The Lothian University Hospitals NHS Trust

NHS Lothian

TM2

Royal Hospital for Sick Children . Community Child Health Services
10 Chalmers Crescent . Edinburgh EH9 1TS . Tel: 0131 536 0470 Fax: 0131 536 0570

Dr Forbes
Consultant Psychiatrist
Child & Family Mental Health Services
3 Rillbank Terrace
Edinburgh

Our Ref: NC/LMJ
Date: 7th December 2001
Enquiries to: Dr Cannon
Telephone No: 536 0470

Dear Dr Forbes

Re: ***Lisa Scott (16.08.88-1229)***
9/3 West Pilton Gardens, Edinburgh EH4 4DS
Broughton High School
Dr L Adams, Crewe Medical Centre

I wonder if it would be possible to consider this girl for a referral for out-patient contact at Child and Family Mental Health Services. You will already have had a referral from her GP earlier this month when I understand it was suggested that the best course at present for this girl might be family mediation. I have now had the opportunity to meet with Lisa and her mother and certainly there are a number of features which are currently causing concern and appear to be deteriorating rather than improving. Lisa was referred to me by her guidance teacher Mr Coates at Broughton High School particularly with concern about her verbal aggression to peers and teachers, her aggression towards her mother and also a deterioration in her academic performance and concentration in class.

Currently Lisa is feeling increasingly low in mood and complains of feeling 'fed-up' most of the time.

Presenting complaint :
Lisa herself has insight into minor things irritating her much more than usual however she finds it very difficult to stop herself once she has started to feel angry. It is clear that along with her feelings of anger and irritation she also feels very low. Lisa also complains of poor energy and relates this to problems in getting to sleep. In fact it can take her several hours to get to sleep and then she has intermittent disturbed nights. There is no clear history of early morning wakening but she then finds it difficult to get back to sleep again once she has woken up. She has lost interest in horse-riding which was previously a daily activity for her and also alienated some of her friends.

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She never goes out and has also missed a significant amount of school because she feels at her worst in the morning. Her concentration has deteriorated both by her own report and that of her teachers and that the missed work has led to a deterioration in her performance. Her appetite is undisturbed however is eating more junk food. Her symptoms as a whole are worse premenstrually but still significant at other times during her cycle. She does at times feel life is not worth living which came as a surprise to her mother. She has not had any active plans to harm herself but has had some thoughts of wanting to die.

Summary :

My concern having seen this girl is that she may be suffering from a depressive illness. Certainly her parents marital problems and eventual separation does I think play a significant part in the onset of this but she is certainly pre-occupied by thinking of a depressive nature even outside of this situation. She is usually a bright and articulate girl but one who finds it difficult to share her emotions or problems with others. Certainly there were elements of her thinking which her mother had been unaware of and it may be that she is trying to protect her mother from them. I am concerned that this girl is reporting thoughts of a hopeless nature together with thoughts of not wanting to live. Although she has not actively made any plans or attempts to harm herself if things deteriorate further or she has further negative feedback from school or negative contact with her father she is a girl whose personality may make it difficult for her to access support. The escalating physical violence in association with her irritability is also of concern both to Lisa and her family and certainly this does appear to be directly related to her mood and quite out of character for her usually. Lisa managed to complete a Moods and Feelings Questionnaire scoring 37, a copy of which I have also enclosed with this letter.

I would hope to speak to you verbally about this referral before the Allocation Meeting on Wednesday, however please do contact me if you have any queries about her.

Yours sincerely

Dr Nicky Cannon
Specialist Registrar CCH

Enc. Moods and Feelings Questionnaire

c.c. CCH
GP

Moods and Feelings Questionnaire

This form is about how you might be feeling or acting recently. For each item, tick how much you have felt or acted in this way in the past ***two weeks.***

	True	Sometimes	Not True
I felt miserable or unhappy	✓		
I didn't enjoy anything at all		✓	
I was less hungry than usual		✓	
I ate more than usual	✗	✓	
I felt so tired, I just sat around and did nothing	✓		
I was moving or walking more slowly than usual	✓		
I was very restless	✓		
I felt I was no good anymore	✓		✗
I sometimes blamed myself for things that weren't my fault		✗	✓
It was hard for me to make up my mind			✓
I felt grumpy and cross with my parents (parent)	✓		
I felt like talking less than usual		✓	
I was talking more slowly than usual		✓	
I cried a lot	✓		
I thought there was nothing good for me in the future			✓
I thought life wasn't worth living	✓		

	True	Sometimes	Not True
I thought about death and dying		✓	
I thought my family would be better off without me			✓
I thought about killing myself		✓	✗
I didn't want to see my friends			✓
I found it hard to think properly or concentrate	✓		
I thought that bad things would happen to me		✓	
I hated myself			✓
I was a bad person		✓	
I thought I looked ugly			✓
I worried about aches and pains	✓		
I felt lonely			✓
I thought nobody really loved me			✓
I didn't have any fun at school	✓		
I thought I could never be as good as the other kids	✓		
I did everything wrong	✓		
I didn't sleep as well as I usually sleep	✓		
I slept more than usual			✓

14/2/02. LISA SCOTT. GP: Dr McDonald.

ATSP re: ? Depression.

Distressed that Mo. gave dog away.
Dislikes Mum because "she treats me like I'm stupid".
~~Matt~~ grandmother - Nora } People that Lisa can spk to.
friend Nicky's parents - "Auty Sue".
~~Has~~ "pds", but doesn't like to spk re imp things.
BF. Jamie - showed his picture - is a support.

Doesn't think she's depressed.
3 wishes - 1. To live somewhere different, somewhere peaceful.
2.
3.

Mood: 0/10. No DMV.
Distracted by being ~ friends.
Member of gang - YPA. usually watches out - occ fights.
Causes problems when trying to walk to friends' houses
Suicidality - No firm plans; occ impulse; no method thought of.
Head-bangs & punches mirror etc when v angry. Cut hand x 1 1/12 ago.
Sleep - 3 weeks ok, 1 week poor: initial insomnia middle insomnia, then to donate to.
Appetite - ° breakfast/lunch. Drink - pie
Snacks - crisps to. Denies eating d/o. ss.
Constipation - Nil.
When listening to music sometimes (rap), things she hears something - like a fight.
Substances - MJH, with friends: x1/week. Nil else.
Alcohol - all types; v. drunk x1 only.
↳ Nil other bizarre occurrences/possessing phenomena.
?PTSD - Nightmares x2/month (street fights); flashback memories.
PMH Leading infections } "like Father".
Asthma
"Short fuse" }

Forensic - charged x1 ~ "Racism" (18yo).

Denies sexual abuse:
Physical abuse: - 1 1/2 yrs of being punched/pushed to stairs by BF
. in the past → pt. retaliated physically.

LHB 1009

Imp:- No evidence for clinical depression at present, but at high risk for developing this. Possible partial PTSD. Violence typifies this girl's life. Ongoing care / control of Mum parental

Pl: Joc to see Mum for support.
Short-term respite ± foster.
Ref Reporter - myself? Delay ctd/spoken to AG & AP
Joc spoken to Mum
I shall contact Ann Bruton and Ray Purser re my dx
To GP re: bld tests - TFTs
: physical - UTEs.

[signature]
Consultant
Sp Reg Ch Psych

Miss F. Forbes 8/-

Child's strengths?

me: Ref Reporter - copes everywhere
Joc needs to hand over to Social Services.
? Residential school setting

[signature]
Consultant
Sp Reg Ch Psych

25/2/03. (Ph) call to GP Practice Nurse re bld. tests - pt. had arrived at surgery, but I have been unable to reach GP so far
∴ pt & Mum upset & crying ++.
Requested UTEs, FBC & TFTs ✓

28/2/03 (PL) call from GP Dr McDonald - discussed case - our input / dx., requested general physical exam, if possible -

[signature]
Consultant
Sp Reg Ch Psych

Child and Adolescent Mental Health Service

Dr Nicky Cannon
Specialist Registrar
Department of Community Child Health
10CC
EDINBURGH

FMact/JH/179012
19th March 2002

Child and Family Mental Health Service
at Royal Hospital for Sick Children
3 Rillbank Terrace
EDINBURGH EH9 1LL

TEL: 0131-536 0520
FAX: 0131 536 0545

Dear Nicky

Re: Lisa Scott (d.o.b. 16/08/88)
9/3 West Pilton Gardens, Edinburgh, EH4 9DS

Just to let you know that Jos Strachan asked me to accompany her in a meeting with Lisa and her mother and father on the 14th February. The family meeting was somewhat fraught, particularly after Mrs Scott announced that she had given Lisa's dog away. There was a great deal of conflict evidenced between Lisa and her mum, while Mr Scott took somewhat of a back seat.

I was asked to meet with Lisa in order to assess her regarding your concems that she may be suffering from a depressive disorder. On the day I saw her, Lisa gave a history of long-standing low mood, but with no diumal mood variation. Lisa stated that she was distracted and felt better by being with her friends indeed she ran with a gang, the "YPD's". As for biological symptoms of depression, Lisa described a pattem of 3 weeks of sleeping well alternating with one week of poor sleep with initial insomnia and some middle insomnia. She denied early moming wakening. Lisa also gave a history of poor appetite such that she skips breakfast and lunch usually and has a full dinner. She did however admit to eating a lot ot junk food though denied vomiting, or bingeing. She denied suffering from constipation. As far as suicidality is concemed Lisa denied any firm suicidal plans but did admit to the occasional suicidal impulse. She denied ever having thought through a method, a place for suiciding or any further specific details. She did state that she occasionally head bangs or punches mirrors etc, when she is feeling particularly angry. On one occasion a month ago she cut her fingers deliberately while feeling angry.

I could not elicit any history of phobic disorder, however Lisa does appear to have partial PTSD. She experiences nightmares approximately twice a month and flashback memories. All these relate to street fights that she has been in, in her capacity as a member of the YPD gang. Interestingly also while listening to her rap music Lisa said she sometimes hears something like adults fighting. I wondered if this might hark back to memories of parental conflict. She denied any other unusual or bizarre occurrences such as passivity phenomena or anything indicating a psychotic process.

Lisa does admit to abusing cannabis approximately once weekly in a social context with her friends. She denies abusing other substances, other than alcohol. Lisa says she drinks all types of alcoholic beverage but rarely becomes very drunk. Again this is a social behaviour for her and she does not drink alone.

Speaking to Lisa about her wishes for the future she said that she really would like to live somewhere different, somewhere peaceful where she was not fighting all the time, particularly with her mother. Lisa does not believe she is depressed but does express distress at the breakdown in the relationship between herself and her mother. She said that there were people who she could speak to when she felt distressed, for example her maternal grandmother "nanna" and her close friend Nicky's mother "auntie Sue". Lisa did describe other friends who she could talk to but only about inconsequential matters. Her current boyfriend Jamie, a boxer, is also not a true confidant.

Lisa gave a past medical history of kidney infections, asthma and having "a very short temper". She likened her medical history to her own fathers, and admitted that she did have the idea that someday she might die from kidney disease, similar to her father. Lisa described the occasional brush with the police but stated she had only been charged only once at the age of 12, with "racism".

As far as any experience of abuse is concerned Lisa categorically denied experience sexual abuse. She did admit to physical abuse from a past boyfriend, who 18 months ago had punched her hard and pushed her down the stairs. She said this physical abuse had ceased when she retaliated and "beat him up badly".

As far as mental state examination is concerned, at interview Lisa presented as mainly angry but also with some dysphoria to do particularly with her deteriorated relationship with her mother. It was very difficult to access this sadness because of the extent of her anger. On balance. I think she does not have a clinical depression currently, but there continues at high risk for developing this. A differential diagnosis of course would be that she had an a typical depressive order that may well be related not only to her conflictual relationships particularly with her mother, but also with her cannabis and alcohol abuse. Lisa does however definitely have symptoms of a partial PTSD as well as the substance abuses I have mentioned.

My main concern currently was that she seemed to be outwith the care and control of her mother with whom she is currently living. Thus at the end of this interview when I fed the above information in summary back to Lisa, her mum and dad, it was agreed that Lisa should stay short-term with her father. Jos Strachan, Community Mental Health Worker in this department has agreed to meet with mother again for support and I suggest that Jos and I meet with the relevant professionals involved with this family. I shall meanwhile contact Dr MacDonald, Lisa's GP to request that a physical examination and routine bloods, such as U + E's, full blood count, TFT's, are performed. This would help exclude any other organic cause

for her unstable mood and behaviour, as well as reassure her that her kidneys are functioning normally. I shall also discuss the case in the near future with my supervisor Consultant Child Psychiatrist, Dr Fiona Forbes.

I have not referred this child to the Reporter as yet as I believe this ~~may~~ can be done by one of the other professionals involved in her care, however this is something that I shall raise at the professionals meeting which we hope to hold to focus on Lisa's difficulties at this department, at 2.00 pm on Thursday 14th March 2002.

Thank you very much for your referral to our service. Please contact me at the above telephone number if you wish to discuss this case further.

Yours sincerely

Dr Fiona Mactaggart
Specialist Registrar

c.c. Dr MacDonald, Crewe Medical Centre, 135 Boswall Parkway, Edinburgh
Anne Buchan, Youth Strategy, North Edinburgh
Ali Purser, Educational Welfare Officer, Broughton High School, Carrington Rd, Edin
Jocelyn Strachan, Community Mental Health Worker, CFMHS

UR #7901. Lisa Scott.

22/4/02

Don't speak to Mum. → don't argue ∴ situation s'. better.
Police called after hit Mo — charged ē assault.
Still staying ē Mum all the time.

Friends "the 2 Drone's" — can spk ^ important issues to one of these. ✓

Sits in room — watches tv — "Real T.V" — car crashes etc"; listens to music
DNA school. — Aly (EAO) spoke to Lisa, some time ago.
Doesn't miss it.
Sleeps ~~++~~ sporadically during the day, up at night — made school. stopped few months ago

Eats ~~++~~ during the night. 9½ stone.
Denies eating d/o. Spontaneously vomits after eating, however — rarely (? once every 3/52).

DSH:— as last I/V.
Denies cutting/burning.

Goes out at night only now, to see friends.

Rx:— Occ benzo / sedative : in water,
Allergies :— Nil. Baby Lotion.

Mood :— V. happy when with mates/listening to music/watching tv.
Other times feels tearful —
Ceased Relationship ē "Pear" — denies grieving.
DMV — ? mild DMV
Appetite — eats OK only
5/10 generally.
"Hyper" at night
o constipation.

Substances — MDA : occasionally. Gets only about 7 days.
Alcohol — Rarely, not for over a month ? mood improved on
Suicidality — No suicidal impulses
Has nightmares eg. falls out of building (57 floors) ~~consequence~~ ~~recurrent~~, it gets up & walks away — Recurrent.

Not in sexual relationship at present — disinterested/confused

Plans :— Wants to work ē animals — dogs or horses.
Cat & Dog Home.
Poetry eg writes. Studied English. Any chance of doing just this one.

Chaps should like to see ?
Move somewhere in the countryside, ī friendship.
- have horses or dogs, & chickens.

Leave both dogs ~~ago~~ away — Shifty in the past
Tail - recently

Occasional nice times ē Mother eg. chatty about what's on the tv.
Never go out together - as Lelia does Mrs ~~[redacted]~~ idealizes
better Charlie, & devalues Lisa.

Plan: To move out as soon as turns 15yo.
Wishes to sit exams - ?outside of school.

Happier when Mum & Dad together - reading not so fight.
'Tomboy' during PY school years. - still close friends ī boys.
"Hates taking tablets" ; not keen on c/e/group work
Spks to Laura, Yr Strategy ✓

Imp || NOF obviously counselling/life planning etc.
"I feel" - advised to spk to Mum, prefaced by this.
eg a perceived deviation of hassels/idealiche of brother.
At risk of developing MDD however.
Plan: PL/Letter to A. Burton (SW) re dove findings.

depressed - however discussed w/u someone for

9/5/02 dL F.F. in supervision

Advises N/V child's mental/moral state
after 6/52 away from home (Dryden Chs Home)

NB// SS. meeting earlier today - Lisa to stay at Dryden Chs Home for 2/52 only.

Thank
Fantastic
Spley.

UHR: 179012

LISA SCOTT

28/6/02. Short conversation c E. Jordan, Ed Reg.
?Note in case file at Dryburn (?? pregnant)
Sense of "giving up" lately, last several days. ?More dysphoric.
Mood swings still obvious
Abusing various substances - MDMA, speed & alcohol & ?prescription drugs.
Believes Lisa could work c someone; is "quick"; can think re feelings.

I/V c Lisa Scott
Friend c Ricky Just Rachel Anne - Marie.
Key worker Colin Barker - likes him, because he's male, cheeky.
Took O/D last weekend - "trips" x4 -
Says wanted shoot self in head if put in secure -
Heard that it's a bad place. mood: 2-3/10 ✓ moving worse.
Mood: not pervasive anhedonia. ~~DMV~~
Sleep OK Considering letter as really upset.
2/52 stopped eating for 4/7. Now overeating, esp junk
/daily
- Substances - Some MDMA; alcohol every 24/7
Due period ~~2/7~~ 4/7 in 1/52
Demon - ex BF. Stopped going out, as he's moving to Fife.
- Psychosis = Used listen to music, hears voices arguing. V. violent.
- Suicide - Hears noises at window - ?a monster
Believes may have been date raped - dreams & day dreams.
Dark spikey ~~ge~~ hair, (like Gareth Gates).
At Debbie's party lately.
Less than a year ago. Absent her ge -
Self-harm / Suicide - Scarring R forearm c razor/scissors
broken glass ucss. Last time last 1/52.
Last time, wanted to go to hospital → agg c staff, as wanted to be in control.
Upset if people shout at her → reacts c violence.
Has had two yesterday and today - to find tablets & OD

LHB 1009

on these.
Can't be tolerated anymore - "€ life"
Getting on better € more these days.
Contracts to keep safe until Thursday.

[redacted]:-

Asked to consider x/depressants - will do so. Different for last time here.
Agreed to anger mx.

Jon I/V ed € staff - Audrey as co-key worker
Believe they are doing a suicide watch.
Ashy for F/T visit or YPU. V. unstable. in interpersonal care
Have referred her to secure unit. Did you know I killed my baby - throws self down stairs to kill it - to staff
Sexualised behaviour. member recently.

MSE:- Dressed neatly in denim
Hair v. neat
Rings to on fingers.
No abnormal movements. Not disturbed. Guarded quality.
Cooperative, except towards end of I/V, appeared tired & uninterested.
Affect - blunted; no smiling. Speech - hypersalivation
Mood - angry, dysphoric, voicing suicidal plans, however contracts to keep self safe. ✓
Thots - Shame (^) Possession (^) Content - angry about [redacted] perhaps going to secure unit; isolated & lonely; low self esteem; no clear plans for the future; "I'll kill myself if someone doesn't help me"; some insight to possible s/[redacted] assault & past several months ago.
Nil psychotic evident
Judgt - impaired. CT - Sense of weariness in Lisa, yet self-isolation.

Imp:- ? Atypical depression

Plan:- d/w staff.
Advise secure unit.
Consider x/depressant trial, once free of substances (MDA, speed, alcohol).
Fax: 315 3774 - for this report to Dylan & others involved. (Secure unit meeting this Tuesday).
I-P meeting this Thursday 4/7/02.
Dictate above report. ✓

[redacted]
Consultant
Specialist

28/6/02:- d/w Dr Forbes - Agrees € Mx. Need to look for short, medium & long-term plans. Probably is ongoing long-term suicide risk.

[redacted]
Consultant
Specialist

28/6/01 Lisa Scott unit no 179012

1. Discussion re Lisa Scott with Ann Quinn, SW from Dylan Young People's centre and Irene Jardine, Educational Psychologist

Irene - feels that Lisa is needing alot of mod care and nurturing - comes down stairs like a teenager with attitude but also like a young child. - Irene has been able to access the young child.

Lisa is very vulnerable in the community & to outside influences - has access to drink & drugs.

Irene has found her to be very capable of discussing her feelings and her anger - cognitively able. -

describes herself as funnelling all her feelings into anger. - anger is made up of components of rage and great sadness, hurt & tears. - mapped out the pattern of anger with Irene, physical feelings that involves, excessive tiredness that follows, headaches that result from all the shaking. Very perceptive and sensitive.

Irene read out a poem to Lisa about watching someone sleep - very calming poem. Even when Lisa was very worn and inaccessible she tried to connect with ~~Lisa~~ Irene and discuss the poem.

Irene described how when she first met Lisa, it was like Lisa was hanging off a cliff face by her fingertips - it's now like she is hanging off rockface by 1 finger - feeling that she is giving up - unable to make simple choices.

Irene described her as 'a child who has been shaking and screaming for help - total despair and distress that people can't relieve her of the psychological feelings in her head. - upped commit - screamed in staff's face "I can't take much more of this" Has given detailed plan of how she'd kill herself. "I'm going to get all pissed up and that'll be it. I hate myself. I'm worthless and useless. That'll show them all".

Has lived with these symptoms since last summer - can't relieve her symptoms.

28/6/02

Lisa Scott unit no 179012

2. During the last fortnight unit feels she's been living from day to day - suicidal watch. - unstructured days as not attending school just now. ~~the last~~ vulnerable to influences. Asked staff for something to relieve the mental pain.

Ann Quinn

Referred to unit by police. Arrived in unit with a massive front of ridicule and attitude of 'I don't care'. Briefly ran away within 1st 2 days, but after 10 minutes of talking about situation, broke down in floods of tears. "No ones ever helped". Has no self-esteem. Increased vulnerability - can't trust adults - can't even stand the smell of adults. "I know my anger's not normal. I don't want to feel like this. I could kill somebody for breaking a pencil". Terrified of own anger and loss of control.

In unit with 7 other young people with extreme behaviour. Perceptive - has taken on worries from

other young people.

When took overdose (pulse 140, dilated pupils), like jelly - has laughed about it since. Another girl in unit tried to kill herself before she was admitted. Worried that Lisa will hurt self and befriend her.

If hits law again may ~~do~~ revisit overdose. At times it has taken 5 people to restrain Lisa using "calm" technique. Has hidden a knife down her sock. Told staff has blades - has cut herself with glass and keys. When staff searched room found towels under her bed sheets. ? Deactivating but unsure. Lisa doesn't leave the building - has only been out on one occasion - last night to cinema.

At the moment she is sleeping in the sitting room because has glass panels so staff can see her. Encouraged with setting to minimise drugs. Took something one night - managed symptoms on own all night. Saw Irene Friday morning and begged her just to let Lisa stay there - paranoid - didn't want help but didn't want to be on own.

28/6/02

3

Lisa Scott Unit no A9012

Last night indicated to staff that she may be pregnant - period is 5 days late. Told member of staff just as she was finishing her shift that she had thrown herself down stairs once to kill her baby. Chooses to talk to staff who aren't there much eg weekend staff. Has told people "I think when I grow up I'll become a prostitute". Was told one day that a crop top was not suitable to wear to school. Told staff "I'm sick saying I'm a slag." Links clothing with rape. "Just because you dress in a certain way doesn't mean you're asking to be raped" Local girls have been calling Lisa names saying that she's been involved in making pornographic movies.

Staff have referred her to secure unit - to eliminate access to drugs and knives. Feel also needs therapeutic input.

Contact with mum - mum phones x 3 daily. Sees everyday / alternate days. Has had 2 overnight

LHB 1009

stays with mum. It was positive - after Lisa had indicated suicidal feeling, - needed cuddled and looked after - mum put arms round Lisa and Lisa said 'Don't let me go'. 2nd time was attempt. - Lisa was in a video 'arrival-like' state for 2nd overnight stay.

Juliette Dunn - CMHN.

Other info

When Jess arrived in unit slept with her clothes on - anxious that couldn't lock the door on her room. Spoke to ex-boyfriend's mum who said her then people always go into secure units if they've been sexually abused.

2 JUL 2002

NHS
Lothian

Young Peoples Unit,
Royal Edinburgh Hospital,
Tipperlinn Road,
Edinburgh. EH10 5HF.

fax 3/7/02 ✓

Dr MacDonald,
Crewe Medical Centre,
135 Boswall Parkway,
Edinburgh. EH5 2LY.

Thursday 27th June 2002.

Dear Dr MacDonald,

Lisa Scott DoB 16.8.1988
C/o Drylaw Children's Home, 135 Easter Drylaw Drive, Edinburgh. EH4 2RX.

I saw Lisa Scott in my capacity as duty psychiatrist for the Child and Adolescent Psychiatry at 8pm on Tuesday 18th June 2002 at the casualty department at the Royal Hospital for Sick Children. Lisa had been referred by the police who had been called to attend a disruption caused by Lisa at the Drylaw Children's Home during which she had threatened to self harm. I had the opportunity to talk with the police involved in the incident, the staff at Drylaw and Lisa herself. Her mother was unavailable by telephone at the time of my assessment.

Lisa has been resident at Drylaw children's home for approximately six weeks following increasing aggression shown by Lisa towards her mother. Her father had left the family home at Christmas time and the family had moved house. Lisa thought that staying at Drylaw was better than being at home as she had not attacked anyone there, yet. Staff at Drylaw described Lisa as an increasingly disturbed young adolescent who showed signs of wishing to disclose possible sexual abuse, eg. self harming, chaotic and verbally abusive behaviour, threatening attitude with other young people and staff, not sleeping with her door closed, mistrust of male staff and stating a wish to become an escort girl or lap-dancer when she grew up. She had not established any particularly close relationships with staff preferring to use a rather bullying attitude to getting her own way. She also has a significant history of drug and alcohol misuse and is know to the police for intoxicated behaviour in the past. Due to concerns about Lisa's symptoms and behaviour she had recently been referred to Rillbank, Child and Family Mental health Unit, being seen by Dr Fiona McTaggart and Joselyn Strachan, community mental health worker approximately six weeks prior to my assessment. She had also been seen by an educational psychologist and has ongoing contact with her social worker, Steve Laird, and Ann Buchan, youth strategy worker.

The incident in question followed Lisa's first overnight pass home to her mother's. She had rather rudely insisted on phoning her mother on the evening of 18th June, and on being told by staff that she would have to wait, in view of the manner of her request, Lisa became increasingly disruptive, annoying other young peoples and staff and went to her room, wrecking the contents and behaving aggressively. The police were called, upon which Lisa locked herself in her room and threatened to harm herself. The police, using de-escalation techniques, managed to persuade Lisa to unlock the room on the proviso that she would get to speak with a female health professional. She was found to have made superficial cuts to her forearm during the incident. The staff and police, voiced the opinion that Lisa had, at times, appeared to be enjoying the attention that this incident gave her.

Lisa herself presented as a girl who was keen to appear older than her years and had a rather brash and superficially confident manner. She was fully co-operative with the interview and with staff although at times wished to steer the discussion to her being prescribed sedative, or indeed, stimulant medication. Her speech was spontaneous and of normal rate and form. She described her mood as persistently low during the last four months with irratic sleep with nightmares, but no early morning wakening, adequate appetite and poor concentration. There was no diurnal variation in mood. She

described loosing touch with various friends in recent weeks and concern that she may have been pregnant a few months ago (she reported having a menstrual period two days prior to my assessment.) She described ambivalence about getting help for her low mood, feeling she needed support but struggling to accept this. She felt herself to be an impulsive person who often felt angry, like her father, who liked to be the leader in groups and didn't like being told what to do. She talked at some length of her use of recreational drugs, believing herself to need 'lots of drugs to calm me down' and requesting more at interview. She talked of numerous attempts at self harm, including reckless misuse of drugs and alcohol, a small overdose and making superficial cuts to her forearms which gave temporary relief of intolerable internal feelings. She was not open to exploration of these feelings at interview. She described hating everything about herself and feeling sick of everything although did not voice current suicidal thoughts or plans. There was no evidence of perceptual abnormalities or other psychotic symptoms at interview and she did not appear acutely intoxicated. She was happy for me to liase with staff at Drylaw and Rillbank.

Impression:

Lisa presents as a distressed and out of control young adolescent who shows low self esteem and a concerning lack of concern for her own safety. She is clearly struggling with internal feelings of low self worth and vulnerability which she finds difficult to acknowledge and covers with brash and bullying behaviour. She will require a secure and supportive environment, with access to ongoing assessment and support at this difficult time. Due to the escalating levels of high risk behaviour a secure environment will almost certainly be required to ensure safety for Lisa and others and to allow thorough assessment of her presentation in a drug free environment. While it is difficult to diagnose a depressive illness while Lisa's drug taking is so prevalent, this can not be excluded, and will require further ongoing assessment. The staff concerns regarding possible previous sexual abuse seem appropriate given her presentation and again, this will require some ongoing stability to allow any exploration of this. As Lisa was not voicing ongoing thoughts of self harm and suicide, she was returned to the Drylaw unit, which she was happy to do.

She also reported a soar left 5th metacarpal in her hand, following punching a wall on several occasions. There was significant bruising but no bony deformity. An X-ray taken following my assessment showed now new bony injury.

I had the opportunity to discuss Lisa's presentation with Dr Fiona McTaggart of Rillbank, Child and Family unit, who was in the process of preparing a report on Lisa for the children's reporter. I understand that since the time of my assessment, Lisa has continued to show concerning behaviour and has had further contact with the Rillbank unit.

cc. Dr Fiona McTaggart, Child and Family Psychiatry, Rillbank.
Jocelyn Strachan, community Mental Health worker, Rillbank.
Colin Butler, keyworker, Drylaw Children's Home.
Steven Laird, Westfield Social Work Office.
Ann Butler, Youth Strategy Worker, (address not available, copy not sent.)

4/7/02 — 1st/2nd meeting. Present: Irene Jardine (ed. Yol) chaired; Mrs S-H (mother); Steven Laird (SW); Joe Strathie + myself; Ann [illegible] (Dylan YPC).

Dylan ward report (Ann [illegible])

L. continues to use substances of abuse.
Recently other young people voiced concern to staff that L. may have dangerous objects in her room. Staff found solpadol (powerful painkillers), broken glass hidden in room. Appeared as if tablets were "suicide pack".
Place in secure unit may be available in 2-3/52.
Yesterday out + friends, returned clothed (? MDA use). Some aggression towards staff. Mood appeared v. low.
Was distressed that unable to go on holiday to Aberfoyle.

Steven Laird (SW) – mood appeared more low, apathetic, hopeless since last Tuesday.
Food intake variable: either v. little to eat, or eats 2 good meals daily.
Appearance, similarly v. variable: either v. smart or the opposite. On balance, less smart presentation generally.

Irene Jardine (ed Yol) – mood change – lower, despairing; last (?) weeks ago.
less able to make decisions. lately, increased risk taking. Lisa does signal she wishes to do something. Eg: self-harming, and sexual behaviours
Lisa v. keen on fellow young person Ricky, who may not reciprocate her feelings. Lisa's poetry is v. intense ~ losing in love.
NB/ 1 year ago, a 16yo for Dylan died by fully (? suicide/misadventure). Then staff and young people at Dylan YPC are aware of this.

Myself: All present requested a temporary bed at YPU, as she believes she needs a change, is v. unsafe, ? is less likely to act out therefore.
Also to seek day programme attendance at YPU
Discussed difficulty in fatality as/depressants, while L. still abusing substances. (*)

(*) Spoke Dr R. Glass 9/7/02. "No bed available. Not appropriate."

MR Laird suggests attempt to have Ped staff-ratio over next 2-3/52.
Will shortly appeal to SW budget holder for this.

At present — 1. Jardine — x 2/week counselling
A. Sinclair — recreational visit x 1/week
Mr. Laird (SW) brief weekly contacts.

Med term: — Art therapy
Weekly therapy. — need to find source of this (*)
Diary of poetry.
I offer consultation to relevant staff.
I RLV mental state ~ 3 weekly. — consider effects when off substances of abuse
66 days at secure unit at 1st, but usually 3-6/12.
(Returns to Children's Hearing at 3/12).

Long term: — Mother (Fran) plans to move out the area — partly as Lisa seems very frightened; also Clarinston School may be appropriate for her.
Need for SW, Psy, Psychiatry — letters to Housing, MX. (*) needed ✓ HT

→ Outreach at Dyslexia → nurse eventually.

OR Need to consider residential school placement, at some stage.
(nearest is Sedgate, Stirling).
("Redgorden") "Snowdon".

Feedback to Lisa — by Anne Quinn. Broad terms given only at this stage. No mention of secure unit / residential school.

(*) To attend Caledonia House for contraceptive advice
Also need to monitor pain-killer requests (NB may handle these)

Plan: ✓
Fol: Dyslexia 332 0381 (ph) re Fol Lisa (11/12)
1/P meeting (3/52) ✓

Emma Spiby
FOUNDATION CLIN Psy

LISA SCOTT (D.O.B. 16/08/88)
UNIT NO: 179012

PRESENTATION FOR PSYCHODYNAMIC PSYCHOTHERAPY SUPERVISION ON 9TH JULY 2002

Lisa is a almost 14 year old pupil at Broughton High School, who lives in the West Pilton area of Edinburgh with her mother and 10 year old brother. She was referred to the Child and Family Mental Health Service last December by Dr Nicky Cannon in her capacity as Community Child Health Specialist Registrar. She had been asked to see this child by the School Guidance Teacher. The main presenting difficulties were; verbal aggression towards peers and teachers, together with significant verbal and physical aggression towards her mother. Additionally there was deterioration in her academic performance and concentration in class. Lisa herself describes feeling increasingly sad and hopeless most of the time. Dr Nicky Cannon's referral to our department was prompted by her belief's that Lisa might be developing a major depressive disorder.

Background

The background to Lisa's presentation is complex and at times somewhat opaque. However, various significant events are clear.

[redacted]

[redacted]

Assessment Course at this Department

Lisa was initially interviewed by Jos Strachan (Community Mental Health Worker). Jos also met with the Guidance Officer at Broughton High School, the Youth Strategy Worker and the Educational Welfare Officer. I was asked to provide a review of Lisa's mental state in view of the recent suspicion of major depressive disorder.

I met with Lisa on two occasions in February this year, when I also briefly spoke with her parents. I also re-interviewed her in April to attempt to monitor any change in her situation and mental state. Jos additionally attended a meeting at the Social Work Centre at the beginning of April and a further meeting on the 4th July.

Individual Interviews with Lisa

In summary, Lisa always presented as neatly attired and impeccably made-up. She adopted a "tough front" and actually verbalised preferring to feel angry with issues rather than acknowledge her sadness. Notwithstanding this she did identify her parents separation as a key issue for her, stating that she felt abandoned by her father and obliged to adopt a "bossing" role in the household currently. There were some symptoms of major depressive disorder and some occasional but transient intent suicidal thoughts. She did have a partial post-traumatic stress disorder related to experiences she had had over the years in her capacity as a member of the YPD gang. There were no clear psychotic experiences though while listening to rap music, she often heard sounds of "adults fighting". I wondered if this might harp back to memories of parental conflict, at which suggestion Lisa was non-committal.

Lisa abuses various recreational substances including alcohol, cannabis and amphetamines. This she does both in a solitary fashion but usually with friends. She denied having any proper confidant other than her maternal grandmother who lives locally, and a friend's mother "Auntie Sue", Though she had a shifting group of friends including a boyfriend she could only discuss inconsequential matters with them.

Identified with culture of violence.
Internal working models (Bion) - template already internalised.
OR Loyalties in Scott's family scripts.
OR Identification = the grievor (PT model) She may be hard-wired for this.

Lisa talks of believing that she was temperamentally similar to her father and that actually some day she herself might also suffer from serious kidney disease. OR Socio-neurobiological model

As far as any experience of abuse was concerned Lisa categorically denied experiencing sexual abuse. She did admit physical abuse from a past boyfriend, some 18 months ago. She stated that eventually she retaliated in kind. It is clear though from the narrative of her family, that she (has) at the least witnessed significant physical abuse occurring between her parents.

Initially I suggested a inter-professional meeting and also referred Lisa to her GP. This was to exclude organic causes for her unstable mood and reassure (her) that her kidneys were not failing.

At the inter-agency meeting it was felt by most present that family work would fail currently, as Mrs Scott and Lisa were unable to speak to each other without resorting to violence.

At the second interview with Lisa, sad mood was slightly more prominent. Earlier that week the police had been called after she had assaulted her mother. At this time her younger brother had locked himself in the toilet and was in a state of great distress. Further stress had been placed on the mother/daughter relationship by Mrs Scott returning Lisa's puppy to the cat and dog home after Lisa had been found kicking it in the head.

At this interview Lisa expanded on her interests. She wants to work with animals, perhaps in a cat and dog home. She would like to move to the country with her friends and keep various farm and pet animals. She enjoys poetry and uses this to express herself and is able to clearly visualise things. She enjoyed English in school and would like to pursue this subject, though not necessarily other school subjects.

Lisa ~~voiced to the police~~ said that she and her mother for some time have rarely had any nice times together at all. She believed her mother devalued her but idealised her younger brother.

Lisa continued to take illicit substances.

Look at the structure of the family before the parental separation.
What was the consequence for that father leaving? Did a gap appear, which the child has filled.

During this period she was receiving regular counselling support from a counsellor with North Edinburgh Youth Strategy. She found this helpful and was willing to continue it.

Events escalated however in as much as Lisa was taken into emergency social services care after another physical assault on her mother. She was placed in Drylaw Young Person's Centre for a planned six-week period. During this period she received therapeutic input from her key worker and from the Youth Strategy worker. Additionally an Educational Psychologist commenced therapy on a once to twice weekly basis. During this period at Drylaw YPC, Lisa's behaviour became increasingly chaotic, with increased risk taking (substances of abuse and sexual behaviour), and her mood further deteriorated. She directed aggressive behaviour at the staff there and to a lesser extent at other young people. She increased the frequency of her substance abuse and commenced minor self-harm (cutting her forearm). At times she appeared very sedated, such that the GP was called to review her physical condition. On one occasion she was taken to emergency Child and Family Mental Health assessment as she had barricaded herself in her room and was threatening to suicide. The police persuaded her to come out her room on the basis that she accepted a psychiatric assessment.

Drylaw staff have noted also gradually increasing sexualised speech and behaviour from Lisa. For example, she has stated repeatedly that she wishes to become a lap dancer or escort girl, and has on several occasions stated her belief that she might be pregnant. Drylaw staff have the impression that she may be about to disclose sexual abuse.

My third interview with Lisa was at the end of June, several days following an overnight admission at the Royal Infirmary of Edinburgh with a minor overdose. Lisa stated that this was an intention to suicide, as she believed the four tablets would be adequate for this purpose. At the last interview she presented as moderately low in mood, quite hopeless about the future, with additional biological symptoms of major depression. She also admitted to increasing intensity of suicidal thoughts. However, she seemed keen to attempt to think of her difficulties in psychological terms, and was more open than before considering different options to help her, for example ongoing psychotherapy, anger management, possibly anti-depressants. She was definitely against moving to a secure unit, commenting that she would get a gun and "shoot (her) brains out".

It was noted by staff accompanying her that she had recently commented out the blue that she "had killed her baby", by throwing herself down the stairs, in order to effect a miscarriage.

The counter transference which I experienced with Lisa was a sense of great neediness, yet at the same time a ~~refusal~~ to accept help. I felt angry and sad in her presence.

In our inter-professional meeting on the 4th July Lisa was out of control and should be transferred to a secure unit. She would continue twice weekly counselling from the Educational Psychologist, together with input from the previous professionals involved with her. There was an attempt to make plans for her immediate and long-term future. I had asked Lisa to either attend part of this meeting or write down some thoughts about her wishes and needs. Lisa however did not make any representation to this meeting herself, however her mother did attend. It was proposed that art therapy is accessed and use of a diary and poetry be made. Professionals would write to the Housing Department as Lisa has displayed a fear of returning to her current neighbourhood following discharge. Increased staff/young person ratio would be instituted over the next several weeks, until a secure bed was found for Lisa. She would attend Caledonian House for contraceptive advice.

Telling her she escalated on admission to Dyfan?
What has happened is firstly, is recreated in the system — the system is the controlling one. System needs to think of this. Is likely that she'll get worse on transfer to secure unit.

It may be she has been sexually abused / PTSD.
See Tillman Furness & Bon Tovil books ⊛

Interventions?
① With whole system — help conceptualise eg. transference & CT.
② Individual PT — "The Child is being Beaten" — Freud (paper) ⊛ (in Standard Edition) Pagan

I can do consultation to unit, or perhaps supervise a worker there, to do PT with her. ⊛ Argue for continuity & this therapist ⊛

③ David Chiver's study. Emotional abuse (eg. father tells her he'll beat up her mother) in entangled in adult relationships — must have had sexual overtones. (PTO)

Child and Adolescent Mental Health Service

Ms Anne Quinn
Manager
Drylaw Young People's Centre
135 Easter Drylaw Drive
EDINBURGH
EH4 2RX

FMact/JH/179012
12th July 2002

Child and Family Mental Health Service
at Royal Hospital for Sick Children
3 Rillbank Terrace
EDINBURGH EH9 1LL

TEL: 0131-536 0520
FAX: 0131 536 0545

Dear Ms Quinn

Re: Lisa Scott (d.o.b. 16/08/88)

I am writing just to clarify my findings and recommendations following my interview with Lisa Scott at Drylaw YPC on 11th July.

As you know, I interviewed Lisa in her own room at Drylaw YPC. She sat, with little movement or facial expression, on her bed during the interview. From time to time she would flick on her cigarette lighter, burning the feathered end of a decorated pen. By the end of the interview she had broken the lighter. At first Lisa was very slow to "warm up", but gradually she became more open to discussion. Throughout however, she had quite poor eye contact, and it felt harder than normal to engage her. Her hair was loose, she had less make up on than usual, and her attire was slightly dishevelled. There were no involuntary movements and she did not appear clouded. Her speech, though particularly initially minimal in content, was only minimally flat in tone. Her mood was as usual angry but the sadness was slightly more evident again today compared to the last time I interviewed her some 2 weeks ago. She clearly described a suicide plan, which is to be enacted this Tuesday coming. Lisa plans to obtain £100 which is due to her from a friend. She plans then to obtain an old car and drive this off a bridge. She claims to be able to drive a car, and to know where she might access one. Certainly she described her mood as very hopeless and low, "0 out of 10" (where 0 is very unhappy and 10 is very happy). There seemed no clear variation of her mood throughout the day and she described irregular sleeping but overall as sleeping much more than normal. Her appetite was variable and she had binged and vomited frequently up until a day or two ago. Lisa describes accessing anything she can in order to inflict superficial cuts to

particularly her right forearm. She also described being in poorer physical health than normal, being frequently troubled with colds and urine infections, for example.

Her thoughts were as usual very interesting. The stream was normal and there was no evidence of psychotic phenomena. The content however, was very focused on wanting to move from Drylaw into a new house with her mother, once her mother is re-housed in a "less violent" neighbourhood. She described her relationship with her mum as being in the main positive, but found her mother a little too intrusive currently. She had little insight into why this might be the case at present. Lisa described dreams that were violent and typified by earthquakes and other upheavals, all quite in keeping with her waking mental state. Indeed she described her mood and thoughts as being very unstable for at least several months, and more so over the last several weeks. Lisa does not believe that abusing substances worsens these experiences, on the contrary saying that the Valium that she abuses actually help her to feel more settled.

Lisa admitted that she had threatened to "murder" another young person on the unit, called Janet. She denied why she had felt to angry with Janet and said that she had no such plans currently. Indeed she had been having a friendly chat with Janet earlier today. Lisa did not appear to accept responsibility for such violent actions against others. Lisa indeed affected to be unmoved at the prospect of serving a jail sentence if she behaved in such a manner.

As far as substances of abuse are concerned Lisa states that as she has been going out less lately she has not accessed substances so often. She stated she had only been taking 2 or 3 valiums every now and then for the last week or so. The reasons for not going out so much seem to be a degree of vague paranoia and hopelessness.

At the end of this interview I was left counter-transference feelings of anger, but also with more prominent sad feelings, particularly compared with my previous contacts with Lisa.

Towards the end of the interview I broached the subject of night sedation and/or ante-depressants with Lisa. She was open to a trial of either, commenting that she would cease all other substances for the first 2 weeks, in order to give any medications a chance to work without the risk of drug interaction.

In summary I found Lisa to be similar to my past contacts with her though somewhat sadder. It is clear from the history of staff at Drylaw Young People's Centre that however, Lisa's risk taking acting out is worsening. This includes the sexual behaviours and violent acting out and serious threats to both herself and another YPC young person.

I have discussed Lisa with my clinical supervisor, Dr Fiona Forbes, Consultant Child Psychiatrist. She agrees with my following recommendations.

Lisa would be best managed in a secure unit, where she will have a firm external framework applied. This will enable her to stay safe in order for therapy to continue. This therapy will be at least once weekly with a regular psychotherapist. Once in a secure unit it will be clear whether ante-depressants might help Lisa. These could then be commenced.

If a secure unit is not immediately available, then Lisa should be placed on very close observations by staff at Drylaw YPC. Preferably she should have staff observing her 24 hours

a day. Minimally overnight she should have ¼ hourly observations from staff. This should make it less likely for her to be able to succeed in self-harming, in the short-term.

As mentioned above I believe it better to defer ante-depressants for a few days, until Lisa is in a secure unit where she will not be able to access substances of abuse. However, if her sleep pattern continues to be a problem, I will recommend 10 – 20 mg at night of Temazepam night sedation. I shall attempt to contact Lisa's GP, Dr Macdonald in order to request that Dr Macdonald prescribes this over the next few days for Lisa. Obviously staff should not offer this to Lisa at night if she appears already sedated. If however she is observed even more closely by staff from now on, it will become less and less likely for her to be able to access substances of abuse.

Additionally I shall contact Paul Hyatt, regarding the importance that a bed in a secure unit is found very soon.

Finally, as I am on holiday this week coming, my supervisor, Dr Fiona Forbes will be available in order to discuss this case should this be required. I shall contact you on my return on 22nd July.

Please contact me in the interim if you wish to discuss anything further at this stage.

Yours sincerely

Dr Fiona Mactaggart
Specialist Registrar
to Dr Fiona Forbes

c.c. Ms Irene Jardine, Educational Psychologist, Easter Drylaw Drive, Edin, EH4 2RY
Ms Karen Shields, Senior Social Worker, Westfield House Social Work Centre
Mr Steven Laird, Social Worker, Westfield House Social Work Centre
Dr Nicky Cannon, Specialist Registrar, CFMHS
Dr Macdonald, Crewe Medical Centre, 135 Boswall Parkway, Edin

Child and Adolescent Mental Health Service

Children's Reporter
1 Fountainhall Road
EDINBURGH
EH9 2NL

FMact/JH/179012
2nd August 2002

Child and Family Mental Health Service
at Royal Hospital for Sick Children
3 Rillbank Terrace
EDINBURGH EH9 1LL

TEL: 0131-536 0520
FAX: 0131 536 0545

Dear Sir/Madam

Re: Lisa Scott (d.o.b. 16/08/88)
Report for Children's Hearing on Tuesday 6th August 2002

Lisa is an almost 14 year old girl who was referred to the Department of Child and Family Mental Health, Edinburgh last December. My report for the Children's Panel sitting on Monday 10th June 2002 details my Department's contacts with Lisa up until approximately one month ago.

Over the last month I have continued to be involved with Lisa Scott's case. I have met with Lisa individually in order to review her mood including mental state and have continued to attend Inter-agency Meetings about her care. My last meeting with Lisa Scott was this morning (29/07/02), when I found Lisa to be in a much improved mental state.

Lisa's mood was more stable, with a greater ability to control her angry outbursts. She expressed clear anxiety particularly about whether she would be continuing at St Katherine's, or returning home. She also expressed concern about her pregnancy. Her low mood however had markedly improved, with no symptoms of major depressive disorder and no suicidal thoughts admitted to. Her superficial self-harming behaviour is settling down with merely some superficial excoriation of her right forearm. Today she was able to discuss her ambivalent feelings towards her mother and father, as well as her ambivalence towards her provisional plan to terminate her pregnancy. As usual Lisa tended to see things somewhat in black and white, and often tried to compartmentalise or ignore items, such as sad feelings, which she would rather not acknowledge.

I repeated a checklist, the Moods and Feelings Questionnaire today, in order to compare the results with the MFQ done immediately prior to referral here. Her original MFQ score was high

at 37, indicative of possible major depressive disorder. However today her score was only 20, which tends to support the finding of a marked improvement in her mood.

I have told Lisa this moming that I believe she should continue for a further period of at least several weeks at St Katherine's. The reason for this is that I believe her relative emotional stability is due to the physically containing environment of St Katherine's. It will take time for her to internalise this physical containment, in other words for her to learn to control herself. Additionally keeping her away from risk taking behaviours such as illicit substances, and sexual encounters, will allow Lisa and her therapist to make better headway.

I hope to review Lisa's mental state in approximately one month's time, additionally I have offered to meet with Lisa's therapist, Irene Jardine on a regular basis to discuss child and adolescent psychiatric issues as far as these concern Lisa and her therapy with Ms Jardine. I had previously offered to meet with relevant St Katherine's staff on a consultation basis should they wish this. However I believe my YPU colleague Donald Morris has a long association with St Katherine's, doing this type of work. I therefore hope to contact him in the near future to see if he would like to take on this particular role.

I should be happy to speak to the Reporter should anything on this report require clarification.

Yours faithfully

Dr Fiona Mactaggart
Specialist Registrar
to Dr Fiona Forbes

Child and Adolescent Mental Health Service

Mr Steven Laird
Social Worker
Westfield House Social Work Centre
5 Kirk Loan
EDINBURGH
EH12 7HD

FMact/JH/179012
2nd August 2002
(dictated 27/07/02)

Child and Family Mental Health Service
at Royal Hospital for Sick Children
3 Rillbank Terrace
EDINBURGH EH9 1LL

TEL: 0131-536 0520
FAX: 0131 536 0545

Dear Mr Laird

Re: Lisa Scott (d.o.b. 16/08/88)

Following the Inter-agency meeting at St Katherine's about Lisa Scott on the 25th of this month, I reviewed Lisa's mental state including mood, this morning (27/07/02).

This morning Lisa's mental state appeared much improved. Specifically her moods are more stable, with Lisa making significant attempts to contain her angry outbursts. I am certain that the physically containing environment that she is in currently, is helping enormously in this work. The somewhat depressed mood that I have found in Lisa over the last several months, was much improved also this morning. There were no symptoms of a clinical depressive disorder together with no suicidal cognition or attempts. Lisa did have some excoriation on her right forearm, but this superficial self-harming also has drastically lessened since her admission to St Katherine's. Her Moods and Feelings Questionnaire result today was only 20, indicating low likelihood of major depressive disorder.

As usual Lisa tended to try to compartmentalise and/or deny some of the more painful aspects of her life. An example of this was that it took some time in conversation with her, before she would admit that part of her does not want to terminate her current pregnancy. She found it difficult to acknowledge that she might currently or in the future feel grief over the loss of this pregnancy.

Another area of difficulty which Lisa acknowledged was her relationships with her parents. She described a currently mainly supportive though somewhat enmeshed and ambivalent relationship with her mother currently. Lisa described angry feelings towards her father who she states has not contacted her for some 4 months. She described her father/daughter

relationship, prior to her parents' separation, in rather idealised terms. Clearly there are ongoing painful issues for Lisa to do with her experience of parenting.

As Lisa's sleep pattern is stabilising, I have suggested that Lisa should not recommence a short course of night time Temazepam. She is in full agreement with this. Today we also discussed the possibility of her continuing to stay on at St Katherine's for further therapy. I believe that Lisa is just at the beginning of the work she has to do to sort things out. St Katherine's is a containing environment where additionally Lisa cannot access substances of abuse. I have therefore told her that I shall be recommending to the Children's Hearing, on 6th August 2002, that she stay for a further period at St Katherine's in order to continue the work she has started. Lisa's response to this was that she would be agreeable to a further 3 weeks at St Katherine's but no longer than this. She is however aware that it is not solely up to her, how long she stays at St Katherine's.

On balance then Lisa's mental state, including mood and suicidality, is much improved compared to the last time I interviewed her several weeks ago. Lisa's escalating risk taking and violent acting out is being contained very well in the environment of St Katherine's, such that the scene is set for her to be able to use therapy sessions more effectively. The short-term issue will of course be her pregnancy which of course will require further counselling from the relevant professionals. Lisa this morning is voicing a keenness to accept depot contraception from now on.

In the short to medium term, as discussed at last weeks Inter-agency Meeting, I think it is very important that Lisa continues to have weekly psychotherapy, hopefully with the Educational Psychologist, Irene Jardine. Ms Jardine and key worker, Ruth McLellan would be able to, between them, offer a very useful package of psychological treatment to Lisa. As I have already stated I am happy to liaise with Ms Jardine in a supervisory capacity as regards psychiatric aspects of Lisa's presentation.

I would be happy to review Lisa's mental state myself in approximately one month's time, but shall wait until following the Children's Hearing on 6th August before making another appointment with her. I had also hoped to be involved with St Katherine's staff in a liaison/supportive type role. However I believe my YPU colleague Donald Morris, is a frequent visitor to St Katherine's. Accordingly I shall speak to him in the near future to see if he would like to take on this role.

In the meantime please contact me at the above telephone number should you like to discuss Lisa further.

Yours sincerely

Dr Fiona Mactaggart
Specialist Registrar
to Dr Fiona Forbes

c.c. Ms Irene Jardine, Educational Psychologist, Easter Drylaw Drive, Edin, EH4 2RY
Ms Karen Shields, Senior Social Worker, Westfield House SWC
Dr Macdonald, Crewe Medical Centre, 135 Boswall Parkway, Edin

Child and Adolescent Mental Health Service

Child and Family Mental Health Service
at Royal Hospital for Sick Children
3 Rillbank Terrace
EDINBURGH EH9 1LL

TEL: 0131-536 0520
FAX: 0131 536 0545

6th September 2002

REPORT RE LISA SCOTT (D.O.B. 16/08/88)

I reviewed Lisa's mental state on 29th July 2002. Her mood on that day was significantly improved compared to previous interviews I have had with her over the last several months. There were no longer any symptoms of a clinical depressive disorder, and no clear suicidal cognition. Lisa did discuss some excoriation of her right forearm, which she had self-inflicted, but this was definitely not a suicidal behaviour. Furthermore Lisa felt able to try to control her angry outbursts, with some success. At this meeting the issue of Lisa's pregnancy dominated. She expressed ambivalent feelings towards the pregnancy and appeared very aware of the pressures on her to seek termination of this. Further details of this interview with Lisa are in my letter to Mr Stephen Laird, Social Worker, dated 2nd August 2002. Since then I attended a meeting with Educational Psychologist, Irene Jardine and Case Manager at St Catherine's, Mr Bell. In fact this meeting had been cancelled but word had not reached Ms Jardine and myself. It was helpful to review Lisa's current behaviours within St Catherine's Unit. It was noted that because of her ongoing ambivalence about her pregnancy, other therapy work had understandably somewhat faded into the background. It was felt important by those present that Caledonian Youth should, with Lisa's permission, be made aware of some of the complexity of Lisa's psychosocial status. It was felt that Stephen Laird or myself should, with Lisa's permission, perhaps have a conversation with Lisa's Counsellor at Caledonian Youth. In a telephone conversation with Mr Laird, he agreed to have this conversation.

I had provisionally arranged with Young People's Unit colleagues, Mr Donald Morris, to attend St Catherine's Unit to discuss relevant psychological and management issues to do with Lisa, with relevant staff there, for example keyworker, Ruth McLennan. However this appointment on 29th August 2002 was cancelled because of logistic difficulties at St Catherine's. Following the Looked After and Accommodated Childcare Review on 6th September, I would be happy to re-contact St Catherine's staff to try to settle on another appointment time for this.

Also following this Review, I would be happy to review Lisa's current mental state, from a psychiatric point of view, sometime this month. I shall contact Lisa and St Catherine's in the near future to agree on a mutually suitable time for this visit.

As a Specialist Registrar in Child and Adolescent Psychiatry, at the end of September I am coming to the end of my current training attachment. If it eventuates that I must move to a different geographical team, then I may be obliged to finish my involvement with the young people who I have been seeing currently. If this is the case, then I shall hand over Lisa's child psychiatry case to a medical colleague here, and of course inform Lisa and all relevant professionals, who my successor is.

Dr Fiona Mactaggart
Specialist Registrar
to Dr Fiona Forbes

12/9/02

M/U E. Jardine, ed. Ψologist; ~ Child Ψ Supervisor ~

L. feeling disempowered / no control.
L says anger better now. (? hormonally related?)
Pregnancy to continue (13/52 now)
Feels v. low, hopeless, flat, weepy
~~kids~~ other children a/stress to be around
Feels ~~uncared~~ for - sense of her unity to be cared for by E.J.

E.J. plans to see for ~~w~~ ~~if~~ ~~need~~ sessions over (7/52): Concern ~ SW being able to continue (hoping for) therapy thereafter
"They don't hear what I need" - discussed different meanings behind it.
Upset that Drayton staff & Ricky (father of child) have not contacted her (as her Dad).
Had been in bed for 3 ds at time of E.J.'s last appt.
Felt as if not being seen / heard (at usscan for pregnancy lately.)
"Says" nothing in her" (poems / art).

9.30 Mon 30/9/02 at St Kat's

PLAN:- ① Needs Ψiatric R/V re mood - depressed / suicidal
② David Morris... & Ψst would benefit from Zoley. consultation ~ keyworker + staff.
③ Continue supervision ~ E. Jardine - needs appt.
Extra ~~Either~~ one / another North team Dr.

2.30pm Thursday 3/10/02 at Strand.

19/9/02 d/u F. Forbes. I shall continue to manage this case at present.

Fiona Freeman
Spr Reg Ch Ψ

LHB 1009

30.9.02

LISA SCOTT — I/V re R/V mental state

Initial discussion c SW manager "Angela".
Lisa not allowed to spend long periods in her room, → mood subsequently more cheerful?
Also less angry outbursts, this sense of Lisa containing anger at times
c 16/17/52 pregnant currently. Physically well.
No known D.S.H./suicidality.
Continues to see E. Jardine for individual psychotherapy.
(Not doing Art/poetry/diary writing at present?)
Key worker Ruth + others + supportive psychotherapy ✓
Anger management work ✓ c one teacher currently.
Attending St Kat's school ✓

Also I/V c "Doris" SW teacher:—
finds Lisa v. angry. Lisa had asked for anger management ✓
doing this well. eg. Lisa has said she wants her angry outbursts
to try to get her parents back together, etc.
Doris regularly further withdrawals/manners for Anger Mx work

I/V c Lisa:—
looking physically quite well
Poor eye contact on mood. Guarded +
Sullen + negativistic
Expressing anger at various people eg:
SW - didn't come to see me when he said
Hospital - didn't send apptment when they were supposed to.
Theme of people forgetting / not seeing her — shared this impression c L.
States feeling less angry, generally, cf. 2-3/12 ago ?reason.
denies ss. of major depression, suicidal thts, or D.S.H.

"I can't do it now, can I?" (party to pregnant adolescent)

Nil psychotic.

Forward to Fountain Centre Shirley

Impr:— Sad + angry moods stabilising + little effects of secure unit on pregnancy? No clinical depr/suicidality.

Plan:— R/V Lisa's mental state ~6/52. Continue supervision of E. Jardine
D. Morris + I to meet c staff, 3/9 at 2.15p. Need for I/a meeting c SW.

21/11/02

M/D: Janice, Ruth, Daniel & myself (St Katharines)

1/going meeting last Wed —

Housing Ref ? asked to help family find
may attend Waterbailes Unit
Fran has issues ē me Re. why I need BDZ ē Lisa, as
Fran used Rear too.

Now:- Need for paper on effect of abuse, longer / substances of abuse on foetus.

Quite resentful towards Fran now & refuses to say is that / it.

(19/52) pregnant now.

Voiced strong ambivalence towards foetus, to Ruth recently.

Lisa off-loading onto Ruth — discussed need to identify. thus ē Lisa

Good liaison ē other staff too.

Mum behaving quite like sisters to Lisa eg. shopping for underwear together.

Mum has been consistent ē visiting. ✓

Younger/brother/going into background. x

Many people (~~have~~) involved ē this girl.

May be transferred at end of this month.

Discussed possible no-child (family) therapy

Plan:- ① Mins to continue liaison

② I shall continue [occ mood state R/V's — next one ~11/02.
[Supervision ē J. Jardine — letter offering further supervision 22/10/02 ✓

Another message left 22/10

③ I shall contact Sue Slegle social [re. placement of baby:—
? may need to spk to FRAN ✓
BDZ pwe use?

Fran
Fran Hodgson
Spleg CL4

④ Need for Report for Bd (30/10/02)
✓done 22/11/02

NB: Is 14yo now :. ? Need to refer to West team, at YMH

O.P. CLINICAL NOTES

(Psychiatry)

NUMBER

NAME

Lisa Scott.

DATE | SHEET No.

St. Katherine's.

• Anne Quinn (senior staff member @ Allison House: SK.)

- Concern that has abuse & disclose.
- Last July v. concerning - v. agg, physically agg. to Mum, threatening suicide.
Pregnant - calmer, improved relationship c Mum → went home.

Baby born :- ↑ difficulties -
Mother caring for baby. Relat. sig. diff. c partner.
Lisa struggling as mother.

Last Thursday :-
- on balcony @ home threatening suicide.
- ? came out of the blue : ? cocktail of incidents
- v. v. concerned. → staff support. → admitted to ASU St. K. for respite.
→ In St. Kat's :- Quite
• been doing OK. Enjoyed time - more relaxed - time out c friend. Doing activities, enjoys art work. Sp - ✓ App. ✓ Conc. ✓

Child Protection meeting Mon 26/5/03 -.
• v. concerned for safety of baby. when Lisa looses control.

LISA SCOTT.

DATE

- Ran away when heard about psych. assessment.
- worried about being prescribed medication.

- ~~Tendency~~ & hunch about other boys @ ~~St Ed~~ residential
  → ~~att~~ insecure attachment.

- V. ambivalent about the baby.

= MSE ← since delivery.
last Thursday.
now.
substances.
Risk: Self
Risk: Baby.

Health visitor - onto depot contraceptive.

O.P. CLINICAL NOTES

(Psychiatry)

NUMBER

NAME Lisa Scott.

DATE	Handover from Dr. F. McTaggart. SHEET No.
27/5/03	M/yr. History :- violence + aggression.
	~2m. ago - first psych. contact,
	Not depressed. but high risk. Diazepam, Amylet. ~~Suicidal ideation~~
	Out of control. violent. ~~Set~~
	→ locked ward St. Katherines → settled.
	Depressed + polysubstance abuse : when drug free → dep. improved.
	Sexually promiscuous : got pregnant @ dr's flat. Open unit
[redacted]	
	- Eileen Jardine - Ed. Psych. Person Centered weekly therapy (recently off sick.).
	Fiona McT. - 2° consultation
	L Boeing
	(07890099691.)

LHB/365

DATE

Child & Adolescent Mental Health Services

Young People's Unit
Tipperlinn Road,
EDINBURGH EH10 5HF
Tel: 0131 537 6364 (out-patient)
0131 537 5974 (in-patient)
Fax: 0131 537 6102

Ref: LB/IA

28th May 2003

Dr Macdonald
Crewe Medical Centre
135 Boswall Parkway
Edinburgh
EH5 2LY

Dear Dr MacDonald

Lisa Scott [dob: 16.08.88], 9/3 West Pilton Gardens, Edinburgh EH92 2NL

I assessed Lisa Scott at Allison House, St Katherine's Residential Young People's Unit, with Tommy Blue, Community Mental Health Worker on Tuesday 27th May 2003. We had been asked to assess Lisa urgently by Dr Fiona Mactaggart, Acting Consultant Adolescent Psychiatrist at the Young People's Unit, who had previously been involved in Lisa's mental health care. Lisa had refused to meet with Dr Mactaggart and we were therefore asked to make a psychiatric assessment of Lisa's current mental health, and risks to herself and to her young baby. I understand that there was a Child Protection meeting on Monday 26th May 2003 attended by the Inter-Agency team and concerns were voiced regarding the safety of the new-born baby when Lisa loses control.

I note Lisa's history of disturbed family background and difficult family dynamics. I also note she has had contact with mental health services periodically during the last 3 years with aggressive and unpredictable behaviour. She has a history of attachment difficulties, vulnerable personality and a major depressive disorder in the context of substance abuse. Lisa has periodically required secure accommodation and delivered her first baby in late March 2003. Since the delivery she has been living at home, with Lisa's own mother taking over primary care for the new-born child. I understand that Lisa had enjoyed a period of increased stability in her behaviour whilst pregnant but this has deteriorated following the birth of her child. Lisa has had extensive contact with the Social Work Services throughout this time, as well as regular contact with Health Visitor and Midwife Service. She has also met weekly with Irene Jardine, Education Psychologist for individual psychotherapy. Dr Mactaggart has provided specialist mental health review in inter-agency assessments but Lisa has refused contact with Dr Mactaggart more recently.

Lisa's most recent presentation was 5 days ago when she climbed onto the balcony of her mother's flat where she is currently living. She threatened to jump off the balcony, saying that she wished to kill herself. She was talked down by professional staff and admitted to St Katherine's on the following day for respite.

We had the opportunity to meet with Anne Quinn, Senior Staff member at St Katherine's, who informed us that Lisa had been settled during her 4 day admission to St Katherine's. She had presented as sociable, spending time with other staff and residents as well as time out of the unit with a friend. She has engaged in appropriate group activities within the unit. There have been no concerns about her sleep, appetite, or concentration aggression or deliberate self harm. Despite prolonged attempts by both Anne Quinn and ourselves to engage Lisa in a mental health assessment, she adamantly refused to discuss any aspect of her current, previous or future difficulties. Lisa had in fact absconded briefly from the unit in anticipation of our visit. We were unable therefore to make a detailed mental state or risk assessment as had been requested. Lisa's presentation within St Katherine's is not typical of post-natal depression, however given the marked limitations of the assessment this will require ongoing monitoring.

I fed this back to Dr Fiona Mactaggart who will remain involved in Lisa's care and also made a referral to "Edinburgh Connect" the mental health service that covers residential units within Edinburgh.

Many thanks again!

With kind regards.

Yours sincerely,

Leonie Boeing
Staff Grade Psychiatrist

cc: Steven Baird, Social Worker, Westfield House, Kirk Loan, Edinburgh EH12 7HD
Irene Jardine, Educational Psychologist, Easter Drylaw Drive, Edinburgh EH4 2RY
Gita Ingram, Edinburgh Connect, YPU, REH
Fiona Mactaggart, Acting Consultant Psychiatrist, YPU, REH
Jackie McAlpine, Unit Manager, St Katherine's Secure Unit, 29b Balmwell Terrace, Edinburgh

she described her mood as "can't be bothered", objectively. She appeared somewhat low but reactive. She described unusual ideas about her thoughts with relation to the voice of "LULU"; stating that "LULU" could put thoughts into her head or perhaps remove them and that perhaps she was under the influence of "LULU". Lisa stated that her experience of his voice had subsided since being in A&E as she felt comforted by the noise around her. There was no evidence that she was acutely psychotic or responding to external stimuli. She was orientated to time, place and person.

Lisa was somewhat contradictory in her history. She was able to recount several positives about her life at the moment, including plans to begin a course in May, which she is looking forward to. She tells me she has a good group of friends and is visited by someone at least every day. Her mum lives just up the road and cares for her 2-year-old son, Kye. It appears that she has a reasonable relationship with her mum. It appeared that Lisa does have a degree of optimism for the future, but on questioning she continued to describe thoughts that "she can't be bothered" going on anymore despite this. There was no evidence that she had any active suicidal plans and, although initially she suggested to A&E staff that her self-cutting had been under the influence of the voice, she later denied this, saying she had had control over her actions. There was no evidence that her actions had been psychoticly driven or that there was on going psychotic experience.

I discussed her case with Dr Leonie Boeing (on call Registrar in Child and Adolescent Psychiatry). We felt that although Lisa would remain at long-term high risk of repeated self-harm in the future, that there was no imminent risk of harm to self or others at this time. Her suicidality and psychotic like experience appear stable and long standing. Her agitation and apparent psychosis which prompted the initial referral tonight for assessment appeared to have settled. It was therefore felt that it would not be appropriate to admit Lisa to in-patient psychiatric care but that in order to discharge her we would require to put in place a plan for more immediate follow up. It was agreed that Lisa would stay in the Royal Infirmary overnight in order for plans to be formalised in the morning.

This morning I have discussed Lisa's case with Dr McCabe (Consultant Psychiatrist), to whom she is know. Dr McCabe has agreed that it would be appropriate to discharge Lisa today and that he will review her urgently at clinic at YPU on Tuesday 29th March 2005 at 9.15am. On the basis of her assessment last night, he feels that it would not be necessary for further review of her mental state prior to discharge this morning. Dr McCabe has advised that if Lisa is struggling over the weekend, then she can contact switchboard at the Royal Edinburgh Hospital and ask to speak to the on call psychiatrist for CAMHS. Nursing staff at the Royal Infirmary will pass this information on to her. She will therefore be discharged later this morning.

If I can provide any further information please do not hesitate to contact me. Many thanks for your help.

Yours sincerely

Dr Philippa Crompton
SHO in Psychiatry

c.c. Dr McCabe
A&E
Liaison Psychiatry RIE

Child & Adolescent Mental Health Services

Young People's Unit
Tipperlinn Road,
EDINBURGH EH10 5HF
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0131 537 5974 (in-patient)
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FmcT/LRBB
23rd October 2002

Irene Jardine,
Educational Psychologist,
Psychology Services,
Easter Drylaw Drive,
Edinburgh Eh4 2RY

Dear Irene,

Lisa Scott (16.8.88) 9/3 West Pilton Gardens, Edinburgh EH4 4DS

I have managed to stay on as the psychiatrist involved with Lisa. I wonder therefore if you would like to meet again to further discuss any child and adolescent psychiatry issues relevant to your therapy with Lisa.

I am now based at the Young People's Unit which is at the Royal Edinburgh Hospital in Morningside. Perhaps you could give me a ring at the above number or drop me a note if you would like to try to meet up.

Yours sincerely,

Fiona McTaggart
SpRegistrar

Child & Adolescent Mental Health Services

Young People's Unit
Tipperlinn Road,
EDINBURGH EH10 5HF
Tel: 0131 537 6364 (out-patient)
0131 537 5974 (in-patient)
Fax: 0131 537 6102

Ref: FMc/IA

23rd October 2002

CONFIDENTIAL

Stephen Laird
Social Worker
Westfield House
Kirk Loan
EH12 7HD tel 334 9933

Dear Mr Laird

Lisa Scott [dob: 16.08.88]. 9/3 West Piltoo Gardens, Edinburgh EH4 4DS

I'm writing just to raise my concern about Lisa's baby. I believe she is currently about 19 weeks pregnant.

In my Children's Panel Report dated 23.10.02, I noted my concerns about Lisa's personality, and how this is likely to significantly impact on her contacts with her baby once it is born.

I wish to also raise concerns about her mother Fran Scott, as my contacts with her together with collateral information I have received from St Katherine's staff, suggest Mrs Scott has similar personality issues.

I believe the provisional plan, is for Lisa's baby to be cared for by Mrs Scott. If this eventuates, I predict that there are likely to be significant emotional difficulties experienced by the young child.

I would be happy to speak to you further on this matter.

Kind regards.

Yours sincerely,

Fiona Mactaggart
SpR

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Tel: 0131 537 6364 (out-patient)
0131 537 5974 (in-patient)
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FMcT/LRBB
23rd October 2002

Mr. Paul Mulvanney
Reporter,
1 Fountainhall Road,
Edinburgh EH9

Dear Paul,

Lisa Scott (16.8.88) 9/3 West Pilton Gardens, Edinburgh EH4 4DS
Notification of Hearing on Wednesday 30th October 2002 @ 9.30 a.m.

I am sorry that I will not be able to attend the above Hearing for Lisa on 30th October. I enclose a brief Report which I hope may be of help.

Yours sincerely,

Fiona McTaggart
SpRegistrar

Child & Adolescent Mental Health Services

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0131 537 5974 (in-patient)
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Our ref: FMCT/om
28th March 2003

Lisa Scott
9/3 West Pilton Gardens
Edinburgh
EH9 2NL

Dear Lisa

I am just writing to say hello, and see if we might be able to meet up later this month, to review how your mood is just now. I remember that, several months ago you were really quite sad and upset, with lots of stressful things going on.

I telephoned you this morning and though you were not available, I had a useful talk with your mum. I am glad that you are keeping well. This is a very special time for you.

I will be able to come out and see you at home on ***Monday 31st March 2003 at 12:00pm.*** I realise that you might well have your baby with you at that time!

Please let me know if the above time and date is unsuitable, so that we can rearrange it, otherwise I look forward very much to seeing you again.

Yours sincerely

Fiona Mactaggart
Acting Consultant Psychiatrist

cc: Dr MacDonald, Crewe Medical Centre, 135 Boswall Parkway, Edinburgh, EH4 2LY
Irene Jardine, Educational Psychologist, Psychology Services, Easter Drylaw Drive, Edinburgh, EH4 2RY
Stephen Laird, Social Worker, Westfield House, Kirk Loan, EH12 7HD

Child & Adolescent Mental Health Serviees

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0131 537 5974 (in-patient)
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Our ref: FMCT/om
28th March 2003

East Team

Dear All

Lisa Scott, (16.08.88), 9/3 West Pilton Gardens, Edinburgh, EH9 2NL

Diagnosis: Vulnerable personality. Recent history of major depressive disorder and substance abuse. Attachment difficulties. Pregnancy (expected dated of delivery 23.03.03). Lisa is a 14-year-old who is in the 3rd trimester of her first pregnancy, who lives with her mother and younger brother in a council flat in Pilton, Edinburgh. Stephen Laird, Social Worker, referred Lisa to Child and Family Mental Health Service, 3 Rillbank Terrace last year.

Lisa came to the attention of the Social Work Department at the end of 2001 because of school-related problems and later problems, at home. Lisa was reportedly seriously assaultitive towards her mother, and pursuing high-risk behaviours such as substance abuse and sexually vulnerable behaviour. She spent some weeks in Drylaw Young Persons Centre and because of escalating behaviours, suicidal ideation and deliberate self-harm, was moved to St Katherine's Secure Unit.

There is a long history of parental martial disharmony including overt physical aggression from Mr Scott towards Mrs Scott. There is also history of significant attachment difficulties between Lisa and Mrs Scott, with their relationship in the last few years characterised by lack of clarity of roles and poor boundary definitions.

Lisa fell pregnant to a fellow young person at Drylaw Young Persons Centre, and though initially highly ambivalent about the pregnancy, decided to continue with it. Currently she is living with her mother and brother, with Mrs Scott having legal responsibility for the baby once it is born.

Lisa has accepted the following help. Key workers at Drylaw and St Katherine's have offered day to day behavioural management work and the teacher at St Katherine's has delivered anger management work. The Social Worker Mr Stephen Laird offers ongoing practical support to Lisa and Mrs Scott, and Irene Jardine, Educational Psychologist has offered weekly person centred psycho-dynamically informed psychotherapy to Lisa, for the last 3 months approximately. I have attended looked after children review meetings and monitored Lisa's mental state over the last several months.

Concern has been expressed recently as to Lisa and her family's ability to cope, given their vulnerabilities, particularly once Lisa's baby is born.

Lisa is on no current medication. Lisa did not attend a review appointment with myself at the beginning of March 2003, but I hope to review her at her home on 31.03.03. Later that day all relevant professionals will meet to review Lisa's status, and such reviews will be frequent, particularly in the first few months of the infant's life.

I would hope to continue to be Lisa's YPU keyworker, during the time I am working at the YPU.

Yours sincerely

[redacted]

Fiona Mactaggart
Acting Consultant Psychiatrist

[redacted]

Child & Adolescent Mental Health Services

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Our ref: FMTC/om

Stephen Laird
Social Worker
Westfield House
Kirk Loan
EH12 7HD

Dear Stephen

Lisa Scott, (16.08.88), 9/3 West Pilton Gardens, Edinburgh, EH9 2NL

I am sorry I was off work on the day of our child protection planning meeting for Lisa on 31.03.03. Lisa's mother Mrs Scott had informed me that Lisa did not wish to see me for a home visit to review her mood. I have, therefore, written to Lisa encouraging her to contact me should she change her mind.

I think, therefore, at this stage the best I can offer is to meet with Irene Jardine on 17.04.03, to discuss Lisa's mental state. I would be happy of course to attend any child protection planning meeting which you may convene, if I am at all able. I am sorry again to miss this important meeting.

With kind regards.

Yours sincerely

Fiona Mactaggart
Acting Consultant Psychiatrist

cc: Irene Jardine, Educational Psychologist, Psychological Services, 154 MacDonald Road, Edinburgh, EH7 4NN.

2nd DRAFT

Child & Adolescent Mental Health Services

Young People's Unit
Tipperlinn Road,
EDINBURGH EH10 5HF
Tel: 0131 537 6364 (out-patient)
0131 537 5974 (in-patient)
Fax: 0131 537 6102

Ref: LB/IA

28th May 2003

Dr Macdonald
Crewe Medical Centre
135 Boswall Parkway
Edinburgh
EH5 2LY

Dear Dr MacDonald

Lisa Scott [dob: 16.08.88], 9/3 West Pilton Gardens, Edinburgh EH92 2NL

I assessed Lisa Scott at Allison House, St Katherine's Residential Young People's Unit, with Tommy Blue, Community Mental Health Worker on Tuesday 27th May 2003. We had been asked to assess Lisa urgently by Dr Fiona Mactaggart, Acting Consultant Adolescent Psychiatrist at the Young People's Unit, who had previously been involved in Lisa's mental health care. Lisa had refused to meet with Dr Mactaggart and we were therefore asked to make a psychiatric assessment of Lisa's current mental health, and risks to herself and to her young baby. I understand that there was a Child Protection meeting on Monday 26th May 2003 attended by the Inter-Agency team and concerns were voiced regarding the safety of the new-born baby when Lisa loses control.

I note Lisa's history of disturbed family background and difficult family dynamics. I also note she has had contact with mental health services periodically during the last 3 years with aggressive and unpredictable behaviour. She has a history of attachment difficulties, vulnerable personality and a major depressive disorder in the context of substance abuse. Lisa has periodically required secure accommodation and delivered her first baby in late March 2003. Since the delivery she has been living at home, with Lisa's own mother taking over primary care for the new-born child. I understand that Lisa had enjoyed a period of increased stability in her behaviour whilst pregnant but this has deteriorated following the birth of her child. Lisa has had extensive contact with the Social Work Services throughout this time, as well as regular contact with Health Visitor and Midwife Service. She has also met weekly with Irene Jardine, Education Psychologist for individual psychotherapy. Dr Mactaggart has provided specialist mental health review in inter-agency assessments but Lisa has refused contact with Dr Mactaggart more recently.

Lisa's most recent presentation was 5 days ago when she climbed onto the balcony of her mother's flat where she is currently living. She threatened to jump off the balcony, saying that she wished to kill herself. She was talked down by professional staff and admitted to St Katherine's on the following day for respite.

We had the opportunity to meet with Anne Quinn, Senior Staff member at St Katherine's, who informed us that Lisa had been settled during her 4 day admission to St Katherine's. She had presented as sociable, spending time with other staff and residents as well as time out of the unit with a friend. She has engaged in appropriate group activities within the unit. There have been no concerns about her sleep, appetite, or concentration aggression or deliberate self harm. Despite prolonged attempts by both Anne Quinn and ourselves to engage Lisa in a mental health assessment, she adamantly refused to discuss any aspect of her current, previous or future difficulties. Lisa had in fact absconded briefly from the unit in anticipation of our visit. We were unable therefore to make a detailed mental state or risk assessment as had been requested. Lisa's presentation within St Katherine's is not typical of post-natal depression, however given the marked limitations of the assessment this will require ongoing monitoring.

I fed this back to Dr Fiona Mactaggart who will remain involved in Lisa's care and also made a referral to "Edinburgh Connect" the mental health service that covers residential units within Edinburgh.

With kind regards.

Yours sincerely,

Leonie Boeing
Staff Grade Psychiatrist

cc: Steven Baird, Social Worker, Westfield House, Kirk Loan, Edinburgh EH12 7HD
Irene Jardine, Educational Psychologist, Easter Drylaw Drive, Edinburgh EH4 2RY
Gita Ingram, Edinburgh Connect, YPU, REH
Fiona Mactaggart, Acting Consultant Psychiatrist, YPU, REH
Jackie McAlpine, Unit Manager, St Katherine's Secure Unit, 29b Balmwell Terrace, Edinburgh

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EDINBURGH EH10 5HF
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0131 537 5974 (in-patient)
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FM/SKM
21st April 2004

Penny White
Social Worker
Westfield House
Kirk Loan
Edinburgh
EH12 7HD

Dear Penny

Lisa Scott (dob: 16.08.88) 9/3 West Pilton Gardens, Edinburgh, EH9 2NL

Thank you for your fax dated 30th March 2004 saying that Lisa wished to cancel her appointment with me on that date. I have tried to contact you by phone several times, but so far, with no success!

I am sorry, though not surprised, that Lisa is unwilling to meet with me at present. I agree with you that, it is likely that she would benefit from another psychiatric review currently. Naturally if she reconsiders her decision, I would be very happy to accommodate this and offer another appointment.

In the meantime, I wonder if the "Underground" at 55 Albany Street, Edinburgh might be a useful referral for her. I am afraid I do not have the telephone number to hand.

I shall keep Lisa's case file open here at present, but will close it in a month's time if I don't hear from you. She would then just require another brief referral note from yourself or her GP.

I shall continue to try to catch you on the phone over the next few days. Thank you again for your re-referral of Lisa.

With kind regards.

Yours sincerely

Fiona CMG

Dr Fiona Mactaggart
Locum Consultant Psychiatrist

Child & Adolescent Mental Health Services

Young People's Unit
Tipperlinn Road,
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Tel: 0131 537 6364 (out-patient)
0131 537 5974 (in-patient)
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FM/RS

28th May 2004

Dr MacDonald
Crewe Medical Centre
135 Boswall Parkway
Edinburgh
EH5 2LY

Dear Dr MacDonald,

Lisa Scott, (16.08.88), 9/3 West Pilton Gardens, Edinburgh, EH9 2NL

Lisa was referred back to our department on 2nd March 2004 by her social worker Penny White. Lisa was offered an appointment to see myself on 30th March 2004, however she reported to Penny White that she did not wish to have this appointment. I said at the time that I would be happy to keep Lisa's file open for a further 2 months, incase she changed her mind about attending here.

I have however had no word from Lisa and therefore can only assume she does not wish follow up at this time. I am therefore formally closing her case her at the YPU, however we would be very happy to consider her for further assessment/management in the future, if this is required. We would just require a brief referral letter.

I am sorry that we have been unable to help further with Lisa at this stage.

With kind regards,

Yours sincerely,

Fiona Mactaggarat
Locum Consultant Psychiatrist

c.c. Penny White, Social Worker, Westfield House, Kirk Loan, Edinburgh, EH12 7HD

Child & Adolescent Mental Health Service

Yaung Peaple's Unit
Tipperlinn Raad,
EDINBURGH EH10 5H
Tel: 0131 537 6364 (Outpatient)
0131 537 5974 (Inpatient)
Fax: 0131 537 6102

Our ref: RMcC/JPM
Date: 3 March 2005

Lisa Scatt
32/1 Lochend Gardens
Edinburgh
EH7 6DQ

Dear Lisa

Yaur GP has referred you ta the Yaung People's Unit to see if we can be of help with the difficulties you ore experiencing.

I would like ta affer yau an appointment here at the Young People's Unit on **Monday 21 March 2005** at **2.00pm**. I have enclased a map to help you locate the Unit.

At the first meeting when trying to understond a yaung person's difficulties we find it most helpful to meet with everyane wha yau feel could contribute ta bringing an understonding of the difficulties that yau are experiencing. This could include family, relatives ar friends.

If yau have any questians yau wauld like answered before the appaintment, do not hesitate ta cantact the Yaung Peaple's Unit, atherwise I look forward ta seeing you on **Monday 21 March 2005** at **2.00pm**.

If yau are in receipt of Income Support ar an a low income, we can supply you with Lothian Regianal Transpart bus tokens for the jaurney(s) to and fram the Unit. Please do not hesitote to osk abaut this when you attend.

Yaurs sincerely

Dr Robert McCabe
Cansultont Adolescent Psychiatrist

Cc Dr L White, Restalrig Park Medical Centre, 40 Alemaar Crescent, Edinburgh EH7 6UJ

Primary and Community Division

Child and Adolescent Mental Health Service

NHS
Lothian

Doctor
Restalrig Park Medical Practice
40 Alemoore Crescent
Edinburgh
EH7 6UJ

Our Ref: PC/AM/179012
29 March 2005

Child and Family Mental Health Service.
at Royal Hospital for Sick Children
3 Rillbank Terrace
EDINBURGH. EH9 1LL

TEL: 0131-662 2200
FAX: 0131 662 2229

Dear Doctor

Re: Lisa Scott (16/8/88), 32/1 Lochend Gardens, Edinburgh

I reviewed Lisa in the early hours of the morning on 24th March 2005 in A&E at The Royal Infirmary. She had presented to A&E by ambulance earlier that evening with self-inflicted cuts to bilateral forearm. These did not require medical intervention. Staff at A&E were concerned about on-going suicidality and psychotic type presentation. No beds were available for admission to the toxicology ward overnight and staff were concerned that she may not be adequately managed in A&E overnight due to her apparent agitation. I was therefore called for urgent assessment of her mental state.

Lisa is a 16 year old girl who is known to the YPU. She attended a clinic appointment with Dr McCabe (Consultant Psychiatrist at YPU) on 21st March. Unfortunately no notes were available at my time of assessment and I am not clear as to her diagnosis. I understand she has been known to Psychiatric services since 2001. She has a history of repeated deliberate self harm by cutting, overdose, burn and allegedly attempted electrocution. I understand she has had no previous admissions to YPU as a result and indeed has had no previous medical attention for this. She also has a history of experience of pseudo psychotic symptoms. This is in the form of a voice ("LULU") who may be heard in either internal or external space, who is described at "the other side" of Lisa and who may be contradictory or derogatory in tone. She first experienced this voice when living in secure accommodation and misusing drugs and alcohol at the time.

Lisa felt that today she just couldn't go on living with this voice anymore. The only possible trigger that she disclosed to me was that she had been visited by [redacted] He had visited unexpectantly and Lisa felt upset when he left. She immediately, seeming on impulse cut herself. This was without clear suicidal intent. She told me she had done it for "something to do" and that because she recognised from the past that this would sometimes leave her distressed. Immediately after cutting herself, she called her friend Susan. Susan was unable to visit so Lisa called the Samaritans, who advised she should attend A&E.

By the time of my assessment, Lisa was not obviously agitated or distressed, in fact, she was sleeping in her chair and I had to wake her in order to review her. She presented as a casually dressed young girl with hair dyed bright pink. She maintained reasonable eye contact and rapport. She appeared reasonably relaxed, non-irritable, and non-aggressive. She was tearful at times but at other times appropriately reactive. Her speech was normal in all modalities. Subjectively

she described her mood as "can't be bothered", objectively. She appeared somewhat low but reactive. She described unusual ideas about her thoughts with relation to the voice of "LULU"; stating that "LULU" could put thoughts into her head or perhaps remove them and that perhaps she was under the influence of "LULU". Lisa stated that her experience of this voice had subsided since being in A&E as she felt comforted by the noise around her. There was no evidence that she was acutely psychotic or responding to external stimuli. She was orientated to time, place and person.

Lisa was somewhat contradictory in her history. She was able to recount several positives about her life at the moment, including plans to begin a course in May, which she is looking forward to. She tells me she has a good group of friends and is visited by someone at least every day. Her mum lives just up the road and cares for her 2-year-old son, Kye. It appears that she has a reasonable relationship with her mum. It appeared that Lisa does have a degree of optimism for the future, but on questioning she continued to describe thoughts that "she can't be bothered" going on anymore despite this. There was no evidence that she had any active suicidal plans and, although initially she suggested to A&E staff that her self-cutting had been under the influence of the voice, she later denied this, saying she had had control over her actions. There was no evidence that her actions had been psychotically driven or that there was on going psychotic experience.

I discussed her case with Dr Leonie Boeing (on call Registrar in Child and Adolescent Psychiatry). We felt that although Lisa would remain at long-term high risk of repeated self-harm in the future, that there was no imminent risk of harm to self or others at this time. Her suicidality and psychotic like experience appear stable and long standing. Her agitation and apparent psychosis which prompted the initial referral tonight for assessment appeared to have settled. It was therefore felt that it would not be appropriate to admit Lisa to in-patient psychiatric care but that in order to discharge her we would require to put in place a plan for more immediate follow up. It was agreed that Lisa would stay in the Royal Infirmary overnight in order for plans to be formalised in the morning.

This morning I have discussed Lisa's case with Dr McCabe (Consultant Psychiatrist), to whom she is know. Dr McCabe has agreed that it would be appropriate to discharge Lisa today and that he will review her urgently at clinic at YPU on Tuesday 29th March 2005 at 9.15am. On the basis of her assessment last night, he feels that it would not be necessary for further review of her mental state prior to discharge this morning. Dr McCabe has advised that if Lisa is struggling over the weekend, then she can contact switchboard at the Royal Edinburgh Hospital and ask to speak to the on call psychiatrist for CAMHS. Nursing staff at the Royal Infirmary will pass this information on to her. She will therefore be discharged later this morning.

If I can provide any further information please do not hesitate to contact me. Many thanks for your help.

Yours sincerely

Dr Philippa Crompton
SHO in Psychiatry

c.c. Dr McCabe
A&E
Liaison Psychiatry RIE

Child & Adolescent Mental Health Services

Young People's Unit
Tipperlinn Road,
EDINBURGH EH10 5HF
Tel: 0131 537 6364 (out-patient)
0131 537 5974 (in-patient)
Fax: 0131 537 6102

Ref: RMJc/IA

30th March 2005

Dr Lesley White
Restalrig Park Medical Centre
40 Alemoor Crescent
Edinburgh
EH7 6UJ

Dear Dr White

Lisa Scott [dob: 16.08.88], 32/1 Lochend Gardens, Edinburgh EH7 6DQ

Thank you for your referral of Lisa to the Young People's Unit. I noted your concerns mentioned in your letter relating to Lisa's low mood, her thoughts about self injury and her decision in late January that she would no longer be able to care for her 22 month old son Macki. I met Lisa at the YPU on Monday 21st March 2005 when she was brought along to that contact by her support worker Carolann. Despite my best attempts to spend some time with Carolann either with Lisa present or separately, Lisa was unwilling that I do this.

Given that this was my first contact with Lisa, I spent some time getting some background information from her about family membership, her parents separation and the good support that she describes continuing to receive from her paternal grandmother. I learned from her that she had been living with her son Macki through until the end of October last year with her mother but thereafter she moved to Lochend into her own flat. I heard that she sees her biological father who now lives in Pilton in the former family home once a week, usually on Sundays. She reported that she gets on alright with her dad, although acknowledged she has a better i.e. closer relationship with her mother. She mentioned her younger brother Christopher aged 13 who lives with mum but added that she only gets on with him "in small doses". I heard in passing about the major difficulties she had early in her adolescence with rebellious behaviour, Lisa rejecting her parents authority, drinking excessively and hanging around with older girls. With hindsight Lisa commented that she basically "took advantage of my mum" at that time. She told me that she fell pregnant with Macki having at the time been so drunk she claimed she almost "passed out".

Referring to the difficulties she had in parenting Macki, she mentioned for the first year or 18 months of Macki's life she had lived with her mother, but found this difficult describing her mother as "a control freak" with her "not allowing me to do anything for Macki". However Lisa then went on to say "I love Macki to bits but am not a baby person". She added that she had never particularly wanted to have a baby but felt she had to see her pregnancy through and give birth to the baby she was carrying. She recalled that she found it very difficult to engage in baby talk with Macki when he was small comparing herself unfavourably to her mother who coped much better with that.

She told me that she no longer felt she could adequately look after Macki, and is making no plans at present to take him back. She does enjoy having contact with him on the once a week basis that she looks after him, but she acknowledged honestly that she quite likes handing back his care to her mother.

She reported that she finds life quite a struggle at present, mentioning that she often feels bored and fed-up at home in her flat, although she is cheered up in her mood when she has contact with her female friends such as Corrine who is 18, employed and also has her own flat. When in company with Corrine they chat, watch telly, and enjoy soaps together. When possible and in company she will stay out of the flat to avoid the boring isolation when she is there. She told me that her support worker Carolann Esra from 15-24 has been attempting to help her find employment. Lisa did say that she is planning to go to college at the Scottish Racing Academy in Uphall in Livingston having apparently been guaranteed a place there later in the spring. Given that Lisa opposed me speaking to Carolann Esra I have no way of checking this out.

On exploring Lisa's mental state, she mentioned having "mixed feelings" and at times "a numb feeling". She reported that she is neither sad but is not happy. On occasion she can burst into tears, but isn't aware of why this might be. She told me that she eats reasonably well but sometimes forgets to have main meals. She can sleep reasonably well but sleeps better when she has friends staying over. She is relatively happy with her weight which is about 8st 13lbs. She has enough energy to do her housework but at times can't be bothered with this. She finds it much easier being out and about when in company as at other times she feels anxious and pre-occupied when out and indeed she reported 2 "panic attacks". However, these did quite sound like typical panic attacks from her description as she seemed to become highly subjectively aroused, often feeling angry and irritable and would then "lose the place". Lisa then described that she began recently to have "blackouts" and mentioned 2 episodes in the past where she tried to attack other individuals, once her mother and on another occasion she went for a policeman. She mentioned that she had a further such incident like this roughly 12 days before when she tried to attack her friend Susan and Susan's boyfriend. She then settled and became completely composed again within 10 minutes.

While I was wondering about the possibility that these might be dissociative episodes Lisa then spontaneously told me that she had been raped in the past when she was aged 12. She was very drunk she claimed and an older male youth took advantage of her and raped her. She couldn't bring herself after that event to disclose what had happened to anyone. However, she then went on to tell me that she had actually more recently [although she didn't specify exactly when] had an experience as an older teenager I thought, where she had had her drink spiked at a bar and then felt physically very unwell, confused, disorientated and feeling sick. A friend brought her back to her [the friend's] house, putting Lisa to bed but then subsequently Lisa while feeling "totally paralysed" became aware that she was being raped. She told me that her female friend walked in on this scene in the bedroom, although Lisa chose then not to refer this matter to the police.

By the end of this first meeting with Lisa I was left feeling concerned about her emotional well-being, having heard the account of the occasional incidents of marked subjective distress that may well be related to short-lived dissossiative episodes secondary to past sexual abuse. I did indicate to Lisa that we could put her in touch with female therapists within the service here who can offer specialist counselling for abuse victims but Lisa was finding this very difficult to think about and was tearful at the end of the session. I did not gain the impression at this first interview that Lisa was suffering from a depressive episode nor was there evidence of any other major mental health disorder present.

With Lisa's agreement I arranged to meet up with her again for further review on Tuesday 26th April 2005.

Yours sincerely,

Dr Robert McCabe
Consultant Adolescent Psychiatrist

PS: I was notified by the On-Call SHO that Lisa was assessed at A&E at the Royal Infirmary on Wednesday 23rd March 2005 after self-harm cutting. She was assessed by the Psychiatrist and I was contacted the next day. I offered an early follow-up with Lisa on Tuesday 29th March 2005.

Child & Adolescent Mental Health Services

Young People's Unit
Tipperlinn Road,
EDINBURGH EH10 5HF
Tel: 0131 537 6364 (out-patient)
0131 537 5974 (in-patient)
Fax: 0131 537 6102

Our ref: RMcC/SS

Date: 21st July 2005

Dr Richard Williams
Restalrig Park Medical Centre
40 Alemoor Crescent
Edinburgh
EH7 6UJ

Dear Dr Williams

Re: Lisa Scott (dob: 16.08.88), 32/1 Lochend Gardens, Edinburgh, EH7 6DQ

After we saw Lisa in an appointment with me a few months back, her new Social Worker Lee Taylor was in touch to request the further review of Lisa's mental state. She informed me that there was growing concern that Lisa seemed still to be struggling with mental health problems, and indicated that Lisa had said she was prepared to come back to the YPU for further help. The Social Work Department have taken Lisa's son's name off the Child Protection Register but at present Maci is not having any overnight contact with Lisa his mother, and the department are keen to try and support Lisa to manage this again. I met up with Lisa again at the YPU early this week, Wednesday 20th of July.

Lisa had told me she had missed the earlier appointment through being away on holiday at that time. I learned that she is working towards leaving her current tenancy as she is increasingly unhappy about living where she is and moving towards different accommodation. At present she is competing as an applicant amongst others for a flat at a Southhouse. Lisa continues to have fairly regular contact with two close friends, Michelle aged 17 and Corrine 18. Meeting them significantly cheers her up and she greatly enjoys their company. However when not with them Lisa reported that her mood has significantly lowered with Lisa finding she is unhappy, "cannot be bothered" and often has outbursts of intense anger. She told me she "is sick of being angry" finding that she is much more irritable and "snappy" with people. She reported that she sometimes is tearful when she is very upset. Apart from being cheered up when in the company with her friends she also enjoyed going horse riding although she does this very infrequently as it is so expensive. She told me that she feels especially low in the mornings and at times cannot be bothered getting up. Her appetite however has not altered and her weight has been stable. She reported that she felt like she was not concentrating terribly well, and finds that her mind often drifts on to other things, frequently unpleasant memories when she tries to stay to watch a film or read something. When asked to rate her subjective mood in the past fortnight on the scale of 1 to 10 she reported this as a "3 or 4".

Lisa told me that she continues to experience upsetting intrusive thoughts and memories from the rape incident last summer (summer 2004), this being a rape that followed Lisa having her drink at the pub "spiked" and then "coming to" later in a friend's flat, having been put to bed to rest only to find that she was being raped by an older male but unable to fight back as she felt "almost paralysed". As well as the painful thoughts and pictures she is aware that she sometimes finds herself thinking she can re-experience the smell of the cologne the man was wearing then. Lisa reported that she is troubled by these upsetting recollections most days and copes poorly with these thoughts, either becoming very angry or becoming very sad and upset. It became clear that she has a few good strategies for dealing with such distress and has frequently taking to drinking heavily, although she herself indicated that she does not like drinking particularly. As a rough guess she reckoned she has probably been getting drunk

over the past few months every 2 or 3 nights and so is probably getting drunk may be on a dozen occasions each month. She told me that she would consume up to full 70 cl bottle vodka each night. Lisa has also been engaging in further self harm behaviour although she had at least modified the nature of the self harm to avoid more upsetting scarring on her arms. She has now taken to using a needle that she deeply jags into the pulp of her finger and causes intense pain. This however leaves far less of a major scar. In addition Lisa reported that she occasionally has alarming outbursts where she "goes mad" but this can often be precipitated when she has been drinking and is quite drunk. She recalled an incident a month or so before when she had been at a party with her friends, quite enjoying herself until she then smashed a bottle and used the glass to cut herself.

Lisa and I spoke about the possibility of her gaining specialist input from the colleagues in the CSA (Childhood Sexual Abuse) team here at the YPU. Where as previously she seemed much more ambivalent about taking up this offer, on Wednesday she was much more positive that she needed help and would accept this. I will now make this referral to my colleagues in the CSA team, although anticipating a slight delay through a small waiting list, I will continue to see Lisa in the interim. I have arranged to meet with her next on Monday the 15th of August for further review.

Yours sincerely

Dr Robert McCabe
Consultant Adolescent Psychiatrist

179012

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

East Lothian - Herdmanflat Hospital G1SA
L Gen Psychiatry - E Lothian

Mental Health (S013G)

Urgency of referral	Routine
Date of referral	28-Jul-2009
Date submitted	29-Jul-2009

PATIENT DETAILS

Surname	Scott
Forename(s)	Lisa
Title	Miss
Sex	Female
Date of birth	16-Aug-1988
CHI no.	1608881229
Previous Surname	

Address

2f Delta Crescent
MUSSELBURGH
EH21 8DN

Contact number(s)

Voice : 07762 232889

REFERRING PRACTITIONER DETAILS

Name	Dr. Simon Agawala
GMC code	4447472
GP code	40096
Practice name	ESKBRIDGE MEDICAL CENTRE (76048)
Practice code	76048

Practice address

8A BRIDGE STREET
MUSSELBURGH
EH21 6AG

Contact number(s)

Voice : 0131 665 6821

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Low Mood and Deliberate Self-Harm

Comment: Dear Doctor

This 20 year old lady came to see me with her mother. I got very little history from her and the mother did most of the talking.

It seems she has had ongoing problems with low mood since she was a teenager. She previously attended the YPU and I have attached copies of some of the letters for your information.

She feels stressed but is unable to elaborate this any further. She admits to being very tearful and not going out much any more. She continues to self-harm by cutting her arms. She was admitted to the Royal Infirmary on 11th July after drinking heavily and cutting her arms again. She had reported that she wanted to die and that she had written suicide notes to her son and to her mother who were away on holiday at the time.

She lives with her 6 year old son. Her mother works full-time, but helps out as much as possible. Lisa is due to be starting a course and Jewel & Esk Valley College in September. She is on Income Support but feels under pressure to get a job by the Benefits Agency. Her mother says that she is terrified that her son might be taken away from her. I could not pin her down on her alcohol intake but she admits to drinking every few days and this can be large amounts. She says that this is to try and help her sleep.

I found her very difficult to assess. She made no eye contact and spoke very little. She denies any ongoing suicidal ideation. Her mother says that she is wanting help and I would be grateful if she could be assessed.

Many thanks.

Investigations

Description	Result	Date
Risk of Self Harm :	true	
Evidence of Severe depression :	true	
Evidence of Alcohol abuse :	true	

Reason for referral

Care type requested: Out Patient - New

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
[X]Intentional self-harm		under influence alcohol	11-Jul-2009	11-Jul-2009
[X]Deliberate drug overdose / other poisoning		nytol	12-Jan-2006	12-Jan-2006
Nondependent alcohol abuse, unspecified			21-Jul-2005	21-Jul-2005
[X]Intentional self-harm		cut arms	24-Mar-2005	24-Mar-2005
Sexual assault			01-Jan-2004	01-Jan-2004
Haematemesis			01-Jan-2004	01-Jan-2004
Caesarean delivery			31-Mar-2003	31-Mar-2003
Child on protection register			03-Feb-2003	03-Feb-2003
Other acne			02-Aug-2002	02-Aug-2002
Disturbance of conduct NEC		secure order; risk taking behaviour	01-Jul-2002	01-Jul-2002
Misuse of drugs NOS			01-Jul-2002	01-Jul-2002

Nondependent alcohol abuse, unspecified		01-Jul-2002	01-Jul-2002
[X]Depressive episode		01-Jan-2002	01-Jan-2002
[X]Intentional self-harm	lacerations to wrist	01-Jan-2002	01-Jan-2002
[X]Depressive episode		01-Jan-2001	01-Jan-2001
Sexual assault		01-Jan-2000	01-Jan-2000
Motor vehicle traffic accident NOS		01-Jan-1999	01-Jan-1999
Asthma NOS		01-Jan-1995	01-Jan-1995
Urinary tract infection, site not specified		01-Jan-1992	01-Jan-1992

Additional relevant information

Smoking history (Screening): Light smoker - 1-9 cigs/day , Date recorded: 13-Dec-2007
Alcohol history (Screening): Moderate drinker - 3-6u/day , Date recorded: 13-Dec-2007
Patient Weight in Kilograms:0
Patient Height in Metres:0
Patient Blood Pressure (Systolic):0
Patient Blood Pressure (Diastolic):0

Signature of referring doctor (or other professional) **Date**

Lothian Primary Care NHS Trust

Child & Adolescent Mental Health Services

Young People's Unit
Tipperlinn Road,
EDINBURGH EH10 5HF
Tel: 0131 537 6364 (out-patient)
0131 537 5974 (in-patient)
Fax: 0131 537 6102

NHS Lothian

Ref: LB/IA

28th May 2003

Dr Macdonald
Crewe Medical Centre
135 Boswall Parkway
Edinburgh
EH5 2LY

NOTES TO DR.	
TELL PAT. DR.	
TELL PAT S.[illegible]	
	L.

Dear Dr MacDonald

Lisa Scott [dob: 16.08.88], 9/3 West Pilton Gardens, Edinburgh EH4 2NL

I assessed Lisa Scott at Allison House, St Katherine's Residential Young People's Unit, with Tommy Blue, Community Mental Health Worker on Tuesday 27th May 2003. We had been asked to assess Lisa urgently by Dr Fiona Mactaggart, Acting Consultant Adolescent Psychiatrist at the Young People's Unit, who had previously been involved in Lisa's mental health care. Lisa had refused to meet with Dr Mactaggart and we were therefore asked to make a psychiatric assessment of Lisa's current mental health, and risks to herself and to her young baby. I understand that there was a Child Protection meeting on Monday 26th May 2003 attended by the Inter-Agency team and concerns were voiced regarding the safety of the new-born baby when Lisa loses control.

I note Lisa's history of disturbed family background and difficult family dynamics. I also note she has had contact with mental health services periodically during the last 3 years with aggressive and unpredictable behaviour. She has a history of attachment difficulties, vulnerable personality and a major depressive disorder in the context of substance abuse. Lisa has periodically required secure accommodation and delivered her first baby in late March 2003. Since the delivery she has been living at home, with Lisa's own mother taking over primary care for the new-born child. I understand that Lisa had enjoyed a period of increased stability in her behaviour whilst pregnant but this has deteriorated following the birth of her child. Lisa has had extensive contact with the Social Work Services throughout this time, as well as regular contact with Health Visitor and Midwife Service. She has also met weekly with Irene Jardine, Education Psychologist for individual psychotherapy. Dr Mactaggart has provided specialist mental health review in inter-agency assessments but Lisa has refused contact with Dr Mactaggart more recently.

Lisa's most recent presentation was 5 days ago when she climbed onto the balcony of her mother's flat where she is currently living. She threatened to jump off the balcony, saying that she wished to kill herself. She was talked down by professional staff and admitted to St Katherine's on the following day for respite.

We had the opportunity to meet with Anne Quinn, Senior Staff member at St Katherine's, who informed us that Lisa had been settled during her 4 day admission to St Katherine's. She had presented as sociable, spending time with other staff and residents as well as time out of the unit with a friend. She has engaged in appropriate group activities within the unit. There have been no concerns about her sleep, appetite, or concentration aggression or deliberate self harm. Despite prolonged attempts by both Anne Quinn and ourselves to engage Lisa in a mental health assessment, she adamantly refused to discuss any aspect of her current, previous or future difficulties. Lisa had in fact absconded briefly from the unit in anticipation of our visit. We were unable therefore to make a detailed mental state or risk assessment as had been requested. Lisa's presentation within St Katherine's is not typical of post-natal depression, however given the marked limitations of the assessment this will require ongoing monitoring.

I fed this back to Dr Fiona Mactaggart who will remain involved in Lisa's care and also made a referral to "Edinburgh Connect" the mental health service that covers residential units within Edinburgh.

With kind regards.

Yours sincerely,

Leonie Boeing
Staff Grade Psychiatrist

cc: Steven Baird, Social Worker, Westfield House, Kirk Loan, Edinburgh EH12 7HD
Irene Jardine, Educational Psychologist, Easter Drylaw Drive, Edinburgh EH4 2RY
Gita Ingram, Edinburgh Connect, YPU, REH
Fiona Mactaggart, Acting Consultant Psychiatrist, YPU, REH
Jackie McAlpine, Unit Manager, St Katherine's Secure Unit, 29b Balmwell Terrace, Edinburgh

09/08/2005 11:03:20 MB

1/2

Primary and Community Division

NHS Lothian

Child & Adolescent Mental Health Services

Young People's Unit
Tipperlinn Road,
EDINBURGH EH10 5HP
Tel: 0131 537 6564 (out-patient)
0131 537 5974 (in-patient)
Fax: 0131 537 6102

Our ref: RMcC/SS

Date: 21st July 2005

Dr Richard Williams
Restalrig Park Medical Centre
40 Alemoor Crescent
Edinburgh
EH7 6LJ

Dear Dr Williams

Re: Lisa Scott (dob: 16.08.88), 32/1 Lochend Gardens, Edinburgh, EH7 6DQ

After we saw Lisa in an appointment with me a few months back, her new Social Worker Lee Taylor was in touch to request the further review of Lisa's mental state. She informed me that there was growing concern that Lisa seemed still to be struggling with mental health problems, and indicated that Lisa had said she was prepared to come back to the YPU for further help. The Social Work Department have taken Lisa's son's name off the Child Protection Register but at present Maci is not having any overnight contact with Lisa his mother, and the department are keen to try and support Lisa to manage this again. I met up with Lisa again at the YPU early this week, Wednesday 20th of July.

Lisa had told me she had missed the earlier appointment through being away on holiday at that time. I learned that she is working towards leaving her current tenancy as she is increasingly unhappy about living where she is and moving towards different accommodation. At present she is competing as an applicant amongst others for a flat in a Southhouse. Lisa continues to have fairly regular contact with two close friends, Michelle aged 17 and Corrine 18. Meeting them significantly cheers her up and she greatly enjoys their company. However when out with them Lisa reported that her mood has significantly lowered with Lisa finding she is unhappy, "cannot be bothered" and often has outbursts of intense anger. She told me she "is sick of being angry" finding that she is much more irritable and "snappy" with people. She reported that she sometimes is tearful when she is very upset. Apart from being cheered up when in the company with her friends she also enjoyed going horse riding although she does this very infrequently as it is so expensive. She told me that she feels especially low in the mornings and at times cannot be bothered getting up. Her appetite however has not altered and her weight has been stable. She reported that she felt like she was not concentrating terribly well, and finds that her mind often drifts on to other things, frequently to pleasant memories when she tries to stay to watch a film or read something. When asked to rate her subjective mood in the past fortnight on the scale of 1 to 10 she reported this as a "3 or 4".

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2|2

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Lisa and I spoke about the possibility of her gaining specialist input from the colleagues in the CSA (Childhood Sexual Abuse) team here at the YPU. Where as previously she seemed much more ambivalent about taking up this offer, on Wednesday she was much more positive that she needed help and would accept this. I will now make this referral to my colleagues in the CSA team, although anticipating a slight delay through a small waiting list, I will continue to see Lisa in the interim. I have arranged to meet with her next on Monday the 15th of August for further review.

Yours sincerely

Dr Robert McCabe
Consultant Adolescent Psychiatrist

CDI
CFMHS, RHSC, Edinburgh

CODE: _____

NAME: [illegible] DATE: 23/6/05

Children sometimes have different feelings and ideas. This form lists the feelings and ideas in groups. From each group pick **one** sentence that describes you best for the past two weeks. After you pick a sentence from one group, go onto the next group, and right to the end.

There is no right or wrong answer. Just pick the sentence that describes the way ***you*** have been feeling recently.

PUT A MARK LIKE THIS ✓ IN THE ○ NEXT TO YOUR ANSWER.

Here is an example of how this form works. Try it. Put a mark next to the sentence that describes you best.

EXAMPLE

○ I read books all the time

○ I read books once in a while

✓ I never read books

M. Kovacs, The University of Pennsylvania School of Medicine, Philadelphia, PA 19104.

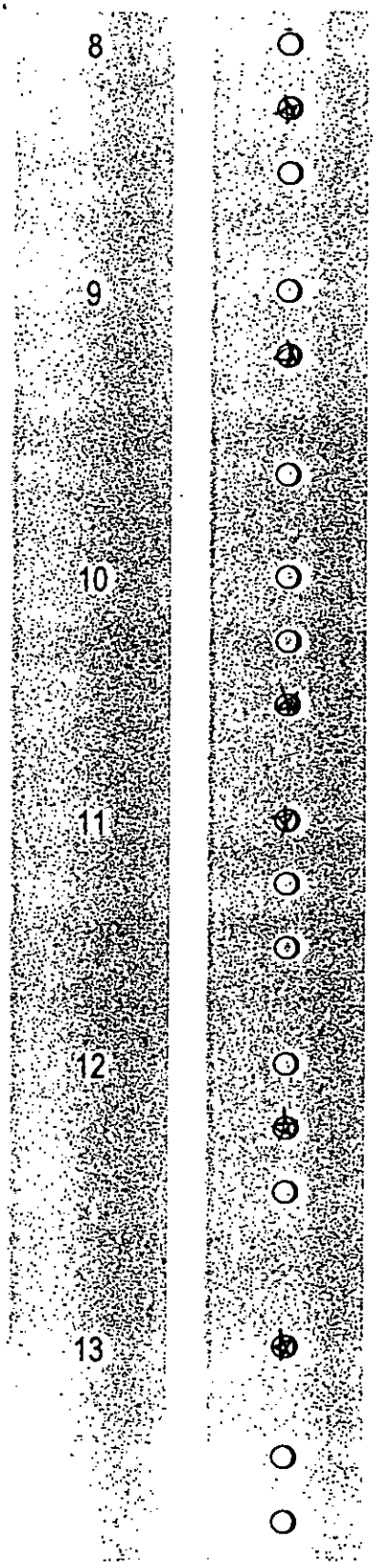
Revision 1: I. Kolvin, Newcastle, 1983.

Revision 2: RHSC, Edinburgh, 1990

Revision 3: RHSC, Edinburgh 2001

REMEMBER, PICK OUT THE SENTENCES THAT DESCRIBE HOW YOU HAVE BEEN FEELING AND THINKING RECENTLY.

1	○	I AM SAD ONCE IN A WHILE
	⊗	I AM OFTEN SAD
	○	I AM SAD ALL THE TIME
2	○	NOTHING WILL EVER WORK OUT FOR ME
	⊗	I AM NOT SURE IF THINGS WILL WORK OUT FOR ME
	○	THINGS WILL WORK OUT FOR ME
3	○	I DO MOST THINGS WELL
	⊗	I DO MANY THINGS WRONG
	○	I DO EVERYTHING WRONG
4	⊗	I ENJOY MANY THINGS
	○	I ENJOY SOME THINGS
	○	I DO NOT ENJOY ANYTHING
5	○	I ALWAYS FEEL I AM A BAD PERSON
	○	I OFTEN FEEL I AM A BAD PERSON
	⊗	I RARELY FEEL I AM A BAD PERSON
6	⊗	SOMETIMES, I THINK BAD THINGS WILL HAPPEN TO ME
	○	I WORRY THAT BAD THINGS WILL HAPPEN TO ME
	○	I AM SURE THAT TERRIBLE THINGS WILL HAPPEN TO ME
7	○	I HATE MYSELF
	⊗	I DO NOT LIKE MYSELF
	○	I LIKE MYSELF



EVERYTHING THAT GOES WRONG IS MY FAULT

MANY THINGS THAT GO WRONG ARE MY FAULT

THINGS THAT GO WRONG ARE NOT USUALLY MY FAULT

I DO NOT THINK ABOUT HARMING OR KILLING MYSELF

I THINK ABOUT HARMING OR KILLING MYSELF BUT I WOULD NOT DO IT

I WANT TO HARM OR KILL MYSELF

I FEEL LIKE CRYING EVERYDAY

I OFTEN FEEL LIKE CRYING

I 0CCASIONALLY FEELY LIKE CRYING

THINGS BOTHER OR ANNOY ME ALL THE TIME

THINGS OFTEN BOTHER OR ANNOY ME

THINGS RARELY BOTHER OR ANNOY ME

I LIKE BEING WITH OTHER PEOPLE

SOMETIMES, I DO NOT LIKE BEING WITH OTHER PEOPLE

I DO NOT LIKE BEING WITH OTHER PEOPLE MOST OF THE TIME

I CANNOT MAKE UP MY MIND ABOUT THINGS ALL THE TIME

I OFTEN CANNOT MAKE UP MY MIND ABOUT THINGS

IT IS EASY TO MAKE UP MY MIND ABOUT THINGS

14	○	MY LOOKS ARE FINE
	◉	THERE ARE SOME FUNNY THINGS ABOUT MY LOOKS
	○	I LOOK UGLY 1
15	◉	I HAVE TO TRY HARD ALL THE TIME TO DO MY SCHOOL WORK
	○	OCCASIONALLY, I HAVE TO TRY HARD TO DO MY SCHOOLWORK
	○	DOING MY SCHOOL WORK IS NO PROBLEM 2
16	◉	EVERYNIGHT I HAVE TROUBLE SLEEPING
	○	I OFTEN HAVE TROUBLE SLEEPING 2
	○	I SLEEP WELL
17	○	I AM TIRED ONCE IN A WHILE
	○	I AM OFTEN TIRED 2
	◉	I AM TIRED ALL THE TIME
18	○	MOST DAYS I DO NOT FEELING LIKE EATING
	◉	OFTEN, I DO NOT FEEL LIKE EATING 1
	○	I EAT WELL
19	◉	I DO NOT WORRY ABOUT ACHES AND PAINS
	○	I OFTEN WORRY ABOUT ACHES AND PAINS
	○	I ALWAYS WORRY ABOUT ACHES AND PAINS
20	◉	I DO NOT FEEL LONELY
	○	I OFTEN FEEL LONELY
	○	I ALWAYS FEEL LONELY

21	⊗	I NEVER HAVE FUN AT SCHOOL
	○	I OCCASIONALLY HAVE FUN AT SCHOOL
	○	I OFTEN HAVE FUN AT SCHOOL
22	⊗	I HAVE PLENTY OF FRIENDS
	○	I HAVE SOME FRIENDS, BUT I WISH I HAD MORE
	○	I DO NOT HAVE ANY FRIENDS
23	○	MY SCHOOL WORK IS FINE
	○	MY SCHOOL WORK IS NOT AS GOOD AS BEFORE
	⊗	I DO VERY BADLY IN SUBJECTS I USED TO BE GOOD AT
24	○	I CAN NEVER BE AS GOOD AS OTHER CHILDREN
	⊗	I CAN BE AS GOOD AS OTHER CHILDREN IF I WANT TO
	○	I AM JUST AS GOOD AS OTHER CHILDREN
25	○	NO ONE REALLY LOVES ME
	○	I AM NOT SURE IF ANYONE LOVES ME
	⊗	I AM SURE THAT SOMEONE LOVES ME
26	○	I USUALLY DO WHAT I AM TOLD
	⊗	I OFTEN DO NOT DO WHAT I AM TOLD
	○	I NEVER DO WHAT I AM TOLD
27	○	I GET ALONG WITH OTHER PEOPLE
	○	I OFTEN GET INTO FIGHTS
	⊗	I ALWAYS SEEM TO GET INTO FIGHTS

2 2 1 1 2

THANK YOU!

27

25/6/03. at CHC.

Lisa Scott.

Talked freely but with no eyecontact at all. Tearful when talking about 'something that happened'. Happy to walk back home herself.

Summary:

- Feels low at times but not nearly as bad as when in Dryfaw
  Then she was low all the time, now she feels 'normal' when with he pals and occasionally low.
  Not able to rate 0-10, but fluctuating, not able to give highest or lowest
- Most of the time 'can't be bothered', or answered a lot of questions with 'I'm not bothered.
- CDI. 27.
  Themes from this.
  - School. Can't be bothered with outreach. Won't go to Dumedea. Knows she'll be sent to residential school 'I'm not bothered'.
  - Thinks about 'bad thing' that happened. Don't tell anyone, would have to go to court, police i/v's etc. Tearful at this. Said it's not ongoing now. One of her 3 wishes was for it not to have happened.
    Puts most of her difficulties down to this, as well as her mood difficulties now.
  - Feels 'dirty' because of what happened
  - Cuts because of this. Hides it.

Doesn't want to take any drugs, prescribe
at Millville.
Appears to see me again on Tuesday 1:7.
@ 7:30 at Montgomery H.C.

Invite Lauren
Jenn Weber H. Patterson
Ed Connect.

- Thinks her mum was ~~not~~ right to worry about her in the past but not now. Used to get very drunk and take any drugs. Said She doesn't take drugs now, drinks but not so That she can't remember. Not sure if her mum is right to worry about her seeing boys.
- Liked secure, felt safe there.
- Bobby. Not really in touch with the enorm of having a child. Said she couldn't have had an abortion because that would have been selfish, to take a life because don't want it. 'It would be my fault' Not making the connection between going to residential school and not parenting Bobby. 'Not bothered' about seeing him at w/e's only 'My mum looks after him'
- Saw GP today. Got 3/12 contraceptive injection.
- Dad. Going to Robbie Williams concert with her Dad on Sunday - Xmas prescent. This was the only time when she was animated during the interview.
Talked about getting on OK with her Dad. ~~Great~~
- Parental separation. Knew it was coming. OK as she can see her Dad any time and 'My Mum's OK about me seeing him any time'. Talked of parents arguing. Very embarrassed and looking away when I said I knew there had been lots of fights.
- Refusing to see Dr McTaggart again as she feels Dr McT was not open with her before about ~~most~~ prescribing Tamazepam instead of an antidepressant.
Feels now she does not want medication

Lisa. 1/7/03 CHC

talked freely
Hard to trust.
School.
- not Dunedin
- try mainstream
- think that "they" want residential - won't go - because want to be near Dads - no mention of baby.
- mood. - fluctuating - no tablets.
- New house.
leave memories
Mackay moves in.
- Mackay - not in mind
- abuse - not spoken with anyone

Doesn't trust anyone to talk to.

Said police are seeing Lo. Steven arranged for 1/1.

Doesn't want to take any drugs, prescription or otherwise.
Agreed to see me again on Tuesday 16.7.
@ 2.30 at Craigroyston HC.

Anita Ingram
Senior Mental H. Practitioner
Ed. Connect.

O.P. CLINICAL NOTES

(Psychiatry)

NUMBER

NAME LISA SCOTT

179012

DATE	SHEET No.
3/2/03	Meeting at St Katherine's. Lisa present, and physically well.
	Recent improvements noted. eg. organisational skills ✓
	buying things for her unborn baby ✓
	Pregnancy hormones likely to be acting to "sedate" her, mildly.
	No work being done between Lisa & Mum at present. x
	Problems over many years in family – violence/anger, esp. between parents; hiding disorder from Mo. to Fa.; poor boundaries; sometimes Mo-child role reversed; Lisa has stably unstable mood; splitting by both Mo and Lisa; Lisa abusing substances while pregnant (making sl's pregnant); no clear evidence evolving Bipolar Disorder at present, in Lisa.
	Needs discussed: Mo-Lisa relationship work, advised by me
	Issues likely to arise, once baby born.
	Ongoing individual support for: Lisa; Mo.
	– x3/week by St Kath's workers Fran + Jackie until 1/12 after baby born
	– x1/week by Ed Pol, Eileen Jardine
	+ CIU as necessary by YPU/Donald Morris
	Education/college → outreach at 1st. ?Parenting/Dunedin Respite for Lisa/Mo, for baby. Stepping Stones, etc.
	NB/. Family proposing to move home, these could not be available – ?Chch.
(2) III	SLJ propose baby to be looked after by Lisa & her Mo. ✓ I discussed some concerns I have re this, given this family's vulnerabilities.

LHB/365

DATE

My role to date : R/U MSE incl neuro. No evidence bipolar D/o at present.
Invited Donald Morris to spk to St K's staff.
M/U. E Jardine (Lilc's counsellor) to discuss Addl MH issues

Actions (me) : F/U session ~ Lisa, + YPU if possible (+/- Donald Morris)
Attend case conferences - next one ~ 7/03?.

Fiona / Fellowship
SpR

O.P. CLINICAL NOTES

(Psychiatry)

NUMBER

NAME LISA SCOTT

179012

DATE	SHEET No.
3/2/03	Attended Involved After Child R/V and Risk Assessment meeting at St Kilcreas.
	F/U by me at YPU 10.30am, Mon 3/3/03.
	[signature]
	Fellow in Forensic Psychiatry
	Mercy Unit YPU.
10/3/03	Lisa DNA to YPU appt 3/3/03 → reappointed.
	Meeting c SW Stephen Laird & Ed Pol. Eireen Jardine at Kirk Loan SUC
	Stephen seeing Lisa almost weekly.
	Lisa on extended home leave from Rhian Unit.
	Did well over Xmas.
	Order to stay in place until 4/52 after birth of baby.
	EDD: ~2 weeks' time. (20/3/03)
	Lisa "keeps it inside". She believes that she has a new life.
	Eireen discussed c L. her mood
	Has spent much of her time in bed, during pregnancy.
	Lisa afraid she will meet people from her (~~bad~~) previous life
	Issue c. Mrs Scott of me giving med^n to Lisa, while she was at Dykelands.
	No word on a new house.
	Lisa sleeps in Mum's bed — plan is to do this when baby born
(2)	Brother Chris (11y.) v. quiet, isolated, fears now quite worried about him.
	In therapy, v. much like a young baby at times — eg. expects

DATE

Therapist (present) to guess / anticipate her needs.
Lisa tends to deny painful / painful feelings.
When feels confused, gets panicked, and becomes violent.
Poor eye contact - interprets this as aggressive.
E has been seeing L. weekly since January 2003.

Respite for Lisa & baby - applied for by Stephen.
Lisa has not separated from Franny Scott - v. dependent.
(*) Franny needs separate support for herself, to help her separate from Lisa. - for attainment.
Lisa & Franny working on some issues eg. money, poor relationship ~ some of relatives.
Franny pushing v. hard to get care for Lisa / the baby - her own needs.
Inf: Anxieties expressed by all, for Lisa & her baby, when it is born.
Plan: MDT Relevant professionals. Later this month
Supervision meeting ~ Eileen.
S. to organise: respite
: supportive PT for Franny.
: check HV / midwife plans to do intensive F/U after child born
Given S. tel no for CITA INCRAM ("Looked after children Project")

13/3/03 Ph call to Lisa's home - she not available. spoke to Mo, Mrs Franny Scott. Explained reason for brief course Temazepam while Lisa at Dylan home, & for 4 F/U - risk of depression. Agrees to Lisa having home visit from me, noon on Mon 31/3/03. ✓

Franny
FEMALE PRACTITIONER
Asst Cms YST

O.P. CLINICAL NOTES

(Psychiatry)

NUMBER

NAME LISA SCOTT

DATE	SHEET No.
17/4/03	Ed Yol E Jordie cancelled w/u me (∴ sick leave)
	→ next time Eileen showed to work.
	keep case open at present.
	[signature]
	FOUNDATION
	SpR.

LHB/365

DATE

O.P. CLINICAL NOTES

(Psychiatry)

NUMBER

NAME Lisa Scott

DATE	SHEET No.
22/5/03	(Ph) call fm SW Stephen Laird (tel. 334 9933). Lisa in crisis - sitting on window-ledge one storey up. Hitting cyprus outbursts - Throwing things at T.V. - Baby now 7/52 old. - safe' c. Lisa's mo, Fran) Advised talk pt down, to ensure 'safety' of both Lisa & baby. Lisa to go to Allison Unit, at St Catherine's, on 30/5/03.
26/5/03	Ph. call to Stephen Laird. Lisa in Allison. SW requesting 4 F/U, but Lisa categorically refusing to see/spk to me. i.e. can neither 4st R/U Lisa here / at Allison Unit. ? Miss Ed 4st (who is consulting Lisa on weekly basis), requesting discussion c me / 4st who will R/U Lisa. (ph) Her tel no: 529 4700 - not available now → try later
	Case meeting held this am at St Katherines - I was unable to attend. Apparently E. Jardine wonders if Lisa is about to disclose s/abuse.
	Plan: - S. Laird asked to clarify if Lisa absolutely refusing R/U by me. It would be better if I was present reviewing pt - for continuity. Liaise c S. Boeing / S. Carr (4sts) re. 4 R/U of Lisa. Liaise c consultant, E. Jardine (tel 529 4700) ✓ → pull case notes See over page
(X)	Need to exclude Major Depression / Bipolar Disorder, & perform risk assessment. Emma Mazzanti Acty Cons 4st

LHB/365

DATE

is going to College to do Scottish Rugby Academy.
used to ride with younger
is @ Uphall, Livingston is guaranteed a place late May/Jun 05.

Social Work with bloke here his back
I ask him back, but I cannae cope w him.

In past 2/52. "a numb feeling" I'm so sad, but I'll not happy.
mixed feelings.
can burst in tears @ times. Can't focus cos for team / pub.
"It's not good for Macchi, when I'm not managing".
he calls for Nana
once a week she has him - by end of night she feels "go back to your Nana"

- perhaps a little guilty.
doesn't like being a mum, feels selfish, can't "chill"
is coping feels much better

appetite - do eat, but forget.
cans sleep ok sometimes. found itchy over.
Wt 8st 13 - happy w weight
homework - has enough energy.
enough energy when at + about.
Sometimes can get out + about. Easier if in company.

last 2/52 ? panic attacks
"just go mad" - hate the place, my brother "I hate the place"

O.P. CLINICAL NOTES

(Psychiatry)

NUMBER

NAME Lisa Scott

DATE	SHEET No.
22/5/03	(Ph) call fm SW Stephen Laurd (tel. 334 9933). Lisa "in crisis" – sitting on window ledge, one story up. Having angry outbursts – Throwing things at f.v.
	Baby now 7/52 old – 'safe' c. Lisa's Mo, Fran
	Advised both pt down, to ensure safety of both Lisa & baby.
	Lisa to go to Allison Unit, at St Catherine's, on 30/5/03.
26/5/03	Ph. call to Stephen Laurd.
	Lisa in Allison. SW requesting Y F/U, but Lisa categorically refusing to see/spk to me.
	i.e. another Yst R/U Lisa. here/at Allison Unit ?
	Also Ed Yst (who is consulting Lisa on weekly basis), requesting discussion c me/Yst who will R/U Lisa.
(Y)	Her tel no: 529 4700 – not available now → try later
	Case meeting held this am at St Katherines – I was unable to attend. Apparently E. Jardine wonders if Lisa is about to disclose s/abuse.
	Plan: – S. Laurd asked to clarify if Lisa absolutely refusing R/U by me. It would be better if I was person reviewing pt – for continuity
	Liaise c S. Boeing / S. Carr (Ysts) re. YR/U. of Lisa
	Liaise c consultant, E. Jardine (tel 529 4700). ✓ See over page
	→ pull case notes
(X)	Need to exclude Major Depression/Bipolar Disorder, & perform risk assessment.

Management Adv Cons Yst

LHB/365

DATE

26/5/03 [redacted]

Outbursts of anger escalating over last 1–2/52.
R/V-ed by E. Jordan last Wed 21/5, ✓ anger like her father's.
Speaking sent terrifying experiences ☆ father, at age 5yo. Child in a cupboard.
Later that day, had huge outburst at bf at home.
R/Ved by Eileen later that day. Friend (from St Kath's) sat ☆ Lisa on window-ledge, as Lisa wept.
Says she's v. low.
Thinks dont suicide, but no fixed plan at present.
Tells of frightened & scared inside and outside the house — in past & recently.
Has spoken of shoebox party that Fa was having last Thursday.
? Lisa about to disclose s/abuse ??
→ Eileen wonders if med^n might help — to contain anxiety ?
— as Rx. for depression ?

27/5/03 Discussed case ☆ Dr L. Boeing — she will R/U Lisa's mood / MState including risk assessment, at 2.30 pm today at St Katherine's, Allison House. Telephoned St Kat's — they will fax any recent reports to Dr Boeing ✓ They call Lisa ☆ appointment.

Assistant Psychologist
Arty Cons 4/5/03

O.P. CLINICAL NOTES

(Psychiatry)

NUMBER

NAME Lisa Scott

DATE	SHEET No.
29.5.03.	'Edinburgh Connect' Saw Lisa at St Kats with Jackie McAlpine, HN and Steven Laird, SW, Westfield Hs. Lisa now saying she would see Dr Brenig but not Dr McTaggart. V. angry ē Dr McT. for 'getting her medication wrong' in the past. I said I would clarify with the YPh if / how she could have another appt. with YPh. I will also attend a formulation meeting on 6.6, to try to get a fuller life history / assessment of Lisa. Rita Lyra Ed. Connect.

LHB/365

DATE

O.P. CLINICAL NOTES

(Psychiatry)

NUMBER

NAME

DATE	SHEET No.

DATE

O.P. CLINICAL NOTES

(Psychiatry)

NUMBER

NAME Lisa Scott.

H 661 3277 Accomty
Mob. 07855 941014

DATE

SHEET No. RIE post o/d

Emergency Contact - arranged on 24/3/05 w Lisa in

Tues 29 March 05.

"Called stop. Thy chd it" - post rape(s).

last summer was when the "spiked drink" rape happened - Summer 04.

she gets overwhelmingly flashbacks about this.

I ASK ABOUT THE AGENT O/DOSE ?

Was distressed, tearful middle of last week.

shouting out a upset. DID YOU TELL YOUR FRIENDS, ANYONE ANY PROFESSIONAL?

didn't tell Comm, pd, about her distress.

Phoned a Helpline ? Samaritans Wed, ~ 9/10 pm.

supposedly ch her forename. - is (LH) Lisa, calls - Rt can less method.

(ends ended up c 'big scene' before.

left hospital. early Thurs afternoon 24 March.

went to pl's Susan, just turned 19. her own flat., also in Lochend.

this helped her, the company was good & distracting.

Difficult @ Mum's "she criticises me constantly, doesn't realise how hard it is for me - she doesn't think I'm trying at all."

I ASK ABOUT OTHER PROFESSIONAL SUPPORTS ?

Rock Trust workers. - Julie ? Brenner. (possibly)

coming in ~ 1/two weeks - my church I pay with, hasn't filled this etc.

Will back to our full Study afternoon.

then went to stay @ Susan's.

DATE

the pt Continues can and stayed this away until only on, ~ 2cm, the left.

I ASK about further self-harm thoughts.

No active self-harm thoughts at present.

these can be precipitated by distress 2° to 'flashbacks'.

EXPLORE if Lisa whether she would like specific help (therapy) to deal w the "flashbacks" - just asking re this, upsets Lisa ++.

- we can't explore this further.

Will attempt to do so @ next contact.

Next OP contact. (prev. arranged op cntct) — Mon 18 April.

Ruth McCabe

O.P. CLINICAL NOTES

(Psychiatry)

NUMBER

NAME

DATE

SHEET No. (2)

21 March 05. I blame the S/W's dept – "they locked me up"

everything stayed ok I was preg[nant] I stopped drinking / stopped smoking.
stopped the temazepam.
can't sleep.

Still has a Social Wkr Peng WHITE Social Wkr.
sees her ~ 1 x / month.

Was fairly bored – Sitting in a bedsit all day, it's just boring.

it's too big outside.
"it's like prison attacks".

She's in in 4 in a block upper left reasonably well furnished
– has only a 2yr contract.

sees her pals now Corrine 18, has job, own flat.
sees her own dog. Gyps, chatty, watch telly, 'soaps' River city
stays at clubs goes parks / pictures.
is on benefit Job seekers allowance £40/wk
rent is paid. has to pay gas + elect.
No b/fast

Carol Ann. Essa 15-24 Support Wkr
attempting help LDA find a job.

DATE

is going to College to do Scottish Rugby Academy.
used to ride wh younger.
is @ Uphall, Livingston. is guaranteed a place Both May/Jun 05.

Social Work with bh on how his back
I wh his back, bt I cannot cope c him.

In put 2/52. "a numb feeling" I'm so sad, bt I'll not happy.
mixed feelings.
cn burst in tears @ times. C'h locate ran fr team / ppl.
"It's not good fr Macchi, wh I'm wh managing".
he calls fr Nana
once a week she has him - by end of night she feels "go bk to yr Nana"

- perhaps a little guilty.
doesn't like being a own, feels rotten, can't "chill"
is coping feels much better.

appetite - do eat, bt forget.
cnnot sleep ohe sometimes. found itly over.
Wh 8th 13 - happy c weight
homework - hv enough energy.
enough energy wh at + about.
Sometimes cn get at + about. Easier if in company.

Last 2/52 ? panic attacks
"just go mad" - hate the place, my brother "I hate the place"

O.P. CLINICAL NOTES

(Psychiatry)

NUMBER

NAME Lisa Scott.

DATE	SHEET No.
Mr 21 March '05.	Signed Worker Carl Ann. brings Lisa along today.
	I RECAP @ OUTSET REFERRAL FROM THE GP ....
	Son Mackie – now with Ms is Moredun.
	age 16 + , 17 in August.
	Mother is a Theatre Nurse Surgery. part domestic abuse. in hospital
	age 37 ; has had nephrectomy. gave Fe a kidney (has had renal failure)
	in good health. likes shopping.
	parents separated abt 11 or 12
	Name. is MgM
	Gen GPs "churned me to doctors".
	Mackie 2 mth Thursday.
	his dayst in small doses. v. active term abt the place.
	is at a Childminders. he goes with Ms @ wk 8-5 pm
	also in Moredun.
	lovable / likes cuddles / affectionate good at engaging each other
	chatterbox – really good at speaking. has a book of dinosaurs.
	in good physical health.
	Pat GPs good support.
	before Oct 04, Ms + Mackie lived c Mum. ; in Oct 04 moved to Lochend.
	bio Fa lives in Forres Psychiatric, Pilton. ? aged 37
	Supervision in Wyte + Mackay's. in the Bond.

DATE

sees Fr every Sunday. "it's alright once a week".

has both talk to the Mum.

has a younger brother aged 13. lives w Mum. Chris.
gets a lot w him. "is small down".

at end of S1 "lost the plot" + was put into Orgless YPC.
used to drink a lot, "mated about w the wrong people ('old girls').
talk to Mo - basically I took advantage of her.

Was 6/52 pregt + was put into St Kats.
Was in denial + convinced Mo to drink I found out.
Machi's Fr going to be 19 in May (full of baby country of origin).

first 1-18/12 lived w Mo
"my Mum & child first" w Machi - she didn't allow me to do anything for Machi - she'd try to look after but she cannot help herself.
Moved out Oct 04.
I love Machi to bits but I'm not a baby person.
I never thought I wanted a baby
I can't really give him all he needs. I couldn't talk to him the way Mum's do when he was younger.

WE FOCUS NEXT ON RECENT PROBLEMS/DIFFICULTIES....
Every couple of months my head cracks up, + I just go right back to the start.
wants to go med, "does all I can".
She felt "I shouldn't have to be acting grown up at this stage".

O.P. CLINICAL NOTES

(Psychiatry)

NUMBER

NAME Lisa Scott.

DATE	SHEET No. (3)
March 21, 2005.	at age 12 was raped. was v. v. drunk + older guy raped her. didn't tell anyone.
Summer '04.	"drink spiked" @ restaurant / bar. More recent rape experience made thing sick / ill, party going on in house, put put her in Mo's b/room. body "totally paralysed". - 'felt really, really drunk, head spinning. Ambo called in on "rape" Gets knocked by flashbacks of past rapes - is reduced to tears in seminar years go and to have "blackouts" and it started again. "I tried to kill my Mo' years ago, tried to strangle her was lying on the bed, & ask for Policeman, threatn knife at him repeats the blackouts have come back. had one ~ 12 days ago. just "lost the plot". tried to attack Sean + boyfriend. within 10 minutes'.
	Comments Lisa is 16yr old young Mum, due on 17 in August. Sam Mackie is about to turn 2yrs - now living f/t c Mat GMo, caring for him. [Mat MGMo working, Mackie is at Childminders] Moved out family home Oct 04. Describes not feeling ready for motherhood - still wish to enjoy being a

DATE

teenager ;
Plans to go to College in Uphill to become a female jockey. (? is this realistic)
describes considerable mood upset, intermittently ~~for~~ for ; and panic episodes also.
past hx of x 2 rapes - at age 12 ; then more recently ~ 1 yr ago or so.
after "drink spiked".
also talks of "blackouts" - these can to involve marked behavioural outbursts.
?? dissociative episodes ?? not clear as yet.

Next OP contact will be on Mon 18 April.

letter to GP ✓

Rod McCabe

18 Apl '05 dna ✓

Need further appt time

Rod

O.P. CLINICAL NOTES

(Psychiatry)

NUMBER

NAME

Lisa Scott.

DATE	SHEET No.
~~Tue~~ Wed 20th July '05	Leigh TAYLOR, new social worker Leigh spoke to this presentation. Micky, L's ex & # child protection Register. Lisa in v. open & keigh. Micky off # CP Register, but acting to stay & his Gran, Mrs Scott.
	Lisa hoping to have Micky overnight. Lisa a sense of frustration re not being had the support from others to help & her feels. Input keigh of difficulties self-harm, ability x's to deal & upset needs.
	Is mainly towards. new single tenancy. Needs to move out of the Supported Accommodation. already applied -
	Is capacity for a flat in Gilmerton (Home is Scotland accommodation,) \ South Home in fact.
	With Lisa alone.
	Is shd in contact & Michelle 17 & Corinne 18. Michelle living in Leith, & Corinne in Restalrig In contact with them most days. Enjoys the company - shares her up, makes her feel better.
	Feeling - In past 3/12 "crap". can be bothered all the time, can always anger. an risk of being angry. pure "unhappy"

DATE

still link

unhappy + down in days most of the time.

can be tearful + upset at an comm.

Can sometimes be cheered up in company.

Goes home - riding occasionally, but v. expensive

Mixed appetite.

feels esp low in mood in the morning - can be bothered getting up.

appetite - alright. weight stable was 8st 13 but x checked.

reports not sleeping v. well.

mind often off into other things.

subject mood 3 or 4.

"wet mud" ~ 1/12 go + included a bottle, + cut half.

was drinking was @ a party 2 nites.

loads of people there.

self-harm mostly by digging nail into safety pin on finger tips.

stopped duty one post 7 days.

would get drunk abt-12 x / month. drinks 7 cl Vodka in 1 night.

sometimes it's like a flashback. i.e. picture from

a mixed memory.

"most days".

I can go away or I can go bed.

I COMMENT ON HOW DIFFICULT THIS MUST BE FOR H/A - SHE AGREES.

I REMIND HER I INDICATED LAST TIME THERE COULD BE SPECIFIC THERAPY INPUT TO HELP HER & THE past copies - She agrees she now accepts she needs this.

I TELL HER I WILL INFORM COLLEAGUES IN CSA team. Will also see her regularly till handover.

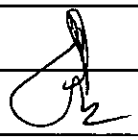
Next OP appt: Mon 15 August Letter to GP ✓ Rory McCabe

O.P. CLINICAL NOTES

(Psychiatry)

NUMBER

NAME Lisa Scott

DATE	SHEET No.
14/9/94	OPC
	Dr.
	Dr. Cotton
	

LHB/365

DATE	

O.P. CLINICAL NOTES

(Psychiatry)

NUMBER

NAME Lisa Scott.

DATE	SHEET No.
M 21	
March '05.	Signed Wobbe Carl Ann. babys Lisa along today.
	I RECAP @ OUTLET REFERRAL FROM THE GP ....
	Sm Macki – now with Ms in Moredun.
	age 16 + , 17 in Augt.
	[redacted]
	Macki 2 mth Thursday.
	his slight in small doses. v. active term abt the place.
	is at a Childminders. he goes abt Ms @ wk 8-5 pm
	also in Moredun.
	lovable / likes cuddles / affectionate good at negotiating each others —
	childbook – really good at speaking. has - book of characters.
	in good physical health..
	Pat GMs good support.
	before Oct 04, Sm + Macki lived : Mum. ; in Oct 04 moved to Lochend.
	biol Fa lives in Forres Polygon, Pilton. ? aged 37
	Sperm in Wyt + Mackay's. in the Bond.

DATE

see Fr every Sunday. "it's alright once a week".

he both relig c his Mum.

hy a wn brother aged 13. lives c Mum. Chris.
gets a lot c his "in small doses".

at end of S, "lost the plot" + was pld into Dyslexy PC.
used to drink a lot, "mated alot c the wy people ('old girls').
relig p c Mo — basically I took advntge of her.

Wh 6/52 pgcy wh pld into St Kats.
Wh n drnk wh conceived Wh w drnk I found out.
Machi's Fr going to be 19 in May (full of hilly counts of rage)

Split 1 - 18/12 lived c Mo
"my Mum) a 'child split' c Machi — she didn't allow me to do anything fr Machi - she'd try to look after but she cannot help herself.
Moved out Oct 04.
I love Machi to bits but not a baby person.
I never thght I wanted a baby
I can't really give him all he needs. I couldn't talk to him the way Mum's do when he grows.

WE FOCUS NEXT ON RECENT PROBLEMS/DIFFICULTIES ....
Every night of month my head cracks up, + I just go right back to the start.
wants to go med, "does all I eat".
She felt "I shouldn't have to be acting grown up at this stage".

O.P. CLINICAL NOTES

(Psychiatry)

NUMBER

NAME Lisa Scott.

DATE	SHEET No. (3)
March 21, 2005.	at age 12 was raped. was v. v. drunk + older guy raped her. didn't tell anyone.
Summer '04.	"drunk spiked" @ restaurant / bar. More recent rape experience with thug 12th / 11, party going on at house, put pills here in Mum's b/room. body "totally paralysed". - "felt really, really drunk, head spinning. Ambo called in on "rape"
	Gets trashed by flatbacks of past rapes - is reduced to tears in session
	years go went to have "blackouts" and it started again. "I tried to kill my Mum years go., tried to strangle her was lying on the bunk bed, & ask for Policeman, threw the knife at him
	reports the blackouts have come back. had one ~ 12 days go. just "lost the plot". tried to attack Susan + boyfriend. within 10 minutes.
	Comments Lisa is 16yr old guy Mum, due to 17 in August. Sam Mackie is about to turn 2yrs - now living f/t w Mat GMo, early for him. [while MGMo working, Mackie is at Childminders] Moved out family home Oct 04. Describes not feeling ready for motherhood - still wish to enjoy being a

DATE

teenager ;
Plans to go to College & Uphill to become a female jockey. (? is this realistic)
denies considerable mood upset, intermittently ~~for~~ is ; and panic episodes also.
past hx of x 2 rapes - at age 12 ; then more recently ~ 1 yr ago or so.
after "drink spiked".
also talks of "blackouts" - these seem to involve marked behavioural outbursts.
?? dissociative episodes ?? not clear as yet.

Next OP contact will be on Mon 18 April.

Letter to GP ✓

Rod McCabe

18 Apl '05 dne ✓
Next Fup appt time

Rmc

O.P. CLINICAL NOTES

(Psychiatry)

NUMBER

NAME

Lisa Scott.

DATE	SHEET No.
~~Tue~~ Wed 20th July '05	Leigh TAYLOR, new social worker. Leigh spoke to this presentation. Mecky, L's ex ~~ex~~ child protection Register. Lisa was v. open ~ Leigh. Mecky off the CP Register, but caring to stay ~ his Gran, Mrs Scott. Lisa hoping to have Mecky overnight. Lisa a sense of protection re not being had the support from others to help ~ her feelings. Informed Leigh of difficulties ~ self-harm, daily ~~x~~ s to deal ~ upset moods. Is working towards. new single tenancy. Needs to move out of the Supported Accommodation. etc. applied - Is waiting for a flat in Gilmerton (Home is Scotland accommodation,) \ South House in fact. With Lisa alone. Is still in contact ~ Michelle 17 & Corinne 18. Michelle living in Leith, & Corinne in Restalrig Has contact with them most days. Enjoys the company - cheers her up, makes her feel better. Feeling - In past 3/12 "crap". can be bothered all the time, can days angry. an itch of being angry. pure "unhappy"

DATE

still link

unhappy + down in days most of the time.

can be tearful + upset at an event.

Can sometimes be cheered up in company.

Goes horse-riding occasionally, but v. expensive

Missed opportunity.

feels esp low in mood in the morning - can be bothered getting up.

appetite - alright. weight stable was 8st 13 lbs x checked.

reports not sleeping v. well.

mind drifts off into other things.

subject mood 3 or 4.

"not mad" ~ 1/12 ago + smoked a bottle, + cut half.

was drinking was @ a party 2 nights.

loads of people there.

self-harm really by digging at + split pen on finger tips.

stopped duty over past 7 days.

would get drunk abt ~12 x / month. drinks 70cl Vodka in 1 night.

sometimes it's like a flashback in picture form

a visual memory.

"most days".

I can go angry or I can go sad.

I COMMENT ON HOW DIFFICULT THIS MUST BE FOR H/A - SHE AGREES.

I REMIND HER I INDICATED LAST TIME THERE COULD BE SPECIFIC THERAPY INPUT TO HELP HER ? THE past copes - She agrees she now accepts she needs this.

I TELL HER I WILL INFORM COLLEAGUES IN CSA team. Will also let her regularly all handover.

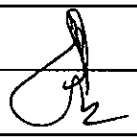
Next OP appt : Mon 15 August Letter to GP ✓ Rec'd M'Cole

O.P. CLINICAL NOTES

(Psychiatry)

NUMBER

NAME Lisa Scott

DATE	SHEET No.
14/9/94	OLC
	Dm.
	Dm Lothian
	

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