

SOCIAL WORK HOUSING AND HEALTH
Acting Director: Jenny Thompson, OBE
Holmston House, 3 Holmston Road, Ayr, KA7 3BA



Our Ref: AC/JM/SA
Your Ref:
Date: 04 January 2006

PRIVATE AND CONFIDENTIAL

Dr
Adolescent Mental Health Unit
Gartnaval Hospital
GLASGOW

Dear Dr

Subject: LAC Review – Emma Lindsay

DCB: 26.8.1440

A **Looked After and Accommodated Review** has been arranged for the above named young person on Wednesday 18th January 2006 at 5.30pm within the Area Centre, 181 Whitellets Road, Ayr, and accordingly you are invited to attend.

It would be helpful, if you could arrive 15 minutes beforehand in order that you have an opportunity to read report submissions.

In the event you are unable to attend I would be pleased to receive your written comments and/or report regarding your involvement.

Please note that where a written report is required this should be returned to **Shelby Agnew, Clerical Assistant** at **Holmston House, 3 Holmston Road, Ayr** within 3 days prior to the Review meeting. It is anticipated that these reports can then be collated and distributed to those attending the/your meeting and give people the opportunity to consider the information available.

Yours sincerely

Review Co-ordinator

Nurse Therapist
Adolescent Team
Room 1545
Training centre Building
Ayrshire Central Hospital
Irvine
KA12 8SS

Adolescent Unit Offices
Gartnavel Royal Hospital
1055 Great Western Road
Glasgow
G12 0XH

Dictated 18th November 2005
Date 18th November 2005
Your Ref
Our Ref /Tms

Direct Line:
Fax:
Email:

1

Dear Ms McMahon,

Name:	Emma Lindsay
Address:	Semex, Tunnoch Park, Dalrymple, AYR, KA6 6BA
DOB:	26.08.1990
Date of Admission:	19 th July 2005
Date of Discharge:	26 th October 2005
Reason for admission:	Assessment of mental state and clarification of diagnosis.
Diagnosis on Discharge:	Immature development of personality. No formal psychiatric diagnosis made.
Medication on Discharge:	Nil.
Follow up Arrangements:	Ms Nurse Therapist, Ayrshire CAMHS Team.

Background to referral:

Emma was re-referred to Ayrshire CAMHS team in 2004 and was initially seen by the locum Child Psychiatrist following an episode of Deliberate Self Harm (An overdose of 14 Paracetamol tablets). At this time she was given a diagnosis of Bi-polar Affective Disorder and commenced on medication. She found this to be helpful initially, however, her mood dropped and she became actively suicidal and there was a recurrence of her self harming behaviour. As a result of this she was admitted to Ward 1 at Crosshouse Hospital in May 2005. She spent 10 weeks there prior to being transferred to the Adolescent In-Patient Unit at Gartnavel Royal Hospital.

Presentation on Admission

Emma had been given various diagnoses of Bi-polar Affective Disorder, Borderline Personality Disorder and ADHD. She was being treated with Risperidone, Carbamazepine and Zopiclone. She was complaining of voices inside her head which told her that she was "worthless, fat and ugly". She stated that these voices were female and spoke directly to her and they were worse at night and sometimes prevented her from sleeping. She also complained of visual hallucinations. She described her mood as being low most of the time (2/10). However, when asked in more detail she was able to describe times when her mood was much better than that. She stated that her concentration was poor but her energy levels were normal. She described a normal appetite and no weight loss or gain. She did not complain of any loss of interests or pleasure in preferred activities. She did describe initial insomnia until 4am in the morning, but there was no corresponding early morning waking. At the time of admission she did not have any wish to die and she stated that when she had taken overdoses in the past she had sought help immediately. She stated that she was harming herself infrequently now (twice a fortnight) and that this behaviour was often in response to feeling low or upset about something or that she felt her voices had told her to do this. The self harming usually took the form of scratching her arms and legs with her nails. She stated that this would give temporary relief to her anxiety.

Progress on the ward

Emma settled quickly into the routine of the ward. The Zopiclone was discontinued and with the establishment of a bedtime routine and good sleep hygiene her sleep pattern returned to normal. She was noted to be bright in mood when on the ward and she was participating in ward activities and interacting with her peers. Her medication was gradually reduced until she was on no psychotropic medication at all. This appeared to have no detrimental effect to her mental state and indeed it was felt that her mental state had improved. She continued to self harm but to a lesser degree. It was noted that these incidents were usually precipitated by a disagreement with another peer on the ward. At these times Emma would describe voices telling her she was worthless and she would feel the only way to relieve this would be to harm herself. Emma would describe feeling low in mood at these times. She was encouraged to try to describe her feelings in terms of thoughts rather than voices and she was able to do this. She was encouraged to find ways to distract herself from these "voices"/thoughts.

It was noted that Emma was often impulsive in her interactions with others and could be quick to anger. At other times it was felt that her interactions could be somewhat inappropriate; either over-familiar or bullying in nature. She did respond well to boundaries being put on this behaviour and she was able to think empathically about others when given support.

As part of Emma's care plan she was encouraged to have passes to her mothers' home. During these times she stated that she felt anxious and that her "voices" were worse at home. She asked to return to the ward early on a few occasions. This was felt to be due to anxiety. Emma stated that she felt under pressure to be "well" at home and had become agitated when her mum or Mary (her mum's partner) asked her to do anything.

Following a review of Emma's admission; where mum and Emma were informed that Emma was not suffering from an Axis 1 psychiatric disorder; plans were drawn up for Emma's discharge. Emma's relationship with her mother deteriorated following this meeting and Emma refused to return home to her mother. Social work involvement was sought. Family work had been taking place with Mrs Lindsay and her partner, Mary Hart. Mrs Lindsay has mental health difficulties which have undoubtedly impacted on Emma and Mrs Lindsay's ability to manage her current behaviour. Both Mrs Lindsay and Mrs Hart stated that they were finding it difficult to cope with Emma's behaviour. They struggled with the explanation which focused on Emma having emotional difficulties which make her impulsive and have difficulty with social interactions rather than her suffering from a mental illness. It was explained to Mrs Lindsay that Emma's immature development of personality may make her more susceptible to mental health problems in the future e.g. depression. Both women talked in a somewhat negative way about Emma, they felt that boundaries had not been enforced strongly enough on the ward. They were angry with Emma as they felt that they had provided a lot of care and input into her wellbeing and that this had been to no avail. They remained however extremely concerned about Emma's future.

A package of care was devised with Social Services and Emma was discharged to a Care Vision facility on 26th October 2005. Emma and her mother had managed to make some tentative steps towards talking to each other again. Work with the family will, I believe, be continued in the community by your team.

Yours sincerely

Specialist Registrar

Cc

Dr Hendry, General Practitioner, 9 Alloway Place, Ayr.

Mrs Lindsay
Cloncaird farm
Dalrymple
Ayr
Ayrshire
KA6 6AS

Adolescent Unit Offices
Gartnavel Royal Hospital
1055 Great Western Road
Glasgow
G12 0XH

Dictated 29th August 2005
Date 29th August 2005
Your Ref
Our Ref /Tms

Direct Line
Fax:

Dear Mrs Lindsay,

Re: Emma Lindsay DOB: 26.8.1990
Cloncaird Farm, Dalrymple, Ayr, Ayrshire

Due to unforeseen circumstances we have had
Wednesday 7th September 2005 at 2pm to Wednes
Unit Offices, Gartnavel Royal Hospital.

We apologise for any inconvenience this may have
the above meeting at 3.00p.m. Please could you con
your attendance.

Yours sincerely


Consultant Adolescent Psychiatrist



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nd at
nfirm

Mrs Lindsay
Cloncaird farm
Dalrymple
Ayr
Ayrshire
KA6 6AS

Adolescent Unit Offices
Gartnavel Royal Hospital
1055 Great Western Road
Glasgow
G12 0XH

Dictated 15th August 2005
Date 15th August 2005
Your Ref
Our Ref /Tms

Direct Line: [REDACTED]

Fax: [REDACTED]

Email: [REDACTED]

Dear Mrs Lindsay,

Re: Emma Lindsay DOB: 26.8.1990
Cloncaird Farm, Dalrymple, Ayr, Ayrshire, KA6 6AS

We would like to invite you to attend the forthcoming multi-disciplinary Progress Meeting on Emma which will be held on Wednesday 7th September 2005 at 2pm. in the Adolescent Unit Offices, Gartnavel Royal Hospital.

You are invited to attend the above meeting at 2.30p.m. Please could you contact our department on the above number to confirm your attendance.

Yours sincerely

Dr [REDACTED]
Consultant Adolescent Psychiatrist

Locum Consultant Adolescent Psychiatrist
Adolescent Team
Room 1545
Training centre Building
Ayrshire Central Hospital
Irvine
KA12 8SS

Adolescent Unit Offices
Gartnavel Royal Hospital
1055 Great Western Road
Glasgow
G12 0XH

Dictated 15th August 2005
Date 15th August 2005
Your Ref
Our Ref /Tms/

Direct Line
Fax:
Email:

Dear Dr van de Merwe,

Re: Emma Lindsay DOB: 26.8.1990
Cloncaird Farm, Dalrymple, Ayr, Ayrshire, KA6 6AS

As you know the above young person is currently an in-patient in the Adolescent Unit, Gartnavel Royal Hospital.

We would like to invite you to attend the forthcoming Progress Review Meeting which will be held on **Wednesday 7th September 2005 at 2pm in the Adolescent Unit Offices, Gartnavel Royal Hospital.**

If you are unable to attend, but have comments or information that you think may be helpful, we would be grateful if these could be sent in writing prior to the meeting. Otherwise, we look forward to seeing you there.

Yours sincerely

Consultant Adolescent Psychiatrist

X-----

I be *able/unable to attend the Progress Review Meeting.

(*Please delete above as appropriate)

I will not be able to attend the Progress Review Meeting and will send _____

Client: Emma Lindsay

Date: Wednesday 7th September 2005

Time: 2pm

Venue: Adolescent Unit Offices, Gartnavel Royal Hospital

☒ Please use the envelope provided to return this tear-off slip.

Guidance Teacher
Prestwick Academy
15 New Dykes Road
Prestwick
Ayrshire

Adolescent Unit Offices
Gartnavel Royal Hospital
1055 Great Western Road
Glasgow
G12 0XH

Dictated 15th August 2005
Date 15th August 2005
Your Ref
Our Ref /Tms/

Dear Sir/Madam,

Re: Emma Lindsay DOB: 26.8.1990
Cloncaird Farm, Dalrymple, Ayr, Ayrshire, KA6 6AS

Direct Lin
Fax:
Email:

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We would like to invite you to attend the forthcoming Progress Review Meeting which will be held on **Wednesday 7th September 2005 at 2pm in the Adolescent Unit Offices, Gartnavel Royal Hospital.**

If you are unable to attend, but have comments or information that you think may be helpful, we would be grateful if these could be sent in writing prior to the meeting. Otherwise, we look forward to seeing you there.

Yours sincerely

Consultant Adolescent Psychiatrist

X- - - - -

I Guidance Teacher will be *able/unable to attend the Progress Review Meeting.

(*Please delete above as appropriate)

I will not be able to attend the Progress Review Meeting and will send _____

Client: Emma Lindsay

Date: Wednesday 7th September 2005

Time: 2pm

Venue: Adolescent Unit Offices, Gartnavel Royal Hospital

☒ Please use the envelope provided to return this tear-off slip.

Adolescent Unit Offices
Gartnavel Royal Hospital
1055 Great Western Road
Glasgow
G12 0XH

Nurse Therapist
Adolescent Team
Room 1545
Training centre Building
Ayrshire Central Hospital
Irvine
KA12 8SS

Dictated 15th August 2005
Date 15th August 2005
Your Ref
Our Ref /Tms/

Direct Line
Fax:
Email:

Dear

Re: Emma Lindsay DOB: 26.8.1990
Cloncaird Farm, Dalrymple, Ayr, Ayrshire, KA6 6AS

As you know the above young person is currently an in-patient in the Adolescent Unit, Gartnavel Royal Hospital.

We would like to invite you to attend the forthcoming Progress Review Meeting which will be held on **Wednesday 7th September 2005 at 2pm in the Adolescent Unit Offices, Gartnavel Royal Hospital.**

If you are unable to attend, but have comments or information that you think may be helpful, we would be grateful if these could be sent in writing prior to the meeting. Otherwise, we look forward to seeing you there.

Yours sincerely

Consultant Adolescent Psychiatrist

X-----

I will be *able/unable to attend the Progress Review Meeting.

(*Please delete above as appropriate)

I will not be able to attend the Progress Review Meeting and will send _____

Client: Emma Lindsay

Date: Wednesday 7th September 2005

Time: 2pm

Venue: Adolescent Unit Offices, Gartnavel Royal Hospital

☒ Please use the envelope provided to return this tear-off slip.

Guidance Teacher
Ayr Academy
7 Fort Street
AYR
KA7 1HX

Adolescent Unit Offices
Gartnavel Royal Hospital
1055 Great Western Road
Glasgow
G12 0XH

Dictated 15th August 2005
Date 15th August 2005
Your Ref
Our Ref /Tms/

Direct Line.
Fax:
Email:

Dear Mrs Byers,

Re: **Emma Lindsay** **DOB: 26.8.1990**
Cloncaird Farm, Dalrymple, Ayr, Ayrshire, KA6 6AS

As you know the above young person is currently an in-patient in the Adolescent Unit, Gartnavel Royal Hospital.

We would like to invite you to attend the forthcoming Progress Review Meeting which will be held on **Wednesday 7th September 2005 at 2pm in the Adolescent Unit Offices, Gartnavel Royal Hospital.**

If you are unable to attend, but have comments or information that you think may be helpful, we would be grateful if these could be sent in writing prior to the meeting. Otherwise, we look forward to seeing you there.

Yours sincerely

Consultant Adolescent Psychiatrist

X- - - - -

be *able/unable to attend the Progress Review Meeting.

(*Please delete above as appropriate)

I will not be able to attend the Progress Review Meeting and will send _____

Client: Emma Lindsay
Date: Wednesday 7th September 2005
Time: 2pm
Venue: Adolescent Unit Offices, Gartnavel Royal Hospital

☒ Please use the envelope provided to return this tear-off slip.

Locum Consultant Adolescent Psychiatrist
Adolescent Team
Room 1545
Training centre Building
Ayrshire Central Hospital
Irvine
KA12 8SS

Adolescent Unit Offices
Gartnavel Royal Hospital
1055 Great Western Road
Glasgow
G12 0XH

Dictated 29th August 2005
Date 29th August 2005
Your Ref
Our Ref /Tms/

Direct Line:
Fax:
Email:

Dear Dr Tiru,

Re: Emma Lindsay DOB: 26.8.1990
Cloncaird Farm, Dalrymple, Ayr, Ayrshire, KA6 6AS

Due to unforeseen circumstances we have had to change this meeting from its' original time of Wednesday 7th September 2005 at 2pm to Wednesday 7th September 2005 at 2.30pm in the Adolescent Unit Offices, Gartnavel Royal Hospital.

We apologise for any inconvenience this may have caused you and hope that you are able to attend at the new time.

We would like to invite you to attend the forthcoming Progress Review Meeting which will be held on **Wednesday 7th September 2005 at 2:30pm in the Adolescent Unit Offices, Gartnavel Royal Hospital.**

If you are unable to attend, but have comments or information that you think may be helpful, we would be grateful if these could be sent in writing prior to the meeting. Otherwise, we look forward to seeing you there.

Yours sincerely

Consultant Adolescent Psychiatrist

X-----

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(*Please delete above as appropriate)

I will not be able to attend the Progress Review Meeting and will send _____

Client: Emma Lindsay

Date: Wednesday 7th September 2005

Time: 2:30pm

Venue: Adolescent Unit Offices, Gartnavel Royal Hospital

☒ Please use the envelope provided to return this tear-off slip.

Nurse Therapist
Adolescent Team
Room 1545.
Training centre Building
Ayrshire Central Hospital
Irvine
KA12 8SS

Adolescent Unit Offices
Gartnavel Royal Hospital
1055 Great Western Road
Glasgow
G12 0XH

Dictated 29th August 2005
Date 29th August 2005
Your Ref
Our Ref /Tms/

Direct Line:
Fax:
Email:

Dear Ms McMahon,

Re: Emma Lindsay DOB: 26.8.1990
Cloncaird Farm, Dalrymple, Ayr, Ayrshire, KA6 6AS

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Yours sincerely

Consultant Adolescent Psychiatrist

X

I will be *able/unable to attend the Progress Review Meeting.

(*Please delete above as appropriate)

I will not be able to attend the Progress Review Meeting and will send _____

Client: Emma Lindsay

Date: Wednesday 7th September 2005

Time: 2:30pm

Venue: Adolescent Unit Offices, Gartnavel Royal Hospital

☒ Please use the envelope provided to return this tear-off slip.

Guidance Teacher
Ayr Academy
7 Fort Street
AYR
KA7 1HX

Adolescent Unit Offices
Gartnavel Royal Hospital
1055 Great Western Road
Glasgow
G12 0XH

Dictated 29th August 2005
Date 29th August 2005
Your Ref
Our Ref /Tms/

Direct Line
Fax:
Email:

Dear

Re: Emma Lindsay DOB: 26.8.1990
Cloncaird Farm, Dalrymple, Ayr, Ayrshire, KA6 6AS

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If you are unable to attend, but have comments or information that you think may be helpful, we would be grateful if these could be sent in writing prior to the meeting. Otherwise, we look forward to seeing you there.

Yours sincerely

Consultant Adolescent Psychiatrist

X

I Mrs Byers will be *able/unable to attend the Progress Review Meeting.

(*Please delete above as appropriate)

I will not be able to attend the Progress Review Meeting and will send _____

Client: Emma Lindsay

Date: Wednesday 7th September 2005

Time: 2:30pm

Venue: Adolescent Unit Offices, Gartnavel Royal Hospital

☒ Please use the envelope provided to return this tear-off slip.

Mrs Lindsay and Emma
Cloncaird Farm
Dalrymple
Ayr
KA6 6AS

Adolescent Unit Offices
Gartnavel Royal Hospital
1055 Great Western Road
Glasgow
G12 0XH

Dictated 14TH July 2005
Date 14th July 2005
Your Ref
Our Ref DF/Tms

Direct Line:
Fax:
Email:

Dear Mrs Lindsay and Emma,

RE: Emma Lindsay DOB: 26.8.1990
Cloncaird Farm, Dalrymple, AYR, KA6 6AS

I am writing to confirm that Emma will be admitted to the Adolescent Unit at Gartnavel Royal Hospital on Tuesday 19th July 2005 (unless the bed is being used for an emergency admission). As we discussed today by telephone you would be very welcome to come and visit the unit prior to Emma's admission.

Please contact the Adolescent Unit on 0141 211 3588 to arrange this prior to admission date.

We look forward to seeing you.

Yours sincerely

Specialist Registrar

cc

KATZ 8SS.

Locum Consultant Psychiatrist, CAHMS, AYRSHIRE Central Hospital, Irvine,

ADOLESCENT UNIT,
GARTNAVEL ROYAL HOSPITAL,
1055 GREAT WESTERN ROAD,
GLASGOW G12 0XH.

Date: 20TH June, 2005
Your Ref:
Our Ref: HG/MH
Direct Line
Fax

Mrs. Lindsay and Emma,
Cloncaird Farm,
Dalrymple,
AYR,
KA6 6AS.

Dear Mrs. Lindsay and Emma,

**RE: EMMA LINDSAY, DOB 26/08/90
Cloncaird Farm, Dalrymple, Ayr, KA6 6AS.**

I would like to invite you to attend an assessment meeting with myself and my colleague, Susan Anne Baird, Consultant Clinical Psychologist, to be held on **Tuesday, 28th June, 2005 at 3.00 pm in the Adolescent Unit Offices, Gartnavel Royal Hospital.**

If admission to the Ward is deemed to be the most appropriate option, it is unlikely that this will be arranged for the same day.

If this time is not suitable for you, please contact my Secretary on the above number as soon as possible and I shall arrange another appointment. However, if I do not hear from you, I shall assume that this appointment time is suitable and look forward to seeing you then.

Yours sincerely,

 Consultant Adolescent Psychiatrist

Enc. Map and Directions

c.c. e, Locum Consultant Psychiatrist, CAHMS, Ayrshire Central
Hospital, Irvine KA12 8SS.

ADOLESCENT UNIT,
GARTNAVEL ROYAL HOSPITAL,
1055 GREAT WESTERN ROAD,
GLASGOW G12 0XH.

Date: 1st July, 2005
Your Ref:
Our Ref: HG/MH

Consultant Child & Adolescent Psychiatrist,
Ayrshire Central Hospital,
IRVINE,
KA12 8SS.

Direct Line
Extension
Fax
Email

Dear Doctor,

RE: **EMMA LINDSAY, DOB 28/08/90**
Cloncaird Farm, Ayr, KA6 6AS.

Emma Lindsay was referred by [redacted] and was seen at the Adolescent Unit on 28th June, 2005.
I met Emma with her mother, Alicia, and her mother's partner, Mary, in the company of my colleagues,
[redacted], Charge Nurse, and [redacted], Consultant Clinical Psychologist.

At the time of the meeting, Emma was a patient in an Adult Psychiatric Ward at Crosshouse Hospital in Kilmarnock.

Emma presents with a lifelong history of mental health difficulties. She has experienced internal voices in her head from a very young age, at least as young as 4. She was referred for the first time to services at the age of 7 and has had repeated difficulties, both at school and at home since then. Her most recent episode of difficulties culminated in an overdose taken in September when she was seen by a hospital psychiatrist but discharged and then seen by a Child and Adolescent Psychiatrist on a regular basis. She saw Dr. Ladikos with whom she engaged very well but, following [redacted] leaving, saw [redacted] and I understand is currently seeing someone different. She has found these changes in psychiatrists very difficult indeed.

Emma has behaviours that are unhelpful in her mother's view, describing her as being quite flirtatious and very vulnerable to inappropriate attention from older males.

This is set in the context of living with her mother who has schizophrenia and her mother's partner, Mary, who I understand is well. Emma's father died about 1½ ago and, although the parents had divorced when Emma was very young, they had remained good friends and this is a significant loss to Emma in recent times.

To list Emma's symptoms, she suffers from these "voices" inside her head, single person hallucination making negative comments to her and telling her to do things to hurt herself. She has episodes of pervasive low mood with diurnal variation in mood being worse in the evening, disruptive sleep wake pattern with early morning waking and lack of energy and pervasive misery. At other times, she describes herself as being "high" but, on those occasions, she is irritable and unmanageable. Emma has episodes of aggression when she can't control her feelings and tends to break furniture but also has consistent self-harm over time.

Background

She has never known her mother completely well, has one elder brother who was sent to a boarding school aged 11 who has done very well but Emma was 3 at the time and this was a significant loss to her. The last 4 years have been more stable at home. Mother's medication was adjusted at that time and seemed to suit her better and she met Mary and developed a stable relationship with her. Emma is very fond of Mary, has a very good relationship. The family describe mother as being rather more lenient and Mary as being firmer and both parenting styles seem to suit Emma and she is content in this context.

There have been lifelong difficulties at school, Emma finding it hard to concentrate and maintain progress in her work as well as having major difficulties with oppositionality around teachers.

Developmental History

Emma was a full-term, 5lb. baby and the mother had pre-eclampsia during the pregnancy. She was a sickly child with infections and was in and out of hospital but had no major disorders. Reflux meant she had to sleep propped up during her first year but had no problems with other areas of development. There were, however, consistent problems with her behaviour throughout her childhood. She was destructive from the age of 4, cutting things up, behaving aggressively and banging her head. She used to state "bad" when she was banging her head and sat and talked to the wall. She talks to apparently 3 different sets of people, "little people" and "giant people" among them. Her brother had severe dyslexia, therefore, Emma was tested and there are some questions as to whether Emma has specific learning difficulties.

Her father's death two years ago, at age 45, was due to a heart condition. Emma's mother tells us that, although they saw him daily, Emma was not getting on well with him latterly and that has made his death particularly significant.

The family are very concerned about her self-harm, which seems to happen almost once a week and she has hidden scissors and knives in her bed to enable her to do this. Emma declares that self-harming stops the voices.

Emma's mental state at the Unit was of a girl who presented herself immaculately, having paid great attention to her clothing and her hair. She was noticeably tall for her age with a very well developed figure and she was wearing a figure-hugging top.

Emma's mood was low, described as 1-2 out of 10, with real hopelessness and pervasive misery. Indeed, she was quite tearful at one point during the meeting with me, telling me she was finding it hard. She finds it hard to contain her emotions and aggression and described her voices as intruding on her and finding it hard to concentrate on other things when the voices are strong. She describes many different voices, all talking to her. She has no third person hallucinations and no evidence of other types of thought disorder. Emma tells me she is currently taking Fluoxetine, 20mg, Tegretol, 300mg daily and Risperidone 4mg daily. She seems to be fully compliant with this medication.

Impression

Currently, Emma presents as a girl whose personality development has been severely disrupted over the years. She also has lifelong mental health difficulties, with a real lack of clarity as to exactly what her diagnosis is.

As a team, we were deeply concerned about Emma's current status as a 14 year old in an Adult Psychiatric ward. Given the complexity and length of her difficulties, we felt that we should put her on the waiting list for an assessment/admission to the Adolescent Unit. To that end, I took Emma on a tour of the Adolescent Unit and gave the family a booklet and pointed out some of the rules and regulations of the Unit. They all seemed quite pleased by this. We informed them that we have an average of a 6-week waiting time currently and, although a little daunted by the length of this, felt hopeful that admission to the Adolescent Unit might at least help to clarify matters for her.

My view is that this girl is evolving a borderline personality disorder but has comorbid depressive disorder currently. I would be very interested to reduce her medication and see if there are other strategies that we can use to help her better in an inpatient context.

We will keep you informed of when we are likely to be able to admit her. If admitted, It is unlikely that she will be under my care but rather than of Dr.Discombe, my Colleague.

Yours sincerely,

.....
Consultant Adolescent Psychiatrist

URGENT. REQUIRES A BED.

CARTHAGE ROYAL HOSPITAL

ADOLESCENT UNIT

REFERRAL FORM (To be completed by the referrer) (Please type)

PLEASE NOTE IT IS THE REFERRER'S TASK TO INFORM GP THAT PATIENT HAS BEEN REF. (RED)
FOR ADMISSION TO THE WARD

1. ADOLESCENT'S NAME

ADDRESS

TELEPHONE NO.

D.O.B.

G.P.

SCHOOL

Emma Lindsay

Cloncaird Farm, Ayr, KA6 6AS

Mother: 07749715865 Home: 01292 561033

28/08/90

9 Alloway plc, Ayr

Prestwick Academy

2. REFERRER'S NAME

POSITION

ADDRESS

TELEPHONE NO.

DATE OF REFERRAL

Locum consultant psychiatrist CAHMS

Ayrshire Central hospital. Irvine

07841254548

13/05 2005

3. WHO ARE THE WORKERS CURRENTLY INVOLVED IN THE CASE?

Nurse therapist, CAHMS, Strathdoon House Ayrshire
psychiatrist - Alicia (mother) suffers from schizophrenia
Locum consultant psychiatrist CAMHS

4.

WHAT TYPE OF ASSESSMENT AND TREATMENT HAS BEEN DONE WITH THE CHILD, FAMILY OR NETWORK BY THE WORKERS CURRENTLY INVOLVED?

Case passed on to _____ nurse therapist by _____ Consultant Child and Adolescent formulation centre.

Psychiatrist at the point of her departure from the service in June 2002. around complex family relationship difficulties, the impact on Emma of her mothers mental health difficulties and a history of loss within the family. A piece of family work was undertaken by myself between July 2002 and January 2003. The family continued to describe ongoing behavioural difficulties with Emma and ongoing difficulties were evident in the mother daughter relationship. The family stopped attending appointments and did not respond to the offer of a multi disciplinary screening appointment which was organised to re look at the difficulties and possible interventions. The case was closed in September 2003. It was re opened in December 2004 when _____ saw Emma after an impulsive overdose and made a diagnosis of Bipolar mood disorder type with mild psychotic symptoms (voices).

She was started on Tegretol CR 200mg twice a day and Risperidone 0.5mg twice a day.

recommended that Emma be monitored regularly and offered consistent psychiatric review and requested my reinvolved to offer support to Emma and her mother and to liaise with education around Emma's ongoing needs. Initially in my contact Emma's mother felt that the pressing priority was for Emma's Medication to be stabilised and then to consider the place of individual support for Emma. Parental, school and self reports indicate that Emma enjoyed a period of stability between February and May 2005. However Emma's mood dipped considerably in the week prior to admission to a local bed within adult psychiatry.

5.

SUMMARY AND HISTORY OF PRESENTING PROBLEMS:

- Term pregnancy but repeated episodes of miscarriage. Milestones normal.
- Parents divorced. Mom suffers from schizophrenia but functions well. In gay relationship. Emma has a good relationship with her partner. Father deceased.
- Since age 4 extremes in her mood.
- Since primary school behaviour problems at school. This was also the trigger for the OD in December.
- Emma has major problems at school - ? learning difficulties - was not investigated.
- Current problem:
About 10 days back she was quite high according to her mother, but 3 days back she dropped into a deep depression, doesn't want to get up, doesn't want to go to school, cries constantly, keep on repeating that she doesn't want to live etc. I admitted her in Crosshouse hospital in the adult psychiatric ward, but it is not the most ideal situation.

6. RELEVANT FAMILY HISTORY (including any special arrangements for Access/custody)

She has an older brother of 22 who is a landscape gardener. He suffers from dyslexia and had learning difficulties. For 6 months in Australia
See 5 for rest

7. WHO LIVES IN THE HOUSEHOLD?

Mother, Alicia, her partner Mary and Emma

8. RELEVANT DEVELOPMENTAL HISTORY (including learning difficulties)

Was quite normal
See 5. Reported as ? dyslexic

9. RELEVANT MEDICAL HISTORY

As a baby: Gastro-esophageal reflux with repeated chest infections. Treated conservatively
One febrile seizure
Lots of headaches

10. PROVISIONAL ASSESSMENT AND FORMULATION OF THE DIFFICULTIES

Bipolar affective mood disorder type II with an episode of depression and strong suicidal ideation. Major problems at school.

11. AIMS OF ADMISSION

- Stabilize condition in safe environment
- Optimal medication program.
- Further testing for learning difficulties

12. WHAT IS THE CURRENT INVOLVEMENT FROM OUTSIDE AGENCIES.
(eg Social Services, Psychological Services).

CAHMS nurse therapist, educational psychologist.

13. IS THE REFERRED ADOLESCENT (or any other children in the family) SUBJECT TO A CARE ORDER OR ON THE "AT RISK" REGISTER?

No

14. HAS REFERRAL BEEN DISCUSSED WITH:

General Practitioner

Social Worker

Psychological Services

School

Other

Regular reports

No

Yes

15. WHAT INFORMATION HAS BEEN GIVEN TO THE FAMILY ABOUT THE UNIT?

To achieve the goals as stated in 11

16. TRANSPORT ARRANGEMENTS

Mother will take her

17. IF THE CHILD CANNOT BE AT HOME FOR THE WEEKEND WHAT ARRANGEMENTS LIST FOR THE CHILD'S CARE OVER THIS PERIOD?

She will be able to be at home over weekends

18. WHO WILL PICK UP THE CASE IF, FOLLOWING ADMISSION/DISCHARGE UNIT STAFF FEEL THAT ON-GOING WORK IS REQUIRED?

Youth Team Strathdoon.
Provision will require to be made for psychiatric follow up.

19. SCHOOL DETAILS AND/OR HISTORY

Previously attended Prestwick Academy, transferred to Ayr Academy. Guidance teacher
History of difficulty evident throughout primary school education.

20. HAS PERMISSION BEEN GIVEN FROM THE PARENTS FOR THE UNIT TO CONTACT THE PARENT SCHOOL?

YES/NO
Not yet discussed.

21. MISCELLANEOUS INFORMATION

INITIAL CARE & ACTION PLAN

Personal details:

Name: Emma Lindsay

DOB: 26 August 1990

Known as:

Home address:

Gender: ~~Male~~ Female

Date of this care Plan: Thursday 3rd November 2005

What is the legal context of involvement with the child/young person and any other legislative considerations to be taken into account?

Emma is accommodated on a voluntary basis under Section 25 of the Children (Scotland) Act 1995. At this time it is not felt that further statutory measures are required.

What are the circumstances surrounding the child/young person becoming accommodated? Are there additional resources available/not available that might have prevented the child/young person requiring to be accommodated? Has living with wider family been explored as an alternative to the current placement?

Emma was accommodated on the 26th October 2005 following her discharge from the Young Person's Inpatient Unit at Gartnavel Hospital. Owing to recent difficulties in the relationship with her mother and the issues surrounding her mental health it was felt she required a period of respite in order that family and community based supports could be built upon. No other family members are available to provide the support currently identified.

Where is the child/young person accommodated?

At this time Emma has been placed with Care Visions at their respite/assessment unit in Thornhill, Dumfriesshire. This is a 12-week assessment resource and longer-term support will be reviewed within this period.

28 NOV 2005

Has the placement been issued with a Placement Agreement? If not, when will this be available?

All necessary paperwork has been issued to the Placement including the Placement Agreement and Health Record Booklet.

Developmental needs:

What is the health needs of the child/young person? This should include details of registration with a General Practitioner, Dentist and any special medical, disability or dietary requirements of the child/young person. Has the child/young person received a medical examination as a result of being accommodated? If not, please specify reasons.

Emma has been registered with Thornhill Health Practice. She is not currently registered with a dental practice and it is understood that there is a lengthy waiting list. In an emergency, dental treatment can be provided from Nithbank Hospital. Margie Millar will make contact with the Common Service Agency in an effort to establish a dental practice she can be attached to locally within Ayr.

An indication of timescales for the child/young person's longer term health needs should be identified. This should include identity, family and social relationships, social presentations, emotional and behavioural development and self-care skills and how this will be addressed.

Emma was an inpatient within the Young Person's Unit at Gartnavel Hospital where she was placed for 6 months. There is currently a need to promote positive mental health and this will be supported through activities, developing special interests/hobbies, promoting Emma's self image and self confidence and individual support from Care Visions staff.

Nurse (CAMHS) is allocated to Emma and is available to offer support and consultation to Emma and the staff group as required. Staff in the unit will assist Emma in developing appropriate coping strategies associated with her mental health.

What is the education plan for the child/young person? This should include any arrangements that need to be put in place to enable the young person remain in education/employment or training placements.

Educational provision is available within Care Visions. It is expected that Educational Psychologist will establish an appropriate education plan alongside colleagues in Care Vision. In the short term a weekly planner will be put in place and will include literacy/numeracy through computer use/library registration, independent living programme and social activities.

What are the contact arrangements for the child/young person with his/her family, friends and community? Please detail people whom the child/young person will have contact with and the frequency of these arrangements.

Although, there are no restrictions around contact between Emma and her mother and mother's partner it was acknowledged that building on their relationships should be taken at a manageable pace. At present daily telephone contact has been maintained and to progress visits and overnight contact Margie Millar, Social Worker will organise a meeting to facilitate and promote contact.

Any other considerations?

When will this care plan be reviewed?

A further LAAC Review has been scheduled for Wednesday 18 January 2006 at 5.30pm to be held at the Social Work Department, Whitletts Road, Ayr.

Person's consulted in this Care Plan:

Child/young person	Emma Lindsay
Mother	Alicia Lindsay (Ali)
Mother's Partner	Mary Hart
Residential/Foster Carer	Marion Foley/Beverley Bliss
Social Worker	
Senior Social Worker	
Chairperson	
Others	apologies)

Where applicable please indicate below other(s) with parental responsibilities, other interested relatives and professionals

Signed:

[Signature]
Review Co-Ordinator/Senior Social Worker

Date:

11/1/06

FAMILY MEETING RE: EMMA LINDSAY 25/08/2005

Those present: Ali (mother)
Mary (partner)
pR

Discussed how last week's pass to home had been. Emma had wanted to return to the unit after being at home for 1 hour. Mary had made homemade soup for her and 'all the things she likes'. However by 2:20pm Emma was becoming increasingly agitated. Her mother described 'terror' on her face and said she knew she was hearing voices. Ali and Mary said that they had wondered if Emma had been disgruntled about being asked to pack up her room- they described her as being very lazy at times. They had also been discussing Emma's weight gain with her. Mary had noted that it would be pointless to move all of Emma's old clothes to the new house as they were all too small for her. Apparently they all had a good laugh about this Mary acknowledging that she too had put on weight and had clothing that was too tight for her. They had also discussed the move of house (Emma has known about this for 2-3 months) and their recent holiday while Emma was on the unit.

On holiday Emma was phoning mum every night telling mum she was upset/ going to harm herself/ vomiting after meals. Mum distressed didn't know what to do- phoned ward on the advice of Mary and received reassurance from the staff. Said staff had described Emma as having had some mood swings but generally being ok. Emma had tended to speak to Mary more than mum during the holiday.

Discussed how Emma had been on the ward- i.e. very settled, no evidence of voices/psychotic symptoms. Some arguments with peers but these were dealt with firmly by staff and Emma quickly settled- responds well to limit setting.

Mary and Ali disagree over the reality of the voices: Mary tends to take the view that Emma manipulates situations by using voices. Ali feels she does this a little, however she is totally convinced that Emma is suffering from a mental illness. Ali described Emma as always being an 'attention seeker' - wants mum's attention 24/7. Copies scenes in favourite tv programmes such as 'Bad Girls'.

As a baby she was 'sickly' - had bad reflux so slept sitting up in her cot. She was quick to develop and picked things up very quickly. At the age of 2-3 years old Emma fell down some stairs at home- she was admitted to hospital for observations. Whilst in hospital she fell out of the cot and bruised the side of her face extensively. Mother thinks she 'dunted her brain'

By the age of 4 years Emma was becoming aggressive and mum began to look for professional psychiatric help for Emma from age 7 years. Ali feels very let down by the system in that she was never able to access the help she felt she needed.

Mother feels to blame for Emma's illness: thinks that she is ill due to genetics on her side of the family. Says her father is 'paranoid' and that her aunt has been on medication since an early age.

Ali described her own illness in more detail. Continuously unwell for most of adult life. After Emma was born hearing voices a lot. Also had manic type behavior- cleaning till 2-3am. Not on medication at this time. Says her son James was her main carer until he was age 17 years. Her partner at the time (Emma) ignored the situation. She was given an anti-depressant at the age of 30 years. In 1996/7 this medication was changed to another anti-depressant. 5 years ago she stated that she was 'out of control' with very erratic behaviour. She refused admission to hospital on account of the children: 'my kids come first'.

Ali feels a lot of guilt about Emma. As a result she was giving into to all of Emma's requests. Now she will defer to Mary. Mary and Ali try to talk together about decisions regarding Emma and Mary supports Ali in saying no to Emma. This way of managing things has been going on for about 1½ years. Mary sometimes has difficulty in coming out of a 'managerial role'.

Discussion about need for increasing home leave for Emma with Ali and Mary. Advised the need for a gradual increase in that and reasons why Emma (and they) might find leave difficult. Support system explained i.e. phone ward first before returning to ward- get reassurance and advice from staff to try to alleviate the situation, come back

to the ward if this is not helping. Mother expressed her own anxiety about having Emma home at the weekend, especially when Mary would not be there. Moving house this weekend therefore do not feel able to take Emma home overnight although they will arrange for 2 day trips out over the weekend. Overnight pass next week.

SpR
8/31/05

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/DESIGNATION
1/8/05 10:00 Nursing	Met with Emma on a few occasions today. Initially Emma became low in mood this morning after being told that her medication was to be discontinued. Emma expressed fears and anxieties around same, and at this time requested as required medication to help with worrying thoughts. Sinead McCarralee spent time discussing these anxieties with Emma, and Emma agreed that she didn't need as required medication at that time, as she felt reassured. Team meeting feedback given to Emma today re two overnight passes this weekend. Emma happy with same. Staff to phone mum and Emma at weekend to see how pass is going and offer support and reassurance if necessary. Emma spent time out with peer MH and stated she really enjoyed same. Emma has kept self busy throughout the day, attended to gymnasium. Continues to struggle with healing taking regime. Meal has remained settled throughout the day. At time of writing report, Emma is away to sports group.	
1/9/05 06:15	Emma has had a settled night. She had snack with her peers and was in a jolly mood. Emma slept throughout the night with no incidents to report.	RMH
1/9/05 18:30 Nursing	Met with Emma on several occasions today. Emma has been very settled mood today, offering no complaints. Spent time interacting with peers. Utilised unaccompanied walks with no problems. Visited by grandma this evening. Continued to struggle with healthy eating plan. Tend to deal aspects of timetable today. At time of writing report, Emma is out on unaccompanied walk.	RMH
2/9/05 07:30	Emma has had a quiet evening on the unit requested and given paracetamol at 06:15 hours for toothache. Retired to bed and has slept throughout the night.	

PATIENTS NAME: EMMA CHIDSEY

DOB

26/8/90

UNIT No.

DATE	MEDICAL PROGRESS NOTES	MDT NOTES	SIGNATURE/DESIGNATION
	she can speak to people better + feel better in herself. Issues for DIC are - she states that she will not go back to own school. Need to look for alternatives in community re education. Also, she feels unhappy that community worker "talked over me to my mum". is willing to try to worker with that worker again but would like it recognised that she can speak for herself. reckoned mum could help with this.		
	CONS CLIN		
29/8/05 19:55 hrs	Up early, attended morning group and house economics, left science early as felt teacher was patronising her. Settled throughout the day, describes feeling "stressed out" at times but not able to identify why she feels stressed. Did attempt to give up smoking, utilising nicotine patch but took patch off as felt stressed and wanted to smoke. Refused to attend art therapy this evening, and^{but} instead spending time with peers.		
30/8/05 0700	Another very settled evening on the unit. Emma enjoyed snack with peers and retired to bed. Has slept over night.		sin
30.8.05 12:50 pm	TEAM MEETING - " will continue family work along with - with organise Careers referral for Emma. Carbamazepine reduced from today. Please check Urea. Plan for Emma to have overnight pass this weekend or possibly two.		- @
18:30 hrs	Met with Emma today as her tidal nurse. Emma felt low at the time and attributed it to a fellow peer saying "when I am manic i'm just putting it on". Support was given and mood lifted. Spending lots of time with S.C. Misses all her school classes this morning due to feeling unwell. Go out with walking group.		R.W.
31/8/05 0645	Emma has had a settled evening on the unit spending time in the garden with peers. Emma had snack and retired to bed around 2315 hours. Has slept there after.		2mm

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/DESIGNATION
	behaviour appropriate. Went out with Gunda today and got new braces. Emma has interacted with staff throughout the day. No evidence of binge eating or vomiting. Had a Chinese meal delivered alone with green fellow peers. Enjoyed same. Remains very settled in mood at time of writing report.	BMN
8/8/05	Emma spent most of this Evening in the company of peers, her mood has been bright and appropriate apart from one run in with peers LMK and M.H. This was promptly nipped in the bud, afterwards they made up and all was fine. Emma spoke to N/A Campbell to voice her concerns about her day pass as she feels she is not ready for them, the positives of the pass was pointed out to Emma and rather than worry about passes she should look forward to them, Emma accepted this but still feels it is to soon. Emma was again reassured it was not and was told if she was finding difficulty with her pass all she had to do was phone and would be given support, Emma agreed to do this. Emma settled there after and appears to have slept overnight.	
18/8/05 19.05	Emma's grandpa picked her up at 9.30am to go home for a few hours. Emma came back to the unit around 3.00pm which was early. Emma felt edgy & scared being at home, but felt ok when she came back to the unit. Emma was a little bored when she arrived back due to all the others being out at the movies. Emma feels all right now, had dinner and is interacting with the others.	19.05.
19/8/5 06.00 JERSM	Settled every- appeared to enjoy party continues to spend time with peer S.C. Plans to stop smoking today. No management concerns.	LMK/NN
29/8/05	Met with Emma who had been keen to meet up with me again. Reports some low mood & I had noted seeing her tearful on mobile phone to mum - she attributed this to trying to stop smoking. Quite edgy today - again attributed this to peers for advice! Sees this admission as short-term following CSDS which had led to her admission - & adult. She feels admission has been helpful as	

PATIENT'S NAME:

Emma Lindsay

D.O.B.

UNIT No.

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/DESIGNATION
25/8/05	°FTD °abn beliefs °abn tut possession °abn perceptions evident currently cogn ✓ wight ✓ knows she has difficulties willing to be in hospital / accept medication. <u>Plan</u> - continue to monitor behav^r + MSE - encourage passer	
26/8/05 18.00	Met with Emma on a couple occasions briefly today. Emma has been very settled in mood, spending a lot of time with peer S.C. Stated that she would like a video night since it is her birthday today. Same to be granted tonight. Continues to struggle with healthy eating plan. Has been eating a lot of chocolate today, which was given to her as gifts for her birthday. Stated that she has not vomited today. Looking forward to come out tomorrow and Sunday.	SPR
27/8/05 06.00 Nmm	Scott spent time in TV room for peer & birthday - left party at approx 2200hrs and was listening to music on walkman. WRITTEN IN ERROR Emma appeared to enjoy video party for her birthday this evening - and stated she had enjoyed her day. Appeared disgruntled at one point when reminded of bed time. Was observed sitting in the dark with peer S.C. at school end during routine checks and advised to sit with lights on / in company. Retired to bed approx 2330hrs and appears to have slept well on.	RMM
27/8/05 19.00 Nmm	Emma has been very settled throughout the day. Spent time in games room and F. room, watching dvd's with peers. Mood very settled and	

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/ DESIGNATION
	is with gangster in the house and mum feels it would be a bit better. Mum has stated that this has been agreed with medical staff. Emma stated that she would also prefer this, for this weekend.	
5/8/05	SPR Review:	
MEDICAL	Family meeting + mg + mg's partner took place yesterday - see notes Mother anxious about overnight pass over w/e - feels unable to cope - worried about Emma's "illness", but acknowledges that at times Emma uses illness to get her own way Today:- Emma's birthday feels happy with w/e passes arranged - was worried she would be unable to cope at home. Says voices "much worse" when there. Tell her she is fat/ugly/nothingless Says voices occur here on the ward too - at night - usually when feeling low When challenged about this said that she never tells anyone as knows how to distract herself. Worse at home - because doesn't feel as if there is anyone there that she can speak to if feeling distressed, as so used to speaking with Staff now Feels mum is always asking her how she feels - feels under pressure Worries that her mother would feel stressed if she did tell her how she was feeling	
	<u>MSE:</u> Casually dressed make up. Sitting + peers - very appropriate + happy Good eye contact + rapport No signs of agitation / distress co-operative + a/v. Speech (N) rate + volume mood euthymic + reactive affect No suicidal / homicidal ideation	

PATIENTS NAME

D.O.B.

UNIT No

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/DESIGNATION
	forward to having an overnight pass with mum. Emma states that mum would prefer Saturday to pick Emma up and take her home, or pass same to be clarified. Attended coking with staff and peers to bowling, and remains on coking at time of writing report.	BMN
24/8/05 06:00hrs	Emma spent a settled evening in the unit mixing with peers in the park and the television room. Emma retired to bed at 22:00hrs stating to staff that she felt uneasy changing as her mum as she believed people to be watching her. Emma was advised to close her curtains when changing to maintain her modesty. Emma seemed to take this approach on board and settled to sleep thereafter.	W/A
24.8.05 16:00hrs Nursing	met with Emma on several occasions during the day. Mood has been bright and Emma states she's 'had a good day'. Has been interacting well with peers and has managed sustain from self-induced vomiting all day.	
25/8/5 0600hrs Nursing N/S	Settled and appropriate from onset of shift no complaints offered or problems noted. Interacting well with peers - Settled and has slept from approx 23:00hrs.	
21.00hrs	Met with Emma three times today. Appeared settled "feeling ok". Expressed a wish that we not make a fuss for her Birthday tomorrow. Mum visited to bring presents for her. A bit disgruntled in the evening saying that someone had stolen a CD from her room. Settled after. Spending + time with fellow male peer SC.	
26/8/5 Nursing 0600hrs N/S	No problems of note this evening appeared bright in mood - interacting with peers. Requested to go for a cigarette at bed time - advised of rules - a little disgruntled at same however accepted decision and retired to bed. Appears to have slept well O/N.	
26/8/05 17:00hrs	Spoke with Emma and mum re. pass home this weekend. BMN mum and Emma have stated that they would prefer day passes for Saturday and Sunday as oppose to an overnight Saturday evening. There	

TEAM MEETING

EMMMA LINDSAY

KELVIN TEAM

2ND AUGUST, 2005

DIETITIAN REPORT

OCCUPATIONAL THERAPY REPORT

Attended Art Group.

OTHER DISCIPLINES – PHYSIO, ETC.

SCHOOL REPORT

SOCIAL WORK /FAMILY WORK REPORT

GROUP WORK REPORT

Attends Sports Group and Walking Group. Throws her weight around at Sports Group. Does not tend to walk without moaning about it.

RISK ASSESSMENT

DECISIONS AND PASS ARRANGEMENTS

NURSING REPORT

Mood mostly low – particularly at night. 6 episodes of DSH over the week. Seems to DSH when she claims she hears voices. told staff about having a razor for DSH. Can be quite demanding and challenging. Rude on occasion. Has left the ward without permission on a few occasions. has also trashed her bedroom. Trying to use distraction techniques. Binges on food when low. Finding it difficult to unwind for sleep at night.

MEDICAL REPORT

talked with Emma about her unacceptable outburst of anger. She seemed to be embarrassed by this. Borderline psychopathology seems marked. Major mental illness may not become apparent until psychotropics have been stopped.

CURRENT PSYCHOTROPIC MEDICATION AND WORKING DIAGNOSIS

Risperidone has been stopped.
Fluoxetine has been reduced to 10mg.

?BPD.
?BAD.

PSYCHOLOGY REPORT

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/DESIGNATION
8/05 1:00pm	Met with Emma very briefly on a few occasions today. E.G. appointment re-arranged due to Emma dropping in. Emma has mostly been settled in mood today. Interacting well with peers. Stated 'day was alright' and rated it 5/10. States that her diary was indicators that her mood was low in the morning due to "not being a morning person", settled in the afternoon, and becomes low in the evening. Emma refused to come to design group this morning, although joined in other group today. States voices were quite loud this evening, telling her "She was 'worthless', and 'doesn't deserve to be here'". However, able to challenge same and use distraction. Mum and mums partner visited today for parents evening. Emma very pleased to see mum. Mums partner settled at time of writing. reports	KMN
18/5 1:00pm N/S	At approx 2:00pm - J/P approached Emma to request she hands in mobile phone - Emma stated J/P had agreed to allow Emma to keep mobile phone on her person - No documentation re: same - Emma stated this was so mum could keep in touch with her when she leaves for holidays on Thursday - advised of mobile phone policy - however declined to hand in mobile. J/P approached Emma and re-iterated issues why mobiles should be handed in - advised that mother can contact ward to speak with Emma anytime and that Emma unhappy at same however eventually handed in mobile - Emma did state throughout conversation that she did not like rules and regulations which is why she stopped attending school - advised rules were in place for safety and security of all peers - Updated ward contract to be issued and signed by patient.	
out	otherwise appropriate throughout evening no evidence of low mood / thoughts of self harm	
8/05 1:00pm N/S	Met up with Emma on several occasions today. Emma got up this morning at 9:30am had breakfast. Attended Morning group also attended discovery group. Emma has had	

PATIENTS NAME: Emma Lindsay

D.O.B. 26/8/90

UNIT No. T/175662/1

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/DESIGNATION
1/8/05	noted to be isolative. States she is finding it very difficult to eat healthy, and would prefer if staff could help her choose healthy options. At time of writing report Emma remains low in mood.	AMJ
2/8/5 Nursing N/S (0600hrs)	At commencement of shift - Emma had self harmed - upper (L) arm using fingernails and razor blade. Wound required steristrip - approx 2cm in length. Dressing applied to same. Emma requested tubigrip to cover wounds at this time - same denied - advised that tubigrip had another medical purpose and cardigan should be worn if necessary - Emma unhappy at same and left the conversation. IRI completed for self harm. At approx 2045 Emma was noted during 15min checks to be absent from ward - local search initiated and N.O.K informed. At 21.15hrs missing pt. protocol initiated and police informed of same. At 21.25hrs - pt returned of own accord to ward - police and N.O.K informed of same. Emma stated she was feeling increasingly paranoid that she was being watched by cameras all around the unit - on challenging these her ^{person} thoughts she stated she could not see them or point them out to staff however knew they were there - reassurance offered however with minimal effect. Emma agreed to distract self by watching TV and appeared to be coping with same until @ approx 11.45pm - Emma approached staff req. assisted as she had further self harmed using nails to (L) forearm - same cleaned by pt. 1-1 with staff present and Emma settled and appeared to sleep well from approx 12.15am.	
2/8/5 10.10am	Team Meeting - To have anger management work carried out. Fluoxetine been reduced. To meet with Emma to decide if any work to be carried out. Nicole to meet with Emma to discuss incident when Emma may have witnessed a road traffic accident where an individual died. Fluoxetine to be discontinued on Friday - to do this. Feedback - To go on behaviour chart.	

WARD ROUND

KEY POINTS AND ISSUES:

Particularly at night

- Emma states her mood is mostly low, although does report that mood gets brighter when engaging in activities or interacting with peers.
- Has had 6 incidents of self-harm, using instruments like glass, & blades out of sharpeners.
- Emma had a blade taped to her leg & required a lot of prompting to hand it to staff.
- Emma states that she finds the limit setting very difficult however acknowledges the importance of same.
- Emma is noted to be binge eating when feeling low or angry; requiring guidance & prompting re healthy eating.
- Has had aggressive outbursts towards peers and property.
- Attempting to use distraction techniques when feeling low/angry - including cycling/walking/reading/playing Playstation. States voices are low at present.
- Has also attempted using crushed ice as a distraction technique - however didn't find same useful.
- Participating in all groups. Although at times noted to be quite dominant/argumentative with fellow peers.

RECOMMENDATIONS:

- Monitor mood/voices/self-harm -
- Staff to encourage healthy eating.
- Anger management work
- Diary work.

* Absconded last night - returned - stated she was attempting to go home but had no money *

GREATER GLASGOW PRIMARY CARE NHS TRUST

PATIENT'S NAME: Emma Lindsay		DOB: 26/8/90	UNIT No.	SIGNATURE/DESIGNATION
DATE	MEDICAL PROGRESS NOTES			
3/8/05	a good dietary intake today complying with her 19.00hrs care plan. Emmas mood appears bright and chatty. and mixing well with fellow peers and staff. Emma has received a copy of her night time routine and will try and apply this to her daily routine Emma present at time of writing.			
4/8/05	Appeared tearful, after mother's departure; used the multisensory room for diversion with effect. Attempted holding on to mobile phone. Argued that a member of staff had said it was ok for her to keep her mobile phone with her whilst in unit. She could not remember what member of staff that was. Her manner was confrontational but she later accepted that protocol had to be adhered to. She apologised for her behaviour to SN. She settled down to watch television with peers after snack.			
4/8/05	Following Ward Meeting this morning have discontinued Emma's fluoxetine (had fluoxetine today) at Dr. Gardner's request. Plan - nursing staff to discuss use of multisensory room with Emma stressing need for good anger control before room can be used.			
5/8/05	Settled and appropriate in mood and behaviour this evening - interacting well with peers watching dvd's - reminded of new care plan re healthy eating as snacks put out while watching film - Emma struggled with only managing small amounts of food stuffs and was prompted by numerous staff. Settled and slept from approx 2330hrs.			
5/8/05	Backdated note for Thursday day shift. Emma appearing quite settled in mood today. Has Paced she was missing Mum but received phone call from her brother which made her more relaxed about Mum being away. Spoke with myself regarding use of multi-sensory room. AS Emma had threatened to trash room and did break furniture last week she will be unable to use multi-sensory room at present. Emma appears to accept decision.			
5/8/05	I met with Emma on three occasions today 18.30, Emma got up this morning at 10 a.m. Emma appeared to have kept to her care plan today. Emma appeared bright and chatty around the unit today mixed well with her peers Emma also took part in the			

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/ DESIGNATION
	Visit Quiz and appeared excited straight out spoke to Emma about how she was generally coping. Emma said she was missing her mum and was finding it difficult at this point Emma was given reassurance and was happy to receive it and appeared to have settled there after.	AAH V.V.V. N/A
6/8/5 NRSING N/S (0600h)	Gloria company of peers this evening appeared in good spirits - she did report to staff at one point she felt elated - advised to pass time in RSS stimulating environment their games room - added to watch television. No further concerns - Appears to have slept from approx 2330hrs	1
6.8.05 154hrs Nursing	Emma reported that although she felt slightly elated last night, her mood dipped this morning. Appeared to manage mood change and was visited by grandfather this afternoon. Emma enjoyed the visit and this helped lift her mood. Emma states she is 'hearing voices' all ^{time} the time but manages these by utilising distraction techniques.	✓
7.8.5 Night Duty 0630	Emma appeared bright and chatty during the shift. Complained about boredom. Seemed settled after 2230, after watching television. Settled down to bed after 2330 hours.	✓
7.8.5 Nursing	Yesterday Saturday 6-8-05 Emma became Angry. Towards N/A When Challenge about not adhering to her care plan about healthy eating. Emma became abusive and accused N/A Campbell of picking on her, at this point the conversation was stopped and N/A asked N/A to come into the room which she agreed to do. N/A Campbell asked Emma to repeat her comment and she did, N/A asked Emma to explain her comment Emma said 'I picked on her about her food, eating, I told Emma everything I am challenging Emma on, she has asked the M.D.T. to do, by helping Campbell her care plan, then Emma tried to tell us her care plan doesn't say she has to eat healthy all the time, I agreed last point out she had agreed to merit snack rights she had to manage 3 days healthy eating, Emma then said it doesn't mean 3 days together and tried to twist the rest of the care plan around to suit herself I again reassured Emma we are only doing what Emma herself has asked us to do. Emma at this stage remained upset and angry, then asked	FW

PATIENTS NAME: Emma L. WDSAT

D.O.B. 26/8/90

UNIT No.

SIGNATURE/
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DATE

MEDICAL PROGRESS NOTES

Emma, what would have happened if I didn't say anything or stopped her eating? Emma replied she would have continued eating and went to her room and felt low in mood and angry. I then asked Emma would I have been doing my job if I allowed this to happen. Emma said no. I replied I was only looking out for Emma's Best interest I was not picking on her and would never do so. N/A reinforced this by telling Emma that I treat and get on with all the kids in the unit ~~the~~ ^{same} the same as each other and I would do anything to help the kids. I also pointed out to Emma if her Care Plan is to much to soon I would talk to S/P and S/W and they could sit down and maybe revise it. Emma agreed. I also told Emma if she felt more comfortable with female staff this could be arranged. Emma declined and said she wanted me to stay her nurse. I also explained to Emma she can not go around accusing staff just because she was upset. Emma agreed. Emma appeared to calm down and at that stage we finished conversation. N/A

7.8.5

Nursing

18:10

25mins

Met with Emma on several occasions ~~today~~ today. Emma has appeared bright in mood around unit. Emma apologized about yesterday's outburst. Emma was given reassurance that everything was fine. Emma helped staff clean out the Back garden and appeared to enjoy it, mixing well with both staff and peers. Emma stuck to her care plan today, but also spoke about struggling. I informed Emma to speak over her Care Plan with S/P Mc Cormack she has agreed to do so, overall fairly settled day. N/A

7/8/05
22.0hrs

Met with Emma this evening. Emma was bright in mood. Stated that she is feeling quite elated at night time at present. Admitted to find something relaxing to do, such as reading or watching t.v. Emma agreed to do some. Stated that she has not self-harmed in 5 days, as she made a promise to herself that she was determined not to self-harm, and would find other ways of coping. Emma states that she is finding her new care plan re eating very difficult, and admits to binge eating over one past couple of days. States she will start complying with same

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/ DESIGNATION
	as from Emma, as she realizes the importance of healthy eating. Emma spoke about wanting to go out with her brother for a meal. Same to be discussed with medical staff.	KMP
6/8/05	Emma has been very bright in mood this evening. Spent most of the night interacting with peer Jh, and at various periods throughout the evening advised to calm down. Emma reports feeling very elated. Difficultly returning to bed. Stating that her room was too hot. Approached staff requesting a hot drink. However remained awake until 1am. Eventually fell asleep and has slept overnight.	EMM
8/8/05	WAS due to see Emma today to assess from Clin Psychology perspective, but she was out at hospital app.	
		CON CHN PBY
8/8/05	19-30 hrs W/ Emma Emma has had a good day on ward today. She appears bright in mood and mixing well with both staff and peers. She also went for an ECG at wic which she appears to	CONV-

PATIENTS NAME: EMMA LINDSAY

D.O.B 06/08/05

UNIT No. 1/1778662/1

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/ DESIGNATION
8/8/05 19:30 hrs Nursing	have struggled with. Emma also started her healthy eating plan today, managed well. She also went on short ward outing along with fellow peers and enjoyed same. Emma was visited by her brother later in the evening and visit appeared to go well. Emma remains bright & chatty at time of writing.	
9/8/05 5:50am Nursing	Emma enjoyed a settled evening last night. Spent time with peers watching TV. Retired to bedroom area & spent some time reading prior to falling asleep @ 11:45pm. Appears to have enjoyed a good night's sleep.	
9/8/05 10am	Team Meeting - Carbamazepine to be reduced by 100mg every second day. If Emma wishes to go on pass with brother, Emma to get mother to call the ward to give consent to this. Dietician to meet with Emma to have one small treat each day, dietician to help look at this. Half hour unaccompanied walks. To look at joining gym and dance gap. Or to look at getting Emma out to have area. Once mum returns from holiday, possible night pass to be arranged.	
09/08/05	Gave feedback to Emma. She is pleased with her progress and with her feedback. She is hopeful this will not be a lengthy admission & is aware we hope to start some work in her home area. Clarified that her medication is being steadily reduced but has not yet been stopped. Emma reports some low mood today. I advised her to speak openly about things to staff. She reported she is taking her 200mg Stimming tablets (Adivis).	
9/8/05 Nursing 18:45	I spoke with Emma this morning to inform her that I was her nurse for today. Emma had questioned the medication she was given today however this resolved after checking with notes and checking with medical staff. Emma was noted to be expressing concern for a fellow peer. Emma attended the discovery group stating "I am not taking part" however Emma took a card and attempted to control.	Cons (m 4.) Student Nurse

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/ DESIGNATION
Nursing 9/8/05 18.45	the conversation on a couple occasions when she felt she had to. Emma has been out of the ward for a large part of the evening with the units walking group.	student nurse
9/8/05 04.50	Emma phoned her mum around 2030 hours stating that she was going to overdose. Mum contacted the unit and spoke with staff. Please be aware that Emma's Mum is on holiday and should we need to contact a next of kin we should call her brother James. Following a fellow peers' absconction Emma became irritable and kicked a table over in the garden area. Spoken to regarding this by Staff Nurse Short. Returned to bed around 2130 hours following a short period of reading. Has slept thereafter.	
Error from above entry.	Emma's brother called last night not her mum to say that Emma had called her mum to say she was going to take an overdose. Emma also told Staff Nurse Lynn Craig that Staff had contacted her mum to tell her of Emma's suicidal ideation and missed her holiday.	
10/8	8HO - EASTON	
	D/W " , pharmacist re: Emma's carbamazepine	
	Main risk of withdrawing carbamazepine is risk of withdrawal seizures, even if patient does not have epilepsy.	
	Therefore thinks we should be a little more cautious during withdrawal, at a rate of ~ 100mg every 4 or 5 dys.	
10/8/05	Dietsman, Referred for weight reducing advice. See Food Plan. To write up notes from session made.	
10/8/05 16.40	Met with Emma today on a couple of occasions. Emma has been low in mood throughout the day. Reports feeling 'crap', stating she is missing mum and worried that mum may	

S/N

mm

krin

PATIENTS NAME EMMA LYNDOSAYD.O.B. 26/08/05UNIT No. 7/117866211SIGNATURE/
DESIGNATION

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/ DESIGNATION
10/8/05 Cmnd	not come back to see her as she feels she 'stresses' mum out. Re-assurance and support given. Emma stated that she planned on going to the garage and buying alcohol so that she could just forget about everything. Asked against same and verbal contract made between S/N and Emma, whereby Emma agreed that she would refrain from buying alcohol or any other substances that would cause her harm. After spending some time discussing same, Emma's mood brightened slightly. Emma then phoned her ^{her} brother and spent time in the garden. Very pleased with meeting. He discussed help Emma make choices at meal times after time of meals being chosen by dietitian.	EMN
14/30hr	Emma attended Sports group and participated very well in basketball. Had to sit out on 2 occasions due to shortness of breath. Utilised inhaler which helped with same. At time writing report Emma is going to the garage as her bike. Mood bright and behavior appropriate.	EMN
11/8/05 Nursing 0600	Emma quite relaxed and settled in mood on commencement of shift. Noted to be eating excess amounts of crisps and chocolate but refused advise on this, stated that she would be starting food plan tomorrow therefore did not need to worry about it now. Emma retired to bed at 11pm. At around 12midnight Emma approached staff after vomiting in bedroom. This happened once more before Emma fell asleep around 4am. Appears to have slept most of the night.	EMN
11/8/05	Dietitian (back-dated entry from 10/8) Assessment - Reported weight from admission 95kg 7' 3" BMI 31 Reported height 1.75m Emma reports weight 5/12 ago was ~70kg - would like to ↓ weight to 70-75kg. Ideal weight range for height in accordance to centile is 62-75kg. Psychological Reports to be at the 'Preparation Stage of cycle of change'. V. keen & determined to ↓ weight. Pros for Emma / - feel 'more healthy' - do more 'things' & activities - would be able to fit into smaller - so feel clothes - feels better image.	RMN

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/ DESIGNATION
	Cons for Emma / Wanted to have as much chocolate which she enjoys. Expectations & proposed aims / - Set food plan - understanding of healthy diet - to lose weight Diet history taken - diet very high fat and sugar content - has 4x bars chocolate & 2-3 pkts crisps/daily - skips breakfast. - 6x cans fruit drinks (diet & non-diet)/day - very little fruit & veg. (Diet on wife at home same) Supps/slimming aids / Taking herbal remedy ADIOS 3x/d started 8/8 Physical activity / Sports group 1x/7 walking group 1x/7 cycles to & from garage daily ~10 mins total. Requesting physio. Education on nutrients and balance of nutrients: provided - Emma interacted and attempted to answer Qs asked. Plan - Food plan written up. nb. to use to have breakfast daily; to use reduced fat products to have 3 pieces fruit + 2 portions veg/d to ↓ choc to 2 bars/week crisps to 2 pkt/week. - N/S to choose meals for Emma initially (Dietitian has chosen this week). Once Emma feels more confident, support her to choose own healthier choices. - Please weigh weekly - requires height measured as basis. - Emma reported BM was 14 on admission & to be repeated - Emma should be encouraged to ↑ physical activity - has requested physio & appropriate. - Please note she is on ADIOS & to be recorded on drug chart. - No follow up arranged w Dietitian, N/S to	
11/8/05 10:00am	Prescribed substituted wheater for wheese as became wheethers at sports group but used and not was perked a substituted wheater in the pot.	U
11/8/05 13:00am	Met with Emma this morning. Mood quite settled. Emma managed to get up at 8am for breakfast, and had breakfast as directed by dietitian. Emma stated that she was not going	The Hc (SPK)

PATIENTS NAME: Emma Lindsay D.O.B. 26/8/92 UNIT No. SIGNATURE/DESIGNATION

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/DESIGNATION
11/8/05 Cont'd	on the trip to deep sea world as she couldn't be bothered. Spent time discussing some with Emma, and she eventually went on outing with prompting. Due to Emma having an asthma attack at sports group last night. Inhaled cigarettes to be monitored by use of a cigarette chart. Same to be discussed with Emma on her return from the outing. Nursing and medical staff agreed that Emma should have a limit of 10 cigarettes per day to reduce further incidents of asthma attacks.	RMN
11/8/05 RMN	Met with Emma to explain cigarette chart. She is very happy with keeping cigarettes to a maximum of 10 cigarettes per day and no more than one an hour. Very positive attitude.	RMN
14/8/05 RMN	Emma was with this morning and initially did not want to attend the activity but went with encouragement. Went to Deep Sea World and Winklesham Shopping Centre. Attended appropriately with fellow peer coach, playing football and she attempted to pull down his trousers. This was inappropriate. Emma said to enjoy the trip and took to her food plan. Went out to the garden and left the garden without permission. Staff intervened and she said she was going to the garage to buy tablets. Has been inappropriate to fellow peer coach about treatment.	
14/8/05 RMN	Spoke with Emma after her leaving the garden without permission. Emma was low in mood and states that she wasn't having good thoughts about herself. As required medication given, as per care plan. Emma then phoned mum, who spoke with son to give her permission for Emma to go out with brother at same point throughout the week. Emma has managed to comply with healthy eating plan today. Prave given for same. Emma remains low at time of writing report. Attended solutions group.	RMN

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/ DESIGNATION
12/15/15	Emma's presentation has frustrated throughout the	
Sun	evening. Appeared relatively settled in company of	
Nursing	peers at commencement of shift and observed	
	interacting appropriately. Prior to evening snack	
	observed self-harm in a sullen manner in	
	dining area. On approach complained of low mood	
	and thoughts of self harm to staff. Encouraged	
	to discuss feelings but reluctant to engage at	
	this. Emma also declined to implement diversional	
	techniques to alleviate these feelings, stating the	
	were useless. During this conversation admitted	
	to superficially cutting her left forearm. This wound	
	was assessed by S/N and due to its superficial	
	nature, no further treatment required. Emma then	
	encouraged to hand over the instrument used to	
	self harm and only did so on threat of her	
	room being searched. Emma appeared to settle	
	after this discussion and spent time watching T.V. in	
	company of peers; where she was observed laughing and	
	joking with peers and appeared in genuine good spirits.	
	Prompted to retire to bed at 11pm and became hostile	
	towards S/N Short after he refused to allow to call her	
	mother; due to late hour and feedback from family who	
	had requested Mrs. Lindsay not be contacted whilst on	
	holiday. At this time Emma refused to retire and	
	threatened to trash her room, discouraged by S/N Short	
	and complied with request to retire. S/N McLaughlin	
	then spent some time with Emma offering support and	
	reassurance, which appeared to settle her and	
	appears to have slept overnight. Relevant IR form	
	completed re: self-harm.	
12/18/15	met with Emma today, discussed	
18.30h	current attitudes that Emma is	
Nursing	displaying towards staff. Advised that	
	Emma refrains from displaying being	
	hostile and aggressive, when staff	
	reinforced limits. Emma accepted	
	same. Also discussed Emma's mental	
	state at present. Emma stated	
	that she feels that her mood can	
	become worse when her fellow peers	
	are low as well. Spoke about how	
	at present there is a degree of	
	competitiveness as to who has	
	the most problems, which she	
	discusses with peers frequently.	
	Advised that this is not helpful	
	for Emma, and discussed ways	
	to move forward. S/N McLaughlin	
	informed Emma that sometimes	
	discussing each other's problems	
	can evoke negative attitudes and	
	behaviors. Emma agreed that	

GREATER GLASGOW PRIMARY CARE NHS TRUST

PATIENTS NAME: Emma L. D. M.

D.O.B: 26/4/73

UNIT No.

SIGNATURE/ DESIGNATION

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/ DESIGNATION
14.25	She would try and not discuss such problems with peers, but rather discuss difficulties with staff. Emma managing to comply with healthy eating plan and cigarette restriction, and Emma is pleased with same. Briefly met with Emma. Maud brief. States day is 'OK'. Emma away to shop with S/N Craig to buy a treat for herself and fellow peers, for Ann evening for a t. / night.	
18.30	Emma spent time this evening organising a party for her t. / night. Managed to keep self busy and distracted throughout the day. Stated day has been 'OK'. Maud remains settled and behaviour appropriate at times of writing report.	RMM
130805 06:00am Nursing	Emma appeared in a box stand model @ onset of shift. Asked N/A to open the TV room so she could get something to attempt to push open locked door whilst N/A had the key in her hand. Almost injuring her hand, Emma managed to get some. So the door to watch Big Brother & enjoy party food. At 2100 hours (A.M.) Emma passed her mobile phone to N/A. Emma had been speaking to her mum & her mum stated to her that she would phone Emma every night @ 1900 hours from Spain. Emma then enjoyed the rest of Big Brother & appeared settled. At approximately 2230 hours Emma had her last cigarette of the evening & then approached staff at 2300 asking for another cigarette & claiming that staff had told her the 22-30pm was the time for the last cigarette. When this Emma approached S/N & stated that she was bulimic & had been throwing up after food for the last 4 days. Presently when approaching staff & advised Emma that staff would discuss it with her male nephew in the morning. Refused to bed shortly afterwards & appears to have slept well overnight.	

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/ DESIGNATION
13.8.05 Nursing 1:15pm (5min)	Met with Emma this morning she appeared low in mood. Emma stated that she was worried about informing staff of self-induced vomiting. Emma informed me that she had been doing this for 2 weeks. She also stated that she had done this before approximately 2 years ago, but she hadn't told anyone. Advised Emma to think about what may help her stop this. To meet with myself (L. Cooney) again this afternoon to discuss alternative coping mechanisms.	
16:00 hrs Nursing	Visited by grandfather this afternoon and went out a walk with him. Noted to be eating chocolates on return, then appeared distracted and upset following this. Further meeting with Tidal nurse not able to take place due to visit from Grandfather and attendance at discovery group.	
14:08:05 05:30am Nursing	Emma in a bright & appropriate mood throughout the evening. Spent time with peer L. throughout the evening. Asking for a cigarette cigarette at 23:15 hrs despite been informed that 22:30 hours is the last time for a cigarette. Explained to Emma the reasons for this & Emma seemed accepting of this. In bed from 23:30 hours. Covered & appeared to have slept well overnight.	
15:00 hrs Nursing 1 hour	Met with Emma this afternoon to discuss self ^{eng} binge-vomit cycle. Emma identified a lowering of mood prior to a binge and a release of ^{eng} from thoughts and emotions after self-induced vomiting. compile care-plan (6) to help Emma manage this cycle. Appeared quiet in presentation throughout the day.	
15/8/05 0730.	Appeared bright and talkative. Apologised for behaviour during altercation to peer L. Mc, who did not accept apology. Emma wanted a sandwich for her snack at 22:15, when was asked if she was following her care plan regarding healthy eating, Emma was quite grumpy and muttered something under her breath. Took a while to retire to sleep reading a book. Date asleep appeared to sleep well.	
18:00hrs.	Met with Emma this morning she appeared quite bright in mood and seemed to be interacting very well with her peers despite having fallen out with one yesterday. The two girls were now having a laugh at their previous argument. Emma has attended all scheduled groups today including Art therapy this evening. Didn't manage to get up for breakfast this morning however, diet	

DOB 26/5/90

UNIT NO.

SIGNATURE/
DESIGNATION

16/8/05 • self harming for ~ 1/52
• thoughts suicide

voices - come + go - nil specific

Has not been keeping diary for some time now (12/52) - "forgot"

MSE:

casual dress

self care adequate

pleasant + co-operative

looked bored at times

e.c. good

rapport good

Speech (N) rate + vol

mood - obj - euthymic
subj - "fed up"

affect - reactive

• suicidal ideation elicited

Thoughts - • FTD

• abn beliefs

• abn tht possession

Perception - nil elicited

Cogn - sl inattentive
grossly (N)

Insight - Wants to be in hospital
in verbal agreement to care
plan - ?? motivation

Plan

- To re-start diary

- Further exploration of thoughts
around weight/shape +
challenge abn beliefs

- Passes home to start as
discussed @ ward meeting

- Family meeting c MG +
MG's partner → 25/8/05

SPR

PATIENTS NAME: Emma Lindsay D.O.B. 26/8/90 UNIT No.

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/DESIGNATION
16/8/05 16:50 Nursing	Emma has been bright throughout the day. Only met with Emma briefly on a couple of occasions throughout the day. Emma has spent most of the day interacting with peers, had fun and washed clothes today, keeping self busy and distracted. Reports that voices were laid this morning stating that she was fat, and stupid, however managed to keep self distracted. Emma had not had much of a diet today, but rather done lots of imbm. States that she has vomited on 3 occasions. Educated of words regarding same. States she will approach staff when voices are commanding her to make herself sick.	KEAN
17/8/05 05:30	Emma appeared bright in mood last night, pleasant in her interactions with appropriate speech content and behaviour retired to bed at 23:00hrs, appears to have slept well.	
17/8/05 13:20 Nursing	met with Emma briefly this morning. Mood bright, and behaviour appropriate. Looking forward to going on outing to park D5 with staff and peers.	
17/8/05 18:25	Emma attended the outing today with staff and peers. Interacted well throughout the day. Unable to have healthy lunch due to constraints in theme park however no evidence of burping or vomiting. Mood and behaviour bright and appropriate in all interactions. Emma is attending sports group at time of writing therefore not involved with the writing of this entry into notes.	
18/8/05 07:20	Emma appeared bright in mood with appropriate speech content and behaviour last night. She retired to bed at 23:00hrs and appears to have slept well.	
18/8/05 10:20am	met with Emma this morning as he tidal nurse. Emma spoke of her fears about going to school and how her last school affected her. She felt that they were very unsupportive of her needs re- mental health issues. This made her angry and frustrated which got her into fights, getting lots of "punnies" and suspended. Assurance was given that	

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/DESIGNATION
	the unit school was supportive and understanding of her problems and that it was important to use the appropriate communication skills before becoming physically aggressive.	S/D
19/30/05	Emma has appeared fairly low in mood today, refusing to stick to the agreed form plan which has been advised by the dietitian. There has been an incident this evening where Emma had stuffed tissue paper down her throat & in an attempt to suffocate. She told staff about it and said she wanted to die. S/D spoke with Emma to offer support and reassurance. Emma then spent some time with peers. Staff to keep a close eye on Emma.	
19/8/05 0605	Emma complaining of feeling low in mood this evening. Was not able to communicate the reasons for this. Spent time with peers MH and LMC very pleasant during this time. Retired to bed and has slept overnight.	
19/8/05	Emma asked for overnight pass this weekend. Decision taken at ward meeting that Emma could have day pass with family at W/L but no overnight pass. Discussed with Emma, Mum + Mary. Mum + Mary agree that day pass is a good first step. Emma is very disappointed but reluctantly agreed. Therefore Mary have 8 hrs pass on Sunday. Grandad will pick her up & bring her back.	
19/8/05	SPR Review: Feeling low in mood for a few days. [Unable to say why] Felt low last night - went to toilet & decided wanted to die - put tissue paper in back of throat - started to choke. Then decided that she really actually not want to die + would wait until mum got back from holidays. Told nursing staff how she was feeling + received reassurance from them - felt better. Slept well OBNW Eating ✓ Conc. ok - managing @ school Energy - bit tired. Now feeling angry + upset with Doctors + Unit as feels wanted to go on overnight pass.	

PATIENT'S NAME: Emma Lindsay D.O.B.

UNIT No.

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/DESIGNATION
19/8/03	Explained reasons for this → important to slowly build up leave - ie day pass first, then overnight pass if this goes well also in view of fact that things have been difficult for Emma this week it would be important to go slowly & leave. Emma unhappy in this decision - says she (silly) feels like self harming - but has no active plans to do so. Agreed to tell nursing staff if feeling low / about to DSH Has plans for tonight looking forward to pass on Sunday <u>MSE:</u> casual dress Self care (N) Moderate eye contact + rapport Somewhat sullen in demeanour, and looked angry initially, however co-operative - interview No signs agitation / distress Speeches (N) rate + volume mood obj - annoyed Reactive affect subj - low No suicidal ideation Some thoughts of self harm - but <u>no</u> plans Has future plans. No psychotic cogn intact insight - knows she is unwell Agreeable to hospital / Rx Understands reasons for pass. Plan - 1/ Nursing staff aware of above and will monitor her over course of evening, providing reassurance as req'd. 2/ Inform if any concerns.	U spr

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/ DESIGNATION
18/5/05	Emma was up around 4am. mood appeared quite low. attended two classes in the morning and refused to go in the afternoon. as her mood dropped a little, stated that she felt like self harming but would not do so as she would appear stupid in need to be. Did not purchase to pool shop was caught in the kitchen by staff eating an choc. biscuit. Mum visited in afternoon no problems noted mood did lift after tea time settled at time of report.	
19/5/05 0700	Emma disappointed at commencement of shift. Mainly about not having any overnight passes. and not being able to go for a cigarette with peers. Mood lifted after some discussion with staff. Spoke to Emma later in shift when she was heard say "get him out the telly room" speaking about peer Sk. Went to bed around 2345 hours and has slept overnight.	Emm
20/5/05 1800 Nursing	Emma late to rise this morning. Stated she was unable to take pass today as Mum was working. Emma had to be spoken to by staff on the ward due to inappropriate conduct on the unit. Emma had verbally fight with peer LMK as LMK accused Emma of lying to peer IS. According to Emma, LMK had told her peer IS had jumped out a window prior to admission. Emma spoke to IS about this. IS became upset and confronted LMK for telling Emma her personal details. Emma appeared threatening towards LMK during the verbal fight. Emma was reminded of confidentiality and of the use of aggressive behaviour and language. Appears to have taken on board. Emma reports feeling bored today and expressed that she was looking forward to pass tomorrow. Emma disclosed that she was vomiting after main meals. Emma also stated this was directly related to a voice in her head tell her to. When asked if she challenged the voice she said no as she likes it. Suggested to Emma to speak with staff	

PATIENT'S NAME: Emma Lindsay

D.O.B: 26/8/90

UNIT: No.

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/DESIGNATION
20/8/05 Nursing (cont)	When hearing this voice Emma agreed to do this.	RMN
21st Aug 05 05:45	Emma appeared bright in mood last night with appropriate speech content and behaviour, spent her time interacting well with peers and staff. Retired to bed at 13:55hrs, appears to have slept well.	
21/8/05 Nursing	Met with Emma as per tidal model. Emma has been off on day pass returned to unit at 3pm. Both Emma and Emma have stated the day went well. Emma noted to another verbal fight with peer LMK. Emma stated it was over nothing and she wants to forget it. Noted to be slightly bolder around peer SC and had to be reminded of boundaries especially around male patients. Emma appeared to accept this. During conversation with Emma she again disclosed that she had vomited after each meal today.	RMN
22/8/05 06:15	Emma bright in mood this evening enjoying time with peers M and SC. Speaking with peer LMK again. Retired to bed and slept over night.	RMN
22/8/05	SpR Review: Feeling good today Had a good day on Saturday - on unit in garden Sunday - went home for pass by the end of the day "felt a bit edgy" - as if she'd been away from the unit for too long - worried that she wouldn't be able to cope No self harming behaviour Vomiting - has been eating smaller meals more frequently - feels less like vomiting as a result Wondering about d/c date / review. MSE: casually dressed make up. Self care good.	

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/ DESIGNATION
22/8/05	good EC + rapport co-op^v & interview Smiling + pleasant Speech (N) rate + vol. Mood euthymic & reactive affect No suicidal / homicidal ideation Nil psychotic cogn Insight - Good. <u>Plan</u> - continue.	
22/8/05 18:30	Met with Emma on a few occasions today. Emma has been very settled in mood today. States her day has been 'ok', no problems to note. Emma states she has managed to keep herself distracted, so as not to make herself vomit. States she vomited once today, which she sees as a big improvement. Spent time interacting with peers, enjoyed leaving party for peer KM. Spoke about enjoying peer out with mum. States that she feels her mood is more settled as she feels safe and more relaxed in the unit. Spoke also about anxieties re medication being reduced. Re-assurance given. At time of writing report Emma is very settled in mood. Managed healthy phone at mealtime and also attended diary group and contributed well.	
23/8/05 Nurses 06:00am	Emma appeared to be bright in mood. Interacting appropriately with staff and peers. Retired to bed at 22:00am. Appears to have slept overnight.	emv
23/8/05 12:30pm	Team Meeting - Carbamazepine continues to be reduced. Susan Baird to meet with next week. Starting physio this week. Can have one overnight pass on Thursday if suits family.	"
23/8/05 18:50	Met with Emma on a few occasions today. Emma has been bright in mood, states her day has been 'fine'. Continues to record mood in diary. Emma has attended to all aspects of her timetable today. Unable to comply with hearing aid. Plan stating, there was nothing she liked on the trolley. Interacted very well with peers and staff. Looking	"

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/DESIGNATION
	Advised that due to frequency of the lacerations, noted from self-harm would be dangerous. A sleep from 01:30 am onwards.	S/N
1/7/05 100 hrs Nursing	Met with Emma on several occasions today. Initially Emma appeared low in mood, got up at 10:30 am complaining of pain in her left upper arm, which was dressed by S/N. Emma complained of feeling low and tired, Emma also handed in some items that she could self-harm with, stating that she is going to try not to self-harm. Self & Emma cleaned & tidied her bedroom today. Emma also working on a care plan for sleep ^{ERROR} bedtime routine which Emma has agreed to try for two weeks. Emma also attended a trip out today with fellow peers I.S. M.W.S.M. appeared to enjoy trip but was a bit over dominant towards fellow peer I.S. Emma continues to be in good spirits at time of writing.	
1/8/05 6:00 am Nursing	Emma approached staff stating that her skin strips had again come off. Advised not to pick @ skin strips & re-applied again, for doctor's attention in the morning. Interacting with peers but noted to be rather bossy & dominating with peers at times. In bedroom area from 2:30 hrs onwards. During routine checks noted to be inappropriately dressed in bed not wearing pyjamas bottoms, stated was due to the lead, advised by staff to cover up which she did. Solved to sleep from 01:00 am onwards.	Skat
1/8/05	Reviewed re-lacerations to (L) arm. Cut herself with glass at end of last week. 1) forearm has numerous superficial cuts all healing well. 2) upper arm has a single laceration ~ 2.5 cm long which has been treated with steristrips. Exact nature of laceration is obscured by steristrips but the portion visible looks clean, dry & to be healing well. No further Rx necessary.	
1/8/05 19:20 Nursing Reports	Met with Emma 3 times throughout the day. Emma reports not feeling good today, due to low mood. States she is "sick of this place", and quite upset. Great her brother came up and was giving her into trouble for self-harming. Spent time discussing this matter, offering reassurance and support. Emma spent time in the games room playing the playstation. Throughout the day, stating that she finds it very helpful as a distraction. Attended groups today, and interacted with peers. Although at times	

PATIENTS NAME Emma Lambson

DOB 26.8.90

UNIT No 71177866/1

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/DESIGNATION
30.7.05	Emma utilised a long-lie this morning. Appeared bright in presentation on rising. Visited by grandfather after lunch and enjoyed time with him. Emma states that her 'voices' have lessened since risperidone was discontinued. Emma voiced concerns regarding her mother's forthcoming holiday, stating these thoughts precipitated a recent self-harm incident. Emma continues to express concern surrounding her binge pattern. A typical binge consists of 6 (king size) bars chocolate, 4 or 5 packets crisp and 2 2litre bottles fizzy juice. A typical binge lasts approximately 10 minutes. Emma's main emotions prior to a binge are anger and sadness. She states that she feels unable to stop once she has started. Emma finds distraction helpful and has been enjoying attending sports. Emma is keen for more time out and would like some unaccompanied time out when mum returns from holiday.	
31.3.05 06.35am Nursing	Emma appeared initially settled last night. Spent time with pool still watching TV. At midnight requested to stay but advised to get on early night. During routine checks @ 12.30am, Emma needed to have self-harmed by slit. Emma showed wound to left arm & slit ships applied. Stating self-harm had made her feel better. However, left treatment room & went to school canteen. Spoken to by S.N. D.N. & advised to go to room & try & relax, refused stating that if she had to she would 'trash it'. Advised to take some time out before re-entering her room. However, Emma used this time to self-harm again with glass, wound quite deep & slit ships applied. Advised Emma that she wouldn't be allowed to continue to self-harm & Emma took this on board & handled in materials that she had used to self-harm which included glass from a picture frame. Emma remained upset & tearful but managed to go back into her room. At 01.15am Emma requested paracetamol for pain. Given some & returned to room & into PJs & fell asleep shortly afterwards. During discussion Emma upset that self-harm not working & give her as much help as possible.	

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/ DESIGNATION
	stating that she self harmed due to feeling angry, and not wanting to tell staff that. She felt this way. Baron declined and directed Emma to talk about wanting that mum would be disappointed in her for self-harming. Spoke about mum previously self-harming, and how she feels mum should understand her since she use to self-harm.	
15:00 hrs	Emma approached staff nurse stating that she was feeling the need to self-harm. Advised Emma to do some physical activity. Emma agreed to go out on a bike.	RMN
16:50	Emma approached staff stating that she felt the need to self-harm again. Staff advised further distractions however Emma reluctant to try same. Offered unaccompanied walk, and also used ice to crush in her hands as an alternative to self-harming. Emma asked to speak with staff nurse McNamee, and admitted that she had a blade from a sharpener, which was taped to her leg. Also had a sharpener and rubbers, which she was going to use to self-harm. Staff nurse spent time discussing same and to accept at alternative, diversion, and Emma accepted same and handed over blade.	
18:30	Emma is currently bright in mood, and out with staff to where added to watch this evening.	
S/R	Earlier in the afternoon Emma requested as required medications, for agitation. Same given as per Kardex.	RMN
21:00 hrs	Emma had been settled through out the evening, engaged in night well with staff as pairs helped tidy up afterwards behaviour very appropriate no problems noted. Retired to bed at 1:30 pm.	

PATIENTS NAME

D.O.B

UNIT No.

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/DESIGNATION
	Emma approached staff nurse this morning requesting to have a chat. Spoke about finding ways of distracting herself, and identifying triggers of aggressive outbursts. Emma recognised that she has become upset and angry after speaking to mum on the phone, due to feeling as if mum is disappointed in her. Given re-assurance. Emma is eager to find other ways of dealing with her anger. Given praise for same.	
29/7/05	Emma approached staff nurse 11:20am. Emma approached staff nurse this morning requesting to have a chat. Spoke about finding ways of distracting herself, and identifying triggers of aggressive outbursts. Emma recognised that she has become upset and angry after speaking to mum on the phone, due to feeling as if mum is disappointed in her. Given re-assurance. Emma is eager to find other ways of dealing with her anger. Given praise for same.	
13:00hrs	Emma approached staff nurse after self-harming - superficial cuts to her left arm. Emma was very upset	RMN

DATE	MEDICAL PROGRESS NOTES	SIGNATURE DESIGNATION
ent	and alert health care option at snack Emma again unwilling to respond to advice she suggested a cigarette may make her feel more calm - advised to stay in sole room if feeling upset/angry at this time. Further episode of physical aggression @ 2230hrs - no apparent precipitating factors for same - Emma at this time punched the wall in TV room - No staff present during incident - however staff responded when alerted further IR1 completed for same. Emma stated (R) hand was sore to touch and had limited movement in same. Staff examined - mild swelling, redness evident and bruising beginning to appear. SHO contacted re: same - advised to administer paracetamol 1g - same given. SHO came to ward to review pt. See relevant notes on previous page. - Cold pack applied to hand. During time waiting for SHO to arrive Emma was in TV room with peers - appeared more settled in mood & behaviour - shortly after peer J.G. was making comments re: English people which Emma did not like - she retaliated by throwing cold pack at J.G. Verbal aggression continued between two pts until staff intervened. IR1 completed for same. 1-1 with staff and Emma during discussion Emma recognised appropriate ways to communicate anger and stated she would apologise to peer. Emma advised that any form of physical aggression would not be tolerated and staff were available and here to help at times of distress - Emma had agreed to approach staff following previous incidents however failed to do so. Emma asked to remain away from peers at this time - accepting of same. Only SHO arrived on ward following incident - to review - ? injury to (R) hand. Decision made to send for xray to A&E @ WCH. Staff escort provided and left ward in taxi @ 2345hrs - telephone conversation with Emma's mother - see relative contact 2300hrs	
2am	Emma returned to ward @ 2am - no fracture detected in xray - no action taken.	
1600hrs	Appears to have slept well overnight	
2pm	Emma was aggressive and broke furniture in room. Emma was not happy and did not look at staff. Emma said that she cannot see staff - she said she was in the room and they were not there.	

PATIENTS NAME: Emma Lindsay D.O.B: 26/8/90 UNIT No. T 17 8662

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/DESIGNATION
28/7/5	Emma requesting T/O at commencement of shift to go to garage to buy chocolate as she stated she was feeling low and wanted to binge eat as she feels it makes her feel better. Advised that due to staffing levels / current mental state that T/O would not be possible - also advised that Emma could choose healthier option at snack time. Emma at this time unwilling to respond to advise and decided to go for a cigarette - refused 1-1 intervention from staff at this time. ENTRY CONTINUED BELOW SHO ENTRY.	
28/7/05	Duty SHO	
2245hrs	ATG - injury to R hand after punching a wall. Emma frustrated tonight after a bad day + being refused T/O time out to go to garage to buy chocolate to binge eat. Punched a wall with R hand + later threw cold pack at another patient. Now calm + able to see there would have been other ways to manage this. <10 painful R hand over 4th + 5th digits. O/E tenderness over 4th + 5th metacarpals bruising beginning to appear + mild swelling over proximal metacarpophalangeal joint (5th finger). Imp - ? # 4th + 5th metacarpals Plan - d/w A+E officer → to attend for Xray + ? immobilisation.	
28/7/5	ENTRY CONTINUED FROM ABOVE (NURSING) (N/S) At 2200hrs - staff were alerted to incident due to loud noise in corridor - staff arrived outside Emma's room - chair had been thrown by Emma into the corridor (chair broken) - Emma proceeded to throw belongings around room - R/I completed for physical aggression. Staff intervened at this time - Emma related incident of aggression to not being able to have chocolate and go to garage for same. She was also earlier advise not have home chinese food.	(written) SHK
		cont

DATE	FORMATIVE EVALUATION	SIGNATURE/ DESIGNATION
	it is part of word Emma's care, explained to mum that Emma did not have a timetable informing her of all activities, therefore was unaware that she would be shut out of sports group when her brother came up. Agreed that a timetable would be filled in so Emma could inform mum when she would be out of the unit. Mum accepted same.	12/10/15
28/7/05 06:00	Approach clearly agitated. Emma was upset with the events between her mother and brother. Emma said she had to self harm to release her pain. Emma spent 25 mins speaking to N/A being given positive reassurance. Emma took this on board and didn't self harm appears to have slept overnight.	N/A
28/7/05 06:00	Wishing some time out of school on her own. Discussed that she can keep herself safe. - says "I may cut up a bit" Very clear she can keep self safe. Jones being reported to the police or local authority. Emma is not to be left on her own. Emma is not to be left on her own. Emma is not to be left on her own.	
28/7/05	Emma reports that today she hasn't been troubled by "thoughts" although she has low mood. Emma feels that her mood deteriorates as the day goes on, and finds nighttime more difficult. Utilised unaccompanied time out on bike. Enjoyed same. Emma's mum is going on holiday next week and Emma is worried about this due to recent terrorist activity and states that she will miss her mum. Emma reports two occasions where she has self harmed today. Wounds superficial however requested that only N/A Connelly attend to wounds, refused to allow S/N McFarlane to attend to them. Emma is looking forward to tomorrow's outing.	SW

for N/A.

FORMATIVE EVALUATION

PATIENTS NAME Emma Lindsay
 DATE OF BIRTH _____ WARD/DEPARTMENT _____

UNIT No. _____

DATE	FORMATIVE EVALUATION	SIGNATURE/DESIGNATION
	going on ski outing today. Emma was settled in mood, and spoke about looking forward to coming. Shortly afterwards Emma approached myself stating that she was perhaps not going to go on the trip, as she didn't want peer mtl to be left on the ward by herself. Reminded, that it is important that she remains focused on her own care, and the importance of participating in these activities. Emma accepted same. BP - 115/79, Pulse 83 sitting, 116/81, Pulse 106 standing.	
4.30pm	Emma went out on outing to ice skating. Interacted very well with staff and peers. Spoke with S/N McEneaney reporting that she was having a "good day" - rates her day as being 7/10. Mood bright and cheery.	RMN
8.00pm	Emma went to sports group this evening and participated very well. Stated that she felt active sports made her feel good, and feels she will be able to use active activities instead of self-harming. Feels this will be good. Abstraction techniques. On return from sports group, Staff reported to Emma that her brother had been up to visit and had left. Emma became very fearful and upset, throwing objects around her room. Staff advised against same, and Emma agreed more phoning her mum would help make her feel better. Remains upset at time of writing report.	
8.30pm	Approached Emma to show her her daily report, and found Emma scratching her arms with a piece of broken plastic. Emma had also kicked her chair over, and thrown a chair in her room. Very upset stating that mum had shouted at her for not being in, when brother came up. S/N McEneaney spoke with Emma offering reassurance, which had a settling effect. S/N McEneaney then phoned mum to inform her that Emma was out on sports group as	

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/DESIGNATION
	requested for chlorpromazine, advised that she would have to give her 20pdae time to work. Emma reluctantly agreed to do this. At midnight Emma approached me stating that she had gone back into her room but that her voice was still there telling her to self-harm again. Chlorpromazine administered @ midnight with almost immediate effect. Settled to sleep immediately. Noted to have very little clothing on during the night. Staff entered her bedroom & pulled her nightgown & pulled bedding around her. Settled through out the night.	
6/1/05 0:15 AM	Team Meeting - Respiratory decreased. Zopiclone to be discontinued. Continue with assessment period. Medical and nursing staff to discuss her development with her. Family to meet with Dr. Givner tomorrow. Feedback.	U
6/7/05 1:00 PM	Emma has spent most of the day interacting with peer MTH. Attended all groups, and activities within one ward. United peer value and went on walking group. Mood settled throughout the day. Emma reports having an 'alright' day. Spoke with staff nurse McEneaney regarding care plans and agreed to start a diary to monitor mood and frequency of auditory hallucinations. Managed to have a healthy choice of at dinner time, and eager to incorporate more active activities into care plan for distractions, memories, rather than self-harming. Emma reported that she had been scratching her arm due to feeling low throughout the day. However, very superficial, causing minimal concern. No treatment required.	RMN
17/07/05 3:40 AM	Emma appeared settled this evening. Had snack but eating sweets after work. Spoke to by N/A J Campbell about healthy eating. Also noted to be smoking cigarettes in peer MTH bag. Settled to sleep at 2300 hours & appeared to have slept soundly throughout the night.	RMN
27/7/05 10:30 AM	met with Emma this morning to inform her that her mum had called to see if she wanted her to come and visit. Staff informed mum that Emma was	sin

PATIENTS NAME:

D.O.B.

UNIT No.

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/DESIGNATION
25/7/05	<u>Plan:</u> Write up Chlorpromazine PRN. continue to monitor behaviour/mood.	
25/7/05	SPR U Attended morning group but left after ten minutes. Also attended drama group - see group notes this evening. Emma spent ten minutes in the multi-sensory room with music. She She appeared to enjoy using the equipment and seemed settled and relaxed afterwards.	
25/7/05 19.45	Emma has appeared quite low at periods throughout the day, although more animated when interacting with peers. Attended drama and discovery groups and participated well. Also went out for peer walk with no problems noted. Spoke with C/N Wilian re self-harm and the intensity of her voices. Asked to utilize distraction techniques, Emma accepted same. Emma also very eager to follow a healthy eating regime. Staff to advise Emma on healthy eating at meal times and assist Emma to make a healthy choice. Emma states that overall she feels she has had 'quite a bad day', however parts of the day have been 'easier to cope with'. At time of writing reports, Emma is settled in mood, spending time with peer mth, doing hair styles.	Sgt Nurse
26/07/05 0600am	Emma initially appeared settled, interacting well with peer mth, spending time cut in garden. At 2330 Emma approached me & I went into her room & she informed me that she had self-harmed & had cut her left arm using a piece of plastic. Emma & I dressed her arm arm & applied a small dressing. At this point, Emma informed me that she wasn't going back into her bedroom as she had tried to sleep & couldn't. Advised Emma to go to back into her room & try & sleep. Emma refused & sat in a chair in the corridor. Offered Emma her Zopiclone which she accepted @ 2315 hrs. However, Emma refused to re-enter her room & remained seated in the chair outside her room. Emma then stated that there were creatures in her room & her voice was telling her not to enter it. At this point, Emma	

5/7/05 SPR REVIEW:

Self-harmed on Sunday c piece of glass from a picture frame.

Feeling low in mood on Saturday / Sunday late afternoon / early evening. ^{for in morning} voices started again.

2 / more female voices inside head - speak very clearly directly to her tell her she is worthless + tell her to harm herself.

Managed to resist this until staff Sunday afternoon → accepted reassurance from staff.

had felt that another pt (CMK) didn't like her → confronted her then went away + self-harmed later able to sort out difference with other patient.

Initially angry when staff asked her not to self-harm - however later accepted reassurance.

Has been seeing "giant people" in room at night (lights off) - say they prevent her from sleeping. Really believes they are present.

Today - still feeling low but has gone out for walk + peer. No self-harm today.

* said she was hearing voices as we were talking.

Sxs worse at night time

MSE:

smartly dressed
good self-care

NB - noted to be interacting well c peers / smiling / cheerful.

Dressing on (L) lower arm + sup^r scratches around dressing.

picking at bandages during i/v
good eye contact + rapport

face - ? a bit expressionless

No signs of distraction / agitation
speech (D) rate + volume

mood subj - low obj - flat / ~~low~~ euthymic

° suicidal ideation

° PD

° abn ideation

? "pseudo aud" hallucinations
cogn intact

insight - knows she is unwell
agreeable to medication / hospital

PATIENT'S NAME

D.O.B.

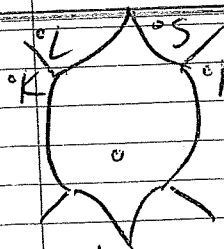
UNIT No

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/ DESIGNATION
26.7.05	Enjoyed her trip out with fellow peers to park appears bright and settled in mood.	MA
18.40pm	Whilst carrying out routine checks on the ward staff nurse found Emma in her bedroom having cut her left arm. Emma immediately apologetic and tearful about this and stated she was embarrassed about her self harm. Wounds cleaned and dressed and advised Emma to utilise some distraction techniques according to her care plans. Emma sat reading her book for around 30 minutes but then wished to discuss her thoughts. At this time Emma looked very vacant with glazed eyes and slow responses to my questions. At this point Emma told me that she had strong "voices". She stated that those were contradicting the advice I was giving her and being derogatory towards her. Wounds on left arm cleaned and dressed. Emma then had a hot chocolate and retired to bedroom. I again found Emma in her bedroom contemplating self harming as I had interrupted her earlier. At this time Emma made up a list of pros and cons of her self harm. Emma has kept this list and will add to it to use in individual sessions with her named nurses. Emma also feels that some work and education about safe self harming techniques. Emma at this time said that she had promised herself she would self harm again tonight. I advised Emma of her options and that she had a "get out clause". I then told Emma that I would return in 10 minutes to see what she had chosen to do. After 5 minutes Emma approached myself having superficially cut her left arm. Those were cleaned and dressed and Emma reported feeling much more settled. Had another hot milky drink and retired to bed. Asleep at time of written report.	

DATE	FORMATIVE EVALUATION	SIGNATURE/ DESIGNATION
23/7/15 19:00hrs cont.	appropriate. Emma stated that night time was her most difficult time and wanted to be allowed to sit up and read for several hours during the night as this made her sleep. Advised Emma to go to bed earlier if she planned to read for several hours rather than wait till midnight. Emma stated she would try this.	
24/7/15 06:30.	Emma spent time with peers this evening watching a DVD. Advised by staff nurse not to push fellow peer M.H. in her wheelchair and was accepting of this. At bedtime Emma required firm limits again this evening. With minimal support Emma retired to bedroom and lay in bed reading until around 00:30 hours when she fell asleep.	
24.7.05 13:30hrs nursing	Spent time with Emma completing holistic assessment and initial care plans. Emma has identified that she wants help to change her thinking. she stated that at the moment she feels 'worthless' and has poor self-image. Her main areas of concern were; Auditory hallucinations, which consist of female voices inside her head that make derogatory remarks. Thoughts of Self-harm. Emma states that Self-harm is an external expression of internal distress. she finds the pain easier to manage than her emotions. states that acts of self-harm are often impulsive. Body image and weight management; Emma states this is a significant problem for her. Emma acknowledged that she often binge eats in response to anger and emotional turmoil. she admitted to self-induced vomiting in the past, but states she has stopped this. Emma engaged well during the holistic assessment and compiling her care-plans. Given photo-copy of new care-plans.	
24-7-05 18:40pm	Emma has spent a settled day on ward. She had a long lie in this morning, got up at 11:30am had breakfast. Spent time with fellow peers on trip to park. Emma has requested that we help her with a healthy eating plan. Staff have to encourage Emma when ever possible. Emma also concerned about damage to her book by fellow peer J.C. Re-incident in T.V. room, Staff noted Emma's Concern and Reassured Emma.	

PATIENTS NAME Emma Lindsay FORMATIVE EVALUATION
 DATE OF BIRTH 26/8/90 WARD/DEPARTMENT ADU- UNIT No.

DATE	FORMATIVE EVALUATION	SIGNATURE/DESIGNATION
21/7/15 cont	hearing voices telling her she was worthless. - felt upset by this - stated she also is still just settling in and is not sure how to approach if having difficulties - advised all staff can provide support when required. Agreed to watch TV in company of peers before bed. At 23:00 hrs Emma approach S/N nurse requesting support - advised to try relaxing in side room with light off to assist with sleep. At 23:30 hrs Emma again approached staff feeling unsettled and fearful - she could not state what she was fearful of also felt nauseous - she related current feelings to when BM is high she states she is currently being investigated for FBA. BM checked - Smalls. No concerns re: same. Requested staff 1:1 while feeling this way - eventually settled to sleep at approx 1am. No night sedation administered	
7.55pm	Attended sitting with staff and peers for day trip. Appeared to enjoy trip although struggled at times with voices. Sat with N/A Dorian for short time away from group and responded well to distraction. More settled after this and no problems on rest of trip. Visited by nurse this evening.	
23/7/15 0640	Emma enjoying time in company of peers watching a DVD in TV room. Had snack with peers. Rushing boundaries at bedtime by demanding extra time before going to bed. Stated in TV room in presence of peers, "I'm not going to bed". With some firm guidance Emma retired to bed and has slept over night.	
23/7/15 19:00/15	Emma states she feels she is settling into the unit well. Stated she enjoyed today. Spent time with MH doing hair and make up. Emma stated she would consider this as a career and found it helped relax her. Attended eating to see club festival. Emma stated she felt slightly nervous whilst out due to it being busy. Stated she didn't like crowds. Did manage to keep her self safe and coped well. Some emphasised. Gave about boundaries and why limits are set on unit as Emma earlier pushed for a parental advisory CD to be played. Accepted staff decision that this was not	



overweight.
Soft, non-tender.
masses
bowel sounds +

T	P	R
N	N	5/5
N	N	5/5
		++
		++
		↓ ↓

Blds sent for, U&E, CFTs, TFTs, Glucose, FBC, haematinics.

I have asked NIS to send urine for heavy-metal screen.

Requests sent for CT brain & EEG (but light of well-formed true visual hallucinations).

SHO

20/7/05 D/W Dr Gardner

- allow staff accompanied walks
trips / groups.

SPR

20/07/05 Emma appeared settled today if a bit bored. Asking for passes passes blocked. Mixing with others in the unit but at times appearing crazy. Periodic with others & imposing leader on them. Attended sports group & appear to enjoy the same.

SN

21/07/05
Nursing
06.45 am

Emma appeared to be bright in mood this evening, interacting well with staff and peers. At 11.30pm became highly fearful but with reassurance and support was able to settle into bed. Appears to have slept overnight in more night sedation. Monitoring her boundaries with male peers and staff. Appears to be within normal limits.

1935

Emma's presentation appears unchanged from the night shift. Bright. She was engaging with peers and staff. She was fearful for a while during the day (before lunch) but settled with reassurance and a walk. Spent time with peer (C Mc) painting his nails and appears to be settling into the ward. She avers that she does not care how long she stays in the "hospital" as far as she goes away from it with her life better. She did not explain what this meant.

21/7/5
5.02pm

Emma observed to be sitting with peer C. Mc on sofa with feet underneath him - advised on appropriate contact with peers - Emma accepting of same. At this time 16.30pm Emma stated she had a difficult day - stated she had been

PATIENTS NAME:

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UNIT No.

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/ DESIGNATION
20/7/05	with illness. Regards herself as having been ill for years - little memory of early childhood: some nice memories of going to Gran's house with mother. Also remembers mum crying when ill - made her feel sad. re: her own mood always p + f when high → overactive / conc sleeps more overpends. thinks she is better than others lasts for months periods of being "ok" - few + far between. when low → as prev described lasts months can have 2 high periods or high then low Feels settled on ward. wants to go to groups / physio also asking to go out on walks - explained we usually need to get to know young people first before giving to know passes given. Plan: encourage groups within unit initially. refer to physio & no walks as yet - will d/w Dr Gardner.	
28/7/05	<u>SHO</u> PHYSICAL EXAM: - MPR = 80 bpm, reg JVP ← → HS 1 + 11 + 0 vesicular @ = @ = N resonance @ = @ = N percussion @ = @ = N int adged sound reasonable expansion	SPR

Emotions and actions are always under her own control.

No surveillance, drugged/contaminated food concerns. No ideas of reference from T.V., radio etc. Sometimes thinks others are talking about her. Seems like that - not sure.

PSH - more when low. Can be nails, does not use blades. Pain itself gives relief, not sight of blood that gives relief as focuses attention away from voices. Also lifts mood a little.

Personality is "bubbly", good listener. Has a bit of a short fuse. Flies off the handle. When loses temper goes "absolutely nuts". Can be quite impulsive, but doesn't think things through enough. Changes her mind a lot. Tends to have a close friend at a time - disaster if it doesn't go well. Finds it hard to be alone. Feels empty. Mood very subject to sudden change according to circumstances.

At interview, casually dressed. Looks older than her years. A little overweight, well groomed. Pleasant and very cooperative. Lucid, and vigilant, no psychomotor disturbance. Good eye contact, warm rapport. Speech normal rate + rhythm. Fluent and coherent. $\bar{c}$ plentiful, generated. Mood $\bar{c}$ - depressed, $\bar{c}$ - only slightly low. Affect reactive. Daily thoughts of PSH. Auditory pseudo-hallucinations (not typically schizophrenic). Visual pseudo and true - hallucinations. Occasional thought insertion, ideas of reference and graphose ideas depending on mood. Attended to interview easily, comes across as bright. Fully insightful and able to reattribute abnormal phenomena.

NSH0

20/7/05

Meeting $\bar{c}$ Emma

Prev given Dx's of Manic Depression
Personality Disorder
ADHD

No real concept of what any of these things mean.

main aim of being here $\rightarrow$ learn to cope

PATIENT'S NAME

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UNIT No.

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/ DESIGNATION
	PSH only happens when depressed or when hearing voices "If I'm not depressed, I'm manic - never in the middle". When manic - "just hyper, but 10X more than normal". Always on the go, can't sit still. Can get quite aggressive. (Can be quite aggressive anyway, but worse when manic). Feels "overly happy". This is an uncomfortable happy "I feel weird". Sleep is increased. Over confident - can believe that she is psychic "I know it's not really true". Talk too much. People find it hard to follow what she says. When high spends too much. Doesn't do too many regrettable things. Voices happen all the time - every day from age 5 or 6 except for about 3/12 after O.D. when she was given medication (antipsychotic for 1st time). Happens at night. Much worse when low in mood. "Lots of voices - female, never recognised". Voices are "inside head" but separate to own inner voice. Always 1st person "You - - etc". Never conversing amongst themselves. No audible thoughts. Criticise current efforts, but never commentary. No control, except to cut. Sees things also - "little people, giants, victorian people". Little people + giants are perfectly clear and solid - normal perspective etc. Victorian people are see-through and not normal perspective. Knows other people can't see them but did expect them to see them to start with. Not frequent deja vu. Occasional butterflies, but not related to visual hallucinations. No hallucinations of taste/smell/touch. Occasional thought insertion - different experience from voices. No telethon/echo/broadcast.	

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/DESIGNATION
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30 Emma has settled into the ward, with no difficulties. Max remains settled. Staff nurse McManis spent time with Emma discussing Tidal model, and expectations. Emma seems eager to get well, showing insight into illness.

run

1/07/05
unrest.
1700 hr.
Emma appeared to have a settled evening prior to bedtime at 11pm. Interacting well with staff and peers - spending time watching tv and in the smoking room. Asked for her 12 required Episcopes prior to bedtime and this was granted. At 11:30pm approached after supper, she felt unsettled due to the voices she was hearing. Went through distraction techniques and appropriate ways to help her sleep. She agreed to listen to some ~~pleasant~~ gentle music and step under the covers with the lights off. This appeared to benefit her as she appeared to have had a settled night from then. Regular checks maintained overnight.

g/a

01/5 SMO REVIEW

Depression / voices "and stuff".

Depression - feels really low, like nothing is going to get better. 1st a problem a long time ago, but this episode about 4 1/2 yrs. In general sleeps about 4 hours / night - takes about 4 hours to get to sleep, then broken sleep until about 8am. Voices interfere w sleep.

When mood low, appetite increases. Craves carbohydrates. Mood is lowest at night, best in the morning.

loses ability to enjoy herself, loses interest. Has enough energy during the rest of the day. When low, feels guilty about things. No confidence, self-esteem & self worth go down. Pessimistic thoughts of future of "there isn't going to be one". Thoughts of DSH most days when low.

Feels more anxious/scared when low in mood. Has had a couple of panic attacks "just unbearably scared - can't stop shaking".

Just when low in mood → has to wash hands more often. Knows they are clean but must wash them.

Has taken an overdose during her worst episode of depression. Is also a "self harmer".

PATIENT'S NAME:

D.O.B:

UNIT No:

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/DESIGNATION
14/7/05	<u>Nursing report</u> - Emma arrived on the ward at 14.00 with mum, and mums partner orientated to the ward and named nurse. On admission, Emma was settled in mood, at times quite animated when young with mum. Emma reports feeling 'low', and hearing voices that are derogatory in nature. States voices are unknown voices, and consists of various female voices, which she doesn't recognise. Reports having command hallucinations, which she states she can 'control most of the time'. Emma states that these voices are louder at night, and at times can result in self-harming behaviour. Emma feels that self-harming, usually using nails or teeth - gives her a release, whereby her voices may reduce in intensity due to distraction. Emma self-harms - on legs and arms. Emma reports having difficulties at school, and has become physically aggressive towards peers. However states that she regrets this now. States that she wants to find ways of controlling feelings. Mum reports Emma being physically aggressive towards her at times when she was 'unwell'. However, mum reports that Emma is more verbally aggressive than physically aggressive at present. Reported taking antipsychotic in school in December last year, however states that she didn't intend to kill herself. Emma states that she feels sad at present, and can't remember when she last felt happy. Emma cannot identify reasons for feeling low. States sleep pattern is poor, wakes up early, doesn't sleep until early hours in the morning. Appetite good, at times noted to overeat as reported by mum. Emma states she eats more when she feels upset. Emma states that relaxation, and reading help reduce her agitation. Placed on general observations at present. Named nurse George staff nurse McEneaney, associate nurse Little, and nursing assistant Campbell.	EMN

17/05

MSF:

ArB- Very tall young woman
Somewhat overweight
Good eye contact + rapport
pleasant + co-operative & i/v
Smiling + joking o mum + her partner
o signs agitation / restlessness
not distracted
fearful at 1 point during i/v

speech - spontaneous (R) rate + volume

mood - euthymic

affect initially flat → reactive
o suicidal / homicidal ideation

thoughts - "FTD"

o alien beliefs
o alien that possession

perception - pseudo auditory hallucinations
(command - but can resist)

cognition - attention / conc ✓
grossly (R)

insight - knows she is unwell
agreeable to hospital + medication

Inf: 14yr old f long hx of behavioural problems, hx of parental mental illness, bereavement
Transferred from Crosshewell Hospital → admitted 10 weeks ago - following a deterioration in mood / difficult to manage behaviour and repeated self harm w/ pseudo auditory hallucinations.

Plan: 1/ General obs

2/ Physical exam + bloods tomorrow by SHO

3/ ^{rev} Nurses → structured care plan.

4/ Meds ✓
Inform of any concerns.

EpR

PATIENTS NAME: Emma Lindsay

D.O.B.

UNIT No.

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/ DESIGNATION
	Mum hasn't slept well since NOV Worried about Emma Mary told her to cut down visits to twice weekly Mum says she'll feel happier about Emma once she's settled here	
	Emma feels sad most of the time - mood raised at 2/10	
	Mood unchanged since admission Felt OK after OD + got on the right medication at 7/10	
	Was able to get to school most of the time then	
	Sleeps 3-4 hrs at night - Falls asleep at 4am Sleep has deteriorated since admission to Crosshouse. Slept very well before admission Mum + Mary think she watched films till 3/4am Gets up at 8am. Stay up all day Likes horse riding, art + reading	
	Eats too much. Appetite has ↑ with medication Gained 2 1/2 stones in 10/52 admission	
	Mum + Mary agree that Emma's mood has been low. Very few good days	
	Experiences sudden rages probably once a week. NO planned method. Any attempt would be unhelpful Used to tell staff that she needed help Felt no one listened	
	Felt no one listened at school The work was too much Poor concentration. Voices Poor grades - Only good subject was art	
	Never settled well in school Longstanding concentration problems Longstanding behaviour problems Says she used to misbehave in class to cover over not understanding Attends Ayr Academy	
	Has never done alcohol / illicit drugs Smokes ~20/day Wants to stop smoking	

ext
JDA

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/ DESIGNATION
	New less frequent observation - had been on constant observation Bad night last night. Afraid? of what. Upset crying. Hearing voices Finds sleeping hard. Sleeps 3-4 hrs Had 'sleeping tablet' in Crosshouse Voices say mocking things. Tell her to do things. Lots of female voices. Strangers voices inside her head. Loudest at night Tell her to cut herself - to hurt other people Says no one loves her + why doesn't she go + kill herself Sometimes does cut in response to voices or says aggressive things to mum that voices instruct - Getting worse over last 2-3 years Has smashed up her room - "just felt like doing it". Occurred several times Can be aggressive, angry, agitated Shouts + threatens Stamps + roars in her room - Emma gets some relief from this Getting into fights in school - someone looked at her the wrong way Believes people are laughing at her rather than interacting with each other Recognises this paranoia Believes that others are against her Found being nursed in her own room in Crosshouse very difficult Emma has broken the noses of 2 others in fights in school. Feels bad about it now Picked mum in fight. Tried to push mum down the stairs + to choke mum - 3 years ago Mum has mental health problems Emma was more aggressive to mum when mum was unwell - 3 yrs ago Tends to be more aggressive when frightened + also when limits are put on her Never aggressive to Mary FH Brother 23 yrs James. He has problems accepting that Emma has mental health problems Grandad. visits regularly (most of)	

PATIENT'S NAME

Emma Lindsay

D.O.B.

UNIT No.

DATE	MEDICAL PROGRESS NOTES	SIGNATURE/DESIGNATION
19.7.05	Arranged admission	
	Preadmission meeting 3/52 ago with	
	See 'those notes	
	Emma wants to be able to cope with her illness by the time she leaves hospital	
	Admitted to Crosshouse Hospital 10/8 ago after DD Mum + Mary noticed her to go downhill	
	Really was	
	HEARING voices + seeing things	
	R. Tegretol	
	Prozac	
	Risperidone	
	Emma doesn't think any medicines have helped	
	DD'd Dec 2004 - up + down before then	
	Last in school ~ 12/52 ago	
	Had been wanting since December	
	School had asked for Emma not to return to school till mid Jan. Mum has felt she'd to fight to get Emma back to school	
	History of bad behavior in school	
	DD occurred 2/8 after holiday in Egypt	
	Took DD to get rid of the voices. Has thought about taking DD for a long time	
	Took 14 paracetamol tabs at school. Friend knew there was something wrong - Emma told her - Teacher informed → hospital	
	Impulsive act. NOT actively suicidal. Went as to make voices better	
	Saw psychiatrist. Put on the new medication risperidone + carbamazepine but the positive effects wore off → readmission to Crosshouse	
	Has seen 3 psychiatrists in 6/2	
	Now feels she can't cope	
	Everything building up	
	Voices tell her things → cuts herself arms + less open legs	
	Uses her nails + teeth to self harm	
	Nails required sutures	
	Feels relief after cutting	
	Managed to reduce cutting	
	At worst cut herself every night	

Part 2 To be filed in the Patients Casenotes

D642604

Ethnic Group

- 00 White
- 01 Black Caribbean
- 02 Black African
- 03 Black Other
- 04 Indian
- 05 Pakistani
- 06 Bangladeshi
- 07 Chinese
- 08 Other Ethnic Group
- 09 Not Known
- 10 Refused

Type of Psychiatric Care Provided

- 1 Assessment
- 2 Crisis Management
- 4 Explorative Psychotherapy
- 5 Family Work
- 6 Group Work
- 7 Medication
- 8 No Activity
- 9 Other
- A Supportive Psychotherapy
- B Advice

Arrangements for After Care

- 1 GP
- 2 Psychiatric Day Hospital
- 3 Community Care Team
- 4 Key Worker
- 5 Statutory Guardianship
- 6 Outpatient Clinic
- 7 Social Work
- 8 Other
- 9 Not Known
- A Voluntary agency / group
- B None

Admission Reason

- 50 Mental Health Admission
- 58 Other type of Psychiatric admission
- 5A Admission after extended pass
- 5B Respite / Holiday Care
- 5C Learning Disability

Admission Type

- 10 Routine Admission, no additional detail added
- 11 Routine elective (ie from waiting list as planned)
- 12 Patient admitted same day or following day as OP attendance, not for medical reasons but because suitable resources are available.
- 18 Planned Transfers
- 20 Urgent Admission, no additional detail
- 30 Emergency Admission
- 31 Patient Injury - Self inflicted

Admission Referral From

- 1 Psychiatric Outpatients
- 2 Psychiatric Day Unit
- 3 Direct Transfer from other Psychiatric Inpatient Care
- 4 Referral from Non-Psychiatric Clinical ward
- 5 From extended pass / leave of absence
- 6 Prison / Penal establishment
- 7 Judicial (Court)
- 8 Local / Regional Authority / Voluntary Agency
- 9 Other
- A Community Mental Health Services Team
- B Self Referral (includes self, relations, friends, carers)
- C Domiciliary Visit
- D GP

Admission / Transfer / Discharge

- 10 Private Residence - no additional details added
- 11 Private Residence - Living alone
- 12 Private Residence - Living with relative or friends
- 13 Private Residence - (Sheltered) - Living alone
- 18 Private Residence - Other type
- 19 Private Residence - Type not known
- 00 Died
- 20 Usual place of residence: Institution no additional details added
- 21 NHS - Nursing / Residential / Hostel / Group Home
- 22 Local Authority / Voluntary - Nursing / Residential / Hostel / Group Home
- 23 Private - Nursing / Residential / Hostel / Group Home
- 24 NHS Partnership Hospital
- 28 Usual place of residence - Institution - other type
- 29 Usual place of residence - Institution - type not known
- 30 Temporary from the same provider unit, no additional details added
- 31 Holiday Accommodation
- 32 Student Accommodation
- 33 Legal establishment, including Prison
- 34 No Fixed Abode
- 38 Other type of Temporary Residence (include hospital residence)
- 39 Temporary Place of Residence - type not known

Discharge Type

- 10 Regular Discharge, no additional detail added
- 11 Discharge from NHS care
- 12 Transfer within the same Provider Unit
- 13 Transfer to other Provider Unit
- 14 Patient given extended pass / leave of absence
- 15 Patient Discharged by Mental Welfare Commission
- 18 Other type of regular discharge
- 20 Irregular Discharge, no additional detail added
- 21 Patient Discharged themselves against medical advice
- 22 Patient Discharged by relative
- 23 Patient absconded from detention
- 28 Other type of irregular discharge
- 40 Death no additional detail added
- 41 Death - Post mortem
- 42 Death - No Post mortem

Care Plan Arrangements

- 1 Yes
- 2 No

ASSESSMENT SHEET

[illegible]

Service user name: [REDACTED]

CHI number: [REDACTED]

Discharge Information

(Continued...)

0 = No problem, X = Not Known, Y = Not Applicable, Z = Not Assessed (tick if key problem)

Venue

Discharge assessment

0 = No problem, X = Not Known, Y = Not Applicable, Z = Not Assessed (tick if key problem)

Mental health

Continues to state that she is suffering from auditory hallucinations and having thoughts of self harm, mainly in relation to restrictions imposed on her whilst inpatient in acute setting. Appears to cope relatively well whilst out on day pass with her mother although suffers from periods of anxiety.

Physical health

No concerns at this time

Medication

Tegretol 200mg mane
tegretol 400mg nocte
fluoxetine 20mg mane
risperidone 1mg bd

Risk assessment

Continues to voice ongoing thoughts of deliberate self harm and auditory hallucinations.

Housing needs

N/a

Social care needs

N/a

Occupational/recreational needs

Continued education.

Education assessment

N/a

GP/consultant/other referrals

N/a

Respite arrangements

N/a

Discharge plan

0 = No problem, X = Not Known, Y = Not Applicable, Z = Not Assessed (tick if key problem)

Identified need

For ongoing treatment with age appropriate services.

Relapse indicator

Increase in auditory hallucinations, episodes of deliberate self harm and deterioration in mood level.

Has the patient consented to discharge information being sent to those involved?

Service user name: [REDACTED]

CHI number: [REDACTED]

Discharge information

0 = No problem, X = Not Known, Y = Not Applicable, Z = Not Assessed (tick if key problem)

Reason for episode of care

Deterioration in mental state requiring inpatient care. Patient voicing low mood, auditory hallucinations, suicidal ideation and displaying episodes of deliberate self harm.

On discharge you have been referred to:

Name

Gartnavel adolescent inpatient unit

Address

Address line 1

Gartnavel royal hospital

Address line 2

Address line 3

Town

Glasgow

Postcode

Telephone number

These agencies will contact you with an appointment:

Consultant psychiatrist

Name

Appointment date

19/07/2005

Appointment time

Venue

Key worker

Name

Appointment date

19/07/2005

Appointment time

Transfer of Care/Discharge Information (AYTSH) **Confidential**

Personal details	
Name:	[REDACTED]
Date of birth:	26/08/1990
CHI number:	

Assessment details	
Location of Assessment:	Ward 1D, Crosshouse Hospital
Date of Assessment:	19/07/2005

Assessment type	☒ Initial	☐ Repeat	☐ Discharge	☐ Follow up
Care co-ordinator:				
Completed by:				
Profession:	Psychiatric nurse			

Name of person referring

fax

To Adolescent Unit
To Gartnavel
From Psychiatry, ID.
House.
Re E.L.

Fax

Date 20/7/05.

Pages 4.

Tel : ----- if any
queries (Ward 10).

Phy. reg.

☒ urgent

☐ for information

☐ please comment

Any difficulties in reading this
please telephone 01563 577786/7/8

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Strathdoon House
50 Racecourse Road
AYR
KA7 2UZ

**Ayrshire
& Arran**

Liz Clelland
Senior Social Worker
Community Services
181 Whitletts Road
AYR
KA8 0GJ

Date: 29 September 2005

Your Ref:

Our Ref: KM/SS/10988

Enquiries to:

Direct line:

Fax:

E-mail:

Dear Liz

RE: EMMA LINDSAY, CLONCAIRD FARM, AYR – D.O.B. 26.8.90/1301

Further to your recent telephone conversation with Maggie Clegg, Social Worker, I write in order to seek your own agency's involvement in Emma's ongoing care. Emma has been known to CAMHS in Ayrshire since 2002 although she has had previous contact with Child Mental health Services in Edinburgh.

Emma has presented with a range of behavioural and emotional problems over time and I enclose a copy of the letter sent by myself to Social Work in September 2003 following Emma's family's disengagement from Child Mental Health.

Emma was re-referred in 2004 and was initially seen by the Locum Child Psychiatrist following an episode of deliberate self-harm i.e. an overdose of 14 Paracetamol tablets. At this point in time she was given a diagnosis of Bipolar Mood Disorder and commenced on medication. Following a dip in her mood, a recurrence of self-harming behaviour and active suicidal ideation, Emma was admitted to Ward 1D at Crosshouse Hospital in May 2005. She spent 10 weeks there prior to being transferred to the Adolescent In Patient Unit at Gartnavel Royal Hospital in Glasgow.

During a period of in patient assessment at Gartnavel Adolescent Unit, Emma has not presented with symptoms indicative of a major psychiatric disorder and she appears to have responded to the containment and consistency offered by unit staff. She is currently off all prescribed medication and from a mental health perspective she is ready to work towards discharge. In fact a discharge date has been set for the 10 October 2005.

Unfortunately as the date of discharge draws near, increasing difficulties have been evident in the mother/daughter relationship. Emma is currently adamant that she cannot return to the care of her mother. Mrs Lindsay herself has mental health difficulties which will continue to have an impact on her ability to manage Emma as she moves through her adolescence. It seems likely that Emma's current communication about not wishing to return home may well represent a fear that her own mental health will again deteriorate should she be placed within the same situation.

It would be very helpful if Social Work could become involved prior to Emma's discharge in order to give consideration to the type of support Emma and her family will require once she returns to Ayrshire. Myself and Dr Specialist Registrar, would be happy to meet up with the allocated worker and her Senior in order to discuss this case in more detail.

Emma Lindsay - D.O.B. 26.8.90

Thank you in anticipation of your involvement and joint working.

Yours sincerely

Nurse Therapist

CC

✓

Specialist Registrar, Adolescent Unit, Gartnavel Royal Hospital, 1055
Great Western Road, GLASGOW G12 0XH
Maggie Clegg, Social Worker, CAMHS, Strathdoon House, AYR
Dr Hendry, The Surgery, 9 Alloway Place, AYR KA7 2AQ

Meeting at Ayr Academy
6th October 2005

Present : Colin MacDonald, Emma Lindsay, Mrs Anne Byres (Ayr Academy)

Emma was not very happy about re-visiting Ayr Academy and is not too thrilled at the prospect of returning there for her schooling. However, to her credit, she agreed to go. She was quite quiet on the way but would respond when asked questions and gradually offered more and more conversation as we approached Ayr.

She told me about her history of fighting and now she realises that what she was doing was wrong and that is the reason she does not keep in touch with the group of peers she hung around with. She is still quite close to one particular girl, Stacey, but has not been in touch for a while.

The meeting with Anne Byres went very well but I suspect that Emma was as compliant as she was because she was keen to get out of the school as quickly as possible. She behaved impeccably, however, and I certainly let her know that. I also discussed the choice of timetable and she agreed that she would give it a go. On the whole, she seems to get on with most of the staff that will be teaching her there. She particularly likes Mr Quinn, one of the Deputy Heads, who will teach her in the XL Group (discussing career options and related subjects). Emma was quite keen that Stacey should get back in touch with her and was more than happy to give the ward phone number to Mrs Byres to hand on to Stacey.

The journey back was probably quieter than on the way down but Emma was happy to talk if questioned (she was probably more worried about the fact that I was a "mad Volvo driver". On arrival back at the Unit, her peers were commenting on how well she was dressed and Emma was gracious in her reply.

Colin MacDonald

Pupil Support Plan

Action Points	Responsibility
1. Alert CMG (17/10/05) for special tuition out with the home for Emma initially	
2. Arrange meeting between Emma and Mrs Byers in school prior to 14 th October. This has been scheduled for Thursday 6th October at 1:45pm.	
3. Make contact with _____ and _____ in relation with a view to Interagency Planning Meeting	

Ayr Academy - Joint Assessment Team

Plan of Action

Name: Emma Lindsay	Tel: 885727	DOB: 26.8.90	Class: 4K1
Guidance Teacher: Ann Byers		Time: 09:50hrs	Date: 4/10/05

Attendees:	
Ann Byers (Guidance)	David Walton (Year Head)
Psychologist)	Gartnavel Royal Hospital
Cluster Admin Manager)	
Non Attendees: Mrs Alicia Lindsay (Mum)	Contact: Adolescent Unit Gartnavel Royal Hosp, 1055 Great Western Road, Glasgow G12 OXH

Discussion Points:

Since the last JAT Emma has had a breakdown and has been in hospital since 16th May 05. The purpose of this meeting is to discuss an educational package for Emma after she is discharged.

Emma was initially in Crosshouse hospital and then transferred to Gartnavel Royal Hospital in June. Emma is being discharged from Gartnavel hospital on 14th October. No diagnosis has been determined. Emma is settled at hospital and does not want to go back home.

There is uncertainty if Emma will come back into mainstream education. Emma is not 16yrs old until September but could leave school in June 06.

commented that it is not clear where Emma will be living yet; it is likely to be Ayr and in Ayr Academy catchment area. Social Services (Liz Clelland) have been contacted and hope for resolution soon. Follow up support for Emma will be through (CAHMS). Emma is very anxious about coming back but she was agreeable to having a meeting with Mrs Byers. Emma has no serious psychiatric disorder. She has emotional difficulties i.e. difficulty with social relationships. She has found it difficult to attend meetings; but has had lots of encouragement.

Emma would require a gradual re-introduction to school and lots of pastoral support. When Emma cannot cope she self harms and has been vomiting after meals when distressed. She can be verbally abusive and can be obstructive at times. Emma responds very well to firm boundaries in a very small school environment. She will need a lot of support in getting into school and staying in school. She has been encouraged with the subjects that she is more able at i.e. Science, Art (creative strengths). It will be a difficult task to get her back in to school. The community team will have ongoing contact with Emma to build her self-esteem and give the family support.

Propose to put a social work package in place for Emma, possibly respite and befriender. Investigating resources available for Emma. Emma has re-established contact with her mum this week.

Recommendations:

There is insufficient information to make all recommendations at the moment, but assume that Emma will need education out of school. Ayr Academy is still responsible for her education.

- 1) A special request will be made through CMG for tuition out with the home.
- 2) Interagency Planning Meeting to be established for Emma.

During time in Denmark Ali was sexually abused by Step dad's uncle. On return from Denmark she was also sexually abused over a period of several years (until age 16years) by her mother's step brother and her uncle. Abuse was not disclosed to anyone until about 4 years ago. Ali put in care from age 12-14 years due to out of control behaviour. Whilst in care she was again sexually abused. Went back to live with mother age 15 years-relationship remained difficult. Then at age 16 years went to live with Dad.

Age 17 years met and married Jim (age 23years). He was working for the RAF- however he had already had leave for problems with alcohol. Met in a local pub- became friends -enjoyed playing darts together. Ali always knew she was gay but wanted to have children. Told Jim openly- he was in agreement so they got married. Had 2 children together: James age 23 years and Emma age 14 years. Did not live together for all of this time- Ali 'went back when I wanted another baby'.

Jim now deceased- died Dec 2003. Was in poor health due to chronic alcoholism. Lived with Mary and Ali for 6 months in 2003 while he was selling his flat. They all got on well. Emma had 'no respect for her dad'. Ali and Mary feel Emma may feel guilty about Dad.

Emma aware of mum's CSA by one uncle after mum took an OD last year. Mother hearing voices from childhood. Well for some time now, although mental health deteriorating in response to stress of Emma's problems. Sees a Hospital, Ayrshire. Has had some help re CSA from a psychologist in the past.

Discussed how Emma has been on ward so far and about care plans. Mum and Mary keen to 'know they are doing the right thing'. Think Emma does better with boundaries. Planning to go on holiday. Advised to discuss this with Emma and see how she feels about things.



SpR Child and Adolescent Psychiatry

FORMATIVE EVALUATION

PATIENTS NAME Emma Lindsay

UNIT No.

DATE OF BIRTH

WARD/DEPARTMENT

SIGNATURE/
DESIGNATION

DATE	FORMATIVE EVALUATION	SIGNATURE/ DESIGNATION
2/9/05 MEDICAL	TLC to Mrs Lindsay : she was unaware of plan for weekend leave - working tomorrow : unable to take Emma home tonight - no one else to look after her. Explained about need to grad Emma's time at home & that Emma may well be resistant to this Agreed to pick Emma up on Saturday night & keep her at home until late afternoon Planned phone calls from nursing staff to support leave - mg in agreement & this. ? Pass overnight on Wednesday (Mother off on Thurs) after her review, with another overnight pass at weekend.	
2/9/05 MEDICAL	Meeting & Emma : (Nigel Murphy present) Feeling OK - sees an improvement in how she was on admission to how she is now -> mood less up + down Does have low days, but not too low (unable to grade this) worse at nights -> says voices have come back - doesn't know why. Say derogatory things about her - fat/ugly etc Doesn't tell staff about them - as it able to distract herself also feels "no one believes me" Explained this was not the case but we needed to know when	U SPR

DATE	FORMATIVE EVALUATION	SIGNATURE/ DESIGNATION
	she was hearing them - if don't know then can't help her manage them Talked about diffs in presentation on ward + at home - T'd anxiety at home → ↑ voices + distress Understandable in context of hospital admission since April of - mum also anxious + this leads to T'd tensions betw Emma + mum Last weekend - Emma became agitated because was asked to pack things up - says she didn't want to do this → led to an argument, but otherwise time at home was ok. Talked about need for gradual exposure to home with support from staff: agreed that this was a good plan Worried about discharge - worries about how things will be with mum - feels guilty for being ill, as this makes her mum feel guilty (mum thinks she is to blame for illness) <u>MSE:</u> casually dressed in tracksuit make up on hair straightened good eye contact + rapport → somewhat sullen at times able to smile knee shaking, but controlled this Did not appear agitated/distressed Speech (N) rate + volume mood euthymic - reactive affect No suicidal ideation Nil psychotic Cogn ✓ insight: knows she has difficulties, agreeable to R. plan.	