

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Leon Gratton (cont)

On the Brixton Spatial Anticipation Test the participant must detect the pattern being demonstrated in the movements of a dot around a grid and apply this rule to predict subsequent moves. However, the individual needs also to be cognitively flexible and detect changes in the rule which occur without warning throughout the task. These abilities are also strongly associated with executive functioning. Leon performed well on this task and his score fell within the high average range. **Overall then Leon's performance across the two tasks is not indicative of any impairments in the executive functioning abilities sampled.**

Assessment of Memory – The Doors and People Test.

The Doors and People Test provides a broad assessment of memory functioning for both visual and verbal stimuli and recall and recognition forms of memory. Leon's performance showed considerable variation across the various subtests involved in this assessment, between the 90th percentile and the 10th percentile. Overall he was placed at the 25th percentile but this average score is likely to be uninformative due to the level of variation amongst the sub-ordinate scores.

The pattern of Leon's performance across the various subtests is not easily interpretable and may indicate difficulty sustaining attention and concentration for the duration of the assessment, his most successful performance coming at the beginning of the assessment. His performance is inconsistent within both the visual and verbal stimuli domains although overall he manages better with verbal stimuli (50th percentile) than visual stimuli (10-25th percentile) and he demonstrates an unusual pattern of superior free recall relative to recognition of stimuli. This may be partially due to Leon not devoting sufficient attention to detail during the main recognition task, which required considerable attention to minor details. This may be part of a broader, fairly impulsive style of engaging with material and information in insufficient detail. What is clear from Leon's profile of forgetting information once this has been successfully encoded, is that when he is able to concentrate sufficiently and encode information, he retains this well. Any difficulties seem to be at the initial stages of encoding and storing relevant information, which is in keeping with other indications of difficulty maintaining attention and encoding information for storage from the WAIS-III.

Summary/

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Fife

Leon Gratton (cont)

Summary and Implications.

It was my impression throughout the assessment sessions that Leon made his best effort with the tasks. It was also evident that his performance can suffer due to his sensitivity to perceived failure and tendency to become very critical of himself when struggling with a task or not receiving clear indications of success. Minimal feedback is provided on an individual's success on the various tasks, in order that repeat testing is not invalidated by learning effects. However, on particular tasks success or failure is evident and where Leon was able to see that he was successful his performance seemed to benefit from this reinforcement.

There are also several indications of difficulty maintaining attention on a task and vulnerability to distraction in Leon's performance. This difficulty then makes it very problematic for Leon to encode and store the necessary information to successfully complete a task successfully. Indications from an assessment of memory functioning are that when he is able to encode information his memory then functions well in terms of subsequent retrieval.

Although Leon's performance on the assessments of executive functioning did not indicate any impairments in this area and suggests a normal ability to plan, monitor and inhibit behaviours, from working clinically with Leon I do not feel that he is currently able to apply these skills to his emotional functioning and self-management. Whilst it is encouraging that Leon seems able to inhibit responses on an intellectual exercise, he seems to struggle with acting impulsively when emotionally aroused. Such difficulties are likely to have developed and been reinforced in complex ways over considerable time and therefore be very difficult for Leon to adapt. However, I am optimistic that we can make some progress working together to increase Leon's skills in tolerating and more appropriately managing his emotional experiences.

If you have any queries about this report then I would be happy to discuss it with you further.

Yours sincerely

Amy Hodgson
Trainee Clinical Psychologist

Gordon Mitchell
Consultant Clinical Psychologist

cc./

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Dr David Garmany
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Date	13th April 2005
Your Ref	
Our Ref	PC/LA/F5218691
Enquiries to	Mrs Lorna Abercrombie
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Direct Line	**01383 674193**
Email address	lorna.abercrombie@faht.scot.nhs.uk

Dear Dr Garmany

RE: LEON GRATTON, D.O.B. 17.3.75
85 SPITTALFIELD ROAD, INVERKEITHING, KY11 1DZ

Leon was seen in the out patient clinic today following concerns expressed by his mother at his CPA yesterday. The key issues were low mood, lack of sleep, possible extra pyramidal side effects including tremor and dystonia and aggression, in particular verbal aggression directed at his mother. Leon tends to phone his mother in the small hours of the night in the context of irritation and frustrations he has with her and these telephone calls can be abusive and threatening. It is clear that he is not responding to hallucinatory phenomena or acting on delusional ideas when he does this but rather it represents his general ambivalence towards his mother. This applies to previous arguments he has had with his mother, whereby he reacts by becoming angry and calling her during the night in order to let off steam. We discussed alternative ways that he might deal with these feelings.

In view of his low mood and sleep difficulties, I have commenced him on Mirtazepine, initially 15 mgs nocte.

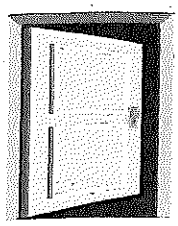
Yours sincerely

Dr Paul Cavanagh
Consultant Psychiatrist

Fife Primary Care

RECEIVED 24 DEC 2004

NHS Fife



West Fife Community Outreach Team.
Haldane House
71 Priory Lane
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KY12 7DT
Phone: 01383 432725
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Date: Monday 20th December 2004
Our Ref: GL/GW/ F5153833
CHI Number 1703751191
Enquiries to Gillian Wilkie
Email GillianWilkie@fife-pct.scot.nhs.uk

Dr Garmany
Friary Court
Inverkeithing

Dear Dr Garmany

Leon Gratton 85 Spittalfield Road Inverkeithing 17.3.75

I saw the above gentleman at his home on 14th December with John Hamilton from the Community Outreach Team.

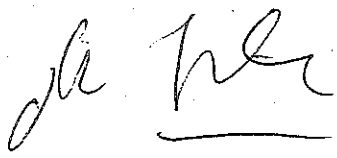
In terms of psychotic symptoms Leon appears to be doing quite well. He feels that things have improved since the dose of his depot was increased. He does occasionally take Haloperidol 5mgs tablets as required but this is never more than once per day.

Leon's main complaint at the moment is that he is having some difficulty establishing a regular sleep pattern again. This has been for the past two weeks and he does seem to be sleeping a great deal of the day and not really sleeping terribly well at night.

John and I talked to Leon about establishing a sleep pattern and Leon is keen to try again with going to the gym regularly. I will see Leon again at his next CPA in February and aim to review him again after that at some point.

Kind regards
Yours sincerely

Dr Gordon Lehany
Staff Grade Psychiatrist
c.c John Hamilton COT
c.c Dr Paul Cavanagh COT
c.c QMH notes



7 December 2004

Ms Amy Hodgson
Trainee Clinical Psychologist
Department of Clinical Psychology
Stratheden Hospital
CUPAR
Fife

Dear Amy

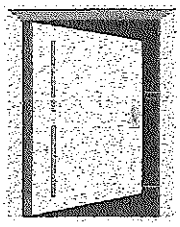
Re: Leon Gratton 85 Spittalfield Road Inverkeithing DOB 17.03.75

Following our recent conversation, this is a letter of referral for Leon. He is a 29 year old male with a long history of mental health problems resulting in him being given several diagnoses. At present he is being treated with depot Clopixol 300mg weekly, Orphenadrine and Haloperidol PRN. Both myself and Dr Cavanagh feel that psychological testing may be of benefit in determining which method of treatment is most suitable for Leon. Leon himself would like psychology input to help resolve some anger and anxiety issues. Please do not hesitate to contact me should you require any further information.

Yours sincerely

JOHN HAMILTON
CLINICAL CARE MANAGER

Fife Primary Care



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

NHS Fife

Date: Monday 11th October 2004.
Our Ref: GL/GW/F515833
CHI Number 1703751191
Enquiries to Gillian Wilkie
Email GillianWilkie@fife-pct.scot.nhs.uk

Dr Garmany
5 Friary Court
INVERKEITHING

Dear Dr Garmany

Leon Gratton 85 Spittalfield Road Inverkeithing 17.3.75

I saw the above gentleman at his home with John Hamilton from the Community Outreach Team.

Leon felt that his hallucinations had greatly improved with the increased dose of Clopixol and he is now only taking Haloperidol 5mgs as required, which tends to be only once a day. The other change in the last month is that the acute difficulties Leon was having in his relationship with his mother have settled down. He is not seeing a great deal of his mum but the animosity seems to have died down somewhat.

The main issue with Leon at the moment is that he is spending most of his days in his flat. He is using his time constructively and is continuing to write a great deal, he also is having some of his work appraised for him. He talks enthusiastically about how he is going to try and get his work published.

Leon appeared quite settled and there was no evidence of any psychotic symptoms when I saw him. His mood was quite good and there was no evidence of any side effects from medication.

I suggested to Leon that we should keep the dose of Depot as it is at the moment and he should continue to take the Haloperidol only as required. I said that I was hopeful that over the next few weeks he may have less need for the as required Haloperidol. If he does continue to need a small amount of Haloperidol it may be worth increasing his depot a little, but we can wait and see how things go for that.

I will aim to see Leon again in a couple of months time and will advise you of any progress.

Kind regards
Yours sincerely

Dr Gordon Lehany
Staff Grade Psychiatrist

c.c John Hamilton, Community Outreach Team
c.c Dr Paul Cavanagh, Consultant Psychiatrist, QMH

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

Ms Marina Collingswood
Service Manager
SAMH's Pantry
Block 14, Holden Way
Donibristle Industrial Estate
DALGETY BAY
KY11 5JQ

Date Dictated	31st August 2004
Date Typed	10th September 2004
Our Ref	PC/MS/F5153833
CHI Number	170375-1191
Enquiries to	Mrs Lorna Abercrombie
Extension	6251
Email	

Dear Ms Collins,

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

Further to your letter asking for information on this client I am writing to confirm that his psychiatric diagnosis is firstly schizophrenia, secondly borderline personality disorder and he is currently on depot antipsychotic medication. Of note there have been a number of incidents whereby he has been verbally aggressive and two that we know of where he has been physically aggressive. The focus for the physical aggression has been his mother and the verbal aggression has been his mother and his ex-partner.

Yours sincerely,

DR PAUL CAVANAGH
CONSULTANT PSYCHIATRIST

Copied to:
John Hamilton
Community Outreach Team
Haldane House
71 Priory Lane
DUNFERMLINE

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

Date: Wednesday 25th August 2004
Our Ref: GL/GW/ F5153833
CHI Number 1703751191
Enquiries to Gillian Wilkie
Email GillianWilkie@fife-pct.scot.nhs.uk

Dr Garmany
Friary Court
Inverkeithing

Dear Dr Garmany

Leon Gratton 85 Spittalfield Road Inverkeithing 17.3.75

I saw the above gentleman at his home on 24th August 2004 with John Hamilton from the Community Outreach Team.

Leon told me that he was feeling much better than he had been when I saw him a couple of weeks ago and that he is much less troubled by hallucinations now. He has been taking the Haloperidol 5mgs up to twice daily and finds this helpful. I reviewed his medication and in view of compliance difficulties in the past I don't think oral medication is a particularly good idea at this time, Leon actually agreed with this. I don't think changing his depot is likely to be particularly helpful either, but I think a higher dose might well be more helpful to him. Given that the Haloperidol orally improves his symptoms this also suggest that he is perhaps not on quite enough anti psychotic in his depot.

Leon was agreeable to trying an increased dose of depot therefore, I have changed his prescription to 300mgs of Clopixol every week. For the time being he will continue on Haloperidol 5mgs bd and also on Orphenadrine 50mgs up to three times daily. I will aim to tail off the Haloperidol in due course and possibly the dose of Clopixol will need to increase further.

I will see Leon again with John in 4-6 weeks time and we will advise you of any progress.

Kind regards
Yours sincerely

Dr Gordon Lehany
Staff Grade Psychiatrist
c.c John Hamilton COT
c.c Dr Paul Cavanagh COT

13 August 2004

Dr Garmany
Inverkeithing Medical Practice
5 Friary Court
INVERKEITHING

Dear Dr Garmany

RE: LEON GRATTON 85 SPITTALFIELD ROAD INVERKEITHING
DATE OF BIRTH: 17.3.75

I saw the above gentleman at his home with Craig Mill, Support Worker from the Community Outreach Team. There had been an incident a week ago where Leon had had a fight with his mother's partner. This seems to have resulted from Leon losing his temper after a verbal exchange between Leon, his mother and his mother's partner. This incident does not seem to have been in any way delusionally driven and Leon is now very remorseful regarding it. Charges are apparently not going to be pressed, although Leon does seem to have significantly injured his mother's partner and during the incident his mother also broke her thumb when a door was slammed.

With regards to his psychotic illness Leon describes worsening of his auditory hallucinations over the past 3 or 4 weeks. He said that these are worse in the evenings. He mainly experiences indistinct auditory hallucinations, he describes these as being voices, but he is unable to make out what they are saying. He also describes sometimes hearing voices of relatives talking to him, usually in a derogatory fashion. He describes these persistent auditory hallucinations being present for the last couple of years, but he feels that they have been much worse for the past 3 or 4 weeks. His sleep pattern has improved and he told me that he now goes to bed at about 9 o'clock in the evening and sleeps through until about 6 o'clock in the morning.

Leon describes having had some ideas of self harm over the past month or so. These seem to have been a result of frustration at continued auditory hallucinations and side effects from the depot. He has scratched his wrist and scratched his throat, but does not appear to have made any attempt to kill himself. He was not suicidal at the time we saw him and he was talking enthusiastically about the Creative Writing Course he hopes to do with the Open University and also about his involvement with the Community Outreach Team with regards to going to the Golf Driving Range and playing snooker.

13 August 2004

Dr Garmany

Leon describes significant extra pyramidal side effects, and these were clearly visible at times during the interview. He has had Procyclidine in the past but has found that they made him agitated.

Leon has had a supply of "as required" Haloperidol for the past week which has now run out. For the next week I have supplied him with further Haloperidol to be taken 5mg at night and also 5mg once daily if required. He continues on Clopixol 250mg weekly. I have also prescribed Orphenadrine 50mgs to be taken 3 times daily and we can assess how this goes for him.

I do feel that Leon probably needs an increase in his depot, but Leon is reluctant as he feels that he is already over-sedated on his medication. I will get hold of his notes from the Queen Margaret Hospital and review his medication to see whether there is anything further we can do with this to improve his symptoms. In the meantime he will continue to be monitored by the Community Outreach Team and I will arrange to see him again in a week or so's time.

Yours sincerely

DR GORDON LEHANY
STAFF GRADE PSYCHIATRIST

RECEIVED 19 JUL 2004

Inverkeithing Medical Centre
5 Friary Court
Inverkeithing
KY11 1NU

Telephone: 01383 413234
Fax: 01383 427527

Dalgety Bay Medical Centre
Regents Way
Dalgety Bay
KY11 9UY

Telephone: 01383 822174
Fax: 01383 823975

15 July, 2004

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

Dear Dr Cavanagh

RE: LEON GRATTON, 85 SPITTALFIELD ROAD, INVERKEITHING, KY11 1DZ.
DOB: 17.03.75 (1192) – F5218691

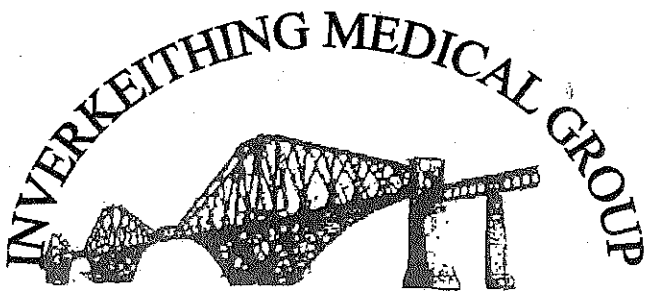
Thank you for your letter of the 16th of June. I did in fact write to you on 5th of March (copy enclosed) but I assume from your letter, that you never received this.

I will now refer Leon to one of our two Clinical Psychologists that work in the practice with a view to helping him with his previous trauma. I will also copy your letter to them and ask if they have any experience in neuropsychological testing.

Yours sincerely

Dr D Garmany

Dr David M Taylor, Dr Allan J. Cochrane, Dr John J. Allan, Dr John Phillips, Dr Lesley E. Duncan,
Dr Mary R. Lapraik, Dr Maan Jalil, Dr John Lee, Dr D Garmany, Dr Susan Sheehan



Inverkeithing Medical Centre
5 Friary Court
Inverkeithing
KY11 1NU

Telephone: 01383 413234
Fax: 01383 427527

Dalgety Bay Medical Centre
Regents Way
Dalgety Bay
KY11 9UY

Telephone: 01383 822174
Fax: 01383 823975

5 March 2004

COPY

Dr. P. Cavanagh
Con. Psychiatrist
Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
KY12 0SU

Dear Dr. Cavanagh

Leon Gratton, 85 Spittalfield Road, Inverkeithing KY11 1DZ DOB 17.03.75
DC659366L Tel No. 01383 416833

I understand that you know Leon well. His mother came to me today saying that you had referred him to a clinical psychologist at the end of last year but the psychologist had 'refused' to see him as apparently Leon was having such intensive psychiatric review and follow-up. Leon's mother was wondering whether I could refer him to either of the clinical psychologists that we have working in the practice (Gill Kidd and Sue Waring).

I would be happy to do so if you wish but thought it best to write to you first to clarify if this was appropriate or if there was in fact a reason other than psychology resources that psychology department 'refused' to see him.

Please let me know and I can refer him if you wish. Thank you for your help.

Yours sincerely

pp. M. Munro (Secretary)

Dr D Garmany

Dr David M Taylor, Dr Allan J. Cochrane, Dr John J. Allan, Dr John Phillips, Dr Lesley E. Duncan,
Dr Mary R. Lapraik, Dr Maan Jalil, Dr John Lee, Dr D Garmany, Dr Susan Sheehan

Change

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

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

Date	16th June 2004
Your Ref	
Our Ref	PC/LA/F5218691
Enquiries to	
Extension	Mrs Lorna Abercrombie
Direct Line	6251 **(New extension)**

Dear Dr Garmany

RE: LEON GRATTON, D.O.B. 17.3.75
85 SPITTALFIELD ROAD, INVERKEITHING, KY11 1DZ

I understand from Leon's mother that you are due to write to me about psychology referral for Leon. The issue is that as you may know, we no longer have psychology services for patients with mental illness or rehabilitation needs. Previously we had a 0.5 full time equivalent, however that was withdrawn about 18 months ago. Over that time there has been some investment in Primary Care Psychology Services. In Leon's case there remains some diagnostic uncertainty. Psychiatric services in Airdrie conducted a thorough review and formulated these difficulties as consequent upon borderline personality disorder.

Since Leon has moved through to Fife he has shown clear evidence of functional psychosis. Whilst this could occur in borderline personality disorder, it tends to be brief and self-limiting which is not the pattern that Leon has displayed. I think it likely that he has both personality disorder and schizophrenia, however he is someone in whom neuropsychological testing would have been very helpful in clarifying some of the diagnostic uncertainty, however as I have said, we have been told that there is no psychology service available to us.

In terms of his and his mother's request for psychological therapy, this is around a different area and to do with his experiences of trauma and they wish to come to terms with those. This is what was behind I think Mrs Gratton and Leon meeting with you to request a psychology referral within Primary Care.

I understand from Mrs Gratton that you are not willing to refer Leon to psychology but felt that any referral should come from myself. I certainly feel that it would be better if Leon was seen by a psychologist who has experience in working with people with serious mental illness and able to carry out IRI psychological testing; however since that is not possible, I wonder if you could reconsider your position. I would be happy to discuss his case further should you wish.

Yours sincerely

Dr Paul Cavanagh
Consultant Psychiatrist

Fife Primary Care

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

NHS Fife

14th June 2004.

Dr Garmany
5 Friary Court
INVERKEITHING

Dear Dr Garmany

Leon Gratton 85 Spittalfield Road Inverkeithing 17.3.75

I saw the above gentleman at his home with his Clinical Care Manager John Hamilton from the Community Outreach Team. He continues to feel he is reasonably well although he continues to describe occasional auditory and olfactory hallucinations. His main concern at the moment remains as his complaints of poor sleep. On questioning however he seems to spend a large amount of the day physically inactive and at times sleeping. He then goes to bed relatively early, 8 or 9pm, and has difficulty initiating sleep. A great deal of effort has been made by the Community Outreach Team to engage Leon in daytime activities and in encouraging him to structure his time but without any great success. In the past night sedation has been tried as part of a programme to establish a better sleep pattern but this was unsuccessful also. John Hamilton continues to visit regularly and has been successful in engaging Leon in some activities such as going to a golf driving range.

Leon has over the past few weeks made some sexually inappropriate comments to some members of staff and this has been a cause of some concern. At the moment we are keeping an eye on things and generally two people are visiting together.

At interview Leon appeared well and there was no evidence of any psychotic symptoms. He continues on Clopixol 250mgs weekly.

I have not made any changes to Leon's management and he will continue to be reviewed as part of the Community Outreach team. He also remains on the Care Programme Approach.

Kind regards
Yours sincerely

Dr Gordon Lehany
Staff Grade Psychiatrist

c.c Paul Cavanagh, Consultant Psychiatrist, QMH
c.c John Hamilton Clinical Care Manager COT.

POSITIVE ABOUT DISABLED PEOPLE

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	5th May 2004
Date Typed	12th May 2004
Our Ref	PC/MS/F5153833
CHI Number	170375-1191
Enquiries to	Mrs Lorna Abercrombie
Extension	6451
Email	

Dear Dr Garmany,

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

I reviewed Leon in the out-patient clinic. He feels he has been reasonably well. He describes continued sleep difficulties and hypnogogic hallucinations which may be olfactory or auditory but other than that little in the way of symptoms although his sleep is probably the key issue in parts prolonged insomnia followed by hypersomnia. I asked about his writing which has occasioned us some concern in the past as he writes horror stories that are really very violent. He was clearly however able to distinguish between fantasy and reality and he told me that his writing was supervised by a professional writer who gave him feedback on his work and the novel that he is working on will be finished before too long. Accordingly I am not particularly concerned that it reflects any change in his risk to others. In view of his hypersomnia and hypnogogic hallucinations I think it would be prudent for an EEG and I will do that. I think it may at some stage be sensible for myself and John Hamilton to meet with Leon and his mother as their relationship continues to be characterised by conflict. He continues to receive his psychotropic medication by depot injection and this is appropriate for him for his needs.

Yours sincerely,

DR PAUL CAVANAGH
CONSULTANT PSYCHIATRIST

Copied to:
John Hamilton
Community Outreach Team
Haldane House
71 Priory Lane
DUNFERMLINE
KY12 7DT

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	5th March 2004
Date Typed	17th March 2004
Our Ref	PC/MS/G5153833
CHI Number	170375-1191
Enquiries to	Mrs Lorna Abercrombie
Extension	6451
Email	

Dear Dr Garmany,

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

Leon was reviewed during his care programme approach meeting having failed to attend his out-patient appointment with me the previous week. There have been concerns about his behaviour and his relationship with his mother although there doesn't seem to be any evidence of a deterioration in his mental state. His sleep is poor and he appears to have reversed his day and night pattern again. **There are no changes to his medication.**

Yours sincerely,

DR PAUL CAVANAGH
CONSULTANT PSYCHIATRIST

Copied to:
Community Outreach Team
Haldane House
71 Priory Lane
DUNFERMLINE
KY12 7DT

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

HH/MS/F5153833
20th January 2004

DISCHARGE SUMMARY

GP Details: Dr Garmany Inverkeithing Medical Centre 5 Friary Court INVERKEITHING KY11 1NU	**Patient Details:** Leon Gratton 85 Spittalfield Road INVERKEITHING KY11 1DZ Date of Birth: 17 03 1975 CHI No: 170375-1191
Admitted: 27th November 2003 **Discharged:** 22nd ~~November~~ Dec 2003 **MHA Status on Discharge:** Informal	**Medication on Discharge:** Haloperidol 2mg qid Zopiclone 15mg nocte Zuclopenthixol Decanoate Depot 250mg weekly
Diagnosis: Schizophrenia	
Consultant: Dr Paul Cavanagh **Locus of Care:** Ward 2	**Medication subject to treatment plan under MHA - Yes/No**

Responsible Consultant following Discharge: Dr Paul Cavanagh

Follow-up Arrangements:
Results Awaited:

Diagnostic Summary:

Signed .....
Dr Hilda Ho, SHO to Dr Cavanagh

Consultant's Comments:

Signed .....
Dr Paul Cavanagh, Consultant Psychiatrist

Dear Dr Garmany,

Leon was referred to the Ward by the Community Outreach Team with a worsening of his mood over the previous few weeks. He also had difficulty sleeping often waking up due to auditory hallucinations. His appetite was poor, and he had had suicidal thoughts, being unable to cope with the auditory hallucinations. The night prior to admission he had impulsively taken a handful of Melatonin tablets to help him sleep and possibly to die. When he attended the Ward he regretted this action, and denied any on-going plans to self-harm. He also stated that he had worries that people may have access to his thoughts and that TV programmes were trying to send him messages. He had also been unable to leave his house much, because he was worried that he would be assaulted.

Past Psychiatric History
You will be aware that Leon has had a long psychiatric history, first presenting to the child & adolescent services. He was then given a diagnosis of multiple drug use, and borderline personality disorder. However in the last 1 or 2 years he has responded well to Clopixol Depot, and his diagnosis has been that of schizophrenia.

Progress on the Ward
Leon requested an increase in his Clopixol Depot, thus it was changed from 200mg to 250mg 2 weekly. He stated that Clopixol had worked to a degree in the past, however did not feel that he was on enough medication. He also stated that he was fed-up of not being able to have a good sleep. In addition he admitted to having taken Cannabis in the previous week, which had made him feel even more paranoid and agitated. In addition he had had an argument with his mother before admission when they had argued about long-standing issues in their past.

He responded well to Haloperidol 5mg as required. He also requested a change in his night station as Melatonin was having little effect.

His mother came to visit him regularly on the Ward, and although there was evidence of friction between them, on the whole he was reasonably appropriate in manner when she arrived. However there does continue to be on-going feelings of anger towards her. We also discussed his possession of Samurai swords and various other weapons in his home which he has collected. However he reassured me that he had no intention of using these weapons to hurt anybody and they were just collected as a hobby. Apparently they are easily bought through catalogues.

Leon settled after a few weeks on the Ward, and towards the end of his admission his mood and affect improved.

He was discharged after several successful overnight passes, and continues to be followed-up by the Outreach Team.

Yours sincerely,

DR HILDA HO
SHO in PSYCHIATRY

Copied to:
Community Outreach Team, Haldane House, 71 Priory Lane, DUNFERMLINE KY12 7DT

CARE PROGRAMME APPROACH CONFIDENTIAL

(All sections MUST be completed) Date of Care Plan Meeting: 28.8.03 Review No. 3

Unit Number	CHI No	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 Tel: (01383) 420856 Relationship mother	GP Name DR GARMANY Address: Inverkeithing Medical Practice 5 Friary Court INVERKEITHING Tel: 01383 413234
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	Social Worker Name n/a Address: Tel:
Others – Name Designation 1 DEREK ALLEN, Support Worker, COT, Haldane House, 71 Priory Lane, Dunfermline Tel 01383 432725 2 MS ELAINE FRASER, Assistant Manager, PENUMBRA, Wymet House, 87 New Row, Dunfermline Tel 01383 728467 3DAVID MURRELL, Support Worker, PENUMBRA, Wymet House, 87 New Row, Dunfermline Tel 01383 728467 4 JENNIFER McHALE, PENUMBRA, Wymet House, 87 New Row, Dunfermline tel 01383 728467	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:	Type of Accommodation: COUNCIL FLAT Living With: SELF If in hospital – date discharged planned
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 Time Place	Admission to/Discharge From Hospital Since Last Review Dates

Signed .....JOHN HAMILTON..... Care Co-ordinator (Key Worker) Date .....

CPA Care Plan no 1

CARE PROGRAMME APPROACH CONFIDENTIAL

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	Leon / Dr Cavanagh	
	Weekly visits by John Hamilton	John Hamilton	
PHYSICAL HEALTH	Sleep pattern disturbed To try Melatonin as night sedation	Leon / Dr Cavanagh	
MEDICATION	Dr Cavanagh John Hamilton - weekly	Leon / Dr Cavanagh / John Hamilton	
HOME ENVIRONMENT	Penumbra assisting with household chores though request for more regular visits to be carried out and planner to be drawn up. New Support Worker, Jennifer to help out		
	• Housework Thursday 1.30 – David • Shopping Monday 11.30 - Jennifer Mrs Gratton to continue to do fortnightly shop on Wednesday	David Murrell / Jennifer McHale, Support Workers (Penumbra) Mrs Gratton	
RE-SOCIALISATION	Leon to attend social groups using bus pass.	Leon / Derek Allen	
	To try attendance at Core Club Attends 5-a-side football on Wednesdays with COT	Leon / Core Club staff Leon / COT	
	Golf when not playing football Referral to Spirals to go ahead	Leon / John Hamilton John Hamilton	

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 ..Lgratton..... **LEON GRATTON**..... Patient/Client Date .....

CARE PROGRAMME APPROACH CONFIDENTIAL

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

NEEDS IDENTIFIED –INCLUDING Crisis/Emergency Arrangements	PLAN of ACTION	PERSON RESPONSIBLE	OUTCOME and UPDATE
BUDGETING	Lorna to continue with help re budgeting.	Mrs Gratton	
PSYCHOLOGY	To refer Leon to Psychology	Dr Cavanagh	
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		

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 ..Lgratton..... Patient/Client Date .....

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

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

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

Date	6 February 2003
Your Ref	
Our Ref	PC/LA/SO65370
Enquiries to	Mrs Lorna Abercrombie
Extension	6451
Direct Line	

Dear Dr Garmany

RE: LEON GRATTON, D.O.B. 17.3.75
85 SPITTALFIELD ROAD, INVERKEITHING, KY11 1DZ

Leon was reviewed during the course of his Care Programme Approach Meeting. Things continue to function reasonably well. He does not experience particularly positive psychotic symptoms, his time structure is much better as is his self care and his personality generally. Both he, his Care Manager and mother report a substantial improvement since receiving his depot on a weekly basis. He is receiving support from Penumbra directed at budgeting and other aspects of maintaining his tenancy. We discussed ways of reviewing his activity levels.

In view of his excellent response to medication and in the context of previous diagnostic difficulties, it is looking increasingly likely that the correct diagnosis is schizophrenia rather than personality disorder. I have discussed with Mr Gratton previously the diagnostic possibilities and implications but we propose to discuss them further with him as this year progresses.

Yours sincerely

Dr Paul Cavanagh
Consultant Psychiatrist

cc
CCTT

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

2018
3.13

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

Date	14th May 2003
Your Ref	
Our Ref	PC/LA/SO65370
CHI	170375---
Enquiries to	Mrs Lorna Abercrombie
Extension	6451
Venue	Carnegie Clinic

Dear Dr Garmany

RE; LEON GRATTON, D.O.B. 17.3.75
85 SPITTALFIELD ROAD, INVERKEITHING

I reviewed Leon in the clinic today. He has been doing very well recently. I had his Care Programme Meeting on Thursday 8th May and general satisfaction was expressed with regard to his affect and behaviour. He experiences some shakes which may be attributable to side effects of the depot as he is now on a higher dose. Accordingly I have agreed that he can have a trial of Procyclidine and take it if required in the first instance and to see what effect that has. He is complaining of excessive sleep and I spoke to him about basic measures that he can take to try and improve his time structure. He now has supervised access to his son.

I will see him for review in due course.

Yours sincerely

Dr Paul Cavanagh
Consultant Psychiatrist

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

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

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

Date	25th February 2003
Your Ref	
Our Ref	SS/LA/SO65370
Enquiries to	Mrs Lorna Abercrombie
Extension	6451
Direct Line	

Dear Dr Garmany

RE: LEON GRATTON, D.O.B. 17.3.75
85 SPITTALFIELD ROAD, INVERKEITHING

Leon was reviewed during his Care Programme Meeting on 6th February 2003. General reports are that he has been better since the increase in his depot, he feels more focused and less distracted and his concentration is better. There have been no incidents of impulsive behaviour. This improvement is corroborated by his mother who also feels that he is less paranoid.

The evidence from his response to treatment would lead us to rethink his diagnosis from personality disorder to functional psychosis. He does not however fit the diagnosis criteria for schizophrenia. Obviously the approach that we have been taking has been one driven by need rather than by diagnosis in the first place, however in terms of prognosis and the long term treatment plan, it would be very helpful if diagnostic uncertainty could be resolved. My view remains however that the passage of time will lead us to greater clarity. Mr Gratton is aware of the diagnostic difficulties but is not overly concerned himself. In the meantime, his care plan is to continue with considerable input from his Care Manager, John Hamilton, out patient reviews with myself and the main stay of his drug treatment is his depot neuroleptic.

Yours sincerely

Dr Paul Cavanagh
Consultant Psychiatrist

cc
John Hamilton
CCTT

Queen Margaret Hospital
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Fax 01383 627044

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

Date	12 December 2002
Your Ref	
Our Ref	PC/LA/SO65370
Enquiries to	Mrs Lorna Abercrombie
Extension	6451
Direct Line	

Dear Dr Garmany

RE: LEON GRATTON, D.O.B. 17.3.75
85 SPITTALFIELD ROAD, INVERKEITHING, KY11 1DZ

I reviewed Leon in the out patient clinic today. He is doing reasonably ~~good~~ well. He experiences some auditory hallucinations at night time which probably represent pseudo-hallucinations. Other than that he is doing well.

He feels that there has definitely been a beneficial thing for him and he is quite happy with his current dose. He has not been able to sleep recently and I have agreed to him having a prescription for Zopiclone 7.5 mgs daily with the intention that it will be short lived.

I will see him again in the New Year.

Yours sincerely

Dr Paul Cavanagh
Consultant Psychiatrist

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

? Have you arranged an ECG & 24 hour ECG ?
Yes - [illegible] 21/8/2002

Norman MacKay
Solicitor
14 Albany Street
EDINBURGH
EH1 3QB

Date	2 August 2002
Your Ref	
Our Ref	PC/LA/SO65370
Enquiries to	Mrs Lorna Abercrombie
Extension	6451
Direct Line	

Dear Mr MacKay

RE: LEON GRATTON, D.O.B. 17.3.75
85 SPITTALFIELD ROAD, INVERKEITHING, KY11 1DZ

Further to your recent letter, I saw Mr Gratton for the first time today 1 August 2002. He had just been seen by my colleague Dr Edwards who has just recently retired. Whilst this is the first time I have met Mr Gratton, he does indeed regularly see my colleagues from the Community Mental Health Team.

I have had access to Mr Gratton's previous psychiatric records from Lanarkshire and consequently have some understanding of his psychiatric history. There has and continues to be some diagnostic uncertainty regarding the precise nature of Mr Gratton's mental disorder. I would hope with time to have a better idea of Mr Gratton's mental state and consequently be able to furnish you with a more precise prognosis.

With regard to the particular issue of access to his son, I can see no reason at the present why this should not be sought. I understand that proceedings for access arrangement are at an early stage. I would therefore suggest that you approach me when proceedings are more advanced for a formal psychiatric report, at which point I would be able to furnish you with more accurate information and a more rounded assessment.

Yours sincerely

Dr Paul Cavanagh
Consultant Psychiatrist

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

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

Date	Thursday 1 August 2002
Your Ref	
Our Ref	PC/LA/SO66270
Enquiries to	Mrs Lorna Abercrombie
Extension	6451
Direct Line	

Dear Dr Garmany

RE: LEON GRATTON, D.O.B. 17.3.75
85 SPITTALFIELD ROAD, INVERKEITHING, KY11 1DZ

I met with Mr Gratton for the first time in the clinic this afternoon. He was passed on to me by Dr Edwards, at the same time as he was referred to the CCTT. I reviewed his psychiatric notes before seeing him. It appears that his first contact with the services was in adolescence and coincided with a wider family disturbance following his mother's relevation that she had been sexually abused by her father. He spent time in a children's home and used drugs fairly haphazardly. He had an admission to the Royal Edinburgh Hospital when he was 17 or 18 with a psychotic episode attributed then to LSD use. There was a consideration that he may be suffering from a functional psychosis then and he was in fact in hospital for quite a long period of time. He moved to Lanarkshire in 1996 from Edinburgh and presented to the psychiatric services there in 1999 and had a period of 2 years of difficulty in management and diagnostic uncertainty including 2 admissions which proceeded to in patient care. He had treatment with neuroleptic medication and antidepressants. His psychopathology was eclectic but included quite disturbed affect and behaviour, pseudohallucinations and preoccupations which may have been delusional in intensity, particularly about his ex-partner and her subsequent relationships. He appears to have had frequent presentations to emergency services through which he attracted a variety of diagnoses but it appears that his clinical team, after careful consideration, considered him to be suffering from a personality disorder rather than a functional psychosis.

The care plan involved fairly intensive support by the Community Psychiatric Nursing service and psychotropic medication including antidepressant, and antipsychotic drugs. He moved to Fife in October 2001 and in April 2002 was admitted to Ward 2 for a period of about 6 weeks. Whilst his initial presentation had been in an agitated and confused state, complaining of auditory hallucinations, nevertheless the form of his symptoms and pattern of his recovery remained consistent with a borderline personality disorder complicated by psychotic episodes.

PTO

He was commenced on Zuclopenthixol Decanoate depot and referred to the CCTT.

He was assessed by the team and allocated to a higher level of care. His Care Manager is John Hamilton and Support Worker is Derek Allan.

At interview today, Mr Gratton's principal concerns actually relate to access to his 4 year old son Darren in Edinburgh, however there was also an incident last week when he hit his mother, was arrested and charged and received a deferred sentence. He tells me that the argument arose because his mother had annoyed him by challenging him about memories that he has of past events - an episode when he was abused when he was 13, and about his memories of his ex-partner's pregnancy. Mr Gratton also told me that he believes he was raped at some stage when he was 18. This coincided with his admission to the Royal Edinburgh Hospital and he describes flashbacks to the smell, taste and feeling of being raped although has no memory of the actual event. He is socially fairly isolated. He has fairly persistent auditory pseudohallucinations which are worse when he is tired or scared. He also experiences what he describes as a shake most nights which on closer enquiry turn out to be irregular palpitations. He told me he would like some medication to calm him down, especially in the evenings.

Diagnostically my impression of Leon Gratton is consistent with that of previous psychiatric assessments ie personality disorder although there are some features of his symptoms more consistent with functional psychosis.

We will proceed with the current care plan which depends upon regular low dose antipsychotic depot medication and at least in the first instant, fairly intensive efforts to engage and build up a therapeutic alliance.

I will not prescribe further presently but think it would be prudent to rule out an episodic arrhythmia and will therefore arrange ECG and 24 hour ECG. I will see him again in due course.

Yours sincerely

cc John Hamilton, CCTT

Dr Paul Cavanagh
Consultant Psychiatrist

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

ECG Department
Victoria Hospital
KIRKCALDY
Fife

Date	2 August 2002
Your Ref	
Our Ref	PC/LA/SO65370
Enquiries to	Mrs Lorna Abercrombie
Extension	6451
Direct Line	

Dear Doctor

RE: LEON GRATTON, D.O.B. 17.3.75
85 SPITTALFIELD ROAD, INVERKEITHING, KY11 1DZ

I would be grateful if Mr Gratton could have a 24 hour ECG. He has a borderline personality disorder with frequent brief psychotic episodes as a consequence of which he requires psychotropic medication including depot antipsychotic and at times antidepressant medication. He has a fairly persistent symptom of nocturnal paroxysmal tachycardias associated with lying down and at least on one occasion has been seen whilst having a tachycardia with irregular pulse, however resting ECG has been normal.

Thank you for your help.

Yours sincerely

Dr Paul Cavanagh
Consultant Psychiatrist

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

Dr S Griffin
Consultant Psychiatrist
Psychiatric Unit
Monklands Hospital
Monkscourt Avenue
AIRDRIE ML6 0JS

Date	March 2002
Your Ref	SG/HN/1703758110
Our Ref	PME/SMD/S065370M
Enquiries to	Mrs Shiona Drylie
Extension	2353
Email	shiona.drylie@faht.scot.nhs.uk

Dear Dr Griffin

Mr Leon GRATTON Dob: 17 03 1975
Formerly of Airdrie, now at 85 Spittalfield Road Inverkeithing KY11 1DZ

Thank you for your helpful letter of the 9 October 2001. He has been in contact with our services, but I saw him for the first time on 6 March 2002. I would tend to agree with your view that the main issue here is of personality dysfunction, a borderline type, with dissociative features, etc. Your letter and correspondence copied with it was extremely helpful.

Thank you,

Yours sincerely

Peter M. Edwards
Consultant Psychiatrist

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

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

Date	13 March 2002
Your Ref	
Our Ref	PME/SMD/S065370M
Enquiries to	Mrs Shiona Drylie
Extension	2353
Email	shiona.drylie@faht.scot.nhs.uk

Dear Dr Garmany

Mr Leon GRATTON 85 Spittalfield Road Inverkeithing KY11 1DZ Dob: 17 03 1975

This is to let you know that I saw Mr Gratton at the Queen Margaret Hospital on the 6 March 2002 for a routine out patient assessment. I saw him along with Lesley Tweedie, CPN, and also had the opportunity to speak to his mother, Lorna Gratton, who works as a concierge in the Edinburgh District Council Housing Department. When he was seen initially he was quite hyper-aroused, having apparently written threatening letters to the Social Work Department where his ex-partner, Liz, works. He seemed to be fizzing with anger at her, feeling very disempowered. There was no evidence of psychosis though he did seem to be jumping to a conclusion in a rather paranoid way and he did describe experiences in the past, such as when he was taken off from a difficult situation in a taxi, when he heard a voice on the taxi CB radio which he was sure was that of his ex-partner, saying that he should be done-in, etc.

→ not LM but ex-partner who walked away

I gather that he lives on his own, his mother lives not far away. From what I hear from Lesley Tweedie is does not do very much at home however.

His mother's description when she was seen on her own was of someone with borderline personality functioning, prone to dissociative reactive states and paranoid ideation, much as described by Dr Griffin, Consultant Psychiatrist, in Lanarkshire in a letter dated 05 07 1999 at the bottom of page two of that letter. I did not get the sense of someone with a formal schizophrenic type psychotic disorder, more someone highly anxious with a history of abuse who tends to dissociate.

We looked at the way forward; it seems there may be forensic consequences of his threatening telephone calls and letters, etc.

pto/...

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

Date: 24 December 2001
Your Ref:
Our Ref: RB/MAC/065370/241201

Enquiries to: Mrs M Currie
Extension: 7041

Dear Dr Garmany

RE: LEON GRATTON (DoB 17.03.75) 85 Spittalfield Road, Inverkeithing KY11 1DZ

Leon was brought up to the Queen Margaret Hospital by Lesley Tweedie, his CPN, on 11th December 2001. He has recently moved to Fife from Lanarkshire and I believe Lesley has arranged for him to see Dr Edwards.

He is thought to have borderline personality disorder and complains of difficulty getting to sleep. He complains of thoughts coming into his head, particularly memories of his childhood, which were mostly happy. He also remembers scenes from television programmes and tends to laugh out loud, to the extent that it disturbs people in the surrounding flats. He also complains of recurrent memories of unpleasant scenes, particularly from the news. These have been present for a few months, but have been worse since he moved to Inverkeithing.

He describes himself as anxious during the day and also "paranoid". He thinks that strangers will attack him or break into his house. He has had no recent suicidal thoughts and no thoughts of harming others. He is requesting help to relax and control his thoughts.

He takes Olanzapine 10 mg once a day and Lustril 50 mg once a day.

On mental state examination he was casually dressed and appropriate with good eye contact. His mood was subjectively and objectively euthymic and his affect was reactive. His speech was normal in form and content. His cognition was grossly intact and he had no suicidal thoughts or plans. His insight was maintained.

He was allowed home with a short course of Diazepam 2 mg to try to control his anxiety and Lesley Tweedie will arrange for him to be seen by Dr Edwards at his out-patient clinic. I have not arranged any other follow up.

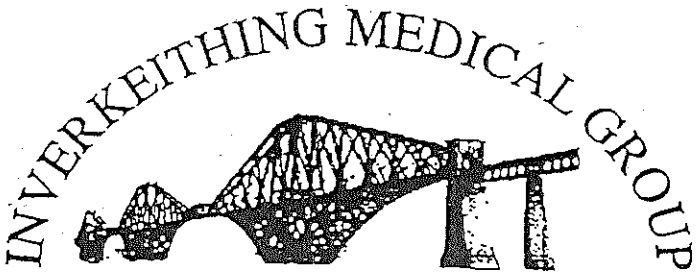
Yours /

Yours sincerely

DR RICHARD BROWN
SHO TO DR WEST

c. Dr Edwards, Consultant Psychiatrist, QMH
Lesley Tweedie, Lead Nurse, CPNS, QMH

CTm29/11



RECEIVED 26 OCT 2001

Inverkeithing Medical Centre
5 Friary Court
Inverkeithing
KY11 1NU

Telephone: 01383 413234
Fax: 01383 427527
Direct Dial:

(Please reply to 5 Friary Court, Inverkeithing)

Dalgety Bay Medical Centre
Regents Way
Dalgety Bay
KY11 5UY

Telephone: 01383 822174
Fax: 01383 823975

24 October, 2001

Dr P Edwards
Consultant Psychiatrist
Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife
KY12 0SU

Dear Dr Edwards

RE: LEON GRATTON, 85 SPITTALFIELD ROAD, INVERKEITHING, KY11 1DZ – DOB: 17.3.75 (0)

I am just writing to check that this man has indeed been referred by Dr Griffin, Consultant Pyschiatrist at Monklands Hospital. He tells me that Dr Griffin was going to write to a psychiatrist in Dunfermline to take over treatment. Mr Gratton tells me that he had an episode of drug induced psychosis about seven years ago but was more or less OK since and he says that he has now stopped taking drugs completely. However, last year he was admitted for a six month period under Dr Griffin – he tells me he was never given a diagnosis but he is now on Olanzapine 10 mg at night and he is also meant to be taking Trazodone, but has not done so in recent weeks and feels no different without it. He also uses Zopiclone 7.5 mg occasionally at night.

He was also seeing a CPN through Monklands and I would be grateful if you could arrange to see him if you have not already done so following Dr Griffin's letter.

Yours sincerely

p.p. M. A. Darling (Secretary)

DR DAVID GARMANY

LINKLINE TO BETTER HEALTHCARE
01698 85 55 88

RECEIVED 17 OCT 2001

LANARKSHIRE
PRIMARY CARE NHS TRUST

SG/HN/1703758110

Ext 3147

Received for typing 8/10/01
12 October 2001

Dr Zaman
5 Aitken Street
Airdrie

Dear Dr Zaman,

Re: Leon Gratton, Dob- 17/3/75, 44D/4 Thrashbush Quadrant, Airdrie

I saw Leon for review at the clinic this afternoon (8/10/01). He was in good form, had no complaints, and was looking forward to moving in 2 weeks time to his new tenancy in Inverkeithing, Fife. I presume he will be registering with a new GP in the near future. Contact with the local psychiatric services there has already arranged and I have sent Dr Peter Edwards, Consultant Psychiatrist, based at Queen Margaret Hospital in Dunfermline some relevant information about him.

I suggest no immediate change in his medication which stands at Olanzapine 10mg daily and Sertraline 100mg daily.

I have not made any arrangements to see him again and am now discharging him from my clinic.

Yours sincerely,

pp H-Kauser

DR S GRIFFIN
CONSULTANT PSYCHIATRIST

Cc Andy Dunlop, Connections Project
Dr Peter Edwards, Consultant Psychiatrist, Queen Margaret Hospital, Dunfermline, Fife

Psychiatric Unit
Monklands Hospital, Monkscourt Avenue
AIRDRIE, ML6 OJS
Tel: (01236) 746180 Fax: (01236) 749591

LINKLINE TO BETTER HEALTHCARE
01698 85 55 88

RECEIVED 12 OCT 2001

LANARKSHIRE
PRIMARY CARE NHS TRUST

SG/HN/1703758110

Ext 3147

Received for typing 8/10/01
9 October 2001

Dr Peter Edwards
Queen Margaret Hospital
Dunfermline
KY12 OSU

Dear Dr Edwards,

Re: Leon Gratton, Dob- 17/3/75, 44D/4 Thrashbush Quadrant, Airdrie

The above has been a patient under my care since June of 1999. I understand that he will soon be moving to your catchment area to a tenancy close to his mother in Inverkeithing. He can be contacted at his mother's address which is – 41 Spittalfield Crescent, Inverkeithing.

I enclose extracts from previous correspondence to fill in the background. The possibility of Schizophrenia has been raised but in my opinion the evidence points more towards Gross Personality Disfunction. His medication at present is as follows:-

Olanzapine 10mg nocte.
Sertraline 40mg daily.

If you would like to discuss the case with me at any time, you are welcome to phone me at Monklands Hospital on 01236-713147.

Yours sincerely,

DR S GRIFFIN
CONSULTANT PSYCHIATRIST

Cc Andy Dunlop, Connections Project

✓Encl

Psychiatric Unit
Monklands Hospital, Monkscourt Avenue, Airdrie ML6 0JS
Tel: (01236) 71-2388 Fax: (01236) 749591

SG/HN/1703758110

Ext 3147

Received for typing 3/9/01
5 September 2001

Dr Zaman
5 Aitken Street
Airdrie

Dear Zaman,

Re: Leon Gratton, Dob- 17/3/75, 44D/4 Thrashbush Quadrant, Airdrie

I saw Leon for review this afternoon (3/9/01) with his Connections Project Key Worker, Andy Dunlop, CPN. He was his usual self and there was no evidence of psychotic phenomena. There are plans afoot for him to move closer to his mother in Inverkeithing (Fife) and I understand this is going ahead within the next couple of months. Meantime, as per my handwritten note, there are a few issues requiring attention:-

a) He complains of irregularity of heart rhythm particularly noticeable at night with missed beats. His pulse at the wrist was indeed irregular today although I am not certain whether this represent Sinus Arrhythmia or a more pathological irregularity. Certainly, his ECG of mid January this year was reported as "Normal Sinus Rhythm". I would be grateful if you could arrange for him to have an ECG as soon as possible to exclude any more important pathology. It is possible that this is an adverse effect of Trazodone.

b) I suggest gradual discontinuation of his Trazodone over a 2 week period followed by the introduction of Sertraline after a further one week. I suggest commencing Sertraline 50mg and increasing it to 100mg as tolerated.

c) He still complains bitterly of poor sleep but this is really more a case of displacement of sleep pattern with staying up late and sleeping late the following morning. I suggest a short 2-week course of Zopiclone 7.5mg nocte in the hope of restoring his sleep pattern to normal. I have discussed this fully with him.

I am seeing him again on 8/10/01 and will write to you again then.

Yours sincerely,

DR S GRIFFIN
CONSULTANT PSYCHIATRIST

Cc Andy Dunlop, Connections Project

KL/HN/1904568130
Received for typing 23/5/01

18 June 2001

Dr Zaman
5 Aitken Street
Airdrie

Dear Dr Zaman,

Re: Leon Gratton, Dob- 17/3/75, 44D/4 Thrashbush Quadrant, Airdrie

I reviewed Leon at 17.55hrs on 21/5/01 at Monklands A&E Department. He was brought up by his CPN Mr Dunlop. He had apparently been non compliant with his usual medications of Olanzapine and Trazodone, was possibly experiencing paranoid delusions, and was causing a disturbance from a behavioural point of view at his homeless accommodation.

On review of Mr Gratton he stated to me " I am having horrible fuckin' nightmares". He stated that when he was 18 years old, all sorts of things were happening to him and he elaborated on these events from his past. He was not sure whether these things were made up or real but he now stated that he was now having distressing memories of things that had happened to him at aged 18 and that he was having very distressing nightmares about these events. He further stated to me "I am scared of going anywhere, I feel I am the scurge of the planet"./

Leon Gratton
Dob- 17/3/75

18/6/01

Mr Gratton admitted to some vague paranoid thoughts in which he felt that former associates, with whom he had had previous illicit drug dealings with, might possibly be after him. He was not able to offer any evidence to this effect. He also complained of also not being able to sleep for the past 5 days because of these distressing thoughts. He had ceased taking his medication, Olanzapine and Trazodone about 2-3 weeks prior to his assessment, giving the reason that he was unable to get to his GP. His CPN was able to tell me that he had dropped Mr Gratton off at his GP on 3 occasions over the past 3 weeks but that he had failed to collect his medications or be reviewed.

Mr Gratton admitted to having had half a bottle of White Lightening Cider about 3 days ago. He denied other current illicit drug use.

I asked him about other things that might be distressing him and he specifically spoke to me about having split up from his partner about 6 months ago and that he still thinks about her. He said he was also upset about not going to Spain with his mum who was currently in Spain and due to arrive back in about 3 days time.

I felt the issue currently was his behavioural disturbance and lack of sleep. This was in the context of his not complying with his medications over the past 3 weeks. He was also demonstrating some degree of behavioural disturbance at his accommodation. I could find no evidence of a psychotic disorder in his presentation today. My plan is as follows:-

1. Recommence his usual medications.
2. Commence short term Diazepam 10mg nocte for the next 3 nights until he is reviewed by his GP.
3. A CPN will closely observe Mr Gratton and will inform Dr Griffin or myself of his clinical status if it deteriorates or fails to improve.

Mr Gratton is due to see his GP this Thursday and I have supplied him with a hospital script for 1 weeks supply of Olanzapine and Trazodone and 2 further nights of Diazepam 10mg.

Yours sincerely,

DR K LAMBERT
SHO IN PSYCHIATRY TO DR GRIFFIN

Cc Andy Dunlop, CPN, Connections Project, Coatbridge

SG/HN/1703758110

Ext 3147

Received for typing 20/4/01
20 April 2001

Dr P Rankin
Kilsyth Health Centre
Burngreen Park
Kilsyth

Dear Dr Rankin,

Re: Leon Gratton, Dob- 17/3/75, 44D/4 Thrashbush Quadrant, Airdrie

I am unsure whether you are still Leon's GP and when I saw him this afternoon (12/4/01), I neglected to ask him if he had registered with another practice. At any rate, I will write to you and if appropriate you could pass the letter on.

When I saw him at the clinic today, he seemed much more settled than at any stage since before his admission to the ward. Things seem to have taken on an element of stability. He now has no contact with his ex-partner Liz and shows no indication of wishing to resurrect their relationship. He is awaiting a tenancy near his mother in Inverkeithing in Fife and says he is "priority" on the housing list there. He has 2 day access per week to his young son Ryan which is negotiated with Liz by his mother and they spend that time in Inverkeithing.

Today, his only complaint was of a chaotic sleep pattern involving an average of 3 hours sleep per night and sleeping most of the day every 3 days or so. He says that he "hates" Sertraline and would rather not take it anymore.

He said he would like a change of anti-depressant. Although I do not think that anti-depressants have played a major part in his management, I see no reason to refuse his request and have agreed to substitute his Sertraline with Trazodone. I suggested to him decreasing the Sertraline over 2-3 weeks and starting Trazodone 150mg at night increasing to 300mg at night as tolerated. He remains on Olanzapine 10mg at night also.

Impression

I must say that his presentation today would tend to substantiate our formulation of his case. He even said in regard to his ex-partner Liz "perhaps we were not meant for each other"./

Leon Gratton
Dob- 17/3/75

20/4/01

At any rate, I am seeing him again on 21/6/01 and will keep you informed.

Yours sincerely,

DR S GRIFFIN
CONSULTANT PSYCHIATRIST

SG/HN/1703758110

Ext 3147

Received for typing 28/2/01

28 February 2001

Dr P Rankin
Kilsyth

Dear Dr Rankin,

Re: Leon Gratton, Dob-17/3/75, 44D/4 Thrashbush Quadrant, Airdrie

I saw Leon for review at the clinic on 19/2/01. As you know, Leon was an inpatient for more than 2 1/2 months in Ward 25 recently being discharged in late January. I have touched on some aspects of his complicated personal and domestic history in my letter to you of early July 1999. At that time, I felt on the balance of probability that his morbid jealousy was probably non psychotic in nature and based in personality disorder with impaired emotional development. Of the two main informants about his background, his mother tended to be in agreement with this formulation, but his wife Liz was very concerned that he might be suffering from Paranoid Schizophrenia.

Because of this diagnostic uncertainty, following his re-presentation and admission to Ward 25 in November last, we decided to take the opportunity to do a more comprehensive ward based assessment.

Progress on the ward

The picture remained rather mixed. The main consistent symptom was his morbid suspiciousness about his wife's presumed (indiscriminate) infidelity. A number of other symptoms were evident from time to time which might have been of psychotic significance. These were mostly elaboration's of the underlying morbid jealousy (saying he was being persecuted by a Mr Gribbin who was apparently his wife's ex-partner), expressing the view on one occasion that his wife had been trying to poison him prior to his admission, reporting on occasion that when speaking to his wife on the telephone he could hear a man's voice in the background whom he assumed to be her current bed partner (although she denied there was anyone there). He would report hallucinatory or pseudo hallucinatory experience from time to time (mainly a voice or voices whispering one word - "beg") but these were not present with any constancy and we were not convinced that he was having true hallucinatory experience. His jealousy however, was always present and sometimes expressed with extreme vehemence and conviction. Despite this, we did not have the impression that he posed a serious threat to his wife. When asked, he would usually say that he loved her and would do nothing to harm her. As far as I am aware, there is no history of assault on his wife up to this point./

Leon Gratton
Dob-17/2/75

28/2/01

In personality, he was noted to be quite histrionic at times and tended to compete for the attention of staff. We saw the conflicted family relationships in a bit more detail. He tended to oscillate between affiliation with his mother and with Liz (the women in his life do not enjoy a good relationship and have in the past been somewhat competitive in relation to him). There was sometimes the impression (although of course this is completely speculative) that he would embellish or manufacture symptoms when with his wife (who is a social worker with some knowledge in mental health) in order to collude with her assumption about his diagnosis.

Diagnosis

The diagnosis was of histrionic personality disorder and morbid jealousy state. We saw little evidence to suggest a diagnosis of Paranoid Schizophrenia. Regarding his morbid jealousy, one could argue that this is delusional in the sense that it is a fixed belief of which he appears to be entirely convinced, though can provide little compelling evidence to back his suspicions. In that sense, it could be described as a delusional disorder.

Regarding risk, there are no indications of a high level of risk to his wife Liz at present. To my knowledge he has no previous history of assaultive behaviour towards her. Since discharge from hospital, he seems to have made no attempts to seek her out or even to contact her.

Management

I have arranged to see him again in a month's time. I have arranged for the CPN service to monitor the situation meantime. I suggest increasing his Olanzapine to 10mg at night on an empirical basis.

Yours sincerely,

DR SHAY GRIFFIN
CONSULTANT PSYCHIATRIST

5/7/99

Re: Leon James Gratton, Dob-17/3/75, 32 Balcastle Gdns, Kilsyth

Further to my last letter to you on 24/6/99, I saw the above at the clinic this morning to complete his assessment. He came with his wife Liz who is a Social Worker.

Presenting Symptoms

As you say in your letter, he presents with a recent history of irrational fears (e.g that his wife and 9 month old son may be kidnapped), paranoid ideas (e.g. people talking about him and laughing at im in the streets, calling his wife Liz "a whore" and accusing her of sleeping around and referring to him as "an eejit" because of this - the man who runs the local ice cream van indulging in double entendre about his wife's fidelity) and as you say, "amnesiac episodes" where he wanders the area, sometimes at night, with reduced awareness of his surroundings or why he is wandering.

Past Psychiatric History

There was considerable disturbance in his mid teens. He was referred to the Young Persons Unit in Edinburgh with behaviour disturbance and temper tantrums at aged 14 and again at 16 when he had started taking drugs as well, but he and his mother did not keep the appointments.

He was admitted to the Royal Edinburgh Hospital in September 1993 and was an inpatient for 4 1/2 months with what appears to have been an acute psychotic episode which appears to have been precipitated by a bad LSD trip 2 or 3 weeks prior to his admission. This was regarded as a possible schizophrenic illness but the diagnosis was not conclusively made.

After his discharge, a tenancy was arranged in Penumbra Accomodation and he attended the YPU Day Unit until April 1996. He remained free of the psychotic symptoms during that time and in 1996 moved to Lanarkshire./

RELEVANT EVIDENCE - see review schedule

Leon Gratton
Dob-17/3/75

5/7/99

He has continued to take Stelazine since then but tried stopping the drug 2 1/2 years ago. He felt very well for 2 months but then experienced an episode of paranoid ideas and began "seeing snakes" and started taking medication again.

Background

His parents separated when he was 3 years old. His childhood was uneventful up until aged 13 when his mother divulged that she and her sister had been sexually abused during childhood by their father. This disclosure caused a family row, with mother and son being ostracised from the rest of 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 from 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, and "doing everything I could to annoy my mother". From aged 16-18, he used a lot of LSD, Amphetamines, and Cannabis but had virtually stopped using drugs in the month prior to being admitted to the Royal Edinburgh Hospital. He then had a bad acid trip as a one off, became increasingly disturbed and paranoid, and required admission.

He has a patchy employment record. He held several jobs after leaving school the longest being for 4 months. He moved round the country a bit, taking seasonal work. He has not worked since moving to Lanarkshire.

He has been with his wife Liz, a Social Worker who is considerably older than he is, for 3 1/2 years. She has 3 children (7-15) from a previous relationship and the couple have a 9 month old son of their own.

Impression

I am not sure whether Leon has an underlying psychotic illness or not. He certainly had frank psychotic symptoms in 1993 but these seemed to settle after a couple of weeks and the length of his admission may have been more related to difficulties in his relationship with his mother and the need to find him independent accomodation. His period of disturbance 2 1/2 years ago after stopping medication for 2 months lends some credence to a psychotic diagnosis but in his case, is far from conclusive.

It is clear that there has been profound personality disturbance from his mid teens which has been maintained and exacerbated by a continuing over heated relationship with his mother. She is still in the picture, lives in Edinburgh, and phones and visits frequently. Both Leon and his wife agree that she is herself rather child-like in her behaviour but at the same time, grossly infantalises Leon.

The symptoms he currently describes do not have a psychotic flavour. The "paranoia" he mentions seems more a reflection of his exaggerated fears and feelings of insecurity vis-a-vis his wife who, being older and from the local area, and previously married, is bound to have "a past" as he puts it. The episodes of wandering are more in keeping with some kind of dissociative state. They are usually preceded by an upset of some kind (perhaps within the relationship) which then leads on to a tantrum on his part where he might "stamp around the house in a rage" before storming off, at times seeming oblivious to inclement weather. He describes diminished, but not absent awareness of his surroundings during these episodes which could easily be accounted for by heightened emotional arousal./

Leon Gratton
Dob-17/3/75

5/7/99

His wife Liz appears to be a calm and well grounded individual and he is probably to an extent putting her somewhat in the maternal role.

Plan

I suggest no dramatic changes in his management at the moment. Leon (and Liz, rather surprisingly) seem keen on a trial discontinuation of his Stelazine. I talked to them at length today about the diagnostic uncertainties in his case so they fully understand what stopping medication might imply. I have suggested that they wait until things settle a bit and then I will be willing to cautiously withdraw medication keeping him under psychiatric supervision to monitor his response.

In the meantime, I have offered him 3 further sessions as a couple to discuss the personality and relationship side of things, the influence of his mother on his life, etc. etc.. I will drop you a note after his next appointment to keep you in the picture.

Yours sincerely,

DR S GRIFFIN
CONSULTANT PSYCHIATRIST

Surname GRATTAN	Unit No.
First Names LEON	Date seen or Admitted
Maiden Surname	Seen at
Address	Seen by
	Consultant in Charge
	Family Dr.
	Referred by

D. of B. 17/3/75 Sex M. F. M.S.W.D. Religion Occupation

11/12/01 1705 | brought up by Lesley Treelie, CPN.
(not looking for admission)

recently moved from Innerkeithing
due to see Dr. Edwards soon.
? borderline personality disorder
c/o difficulty getting to sleep
- thoughts coming into head - memories of childhood
- mostly happy
- scenes from TV programmes
- also unpleasant scenes
e.g. from News

- present for few months
worse since move to Innerkeithing
also anxious during day
'paranoid' - thinks strangers will attack him or break into his house

no recent suicidal thoughts
no thoughts of harming others
requesting help to relax + control thoughts

Rx
D.H. olanzapine 10mg ①
hypnal 50mg ①

MS 56

MSE A+B appropriate
carefully dressed
good eye contact

mood subjectively + objectively anything
reading

speech normal tone + content

thinking/perceptions - self abuse
cognitions grossly intact
suicide - no thoughts or plans
insight - minimised.

Short course of diazepam 2mg 4 hrly
Lesley to attend arranging review by Dr. Edwards
admitted home.
Patient + Lesley happy with this.

(SHO)
B Brown

6/3/02 Seen @ GOPU c LT

- Hyperaroused today - having walk
Threatening others & fed Dept - fighting
c anyone @ ex partner - @ feeling
disempowered & ab - all over the
place - No evidence of psychosis

NAME	Fear Feather	Continuation Sheet No.	Unit No.

but jumping to conclusions —

and possible paranoid / psychotic

thinking in the past as when

taking off a taxi — heard —

voices in CB radios when he

was sure was that of ex-partners

ex partner — saying to fear been a

drug. also // have a bad aura — another

[illegible] high [illegible] level.

also seen in other home Feather

Coverage. Ed. Dr G. Young Sept.

description is of someone a borderline

personality functioning — prone to

dissociative reactive states — a

paranoid character — under whether

psychotic — I have seen at formally

a not schizophrenic — were heavily anxious

MS 57

WP — [Read the Real with Foreign consequences of cy of Mun coal / Coking etc]

- Role of NCMM - support -

Nuclear etc - Green Industries

⟷

- Management of my system -

Strategy etc

Cutting - funding - medicine

Hampton Wing work increase 15 mg

Increase mean 1. OCD

Hypnosis

anxiety

Key Issue Unit cost - Freedom

Cage etc - without seeing a other

Person

" part of my

newspapers: cover

NAME Leon Grattan	Continuation Sheet No.	Unit No.

1-8-02 Hit mum last week - while she was drunk - spent a night in the cells, went to court the next day - delivered sentence depending on his behaviour.

- argument (1) about an incident

(2) Paul Gallagher" - he was a pedo - when he was 13 - with friend

(3) somewhere after 18 I might've been raped - the smell the taste the feeling just before I went into hospital (reality) - niggling at the back of my mind

- In care when Fifteen → dishes home.

- never did he before -

Lives by himself

I like in bed + "shade"

- sets up, washes the dogs breakfast + reading + writing, walks dogs.

- no social life

voices - fire when out and about when tired / not sleep → looking around

Bangings on jail cells - scary, nightmare

- loud noises in ears - no warning / warnings

MS 57

Ignore it – always have day

mood – up + down
Whether I'm going to fall in love again.

Son Darren – not seen since
went in to hospital – not allowed by
ex-partner

Diagnosis
– would like to see him –
mother sees son but he doesn't
– mother + family are good fdy
– lots a kids
→ living in Wolverhampton

for ECG + ?echo
if ok → Nod medication

2/12/02 Nightmares
– waking up with its taken d
penis in mouth.
– has felt more in control since dent.

Doesn't sleep as well
If I don't drink – not as anxious/
anxiety – no side effect
– ↓ libido, can't get erection.
Attending anger management course
Cont drinks – supported for problems with
– [illegible] cor blood pressure

NAME Leon Gratton	Continuation Sheet No.	Unit No.

2/12/02

Relationship - lasted for 5 years

1 child Darren now 4

8 - Jane
9 - christopher
18 - michelle

five relationships

Last saw Darren 6/12

Ex partner preventing access -> because of letters, but before that preventing access

"it was causing a lot of anger"

"Partly my mum as well - she would rage if I took on my own"

Partner had said he had to have someone else - because she alleged that he had taken Darren without a jacket "but this is a lie

Mother & partner both said he wasn't fit to look after Darren.

- Believes they are wrong -> that's why my mother got a punch on the nose

MS820

+ letters. Still angry about it.
"Happy as Larry when he's with me"
I cracked up – she put me into Maitland
+ split from there – I'd suspected
of dealing + she admitted.
Split happened when in hospital
I wasn't able to stay with mother –
she kept me locked in room
I got up because I was dizzy – tried
to walk through sitting room – mother
slapped him. – always aggressive
but nobody believes
– now stays nearby to mother

Partner Social worker
In Maitland when she left.
– Handles accounting in Airdrie →
Fife
Had lived in Renfrew 1993–96 – supported
accommodation → Had been in Royal Ed
at 18
1996 → 2000 4 years Kilsyth
met through a friend in Renfrew
Came down to Fife
Feels good a lot of the time – when
alone or with mum not good

NAME Lyn Gratton	Continuation Sheet No.	Unit No.

Voices – all night time – people arguing / splitting up – roaring around outside head – thoughts racing
Have nightmares we always are frightened – listen, fan on to go to sleep – some nights she snores – also always turning on.

Mother 46 — well — Concierge

Separated when he was 3.

Father Gary Gratton 50 — Always sees Buddy's site manager in Marbella – nice guy – Salt of the earth close. Tried to kill himself – 5 years ago after relationship problems

~~Separated~~

Joanne ~~Sixteen~~ 19 } 1/2 sisters living in Marbella – close – no mental health problems – quite clever

Emma 23 }

Raymond – sex partner of Buddy's Brighton separated now Adrian OK.

MS820

Schools – [illegible] –
drugs, Drink, fighting, stealing
– part of mixed groups + alone
Cannabis @ 13 – not since 18.
Sniffing glue – stopped 15.
No opiates
Speed 16-17 1/year
No ecstasy
No vodka
Alcohol – used to drink a lot –
along c cannabis – very varied
nowadays – D.O.S.
Wants to write professionally →
has to pay for proof reading.

– I need to stop smoking to
get to sleep
– by medication
→ Zopiclone 7.5mg nocte

8-2-03 CPA
"Better" – more focussed
less distracted, able to concentrate
impulsive behaviour has stopped
mates thinks he is much better also
less paranoid – feels very better

NAME Leon Grattan	Continuation Sheet No.	Unit No.

3/5/04 - Nocturnal walking hallucinations
- hypnagogic → smell, sound →
sees or until he feels asleep.
Gets up hrs but does recall
it → a friends
Accepts explanation
Believes that aspects of mus behaviour
rules his opportunist.
Insomnia → continues to
be appalling
Pattern is prolonged insomnia then
hypersomnia.
Arrange for EEG.
Would rather not go back
on sleepings
Well

MS820

13 - 6 wks reading to notes
Lear + John Hunter

2 - Psychic phenomena ? hypnagogic
→ autoscopy

(3) Psychology — specialist
unavailable but may be
role for counselling / ? trauma
through 1st case ? how
suitable.

(4) Time studies of Sans Souci
Penumbra → how well they
are working - S.H will
bring others to attend the
Penumbra meeting

(4) E.E - discussed critical
intervals and round of Jaspers
(5) Diagnostic - still not clear
? functional disorder

Surname	Leon ~~[illegible]~~ Gratton	Unit No.	
First Names		Date seen or Admitted	
Maiden Surname		Seen at	
Address	85 Spittalfield Rd Invergowrie KY11 1DZ 17/3/75	Seen by	
		Consultant in Charge	
		Family Dr.	
		Referred by	

D. of B. | Sex M. F. | M.S.W.D. | Religion | Occupation

1345
Sun
9/4/6

Urgent assessment requested by community outreach team for review of ↑ing distress, paranoia, A/H + suicidal ideation

DX schizophrenia
borderline personality disorder

seen in clinic by Dr Lehany
by community outreach team couple times/week - Craig Mill
care manager - Tom Short
+ Richmond Fellowship - ADL assistant - Mon-Thu 17 hrs/week

last seen by Dr Lehany 3/3/6
- seeing more settled
- continues to get hallucinations at night
- sleeping well using nitrazepam

due to be seen again early April (not seen yet)

on interview

pt seeing ↑n gathered ⇒ called outreach team for support

c/o worsening A/H - screaming, laughing, roaring
frightening nature

paranoia - varied by lots of people including neighbours, old enemies (drug dealers), Uncles, mum

MS873

has woken up with taste of semen in his mouth - as though he has been molested or raped - pt unsure if these are "flashbacks or total fantasy or what" (hx of childhood abuse)

has also had suicidal thoughts - because he is "tired of the hallucinations, feeling lonely, people in my head". Has taken 4 overdoses recently - 3 of which were convicted.

PYHX → as above
last admission 2003

PMHX → above

Meds → clopixol 300mg weekly (Thursday)
nitrazepam
mirtazapine - poor compliance
prev using haloperidol PRN - no supply at home
NIDA

Drugs + Alcohol
EtOH - ↑ intake recently to take away the voices
couple bottles of Tequila + Vodka over last 2 weeks
hx of multiple drug use as a teenager - no current use.

NAME Leon Grattan	Continuation Sheet No.	Unit No.

SHA → pt lives alone in a council house in Invertherfly. His nearest family is his mother in Cumbernauld who he meets once/week. He does not have a partner but has a son from a previous relationship who lives in Glasgow and with whom pt still has contact. He is currently unemployed and has worked in the past in a factory, building site and as a security guard.

Beyond this not expanded as well known to team

MSE

Appearance + Behaviour

Large man with pierced eye brow. Appears calm on interview and not anxious, agitated or irritable. Became upset when I suggested he has a Dx of schizophrenia so we agreed that his diagnosis is unknown. Good eye contact on interview and no psychomotor agitation or retardation. No tremor, sweats, tachycardia or signs of alcohol withdrawal

Speech — (N) volume, rate. Spontaneous ✓ °FTD

Mood (S) anxious
(S) sad
reactive affect — appropriate behaviour.
no ↑ autonomic activity

Thoughts

[paranoid beliefs] - watched by others
intruders in his home

[~~delusions~~ beliefs of abuse] - sexual abuse

[suicidal thoughts] - longstanding and ongoing
pt does not think is at short term risk and
guarantees his safety.

also c/o thought interference (TI, TB, TW)

Perceptions auditory hallucinations - ongoing during interview but not
observed to be distracted or interacting

visual hallucinations - of intruders in home.
somatic hallucinations - semen in mouth.

Cognition alert + orientated
(place, day, date, month, year, time)

Insight pt acknowledges that his illness is determining and that
his paranoid beliefs + hallucinations are due to his illness.

Summary

31 ♂, schizophrenia and possibly disorder c/o worsening SX but
retains insight, and called his ~~support worker~~ ~~for~~ help.
outreach team

Note recent ↑ alcohol intake. Abrupt recent concerned overdoses
(but pt guarantees his safety in short term). Good community support and
recent admissions have been avoided.

NAME Leon Gratton	Continuation Sheet No. 17/3/75	Unit No.

5/4/6 (P) D/C (H)

with PrN Haloperidol 5mg x (5)

+ Nitrazepam 5mg x (5)

to ability West File Community outreach team tel 432725

copy letter to Dr Cheng

D/w Dr Stewart - agrees with above

(cons on call)

Reg SHO 22/6

5/7/07 Concern about mental state

- ↑ telephone calls, suggestive of thought disorder -

interim - believes have broken into, he is threatened with, pain in neck; white van - could hear someone knows a "secret to" - appears agitated →

(1) ↑ to daily visits

(2) Review 5mg tid

(3) ↑ Rend to 50mg weekly

(4) Review if doesn't settle.

Adastra 2.30.15: West Fife Doctors On Call

Call Number: 75036
Date: 17-Mar-2002
Urgency: Routine
Type: Advice

Time Call Received 01:48
Time Passed 01:48
Initially advised at 0110
Patient Seen at 0110
Consultation ended at 0130

NV ✓

LIAM GRATTEN
85 SPITTALFIELD ROAD
INVERKEITHING

Male
17-Mar-1975 (Age: 27 years)

Own GP: Garmany, David
Inverkeithing Health Centre

Passed to: Yousaf, Tahir

Origin: Same Address
Tel: -

PROBLEM
CONFUSED
[redacted]

PH: OLANZAPINE
LUSTRAL.

CLINICAL DETAILS BROUGHT IN BY Police, been calling fire brigade gas board and police saying that there is gas leak & the place is going to explode! Gas board have checked & turned gas off - but no leak.
PMH: CHRONIC SCHIZOPHRENIA.
Attends Day Hospital ? Consultant.
Lives alone, No history of drug or alcohol abuse
[redacted]
Very agitated, confused, disorientated.
Visual and auditory hallucinations.
No insight.

Time of Completion: _____ Signed: D Paranoid Psychosis

OUTCOME D/W Duty Psych. → Wd 2 for assessment.

Action taken by WeFDOC:

Advice only	[ ]
Attended PCEC	[✓]
Visited	[ ]
Visit because Transport Problem	[ ]
Refer for Opinion Wd 2 @ WH	[ ]
Admit to Hospital - Own transport	[ ]
Admit to Hospital - Ambulance	[ ]
No further action	[ ]
Other - Specify	[ ]

Action to be taken by Patient/Carer

To request Appt. 9.30am	[ ]
To request Appt. (routine)	[ ]
To request Visit	[ ]

Other

Surname	Unit No.
First Names Sean Gratten	Date seen or Admitted
Maiden Surname	Seen at
Address	Seen by
	Consultant in Charge
	Family Dr.
	Referred by

D. of B. Sex M. F. M.S.W.D. Religion Occupation

17.3.92 Sent by G.P. — Thought there was a gas leak + that the place was going to explode
Gas board found no gas leak ~~at~~ turned gas off. G.P. says he is hallucinating as well
Opened taps + let it over flow
Called fire Brigade
Police brought him to G.P.
"CO poisoning for 15/7 — leak in gas pipe"
"Council worker had not done anything about lane leak"
Not taken tablets + not slept for 7-8/7
Appetite O.K
"People upstairs + everything is going to blow"
Voices telling him a lot of rubbish
Will not qualify what
Sees flashes of light.
People are talking about him + laughing at him! Going to kill him + do him in.

MS873

Thinks his house is bugged
"I need to sleep"

Lives alone
Parents live round the corner from him.
Comes to Day Hosp once a fortnight
Goes to Cinema
Denies smoking or drinking
Glad to be alive. Scared CO is going to kill him. Wants to live

Olanzapine – 15 mg
Lustral – 50 mg in A.M
Zopiclone – 7.5 mg Nocte
"I have not been able to move for 4/7 of CO poisoning."

NAME Liam Geatten	Continuation Sheet No.	Unit No.

M.S.E

Appearance + Behaviour —
Informally dressed.
Extremely anxious
Sat on edge of chair
Looking around suspiciously

Speech — normal rate + flow
Eye contact reasonable
Hallucinat — +
Paranoia — +
No thought control
No ideas of Reference
thought his house was bugged.
Attention + conc — not very good.
Orientation — orientated in person
place + time

Insight — poor.

" For 15 min obs.
" Olanzapine - 15 mg
" Lusiral - 50 mg
" Zopiclone 7.5 mg Nocte

Physical Examination :—

C.V.S. B.P. — 135/75 mm of Hg
Pulse — 76/min
Heart I+II +0

Lungs — Clear

P/A Abdomen — soft
No tenderness
B.S. heard

C.N.S Power ✓✓
Tone ✓✓
Reflexes ✓✓
Plantar ± ±

∴ Refuses Depot inj
∴ to continue 15 mg Mutazepam Nocte

M. Nem
SHO

21.3.02 Sleep on Lorazepam
Appetite good
Agitation ↓ easing up
Mood improving, no thoughts or plans of self harm
Denies any psychosis
Just got up + still yawning
Agree to have Clopixol Depot
↓ Olanzapine — 5 mg Nocte
For Day Hosp. please

M. Nem

NAME Liam Gaffney	Continuation Sheet No.	Unit No.

8.3.02 All night – appears improving
Staff Susan says he is improving c̄
Medication
Not as restless → some improvement
Not responding to A. Hallucinatio now
Pt –
Nervous
Panicking
Feels as if he is going to die
Sleep fine + Eat fine
No voice
"Gas leaks been sorted out"
Moller not talking to him, but she
brought him fags + fruits
Will see Dr Edwards, as pt's
medication has good effect.

M. Mhr
S&D

29/3/02

Reviewed –
· Mental Ment State
· Clopixol 100mg 1/52 ago ime.
· Relapsed?, MC

Pt WTE Pers – refer Mental
1/52 Clopixol 100mg im +
Review by Nursing Staff –
if had good WTE the actual pers.
Review when visit Wed.
? MC Thursday.

Pee Alison as pee phone call from mum

29.3.02 Pt. made 2 attempt to strangle her 12 years ago.
Last sat. he told her if had next time he did it he would complete the job
Pt. gone on leave already
Just told about this
Mum asked to ring police when she feels necessary
Will ring Dr. Edwards secretary to make appt. c̄ Dr. Edwards regarding this
M. Nenny 590

4.4.02 W.R. Dr. Edward
Not back from leave
Threats of mum to kill her.
To see Dr. Edward in I.M. Centre tomorrow at 9.30 A.M.
Re discharge
M. Nensey

11.4.02 W.R. Dr. Edward Lesley, O.T. + S/N present
Came back yesterday. "Settled" as per staff nurse
"I feel terrible. I am having flashbacks as if something is going into my back passage"
Had Depot yesterday
"Everybody thinks I am lying"
"I must have been raped"
"I felt anxious + agitated. Don't feel safe"
"I feel tired of being controlled by women including my mum"
"Wherever I go trouble comes to me"

Surname	Jean Foster	Unit No.
First Names		Date seen or Admitted
Maiden Surname		Seen at
Address		Seen by
		Consultant in Charge
		Family Dr.
		Referred by

D. of B. Sex M. F. M.S.W.D. Religion Occupation

11/4/02 WR Card

Refer to CETT – for various supports –

BPD ± psychotic episodes – Clopixol 100 mg

? chronic / Rel. difficulties

Support to get life – parents in bereavement

Re: ~~RE~~ wt to Colin Walsh – Ashley Francis

and to arrange under – A&AP. Cl. Nurse

Attender WLC Nurse – ? wt / HVDM

/ Community Mental Health Team

Dr. Paula Cure to review Res care

18.9.02 W.R Dr. Edwards

Ready for discharge

Depot Clopixol 200 mg 2 weekly

next dose Mon. / Tues

Staff say does not need Lorazepam

C.C.T.T. to carry out F.U. in community

(P.T.O.)

"Gas" is on now
"Was a real gas leak"

Mum in Spain now s.
Going to go swimming
Not to drink
Will come to D. Hosp on Wed.
and will be F.U. by C.C.T.T

D. Borderline personality dysfunction
c̄ tendency to psychotic
decompensation
as per Dr Edwards

M. Murray
S.HO

Surname GRATTAN	Unit No.
First Names LEON	Date seen or Admitted 27/11/03
Maiden Surname	Seen at QMH ward 7
Address 85 Springfield road Invercleiving.	Seen by Jane Warner
	Consultant in Charge P. Cavanagh
	Family Dr.
	Referred by GOT

D. of B. 17/3/75 Sex (M) F. M.S.W.D. Religion Occupation

Presenting Complaint **Detained** YES/(NO)

Depressive symptoms.

History of Presenting Complaint

well-known to Dr Cavanagh - history of psychotic symptoms.
low mood, worsening over last few weeks.
unable to leave house much - worried he will be assaulted, was attacked 2yrs ago.
sleep poor - can't sleep due to voices, constantly there at night, not during the day - negative & "OC" voices, a voice screaming somewhere → can't sleep.
poor appetite.
has had suicidal thoughts, unable to cope c̄ voices. Last night impulsively took a handful of melatonin tablets to help sleep & possibly to die. Now regrets this. No specific plan to self-harm.
has worries that people have access to his thoughts.
concern that TV programmes are trying to send him messages but unable to work out what the message is.

MS873

Past Psychiatric History

? Schizophrenia

previous Dx ? Borderline Personality Disorder.

YPU - behavioural problems
- drug misuse

Family Psychiatric History

nil.

Past Medical History

Current Medication

including allergies, herbal medication, homeopathic remedies and other self medication.

Melatonin 6mg nocte

PRN

NAME Leon Grafton.	Continuation Sheet No.	Unit No.

Personal History

Parents separated age 3. J & DD in Edinburgh.

1J – mother & her sister divulged CSA & sue of Leon extracted from family.

15-16 in care

left school at 15 – no qualification.

Did employment including taxi – had to stop due to drug misuse

Ex-wife (4J). Have 5yr old son – no contact for >1yr.

Stormy relationship c̄ mother.

Social History
including S.W. input, finances, forensic, drugs

Lives alone unemployed.
Denies current drug or alcohol misuse.
CPT & Lenumbra support. Smoker.

Mental State Examination (including Appearance, Behaviour, Speech, Mood, Suicidality, Thoughts, Perceptions, Insight, Cognitive Function)

A&B – Fairly well-kempt, good eye contact, cooperative

Speech – normal rate, volume, intonation

Mood – rep – low obs – low. Some reactivity but reduced.

Suicidal ideation, no specific plan.

NO FTD.

Abnormal perception – auditory hallucination
– thought interference
– ~~no~~ delusions of reference (N)

A&O.

Insight – understands he is ill & need rx.

Summary
Including formulation, diagnosis and differential diagnoses

well known ♂ c̄ probable schizophrenic illness.
Poor sleep & depressive symptoms related to worsening of auditory hallucinations.

Treatment Plan
Including observation status

Admit ward 2.
Generally.
Monitor mood & mental state
Review if wishing to leave
Physical ✓ bloods.

Name of Admitting Doctor **Signature**

[illegible]

Physical.
HR 36bpm reg. HS I + II + 0.
Chest clear. Good AE throughout.
Abdo SNT ○ masses ○ organomegaly BS active.
No focal neuro.
Blood results – paracetamol & salicylate levels <0.07. [illegible] SHO.