Clinic Letters & Notes

NHS Lothian

Mental Health Services

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

Date: 30/04/2019

Outpatient Clinic Letter

Patient	Paul Storrie 3/4 Nisbet Court Restalrig Park Edinburgh EH7 6UP	**CHI** **Date of Birth / Age** **UHPI**	**0108841154** 01/08/1984 (34 years) 501202522K
Specialty	AMH - MHAS	**Attendance Date**	03/04/2019
Consultant	Louise S Munro		

Dear Dr McFarlane

Date seen: 03 April 2019 at 1050hrs
James Grant (RMN6) and Louise Munro (RMN6)

Paul presented to the Mental Health Assessment Service, REH, this morning having been advised to do so by his GP due to concerns about risk and mental state.

History of Presenting Complaint:
Paul has been treated for low mood and anxiety by his GP and since commencing Mirtazepine, feels increasingly emotional and has developed thoughts of suicide which have become increasingly intense. He has not voiced any specific plans but currently feels desperate and was actively seeking help.

Past Psychiatric History:
Sees mental health nurse, Jane Forsyth, at his GP Practice.

Past Medical History:
Spinal injury and now associated chronic pain which means he cannot carry out his work currently.

Current Medication:
As per ECS.

Drug & Alcohol Use:
Denied alcohol use but smokes cannabis heavily daily but could not quantify this.

Personal & Social History:
Paul described a very difficult childhood and was the victim of both physical and sexual trauma, and was taken into care at a young age and experienced trauma within the care system and with foster parents. As an adult he has received multiple custodial sentences, often for violent crimes, but has not been in trouble with the police since 2013. He now lives with his wife and is not currently working due to a back injury. Previously worked in removals which he enjoyed. He has 2 stepchildren aged 10 and 6 and a 9yr old daughter from a previous relationship who stays with her mother in Perth, but stays with Paul frequently during the holidays and at weekends. He described having a couple of close friends but has distanced himself from many of his previous contacts due to their criminal behaviour.

Mental State Examination:
A 34yr old male casually and appropriately dressed but smelling strongly of cannabis. He was not overtly agitated or retarded on assessment. He was pleasant and co-operative, made good eye contact and rapport was formed. His speech was normal in all modalities and no evidence of formal thought disorder. His mood subjectively was down, anxious and increasingly irritable, but has been able to motivate himself to walk his dog. Objectively he had low mood and reactive affect. He described chronic poor sleep, getting 4 hours per night, as his wife works night shift and he tends to play computer games on his phone. He described poor appetite, eating one meal a day. His thoughts are dominated by past events and particular traumas. He denied any perceptual abnormalities or cognitions. His concentration was fair at assessment but he said he struggles to focus on reading or longer films at

home. Cognitively appeared grossly intact but not formally assessed. He had insight and his judgement appeared unimpaired.

Risk:
Risk of suicidal ideation which is fleeting in nature and thoughts of cutting his wrists but was adamant he would not do this, citing his wife and children as strong protective factors. He has a history of violent offences but not since 2013, however is worried that he is being increasingly irritable and angry towards others. Regarding risk to children, there was no clear evidence of neglect or abuse however Paul is worried that he is raising his voice to the children more than he should and is being overly strict with them. No evidence of risk from others although has a history of CSA and childhood trauma. No evidence of risk of neglect although he is smoking cannabis heavily daily.

Impression:
A 34yr old male attended MHAS on the advice of his GP and Practice mental health nurse. He described increased emotional state and suicidal ideation since commencing Mirtazepine. He has a background of complex trauma and long term heavy cannabis use. He described poor sleep and appetite, being anxious and suspicious when in busy places. There was no overt psychotic symptoms. Thoughts of suicide but no plan or intent to act on these, citing his family as a protective factor.

Formulation:
Anxiety, poor sleep and heavy use of cannabis. Background of complex trauma.

Plan:
1.Query GP to consider changing Mirtazepine to an alternative sedating antidepressant such as Trazodone to aid sleep and reduce anxiety.
2.Given Positive Mental Training App and encouraged to utilise this.
3.Given additional contact information such as details for Edinburgh Crisis Centre, MHAS.
4.Given information regarding the Rivers Centre.
5.Given information on Alternatives to Violence if he chooses to engage in anger management.

James Grant
RMN6 - MHAS

Primary Care/ Psychological Therapies Service Initial Assessment

Responsible Clinician: Caroline Bush

Base: Inchkeith House

Tel no: 0131 537 4530

NHS Lothian

1. Personal details

Date assessment commenced 08/07/2019

Surname	Storrie
First name	Paul
Preferred name	
CHI	0108841154
Date of birth	01/08/1984
MHI	
Address	3/4 Nisbet Court
Postcode:	EH7 6UP
Telephone no:	07476236285 (wife's number)

Sex:	Male
Title:	Mr
Surname at birth:	-
Other previous surname:	-
Ethnic group:	Scottish
1st language	English
Interpreter required?	☐ Yes No ☒
Occupation:	Unemployed
Religion / beliefs:	None
Address type:	Permanent
UK Resident last 12months:	☒ Yes No ☐

2. GP details

GP	Jane Forsyth
Practice	Restalrig Park Medical Centre
Practice address	40 Alemoor Crescent
Postcode:	EH7 6UJ
Telephone no:	0131 454 2110
Fax no	

3. Next of Kin

Surname:	Storrie
First name	Karen
Relationship:	
Address:	
Postcode:	
Telephone no:	See above

Alerts Summary (e.g. Allergies, Safety issues)

Happy to share information with his wife.

Allergic to paracetamol

3. Reason for Referral

History of presenting problems (Inc. referrers diagnosis and persons view of problem):

Struggles with anxiety and over thinking, always had an issue going out but feels that it has got worse and has been thinking a lot about the past. He feels that he takes his anger out on the kids and shouts at them too much (states he has never hit them.)

He attended MHAS after being put on antidepressants which he thinks made him feel worse. Feels that he used to be able to do everything but keeps to himself more now. He now doesn't leave the house by himself and he feels panicky and will often leave places even if he knows the people there. States if he goes out it is in Fife and not in Edinburgh but will often feel he has to leave after about a hour of being there. He always feels paranoid about people in the street and he is hypervigilant about what is around him. This isn't as bad when he is walking the dog because he says the dog is quite jumpy and looks out for things because he was a rescue dog who has anxiety too. When he feels panicky he has a shortness of breath, sore head and a racing heart.

He struggles to remember things about his childhood but tries to think about it a lot. States they try to have family days out but he struggles with this as he's not used to it and thinks he dissociates. He often ruminates about what he has done in his life.

4. Assessment

Spiritual beliefs /coping skills and strengths:

Bites nails

Follows a facebook page related to mental health and will post for advice.

Watches TV programmes from childhood (states the TV programmes are what he remembers about childhood.)

Current Social circumstances:

Lives with his wife and 2 step children (10 and 6 years), also has access to his daughter who lives in Perth some weekends and during the holidays.

Doesn't have contact with his family occasionally sees his niece (Older brother's daughter.) He doesn't want his family to be around his children because he thinks they would treat them like he was treated. Sometimes will speak to the on the phone.

Has friends and one of them knows about what he is going through.

Struggles with money because he is waiting for is PIP (there was initially a decision against it but now it's been approved.) Currently his wife is the only one who is earning. States he has no debts.

Education / Brief employment history (is the person's employment at risk?):

Previously worked in removals but hurt his back, tried to go back but it got worse. Been out of work for about a year.

Self care / Home management :

Doesn't tidy the house (because his partner does.)

Bathes regularly

Interests / Social and Leisure pursuits:

Used to go out cycling

Plays on the computer and on his phone.

States they no longer have date nights or family days out because of his anxiety and because of how much it costs.

Early experiences / early social history / Relationships with family:

He thinks he was born in Wester Hailes but grew up in Bonnyrigg. He lived with his mum and step dad until he was just over 5 years old. His step dad mentally, physically and sexually abused Paul. States he doesn't remember being sexually abused but his older brother John remembers it. Paul feels that his older brother blames Paul for them being put into Foster care and they don't talk to each other anymore. Met his mum again when he was about 16/17 years old and she was still with his step dad. He has a younger sister who was also taken out of step dad's care. States he was then put into foster care and he thinks that this was more traumatic than why he was put into care in the first place. He states that he was battered when he was in foster care, forced to drink salt water which resulted in him having a heart attack when he was 19 years old. He reported that he had his knuckle broken and had a gun pointed at his head because his foster brother was a drug dealer. He found out when he was 15 years old that his foster parents weren't his real parents, he was with the same foster family for 11 years. He can only remember the bad things that happened, he knows that they did things like going on holiday but they don't remember this. He was told that his biological dad wasn't allowed

contact. He has met his dad since he turned 16 years, he states that his dad had the chance to take him to Germany but doesn't know why he didn't and states that he has also heard that his dad wasn't allowed contact with him before he turned 16 years. He feels that nobody in his family tells him the truth about his life. States his dad was in the army. When he was 17 years old he met his younger siblings from his step dad.

States he went to Drylaw primary and was in the class for kids with special needs. In high school he attended the special education department within the mainstream high school. States he still speaks to people on facebook that he went to school with. States he was bullied at school until he reached 3rd year when he retaliated against his bully and 'battered' him. Feels that since then he has always had to stand up for himself and now he has more enemies than friends. He left school with 6 standard grade. He got thrown out of foster care and out into a children's home. He got given his first flat when he was 16 years old and at this time he also had a support worker. When he was about 17 he went to open door homeless accommodation and had a drug addictions worker. States he was in and out of prison for domestics and theft.

When Paul was 18 years he was accused of raping a girl but the charges got dropped But states this caused him lots of problems and created enemies.

Paul felt it all went downhill in 2010. In 2013 he was potentially going to jail for a long time for a serious assault and was caught in the street with a Samurai sword whilst intoxicated with alcohol.

He met his partner 4 years ago and hasn't been in trouble with the police since 2013.

Current mental state examination (Please include examination of:-, Speech &

Mood, Appearance & Behaviour
Good eye contact and engaged well.
Mood is up and down. Rated his mood as 6/10 (10 being good.)

Sleep pattern/Energy levels/Motivation/Appetite,
Struggles to stay asleep and get asleep. Doesn't have nightmares.
Energy; drinks about 2L of energy drinks a day. Discussed reducing this down and the impact this would have on his anxiety.
Motivation is 5/10, states he still takes the dog out but doesn't feel motivated to do a lot of things.
Appetite, has one meal a day, rarely has snacks, doesn't think he's lost weight.

Concentration/Attention span/Memory recall (Short term and long term memory function),
Concentration is alright 6/10 but his mind wanders a lot.
Short term, forgets appointments.
Long term has memory blanks.

Suicidal ideation (Further details also required in Section 5/Risk assessment),
Had suicidal thoughts and went to MHAS after she had a bad reaction to anti depressants. Stopped the anti depressants since then.

Communication/Thought content/Abnormal beliefs/Abnormal experiences/Thought disorder).
Hears his wife's voice in his head as a mumble, states that this has been happening for the past 4-5 years and states that he has always had the devil and an angel on his shoulder.
Self critical and beats himself up 'I used to be a nasty person.'

Past Psychiatric history:

Saw a Psychiatrist when he was a kid at the Sick Kids but doesn't remember it.

Any known family psychiatric history:

None known

Previous Psychological therapies /Self help / Matched care interventions (From whom and when?)**:**

Sees Jane Forsyth occasionally but no psychological therapies.

Physical health issues:

Injure to his spine

Current medication (include date when started, include over the counter medicines, name, dosage, concordance, previous medications):

Trazadone 75mg (might have increased)

Pregabalin

Name: Paul Storrie	CHI: 01808841154

Current Alcohol use (note quantity, units if known, frequency):

Used to drink but last drank on his wedding day in 2017.

Other substance use:

Smokes cannabis daily, has smoked since he was 9 years old. Smokes about 2g a day and has dabbled in coke and speed in the past

5. Risk Screening

Current Risk to self (e.g. suicide, self harm, driving): Yes ☐ No ☒ Unknown ☐

Wife and children are protective factors

Previous episodes of suicide attempts / previous deliberate self harm:

Risk to children (e.g. neglect, abuse): Yes ☐ No ☒ Unknown ☐

Is there a risk to children due to mental state? (e.g. child included in suicide plans, delusional thinking/psychotic depression):

States he probably shouts at his children too much. States he would never hit them.

Contact details Health Visitor:

Informed: ☐Yes Date: No ☐

Contact details Social Services:

Informed: ☐ Yes Date: No ☐

Risk to others: Yes ☐ No ☒ Unknown ☐

(e.g. Any forensic history, aggression, violence, driving, access to weapons, supervision failure):

Previous custodial sentences for violent offences. States he hasn't been in trouble/violent since 2013.

Risk from others: (e.g. abuse, exploitation, domestic violence) Yes ☐ No ☒ Unknown ☐

GBV Routine Enquiry assessed: Yes ☒ No ☐ Data entered onto Pims: Yes ☐ No ☐

Further investigation required? Yes ☐ No ☒ By Whom?:

States him and his ex girlfriend (daughter's mother) were abusive to each other.

5. Risk Screening (continued)

Risk of neglect (e.g. health, alcohol/substance use, personal): Yes ☐ No ☒ Unknown ☐

Further investigations required? Yes ☐ No ☒ By whom?

Risk due to physical impairment (e.g. memory, sensory): Yes ☐ No ☒ Unknown ☐

Further investigations required? Yes ☐ No ☒ By whom?

Sources of information available/used: GP, patient, other

If other please specify:

Name: Paul Storrie	CHI: 01808841154

If any Third party information is it documented/filed separately in Case notes: Yes ☐

Is Level 2 Risk Assessment indicated? Yes ☐ No ☒ **Responsible team:**

Assessor – Name/Grade: Caroline Bush Band 6 CMHN Signature: Date: 08/07/2019

6. Summary & plan

Formulation /Diagnosis:

Paul has a history of complex trauma and has experienced sexual, physical and emotional abuse as a child. He states that what he experienced in care was more traumatic than the original abuse. He feels that his family have never really been truthful to him about his childhood. He states he was in and out of prison for violent offences but hasn't been in trouble in recent years but states he has enemies in Edinburgh. Paul describes feeling paranoid and struggles to go out on his own. He describes being hypervigilant although can manage this better when he is walking his dog. He struggles to remember the past but spends a lot of his time trying to think about it.

Does the patient have a treatment preference? Yes ☒ Please detail below No ☐

Patient consent to share information obtained? ☒ Yes ☐ No Further details:

Does person have Information leaflets on service and Code of Practice / Patient Confidentiality? ☐ Yes ☒ No

Is a Crisis plan required? Yes ☐ No ☒ (if Yes please include as part of the Agreed plan below)

Agreed plan (inc. plan to manage identified risks):

Advised Paul that he would need to decrease/stop his cannabis use for therapy to be effective, Paul agreed to attend Crew to cut down/stop his cannabis use and to also cut down on his energy drink consumption.
Advised Paul to increase his diet and advised the impact this would have on his mood.
Agreed that I would not refer Paul to a group as he didn't think he would cope well but stated he would be put on the waiting list for safety and stabilistation. Paul is aware of the long waiting list and is also aware that I would not recommend having two 1:1 therapies at the same time.
Agreed that I would refer Paul to Adult Education.
Paul also plans to start attending the gym

Any Actions to be taken by GP:

Copy sent to GP ☒Yes Date: 16/07/219 ☐No

PHQ9 Score:- **GAD7 Score:-** **DASS Score** (if indicated):

CORE Score Total:- **23**

Other Outcome Scores:-

Patient given copy of information sheet about outcome scores and Agreed Plan? ☐Yes ☒No

Assessor – Name/Grade: **Caroline Bush Band 6 CMHN Signature:** **Date**: 08/07/2019

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Thrive Welcome Team
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EH6 8NP
Telephone: 0131 537 4530

PRIVATE AND CONFIDENTIAL
Paul Storrie
3/4 Nesbit Court
Restalrig Park
Edinburgh
EH7 6UP

Date: 19/05/2022
CHI:0108841154

Dear Paul

Thank you for attending your initial conversation and taking the time to talk to me on the 19th of May 2022. I would like to take a moment to again thank you for your openness and honesty during this conversation. I appreciate it is not easy to be forthcoming regarding your current challenges.

Paul, you shared with me the traumas you have experienced in your childhood, and the effect they are having on your life nowadays. You told me about experiencing PTSD and your ongoing mental health problems such as anxiety, depression and panic attacks.

You told me that you struggle with drug use and that this has been the major reason for your marriage troubles. You believe that your drug use got out of control and you accumulated financial debts as a result of your addiction.

You said that although you still live with your wife you might be moving out to stay with your friend as you would be unable to keep your dog in a homeless accommodation. This situation, understandably, is a huge stressor for you. You did, however said that you can keep yourself safe and I shared with you few crisis telephone numbers. You also stated that your kids and your dog are your protective factors.

In terms of goals you would like Thrive Welcome Team to help you with your substance misuse. You would also like to improve your general health and your mental health. You were open to anxiety management and distress tolerance support. You said that having regular conversations with your previous worker (you could not remember from which organisation) have been helpful. You would also like to explore other options Thrive Welcome Team could offer you.

I agreed that the Thrive service could provide you with a short period of support to help you work on these issues and I would discuss your case with the team.

We will be in touch in due course to arrange a further appointment.

Yours sincerely,

Magda Lenczowska
Senior Support Worker
North East Thrive Welcome Team

Edinburgh **Health and Social Care** Partnership

INCHKEITH HOUSE
137 Leith Walk
Edinburgh
EH6 8NP

Telephone: 0131 537 4530
Secretary: 0131 537 4546
E-Mail:
Colette.Mackie@nhslothian.scot.nhs.uk

Dr Lindy McFarlane
Restalrig Park Medical Centre
40 Alemoor Crescent
Edinburgh
EH7 6UJ

Your Ref:
Our Ref:
CHI Number: 0108841154
Date Dict:
Date Typed: 9/3/23

Dear Dr McFarlane

DOWNGRADING OF REFERRAL
MR PAUL STORRIE (DOB: 01/08/84)

You referred this patient on 8 March 2023 via SciGateway. The referral was marked urgent but is not considered to require review within 5 working days. It will be processed as follows:

THIS REFERRAL WILL BE FORWARDED TO OUR THRIVE TEAM FOR THEIR CONSIDERATION OF OFFER AN APPOINTMENT.

If need be, please contact the referrals co-coordinator or medical staff to discuss this referral or let us know if the clinical situation changes.

Yours sincerely

REFERRAL CO-ORDINATOR

Edinburgh Health and Social Care Partnership Working together for a caring, healthier, safer Edinburgh

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Thrive Welcome Team
Inchkeith House
137 Leith Walk
Edinburgh
EH6 8NP
Telephone: 0131 537 4530

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Mr P Storrie
17/18 Drummond Street
Edinburgh
EH8 9TX

Date: 24/04/2023
CHI Number:0108841154

Dear Paul

Thank you for meeting with me on April 19. It was a pleasure to speak with you. You spoke about a number of recent events that are causing you significant stress, and that these have contributed to a deterioration in your mental health. You described having struggled with PTSD for a long time, and you attributed this to your childhood experiences. You told me that although you have suicidal in the past, you don't feel like this currently, but that self harm is something you continue to use to help regulate your emotions. You reassured me that you have numbers for crisis services, should you need them.

You told me that you want some support with reviewing your benefits, as although you would you like to get back to work you feel that now is not the right time to do this. You also spoke about wanting to get to the gym and possibly wanting some support around that due to concerns about scarring on your legs. You also wish to work on your PTSD. You have been proactive in getting support from Andy's Man's Club and also in getting medication to support your mental health.

As mentioned in our appointment I have discussed options with my team. My colleague Jane is going to work with you for a brief period to help link you in to more practical supports and I am going to place a referral with my psychology recommending Survive and Thrive, which is a group for people who have experienced trauma in their past. This would be a good starting point for you in learning how trauma affects people and how to form more helpful coping habits for the difficult emotions it can cause.

I wish you all the best,

Fiona Mair
Community Mental Health Nurse
North East Thrive Welcome Team

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Thrive Welcome Team
Inchkeith House
137 Leith Walk
Edinburgh
EH6 8NP
Telephone: 0131 537 4530

Date: 24/04/2023
CHI Number: 0108841154

Dear Colleagues.

Please consider accepting Paul Storrie (CHI 0108841154) for input from the psychological therapies service.

Paul was referred to Thrive following a suicide attempt in early March 2023. Paul describes a number of situational stressors which appear to be contributing to the recent deterioration in his mental health, including the breakdown of his marriage, challenging relationships with his children and concerns for the safety of his niece, who had been involved in a paedophile ring. He has used self-harm (especially burning his legs) as a coping strategy since childhood, but feels that this has escalated recently in the context of the stressors mentioned above. He was able to reassure me that he feels able to keep himself safe and has crisis numbers.

Paul has a longstanding history of cPTSD following childhood physical and sexual abuse and neglect. He was born and brought up in Edinburgh and was placed in foster care at the age of 5. He describes feeling abandoned by the foster care system aged 16, and that other than helping with housing he received no further support.

Paul also experiences chronic anxiety and low mood, which impacts on his ability to engage in social activities and to work. He has been living alone, but told me that he had recently moved in with a friend. He describes being very socially isolated, with only one friend and no contact with his family. He does not work currently, although he would like to get back to doing some bar work.

Paul describes smoking cannabis on a daily basis. He does not view this as problematic and does not wish support to stop. He has previously been referred to Crew 2000, but does not appear to have acted on this. He states he was previously an alcoholic, but now drinks a limited amount at the weekend.

Paul has not previously had any support for his mental health. However he now appears to be proactive in seeking this support. He has been commenced on trazodone and venlafaxine, which he is currently not finding helpful but was going to seek GP review of dosages. He has also started attending Andy's Man's Club, which he enjoys.

Paul is keen to engage in group work and would appreciate being considered for group trauma support, such as Survive and Thrive.

With best wishes,

Fiona Mair
Community Mental Health Nurse
North East Thrive Welcome Team

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Re. Paul Storrie

Date: 27/04/23
CHI: 0108841154

To Lothian Group Service

Please consider this referral for Paul Storrie

Paul reports a history of PTSD, alongside anxiety and depression, stemming from childhood trauma. He described having been abused and neglected by his parents and then being put in foster care from the age of 5. When he left foster care aged 16 he was supported to access housing and then feels that all support stopped. Paul has used self harm, primarily burning his legs, as a coping mechanism for much of his life, although he feels he recently has started doing it more frequently. He had what he described as a suicidal episode around 3 months ago, although no longer has any thoughts of suicide. Paul has numbers for crisis services. Paul currently smokes around 2g of cannabis daily, which he feels helps to calm him. He used to be an alcoholic, but now drinks a small amount at weekends only. Paul also described disrupted sleep, generally only sleeping from about 4am-7am.

Paul currently lives alone, having separated from his wife recently. He is planning to move in with a friend and be added to his tenancy (new address provided). He is currently trying to regain access to his 13 year old daughter who lives in Fife with her mother. Contact was ceased after Paul posted images related to his suicidal episode on social media, which his ex-partner viewed as a sign that he was too unstable to care for their daughter. He had no contact with his 15 year old son until recently and it appears he struggles somewhat with this relationship as he does not agree with how his son has been raised. He also mentioned concerns about his niece, who is now in secure housing after being part of a paedophile ring. Paul has no contact with his birth family and describes having only one friend.

Paul enjoys spending time with his dogs, but otherwise struggled to identify things he enjoys doing. He used to go to the gym, and is keen to get back to this. He also used to enjoy cycling and fishing. Paul would like to get back to doing bar work, but feels he is currently not in a place to secure employment. He is on Universal Credit and would like support to access further benefits. Paul has not previously had any mental health support. He currently attends Andy's Man's Club in Gorgie, which he finds helpful. He is also prescribed trazodone and venlafaxine, but feels his current dose is not therapeutic. Paul's priority is working on his PTSD.

When I met with Paul today, I told Paul that the Signature Project is not taking referrals at the moment. We then talked about what the Lothian Group Service can offer and also about the self harm project. Paul wanted to do both, but settled on Survive and Thrive whenI explained that he couldn't do them at the same time. I explained that psycholgy will call him and do an assessment but that I can mention in my referral that he likes the sound of that.
We talked a lot about unhelpful ways of coping, such as alcohol, cannabis and self harm and how it is possible to change the crutches that we use.
Paul said he doesn't consider himself an alcoholic, but is a binge drinker. He said he will go out every week or so and have 14-15 pints with his pals. He said he has ruined his pancreas and is on medication for IBS that he believes is caused by his drinking. I told Paul that he didn't have to be 'an alcoholic' to get help, he just needed to have identified drinking patterns that he wanted to change. I said I would bring info on Turning Point to our next appointment.
We also talked through the options for getting more exercise and Paul decided he would like a CAP card.
We talked about anxiety and how again Paul can learn strategies to manage this more healthily. He said he would like to spend some time with me speaking about his issues and we agreed to meet next week.

Paul has no contact with his family but has an ex wife and step children in Edinburgh and a very good friend in West Lothian.

I have agreed to do another three sessions with Paul before I go on a planned long absence.

If you need anything further, please get back to me.

Best wishes

Jane Cairns
Peer Mental Health & Wellbeing Practitioner
NE Thrive Welcome Team

Referrals

NHS Lothian - Referral Letter

Referral To	Mental Health Edinburgh - Drug Problem Service L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	23/07/2019
Date submitted	23/07/2019
UCPN	1010191961749

PATIENT DETAILS

CHI number:	0108841154
Name:	MR PAUL STORRIE
Date of birth:	01/08/1984
Sex:	Male

Contact Details

3-4 NISBET COURT
EDINBURGH
EH7 6UP

Voice (Mobile) : 07732558933

REFERRING PRACTITIONER DETAILS

Name:	forsyth (GMC: x)
Practice:	Restalrig Park Medical Centre (70569)
Phone:	Voice : 0131 454 2110

Practice address

40 Alemoor Crescent
Edinburgh
EH7 6UJ

CLINICAL INFORMATION

Reason for Referral: Drug missue and comlext trauma.

Main Referral Text:

Thank you for seeing this gentleman.
Paul has a history of complex trauma and has experienced sexual, physical and emotional abuse as a child Smokes cannabis daily, has smoked since he was 9 years old. Smokes about 2g a day and has dabbled in coke and speed in the past. Previous custodial sentences for violent offences. States he hasn't been in trouble/violent since 2013.
Initally I signposted Paul to River Centre (last year) he has not attended however consented to referral to secondary care for survive and thrive 1.1 in addition to signposting to CREW 2000. He had his psychological initial assessment on 08/07/2019 and the agreed plan was he was advised he would need to decrease/stop his cannabis use for therapy to be effective. He has been informed he is on a long waiting list and feels until he has his 1.1 therapy first he feels he is unable to decrease /stop cannabis due to the length of time he has been using, in addition he feels it reduces the trauma symptoms. He is decling to go to CREW 2000 until he receives trauma therapy (this could be approximately 1 year to wait).
Paul has agreed to be referred to recovery hub for survive and thrive programme in addition support for decrease/stop cannabis usage.
He struggles to leave the house by himself and feels panicky. Always feels paranoid about people in the street and he is hypervigilant about what is around him. He struggles to remember things about his childhood but tries to think about it a lot.

Thank you

Jane Forsyth
Practice Mental Health Nurse
23/07/2019

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Low back pain			24/03/2010	24/03/2010
Nondependent cannabis abuse			12/01/2010	12/01/2010
Fracture of nasal bones			15/11/2003	15/11/2003
[X]Intentional self poisoning/exposure to noxious substances		- mixed OD	29/12/2001	29/12/2001
Child with special educational needs			14/06/2000	14/06/2000
Adolescent - emotional problem		- childhood neglect	22/09/1997	22/09/1997
Behavioural problem			29/05/1997	29/05/1997
[D]Heart murmur, innocent			07/05/1991	07/05/1991
Child removed from protection register			01/01/1990	01/01/1990
Chickenpox - varicella			28/07/1986	28/07/1986

Acute bronchiolitis		02/10/1985	02/10/1985
On child protection register	- NAI registration	18/07/1985	18/07/1985
[D]Convulsions, febrile		07/04/1985	07/04/1985

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Bilateral orchidopexy			21/02/1996	21/02/1996

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Naproxen 500mg tablets	tablet	TAKE ONE TABLET TWICE DAILY		20/11/2018		24/04/2019
Lansoprazole 30mg gastro-resistant capsules	capsule	TAKE ONE CAPSULE ONCE DAILY		20/11/2018		24/04/2019
Capsaicin 0.025% cream	gram	APPLY FOUR TIMES A DAY		13/07/2018		24/04/2019

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Trazodone 50mg capsules	capsule	1 CAPSULE TWICE DAILY		09/07/2019		09/07/2019
Pregabalin 150mg capsules	capsule	TAKE ONE TABLET TWICE DAILY		09/07/2019		09/07/2019
Pregabalin 75mg capsules	capsule	TAKE ONE CAPSULE TWICE DAILY		29/05/2019		29/05/2019
Trazodone 50mg capsules	capsule	1 CAPSULE TWICE DAILY		24/04/2019		24/04/2019
Gabapentin 300mg capsules	capsule	TAKE ONE CAPSULE THREE TIMES DAILY		20/11/2018		24/04/2019

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
Adverse reaction to paracetamol	Drug code for allergy: Paracetamol 500mg capsules, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Mild. NOTES: Burning sensation, gastric reflux.		09/10/2017	09/10/2017
Adverse reaction to antibiotics	Drug code for allergy: Amoxicillin 250mg capsules, Reaction type: Allergy, Certainty of allergy: Possible, Severity of allergy: Mild. NOTES: Upset stomach.		09/10/2017	09/10/2017

Additional information

Smoking history (Encounters):Current smoker Date recorded:09-Oct-2017
Alcohol history (Encounters):Stopped drinking alcohol Date recorded:09-Oct-2017
Patient Weight in Kilograms:74
Patient Height in Metres:1.79
Patient BMI:23
Patient Blood Pressure (Systolic):118
Patient Blood Pressure (Diastolic):60

Adult Education Referral Form

Inchkeith House

Client Name	**Paul Storrie**	**Telephone**	**07376314981**
Address			
3/4 Nisbet Court, EH7 6UP		**Date of birth**	**01/08/1984**

Referrer	**Caroline Bush**	**Designation**	**CMHN**
Base	**Inchkeith House**	**Telephone**	**0131 537 4530**
Email address	**Caroline.bush@nhslthothian.scot.nhs.uk**		
How long will you continue to see client (approx)?		**Assessment only**	
Do you require feedback? Yes/No. Please give details.		**NO**	

Client Information **Date: 24/07/2019**

Educational/employment background, current health, ability to study in a group, plans for the future, risk factors etc
Feels that he wouldn't cope well in a group but was happy when I described how Adult Education worked.
Previously worked in removals but hurt his back, been out of work for about a year.

Has he/she attended classes before? No	**Details**
Area of educational interest	**Wasn't sure what he wanted to do.**

FOR EC use

Appointment	**Date**	**Time**
EC Notes		

NHS Lothian - Referral Letter

Referral To	Mental Health Edinburgh - Adult Psychiatry (North East) LI Edinburgh Adult Psychiatry
Urgency of referral	Urgent
Date of referral	08/03/2023
Date submitted	08/03/2023
UCPN	101028958550A

PATIENT DETAILS

CHI number:	0108841154
Name:	MR PAUL STORRIE
Date of birth:	01/08/1984
Sex:	Male

Contact Details

3-4 NISBET COURT
EDINBURGH
EH7 6UP

Voice (Mobile) : 07799528670

REFERRING PRACTITIONER DETAILS

Name:	Dr. Lindy McFarlane (GMC: 7042374)
Practice:	Restalrig Park Medical Centre (70569)
Phone:	Voice : 0131 454 2110

Practice address

40 Alemoor Crescent
Edinburgh
EH7 6UJ

CLINICAL INFORMATION

Reason for Referral: Low mood with suicidal ideation

Main Referral Text:

Dear colleague,

I'd be grateful for your input with this 38 y/o male who I spoke to this week and have had a few consultation with in recent weeks. Please see consultation notes below:

Pnt says his MH is bad and came to a head at the weekend
Says he burnt and sliced his arms at the weekend on Saturday
Used a lighter and his fishing knife
Says he cut his arms on the other side of his veins (ie. dorsal side)
Says unsure of his intentions "I don't know any more"
When asked if it was a deliberate attempt as suicide he said "I think so"
Says it would be better for everyone is he wasn't here
Posted a picture of the knife on facebook before using it which he agrees could've been a cry for help
Looking back on the events of Saturday he says he feels "shite" as he hasn't slept
Feels the triggers are due to several issues
- rocky marraige and says he's just lost his wife
- is going through court re. custody of his daughter
Says has limited support
Has one friend who doesn't live locally. Says the rest "couldn't give a f*ck"
Not currently working
Says is going to look into going to the gym
Tonight is attending a mens' club group in Livingston for people who are suicidal that a friend recommended to him

Pnt says he needs help
Supportive chat had, praised on phoning for recognising his need for help and asking for same
Pnt conversed well on the phone. He sounded teary at times
Is currently on trazodone and has tried MRTZ in the past but no other ADs tried

Plan: Commence fluoxetine, I'll r/f urgently to Psychiatry. Discussed crisis numbers to call if pnt ever feels he is in a crisis/ risk to himself. Pnt happy with this.

Pnt called back saying he was unable to take the fluoxetine capsules and asked for tablets. My colleague therefore started him on venlafaxine 37.5mg M/R tablets in light of being unable to see fluoxetine in tablet form.

Many thanks in advance for your input. I have marked the referral as urgent in light of pnt's DSH at the weekend.

Yours Sincerely,
Lindy McFarlane

Investigations

Description	Result	Date
New or escalating self harm or risk of self harm :	true	
Assessment by Psychiatrist :	true	
Please detail past psychiatric & psychological problems & any previous interventions / treatments :	History of complex trauma and has experienced sexual, physical and emotional abuse as a child. Long history of anxiety and overthinking. Attended MHAS in 2019 after being commenced on MRTZ which escalated his sx. Please see attached docman from 8.7.2019.	
Family, current social circumstances & other agencies/individuals involved in their care :	Lives alone, very little support from friends/ family. Says he only has 1 friend who cares about him	
Details of any previous or current misuse of alcohol, non-prescribed or prescribed drugs :	History of cannabis use since aged 9 yrs	
Any specific needs related to language, literacy disability or sensory impairment? :	No	
History of violence :	true	
If ticked, please detail :	Previous custodial sentences for violent offences. States he hasn't been in trouble. violent since 2013 (as per attached 2019 letter)	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Low back pain			24/03/2010	24/03/2010
Nondependent cannabis abuse			12/01/2010	12/01/2010
Fracture of nasal bones			15/11/2003	15/11/2003
[X]Intentional self poisoning/exposure to noxious substances		- mixed OD	29/12/2001	29/12/2001
Child with special educational needs			14/06/2000	14/06/2000
Adolescent - emotional problem		- childhood neglect	22/09/1997	22/09/1997
Behavioural problem			29/05/1997	29/05/1997
[D]Heart murmur, innocent			07/05/1991	07/05/1991
Child removed from protection register			01/01/1990	01/01/1990
Chickenpox - varicella			28/07/1986	28/07/1986
Acute bronchiolitis			02/10/1985	02/10/1985
On child protection register		- NAI registration	18/07/1985	18/07/1985
[D]Convulsions, febrile			07/04/1985	07/04/1985

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Bilateral orchidopexy			21/02/1996	21/02/1996

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Trazodone 50mg tablets	tablet	1 TABLET TWICE A DAY		20/02/2023		20/02/2023
Pregabalin 150mg capsules	capsule	TAKE ONE TABLET TWICE DAILY		18/12/2019		20/02/2023

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Venlafaxine 37.5mg modified-release tablets	tablet	ONE DAILY		07/03/2023		07/03/2023
Fluoxetine 20mg capsules	capsule	TAKE ONE CAPSULE DAILY		06/03/2023		06/03/2023
Naproxen 500mg tablets	tablet	1 TABLET TWICE DAILY. STOP TE[more]		20/02/2023		20/02/2023
Buscopan 10mg tablets (Sanofi)	tablet	TAKE 1 TO 2 TABLETS AS REQUIR[more]		20/02/2023		20/02/2023

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
Adverse reaction to antibiotics	Drug code for allergy: Amoxicillin 250mg capsules, Reaction type: Allergy, Certainty of allergy: Possible, Severity of allergy: Mild. NOTES: Upset stomach.		09/10/2017	09/10/2017
Adverse reaction to paracetamol	Drug code for allergy: Paracetamol 500mg capsules, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Mild. NOTES: Burning sensation, gastric reflux.		09/10/2017	09/10/2017

Additional information

Patient Weight in Kilograms:74

Patient Height in Metres:1.79

Patient BMI:23

Patient Blood Pressure (Systolic):118

Patient Blood Pressure (Diastolic):60

Smoking history (Screening):Current smoker	Date Recorded:09-Oct-2017
Smoking history (Encounters):Current smoker	Date Recorded:09-Oct-2017
Alcohol history (Screening):Stopped drinking alcohol	Date Recorded:09-Oct-2017
Alcohol history (Encounters):Stopped drinking alcohol	Date Recorded:09-Oct-2017

NHS Lothian - Referral Letter

Referral To	Mental Health Edinburgh - Adult Psychiatry (North East) LI Edinburgh Adult Psychiatry
Urgency of referral	Urgent
Date of referral	19/09/2023
Date submitted	19/09/2023
UCPN	101030809375R

PATIENT DETAILS

CHI number:	0108841154
Name:	Mr Paul Storrie
Date of birth:	01/08/1984
Sex:	Male

Contact Details

3-4 Nisbet Court
Edinburgh
EH7 6UP

Voice (Mobile) : 07799528670

REFERRING PRACTITIONER DETAILS

Name:	Dr. Lisa Carter (GMC: 4043342)
Practice:	Restalrig Park Medical Centre (70569)
Phone:	Voice : 0131 454 2110

Practice address

40 Alemoor Crescent
Edinburgh
EH7 6UJ

CLINICAL INFORMATION

Reason for Referral: urgent advice on medication please - does not need seen - thank you

Main Referral Text: Paul has been on venlafaxine 150mg mr and trazadone 200mg since the start of the year for anxiety with depression. Last few weeks he gets teeth chattering, and feet and legs jumping. His mood is not great, he is managing to go to work part time behind the bar at the hibs club which helps him take his mind of other stuff. His low mood is largely precipitated by his estranged wife not allowing him to see his step daughter. I am worried that being on venlafaxine and trazodone together is what is causing his involuntary leg and feet movements and his teeth chattering. I have advised him to stop his trazodone but continue on his venlafaxine, I have put him on diazepam 2mg tds for one week in the first instance whilst I seek guidance on how best to manage his medication. He will take trazodone at 100mg for one week then stop.

He continues to intermittently cut his legs as a pain relieving interaction, but looks after scars with regard to development of any infection.

He is a gentle character who is a trier where work is concerned.

Investigations

Description	Result	Date
Please detail past psychiatric & psychological problems & any previous interventions / treatments :	previous referrals to psych services, recently has been removed from WL due to non attendance	
Family, current social circumstances & other agencies/individuals involved in their care :	lives alone, works part time at hibs supporters club at easter road stadium, bar tender	
Details of any previous or current misuse of alcohol, non-prescribed or prescribed drugs :	currently working with turning point to manage his cannabis and alcohol use	
Any specific needs related to language, literacy disability or sensory impairment? :	No	

NHS Lothian - Referral Letter

Referral To	Mental Health West Lothian - Adult Psychiatry LI Basic Sign Referral
Urgency of referral	Routine
Date of referral	03/06/2025
Date submitted	03/06/2025
UCPN	101036652929Z

PATIENT DETAILS

CHI number:	0108841154
Name:	MR PAUL STORRIE
Date of birth:	01/08/1984
Sex:	Male

Contact Details

59 AVONDALE CRESCENT
ARMADALE
WEST LOTHIAN
EH48 3HN

Voice (Mobile) : 07306887696
E-mail :
SCOTTISHREBEL23@ICLOUD.COM

REFERRING PRACTITIONER DETAILS

Name:	Dr. Judith Barr-Hamilton (GMC: 4647272)
Practice:	Barbauchlaw Medical Practice (78241)
Phone:	Voice : 01501 730432

Practice address

18 North Street
Armadale
West Lothian
EH48 3QB

CLINICAL INFORMATION

Reason for Referral: Psychology - Trauma

Main Referral Text:

I would appreciate if you could consider this man for further assessment and input in relation to his past trauma.
Reports long hx of MH issues since childhood - depressed mood, anxiety, trauma.
Disclosed CSA, maltreatment, he and his brother were removed from the family home when he was 5yrs - he was placed into foster care, upbringing was quite volatile and impacted on his MH and coping strategies.
Reports that he turned to cocaine and cannabis use along with binge drinking to mask his trauma.
No current issues with substances.
Past trauma continues to play a part in his daily life - feels he has "demons" inside him at times, can experience visual hallucinations and finds himself having a conversation with someone inside his head who he does not recognise - this voice can be intrusive but is managing this element and it is not happening regularly, only when he is feeling overly stressed/anxious.
Ongoing sleep issues due to nightmares and flashbacks.
Low energy and motivation.
Recent increase in mirtazapine to 30mg - which is semi effective.
Not working.
Keen to engage with trauma support.

Referred by;
Laura Sneddon
Practice Mental Health Nurse
Barbauchlaw

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Patient's next of kin		Merlies McIntyre (Partner) - no details on reg form	10/03/2025	10/03/2025

Current medication (Active Repeat medication issued within the last 12 months)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Mirtazapine 30mg tablets	tablet	1 TABLET ONCE A DAY AT NIGHT		29/05/2025		29/05/2025
Codeine 30mg tablets	tablet	1 OR 2 TABLETS EVERY 4 HOURS [more]		29/05/2025		29/05/2025

Recent medication (Any medication issued within last 90 days not shown above)

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Meloxicam 15mg tablets	tablet	1 TABLET ONCE A DAY		29/05/2025		29/05/2025
Codeine 30mg tablets	tablet	1 OR 2 TABLETS EVERY 4 HOURS [more]		27/05/2025		27/05/2025
Codeine 30mg tablets	tablet	1 OR 2 TABLETS EVERY 4 HOURS [more]		07/05/2025		07/05/2025
Co-codamol 30mg/500mg tablets	tablet	TWO TABLETS AS REQUIRED UP TO[more]		06/05/2025		06/05/2025
Mirtazapine 30mg tablets	tablet	1 TABLET ONCE A DAY AT NIGHT		29/04/2025		29/04/2025
Omeprazole 20mg gastro-resistant capsules	capsule	1 CAPSULE ONCE A DAY		25/03/2025		25/03/2025
Naproxen 500mg tablets	tablet	1 TABLET TWICE DAILY. STOP T[more]		25/03/2025		25/03/2025
Mirtazapine 15mg orodispersible tablets	tablet	1 TABLET ONCE A DAY AT NIGHT		25/03/2025		25/03/2025

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
Drugs and other substances-adverse effects in theraputic use	Drug code for allergy: Paracetamol 500mg capsules, Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate.		10/03/2025	10/03/2025
Drugs and other substances-adverse effects in theraputic use	Drug code for allergy: Phenoxymethylpenicillin 250mg tablets, Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate.		10/03/2025	10/03/2025

Additional information

Smoking history (Screening):Current smoker Date Recorded:10-Mar-2025

Smoking history (Encounters):Current smoker Date Recorded:10-Mar-2025