Surname: Williamson First names: Lisa CHI: 2601901187 DOB: 26/01/90 *or affix patient ID label*	Ward: Craiglockhart	Date: 27/5/19
	MEDICAL CLERKING History (Admitting doctor to complete on admission)	

Presenting complaint

Suicidal intention
Low mood
Anxiety

History of presenting complaint

Seen with [redacted]
Lisa self presented to MHAS today because yesterday she was planning on taking her own life yesterday whilst her children were away staying with their [redacted] She planned to take a mixture of valium and tramadol and either cut her wrists or jump off a bridge. She said that she did not do this because she was with her sister and [redacted] at the time. Currently still having suicidal thoughts, however does not feel like she will act on them because she is in hospital. Feels that she is worthless and a burden and that her [redacted] would be better off without her previously her [redacted] have been protective factors. Says that her sleep has been poor over the past month. Struggles to get to sleep and also wakes up in the early hours of the morning before managing to doze back off. Has stopped seeing her [redacted] as much as she used to and no longer enjoys spending time with them.
Also reports an increase in anxiety over past couple months that has intensified in past 2 weeks. Having multiple panic attacks each day where she feels her chest becoming heavy and struggles to breath. Says there is no obvious trigger for these and can come on randomly, or when she is preparing to leave her house. Can stop her from doing things.

Told MHAS that three month relationship with new [redacted] ended yesterday, however tells me that they are still "sort of" in a relationship. Relationship seems turbulent and says that yesterday she through a glass bottle at him.

Has been drinking more alcohol over the past 2 weeks to self medicate. Says she has been drinking around a bottle of wine each night and taking valium/tramadol from the street once a week. Also smokes cannabis.

Lives with her [redacted]. They are currently staying with their [redacted] who she is no longer in a relationship with.

History of presenting complaint (continued)

Surname: Williamson First name: Lisa CHI: 2601901187 DOB: 26/01/90 *or affix patient ID label*	Ward: Craiglockhart	Date: 27/5/19
	MEDICAL CLERKING History (Admitting doctor to complete on admission)	

Past Psychiatric History

2016 depression whilst pregnant, seen in perinatal service and started on citalopram 20mg OD, this is described as having a positive effect on her mood
2009 admitted to REH with paranoid ideas, likely drug induced

Past Medical History

Unexplained abdominal pain 2018
Otherwise nil
2x children

Medicines Reconciliation

Document at least TWO sources ONE of which should be **patient, relative or carer**

Patient Relative or carer	✓	GP Practice		Previous discharge letter Date:		Emergency Care Summary (ECS)	✓	Other Specify……
Patient's Own Drugs		Community pharmacy Tel:		Recent OP letter Date:		GP referral letter		GP Repeats List

Previous Adverse Reactions

Medicine/ Agent or Nil Known	Description of reaction

Medicines Prior to Presentation

Name of Prescribed Medicines	Dose	Frequency	Patient taking?	Please tick ONE box below			Comments Including reasons for withhold/ stop & when to restart following withholding
				Withhold	Stop	Continue	
Contraceptive implant							

HIGH RISK MEDICINE – ADDITIONAL REQUIRED DETAIL

CLOZAPINE: **Blood Test Freq?** **Last FBC date?** **Satisfactory?**

Treatment Break? **How long? (in hours)**

OPIOID SUBSTITUTE NAME: **Dose:** **Confirmed with:**

Supervised? Yes ☐ No ☐ Details of who dispenses:

LITHIUM: Form+ Brand used: **Recent plasma concentration?** **mmol/L** **Date:**

Please document further actions required in Initial plan

Completed by: Name (Print) E Moran Signature: ..... Grade: FY2

Pharmacist Review by: Name (Print)..... Signature: ..... Date: .....

Surname: Williamson First name: Lisa CHI: 2601901187 DOB: 26/01/90 *or affix patient ID label*	Ward: Craiglockhart	Date: 27/5/19
	MEDICAL CLERKING History (Admitting doctor to complete on admission)	

Family history

[redacted] and [redacted] both live in Edinburgh and has lots of contact with both. Says they both suffer from depression.
Also has contact with [redacted]

Lives with [redacted], [redacted]

Personal & social history

(development, childhood, family circumstances, work, relationships)
Currently on benefits, is struggling financially
Is in an on/off relationship with current [redacted] Separated from her [redacted] [redacted] Still has some contact with him and [redacted] stay with him on days during the week.

For women only: Caring for child under 1 year old? Yes ☐ No ☑

If Yes: Management plan MUST include informing MWC that patient has not been admitted to MBU & why.

Does the person hold a current driving licence? Yes ☐ No ☐

Drugs & Alcohol history

Alcohol use (note frequency, weekly number of units and any history of withdrawal symptoms):
Drinking excessive amounts of alcohol
Admits to drinking on average one bottle of wine a week. No withdrawal symptoms

Risk of dependence / withdrawal: Yes ☑ No ☐

Other substance use (note type, quantity, frequency, route of administration):
Street valium and tramadol says takes this once a week
Smokes cannabis

Prescribed substitute? Yes ☐ No ☑ If Yes: See above under medicines reconciliation
Risk of dependence / withdrawal: Yes ☐ No ☑ Risk of blood borne viruses: Yes ☐ No ☐

Smoking History

Never smoked ☑ Ex-smoker ☐ Current smoker ☐ Number of cigarettes per day _____

Others e.g. vapourisers	NRT required?	Yes ☐ No ☐

Forensic history

Currently going to be a witness to an assault case "battered" a girl in a bar because she threatened her [redacted] Lisa then ran away before the police arrived and [redacted] were blamed for the assault. Says she feels bad about this and is going to be a witness in court to admit that it was her.

Premorbid functioning / personality

Enjoyed spending time with [redacted] and her [redacted]. Liked going on walks. Has felt anxious for as long as she can remember.

Surname: Williamson First name: Lisa CHI: 2601901187 DOB: 26/01/90 *or affix patient ID label*	Ward: Craiglockhart	Date: 27/5/19
	MEDICAL CLERKING Mental State Examination (Admitting doctor to complete on admission)	

Appearance & behaviour

Well kempt. Wearing hoody and jogging bottoms. Hair clean. Piercing in lower lip. Reactive facial expressions. Putting hands over face when talking about difficult subjects. Engaging in conversation with good eye contact.

Speech

Normal rate, quiet

Mood & affect

Reactive affect, smiling at times with her [redacted] and making the occasional joke, however appeared to have low mood when talking about her feelings and particularly her [redacted] Appeared anxious throughout

Thought form & content

Still feels actively suicidal, worthless and would rather not be here.
No disorder of thought

Abnormal perceptions

Nil

Cognitive functioning

Orientated, not formally assessed

Insight

Good insight called samaritans yesterday when feeling suicidal and self presented to MHAS today. Feels she needs help and to be in a place of safety.

Surname: Williamson First name: Lisa CHI: 2601901187 DOB: 26/01/90 *or affix patient ID label*	Ward: Craiglockhart	Date: 27/5/19
	MEDICAL CLERKING Physical Exam (Admitting doctor to complete on admission)	

Examining doctor's details:		
Name: E Moran	Grade: FY2	Signature:
If physical not completed on admission please give reason:		
Handed over to night team due to work load		
Chaperone required Yes ☐ No ☐ If Yes details below		
Name	Designation	

Specific risk assessment for women of childbearing potential: Tick if not applicable

Is patient using contraception?	Yes ☑ No ☐	Type: Contraceptive implant	
Could patient be pregnant?	Yes ☑ No ☐	Reason No pregnancy test to exclude	
Is pregnancy test required?	Yes ☑ No ☐	Does patient consent to this?	Yes ☐ No ☐

Any specific complaints:

Nil

Systematic Examination:

Cardiovascular:

Respiratory:

Gastrointestinal:

Nervous System:	Tone	Power	Coordination	Sensation
R arm				
L arm				
R leg				
L leg				

Reflexes:	Triceps	Biceps	Supinator	Knee	Ankle
R					
L					

Cranial Nerves:
Grossly intact?

If N, deficits found in:

Summary and comments:
Further examination / investigations required:
Pregnancy test

Examining doctor's details:		
Name: E Moran	Grade: FY2	Date: 27/5/19
Signature:		Time:

Surname: Williamson First name: Lisa CHI: 2601901187 DOB: 26/01/90 *or affix patient ID label*	Ward: Craiglockhart	Date: 27/5/19
	MEDICAL CLERKING Summary and Plan (Admitting doctor to complete on admission)	

Summary

29yr old lady self presents to MHAS with active suicidal ideation, increase in panic attacks and anxiety and low mood. Did not act on these thoughts as was with [redacted] and [redacted] at the time. Currently medicating with large intake of alcohol and some street drugs. Ongoing suicidal ideation. Has [redacted] who are currently with [redacted]
previous contact with perinatal services for depression.
Not currently on any medication.

Risk Summary

Cares for [redacted]
Risk to self by suicide/self harm

Formulation

Working diagnosis / differential diagnosis

Depression with active suicidal ideation
Anxiety
Alcohol excess

Initial Plan

(Please include investigations required / completed)

1. Physical examination and bloods please handed over to night doctor
2. Lorazepam prn started for anxiety by patient request
3. Senior review in the morning
4. Patient does not feel that she is going to commit suicide currently as she is in a place of safety.

Observation Level: General

Initial Pass Status:

Further information required

Assessing doctor's details:		
Name: E Moran	Grade: FY2	Date: 27/5/19
Signature:		Time:

NHS Lothian

Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

Dr MacKay
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 31/05/2019

Inpatient Discharge Summary

Patient	Lisa Williamson 9/7 Tytler Gardens Edinburgh EH8 8HS	**CHI** **Date of Birth / Age** **UHPI**	**2601901187** 26/01/1990 (29 years) 700168111M
Specialty	AMH Adult Mental Health	**Admission Date**	27/05/2019
Ward	REH - Craiglockhart		
Consultant	Dr SM Gilfillan	**Discharge Date**	

Dear Dr MacKay

Discharge Drugs

Discharge Medication	Dose	Frequency	Duration	Additional Info
Chlordiazepoxide Capsules	10 MG	As Directed	Short Term	Day 1 - 4x daily (0800, 1300, 1800, 2200) Day 2 - 3x daily (0800, 1300, 2200) Day 3 - 2x daily (0800, 1800) Day 4 - 1x daily (0800) Pharmacy please dispense total of 10 x 10mg chlordiazepoxide capsules.
Zopiclone Tablets	3.75 MG	As Required	Long Term	Take 1x 3.75mg as required to help with insomnia. Pharmacy - please dispense one week supply.

DIAGNOSES / PROBLEM LIST

Depressive episode with suicidal ideation
Overdose - states not with suicidal intent
Substance misuse

MENTAL HEALTH ACT STATUS

Informal

TREATMENT ON THE WARD

Dear Doctor,
Many thanks for your ongoing care of Lisa who was admitted to the Royal Edinburgh Hospital on 27/5/19 with suicidal ideation, low mood and anxiety. Lisa self-presented to MHAS as she had made plans to end her own life the previous day. Lisa described biological symptoms of depression, and feelings of hopelessness and ongoing suicidality following admission. Lisa stated that she

was using cannabis, valium, tramadol and alcohol to self-medicate for her low-mood and poor sleep prior to admission to hospital.

Following admission to hospital, Lisa took an overdose of 8-10 co-codamol whilst out on pass and also drank alcohol. She was unclear about the dose of the over-the-counter medication, and did not keep the packet, however denied that she took these tablets with suicidal intent, but rather stated she took them to 'chill out' and 'get a good night's sleep.' She was transferred to the RIE and treated with NAC as per the paracetamol overdose protocol. Although Lisa did not display overt signs of alcohol or benzodiazepine withdrawal whilst an inpatient, in light of her use of alcohol and codeine whilst on pass, and reported current substance misuse issues, she was commenced on a chlordiazepoxide reducing regime.

Lisa was admitted to hospital informally, however after several days in hospital, stated that she no longer wished to remain in hospital and did not find the environment therapeutic. She was reluctant to commence any antidepressant medication at this stage, however has agreed to engage with the community team on discharge from hospital with regards to her depressive illness and suicidality. The team felt that her care would be best managed in the community and she has been referred for urgent psychiatric review at Inchkeith House (within 7 days.)

FUTURE INVESTIGATIONS

Nil

FOLLOW-UP BEING ARRANGED BY HOSPITAL

Urgent psychiatric review at Inchkeith House with Dr Dalken on 4/6/19.

CHANGES TO DRUGS SINCE ADMISSION

Added: chlordiazepoxide reducing regime commenced. zopiclone - short term.

ALLERGIES / ADVERSE DRUG REACTIONS

nkda

SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS

Nil

DRVING ADVICE GIVEN: Not Done

GP PLEASE CONSIDER THE FOLLOWING

Many thanks for your ongoing care.

NAME: Sarah Littler

DESIGNATION: Locum SHO

This is an immediate discharge letter and a further letter may follow.

NHS Lothian

Inchkeith House
137 Leith Walk
Edinburgh
EH6 8NP

Dr MacKay
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 06/06/2019

Outpatient Clinic Letter

Patient	Lisa Williamson 9/7 Tytler Gardens Edinburgh EH8 8HS	**CHI** **Date of Birth / Age** **UHPI**	**2601901187** 26/01/1990 (29 years) 700168111M
Specialty	Adult Mental Health NE OPD	**Attendance Date**	
Consultant	Dr Linda I Dickens (T2 GPT)		

Dear Dr MacKay

Diagnosis
Anxiety

I reviewed Lisa Williamson in clinic following her recent discharge from the Royal Edinburgh hospital after a short informal admission. She attended with her [redacted] Lisa was admitted with low mood, suicidal ideation and anxiety. During her admission she took an overdose of co-codamol with alcohol and required a medical admission for NAC. Lisa reaffirms that she did not take the overdose in an attempt to end her life but rather took the tablets to help her get to sleep. She attended to end her life previously at the age of 16 by cutting her wrist an has no previous history of self harm.

Today Lisa found it difficult to describe her mood but felt that it had improved since her admission. She feels her mood had been low for over 10 years and is unable to identify any triggers. She did however continue to suffer from anxiety which was worse when in crowded spaces or when plans changed suddenly. She attended with her [redacted] who explained that he had observed her during peiods of anxiety when in crowded spaces and at these times she was hypervigilent and worried that she would be hurt by someone.

She feels stressed at the moment as she is aware that her [redacted] has been falsy charged with assaulting a woman that she in fact assaulted. She is making plans to speak to the police.

She described her sleep as variable, sleeping for long periods on some days and for a few hours overnight on others. She tends to wake up at the same time as her children. She feels her appetite is equally as varied.

Lisa is currently staying with her [redacted] in Edinburgh and [redacted] are staying with their biological [redacted] She does not have any concerns for their safey whilst they are in his care and is not worried about how she will look after her [redacted] in future.

She is unemployed and has [redacted]. She feels well supported by [redacted] and her [redacted]. She does not feel anxious about returning to look after her [redacted] and has never had any thoughts of harming them. Lisa is also visited by the health visitor twice a month and she feels well supported by her.

She typically spends her days looking after her [redacted] going for walks with [redacted] and drinking alcohol in the evening. She worked for a short period of time as a cleaner after finishing school and has not had any other form of employmenet.

Lisa has decided to cut down on her alcohol intake which over the last 6 month has been between one to two bottles of wine per day and she has not drank any alcohol since her discharge. She also admits smoking cannabis roughly once every two weeks at night and has previously taken her friends prescription diazepam. She is aware that alcohol can have a detremental effect on her mood. She has not expressed any desire to stop smoking cannabis.

She does not like taking tablets regularly and explained that she does not want to have an antidepressant.

Lisa was dressed casually in a hoody and causal trousers. Her hair was slightly messy. She appeared nervous on entering the room initially avoiding eye contact then sitting on the edge of her seat for the majority of the consultation. She has normal speech and did not have any formal thought disorder. She did not have any plans to end her life or harm others and she denies self harm.

SUMMARY
Lisa continues to experience anxiety particularly when in crowded social situations and feels that this is her most distressing symptom at present. She is experiencing some stress with the prospect of being chanrged for assault which could be exacerbating her anxiety.

Her mood has improved slightly and she has no plans to harm herself or others.

She does not want to take medication for her anxiety symptoms and does not feel comfortable with the idea of attending the anxiety group.

P:
1.Referral to PCLT for one to one psychotherapy
2.Sign posted to Turning Point and mental health information station
3.Crisis information provided - MHAS, Crisis centre

Dr Dosekun
GPST
Inchkeith House

NHS Lothian

Inchkeith House
137 Leith Walk
Edinburgh
EH6 8NP

Dr MacKay
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 06/06/2019

Outpatient Clinic Letter

Patient	Lisa Williamson 9/7 Tytler Gardens Edinburgh EH8 8HS	**CHI** **Date of Birth / Age** **UHPI**	**2601901187** 26/01/1990 (29 years) 700168111M
Specialty	Adult Mental Health NE OPD	**Attendance Date**	
Consultant	Dr Linda I Dickens (T2 GPT)		

Dear Dr MacKay

ADDENDUM TO OUTPATIENT PSYCHIATRY CLINIC LETTER from 05/06/2019

Miss Williamson has been discharged from the outpatient psychiatry clinic. She has been referred to the PCLT for one to one psychotherapy.

If you have any concerns please do not hesitate to get in contact.

Kind regards,

Dr Dosekun
GPST
Inchkieth House

The Mental Health (Care and Treatment) (Scotland) Act 2003

Nurse's Power To Detain Pending Medical Examination

NUR1

Instructions

v7.0

This form is to be used:

where a nurse considers it necessary to detain a patient under the authority of section 299 of the Act pending medical examination.

There is no statutory requirement that you use this form but you are strongly recommended to do so. This form draws attention to some procedural requirements under the Mental Health (Care and Treatment) (Scotland) Act 2003. Failure to observe procedural requirements may invalidate the certificate.

If you are not completing this form electronically, please observe the following conventions, to ensure accuracy of information:

Write clearly within the boxes in BLOCK CAPITALS and in BLACK or BLUE ink

For example: 25 MARKET ST

Shade circles like this -> ●

Not like this -> ⊗ ✓

Where a text box has a reference number to the left, you can extend your response on plain paper where there is insufficient space in the box. Extension sheet(s) should be clearly labelled with Patient's name and CHI number, and each extended response should be labelled with the appropriate text box reference number.

Patient Details

CHI Number: 2601901187

Surname: WILLIAMSON

First name(s): LISA

Other / known as:

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title: MS

Gender: ○ Male ○ Female

DoB (dd / mm / yyyy): 26 / 01 / 1990

Patient's home address: 9/7 TYTLER GARDENS, EDINBURGH

Postcode: EH7 6RL

Nurse's Details

Surname: BALL

First Name: MATTHEW

Hospital: ROYAL EDINBURGH HOSPITAL

Ward/Clinic: CRAIGLOCKHART

○ I am a registered nurse of such class as prescribed in the regulations (see Notes on page 3)

To be completed by a Prescribed Nurse

Detention of Patient

I believed that it was likely that the aforementioned patient had a mental disorder; and that it was necessary for the protection of:

● the health, safety or welfare of the patient

○ the safety of any other person,

that the patient be immediately prevented from leaving the hospital;

and that it was necessary to carry out a medical examination of the patient for the purpose of determining whether the granting of an emergency detention certificate, or a short-term detention certificate was appropriate.

I believe this was warranted for the following reason(s):

1	Recent overdose, just returned from RIE. Requires medical review

The patient was detained on:

Date 30 / 05 / 2019 at: 22:50 time (24 hr clock)

Complete A or B as appropriate

A A medical practitioner arrived to examine the patient on:

Date 30 / 05 / 2019 at: 01:30 time (24 hr clock)

● The examination took place within 3 hours of the detention starting.

OR

B ○ the medical practitioner DID NOT arrive to examine the patient within 3 hours of the detention starting, and the examination DID NOT take place.

The detention under nurse's power to detain ended on:

Date / / at: : time (24 hr clock)

The outcome of the detention was:

○ an emergency detention certificate was granted

○ a short term detention certificate was granted

● the patient remained in hospital on a voluntary basis

○ the patient left hospital

To be completed by a Prescribed Nurse

MHO Notification

I took all reasonable steps to inform the MHO named below of the detention as soon as was practicable after the holding power began

MHO Surname :

MHO First Name :

The MHO was informed on: [ ][ ] / [ ][ ] / [ ][ ][ ][ ] at: [ ][ ] : [ ][ ] time (24 hr clock)

Signature / Date

○ I have completed the section of this form relating to the patient's ethnicity.

○ I confirm that a copy of this form will be delivered to the managers of the hospital in which the patient is detained, as soon as practicable after it is completed

Signature of Nurse

Date dd / mm / yyyy 30 / 05 / 2019

RECORD OF NOTIFICATIONS

To be completed by the Hospital Managers

✓ I confirm that a copy of this form has been sent to the Commission within 14 days of receiving this form from the nurse

Name

Job Title

Signature

Date 11 / 06 / 2019

Notes

The class of nurse prescribed is a nurse registered in Sub-Part 1 of the Nurses' Part of the register established and maintained in accordance with article 5 of the Nursing and Midwifery Order (2001), whose entry includes an entry to indicate that:
(a) the nurse has a recordable qualification in mental health nursing or learning disabilities nursing;
(b) the nurse's field of practice is mental health nursing or learning disabilities nursing.

The nurse's power to detain can only be exercised with respect to any informal patient (that is, any patient who is not detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 or the Criminal Procedure (Scotland) Act 1995). This power cannot therefore be exercised with respect to a patient who is already detained under either of those Acts. Patients who are subject to a Community Payback Order with a mental health treatment requirement or a Supervision and Treatment Order are not detained, and the nurses holding power can be exercised.

Under section 299 of the Act, a patient may be detained in hospital for a period of 3 hours.

PATIENT ETHNICITY

The following information is requested to monitor the use of the Mental Health (Care & Treatment) (Scotland) Act 2003 across ethnic groups to ensure observance of equal opportunity requirements

Patient CHI Number | 2 | 6 | 0 | 1 | 9 | 0 | 1 | 1 | 8 | 7 |

The patient describes his / her ethnic group as:

	O Information not provided	
White	● Scottish	
	O Other British	
	O Irish	
	O Gypsy/ Traveller	
	O Polish	
	O Any other White ethnic group, please describe	
Mixed	O Any Mixed or Multiple ethnic groups, please describe	
Asian, Asian Scottish, or Asian British	O Pakistani, Pakistani Scottish or Pakistani British	
	O Indian, Indian Scottish or Indian British	
	O Bangladeshi, Bangladeshi Scottish or Bangladeshi British	
	O Chinese, Chinese Scottish or Chinese British	
	O Any other Asian, please describe	
African	O African, African Scottish or African British	
	O Any other African, please describe	
Carribean or black	O Caribbean, Caribbean Scottish or Caribbean British	
	O Black, Black Scottish or Black British	
	O Any other Caribbean or Black, please describe	
Other ethnic group	O Arab, Arab Scottish or Arab British	
	O Any other ethnic group, please describe	

Primary Care/ Psychological Therapies Service
Initial Assessment

Responsible Clinician: Kym Withnell
Base: Inchkeith House
Tel no: 0131 537 4530

NHS Lothian

1. Personal details

Date assessment commenced 12/04/2021

Surname	Williamson
First name	Lisa
Preferred name	
CHI	2601901187
Date of birth	26/01/1990
MHI	
Address	9/7 Tytler Gardens
	Edinburgh
Postcode:	EH8 8HS
Telephone no:	07548 512 239

Sex:	Female
Title:	
Surname at birth:	
Other previous surname:	
Ethnic group:	White - Scottish
1st language	English
Interpreter required?	☐ Yes No ☒
Occupation:	Unemployed
Religion / beliefs:	Unknown
Address type:	Permanent
UK Resident last 12months:	☒ Yes No ☐

2. GP details

GP	AR MacKay
Practice	St Triduana's Medical Practice
Practice address	54 Moira Park
	Edinburgh
Postcode:	EH7 6RU
Telephone no:	0131 657 3341
Fax no	

3. Next of Kin

Surname:	
First name	
Relationship :	
Address:	
Postcode:	
Telephone no:	

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

Name: Lisa Williamson	CHI: 2601901187

3. Reason for Referral

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

Referral by GP for management of anxiety; Lisa confirmed that she feels her anxiety has worsened over the last 2 years. Lisa reported that she had an inpatient admission last year due to increased suicidal ideation; she stated that she felt unsupported when leaving hospital. Lisa has been experiencing thoughts of self harm which she has not acted on at time of assessment. However she feels her mental health has deteriorated and would like support in terms of ways to better manage her impulse control and constant anxious thoughts.

4. Assessment

Spiritual beliefs /coping skills and strengths:

Current Social circumstances:

Lisa lives with her 2 daughters [redacted] (10) and [redacted] (4), they have different [redacted]. Despite this [redacted] has continued to take on a parental role towards [redacted] and is involved in both [redacted] lives.

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

Lisa is a stay at home [redacted] and receives benefits (PIP, Income support, and child tax benefits); she told me that she has always been good at managing her finances and feels this is stable.

Self care / Home management :

Lisa stated that her only routine is the one for her [redacted] and she makes sure that they are provided for. In terms of her own self care this can be more difficult and she struggled to maintain a routine for cleaning the house. She told me that these tasks will often be done in bursts when she has the energy and motivation, and can slip in between. She also struggles with tasks such as washing her hair.

Interests / Social and Leisure pursuits:

Lisa likes to go out for walks and has found they help lift her mood.

Early experiences / early social history / Relationships with family:

Lisa is from Edinburgh and grew up with her [redacted] and [redacted] who is 1and 1/2 years younger. Initially she told me that she didn't have many memories from her childhood and she wasn't sure why this was. She then went on to disclose that she was aware of problems in her [redacted] that were mostly because her [redacted] she told me that they had almost separated on one occasion. And she has memories of her [redacted] trying to stop her [redacted] from entering the house and she had come back drunk. She reported that her [redacted] worked opposite each other so there weren't many times they were both present; she stated her [redacted] and she has memories of being taken to the pub with her. She remembers times when her [redacted] had been intoxicated and had urinated on the floor. Lisa does not have contact with [redacted] at present and stated that she had tried to turn the [redacted] against each other.

School and education – Lisa reported that she had liked primary school and it had been a good experience. Things changed when she was at high school as she started to rebel. She stated that she felt her [redacted] didn't have time for her and didn't care. Lisa started to skip school with her [redacted] and she didn't sit her exams. She told me that she left school in 4th year and her destructive behaviour continued.

Lisa ended up in jail for 8 months and told me this had been for offences including stealing. She was released to her [redacted] and started a college course in painting and decorating. During this time (19 years old) Lisa met [redacted] who had been doing a photography course and they became a couple. She had [redacted] when she was 20 years old; the relationship had ended and her [redacted] has no involvement. Lisa stated she feels that her relationships are often toxic; with both parties acting badly and is aware she has anger issues.

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

Mood, Appearance & Behaviour

Lisa stated that she feels her emotions very strongly and is aware that she can be quick to react angrily. She reported that her mood fluctuates and she feels that there isn't a pattern. She has been consistently feeling unhappy which led her to presenting to her GP. She reported struggling with motivation for things like having a bath; and often feels anxious running different scenarios through her head.

Sleep pattern/Energy levels/Motivation/Appetite,

Sleep – finds it difficult to fall asleep.
Appetite – has never had a big appetite and struggles with routine of regular meals.

Concentration/Attention span/Memory recall (Short term and long term memory function),

Attention span – reports this has been bad as she is easily distracted by anxious thoughts.
Memory – reported STM is not good and she tries to combat this by writing things down, though sometimes still forgets.

Suicidal ideation (Further details also required in Section 5/Risk assessment),

Lisa stated that her suicidal thoughts are always there, she has in the past thought about plans but stated she has never acted on them.

CommunicationThought content/Abnormal beliefs/Abnormal experiences/Thought disorder).

Reports having intrusive anxious thoughts, but none of the above.

Past Psychiatric history:

Inpatient episode at REB in March/April 2020, Lisa self discharged.

Any known family psychiatric history:

[redacted] – alcohol addiction/depression. [redacted] – depression and anxiety.

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

No psychological or talking therapies.

Physical health issues:

n/a

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

Mirtazipine, chlorpromazine 3x daily

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

Avoids alcohol and rarely drinks

Other substance use:

Occasional cannabis use.

Name: Lisa Williamson	CHI: 2601901187

5. Risk Screening

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

Reports intrusive thoughts of suicide; no active plan and denies urges to act on these thoughts at present.

Previous episodes of suicide attempts / previous deliberate self harm:

05/2019 – overdose of 8-10 co-codamol and alcohol, Lisa stated this was not a suicide attempt during the assessment.

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):

Health visitor aware of assessment.

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):

History of aggressive behaviour – 8 months in jail as a teenager, charged with assault in 2020 – reported this was while drunk, she told me that she now avoids alcohol as she is aware that it triggers aggressive behaviour.

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

Historic – emotional abuse from [redacted] Sexual abuse – age 17 was drugged and assaulted after a night out, separate sexual assault 2 years ago. Reports ex [redacted] had been verbally and physically abusive.

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

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

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? GP

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

If other please specify:

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: Kym Withnell Band 6 CMHN **Signature:** **Date: 16/04/2021**

Name: Lisa Williamson	CHI: 2601901187

6. Summary & plan

Formulation /Diagnosis:

At the end of the assessment we discussed what Lisa would like to be the focus for treatment and she expressed that she would like to improve her suicidal thoughts, anxiety, and low mood. She has expressed that she struggles with fluctuations in her mood and is also aware that she can be quick to anger. I have recommended the Decider Skills in the first instance as it will provide Lisa with coping skills to better manage her distressing thoughts.

Does the patient have a treatment preference? Yes ☒ Individual treatment

Patient consent to share information obtained? ☒ Yes

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):

- Patient information provided
- Triage for Decider Skills
- Lisa has preference for individual treatment (video calls)

Any Actions to be taken by GP:

- Continue to monitor medication

Copy sent to GP ☒Yes Date: 16/04/2021 ☐No

Assessor – Name/Grade: Kym Withnell Band 6 CMHN **Signature:** **Date**: 16/04/2021

NHS Lothian

Inchkeith House
137 Leith Walk
Edinburgh
EH6 8NP

Adult Mental Health NE OPD

Dr MacKay
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 07/06/2021

Outpatient Clinic Letter

Patient	Lisa Williamson 9/7 Tytler Gardens Edinburgh EH8 8HS	**CHI** **Date of Birth / Age** **UHPI**	**2601901187** 26/01/1990 (31 years) 700168111M
Attendance Date	04/06/2021		
Consultant	NE OPD Advice Only		

Dear Dr MacKay

I am writing with regards your request for advice regarding theabove namedpatient. Chlorpromazine at a low dose can be helpful for agitation and feeling overwhelmed but as your patient has noted it can increase skin sensitivity to the sun. A similaralternative would be quetiapine 25mg to 50mgup to three times a day. Whilst it is also an antipsychotic and thus can cause the same problem, it is less well known for it. Quetiapine can also be sedating which helps with the agitationbut she should not take it before driving if she feels oversedated or less able to concentrate.
If she finds quetiapine is not as effective or also causes increased risk of sunburn, then my advice would simply be to use sunscreen.

Please do not hesitate to contact me via email if you would like to discuss this further.

Dr Linda Dickens
Consultant Psychiatrist
NHS Lothian, Inchkeith House, Edinburgh EH6 8NP
T: 0131 537 4530

NHS Lothian

Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

AMH - Digital Interventions

Dr MacKay
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 21/03/2023

Outpatient Clinic Letter

Patient	Lisa Williamson 9/7 Tytler Gardens Edinburgh EH8 8HS	**CHI**	**2601901187**
		Date of Birth / Age	26/01/1990 (33 years)
		UHPI	700168111M
Attendance Date			
Consultant	cCBT Online		

Dear Dr MacKay

Your patient was provided access to Beating the Blues (BtB) cCBT, but chose not to engage.
After 4 weeks of inactivity, we sent a letter advising of some common steps to resolve any issues and to contact us directly if they needed further support with a deadline around 4 weeks later.
Following the deadline the patients access was removed to begin this discharge process.
As a result of this discharge and in line with GDPR, we have deleted their account from the website as well as removing access. If your patient wishes to access treatment again, they can contact us directly or be re-referred via the same referral route.
If you have any further questions, please contact the Digital Psychological Therapies Team:
0131 537 1247 | btbcbt@nhslothian.scot.nhs.uk
PLEASE NOTE WE DO NOT REQUIRE YOU TO ADVISE US IF YOUR PATIENT HAS MOVED SINCE REFERRAL/NO LONGER REGISTERED AT YOUR SURGERY| THE INFORMATION ADDED TO TRAKCARE WILL BE VISIBLE, THEY CAN BE RE-REFERRED BY ANY GP SURGERY IN NHS LOTHIAN/SCOTLAND

NHS Lothian

Royal Edinburgh Hospital
Morningside Place
Edinburgh
EH10 5HF

AMH - Digital Interventions

Dr MacKay
St Triduana's Medical Practice
54 Moira Park
Edinburgh
EH7 6RU

Date: 08/08/2023

Outpatient Clinic Letter

Patient	Lisa Williamson 9/7 Tytler Gardens Edinburgh EH8 8HS	**CHI**	**2601901187**
		Date of Birth / Age	26/01/1990 (33 years)
		UHPI	700168111M
Attendance Date			
Consultant	Digital Interventions Online		

Dear Dr MacKay

Your patient was provided access to Beating the Blues (BtB) cCBT, but chose not to engage.
After 4 weeks of inactivity, we sent a letter advising of some common steps to resolve any issues and to contact us directly if they needed further support with a deadline around 4 weeks later.
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Patient & GP Information

UHPI Number	700168111M
CHI Number	2601901187
Episode Number	I0004715996
Surname/Forename	Williamson, Lisa
Date of Birth	1/26/90
Sex	Female
Patient Address.	9/7 Tytler Gardens Edinburgh EH8 8HS
Registered GP	AR MacKay
GP Address.	St Triduana's Medical Practice,54 Moira Park,Edinburgh, EH7 6RU

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Surname/Forename	Williamson, Lisa
UHPI Number	700168111M

Episode Number	I0004715996

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004715996 Dr SM Gilfillan 5/28/19 10:55 Dr Sarah Littler	FY2 Littler 7200 ,,Asked to complete physical exam, bloods/ECG. ,,ECG - NSR, QTc 454,,On clinical examination: ,,wwp, crt<2secs, HS I+II+0, HR 82,Chest clear throughout lungfields, good a/e to bases, no added sounds ,Abdomen SNT, bs present ,Calves SNT,PEARL, cranial nerves in tact, sensation in tact, 5/5 power all 4 limbs, plantars downgoing ,,Imp: normal clinical examination ,,Bloods awaited. ,,FY2 Littler 7200

Surname/Forename	Williamson, Lisa
UHPI Number	700168111M

Episode Number	I0004715996

Note Details	Clinical Notes
Consultant Review Episode/Ref: I0004715996 Dr SM Gilfillan 5/28/19 12:34 Sheila M Gilfillan	Senior Medical Review (Including: Changes to initial care plan, discharge criteria if relevant): ,Seen with Dr Hawthorn.,I note history and examination.,We clarified that Lisa had been with [redacted] and then called [redacted] to self-present to MHAS. Court case scheduled 14 June and she is worried about this. Has been called as a witness but intends to admit guilt of assault in a pub following which [redacted] was charged. has not had legal advice. Not a regular heavy user of alcohol or drugs when well. Admits to alcohol socially only and not to excess. Substance misuse has escalated, particularly over the last two weeks. She has been drinking the equivalent of a bottle of wine and several cans of beer daily. No withdrawal symptoms or seizures in the past. Increasing arguments with [redacted] over [redacted], in particular her seeking more care of them by him. Arguments with [redacted],She sees hospital as a safe place and wants help to get better and stop having 'daft thoughts'. Suicidal ideation present but trying to put this to one side and no active plans while in hospital.,Not keen for antidepressant at present. Says she tries to avoid them.,,,Working diagnosis:,Depressive episode,Polysubstance misuse,,Has patient been informed of diagnosis and rationale for diagnosis? Yes ,,Plan:,1 Assess mental state and explore psychosocial stresseds further,2 As required lorazepam 1mg,3 Observe for signs of alcohol withdrawal,4 Nurse/family escort,,Does this person need referral to social work for assessment? No ,,Has the referral been made? ,,CGI Severity Score (please delete as appropriate): ,4=Moderately ill,

Surname/Forename	Williamson, Lisa
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Note Details	Clinical Notes
Pharmaceutical Care Issues Episode/Ref: I0004715996 5/28/19 14:37 Zarah Swain	Phar: 4,Med Rec com pleted: Yes,Sources used (min.of 2): ECS and patient,Outstanding Med Rec issues: Ni noted, on nil regular,Outstanding/ ongoing care issues: Dx - low mood, anxiety, suicidal,- NO regular medication at present,Changes to medication:,Discharge/Compliance information:

Surname/Forename	Williamson, Lisa
UHPI Number	700168111M

Episode Number	I0004715996

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004715996 Nurse 5/28/19 19:10 Aimee C Mitchell	Context - Nursing, long day entry.,,How are you?/Presentation,,Lisa had her senior medical review today and also had her physical obs taken. NEWS score of 1 due to a slightly elevated heart rate. Lisa was warm an appropriate throughout this, however did not engage in spontanious conversation. Lisa stayed in bed for most of the morning but has spent some of the afternoon out on pass with her family. Lisa provided a UDS which showed positive for THC and Benzodiazepines, however she has accepted Lorazepam since on the ward. Lisa presents as quite flat at times, and often stares quite blankly.,,Issues,,Low mood.,,Risk,,Recent suicidal ideation.,,Plans ,,Continue with care plans currently in place.

Surname/Forename	Williamson, Lisa
UHPI Number	700168111M

Episode Number	I0004715996

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004715996 Rado Rzeznicki 5/27/19 20:04 Rado Rzeznicki	Context,general obs, introductory entry,,How are you?/Presentation,Lisa is a 29 y.o. lady reporting low mood, anxiety and panic attacks. Deterioration for a few months, but more intense in last 2 weeks. Very sensitive to noises, paranoia affecting sleep. Getting only 3 - 4 hours of sleep per night. Lisa feels worthless, hopeless and a burden to family. [redacted]), who are with their [redacted]. They used to be protective factor, but not any more. Lisa planned to obtain medication from several shops, take overdose and jump from a high place. Stopped from this by [redacted], who brought her to the hospital for assessment. Currently reviewed by duty doctor.,,Issues,Suicidal ideation with plan.,,Risk,Suicide risk. No protective factors.,,Plans,Admission paperwork, risk assessment, physical and MUST, CANSAS.

Surname/Forename	Williamson, Lisa
UHPI Number	700168111M

Episode Number	I0004715996

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004715996 Nurse 5/29/19 05:32 Matthew Ball	Context: Nightshift nursing entry. ,,How are you?/Presentation: After using the bath, Lisa spoke with SN Kutamahufa regarding her mood, appeared quite tearful during this time. Socialised well with peers, had some takeaway. Requested something to help with sleep and became brittle when this was declined, staff asked Lisa to attempt to sleep naturally before staff requested medical review for a hypnotic. Lisa appears to have slept well overnight without medication.,,Issues: Nil new issues.,,Risk: Nil new risks.,,Plans: Continue with current plan. ,

Surname/Forename	Williamson, Lisa
UHPI Number	700168111M

Episode Number	I0004715996

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004715996 Nurse 5/29/19 18:53 Maureen Tosney	Context Pm entry,,How are you?/Presentation Lisa spent all afternoon in the communal area with her visitor during interactions Lisa stated that she is feeling worse today and would like to see the docter regarding her mood and feeling panicky left the ward around 17.30 to go for a meal with her family and remains out at time of writing.,,Issues No change,,Risk No change,,Plans No change

Surname/Forename	Williamson, Lisa
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Episode Number	I0004715996

Note Details	Clinical Notes
Ward Round Episode/Ref: I0004715996 Nurse 5/30/19 00:55 Memory Kutamahufa	Date of Ward Round: 30/5/19,,Legal Status and Expiry Date: Informal,,Current Pass Status: N/E,,Nursing review: Lisa is a 29 years old lady admitted 27/5/19 reporting low mood, anxiety and panic attacks. Deterioration for a few months, but more intense in last 2 weeks. Very sensitive to noises, paranoia affecting sleeps. Lisa feels worthless, hopeless and a burden to family. Lisa planned to obtain medication from several shops, take overdose and jump from a high place. She was stopped from this by her [redacted], who brought her to the hospital for assessment. On the ward, she reported she sees hospital as a safe place and wants help to get better. Lisa has been evident in communal areas and stated that she has been feeling worse regarding her mood and feeling panicky the last two days. Lisa presents as quite flat at times, tearful and often stares quite blankly. She has been spending time with [redacted] off the ward. Good dietary intake,,Patient/ Carer Review,,Completed by: Memory KutamahufaS/N,,Ward Round Attendants,,Dr Gilfillan - cons,Dr Hunter - ST4,Sophie Craig - RMN,Lindsay Aitken - OT,Jake Hawthorn - CT2,,Ward Round Discussion,,Currently at RIE after taking an overdose yesterday. [redacted] was aware of overdose but did not want to tell staff and get her in trouble. Lisa apparently said that this was not with suicidal intent. ,Staff felt that the overdose was quite unexpected as she was appearing settled on the ward. ,,Plan:,1. review once returns to the ward,,Working Diagnosis,,Social Need,,CMHT/IHTT,,Assessments required,,Mental health Act/ Legal work,,Prescription Medication, High Dose Monitoring,T2/T3 & ECT,,Engagement With Carers and Relatives,,Risk Assessments and Review of Pass Plan,,Estimated Discharge Date,,Delayed Discharge

Surname/Forename	Williamson, Lisa
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Episode Number	I0004715996

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004715996 Dr SM Gilfillan 5/30/19 01:31 Harriet Wood	Harriet Wood CT1,,Asked to review patient as [redacted] had disclosed that Lisa took an overdose of co-codamol this evening.,,I discussed this with Lisa. She initially denied this, but then stated she had taken 8-10 over the counter co-codamol tablets at around 5pm today whilst on pass. The dose was unclear and Lisa did not keep the packet. Therre was no suicidal intent and Lisa stated she had just wanted to chill out, and thought it might help her get a good night's sleep.,,,She was distressed at being unable to sleep and is unhappy about the care she is receiving on Craiglockhart ward. but otherwise does not feel unwell. She denied abdominal pain, N and V, fits faints or funny turns or a headache.,,,O/E:,Appeared well, not in extremis,Peripherally warm and well-perfused, capillary refil normal,HS 1 + 2 + 0,Chest clear with no added sounds,Abdomen SNT, BS heard,No organomegaly,Calves SNT,,Consulted ED paracetamol OD protocol (more than 8 hours since ingestion). Weight 59.6kg. Estimated ingestion 83mg/kg. ,,Have sent bloods (FBC, U + Es, INR, paracetamol levels, LFTs) as per protocol.,,Discussed plan with ED SpR - in agreement,,Plan:,await bloods,if concerning features for transfer to RIE

Surname/Forename	Williamson, Lisa
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Episode Number	I0004715996

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004715996 Dr SM Gilfillan 5/30/19 02:56 Harriet Wood	Harriet Wood CT1,,Lisa's paracetamol levels came back as 57. Other bloodsnormal.,,Above treatment threshold for NAC.,,D/W ED SpR Cat. ,,Plan:,For transfer to RIE and NAC,Lisa in agreement with plan

Surname/Forename	Williamson, Lisa
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Episode Number	I0004715996

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004715996 Nurse 5/30/19 06:14 Memory Kutamahufa	Context: Nightshift,,How are you?/Presentation: Lisa returned from pass just after 20:00 and appeared fairly settled socialising with fellow peers. Around 22:30, unknown caller who claims to be [redacted] contacted the ward to inform us that Lisa had taken overdose whilst on pass. The caller reported she was told by [redacted] and he was not willing to tell staff as he did not want to put Lisa in trouble. IDuty Doctor was contacted to come and take the bloods. Please see the Doctor's entry below. Lisa was transferred to RIE around 3:00am as her paracetamol levels came back above the treatment threshold. Lisa remains at RIE with staff at the time currently receiving treatment and waiting for a bed. Lisa appeared distressed and agitated when she was confronted. ,,Issues: Took overdose whilst on pass. She reported it was not suicidal intent but to help her sleep. Currently receiving treatment @ RIE,,Risk: n No change,,Plans : Now on N/E and family escort passes was taken away until review by the medical team. Continue with current plan

Surname/Forename	Williamson, Lisa
UHPI Number	700168111M

Episode Number	I0004715996

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004715996 Nurse 5/30/19 19:19 Heather X Wilson	,Context,,Daily Nursing Entry,,Lisa remains at the RIE,,How are you?/Presentation,,The writer arrived at the RIE shortly before 0700 and took over the escort role. Lisa was initially distressed and irritable, voicing her frustration at her care and treatment in the REB and in the RIE overnight. She was also highly distressed that her phone was running out of battery. After crying for a period, sitting with her coat over her head, she relaxed and spoke with the writer at length.She explained that she had taken the cocodamol last night to give her a 'dunt' and to help her sleep at night. Although more relaxed she continued to appear 'on edge' and nervous when she heard noises within A&E. She was given IV Nac treatment for overdose and was worried about how long the process would take. Shortly after 12.30 Lisa was moved from A&E to AMU Bay 6. ,,Issues & Risk None new evident,,Plans: Bloods were taken late afternoon and are to be repeated at 20.00. RIE staff will contact Craiglockhart staff and confirm when Lisa is to be transferred this evening.,,,,

Surname/Forename	Williamson, Lisa
UHPI Number	700168111M

Episode Number	I0004715996

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004715996 Nurse 5/30/19 23:10 Matthew Ball	Lisa was detained under nurse's power to detain pending medical examination. Lisa was detained at 22:50 on the 30/05/2019. NUR1 completed and sent to the MHA administration.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004715996 Dr SM Gilfillan 5/31/19 01:51 Harriet Wood	Harriet Wood CT1,,I reviewed Lisa at around 0130. AT 2300 she had been placed onto nurse's holding powers when she requested to leave ward.,,SN Ball explained that Lisa had been difficult to manage since returning from the RIE this evening. She returned with [redacted] and they were both verbally abusive and hostile to staff. When asked to leave the ward [redacted] was confrontational, and security had to be called. AT this point Lisa stated she wanted to leave also. Lisa has frequently told staff she is not finding interactions helpful and is not benefitting from the admission.,,When I went to assess Lisa she was asleep. I woke her up, but she was reluctant to talk to me. She denied wanting to leave hospital now, although was not clear what had changed her mind. She agreed that she would be happy to stay until at least tomorrow when she can be reviewed by her regular team.,,Impression:,Lisa no longer wishes to leave hospital,If requests to leave again I will review with a view to detention, although it I am not sure if she would be detainable,Review by team tomorrow

Surname/Forename	Williamson, Lisa
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Episode Number	I0004715996

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004715996 Nurse 5/31/19 05:26 Lisa Cairns	General Presentation: (Mental state on shift, changes to presentation, change to risk, substance use),Returned from RIE around 22.30. Came onto the ward with [redacted]. Hostile towards staff when staff advised that [redacted] would have to leave the ward. [redacted] encouraged her to leave the ward as she is an informal patient.Security were called. Advised that this would be against medical advice. Nurses holding power used to detain at 22.50. Became verbally abusive towards staff, targeting certain staff. Irritable when advised that staff could not take her for a cigarette. Irritable at having to wait for medical review. Later voiced to doctor that she no longer wishes to leave.,,Activity: (Activities of Daily Living, Engagement ward activities, time on or off ward, Prompting to get up, Visitors),Spent time in communal areas.,,Physical Health: (Neglect, personal care, Diet, Blood Glucose Monitoring, Physical Observations) ,Declined physical obs,,Medication: (any as required accepted or refused, compliance), Compliant

Surname/Forename	Williamson, Lisa
UHPI Number	700168111M

Episode Number	I0004715996

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0004715996 Dr SM Gilfillan 5/31/19 11:27 Dr Jacob Hawthorn	,,DIAGNOSES / PROBLEM LIST,,,Depressive episode with suicidal ideation ,Overdose - states not with suicidal intent ,Substance misuse ,,MENTAL HEALTH ACT STATUS,,Informal ,,TREATMENT ON THE WARD,,Dear Doctor, ,Many thanks for your ongoing care of Lisa who was admitted to the Royal Edinburgh Hospital on 27/5/19 with suicidal ideation, low mood and anxiety. Lisa self-presented to MHAS as she had made plans to end her own life the previous day. Lisa described biological symptoms of depression, and feelings of hopelessness and ongoing suicidality following admission. Lisa stated that she was using cannabis, valium, tramadol and alcohol to self-medicate for her low-mood and poor sleep prior to admission to hospital. ,,Following admission to hospital, Lisa took an overdose of 8-10 co-codamol whilst out on pass and also drank alcohol. She was unclear about the dose of the over-the-counter medication, and did not keep the packet, however denied that she took these tablets with suicidal intent, but rather stated she took them to 'chill out' and 'get a good night's sleep.' She was transferred to the RIE and treated with NAC as per the paracetamol overdose protocol. Although Lisa did not display overt signs of alcohol or benzodiazepine withdrawal whilst an inpatient, in light of her use of alcohol and codeine whilst on pass, and reported current substance misuse issues, she was commenced on a chlordiazepoxide reducing regime. ,,Lisa was admitted to hospital informally, however after several days in hospital, stated that she no longer wished to remain in hospital and did not find the environment therapeutic. She was reluctant to commence any antidepressant medication at this stage, however has agreed to engage with the community team on discharge from hospital with regards to her depressive illness and suicidality. The team felt that her care would be best managed in the community and she has been referred for urgent psychiatric review at Inchkeith House (within 7 days.) ,,,,FUTURE INVESTIGATIONS,,Nil,,,FOLLOW-UP BEING ARRANGED BY HOSPITAL,,Urgent psychiatric review at Inchkeith House with Dr Dalken on 4/6/19. ,,,CHANGES TO DRUGS SINCE ADMISSION,,Added: chlordiazepoxide reducing regime commenced. zopiclone - short term. ,,,ALLERGIES / ADVERSE DRUG REACTIONS,,nkda,,SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS,,Nil,,DRVING ADVICE GIVEN: Not Done,,,GP PLEASE CONSIDER THE FOLLOWING,,Many thanks for your ongoing care. ,,,NAME: Sarah Littler,,DESIGNATION: Locum SHO ,,This is an immediate discharge letter and a further letter may follow.

Surname/Forename	Williamson, Lisa
UHPI Number	700168111M

Episode Number	I0004715996

Note Details	Clinical Notes
Consultant Review Episode/Ref: I0004715996 Dr SM Gilfillan 5/31/19 13:41 Sheila M Gilfillan	Seen with Dr Hawthorn.,Lisa was very upset and angry about what she sees as a lack of care in hospital, not just of her but of other patients. She spoke of being denied a stop to go to the toilet on the way back from the Infirmary last night and of being restrained in the taxi. Lisa spoke of many of the nursing staff in hostile terms accusing them of not caring or helping her.She stated that she wanted to leave and we tried to explore follow up options. She states she wants to see her [redacted] and that she is not suicidal. She was generally negative about the prospect of getting help from NHS staff. Despite her distress and anger she acknowledges that she should not have taken co-codamol and that she does need help.,We discussed recent substance misuse and she confirms mainly alcohol, with intermittent use of benzos and codeine. Although we have not seen signs of alcohol withdrawal on the ward she drank within 3 days of admission.,At interview she is somewhat dishevelled and her affect angry and depressed. She was highly anxious but calmed during the interview. No signs of psychosis.,OPINION,I think it is likely that Lisa has an underlying depressive disorder but it has not been possible to fully assess her mental state or obtain corroborative history. She does not wirh antidepressants because of the risk of increased suicidal thoughts. States she took citalopram while pregnant only for a month.,PLAN,1 Discharge today.,2 Reducing regime of low dose chlordiazepoxide to cover any alcohol and benzo withdrawal and short term zopiclone 3.75mg,3 Given details of the Recovery Hub,4 OP appointment for fuller assessment booked for 4/06/19 at inchkeith House

Surname/Forename	Williamson, Lisa
UHPI Number	700168111M

Episode Number	I0004715996

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004715996 Dr SM Gilfillan 5/31/19 16:05 Dr Sarah Littler	Urgent referral - within 7 days for Community Mental Health Team Assessment , ,Patient: Lisa Williamson ,CHI: 2601901187,,Dear Colleague, ,,Many thanks for your ongoing care of Lisa who was admitted to the Royal Edinburgh Hospital on 27/5/19 with suicidal ideation, low mood and anxiety. Lisa self-presented to MHAS as she had made plans to end her own life the previous day with thoughts of either taking an overdose, cutting her wrists or jumping from a bridge. She lives at home with her [redacted], and had made plans to end her life whilst [redacted] were being looked after by the [redacted] Lisa described biological symptoms of depression, and feelings of hopelessness and ongoing suicidality. Lisa stated that she has recently started using cannabis, valium, tramadol and alcohol to self-medicate for her low-mood and poor sleep prior to admission to hospital. Lisa is currently awaiting a court-case for which she is a witness on the 14th June, and this has provided a great deal of stress for her. ,,Following admission to hospital, Lisa took an overdose of 8-10 co-codamol whilst out on pass and also drank alcohol. She was unclear about the dose of the over-the-counter medication, and did not keep the packet, however denied that she took these tablets with suicidal intent, but rather stated she took them to 'chill out' and 'get a good night's sleep.' She was transferred to the RIE and treated with NAC as per the paracetamol overdose protocol. Although Lisa did not display overt signs of alcohol or benzodiazepine withdrawal whilst an inpatient, in light of her use of alcohol and codeine whilst on pass, and reported current substance misuse issues, she was commenced on a chlordiazepoxide reducing regime. ,,Lisa was admitted to hospital informally, however after several days in hospital, stated that she no longer wished to remain in hospital and did not find the environment therapeutic. She was reluctant to commence any antidepressant medication during this admission, however has agreed to engage with the community team on discharge from hospital with regards to her depressive illness and suicidality. The team felt that her care would be best managed in the community and I would be very grateful if you could please see her within 7 days. ,,Yours sincerely, ,Sarah Littler ,Locum SHO to Dr S Gilfillan ,Craiglockhart Ward,, Royal Edinburgh Hospital,

Surname/Forename	Williamson, Lisa
UHPI Number	700168111M

Episode Number	I0004715996

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004715996 Nurse 5/31/19 19:21 Heather X Wilson	,Context,,PM Nursing Entry,,How are you?/Presentation,,The writer spoke with Lisa about her ongoing plans and encouraged her to meet with the substance misuse team and to attend the hub. She was also given details on the 'Feel Good App' which she agreed to try. She later went out with he[redacted] for a short pass in the afternoon and then returned for her discharge medication. Medication was explained and Lisa appeared optimistic about her discharge home. She left the ward around 16.00,,Issue & Risk None evident,,Plans CMHT refrerral made by Dr Littler - see previous entry. They will contact Lisa within seven days,,,,

Surname/Forename	Williamson, Lisa
UHPI Number	700168111M

Episode Number	I0004715996

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004715996 Dr SM Gilfillan 5/27/19 21:51 Dr Emily Moran	Admission summary,,29yr old lady self-presented to MHAS today with active suicidal ideation and increased anxiety with daily panic attacks.,Yesterday planned to take mixture of valium and tramadol with alcohol and to either cut wrists or jump of bridge. Did not do so as she was with [redacted] and [redacted].,Today still has ongoing ideation although does not feel the intent is as strong as yesterday.,Previouos history of depression seen by perinatal team.,Informal admission.,,Has two [redacted].,Not currently on any medication apart from contraceptive implant.,,Well-kempt, appears anxious, states ongoing suicidal ideation but is reactive. No abnormal perceptions, no current plans to commit suicide.,,Plan:,1) physical and bloods handed over to night doctor many thanks,2) have uploaded clerk in to SCI store,3) Lorazepam started for anxiety,4) for senior review in the morning

Surname/Forename	Williamson, Lisa
UHPI Number	700168111M

Episode Number	I0004715996

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004715996 Dr SM Gilfillan 5/28/19 03:45 Harriet Wood	Harriet Wood CT1,,Handed over to complete admission physical exam, ECG and bloods,,Unfortunately was busy with other clinical activities until late in shift.,,Attended ward but Lisa was asleep. After discussion with ward team, decided not to wake her. Asked them to bleep me back when patient awake - many thanks,

Surname/Forename	Williamson, Lisa
UHPI Number	700168111M

Episode Number	I0004715996

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004715996 Dr SM Gilfillan 5/28/19 05:41 Caitlin Krendler	Context - Nightshift entry,,How are you?/Presentation - Lisa was being reviewed by the duty doctor at the start of the evening. Spent short period in communal area with visitor afterwards, polite and appropriate in interactions with staff. Received 1mg lorazepam before going to her bedspace around 22.00, and had another 1mg around 2.30. Broken sleep overnight, however has remained settled in her bedspace.,,Issues - Suicidal ideation,,Risk - To be assessed.,,Plans - Monitor mental state, formulate care plans and assess risk. For senior review and admission physical, ECG and bloods today.

Patient & GP Information

UHPI Number	700168111M
CHI Number	2601901187
Episode Number	O0017302620
Surname/Forename	Williamson, Lisa
Date of Birth	1/26/90
Sex	Female
Patient Address.	9/7 Tytler Gardens Edinburgh EH8 8HS
Registered GP	AR MacKay
GP Address.	St Triduana's Medical Practice,54 Moira Park,Edinburgh, EH7 6RU

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The report bundle provides information on the following:

* IP/OP Clinical Notes

Surname/Forename	Williamson, Lisa
UHPI Number	700168111M

Episode Number	O0017302620

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Outpatient Clinic Letter Episode/Ref: O0017302620 Assessment Clinic (Dr Dickens Supervising) 6/5/19 15:59 Oluwadamilola Dosekun	Diagnosis ,Anxiety ,,I reviewed Lisa Williamson in clinic following her recent discharge from the Royal Edinburgh hospital after a short informal admission. She attended with her [redacted]. Lisa was admitted with low mood, suicidal ideation and anxiety. During her admission she took an overdose of co-codamol with alcohol and required a medical admission for NAC. Lisa reaffirms that she did not take the overdose in an attempt to end her life but rather took the tablets to help her get to sleep. She attempted to end her life previously at the age of 16 by cutting her wrist an has no previous history of self harm. ,,Today Lisa found it difficult to describe her mood but felt that it had improved since her admission. She feels her mood had been low for over 10 years and is unable to identify any triggers. She did however continue to suffer from anxiety which was worse when in crowded spaces or when plans changed suddenly. She attended with [redacted] who explained that he had observed her during peiods of anxiety when in crowded spaces and at these times she was hypervigilent and worried that she would be hurt by someone. ,,She feels stressed at the moment as she is aware that [redacted] has been falsy charged with assaulting a woman that she in fact assaulted. She is making plans to speak to the police. ,,She described her sleep as variable, sleeping for long periods on some days and for a few hours overnight on others. She tends to wake up at the same time as [redacted]. She feels her appetite is equally as varied. ,,Lisa is currently staying with [redacted] in Edinburgh and [redacted] are staying with their [redacted] She does not have any concerns for their safey whilst they are in his care and is not worried about how she will look after [redacted] in future. ,,She is unemployed and has [redacted]. She feels well supported [redacted] and her [redacted] She does not feel anxious about returning to look after [redacted] and has never had any thoughts of harming them. Lisa is also visited by the health visitor twice a month and she feels well supported by her. ,,She typically spends her days looking afte [redacted] going for walks with [redacted] and drinking alcohol in the evening. She worked for a short period of time as a cleaner after finishing school and has not had any other form of employmenet. ,,Lisa has decided to cut down on her alcohol intake which over the last 6 month has been between one to two bottles of wine per day and she has not drank any alcohol since her discharge. She also admits smoking cannabis roughly once every two weeks at night and has previously taken [redacted] prescription diazepam. She is aware that alcohol can have a detremental effect on her mood. She has not expressed any desire to stop smoking cannabis. ,,She does not like taking tablets regularly and explained that she does not want to have an antidepressant. ,,Lisa was dressed casually in a hoody and causal trousers. Her hair was slightly messy. She appeared nervous on entering the room initially avoiding eye contact then sitting on the edge of her seat for the majority of the consultation. She has normal speech and did not have any formal thought disorder. She did not have any plans to end her life or harm others and she denies self harm. ,,,SUMMARY ,Lisa continues to experience anxiety particularly when in crowded social situations and feels that this is her most distressing symptom at present. She is experiencing some stress with the prospect of being chanrged for assault which could be exacerbating her anxiety.,,Her mood has improved slightly and she has no plans to harm herself or others. ,,She does not want to take medication for her anxiety symptoms and does not feel comfortable with the idea of attending the anxiety group. ,,P:,1. Referral to PCLT for one to one psychotherapy,2. Sign posted to Turning Point and mental health information station,3. Crisis information provided - MHAS, Crisis centre ,,Dr Dosekun ,GPST ,Inchkeith House ,

Surname/Forename	Williamson, Lisa
UHPI Number	700168111M

Episode Number	O0017302620

Note Details	Clinical Notes
Outpatient Clinic Letter Episode/Ref: O0017302620 Assessment Clinic (Dr Dickens Supervising) 6/6/19 11:55 Oluwadamilola Dosekun	ADDENDUM TO OUTPATIENT PSYCHIATRY CLINIC LETTER from 05/06/2019,,Miss Williamson has been discharged from the outpatient psychiatry clinic. She has been referred to the PCLT for one to one psychotherapy. ,,If you have any concerns please do not hesitate to get in contact. ,,Kind regards, ,,Dr Dosekun ,GPST ,Inchkieth House

Patient & GP Information

UHPI Number	700168111M
CHI Number	2601901187
Episode Number	O0019250656
Surname/Forename	Williamson, Lisa
Date of Birth	1/26/90
Sex	Female
Patient Address.	9/7 Tytler Gardens Edinburgh EH8 8HS
Registered GP	AR MacKay
GP Address.	St Triduana's Medical Practice,54 Moira Park,Edinburgh, EH7 6RU

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Surname/Forename	Williamson, Lisa
UHPI Number	700168111M

Episode Number	O0019250656

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Progress Notes Episode/Ref: O0019250656 Kym Withnell 4/12/21 16:05 Kimberley Withnell	PCLT initial assessment via telephone appointment; Lisa reported that she has struggled with increase anxiety; and went on to express difficulty regulating her emotion and experiencing suicidal thoughts. She has requested referral for Decider Skills Plan: * patient information provided via email * refer for individual Decider Skills (near me)

Patient & GP Information

UHPI Number	700168111M
CHI Number	2601901187
Episode Number	O0019508101
Surname/Forename	Williamson, Lisa
Date of Birth	1/26/90
Sex	Female
Patient Address.	9/7 Tytler Gardens Edinburgh EH8 8HS
Registered GP	AR MacKay
GP Address.	St Triduana's Medical Practice,54 Moira Park,Edinburgh, EH7 6RU

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Surname/Forename	Williamson, Lisa
UHPI Number	700168111M

Episode Number	O0019508101

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Outpatient Clinic Letter Episode/Ref: O0019508101 Dr Linda I Dickens 6/7/21 08:57 Linda I Dickens	I am writing with regards your request for advice regarding the above named patient. Chlorpromazine at a low dose can be helpful for agitation and feeling overwhelmed but as your patient has noted it can increase skin sensitivity to the sun. A similar alternative would be quetiapine 25mg to 50mg up to three times a day. Whilst it is also an antipsychotic and thus can cause the same problem, it is less well known for it. Quetiapine can also be sedating which helps with the agitation but she should not take it before driving if she feels oversedated or less able to concentrate. If she finds quetiapine is not as effective or also causes increased risk of sunburn, then my advice would simply be to use sunscreen. Please do not hesitate to contact me via email if you would like to discuss this further. Dr Linda Dickens Consultant Psychiatrist NHS Lothian, Inchkeith House, Edinburgh EH6 8NP T: 0131 537 4530

Patient & GP Information

UHPI Number	700168111M
CHI Number	2601901187
Episode Number	O0021646777
Surname/Forename	Williamson, Lisa
Date of Birth	1/26/90
Sex	Female
Patient Address.	9/7 Tytler Gardens Edinburgh EH8 8HS
Registered GP	AR MacKay
GP Address.	St Triduana's Medical Practice,54 Moira Park,Edinburgh, EH7 6RU

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Surname/Forename	Williamson, Lisa
UHPI Number	700168111M

Episode Number	O0021646777

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Outpatient Clinic Letter Episode/Ref: O0021646777 Digital Interventions Online 3/21/23 16:09 Ryan Leishman	Your patient was provided access to Beating the Blues (BtB) cCBT, but chose not to engage. After 4 weeks of inactivity, we sent a letter advising of some common steps to resolve any issues and to contact us directly if they needed further support – with a deadline around 4 weeks later. Following the deadline the patient's access was removed to begin this discharge process. As a result of this discharge and in line with GDPR, we have deleted their account from the website as well as removing access. If your patient wishes to access treatment again, they can contact us directly or be re-referred via the same referral route. If you have any further questions, please contact the Digital Psychological Therapies Team: 0131 537 1247 | btbcbt@nhslothian.scot.nhs.uk PLEASE NOTE – WE DO NOT REQUIRE YOU TO ADVISE US IF YOUR PATIENT HAS MOVED SINCE REFERRAL/NO LONGER REGISTERED AT YOUR SURGERY| THE INFORMATION ADDED TO TRAKCARE WILL BE VISIBLE, THEY CAN BE RE-REFERRED BY ANY GP SURGERY IN NHS LOTHIAN/SCOTLAND

Patient & GP Information

UHPI Number	700168111M
CHI Number	2601901187
Episode Number	O0022236296
Surname/Forename	Williamson, Lisa
Date of Birth	1/26/90
Sex	Female
Patient Address.	9/7 Tytler Gardens Edinburgh EH8 8HS
Registered GP	AR MacKay
GP Address.	St Triduana's Medical Practice,54 Moira Park,Edinburgh, EH7 6RU

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Surname/Forename	Williamson, Lisa
UHPI Number	700168111M

Episode Number	O0022236296

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Progress Notes Episode/Ref: O0022236296 NE Thrive Welcome Team 7/18/23 14:53 April Cook	18/7/23 Not contactable after 2 calls. Have removed from waiting list and sent letter to client and GP. April Cook - Secretary

Patient & GP Information

UHPI Number	700168111M
CHI Number	2601901187
Episode Number	O0022239114
Surname/Forename	Williamson, Lisa
Date of Birth	1/26/90
Sex	Female
Patient Address.	9/7 Tytler Gardens Edinburgh EH8 8HS
Registered GP	AR MacKay
GP Address.	St Triduana's Medical Practice,54 Moira Park,Edinburgh, EH7 6RU

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The report bundle provides information on the following:

* IP/OP Clinical Notes

Surname/Forename	Williamson, Lisa
UHPI Number	700168111M

Episode Number	O0022239114

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Outpatient Clinic Letter Episode/Ref: O0022239114 Digital Interventions Online 8/8/23 15:56 Pamela Duffy	Your patient was provided access to Beating the Blues (BtB) cCBT, but chose not to engage. After 4 weeks of inactivity, we sent a letter advising of some common steps to resolve any issues and to contact us directly if they needed further support – with a deadline around 4 weeks later. Following the deadline the patient's access was removed to begin this discharge process. As a result of this discharge and in line with GDPR, we have deleted their account from the website as well as removing access. If your patient wishes to access treatment again, they can contact us directly or be re-referred via the same referral route. If you have any further questions, please contact the Digital Psychological Therapies Team: 0131 537 1247 | btbcbt@nhslothian.scot.nhs.uk PLEASE NOTE – WE DO NOT REQUIRE YOU TO ADVISE US IF YOUR PATIENT HAS MOVED SINCE REFERRAL/NO LONGER REGISTERED AT YOUR SURGERY| THE INFORMATION ADDED TO TRAKCARE WILL BE VISIBLE, THEY CAN BE RE-REFERRED BY ANY GP SURGERY IN NHS LOTHIAN/SCOTLAND