

17 MAR 2010

Child & Adolescent Mental Health Services
Acute Services Division
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Ms Sandra Howden
Professional Services Development Officer
Rossie Secure Accommodation
Montrose
DD10 9TW

Date: 08/03/10
Your Ref:
Our Ref: EW/EM
Date Typed: 08/03/10
Date Dictated:

Enquires to: Evelyn Murray
Direct Line: 01382 346565
Email: evelynmurray@nhs.net

Dear Ms Howden

Re: Lee Reid D.O.B. 10/05/1992 C/o Rossie Secure Accommodation

Thank you for your referral of Lee to Child & Adolescent Mental Health Services in relation to traumatic losses, PTSD symptoms and low mood. We met with yourself and Lee on 19th January 2010 to discuss his current concerns. Following this I agreed to contact Lee's social worker and to find out about appropriate adult services in Aberdeen as the plan was for Lee to be discharged from Rossie.

Lee came across as an articulate and motivated young man who had made significant progress during his time in Rossie and was motivated to engage in work thinking about the impact of traumatic experiences on his current functioning. This was reinforced by yourself, stating that he was able to cope much better with things than previously. On admission to the unit you fed back that Lee had been self-harming, coping with bereavement and has element of PTSD.

Presenting Concerns

Lee described a history of significant traumatic bereavement, neglect and abuse. While he has been doing well in Rossie he also reported some PTSD symptoms, and concerns were raised regarding his coping when he is discharged from the unit. Lee described his mum's death when he was 9 years old, from an overdose of antidepressants. Lee found his mum and has a clear memory of this. He reported only recently finding out the true cause of his mothers death, through hearing in court and accessing a copy of the death certificate. Prior to that his gran had told him his mother had died due to heart difficulties.

Lee described experiencing flashbacks and memories of his mother's death. This can be triggered by music or starting to think about it. He described this as impacting on his sleep, particularly when he is on 'pass out' with the unit, and when he starts thinking it's there constantly. He reported feeling 'stressed' out when this happens, and began self-harming when he was first admitted to Rossie as a way of managing this. Prior to his admission to Rossie he described managing feelings by drinking a bottle of vodka per day and getting into fights. Lee did not report experiencing any nightmares currently.

In terms of other traumatic experiences Lee described a history of early abuse and neglect. He described his mother and Aunt taking drugs in front of Lee, and he started using drugs and alcohol when he was 6 to 7 years old. He also reported being sexually abused by an older boy from the ages of 6 to 9 years. Following his mothers death he was not able to live with his gran, and was placed/...

Headquarters
King's Cross, Clepington Road, Dundee DD3 8EA

Chairperson, Mr Sandy Watson OBE DL
Chief Executive, Professor Tony Wells

Lee Reid D.O.B. 10/05/1992

Presenting Concerns Cont'd.....

in foster care for 1½ years. He then got involved with drinking and fighting, with a range of offences, and was placed in secure accommodation.

In terms of his mental health Lee described experiencing flashbacks and memories, particularly in relation to the traumatic loss of his mother and witnessing drug taking as a child. Triggers include, music, thinking about it and key dates such as Christmas day. He reported this feeling at times 'like it was happening again'. In terms of his mood Lee described a period of low mood a couple of months ago, and reported being tearful at times. He felt that he has been better over the last 2 months in Rossie, but that if things go wrong, such as arguments with staff then his mood tends to deteriorate. He gave examples of arguments with staff and privileges in the unit.

Lee has been in secure accommodation for the last 2 years, previously in St Phillips Secure Unit and currently in Rossie. He described having done a lot of work in Rossie, particularly in relation to managing anger and problem solving. He felt this had been helpful in dealing with things in a different way. You stated that you were concerned that he becomes emotionally overwhelmed and how he would manage his emotional world on discharge from Rossie.

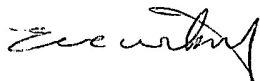
Background

Lee described having a good relationship with his stepfather who lives in Aberdeen, and this plan is for him to return to live with him. His mum also stays in the house. He also has a sister (20) who stays with her maternal grandmother. He also identified an older cousin, as a supportive figure for him. In preparing for leaving Rossie Lee has had 12 overnight stays in Aberdeen. He described not sleeping on overnight stays due to thinking about his mum and the memories this triggers. He described a history of sleep difficulties, previously not going to bed as a young child having no sleep pattern. It was also felt that outside the routine of Rossie Lee tends to be hyper-vigilant and alert.

Lee presents as a vulnerable young man, who has a long history of traumatic bereavement, neglect and abuse. He has developed his skills in managing his feelings within Rossie, but is likely to have some challenges in adapting to life outside Rossie. Current difficulties include PTSD symptoms, such as flashbacks, difficulties sleeping and hyper-vigilance outside the security of Rossie. He reported no current difficulties with mood, but recognised that his mood can deteriorate quickly with certain triggers. Lee clearly stated that he is motivated to spend time working on his earlier experiences and skills in managing his emotional world. Given his age and location (moving to Aberdeen), it was agreed that we would explore possible options for intervention within adult services in Aberdeen.

We have subsequently spoken with yourselves and Lee is still in the unit. A professionals meeting has therefore been planned to think about how to support Lee as he moves on from Rossie.

Yours sincerely



Dr Eve Wilson
Clinical Psychologist

C.c. Dr G Kramer, Annat Bank Practice