NHS Fife, Queen Margaret Hospital, Whitefield Road, Dunfermline KY12 0SU
01383 623623 | www.nhsfife.org

NHS Fife

Date: 25 May 2026
Your ref: 100104 Our ref: JW/KH/SR
Enquiries to: Legal Services
Direct line: 01383 674101 Email: Fife.legalservices@nhs.scot

MMA Legal
43-59 Princess Street
Stockport
SK1 1RY

Dear Sir

Your Client: **Steven Martin**
Address: **9 Headwell Avenue, Dunfermline, KY12 0JX**
Date of Birth: **30/08/1970**

I refer to your letter of 24 April 2026 in which you request copy of Mental Health records of NHS Fife relating to your above named client. As requested, I now enclose copy Mental Health records of NHS Fife relating to your above-named client and trust that these will be of some assistance to you.

*Please note that these copy records are being provided to you for your purpose only and have **not** been reviewed by the treating clinician to ascertain if they contain any information which may cause either physical or mental harm to the patient or other persons. If it is the case that your client wishes copies of their health records, they should be asked to contact Access to Health Records Department, Victoria Hospital, Kirkcaldy, Fife, KY2 5AH who will process their request.*

Yours faithfully

Joanna Whitfield
Legal Services Manager

NHS Scotland Personal Care Quality Award
disability confident LEADER
Care Opinion

Chair: Pat Kilpatrick
Chief Executive: Carol Potter
Fife NHS Board is the common name of Fife Health Board

546761

Queen Margaret Hospital
Whitefield Road
Dunfermline
Fife
KY12 0SU

NHS Fife Community Service
Mental Health Service
Tel: 01383 623623 Ext 23402
http://www.nhsfife.scot.nhs.uk

Fife Health & Social Care Partnership

Dr FH Ritchie
Linburn Road Health Centre
124 Nith Street
Dunfermline
Fife
KY11 4LT

3008700373

CHI: 3008700373

Letter ID: 3913844

Dear Dr Ritchie

Clinic Date: 27/07/2020

Date: 31/07/2020

Steven Martin, 2 Cuil Grove, Dunfermline, Fife, KY12 9BU

Date of Birth: 30/08/1970

I assessed Steven with UCAT nurse, Tania Barnes, on 27 July 2020 at approximately 4.30pm.

Presenting Complaint

Steven had been brought to UCAT under a police detention. He had earlier that day expressed suicidal ideation to his addictions worker, who then contacted the police on his behalf. The police then located Steven outside B&Q in Dunfermline and brought him to UCAT.

History of Presenting Complaint

Steven's addictions worker, Tabitha Bruce, had alerted services of her concerns earlier in the day. She generally makes phone contact with Steven every week. She has not had any acute concerns prior to today, other than Steven's increasing isolation and loneliness during the COVID crisis. She recently made a DAPL referral due to this. Today, however, Steven appeared distressed during their telephone contact. He disclosed an attempted suicide yesterday (an overdose of benzodiazepines and alcohol) although this was not successful. He explained to her that today he was considering hanging himself and had planned to go to B&Q to purchase a rope. At the time of their phone call, Steven himself was not aware of his whereabouts as he was in a public park that was not familiar to him. Tabitha then alerted the Police and they located him in front of B&Q. Following this they brought him to UCAT for a place of safety assessment.

The assessment with Steven was very difficult. He attended UCAT under a police detention and they reported that in Police custody his behaviour had been extremely difficult to manage. On arrival at Whyteman's Brae, Steven was hostile and belligerent towards the police, and was not compliant with police instruction. He was verbally extremely aggressive to the police and unfortunately required a police restraint in order to remove him from the van. He then ended up in a prone restraint on the ground in the car park whilst he was handcuffed. He shouted and swore throughout the experience and

the his upset seemed to be because he felt it was unjust he had been held by the police at all, given that he had not committed any offence, and disagreed with their forceful treatment of him.

Once in the interview room at Whyteman's Brae hospital, Steven continued to be preoccupied by the police's behaviour towards him and this was a significant barrier to a constructive conversation. The police left the room to allow us to continue with the assessment, however, Steven continued to be preoccupied by their behaviour and his shouting and threats necessitated the police to return to the interview room several times when they became concerned for the safety of staff.

Steven initially was willing to talk to us, however, became disgruntled and hostile quickly during the interview. He appeared to become frustrated when my colleague and I did not want to enter into prolonged discussions about the behaviour of the police. He denied needing a psychiatric assessment, and did not feel it would be helpful to him. He repeatedly stated "I've done nothing wrong", despite explanations that we were aware this was the case.

He expressed extreme frustration that he had been in the care of the police for such a significant time, and was upset that he had to relive parts of his history as part of our assessment. He became very frustrated with us asking questions which he feels he had answered many times before, and instructed us to consult his medical records instead, declining to answer the majority of our questions. We apologised for the need to clarify some details, and for the fact he was not finding the assessment useful. When we asked him what help he would like, he stated he wanted to return home.

He was able to state to us that he has experienced chronic suicidal ideation generally every day since the age of 11 when his mother passed away. He was also able to confirm that he had disclosed his suicide plan (which was to hang himself with a rope purchased from B&Q) to his addictions nurse today, although was unable to go into why he did this. He was not willing to entertain any conversation around the triggers for today's particular distress and was unable to go into any current difficulties or triggers for his low mood. It does seem as though things have been difficult for him, and later in the interview he mentioned that he has recently had to move out from his sister's house (2-3 months ago), when his niece had a baby. He now lives in scatter accommodation and misses the immediate support from family. When we asked to discuss things with his sister, he declined this and stated that they had fallen out.

Steven remarked that sometimes his suicidal thoughts are "small" and sometimes they are "a big black hole". He reported that "today was a big one" and he had been so distressed that he had made a suicide plan, although as mentioned, was unable to go into the reasons behind this. At the time of the assessment, he reported feeling "fine", and stated he would be safe to go home. He denied any suicidal thoughts at the time of assessment and stated that he wished to return home. He did not disclose any ongoing suicide plans to us during the assessment despite questioning around this. There was evidence of future planning, in that he reported that he wanted to go home to watch television and to do his washing. He, unfortunately, did not pick up his methadone prescription today, due to being in police escort. He was very upset about this and he intends to purchase further heroin tonight as he is withdrawing. He intends to pick up his methadone prescription from his usual pharmacy tomorrow. He reported that he injured his shoulder during the period of police restraint, and may attend the GP later in the week.

He was, unfortunately, unwilling to entertain any further discussion about his mental health and responded "no comment" to any further questions around this. As mentioned, his frustrations seemed to be due to the prolonged time he had spent in police custody and his desire to get home due to his frustration with services and his experiences of drug withdrawal.

Past Psychiatric History

Steven is open to addiction services. His last medical review was in 2017, although he is in touch with his addictions nurse worker weekly. He had a psychology assessment in 2016 which noted anxiety and low mood, although unfortunately, he disengaged with services before any period of treatment. His previous documentation that I can view on Trak notes suicide attempts in 1986, 1987 and 1989. There is no mention of any previous psychiatric admission.

Past Medical History

IV drug user.
X2 previous DVT's
Previous Hepatitis C which was cleared spontaneously
Staph aureus bacteremia in 2017.
Previous pyogenic cavitating pneumonia

Medication History

Diazepam 5mg b.d.
Mirtazapine 45mg o.n.
Gabapentin 700mg t.d.s.
Salbutamol 1-2 puffs t.d.s.
Methadone 1mg/1ml, 60ml daily – his pharmacy confirmed he last collected this on Saturday (2 days worth as pharmacy is closed on Sundays), but has not collected today's dose as yet.

Family History

Unable to clarify family history.

Personal History

Steven was unwilling to go into this today. From previous letters I can see that he was born and bred in Glasgow. He has 3 siblings, one older brother, a younger brother and a younger sister. He has described his childhood as "difficult". His mother died when he was 11 years old and he was a looked after child for a time after this. His father has also passed away. He has stated in the past that he has had 3 long term relationships and has 4 children, however has stated that he has no contact with them.

Substance Misuse History

Steven was again unable to fully go into his substance misuse or alcohol history. We are aware that he collects methadone 60mg daily. He reported at points during the assessment that he additionally uses heroin, although did not clarify how much. He stated that he last took heroin on Friday and reported that prior to that he had noy used it for several months, although was somewhat inconsistent with this history.

Forensic History

From his previous records I can see previous convictions in 1994 (assault with a 4 month prison sentence), 2007 (he has alleged this was attempted murder although apparently there was no jail time served) and 2013 (possession of a knife).

Social History

He currently lives alone in a scatter flat. He had to move out of his sister's flat as his niece had a baby and the flat was overcrowded. This has been difficult for him and he misses his family support. He was not willing to clarify any further details of his social circumstances.

Mental State Examination

Appearance and Behavoir:
Steven is a 49 year old gentleman although appears older. He was dishevelled with dirty, ill-fitting clothes during the assessment. He was extremely hostile and aggressive, largely directed at the police, but also at times due to staff. He made frequent threatening remarks to the police, such as that he would attack them if he met them in the street and hoped that that their children thought ill of them. He also verbally abused them by swearing and name calling. He refused to wear the mask that was provided and repeatedly spat on the floor and on his clothes. His behaviour did settle somewhat during the initial stages of the assessment and we were able to have a slightly more productive conversation, although he then became unhappy with the mental health team also. He was not responding during the assessment, and when he had calmed down following his mental health assessment, he was observed chatting faitly pleasantly with the police.

Speech:
His speech was loud and rapid. When he had calmed down slightly this normalised. There was no evidence of any abnormal goal directedness.

Mood and Affect:
Steven was not able to clarify his mood to us during the assessment. He appeared angry and upset. He disclosed that he has chronic suicidal thoughts, which he has had since childhood, although these worsened today. He was unable to explain the triggers to this. He denied having any ongoing suicidal thoughts at the time of assessment and did not disclose any suicide plans. He was future orientated and planned to go home to watch television, do his laundry and potentially buy heroin.

Objectively, there was no evidence of any major mood disorder and his affect, although irritable, was reactive. There was no evidence of any formal thought disorder and no delusional beliefs expressed. He

did not disclose any auditory or visual hallucinations and was not observed to be responding. His cognitive function was not formally assessed but he appeared to be orientated.

Insight:
His insight into his difficulties was mixed. He is aware that he has suffered from lifelong emotional instability and suicidal ideation, although was not willing to discuss any strategies to manage this during the assessment today.

This case was discussed with supervising consultant, Dr Steve Birrell.

Impression

This 49 year old gentleman with a background of IV drug use and chronic low mood and anxiety, presented to UCAT with the police following disclosing a suicide plan to his addictions worker. The police were able to attend and bring him for assessment. During the assessment, Mr Martin endorsed a history of chronic suicidal ideation, which had worsened acutely today. He was not able to identify any triggers for this, but it may be that his recent move from his sister's house has worsened his feelings of isolation. During the interview, he stated that managing his suicidal thoughts is usual for him and although today's had been particularly troublesome, they have now resolved. He denied having any ongoing suicidal ideation and did not disclose any suicide plans. The police confirmed that he did not seem to have purchased any items to harm himself with in B & Q. During the interview he did state that he would be able to keep himself safe at home, although we were unable to explore this fully. Although the interview was difficult and we were unable to do a full assessment, he did appear to be future planning in the short term.

The opinion was that an admission to a psychiatric would be unlikely to be useful for him as there was no evidence of any major treatable mental illness. He declined wanting psychiatric admission and it was not felt that he was detainable. He was encouraged to liaise with addiction services and has been referred to DAPL by this service.

Plan

1. Discharge home today.
2. Inform GP of Mr Martin's presentation
3. To pick up methadone from usual pharmacy tomorrow.
4. Encouraged to liaise with the addiction service and I will forward a copy of this assessment letter to Tabitha Bruce, his closest contact.
5. No change to prescriptions today.
6. Engage with DAPL

Yours sincerely

Dr Harriet Wood
CT1 in Psychiatry

Authorised on 03/08/2020 18:10:18 by Harriet Wood Junior Doctor (Shah).

(P) Tabitha Bruce, Addictions Nurse, Addictions Services, Lynebank Hospital, Dunfermline, Fife

28/07/2020 ✓

Fife Health & Social Care Partnership
Supporting the people of Fife together

NHS Fife Community Service, Mental Health Service
Unscheduled Care Assessment Team, Whyteman's Brae Hospital Tel: 01592 643355 Ext 23999

Date 27/07/20 Referral Source Place of Safety Referral Time 16:30

Patient's Name Steven Martin DOB/CHI 30/08/70 0373

Address 2 Cuil Grove
Parkneuk, Dunfermline KY12 9BU

GP Dr Ritchie Practice Limburn Road Health Centre

Reason for Referral & Significant History Steven told his substance worker he was going to B&Q to buy a rope to hang himself so she contacted the Police. Police caught up with him at B&Q He refused to attend a mental health assessment so he was detained and brought on a place of safety.

Seen by Dr Wood & Charge Nurse Barnes

Outcome of Assessment No evidence of acute depression or psychosis identified. Discharged back to the care of the police who were going to take him back to Dunfermline Steven was encouraged to reengage with his addictions worker.

On completion, this form should be emailed to:

1) 2)
Then filed in case notes; please note that a typed letter will/will not follow

Signed

Print Name TANIA BARNES

NEW NOTES
STATS x 2
TIC

UCAT Assessment Statistical Data Form

Date: 27/7/20 Time Seen: ~~15.17~~ 16.45 Time Discharged: ~~18.10~~ 18.10

CATCHMENT AREA

QMH ☑ WBH ☐ Stratheden ☐

Other - CAMHS ☐ Over 65 ☐ LD ☐ Out with Fife ☐ Liaison ☐

MH Nurse Triage ☐ ANP ☐

DOES PATIENT HAVE PSYCHIATRIC HISTORY

Open/Known to Mental Health Services ☑ UCAT only ☐ New ☑

ILLICIT SUBSTANCES INVOLVED

Alcohol Yes / (No) Drugs (Yes) / No Intoxicated at time of referral? Yes / (No)

Alcohol involved: was patient referred to UCAT Follow up appointment? Attended ☐ DNA ☐

WHO WAS THE PATIENT SEEN BY?

Seen by Nurse ☐ Joint ☑

Long Day Duty Dr ☑ 24 Hour Duty Dr ☐ Night Shift Duty Dr ☐

OUTCOME

Admitted ☐ Discharged ☑ DNA ☐ Referral Retracted ☐ Ref Samaritans ☐

Initials JB

NHS Fife

INITIAL MENTAL HEALTH ASSESSMENT

Surname: MARTIN First names: STEVEN CHI: 3008700373 DOB: 30/08/70 *or affix patient ID label*	Date / Time of Assessment: ~~27/07/20~~ 27/07/20 Location of assessment: UCAT Referred by: POLICE/ADDICTION SERVICES Registered GP:	Assessing Clinician(s): H. WOOD T. BARNES

HISTORY

Presenting complaint

The patient's complaints *ad verbatim* together with duration.

Brought to UCAT under police detention
→ expressing suicidal ideation

History of presenting complaint

- Chronological account of each of the manifestations of the disorder
- Triggers/precipitants
- Associated impairments - changes in biological or psychosocial functions, interpersonal relationships.
- Elicit & describe signs/symptoms based on ICD-10 or DSM-5 diagnostic criteria

Brought into room by police in handcuffs
→ initially held in face-down restraint by police whilst put cuffs on - shouting/swearing/threatening/screaming
→ calmed down once police left interview room
Reports chronic suicidal ideations "every day" since 11 years old when mother passed away
→ disclosed suicide plan to addictions nurse today - nurse spoke to sister, sister advised police to look for him at B+Q

History of presenting complaint (continued)

→ states sometimes suicidal thoughts "small", sometimes "a big black hole", "today was a big one, I made a plan"

→ currently expressing wish to go home - "got things to do - I've got a telly, I've got washing to do" - also intends to purchase heroin, as withdrawing and unable to pick up methadone today

→ denies any suicidal thoughts currently, ~~[illegible]~~ although when asked about plans responded "no intent"

→ states would feel able to keep self safe at home

Past Psychiatric History

- Onset of symptom • 1st contact with GP re psych symptoms and treatment(s) received • 1st psychiatric contact
- Contact with other professionals e.g. psychologists, Day Hospital, CPNs, voluntary organisations etc
- All admissions – dates, previous diagnoses, open ward v locked ward • Use of MHA
- Drugs used + doses, side-effects, response, reasons for change to medication • Concordance with treatment
- History of self harm or suicidal behaviour

Seen by addiction services - last medical review July 2017.
Psychology assessment done in 2016 → DNA from service - noted low mood + anxiety
Previous suicide attempts - 1986, 1987 + 1989

Past Medical History

Significant physical health problems – e.g. CVD, Diabetes, Respiratory disorders, Epilepsy, Head injuries, Pain, etc

NDU
DVT in 2019
Past. hep. C. - cleared spontaneously
Staph aureus bacteraemia in 2017
Past. hypoxic ischaemic pneumonia

Current medication

verify using ECS / recent GP letter if possible

diazepam 5mg BD
mirtazapine 45mg ON
gabapentin 700mg TDS
salbutamol PRN PRN
} last collected 13/07/20

methadone 1mg/1ml 60ml daily - collected 120ml Saturday (to cover Sunday not yet collected today's (27/07/20))

Previous adverse reactions / allergies? Yes ☐ No ☐

If yes, further details:

Family history

• Parent (each) - age, alive/dead, what is / was their occupation • Siblings: list in order of birth, ages. Specify biological v half v step • Children: number, same or diff. partners, ages, any health problems, access to them • Has any biological relative ever had a psychiatric disorder, incl. suicide, substance misuse?

Unable to clarify

Personal history

A chronological account of the main facts in the patient's life:

- Pregnancy, delivery, birth difficulties, place of birth • Developmental milestones – speech, gross motor, fine motor etc.
- Early childhood – Quality of relationship with parents/siblings/grandparents, friends in neighbourhood etc.
- History of neglect, abuse (physical, emotional, sexual). • Time in care settings – foster care, residential care, adoption etc.
- Schooling – Primary school – name, relationships with teachers and peers, bullying/bullied, truancy, exclusions; Repeat for Secondary school. Plus age of school leaving. Exams/Academic attainment.
- Uni, college, vocational training, apprenticeships, HNCs/HNDs etc
- Occupation - 1st job, age, durations, reasons for leaving, longest job, last job
- Relationships – total number, no. of serious ones, ages, durations, quality, reasons for ending, longest, most recent. Domestic violence, altercations etc
- Children (total number, names, ages, problems)

Born + bred in Glasgow. 1 of 4 siblings (older brother, younger brother + sister). Difficult childhood. Mother died when he was 10 years old. Lived in foster care for a time after this.

Unwilling to go into personal history further.

Substance Misuse history

- Age of onset of each illicit drug/alcohol • Duration of consumption, quantity, intake route, evolution of habit
- Signs/symptoms of F1x.2 Dependence Syndrome • Funding of habit – benefits, stealing, shoplifting, sex work, acquisitive crimes

Alcohol use

(note frequency, weekly number of units and any history of withdrawal symptoms):

Unwilling to discuss

Risk of dependence / withdrawal: Yes ☐ No ☐

Other substance use

(history of commencement of use of substances / pattern of use, note type, quantity, frequency, route of administration):

Takes methadone 60ml daily

Also uses heroin

Prescribed substitute? Yes ☐ No ☐

If Yes: Preparation: Dose:

Who Prescribes: Who Dispenses:

Confirmed with:

(regular opioid substitute should only be prescribed after confirmation with dispensing pharmacist)

Risk of dependence / withdrawal: Yes ☐ No ☐

ANY history of intravenous / injecting drug use? Yes ☐ No ☐ Risk of blood borne viruses: Yes ☐ No ☐

Open to Addictions?

Yes ☐ No ☐ if yes, name of keyworker / contact:

Smoking History

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

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

Forensic history

• Age of 1st offence • All charges to date • Types of offences • Remands • Convictions and sentences with durations

Previous convictions - 1994 - assault - 4 month prison stay
2007 - "attempted murder" - apparently no jail time served
2013 - possession of a knife

Premorbid functioning / personality

Social History

• Current living housing circumstances (owned v council v. pvt, flat v. house) • Cohabitants, pets • Current employment • Financial status (benefits, debts, unpaid bills) • Current relationship status (including abuse / difficulties / recent separation) • Social support • Quality of current relations with family/friends • Housing support • Recent/ongoing life events.

Currently living alone in scatter flat. Had to move out of sister's flat as niece had a baby

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

Unable to get into this.

MENTAL STATE EXAMINATION

Appearance & behaviour

49, appearing older. Clothes dirty + dishevelled. Hostile + aggressive, shouting, spitting, threatening police. Became disgruntled w/ medical team + quickly disengaged from assessment.

Speech

• spontaneity • rate • tone • flow • volume • goal directedness

Speech loud + rapid. Settled when calmed down.

Mood & affect

Reported longstanding suicidal thoughts which worsened today + then settled. Did not disclose any ongoing suicidal plans. Objectively no evidence of major mood disorder. Affect remained reactive.

Thought form & content

No formal thought disorder. No mention of delusional ideation

Abnormal perceptions

No mention of auditory or visual hallucinations

Cognitive functioning (Attention & concentration / memory testing)

is formal cognitive assessment indicated? Yes ☐ No ☐

(Orientation for time, place and person; STM testing, address recall immediate and after 3 minutes; spell WORLD backwards and subtract 7s from 100 and keep subtracting or 3s from 20)

Not formally assessed but orientated.

Insight

• Does the patient regard himself as ill? Mentally ill? • Understanding of / agreement with diagnosis? • Do they think treatment is appropriate? • Need for IP / OP treatment? • Does the pt attribute improvement to treatment?

Poor insight into difficulties, and causes. Not accepting of help, hostile towards staff.

COLLATERAL HISTORY

Name of Collateral Historian:	Relationship to person:	
Tabitha Bruce (addictions nurse).	Contact number:	

Description of difficulties, how long, how these affect person, impact on family / friends

Spoke to Tabitha Bruce - makes phone contact with Steven every week
→ ↑ isolation / loneliness during COVID
→ OAPL referral made
→ distressed today - disclosed attempted OD yesterday (valium + alcohol)
→ stated was considering hanging self but was not clear of whereabouts so was unable to be contacted
→ stated was going to hang self + purchase rope in B+Q - police called + located patient in B+Q
→ long history of heroin use - on 60mL daily pickup methadone (Well pharmacy, Dargait St, Dunfermline), + diazepam prescribed by GP

Specific concerns regarding risk: → long history low mood + anxiety

Further collateral information required?: Yes ☐ No ☐

If collateral history unavailable, detail reasons why:

ONWARD MANAGEMENT

Tick box and proceed as appropriate:

☑ **Patient is to be discharged following assessment** (use COMMUNITY form to summarise and document clinical and risk management plan)

☐ **Patient is to be admitted to psychiatric inpatient care** (use ADMISSION bundle)

☐ **Patient is to be REVIEWED AGAIN prior to clinical decision being made later** (summarise in box below)

Indication / Reason that further Mental Health review indicated
n/a ☐

Interim Management Plan pending further Mental Health review
n/a ☐ (e.g. interim use of psychotropic medication / sedation, interim observation levels, medicolegal, plan if patient absconds, timescale for further review, etc)

Discussed with Doctor? Yes ☐ No ☐ if yes, name:

Assessing Clinician's details:		
Print Name :	Grade:	Date:
Signature:		Time:

NHS Fife

COMMUNITY MANAGEMENT FORM

(must be completed by assessing clinician)

Summary

49 year old gentleman with background of IVDU + chronic suicidal ideation presenting w/ worsening suicidal thoughts + plans, although these had resolved at time of assessment.

Risk Summary

Past risks, current risks, future risks

To others - extreme hostility + threatening behaviour

To self - risk of impulsive suicidal impulses, risk of harmful drug use, risk of accidental O/D

Potential for Positive Risk Taking

Forward planning in short-term

→ plans to go home, watch TV, do washing

→ will be collecting methadone script tomorrow.

Working Diagnosis / Differential Diagnosis / Formulation

Chronic suicidal ideation on background of emotionally impoverished early experience + problematic drug use.
Poor life-skills + coping strategies compounding presentation.

Management Plan

Discharge - no major mental disorder that would be helped by admission
To liaise w/ addiction services
I will send letter to GP + addiction services.
No changes to medication today.

Medication supplied? Yes ☐ No ☑ If yes, what?
Safety plan indicated? Yes ☐ No ☐ If Yes, who completed this?
CMHT Referral? Yes ☐ No ☑ if Yes, indication? (e.g. monitoring, medications review, psychosocial intervention)
If considering referral to CMHT, has the appropriateness of resources within primary care been considered / exhausted in the first instance?

Name of Senior Psychiatrist with whom plan discussed / agreed (if appropriate)

Dr S. Birrell

Assessing Clinician's details:

Print Name: H. Wood	Grade: CT2	Date: 27/07/20
Signature:		Time: 1645

Lynebank Hospital
Halbeath Road
Dunfermline
Fife
KY11 4UW

NHS Fife Community Services
NHS Fife Addiction Services
Tel: 01592 716446
http://www.nhsfife.scot.nhs.uk

Fife Health & Social Care Partnership

Dr ER McIntosh
Bellyeoman Surgery
Bellyeoman Road
Dunfermline
Fife
KY12 0AE

CLINIC LETTER

3008700373

CHI: 3008700373

Letter ID: 200415613

Dear Dr McIntosh

Clinic Date: 19/02/2026

Date: 26 February 2026

Steven Martin, 9 Headwell Avenue, Dunfermline, Fife, KY12 0JX

Date of Birth: 30/08/1970

Diagnosis
Opiate dependence syndrome
Benzodiazepine dependence

Current medication
Methadone 80ml daily
Diazepam 30mg daily
Olanzapine 10mg daily
Gabapentin

I met Mr Martin in my clinic at Lynebank Hospital on 19th February. He is currently not stable in his treatment. He continues to misuse illicit drugs mainly heroin and cocaine. He reported injecting both these drugs a week ago. He said heroin is not a problem and doesn't use it very often. However, he is using cocaine 3–4 times a week. He is mainly smoking it. He said that he doesn't spend a lot on this drug, and he gets it from people that he knows very well. He said some days he is so stressed that he can't cope and these drugs help him forget things. However, when he wakes up in the morning he is still dealing with the same issues. He mentioned his housing situation, around 17 months ago his house was trashed. His windows were broken and furniture damaged. He said he is living in a kitchen and sleeping in a sleeping bag. He said his sleeps varies. There are days when he is able to sleep well. He said that he is eating better now. Steven is not sure if he will be able to stop using cocaine but he is willing to try. He said he is charged for possessing illicit drugs with an intention to supply and thinks he will be incarcerated next month.

At the time of interview Steven's mood was euthymic. He mentioned hearing his own voice in his head telling him to hurt others and hurt himself. He said that he has not harmed himself for a while and has no intention to act on these voices. He did not appear to be acutely psychotic at the time of interview. He was not voicing any suicidal ideations.

He has ulcers on both his legs and is dressing these himself. He doesn't think that they are infected at the moment.

I discussed with him his current medications and I encouraged him to gradually reduce his Methadone and Diazepam. He has reluctantly agreed to reduce his Diazepam by 2mg every month. I advised him to refrain from using illicit drugs and reminded him of the risk of overdose as well as deterioration in his mental and physical health.

Follow up

Follow up with Addictions Nurse.

We will arrange to review him again in 3-4 months time.

Yours sincerely

Dr. Ravinder Dagar
Locum Acting Consultant Psychiatrist

Authorised on 03/03/2026 12:46:53 by Ravinder Dagar.

Lynebank Hospital
Halbeath Road
Dunfermline
Fife
KY11 4UW

NHS Fife Community Services
NHS Fife Addiction Services
Tel: 01592 716446
http://www.nhsfife.scot.nhs.uk

Fife Health & Social Care Partnership

Dr FH Ritchie
Linburn Road Health Centre
124 Nith Street
Dunfermline
Fife
KY11 4LT

CLINIC LETTER

3008700373

CHI: 3008700373

Letter ID: 200044208

Dear Dr Ritchie

Clinic Date: 0924/07/2025

Date: 24 July 2025

Steven Martin, 9 Headwell Avenue, Dunfermline, Fife, KY12 0JX

Date of Birth: 30/08/1970

Further to my recent email I write to give details of a consultation I had with the above gentleman on 9th July. I saw him at Lynebank Clinic with his named nurse Carol and Mr Martin was very agitated through our appointment. The service continues to prescribe him methadone 80ml supervised daily, diazepam 30mg daily. I note your ongoing prescription of mirtazapine 45mg daily, olanzapine 5mg daily and gabapentin 2100mg daily.

Mr Martin denied any use of heroin but is using cocaine frequently. He said that he is using around 3 times a week, he denied other drug use and denied alcohol use.

Mental state examination
Mr Martin said that his sleep was OK. When asked in more detail he said that he had stopped dreaming and will wake crying. He has a clear history of hypervigilance and flashbacks. He described his mood as being all over the place, and he gave a history of emotional instability. He denied any thoughts of ending his life. He spoke of an inner voice which was very argumentative. He said that at times his inner voice, which he felt to be his thoughts in overdrive, could be positive.

Social history
Mr Martin's accommodation remains very unstable. He is currently staying with a friend and spends his days playing computer games. He still has a very regular pattern of church attendance twice-weekly which he finds very supportive.

We discussed the following plan:

1. Mr Martin has been referred to Short Term Housing support and also plans to work with Turning Point to try and resolve his housing issues. I think that it is fair to say that it is hard to move on his mental health and drug use whilst this remains as unstable.
2. To try and better treat his mental health I have emailed to reduce his mirtazapine to 30mg daily and increase his olanzapine to 10mg daily.

3. We reinforced DVLA advise with Mr Martin.
4. We reviewed our prescribing. He highlighted he has been on diazepam for 38 years, he is very clear that he requires his medication and it reduces harm for him. His current instability both in mood and housing means it is not the time to pursue reduction.
5. We had a frank discussion around the harms of cocaine and he is agreeable to attend Queen Margaret Hospital for an ECG.
6. We all agreed that formulation work would need to be gentle, Mr Martin presents in a very traumatised state. He was very appreciative of his named nurses input.
7. I will see Mr Martin again in 3 months time.

Yours sincerely

Claire McIntoshConsultant Psychiatrist

Authorised on 06/08/2025 14:45:50 by Claire Mcintosh.

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Fife Health & Social Care Partnership

Dr FH Ritchie
Linburn Road Health Centre
124 Nith Street
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KY11 4LT

CLINIC LETTER

3008700373

CHI: 3008700373

Letter ID: 5829702

Dear Dr Ritchie

Clinic Date: 30/01/2025

Date: 25/02/2025

Steven Martin, 9 Headwell Avenue, Dunfermline, Fife, KY12 0JX

Date of Birth: 30/08/1970

Diagnosis

- Opiate Dependence Syndrome
- Benzodiazepine Dependence
- Anxiety Disorder

Current Medication

- Olanzapine 5 mg daily
- Gabapentin 400 mg TDS
- Mirtazapine 45 mg nocte
- Ventolin Evohaler

He was out of treatment when he came to see me in the clinic. He said due to the recent storm, the pharmacy was closed early and he couldn't get his Methadone 80 ml daily and Diazepam 30 mg daily.

He was in withdrawals when I saw him. He was very sweaty, His pupils were dilated. His OSU today was positive to Methadone, opiate, 6MAM, benzodiazepine and cocaine.

He reported smoking a couple of bags of heroin yesterday. He said he has used this drug on 3 different occasions last week as he did not have his methadone prescription. When I asked him about his cocaine use he said he doesn't misuse this drug and it must be cut into heroin.

He appeared low and anxious. He said he has struggled with social anxiety all his life and this is the reason he was commenced on Diazepam. He said at the moment he is not feeling ready to either reduce his Methadone or Diazepam.

He lives on his own. He said he doesn't do much during the day. He is struggling to sleep and eat as he is not taking his Diazepam and Methadone.

Impression

Opiate and Benzodiazepine dependence, currently out of treatment
Longstanding low mood and anxiety issues

Plan

We have agreed to commence him on Diazepam 30 mg daily and Methadone 30 mg daily and this will be gradually titrated to 80 ml daily.

He will be seen by his addiction nurse again next week.

I advised him to refrain from using illicit drugs and reminded him the risk of overdose.

We will continue to encourage him to start reducing his Diazepam gradually.

I will suggest his addiction nurse to arrange another appointment in one of the medic's clinics in a couple of month's time to review his medication, drug misuse and mental health.

Yours sincerely

Dr. Ravinder Dagar
Locum Acting Consultant Psychiatrist

Authorised on 14/04/2025 13:17:51 by Ravinder Dagar.

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CLINIC LETTER

3008700373

CHI: 3008700373

Letter ID: 5782405

Dear Dr Ritchie

Clinic Date: 09/12/2024

Date: 08/01/2025

Steven Martin, 9 Headwell Avenue, Dunfermline, Fife, KY12 0JX

Date of Birth: 30/08/1970

I write further to my recent email to give details of a consultation I had with the above gentleman in clinic on 9th December. A drug test taken on the day of our appointment was positive for benzodiazepines, methadone, cocaine, opiates and heroin and the service continues to prescribe Mr Martin diazepam 30mg daily and methadone 80mg daily consumed on premises. I note your ongoing prescription of mirtazapine 45mg daily and gabapentin 2100mg daily.

When asked about his drug use Mr Martin said that he had taken heroin and cocaine that day and is using heroin every couple of days and cocaine twice weekly. He relates his drug use to his low mood and current circumstances. Mr Martin described ongoing traumatic re-experiencing and low mood. He denied any thoughts or plan of self harm.

Physical health
Looking at Mr Martin's physical health he is worried about losing his registration at your practice. His leg ulcers have been problematic and attending and receiving attention from your District Nurses.

Social history
Mr Martin is now starting to work with Tracy from the Compass Team this will hopefully resolve his housing issues as he continues to stay in a hotel. This has a very negative impact on his mood and he says that he will sometimes sleep rough despite the time of year if the hotel is too noisy.

We discussed the following plan:

1. I have asked that Mr Martin have an ECG, I have emailed your surgery however to start olanzapine. I have asked that this happen at a dose of 5mg.
2. Mr Martin is keen to remain on mirtazapine 45mg daily.
3. He does not want any change to methadone or diazepam prescription, he said his life currently remains unstable.
4. I have asked that we meet with the Compass Team to discuss his ongoing care.

5. Mr Martin, as indicated in my email, is keen to change from gabapentin to pregabalin. I will leave this up to your surgery's discretion.
6. I will review Mr Martin at my next free routine appointment. I am hopeful his named nurse will return from a period of being unwell to offer him some continuity and input, this will be good for completing formulation and engaging him in wider services.

Yours sincerely

Claire McIntosh
Consultant Psychiatrist

Authorised on 14/01/2025 15:21:56 by Claire Mcintosh.

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Fife Health & Social Care Partnership

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CLINIC LETTER

3008700373

CHI: 3008700373

Letter ID: 5705103

Dear Dr Ritchie

Clinic Date: 15/10/2024

Date: 24/10/2024

Steven Martin, 9 Headwell Avenue, Dunfermline, Fife, KY12 0JX

Date of Birth: 30/08/1970

I write to let you know that I saw the above man in clinic on 15th October 2024. I saw him with his named nurse Carol in Lynebank Clinic. At the time of our appointment Mr Martin was on methadone 80 mls supervised daily which he had been on since 2004 and diazepam 20 mg daily which I agreed to increase to 30 mg daily.

I note that Mr Martin is prescribed gabapentin 2100 mg daily for nerve damage in his legs and mirtazapine 45 mg daily which he feels keeps him calm and gets him off to sleep.

Mr Martin is in a very difficult situation at the current time living in temporary accommodation and feeling under threat. This has led to a downturn in his drug use. He is using heroin regularly both IV and smoked and cocaine. At times his use of these substances can be daily. He stated he had on occasion used extra benzodiazepines and continues to use cannabis. He stated that his drug use is very variable and related this to his mood. He will go on binges and then miss his methadone for a couple of days.

Looking at Mr Martin's mental health, he said that he can sleep and now has no dreams. He said his mood was emotionally unstable and he worries a great deal he will harm others. On the day of our appointment he denied any thoughts of ending his life although stated he did have those the previous month. He said that he had last felt okay on Sunday. This was during a period of time where he had isolated himself in his room and watched movies. He said that he is getting frequent panic attacks and sounds were triggering very difficult memories.

Past Psychiatric History
Mr Martin had EUPD diagnosed 10 years ago. He said that he had treatment with multiple antidepressants.

Past Medical History
Mr Martin has well documented difficulties with leg ulcers and I note there are plans for respiratory assessments.

Social History
Due to his housing instability Mr Martin is currently staying in a hotel. He feels that he is unlikely to be re-housed before Christmas. He has ADP and ESA for money.

We discussed the following plan:

1. Things are very difficult for Mr Martin at the current time. We have referred him to the Compass Team for additional support and Carol aims to do a joint review with them at her next meeting.
2. I would be very grateful if you would send me your general practice record for this gentleman and I want to look at his previous treatments. He wishes to retain mirtazapine for sleep. He feels it is less effective over time. We are considering a trial of olanzapine 5 mg nocte to try and better help his sleep and mood however given his health concerns and other medications we will look at this after an ECG.
3. I will look at Mr Martin's previous notes with a view to perhaps a revision of his diagnosis to see if PTSD better fits his symptom cluster at the current time.
4. We considered ways of stabilising Mr Martin's drug use to better treat his mental health. I have as above increased his diazepam to 30 mg daily to try and eliminate his illicit use. We discussed whether an increase in methadone would stop him using opiates. He did not feel this to be the case. He said that when he is feeling okay he will not use and the dose holds him well.

In summary we have a large amount of concern around Mr Martin at the current time. His pattern of drug use in combination with his impulsivity and mood changes on his background of worsening physical health is concerning and high risk. I was struck by what a bright man Mr Martin was. He is able weigh up things and has some comprehension of the risks and difficult situation he finds himself in.

Yours sincerely

Claire McIntosh
Consultant Psychiatrist

Authorised on 12/11/2024 14:00:57 by Claire Mcintosh.

Fife MH RAG (Red, Amber & Green)

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Patient Name	MARTIN, Steven
CHI	3008700373
DOB	30/08/1970

Category Substance Misuse

Relapse Indicators Red (●) Amber (○) Green (○)

Early Warning Signs
Hospital admission 14/4/24 due to IV drug use in to groin requiring Iv antibiotics
Polydrug use
Opiate dependence

Contingency Actions
To attend 4x weekly nursing appointments
To attend pharmacy daily
Has in date naloxone
To ensure is accessing clean needle exchange- Steven will not engage with We Are With You due to previous experience - has access to dears pharmacy
Regular drug screen to evidence stability/illicit drug use
Ongoing encouragement to reduce drug use
Steven declined third sector help - reports has help from Penumbra.

Name: Carol Rann

Designation: Staff Nurse

Date: 15/04/2024

v0.9

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CLINIC LETTER

3008700373

CHI: 3008700373

Letter ID: 5290448

Dear Dr Ritchie

Clinic Date: 09/11/2023

Date: 16/11/2023

Steven Martin, 9 Headwell Avenue, Dunfermline, Fife, KY12 0JX

Date of Birth: 30/08/1970

Reason for appointment

- Requesting Diazepam increase for anxiety

Impression

- Opiate dependence syndrome
- Benzodiazepine dependence syndrome
- Poly substance use
- Generalised anxiety disorder

Plan

1. ECG
2. Keep Methadone as is for today
3. Encouraged to stop cocaine use
4. Discuss with senior regarding Methadone dose/possible pharmacological changes
5. Review again within four weeks for mental health
6. Referral for CBT
7. Continue Mirtazapine
8. Encouraged cessation of all illicit drug use

Steven Martin attended Lynebank addictions clinic on the 30th of October 2023 asking for an increase in his Diazepam due to his anxiety. Steven has recently been served with an antisocial behaviour warning and threatened with an eviction notice from his house, he states he has been having a few panic attacks as a result of this. Steven feels like he is being mistreated as he states he was only chatting to people who were fighting but is not actually associated with them. Steven stated that his benzodiazepine prescription has been reduced over time and wishes to have this increased. Steven said that he cannot take things like Quetiapine as he feels it doesn't help him. He currently takes 45mg of Mirtazapine and feels that this does help him.

Steven reports that he has ongoing occasional heroin use. He states that the only thing that helps his anxiety other than Diazepam is heroin. However, he does not want to increase his dose of Methadone.

Drug use history

Steven reports in the last two weeks he has taken heroin but not on a daily basis. States he takes 0.3g, which he smokes and injects. Steven says he has taken benzodiazepines for 36 years and heroin for 17 years. He states that he has had a period of abstinence from heroin when he was originally married and his wife threatened to divorce him if he didn't stop. This period of abstinence lasted four years. Steven states that he is not currently getting any withdrawal symptoms from Methadone and feels it does hold him.

Steven had Methadone, cocaine, opiates, 6MAM and benzodiazepines in his urine. Steven states that sometimes there is cocaine cut through the heroin that he is using and states that he doesn't take it currently but has done in the past.

Steven is currently prescribed 70ml of Methadone and 15mg of Diazepam. He gets his Diazepam prescription from his GP surgery.

Past psychiatric history

- Anxiety and EUPD

Social history

Steven reports that he is getting benefits Adult Disability Payment and Employment and Support Allowance. He also states that he is currently living in a council house. He doesn't report any close family but he has a friend who comes round and they sometimes play video games together. Steven reports growing up in Glasgow and he moved to Dunfermline when his mother died. Steven reports that he was sexually abused when he was a child and his brother stabbed the perpetrator seventeen times as a result. Steven reports a lot of trauma, he gave an example of hearing someone being raped at party. However, we didn't discuss events in great detail so as to avoid traumatic re experiencing for him.

Family history

Steven reports a family history of alcohol dependence.

Forensic history

Steven reports that he did a nine month sentence in jail after breaking into a pharmacy.

Mental state examination

Steven appeared very thin. He wasn't intoxicated or in overt withdrawal. He smelled of smoke. He was appropriately dressed. Steven found it difficult to stay still throughout the appointment, rocking back and forth at times and appeared anxious. Steven was unable to maintain eye contact for most of the appointment. His speech was pressured and quick in pace, normal in content. Subjectively his mood was

described as anxious but he stated that he hasn't been as low as he previously has been. Steven states that the Mirtazapine works and his anxiety tends to be situational. Steven reports no perceptual disturbance and his cognition wasn't formally assessed but he was oriented to time, place and person.

Steven reports that his anxiety hasn't been getting any worse, unless situations lead to it flaring up, such as the anti social behaviour warning and eviction notice. Steven reports no suicidal ideations and states that he wants to be alive and has a respect for the drugs he uses.

Discussion regarding treatment

I had a discussion with Steven and stated that although Diazepam can help in the short term it is not a good long term solution for his anxiety. I stated that on top of his other illicit drug use this would be high risk as well. I also informed him that us taking over the prescription from his GP would result in it becoming daily collection due to his ongoing drug use. Steven stated that he hadn't had any CBT before and I raised that this might be a good idea as it is a first line therapy for anxiety, he was agreeable to this. Furthermore, I discussed with him that he is still taking heroin and we may need to up his dose of Methadone to try and prevent him feeling like he needs to do this. He wasn't keen to have his Methadone increased and felt that Diazepam was a better option for him.

I also explained to Steven that having cocaine in his system will make his anxiety significantly worse and he needs to try and ensure that this isn't in his body. I warned him that otherwise his anxiety symptoms are going to struggle to improve.

Yours sincerely

Dr Kieran Owens
Middle Grade Locum Doctor

Authorised on 27/11/2023 15:13:27 by Kieran Owens.

Fife Risk Assessment

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Patient Name	MARTIN, Steven
CHI	3008700373
DOB	30/08/1970

Patient Name STEVEN MARTIN
CHI 3008700373
DOB 30/08/1970

Team/Service/Ward ADDICTION SERVICES

RISK TO SELF					
Historical (>1 year ago)	Yes	Current (within last year)		Not known	

ONGOING IV HEROIN USE
cocaine is testing but denies use

RISK TO OTHERS					
Historical (>1 year ago)		Current (within last year)		Not known	Unknown

RISK FROM OTHERS					
Historical (>1 year ago)	Yes	Current (within last year)		Not known	Unknown

previous assault from others

RISK TO CHILDREN					
Historical (>1 year ago)		Current (within last year)		Not known	Unknown

RISK OF SELF NEGLECT				
Historical (>1 year ago)		Current (within last year)	Yes	Not known

POOR MENTAL HEALTH - DOES NOT WISH TO DISCUSS-
CONTINUES HEROIN USE

Patient Name	MARTIN, Steven
CHI	3008700373
DOB	30/08/1970

RISK TO RELEVANT SERVICE PROVIDERS

Historical (>1 year ago) ☐ Current (within last year) ☐ Not known

NO EVIDENCE PHYSICAL VIOLENCE OR AGGRESSION TOWARDS STAFF.
CAN BE ANXIOUS AND EXPRESS HIS FEELINGS VOCALLY - AS A RESULT HAS HAD TO CHANGE PHARMACY TWICE

OTHER CASE SPECIFIC RISKS IDENTIFIED

PATIENT'S VIEW OF RISK

STEVEN FEELS THAT HE IS SAFE WHEN USES HEROIN - STATES ONLY ADMINISTERS SMALL AMOUNTS AT A TIME AND HAS REDUCED USAGE SIGNIFICANTLY. CARRIES NALOXONE AND IS PROVIDED WITH CLEAN NEEDLES

CARER'S VIEW OF RISK

SUMMARY OF RISKS

IV HEROIN USE
RELUCTANT TO TALK ABOUT PSYCHOLOGICAL WELLBEING

SAFETY/RISK MANAGEMENT PLAN

TO ATTEND PHARMACY DAILY TO REMAIN IN TREATMENT
TO ATTEND 4 WEEKLY APPOINTMENTS WITH NAMED NURSE
TO CONTINUE TO REDUCE HEROIN USE WITH AIM OF REFRAINING
REGULAR DRUG SCREENING TO EVIDENCE STABILITY/ILLICIT DRUG USE
HAS IN DATE NALOXONE
NEEDLES PROVIDED BY PHARMACY

Patient Name	MARTIN, Steven
CHI	3008700373
DOB	30/08/1970

Sources of information used Tick if mental health record not available ☐

Mental Health Record ☐ TRAK ☐ Patient ☐ Family/Carer ☐

Vols Others ☐ Specify

Assessment discussed / shared with Patient ☐ Family/Carer ☐ Admitting doctor ☐

Ward Consultant ☐ Community Consultant ☐ CPN ☐ OT ☐ MHO ☐

Social Worker ☐ Psychologist ☐ Other ☐ Specify

Completed By

Name Carol Rann

Signature

Designation Staff Nurse

Date Time

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Fife Health & Social Care Partnership

Dr FH Ritchie
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GP LETTER

3008700373

CHI: 3008700373
Patient ID: 3438

Letter ID: 4685813

Dear Dr Ritchie

Clinic Date: 16/06/2022

Date: 05/07/2022

Steven Martin, 9 Headwell Avenue, Dunfermline, Fife, KY12 0JX

Date of Birth: 30/08/1970

I write to you regarding the above patient. I'm currently seeing this patient on a monthly basis on presentation he appears extremely anxious. He is reporting his anxiety is having a major impact on his day to day life. He advises he is reluctant to contact yourself to request a review of his Diazepam in fear that his prescription be compromised, he is therefore sourcing illicit Diazepam on top of his current Diazepam prescription.

I am writing to ask if you can give a slight increase to the patients Diazepam, I'm happy to discuss any further with you should you wish, thank you.

Yours sincerely

Denise Deacon
Addictions Nurse

Authorised on 13/07/2022 12:10:12 by Denise Deacon.

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CLINIC LETTER

3008700373

CHI: 3008700373
Patient I.D: 3438

Letter ID: 4574161

Dear Dr Ritchie

Clinic Date: 11/03/2022

Date: 22/03/2022

Steven Martin, 9 Headwell Avenue, Dunfermline, Fife, KY12 0JX

Date of Birth: 30/08/1970

Diagnosis

- Opiate Dependence Syndrome
- Anxiety disorder

Current Medications

- Methadone mixture 70 ml daily
- Diazepam 10 mg daily
- Gabapentin 700 mg TDS
- Mirtazapine 45 mg nocte

I met with Mr Martin at Campsie Clinic, Lynebank Hospital. He appeared very anxious during the interview and he was constantly moving whilst sitting in his chair. He was complaining of feeling restless and agitated. He said he is struggling to cope and he is smoking a bag of heroin most days to cope with his anxiety symptoms. He was complaining of paranoia and frequent panic attacks.

He said he has been taking Diazepam since he was teenager. In the past he was prescribed Diazepam up to 40 mg daily but this prescription was discontinued when he moved from Leven to Dunfermline in 2015. He said he always had problems with his anxiety and he doesn't think he will ever be able to stop taking Diazepam. However, he said he is willing to work with DAPL on his anxiety issues and maybe in the future he will try and reduce his Diazepam. He said at the moment he is not finding his current dose very helpful and since it has been reduced to 10 mg daily he is struggling to cope. He reported feeling very depressed and again blamed his anxiety issues for this. Apart from using heroin he denied taking any other illicit drugs. No alcohol issues identified.

I have suggested to him to stop smoking heroin to which he has agreed. Once his urine samples become negative to heroin we will request his GP practice to consider increasing his Diazepam to 20 mg daily in divided doses. If necessary we are happy to take over his Diazepam prescription and this will be

monitored and regularly reviewed by his addiction nurse in the clinic. I will also suggest his addiction nurse to refer him to DAPL for anxiety management and if necessary we will consider referring him to clinical psychologist.

At the moment I have suggested him to continue taking the same medications.

Yours sincerely

Dr. Ravinder Dagar
Locum Speciality Doctor

Authorised on 24/03/2022 15:12:47 by Ravinder Dagar.

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CLINIC LETTER
(telephone review)

3008700373

CHI: 3008700373
Patient ID: 3438

Letter ID: 4276353

Dear Dr Ritchie

Clinic Date: 29/06/2021

Date: 29/06/2021

Steven Martin, 79 Headwell Avenue, Dunfermline, Fife, KY12 0JR

Date of Birth: 30/08/1970

Diagnosis

- Opiate Dependence Syndrome

Current Medications

- Methadone mixture 70ml daily (50ml consumed on premises), 20ml takeaway
- Mirtazapine 45 mg nocte
- Diazepam 20 mg daily
- Gabapentin 600 mg tds

Illicit Drug Misuse

- Reported smoking 0.5mg heroin occasionally.

He is drinking alcohol excessively and regularly. He said yesterday he had 2 cans of dragon soup and he also finished a bottle of Southern Comfort in 2 days. He is experiencing withdrawal symptoms in the morning for example; shakes, sweating and diarrhoea. No seizure activity reported. He recently had a panic attack which gave him a fright and he said he will try and reduce his alcohol use gradually now.

No major mental illness identified today.

Cont'd Steven Martin CHI: 3008700373

Impression:-

- Occasional use of heroin.
- Harmful use of alcohol.
- Low mood and anxiety symptoms, secondary to drug and alcohol misuse.

Plan:-

1. To continue same medications.
2. I would suggest his Addiction Nurse to closely monitor his progress and refer to him to an Alcohol Nurse if he struggles to reduce his alcohol use.
3. Addiction Nurse-Please arrange for some blood investigations: (Full Blood Count, GGT, U&E and LFT's. Please also encourage him to work with FIRST or DAPL.
4. To continue with random OFT/Urine drug screening results.

Yours sincerely

Dr. Ravinder Dagar
Locum Speciality Doctor

Authorised on 24/08/2021 09:59:13 by Ravinder Dagar.

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TELEPHONE REVIEW

3008700373

CHI: 3008700373
File No:3438

Letter ID: 3933959

Dear Dr Ritchie

Clinic Date: 19/08/2020

Date: 20/08/2020

Steven Martin, 79 Headwell Avenue, Dunfermline, Fife, KY12 0JR

Date of Birth: 30/08/1970

Diagnosis

- Chronic Opioid Dependence Syndrome – currently stable
- Harmful use of alcohol
- Past history of trauma

Current Medications

- Diazepam 5 mg twice daily
- Mirtazapine 45 mg at night time
- Gabapentin 700 mg, 3 times a day
- Salbutamol inhaler
- Methadone 60 mg daily pick up

Recommendations

1. Advised to reduce alcohol to stop.
2. Encouraged 3rd sector engagement.
3. No change to Methadone – continue at 60 mg daily dispensing.

I had a telephone review with Steven on the 19th August 2020. Steven has been living in his current scatter flat for the last couple of months. He reports being single and unemployed. He denies being subject to any statutory measures or any other pending charges. He reports his last incarceration was in 1994.

Steven reports that his mood has been low due to a combination of COVID, loneliness, money worries although he is not in debt, and unruly neighbours. He reports that he stays in a 4 in a block and there are younger tenants upstairs who party all night. He also reports long term problems with anxiety and has been recently self medicating with alcohol up to 3 times a week. He reports using a bottle of wine, up to 4 cans of lager plus some shots. He also has been using heroin, half a gram, about 3 bags both smoked and intravenously to lift his mood and to combat the isolation. He was instantly regretful of his ongoing use and

was insightful to say "*I know that's not the answer*". He denied any alcohol dependence symptoms. He himself was quite keen to break the cycle. We have discussed about utilising 3rd sector agencies to have structured activities, desensitisation to his anxiety symptoms and also a forward looking plan for his life. I have advised for alcohol to be reduced to stop.

Today he did not sound to be under the influence of substances. Mood was objectively low due to his current circumstances. He did not present with any acute psychotic symptoms or any suicidal thoughts. He had capacity to understand risks and consequences of any further illicit drug use along with his prescribed medication. He will continue to be supported by the Addiction Services. Thank you.

Yours sincerely

Dr Mahesh Ramaiah
Speciality Doctor

Authorised on 25/08/2020 10:35:42 by Mahesh Ramaiah.

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Fife Health & Social Care Partnership

Dr N Harper
Linburn Road Health Centre
124 Nith Street
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KY11 4LT

GP UPDATE LETTER

3008700373

CHI: 3008700373
File No: 3438

Letter ID: 3325848

Dear Dr Harper

Clinic Date: 07/03/2019

Date: 07/03/2019

Steven Martin, 2 Cuil Grove, Dunfermline, Fife, KY12 9BU

Date of Birth: 30/08/1970

I write to update you on the aforementioned patient. Steve remains in treatment with NHS Fife Addiction Services and at present is prescribed Methadone 60mg daily which is consumed on premises, supervised self-administration at Wells Pharmacy, Douglas Street, Dunfermline. I have been working with Steve on a four-weekly basis since September 2018 and have been trying to focus on anxiety management work with him. However, at times the nature of our conversations and his engagement is such that it is difficult to undertake constructive work in a meaningful way.

He is often objectively agitated and anxious in his presentation and eye contact can be minimal. He reports limited social interactions and states that his sister is his only real support in this world. He ruminates consistently on the loss of family members to cancer and recently in December 2018 he was hugely concerned over his aunt who had been taken back into hospital with suspected remission of cancer. What is clear is that whilst reporting that he is attempting to allow the treatment to work for him, his three most recent tests have confirmed very recent illicit heroin use and as a result safety planning and harm reduction are a crucial part of our interactions.

He at times externalises responsibility for his actions and at other times completely declines to discuss the specifics of his substance use and will often say he 'can't remember' or he 'consumed alcohol and does not know what else he then had'. Steve is aware of the risks and the consequences of illicit substance use on top of his prescription for opiate replacement medication and this is again continually highlighted at contact.

We would kindly ask that you refrain from prescribing opiates or benzodiazepines to this patient as this can interfere with opiate substitute prescribing.

As always should you require any further information then please do not hesitate to contact me.

Yours sincerely

Daniel Tait
Addictions Nurse

Authorised on 12/03/2019 15:07:17 by Daniel Tait.

Lynebank Hospital
Halbeath Road
Dunfermline
Fife
KY11 4UW

Kirkcaldy & Levenmouth CHP
NHS Fife Addiction Services
Tel: 01592 716446
http://www.nhsfife.scot.nhs.uk

Fife Health & Social Care Partnership

Dr FJ Spens
Linburn Road Health Centre
124 Nith Street
Dunfermline
Fife
KY11 4LT

3008700373

CHI: 3008700373
Patient ID:3438

Letter ID: 2552270

Dear Dr Spens

Clinic Date: 12/07/2017

Date: 17/07/2017

Steven Martin, 2 Cuil Grove, Dunfermline, Fife, KY12 9BU
Date of Birth: 30/08/1970

Diagnosis:

1. Chronic opioid dependence syndrome – starting a new episode of treatment

Current medication:

1. Mirtazapine 45mg nocte
2. Diazepam 10mg OD
3. Amitriptyline 10mg OD

No known drug allergies

Recommendations:

1. **To be started on Methadone titration 30-50mg gradually increasing over the next 28 days**
2. Ongoing support from Addictions Services

I reviewed Steven at my clinic on 12th July 2017. He has been living in his current accommodation for the last few years. He lives with his younger sister, nephew and niece who are aged 23 and 17. He is single and he doesn't have any children of his own. He is medically retired due to severe bronchitis and asthma since 2010.

He is currently in contact with FIRST, Lynne Marshall, who he has known on and off for the last 2 years. He reports that he has had problems with depression and anxiety and has seen Alan Freeman, Psychologist, for the last few months as he was assaulted by a claw hammer about 4 months ago and still suffers from flashbacks.

He reports that he has been in contact with the Addictions Services for a considerable period of time but unfortunately, over the last 5 months he lost his prescription due to non compliance with his treatment plan and ongoing use of illicit substances. He reports that he deeply regrets using illicit substances and was keen to get back on his Methadone. He reports that the trigger of his recent relapse was not coping with the death of his parents and he was using as much Heroin as he could use and using intravenously as well.

He currently has Hepatitis C and has not acquired any further treatment.

His current use of illicit substances is Heroin 1g per day and he is currently using up 0.4 Heroin intravenously twice per day. He uses cannabis very rarely. He denies using any alcohol or other illicit substances.

From a physical perspective he said that he has been keeping reasonably well. Mental state wise he said that he suffers from anxiety and is having to terms with the death of his parents. Today he presented as a young man, who was slim built and well kempt and was slightly anxious to begin with and managed to calm down as the interview progressed. He presented with mild withdrawal symptoms of opioid dependence. His mood was objectively slightly low but reactive and subjectively anxious. There was no evidence of formal thought disorder and no obvious psychotic symptoms or ongoing suicidal thoughts. He was keen to restarted Methadone. **In my opinion I feel that Mr Martin has a long history of chronic opioid dependence and is restarting another episode of Methadone replacement going up to 60mg over the next 28 days starting at 40mg.**

He will continue to be supported by the Addictions Services.

Yours sincerely

Dr Mahesh Ramaiah
Locum Speciality Doctor

Authorised on 18/07/2017 18:59:37 by Mahesh Ramaiah.

Addiction Worker: Sara McGovern

Whyteman's Brae Hospital
Whyteman's Brae
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NHS Fife Community Services
Addiction Services
Tel: 01592 716446
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NHS Fife

Dr N Harper
Linburn Road Health Centre
124 Nith Street
Dunfermline
Fife
KY11 4LT

CLINIC LETTER

3008700373

CHI: 3008700373
Patient ID: 3438

Letter ID: 2361502

Dear Dr Harper

Clinic Date: 17/02/2017

Date: 08/03/2017

Steven Martin, 2 Cuil Grove, Dunfermline, Fife, KY12 9BU

Date of Birth: 30/08/1970

Diagnosis: **Chronic Opioid Dependence Syndrome**
Still ongoing use of illicit substances

Current Medications:

- Methadone 80mgs, consume on premises
- Diazepam 5mgs bd
- Mirtazepine 45mgs nocte

Recommendations:

1. Referral to FIRST (Fife Intensive Rehabilitation & Substance Misuse Team) to address issues of anxiety, low mood, providing structure and working towards relapse prevention.
2. No change to Methadone, continue with 80mgs, consume on premises
3. Gradual reduction of Diazepam to stop eventual over a month
4. Consideration of a trial of Quetiapine if agreeable to manage anxieties and low mood

I reviewed Martin at my clinic on 17th February 2017. He said he was initially offered an accommodation in James Bank Hostel but he felt it was very intimidating and the other residents were bullying and threatening towards him. He has hence decided to live with his sister, which has been over the last year, and feels his sister has been supportive. He is currently single and has no family. He has grown up daughters aged 30 and 27 with whom he has no contact with.

He reports history that this is the first time he has been in contact with the Addiction Service. Previously he was prescribed by the GP. He has been in treatment since last August and is now up to a dose of 80mgs, consume on premises.

He reports over the years he has had some psychiatric assessments, the first was in 2013 when he was due a court hearing whilst in remand. He has previously seen other psychiatrists with a history of low mood and issues related to traumatic past incidents and anxieties. He reports that he has had a number of negative and traumatic instances over the recent past, he was assaulted leading to being attacked with a hammer over his left brow leading to eight stitches, cracked ribs and he said he was robbed of his phone and some money. He said that since this instance he has stopped going out on his own, avoiding to go out in the evenings, he is spending mainly his time at home. His sister has taught him how to use the internet and he says that he has been distracting himself and going on the internet for hours on end.

He said that he has managed to cut down his illicit substance abuse and he reported his last drug use was in January, a bag of heroin and he had injected. He reported the addiction problem had been over the last 13 years, he felt that some of the triggers were to do with the relapse with the death of his father.

From a mental state perspective he said that he constantly feels anxious, feels that people are looking at him and describes anxiety leading to panic attacks, agoraphobia, low self esteem, poor confidence, constantly feels that people are judging him and being critical of him. He reported that most of these symptoms may be due to his circumstances and his lack of any life skills and appropriate coping strategies.

We have discussed addressing these issues as a primary focus in working towards his addiction problems and relapse prevention. We have emphasised the need for structured week days and engaging with third sector services like FIRST and DAPL to address these issues and help him to gain confidence gradually to which he has agreed to.

Today he presented as a middle aged man who looks older than his age. He had some stitches on his left eyebrow he was anxious to begin with but managed to calm down as the interview progressed. He was very well dressed, speech was normal in rate, tone and quantity. Mood was objective slightly low but reactive, more anxious. Subjectively feeling worried, some ideas of reference non delusional in nature which are more congruent. No acute psychotic symptoms, no suicidal thoughts. Insight was limited.

In my opinion I feel that Mr Martin has been stuck in the cycle of chronic opioid dependence with a significant lack of coping skills. In the first instance we would address his current problems through a gradual reduction of Diazepam with a consideration of a trial of Quetiapine. He will continue to be supported by the Addiction Services.

Yours sincerely

Dr Mahesh Ramaiah
Locum Speciality Doctor

Authorised on 10/03/2017 10:29:30 by Mahesh Ramaiah.

Whyteman's Brae Hospital
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Kirkcaldy & Levenmouth CHP
NHS Fife Addiction Services
Tel: 01592 643355 <Extension>
http://www.nhsfife.scot.nhs.uk

Fife Health & Social Care Partnership

Dr TM Browne
Bellyeoman Surgery
Bellyeoman Road
Dunfermline
Fife
KY12 0AE

CLINIC LETTER

3008700373

CHI: 3008700373
Hospital ID: V781318B

Letter ID: 2114239

Dear Dr Browne

Clinic Date: 12/08/2016

Date: 18/08/2016

Steven Martin, 2 Cuil Grove, Dunfermline, Fife, KY12 9BU

Date of Birth: 30/08/1970

Diagnosis: F11.2 Opioid dependence syndrome, F13.2 sedative dependence (benzodiazapines), continued use of Cannabis, history of behavioural problems secondary to substance misuse, mood disorder (unspecified) but probably secondary to drug misuse.

Current Medications: Methadone (recently increased to 60ml daily supervised by addictions services), Mirtazipine prescribed by his GP 45mg nocte, inhalers for bronchial asthma and bronchitis.

Management Plan: I advised him against the use of illicit drugs. He will be further supported by the community addiction team, encouraged to provide illicit drug free urine samples when requested. He should engage in psycho-social work and counselling for anxiety management and improvement of his coping skills. In relation to psychopharmacology he may benefit from Buspar for anxiety management or low dose Quetiapine in the first instance. I have reviewed those options with him however he refused this offer and stated that he should be on at least 40mg Diazepam as it was prescribed by his GP for several years. I informed him about the risks, particularly in relation to his chaotic lifestyle and ongoing use of illicit drugs with no evidence of any benefits from long term use of prescribed Diazepam but unfortunately he was unhappy with my explanation.

Follow Up: 2 months.

I reviewed Mr Martin in my addictions psychiatry outpatient clinic at Lynebank Hospital for the first time on 12th August 2016. He was referred to me for an urgent assessment but unfortunately I was told that his addiction psychiatry casenotes were not available. I had access to his nurse notes and also could see some of the electronically files reports.

Background Information: He told me that he was under the care of his GP and on Methadone prescriptions with long term prescriptions for Diazepam for many years until recently when he was transferred to addiction services. He stated that his GP started reducing his Diazepam and discontinued his Methadone. He told me that he was destabilised and was in the meantime injecting up to 8-10 bags of Heroin for a few months until transferred to our team.

At present he states that he is on 60ml Methadone daily (was increased 'yesterday'). He has been able to reduce his Heroin use, usually injected to his groin, currently still one bag daily. He states that his Diazepam has been reduced gradually by his GP to the current dose of 9mg daily with the plan to further reduce it by 2mg every 2 weeks. He denies any excessive drinking and states that he drinks 2-3 cans of beer over the weekends. He reports illicit use of Diazepam 'up to 8 yellow tablets daily' and smokes Cannabis 'intermittently'. He denies using any psychostimulants or any illegal highs. He reports some symptoms of possible PTSD including some degree of hypervigilence and anxiety related paranoia however I informed him that when he uses street drugs, or even on long term use of Diazepam, he would not be able to work on psychosocial aspects of his symptoms, for example anxiety management and coping skills. He is adamant that he should be, as before, on 40mg Diazepam daily. He wasn't interested in any other pharmacological options which I discussed with him including Quetiapine or Buspar. Additionally, his compliance with other medications – including his antidepressant medication, Mirtazipine – seems to be questionable to me.

Regarding his history of substance misuse he told me that he struggled initially aged 10 years old after the unfortunate death of his mother. He struggled in school and was by his report expelled from secondary school. Following the death of his mother when he was 12 years old he was sent to foster care and a children's home. He started using illicit drugs around age 15. He reports a 22 year history of opioid abuse/dependence as well as a 21 year history of Cannabis misuse. He reports at least 18 years of using Benzodiazapines. Reportedly his GP used to prescribe his medications at least since 2003 and he has apparently never had treatment with addictions services until recently.

Regarding his forensic history he states that he had two convictions previously, the first one in 1994 for 'assault' and spent 4 months in prison. Thereafter he had a second conviction in 2007 for 'attempted murder' however he stated that he did not go at that time to jail. Additionally he stated that he was charged by the police in 2013 for possession of a knife.

Regarding his psychiatric history he states that he had overdose attempts in '1986, 87 and 89'. He stated that he had problems with coping skills and used his girlfriend's tablets to attempt suicide.

Additionally I note that he was recently referred to psychology by his GP and was seen by Mr Alan Freeburn, clinical associate in applied psychology (please see report dated 5th July 2016). This referral was due to low mood and anxiety surrounding his circumstances which included losing his mortgage and being on a Methadone programme. He had reported symptoms consistent with anxiety such as fear of judgement, people looking at him, feeling constantly tense and having intermittent panic attacks. He was also prone to over-thinking and tended to ruminate on things from the past and worry about things in the future, and found it very hard to go to sleep. Apparently Mr Martin is well supported by his sister. He spends time in the house and struggles to go out without being accompanied by his sister?. He reported that he spends his time at home and to distract himself he watches Netflix movies. He has reported some improvement on Mirtazipine.

Regarding his social history Mr Martin reports that he was born and bred in Glasgow. He is one of four siblings, with an older brother and a younger brother and a younger sister who is very supportive of him. He has little communication with his brothers now. He stated that they were split up after the death of his mother and his father remarried (his aunt). He has two younger half sisters from that marriage. I understand that his father passed away about 4 years ago from cancer.

He stated that his dad never told Mr Martin that he had been loved. Unfortunately he doesn't recall many happy times from his childhood and describes things as 'hard'. He stated that he had three longer term relationships and had four children from those relationships however he stated that his children never wanted to be in touch with him.

Mental State Examination: At the time of this assessment he was anxious and it was clear that he was expecting me to put him back on a higher dose of Diazepam '40mg daily' as it was previously prescribed by his GP. He was orientated to time, place and person. He had a goal orientated thought process and unremarkable speech. His mood was somewhat low with an anxious and irritable affect. There was no evidence of any active suicidal thoughts or psychotic symptoms or any formal thought disorders. He had fair insight but poor judgement during this assessment.

As it was planned by Mr Freeburn in psychology he may benefit from re-referral to psychology after better stabilisation and retitration of his Methadone. I will schedule him for another clinic review in about 2 months time and we will keep you informed of his progress.

Thank you very much for taking care of this patient.

Yours sincerely

Dr Mehrdad Khorsand
Locum Consultant Psychiatrist

Authorised on 19/08/2016 12:02:39 by Mehrdad Khorsand.

CC:
Ms Kerri Wright, Senior addiction Nurse, Fife addiction psychiatry
Mr Alan Freeburn, Clinical Associate In Psychology, Lynebank Hospital, Dunfermline, KY11 4UW

Lynebank Hospital
Halbeath Road
Dunfermline
Fife
KY11 4UW

NHS Fife Community Services
NHS Fife Addiction Services
Tel: 01592 716446
http://www.nhsfife.scot.nhs.uk

NHS Fife

Dr N Harper
Linburn Road Health Centre
124 Nith Street
Dunfermline
Fife
KY11 4LT

CLINIC LETTER

3008700373

CHI: 3008700373
Patient ID: 3438

Letter ID: 2098654

Dear Dr Harper

Clinic Date: 01/08/2016

Date: 04/08/2016

Steven Martin, 2 Cuil Grove, Dunfermline, Fife, KY12 9BU

Date of Birth: 30/08/1970

Steve attended a non-medical prescribing assessment appointment on 01.08.2016. He was very well presented and engaged fully throughout despite appearing very anxious in presentation. At the beginning of the appointment Steve was literally shaking with anxiety and unable to make eye contact, this lessened as the appointment progressed and he became more comfortable in my company. He did appear motivated towards recovery and described feeling quite hopeful for the future.

Steve reported a long history of Heroin use and is currently using up to 1.5g injected daily. As you are aware he is Hepatitis C positive and hopes to start treatment for this very soon. He is using needle exchange and practising safe injecting at this time. He informed me that he is due to see a dietician soon as he has lost 2 stones in weight recently. He informed me that he is prescribed 11mg Diazepam daily and Mirtazapine 45mg daily from you. He is not coping with his Diazepam detox at all, his anxiety has increased and his suicidal thoughts have increased. He has no plans to act on his suicidal thoughts. I reassured him that I would make an appointment for him to see a medic in this service for a mental health assessment. As you are aware Steve is currently homeless and the address he has provided is his sisters. He has moved into James Bank Hostel and is finding the staff support very helpful. He has requested to use the address of 2 Cuil Grove as a safe mailing address for him. Overall it was a positive appointment today and Steve did appeared focused on recovery.

Treatment Plan:

- Methadone titration commenced on the 01.08.2016. The starting dose is 30mg daily, titrating to 60mg daily over a 2 week period.
- I will meet with Steve again on 15.08.2016 in order to review his Methadone titration and establish a daily therapeutic dose of Methadone.
- When available I will arrange for Steve to meet with a medic in this service for the purposes of a mental health assessment.

I will keep you informed of Steve's progress but should you require any further information or wish to share any information please do not hesitate to contact me.

Yours sincerely

Kerri Wright
Senior Addictions Nurse
Non Medical Prescriber

Authorised on 08/08/2016 13:26:19 by Kerri Wright.

Lynebank Hospital
Halbeath Road
Dunfermline
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KY11 4UW

Kirkcaldy & Levenmouth CHP
NHS Fife Addiction Services
Tel: 01592 716446
http://www.nhsfife.scot.nhs.uk

NHS Fife

Dr N Harper
Linburn Road Health Centre
124 Nith Street
Dunfermline
Fife
KY11 4LT

CLINIC LETTER

3008700373

CHI: 3008700373
Patient ID: 3438

Letter ID: 2085438

Dear Dr Harper

Clinic Date: 21/07/2016

Date: 05/08/2016

Steven Martin, 2 Cuil Grove, Dunfermline, Fife, KY12 9BU

Date of Birth: 30/08/1970

Steven has recently attended NHS Fife Addiction Services for assessment of his drug use. He reports he is currently using between 1g and 1.5g of Heroin daily administered IV and has been diagnosed as opiate dependent. On exploring treatment options the decision was taken that Steven would benefit from the prescribing of Methadone. He informs me that he is currently prescribed Mirtazepine 45mgs daily and Diazepam 11mgs daily. I would be grateful if you could confirm that this is indeed being prescribed to him and the dispensing arrangements for each.

Steven has been issued an appointment with a Non-Medical Prescriber on 1st August 2016 and we will keep you informed of his treatment plan at this time.

Yours sincerely

Kerri Wright
Senior Addictions Nurse
Non Medical Prescriber

Authorised on 08/08/2016 13:18:33 by Kerri Wright.

Lynebank Hospital
Halbeath Road
Dunfermline
Fife
KY11 4UW

NHS Fife Community Services
Addiction Services
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NHS Fife

Dr N Harper
Linburn Road Health Centre
124 Nith Street
Dunfermline
Fife
KY11 4LT

CLINIC LETTER

3008700373

CHI: 3008700373
Patient ID: 3438

Letter ID: 2075685

Dear Dr Harper

Clinic Date: 14/07/2016

Date: 14/07/2016

Steven Martin, 2 Cuil Grove, Dunfermline, Fife, KY12 9BU

Date of Birth: 30/08/1970

I write to advise you that the above named patient is currently being assessed by our service. He reports using 1-1.5grams of Heroin per day by IV injection into his arms, legs and groin. He is also reporting using illicit Methadone at times and sometimes illicit Dihydrocodeine.

Can I ask you refrain from prescribing any opiate or benzodiazepine based medication which may interfere with our substitute prescribing.

Should you require any further information or wish to share any information please do not hesitate to contact me at the above address, I will off course keep you updated regarding his engagement with our service.

Yours sincerely

Sandra Dower
Addictions Nurse

Authorised on 09/08/2016 11:27:19 by Sandra Dower.

Whyteman's Brae Hospital
Whyteman's Brae
Kirkcaldy
Fife
KY1 2ND

NHS Fife Community Services
Addiction Services
Tel: 01592 716446
http://www.nhsfife.scot.nhs.uk

NHS Fife

Steven Martin
2 Cuil Grove
Dunfermline
Fife
KY12 9BU

DISCHARGE LETTER

3008700373

CHI: 3008700373
Patient ID: 3438

Letter ID: 1915807

Date: 16/03/2016

Dear Mr Martin

Steven Martin, 2 Cuil Grove, Dunfermline, Fife, KY12 9BU

Date of Birth: 30/08/1970

Date of Discharge: 16/03/2016

As you have not attended initial assessment appointment or contacted the Service, I write to advise that you have been discharged.

Should you wish to re-refer then please feel free to contact ADAPT on 01592 321321 to attend one of the local Drop-in Clinics.

If you do not currently possess a Naloxone kit, you can attend one of the following Naloxone Drop-in Clinics:

- Addiction Services, Lynebank Hospital, Dunfermline every Monday from 2pm-4pm
- Addiction Services, Cameron Hospital, Windygates every Wednesday from 2pm-4pm
- Addiction Services, Whyteman's Brae Hospital, Kirkcaldy every Wednesday from 2pm-4pm

Yours sincerely

Jean Hoban
Addictions Nurse

Authorised on 16/03/2016 15:57:55 by Jean Hoban.

(D) Dr ER McIntosh, Bellyeoman Surgery, Bellyeoman Road, Dunfermline, Fife, KY12 0AE

NHS Fife, Queen Margaret Hospital, Whitefield Road, Dunfermline KY12 0SU
01383 623623 | www.nhsfife.org

NHS Fife

Date: 22 May 2026
Your ref: 100172
Our ref: JW/SK/SR26/1107
Enquiries to: Legal Services
Direct line: 01383 674101
Email: Fife.LegalServices@nhs.scot

MMA Legal Limited
43-59 Princes Street
Stockport
SK1 1RY

Dear Sir

Your Client: Richard Campbell Smith
Address: 48 Heriot Crescent, Leven, Methil KY8 3NE
Date of Birth: 04/09/1973

I refer to your letter of 22 April 2026 and as requested, I now enclose copy medical records of NHS Fife relating to your above-named client and trust that these will be of some assistance to you.

Please note that these copy records are being provided to you for your purpose only and have **not** been reviewed by the treating clinician to ascertain if they contain any information which may cause either physical or mental harm to the patient or other persons. If it is the case that your client wishes copies of their health records, they should be asked to contact Access to Health Records Department, Victoria Hospital, Kirkcaldy, Fife, KY2 5AH who will process their request.

Yours faithfully

Joanna Whitfield
Legal Services Manager

NHS Scotland Pastoral Care Quality Award
disability confident LEADER
Care Opinion

Chair: Pat Kilpatrick
Chief Executive: Carol Potter
Fife NHS Board is the common name of Fife Health Board

Fife Risk Assessment

Fife Health & Social Care Partnership
Supporting the people of Fife together

Patient Name	SMITH, Richard
CHI	0409730173
DOB	04/09/1973

Patient Name RICHARD SMITH
CHI 0409730173
DOB 04/09/1973

Team/Service/Ward Addictions

RISK TO SELF

Historical (>1 year ago) ☑ Current (within last year) ☐ No ☑ Not known ☐

Previous self harm/suicide attempts, family history of suicide, socially isolated, planning suicide, access to lethal method, hopelessness, wandering, lack of self-awareness, drug and alcohol

Reviewed 29.11.22 No amendments

Reviewed 20.03.23 Ricky overdosed on methadone 20 years ago. No current suicidal ideation or intent.

RISK TO OTHERS

Historical (>1 year ago) ☑ Current (within last year) ☐ No ☐ Not known ☐

Previous violent acts, use of / access to weapons, previous admission to secure unit, intoxicated; convictions for violence, supervision failure, known fire risk

Has previous convictions for violent acts in 2013.

Reviewed 29.11.22 No amendments

RISK FROM OTHERS

Historical (>1 year ago) ☐ Current (within last year) ☑ No ☐ Not known ☐

Abuse, exploitation, domestic violence, neglect

When mood is low he can neglect himself.

Reviewed 29.11.22 No amendments

RISK TO CHILDREN

Historical (>1 year ago) ☐ Current (within last year) ☐ No ☑ Not known ☐

Neglect, abuse, child included in suicide plans, delusional thinking A consultant psychiatrist should be directly involved in all clinical decision making for those who may pose a risk to children

Reviewed 29.11.22 No amendments

Patient Name	SMITH, Richard
CHI	0409730173
DOB	04/09/1973

RISK OF SELF NEGLECT

Historical (>1 year ago) ☐ Current (within last year) ☑ No ☐ Not known ☐

Health, memory, cognitive impairment, physical impairment

When mood is low he has been known to neglect himself.

Reviewed 29.11.22 No amendments

RISK TO RELEVANT SERVICE PROVIDERS

Historical (>1 year ago) ☐ Current (within last year) ☐ No ☑ Not known ☐

e.g. Risks to staff, circumstantial or environmental risks identified for visiting staff

Reviewed 29.11.22 No amendments

OTHER CASE SPECIFIC RISKS IDENTIFIED

e.g. Challenging behaviours related to ID/ASD. Or other risks not identified elsewhere on this form

Reviewed 29.11.22 No amendments

PATIENT'S VIEW OF RISK

What are the main risks; Nature, severity, imminence, likelihood, aggravating factors, protective factors

CARER'S VIEW OF RISK

SUMMARY OF RISKS

Patient Name	SMITH, Richard
CHI	0409730173
DOB	04/09/1973

What are the main risks; Nature, severity, imminence, likelihood, aggravating factors, protective factors

Was known to be violent in the past.
If mood is low he has been known to self neglect.

Reviewed 29.11.22 No amendments

Reviewed 20.03.23 Historical methadone overdose. No current suicidal ideation or intent.

SAFETY/RISK MANAGEMENT PLAN

Include plan if risks not known/further information needed

Reviewed 29.11.22 Monitor mood and for signs of self-neglect.
Increased key worker contact if required.
Liaison with appropriate health, social and third sector agencies.

Reviewed 20.03.23 Historical overdose. Currently stable in treatment and on a methadone reduction schedule. No current suicidal ideation or intent. I have supported Ricky's self-referral to DAPL for psychotherapeutic input.

Sources of information used Tick if mental health record not available ☐

Mental Health Record ☐ TRAK ☐ Patient ☑ Family/Carer ☐

Vols Others ☐ Specify

Assessment discussed / shared with Patient ☐ Family/Carer ☐ Admitting doctor ☐

Ward Consultant ☐ Community Consultant ☐ CPN ☐ OT ☐ MHO ☐

Social Worker ☐ Psychologist ☐ Other ☐ Specify

Completed By

Name John Mckechnie

Signature John Mckechnie

Designation Addictions Nurse

Date 24/05/2022 Time

Reviewed by MDT

Patient Name	SMITH, Richard
CHI	0409730173
DOB	04/09/1973

Name

Signature

Designation

Date Time

Review **Date**

Change to Risk Factors? 29/11/2022

None

Change to Plan
Plan going forward: Monitor mood and for signs of self-neglect.
Increased key worker contact if required.
Liaison with appropriate health, social and third sector agencies.

Change to Risk Factors? 20/03/2023

Historical overdose noted. 20 years previously.

Change to Plan

Currently stable in treatment and on a methadone reduction schedule. Tolerating this well. No current suicidal ideation or intent. I have supported Ricky's self-referral to DAPL for psychotherapeutic input.

Name: Lindsay Jones

Designation: Addictions Nurse

Date: 20/03/2023

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required? No	Unique Care Pathway Number: 101003193214T **REFERRAL LETTER** MEDICAL IN CONFIDENCE	

REFERRAL TO		
General Psychiatry (Mental Illness)G1 Fife General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Whytemans Brae Hospital Whytemans Brae Kirkcaldy KY1 2ND	——	**Hospital** and **hospital address** Hospital unit no. F711H Email address -
Urgency of referral	**Urgent**	

PATIENT DETAILS			**Patient's address**
Surname	Smith		50 William Street East Wemyss Fife KY1 4PG
Forename(s)	Richard.		
Title	Mr		
Sex	Male		
Date of birth	04-Sep-1973		Contact number(s)
CHI no.	0409730173		-

REGISTERED GP DETAILS				**Practice address**
Name	Dr Swapan Mukherjee			Merlin Crescent Buckhaven Fife Fife
GMC code	2904807	GP code	93921	
Practice name	Muiredge Surgery (15918)			Contact number(s)
Practice code	20108			Voice: 01592 713299

REFERRING PRACTITIONER DETAILS				**Practice address**
Name	Dr. Alisdair Sneddon			MERLIN CRESCENT BUCKHAVEN FIFE
GMC code	2722391	GP code	92533	
Practice name	MUIREDGE SURGERY (20108)			Contact number(s)
Practice code	20108			Voice: 01592 713299

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Depression Hallucinations with some Suicidal Intent

Comment: Dear Doctor: I would be grateful for your help with this man who has been released from prison after serving 6 years. He was not our patient when he went into prison and he has only been with us since the beginning of 2012. We have no discharge information or previous information from the psychiatric services with whom he was previously involved when he lived in Leven and he tells me he had a diagnosis of mixed personality disorder with drug misuse.

I saw him the other day accompanied by a Social Worker and his mother. He has been hearing some voices in the background telling him to kill himself but he would not do this he tells me because it would upset his mother too much particularly as his brother committed suicide also. He was like this when he went to jail and was on suicide watch in the prison on a number of occasions but had stopped all Heroin and Benzo's while he was in the jail. He does not seem to have been given any other medication. He did some courses in jail and was hoping to walk into a job when he was released but this has not been the case and this has disappointed him. His sleep is poor and he feels low and hopeless all the time. He goes to his mothers for his meals and his choice of management would be an admission to Whytemans Brae until he was feeling better. I must say I did not feel this would be terribly helpful for him as he had just been released from an institution and he did not seem to offer any psychotic symptoms and not really much in the way of significant depressive ones either. I did however start him on Citalopram 20mg daily which I have dispensed weekly and will be keeping an eye on him over the next couple of weeks. I would be grateful for your further input on an urgent basis and I have Mr Smith's mobile Number which is 07864686064

Reason for referral

Care type requested: Out Patient

Expected outcome: Advise

Past medical history

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Simvastatin Tablets 40 mg	0212000Y0AAADAD	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	23-Jan-2012	-
Citalopram Hydrobromide Tablets 20 mg	0403030D0AAAAAA	28 TABLET	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY	-	08-Feb-2012	42 Days
Trimovate Cream	1304000H0BCABCA	30 GRAM	APPLY THREE TIMES A DAY	-	23-Jan-2012	42 Days

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status

Number per day
? (not known)

Alcohol consumption

Units per day
? (not known)

Additional relevant information

Administrative information

Patient can accept a short notice appointment:yes

Interpreter Required:no

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

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Emergency Department
Tel: 01592 643355 29795
http://www.nhsfife.scot.nhs.uk

NHS Fife

Dr AJ Sneddon
Muiredge Surgery
Merlin Crescent
Buckhaven
Fife
KY8 1HJ

DISCHARGE LETTER

0409730173

CHI: 0409730173
Hospital ID: V290550K

Letter ID: 251251

Dear Dr Sneddon

Date: 06/07/2012

Richard Smith, 192 Den Walk, Buckhaven, Leven, Fife, KY8 1DH

Date of Birth: 04/09/1973

Date of Admission: 16/06/2012

Date of Discharge: 17/06/2012
(Took own discharge against medical advice)

Diagnosis: Intentional overdose of Diazepam, Co-Codamol and alcohol

This 38 year old man presented to the emergency department at 19.30 on the evening of the 16th of June 2012 having been brought by ambulance. He had taken Diazepam, Co-Codamol and a significant quantity of alcohol and was expressing active suicidal intent. He has an apparent diagnosis of borderline personality disorder and is known previously to the mental health team. When he arrived in the department he was well and had no significant clinical abnormality. Blood tests were normal and Paracetamol levels were below the treatment threshold. He was admitted to the observation ward overnight with a view to psychiatric assessment the following morning once no longer intoxicated.

On review the following morning he was medically well but was still expressing active suicidal intent with quite clear plans of how he intended to achieve this. He was seen by the urgent care assessment team nursing staff who requested the duty psychiatry doctor to see the patient. The patient unfortunately left the department before this occurred.

The police were called and asked to return the patient to the department however he had gone to his parent's house and the police therefore had no power to return him to the department. The patient has been actively encouraged to return and seek further psychiatric assessment and the GP surgery was contacted to make them aware of the situation. Please do not hesitate to contact us should you have any further concerns. Kind regards.

Yours sincerely

Dr M Currer
Consultant in Emergency Medicine

Cameron Hospital
Cameron Bridge
Windygates
Fife
KY8 5RR

< 65 Community Psychiatric Nursing Service
Tel: 01592 712472 <Extension>
http://www.nhsfife.scot.nhs.uk

NHS Fife

Dr PS Guy
Muiredge Surgery
Merlin Crescent
Buckhaven
Fife
KY8 1HJ

CLINIC LETTER

0409730173

CHI: 0409730173
Hospital ID: SF5016671M

Letter ID: 535844

Dear Dr Guy

Clinic Date: 25/02/2013

Date: 02/04/2013

Richard Smith, 48 Herriot Crescent, Methil, Leven, Fife, KY8 3NE
Date of Birth: 04/09/1973

Further to your referral of this gentleman I sent him an appointment to be seen at my clinic recently but he contacted me to say that he could not attend a clinic and requesting that I visit him at home. I saw him at home in Herriot Crescent, Methil, on 26th March, 2013. He had not completed the assessment questionnaires I had sent to him, claiming that he could not find them. I was rather concerned given the real element of risk that your referral details were somewhat incomplete. From Gordon Campbell's notes in the past we were aware that Mr. Smith had been in prison on occasion and also used illicit drugs. However the extent to which this has occurred during recent years when we have had no contact with him and also the fact that he is a convicted sex offender and on the Offenders Register was omitted from your referral.

Mr. Smith speaks about social withdrawal and hinted at agoraphobia, but it would appear that the reality is that he has reason to be concerned about mixing with local people given the reputation that he clearly justifies. It was difficult to elicit from him any valid reason for our service's intervention and he could say little apart from the fact that he was seen by Gordon Campbell in the past and that he occasionally had what he called episodes. When I asked him about these episodes what he described appeared rather unusual and at best I can conclude may be some form of pseudo psychotic experience of unknown cause. What is perhaps more likely is that it is a form of panic disorder brought on by his undesirable lifestyle. He did speak about issues with anger and in the absence of any other constructive input to offer I have offered to see him again to help him address this if he should so wish.

I do not foresee a lengthy intervention with this chap, in spite of the fact that his impression of our role is somewhat flawed. I will, as usual, advise you of any significant changes observed during treatment or on discharge.

Yours sincerely

Chris Spratt
Community Mental Health Nurse Specialist
Authorised on 02/04/2013 13:38:12 by Chris Spratt.

Cameron Hospital
Cameron Bridge
Windygates
Fife
KY8 5RR

< 65 Community Psychiatric
Nursing Service
Tel: 01592 226424
http://www.nhsfife.scot.nhs.uk

NHS
Fife

Dr PS Guy
Muiredge Surgery
Merlin Crescent
Buckhaven
Fife
KY8 1HJ

DISCHARGE LETTER

0409730173

CHI: 0409730173
Hospital ID: SF5016671M

Letter ID: 884500

Date: 24/01/2014

Dear Dr Guy

Richard Smith, 48 Herriot Crescent, Methil, Leven, Fife, KY8 3NE

Date of Birth: 04/09/1973

Date of Admission: Date of Discharge: 24/01/2014

Since you re-referred this chap at the beginning of 2013, I have met with him 3 times. He has also failed to keep 6 appointments in spite of the fact that most of these were home appointments at his request. During this time whilst he continued to speak about social withdrawal and agoraphobia there was little evidence to support this other than the fact that he claimed to feel threatened in the area in which he lived and at times did not go out. Quite apart from the time he has wasted of our service I do not see any therapeutic value that has been gained from our intervention and I recently removed his name from my list. He did phone our office earlier this month requesting that I contact him. I telephoned his number but once again he was not available.

My impression has been that it suits this chap to be seen to be engaging with mental health services in an attempt to somehow justify his behaviours both past and present. I do not however see how we can be of any significant service to him in terms of treatment and recovery and therefore I do not plan to attempt any further contact. If you wish to discuss this at all please do not hesitate to contact me.

Yours sincerely

Chris Spratt
Community Mental Health Nurse Specialist

Authorised on 24/01/2014 15:35:27 by Chris Spratt.

Whytemans Brae Hospital
Whyteman's Brae
Kirkcaldy
Fife
KY1 2ND

Mental Health
Tel: 01592 643355 22067
http://www.nhsfife.scot.nhs.uk

NHS Fife

Dr AJ Sneddon
Muiredge Surgery
Merlin Crescent
Buckhaven
Fife
KY8 1HJ

CLINIC LETTER

0409730173

CHI: 0409730173
Hospital ID: SF5016671M

Letter ID: 932379

Dear Dr Sneddon

Clinic Date: 02/03/2014

Date: 07/03/2014

Richard Smith, 48 Herriot Crescent, Methil, Leven, Fife, KY8 3NE

Date of Birth: 04/09/1973

I reviewed Richard as part of The Unscheduled Care Team on 2 March 2014 in A&E at Victoria Hospital, Kirkaldy. He had self-presented to A&E after 'smashing up' his house. Richard had initially been reviewed by one of the Unscheduled Care Team nurses but they were unable to agree a safety plan so I was asked to review Richard.

Richard reports that the day prior to his presentation had been the anniversary of his brother's suicide 5 years ago. Richard reports that he was in prison at the time of his brother's death and states that he had 'never dealt with this' and had therefore 'never got over it'. On the evening of his presentation, Richard stated that he "took a turn", that is, he became very angry and upset about his brother's death and the state of his life in general. He then did not know how to cope with these feelings and so smashed all the mirrors and threw pieces of furniture of the windows in his house. He also cut his face with pieces of glass as he was feeling suicidal. One of his neighbours called the police who then called an ambulance to bring Richard into hospital. Richard reports that his mood is generally 'a bit up and down' and that he has struggled with 'life in general' since being released from prison 2 years ago. He reported feeling suicidal at the time of assessment and had told the UCAT nurses who had reviewed him earlier in the evening that he would 'go down to the docks' if he was discharged, although he was unable to say exactly what he wanted to do down at the docks. He told me that he did not want to do this anymore and although he still felt suicidal, he would not act on those thoughts as he has a 14 year old daughter. Richard reported that he had been drinking vodka earlier in the night and had taken two Diazepam tablets to calm him down. He reports that he regularly uses Diazepam that he buys on the street to help 'calm himself down'. Richard was also caught inhaling butane gas while he was in the A&E Department. He stated that this was the only time that he has ever done this.

Past Psychiatric History
Borderline personality disorder
Previous admission to Ravenscraig Ward
Drug misuse
Has previously disengaged with psychiatric services on multiple occasions

Past Medical History

Nil

Current Medication
Suboxone

Drug & Alcohol History
Richard reported that he binge drinks. He admitted to regularly buying Diazepam 'off the street'. Has a long history of previous drug abuse.

Forensic History
Richard was released from prison 2 years ago following a sentence for sexual intercourse with a minor.

Social History
Richard lives alone in a council flat in Methil. He reports that he has a good relationship with his parents and his brother and sister-in-law. He has a 14 year old daughter who lives in a young person's unit in Stirling and who he has little contact with.

Mental State Examination
Appearance/behaviour
Casually dressed. Some dried paint noted on his hands and trousers. Richard behaved appropriately throughout the interview and rapport was easy to establish. He did not appear intoxicated.

Speech
Spontaneous; normal rate, content and volume.

Mood
Objectively, Richard appeared euthymic. Subjectively, Richard described his mood as 'up and down' but at present 'no worse' than normal.

Thoughts
No evidence of thought disorder. Denied any thought insertion, withdrawal or broadcasting.

Perceptions
No evidence of abnormal perceptions. Denied any hallucinations.

Cognition
Orientated to time, place and person.

Insight
Richard appeared to have good insight.

Risk
Although Richard is impulsive he stated that he no longer planned to commit suicide tonight and was keen to engage with services. I had a long discussion with Richard about formulating a safety plan. He was adamant that he would not take the actions he had previously described to the UCAT nurses as he was worried about the effect it would have on his daughter. He also stated that he was keen to get help with anger management and also to help deal with the death of his brother. He did report that he finds it difficult to keep appointments when they arrive in the post. Richard also reported that he occasionally sees his GP and would go to see his GP to discuss his mental health further.

Clinical Impression
My impression is that this was an acute episode of anger and suicidal thoughts which was exacerbated by alcohol and drugs and was in response to bereavement. This is on a background of borderline personality disorder.

Plan
1) Discharged home – he stayed in the A&E waiting room the rest of the night and got a bus home in the morning.
2) He was advised to see his GP to discuss his mental health further.
3) I have given Richard information leaflets regarding anger management, bereavement counselling and also crisis contacts should he have suicidal thoughts again.
4) No psychiatric follow-up has been arranged for Richard.

Yours sincerely

Melissa Barker
GPST Unscheduled Care Assessment Team

Authorised on 07/03/2014 13:46:22 by Melissa Junior Doc.

Cameron Hospital
Cameron Bridge
Windygates
Fife
KY8 5RR

Kirkcaldy & Levenmouth CHP
NHS Fife Addiction Services
Tel: 01592 716446
http://www.nhsfife.scot.nhs.uk

NHS Fife

Dr LC Christie
Muiredge Surgery
Merlin Crescent
Buckhaven
Fife
KY8 1HJ

CLINIC LETTER

0409730173

CHI: 0409730173
Patient ID: 150

Letter ID: 1184144

Dear Dr Christie

Clinic Date: 08/09/2014

Date: 12/09/2014

Richard Smith, 48 Herriot Crescent, Methil, Leven, Fife, KY8 3NE

Date of Birth: 04/09/1973

I saw Richard in my outpatient clinic at Cameron Hospital on the 8th September 2014 for a medical review. He attended alone. He reported doing very well and feeling much better in his mood. He smokes Cannabis daily; roughly 6-8 joints per day. He denied any other illicit substance use. He denied drinking alcohol. He stated that since he received the financial compensation he has been feeling much better and much less anxious. He is contemplating on starting some hobbies. He sees his brother regularly who also drives his car for him. He feels that they both emotionally rely on each other. He receives support from his mother. He is currently taking driving lessons. He denied receiving any medication from his GP. He sleeps and eats very well. He denied having any ideas or plans of self-harm or suicide. Last self-harm attempt was March 2014. He also denied any experience of auditory hallucinations, however he continues to have mumbling noises in the background which he is confidently able to ignore and cope with. He did not appear distracted or respondent to any unseen stimuli in the session. His mood appeared euthymic. He maintained good eye contact and his speech was coherent. He was not agitated or restless. He was oriented into time, place and person.

The plan is as follows:

1. No change in his current prescription; 12mgs of Suboxone daily, supervised self-administration.
2. For him to continue to see his Addictions Nurse and continue to engage with agencies involved; including Bethany, Police liaison, and Probation.
3. To keep a structured weekly plan.
4. I encouraged him to contact us if needed.
5. He will be reviewed by Dr Awad in 4-5 months time or earlier if necessary.
6. I strongly advised him to reduce his Cannabis use. I suggested that he contacts 3rd Sector Agencies to help him with Cannabis cessation.

Yours sincerely

Dr Michael Armanyous MB BCh MRCPsych PGDip in CBT
Consultant Psychiatrist

Authorised on 12/09/2014 12:40:45 by Michael Armanyous.

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

ENT Department
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Lorraine Neal
http://www.nhsfife.scot.nhs.uk

NHS Fife

Dr S Mukherjee
Muiredge Surgery
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Buckhaven
Fife
KY8 1HJ

CLINIC LETTER

0409730173

CHI: 0409730173
Hospital ID: V290550K

Letter ID: 1635006

Dear Dr Mukherjee

Clinic Date: 21/07/2015

Date: 31/08/2015

Richard Smith, 48 Herriot Crescent, Methil, Leven, Fife, KY8 3NE

Date of Birth: 04/09/1973

Presenting complaint:
Cannot sleep on lying on left side
Suffocation feeling from nose
Gets bad back when sleeps on right side
History of previous injury to right maxilla following prison fight

Clinical findings:
Septal deviation anterior to the right
Dislocation nasal septum anteriorly to the left
Significantly nicotine stained nares
Central nasal bones
Hypertrophic rhinitis

Management:
Nasal douches
Betnesol drops

Follow up:
3 months

This patient was seen in the ENT clinic this morning. He gives a history of having had an assault in prison sometime ago. He cannot recollect where he was seen or how he was treated following this altercation but some operation was done presumably in Edinburgh as he was Saughton Prison at the time. His main problem is that he cannot sleep on his left side, he feels suffocated and when he sleeps on his right he gets a bad back. He also complained of pain in the right malar region which is long standing and also feels that his face is collapsed on this side. He suffers from hay fever and smokes significant of cigarettes every day. He is currently taking Fluoxetine and Suboxone which I understand is part of opiate replacement therapy.

This man admits to having personality disorder and having significant psychological problems which he says are worsened by his nasal condition. Though I think he had assumed today that we would offer him surgery directly when seen in clinic, I do not think this would be appropriate.

I have started him on douches and Betnesol drops prior to further review.

Yours sincerely

Mr Ray Kelleher
Consultant Otolaryngologist

Authorised on 01/09/2015 15:53:05 by Mr Ray Kelleher.

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

ENT Department
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Lorraine Neal
http://www.nhsfife.scot.nhs.uk

NHS Fife

Dr S Mukherjee
Muiredge Surgery
Merlin Crescent
Buckhaven
Fife
KY8 1HJ

CLINIC LETTER

CHI: 0409730173
Hospital ID: V290550K

Letter ID: 1717929

Dear Dr Mukherjee

Clinic Date: 20/10/2015

Date: 03/11/2015

Richard Smith, 48 Herriot Crescent, Methil, Leven, Fife, KY8 3NE

Date of Birth: 04/09/1973

Your patient failed to attend his ENT appointment today without contacting the department. In accordance with NHS Fife policy no further appointment will be sent unless you feel it is necessary in which case you will require to re-refer the patient.

Yours sincerely

Mr Ray Kelleher
Consultant Otolaryngologist

Authorised on 05/11/2015 12:31:26 by Mr Ray Kelleher.

Cameron Hospital
Cameron Bridge
Windygates
Fife
KY8 5RR

NHS Fife Community Services
Addiction Services
Tel: 01592 716446
http://www.nhsfife.scot.nhs.uk

Fife Health & Social Care Partnership

Dr LC Christie
Muiredge Surgery
Merlin Crescent
Buckhaven
Fife
KY8 1HJ

CLINIC LETTER

0409730173

CHI: 0409730173
Patient ID: 150

Letter ID: 2387458

Dear Dr Christie

Clinic Date: 09/03/2017

Date: 21/03/2017

Richard Smith, 48 Herriot Crescent, Methil, Leven, Fife, KY8 3NE

Date of Birth: 04/09/1973

I reviewed this man on 9th March 2017. He said that at the time of being seen it was a 'good day' regarding his mood and the 'voices' don't trouble him unless somebody mentions them. Regarding anxiety he said he had to take Gabapentin to feel sufficiently calm so he could attend his appointment. He is currently taking Suboxone 8mg and is trying to reduce this further, although when he does he feels more anxious. He continues to smoke Cannabis daily and is insistent it has no bad effects on him such as paranoia. He gave a history of chest pain in the past, said he was admitted briefly to hospital and was given a diagnosis of Pericarditis. I think it would be worthwhile trying Quetiapine to see if it could help him reduce Suboxone further. Given his history of chest pain though, I would be grateful if you could arrange an ECG for QT measurement. If its satisfactory then I suggest starting Quetiapine at 25mg a day increasing thereafter to 50mg per day.

Yours sincerely

Professor Douglas Steele
Honorary Consultant Psychiatrist

Authorised on 30/03/2017 12:02:39 by Douglas Steele.

Cameron Hospital
Cameron Bridge
Windygates
Fife
KY8 5RR

NHS Fife Community Services
NHS Fife Addiction Services
Tel: 01592 716446
http://www.nhsfife.scot.nhs.uk

Fife Health & Social Care Partnership

Dr LC Christie
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Buckhaven
Fife
KY8 1HJ

GP UPDATE LETTER

0409730173

CHI: 0409730173
Patient ID: 150

Letter ID: 2916161

Dear Dr Christie

Date: 10/05/2018

Richard Smith, 48 Herriot Crescent, Methil, Leven, Fife, KY8 3NE

Date of Birth: 04/09/1973

I write to update you that Richard continues in treatment with NHS Addiction Services at this time.

He is currently prescribed 6mg of buprenorphine which he is collecting on a Monday, Wednesday and Friday from pharmacy. I would be grateful if you could add this to the emergency care summary.

Richard had successfully been reducing his suboxone then buprenorphine treatment since November 2017, however he has advised me that due to recent events in relation to court proceedings he has struggled with his most recent reduction, and has requested that his medication be put up to 6 mg.

Richard has expressed that he experiences mental health issues and that his mental health is up and down at times and he occasionally experiences "episodes" where he feels anxious and paranoid and tells me that he hears voices that are derogatory saying that people are laughing at him. He has advised that this can result in him lashing out and being violent towards others, I have tried to explore this with him and he was unable to tell me any specifics regarding the voices that he hears. He has also told me that his mood can be low however he feels that this is often situational and it picks up again without any interventions.

I referred Richard to FIRST (Fife Intensive Rehabilitation & Substance Misuse Team) at the end of February 2018 and I hope that he will engage with their service.

Richard Smith..... CHI: 0409730173

In relation to Richard's physical health he has not expressed that he has any new worries or concerns in relation to this.

I will continue to work with Richard to maintain stability in treatment.

I would be grateful if you could let us know if you are prescribing anything new for Richard.

Yours sincerely

Rosalynd Ramsay
Addictions Nurse

Authorised on 11/05/2018 13:54:07 by Rosalynd Ramsay.

Cameron Hospital
Cameron Bridge
Windygates
Fife
KY8 5RR

NHS Fife Community Services
NHS Fife Addiction Services
Tel: 01592 716446
http://www.nhsfife.scot.nhs.uk

Fife Health & Social Care Partnership

Dr LC Christie
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Buckhaven
Fife
KY8 1HJ

GP UPDATE LETTER

0409730173

CHI: 0409730173

Letter ID: 3007073

Dear Dr Christie

Clinic Date: 03/07/2018

Date: 13/08/2018

Richard Smith, 48 Herriot Crescent, Methil, Leven, Fife, KY8 3NE

Date of Birth: 04/09/1973

I write to update you on the above named patient who remains in treatment with NHS Fife Addiction Services.

Richard's Buprenorphine prescription was recently increased to 8mgs daily from the 6th June 2018, dispensed Monday, Wednesday and Friday. I would be grateful if you could include this information on the Emergency Care Summary.

I wrote to you recently and there have been no changes otherwise in Richards treatment, however today I did issue him with a supply of Naloxone as per policy and this was in order to replace an out of date supply he already had.

I would be grateful if you could let me know if you are prescribing any new medications for this patient.

Yours sincerely

Rosalynd Ramsay
Addictions Nurse
Non-Medical Prescriber

Authorised on 27/08/2018 16:58:15 by Rosalynd Ramsay.

Cameron Hospital
Cameron Bridge
Windygates
Fife
KY8 5RR

NHS Fife Community Services
NHS Fife Addiction Services
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Fife Health & Social Care Partnership

Dr LC Christie
Muiredge Surgery
Merlin Crescent
Buckhaven
Fife
KY8 1HJ

GP UPDATE LETTER

0409730173

CHI: 0409730173
File No: 150

Letter ID: 3117219

Dear Dr Christie

Clinic Date: 25/09/2018

Date: 19/10/2018

Richard Smith, 48 Herriot Crescent, Methil, Leven, Fife, KY8 3NE

Date of Birth: 04/09/1973

I write to update you that Richard continues in treatment with NHS Fife Addiction Services at this time.

Richard is currently prescribed buprenorphine 8mg daily which he collects on a Monday and a Thursday from his pharmacy. I would grateful if you could include this information on the Emergency Care Summary.

At appointment Richard was wearing a support on his wrist and told me that he had hurt it while he had been sleeping a few days ago. He advised that he had used 1 x dihydrocodeine tablet and 1 x 5mg diazepam tablet in order to aid pain and sleep at that time. Richard advises that his mental health is reasonably stable at the moment however he does worry that this may change. Richard advises he is not currently with his partner, Marsha, following an argument and is stating he does not intend to get back together with her at this time, however there is a pattern of this happening and I anticipate they will be back together soon.

I will see Richard again in two weeks time to ensure that there is no continued use of medications which he is not prescribed in order to continue relaxed dispensing.

I would be grateful if you could let us know if you are prescribing anything new for Richard.

Yours sincerely

Rosalynd Ramsay
Addictions Nurse

Authorised on 24/10/2018 09:08:58 by Rosalynd Ramsay.

Cameron Hospital
Cameron Bridge
Windygates
Fife
KY8 5RR

NHS Fife Community Services
Fife Addiction Services
Tel: 01592 716446
http://www.nhsfife.scot.nhs.uk

Fife Health & Social Care Partnership

Dr LC Christie
Muiredge Surgery
Merlin Crescent
Buckhaven
Fife
KY8 1HJ

CLINIC LETTER

0409730173

CHI: 0409730173
File No: 150

Letter ID: 3351772

Dear Dr Christie

Clinic Date: 26/03/2019

Date: 09/05/2019

Richard Smith, 48 Herriot Crescent, Methil, Leven, Fife, KY8 3NE

Date of Birth: 04/09/1973

Problem

- Opiate Dependence
- Quite heavy daily Cannabis use
- Previous poly-drug misuse

Prescribing from General Practice as reported by Richard

- Quetiapine 50 mg at night

Prescribing from Community Drug Team

- Buprenorphine 8 mg daily dispensed on Monday's and Thursday's at Well Pharmacy Methil

Management Plan

- Short term dose increase to 10 mg for comfort. He wishes to remain on this over the summer months but then commence a steady reduction of Buprenorphine through the autumn and winter

I saw this 45 year old man for routine medical review. Richard attended in good order and reported that his last use of Heroin was more than 10 years previously. He said that this particular episode of substitute prescribing was following a problem with opiate painkillers and he has managed to keep off these also. He does not currently drink alcohol or use any psychostimulants. He does smoke between 20 and 30 roll up cigarettes per day. He estimates his Cannabis use at about 2 grams per day and he spends between £60 and £70 per week on this even paying bulk rates for the Cannabis. He says that he used Diazepam in the past but not recently and certainly his drug tests with us going back as far as the middle of 2017 have been negative for benzodiazepine.

Richard has his own council tenancy and lives alone following the relatively recent end of a relationship. His daughter is now 18. There are no outstanding criminal charges and no large debts. His work history

was pretty much disrupted by drug misuse after his teens and he has also had some spells in the prison. He says that he doesn't get out of the house much but nevertheless his daily activities sound relatively constructive. He plays the guitar, drums, base and keyboard. He watches movies and socialises using his phone and Facebook. He visits his parents and also his brother who is currently drug free having previously had a problem.

Richard himself has gone through systematic opiate detoxes in the past and has been down as far as 2 mg on his current medication of Buprenorphine. His feeling at the moment is that any spell of hot weather is a bad time for him to be trying to reduce and on this basis he has asked to maintain a prescription as we go into spring and summer and he in fact asked for a small increase to 10 mg to help him feel more comfortable towards the tail end of the daily dose. I have arranged for this to happen from his next prescription. The rest of the plan is that at a time of his choosing in the autumn or winter he will start reducing by 2 mg and then probably in increments of 0.4 mg after that. He will be followed up by his key worker Calum Sneddon and we will keep the practice updated with further significant developments in his management.

Yours sincerely

Dr Duncan Brown
GP Specialist in Addictions

Authorised on 09/05/2019 17:41:57 by Duncan Brown.

Cameron Hospital
Cameron Bridge
Windygates
Fife
KY8 5RR

NHS Fife Community Services
NHS Fife Addiction Services
Tel01592 716446
http://www.nhsfife.scot.nhs.uk

Fife Health & Social Care Partnership

Dr E Henning
Muiredge Surgery
Merlin Crescent
Buckhaven
Fife
KY8 1HJ

TELEPHONE CLINIC LETTER

0409730173

CHI: 0409730173
Patient ID: 150

Letter ID: 3892550

Dear Dr Henning

Clinic Date: 30/06/2020

Date: 03/07/2020

Richard Smith, 48 Herriot Crescent, Methil, Leven, Fife, KY8 3NE

Date of Birth: 04/09/1973

Problems:
Opiate dependence.
Quite heavy daily cannabis use.
Occasional benzodiazepine misuse.

Prescribing from General Practice:
Rivaroxaban.
Quetiapine 25mg x two at night.
Blue and brown inhalers.

Prescribing from Community Alcohol and Drug Team:
Buprenorphine 16mg daily, dispensed weekly on Mondays at Well Pharmacy, Methil.

Management plan:

- Dose to increase to 24mg still with weekly dispensing on Monday's.

I conducted a telephone review appointment with this 47 year old man about three months after the start of COVID-19 lockdown.

Richard sounded calm and coherent. His last reported use of heroin was about six months earlier on what he describes as a one off occasion by the smoked route. He says it is about 12 years since he has injected any drugs. He does not drink alcohol. He smokes 25 to 30 roll up cigarettes per day (slightly more during lockdown) and smokes cannabis to the tune of 2g per day or £15.00 - £20.00 per day when he has not able to buy it in bulk. He says that he has no daily use of street pills and he had a bad experience with valium in the past but still does occasionally take some street benzodiazepine for situations which he describes as an emergency involving either stress or sleep. He does not use stimulants.

Richard has his own council tenancy where he lives alone. He is currently single. There is a grown-up daughter and a granddaughter and he keeps in touch with both of them (currently by video link).

He has no significant employment history but seems to be able to structure his day and spends the time watching movies and playing the guitar, drums, keyboard or bass. He says his father is also a musician and the two of them are able to jam over a video link.

The business end of the appointment was to do with the fact that Richard had recently been topping up his Buprenorphine. It is curious that in the colder months he will typically ask for his dose to reduce and he has been down as far as 2mg. However recently during the warm weather he felt that even 16mg was not holding him very well and asked his brother to obtain some extra Buprenorphine from an illicit source and has been taking 6mg to 8mg of this daily.

Richard is on maintenance treatment and 24mg of Buprenorphine is still a maintenance dose so I agreed that I can write a prescription to get him up to this dose from his next routine dispensing day which will by Monday 6th July 2020. Follow-up will be organised in liaison with his key worker, Calum Sneddon, and we will keep the practice updated with further significant developments in his management.

Yours sincerely

Dr Duncan Brown
GP Specialist in Addictions

Authorised on 09/07/2020 16:46:05 by Duncan Brown.

Cameron Hospital
Cameron Bridge
Windygates
Fife
KY8 5RR

NHS Fife Community Services
Addictions Service
Tel: 01592 716446
http://www.nhsfife.scot.nhs.uk

Fife Health & Social Care Partnership

CLINIC LETTER

Dr LC Christie
Muiredge Surgery
Merlin Crescent
Buckhaven
Fife
KY8 1HJ

0409730173

CHI: 0409730173
File No: 150

Letter ID: 4123779

Dear Dr Christie

Clinic Date: 16/02/2021

Date: 23/02/2021

Richard Smith, 48 Herriot Crescent, Methil, Leven, Fife, KY8 3NE

Date of Birth: 04/09/1973

Problems:

- Opiate Dependence
- Out of treatment for a month

Prescribing from GP: (as reported by Richard)

- Rivaroxaban
- Nacsys
- Quetiapine 25mgs two tablets at night
- Blue and Brown inhalers

Prescribing from Addiction Services:

- Nil for 4 weeks (was on Buprenorphine 24mgs)

Management Plan:

1. Commence Methadone from 16th February 2021 titrating up to 70mgs initially, supervised consumption at Well pharmacy Methil
2. Dose increase to 80 or 90mgs available if required
3. Maintenance treatment recommended in the medium term.

I spoke to this 47 year old man on the telephone by way of a medical review during the ongoing Covid lockdown.

The story was that Richard had had a friend isolating with him for Covid related reasons at the end of last year and the friend had quite a good supply of heroin so Richard stopped taking his buprenorphine in order to indulge in a relapse. When he tried re-starting the buprenorphine he was unable because it precipitated withdrawal from the heroin (as a partial agonist). He therefore continued with smoked heroin use of the order of 0.5g four times daily. He said it has still been about 10 years since he last

injected anything and points out that he had had a prolonged period of stability prior to this particular episode.

By the time I was speaking to Richard it was over 16 hours since his last heroin and the only methadone consumed had been 20mgs two days earlier. It would have been technically possible to titrate him back on to buprenorphine but he had on this occasion set his sights on a methadone prescription and this was also a valid choice. I have written a prescription to start him on methadone and get him up to 70mgs. The medium term aim would be stability in maintenance treatment. He will be followed up by his key worker Calum Sneddon and we will update the Practice of any further significant developments in his management.

Yours sincerely

Dr Duncan Brown
GP Specialist in Addictions

Authorised on 23/02/2021 17:54:11 by Duncan Brown.

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?	Unique Care Pathway Number: 101026708394I **REFERRAL LETTER** MEDICAL IN CONFIDENCE	

REFERRAL TO		
General Psychiatry (Mental Illness)G1 Fife General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Whytemans Brae Hospital Whytemans Brae Kirkcaldy KY1 2ND	——	**Hospital** and **hospital address** Hospital unit no. F711H Email address -
Urgency of referral	Routine	

PATIENT DETAILS			**Patient's address**
Surname	Smith		48 Herriot Crescent Methil KY8 3ND
Forename(s)	Richard		
Title	Mr		
Sex	Male		
Date of birth	04-Sep-1973		Contact number(s)
CHI no.	0409730173		Voice: 07858958865 Voice: 07849321368Dad

REGISTERED GP DETAILS					**Practice address**
Name	Dummy Reg GP name				Dummy GP Address
GMC code	123456	GP code	12345		
Practice name	Dummy GP Practice Name				
Practice code	000000				Contact number(s)
					Voice: 01234 567890

REFERRING PRACTITIONER DETAILS					**Practice address**
Name	Dr. Lynne Christie				Merlin Crescent Buckhaven Fife KY8 1HJ
GMC code	3173273	GP code	-		
Practice name	Muiredge Surgery (20108)				
Practice code	20108				Contact number(s)
					Voice: 01592 713299

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Low mood, suicidal ideation

Comment: Dear Colleague,

Richard is 48 and currently on a reducing Methadone prescription which is prescribed by the Addiction Service. He has had recurrence of his depressive illness (has a diagnosis of personality disorder and pseudo hallucinations) and is having problems with suicidal ideation. He has self harmed in the past and been briefly admitted to Ravenscraig ward in 2012. He did have a CPN Chris Spratt for approximately a year following this.

His drug support worker and Richard himself feel that CPN support would be the way forward given the deterioration of his mood.

I would therefore appreciate your advice.

His medications, apart form the Methadone which is prescribed at 60mls daily, are Quetiapine and Rivaroxaban. He has a past history of a pulmonary embolus.

Thank you for your help.

Yours sincerely,

Dr Lynne C Christie

Examinations and Investigations

Blood Pressure (systolic):	130	-
Blood Pressure (diastolic):	92	-
Height (m):	169	-
Weight (kg):	84.1	-
Body Mass Index:	29.45	-
Cigarette smoker, 20 Cigarettes/day:	2019-10-31	

Reason for referral

Care type requested: Out Patient - New

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Pulmonary embolism	-	-	-	01-Aug-2019
Pulmonary embolism	-	-	CTPA showed bilateral pulmonary emboli	30-Jul-2019
Chest pain	-	-	-	12-Nov-2014
Personality disorder NOS	-	-	Pseudo hallucinations. No significant mental illness	28-Feb-2012
Suicidal	-	-	Admitted for further assesment	17-Feb-2012
Chest pain	-	-	Bilateral pleuritic	06-Aug-1991
Fracture of upper end of radius (Left)	Left	-	-	01-Feb-1983

Past procedures

Description	Laterality	Modifier	Date performed
Drug addiction therapy	-	-	15-May-2018

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Quetiapine Fumarate Tablets 100 mg	0402010ABAAACAC	28 tablet	TAKE ONE TABLET AT NIGHT	-	17-Mar-2022	-
		56 TABLET		-	01-Aug-2019	-

Rivaroxaban Tablets 20 mg	ONE TABLET TO BE TAKEN DAILY

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status

Number per day
? (not known)

Alcohol consumption

Units per day
? (not known)

Additional relevant information

Administrative information

Suspected Cancer Site:NOT A CANCER REFERRAL

Patient Contact:N/A Not a cancer referrall

Does the patient need to be seen in clinic following any investigations:N/A Not a cancer referrall

Patient can accept a short notice appointment:yes

Interpreter Required:no

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

Whyteman's Brae Hospital
Whyteman's Brae
Kirkcaldy
Fife
KY1 2ND

NHS Fife Community Service
Mental Health Service
Tel: 01592 643355 Ext: 22030
http://www.nhsfife.scot.nhs.uk

Fife Health & Social Care Partnership

Richard Smith
48 Herriot Crescent
Methil
Leven
Fife
KY8 3NE

0409730173

CHI: 0409730173

ADMINISTRATIVE LETTER

Letter ID: 100505114

Date: 30/06/2022

Dear Richard Smith

You have been referred to the Community Mental Health Team (CMHT) by your GP. We would like to offer you an assessment appointment with a member of our Team. This will help us decide what sort of help is likely to best meet your needs. The options for further help could be services provided by the CMHT or referral to a more appropriate service elsewhere.

What you need to do now:

If you would like to arrange an assessment appointment, please telephone us on 01592 643355 ext 22067/22030 within 14 days of receiving this letter. Please let us know if you change your address and mobile/telephone numbers.

Once we receive your call, you will then be sent an assessment appointment as soon as possible by post. There may be a short wait before we are able to do this.

Please note that if you do not telephone us within the 14-day period then we shall assume that you do not wish to have input from the CMHT and you will be discharged from the Team.

Yours sincerely

Levenmouth CMHT

Authorised on 30/06/2022 14:05:32 by Typist Laura Law, not verified by Consultant Levenmouth CMHT Secretary.

(D) Dr LC Christie, Muiredge Surgery, Merlin Crescent, Buckhaven, Fife, KY8 1HJ

Fife MH RAG (Red, Amber & Green)

Fife Health & Social Care Partnership
Supporting the people of Fife together

Patient Name	SMITH, Richard
CHI	0409730173
DOB	04/09/1973

Category: Substance Misuse

Relapse Indicators: Green ◯ Amber ◯ Red ◉

Early Warning Signs

Contingency Actions

Name: John McKechnie

Designation: Addictions Nurse

Date: 01/07/2022

07/09/2022 10:51	Hamish McCool - Consultant Psychiatrist - General Psychiatry (Mental Illness)	
Team CMHT Leven	Consultant review within Assessment clinic (telephone at Pt's request) Referred by GP - poor quality referral with apparent suicidal thoughts and history of self her, open to addictions no diagnosis of major mental illness out with personality disorder and polysubstance referral - reportedly asking for CPN support but this appears to relate to CPN contacts dating back over a decade where they visited him at home and appears to relate to this as more of a social contact then therapy doesn't know what he needs help with "talking things out" "things that are bothering me" - things from his past and present which he doesn't want to talk about makes him feel down, doesn't talk to anyone - "not a people person" longstanding avoidance -doesn't want to go outside on account of everything that's happened in his life things more difficult after death of his brother - main support additional stress from a murder downstairs only deals with people whom he has to deal with	

addictions worker

parents

brother

stays in house, curtains closed all the time - all his life

watches TV, plays guitar

friend helps out

gets taxis for chemist daily and does shopping on way back

had been receiving meals on wheels but couldn't pay bill so this stopped a couple of years ago

has friend in same block whom he might visit if needs to get out his house (smoke marijuana and watch sport together)

doesn't see a way of changing his lifestyle

"a comfort zone thing - a routine" - get up - methadone - shopping - stay in house

doesn't wish to change things

"my mum and [addictions] worker think I need to speak to someone" - "I'd rather they come here"

"I'm just scared to change anything"

sounds polite, well spoken and reactive over phone

	Imp no major illness requiring CMHT input - I see diagnosis of borderline PD mentioned in past but not describing major ongoing features out with effects of complex trauma and lifestyle causing unhappiness no medication recommendations whatsoever ?DAPL - discuss at Assessment clinic meeting further	

The Health Centre
Victoria Road
Leven
KY8 4ET

NHS Fife Community Service
Mental Health Service
Tel:
http://www.nhsfife.scot.nhs.uk

Fife Health & Social Care Partnership

Dr LC Christie
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Merlin Crescent
Buckhaven
Fife
KY8 1HJ

0409730173

CHI: 0409730173

Letter ID: 4806624

Date: 28/09/2022

Dear Dr Christie

Richard Smith, 48 Herriot Crescent, Methil, Leven, Fife, KY8 3NE

Date of Birth: 04/09/1973

This letter is to inform you that Mr Smith was assessed at the Community Mental Health Team Assessment Clinic following his referral to ourselves. The presenting problems for the referral and that Mr Smith described were - vague longstanding low mood with infrequent thoughts of harming himself. He has input from Addictions Service and his Addictions worker had felt he may benefit from further mental health assessment resulting in this assessment taking place.

Mr Smith currently reports being on the Methadone Programme and also using Cannabis on a daily basis to *"get stoned every day"* spending approximately £60 per week. He asserted that he has no intent to reduce or indeed contemplate stopping his Cannabis use.

This appointment was, as per patient's request, a phone appointment. Throughout this assessment he was appropriate in his conversation but he did not wish to discuss some historical events, despite me giving him repeated opportunities to do so. As is usual for our Assessment Clinic appointments, a Consultant Psychiatrist later contacted Mr Smith and carried out a telephone assessment with him. We then reconvened later that day to discuss the case within the wider CMHT. The outcome of this discussion was that Mr Smith was felt to not be for Community Mental Health Team input. We are recommending that he self-refer to DAPL for counselling regarding his issues and also to signpost the Access Therapies Fife website where he can access stress management and anxiety management techniques.

Further details of the assessment are as below.

His current circumstances are that he lives alone and has done so for the past 7 years, not being in any relationship for the past 5 years he states. He did describe having some contact with his mother and brother, otherwise his only social contact he reports being his neighbour who he describes as being supportive. He tends to isolate himself in the house every day as previously stated with the intent and carrying out this intent to get stoned every day. He spends his time watching TV, listening to music and takes part in minimal physical activity. He reports being expelled from school and began longstanding polysubstance misuse whilst at primary school and he also went onto report having been in prison several times historically for assault and theft. He describes having no current stressors in his life at present other than "life." His drug and alcohol use, extensive polysubstance misuse historically, he reports beginning

same by glue sniffing whilst at primary school then moving onto sniffing petrol before heavy regular Cannabis use, which continues to the present day. He also described having abused Amphetamines, Cocaine and Heroin in his past. Again, he has no intent whatsoever to abstain or reduce his Cannabis use and he currently has input from the Addictions Service and is on the Methadone Programme.

Protective Factors
He watches TV and he describes his relationship with his neighbour as being supportive.

Relevant Personal History
Extensive drug and forensic history since primary school, again he did not wish to explore this ?traumatic history, despite several opportunities to briefly do so and made clear that it was not with a view to ongoing counselling, it was merely to gather information.

Adverse Childhood Experiences
He did report witnessing repeated violence and abuse whilst being involved in a heavy drug use environment, he also stated that he was sexually abused. He could not illicit any diagnosed family history of mental illness, his past psychiatric and forensic history as previously stated includes numerous historical arrests and prison sentences for theft and assault - self-reported. He also states that he has seen psychiatrists in the past and briefly had a CPN years ago.

This was a phone appointment at his request, during the assessment his mood came across as being flat. He described being anhedonic and having low mood. He states that he sleeps a lot over night and also naps throughout the day allied to getting stoned on Cannabis. He eats irregularly, snacking a lot and not eating regular meals.

With regards to his thoughts and perception, there was no perceptual or mental health disturbance noted during the assessment or indeed voiced. He did state that he ruminates on past negative events in his life but was unwilling to elaborate on same. He states that he has episodes of hearing vague mumbling voices although none recently and he denied any current thoughts of self-harm or of harming others.

Current risk factors are of ongoing substance misuse and social isolation. Despite prompts, he was unwilling to discuss some historical events. He has monthly input from the Addictions Service and his view and need that he expressed throughout the assessment was that he wants better medication.

As previously stated, it was discussed within the team and felt not appropriate for further input from the CMHT, should continue to engage with addictions service and signposting to DAPL and to the Fife Access Therapies website. He will not be offered any further appointments at this time.

Please do not hesitate to contact me if you need further information.

Yours sincerely

Phil Graham
Community Mental Health Nurse

Authorised on 29/09/2022 16:39:38 by Phil Graham.

The Health Centre
Victoria Road
Leven
KY8 4ET

NHS Fife Community Service
Mental Health Service
Tel:
http://www.nhsfife.scot.nhs.uk

Fife Health & Social Care Partnership

Richard Smith
48 Herriot Crescent
Methil
Leven
Fife
KY8 3NE

0409730173

CHI: 0409730173

ADMINISTRATIVE LETTER

Letter ID: 4806986

Dear Richard Smith

Date: 28/09/2022

Richard Smith, 48 Herriot Crescent, Methil, Leven, Fife, KY8 3NE

Date of Birth: 04/09/1973

I hope is all is well with you today. I am writing to you as previously discussed following our Community Mental Health Team assessment telephone appointment earlier in September. The findings of this assessment after discussion with the wider Community Mental Health Team and your discussion with Consultant Psychiatrist are that the team recommend that there be no further need for input from our team at this time.

Going forward, the team recommends that you continue to engage with your Addictions worker and should you seek to further reduce your drug use, you could also seek out assistance and counselling for this and other issues regarding your mental health via self-referral to the Drug and Alcohol Project Levenmouth or DAPL which you can access via their website and I'm sure your Addictions worker could assist you with this if necessary.

We would also take this opportunity to point you in the direction of the online self-help resources that are available to you at the Access Therapies Fife website where there are numerous coping strategies and self-help mechanisms that you can utilise in your day to day living.

We wish you all the best in your future and would encourage you to continue to engage with services and seek further assistance if necessary in the first instance from your GP.

Yours sincerely

Phil Graham
Community Mental Health Nurse

Authorised on 29/09/2022 15:53:49 by Phil Graham.

(D) Dr LC Christie, Muiredge Surgery, Merlin Crescent, Buckhaven, Fife, KY8 1HJ

Cameron Hospital
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Fife Health & Social Care Partnership

Dr LC Christie
Muiredge Surgery
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KY8 1HJ

GP LETTER

0409730173

CHI: 0409730173
Patient ID: 150

Letter ID: 2923184

Dear Dr Christie

Date: 15/05/2018

Richard Smith, 48 Herriot Crescent, Methil, Leven, Fife, KY8 3NE

Date of Birth: 04/09/1973

I write to update you with regards to Richard Smith.

I would be grateful if you could include his prescribing from us on the emergency care summary as of 2nd May 2018 he is prescribed buprenorphine 6 mg daily which he collects on a Monday, Wednesday and Friday from his pharmacy.

Richard had recently been reducing his buprenorphine medication, however he was beginning to struggle with this following on from court proceedings taking place and involvement with the Criminal Justice services.

Otherwise Richard has not described any issues with his physical health or mental health that are new or of any great concern to him at this time.

I would be grateful if you could let us know if you are prescribing anything new for Richard.

Yours sincerely

Rosalynd Ramsay
Addictions Nurse

Authorised on 16/05/2018 12:19:38 by Rosalynd Ramsay.

Fife MH Assessment

Fife Health & Social Care Partnership
Supporting the people of Fife together

Patient Name	SMITH, Richard
CHI	0409730173
DOB	04/09/1973

MH ASSESSMENT

This is a multi disciplinary assessment tool. Please ensure that you complete all sections. (May 2018 version)

1. DEMOGRAPHIC INFORMATION

Patient Information

Name SMITH, Richard

Address 48 HERRIOT CRESCENT
METHIL
LEVEN
KY8 3NE

Tel No. 07858958865

GP Information

Name Emma Henning

Address Muiredge Surgery
Merlin Crescent
Buckhaven
Fife

KY8 1HJ

Tel No.

Name of Referrer (if not GP):

Address of Referrer: (If Not GP)

Assessing Clinician:
Phil Graham

Confidentiality Discussed: ☑

Date of Assessment: 07/09/2022

2. PRESENTING PROBLEMS

(What are the main presenting problems?, When did they start?, What factors maintain the problems?)

vague, longstanding low mood with infrequent thoughts of self harm
addictions worker feels he would benefit from mental health assessment
on methadone programme and uses cannabis daily to "get stoned", £60 per week - no intention to reduce same or stop

3. CURRENT CIRCUMSTANCES

3a. Social situation (e.g. family, work, hobbies, social, relevant health problems)

lives alone and has done for past 7 years, no relationship for 5 years
has some contact with mother and brother, otherwise only his neighbour - no other friends or social contact
isolates self in house - "stoned" every day
watches TV, listens to music, minimal physicalactivity
expelled from school, began longstanding polysubstance misuse whilst at primary school
reports having been in prison several times historically for assault and theft

3b. Any current stressors that may be relevant to the presenting problems?

no current stressors other than "life"

3c. Drug and Alcohol use

extensive polysubstance misuse -
began glue sniffing whilst at primary school then sniffing petrol before cannabis (continues to

Patient Name	SMITH, Richard
CHI	0409730173
DOB	04/09/1973

present day), amphetamine, cocaine, heroin

gets "stoned" every day with no intent to reduce / stop daily cannabis use

currently sees addictions - on methadone programme

3d. Protective factors/strengths/positive resources

watches tv
relationship with neighbour described as supportive

4. RELEVANT BACKGROUND HISTORY

4a. Relevant personal history (e.g. what has happened to this person?)

extensive drug and forensic history since primary school

4b. Any evidence of adverse childhood experiences? (e.g. physical/sexual/emotional abuse, parental domestic abuse, parental mental health problems, parental substance abuse, early bereavement/losses)

reports witnessing repeated violence and abuse whilst involved in heavy drug use environment

states he was sexually abused

4c. Family History of psychiatric illness

none diagnosed

4d. Past Psychiatric History/Forensic History

historical numerous arrests and prison for theft and assault reported
states he saw psychiatry / cpn years ago

5. MEDICATION AND MENTAL STATE

5a & 5b. To review current and previous medications. Please refer to the Clinical Portal for details.

5c. Mental State Exam

Appearance & Behaviour

phone appointment at patients request
speech appropriate, did not wish to discuss some historical events

Mood

flat, anhedonic, states he has low mood

Sleep

sleeps a lot overnight and also daytime naps - "stoned"

Appetite

eats irregularly and snacks a lot

Thoughts & Perception

no mental health or perceptual disturbance evident or voiced during assessment
ruminates on past negative events in his life, unwilling to elaborate on same
states he has "episodes" of hearing mumbling voices, though none recently
denied any current thoughts of self harm or harming others

Patient Name	SMITH, Richard
CHI	0409730173
DOB	04/09/1973

6. RISK FACTORS

6a. Current risk factors (substance abuse, self-harm, forensic, aggression)

ongoing substance misuse
social isolation

6b. Relevant information regarding previous risk factors

despite prompts was unwilling to discuss some historical events

7. INPUT FROM MENTAL HEALTH/SOCIAL SERVICES (NHS or voluntary)

7a. Current input from Mental Health/Social Services

addictions service, monthly input

7b. Previous input from Mental Health/Social Services (who, when, for what?)

history of addictions input
?psychiatry 2014
CPN briefly 2013 -2014

8. PATIENTS VIEW OF NEEDS AND GOALS

wants "better medication"

9. VIEWS OF FAMILY/FRIENDS (if appropriate/available)

10. ANY OTHER RELEVANT INFORMATION

11. CASE CONCEPTUALISATION AND RECOMMENDATIONS

11a. How would you sum up the patient's difficulties?

11b. Based on this assessment, what (if any) interventions are required in the short and long term?

Not for CMHT
recommend self refer to DAPL for counselling
signpost AccessTherapies for stress management strategies

12. EMPLOYABILITY

Are you employed Yes ◯ No ◉ If Yes Part Time ◯ Full Time ◯

Do you want to be employed Yes ◯ No ◯

How did the "Problem" develop?

What led to the recent problem? (Precipitating)

What have I experienced that made the problem more likely to happen? (Predisposing)

What is the problem?

Patient Name	SMITH, Richard
CHI	0409730173
DOB	04/09/1973

What factors maintain the problem? (Perpetuating)
(These might include things that I do to control the problem)

Things that I've got going for me (Positives)

Name: Phil Graham

Designation: CMHN

Date: 07/09/2022

Fife MH RAG (Red, Amber & Green)

Fife Health & Social Care Partnership
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Patient Name	SMITH, Richard
CHI	0409730173
DOB	04/09/1973

Category: Substance Misuse

Relapse Indicators: Green ○ Amber ◉ Red ○

Early Warning Signs:
(RAG status de-escalated to amber due to consistent engagement, negative drug screens to illicit substances and relaxed dispensing authorised to M, W, F pick up.)

Disengagement, increased anxiety and difficulty in attending appointments
Urine drug screens positive to illicit substances

Contingency Actions:
Drug monitoring through regular drug screens
Increased frequency of contact, phone and in person, to support Ricky to attend appointments
Ricky is awaiting mental health support through CMHT

Category: Substance Misuse

Relapse Indicators: Green ◉ Amber ○ Red ○

Early Warning Signs:
RAG status amended to Green status due to consistent engagement and stability in treatment as evidenced by drug screens negative to illicit substances.

Ricky now also engages with DAPL worker Ro Bell on a weekly basis.

Contingency Actions:
If illicit use commences, discuss any concerns with Ricky directly.
Escalate any issues to senior nursing team/medical staff.
Liaise with Pharmacy/GP and DAPL counsellor.
Increased key worker contact.
Retention service referral if disengagement from service support occurs.
Restrict dispensing for safety and monitoring

Name: Lindsay Jones

Designation: Addictions Nurse

Date: 18/05/2023

Patient Name	SMITH, Richard
CHI	0409730173
DOB	04/09/1973

Fife MH Care Plan : Care Plan 2

Fife Health & Social Care Partnership
Supporting the people of Fife together

Patient Name	SMITH, Richard
CHI	0409730173
DOB	04/09/1973

Care Plan Name: Care Plan 2

Clinical Area Addiction Services

Named Nurse Lindsay Jones

Date of commencement 29/11/2022 Care Plan Discontinued (date)

Reason for care plan

This should be determined by an initial nursing assessed and reviewed following a robust holistic assessment.
Ricky has previously experienced a dependency upon using illicit substances.

Agreed Outcome of care plan

Specific, Measurable, Achievable, Realistic, Time.

Specific
Ricky wishes to adhere to his methadone prescription, cease all illicit use and gradually reduce off his Opioid Substitution Therapy when he is ready to do so.

Measurable
This will be monitored by Ricky's engagement in his care plan and submission of drug samples negative to illicit substances.

Achievable
This is achievable as this is Ricky's own goal motivated by his aspirations, needs and priorities.

Realistic
This is realistic as will be effected in collaboration with key worker support and input.

Time
This care plan will be reviewed routinely every 3 months and ad hoc in line with Ricky's evolving needs and wishes.

Review and Evaluation

Actions resulting from a review of the care plan should be noted in the Continuous Care Record. If there are any changes, please rewrite the Care Plan.

Date Due 29/11/2022

Nurse's Name Lindsay Jones

Designation Addictions Nurse

Patient's/ Carer's signature

Patient Name	SMITH, Richard
CHI	0409730173
DOB	04/09/1973

Date Due	20/03/2023
Nurse's Name	Lindsay Jones
Designation	Addictions Nurse
Patient's/ Carer's signature	

Date Due	14/10/2023
Nurse's Name	Lindsay Jones
Designation	Addictions Nurse
Patient's/ Carer's signature	

Care Plan

Please agree with patient and carers, where possible, a plan which will ensure the needs outlined in this care plan can be met. What will be done, how it will be done, who will do it?

For Ricky to continue to engage in his care plan: attend key working appointments and pharmacy as per prescription and submit drug screens when requested.

For Addiction Nurse to facilitate key working appointments, manage prescriptions, provide support and liaise with appropriate health, social and third sector agencies to provide holistic, person-centred care.

Reviewed 20.03.23 For Key Worker to promote health, harm reduction, ownership and autonomy in Ricky's care and recovery.

Reviewed 14.07.23 No amendments

Care Plan written in agreement with:

Patient's/ Carer's Name	
Patient's/ Carer's signature	
Nurse's Name	Lindsay Jones
Designation	Addictions Nurse

Outcome of Care Plan

Patient's/ Carer's Name	
Patient's/ Carer's signature	

Patient Name	SMITH, Richard
CHI	0409730173
DOB	04/09/1973

Signature

Nurse's Name	Lindsay Jones
Designation	Addications Nurse
Date	29/11/2022

Cameron Hospital
Cameron Bridge
Windygates
Fife
KY8 5RR

NHS Fife Community Services
NHS Fife Addiction Services
Tel: 01592 716446
http://www.nhsfife.scot.nhs.uk

Fife Health & Social Care Partnership

Dr E Henning
Muiredge Surgery
Merlin Crescent
Buckhaven
Fife
KY8 1HJ

CLINIC LETTER

0409730173

CHI: 0409730173

Letter ID: 5610419

Dear Dr Henning

Clinic Date: 31/07/2024

Date: 08/08/2024

Richard Smith, 48 Herriot Crescent,Methil, "",Fife, Leven, Fife, KY8 3ND

Date of Birth: 04/09/1973

I had the pleasure of seeing Richard at the medical review clinic in Cameron Hospital on 31st July 2024.

He attended and was a wee bit anxious at the start of the consultation as he has some problems interfacing with people however he soon settled down. He is doing really well at the present time with no illicit use other than a fair amount of cannabis. I note that he is looking to access medical cannabis but they are a bit concerned about his auditory hallucinations. I would be more than happy for him to be receiving a prescription for medicinal cannabis as it's a lot safer than the illicit cannabis that he is using at the present time.

He is managing to get out of the house okay and is on once weekly pick-up of his methadone. He is using his elastic band when he gets thoughts of self harm and tells me that the drive to self harm is not bad at present. His auditory hallucinations are described as just being mumbling and he has not heard any distinct voices except for an incident about 2 months ago which settled down with an intervention from his mother.

His house is a place of safety and is a nice environment to be in now that it has been done up and he is enjoying creating his music.

On examination he was alert and orientated and not responding to external stimuli. His speech was normal in tone, rate and content and there were no signs of intoxication. He was dressed appropriately for the weather and had good eye contact throughout the interview.

My impression is that Ricky is suffering from stable Opioid Dependence Syndrome and chronic psychosis and my plan is for him to continue on methadone at 50 mg daily with weekly pick-up. I believe he will require further psychological intervention but we will be undertaking initial formulation with regards to this.

I will be sure to keep you apprised of his progress.

Yours sincerely

Dr Mike Simpson
Specialist Doctor in Addiction Psychiatry

Authorised on 08/08/2024 10:44:59 by Dr Mike Simpson.

Fife MH RAG (Red, Amber & Green)

Fife Health & Social Care Partnership
Supporting the people of Fife together

Patient Name	SMITH, Richard
CHI	0409730173
DOB	04/09/1973

Category Substance Misuse

Relapse Indicators Red ◯ Amber ◯ Green ◉

Early Warning Signs
Return to use of illicit opiates/non-prescribed medications.
Disengagement from service support.
Deterioration in mental state.

Contingency Actions
Increased key worker input for support, monitoring and timeous escalation of any issues.
Escalate any concerns to senior nursing team and medical staff.
Consider restriction of dispensing for safety.
Retention Service referral.
Medical review by AS staff.
Encourage psychosocial adjunctive input.

Name: Lindsay Jones

Designation: Addictions Nurse

Date: 14/11/2024

Category Substance Misuse

Relapse Indicators Red ◯ Amber ◯ Green ◉

Early Warning Signs
Return to use of illicit opiates/non-prescribed medications.
Disengagement from service support.
Deterioration in mental state.

Contingency Actions
Increased key worker input for support, monitoring and timeous escalation of any issues.
Escalate any concerns to senior nursing team and medical staff.
Consider restriction of dispensing for safety.
Retention Service referral.
Medical review by AS staff.
Encourage psychosocial adjunctive input.

Name: Lindsay Jones

Designation: Addictions Nurse

Date: 12/06/2024

Patient Name	SMITH, Richard
CHI	0409730173
DOB	04/09/1973

Fife Health and Social Care Partnership
A partnership between Fife Council and NHS Fife
www.fifehealthandsocialcare.org

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?	Unique Care Pathway Number: 101035799201H **REFERRAL LETTER** MEDICAL IN CONFIDENCE	

REFERRAL TO		
Rapid Cancer Diagnostic ServiceC11F Fife RCDS Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic** -
Rapid Cancer Diagnostic Service SCI Gateway Virtual Location code	——	**Hospital** and **hospital address** Hospital unit no. F038G Email address -
Urgency of referral	Urgent - Suspected Cancer	

PATIENT DETAILS		**Patient's address**
Surname	Smith	48 Herriot Crescent Methil KY8 3ND
Forename(s)	Richard	
Title	Mr	
Sex	Male	
Date of birth	04-Sep-1973	Contact number(s)
CHI no.	0409730173	Voice: 07858958865 Voice: 07849321368Dad

REGISTERED GP DETAILS				**Practice address**
Name	Dummy Reg GP name			Dummy GP Address
GMC code	123456	GP code	12345	
Practice name	Dummy GP Practice Name			
Practice code	000000			Contact number(s)
				Voice: 01234 567890

REFERRING PRACTITIONER DETAILS				**Practice address**
Name	Dr. Adam Harrigan			Merlin Crescent Buckhaven Fife KY8 1HJ
GMC code	7518995	GP code	-	
Practice name	Muiredge Surgery (20108)			
Practice code	20108			Contact number(s)
				Voice: 01592 713299

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results
Presenting complaint

Description: Significant unintentional weight loss

Comment: Dear Colleague,

Ricky Smith is a 51 year old male with a medical history of pulmonary embolism as well as substance misuse for which he takes methadone.
Ricky initially presented to my colleague in January describing eight months of abdominal pains, mainly in the upper abdomen. He said this comes in waves and is usually worse with food. He does encounter some nausea but does not vomit. He did not present with any change in his bowels. At this point he did question the possibility of some weight loss but was unable to accurately quantify this. He had been taking a PPI at this point but this was not helping his pains at all. Bloods were arranged and Q-fit was requested but unfortunately the patient is very needle phobic and did not attend for these bloods.
Ricky attended for review with myself on the 26th of February with ongoing symptoms. He described ongoing bloating, nausea and abdominal pain. He told me his bowels were small and formed with some fresh red blood at times. He quantified his weight loss as 20kg in two months. He weighed 92kg and now weighs 72kg. On examination his abdomen was tense but non tender and no overt masses were palpable. Bowels sounds were active. I highlighted I was very concerned about the possibility of cancer to the patient who did agree to bloods which were taking from a vein over his left ankle. Unfortunately his venous access is very poor due to his previous substance misuse. He also handed in a Q-fit and helicobacter samples.
These bloods showed the patient was not anaemic and also had normal renal function, liver function and PSA. Q-fit was normal. Helicobacter testing was negative. He was not anaemic but did have low iron for which I have prescribed some replacement for three months. I also did note subclinical hypothyroidism which I have made a plan to recheck in 3 months time. His CRP and white cells were raised so I invited the patient for further face to face assessment.
At this further assessment urinalysis revealed no abnormality. Heart sounds were normal. Chest was clear. During this consultation he did describe poor urinary flow and we did discuss the possibility of prostate examination but due to previous childhood sexual abuse, Ricky did not wish this to take place in the practice, if needed, would prefer this to be done in hospital.
Overall this chap presents with concerning significant weight loss over quite a short period of time and we would be most grateful for your urgent investigation for possible underlying cancer.

Kind regards,

Dr Adam Harrigan.

Examinations and Investigations

Blood Pressure (systolic):	149	-
Blood Pressure (diastolic):	91	-
Height (m):	169	-
Weight (kg):	84.1	-
Body Mass Index:	29.45	-
Moderate smoker - 10-19 cigs/d :	smokes 10 joints daily	2023-10-19
Non-drinker alcohol :	Smokes 15 joints per day	2024-04-15

Reason for referral

Care type requested: Out Patient - New

Expected outcome: Not Specified

Past medical history
Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
[D]Rash and other nonspecific skin eruption NOS	-	-	-	04-Jan-2024
Upper respiratory infection NOS	-	-	-	19-Oct-2023
Frozen shoulder	-	-	-	24-Apr-2023
Pulmonary embolism	-	-	-	01-Aug-2019
Pulmonary embolism	-	-	CTPA showed bilateral pulmonary emboli	30-Jul-2019
Chest pain	-	-	-	12-Nov-2014
Personality disorder NOS	-	-	Pseudo hallucinations. No significant mental illness	28-Feb-2012
Suicidal	-	-	Admitted for further assesment	17-Feb-2012

Chest pain	-	-	Bilateral pleuritic	06-Aug-1991
Fracture of upper end of radius (Left)	Left	-	-	01-Feb-1983

Past procedures

Description	Laterality	Modifier	Date performed
Drug addiction therapy	-	-	15-May-2018

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Methadone 1 Mg/Ml Oral solution	0410000M0AAAAAA	0.01 ml	AS PER ADDICTIONS - INFO ONLY	-	09-Aug-2024	-
Quetiapine Fumarate Tablets 100 mg	0402010ABAAACAC	28 tablet	TAKE ONE TABLET AT NIGHT	-	17-Mar-2022	-
Rivaroxaban Tablets 20 mg	-	56 TABLET	ONE TABLET TO BE TAKEN DAILY	-	01-Aug-2019	-
Ferrous Sulfate Tablets 200 mg	0901011P0AAACAC	84 tablet	ONE TO BE TAKEN EACH DAY FOR 3 MONTHS	-	04-Mar-2025	42 Days
Ketoconazole Shampoo 2 %	1309000I0AAAAAA	100 ml	TO BE USED TWICE A WEEK - APPLY TO AFFECTED AREAS AND WASH OFF AFTER 10 MINUTES	-	04-Mar-2025	42 Days
Cyclizine Tablets 50 mg	0406000F0AAACAC	21 TABLET	1 TABLET THREE TIMES DAILY	-	26-Feb-2025	42 Days
Cyclizine Tablets 50 mg	0406000F0AAACAC	21 TABLET	1 TABLET THREE TIMES DAILY	-	17-Jan-2025	0 Days
Hyoscine Butylbromide Tablets 10 mg	0102000N0AAABAB	168 TABLET	1 TABLET THREE TIMES DAILY	-	17-Jan-2025	2 Days

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status
Number per day
? (not known)

Alcohol consumption
Units per day
? (not known)

Additional relevant information

Administrative information

Suspected Cancer Site:Site Unknown
*If Site Unknown, Multiple Primary or "Other", please indicate the specialty to refer to:RCDS
Patient Contact:Patient is not able/does not wish to contact - please send appointment
Has the patient been advised they are being referred with a suspicion of cancer?:Yes
Does the patient need to be seen in clinic following any investigations:Yes
Patient can accept a short notice appointment:yes
Interpreter Required:no

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

Unique Care Pathway Number: 101035799201H

Transport required?	**REFERRAL LETTER** MEDICAL IN CONFIDENCE	**Suspected Cancer Site:** Site Unknown

RAPID-CANCER-DIAGNOSTIC-SERVICE

REFERRAL TO		
Rapid Cancer Diagnostic Service C11F Fife RCDS Referral	———	**Consultant / receiving practitioner** and/or **specialty clinic**
Rapid Cancer Diagnostic Service SCI Gateway Virtual Location code	———	**Hospital** and **hospital address** Hospital Location Code F038G Email address -
Urgency of referral Urgent - Suspected Cancer		

PATIENT DETAILS			**Patient's address**
Surname	Smith		48 Herriot Crescent Methil KY8 3ND
Forename(s)	Richard		
Title	Mr		
Sex	Male		
Date of birth	04/09/1973		Contact number(s)
CHI no.	0409730173		Voice: 07858958865 Voice: 07849321368Dad

REFERRING PRACTITIONER DETAILS					**Practice address**
Name	Dr. Adam Harrigan				Merlin Crescent Buckhaven Fife KY8 1HJ
GMC code	7518995	GP code	-		
Practice name	Muiredge Surgery (20108)				Contact number(s)
Practice code	20108				Voice: 01592 713299

Date submitted by practice: 06/03/2025

Reason for referral

Care type requested: Out Patient - New

Expected outcome: Not Specified

Administrative Information

Suspected Cancer Site:Site Unknown

*If Site Unknown, Multiple Primary or "Other", please indicate the specialty to refer to:RCDS

Patient Contact:Patient is not able/does not wish to contact - please send appointment

Has the patient been advised they are being referred with a suspicion of cancer?:Yes

Does the patient need to be seen in clinic following any investigations:Yes

	Patient can accept a short notice appointment:yes Interpreter Required:no

Stylesheet version: 16.0.1.4 02-Oct-2024 Comments to: fife.ast@nhs.scot

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results
Presenting complaint

Description: Significant unintentional weight loss

Comment: Dear Colleague,

Ricky Smith is a 51 year old male with a medical history of pulmonary embolism as well as substance misuse for which he takes methadone.
Ricky initially presented to my colleague in January describing eight months of abdominal pains, mainly in the upper abdomen. He said this comes in waves and is usually worse with food. He does encounter some nausea but does not vomit. He did not present with any change in his bowels. At this point he did question the possibility of some weight loss but was unable to accurately quantify this. He had been taking a PPI at this point but this was not helping his pains at all. Bloods were arranged and Q-fit was requested but unfortunately the patient is very needle phobic and did not attend for these bloods.
Ricky attended for review with myself on the 26th of February with ongoing symptoms. He described ongoing bloating, nausea and abdominal pain. He told me his bowels were small and formed with some fresh red blood at times. He quantified his weight loss as 20kg in two months. He weighed 92kg and now weighs 72kg. On examination his abdomen was tense but non tender and no overt masses were palpable. Bowels sounds were active. I highlighted I was very concerned about the possibility of cancer to the patient who did agree to bloods which were taking from a vein over his left ankle. Unfortunately his venous access is very poor due to his previous substance misuse. He also handed in a Q-fit and helicobacter samples.
These bloods showed the patient was not anaemic and also had normal renal function, liver function and PSA. Q-fit was normal. Helicobacter testing was negative. He was not anaemic but did have low iron for which I have prescribed some replacement for three months. I also did note subclinical hypothyroidism which I have made a plan to recheck in 3 months time. His CRP and white cells were raised so I invited the patient for further face to face assessment.
At this further assessment urinalysis revealed no abnormality. Heart sounds were normal. Chest was clear. During this consultation he did describe poor urinary flow and we did discuss the possibility of prostate examination but due to previous childhood sexual abuse, Ricky did not wish this to take place in the practice, if needed, would prefer this to be done in hospital.
Overall this chap presents with concerning significant weight loss over quite a short period of time and we would be most grateful for your urgent investigation for possible underlying cancer.

Kind regards,

Dr Adam Harrigan.

Examinations and Investigations

Blood Pressure (systolic):	149	-
Blood Pressure (diastolic):	91	-
Height (m):	169	-
Weight (kg):	84.1	-
Body Mass Index:	29.45	-
Moderate smoker - 10-19 cigs/d :	smokes 10 joints daily	19/10/2023
Non-drinker alcohol :	Smokes 15 joints per day	15/04/2024

Past Medical History
Pre-existing conditions (High and Medium Priority)

Description	Laterality	Modifier	Comment	Date Recorded
[D]Rash and other nonspecific skin eruption NOS	-	-	-	04/01/2024
Upper respiratory infection NOS	-	-	-	19/10/2023
Frozen shoulder	-	-	-	24/04/2023
Pulmonary embolism	-	-	-	01/08/2019
Pulmonary embolism	-	-	CTPA showed bilateral pulmonary emboli	30/07/2019
Chest pain	-	-	-	12/11/2014
Personality disorder NOS	-	-	Pseudo hallucinations. No significant mental illness	28/02/2012

Suicidal	-	-	Admitted for further assesment	17/02/2012
Chest pain	-	-	Bilateral pleuritic	06/08/1991
Fracture of upper end of radius (Left)	Left	-	-	01/02/1983

Past Procedures (High and Medium priority)

Description	Modifier	Comment	Date Recorded
Drug addiction therapy	-	Attends addiction service	15/05/2018

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Methadone 1 Mg/Ml Oral solution	0410000M0AAAAAA	0.01 ml	AS PER ADDICTIONS - INFO ONLY	-	09/08/2024	-
Quetiapine Fumarate Tablets 100 mg	0402010ABAAACAC	28 tablet	TAKE ONE TABLET AT NIGHT	-	17/03/2022	-
Rivaroxaban Tablets 20 mg	-	56 TABLET	ONE TABLET TO BE TAKEN DAILY	-	01/08/2019	-

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Ferrous Sulfate Tablets 200 mg	0901011P0AAACAC	84 tablet	ONE TO BE TAKEN EACH DAY FOR 3 MONTHS	-	04/03/2025	42 Days
Ketoconazole Shampoo 2 %	1309000I0AAAAAA	100 ml	TO BE USED TWICE A WEEK - APPLY TO AFFECTED AREAS AND WASH OFF AFTER 10 MINUTES	-	04/03/2025	42 Days
Cyclizine Tablets 50 mg	0406000F0AAACAC	21 TABLET	1 TABLET THREE TIMES DAILY	-	26/02/2025	42 Days
Cyclizine Tablets 50 mg	0406000F0AAACAC	21 TABLET	1 TABLET THREE TIMES DAILY	-	17/01/2025	0 Days
Hyoscine Butylbromide Tablets 10 mg	0102000N0AAABAB	168 TABLET	1 TABLET THREE TIMES DAILY	-	17/01/2025	2 Days

Lifestyle risks

Exercise status: Not Known

Fife Risk Assessment

Fife Health & Social Care Partnership
Supporting the people of Fife together

Patient Name	SMITH, Richard
CHI	0409730173
DOB	04/09/1973

Patient Name	RICHARD SMITH
CHI	0409730173
DOB	04/09/1973

Team/Service/Ward Addiction Services

RISK TO SELF					
Historical (>1 year ago)	Yes	Current (within last year)	No	Not known	

Ricky overdosed on methadone 20 years ago. No current suicidal ideation or intent.

Stable in treatment.

RISK TO OTHERS					
Historical (>1 year ago)	Yes	Current (within last year)	No	Not known	

Has previous convictions for violent acts in 2013.

RISK FROM OTHERS					
Historical (>1 year ago)	No	Current (within last year)	No	Not known	

No known risk identified at time of writing.

RISK TO CHILDREN					
Historical (>1 year ago)	No	Current (within last year)	No	Not known	

No known risk identified at time of writing.

RISK OF SELF NEGLECT					
Historical (>1 year ago)	Yes	Current (within last year)	Yes	Not known	

When Ricky's mood is low, he can have difficulty attending to ADLs.

Patient Name	SMITH, Richard
CHI	0409730173
DOB	04/09/1973

RISK TO RELEVANT SERVICE PROVIDERS

Historical (>1 year ago)	No	Current (within last year)	No	Not known

No Known risk identified at time of writing.

OTHER CASE SPECIFIC RISKS IDENTIFIED

PATIENT'S VIEW OF RISK

CARER'S VIEW OF RISK

SUMMARY OF RISKS

Historical overdose 20 years ago on Methadone.

SAFETY/RISK MANAGEMENT PLAN

Continue to monitor mood and presentation. No current suicidal ideation or intent. Ricky is well-supported by his close friend George. He engages with his DAPL Counsellor regularly.

Continue to monitor for signs of neglect. Escalate appropriately as required. Ricky has Bethany Christian Trust input and is awaiting outcome of ADP assessment.

Patient Name	SMITH, Richard
CHI	0409730173
DOB	04/09/1973

Sources of information used Tick if mental health record not available ☐

Mental Health Record ☐ TRAK ☐ Patient ☑ Family/Carer ☐

Vols Others ☐ Specify

Assessment discussed / shared with Patient ☐ Family/Carer ☐ Admitting doctor ☐

Ward Consultant ☐ Community Consultant ☐ CPN ☐ OT ☐ MHO ☐

Social Worker ☐ Psychologist ☐ Other ☐ Specify

Completed By

Name Lindsay Jones

Signature

Designation Addictions Nurse

Date Time

Reviewed by MDT

Name Lindsay Jones

Signature

Designation Addictions Nurse

Date Time

Review **Date**

01/02/2024

Change to risk factors?
No change to risk profile.

Change to plan

Patient Name	SMITH, Richard
CHI	0409730173
DOB	04/09/1973

No change to management of risk plan.

Name: Lindsay Jones

Designation: Addictions Nurse

Date: 01/02/2024

Review **Date**

07/05/2024

Change to risk factors?
Ricky has reported experiencing depressive symptomology.
No suicidal ideation or active planning.

Change to plan
Increased key worker contact.
Referral to DAPL.
In discussion with medical staff, medical review to be booked.
Ricky is practising self-soothing techniques.

Name: Lindsay Jones

Designation: Addictions Nurse

Date: 07/05/2024

Review **Date**

23/09/2024

Change to risk factors?
It is Ricky's intention to receive Cannabis provision from 'Curaleaf'.

Change to plan
Following medical review 31.7.24, Dr Simpson has advised that this is a safer option than obtaining illicit supply (for instance due to associated risk of criminality/variable THC and CBD proportions).

Name: Lindsay Jones

Patient Name	SMITH, Richard
CHI	0409730173
DOB	04/09/1973

Designation: Addictions Nurse

Date: 23/09/2024

Review **Date**

28/02/2025

Change to risk factors?

Ricky has lost significant weight and blood has been present in his urine/stools. Abdominal discomfort and nausea.

Change to plan

Ricky has attended for an urgent GP review.
Bloodwork conducted and urine/stool samples obtained.
Await results and liaise with medical staff.
ORT delivered 28/2 due to poor physical health

Name: Lindsay Jones

Designation: Addictions Nurse

Date: 28/02/2025

Review **Date**

25/04/2025

Change to risk factors?

Currently undergoing assessment for Cancer.

Change to plan

ORT is currently being delivered on an ad hoc basis due to poor physical health and in the interest of treatment access.

Name: Lindsay Jones

Designation: Addictions Nurse

Date: 25/04/2025

Review **Date**

Patient Name	SMITH, Richard
CHI	0409730173
DOB	04/09/1973

22/09/2025

Change to risk factors?
Physical health: Crohn's Disease is now indicated.

Change to plan
Ricky is awaiting further physical health assessment and colonoscopy.

Ricky is under MAPPA but at the final stage of his order.
I have liaised with his public protection officer. Designated low-risk. No further offending.

Name: Lindsay Jones

Designation: Addictions Nurse

Date: 22/09/2025

Fife MH Care Plan : Care plan 1

Fife Health & Social Care Partnership
Supporting the people of Fife together

Patient Name	SMITH, Richard
CHI	0409730173
DOB	04/09/1973

Care Plan Name: Care plan 1

Clinical Area Addictions

Named Nurse John Mckechnie

Date of commencement 23/11/2021

Care Plan Discontinued (date)

Reason for care plan

This should be determined by an initial nursing assessed and reviewed following a robust holistic assessment.

Agreed Outcome of care plan

Specific, Measurable, Achievable, Realistic, Time.

Specific

Measurable

Achievable

Realistic

Time

Review and Evaluation

Actions resulting from a review of the care plan should be noted in the Continuous Care Record. If there are any changes, please rewrite the Care Plan.

Date Due

Nurse's Name John McKechnie

Designation Addictions Nurse

Patient's/ Carer's signature

Care Plan

Please agree with patient and carers, where possible, a plan which will ensure the needs outlined in this care plan can be met. What will be done, how it will be done, who will do it?

Care Plan written in agreement with:

Patient's/ Carer's Name

Patient Name	SMITH, Richard
CHI	0409730173
DOB	04/09/1973

Patient's/ Carer's signature	
Nurse's Name	John McKechnie
Designation	Addictions Nurse

Outcome of Care Plan

Patient's/ Carer's Name	
Patient's/ Carer's signature	
Nurse's Name	John McKechnie
Designation	Addictions Nurse
Date	23/11/2021

SF50166/1M

The Health Centre
Victoria Road
Leven
KY8 4ET

NHS Fife Community Service
Mental Health Service
Tel:
http://www.nhsfife.scot.nhs.uk

Fife Health & Social Care Partnership

Dr LC Christie
Muiredge Surgery
Merlin Crescent
Buckhaven
Fife
KY8 1HJ

0 4 0 9 7 3 0 1 7 3

CHI: 0409730173

Letter ID: 4806624

Date: 28/09/2022

Dear Dr Christie

Richard Smith, 48 Herriot Crescent, Methil, Leven, Fife, KY8 3NE

Date of Birth: 04/09/1973

This letter is to inform you that Mr Smith was assessed at the Community Mental Health Team Assessment Clinic following his referral to ourselves. The presenting problems for the referral and that Mr Smith described were - vague longstanding low mood with infrequent thoughts of harming himself. He has input from Addictions Service and his Addictions worker had felt he may benefit from further mental health assessment resulting in this assessment taking place.

Mr Smith currently reports being on the Methadone Programme and also using Cannabis on a daily basis to *"get stoned every day"* spending approximately £60 per week. He asserted that he has no intent to reduce or indeed contemplate stopping his Cannabis use.

This appointment was, as per patient's request, a phone appointment. Throughout this assessment he was appropriate in his conversation but he did not wish to discuss some historical events, despite me giving him repeated opportunities to do so. As is usual for our Assessment Clinic appointments, a Consultant Psychiatrist later contacted Mr Smith and carried out a telephone assessment with him. We then reconvened later that day to discuss the case within the wider CMHT. The outcome of this discussion was that Mr Smith was felt to not be for Community Mental Health Team input. We are recommending that he self-refer to DAPL for counselling regarding his issues and also to signpost the Access Therapies Fife website where he can access stress management and anxiety management techniques.

Further details of the assessment are as below:

His current circumstances are that he lives alone and has done so for the past 7 years, not being in any relationship for the past 5 years. he states. He did describe having some contact with his mother and brother, otherwise his only social contact he reports being his neighbour who he describes as being supportive. He tends to isolate himself in the house every day as previously stated with the intent and carrying out this intent to get stoned every day. He spends his time watching TV, listening to music and takes part in minimal physical activity. He reports being expelled from school and began longstanding polysubstance misuse whilst at primary school and he also went onto report having been in prison several times historically for assault and theft. He describes having no current stressors in his life at present other than "life." His drug and alcohol use, extensive polysubstance misuse historically, he reports beginning

same by glue sniffing whilst at primary school then moving onto sniffing petrol before heavy regular Cannabis use, which continues to the present day. He also described having abused Amphetamines, Cocaine and Heroin in his past. Again, he has no intent whatsoever to abstain or reduce his Cannabis use and he currently has input from the Addictions Service and is on the Methadone Programme.

Protective Factors
He watches TV and he describes his relationship with his neighbour as being supportive.

Relevant Personal History
Extensive drug and forensic history since primary school, again he did not wish to explore this ?traumatic history, despite several opportunities to briefly do so and made clear that it was not with a view to ongoing counselling, it was merely to gather information.

Adverse Childhood Experiences
He did report witnessing repeated violence and abuse whilst being involved in a heavy drug use environment, he also stated that he was sexually abused. He could not illicit any diagnosed family history of mental illness, his past psychiatric and forensic history as previously stated includes numerous historical arrests and prison sentences for theft and assault - self-reported. He also states that he has seen psychiatrists in the past and briefly had a CPN years ago.

This was a phone appointment at his request, during the assessment his mood came across as being flat. He described being anhedonic and having low mood. He states that he sleeps a lot over night and also naps throughout the day allied to getting stoned on Cannabis. He eats irregularly, snacking a lot and not eating regular meals.

With regards to his thoughts and perception, there was no perceptual or mental health disturbance noted during the assessment or indeed voiced. He did state that he ruminates on past negative events in his life but was unwilling to elaborate on same. He states that he has episodes of hearing vague mumbling voices although none recently and he denied any current thoughts of self-harm or of harming others.

Current risk factors are of ongoing substance misuse and social isolation. Despite prompts, he was unwilling to discuss some historical events. He has monthly input from the Addictions Service and his view and need that he expressed throughout the assessment was that he wants better medication.

As previously stated, it was discussed within the team and felt not appropriate for further input from the CMHT, should continue to engage with addictions service and signposting to DAPL and to the Fife Access Therapies website. He will not be offered any further appointments at this time.

Please do not hesitate to contact me if you need further information.

Yours sincerely

Phil Graham
Community Mental Health Nurse

Authorised on 29/09/2022 16:39:38 by Phil Graham.

SF50166 1171 FILE COPY

The Health Centre
Victoria Road
Leven
KY8 4ET

NHS Fife Community Service
Mental Health Service
Tel:
http://www.nhsfife.scot.nhs.uk

Fife Health & Social Care Partnership

Richard Smith
48 Herriot Crescent
Methil
Leven
Fife
KY8 3NE

0409730173

CHI: 0409730173

ADMINISTRATIVE LETTER

Letter ID: 4806986

Dear Richard Smith

Date: 28/09/2022

Richard Smith, 48 Herriot Crescent, Methil, Leven, Fife, KY8 3NE

Date of Birth: 04/09/1973

I hope is all is well with you today. I am writing to you as previously discussed following our Community Mental Health Team assessment telephone appointment earlier in September. The findings of this assessment after discussion with the wider Community Mental Health Team and your discussion with Consultant Psychiatrist are that the team recommend that there be no further need for input from our team at this time.

Going forward, the team recommends that you continue to engage with your Addictions worker and should you seek to further reduce your drug use, you could also seek out assistance and counselling for this and other issues regarding your mental health via self-referral to the Drug and Alcohol Project Levenmouth or DAPL which you can access via their website and I'm sure your Addictions worker could assist you with this if necessary.

We would also take this opportunity to point you in the direction of the online self-help resources that are available to you at the Access Therapies Fife website where there are numerous coping strategies and self-help mechanisms that you can utilise in your day to day living.

We wish you all the best in your future and would encourage you to continue to engage with services and seek further assistance if necessary in the first instance from your GP.

Yours sincerely

Phil Graham
Community Mental Health Nurse

Authorised on 29/09/2022 15:53:49 by Phil Graham.

(D) Dr LC Christie, Muiredge Surgery, Merlin Crescent, Buckhaven, Fife, KY8 1HJ

SF501667IM

NOTES WBH HOME Lib

TRANSMISSION VERIFICATION REPORT

STATS ✓

OASIS ✓

TIME : 03/03/2014 09:44
NAME :
FAX :
TEL :

(N)

DATE,TIME	03/03 09:44
FAX NO./NAME	715728
DURATION	00:00:33
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

RECD ✓

Fife Primary Care Operating Division

NHS Fife

Fax

Unscheduled Care Team
Whyteman's Brae Hospital
Whyteman's Brae
Kirkcaldy, KY1 2ND

To: Dr Sneddon

From:
Unscheduled Care Assessment Team
Kirkcaldy

Pages: 2

Fax:
01592 261092

Date: 2/3/14

Phone:
01592 643355 ext 23999

Re: RICHARD SMITH

c.c.

☐ Urgent ☑ For Review ☐ Please Reply ☐ Please Comment

Tel 01592 713299

Fax 01592 715728

NHS
Fife

K&L CHP – Mental Health Services
Unscheduled Care Assessment Team

Date 01/03/14 Referrer Dr Maltby Time 23:00

Patient's Name Richard Smith DOB, CHI 04/09/730173

Address 48 Harriot Crescent.
Methil. Leven KY8 3NE

GP Dr Sneddon Practice Muircedge Surgery

Reason for Referral & Significant Recent History Self Presented to A+E reporting voices in his ear. He also reported he wants to kill himself and smashed up his home. He admits to drinking vodka and taking valium quantity not confirmed at time of referral, though Richard is adamant he drank the vodka ages ago.

Time/Place Patient Seen 11.50pm at A+E By Tania Barnes & Trisha

Outcome of Assessment No evidence of major mental illness. However unable to establish safety plan. Medical review requested.

Medical R/V 02:00 - No evidence of major mental illness. Acute episode of anger + suicidal thoughts in context of bereavement, exacerbated by alcohol + drugs. Given information regarding anger management, bereavement and crisis information. States would not actually commit suicide as has a daughter. Discharged home.
No psychiatry follow-up.

On completion, this form should be faxed to:

1) Dr Sneddon 2)
Then filed in case notes; please note that a typed letter will/will not follow.

Signed

(Print Name) MELISSA BARKER

3040
C24602

Place label or write
Patient Name:
CHI No:

SMITH
RICHARD
48 Herriot Crescent
Methil
LEVEN
KY8 3NE

V290550K

04/09/1973
0409730173

NHS
Fife

Date and Time	Continuation All disciplines should record summary of care, expected outcomes and review date	Initials
2/3/14	GPST BARKER (PSYCH ON-CALL)	
02:00.	40 ♂ Borderline personality disorder	
	BIBA tonight after smashing up his house.	
	Patient stated to UCAT nurses that he 'would go straight to the docks' if he left so I have been asked to review.	
	Patient states that yesterday (1/3/14) was the anniversary of his brother's suicide 5 years ago. Patient was in prison at the time and states he has 'never dealt with it'. This evening, states that he 'took a turn', ie he became very angry and upset about his brother's death and the 'state of his life in general'. He then smashed mirrors and windows in his house and cut his face with glass. He thinks a neighbour called the police who then called an ambulance.	
	States his mood is 'up and down'. Still feels suicidal, was planning to 'go to the docks' but unable to tell me exactly what he wanted to do there. Not sure he wants to do this now. States he will go home to 'sleep on it'	
	Has been drinking vodka earlier tonight. Also caught inhaling butane gas in A+E - stated this was a 'one-off'. Also took 2x diazepam that he had bought on the street to calm himself down and thinks this has helped.	
	PPH / PMH	
	. Borderline personality disorder . Previously disengaged with psych services	
	. Previous admission to Ravenscraig Ward.	
	. Drug misuse.	
	MEDS:	
	. Nil. Suboxone	Cont→

Date and Time	Continuation All disciplines should record summary of care, expected outcomes and review date	Initials
2/3/14	DRUG/ALCOHOL HISTORY	
02:00 cont→	• Binge drinks	
	• Regularly buys diazepam 'off the street'	
	FORENSIC HISTORY	
	• Released from prison 2 years ago following sentence for sexual intercourse with a minor.	
	SOCIAL HISTORY	
	Lives in council flat in Methil. Lives alone. Good relationship with parents and brother and sister-in-law. Few friends. Has 14yr old daughter who lives in Stirling in a young persons unit.	
	MSE	
	ATB - Casually dressed, paint on hands + trousers, appropriate behaviour.	
	S - Spontaneous, normal speed/content/form.	
	T - No evidence of thought disorder. Denies any thought insertion/withdrawal/broadcasting.	
	M - Objectively appears euthymic. Subjectively 'up and down'.	
	P - No evidence of abnormal perceptions. Denies any hallucinations.	
	C - Orientated to T/P/P.	
	I - Good insight.	
	Risk - States no longer plans to commit suicide tonight, keen to engage with services.	
	Long discussion with patient about formulating a safety plan for tonight. States will not take actions to harm himself for his daughter's sake. Will go home in the morning - we will supply bus fare. Also keen to deal with bereavement and anger issues.	
	Imp - Episode of anger and suicidal thoughts due to bereavement on the background of BPD. Exacerbated by alcohol + drugs.	
	Plan - D/C home - Given info leaflets re anger management/bereavement counselling + contacts if suicidal again. - Advised see GP	

BARKER GRST

Cameron Hospital
Cameron Bridge
Windygates
Fife
KY8 5RR

< 65 Community Psychiatric
Nursing Service
Tel: 01592 226424
http://www.nhsfife.scot.nhs.uk

NHS
Fife

Dr PS Guy
Muiredge Surgery
Merlin Crescent
Buckhaven
Fife
KY8 1HJ

DISCHARGE LETTER

0409730173

CHI: 0409730173
Hospital ID: SF5016671M

Letter ID: 884500

Date: 24/01/2014

Dear Dr Guy

Richard Smith, 48 Herriot Crescent, Methil, Leven, Fife, KY8 3NE

Date of Birth: 04/09/1973

Date of Admission: Date of Discharge: 24/01/2014

Since you re-referred this chap at the beginning of 2013, I have met with him 3 times. He has also failed to keep 6 appointments in spite of the fact that most of these were home appointments at his request. During this time whilst he continued to speak about social withdrawal and agoraphobia there was little evidence to support this other than the fact that he claimed to feel threatened in the area in which he lived and at times did not go out. Quite apart from the time he has wasted of our service I do not see any therapeutic value that has been gained from our intervention and I recently removed his name from my list. He did phone our office earlier this month requesting that I contact him. I telephoned his number but once again he was not available.

My impression has been that it suits this chap to be seen to be engaging with mental health services in an attempt to somehow justify his behaviours both past and present. I do not however see how we can be of any significant service to him in terms of treatment and recovery and therefore I do not plan to attempt any further contact. If you wish to discuss this at all please do not hesitate to contact me.

Yours sincerely

Chris Spratt
Community Mental Health Nurse Specialist

Authorised on 24/01/2014 15:35:27 by Chris Spratt.

MESSAGE CONFIRMATION

04-DEC-2013 11:11 WED

FAX NUMBER: 01592261092
NAME : UCAT

NAME/NUMBER : 01592715728
PAGE : 002
START TIME : 04-DEC-2013 11:10 WED
ELAPSED TIME : 00'48"
MODE : G3 STD ECM
RESULTS : [O.K]

Fife Primary Care Operating Division

NHS Fife

Fax

Unscheduled Care Team
Whyteman's Brae Hospital
Whyteman's Brae
Kirkcaldy, KY1 2ND

To: Dr Sneddon

From: Unscheduled Care Assessment Team Kirkcaldy

Pages: 2 including front cover

Fax: 01592 261092

Date: 4/12/13.

Phone: 01592 643355 ext 23999

Re: Richard Smith.

c.c.

☐ Urgent ☐ For Review ☐ Please Reply ☐ Please Comment

Tel. 01592 713299

FAX 01592 715728

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Fife

NHS Fife

K&L CHP – Mental Health Services
Unscheduled Care Assessment Team

Date 3/12/13 Referrer Dr Maltby A+E Time 18:25

Patient's Name Richard Smith DOB, CHI 04/09/73 0173

Address 48 Heriot Crescent
Methil KY8 3NE

GP Dr Sneddon Practice Muiredge Surgery

Reason for Referral & Significant Recent History Self harm laceration to his arm. Richard reports this was an attempt to take his own life and that the voices told him to do it. Later his family attended A+E for a different incident. Richard wanted to go home and assured the doctor he would keep himself safe overnight by staying with his brother. Follow up appointment offered for 4/12/13 @ 10-30 am.

Time/Place Patient Seen ..... By .....

Outcome of Assessment Failed to attend follow up appointment. Richard contacted Ravenscraig Ward at 11.30 and left his telephone number. Richard called back and advised to contact his GP for an appointment.

On completion, this form should be faxed to:

1) GP 2) .....
Then filed in case notes; please note that a typed letter will/will not follow.

Signed .....

(Print Name) TANIA BARNES

Kirkcaldy and Levenmouth CHP
Mental Health Services

Whytemans Brae Hospital
Whytemans Brae
KIRKCALDY
KY1 2ND
Tel. 01592 643355
Fax. 01592 261092

NHS Fife

Dr Guy
Muiredge Surgery
Merlin Crescent
BUCKHAVEN
KY8 1HJ

Date Dictated:
Date Typed: 25 July 2013
Our Ref: CC/HA/SF5016671M
Enquiries To: Unscheduled Care Assessment Team
Secretary E-mail: holly.auld@nhs.net

Dear Dr Guy,

RE: RICHARD SMITH, 192 Den Walk, Buckhaven, KY8 1DH
CHI: 0409730173

I reviewed this man as a Place of Safety assessment on 19th July 2013 in my capacity as duty SHO for Unscheduled Care Team. Ricky has a background of emotional unstable personality and pseudo hallucinations and had a short admission to Ravenscraig Ward in February 2012 under the care of Dr Arulnathan. Ricky is not currently under review by a Consultant Psychiatrist but in the past has had significant contact with the Forensic Psychiatry Mental Health team

Reason for Referral
Ricky's mother had phoned the police that day asking for "help" for Ricky. Ricky then arranged to meet the police officers outside on the street.

Presenting Complaint
Ricky reported that he was struggling with the "accumulations" of events that day. This included "death threats" from people he has passed in the street, whom he doesn't know and who said that they would kill him or his family. He said that there was no reason he could think of for them threatening this. He said that these threats were witnessed by other passersby. Ricky implied that the threats were made towards him because he has a reputation, having been in prison etc before. He didn't talk to the people making the threats and just walked on by along to his mother's house. He reported to us not feeling "safe" in his flat and said he "can't cope with everything". "Life is torture".

CHP Acting General Manager: Mary Porter
CHP Chair: Alastair Robertson

He reported having thoughts of self-harm and suicide for the last 2 – 3 weeks but had not acted on them. He has carried out deliberate self-harm in the past and showed us cuts to his left forearm. He described his thoughts of going to Kilrenny to hang himself "like my brother". He admitted not having a rope or noose or some other material with which to hang himself and had no way of getting to Kilrenny. He was not carrying any money on him. In the past he told us he had not killed himself as this would be a "double whammy" for his parents. He denied any protective factors at present. Ricky's intent to harm himself appeared to fluctuate during the interview, on the one hand he reported that nothing would stop him from harming himself on the other he made a few statements regarding the future such as going to his Addiction Service appointment on Monday and after a family member phoned him on his mobile phone he told them to phone him tomorrow morning.

When asked specifically about depressive symptoms Ricky found it hard to say how his mood was but later said it was "high and low" at times and that he could be quite an angry person. He said his energy levels were "non-existent". He is spending every day going to chemist in the morning for his Suboxone, then returning home after which he will do very little and watch a lot of television. He can still enjoying watching films and gave examples of action and comedy films which he enjoyed. He "sometimes" enjoys spending time with his 14 year old daughter, to whom he has restricted access. His concentration can "sometimes" be poor. He has longstanding sleep pattern of 4 – 5 hours per night of broken sleep.

Past Psychiatric/Personal History
This is well documented in his psychiatric notes, in particular see Charge Nurses Cooper and Wallace's assessment of October 2012 and Dr Harper's discharge letter of February 2012.

Social Circumstances
Ricky lives alone in a council flat. He sees an elderly neighbour on a daily basis, from which he appeared to get some enjoyment. He said he had no real friends. He has support from The Bethany Trust. He awaits a bus pass.

Alcohol/Drug & Forensic History
Ricky is currently on bail for an assault. He told us that he had pushed a woman hard after she had started fighting with his sister-in-law. He described this offence as "worth it" as he was protecting a family member. He is under the review by the Addiction Service and is taking Suboxone on a daily dispense. He was happy that a recent change to this medication has been made, a decrease from 16 – 12mg from next Monday (22 July 2013). He also admitted to using street valium which he said was 60mg per day. He volunteered "I can detox myself" when we discussed the risks of such illicit drug misuse.

Mental State Examination
Appearance/behaviour
Ricky was wearing long shorts, a t-shirt, trainers and a hoody and appeared clean. He had smartly cut short hair, which was possibly dyed a darker colour on top. He attended with a large suitcase, which he said the police had told him to bring. He had good eye contact with both interviewers and was appropriate and had relaxed body language. He cooperated well for the

CHP Acting General Manager: Mary Porter
CHP Chair: Alastair Robertson

majority of the interview but appeared irritable towards the end when he left abruptly. A family member phoned Ricky during the interview and Ricky was the same in presentation over the phone and told his relative "phone me tomorrow morning".

Speech
Normal.

Mood
"High and low" but objectively he was euthymic and had a reactive affect.

Thoughts
No disorder evident. He volunteered repeatedly his prison history and reported being "institutionalised". He said he would like to be back in prison. He was aware of the consequences of harming himself and others.

Perceptions
He described a "mumbling in my ear", which is not new and he was not responding to unseen stimuli during the interview.

Cognition
Appeared normal.

Insight
Thinks he has been unwell for years. Not sure what help he needs. Described life as "torture". Reported that Prozac didn't help him and stopped this 6 months ago.

Towards the end of our interview Ricky appeared to become more irritable as I was summarising that in the absence of major affective symptoms I would not be offering an admission. At this point he threatened that he would jump off Ravenscraig Castle and walked out of our interview room with his suitcase. He was unwilling to stay and discuss possible management plan with us. Five minutes after leaving the ward Ricky buzzed the nurses' station for entry to the ward. He reported to my Staff Nurse Colleague Mark Grubb that he had no way of getting home and no money, including no phone credit. I understand that Ricky then phoned the police and indeed a police van did arrive to take Ricky away, presumably to his home.

Impression
This 39 year old man presented with suicidal ideation in the context of ongoing social stressors ("death threats"). There was no objective evidence of an affective disorder. The content of his speech was quite at odds with his mental state examination at times and he demonstrated threatening behaviour at the end of the interview. I felt that admission would certainly not have been in his best interests. Of course a chronic risk does remain with this gentleman who is socially isolated, continues to misuse substances, has a family history of mental illness and suicide and who demonstrates unstable personality traits.

CHP Acting General Manager: Mary Porter
CHP Chair: Alastair Robertson

Management Plan
Ricky was allowed home. He will be followed up by the Addiction Service and has Barony Support ongoing. I will discuss his case with his CPN Chris Spratt but I do not intend to arrange medical follow-up.

Yours sincerely

DR CLAIRE CHRISTIE
GPST2 UNSCHEDULED CARE ASSESSMENT TEAM

CHP Acting General Manager: Mary Porter
CHP Chair: Alastair Robertson

MESSAGE CONFIRMATION

22-JUL-2013 07:06 MON

FAX NUMBER: 01592261092
NAME : UCAT

NAME/NUMBER	:	01592715728
PAGE	:	002
START TIME	:	22-JUL-2013 07:05 MON
ELAPSED TIME	:	00'50"
MODE	:	G3 STD ECM
RESULTS	:	[O.K]

Fife Primary Care Operating Division

NHS Fife

Fax

Unscheduled Care Team
Whyteman's Brae Hospital
Whyteman's Brae
Kirkcaldy, KY1 2ND

To: DR SWEDEN

Pages: 3 INCL THIS ONE

Date: 19.7.13

Re: RICHARD SMITH

From:
Unscheduled Care Assessment Team
Kirkcaldy

Fax: **01592 261092**

Phone: **01592 643355 ext 23999**

c.c.

☐ Urgent ☐ For Review ☐ Please Reply ☐ Please Comment

TEL 01592 713299

FAX 01592 715728

1/AM

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Fife Primary Care Operating Division

NHS Fife

Fax

Unscheduled Care Team
Whyteman's Brae Hospital
Whyteman's Brae
Kirkcaldy, KY1 2ND

To: DR SWEDDON

Pages: 3 INCL THIS ONE

Date: 19-7-13

Re: RICHARD SMITH

From:
Unscheduled Care Assessment Team
Kirkcaldy

Fax:
01592 261092

Phone:
01592 643355 ext 23999

c.c.

☐ Urgent ☐ For Review ☐ Please Reply ☐ Please Comment

TEL 01592 713299

FAX 01592 715728

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NHS Fife

K&L CHP – Mental Health Services
Unscheduled Care Assessment Team

CN PORTSMOUTH

Date 19/7/13 Time 19-25

Referrer's Contact Details P.O.S.

GP DR JACKSON Practice MIDLERIG SURGERY

Patient's Name RICHARD SMITH DOB 04/09/73 CHI 0173

Address 192 DEN WALK BUCKHAVEN KY8 1DH

Reason for referral & Significant Recent History THOUGHTS OF SUICIDE + PERCEIVED LOW MOOD AS A RESULT OF BEING THREATENED BY UNKNOWN PERSONS

PMH/ Psych Hx C.P.N. CHRIS SPRATT

Drug/Alcohol Hx (if known) ADDICTION INPUT

Prescribed Medication (if known)

Other Workers involved BARONY
Social Worker, Addictions etc.

Known Risks PREVIOUS + RECENT FORENSIC HX

NHS
Fife

Outcome

Patient's Name: RICHARD SMITH CHI: 040973 0173

Time & Date Seen	Where Seen	By Whom
20:15 19-7-13	DAVIDSCRAIG WARD	DR CHRISTIE

Summary of Assessment: THOUGHTS OF SELF HARM + PARANOID LOW MOOD PRECIPITATED BY RECENT THREATS TO HIM BY PERSONS. RICHARD NOT WISHING TO DISCUSS FULL INFO RE SAME -
ADMITTED TO THOUGHTS OF SEEKING REVENGE FOR BEING THREATENED BUT AWARE OF CONSEQUENCES RE SAME (POSSIBLE POLICE INVOLVEMENT)
REFUSES SELF MEDICATING USING "STREET VALIUM"

Outcome of Assessment: APPEARS IRRITABLE AT TIMES AND SEEKING HOSPITAL ADMISSION BUT UNWILLING TO STAY TO DISCUSS SAFETY PLANNING ONCE ALTERNATIVES TO ADMISSION DISCUSSED
NO EVIDENCE OF ANY MAJOR MENTAL ILLNESS OR AFFECTIVE DISORDER

PLAN
F/U C.P.N. DCAT TO CONTACT CPN 22.7.13 TO REQUEST URGENT VISIT IF DEEMED APPROPRIATE
F/U WITH ADDICTIONS
D/C HOME

Assessment Discussed with ..... (If applicable)

On completion, this form should be faxed to:
1) G.P. DR SNEDDON 2) .....
Note: A typed full assessment will / ~~will not~~* follow.
* Delete as applicable

Signed PP .....
(Print Name) DR CHRISTIE .....

Raverscraig (2)

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX
DESTIN
DESTIN
ST. TI
TIME U
PAGES
RESULT

Notes tracked out to ward.
Please could you file.

Thanks

Fife Primary Care Opera

Fax

Unscheduled Care Team
Whyteman's Brae Hospital
Whyteman's Brae
Kirkcaldy, KY1 2ND

To: Dr Sneddon

From: Unscheduled Care Team Kirkcaldy

Pages: 3

Fax: 01592 261092

Date: 13/2/12

Phone: 01592 643355 ext 23999

Re: Richard Smith

c.c.:

☐ Urgent ☑ For Review ☐ Please Reply ☐ Please Comment

TEL : 01592-715299
Fax : 01592-715728

Fife Primary Care Operating Division

NHS Fife

Fax

Unscheduled Care Team
Whyteman's Brae Hospital
Whyteman's Brae
Kirkcaldy, KY1 2ND

To: Dr Sneddon

From: **Unscheduled Care Team Kirkcaldy**

Pages: 3

Fax: **01592 261092**

Date: 14/2/12

Phone: **01592 643355 ext 23999**

Re: Richard Smith

c.c.

☐ Urgent ☑ For Review ☐ Please Reply ☐ Please Comment

Tel : 01592 - 718299

Fax : 01592 - 715728

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NHS
Fife

K&L CHP – Mental Health Services
Whyteman's Brae – Duty Page Holder Referral Notes (WBH R-3)

CN: Cooper

Date 11/2/12 Time 17:10hrs Referrer A+E

Referrer's Contact Details .....

GP Dr Sneddon

Patient's Name Richard Smith DOB, CHI 04/09/73 0173 Practice Muredyk Surgery

Address 83 Victoria Rd Buckhaven

Reason for referral Suicidal, threatening to go to bridge + jump off c/o auditory hallucinations

Intoxification Yes / No Legal status

Significant Recent History Recently released from prison finding it difficult to adjust complaining of low mood + feelings of hopelessness re his future.

PMH/ Psych Hx Psychiatric notes - last reviewed 2003

Drug/Alcohol Hx Heroin addiction in past

Prescribed Medication —

Referrer Expectations Psychiatric Assessment
Note – if admission is expected, but is not the outcome of the assessment, then the referrer must be notified.

Other Workers involved .....

Known Risks .....

NHS
Fife

Patient's Name: .....**CHI:**.....

Outcome

Referral re-directed to .....or

Time/Place Patient Seen ..... By.....

Diagnosis (if applicable) .....

Other Information .....

Assessment Discussed with .....(if applicable)

Outcome of Assessment ..Reviewed by MCT - discharged unable to establish safety plan - no evidence of major mental illness - Duty doctor to assess - Admitted to Ravenscraig.

.....

On completion, this form should be faxed to:

1).....A.P.....2).....

Then filed in case notes; please note that a typed letter will/will not follow.

Signed.....C Cooper.....

(Print Name).....C Cooper.....

SFS016671.

Kirkcaldy & Levenmouth CHP
Mental Health Services

Forensic Community Mental Health Team
Ward 12
Lynebank Hospital
Halbeath Road
Dunfermline
KY11 4UW

Tel: 01383 565212
Fax: 01383 565112

NHS Fife

Notes & forensics open to them I have all your letters etc.

PRIVATE & CONFIDENTIAL

Dr Arulnathan
Consultant Psychiatrist
Whyteman's Brae Hospital
KIRKCALDY

Date: 22nd May 2012
Your Ref:
Our Ref: CH/SN/RS

Enquiries to: Sarra Naylor
Extension: 35869
Email: sarra.naylor@nhs.net

Dear Dr Arulnathan,

RE: RICHARD SMITH, 192 DEN WALK, BUCKHAVEN, KY8 1DH
D.O.B. 04/09/1973 CHI: 0409730173

Thank you for referring Mr Smith to the Forensic Community Mental Health Team (FCMHT) for assessment. I met with him along with my colleague Memory Gondora (Forensic CPN) on the 29th February 2012. At this time, he reported difficulties in relation to low mood, self harming, and limited coping skills. He also described hearing a "voice" which issued him with commands from time to time (e.g. to harm himself or others). Mr Smith was clear that he had never acted on these commands, and reported generally coping with these experiences through self-harming or smoking cannabis. He also described what may have been dissociative type experiences whereby he lost track of time and found himself in a "dream like" state of mind. At this appointment, we gave him some advice in relation to emotion regulation and maintaining safety whilst self harming. We also provided him with the telephone number for NHS 24 for out of hours contact.

Unfortunately Mr Smith has failed to attend any further appointments with us, and so we have been unable to complete our assessment. He cancelled two appointments (one because he'd been drinking, and one because of family stresses) and failed to attend two further appointments. We made it clear to Mr Smith when he called to cancel his appointment on the 18th May 2012 that he would be discharged if he did not attend, and he was accepting of this. He reported that he is now feeling the benefit of Citalopram in terms of his mood, and that he is generally more settled now that he's in his new tenancy.

Mr Smith will now be discharged from our service. Should you wish to discuss this further please do not hesitate to get in touch.

Yours sincerely,

Dr Claire Hamill
Clinical Psychologist

c.c. Cat Deeney, CJSW, Buckhaven Burgh Chambers, Municipal Buildings, 1 College Street, Buckhaven, KY8 1AB
Dr Sneddon, Muiredge Surgery, Merlin Crescent, Buckhaven

Kirkcaldy & Levenmouth CHP
Mental Health Services

Whyteman's Brae Hospital
Whyteman's Brae
Kirkcaldy
KY1 2ND
Tel 01592 643355
Fax 01592 640159

NHS
Fife

Dr Sneddon
Muiredge Surgery
Merlin Crescent
BUCKHAVEN
KY8 1HJ

Date Dictated	17 October 2012
Date Typed	23 October 2012
Our Ref	CC/JD
CHI Number	0409730173
Enquiries to	Unscheduled Care Assessment Team
Extension	23968
Email	

Dear Dr Sneddon

Richard Smith 192 Den Walk Buckhaven KY8 1DH CHI No : 0409730173

The above was seen by Carolyn Cooper and Gordon Wallace at A&E Victoria Hospital. Referred by A&E.

Reason for Referral :
Self presented earlier today to the police as wanted to murder people that have been threatening him and his family. He was advised by police to attend A&E.

Presenting Complaint
Richard states that people who stay in his street are threatening him. He says this is due to him breaking up a fight involving his sister-in-law and a member of a well known family from his area. As a result of this incident, he has been targeted by other family members and feels under threat. He feels he can't return to his own house and has been staying with his brother in Lower Methil.

Today he felt that he "lost it" and wanted to murder the people that were threatening him. Therefore he went to the police for help. He was carrying a knuckle duster which he submitted to the police, then took on board their suggestion that he attend A&E.

Richard complained of hearing voices in his head which mumble constantly 24 hours a day, 7 days a week. The voices become louder when he feels stressed and he is aware that he needs help.

Richard was released from prison in November 2011 after a lengthy jail sentence. He continues to struggle with life on the outside.

Past Psychiatric/Medical History :
Richard has had several admissions to a psychiatric hospital, his last being an admission to Ravenscraig Ward in February 2012. This was a short admission for a period of two days. Richard was then referred on to the Community Forensic team. The diagnosis upon discharge in February 2012 was that of an emotionally unstable personality and pseudo hallucinations.

Current Medication & Allergies :
Richard has recently been commenced on Fluoxetine 20 mgs by his GP. He has no known allergies.

Personal History/Family Psychiatric History :
Previous personal and family history well documented. He recently broke up a fight involving his sister-in-law and a member of a well known family from his area, however he has been charged with assault and breach of the peace as a result of this and is awaiting the court case in November. Following this incident he has been targeted by the other family members and feels constantly under threat Richard states his brother suffered from a bipolar illness and committed suicide three years ago. His mother suffers from depression.

Social Circumstances
- ☐ No changes from previous assessment in June 2012.

Drug/Alcohol & Forensic History :
Again this is well documented in his psychiatric notes and he does acknowledge that he has taken drugs in the past. He denies any current alcohol or drug problems. He has a forensic history and has served a lengthy 5 ½ year sentence in prison. He was released in November 2011, however he is currently on bail following recent charges of assault and breach of the peace. He states his court case is due in November.

Mental State examination
Appearance and behaviour :
Casually dressed but well kempt. Maintained good eye contact throughout, although indicated that he thought that the assessment was a waste of time.

Speech :
Normal rate, rhythm and tone.

Mood :

- Subjectively : states his mood can fluctuate. Currently feels responsible for protecting his family members. Wants to kill the family that are threatening him, states "jail is no deterrent for me", "it's easy there with no stress".
- Objectively : his mood was reactive throughout the assessment.

Thoughts :
Thoughts of harming others in a bid to protect his family, although he states he has made police aware of his intentions. No evidence of any formal thought disorder.

Perceptions :
No evidence of perceptual disturbance, although Richard states he constantly hears a voice in his ear, 24/7. He was unable to elaborate whether this was inside or outside of his head and became irritable when questioned regarding this.

Cognition :
Orientated to time, place and person.

Sleep :
Not discussed.

Appetite :
Not discussed.

Insight :
Feels he needs either a lengthy admission to a psychiatric ward or time in prison as it's just so stressful on the outside.

Current Risk of further self-harm/suicide :
No suicidal plans/intent but has a complete disregard for his own safety should he choose to use violent methods towards the people that are threatening him.

Potential for positive risk taking :
Richard feels it is his responsibility to protect his family members. He would also like to have a good relationship with his daughter, who is currently in foster care.

Summary (Clinical Impression) :
This 39 year old man presented to A&E after seeking help from the police due to homicidal thoughts. He did not appear to be suffering from any form of mental illness and did not describe any suicidal plans/intent. He was seeking hospital admission to relieve the stress of every day life and finds the only other alternative to this would be prison. He is no longer under the forensic team and stated that he did not wish to be reviewed by a Consultant Psychiatrist as it would just be a waste of time. He did however, indicate that he had a good relationship with CPN Gordon Campbell whom he has seen in the past and would be happy to see him again if this were possible.

Treatment Plan :

- ☐ Discharge home.
- ☐ GP follow-up to monitor efficacy of recently described anti-depressant.
- ☐ Police informed by UCAT of his homicidal thoughts and outcome of assessment.
- ☐ Check if CPN input is still open to Richard and request further contact.

Yours sincerely

Name of Assessor : **C Cooper/G Wallace**
Unscheduled Care Team

Signature :

MESSAGE CONFIRMATION

17-OCT-2012 08:51 WED

FAX NUMBER: 01592261092
NAME : UCAT

NAME/NUMBER	:	01592715728
PAGE	:	003
START TIME	:	17-OCT-2012 08:50 WED
ELAPSED TIME	:	00'46"
MODE	:	G3 STD ECM
RESULTS	:	[O.K]

RELID ✓

Fife Primary Care Operating Division

NHS Fife

Fax

Unscheduled Care Team
Whyteman's Brae Hospital
Whyteman's Brae
Kirkcaldy, KY1 2ND

To: Dr Sudden

From:
Unscheduled Care Assessment Team Kirkcaldy

Pages: 3

Fax: 01592 261092

Date: 17/10/12

Phone: 01592 643355 ext 23999

Re: Richard Smith

c.c.

☐ Urgent ☐ For Review ☐ Please Reply ☐ Please Comment

TEL 01592 – 713299
FAX 01592 – 715728

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Fife Primary Care Operating Division

NHS Fife

Fax

Unscheduled Care Team
Whyteman's Brae Hospital
Whyteman's Brae
Kirkcaldy, KY1 2ND

To: Dr Sudden

From:
Unscheduled Care Assessment Team
Kirkcaldy

Pages: 3

Fax:
01592 261092

Date: 17/10/12

Phone:
01592 643355 ext 23999

Re: Richard Smith

c.c.

☐ Urgent ☐ For Review ☐ Please Reply ☐ Please Comment

Tel 01592 – 713299
Fax 01592 – 715728

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NHS Fife

K&L CHP – Mental Health Services
Unscheduled Care Assessment Team

CN COOPER

Date 14/10/12 Time 11.30hrs

Referrer's Contact Details A+E

GP DR SWEDDEN Practice MUIRHOUSE SURGERY

Patient's Name RICHARD SMITH DOB, CHI 4/9/73

Address 192 DEN WALK
BUCKHAVEN LEVEN KY8 1DH

Reason for referral & Significant Recent History Auditory hallucinations, thoughts of harming others.

PMH/ Psych Hx Known to psychiatry, previously under forensic service.

Drug/Alcohol Hx (if known)

Prescribed Medication (if known) Fluoxetine 20mg

Other Workers involved Community social worker Cat Deeney
Social Worker, Addictions etc.

Known Risks

NHS
life

SMITH
RICHARD
192 Den Walk
Buckhaven
LEVEN
KY8 1DH

SF5016671M

04/09/1973
0409730173

Outcome

Patient's Name: .....CH

Time & Date Seen	Where Seen	By Whom
17/10/12 12:05am	A+E	C Cooper / G Wallace

Summary of Assessment: Richard presented to A+E after seeking advice from the police due to homicidal thoughts. He did not appear to be suffering from any form of mental illness & did not describe any suicidal plans/intent. He was seeking hospital admission to escape the pressures of everyday life which he is finding it hard to adjust to following his release from prison last Nov 2011. He currently feels under threat from a local family & states it is his responsibility to protect his family.

Outcome of Assessment .....

- Discharged home - encouraged to attend follow up with G.P to monitor efficacy of recently prescribed antidepressant.
- Police informed of outcome of assessment & continued homicidal thoughts towards those who are threatening him

Assessment Discussed with .....(if applicable)

On completion, this form should be faxed to:

1) G.P ..... 2) .....

Note: A typed full assessment will / will not* follow.

* Delete as applicable

Signed... C Cooper .....

(Print Name) C Cooper .....

Kirkcaldy and Levenmouth CHP
Mental Health Services

Whyteman's Brae Hospital
Whyteman's Brae
KIRKCALDY
KY1 2ND
Tel. 01592 643355
Fax. 01592 261092

Dr Heap
The Health Centre
Victoria Road
LEVEN
KY8 4ET

Date: 20st June 2012
Date Dictated
Our Ref: SMcD/JL/SF5016671M
Enquiries To: Unscheduled Care Assessment Team
Extension: 23968
E-mail: julielister@nhs.net

Dear Dr Heap

Re: Richard Smith, 192 Den Walk, Buckhaven, Leven KY8 1DH – CHI: 0409730173
Seen: in Observation Unit, A&E, Victoria Hospital, Kirkcaldy on 17/06/12 by C/N Stephen MacDonald

Patient Profile
This 39 year old man is currently living in a 1 bedroomed house in Buckhaven. He has been previously known to Mental Health Services and has recently been involved with Forensic Mental Health who have just discharged him.

Reason for Referral
Richard had taken an overdose of 19–20 Co-codamol tablets with 20 x Diazepam. He had taken these with alcohol and then phoned family and his mother had persuaded him to come into A&E for treatment. He had not been treated for Paracetamol levels.

Presenting Complaint
Richard told me that he had been in jail for about 5½ years and had got out in November 2011 which matches with his recent records. He told me he had been "Trying to keep his head down", but had been struggling to do this. He said that since being released from prison has had 3 addresses, 2 temporary and now he had finally got a 1 bedroomed flat with the Council. This was a good flat which was round the corner from his mother and other family. However, he said that there were "Folk coming round for a drink" at his house and that he couldn't stop them coming in and he was getting very angry and wrecking his 1 bedroomed flat after spending a lot of time decorating it. He also mentioned that he had been struggling for a number of years because his brother had committed suicide 3 years ago and he had "Attended the funeral in handcuffs as he was in prison at this time".

Richard also said that "People were not listening to him", and he explained that this was in relation to having been in Ravenscraig Ward in February 2012, and had seen a Psychiatrist then and he felt that nobody was understanding what his problems were about.

He told me that he "Had lost the plot" at the weekend and had got very angry and impulsively decided to take tablets. He had contacted his brother who got his mum to come round to his flat and although he had initially locked the door so that nobody could come in, because it was his mum he had to open the door and let her in. He said that he hadn't been drinking or taking drugs and it was other people drinking in his flat that was disturbing him.

cont...

He told me that he had been a Sex Offender and that's why he was doing a prison sentence. He said that he was seeing a Social Worker but this was on a voluntary basis and wasn't regarding Probation or his release conditions, he told me that he was free from any conditions.

Past Psychiatric/Medical History
In February 2012 he was in Ravenscraig Ward for 2 or 3 days and was seen at this time by Dr Arulnathan. He was then referred to the Community Forensic Mental Health Team who were aware of his release in November 2011.

The Forensic Mental Health had offered him Outpatient appointments and he had attended 1 appointment and then had a number of appointments since then which he did not attend. He told me he thought that he had been discharged from Forensic Mental Health recently due to not being able to make these appointments.

Diagnosis upon discharge from Ravenscraig Ward in February 2012 was Emotionally Unstable Personality and Pseudo Hallucinations. It was noted there was no major mental illness from this admission.

Richard's previous psychiatric contact was in 2003 where he was seen in Outpatients following referral by his GP. At this time he had been referred to the Community Drugs Team due to Heroin use and there was no evidence of major mental illness. He has however got 2 volumes of psychiatric notes prior to this as well.

Richard told me he had seen his GP since release from prison and had been started on an Antidepressant which was Citalopram, however this had been stopped.

Current Medication
He is on no prescribed medication currently, however he told me that he has been getting Co-codamol 30/500 which he is taking himself and obtaining himself on the streets. He described taking 2 tablets every 6 hours for pain relief.

Personal History/Family Psychiatric History
Previous personal and family history is well documented in his psychiatric notes.

Recently he describes having difficulties in getting access to his daughter who he has access to for 2 hours on a Tuesday afternoon on a weekly basis. He says he has not been able to make these access meeting and said that this is unsupervised access.

He says that his mum and dad are living round the corner from his 1 bedroomed flat and he has a good relationship with his mum and dad. He said that his younger brother is somebody he also has a good relationship with even though he stays further away.

He says that he has no real close relationships with any friends and the only people that he sees otherwise are these individuals who come round and will drink in his flat, even though he gets angry about this.

cont...

Social Circumstances
He has currently got a 1 bedroomed flat which is permanent following being homeless. He has been decorating this recently and he describes it as "Now demolished". He is on Employment Support Allowance of £135.00 every fortnight. He says he has got a 6 month sick line with his doctor. He denies any debts currently.

Drug/Alcohol & Forensic history
Again this is well documented in his psychiatric notes and he does acknowledge that he has taken drugs in the past. He says that he uses a small amount of alcohol at the weekend and is taking 1 bottle of cider over the weekend.

His current drug use is Cannabis only where he is taking a couple of joints each day which he gets for nothing. He says that he is taking nothing other than this, although he did say that he had taken Heroin in the past before his prison sentence.

He denied any current problems with the Police and he says that he has no attendance regarding release conditions from his prison sentence.

Mental State Examination
Appearance/Behaviour – he was casually dressed and unkempt at the time of the interview. He made good eye contact throughout the interview and was irritable and angry at times.
Speech – normal rate and rhythm, slightly flat in tone. He was fluent and coherent throughout the interview.
Mood – he did not describe low mood, instead describing feeling angry "I feel like killing somebody" and then added to that that he meant killing himself. 0/10 scale was not discussed, however objectively he did appear somewhat flat in mood. However, he was reactive during the interview.
Thoughts – he described "Feeling he would be better off not here" and he said that he has had these thoughts for 2 weeks. He had initially said that he had had these thoughts for a number of years, however when I asked him he did say that while he was in prison he "Enjoyed himself" and felt alright. He denied any other disturbing thoughts and there was no evidence of thought disorder.
Perceptions – he talked about hearing voices which are in his ear and he couldn't tell me what these voices were saying. It wasn't a person that he recognised and he pointed to his ear and said the voices are there just now. He said at one point these voices are telling him to do things to other people. This description appears to match what is documented in his Discharge Summary from the February inpatient stay at Ravenscraig Ward.
Cognition – he was orientated to time, place and person.
Sleep – he described broken sleep of 5-6 hours probably duration and this has been present for quite a while.
Appetite – again this has been a problem for a while and he describes this as "Crap". He said that he has food in the freezer but is not eating at all and describes weight loss of about 2 stone down to 12 stone currently.
Insight – when I asked him what the problem was for himself he described "Being in this world" he said that he saw the answer as being admission to psychiatric hospital "For a rest" and he said his options were either to "Go back to jail or to die".

cont...

Current Risk of further self-harm/suicide
He described experiencing suicidal thoughts and said that he heard these voices in his head "Going to tell him to kill himself". He did say that he needed to be "Sectioned" and also said he needed a break. He could not say what had stopped him acting on these thoughts since release from prison. He denied any plans or preparation or writing any notes to family regarding suicide. There was no protective factors in his life according to him that could stop him committing suicide.

When I tried to discuss this further he said that he was going to go and kill himself if he left here and that he intended now to take an overdose and inject Heroin to die.

Potential for positive risk taking
As I said he denied any protective factors and said there was nothing that would stop him killing himself currently, however he did acknowledge that his relationship with his daughter was important to him, however the problem was that he had no access to his daughter just now because she was in foster care. He denied anything else being positive in his life including his mum, dad and brother at this point.

Summary/Clinical Impression
This 39 year old man took an impulsive overdose due to suicidal thoughts. These thoughts are probably related to struggling to adjust to life after the long prison sentence. He denies any current alcohol or drug use, although he did say that he is using Cannabis regular, every day. He described feeling hopeless with poor sleep and appetite, however, and he also said he had been experiencing suicidal thoughts for at least 2 weeks although at other times he said that these thoughts had been going on for a number of years. There appears to be no active suicidal intent prior to this overdose and he has made no plans and preparations regarding killing himself. He appears to be poorly motivated to seek help as he had been missing appointments with the Community Forensic Team.

Treatment Plan
Due to the expressed ongoing suicidal ideation and intent to take a Heroin overdose that day at his brother's grave, I decided to contact the Duty Doctor and ask them to attend and review Richard further. When I informed Richard of this he said that he couldn't stay to see another Psychiatrist and he was just going to leave Accident & Emergency. I did try to persuade him to stay and wait to be seen, however he did end up absconding from Accident & Emergency and the Accident & Emergency doctors contacted the Police who found him at his mother's address and he refused to return for further assessment. No management plan was agreed with Richard due to this. Before he left Accident & Emergency I had spoke to him and said that he could be further assessed by going to this GP, by going to NHS 24 or coming back to Accident & Emergency.

Additional Notes
I had contacted the Forensic Mental Health Team regarding this overdose and my assessment, and I had a contact on Wednesday 20/06/12 where Richard had actually contacted their number directly and left a message saying that he wanted to speak to his CPN. He has been discharged by the Community Mental Health Team and they have written a letter to Dr Arulnathan to this effect. His CPN has met with him once and I did agree that if the Forensic Team wanted a copy of this assessment I would send that to them and I will wait to hear from that CPN.

Yours sincerely

Stephen MacDonald C/N
Unscheduled Care Assessment Team

TRANSMISSION VERIFICATION REPORT

TIME : 18/06/2012 09:44
NAME :
FAX :
TEL :
SER. # : 0A5609120100

DATE, TIME	18/06 09:43
FAX NO./NAME	01333422249
DURATION	00:00:47
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

Recd

Fife Primary Care Operating Division

NHS Fife

Fax

Unscheduled Care Assessment Team
Whyteman's Brae Hospital
Whyteman's Brae
Kirkcaldy, KY1 2ND

To: Dr Heap Haven HC

Pages: 3

Date: 17/6/12

Re: Richard Smith

From: Unscheduled Care Assessment Team
Kirkcaldy
Fax: 01592 261092

Phone: 01592 643355 ext 23999

c.c.

☐ Urgent ☐ For Review ☐ Please Reply ☐ Please Comment

Tel: 01333 432588

Fax: 01333 422 249

Fife Primary Care Operating Division

NHS Fife

Fax

Unscheduled Care Assessment Team
Whyteman's Brae Hospital
Whyteman's Brae
Kirkcaldy, KY1 2ND

To: Dr Heap, Heron HC

Pages: 3.

Date: 17/6/12

Re: Richard Smith.

From: Unscheduled Care Assessment Team
Kirkcaldy

Fax: 01592 261092

Phone: 01592 643355 ext 23999

c.c.

☐ Urgent ☐ For Review ☐ Please Reply ☐ Please Comment

Tel: 01333 432588

fax: 01333 422 209

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NHS
Fife

K&L CHP – Mental Health Services
Unscheduled Care Assessment Team

CN S. MACDONALD

Date 17/6/2012 Time 1000.

Referrer's Contact Details Dr Kerr A&E Observations

GP Dr Heap Practice Leven HC.

Patient's Name Richard Smith DOB, CHI 01/09/73 0173

Address 192 Ren Walk Buckhaven LEVEN
KY8 1DH

Reason for referral & Significant Recent History

Cocodamol (30tabs) overdose with Zoldexepam and alcohol. Suicidal intent
Out of prison in November 2012
Struggling recently — said he has diagnosis of personality disorder.

PMH/ Psych Hx known to Dr Dickson SF501667IM.

Drug/Alcohol Hx (if known) ?

Prescribed Medication (if known)

Other Workers involved
Social Worker, Addictions etc.

Known Risks

NHS Fife

Outcome

Patient's Name: Richard Smith CHI: 0409730173

Time Seen: 17/6/12 1030 Where Seen: A&E Observations By Whom: S. MACDONALD

Summary of Assessment:

1 Impulsive overdose of approx 20 Cocodamol & with 20 valium and alcohol. He contacted his family and his Mum came to hand to get ambulance.

Describing low mood / angry thoughts since being prison Nov 2011. He has had difficulties in getting access to his 13 year daughter in foster care. Also people who drink are coming to his house and don't like when makes him angry. He denies significant alcohol/drug use recently. He denies significant alcohol/drug use recently. He wanted admission for a break but there were no signs of major mental illness. He described some voices he experienced which are similar to documented pseudo hallucinations.

He said he intended committing suicide by a heroin injection and denied any protective factors. He was not interested in further psychiatric assessment. He agreed to stay and see the duty psychiatrist for further review.

He left A&E before seeing a doctor and the police located him at his mum's address. I discussed with Dr Curran at A&E and if he presents via NHS24 or A&E he can be assessed further.

Outcome of Assessment:

Assessment Discussed with: Dr Curran (A&E Consultant) (if applicable)

On completion, this form should be faxed to:

1)..... 2).....

Note: A typed full assessment will follow in due course.

Signed: Sophie Reed S/N

Kirkcaldy & Levenmouth CHP
Mental Health Directorate

Rowan House
28-32 Willow Drive
Whyteman's Brae
Kirkcaldy
KY1 2LF

FIFE PSYCHIATRIC SERVICE
DISCHARGE SUMMARY

Date of Dictation: 17th February 2012 **Date Typed: 20th February 2012**
NH/LML/SF5016671M

Dr A Sneddon **Muiredge Surgery** **Merlin Crescent** **BUCKHAVEN** **KY8 1HJ**	**Richard Smith** **50 William Street** **East Wemyss** **KY1 4PG** **DOB: 04/09/1973** **CHI: 0409730173**
Admitted: 11.02.12 **Discharged:** 13.02.12 **MHA Status on Discharge:** Informal	**Medication on Discharge:** Nil
DIAGNOSIS: • Emotionally Unstable Personality and Pseudo Hallucinations • No major mental illness	**Medication subject to treatment plan under MHA: N/A**
Consultant: Dr Vijay Arulnathan **Locus of Care: Ravenscraig Ward, Whyteman's Brae Hospital**	

Responsible Consultant following discharge:

Follow up arrangements:

1. Awaiting follow-up with Forensic Psychiatry
2. Ongoing social work input

Diagnostic summary: Admitted following presentation to A&E feeling suicidal. Struggling to adjust to life since release from prison a few months ago. No evidence of major mood disorder. Good social supports. Remains a chronic risk to himself but no acute increase in this risk. Discharged home, awaiting follow-up with Forensic Psychiatry.

Signed .....
Dr Natalie Harper
GPST2 to Dr Vijay Arulnathan

Consultant Comments:

Signed .....
Dr Vijay Arulnathan
Consultant Psychiatrist

/cont'd....

Dear Dr Sneddon

History of presenting complaint:
Richard was admitted following assessment in Accident and Emergency. He claimed to have been feeling suicidal and had phoned an ambulance. He said he had been feeling low since his release from prison a few months beforehand. He was having difficulty re-establishing a relationship with his 12 year old daughter and he was feeling stressed regarding all his appointments which he had with the job centre, social work and police liaison. He had seen his G.P. two weeks beforehand and was started on Citalopram but only took it for two days. He said he felt increasingly worthless and stressed and "felt an episode coming on", by this he meant "voices, were getting louder". He claims to have chronic voices although he is not sure if these are his own thoughts or of an external nature. However these voices are usually mumbling however they were becoming louder. He said the voices made him feel worthless but could not elaborate on what the voices said or if there was more than one. He said they felt like he would go home and take the first thing he could "a razor, a rope" and suggested he wanted to go alongside his brother who had hanged himself. However he went on to say he couldn't do this to his parents as it would be a "double tragedy". He felt that he wanted to be in hospital as he felt it was safe but did not want to take any medication. He spoke about his family a lot especially his daughter who he currently has restricted access to due to his forensic history. He described their relationship as not good and difficult to re-establish. He describes himself as her "protector". He does get on well with his mother who looks after his daughter but does not have a good relationship with his remaining brother. He felt that he "did not fit in anymore". Mr Smith described his mood as "up and down" and said he wasn't one for showing his feelings. He does enjoy listening to music and playing the guitar and drums. He said listening to Pink Floyd was one of his strategies when he felt depressed or violent. He described his sleep pattern as "on and off". His dietary intake can be erratic and Mr Smith claimed to not be eating anything for two days but said he was "addicted to coffee".

Past psychiatric history:
Harmful substance misuse including Heroin and Benzodiazepine use. Previously on depot medication in 1999 for a possible drug induced psychosis. Overdose 2003. Recently referred to Forensic Psychiatry.

Past medical history:
Hepatitis C

Drug and Alcohol history:
Claims to have been drug free for three years however does admit to taking street Valium the day prior to admission. Alcohol history - Admits to drinking two pints of Cider every other day. Harmful use of multiple substances including cannabis, amphetamines, ecstasy, benzodiazepines and Heroin.

Personal history:
Mr Smith was born in Kirkcaldy and brought up in Methil and then Buckhaven. He attended local primary school and secondary school, he was excluded seven times. He did not obtain any qualifications. He did learn to play the guitar and drums. He was expelled from school, aged 15, as he bought alcohol for himself. He then undertook six months voluntary work with the elderly at a dinner club and enjoyed this. He had a relationship for around seven years with whom he had a daughter. He describes this lady as a junkie and no longer has contact with her. She no longer has contact with his daughter.

Social history:
Lives alone. He is back close to his parents and daughter. He is unemployed.

/cont'd....

Forensic history:
Extensive forensic history, recently released from prison where he had been for 5½ years due to unlawful intercourse with an under aged girl.

Mental state on admission:

Appearance and behaviour	Appropriately dressed, reasonable rapport with good eye contact.
Speech	Normal
Mood	Subjectively low, objectively reactive.
Thoughts	No evidence of thought disorder or delusions.
Perceptions	No evidence of responding to any abnormal perceptions during interview.
Insight	Feels he has a mental illness but unsure what could help and not willing to take full responsibility for himself.
Cognition	Intact.

Progress on ward:
Mr Smith was admitted informally for observation and assessment. He was seen by Dr Arulnathan on 13th February 2012. He was reluctant to divulge information at points and did appear guarded, hostile at times. Following discussion with his social worker he was discharged home with follow-up plans as outlined above. At the time of discharge he was not voicing any definite suicidal plans.

Yours sincerely

Dr Natalie Harper
GPST2 to Dr Vijay Arulnathan
Consultant Psychiatrist

Copy: Forensic Community Mental Health Team, Lynebank Hospital
File – Ravenscraig Ward

Kirkcaldy & Levenmouth CHP
Mental Health Service

ROWAN HOUSE
WHYTEMAN'S BRAE HOSPITAL
WILLOW DRIVE
KIRKCALDY
KY1 2LF
TELEPHONE: 01592 643355
FAX: 01592 643790

NHS
Fife

Date dictated: 17th February 2012
Date typed: 17th February 2012
Our Ref: VA/LML/SF5016671M
CHI: 0409730173

Enquiries to: Laura Law Ext: 22030
E-mail: lauralaw@nhs.net

Ms Lesley Tweedie
Forensic Community Mental Health Team
Ward 12
Lynebank Hospital
Halbeath Road
DUNFERMLINE

Dear Ms Tweedie

Re: Richard Smith, 50 William Street, East Wemyss, KY1 4PG – CHI: 0409730173

I am forwarding this referral as previously agreed through our discussion.

Yours sincerely

Dr Vijay Arulnathan
Consultant Psychiatrist

Enc.

POSITIVE ABOUT DISABLED PEOPLE

Kirkcaldy & Levenmouth CHP
Mental Health Service

ROWAN HOUSE
WHYTEMAN'S BRAE HOSPITAL
WILLOW DRIVE
KIRKCALDY
KY1 2LF
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NHS Fife

Date dictated: 17th February 2012
Date typed: 17th February 2012
Our Ref: VA/LML/SF5016671M
CHI: 0409730173

Enquiries to: Laura Law Ext: 22030
E-mail: lauralaw@nhs.net

Dr A Sneddon
Muiredge Surgery
Merlin Crescent
BUCKHAVEN
KY8 1HJ

Dear Dr Sneddon.

Re: Richard Smith, 50 William Street, East Wemyss, KY1 4PG – CHI: 0409730173

Thank you for the urgent referral regarding this gentleman dated 15th February 2012 which was received by us on 17th February 2012.

Prior to your referral he was discussed at our Locality Mental Health Team on 9th February 2012. The discussion was further to concerns raised by the social worker to Lesley Tweedie from the Forensic Community Mental Health Team who then forwarded to me to query if we would be able to assess him. Further to our team discussion it was agreed that given his significant offending history the Forensic team would be best placed to assess him. This information was passed on to Lesley Tweedie who was happy to discuss him at her team meeting for allocation. We were hence waiting to receive the referral from you with a view to forwarding it to the Forensic Community Mental Health Team.

In the meantime, Mr Smith was admitted to Ravenscraig ward on 11th February 2012 via the Unscheduled Care Team as he had called the ambulance voicing ideas of jumping off the MacDuff Castle. He was assessed on the ward over the weekend and reviewed by me on 13th February 2012. I did not see any evidence of depressive or psychotic illness. His presentation was consistent with an emotionally unstable personality disorder and the perceptual abnormality was a pseudo hallucination. It would seem that after he was liberated from prison his personal circumstances are difficult in the form of problems re-establishing relationship with his own daughter and some friction with his parents (who are actually quite supportive). He appears to be finding it hard to cope with life outside and expected to be kept in hospital until he felt better. He did mention being started on the Citalopram but he told us that he flushed it down the drain as he did not like them.

Under the circumstances I did not see the need for ongoing admission. He remains an ongoing risk but it is a chronic risk with no evidence of any changes that would increase the risk acutely. He was discharged on 13th February 2012. Mr Smith was not happy about being discharged and left rather reluctantly. /cont'd.....

POSITIVE ABOUT DISABLED PEOPLE

I do think that he would benefit from talking therapies which are specifically targeted for individuals like him who find life after prison rather difficult and have mental health issues in relation to that rather than a mental illness.

I have since discussed his case with Lesley Tweedie and his own community social worker Cat Deeley who are aware of the developments.

As agreed previously with forensic services I would forward your referral to their team to explore appropriate resources for support.

Thank you.

Yours sincerely

Dr Vijay Arulnathan
Consultant Psychiatrist

Copy: Lesley Tweedie, FCMHT

Hospital use only	Clinic	Day Date	Time	Hospital No.

Unique Care Pathway Number: 101003193214T

Transport required?
No

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GENERAL-PSYCHIATRY-MENTAL-ILLNESS

REFERRAL TO

General Psychiatry (Mental Illness) G1
Fife General Referral

— **Consultant / receiving practitioner** and/or **specialty clinic**

Whytemans Brae Hospital
Whytemans Brae
Kirkcaldy
KY1 2ND

— **Hospital** and **hospital address**

Hospital Location Code: F711H

Email address: -

Urgency of referral **Urgent** 016671

PATIENT DETAILS

Surname	Smith
Forename(s)	Richard
Title	Mr
Sex	Male
Date of birth	04-Sep-1973
CHI no.	0409730173

Patient's address

50 William Street
East Wemyss
Fife
KY1 4PG

Contact number(s): -

REFERRING PRACTITIONER DETAILS

Name	Dr. Alisdair Sneddon		
GMC code	2722391	GP code	92533
Practice name	MUIREDGE SURGERY (20108)		
Practice code	20108		

Practice address

MERLIN CRESCENT
BUCKHAVEN
FIFE

Contact number(s)

Voice: 01592 713299

Date submitted by practice: 15-Feb-2012
Reason for referral
Care type requested: Out Patient
Expected outcome: Advise

Administrative Information
Patient can accept a short notice appointment:yes
Interpreter Required:no

Stylesheet version: 13.0.1.1 7-Oct 2010 Comments to: fife-uhb.fifeecci@nhs.net

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Depression Hallucinations with some Suicidal Intent

Comment: Dear Doctor: I would be grateful for your help with this man who has been released from prison after serving 6 years. He was not our patient when he went into prison and he has only been with us since the beginning of 2012. We have no discharge information or previous information from the psychiatric services with whom he was previously involved when he lived in Leven and he tells me he had a diagnosis of mixed personality disorder with drug misuse.

I saw him the other day accompanied by a Social Worker and his mother. He has been hearing some voices in the background telling him to kill himself but he would not do this he tells me because it would upset his mother too much particularly as his brother committed suicide also. He was like this when he went to jail and was on suicide watch in the prison on a number of occasions but had stopped all Heroin and Benzo's while he was in the jail. He does not seem to have been given any other medication. He did some courses in jail and was hoping to walk into a job when he was released but this has not been the case and this has disappointed him. His sleep is poor and he feels low and hopeless all the time. He goes to his mothers for his meals and his choice of management would be an admission to Whytemans Brae until he was feeling better. I must say I did not feel this would be terribly helpful for him as he had just been released from an institution and he did not seem to offer any psychotic symptoms and not really much in the way of significant depressive ones either. I did however start him on Citalopram 20mg daily which I have dispensed weekly and will be keeping an eye on him over the next couple of weeks. I would be grateful for your further input on an urgent basis and I have Mr Smith's mobile Number which is 07864686064

Past Medical History

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Simvastatin Tablets 40 mg	0212000Y0AAADAD	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	23-Jan-2012	-

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Citalopram Hydrobromide Tablets 20 mg	0403030D0AAAAAA	28 TABLET	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY	-	08-Feb-2012	42 Days
Trimovate Cream	1304000H0BCABCA	30 GRAM	APPLY THREE TIMES A DAY	-	23-Jan-2012	42 Days

Lifestyle risks

Exercise status: Not Known

Law Laura (NHS FIFE)

From: Arulnathan Vijay (NHS FIFE)
Sent: 09 February 2012 17:37
To: Law Laura (NHS FIFE)
Cc: Taylor Margaret (NHS FIFE)
Subject: Richard Smith

I have discussed with Leslie Tweedie regarding this patient. FCMT are happy to assess him. If a referral arrives to either the CPNS or myself could you pls register it and forward it to the FCMHT. We may have to drop a note to the GP of course.

Vijay

Dr Vijay Edmund Arulnathan

Consultant Psychiatrist (Levenmouth)

Whyteman's Brae Hospital

Kirkcaldy

Phone: 01592 643355 ext 22030

From: Arulnathan Vijay (NHS FIFE)
Sent: 09 February 2012 17:13
To: Tweedie Lesley (NHS FIFE)
Subject: RE: MAPPA case

Dear Lesley,

Thank you for your mail. We discussed this gentleman at our LMHT meeting today (9.02.12) and we are of the view that the FCMT would be better placed to assess this gentleman. I hope this is ok. Please let me know if you need to clarify.

Regards

Vijay

Dr Vijay Edmund Arulnathan

Consultant Psychiatrist (Levenmouth)

10/02/2012

SF5016671M.
Req. notes 9/2/12.
(old notes, no hist on OASIS)

Law Laura (NHS FIFE)

From: Arulnathan Vijay (NHS FIFE)
Sent: 08 February 2012 17:37
To: Law Laura (NHS FIFE)
Subject: Fwd: MAPPA case

For discussion at lmht Tomorrow. Pls takea print out.
Vijay

Dr. Vijay E Arulnathan
Whytemans Brae Hospital
Kirkcaldy.

Begin forwarded message:

From: "Tweedie Lesley (NHS FIFE)" <lesley.tweedie@nhs.net>
Date: 8 February 2012 17:27:45 GMT
To: "Arulnathan Vijay (NHS FIFE)" <vijay.arulnathan@nhs.net>
Cc: Catherine Deeney <Catherine.Deeney@fife.gsx.gov.uk>
Subject: FW: MAPPA case

<!--[if mso 9]--> <!--[endif]-->

Dr Arulnathan,

Re: Richard Smith 04.09.73

GP: Dr Sneddon, Muiredge Surgery

Please see email below from Cat Deeney, Criminal Justice Social Worker, could you assist in this matter, I believe this would be your catchment area? Mr Smith has only been seen by GP today so you will not have received the referral as yet. Can you advise on an approximate time frame when he may be initially assessed or alternatively if you feel it would be appropriate for the Forensic team to assess?

Lesley

Mrs Lesley Tweedie

Forensic Service Development Lead

Lynebank Hospital

Dunfermline

KY11 4UW

Tel: 01383 565212

Dr emailed RACHEL - FCMHT. would be safe invited for assessment. - Dr to work to CP.

09/02/2012

Mobile: 07766720140

From: Catherine Deeney [mailto:Catherine.Deeney@fife.gsx.gov.uk]
Sent: 08 February 2012 16:50
To: Tweedie Lesley (NHS FIFE)
Subject: MAPPA case

Hi Lesley

Richard Campbell Smith (04/09/1973)
Index offence: Con. Criminal Law (Consolidation) (Scotland) Act 1995 Section 6 (indecent behaviour towards a girl between 12-16 years) & Section 5 (3) (unlawful intercourse).
Previous offences: Crimes of dishonesty, road traffic, assault, vandalism.

I am seeking advice in terms of the above client. Up until recently he has reported his mental health has been stable for a period of two years and has previously been prescribed anti-depressant or antipsychotic medication (chlorpromazine and citalopram). Access to his parole dossier parole psychiatric report states he has a diagnosis on an emotionally unstable personality disorder and experienced auditory hallucinations. Ricky states that he experiences a daily mumbling in his right ear which he has learned to deal with. He had detailed should his mental health deteriorate he reports the warning signs are him becoming withdrawn, wanting to self harm, and the voices becoming clearer and more disturbing.

Last week he was feeling depressed and his mood was low and we agreed for him to contact his GP. Today he contacted the service to seek support as he had self harmed (using a knife causing superficial cuts on his forearm) and feeling suicidal. He attended his GP this morning who prescribed him 20mg of citalopram daily and he is going to refer him to a psychiatrist. Nick Houghton, Criminal Justice Assistant also made a referral via the contact centre to the Adults Team.

Can you advise me how long it will take for Ricky to be picked up by psychiatry or if you can suggest how to get him access to a CPN?

I have met with Ricky today and he has advised that the voices have been getting louder and telling him to put a knife through his neck, everyone is against him, he is worthless and does not have a life. He feels that he is at the moment he is pre episode and I am concerned his mental health will continue to deteriorate.

Thanks
Cat

Copy of Dfad + SVD.

Catherine Deeney
Social Worker
Throughcare
Criminal Justice Services
96-98 Wellesley Road

Buckhaven
Leven
KY8 1HT

08451 55 55 55 EXT 493759
Mobile: 07515289146
Email: catherine.deeney@fife.gsx.gov.uk

"Think Green" and only print this email if absolutely necessary

****

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Fife Council

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Fife Primary Care NHS Trust
Mental Health Directorate
Dr Stella Clark, Director

Rowan House
Whyteman's Brae Hospital
Kirkcaldy
Fife KY1 2LF

Telephone 01592 643355
Fax 01592 643790

NHS
Fife

Enquiries to Jean McIntosh
Extension 2030

This file note concerns a telephone conversation between Dr Judith M Burgess, Consultant Psychiatrist, and Dr Campbell Jackson - Forensic Psychologist on 8/2/04 at 12.30 regarding Richard Campbell-Smith

Given some information from ~~report~~ history.

Actually engaged by parent's solicitor (Chatterpaul) so not appropriate to release info by way of fax.

Suggested he ask for a copy of my report from the solicitors / or arrange a time to view records at WBH.

Reminded to bring ID.

JMB

Fife Primary Care NHS Trust
Mental Health Directorate
Dr Stella Clark, Director

Rowan House
Whyteman's Brae Hospital
Kirkcaldy
Fife KY1 2LF

Telephone 01592 643355
Fax 01592 643790

NHS
Fife

Enquiries to Jean McIntosh
Extension 2030

This file note concerns a telephone conversation between Dr Judith M Burgess, Consultant Psychiatrist, and Annie DEWAR on 5/9/06 at 3.30p regarding Richard SMITH

Seen in High Rise Cells
Says he is on was on a depot medication
Taken out of hand because he was
found trying up to make a noose through
to be a protection risk

JMB

Fife Primary Care NHS Trust

NHS
Fife

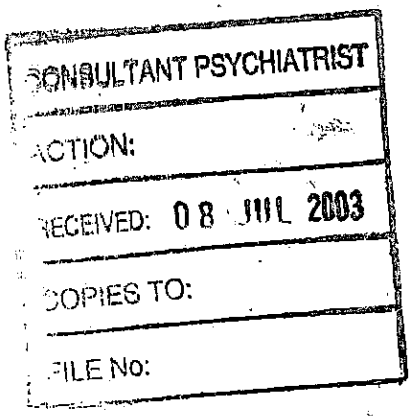
MENTAL HEALTH DIRECTORATE
Dr. Stella Clark, Director.

CPN Office,
Ward 9,
Cameron Hospital,
Cameronbridge,
WINDYGATES
KY8 5RR
Enquiries to: Senior Charge Nurse

Telephone: 01592 712472
Extension : 2281
Fax: 01592 716442

F5016671

July 4, 2003



Dr. A. Jones, ,
SHO to Consultant Psychiatrist,
Rowan House,
28-32 Willow Drive,
Whyteman's Brae,
Kirkcaldy.
KY1 2LF

Dear Dr. Jones,

Re:- RICHARD SMITH, C/O 14 CARLYLE CRESCENT, BUCKHAVEN.
DOB: 04/09/1973 CHI NO: 0173 UNIT NO: 043627

Thank you your letter of 26th June, 2003 regarding the above named. I would concur with you that an onward referral to the Community Drugs Team is appropriate for Mr. Smith. I have met Mr. Smith recently whilst on my rounds and he indicated to me that his Heroin misuse was becoming 'out of control' and that he needed some assistance with this. To that end there is little I could offer him as our service does not see anyone with a primary diagnosis of drug misuse.

I am sure that the Community Drugs Team will have a full range of treatment options for him.

Yours sincerely,

Gordon Campbell

SCN Gordon Campbell,
Community Psychiatric Nursing Service.

c.c. Dr. Stevens, The Health Centre, Kennoway.
Community Drugs Team. (For information)

POSITIVE ABOUT DISABLED PEOPLE

Awarded for excellence to Nutrition and Dietetic Department

MS460

Mental Health Services

ROWAN HOUSE
WHYTEMAN'S BRAE HOSPITAL
WILLOW DRIVE
KIRKCALDY KY1 2LF

TELEPHONE 01592 643355 (Ext. 2067)
FAX 01592 643790

Date: 20th June, 2003
Our Ref: AJ/EH/043627
Your Ref:
Email: ElaineHay@fife-pct.scot.nhs.uk

Community Drugs Team
Cameron Hospital
Windygates

Dear Colleagues

Richard Smith, d.o.b. 4.9.1973 (CHI 0173)
C/o 14 Carlyle Crescent, Buckhaven

I would be grateful if you could see the above patient whom I was asked to assess as an emergency by his GP.

Mr. Smith gives a 15 year history of drug abuse, he is currently taking a half gram of heroin a day (spending approximately £35 per day on this), intravenously. He is aware he is Hep. C positive as a result of a needlestick injury although generally tries to use clean injecting equipment. He currently feels motivated to stop his heroin and also to tackle his Benzodiazepine use, 10/5mgs Nitrazepam tablets a day.

We would be grateful for any help that you could give him in assisting this process.

If I can be of any further help in this matter please do not hesitate to contact me.

Yours sincerely,

Dr. Angela Jones
SHO to Dr. Stewart

Mental Health Services

ROWAN HOUSE
WHYTEMAN'S BRAE HOSPITAL
WILLOW DRIVE
KIRKCALDY KY1 2LF

TELEPHONE 01592 643355 (Ext. 2067)
FAX 01592 643790

Date: 20th June, 2003
Our Ref: AJ/EH/043627
Your Ref:
Email: ElaineHay@fife-pct.scot.nhs.uk

Dr. Stevens
Health Centre
Jordan Lane
Kennoway
KY8 5LA

Dear Dr. Stevens

Richard Smith, d.o.b. 4.9.1973 (CHI 0173)
C/o 14 Carlyle Crescent, Buckhaven

Thank you for your kind referral of this patient whom I saw on the 11th of June.

Presenting Complaint
Mr. Smith said, "It's my whole life". Mr. Smith went on to describe depressive and suicidal feelings which he said had been ongoing for years and he felt like it was all due to his heroin addiction.

Mr. Smith tells me he is currently using a half gram of heroin a day which costs him approximately £35. He said that his family tends to funds this as he is currently not working and does not have any regular income. He injects heroin but is aware of the need to use clean needles and generally has access to them. He is Hep. C positive as a result of a needlestick injury and tells me that this is not currently monitored. Mr. Smith also admits to the use of Benzodiazepines, taking 10/ 5mgs Nitrazepam per day. He admits to the occasional use of Cannabis but denies any other illicit drug use. He said he does not consume alcohol.

In terms of his suicidal ideation, Mr. Smith described a feeling that he may be better off if he was dead but has no definite plans and is motivated not to act upon these thoughts by his 4 year old daughter. He said that he took an overdose in May this year of 50 Tylex tablets, although I note that his Paracetamol levels were reported as normal and he took his own discharge from hospital prior to assessment. Mr. Smith said he sleeps well and describes his mood as positive as he is very keen to stop all his drugs. He said his appetite is poor, although this is because he can't afford to eat rather than from a lack of hunger. He denies any perceptual disturbances.

Mr. Smith's debts are currently approximately £600. He says he is not particularly worried by this as his brother's tend to look after him. He denies any outstanding charges, although has been in prison in the past when he incredibly managed to remain off heroin for six weeks after his release. He is supported by a social worker in the Criminal Justice Team at Buckhaven.

Past Psychiatric History
Mr. Smith has previously been in contact with Fife Psychiatric Services. He has been supported by S/N Gordon Campbell, CPN when it was thought that his main issues were drug use. I believe he stopped his depot medication in October 1999 for what was presumed to be a drug induced psychosis. He is not in any current contact.

Past Medical History
Unremarkable.

Family History
Mr. Smith is the eldest in a sibship of three, both his brothers are fit and well. His father is a 54 year old man who is currently retired but has worked as a music co-ordinator and helped at Contact Point. His mother is aged 53 and is a housewife. She has recently been diagnosed as suffering from depression and is currently taking Dothiepin.

Personal History
Mr. Smith described a difficult time at school resulting in contact with the psychology service and residential schooling. He said he began taking drugs at the age of 14. He says he has never held down regular employment. He has had one significant previous relationship. His girlfriend was an IV drug abuser whom he still has occasional contact. He has one daughter, Nicole, who is 4 years old as a result of this relationship. She lives with her paternal grandparents and he has regular contact with her. He is currently living a somewhat peripatetic lifestyle, staying the occasional night with friends. He uses his parent's house as a base and is allowed to wash and eat there. He describes a supportive family.

Mental State Examination
Mr. Smith presented as a thin, young looking man of medium height with short dark hair wearing a blue shirt, beige chinos and black shoes. He was well kempt and initially co-operative at interview with good eye contact. His speech was of normal rate and volume. He described his mood as positive and determined to give up drugs and objectively he appeared euthymic with no biological markers of a depressive illness elicited. There was no evidence of any formal thought disorder and no perceptual disturbances. He described fleeting thoughts of self harm but with no definite plans. He said that thoughts of his 4 year old daughter being left without him would be sufficient to prevent him acting on these thoughts. He was orientated in time, place and person and his insight was such that he felt if he stopped drugs his life would be okay.

I explained to Mr. Smith that he would benefit most from contact with the Community Drugs Team and possibly re-engaging with Mr. Campbell, CPN. At this point he became angry that he was not to be admitted instantly for inpatient detox and Methadone stabilisation programme that he requested. He then stormed out of the interview but was happy for me to continue talking with his father (Mr. Smith, Senior).

Mr. Smith, Senior confirmed most of the history as given to me by his son. It would appear however that his son does allegedly steal from his family and that his parents are finding it increasingly difficult to cope with. They are very keen that he receives help from the Community Drugs Team and said that they would be happy to facilitate his attendance at any

/...

appointments. Mr. Smith, Senior was in agreement with myself that Mr. Smith is an adult and is responsible for his own actions. I believe his wife is very concerned about her son and it is thought that this has played a contributing factor in her current depressive illness.

I have thus referred Mr. Smith to the Community Drugs Team and have copied this letter to Gordon Campbell, CPN in the hope that he may either be able to re-engage with Mr. Smith or make some useful suggestions as to which support is available to him.

If I can be of any further help with this patient please do not hesitate to contact me.

Yours sincerely,

Dr. Angela Jones
SHO to Dr. Stewart

Copy to Gordon Campbell, CPN
C.D.T.

Dr H M Stevens
M.B., Ch.B., M.R.C.G.P.

Dr Fiona Woolard
B.Sc., M.B., Ch.B., M.R.C.G.P

Dr Sharon Mullan
M.B., Ch.B. DFFP

The Health Centre
Jordan Lane
KENNOWAY
Fife KY8 5JZ

Tel: (01333) 350241

Fax: (01333) 352 884

Kennoway Medical Group

Richard Smith
c/o 14 Carlyle Cres.
Buckhaven
dob 4/9/73

11/6/03

Dear Dr,

Many thanks for seeing this young man who says he feels suicidal, and depressed. However, he has felt ~~the~~ like this for many months. He did take an overdose on 6/5/03 of 50 Tylex, 50 ibuprofen & 10 Heroin but his PCM levels at cas. were only 0·07 which is normal. He then absconded from Cas. He has a long H/O heroin use and was discharged by his CPN in 2001. because of it. He now says that it is his heroin use which is making him depressed, He has DNA'ed numerous CPT appointments.

O/E Tall, thin man
Apathetic
Speech dull & monotonous
No motivation that I can detect to change lifestyle

Imp Cerebral damage due to heroin?, & super-imposed on an asthenic personality.

Yours sincerely Howard Stevens

Fife Primary Care NHS Trust
Mental Health Directorate
Dr Stella Clark, Director

Stratheden Hospital
Cupar
Fife KY15 5RR
Telephone 01334 652611
Fax 01334 653950

NHS Fife

PRIVATE & CONFIDENTIAL
Mr R Smith
6B Bell Close
The Cross
CUPAR
KY15 4BP

Date: 25 June 2002
Your Ref:
Our Ref: SC/KS/S043627

Enquiries to: Ms K Shiels
Extension: 353
Email: karenshiels@fife-pct.scot.nhs.uk

Dear Mr Smith

At the request of Kirkcaldy Sheriff Court, an appointment has been arranged for you to see Dr Stephen Carey, Consultant Psychiatrist at Medical Offices, Stratheden Hospital on:

Thursday 27 June 2002 at 9.30am

If this is not suitable, please telephone me and another appointment can be arranged.

Yours sincerely

Ms Karen Shiels
Secretary

POSITIVE ABOUT DISABLED PEOPLE

CHARTER MARK
Awarded for excellence to Nutrition and Dietetic Department

CHARTER MARK
Awarded for exellence to Fife Community Dental Service

Chairman: Dr James Gallacher
Chief Executive: George J Brechin

Mental Health Services

ROWAN HOUSE
WHYTEMAN'S BRAE HOSPITAL
WILLOW DRIVE
KIRKCALDY KY1 2LF

TELEPHONE: 01592 643355
FAX: 01592 643790
5 June 2002
Date:
Our Ref: JM/JCM/043627
Your Ref:
Email: JeanMcIntosh@fife-pct.scot.nhs.uk

Sheriff Clerk Depute
Sheriff Clerk's Office
Whytescauseway
KIRKCALDY
KY1 1XQ

Dear Sir

Richard Campbell Smith, DOB 4.12.1973

Further to your request for a report on Mr Smith, he was offered an appointment to see me on Thursday, 30 May at Whyteman's Brae Hospital. He contacted my secretary to say that he had just received the appointment on the morning of the 30th and would be unable to come to Kirkcaldy. He requested that as he is now living in Cupar, he be seen at the psychiatric outpatient clinic in Cupar. I have known Mr Smith in the past, and at the time I received your request, I did not note that he had moved from the Levenmouth area to Cupar. It would be possible for him to be seen in Cupar by the Psychiatrist who covers that catchment area i.e. Dr Stephen Carey who is based at Stratheden Hospital.

Under the circumstances, I am obviously unable to provide you with a report for 6 June.

Yours sincerely

Dr J Murphy, M.B.,Ch.B.,MRC Psych
Consultant Psychiatrist

Rowan House
Whyteman's Brae
28/32 Willow Drive
Kirkcaldy KYI 2LF
Tel. 01592 643355
Fax. 01592 643790

Mr Richard Smith
6B Bell Close
The Cross
Cupar
Fife

Date: 28th May 2002
Your Ref:
Our Ref: JM/FP/043627

Enquiries To:
Extension: 2030

Dear Mr Smith

A request from the Procurator Fiscal's Office has been received, requesting a report for your appearance in court on 06/06/02.

An appointment has been arranged for you to see Dr Murphy, Consultant Psychiatrist, at Whyteman's Brae Hospital, Kirkcaldy on **Thursday 30th May 2002 at 4.30pm** at Outpatients Department.

It is important that you attend your appointment so that the report is available for the court. Would you please confirm that you will be able to attend by telephoning **01592 643355 Ext 2030.**

Thanking you.

Yours sincerely

Secretary

Fife Primary Care
NHS TRUST

Your Ref:
Our Ref: CPNS/MT
Enquiries to: SCN Gordon Campbell

CPN Office,
Ward 9,
Cameron Hospital,
Cameronbridge,
WINDYGATES
KY8 5RR

Telephone: 01592 712472
Extension : 2281
Fax: 01592 712442

January 15, 2001

Dr. J. Murphy,
Consultant Psychiatrist,
Rowan House,
28-32 Willow Drive,
Kirkcaldy. KY1 2LF

Dear Dr. Murphy,

Re:- RICHARD SMITH, C/O 93 VICTORIA ROAD, BUCKHAVEN
DOB: 04/09/1973 UNIT NO: 043627 CHI NO: 1621

Just a short note to inform you that I have discharged Mr. Smith from my caselist. I last saw him in early December, 2000, where the main focus of his difficulty was his continued and escalating use of Heroin. I encouraged him to maintain his contact with the Community Drug Team, but unfortunately his contact with them has been very erratic. I took the liberty of discussing this situation with one of workers today, 9th January, 2001, and she tells me he has now been placed on Community Treatment Order, from the court and they will rearrange contact with him.

Mr. Smith has not exhibited any psychotic symptoms now for about 2 years and has not in fact has had depot medication since October, 1999. Mr. Smith is aware that my contact will be ending, and he is fully aware that his difficulties are with substance misuse.

Yours sincerely,

Gordon Campbell

Agreed

SCN Gordon Campbell,
Community Psychiatric Nursing Service
c.c. Dr. Bumbra, The Cannons, Methil.

POSITIVE ABOUT DISABLED PEOPLE

CHARTER MARK
Awarded for excellence

Fife Primary Care NHS Trust
Mental Health Directorate
Dr Stella Clark, Director

Stratheden Hospital
Cupar
Fife KY15 5RR
Telephone 01334 652611
Fax 01334 653950

NHS Fife

PRIVATE & CONFIDENTIAL
Kirkcaldy Sheriff Clerk's Office
Whytecauseway
KIRKCALDY
KY1 1XQ

Date: 27 June 2002
Your Ref: KC02501582
Our Ref: SC/KS/S043627

Enquiries to: Ms K Shiels
Extension: 353
Email: karenshiels@fife-pct.scot.nhs.uk

Confidential Psychiatric Court Report on
Richard Campbell Smith (D O B - 04.09.73)
C/o 6B Bell Close, The Cross, Cupar.

This report was requested by Sheriff Clerk's Office, Whytecauseway, Kirkcaldy.

I examined the accused on Thursday 27 June 2002 at Stratheden Hospital, Cupar and had available to me medical records relating to his previous attendance with Fife Psychiatric Services and a Social Enquiry Report completed in relation to the present charges by Gill Mitchell, Social Worker. The accused indicated to me that he intends to plead guilty to charges of driving without a valid licence or insurance on 15 March 2002.

Mr Smith is 29 years of age and currently living by himself in temporary accommodation in Cupar. His estranged partner and young child still live in the Central Fife area.

Mr Smith grew up in the Levenmouth area and behavioural difficulties were described in his early years. He was attended by school psychologists over the years Mr Smith seems to have been addicted to a range of drugs including heroin, benzodiazepines and alcohol and has been troubled over the years with intermittent voices at times urging him to do things. Mr Smith has in the past been receiving an anti-psychotic depot medication and regular visits from the Community Psychiatric Nurse but is currently not receiving these and is in fact essentially free of such voices. He currently receives, from his GP, regular doses of the heroin substitute Methadone as well as regular Nitrazepam sleeping tablets. I note that over the years from around 1990, the accused has had a significant number of convictions for theft and breach of the peace together with motoring offences, and also assault on a number of occasions.

The accused describes that on 15 March 2002, he bought a car at his brother's house for his girlfriend and on the spur of the moment decided to drive it home himself. There is no evidence that at the time of the offence he was suffering from any psychotic experiences or other symptoms related to psychiatric illness.

POSITIVE ABOUT DISABLED PEOPLE

CHARTER MARK
Awarded for excellence
to Nutrition and Dietetic Department

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Awarded for exellence
to Fife Community Dental Service

Chairman: Dr James Gallacher
Chief Executive: George J Brechin

Richard Campbell Smith
27 June 2002

On examination, Mr Smith gave the best account he could of his difficulties, at times he does feel somewhat low and frustrated but there is no pattern indicative of a specific mood disorder. He is currently not experiencing any voices or describing any delusional ideas. He is functioning within the normal range of intelligence and has quite good insight into the nature of his difficulties.

Opinion

1. The accused is sane and fit to plead.
2. The accused is not suffering from a mental disorder or a nature or degree requiring his treatment in hospital under part 5 of the Mental Health Scotland Act 1984.
3. The accused has over the years suffered from a significant substance abuse problem. It is my opinion that, on balance his previous auditory hallucinations represented a drug induced psychotic illness rather than a core schizophrenic illness, given that he is not on any depot medication and free of symptoms.
4. The accused does now seem well motivated further to address his drug abuse problems, particularly as he has a young daughter. I would respectfully recommend to the court that if a non-custodial sentence were considered, he would usefully be referred back to the Community Psychiatric Nursing Services for support and monitoring. I would be hopeful that in conjunction with his GP, he may feel able with time to reduce the maintenance dose of Methadone, which he is taking.

   He might also usefully refer himself to the Drug and Alcohol Services, Ward 11, Cameron Hospital, Windygates, Fife for additional support.

This report is given on soul and conscience. I am not related to the accused nor have a pecuniary interest in the patient's admission to hospital. I am recognised under Section 20 of Mental Health (Scotland) Act 1984.

Yours sincerely

Dr Stephen James Carey MB BCH MRCGP MRCPsych
CONSULTANT PSYCHIARIST

NAME RICHARD SMITH	Continuation Sheet No.	Unit No.

.6.03 Ref by GP (DR Stevens) re. ? depression

c/o 'It's my life'

Describes depression
suicidal feelings } 'ongoing years'

"Feel like I need a break"

Attended social services today for help
eg with stopping drug taking

-using ~½g heroin a day (£35 - family funding this)
IVDA (using clean needles).
Hep C tve (not being maintained).

Benzodiazepines 10 x 5mg Nitrazepam.

Alcohol - nil.

Cannabis Y. occ.

Housing - living with friends.
wants a house with daughter.

Feeling suicidal, no definate plans, motivated by daughter

TBOR OD in may 50 Tylex PCM levels (N)

Sleep - OK. Mood tve, keen to stop drugs

Appetite - poor - can't afford to eat

Denies ~~hallucinations~~ perceptual disturbances.

Debts - ~£600. No intimination.

Forensic - nil currently.

In prision - "did cad nurhey". last 6/52 in comm

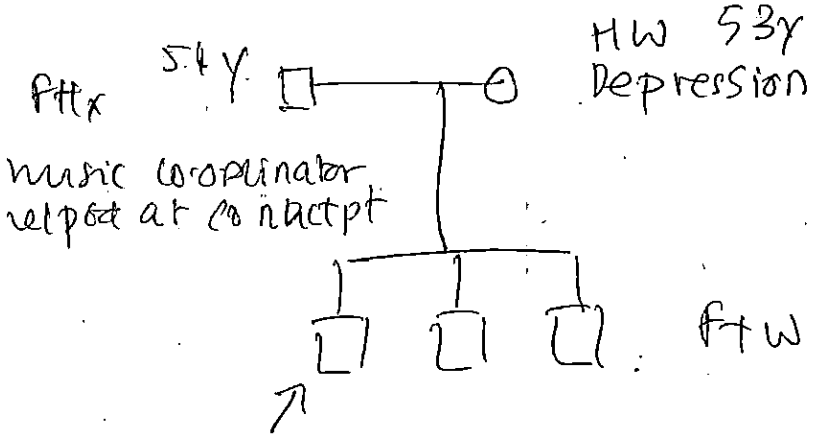
SW. Fiona
Criminal Justice
Buckhaven

SH. NAD.

Daughter - Nicole 4y lives with gparents

Not currently in relationship.

Friends all IVDA.



PMH. Depot Rx ? drug induced psychosis

GP. see notes.

Difficult time at school.

In contact with psychology services.

Residential schooling

Drug taking at 14yr.

Previous GF - IVDA. occ. contact. (daughter (see above).

now NFA. stays with friends intermittently

washes at parents.

supportive family

MSE. medium. height, thin, young-looking man with short dark hair wearing blue shirt, beige almost black shoes. well kempt.

Co-operative at interview with good eye contact

speech (N) rate + vol

mood /S- "I'm, want to give up drugs.

\O- euthymic. No biological markers of depression elicited

^FTD No perceptual disturbances

Surname	Unit No.
First Names	Date seen or Admitted
Maiden Surname	Seen at
Address RICHARD SMITH 4.9.73	Seen by
	Consultant in Charge
	Family Dr.
	Referred by

D. of B. Sex M. F. M.S.W.D. Religion Occupation

Fleeting thoughts of self harm no definate plans. Motivated by 4y daughter.
Dismissed
insight - if I can stop drugs my life will be ok.

Interviewed with father (Mr Smith Snr).

Explained need to CDT to stop heroin
Need to titrate methadone
Needs housing (ie homeless accomod^{n}).
Pt wants to be in hospital - explained why this not possible ∴ pt terminated interview

from father
Hx as above
does steal from family
is motivated by daughter.
would facilitate attendence at appts.
Enquired to father pt is adult & is responsible for own actions.
Family have been v. supported.

(8) .1 NGoats CDT referral

2. liaise with Robert Campell CPN

3. father advised pt. responsible for own actions

Regards

Surname	SMITH	V290550K	Unit No.
First Names	RICHARD		Date seen or Admitted 17/6/12.
Maiden Surname	192 Den Walk	04/09/1973	Seen at Def CDS.
Address	Buckhaven LEVEN KY8 1DH	0409730173	Seen by SMACDONALD
			Consultant in Charge
			Family Dr. Heap Laverite
			Referred by

10 05
11 02
14 45
D.B./Chi

D. of B. (34) Sex M. F. M.S.W.D. Religion Occupation

Diazepam (20) Cocodamol (14) 1830 15/6/12
Tabs at home alcohol. Sister in law mother.

Reason for Referral

Dr Heap Laverite
Forensic team.

Presenting Complaint:

Time down.
Jail 5 1/2 Nov 2012 sex offences.
"Keep head down". SW voluntary.
3 houses 2 days carried.
dang it up ... folk came for drink.
Suicide brothers 3 years ago. "found in handcuffs"
people not listening
normal. brother
OHS brother last weekend. Method - [illegible] tablets flushed
"just flat" - got caught down toilet
"back in hospital - jail ... stat.
feel under"
built up ... brothers / mum told family
locked door ... opened to mum
change in character. drunk in house,
get angry & smash.
mum

Past Psychiatric/Medical History:

Ravenscraig - ward. 2-3 days -
Dr Ardmathon -
Comm. forensic cant remember.
missing appointments
missing social worker Cant decide

Stephen McDonald CN.

MS819

Current Medication &
Include POM's Over the Co[illegible] nedies etc.

Stopped [illegible]
Cocodamol 30/500 2 every 6 hours
get them himself not on Rx.

Personal History / Family Psychiatric History:

Lives [illegible] 2 hours to daughter
house 1 bedroom
Mum - emphysema. good relationship.
Dad
Brothers (2yr younger) great.
not spoke to them
in relationship. no. nothing re. college or work.
no friends.
work history cleaner

Social Circumstances:
Including S.W. input, housing employment, finances, hobbies, friends and support networks

Council flat 1 bedroom
decorating now demotivated
ESA £1.35 further benefits.
6 month live. debts none

Drug /Alcohol & Forensic History:

alcohol occ. weekend. 1 bottle cactus jack
nothing
drug use cannabis couple joints
get for nothing - £15 per week
drug free for 3 year

denies any drug use other than cannabis
and only 1 bottle cider at weekend
(current)

NAME Richard Smith	Continuation Sheet No.	Unit No. 04097[illegible]

Mental State Examination:

Appearance & Behaviour Dressed appropriately. Groomed unkempt. good eye contact. angry at times.

Speech normal rate / rhythm. flat tone.

Mood "kill someone" self. angry. Objectively flat

Thoughts "better off not here" 2 weeks. no other disturbing thoughts

Perceptions "voices" these last 2 months nobody I recognise in ear "couldn't tell you". tell me to do things to other people

Cognition orientated

Sleep 5-6 hours broken sleep

Appetite "crap" forces food not eating lost → 12 stone.

Insight "being in the world". wanting admission for rest. jail or to die

Current Risk of further self-harm/suicide

Suicidal thoughts. go to kill self.
" scared". "give me break".

disagree
can't remember / alcohol.
ongoing suicidal ideation / overdose on
mum's dad a brother. heroin (unpret),

Potential for positive risk taking

(1) daughter (Nicole (13)) foster carer
(2) nothing else positive no access to. daughter in. B&B care, angry towards soc. worker towards

Summary: (Clinical Impression)

- Imp. suicidal thoughts
- struggling to adjust to life after prison
- denying drug or alcohol use.
- feeling hopeless etc.

Needing admission

Treatment Plan: buy heroin & overdose.

(including D/C with other parties / agencies)

Eg. dr to review to deal with
angry suicidal thoughts

STEPHEN.

Name of Assessor: MADDOCKS **Signature:** Stephen Fullwell CN

Unscheduled Care Assessment Team

(Block Capitals)

Surname	Smith		Unit No.
First Names	Richard		Date seen or Admitted 17/10/12
Maiden Surname	SMITH	V290550K	Seen at A+E
Address	192 RICHARD 192 Den Walk Buckhaven LEVEN KY8 1DH	04/09/1973 0409730173	Seen by CCooper / G Wallace Consultant in Charge Family Dr. Sheldon Bay Muirfield Surgery Referred by A+E
D.B./Chi	4/91		

D. of B.	Sex M. F.	M.S.W.D.	Religion	Occupation

Reason for Referral

Sub presented to police as wanted to murder people that have been threatening him + his family. Advised to attend A+E.

Presenting Complaint:

People that stay in his street threatening him
Recently out of jail - Nov 2011
Recently commenced prozac 2 wks ago - GP
Cant return to house - been staying with both in lower Methil
Felt he lost it - wanted to murder the people that were threatening him - went to police for help + submitted weapons - police then suggested he went to A+E.
Voices in head - mumbling constantly 24/7 - when becomes loud, aware he needs to get help
Distressed due to threats on his wife + c/c
Feels jail not a deterrent
Phoned social worker / police liason officer

Past Psychiatric/Medical History:

Overloaded with appts - forensic team
Had CPN input
Previous admission to Ravenscraig ward for 2 or 3 days then referred to community forensic team. Discharged upon discharge in Feb 2012, - Emotionally unstable personality + pseudo hallucinations.

Current Medication & Allergies:

Include POM's Over the Counter medications Herbal Remedies etc.

Fluoxetine 20mg - GP supplied

Commenced 2 wks ago

Personal History / Family Psychiatric History:

Previous personal + family history well documented.

Recently broke up a fight involving his sister-in-law + or a member of a well known family from his area. However he has been charged with assault + Breach of Peace as a result of this + is awaiting the court case in Nov. As a result of this he is being targeted by the other family members + feels under threat.

Social Circumstances:

Including S.W. input, housing employment, finances, hobbies, friends and support networks

Own tenancy - 1 bedroom flat

Claims ESA

None.

Drug /Alcohol & Forensic History:

5½ yr in prison - worked with a listener (Samaritan)

Currently on bail - recently charged with assault B.O.P.

Court case Nov

Denies any current alcohol or drug problems

NAME	Continuation Sheet No.	Unit No.

Mental State Examination:

Appearance & Behaviour Casually dressed but well kept. Maintained good eye contact throughout although indicated that he thought the assessment was a waste of time.

Speech Normal rate rhythm + tone.

Mood (S) States his mood can fluctuate, currently feels responsible for protecting his family members. Wants to kill the people that are threatening him. - States 'jail is no deterant for me!' 'it's easy time no stress.
(O) - His mood was routine throughout assessment

Thoughts Thoughts of harming others in a bid to protect his family although stated he has made police aware of his intentions. No evidence of any formal thought disorder.

Perceptions No evidence of perceptual disturbance although states he hears a voice in his ear 24/7. Unable to elaborate on whether this was inside or outside of his head + became irritable when questioned re this.

Cognition Oriented to time, place, person

Sleep Not discussed

Appetite Not discussed

Insight Feels he needs either a lengthy admission to a psychiatric ward or time in prison as it's just too stressful on the outside.

Current Risk of further self-harm/suicide

NO suicidal plans / intent but has a complete disregard for his own safety should he choose to use violent methods towards the people that are threatening him.

Potential for positive risk taking

Richard feels it is his responsibility to protect his family members.
would like to have a good relationship with his daughter who is currently in care.

Summary: (Clinical Impression)

This 39 yr old man presented to A+E after seeking help from the police due to homicidal thoughts. He did not appear to be suffering from any form of mental illness + did not describe any suicidal plans / intent. He was seeking hospital admission to relieve the stress of every day life as he feels the only other alternative to this would be prison. He is no longer under the Forensic Team + stated that he did not wish to be reviewed by a consultant psychiatrist as it would be a waste of time. He did however indicate that he had a good relationship with CPN Gordon Campbell whom he seen in the past + would be happy to see him again if possible.

Treatment Plan: (including D/C with other parties / agencies)

- Discharge home - C.P follow up to monitor efficacy of recently prescribed anti-depressant
- Police informed by UCAT of his homicidal thoughts + latest outcome of assessment. Check if CPN is input is still available.
- [illegible]

Name of Assessor: C Cooper / G Wallace
(Block Capitals)

Signature: C Cooper

Unscheduled Care Assessment Team

Surname	Unit No.
First Names	Date seen or Admitted
Maiden Surname	Seen at
Addr SMITH RICHARD 6B BELL CLOSE THE CROSS CUPAR KY15 4BP	Seen by
S043627M 04.09.1973	Consultant in Charge
	Family Dr.
	Referred by

D. of B.	Sex M. F.	M.S.W.D.	Religion	Occupation

MS819

SMITH
RICHARD
192 Den Walk
Buckhaven
LEVEN
KY8 1DH

SF5016671M

04/09/1973
0409730173

D.B./Chi

(1) of (2)

Unit No.
Date seen or Admitted 19.7.13
Seen at RAVENSCRAIG, WGH
Seen by C. CHRISTIE, S. PORTSMOUTH
Consultant in Charge (ARUNATHAN)
Family Dr. GUY, MURREDGE
Referred by POLICE

D. of B. | Sex M. F. | M.S.W.D. | Religion | Occupation

History of Current Complaint

POLICE — PLACE OF SAFETY.

Mother phoned Police to ask for "help" for Ricky.
Ricky then arranged to meet them out on a street.

Mental State Assessment/Summary

(*) Police left ward without speaking to NCAT.

"Accumulation" of events today.
"Death threats" from people he doesn't know, saying they'll kill him or his family. No reason. witnessed by passers by.
Implied that the threats were because he has a reputation, having been in Prison etc. before.
Didn't talk to these people, just walked on by. Went to Mum's
"Doesn't feel safe" at his flat. Police met him out on street.
"Can't cope with everything". Life is "torture".
Had thoughts of self harm + suicide for 2-3 weeks, doesn't acted on them. No DSH in years.
Thinking of going to Kilrenny to hang himself, like his brother. Doesn't have a rope/noose or any way to set these. No money on him. Denies protective factors.
In past has not killed self as this would be a "double whammy" for his parents.

Mood - said he couldn't say how this was but agreed "up and down / high and low" at times and can be angry.
Energy - "non existent". Every day goes to chemist, then returns home.
Activities - enjoys watching films - action, comedy
"sometimes" enjoys seeing 14 yo daughter.
Conc" - "sometimes" can watch a whole film.

Name of Assessor:

Signature:

Unscheduled Care Assessment Team

MS819

Sleep 4-5 hrs / night, broken, chronic

Risk see over. Vague on current plan and poorly described how he would go about it.

Past Ψ Hx

Personality Traits ? disorder (EUPD). well documented in notes seeing CPN C. Spratt.

Current Sit Hx

alone in flat. Sees elderly neighbour daily. Inquired she looked in on him + enjoyed company. No real friends. Has Bethany support. awaits bail pass.

Drug / Alc / Forensic

Currently on bail for assault - he pushed a woman hard after she started fighting with his sister-in-law. "worth it". On Suboxone - happy with decrease 16 → 12 mg from next Mon using street Valium "60mg" / day. "I can detox myself."

MSE

A&B wearing long shorts, T-shirt, trainers + hoody, appears clean. Smartly short-cut hair ? dyed on top (dark). Came with large suitcase (said Police told him to bring this). Good EC with us both. Appropriate + relaxed body language and gestures. Cooperated well. family member phoned during i/v - Ricky was same presentation on phone. Said to relative "phone me tomorrow morning."

S normal M "high + low", reactive - euthymic.

T no disorder. Volunteered (repeatedly) his Prison hx and said he was "institutionalised". Said he'd like to be back in Prison. Aware of consequences of harming self + others.

P described "mumbling in his ear" - not new. Nil responding

C appears normal

I unwell for years. Not sure what help he needs. life is torture. "Prozac" didn't help (stopped 6/12 ago)

At the end of the i/v Ricky appeared to become more irritable and after I said admission would not be offered he threatened that he would jump off

SMITH
RICHARD
192 Den Walk
Buckhaven
LEVEN
KY8 1DH

SF5016671M

04/09/1973
0409730173

(2) of (2)

Unit No.
Date seen or Admitted
Seen at
Seen by
Consultant in Charge
Family Dr.
Referred by

D. of B.	Sex M. F.	M.S.W.D.	Religion	Occupation

7.7.13 cont....

Unwilling to stay and discuss possible management plan. 5 mins after leaving the ward Ricky buzzed for entry to the ward, reporting to S/N M. Grubb that he had no way of getting home as had no money and no money on his phone. Ricky phoned police who sent a van and Ricky was taken away - presumably home.

Impression — suicidal ideation in context of ongoing recent social stressors ("death threats")
- no objective evidence of affective disorder
- content of speech at odds with MSE.
- chronic risk remains
  - social isolation
  - drug misuse
  - personality traits

Plan — allowed home
- has CPN & Addictions Service F/U as well as family support.

Christie
7/7/13

MS819

(1)

Fife Primary Care NHS Trust – Mental Health Directorate

Care Notes - Continuation Sheet [CN1B]

Page No.....

Patients/Client Name: RICHARD SMITH CHI: 0409750173 Unit/CHI Number:

Date: Time:	*Record of Important Information not held in Evaluation/Review/Variation etc*	Signature
21/2/12 8:45pm	GPST1 QUEENS → Patient admitted to Ravenscraig ward, Whytemans Brae.	
	Seen in A + E	
	History = Was in prison for 5 ½ years, released a few months ago,	
	Since released has felt stressed, has not seen teenage daughter (12) for 5 ½ years, brother in financial trouble.	
	Has been self-harming to cause pain + distract himself	
	Once cut himself deeper he says + he says this was a suicide attempt.	
	When first out of prison says his mood was ok, but now feels it is low,	
	Says he hears voices in his right ear, these are getting louder, today they told him to jump off McDuff castle.	
	Doesn't think he has any unusual thoughts / delusions.	
	Says he is usually sociable + like a laugh.	
	Went to his GP recently + was given citalopram, but he says this did not work.	
	Alcohol → drinks 2 pints of cider every other day.	
	Took 2 street valium yesterday, but says he does not normally do this.	
	Says he has been drug free for 3 years	

(21)

Fife Primary Care NHS Trust – Mental Health Directorate

Care Notes - Continuation Sheet [CN1B]

Page No.....

Patients/Client Name

Unit/CHI Number:

Date: Time:	*Record of Important Information not held in Evaluation/Review/Variation etc*	Signature
11/2/12 8:45p	Continued...	
	Past psychiatric history	
	Tells me he has been an inpatient at Whytemans Brae 3 times + that he used to be on a depot injection (depixol) + that he used to have a CPN.	
	PMH = Hepatitis C which he says is now dormant	
	Hayfever	
	Medication = Is no longer taking any medications (was on citalopram + simvastatin),	
	Social = lives alone His brother committed suicide (hung himself) has another brother, 2 parents a daughter (12), they live locally,	
	Not working → was on job-seekers allowance, GP gave him a sick-line	
	Not in a relationship	
	Personal history = Not aware of any birth complications or major illness a child, left school at 15, Says he was seen by a psychologist at nursery,	

(3)

Fife Primary Care NHS Trust – Mental Health Directorate

Care Notes - Continuation Sheet [CN1B]

Page No.....

Patients/Client Name: RICHARD SMITH Unit/CHI Number: CHI: 040 9730173

Date: Time:	*Record of Important Information not held in Evaluation/Review/Variation etc*	Signature
11/12/12 8:45p	Continued.	
	Premorbid personality → Says he is normally sociable + likes a laugh.	
	Mental State Examination	
	Appearance → appropriately dressed.	
	Behaviour → Very keen for admission	
	Rapport → Reasonable rapport established, good eye contact.	
	Speech → Normal speed / volume / speech makes sense	
	Obsession + compulsions → None evident.	
	Mood → patient says mood is low, down / to appear to have a a particular flat affect.	
	Perception → As per NPC, says he sometimes hears voices in his ears, nothing evident during the interview	
	Thinking → No evidence of thought disorder or delusions.	
	Cognition → appears intact.	
	Insight → appears very clear about what he says is happening to him	
	Risk assessment → patient does / to appear particularly low in mood, but claims he will jump off McDuff Castle if discharged. Very keen for admission to "get things sorted";	

4.

Fife Primary Care NHS Trust – Mental Health Directorate

Care Notes - Continuation Sheet [CN1B]

Page No.....

Patients/Client Name

Unit/CHI Number:

Date: Time:	*Record of Important Information not held in Evaluation/Review/Variation etc*	Signature
	Physical Examination.	
	Pulse ≈ 80 BPM, regular, HS I + II +0 Chest clear abdo SNT, BS present, No ankle oedema, Self-harm marks left wrist, Moving all 4 limbs	
	Bloods → Don't think bloods are indicated	
	Plan Voluntary admission. Don't think he drinks enough alcohol to need pabrinex / chlordiazepoxide Obs.	EUENI/ GEST/
	CJSW: Cat Deary. 493 7[illegible]	

NAME RICHARD SMITH	Continuation Sheet No.	Unit No.

13/2/12
11 00

Reviewed by Dr Anuuamsn / Dr Harper

Admitted 11/2/12 over weekend
Case notes reviewed, forensic history
was referred ~~referred~~ referred to Forensic Secn.
SW-Cat
"who have you spoken to?"
Asked what led to his ad
"starting to feel an episode coming on,
getting stressed" "family problems"
"a bit too much"
CP started citalopram 2/52 ago
- no effect - took it for 2 days.
felt like cutting his throat.
Tried to speaking to his ~~bro~~ sister in law
He called ambulance at her house for help.
- did of his own accord
- "I knew an episode
"voices were getting louder" - chronic
voices - getting louder - Usually mumbling.
- thoughts of jumping off castle
On methadone programme
- drug free for 3 years
'voices' - "make me feel worthless because
of my last crime - feel I can't
go near other people"
- unsure if voice inside or outside head
- thinks maybe inside.
(DX B.P.D)
Episode of hearing things coming through
the radio "a long time ago"
Hears one voice in head - not sure who,
admits could be his own thoughts - unsure
"I can't give you answers". Can't ignore
voices.
Unsure if they tell him to do anything

"I was fine until I got out of jail 4 months ago. I think stress has bro
named stressors – job centre, appointments – SW, police liaison
– r'ship ↑ daughter – re-establishing
– family

Daughter – aged 12. Stays ↑ his parents
↳ Mother ~~a~~ is "a junkie" ↳ no legalities for p cents ~~restricted~~
Has a brother – his other brother hanged himself
2 yrs ago. ↳ works at Beagle partner + son (aged 5)
Restricted ~~to~~ ↑ access to daughter due to
offence – runs out 13th March
– plans to leave her with parents
– be her 'protector'
– relationship "not good" – difficult to
"re-establish"
– describes himself as overprotective
– limited access when in prison (Aberdeen)

Get on well with his mother.
Brother is unsympathetic towards his past ↑ drugs
"think I've been taking on too much of my
family's problems, neglecting my own problems,
leading to stress. That's what my mum thinks"
↑sued about other concerns re his mental
health
– "I want to go ~~be~~ beside my brother who
hanged himself"
– wouldn't do it to his parents – "double
tragedy"
– "this is a safe place"

parents worried about him.
Unsure how much control he has over his
own safety

NAME RICHARD SMITH	Continuation Sheet No.	Unit No.

31/2/12 contd

voices can tell him to do something
eg if people laughing - voices tell him they're laughing at him "I end up attacking them."

"I feel like you're treating me like the doctor and I'm the patient, all these questions"

"I know I need help. I need a break."

"It annoys me that I have to repeat what's already in my files."

"I'm here of my own accord - I know I need help"

"I feel like I don't fit in anymore."

Wears elastic bands round wrists
- "I'm a self harmer" - demonstrates

"I don't want any medication."

"I feel I would end my life if not here."

"I would take the first thing I could if I went home - a razor, a rope"

life outside has changed for the worse.

His social worker advised him to stay in hospital. Wanted to go home + "end it" that morning.

Asked what kind of help he + SW is expecting

"You'll need to ask her"

Admits he is in control of his choices + actions.

"What you choose + what you feel is different"

Mood "I put a mask on it"
"I'm usually funny, a laugh"
"I give people a cuddle if they need one"
"I deal w my own problems in the toilet—
I would cry."
" I'm not one for showing feelings."

~~Not sure if~~

Thinks if he had "a rest" he might be able to "sort his head out" and "get into a routine"

Asked what's inside his head.
"I'm not a psychiatrist."

Mood changeable "up + down like a yo yo"
Asked what he enjoys
" bass guitar", "drums"
Enjoys 'Pink Floyd - "one of my strategies if I feel depressed or violent"

Sleep - "not slept since I've been here"
- "on + off" recently

Usually gets up, smokes, coffee, spends time c/ phones family, keeps appointments. "I do everything right." Routine kept going but recently feels in too much, can't cope.

Not eaten "anything" for 2 days.
"I'm addicted to coffee"
Asked - what he feels he needs
"safe environment, space, for as long as it takes" - "that's what my family + SW think"
Father works at contact point - ~~attends~~

13(2)(L contd

will be on offenders registers for ? 15 years

Police liaison officer - "Jane"

Good rapport ? cat CSW)

- trusts her opinion, says she thinks he needs to be male. before making any decision

- "I think you should speak to her"

Discussed learning methods of coping + dealing ? stress and how admission can be counter-productive.

"I don't want to go home today"

MSE

A+B casually dressed. Eye contact good.
~~Agitated~~ at times. Eyes staring at times.
Hostile Reluctant to divulge all information, guarded at times.

S normal, spontaneous.

M subj "depressed" Obj - euthymic.

T No evidence of thought dis

P "voices" discussed - own thoughts.

~~Intr~~ Risk - threatening to kill himself at home, wanted to go home this morning, now wants to stay.

C intact.

I insight - ~~impaired~~ thinks he has an mental illness but unsure what wants to stay in hospital

Summary

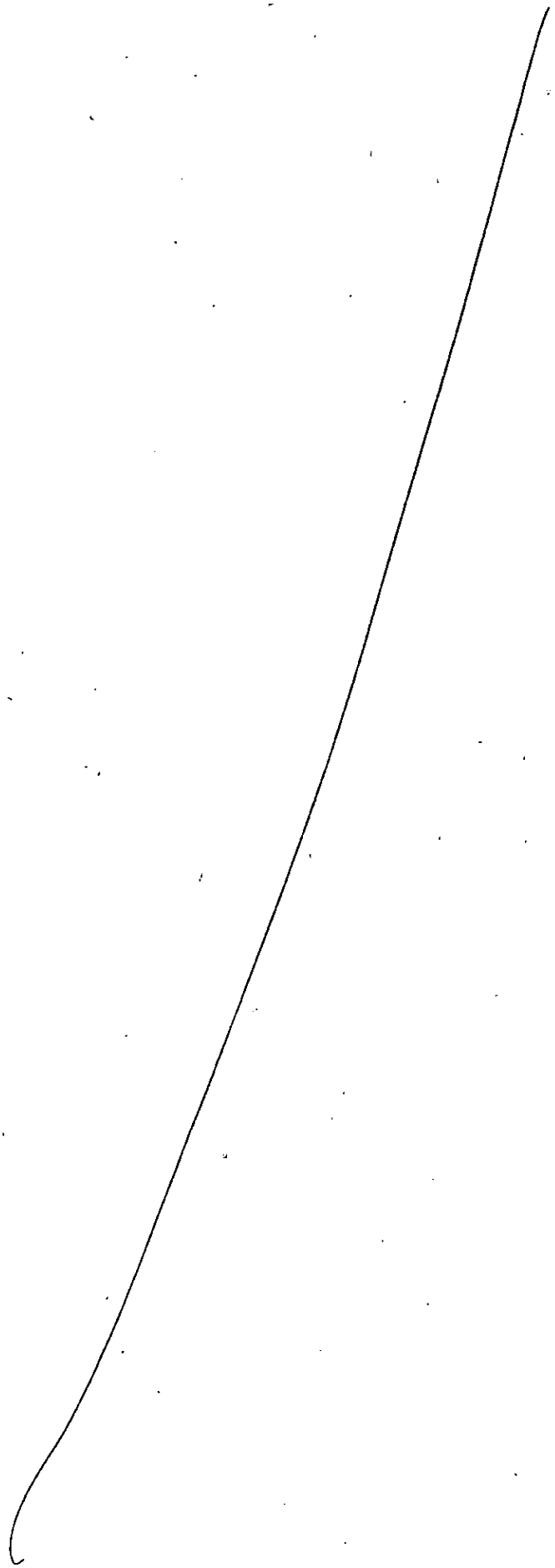
38 year old gentleman recently released from prison following 5yr sentence - struggling to readjust. Threatening to harm himself

No ? evidence major underlying mental illness

(P) - Observation to DIW SW
- Aim home later; refer to forensic ? team for follow up support.

[signature]
MARK CASH

MS878



SMITH, RICHARD
83 Victoria Road
Buckhaven
LEVEN
Fife KY8 1BG

CHI: 0409730173
D.O.B. 04/09/1973 00:00

13/02/12.

Mrs D. Duke Co + Dr Harper.

Informal Admission as he was detaining to jump off McDyf Castle if Dr. had refused ↑ in vaca.

Dump review, he was well kept, composed calm & collected. He was reluctant to go thro' history or clarification of symptoms. He appeared tricky. He merely wanted me to look thro' his notes.

Problem: After having spent 5½ years in prison (for what he describes as Drunken misbehaviour) he finds life stressful over last 4 months.

~~4~~ 2 4 months.

Vague about whole of these. - Difficulties re-establishing relationship with daughter. and some problem ? family.

No acute distress or change in circumstances.

Vague about 'hearing voice' - one voice if @ ear - unsure about 'is subjective' space.

Says - 'It could be my thoughts'. Although describes it to be external - says 'its drugs talking'.

Reports has a self-harmer and knowing how to cope.

- No obvious depressive symptoms.
- Denied recent drug relocation. Has stopped his Citalopram (flushed down toilet).
- No recent ~~drug~~ drug use. Clear for 3yrs.
- Significant Offending Hx.
  - Sexual offending
  - Cases of Robbery
  - Assault
  - Non-domestic.
- Has good social support: Family.
- Has expressed desire to be employed.

Exam: - No evidence of mood disorder.
Erotomanic/erotic preoccupation +
Pseudologia Fantastica +
No major mental illness.

- Problems coping with life outside world since life from Prison.
- Remains a chronic risk to Sh.
  No acute ↑ in risk.
- Requires Mood / Stress management
- No identified need for ongoing admission.

Plan: (1) Discharge if possible.
(2) Due to be picked up by FeMT
(3) S/N Matron to inform Leslie Tweedie re Dc.
(4) No follow up organised

SFS 016671

Mental Health Directorate

ADMISSION INFORMATION SHEET [A1-1]

Initial admission to Ward/Department: RAVENSCRAIG	**Community Service/Hospital:** WHYTEMANS BRAE	**Date** 11/3/13 **Time** 22:00
Consultant: Dr Arulnathan	**Named Nurse/Case Manager** TEAM 1	**Unit No/CHI No** SFS016671M 0409730173 **Care Programme Approach No**

Personal Information

FULL NAME: Mr / Mrs / Ms / Miss / Master RICHARD SMITH	**Where appropriate, likes to be known as:** SMITHY **Date of Birth** 04/09/73 **Gender** M	**Previous or Maiden Name(s)** / **Place of Birth** KIRKCALDY
Home Address 50 William Street, East Wemyss **Post Code** KY1 4PG	**Current Address** **Post Code**	**Marital Status** SINGLE **Telephone No(s)** 07864686064
Present/Past Occupation Unemployed	**Religion and/or Chaplaincy requirement** NONE	**Ethnic Origin** SCOTTISH **Sensory Impairment problem (s)** NONE
Allergies Hayfever, Cheap metal	**Is English first language?** Yes ☑ No ☐ **Preferred Language**	**Is an Interpreter required?** Yes ☐ No ☑ **Name (relationship to client, if any)**
MHA Status INFORM **Review Date** **Patient Informed of Status By:** **Date:**	**Clinical Risk** Yes ☑ No ☐ **If yes; Specify Main Risk** * HEPATITIS C * ~~Fees~~ **Refer to Care Plan No** _____	**Does the Adults with Incapacity Act Apply;** Yes ☐ No ☑ **Is there an Identified Relapse Signature?** Yes ☐ No ☑ **If Yes; Refer to Care Plan No** _____

Main Carer/Partner/Relatives/Named Person Information etc

(1) Full Name DYLAN SMITH	**Home Address** 6 ROSIE COURT, EAST WEMYSS **Post Code**	**Telephone No.** **Relationship** BROTHER
(2) Full Name RICHARD SMITH	**Home address** 14 CARLYSLE CRESCENT, BUCKHAVEN **Post Code**	**Telephone No** **Relationship** FATHER
Does service user agree with the sharing of information with Carer / Nearest Relative /Partner Yes ☑ No ☐	**Identify person to be contacted if patient is sick, dying or in any emergency.** Mum	**Where appropriate - Order of Contact**

Mental Health Directorate

ADMISSION INFORMATION SHEET [A1-1]

Patients Name ..... RICHARD SMITH ..... Unit/CHI No 040973 0173

Diagnosis

Relevant Medical Condition:	**Medication Concordance:**

Community Service Involvement

	Name/Address	**Tel No's**
LMHT/Community Team		
General Practitioner	DR SNEDDON - MIRFIELD	713299
Social Worker	CAT DANEY, BUCKHAVEN SOCIAL WORK OFFICE	01592 58837
Community Psychiatric Nurse	PREVIOUS INPUT FROM GORDON CAMPBELL	
District Nurse		
Care Programme Approach Co-ordinator		
Home Care Manager		
Chaplain		
Dependants	NICOLE SMITH, 14, CARLYLE COURT	
Other involvement POLICE LIASON.	JANE-	

Patient Financial Information etc

	Where appropriate - Name/Address	**Tel No's**
Welfare Power of Attorney:		
Power of Attorney/Guardian/Curator:		
Pension Book etc held by:		
House Keys held by:	SELF	
Insurance Number:	NZ 73 97 17 D.	
Advanced Statement held at/with		

Nursing Observations

Temperature	Pulse	Blood Pressure
36.2	86	138/88

Signature of Person Completing this Form: CN Date: 11/2/12

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Basic Needs Assessment

Persons Name..... Richard Smith ..... CHI/Unit No... 0409730173 SF501667M .....

Shelter: *Current housing status, housing support etc.*	Scattyflat housing benefit
Nutrition: Dietary requirements, existing dietary habits	Loi appetite due to ~~not eating~~ feeling low in mood. Reports occasional binge eatings.
Physical Health: Vital Observations BMI, routine urinalysis & admission bloods, Attitude towards physical wellbeing	P 86 bloods yet to be done bp 138/88 t 36-2
Entitlements: Advocacy/ legal/financial/housing advice, benefits etc	housing benefit Job seekers Allowance / ESA
Personal Care: Personal hygiene, grooming, clothing	Independent.
Religion & Belief: Religious/belief based needs - Chaplain etc	None.
Other:	DAUGHTER NICOLE - 12 WITH RICHARD MUM + DAD.

Substance Misuse Screening

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Persons Name..... CHI/Unit No.....

Alcohol	Y	N
Illicit Drugs	Y	N
Solvents & Other Substances	Y	N

Personal account of recent Alcohol / Illicit Drug / Solvent use:

Effects on your lifestyle:

Effects on your physical wellbeing:

Completed Symptom Rating Scales & Outcomes/Scores

- .....
- .....
- .....
- .....

A. Client Details

Richard Smith
50 William Street
East Vemyss

Date	12/02/12	
Weight Kg:	70 Kgs	
Height Metres	1.7	
BMI	26	

Weight Bearing: (Yes)/No

(Full)/ Partial, Variable

History of Falls: Yes / (No) (please circle)

Equipment used by client:
Wheelchair Stick
Hoist Other: NONE
Zimmer .....
Rollator .....

Physical Condition

FINE AT PRESENT

Client's Comprehension / Communication

FINE

Handling Constraints:

* Hepatitis C positive *

Behaviour which may affect safe handling:

History of aggression

Action plan discussed with client / carer yes / (no)

Date: 12/2/12 Signature: [signature] Designation: S/N

MALNUTRITION UNIVERSAL SCREENING TOOL – MHS – D-MUST 1

NHS Fife

Patients Name: *(attach sticker)* RICHARD SMITH
CHI Number: 0409750173

Immediate Dietetic Referral:
- Enteral Tube Feed
- Newly diagnosed Diabetes
- Newly diagnosed Coeliac disease

To be completed within 24 hours of admission to **Mental Health Wards**

Date	Weight (Kg)	Height (m)	BMI Weight / Height²	Step 1 BMI score 20-30 = 0, 18.5 -20 = 1, < 18.5 = 2, > 30 – obesity pathway	Step 2 Weight loss score < 5% = 0, 5-10% = 1, >10% = 2	Step 3 Acute Disease Effect Score If patient acutely ill & there has been or likely to be no nutritional intake for > 5 days score = 2	Step 4 Overall MUST Score Add steps 1+2+3	To be signed by staff completing
12/2/12	76kg	1·70	26	0	0	0	0	CH

Step 5 – Implement Nutritional Care Plan

MUST SCORE = 0
Low Risk

- Provide routine clinical care

Repeat
- Weekly acute wards then monthly once stable
- Monthly Rehab wards

MUST SCORE = 0 + BMI > 30
Obesity Pathway

Actions
- Medication & weight gain leaflet
- Takeaways leaflet
- Meal planner
- Healthy snack suggestions
- Healthy living group

Applicable to the under 65 age group only. Discuss with Dietitian if the patient is over 65.

MUST SCORE = 1
Medium Risk

- Encourage high calorie menu options
- Fortify diet at ward level **(See adding extra calories)**
- Offer full fat milk
- Encourage snacks between meals **(See snack list)**
- Offer encouragement & assistance as required at mealtimes
- On discharge provide a copy of Eating Better, Feeling Better

Repeat
- Weekly acute wards then monthly once stable
- Monthly Rehab wards

MUST SCORE = 2+
High Risk

- **Refer to the Dietitian**
- Record food & fluid intake for 3 days
- Encourage high calorie menu options
- Fortify diet at ward level **(See adding extra calories)**
- Offer full fat milk
- Encourage snacks between meals **(See snack list)**
- Offer encouragement & assistance as required at mealtimes

Repeat
- Weekly acute wards then monthly once stable
- Monthly Rehab wards

Commence an individual care plan for medium & high risk patients detailing specific actions taken.

NUTRITION PROFILE

Any known food allergies: Yes ☐ Please specify .....

No ☑

Cultural/ethnic/religious requirements: Yes ☐ Please specify .....

No ☑

Type Diet

Normal	☑
High Energy	☐
Healthy Eating (suitable for Diabetics)	☐
Gluten Free	☐
Vegan	☐
Vegetarian	☐
Other	☐

Texture Modified:

Thin Puree (Texture A)	☐
Thick Puree (Texture B)	☐
Minced Mashed (Texture D)	☐
Soft (Texture E)	☐

Fluids

Normal	☑
Single Cream (Stage 1)	☐
Double Cream (Stage 2)	☐
Custard (Stage 3)	☐

Food & Fluid Preferences

Likes:	
Dislikes:	

Does the individual require assistance to eat and drink?

Yes ☐ Please specify.....

No ☑

Does the individual require equipment to help with eating and drinking?

Yes ☐ Please specify.....

No ☑

Are there any other factors that may affect oral intake? Please specify

Signature ..... Date 12/2/12

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Fife.

Holistic Assessment

Persons Name..... RICHARD SMITH ..... CHI/Unit No.....

How this all began : * NOT COPING SINCE LEAVING PRISON * MULTIPLE SOCIAL STRESSORS FINDING IT DIFFICULT TO COPE WITH 12 YR OLD DAUGHTER * BIOMUM PASSED AWAY 3YRS AGO * HAD DEPRESSION SINCE A CHILD (PSYCHOLOGY INPT.)	Entry to service – problem origin *"What has brought you here...how have you come to be here?"* *"When did you first notice or become aware off...?"*
How I felt in the beginning : * SUICIDAL WANTED TO JUMP OF MACDUFF CASTLE * SELF HARM. * I WAS PUTTING A FRONT ON IVE GOT A DIAGNOSIS OF BORDERLINE PERSONALITY DISORDER	Past emotions - *"How did you feel about that at the time?"*
How this affected me : * FEEL DEPRESSED * NOT COPING * CUTTING MYSELF * TOOK SCISSORS WHEN AT A+E WAS THINKING OF STABBING MYSELF	Past problem function – ATTACK *"How did that affect you in the beginning?"*
How things have changed over time : * GOT WORSE SINCE LEAVING PRISON * NOT COPING WITH VOICES	Historical Development – *"How would you describe things now-what is different now?"*
How this affected my relationships : * RELATIONSHIP WITH DAUGHTER DIFFICULT * WITHDRAWN FROM FAMILY AND FRIENDS DUE TO FEELING LOW	Relationships – *"How has that affected your relationships with people- what do other people say about the problem?"*
How do I feel now : * FEEL SAFE ON THE WARD * THINK I'LL NEED TO BE HERE LONGER THAN I FIRST THOUGHT * BEEN PUTTING A FRONT ON THINGS BUT REALLY ~~I DO~~ NEED HELP	Current emotions – *"What feelings do you have about the problem now... at this very moment?"*

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Persons Name.....RICHARD SMITH.....CHI/Unit No.....

What do I think this means?	Holistic content - "What does all of that mean for you?"
* I'M NOT WELL.	
What does all of this say about me as a person?	**Holistic Content –** "And what does that say about you as a person?"
* I'M DEPRESSED	
What needs to happen now/what do I want or wish would happen next?	**Needs, wants, wishes -** "What would you want to happen now?"
* STAY IN HOSPITAL FOR A REST	
What do I expect the nurse to do for me?	**Expectations** "What do you think we can do for you here in this service?" "What would you expect me to do for you?"
* PROVIDE ME WITH COFFEE. THIS KEEPS ME CALM. I GET ANGRY IF I DON'T GET COFFEE	
* TALKING HELPS AT TIMES	
* HELP ME TO ESTABLISH DIVERSION TECHNIQUES WHEN FINDING IT DIFFICULT TO STOP RUMINATING ABOUT MY PROBLEMS	

Fife Primary Care NHS Trust – Mental Health Directorate

NHS Fife

Current Care Plan/Profile/Pathway Index Sheet - No.....1.....

Patient /Client Name RICHARD SMITH **Unit/CHI No:** _____

Hospital: WHYTEMANS BRAE **Ward/Dept** RAVENSCRAIG

Care Plan Type	No	Date Commenced	Signature	Date End	Signature
Observation	1	11/2/12	CR		
Admission	2	13/2/12	CR		

Fife Primary Care NHS Trust – Mental Health Directorate

Continuation: Page 2

Name: _____ **Unit/CHI No:** _____

Care Plan Type	No	Date Commenced	Signature	Date End	Signature

Fife Primary Care NHS Trust - Mental Health Directorate

Care Plan [0]

Ward /Dept Ravenscraig

Name: Richard Smith		Care Plan Number: 2
C.H.I. Number: 0404730173	Unit Number: SF5016671M	Date Commenced: 13/02/12
Consultant/G.P.: Dr Arulnathan	Prescribed By Named Nurse: Team 1	Date Resolved:

Description of Need:

Richard has been experiencing a deterioration in his mental state, particularly his mood. This has necessitated an admission to hospital.

Objective/Expected Outcome

For Richards mental health/mood to improve to a level where he has optimum functioning, acceptable to Richard and his nursing team.

Actual Outcome

Evaluation/Review No	Date Due	Evaluation/Review No	Date Due
1	20/02/12	6	
2		7	
3		8	
4		9	
5		10	

Fife Primary Care NHS Trust - Mental Health Directorate

Care Plan [0]

Patient/Client Name Richard Smith Unit/CHI No SF5016671M/ 0409770173

ACTION TO BE TAKEN: -

- Establish and maintain a therapeutic relationship with Richard
- offer Richard regular 1:1s with staff so that he can discuss his current feelings
- Administer medication as per Kardex, and monitor for positive/negative effects of same.
- Offer Richard the chance to attend groups in the ward and monitor his participation in same
- Liase with Richards family, and multidisciplinary team as appropriate

Date	Signature
13/02/12	

Discuss plan of care with Patient/Client and if appropriate their Relative/Carer. Where appropriate ask the patient to sign that they agree /disagree with this care plan. If you do not ask for acceptance please record reason in 'Care Notes'

I have had the plan of care explained to me and I do/do not wish this to be initiated:

.....

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Ravenscraig Clinical Meeting

Name.....L. Smith..... ***Unit No***.....0409730173.....

Date..... ***In Attendance***.....

Points For Discussion	**Outcomes**
Summary of mental state/presentation/sleep pattern/diet over the last week or since admission	
Problems of living- *what has come from holistic assessment/ 1-1 sessions*	
Basic Needs Assessment	
Health promotion needs	
Risk assessment & personal safety plan	
Agreed diagnostic perspective & focus of treatment	
Prescribing of group therapies	
Current Key Supports- *people/groups/support agencies etc.*	
Legal status/CPA	
Time out care plan	

Medications & use of as required medications	
Vital observations/Weight/BM etc	
Recent Investigations	
Progress reports from other members of the MDT	
What needs to be done? ***e.g.*** *Referrals to be completed?* *Meetings to be arranged?* *Supports to be established?* *Relapse signatures?* *Telephone support?* *Short term outreach?* ***Ext...***	Signature_____

Kardex Meeting

Date 13/2/12. DR ARULNATHAN TO SEE FOLLOWING CLARIFY. FEEDBACK – FOLLOWING DISCUSSION WITH MEDICAL STAFF, RICHARD FOR DISCHARGE TODAY. FOLLOW UP TO BE PROVIDED BY FORENSIC TEAM. RICHARD AWARE OF DISCHARGE PLAN.

Signature_____

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Fife

Joint Admission Summary

Persons Name Richard Smith CHI/Unit No 0809750173

Joint Admission Summary – Person & Nurse

Richard is a 38 year old who presented at A&E today after suffering from low mood with suicidal ideation. He reported hearing a voice in his ear which was telling him to jump off MacDuff castle. Richard was released from prison a few months ago (See discharge) and says that he has been struggling to cope since coming out. He reports self-harming to distract himself from his thoughts. Superficial cuttings to left forearm evident.

Richard has had a polysubstance misuse problem up to three years ago. He says that he does not now take any illicit substances except yesterday took 2 street valium.

Richard has informed Kirkcaldy police of his admission to hospital. This is a condition of his release.

Richard was prescribed citalopram by GP but stopped because of side effects

Plan: Informal admission
general observations
bloods?
observation of mental state

Signature .....

Date 12/02/12

Patients/Client Name	Unit/CHI Number:
Richard Smith	0409750173.

Date: Time:	*Record of Important Information not held in Evaluation/Review/Variation etc*	Signature
12/2/12	Richard spoken to with regards his behaviour and language this evening during meal time. Resident was verbally aggressive in his tone, due to Nurse spoken to by staff re same. Advised that if his behaviour entered in the same way it could result in a request from staff to vacate the ward. Richard accepted same and later apologised to staff for his behaviour.	
12/2/12. 19.50.	Richy approached myself (S/N Gribb) and asked if it would be ok if he gave a fellow client a hug if they needed it. Discussed with Richy this in detail and also discussed previous convictions and that if anyone was aware of past offences how this could lead to allegations of inappropriate actions on his part. Advised that this could lead to investigation by the Police and potential difficulties for himself. Advised that he should not leave himself open to false allegations or vulnerable for anything felt by others to be inappropriate. Richy stated that he understood, but also stated that its still his choice. Advised that it is his choice, however not to leave himself open to allegations and to ensure that if feels unable to adhere to advice to ensure he is not left in a one-one situation with a fellow patient of the opposite sex.	
12/2/12	Ricky was at his bed space the early part of the evening. When he came into the sitting room stated that he felt quite angry as his family did not come to the ward to see him. Couldn't contact them as he has no charge left in his mobile Phone, and can't remember his family's phone numbers. was late to settle and retire to bed but did gain a good nights sleep overnight.	
13/2/12	Time spent in and around ward. Out for the 8hrs early morning. Otherwise time in company of select clients.	
15.30	Message left with Leslie Tweedie to say Richard had been discharged home to-day.	

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Fife Primary Care NHS Trust – Mental Health Directorate

Care Notes [CN1]

Patients/Client Name: Richard Smith

Unit Number / CHI: 040975 0173

Date of Birth: 04/09/75

Named Nurse/Key Worker: Team 1

Date: Time:	*Multi Disciplinary Record of Important Information not held in Evaluation/Review/Variation Records etc*	Signature
06·10	Richard has been settled since coming into the ward. He has been reactive to humour but states that this is just a front to conceal how he is really feeling. Speech spontaneous and appropriate in content, good eye contact also. No evidence of perceptual disturbances and no evidence of thought disorder. Richard telephoned Kirkcaldy police to inform them of his admission to hospital. He also asked staff how long he will be in hospital for and was heard to be telling his brother on the telephone that he will be home on Monday. Richard has slept since about 01.00.	LH
07.20	Up at 7am, cadging cigarettes from other patients. Telling patients that he is just out of prison and that he is here for a break. Not happy about having to smoke outside.	M Archer
1145	Richard has spent morning between his bedspace and watching TV. Spending time in the company of female patients. Requested and received Paracetmol 1g at 0830 hrs for a headache	Effenday
12/2/12 1245hrs	Richard required guidance to remain out of the affairs of other patients on two occasions when a distressed female patient was being assisted by staff members. Richard stated that he had been a "listener" in Prisons, whose services would be engaged to allow other prisoners to tell their stories when they were uncomfortable talking to staff. Richard appeared disgruntled that staff were asking him to mind his own business, however he did later offer a qualified apology.	
15.30	1-1 WITH RICHARD THIS AFTERNOON FOR PURPOSE OF STARTING TIDAL PATH WORK. INITIALLY RICHARD REFUSED TO COMPLETE TIDAL PAPER WORK STATING THIS IS A WASTE OF TIME AND IT WAS ALL IN HIS PAST PSYCHIATRIC NOTES. HOWEVER THEN PROCEEDED TO ANSWER TIDAL QUESTIONS AND DURING 1-1 RICHARD APPEARED RELAXED MAINTAINING GOOD EYE CONTACT, SPEECH NORMAL WITH GOOD LEVEL OF CONCENTRATION. DID HOWEVER APPEAR TO TRY TO BE INTIMIDATING WHEN DISCUSSING WHAT HE EXPECTED FROM THE NURSES.	

Kirkcaldy and Levenmouth CHP
Mental Health Services

NHS Fife

Observation Care Plan - GENERAL

Patient's Name RICHARD SMITH DOB 04/09/77 CHI/Unit No. 0409770173

Ward RAVENSCRAIG Responsible Consultant DR ARUCHAMAN

Physical Description

Height	5ft 7inches	Hair	short black
Weight	12stone	Build	medium
Eye Colour	blue/green	Dist. Features	superficial cutting to left forearm

GENERAL Observation Level

The patient's general whereabouts should be known at all times, whether in or out of the ward. Particular note should be made at the start and finish of each shift and at key times such as mealtimes and medicine rounds. To be reviewed at intervals determined appropriate by the patient's primary nurse.

Reason for level / Specific risks identified

- Suicidal ideation - plans to jump off castle wall if not in hospital

Specific interactions and limits to be applied

Nil unescorted time out until assessed by team / consultant.

Prescribing Nurse Signature CK Grade S Date 12/2/12

GENERAL observation level raised to: CONSTANT / SPECIAL (delete as required)

This Care Plan has been discussed and agreed (Patient signature) ..... Date .....

Nursing Signature ..... Date .....

Medical Signature ..... Date .....
(Note: A medical signature is not essential when raising the observation level)

Review Notes Overleaf

REVIEW NOTES Page .....

Date	Observations / Decisions	Nurse's Signature

Fife

Mental Health Services / Learning Disabilities

NHS Fife

Working With Risk (1): Current Situation (RA part 1)

Name: Richard Smith Date of Birth: 04/09/73 CHI: 040973 0173

Address: 50 William Street, East Wemyss

Post Code: KY1 4PE Gender Male

Period/Date of Assessment: From 12/12/12 to / /

Complete any details of identified Risk below:	Assessment (Circle relevant answer)
From Others (e.g. abuse, exploitation) VICTIM OF BULLYING AT SCHOOL	No / Unknown / (Yes)
To Self (e.g. suicide, self harm) SUPERFICIAL CUTTING ON LEFT ARM HAS TAKEN OVERDOSES IN THE PAST	No / Unknown / (Yes)
To Others (e.g. aggression, violence) - Stated that he has been involved in many fights. - Stated that he tied a person to a tree then broke their knee caps - person now in wheelchair - Been charged with rape and has served 5½ years in prison; Abduction charge	No / Unknown / (Yes)
Neglect (e.g. health, personal appearance)	(No) / Unknown / Yes
To Child(ren) (e.g. neglect, abuse) Charged and served time in prison for rape and having sexual intercourse with a 15 year old	~~No~~ / Unknown / (Yes)
Physical Impairment (e.g. medical, sensory) * hepatitis C positive *	~~No~~ / Unknown / (Yes)
Wandering & / or Falls	(No) / Unknown / Yes
Memory and Cognitive Impairment (e.g. forgetfulness) Reports having a bad memory.	No / Unknown / (Yes)
Challenges to Services (e.g. inappropriate demands, poor compliance Past problems with compliance with treatment regime.	No / Unknown / (Yes)
Strengths/Positive Attributes (e.g. positive resources, agreed plans) Willing to be involved informally	No / Unknown / (Yes)

Mental Health Services / Learning Disabilities

Name Richard Smith CHI 060 9730173

Summary of Assessment *(General Overview of situation)*

Richard is a 38 year old who has been suffering from low mood with suicidal thoughts prior to admission.

He has had psychiatric input in past, and a polysubstance misuse problem.

Richard has an extensive forensic history, including assault rape and unlawful sexual intercourse with a 15 year old. He also was charged with abduction.

Richard states that he is willing to stay in ward informally.

Client involved Yes ☑ No ☐

Carer Involved Yes ☐ No ☑

Discussed with other agencies: please specify.....

.....

Comments:.....

.....

**If required, please continue on a continuation/evaluation sheet*

Completed By: L R Date: 12/1/11 Time 01:45

Need For More Detailed Risk Assessment & Management:

NO ☐ **YES** ☐ *If yes please go to RA part 2*

PRESCRIPTION SHEET (USE BLOCK LETTERS)

Sheet No.

	START DATE	DISCONTINUED Date	DISCONTINUED Signature	REGULAR MEDICINES	DOSE	METHOD OF ADMINISTRATION	TIME OF ADMINISTRATION 0800	1300	1800	2200	Other Times	PRESCRIBER'S SIGNATURE
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												

	START DATE	DISCONTINUED Date	DISCONTINUED Signature	AS REQUIRED MEDICINES	DOSE	METHOD OF ADMINISTRATION	INDICATION	MAXIMUM FREQUENCY	PRESCRIBER'S SIGNATURE
R	11/2/12			SRP	As per protocol				S. EVANS
S	11/2/12			LORAZEPAM	1mg	ORAL	Severe Agitation / Aggression	Max 4°; Max 4mg in 24 hours	S. EVANS
T									
U									
W									
X									
Y									
Z									

	START DATE	DISCONTINUED Date	DISCONTINUED Signature	DEPOT INJECTIONS	DOSE	FREQUENCY	PRESCRIBER'S SIGNATURE	TICK IF PRESCRIBED ON THE FOLLOWING SHEET	LIST OF MEDICINES TO BE AVOIDED DUE TO PREVIOUS REACTION MEDICINE	REFERRED DATE
1								✓		
2										
3										
4										

ONCE ONLY MEDICINES AND PREMEDICATION

DATE	MEDICINE	DOSE	METHOD OF ADMINISTRATION	TIME	PRESCRIBER'S SIGNATURE	GIVEN BY	GIVEN AT

NAME OF PATIENT	AGE	DATE OF BIRTH	UNIT No.	CONSULTANT	WARD
RICHARD SMITH		01/04/73	CHI: 0404730173	DR ARULNATHAN	FHB(MR) 58

PASS MEDICATION RECORD Sheet No. Ward Patient's Name Unit No.

	STRENGTH													SIGNATURE OF NURSE IN CHARGE
A														
B														
C														
D														
E														
F														**NUMBER OF DOSES SUPPLIED**
G														
H														
I														
J														
K														
L														
M														
N														
O														
P														
		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
R														
S														
T														
U														**TICK AS REQUIRED MEDICATION ON EACH PASS**
W														
X														
Y														
Z														
TIME LEAVING														TIME LEAVING
DATE LEAVING														DATE LEAVING
TIME RETURNING														TIME RETURNING
DATE RETURNING														DATE RETURNING
DATE AND DISPENSED BY														DATE AND DISPENSED BY
CHECKED BY														CHECKED BY
ISSUED BY														ISSUED BY

NB – A NEW RECORDING SHEET MUST BE TAKEN EACH TIME A PRESCRIPTION SHEET IS CHANGED
PRESCRIPTION SHEET No.

KEY
Ⓐ DRUG REFUSED
Ⓐ PATIENT ABSENT

MEDICINE RECORDING SHEET

Date	REGULAR PRESCRIPTIONS																			DEPOT INJECTION		AS REQUIRED						COMMENTS ON DISCREPANCIES
	8.00		Initls	13.00		Initls	18.00		Initls	22.00		Initls	OTHER TIMES Code	Time	Initls	Code	Time	Initls	Code	Time	Initls	Code	Initls	Code	Time	Initls	Code	Time	Initls	
12/12/12																						R(g)	0815	CH					

NB -- A NEW RECORDING SHEET MUST BE TAKEN EACH TIME A PRESCRIPTION SHEET IS CHANGED

PRESCRIPTION Sheet No.

KEY
DRUG REFUSED
PATIENT ABSENT

MEDICINE RECORDING SHEET

Date	REGULAR PRESCRIPTIONS								OTHER TIMES								DEPOT INJECTION		AS REQUIRED						COMMENTS ON DISCREPANCIES
	8.00	Intls	13.00	Intls	18.00	Intls	22.00	Intls	Code	Time	Intls	Code	Time	Intls	Code	Time	Intls	Code	Intls	Code	Time	Intls	Code	Time	Intls	

NAME: ..... UNIT No: ..... WARD: .....

DATE OF ADMISSION: 11 / 12 / 12 DATE OF DISCHARGE: 17 / 2 / 12	**IMMEDIATE DISCHARGE & PRESCRIPTION FORM**	NHS Fife

Hospital Site: WGH *Page ..... of .....*

(Please use BLOCK CAPS when completing this form)

F5016671

R F SMITH, RICHARD 83 Victoria Road A Buckhaven LEVEN Fife KY8 1BG CHI: 0409730173 P D.O.B. 04/09/1973 00:00	TO: GP Forename: GP Surname: GP Address: GP Postcode:
CHI No: Hosp ID No:	Community Pharmacy:

This patient was admitted to hospital under the care of:

Consultants Name: DR [illegible]	Specialty: PSYCHIATRY
Discharged from Ward: LAVENSTARR	Reason for Admission/presenting complaint: VOICES SUICIDAL IDEATION - PHONED AMBULANCE

Mode of Admission: Elective ☐ Emergency ☐ Transfer ☐

Source of admission: GP ☐ Self ☐ Out of Hours ☐ Other:

Principal Diagnosis: NO MAJOR MENTAL DISORDER (V

Legal Status: NOT DETAINED UNABLE TO CONSENT

Other Conditions: STRUGGLING TO ADJUST TO LIFE OUTSIDE PRISON. DRUG

1. FORENSIC HISTORY
2. HEPATITIS C - PREVIOUS IVDU
3.
4.
5.

Significant Operations/Procedures: Yes ☐ No ☑

1. Date:
2. Date:

Relevant Investigations: Yes ☐ No ☑ Comments:

Complications: Yes ☐ No ☑ Comments:

Patient Information discharge summary given to patient and/or carer or relative: Yes ☐ No ☐

Follow-up Arrangements

[illegible]

Sickness Certificate Issued:	Yes	☐	No	☐	Duration of sickness certification:
Results awaited	Yes	☐	No	☐	If Yes, please specify:
Letters to follow	Yes	☐	No	☐	Comment:
Hospital Review	Yes	☐	No	☐	If Yes, please specify:

Forename:	Address:	DOB:
Surname:	Ward:	CHI No / Hospital No:

Medicines on Discharge

Medicine Form & Strength	Dose	Directions for Administration	Continuous/ Course Length	Quantity Supplied
/				

Medicine Continuation Sheet attached: Yes ☐ No ☐

Medication currently prescribed by Day Hospital: Yes ☐ No ☐

Dispense in Compliance Aid Yes ☐ No ☐

Type of compliance aid before admission: .....

Significant Changes to Medication from the Point of Admission

Medicine Form & Strength	Stopped/Started/ Changed	Details of Change and Reasons
/		
/		

Additional information attached: Warfarin sheet Yes ☐ No ☐ **Other**: Yes ☐ No ☐ Please specify:

Adverse Reactions/Allergies: Yes ☐ No ☐ Detail:

Comments:

Signature: _____ Date: 1/1/12

Name (in CAPS): _____

Contact No. for enquiries: _____

Designation: Consultant/Registrar ☐ SHO ☐ JHO ☐ Other ☐ _____

Pharmacy Assessment
By Pharmacist: _____
Dispensed By: _____
Check: _____
Date: _____
Received On Ward By: _____

CONFIDENTIAL

PSYCHIATRIC REPORT

on

RICHARD CAMPBELL SMITH
83 VICTORIA ROAD
BUCKHAVEN
KY8 1BG
(CURRENTLY ON REMAND IN PERTH PRISON)

D.O.B. 04.09.1973

Dr Judith M Burgess, BSc, MB ChB, FRCPsych
Consultant Psychiatrist
Whyteman's Brae Hospital
Kirkcaldy

6th September 2006

Case No: KC06005876

PSYCHIATRIC REPORT

Re: Richard Campbell Smith, DOB 04.09.1973

1. INTRODUCTION

This report is prepared at the request of Mr R McAndrew, Procurator Fiscal Depute, Kirkaldy, Fife, in connection with a court appearance scheduled for 7th September 2006 on several charges relating to alleged events on 25th June 2006.

I had no knowledge of Mr Smith prior to referral by the Procurator Fiscal's office. This report is compiled from information obtained:-

- In interview with Mr Smith at Perth Prison on the evening of 5th September 2006.
- From documents provided by the Procurator Fiscal's office.
- From psychiatric medical records held by NHS Fife covering the period from December 1994 to July 2003.
- From a telephone conversation with Airlie Dewar, Psychiatric Nurse at Perth Prison, on 5th September 2006.

I have not had an opportunity to examine the General Practice records.

2. PERSONAL AND SOCIAL HISTORY

He was born in Forth Park Hospital in Kirkcaldy and brought up in Methil and then Buckhaven. He attended Methilhill Primary School and enjoyed this. He went on to Buckhaven High School where he said he was best at "not going". He said he had a red Mohican and behaved in ways that led to him being excluded 7 times. He was then moved to Lynwood Hall. He enjoyed this but did not obtain any qualifications. He did however learn to play the guitar and the drums, mainly he thought because his father was a musician. He was expelled from Lynwood Hall at age 15 because he brought alcohol for himself and other pupils. He stated he then undertook 6 months voluntary work with the elderly at a dinner club and enjoyed this. He had a period on drink and drugs and then attended a YTS scheme run by the church. He learnt something about music, theatre, publicity and audio visual equipment. He also had a long-term relationship with a lady called Dawn for around 7 years and they had one daughter, now aged 7 years, who lives with his parents.

He described working in Shetland for around 2 years painting fences but said he had to leave because he took the blame for battering 3 lads when he had not done it.

3. FAMILY HISTORY

His father, aged around 55 years, is a musician. His mother is in her early 50s and looks after his daughter. He describes a good relationship with both parents and stated that they were not the reason why he became dependent on various substances. He is the oldest of 3 brothers. His daughter was born in 1999.

4. PAST MEDICAL HISTORY

He initially denied any significant medical history but then stated that he had had various attendances at Accident and Emergency Departments because he had been mugged and on one occasion he recalled taking an overdose. When asked about any liver problems he said that he was Hepatitis C positive and that he had been diagnosed around 7 years ago. He did

not believe that he had contracted this through drug taking. He thought that his grandfather had been Hepatitis C positive and said that he (Richard) had used his grandfather's razors on occasions.

He started smoking at age 11 and smokes around 20 cigarettes a day. As regards alcohol he denies drinking anything in an average week but does drink occasionally.

5. PAST PSYCHIATRIC HISTORY

He started to sniff glue and gas at age 11 years and progressed to petrol. His Dad noticed blisters around his mouth and nose and he was introduced to cannabis. He said he never returned to solvents. From hash he moved on to amphetamines, ecstasy, acid and mushrooms as well Valium. He has also smoked heroin. He stated that 7 or 8 years ago he was being seen by a CPN and was receiving Depixol injections. However, when he was found to be taking heroin it was not felt appropriate to continue the depot. He thought he had had admissions to hospital for "Valium detox" and because he had heard voices.

His psychiatric records confirm that he has had admissions to Rothes Ward from 09.12.94 to 11.12.94, 04.05.95 to 15.05.95 and 13.11.96 to 25.11.96. In 1994 he was admitted for reduction of benzodiazepines but discharged himself and then cut his wrists superficially because he was angry with his girlfriend. It was not felt appropriate to readmit him. Subsequent admissions were in connection with substance misuse. He had been buying diazepam and amitriptyline on the street. In 1996 it was thought that he suffered from benzodiazepine dependency and had personality problems, including impulse control difficulties. These were thought to be exacerbated by the effects of benzodiazepines. He claimed to be hearing voices but it was not felt that these were true auditory hallucinations. He was considered fully responsible for his own actions. He received depot medication for a trial period with the intention of stabilising his mood.

There are a number of reports to the court, for example, recommending that he tackled his substance abuse.

6. MEDICATION

Mr Smith reported that he has been receiving methadone 60mls daily prior to his detention and that he was not on any other medication. He said he had been receiving this as part of a DTTO imposed by Sheriff Donald around 18 months ago. He normally collects his prescription from Fergus House and takes a daily dose under the pharmacist's supervision. He stated that he was not provided with methadone during his first few days in prison but that the had now been assessed by the prison medical service and had been restarted on methadone 30mls daily. He had been given dihydrocodeine whilst in police cells.

7. FORENSIC HISTORY

He has an extensive list of previous convictions which he said were mainly due to traffic offences and commented that he had "seen worse".

8. HISTORY OF INCIDENTS FOR WHICH HE IS BEING CHARGED

He said that he was really shocked when he was arrested. Because the date of the alleged offences was so long ago he initially had difficulty recalling the train of events. He stated that he had been asleep when there was a knock on the door at 7.30 a.m. and Gillian and "the other lassie" plus another girl were on the doorstep with sleeping bags. He already knew Gillian through her boyfriend, Brian McKenzie. He let them in because they had been out in the rain, ostensibly camping, and Gillian had previously left clothing there in to which she wished to change. They said that a boy had been bothering them and so he walked them

back to Wemyss to investigate. He said he told the boys that the girls were his cousins and told them not to pester them again. He said he went to see his Dad to borrow money but was unsuccessful and then saw a friend with a taxi. He gave them a lift to the Buck and Hynd pub and then he parted company with the girls for a while. He thought they came to the house again. He seemed uncertain of his account thereon but did state that the "other lassie" had told him she fancied him and wanted sex. He also stated that anyone who has visited him knows that he always locks his door behind him. He said that he had obtained vodka and had been drinking and that the girls had been talking about sexual matters and encouraged him to have sex. He said he felt very lucky. He repeatedly denied any element of coercion. He said that 2 days later they came back to collect their sleeping bags and that he had seen them in the local area and that they had smiled and laughed at him sometime later. He was emphatic that he thought they were both at least 16 years old.

9. MENTAL STATE AT INTERVIEW

He was co-operative and said he understood that he was being interviewed for the purpose of preparing a report for the court. He queried the reason for the report being requested as he did not think he was "psychiatric". He thought it was perhaps because he had made a noose in his cell but denied any suicidal intent. He said that he had repeatedly asked the prison officers to move him as he did not feel safe. He stated that he had been threatened with stabbing by other prisoners because of the nature of the charges against him. He said that he had been seen by the nurse and was happier now that his methadone had been reinstated and that he was being moved to a safer area.

His concentration appeared good and his memory for his psychiatric history reasonably accurate. He said his thoughts were mainly of concern about the charges against him.

10. IMPRESSION OF PERSONALITY

He appears to have little ambition or wish to plan for the future. He described himself as devoted to his daughter but unable to have her to live with him because of his current accommodation. He appears to have some motivation to address his dependency on methadone but this does not extend to occupying himself gainfully. He appears to have no long-term plans.

11. OPINION

11.1 Diagnosis

I do not believe he is suffering from a mental disorder of a nature or degree which warrants his admission to hospital under the Mental Health (Care and Treatment) (Scotland) Act 2003. He is however dependent on methadone and has been in receipt of methadone maintenance for a considerable period of time. I do not believe that he is likely to constitute a danger to himself or to others as a direct result of this treatment.

11.2 Risk to public at large

I do not believe he presents a risk to the general public.

11.3 Insanity

I do not consider that he fulfils the definition of insanity.

11.4 **Fitness to plead**

I believe he is sane, fit to plead and able to instruct his own defence and follow court proceedings.

11.5 **Diminished responsibility**

Not relevant.

11.6 **Relevant history**

I did not believe there is any matter in his medical or psychiatric history which is relevant to the circumstances of the alleged offences.

11.7 **Treatment**

He wishes to continue methadone replacement but with a view to gradual withdrawal. I do not believe there is any other treatment necessary at present.

11.8 **Hospital admission**
&11.9

He does not require hospital treatment.

11.10 **Availability of treatment**

The continuation of methadone replacement can be arranged either in custody or in the community.

This report is given on sole and conscience and I confirm that I am a Consultant Psychiatrist working for Fife Primary Care Operating Division and that I am approved by Fife Health Board for the purposes of Section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003. I confirm that I am not related to the patient and have no pecuniary interest in this case.

JMB

Dr Judith M Burgess, BSc, MB ChB, FRCPsych
Consultant Psychiatrist

Law Laura (NHS FIFE)

From: Arulnathan Vijay (NHS FIFE)
Sent: 14 February 2012 11:33
To: Law Laura (NHS FIFE)
Subject: FW: RS Documatation
Sensitivity: Confidential

For filing pls

Dr Vijay Edmund Arulnathan
Consultant Psychiatrist (Levenmouth)
Whyteman's Brae Hospital
Kirkcaldy

Phone: 01592 643355 ext 22030

From: Arulnathan Vijay (NHS FIFE)
Sent: 14 February 2012 11:32
To: Tweedie Lesley (NHS FIFE)
Subject: RE: RS Documatation
Sensitivity: Confidential

Thank you for the information.
Mr Smith was seen by me yesterday. It would seem that he is struggling to cope with life outside Prison. He reports difficulty re-establishing relationship with his daughter and parents. He just finds everything too much to cope with. His view was that he needs to be in a safe environment like an Hospital ward as long as he felt this way. He was rather vague about his symptoms and difficult to engage as he just wanted me to read his file. I would agree with the diagnosis of emotionally unstable PD and some antisocial personality traits. The perceptual abnormality appears as pseudo-hallucination (one voice, mumbling derogatory things in one of his ears; he is unsure about its subjective locus and unsure if it could be his own thoughts). I did not think he had a major mental illness such as Depression or psychosis. He was composed and deliberate in his manner. Rather difficult person who was interfering in the management of other patients.
I did not see the need for hospital admission. I think he needs support for emotional difficulties and coping with challenges in life. He does not want to consider Contact Point as his father works there. He remains an ongoing risk but there is no acute change in that risk. He challenged the views of the treating team. He did not want to leave and literally refused to go until persuaded to do so.
So he was discharged and we would hope that he has the assessment through your service.
Regards
Vijay

Dr Vijay Edmund Arulnathan
Consultant Psychiatrist (Levenmouth)
Whyteman's Brae Hospital
Kirkcaldy

Phone: 01592 643355 ext 22030

From: Tweedie Lesley (NHS FIFE)
Sent: 13 February 2012 10:48
To: Arulnathan Vijay (NHS FIFE)
Subject: RS Documatation
Sensitivity: Confidential

All information attached is **Restricted** please ensure this is for your information only not for further distribution and should be saved as **Third Party Information**.

Lesley

Mrs Lesley Tweedie
Forensic Service Development Lead
Lynebank Hospital
Dunfermline
KY11 4UW
Tel: 01383 565212
Mobile: 07766720140

****

This message may contain confidential information. If you are not the intended recipient please inform the
sender that you have received the message in error before deleting it.
Please do not disclose, copy or distribute information in this e-mail or take any action in reliance on its contents:
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NHSmail is the secure email and directory service available for all NHS staff in England and Scotland
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****

COPY for notes

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

Police Report - Removal To Place Of Safety

POS 1

v6.0

The following form is to be used:

To provide a record of having removed a person suspected of having a mental disorder from a public place to a place of safety.

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 report.

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

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 person's name and date of birth, and each extended response should be labelled with the appropriate text box reference number.

Surname	SMITH
First Name (s)	RICHARD CAMPBELL
Other / Known As	

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

Title	MR
DoB dd / mm / yyyy	04 / 09 / 1973
Gender	● Male ○ Female
Person's home address	48 HERRIOT CRECENT METHIL
Postcode	KY8 3NE

The circumstances giving rise to the removal of the aforementioned person to a place of safety were-

ABOVE MALE CONTACTED POLICE ON 19.7.13, STATING THAT HE PLANNED TO HARM HIMSELF OR OTHERS IF HE DOES NOT RECIEVE MEDICAL ASSISIANCE

The aforementioned person was removed to -

Address RAVENSCRAIG WARD
NHS TEMANS BRAE HOSPITAL

Postcode

Date Moved 19 / 07 / 2013 Time Moved 19:30 (24 hr clock)

Is the above place of safety a police station? ○ Yes ○ No

If yes, please state reasons why a police station was used.

Note: *A police station should only be used as a place of safety as the last resort.*

○ I have informed the local authority (see notes on page 4) in whose area the place of safety is situated of the relevant matters (see notes) as soon as practicable after the aforementioned person was removed to the place of safety.

Local Authority

eg Glasgow City, City of Edinburgh, Highland, Scottish Borders etc (the word "Council" may be omitted)

Complete A, B or C as appropriate

A ○ The aforementioned person's nearest relative (detailed below) resides with him/her (at address detailed on page 1), and they were informed of the relevant matters as soon as practicable after the removal of the aforementioned person to the place of safety.

Surname

First Name

If you have completed this option go to Page 4

OR

B ○ The aforementioned person's nearest relative does not live with him/her, and they were informed of the relevant matters as soon as practicable after the removal of the aforementioned person to the place of safety.

If you have completed this option go to Page 3 and complete Further Information 1

OR

C ○ It was impracticable to ensure that the aforementioned person's nearest relative was informed of the relevant matters.

If you have completed this option go to Page 3 and complete Further Information 2

This page will only need to be completed if the nearest relative has not been informed, or has been informed, but does not live with the aforementioned person.

To be completed as soon as is reasonably practicable after the removal to the place of safety.

Complete A or B as appropriate

A ○ the following person, who resides with the aforementioned person, has been informed

Surname

First Name

OR

B ○ a person who provides a care service, other than

(i) by virtue of a contract of employment, or other contract, with any person, or
(ii) as a volunteer for a voluntary organisation,

for the aforementioned person who was removed to the place of safety, has been informed. Their name and address are detailed below

Surname

First Name

Address

Postcode

If it was not reasonably practicable to inform the aforementioned person's nearest relative, please provide reasons why this was the case

ABOVE MALE HAS FAMILY IN THE LEVENMOUTH AREA, HOWEVER STATED THAT HE DID NOT WISH THEM INFORMED AT THIS TIME. ABOVE MALE RESIDES ALONE

The Mental Welfare Commission must be sent a copy of this form before the expiry of 14 days beginning with the day on which the aforementioned person was removed to the place of safety.

The form should be sent to:

The Mental Welfare Commission for Scotland
Thistle House
91 Haymarket Terrace
Edinburgh
EH12 5HE

This form was completed by -

Surname	JAMIESON
First Name	GORDON
Rank	PC
Police Station	LEVENMOUTH
Town / City if different from Police Station above	
Telephone	101
Signed	
Date	19/07/2013

Notes

The Police Officer completing this form should inform the Director of Social Work in the relevant local authority

The relevant matters are those requested in this form

NHS FIFE FORENSIC COMMUNITY MENTAL HEALTH TEAM
CLINICAL MEETING – CASE DISCUSSION

Name:	Richard Smith		
DOB:	04.09.1973	**CHI:**	0409730173
Referred By:	Dr Vijay Arulnathan	**Date Referred:**	09.02.12
FCMHT Keyworker:	Memory Gondora		
RMO:	Dr Arulnathan	**Current Location:**	Community
Legal Status:	MAPPA	**Expiry/Review:**	
MHO:	N/A	**Next CPA:**	
Clinical Meeting:	22.05.12	**Next FCMHT Review:**	N/A – d/c

Cons Forensic Psychiatrist	Consultant Psychiatrist	Psychologist	FCPN	OT	Other
☐	☒	☒	☒	☐	☐

Historical Risks:
To be completed

Background:
To be completed

Current Risks:
To be completed

Protective Factors:
To be completed

Current Traffic Light Position:
To be completed

Summary of Discussion:
Dr Claire Hamill, Clinical Psychologist updated that Richard Smith had cancelled the appointment he had been offered and was aware that this means he will be discharged from our team. Claire has spoken with Cat Deeney, CJSW today and they also have been experiencing problems. Claire has written to Dr Arulnathan, Sector Consultant with what information we had.

Actions:	By:	Due:

Claire Hamill

Kirkcaldy & Levenmouth CHP
Mental Health Services

Forensic Community Mental Health Team
Ward 12
Lynebank Hospital
Halbeath Road
Dunfermline
KY11 4UW

NHS Fife

Tel: 01383 565212
Fax: 01383 565112

PRIVATE & CONFIDENTIAL

Dr Arulnathan
Consultant Psychiatrist
Whyteman's Brae Hospital
KIRKCALDY

Date: 22nd May 2012
Your Ref:
Our Ref: CH/SN/RS

Enquiries to: Sarra Naylor
Extension: 35869
Email: sarra.naylor@nhs.net

Dear Dr Arulnathan,

RE: RICHARD SMITH, 192 DEN WALK, BUCKHAVEN, KY8 1DH
D.O.B. 04/09/1973 CHI: 0409730173

Thank you for referring Mr Smith to the Forensic Community Mental Health Team (FCMHT) for assessment. I met with him along with my colleague Memory Gondora (Forensic CPN) on the 29th February 2012. At this time, he reported difficulties in relation to low mood, self harming, and limited coping skills. He also described hearing a "voice" which issued him with commands from time to time (e.g. to harm himself or others). Mr Smith was clear that he had never acted on these commands, and reported generally coping with these experiences through self-harming or smoking cannabis. He also described what may have been dissociative type experiences whereby he lost track of time and found himself in a "dream like" state of mind. At this appointment, we gave him some advice in relation to emotion regulation and maintaining safety whilst self harming. We also provided him with the telephone number for NHS 24 for out of hours contact.

Unfortunately Mr Smith has failed to attend any further appointments with us, and so we have been unable to complete our assessment. He cancelled two appointments (one because he'd been drinking, and one because of family stresses) and failed to attend two further appointments. We made it clear to Mr Smith when he called to cancel his appointment on the 18th May 2012 that he would be discharged if he did not attend, and he was accepting of this. He reported that he is now feeling the benefit of Citalopram in terms of his mood, and that he is generally more settled now that he's in his new tenancy.

Mr Smith will now be discharged from our service. Should you wish to discuss this further please do not hesitate to get in touch.

Yours sincerely,

Dr Claire Hamill
Clinical Psychologist

c.c. Cat Deeney, CJSW, Buckhaven Burgh Chambers, Municipal Buildings, 1 College Street, Buckhaven, KY8 1AB
Dr Sneddon, Muiredge Surgery, Merlin Crescent, Buckhaven

NHS FIFE FORENSIC COMMUNITY MENTAL HEALTH TEAM
CLINICAL MEETING – CASE DISCUSSION

Name:	Richard Smith		
DOB:	04.09.1973	**CHI:**	0409730173
Referred By:	Dr Vijay Arulnathan	**Date Referred:**	09.02.12
FCMHT Keyworker:	Memory Gondora		
RMO:	Dr Arulnathan	**Current Location:**	Community
Legal Status:	MAPPA	**Expiry/Review:**	
MHO:	N/A	**Next CPA:**	
Clinical Meeting:	15.05.12	**Next FCMHT Review:**	22.05.12

Cons Forensic Psychiatrist	Consultant Psychiatrist	Psychologist	FCPN	OT	Other
☐	☒	☒	☒	☐	☐

Historical Risks:
To be completed

Background:
To be completed

Current Risks:
To be completed

Protective Factors:
To be completed

Current Traffic Light Position:
To be completed

Summary of Discussion:
Memory Gondora, Forensic CPN updated that following discussion with Lisa Scott who advised Richard had been having some difficulties but now had his own tenancy and wanted to accept support, it was decided to offer him another appointment. An appointment has been arranged for him to be assessed by Dr Mariano Raiz, Locum Consultant Psychiatrist along with Memory on Friday 18th May.

Actions:	By:	Due:

MGondora.

P/S - Unable to update highlighted sub headings due to Richard failing to attend appointments therefore assessment not completed.

Kirkcaldy & Levenmouth
Mental Health Services

Forensic Community Mental Health Team

Telephone 01383 565212
Fax 01383 565112

NHS Fife

PRIVATE & CONFIDENTIAL

Mr Richard Smith
192 Den Walk
BUCKHAVEN
Fife
KY8 1DH

Date: 1st May 2012

Dear Mr Smith

An appointment has been arranged for you to meet with Dr Mariano Raiz and Memory Gondora, Forensic Community Psychiatric Nurse. Please attend:

Date: Friday 18th May 2012

Time: 11.00am

Place: Muiredge Surgery, Merlin Crescent, Buckhaven

If you cannot attend this appointment, please contact the office on the telephone number above as soon as possible.

Yours sincerely

Lorna Gowans
Medical Secretary

CC: Nick Houghton, CJSW (by email)

POSITIVE ABOUT DISABLED PEOPLE

Kirkcaldy & Levenmouth
Mental Health Services

Forensic Community Mental Health Team

Telephone **01383 565212**
Fax **01383 565112**

NHS Fife

PRIVATE & CONFIDENTIAL

Mr Richard Smith
50 William Street
EAST WEMYSS
Fife
KY1 4PG

Date: 30th April 2012

Dear Mr Smith

An appointment has been arranged for you to meet with Dr Mariano Raiz and Memory Gondora, Forensic Community Psychiatric Nurse. Please attend:

Date: Friday 18th May 2012

Time: 11.00am

Place: Muiredge Surgery, Merlin Crescent, Buckhaven

If you cannot attend this appointment, please contact the office on the telephone number above as soon as possible.

Yours sincerely

Lorna Gowans
Medical Secretary

CC: Cat Deeney, CJSW (by email)

I/S - Nikki Hayton CJSW could to say Richard Smith now at 192 Den walk, Buckhaven
agreed appt letter & correct address

POSITIVE ABOUT DISABLED PEOPLE

Naylor Sarra (NHS FIFE)

From: Hamill Claire (NHS FIFE)
Sent: 23 April 2012 10:15
To: Gondora Memory (NHS FIFE)
Cc: Naylor Sarra (NHS FIFE)
Subject: Richard Smith

Hi Memory,

Cat Deeney (CJSW) met with Richard Smith at the end of last week, and he told her that he does still want to engage with our service. My diary is a bit hectic over the next few weeks, and really we need a psychiatric opinion, so I was hoping you wouldn't mind arranging another assessment appointment with Mariano at a time that suits you both? I've said to Sarra that we'll add a note to his appointment letter this time saying that if he does not attend or call to cancel he will be discharged.

Cat will also keep us up to date re his attendance at her appointments - she's hoping to discuss his engagment (or lack of) with him when she sees him this week. Her direct line is 01592 583335 if you need to reach her about anything.

Thanks,
Claire

p.s. Sarra - can you print and file a copy of this email please? Thanks.

Dr Claire Hamill
Clinical Psychologist
Forensic CMHT
Ward 12, Lynebank Hospital
01383 565212 (EXT: 5876)

NHS FIFE FORENSIC COMMUNITY MENTAL HEALTH TEAM
CLINICAL MEETING – CASE DISCUSSION

Name:	Richard Smith		
DOB:	04.09.1973	**CHI:**	0409730173
Referred By:	Dr Vijay Arulnathan	**Date Referred:**	09.02.12
FCMHT Keyworker:	Memory Gondora		
RMO:	Dr Arulnathan	**Current Location:**	Community
Legal Status:	MAPPA	**Expiry/Review:**	
MHO:	N/A	**Next CPA:**	
Clinical Meeting:	17.04.12	**Next FCMHT Review:**	01.05.12

Cons Forensic Psychiatrist	Consultant Psychiatrist	Psychologist	FCPN	OT	Other
☐	☒	☒	☒	☐	☐

Historical Risks:
To be completed

Background:
To be completed

Current Risks:
To be completed

Protective Factors:
To be completed

Current Traffic Light Position:
To be completed

Summary of Discussion:
Dr Claire Hamill, Clinical Psychologist said that Richard Smith had now cancelled 2 appointments and did not attend another two appointments. He has only been seen once.

Lesley Tweedie, Forensic Service Lead suggested speaking to Cat Deeney, social work to see if she can help motivate him to engage with us but we may have to discharge if this doesn't work.

Actions:	By:	Due:

MGondora –
NB - Highlighted parts to be completed once assessment process is complete

Kirkcaldy & Levenmouth
Mental Health Services

Forensic Community Mental Health Team

Telephone 01383 565212
Fax 01383 565112

NHS Fife

PRIVATE & CONFIDENTIAL

Mr Richard Smith
50 William Street
EAST WEMYSS
Fife
KY1 4PG

Date: 5th April 2012

Dear Mr Smith

An appointment has been arranged for you to meet with myself and Dr Mariano Raiz, Locum Consultant Psychiatrist.

Please attend:

FRIDAY 13TH APRIL 2012 AT 1.30PM

MUIREDGE SURGERY, MERLIN CRESCENT, BUCKHAVEN

If you cannot attend this appointment, please contact the office on the telephone number above as soon as possible.

Please also attend the appointment arranged for **Wednesday 11th April 2012 at 12pm, at Muiredge Surgery.**

Yours sincerely

MGondora

Memory Gondora
Forensic CPN

POSITIVE ABOUT DISABLED PEOPLE

NHS FIFE FORENSIC COMMUNITY MENTAL HEALTH TEAM
CLINICAL MEETING – CASE DISCUSSION

Name:	Richard Smith		
DOB:	04.09.1973	**CHI:**	0409730173
Referred By:	Dr Vijay Arulnathan	**Date Referred:**	09.02.12
FCMHT Keyworker:	Memory Gondora		
RMO:	Dr Arulnathan	**Current Location:**	Community
Legal Status:	MAPPA	**Expiry/Review:**	
MHO:	N/A	**Next CPA:**	
Clinical Meeting:	03.04.12	**Next FCMHT Review:**	17.04.12

Cons Forensic Psychiatrist	Consultant Psychiatrist	Psychologist	FCPN	OT	Other
☐	☒	☒	☒	☐	☐

Historical Risks:
To be completed

Background:
To be completed

Current Risks:
To be completed

Protective Factors:
To be completed

Current Traffic Light Position:
To be completed

Summary of Discussion:
Memory Gondora, Forensic CPN said that Richard has cancelled two appointments (appropriately) and further appointments have been arranged – 11th April – Memory and 13th April with Dr Mariano Raiz, Locum Consultant Psychiatrist.

Actions:	By:	Due:

MGondora

Kirkcaldy & Levenmouth
Mental Health Services

Forensic Community Mental Health Team

Telephone 01383 565212
Fax 01383 565112

NHS Fife

PRIVATE & CONFIDENTIAL

Mr Richard Smith
50 William Street
EAST WEMYSS
Fife
KY1 4PG

Date: 28th March 2012

Dear Mr Smith

A further appointment has been arranged for you to meet with Dr Claire Hamill and Memory Gondora. Please attend:

WEDNESDAY 11TH APRIL 2012 AT 12PM

MUIREDGE SURGERY, MERLIN CRESCENT, BUCKHAVEN

If you cannot attend this appointment, please contact the office on the telephone number above as soon as possible.

Yours sincerely

pp Graylor

Dr Claire Hamill
Clinical Psychologist

POSITIVE ABOUT DISABLED PEOPLE

Kirkcaldy & Levenmouth
Mental Health Services

Forensic Community Mental Health Team

Telephone 01383 565212
Fax 01383 565112

NHS Fife

PRIVATE & CONFIDENTIAL

Mr Richard Smith
50 William Street
EAST WEMYSS
Fife
KY1 4PG

Date: 16th March 2012

Dear Mr Smith

Please find below details of your next appointment with Dr Claire Hamill and Memory Gondora.

Monday 26th March 2012 at 3pm at
Muiredge Surgery, Merlin Crescent, Buckhaven

If this appointment is unsuitable, please contact the office on the telephone number above as soon as possible.

Many thanks

pp Gondora

Dr Claire Hamill
Clinical Psychologist

POSITIVE ABOUT DISABLED PEOPLE

NHS FIFE FORENSIC COMMUNITY MENTAL HEALTH TEAM
CLINICAL MEETING – CASE DISCUSSION

Name:	Richard Smith		
DOB:	04.09.1973	**CHI:**	0409730173
Referred By:	Dr Vijay Arulnathan	**Date Referred:**	09.02.12
FCMHT Keyworker:			
RMO:	Dr Arulnathan	**Current Location:**	Community
Legal Status:	MAPPA	**Expiry/Review:**	
MHO:	N/A	**Next CPA:**	
Clinical Meeting:	13.03.12	**Next FCMHT Review:**	03/04/12

Cons Forensic Psychiatrist	Consultant Psychiatrist	Psychologist	FCPN	OT	Other
☐	☒	☒	☒	☐	☐

Historical Risks:
To be completed

Background:
To be completed

Current Risks:
To be completed

Protective Factors:
To be completed

Current Traffic Light Position:
To be completed

Summary of Discussion:
Dr Claire Hamill, Clinical Psychologist updated that she and Memory Gondora had seen Richard Smith once. He called in today to cancel the follow up appointment due to ill-health but says he wants another appointment. Claire's initial thoughts are that he is institutionalised. Brother had committed suicide and he didn't deal with this well. He had support from the mental health team in prison. He came off medication after his brother's suicide. He has restarted Citalopram as he has been very low with poor sleep, low motivation, appetite and concentration. A few weeks ago he called an ambulance as he was self harming. He was struggling to cope with the voice he hears and was in Whyteman's Brae under Dr Arulnathan. He was discharged before he wanted to be and suspects this was because he was not giving much away to staff. He finds it difficult to trust people, was pre-empting questions with Claire – having had a number of assessments he is a bit disgruntled with process. The voice is there all the time mumbling but clearer when he is stressed. Voice is derogatory comments, command hallucinations – kill self and others, dream state , dissociative experiences. It doesn't sound as if he has had any talking therapy in the past and he recognises the possibility he needs some help. He has a daughter of 13 who lives with his mother due to his daughter's mother use of drugs. Further assessment required.

Actions:	By:	Due:

Kirkcaldy & Levenmouth
Mental Health Services

Forensic Community Mental Health Team

Telephone 01383 565212
Fax 01383 565112

NHS Fife

PRIVATE & CONFIDENTIAL

Mr Richard Smith
50 William Street
EAST WEMYSS
Fife
KY1 4PG

Date: 5th March 2012

Dear Mr Smith

Please find below details of your next appointment with Dr Claire Hamill and Memory Gondora.

Tuesday 13th March 2012 at 11.30am at
Muiredge Surgery, Merlin Crescent, Buckhaven

If this appointment is unsuitable, please contact the office on the telephone number above as soon as possible.

Many thanks

pp

Dr Claire Hamill
Clinical Psychologist

cc. Catherine Deeney, CJSW, 96-98 Wellesley Road, Buckhaven, KY8 1HT

POSITIVE ABOUT DISABLED PEOPLE

Kirkcaldy & Levenmouth CHP
Mental Health Service

ROWAN HOUSE
WHYTEMAN'S BRAE HOSPITAL
WILLOW DRIVE
KIRKCALDY
KY1 2LF
TELEPHONE: 01592 643355
FAX: 01592 643790

NHS Fife

Date dictated: 17th February 2012
Date typed: 17th February 2012
Our Ref: VA/LML/SF5016671M
CHI: 0409730173

Enquiries to: Laura Law Ext: 22030
E-mail: lauralaw@nhs.net

21 FEB 2012

Ms Lesley Tweedie
Forensic Community Mental Health Team
Ward 12
Lynebank Hospital
Halbeath Road
DUNFERMLINE

Dear Ms Tweedie

Re: Richard Smith, 50 William Street, East Wemyss, KY1 4PG – CHI: 0409730173

I am forwarding this referral as previously agreed through our discussion.

Yours sincerely

Dr Vijay Arulnathan
Consultant Psychiatrist

Enc.

POSITIVE ABOUT DISABLED PEOPLE

Kirkcaldy & Levenmouth CHP
Mental Health Service

ROWAN HOUSE
WHYTEMAN'S BRAE HOSPITAL
WILLOW DRIVE
KIRKCALDY
KY1 2LF
TELEPHONE: 01592 643355
FAX: 01592 643790

NHS
Fife

Date dictated: 17th February 2012
Date typed: 17th February 2012
Our Ref: VA/LML/SF5016671M
CHI: 0409730173

Enquiries to: Laura Law Ext: 22030
E-mail: lauralaw@nhs.net

Dr A Sneddon
Muiredge Surgery
Merlin Crescent
BUCKHAVEN
KY8 1HJ

Dear Dr Sneddon

Re: Richard Smith, 50 William Street, East Wemyss, KY1 4PG – CHI: 0409730173

Thank you for the urgent referral regarding this gentleman dated 15th February 2012 which was received by us on 17th February 2012.

Prior to your referral he was discussed at our Locality Mental Health Team on 9th February 2012. The discussion was further to concerns raised by the social worker to Lesley Tweedie from the Forensic Community Mental Health Team who then forwarded to me to query if we would be able to assess him. Further to our team discussion it was agreed that given his significant offending history the Forensic team would be best placed to assess him. This information was passed on to Lesley Tweedie who was happy to discuss him at her team meeting for allocation. We were hence waiting to receive the referral from you with a view to forwarding it to the Forensic Community Mental Health Team.

In the meantime, Mr Smith was admitted to Ravenscraig ward on 11th February 2012 via the Unscheduled Care Team as he had called the ambulance voicing ideas of jumping off the MacDuff Castle. He was assessed on the ward over the weekend and reviewed by me on 13th February 2012. I did not see any evidence of depressive or psychotic illness. His presentation was consistent with an emotionally unstable personality disorder and the perceptual abnormality was a pseudo hallucination. It would seem that after he was liberated from prison his personal circumstances are difficult in the form of problems re-establishing relationship with his own daughter and some friction with his parents (who are actually quite supportive). He appears to be finding it hard to cope with life outside and expected to be kept in hospital until he felt better. He did mention being started on the Citalopram but he told us that he flushed it down the drain as he did not like them.

Under the circumstances I did not see the need for ongoing admission. He remains an ongoing risk but it is a chronic risk with no evidence of any changes that would increase the risk acutely. He was discharged on 13th February 2012. Mr Smith was not happy about being discharged and left rather reluctantly. /cont'd…..

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I do think that he would benefit from talking therapies which are specifically targeted for individuals like him who find life after prison rather difficult and have mental health issues in relation to that rather than a mental illness.

I have since discussed his case with Lesley Tweedie and his own community social worker Cat Deeley who are aware of the developments.

As agreed previously with forensic services I would forward your referral to their team to explore appropriate resources for support.

Thank you.

Yours sincerely

Dr Vijay Arulnathan
Consultant Psychiatrist

Copy: Lesley Tweedie, FCMHT ✓

Hospital use only	Clinic	Day Date	Time	Hospital No.

Unique Care Pathway Number: 101003193214T

Transport required? No

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GENERAL-PSYCHIATRY-MENTAL-ILLNESS

REFERRAL TO

General Psychiatry (Mental Illness) G1
Fife General Referral

— **Consultant / receiving practitioner** and/or **specialty clinic**

Whytemans Brae Hospital
Whytemans Brae
Kirkcaldy
KY1 2ND

— **Hospital** and **hospital address**

Hospital Location Code: F711H

Email address: -

Urgency of referral **Urgent** 016671

PATIENT DETAILS

Surname	Smith
Forename(s)	Richard
Title	Mr
Sex	Male
Date of birth	04-Sep-1973
CHI no.	0409730173

Patient's address

50 William Street
East Wemyss
Fife
KY1 4PG

Contact number(s): -

REFERRING PRACTITIONER DETAILS

Name	Dr. Alisdair Sneddon		
GMC code	2722391	GP code	92533
Practice name	MUIREDGE SURGERY (20108)		
Practice code	20108		

Practice address

MERLIN CRESCENT
BUCKHAVEN
FIFE

Contact number(s)

Voice: 01592 713299

Date submitted by practice: 15-Feb-2012
Reason for referral
Care type requested: Out Patient
Expected outcome: Advise

RECEIVED 17 FEB 2012

Administrative Information
Patient can accept a short notice appointment:yes
Interpreter Required:no

Stylesheet version: 13.0.1.1 7-Oct 2010 Comments to: fife-uhb.fifeecci@nhs.net

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Depression Hallucinations with some Suicidal Intent

Comment: Dear Doctor: I would be grateful for your help with this man who has been released from prison after serving 6 years. He was not our patient when he went into prison and he has only been with us since the beginning of 2012. We have no discharge information or previous information from the psychiatric services with whom he was previously involved when he lived in Leven and he tells me he had a diagnosis of mixed personality disorder with drug misuse.

I saw him the other day accompanied by a Social Worker and his mother. He has been hearing some voices in the background telling him to kill himself but he would not do this he tells me because it would upset his mother too much particularly as his brother committed suicide also. He was like this when he went to jail and was on suicide watch in the prison on a number of occasions but had stopped all Heroin and Benzo's while he was in the jail. He does not seem to have been given any other medication. He did some courses in jail and was hoping to walk into a job when he was released but this has not been the case and this has disappointed him. His sleep is poor and he feels low and hopeless all the time. He goes to his mothers for his meals and his choice of management would be an admission to Whytemans Brae until he was feeling better. I must say I did not feel this would be terribly helpful for him as he had just been released from an institution and he did not seem to offer any psychotic symptoms and not really much in the way of significant depressive ones either. I did however start him on Citalopram 20mg daily which I have dispensed weekly and will be keeping an eye on him over the next couple of weeks. I would be grateful for your further input on an urgent basis and I have Mr Smith's mobile Number which is 07864686064

Past Medical History

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Simvastatin Tablets 40 mg	0212000Y0AAADAD	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	23-Jan-2012	-

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Citalopram Hydrobromide Tablets 20 mg	0403030D0AAAAAA	28 TABLET	ONE TO BE TAKEN EACH DAY DISPENSE WEEKLY	-	08-Feb-2012	42 Days
Trimovate Cream	1304000H0BCABCA	30 GRAM	APPLY THREE TIMES A DAY	-	23-Jan-2012	42 Days

Lifestyle risks

Exercise status: Not Known

SCI Gateway - Live - Bulk Print Request Summary

Smith, Richard, CHI: 0409730173, 15-Feb-2012, General Psychiatry (Mental Illness)

No attachments.

Kirkcaldy & Levenmouth
Mental Health Services

Forensic Community Mental Health Team

Telephone 01383 565212
Fax 01383 565112

NHS Fife

PRIVATE & CONFIDENTIAL

Mr Richard Smith
50 William Street
EAST WEMYSS
Fife
KY1 4PG

Date: 16th February 2012

Dear Mr Smith

An appointment has been arranged with Dr Claire Hamill, Clinical Psychologist, and Memory Gondora, Forensic Community Psychiatric Nurse, so that an assessment of your mental health may be carried out.

Please attend on

Wednesday 29th February 2012 at 11.30am at
Muiredge Surgery, Merlin Crescent, Buckhaven

If this appointment is unsuitable, please contact the office on the telephone number above as soon as possible.

Many thanks

pp **Dr Claire Hamill**
Clinical Psychologist

cc. Catherine Deeney, CJSW, 96-98 Wellesley Road, Buckhaven, KY8 1HT

POSITIVE ABOUT DISABLED PEOPLE

NHS FIFE FORENSIC COMMUNITY MENTAL HEALTH TEAM
CLINICAL MEETING – CASE DISCUSSION

Name:	Richard Smith		
DOB:	04.09.1973	**CHI:**	0409730173
Referred By:	Dr Vijay Arulnathan	**Date Referred:**	09.02.12
FCMHT Keyworker:			
RMO:	Dr Arulnathan	**Current Location:**	Community
Legal Status:	MAPPA	**Expiry/Review:**	
MHO:	N/A	**Next CPA:**	
Clinical Meeting:	14.02.2012	**Next FCMHT Review:**	13.03.2012

Cons Forensic Psychiatrist	Consultant Psychiatrist	Psychologist	FCPN	OT	Other
☐	☒	☐	☐	☐	☐

Historical Risks:
To be completed

Background:
To be completed

Current Risks:
To be completed

Protective Factors:
To be completed

Current Traffic Light Position:
To be completed

Summary of Discussion:
Richard Smith referred by Dr Arulnathan. Indecent behaviour towards girls aged 12-16, crimes of dishonesty, assault, vandalism. Mental health reported as stable over 2 years. Has been prescribed Chlorpromazine, Citalpram previously and had a diagnosis of emotionally unstable personality disorder with auditory hallucinations. Reports daily mumblings in right ear. Becoming withdrawn, wish to self harm, voices are warning signs. Last week was depressed, mood lowered and had a knife to self –harm. GP recommenced Citalopram 20mg and referred to adult psychiatry. Also has Nick Houghton CJA for support. Has been known to CPNs in past. Admitted to Ravenscraig over weekend – struggling to cope with life outside prison. While there he was inappropriate towards female patients. He is now discharged Dr Arulnathan wants us to assess.

Claire Hamill and Memory Gondora will assess in first instance.

Actions:	By:	Due:

MFGondora

Gowans Lorna (NHS FIFE)

From: Arulnathan Vijay (NHS FIFE)
Sent: 14 February 2012 11:32
To: Tweedie Lesley (NHS FIFE)
Subject: RE: RS Documatation
Sensitivity: Confidential

Thank you for the information.
Mr Smith was seen by me yesterday. It would seem that he is struggling to cope with life outside Prison. He reports difficulty re-establishing relationship with his daughter and parents. He just finds everything too much to cope with. His view was that he needs to be in a safe environment like an Hospital ward as long as he felt this way. He was rather vague about his symptoms and difficult to engage as he just wanted me to read his file. I would agree with the diagnosis of emotionally unstable PD and some antisocial personality traits. The perceptual abnormality appears as pseudo-hallucination (one voice, mumbling derogatory things in one of his ears; he is unsure about its subjective locus and unsure if it could be his own thoughts). I did not think he had a major mental illness such as Depression or psychosis. He was composed and deliberate in his manner. Rather difficult person who was interfering in the management of other patients.
I did not see the need for hospital admission. I think he needs support for emotional difficulties and coping with challenges in life. He does not want to consider Contact Point as his father works there. He remains an ongoing risk but there is no acute change in that risk. He challenged the views of the treating team. He did not want to leave and literally refused to go until persuaded to do so.
So he was discharged and we would hope that he has the assessment through your service.
Regards
Vijay

Dr Vijay Edmund Arulnathan
Consultant Psychiatrist (Levenmouth)
Whyteman's Brae Hospital
Kirkcaldy

Phone: 01592 643355 ext 22030

From: Tweedie Lesley (NHS FIFE)
Sent: 13 February 2012 10:48
To: Arulnathan Vijay (NHS FIFE)
Subject: RS Documatation
Sensitivity: Confidential

All information attached is **Restricted** please ensure this is for your information only not for further distribution and should be saved as **Third Party Information.**

Lesley

Mrs Lesley Tweedie
Forensic Service Development Lead
Lynebank Hospital
Dunfermline
KY11 4UW
Tel: 01383 565212
Mobile: 07766720140

****

This message may contain confidential information. If you are not the intended recipient please inform the
sender that you have received the message in error before deleting it.
Please do not disclose, copy or distribute information in this e-mail or take any action in reliance on its contents:
to do so is strictly prohibited and may be unlawful.

Patients/Client Name: RICHARD SMITH

Unit Number / CHI: 0409730173

Date of Birth: 04.09.73

Named Nurse/Key Worker:

Date: Time:	*Multi Disciplinary Record of Important Information not held in Evaluation/Review/Variation Records etc*	Signature
29-2-12	Appointment at Muiredge Surgery – with Memory Sandora (FCPN). Presenting probs – came out of prison Nov 2011. Adjusting to life with a teenage daughter (things have moved on so much – she's always on the internet on her phone). Anniversary of brother's suicide coming up – didn't have to deal with it whilst in prison. Finding the process of learning to pay bills, etc stressful. Daughter will be 13 in April 2012. Currently living in temporary accomodation in East Wemyss. Has only 1 child & is currently single. Daughter lives with his parents – his ex partner "hasn't been there for [his] daughter at all" & continues to take drugs, but there are access arrangements in place (although this is all on an informal basis). Feels like he's still working on building a relationship with his daughter – harder than he thought it would be.	
	His brother committed suicide whilst he was in prison – this made him determined to stop all drug use, including prescription meds. Stated he's been "illicit drug free for 3 years", but went on to say that he occasionally uses valium + smokes cannabis. Recognises that cannabis can make him paranoid, but generally feels it relaxes him. Currently prescribed Citalopram 20mgs again (stopped citalopram & Chlorpromazine in prison) by GP very recently. Received support from MH team in prison – taught him to recognise signs of increasing distress/↑ risk of self harm, & to use elastic band to cause pain in a safer way. Presented self to WBH approx 2-3 weeks ago as he recognised that he was deteriorating – becoming withdrawn, feeling frustrated & angry – self-harmed because he couldn't cope & couldn't find an elastic band. Superficial cuts to help him cope with the distress related to a voice he hears which was becoming clearer. Cuts for the pain, not about the bleeding. Had got to a point where he was thinking about suicide, & he'd started cutting his arms downwards instead of across. Called an ambulance himself & was admitted to WBH. Rest was enough to get him over the crisis, but he didn't feel that the admission was long enough. Has "trust issues" with people he's just met, & so he wonders if staff in the hospital didn't get the full picture as he didn't open up to them fully. Mum dispensing Citalopram to him now – not noticed any difference yet, still feeling low. Has some family support from his mum & brother. Daughter has self harmed too – phoned CJSW for advice. Has regular contact with daughter, mum & dad are usually there. Depression for him = no motivation, ↑ withdrawal, thoughts of DSH, low mood. Saw a Φ in nursery & through primary school – behaviour probs, loner, stealing things. No depression in childhood but was sniffing glue everyday (poor memory for childhood events as a result). Was expelled in 2nd year of school. LT hx of dep (can't remember exact onset) & in & out of prison through adolescence & into adulthood.	

Patients/Client Name	Unit/CHI Number:
RICHARD SMITH.	0409730173

Date: Time:	*Record of Important Information not held in Evaluation/Review/Variation etc*	Signature
	"Voice" – mostly mumbling when outside – when the voice becomes clearer it makes demands of him & derogatory comments (e.g. "you're worthless"). Tells him to do things, e.g. kill self or other people. Never acts on these commands – generally copes at these times by self harming or using cannabis. Doesn't know if the voice is inside & outside his head, & doesn't recognise the voice. Also experiences a "dream state" fairly regularly (? dissociation) where he loses track of time, but worries about what he could do during these times – feels out of control.	
	What help wanted? – stated going back to prison would help as he's "institutionalised" – know what to expect & feels safe & secure there. Didn't want parole, would have been happy to stay inside. Discussed upsides to life on the outside – spending time with his family, rebuilding his relationship with his daughter. Won't feel prepared when he was liberated. Recognises he needs some support & that it would be good to have someone to talk to. Hopes to get employment. Been on lots of meds previously – depot, olanzapine, & had CPN input from ? Gemini. Accepting 1 year voluntary through-care from CJSW. Agreed need to further assess & discuss options for input from our team if he is accepted.	
	When arranging next appointment, it became apparent that the anniversary of his brother's suicide would take place prior to him being seen again. Blocked it out in prison, this will be the 1st time he's had to deal with it. Feels it hasn't affected him as much as it should have due to methadone & imprisonment / "I'm still in denial". Discussed plan for coping – will listen to music to relax, make sure he has elastic bands to hand at all times, also discussed the use of ice as an alternative to elastic bands. Gave number for NHS 24 for emergencies, & he saved this into his mobile. Has already linked in with contact point at Buckhaven & will keep self busy as much as possible. Current tel is 07864686064.	Elaine Daniel CLINICAL PSYCHOLOGIST
13.3.12	Richard asked this CJSW to call & cancel his appointment due to a physical health problem. Have, is still keen to be seen & is requesting another appointment – will send letter.	Elaine Daniel CLINICAL PSYCHOLOGIST
26.3.12 1400	Telephone call received from Richard to inform that he had been drinking, "a spur of the moment thing" and was feeling under the influence of alcohol, he did not wish to attend appointment this afternoon in a state of intoxication. He reported feeling depressed and "down the dumps" in the last few days. He reported "some family issues" but did not wish to or was unable to discuss further. Richards reports he	

Patients/Client Name	Unit/CHI Number:
RICHARD SMITH	0409730173

Date: Time:	*Record of Important Information not held in Evaluation/Review/Variation etc*	Signature
26.3.12	has continued to take prescribed 20mg citalopram	
1400	but has not felt an improvement in his mood.	
Cont'd	He denied thoughts of self harm or suicidal	
	thinking. He will remain at his mum and	
	dad's house for support. Additionally he	
	voiced plans to go to the beach, enjoy the	
	weather and self reported that watching	
	the waves has a calming effect on him. He	
	was keen to re-arrange another appointment;	
	this will be sent out by mail once	MR Gordon
	arranged.	FCPN.
11/4/12	Richard failed to attend appointment arranged	
1530	today at 12pm with myself & Dr Hamill. He	
	has a further appointment arranged on 13/4	MR Gordon
	with myself & Dr Raiz.	FCPN.
14/4/12	Richard failed to attend arranged appointment	MR Gordon
	with myself & Dr Raiz. Will discuss at CTM	FCPN.
20-04-12	T/C with Cat Deeney, CJSW – Richard has failed to engage with	
	his voluntary throughcare the past 2 weeks – he'll be offered 1 more	
	appointment & if he doesn't attend this support will end. Cat will be	
	seeing him this afternoon re permanent housing, so she thinks it likely	
	he'll attend this appt. She'll discuss his motivation to engage with	Mairi Hamill
	the FCMHT then & let us know.	CLINICAL PSYCHOLOGIST
18/5/12	Richard telephoned to inform he was unable to	
1030	attend his appointment today at 11am. He	
	informed of relationship difficulties between	
	his brother and sister-in-law, stating he needed	
	to go to them to "calm things". Informed Richard	
	that it was unlikely that a further appointment	
	would be offered. He stated feeling settled in	
	new house, reported feeling the benefit of	
	citalopram. Attempted to contact Cat Deeney	
	CJSW, however she was unavailable until	MR Gordon
	21/5/12.	FCPN.
22.5.12	T/C with Cat Deeney (CJSW) to inform that we would be discharging	
	Richard due to non-engagement. Apparently he has not been	
	engaging with voluntary CJSW throughcare either & so will be closed	Mairi Hamill
	to them soon too. Will write letter of discharge	CLINICAL PSYCHOLOGIST

Fife Primary Care NHS Trust – Mental Health Directorate

Care Notes - Continuation Sheet [CN1B]

Page No.....

Patients/Client Name	Unit/CHI Number:

Date: Time:	*Record of Important Information not held in Evaluation/Review/Variation etc*	Signature

Fife Primary Care
NHS TRUST

Your Ref:
Our Ref: CPNS/MT
Enquiries to: SCN Gordon Campbell

CPN Office,
Ward 9,
Cameron Hospital,
Cameronbridge,
WINDYGATES
KY8 5RR

Telephone: 01592 712472
Extension : 2281
Fax: 01592 712442

April 25, 2000

Dr. Bumbra,
'The Cannons'
Fisher Street,
Methil.
KY8 3HE

Dear Dr. Bumbra,

Re:- RICHARD SMITH, C/O 93 VICTORIA ROAD, BUCKHAVEN
DOB: 04/09/1973 CHI NO: unknown

As you know this gentleman is in contact with our service, and has been for 4 years now. You are aware he was experiencing some psychotic symptomatology. In December of last year Mr. Smith decided he no longer wished to accept his depot preparation and I have been continuing to monitor his mental state since then. He tells me that his mental state is fine, he is experiencing no psychotic symptoms and the only difficulty he does experience is the somewhat difficult relationship he has with his partner. I continue to see him on a 2 monthly basis and will keep you updated as relevant.

Yours sincerely,

Gordon Campbell

SCN Gordon Campbell,
Community Psychiatric Nursing Service
c.c. Dr. Murphy, Consultant Psychiatrist.

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Fife Primary Care
NHS TRUST

Our Ref: CPNS/MT
Enquiries to: SCN Gordon Campbell

Ward 9,
Cameron Hospital,
Cameronbridge,
WINDYGATES
KY8 5RR

Telephone: 01592 712472
Extension : 2281
Fax: 01592 712442

November 16, 1999

Dr. J. Murphy,
Consultant Psychiatrist,
Rowan House,
28-32 Willow Drive,
Kirkcaldy.
KY1 2LF

Dear Dr. Murphy,

Re:- RICHARD SMITH, c/o 8 RANDOLPH COURT, BUCKHAVEN
DOB: 04/09/1973 UNIT NO:

As you know I have had contact with this gentleman for some time now. I have recently been visiting him on a monthly basis to administer his depot medication. On my last visit to him on 2nd November, Mr. Smith told me that his probation order had recently been discharged and this meant he no longer obliged to receive his depot, although he wished to continue to receive it. He and his father had come to 'loggerheads' as to why he should be receiving it and unfortunately a bitter dispute ensued between them, this resulted in Richard getting himself extremely drunk and claims to have attempted suicide by taking an overdose and falling asleep. Fortunately he appears not to have come to any great harm, did not attend Casualty afterwards, despite being reminded to by myself. The only difficulty he appears to have at present is his continued use of Heroin. He is somewhat vague about the quantities of Heroin he is using but appears to wanting to stop using, and will have discussed this with Dr. Bumbra by the time you receive this letter.

I offered Richard some continuing follow up from ourselves, depending on whether or not he will wish to receive his depot and I made a further appointment to see him in late November. I will keep you updated on any relevant developments.

Yours sincerely,

Gordon

SCN Gordon Campbell,
Community Psychiatric Nurse
c.c. Dr. Bumbra, The Cannons, Fisher Street, Methil.

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CPN Office,
Ward 9,
Cameron Hospital,
WINDYGATES,
FIFE KY8 5RR

Telephone: 01592 712472
Extension: 2281

Our Ref: - CPNS\MT
Enquiries:- SCN Gordon Campbell

May 25, 1999

Dr. Bumbra,
'The Cannons'
Fisher Street,
Methil.
KY8 3HE

Dear Dr. Bumbra,

Re:- **RICHARD SMITH, 33 Shakespeare Avenue, Buckhaven.**
DoB: 04/09/1973 Unit No: 043627 CHI No: 1621

As you know I have had contact with the above named for some time now. I continue to visit him on a monthly basis to administer his depot medication and monitor his mental health. You are aware that recently Dr. Murphy reduced his depot medication of 30 mgs Flupenthixol Decanoate to 20 mgs, 4/52, and Mr. Smith reports no difficulties with this reduction and feels that his mental health has remained stable. As you know Mr. Smith partner gave birth to a baby quite recently and this has had a beneficial effect on Mr. Smith and he is managing himself organised with his commitments. I will continue to visit on a 4/52 basis and keep you updated as appropriate.

Yours sincerely,

p.p. Margaret Taylor

SCN Gordon Campbell,
Community Psychiatric Nurse

c.c. Dr. Murphy, Consultant Psychiatrist, Rowan House.

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DS/MT/043627

11 February 1999

Dr Smith
Consultant Physician
Victoria Hospital
KIRKCALDY

Dear Dr Smith

Richard Smith, 33 Shakespeare Avenue, Buckhaven
d.o.b. - 04.09.73

I reviewed Richard on Ward 12, Victoria Hospital following him taking an overdose of a mixture of Diazepam, Heroin IV, Distalgesic and Amphetamines. He was found unconscious by a friend who called an ambulance. He was given activated charcoal and by the morning of 10 February he was GCS15 fully orientated with no consequent medical problems.

History of Presenting Complaint - Richard said that he had been to see his GP earlier on 9 February when he had asked to get some help in order to come off Heroin which he has been taking for the last 3 months. He appeared somewhat unhappy with the reaction that he got at the GP surgery, although having spoken to the Practice it would appear that Richard was offered a reducing programme and seemed to be looking for more of a quick fix. Nonetheless he stormed out of the surgery threatening that he would take an overdose and it appears that this was more of an angry reaction and impulsive behaviour rather than reflecting any underlying psychiatric illness.

Past Psychiatric History - Richard is known to the Psychiatric Services due to past problems with drug misuse and also more recently with some mild psychotic symptoms for which he was commenced on a depot of 30 mgs Flupenthixol Decanoate which he receives monthly. He has a CPN, Gordon Campbell, who administers these injections.

Current Social/Family History - Richard lives on his own, he is unemployed, on Income Support. His girlfriend is pregnant and is due in April and recently Richard had his house broken into.

contd/...

He still owes some money to a number of people and is using approximately £25 worth of Heroin a day which he readily admitted to stealing and shop-lifting for the money. He is currently on a 2 year probation and his social worker is Karen Nicholson at Leven Social Work Department. His parents and one of his brothers stay in Buckhaven and as far as we know there is no family history of psychiatric problems.

Assessment - When I saw Richard in Ward 12 he was casually dressed with no abnormalities of speech or behaviour. He was clearly anxious to leave the ward and there was no evidence objectively of any mood disturbance, although subjectively he said that he was feeling depressed. I detected no active thoughts of self-harm but he appeared somewhat "fed up" with the way that he felt treated the previous day by his GP. He did not describe any symptoms of depression and the physical symptoms he described seemed to be more those of withdrawal. There was no evidence of formal thought disorder or misperceptions at the time of interview, although Richard said that he had still been getting auditory hallucinations from time to time for which he is receiving the depot injection. Cognitively he appeared intact and, although his insight seems preserved, he did appear somewhat unrealistic about what could be done for his drug problem.

Impression - Richard presents as a 25 year old man with a past history of drug misuse and schizophrenic-form illness which is currently being treated with depot medication. He continues to have drug dependency problems for which he is seeking help, although his expectations seem unrealistic.

Recommendations

1. Richard agreed to go along to the Community Drugs Project at Buckhaven and I contacted them to make an over the phone referral. I will send them a copy of this letter so that they the other details regarding Richard.

2. I also contacted the CPN, Gordon Campbell, at Cameron Hospital to inform him of the situation and Gordon has agreed to review things when he sees Richard as planned.

3. I spoke with the GP surgery to inform them of the situation and the likelihood that Richard may well present again looking for a prescription for Benzodiazepines. I feel that if he does demonstrate some willingness to engage in the Community Drugs Project then it might be worthwhile giving him a trial of a reducing programme.

contd/...

4. As he was medically fit for discharge there was no reason for him to remain in Ward 12 and he was given some money to catch a bus back to Buckhaven by mid-day.

Yours sincerely

Dr David Semple
SHO in Psychiatry

c.c. Dr Crosby, GP
Gordon Campbell, CPN
Community Drugs Project

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CAMERON BRIDGE
WINDYGATES
FIFE KY8 5RR

TELEPHONE: 01592 712472
FAX: 01592 716442

Our Ref: - CPNS\MT
Enquiries:- SCN Gordon Campbell
Extension:- 281

January 25, 1999

Dr. A. F. Crosby,
'The Cannons'
Fisher Street,
Methil.
KY8 3HE

Dear Dr. Crosby,

RE:- RICHARD SMITH, 33 Shakespeare Avenue, Buckhaven. DoB: 04/09/73

I have had contact with this gentleman for some time now. I am pleased to continue to report to you that his mental state appears stable. I visit him on a monthly basis to administer his depot injection of 30 mgs Flupenthixol Decanoate, which Mr. Smith readily accepts. There has been no evidence of any positive symptoms for this gentleman for about 18 months, and Mr. Smith is continuing to manage a fairly full and active lifestyle. He is also managing to cope with the conditions of his recent probation, without any great difficulty. I will keep you updated of any relevant developments.

Yours sincerely,

Gordon Campbell

SCN Gordon Campbell,
Community Psychiatric Nurse
c.c. Dr. Murphy, Rowan House, [illegible]dy.

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FAX: 01592 716442

Our Ref: - CPNS\ERP
Extension 281

August 18, 1998

Dr Bumbra
The Cannons
Fisher Street
METHIL.

Dear Dr Bumbra

Re: Mr Richard Smith, 33 Shakespeare Avenue, Buckhaven - DoB 04.09.73

As you know I have had contact with this gentleman since Dr Murphy's referral in December 1996 and my function at this point was to monitor his mental health and administer his depot medication.

I am pleased to report to you once again that Mr Smith's mental state remains very stable. He has not experienced any perceptible disturbances for some considerable time now. He experiences no side effects from his depot medication and continues to feel mentally well. Adding to this he is also managing to fulfil his recent conditions of probation and apparently his Probation Officer is happy at his present level of function.

I continue to visit him on a monthly basis to administer his depot and monitor his mental health and I will continue to do so for the foreseeable future.

I will keep you updated on any relevant developments.

Yours sincerely,

SCN Gordon Campbell,
Community Psychiatric Nurse

cc Dr Murphy

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28 AUG 1998

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TELEPHONE: 01592 712472
FAX: 01592 716442

Our Ref: - GC\CPNS\MT
Extension 281
January 9, 1998
(received 22/12/97)

Dr. A. F. Crosby,
'The Cannons'
Fisher Street,
Methil.
KY8 3HE

Dear Jim Dr. Crosby,

Re: RICHARD SMITH, 33 Shakespeare Avenue, Buckhaven. DoB: 04/09/72

As you know Dr. Murphy, Consultant Psychiatrist, referred this gentleman to our Service in December, 1996, with a view to monitoring this gentleman's mental state and administration of a depot neuroleptic. I am pleased to report to you that Mr. Smith from a mental health point of view is well, stable and denies any perceptual disturbances. The last reported evidence of perceptual disturbance he told me of was in early April of 1997. The only unfortunate incident recently was that Mr. Smith was out with his cousin and unfortunately his cousin had too much to drink and could not drive the car back home so Mr. Smith decided to drive it home and was caught by the police, breathalysed himself and will be charged with 5 counts, namely drunk driving, driving whilst disqualified, perverting the course of justice, breach of probation and taking a care without the owners consent. When I saw Mr. Smith on 19th December he was genuinely upset by his actions, felt that he had let himself and his family down as for the past 4/5 months he had not been in any trouble with the police, he had followed the conditions of his probation well and for one aberration Mr. Smith feels he will now have to go to prison. He will obviously be having a social circumstances report from the court as well as a psychiatric opinion via Dr. Murphy.

I will maintain contact with him, certainly in the near future and will keep you updated on any relevant developments.

Yours sincerely,

Gordon

SCN Gordon Campbell,
Community Psychiatric Nurse
c.c. Dr. Murphy, Rowan House, Kirkcaldy

Psychiatric Report on Richard Campbell Smith, date of birth, 4.9.98 of 33 Shakespeare Avenue, Buckhaven by Dr James Murphy, MB Ch B MRC Psych., Consultant Psychiatrist, Whytemans Brae Hospital, Kirkcaldy

---

My most recent contact with Mr Smith was on 7th January, 1998. On that occasion I discussed the offences which have led to the Court requesting this Report. I had been provided with details of the charges to which he has pleaded guilty, and had a copy of the Social Enquiry Report prepared by Ms Black for his appearance in Court on 6th January 1998. I had available case notes describing Mr Smith's contact with the Psychiatric Services, and was able to draw upon my own experience of dealing with Mr Smith.

Mr Smith was brought up in the Levenmouth area, the oldest child of a family of 3. In his early teenage years he appears to have developed behavioural problems, truanted from school a great deal, got into trouble with the police and started to abuse drugs. He has had no long period of employment since leaving school. He is unmarried and was until recently living with his parents. He has recently successfully taken up his own tenancy.

Mr Smith first had contact with the Psychiatric Services in 1993. He was seen on various occasions as an out-patient in 1993 and 1994. He was noted to have a history of drug abuse, but not found to have other evidence of psychiatric illness. My own first contact with him was in May 1995 when he had been admitted to Whytemans Brae Hospital for detoxification from drugs. During that admission he reported that he had been hearing hallucinatory voices for several years. At the time I thought that it was unlikely that he was suffering from a serious psychiatric illness.

I had further contact with Mr Smith in November 1996 when he was referred by his General Practitioner. He had a brief admission, taking his own discharge after 10 days. During this admission he once again described hearing hallucinatory voices. I remained very uncertain about the diagnosis, but felt that the possibility of these being genuine hallucinations resulting from psychiatric illness merited a trial of medication. Accordingly, I arranged for him to receive medication in the form of an injection which he receives at 2 weekly intervals, and which is administered by our community nursing staff. I have been maintaining contact with Mr Smith as an out-patient since then. Our community nursing staff have been in regular contact with him to administer his medication, and they have also discussed his progress with his parents.

Since starting on medication, there has been a major change in Mr Smith. He no longer describes hallucinatory experiences, and his previously chaotic behaviour seems to have settled down a great deal. Although he admits to continuing to use Cannabis, he is no longer engaging in chaotic and dangerous substance mis-use. He general demeanour seems to have become much quieter, and indeed he presents as being rather passive and apathetic.

When I discussed the offences with Mr Smith, he gave an explanation which was essentially the same as was described in the Social Enquiry Report. He accepted that he had acted foolishly.

CONCLUSIONS

1 I have had difficulty in reaching a clear diagnosis with Mr Smith. However, taking into account the total history of his symptoms, and his apparent marked and sustained improvement since starting on medication, I think it likely that he is

suffering from a serious psychiatric illness, and that that illness is schizophrenia. He receives treatment for this illness from our Service in the form of injectible medication, contact with community psychiatric nurses, and review at my out-patient clinic.

2 The offences that the Court is at present dealing with did not occur as a direct consequence of his psychiatric illness. Mr Smith acknowledges that he simply acted foolishly and irresponsibly.

3 I am aware that, in view of his previous record, the Court might well be considering a custodial sentence. However, despite the seriousness of the offences I hope that the Court will take into account the general marked improvement in Mr Smith's mental health and social conduct since starting to receive medication a year ago and I support Ms Black's recommendation that Probation be allowed to continue.

4 If Mr Smith receives a custodial sentence, it is important that Prison Medical Staff be notified of his psychiatric history in order that they can monitor his mental state and treatment.

This Report is given on Soul and Conscience. I can confirm that I am on the list of Medical Practitioners approved by Fife Health Board for the purpose of Section 20 of the Mental Health (Scotland) Act, 1984.

Dr James Murphy 2 February 1998

JM/EMY/043627

16th January 1998

Dr Crosby
The Cannons
Fisher Street
METHIL

Dear Dr Crosby

Richard Smith, 14 Carlyle Crescent, Buckhaven
D O B - 4 9 73

I saw Mr Smith as an out-patient on 7th January.

He seems to be keeping quite well within himself and certainly is no longer describing any hallucinatory experiences. He also generally seems to be leading a much quieter and more stable lifestyle, albeit he tells me that his parents describe them as being generally rather lacking in motivation. He continues to receive a Depot neuroleptic from our CPN's. The only cloud on the horizon is that he has got himself into trouble because of a drink driving incident.

I intend to see him again as an out-patient in about 3 months time.

Yours sincerely

Dr J Murphy
Consultant Psychiatrist

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CAMERON BRIDGE
WINDYGATES
FIFE KY8 5RR

TELEPHONE: 01592 712472
FAX: 01592 716442

Ref: - CPNS\MG
Extension 281

October 28, 1997

Dr Crosby
The Cannons
Fisher Street
Methil

Dear Dr Crosby

Re: Mr Richard Smith - 14 Carlyle Crescent Buckhaven
D.O.B. 04.09.73

As you know I have had contact with Mr Smith since December last year when he was referred to our service by Dr Murphy, Consultant Psychiatrist with a view to administering his depot medication and monitoring his mental state.

I am pleased to report to you that on the whole Mr Smith's situation appears outwardly very stable, he denies any perceptual disturbance, his overall general level of general functioning appears to be well controlled and more importantly his parents report that his overall level of behavioural pattern has been acceptable.

I continue to visit him meantime, to administer his depot and I will be keeping you updated in any subsequent developments.

Yours sincerely

Gordon

CPN Gordon Campbell
Senior Charge Nurse
Community Psychiatric Nurse

c:c: Dr Murphy

RECEIVED
29 OCT 1997

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CAMERON BRIDGE
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FIFE KY8 5RR

TELEPHONE: 01592 712472
FAX: 01592 716442

Ref: - CPNS\MG
Extension 281

September 25, 1997

Dr Crosby
The Cannons
Fisher Street
Methil

Dear Dr Crosby

Re: Mr Richard Smith - 14 Carlyle Crescent Buckhaven
D.O.B. 04.09.73

As you know I have had contact with Mr Smith Consultant Psychiatrist since December last year when he was referred to our service by Dr Murphy with a view to administering his depot medication and monitoring his mental state.

I am pleased to report to you that on the whole Mr Smith's situation appears outwardly very stable, he denies any perceptual disturbance, his overall general level of general functioning appears to be well controlled and more importantly his parents report that his overall level of behavioural pattern has been acceptable.

I continue to visit him meantime, to administer his depot and I will be keeping you updated in any subsequent developments.

Yours sincerely

Gordon

CPN Gordon Campbell
Senior Charge Nurse
Community Psychiatric Nurse

c.c. Dr Murphy

29 SEP 1997

JM/JC/043627

26 August 1997

Dr Crosby
The Cannons
Fisher Street
METHIL

Dear Dr Crosby

Richard Smith, 14 Carlyle Crescent, Buckhaven
D O B - 4.9.73

I saw Mr Smith as an out-patient on 20 August. He has really done surprisingly well since he left hospital. He tells me that he is no longer abusing drugs, is leading a quiet life and not mixing with his former friends, and has stayed out of police trouble. I gather from our community nursing staff that his parents are well pleased with how things have worked out. In the past, he had described hearing hallucinatory voices, although I had also been somewhat uncertain about these. He says that he now rarely has such experiences.

Mr Smith's new found stability is welcome, and I must say somewhat surprising. I am still uncertain about whether he has been suffering from a psychotic illness but for whatever reason he seems to have been much more stable since we started him on his depot injection and I am sure that he should continue with this meantime. I will arrange to see him again in about three months time.

Yours sincerely

Dr J Murphy
Consultant Psychiatrist

c.c. Gordon Campbell, CPN

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WINDYGATES
FIFE KY8 5RR

TELEPHONE: 01592 712472
FAX: 01592 716442

Our Ref: - GC\CPNS\MT
Extension 281
December 13, 1996

Dr. J. Murphy,
Consultant Psychiatrist,
Rowan House,
Willow Drive,
Whyteman's Brae,
Kirkcaldy.

Dear Dr. Murphy,

Re: **Richard Smith, 14 ~~Carlyle Crescent~~ 33 Shakespeare Av, Buckhaven. DoB: 04.09.73**

Thank you for referring the above named gentleman to our Service, whom I saw on Friday, 6th December. As you know from our previous discussion there was some confusion when I attended Mr. Smith's house on Friday, but we have 'got to the bottom of that'. When I visited Mr. Smith at home I could find nothing to demonstrate any positive symptomatology, he was orientated in time, place and person. There was no evidence of any formal thought disorder, he denied that he was having any 'voices' at present, he last heard them approximately 2 weeks ago, when they were the bad voices, this is what made him cut his left forearm. Both Richard and his father, who was present when I visited, said that at over the past fortnight or so things have improved. Richard appeared more calm, controlled and they were happy with his level of function. They did show me damage that Richard had caused the house in the past with the window being broken and damage to the sitting room door, but this had not happened for some time. Richard went on to say that he has not had any drugs or alcohol for 2 weeks and he intended to stay clean and alcohol free.

I will visit him again all being well on 3rd January, 1997, to administer his depot injection and keep you updated of any developments.

Yours sincerely,

Gordon Campbell

SCN Gordon Campbell.
Community Psychiatric Nurse
c.c. Dr. Crosby, The Cannons, Fisher Street.

RECEIVED 17 DEC

Rowan House
28/32 Willow Drive
Whyteman's Brae
Kirkcaldy
KY1 2LF

Telephone: 01592-643785
Fax: 01592-643790

JM/KW

12 December 1996

Mr Richard Smith
14 Carlyle Crescent
Buckhaven
KY8

Dear Mr Smith,

I have been requested to prepare a Psychiatric Report for your appearance in Court on the 24th December 1996. Can I offer you an appointment for Wednesday, 18th December, 1996 at 2.00pm at Randolph Wemyss Hospital, Buckhaven.

It is very important that you keep this appointment so I can have the Report available. Please let my secretary know if you are unable to attend.

Yours sincerely,

Dr J Murphy
Consultant Psychiatrist

Rowan House
28/32 Willow Drive
Whyteman's Brae
Kirkcaldy
KY1 2LF

Telephone: 01592-643785
Fax: 01592-643790

JM/KW/043627

4 December 1996

Dr Crosby
The Cannons
Fisher Street
Methil
KY8 3HD

Dear Dr Crosby,

Richard Smith - 4.09.73
14 Carlyle Crescent, Buckhaven

You will recall that we have had several recent brief discussions about Richard. After he discharged himself, he took his prescribed Benzodiazepines in a single dose, and later inflicted lacerations upon himself and was eventually arrested by the police. I saw him while in police custody. To cut a long story short, he was released from custody and we are maintaining contact with him on an out-patient basis. Taking all the evidence into account, I doubt if he is suffering from schizophrenia, but it is not unreasonable to offer him a trial of neuroleptic treatment. He has therefore been started on Flupenthixol Decanoate which is being administered by our community nursing staff. I would be grateful if for the meantime, you could continue to prescribe Diazepam 20mg bd, but issuing prescriptions for no more than 3 days at a time. I will be maintaining contact with him as an out-patient.

Yours sincerely,

Dr J Murphy
Consultant Psychiatrist

cc Gordon Campbell, CPN

NHS Trust
Whyteman's Brae Hospital
Rowan House
Kirkcaldy
KY1 2LF

FIFE PSYCHIATRIC SERVICE
DISCHARGE SUMMARY

AC/JC/043627

29 November 1996

Richard Smith
20 Cherry Court
Methil
D O B - 4.9.73

Dr A F Crosby
The Cannons
Fisher Street
Methil

Admitted: 13.11.96

Discharged: 25.11.96

Medication on Discharge:
Diazepam 15mg bd 2 days supply
Diazepam 10mg bd for a further 3 days

ICD10(I)
(ii)

Consultant: Dr Murphy

Locus of Care: Whyteman's Brae Hospital

Responsible Consultant Following Discharge: Dr Murphy

Follow Up Arrangements:
Mr Smith will be offered psychiatric out-patient follow-up

Diagnostic Summary:
Dependent use of Benzo-diazepines
Impulse control difficulties

Signed.....
Dr.A Carson
Reg in Psychiatry

Consultant's Comments:

Signed.....
Dr. J Murphy
Consultant Psychiatrist

See overleaf for detailed summary

Dear Dr Crosby

Mr Smith was admitted to Rothes Ward, Whyteman's Brae Hospital following emergency review at the request of his GP, Dr Crosby. He presented himself as being depressed and angry as he had been without Benzo-diazepines for the last three days. In response to his anger he had had an aggressive outburst at home, he describes himself as "smashing up my mum's house". He had until recently been taking Valium 100mg per day, Temgesic 2-3 tablets at night, alcohol 2-3 bottles cider per day. He was also smoking cannabis regularly and taking amphetamines and LSD at weekends.

He said his mother and father were having difficulty coping with him.

He had court cases pending for taking and driving away.

He describes his problems as not being just due to drugs but was unable to say what his problems may be due to. He had an in-patient detox two years ago but did not stay off drugs for very long following this. He had last had contact with the Community Drug Team prior to his last visit to Saughton Prison.

He went on to describe in graphic detail his propensity to violence. In particular he was adamant that if he was not admitted there would be a violent incident that evening at home. I spoke with his brother who was present and he described the family as being very concerned about his impulsive aggressive behaviour. He also said the family were concerned that Mr Smith had schizophrenia. The reason they thought he would have schizophrenia is because of his sudden outbursts of violence. However on questioning Mr Smith, he does describe having heard "voices telling him to do things". It is of note that these voices are not heard of the quality of an ordinary voice. They appear as a thought entering his mind out of the blue. He recognises the thought as his own. There is no sense of this being an example of thought insertion by an alien being.

I explained to the family that we did not think there was psychiatric illness other than drug abuse and impulse control problems. I explained that we felt medical admission was not in his best interests and that out-patient detoxification was the treatment of choice. However they remained adamant that they wished him to be admitted and were frightened of his propensity towards aggression. Given the family's concerns we decided to admit him for in-patient detoxification, perhaps against our better judgement.

Whilst on the ward Mr Smith mixed well with other patients and presented as being happy and unconcerned. There was no evidence at any time to suggest he was responding to auditory hallucinations or suffered from any persecutory ideas. He detoxified from Benzo-diazepines without incident although frequently quibbled over his dose. Unfortunately at many times staff were suspicious that there may have been visitors who were bringing drugs onto the ward. He was never conclusively discovered to have abused anything but on three or four occasions, staff entering a room which Mr Smith was in were confronted with strong smells of hashish. A drug screen from 22nd November 1996 was positive for Cannabis, Amphetamines, including Phentermine, and Benzo-diazepines.

Mr Smith discharged himself against medical advice. It may be significant that his discharge was taken two hours after discussion with myself about whether psychiatric recommendation to the court was likely to occur.

Opinion and Plan

I thought Mr Smith suffered from Benzo-diazepine dependency and had personality problems including impulse control difficulties. His impulse control and aggressive outbursts may well be augmented by the effects of Benzo-diazepines. Although he describes hearing voices, they do not have the phenomenalogical character of auditory hallucinations. Also his manner of social interaction whilst on the ward bore no resemblance to that of someone who is chronically hallucinating. In particular it was obvious that he understood what he was doing when he was doing it. He was certainly not functioning in response to imperative hallucinations. In summary it is impossible to absolutely exclude that Mr Smith suffers from a psychotic illness but one can say with a degree of certainty that he is fully responsible for his own actions and that his aggressive outbursts are not in response to auditory hallucinations. His putative suggestion of illness should in no way affect his responsibility for his own actions. However given his complaints about "voices" it would be reasonable to offer him a trial of anti-psychotic should this be wished. Given his history of abuse of all manner of tablets, I would think it would be most sensible that any medication given was given in depot formulation. Depixol 40mg monthly would be a sensible starting dose. I think it unlikely that this will make any difference to his clinical picture (although some people recommend Depixol in low doses for people with impulse control difficulties) but if you were prescribing this for him, I would be very happy to review the effects of this in the out-patient clinic. I shall be sending him an out-patient appointment, but given the fact he discharged against medical advice, I think it highly unlikely he will attend. Should you wish to discuss Mr Smith's presentation further, please feel free to telephone me.

Best wishes.

Yours sincerely

Dr Alan Carson
Reg in Psychiatry

Dr. A. F. CROSBY
Dr. JANICE A. DUNCAN
Dr. N. G. MACDIARMID

CONSULTATIONS
By APPOINTMENT

THE CANNONS,
FISHER STREET,
METHIL, KY8 3HE.
Phone LEVEN (01333) 426083
Fax (01333) 421833

13/11/96

Rec'd.

M. Ramsay Smith
McCardle Cos
Buckhaven

L.R. 73

Mrs Tracy on assessment has come with history of benzodiazepine dependence. Was DNA at recent Buchanan Drug Clinic for rapid tapers - ↑ agitation
- hypertension.
- destruction to property
- hallucinations.
- ↑ anxiety overall

No history of I.V. Abuse.

Was under contract & drug counselling service in past but contact now severed.

Medication - more urgently

Mary Tracy

Rec'd 13/11/96

756631

Rowan House
28/32 Willow Drive
Whyteman's Brae
Kirkcaldy
KY1 2LF

Telephone: 01592-643785
Fax: 01592-643790

JM/KW

31 October 1996

Mr Richard Smith
14 Carisle Avenue
Buckhaven
KY8

Dear Mr Smith,

As Dr Murphy has been requested by the Procurator Fiscal to prepare a Psychiatric Report for your appearance in Court on 12th November, 1996 your appointment with Dr Carson at Leven Health Centre on Monday, 4th November has been cancelled. Would you please attend instead for an appointment with Dr Murphy at Rowan House, Whytemans Brae Hospital, Kirkcaldy on Thursday, 7th November 1996 at 2.00pm. Please let me know if you are unable to attend at this time as we will have to advise the Court accordingly.

Yours sincerely,

Mrs K Williams
Personal Secretary to Dr Murphy

Rowan House
28/32 Willow Drive
Whyteman's Brae
Kirkcaldy
KY1 2LF

Telephone: 01592-643785
Fax: 01592-643790

AC/KW/043627

21 October 1996

Dr Crosby
The Cannons
Fisher Street
Methil
KY8 3HD

Dear Dr Crosby,

Richard Smith - 4.09.73
14 Carlyle Crescent, Buckhaven

Mr Smith did not attend his arranged out-patient appointment at Leven Health Centre. He contacted us the following day explaining that he had not received an appointment. This we have to say does seem unlikely as he was both sent one by post and verbally through his brother. We have however said to him that we would be happy to see him again but we have put him to the back of the waiting list for out-patient appointments.

Yours sincerely,

Dr Alan Carson
Registrar in Psychiatry

Rowan House
28/32 Willow Drive
Whyteman's Brae
Kirkcaldy
KY1 2LF

Telephone: 01592-643785
Fax: 01592-643790

JM/KW

30 September 1996

Mr Richard Smith
14 Carlyle Crescent
Buckhaven
KY8

Dear Mr Smith,

As requested by your GP, an appointment has been made for you to be seen at the Psychiatric Out-Patient Clinic which is held in Leven Health Centre on Monday 14th October, 1996 at 2.00pm. Please let my secretary know if you are unable to attend at this time.

Yours sincerely,

Dr A Carson
Registrar

Rowan House
28/32 Willow Drive
Whyteman's Brae
Kirkcaldy
KY1 2LF

Telephone: 01592-643785
Fax: 01592-643790

JM/KW

16 September 1996

Mr Richard Smith
2 Rolland Buildings
The Cross
Windygates
KY8 5DD

Dear Mr Smith,

As requested by your GP, an appointment has been made for you to be seen at Rowan House, Whytemans Brae Hospital, Kirkcaldy on Thursday, 26th September, 1996 at 2.00pm. Please let my secretary know if you are unable to attend at this time and a further arrangement will be made.

Yours sincerely,

Dr J Murphy
Consultant Psychiatrist

05 SEP 1996

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112B

Ambulance Transport Required: Yes/No Sitting/Stretcher

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Hospital VICTORIA Date 30.08.96

CHI No. 0 4 0 9 7 3 0 1 7 3

Please arrange for this patient to attend the PSYCHIATRIC clinic of Dr/Mr MURPHY

Patient's Surname SMITH

First Names RICHARD

Address 2 ROLLAND BUILDINGS 14 Castle Cres
THE CROSS WINDYGATES Buckhaven

Postal Code KY8 5DD

Maiden Surname

Single/Married/Widowed/Other XXXXXXXXXX

Date of Birth 04.09.73

Patient's Occupation

Contact telephone number

Has the patient attended hospital before? YES/NO If "YES" please state:

Name of Hospital VICTORIA

Year of Attendance 1995 Hospital No. V043627

If the patient's name and/or address has/have changed since then please give details:
ADDRESS WAS c/o 20 CHERRY COURT METHIL

Can patient attend at short notice? YES/NO

If YES, minimum notice required ..... days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

DRS. CROSBY, DUNCAN
& MACDONALD
"THE CANNONS"
FISHER STREET, METHIL
FIFE KY8 3HE
01333 426083

Please use rubber stamp

21510

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

I would be grateful if you could see this chap again. His mum and dad are becoming increasingly concerned with regards his behaviour. You may recall seeing him in May 1995 when he was admitted fro Benzodiazepine detoxification and this was an unproblematic admission.

Since this time he has been in prison. My most reason contact with him was last week. Apparently he has been taking Diazepam, Amitriptyline and he is buying them off the streets but he denies injecting. When I saw him he was quite withdrawn and disorientated. His short term memory was very poor. He was with his brother and the brother revealed that he rest of the family can take no more of his problems., Richard is well aware of the hurt he is causing to his family and he would like something to be done, hence my referral.

I would be grateful if you could see with regards further management.

Yours sincerely

Dr A F Crosby

24/9 - Ravan House

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

04 SEP 1996

Relevant X-rays available from: No. (if known)

Signature

355-2105

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fife healthcare
NHS Trust

Whyteman's Brae Hospital
Kirkcaldy
KY1 2ND

FIFE PSYCHIATRIC SERVICE

DISCHARGE SUMMARY

AB/KW **8.6.95**

Richard Smith 4.09.73 c/o 20 Cherry Court Methil Unit No. 043627	Dr A F Crosby The Cannons Fisher Street Methil
Admitted: 4.5.95 **Discharged: 15.5.95**	**Medication on Discharge:**
ICD9(i)304.1 DSM III (i) **(ii) (ii)**	
Consultant: Dr Murphy **Locus of Care: Rothes Ward**	

Responsible Consultant following Discharge:

Dr Murphy

Follow-Up Arrangements:
To be followed up by Social Work and Community Drugs Team

Diagnotstic Summary:
Arranged admission for benzodiazepine detoxification. Unproblematic admission.

Signed .....
Dr A Burnel, Registrar

Consultant's Comments:

Signed .....

Previous out-patient contact leading to GP prescribing Diazepam. No other psychiatric contact. No significant medical history known.

Drug History

Previous use of opiates (IVDA - not recently). Possible/probable use of hallucinogen.

Family History

No family history of psychiatric illness known. Mother and father appear to be supportive and helpful. Two brothers, one living with parents.

Mental State Examination

Casual but appropriate clothing. Behaved spontaneously although slightly restless. Co-operative with interview. Subjectively describes mood as "bad" putting this down to early withdrawal. Objectively he was euthymic with appropriate affect. No sign of biological symptoms and no suicidal intention. He spoke in a clear voice with normal rate and volume. He was spontaneous in speech and his tone was expressive. Form and content were normal. No evidence of hallucinatory phenonmena. Cognitively orientated in time, place and person.

Progress Post Admission

Principles of detoxification explained to him and reducing regime of Benzodiazepines agreed. Detoxification was in fact fairly non eventful although he did require support in terms of oral neuroleptic medication. Was discharged 2 days earlier than planned although was free of Benzodiazepines by that time.

Follow-up/Prognosis

Richard appears well motivated and managed withdrawal reasonably well. One can therefore hope that at least he can remain free of Benzodiazepine use for some time to come. No psychiatric follow-up from Sector Team is planned.

Yours sincerely,

Dr A J Burnel
Registrar to Dr Murphy

MMacG/EH/043627

22nd March, 1995

Dr. A.F.Crosby
The Cannons
Fisher Street
Methil.

Dear Dr. Crosby,

Richard Smith, c/o 20 Cherry Court, Methil. KY8 2HH
D.O.B. 04.09.1973

Thank you for referring me this man who I saw on Rothes Ward at approximately 2pm on 21.3.95. He presented following a crisis in his home circumstances. He has been receiving a script for 90mgs of Diazepam once daily for the past fortnight. He says he collected this for the first two days and then his second cousin began demanding this from him. This person has threatened Richard with violence and has often come to the house and threatened Richard's parents also if the tablets were not handed over. Richard has refused to let the police deal with the matter because the man although only second cousin is still family and Richard says "I am not a grass". Richard said his main need was to get away from this man who is oppresing him and to receive inpatient detox. His mood, appetite and other biological symptoms were consistent with Benzodiazephines addiction and his social circumstances. I note that Richard was admitted previously for Benzodiazephine detoxification but discharged AMA after less than 24hrs.

Richard's current social circumstances are that he lives with his parents. He had been thrown out of his own flat recently by his Landlord for "not holding it together well enough". Currently he takes Diazepam every day a variable amount. He claims to buy this himself since he no longer has a script. He also takes a half quarter of hash per day and denies anything else at present.

On examination Richard was a casually dressed, 21 year old man with appropriate behaviour. He made poor rapport, made very little eye contact. Says his mood his awful. His affect was normal level however and appropriate react. He was mildly agitated. His speech was normal. There was no sign of thought disorder or psychotic

/....

22.3.95

Dr. Crosby

phenonmenon however Richard described ideas of suicide. At times he feels like shooting himself with his gun but has no current intent or plans. He was orientated in time, place and person. I note also that he was not clinically withdrawn when I saw him.

Impression:

My impression of Richard was that he presents with social problems rather than any psychiatrict illness. I do not believe that he is at risk of suicide or self harm however following discussion with Dr. Murphy I have offered him a place on the waiting list for Rothes for inpatient detox.

Yours sincerely,

M.MacGlone
SHO in Psychiatry

c.c. Dr. J. Murphy, Consultant Psychiatrist

AB/JC/043627

9 March 1995

Dr A F Crosby
The Cannons
Fisher Street
Methil

Dear Dr Crosby

Richard Smith - 04.09.73
20 Cherry Court, Methil

Further to my telephone conversation with you on 6 March 1995 I had seen Richard Smith earlier that day at Leven Health Centre. He had in fact been brought to the surgery by his probation officer. He describes a several year history of abuse of primarily Benzodiazepines and alcohol but also opiates in the form of Temgesic and Tylex. His "recreational" abuse of LSD, "ecstasy" and amphetamines. Likewise he uses cannabis more or less all the time and has in the past abused solvents. He was very unclear as to how much of these substances he was taking.

No significant past medical history and his previous contact with psychiatric services has been related to substance abuse and alcohol abuse. He has had a tendency to default from follow-up and on his one admission, unfortunately discharged himself against medical advice.

Family History
Mother and father in their forties both described as being well and helpful and supportive. There is no family history of psychiatric illness. There are two brothers, one of whom lives at home with the patient.

Born in Kirkcaldy, attended Buckhaven High School from which he was expelled for fighting and truancy. He then went to Lynewood Residential School from he was also expelled. He completed a one year YTS scheme shortly after leaving school but since this time has only been able to continue in employment for periods of a few days. He has in fact been unemployed for about the past two to three years.

He has a number of forensic contacts for breach of the peace, assault, driving offences and house-breaking. He has two offences [illegible] currently one for driving and one for breach of the peace. [illegible] two weeks on remand in Perth Prison previously.

Current Circumstances
He is unemployed, lives in his parental house and has debts to the tune of approximately £800. He has one relationship with a woman which seems to be rather an open relationship but Richard appears to like this.

Mental State Examination

Casually dressed but appropriate. Evidence of mild self neglect. Looks roughly chronological age. Behaved spontaneously throughout interview, eye contact O.K. No evidence of retardation or agitation. Mood objectively and subjectively euthymic with reactive affect. No evidence of suicidal ideation. No evidence of psychotic disorder. Cognitively orientated in time, place and person. Immediate recall 100 per cent, five minute recall, two errors in a six part address, Serial 7s good, past and current knowledge poor.

For an assessment, I discussed the case with Paul Reilly, Richard's worker at the CDTs. It seems that original moves towards in-patient placement had occurred because at that time (i.e. in January) Richard seemed very much out of control. This appears now to have changed and Richard is much more settled although is not attending to see Paul. I have discussed the possibilities with Paul and with Richard and it seems clear that everybody would be in an out-patient detox if this could arranged.

Plan

Following from the above, I am grateful to you for having prescribed a regular once daily scrit for 90mg of Diazepam, which Richard has agreed to take. He further is to attend future meetings with Paul Reilly. Once Richard is stabilised on this dose I think it would reasonable for the three of you to arrange a reduction regime and Richard has again agreed to this also. I have not arranged to see Richard again [illegible] out-patient detox should be at least theoretically possible prior to any in-patient placement but would agree to see him again should his problems get out off hand once more.

Yours sincerely

Dr A J Burnet
Reg to Dr Murphy

c.c. Paul Reilly

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112B

Ambulance Transport Required: Yes/No Sitting/Stretcher

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

Hospital WHYTEMAN'S BRAE Date 13.2.95

CHI No. 0 4 0 9 7 3 0 1 7 3

Please arrange for this patient to attend the PSYCHIATRY clinic of Dr/Mr XX MURPHY

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname SMITH Maiden Surname

First Names RICHARD C Single/Married/Widowed/Other

Address c/o 20 CHERRY COURT Date of Birth 4.9.73

METHIL Patient's Occupation

Postal Code KY8 2HH Contact telephone number

Has the patient attended hospital before? YES/NO If "YES" please state:

Name of Hospital WHYTEMAN's BRAE

Year of Attendance 1994 Hospital No. V290550

If the patient's name and/or address has/have changed since then please give details: S.No. SL/EL/043627

Can patient attend at short notice? YES/NO

If YES, minimum notice required ..... days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

Drs. Pringle, Crosby & Burden
The Cannons
Fisher Street, Methil
Fife KY8 3HE
0333 426083

Please use rubber stamp

21510

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

I would be very grateful if you could possibly see this 22 year old with a chronic drug and alcohol problem. He was admitted for a detoxification programme to the Rothes Ward on 9.12.94 but unfortunately he signed himself out 24 hours later. His Social Worker recently wrote to me (please find enclosed photocopy). I recently spoke to Richard himself and he was quite anxious to come off both drugs and alcohol and would certainly wish to be reconsidered for a detoxification programme, hence my referral. I wonder if you would be good enough to see this chap again. Many thanks.

Yours sincerely

Dr A F Crosby

Diagnosis/provisional diagnosis: .....

Present drug treatment and potential special hazards: .....

X-ray (women of childbearing age). Date of first day of L.M.P. .....

Relevant X-rays available from: ..... No. (if known) .....

..... Signature .....

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fife healthcare
NHS TRUST

COMMUNITY DRUGS TEAM
RANDOLPH LODGE
2 COLLEGE STREET
BUCKHAVEN FIFE KY8 1JX

TELEPHONE: 01592 716446
FAX: 01592 716759

YOUR REF:
OUR REF: PR/JW

16 January 1995

PRIVATE AND CONFIDENTIAL

Dr A F Crosby
The Cannons
Fisher Street
METHIL
KY8 3HE

Dear Dr Crosby

RE: RICHARD SMITH, 2 ROLLAND BUILDINGS, WINDYGATES.
DATE OF BIRTH: 04.09.73

I met with Ricky last week and am extremely concerned that his drug and alcohol use are completely out of control.

He was arrested several days ago, intoxicated while driving and has no recollection of these incidents. He certainly seems to be on a self-destruct course at the moment and feels he should be "locked up" and frankly he is lucky he is not.

I do not feel there is anything the Community Drugs Team can do at present to deal with his drug use in the community, and I raised the issue again with him of a supervised detox in hospital, where I feel he would benefit from a more supportive 24 hour environment. He is keen on this idea as he feels it is the only way he is likely to get some control over his situation.

I wonder then if you would consider an approach again to Rothes Ward, Victoria Hospital, Kirkcaldy with a view to having Ricky admitted as soon as possible, with a realistic prescribing regime once there to help stabilise and ultimately reduce his medication.

I shall see Ricky again next week in the meantime to offer him support. Should you wish to discuss this situation with me, please do not hesitate to contact me.

Yours sincerely

Paul Reilly
Community Drugs Worker

fife healthcare
NHS TRUST

WHYTEMAN'S BRAE HOSPITAL
WHYTEMAN'S BRAE
KIRKCALDY
FIFE KY1 2ND

TELEPHONE: 0592 643355
FAX: 0592 640159

12th December, 1994.
SH/IE.

Dr.S.Mukherjee,
Muiredge Surgery
Merlin Crescent
Buckhaven.

Dear Dr. Mukherjee,

Richard Smith, 2 Roland Buildings, The Cross, Windygates. d.o.b. 4.9.73.

Thank you for referring this gentleman back for reassessment on 11.12.94.

As we discussed on the telephone Mr.Smith had discharged himself against medical advice from Rothes Ward earlier in the evening. After leaving the ward Richard had cut his wrists superficially, the reason being because he was angry that his girlfriend that she didn't want anything more to do with him. He said he had to leave the ward because he did not want to get angry in the ward, and had taken his anger out on himself. At interview he regretted his actions.

We discussed Richard's reasons for coming into hospital and he felt that he had only come for benzodiazepine detox because others had wanted him to. I did not feel Richard warranted readmission, and when I interviewed him he was not expressing any suicidal thoughts or intentions.

I will, however, ask Dr. Murphy to review Richard.

Yours sincerely,

Sheila S Hunter

Dr.S.Hunter.
SHO in Psychiatry.

c.c. Dr. J. Murphy, Consultant Psychiatrist.

FIFE HEALTHCARE
FIFE PSYCHIATRIC SERVICE

AR/KW 21.12.94

Discharge Summary

Richard Smith 4.09.73
c/o 20 Cherry Court
Methil
KY8 2HH

Dr Crosby
The Cannons
Fisher Street
Methil
KY8 3HD

Admitted: 9.12.94
Discharged: 10.12.94

Medication on Discharge:

Nil

ICD9 (i) 304.1 DSM III (i)
(ii) (ii)

Consultant: Dr Murphy
Locus of care: Rothes Ward,
Whytemans Brae

Responsible Consultant following discharge:

Follow-up arrangements:

Nil

Diagnostic Summary
Admitted for detoxification from Benzodiazepines. Discharged himself shortly after admission.

Signed .....
Dr A Robertson, SHO

Consultant's Comments

Signed .....
DR

Mr Smith was admitted to Rothes Ward on the 9th December 1994 for detoxification from Benzodiazepines. At the time of admission Mr Smith admitted to taking 20mg Diazepam and 40mg Temazepam per day. He informed me that he had started taking drugs about 7 years ago and that he currently wants to stop. He told me that he was getting support from his Probation Officer and also from a Psychologist as well as his family.

Mr Smith was born in Kirkcaldy and went to Buckhaven High School but was expelled for drinking. Mr Smith has had a number of unskilled jobs over the past 6 years none lasting anymore than a few weeks. Mr Smith informs me that the reasons the jobs have been so short lived affairs is because he can't get out of bed in the morning. He is currently unemployed and living with his girlfriend. His girlfriend has 1 child, a girl of 2 from a previous relationship who is also living in the hosue. Mr Smith smokes 20 cigarettes a day on average.

Currently Mr Smith is on no prescribed medication. His social drug taking habits are described in the beginning of this letter. He says he suffers from no know drug allergies.

Mr Smith was seen by Dr Anderson for an addiction problem early in 1993 when he completed a Court Report. Mr Smith has also been attending the Day Unit where he has been seen by Dr Pathi. I also discovered from the notes that I myself should have seen Mr Smith at Ward 13, Victoria Hospital on the 11th October 1994 following a Paracetamol overdose but that he had left the ward before I arrived.

On admission Mr Smith appeared as a casually dressed young man who maintained good eye contact throughout his interview. His speech was spontaneous and normal in rhythmn, rate and content. He expressed no psychotic features throughout the interview though his mood did appear low. His affect was normal and appropriate at all times.

Mr Smith remained on the ward on the Friday night but on the Saturday requested to be allowed home to get cigarettes and a deodorant. At this particular moment in time Mr Smith was on 15 minute observations and it was explained to him that it was not considered a good idea for him to go off the ward whilst on the detox programme. It was also explained to him that going home without the ward's agreement would jeapardise his admission. Mr Smith appears to have been unable to accept our concerns about this and felt that he had to go to do what he said he had to do. To this end Mr Smith signed an irregular discharge form on the evening of the 10th December. As it transpired Mr Smith actually never left the ward and remained there until the evening of the 11th December when he again requested to be discharged. As there appeared to have been no grounds for detaining Mr Smith he was allowed to take his own discharge. Mr Smith left the ward at approximatley 7pm on the 11th December and has not been seen since. No follow-up arrangements have been made for this man as he failed to complete his detox course. If you wish us to review him again we will however be glad to if you re-refer him.

12th December, 1994.
SH/IE.

Dr.S.Mukherjee
Muiredge Surgery
Merlin Crescent
Buckhaven.

Dear Dr. Mukherjee,

Richard Smith, 2 Roland Buildings, The Cross, Windygates. d.o.b. 4.9.73.

Thank you for referring this gentleman back for reassessment on 11.12.94.

As we discussed on the telephone Mr.Smith had discharged himself against medical advice from Rothes Ward earlier in the evening. After leaving the ward Richard had cut his wrists superficially, the reason being because he was angry that his girlfriend that she didn't want anything more to do with him. He said he had to leave the ward because he did not want to get angry in the ward, and had taken his anger out on himself. At interview he regretted his actions.

We discussed Richard's reasons for coming into hospital and he felt that he had only come for benzodiazepine detox because others had wanted him to. I did not feel Richard warranted readmission, and when I interviewed him he was not expressing any suicidal thoughts or intentions.

I will, however, ask Dr. Murphy to review Richard.

Yours sincerely,

Dr.S.Hunter.
SHO in Psychiatry.

c.c. Dr. J. Murphy, Consultant Psychiatrist.

17th October, 1994.
AR/IE.

Dr.A.F.Crosby
The Cannons
Fisher Street
Methil.

Dear Dr. Crosby,

Richard Smith, 2 Rolland's Buildings, The Cross, Windygates. d.o.b. 4.9.73.

This gentleman was admitted to Ward 13 Victoria Hospital on 11.10.94 claiming to have taken a Paracetamol overdose. Paracetamol levels were taken and were found to be normal.

At the time of admission Mr.Smith had been drinking heavily. Mr.Smith is a known patient of Dr. Pathi and is due to be reviewed on 21.10.94. Unfortunately Mr.Smith had left the ward by the time I arrived to review him.

Yours sincerely,

A..Robertson.
SHO in Psychiatry.

SL/EL/043627

30th August, 1994

Dr. A.F. Crosby
The Cannons
Fisher Street
Methil.

Dear Dr. Crosby,

Mr. Richard Smith, c/o 20 Cherry Court, Methil. KY8 2HH
D.O.B. 04.09.1973

I saw this young man at the Psychiatric Out-Patients Clinic at Randolph Wemyss on Friday 26th Sugust, 1994. He was accompanied by his Probation Officer, Mr. Don Nicholson.

As Richard's personal and past history has been well documentated I shall not go into these here and now. Mr. Nicholson who brought Richard in his car to the clinic told me that he found him doped in the morning when he went to collect him from his parents flat in Methil. Richard himself admitted that he "gets stoned" morning and evening with alcohol (Vodka or Southern Comfort) and a variety of drugs including Cannabis, Temgesic, Valium, TTemazepam and recently Tylex which has recently been prescribed for him after he bruised his ribs in a car crash about 3 months ago. As you know he is already on a years probation after facing changes of Breach of Peace/Assault in February this year after assaulting a Storeman for refusing to sell alcohol on a Sunday. Now he knows he is in serious trouble as he has also not fulfilled his Community Service order.

Richard claimed to feel depressed on and off since he crashed his car - Escort Mark II, three months ago. "It was a scrap car - not legal. I have no licence - no insurance. I was doing 95 miles per hour and crashed. I went through the windscreen and got hurt but I didn't go to hospital. I ran away home. Don made me go to the Police next day. They took me to hospital. I had a few bruised ribs. I get Tylex now. I take 6 a day. It helps me to sleep along with the other pills. I wasn't sleeping very well before that. Now I sleep OK but I get nightmares about the crash. I think I'm going on a bender." His appetite hasn't been good. Has only one meal a day. Also his stomach has started playing up. He thinks he may have lost weight. He admitted however if there was a choice between drugs and food he'll go for the former. He does nothing but sit and watch TV or play computer games though most of the time he is not able to concentrate on any of these. Also he has been quite forgetful lately. He said his temper gets out of control and he ends up being violent towards people especially when he has had a couple of drinks or drugs. Sometimes he gets quite destructive and breaks up things rather than hurt people. He claimed to be paranoid at times. "When I come out of any pal's house or pub I tend to be unsteady on my feet. Sometimes I feel people are looking at me or laugh at me. I get really angry". Though he has a flat at Windygates he hardly stays there because all his friends are in Methil. He finds it very quiet in Windygates. Also he gets fed at his

/.....

Dr. Crosby

his parents house in Methil so most days he stays at his parents house or in the car outside.

I discussed with Richard about the need for him to be weaned off drugs and alcohol and stressed the merits of being in hospital for a while for this purpose.

As already mentioned he was a bit doped and appeared disinterested in what was going on. He very flatly refused to consider admission saying he had no idea of coming off drugs - only he wanted some drugs to relieve his depression. I pointed out I can't prescribe more drugs for him when he is already abusing so many. Obviously he has no idea of giving up his drug abuse and the main motivation behind his request to see a Psychiatrist is probably to get off lightly when he faces charges in court sometime in the near future. I discussed at length the merits of Richard being in hospital for a short period with his probation officer, Don, and he has offered to discuss this with Richard over the weekend and let me know of his intention.

Yours sincerely,

S. Lakshmipathi
Associate Specialist

25 July 1994

Mr Richard Smith
c/o 20 Cherry Court
Methil
KY8

Dear Mr Smith,

As requested by your GP, an appointment has been made for you to be seen at the Psychiatric Out-Patient Clinic which is held in Randolph Wemyss Hospital, Buckhaven on Friday 26th August, 1994.

Please contact my secretary on Ext. 3964 if you are unable to attend at this time and an alteriam ve arrangement will be made.

Yours sincerely,

Dr S Pathi
Associate Specialist

4 JUL 1994

Hospital use Only | Clinic | Day Date | Time | Hospital No. 43624 | GP112B

Ambulance Transport Required: Yes/No Sitting/Stretcher

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Hospital STRATHEDEN Date 28.06.94 CHI No. 0 4 0 9 7 3 0 1 7 3

Please arrange for this patient to attend the PSYCHIATRY clinic of Dr/Mr MURPHY

Patient's Surname SMITH Maiden Surname

First Names RICHARD Single/Married/Widowed/Other XXXXXXXXXXXXX

Address C/O 20 CHERRY COURT Date of Birth 04.09.73

METHIL Patient's Occupation

Postal Code KY8 Contact telephone number

Has the patient attended hospital before? YES/NO If "YES" please state:

Name of Hospital CAMERON

Year of Attendance 1993 Hospital No. 17219

If the patient's name and/or address has/have changed since then please give details:

ADDRESS WAS 18 CHERRY COURT

METHIL

Can patient attend at short notice? YES/NO

If YES, minimum notice required ..... days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

DR A F CROSBY
THE CANNONS
FISHER STREET
METHIL
KY8 3HE

Please use rubber stamp

21510

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

I would be grateful if you could see this 20 year old boy whose mother brought him to see me recently. Apparently Richard has been complaining of depression and increasing anxiety and I understand that he is having quite a lot of problems both at home and with the police. His involvement with the police is due to a number of incidents, namely assault.

During the interview Richard was withdrwan and depressed. His mother is becoming quite concerned with regards his behaviour. He spends most of the day sleeping and he stays up late in to the night. This is leading to numerous arguments in the house. There is no suicidal thoughts. However, Richard would like to be seen by a Psychiatrist as most of the time he feels confused.

In view of the above I would be grateful for your help in this matter.

Mr P.

Diagnosis/provisional diagnosis: Depression

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

Printed in Scotland for HMSO Dd8435632 15000 pads 3/93 RP(53791)

355-2105

Psychiatric Report on Richard Smith, date of birth, 4.9.73 of 14 Carlyle Crescent, Buckhaven, Fife by Dr James Murphy, MB Ch B MRC Psych., Consultant Psychiatrist, Whytemans Brae Hospital, Kirkcaldy

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My most recent interview with Mr Smith was on the 26th February, 1997. This was the first occasion that I had seen him for a couple of months as he had failed to keep other recent appointments with me. I had previously prepared a Report for the Court dated 23rd December, 1996, and I attach a copy of that Report.

At his most recent interview with me, Mr Smith was generally rather subdued in his demeanour, and said that he had been maintaining a quiet lifestyle over the past few months. During that time he has been receiving injectable medication from our community nursing staff who have maintained contact with him at home. He says that he feels that the injections are making him calmer, and also that he has stopped "hearing voices". I have not been able to speak with his parents directly, but I gather from our community nursing staff that they also report that he is generally more settled in his behaviour.

CONCLUSIONS

1 In my Report of 23rd December I expressed some uncertainty about whether Mr Smith was suffering from a serious psychiatric illness, but indicated that the symptoms he presented with justified a trial of medication. It is interesting that during the period that Mr Smith has been receiving the

medication he appears to have been generally more stable, and no longer describing hallucinatory experiences. I continue to find it difficult to come to a definite conclusion, but all of this increases the possibility that Mr Smith suffers from a serious psychiatric illness (such as schizophrenia), and he certainly merits continuing treatment with neuroleptic medication, and further assessment over the coming months.

2 I understand that the Social Enquiry Report may be recommending a Probation Order. If the Court gives a non-custodial sentence, it is my intention that our Service would maintain contact with Mr Smith, and that he would continue to receive medication.

This Report is given on Soul and Conscience. I can confirm that I am on the list of Medical Practitioners approved by Fife Health Board for the purpose of Section 20 of the Mental Health (Scotland) Act, 1984.

Dr James Murphy

17 March 1997

Psychiatric Report on Richard Smith, date of birth, 4.9.73 of 14 Carlyle Crescent, Buckhaven, Fife by Dr James Murphy, MB Ch B MRC Psych., Consultant Psychiatrist, Whytemans Brae Hospital, Kirkcaldy

---

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Dr James Murphy

17 March 1997

Psychiatric Report on Richard Smith, date of birth, 4.9.73 of 14 Carlyle Crescent, Buckhaven by Dr James Murphy, MB Ch B MRC Psych., Consultant Psychiatrist, Whytemans Brae Hospital, Kirkcaldy

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This Report is based on several interviews with Mr Smith during a recent admission to Whytemans Brae Hospital, previous personal contact with Mr Smith in 1995, information from a telephone conversation with Mr Smith's mother and case notes describing Mr Smith's previous contact with the Psychiatric Services. I had been provided with details of the charges to which Mr Smith has pled guilty, a list of previous convictions, and the Police Summary of the relevant events.

Mr Smith was brought up in the Levenmouth area, the oldest child of a family of 3. In his early teenage years he appears to have developed behavioural problems. He truanted from school a great deal, got into trouble with the police and started to abuse drugs. He is unmarried and lives with his parents. He has had no prolonged period of employment since leaving school. He has abused a great variety of illegal drugs over a period of several years.

Mr Smith has had contact with the Psychiatric Services on several occasions over the past 3 years. He was seen by Dr Anderson, Consultant Psychiatrist, for the purpose of preparing a Court Report in March 1993. At that time, Dr Anderson noted the history of drug abuse but found no other evidence of psychiatric illness. Mr Smith was then seen as an out-patient by Dr Lakmishipathi in August, 1994, again no evidence of psychiatric illness was found. An offer of admission for detoxification was made, and this eventually resulted in Mr Smith being admitted to Whytemans Brae Hospital in December 1994. However, he discharged himself on the day after admission. Thereafter he had some contact

with the Community Drugs Team who felt unable to make progress with him until he had been detoxified on an in-patient basis. He was therefore seen again as an out-patient in March 1995, and an out-patient detoxification programme was proposed. This was unsuccessful.

Mr Smith was admitted to Whytemans Brae Hospital in May 1995, and underwent an uneventful detoxification. During the latter part of that admission, he told me that he had been hearing voices for several years, and these voices sometimes tell him to do things e.g. behave aggressively. He said that the voices occurred during spells when he was not abusing substances, as well as periods when he was abusing substances. I was surprised that he described these experiences as having been present for several years, when he had not previously described them on the occasions that he had had contact with psychiatrists, nor was his social worker aware of their existence. Furthermore, during his period in hospital, observation by nursing staff had failed to reveal any objective evidence that he was experiencing hallucinations. Eventually I concluded that it was unlikely that he was suffering from a psychotic illness. I prepared a Report for the Court expressing this opinion, Mr Smith and subsequently received a custodial sentence.

Mr Smith was referred to my by his General Practitioner once more in September of this year. In response to this referral, I arranged an out-patient appointment with him which he failed to keep, and then failed to keep a further out-patient appointment which was made for him. I then received a request from the Procurator Fiscal for a Report in relation to the same offences that the Court is currently considering. Mr Smith once again failed to keep an appointment. Mr

Smith was then admitted to Whytemans Brae Hospital following an emergency referral from his General Practitioner. At that time he presented himself as being depressed and angry because he had been without Benzodiazepines for a few days. On admission, he was commenced on medication to cover Benzodiazepine and opiate withdrawal, and he took his own discharge prematurely on 25th November. During his admission, he once again talked about hearing voices. However, during his time on the ward there was absolutely no objective evidence that he was experiencing hallucinations, and there was certainly no evidence at all that his behaviour was being influenced or controlled by psychotic experiences. My opinion again was that it was unlikely that he was suffering from a psychotic illness, although it was probably reasonable to offer him a trial of medication which is used for the treatment of hallucinations.

A few days after he took his discharge from hospital, I was asked by the Procurator Fiscal to see Mr Smith in Kirkcaldy Sheriff Court. He had been arrested by the police following an incident in which he had inflicted lacerations to his arm, and had said in Court that he was hearing voices and that he was suicidal. My assessment of Mr Smith at that time was that his mental state did not justify admitting him to hospital, that it was not appropriate to detain him in hospital, but that it was reasonable to offer him a trial of medication. He was released on bail, I arranged for his General Practitioner to prescribe him some Benzodiazepines, and also arranged for our community psychiatric nurses to administer neuroleptic medication in the form of a depot injection. I arranged to see Mr Smith as an out-patient on 2nd December at which time no new problems had developed, although it was too early to assess whether he was

benefiting from medication in any way. He cancelled the next appointment which was arranged for 9th December. I wrote to him offering him an appointment on 17th December and emphasising that it was necessary for me to see him in order to prepare this Report. Unfortunately he failed to attend, and he has not been in touch with me secretary.

Although Mr Smith and I had several interviews during his admission to hospital, the premature ending of that admission, and his failure to keep the appointment on 17th December have resulted in my not having had the opportunity to discuss the current offences with him in any detail. The brief discussion that we had about these incidents when he was in the ward did not suggest that they had occurred in response to psychotic symptoms, and there is nothing in the Police Summary to suggest this.

CONCLUSIONS

1 Mr Smith has a long history of substance abuse and behavioural problems.

2 The account that Mr Smith gives of hearing voices raises the possibility that he is experiencing hallucinations caused by a serious psychiatric illness. However, people who experience hallucinatory voices usually exhibit other clear evidence of psychiatric illness, and this other evidence of illness has been lacking in Mr Smith. My conclusion, as in the Report which I prepared for the Court in May 1995, is that, while it is not possible to exclude the diagnosis of major mental illness definitely, it is unlikely that Mr Smith is suffering from a serious psychiatric illness. Even if it were the case that Mr Smith was experiencing

hallucinations, it was apparent during his stay in the ward that he was fully in control of his actions, and I would regard him as being responsible for his actions.

3 As I have noted above, despite my reservations about whether Mr Smith is suffering from a serious psychiatric illness, there is a good clinical case to be made for offering him a trial of medication. If Mr Smith does not receive a custodial sentence, I will be offering treatment and follow-up to Mr Smith. Unfortunately, he has not been good at keeping out-patient appointments. I do not consider that the evidence of psychiatric illness is sufficiently strong to merit compulsory treatment. If Mr Smith receives a custodial sentence this Report should be brought to the attention of the Prison Medical Staff so that they are aware that the question of psychiatric illness has been raised.

This Report is given on Soul and Conscience. I can confirm that I am on the list of Medical Practitioners approved by Fife Health Board for the purpose of Section 20 of the Mental Health (Scotland) Act, 1984.

Dr James Murphy

23 December 1996

Psychiatric Report on Richard Campbell Smith, date of birth, 4th September 1973, of 20 Cherry Court, Methil by Dr James Murphy, MB, Ch B, MRC Psych., Consultant Psychiatrist, Whyteman's Brae Hospital, Kirkcaldy

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I interviewed Mr Smith for the purpose of preparing this report in Rothes ward, Whyteman's Brae Hospital on 11th May 1995. Mr Smith is currently an in patient in Rothes ward. I had been provided with information on the offences of which he has been convicted, and also had available case-notes resulting from Mr Smith's previous contact with psychiatric services. I also had available the social enquiry report prepared by Mr Nicholson and dated 10th February 1995, and have also spoken with Mr Nicholson.

Briefly, Mr Smith's background is as follows:-

He was brought up in Levenmouth area, the oldest child of a family of three. In his early teenage years, he appears to have developed behavioural problems. He truanted from school a great deal, got into trouble with the police, and started to abuse drugs. He is unmarried, and currently living with his parents. From what I can gather, he has had no prolonged periods of employment since leaving school. Mr Smith told me that he has abused a great variety of illegal drugs over a period of nine years. These include solvents, Opiates, LSD, Ecstasy, Amphetamines, and Benzodiazepines. He also drinks alcohol to excess.

Mr Smith has had contact with the psychiatric services on several occasions over the past two years. He was seen by Dr Anderson for the purpose of preparing a court report in March 1993. At that time, Dr Anderson noted the history of drug abuse, but found no other evidence of psychiatric illness. Mr Smith was then seen as an out patient by Dr Lakshmipathi in August 1994, again no evidence of psychiatric illness was found. An offer for admission of detoxification was made, and this eventually resulted in Mr Smith being admitted to Whyteman's Brae Hospital in December 1994. However, he discharged himself on the day after admission. He thereafter had some contact with the Community Drugs Team, who felt unable to make progress with him until he had been detoxified on an in-patient basis. He was therefore seen again as an out patient in March 1995, and an out patient detoxification programme was proposed, this was unsuccessful.

Mr Smith commenced his current admission to Rothes ward, Whyteman's Brae Hospital on 4th May 1995. Since admission, he has been on a reducing dose of Benzodiazepines, and so far he has complied with this. He has now completed his detoxification and is about to be discharged.

When in interviewed Mr Smith, he told me that he had been hearing voices for several years, and that these voices sometimes told him to do things, e.g. to behave aggressively. He said that the voices occurred during spells when he was not abusing substances, as well as periods when he was abusing substances. The voices, for example, would tell him that somebody was talking about him. Mr Smith told me that he had been embarrassed to admit to the presence of these voices previously.

In relation to the offences committed on 10th January, 1995 (drink driving etc.). Mr Smith told me that he had no recollection at all of this incident, having consumed a large amount of alcohol and Benzodiazepines prior to the incident. As to the offence on 11th November 1994 (theft of money from a shop), Mr Smith told me that he had been in need of cigarettes and had taken the money to acquire cigarettes. He said he had been drinking prior to the incident. He later told me that the voices had told him to take money from the shop.

CONCLUSIONS:

1. Mr Smith has a long history of substance abuse and behavioural problems. He has now almost completed a period of in-patient detoxification, and it remains to be seen whether he will now have the sustained motivation to tackle his substance abuse when he leaves hospital.

2. The account that Mr Smith is now giving of hearing voices obviously raises the possibility that he is experiencing hallucinations caused by a serious psychiatric illness. It is certainly surprising that he is describing these experiences as having been present for several years, when he has not previously described them on the occasions that he has had contact with psychiatrists, nor was his social worker aware of their existence. It would also be surprising if he had been experiencing hallucinations compelling him to do things without it being clearly apparent to those round about him, that he was suffering from a serious psychiatric illness. Although he has described these experiences as being present during his current period in hospital, observation by nursing staff has failed to reveal any objective evidence that he is subject to hallucinatory experiences. It is certainly true that some of the substances that he has abused might cause hallucinatory experiences, although these would probably not be sustained during a period of detoxification. In conclusion, while it is not possible to exclude the diagnosis of major mental illness definitely, it seems to me unlikely that Mr Smith is suffering from a serious psychiatric illness, or that his offending has been the result of a psychiatric illness.

3. As far as the disposal of this case is concerned, I do not think that the court need take into account the possibility of a serious psychiatric illness, although it is a clinical issue which merits further follow up. If Mr Smith is given a non-custodial sentence, it is my intention to offer him follow-up at the out patient clinic and over a period of time it will probably become apparent whether or not he is suffering from a serious psychiatric illness. If the court gives Mr Smith a custodial sentence, I would recommend that prison medical staff be provided with a copy of this report so that they are aware of his detoxification and that the issue of psychiatric illness has been raised.

This Report is given on Soul and Conscience. I can confirm that I am on the list of Medical Practitioners approved by Fife Health Board for the purpose of Section 20 of the Mental Health (Scotland) Act, 1994.

Dr James Murphy **15th May 1995**

Distribution
1st White - General Practitioner/Receiving Hospital
2nd Pink - Pharmacy
3rd Yellow - Patient's Record

DISCHARGE AND PRESCRIPTION SHEET

Hospital: W. Suss

Dear Dr Crosby

Your patient Richard Smith Age Unit No

Address

Was in the care of Dr/Mr M.J. Ward

and was discharged on to his/her home/alternative

Address

General Practitioner

Diagnosis, treatment and comments (including details of appliances and drug sensitivities)

Benzodiazepine dependence

He/she is likely to be housebound for days/weeks

A discharge letter will follow

The following medicine(s) is/are recommended:-

℞ MEDICINE, FORM OF PREPARATION AND STRENGTH	DOSE	DIRECTIONS FOR ADMINISTRATION	QUANTITY SUPPLIED	RECOMMENDED DURATION OF TREATMENT
Diazepam	20mg	x 2 daily		1 day

J M 29/11/96 / /

Medical Officer *Date* *Pharmacist* *Date dispensed*

WHEN PRESCRIPTIONS CONTAIN CONTROLLED DRUGS THE ORIGINAL WILL BE RETAINED BY PHARMACIST

(MR) 42 (REV FEB '89)

Distribution
1st White - General Practitioner/Receiving Hospital
2nd Pink - Pharmacy
3rd Yellow - Patient's Record

DISCHARGE AND PRESCRIPTION SHEET

Hospital. W'Beare

Dear Dr Crosby

Your patient Richard Smith Age 4/9/73 Unit No.

Address 14 Carlisle Cres. Buckhaven

Was in the care of Dr/Mr Ward Rothes

and was discharged on 25/11/96 to his/her home/alternative

Address

General Practitioner

Diagnosis, treatment and comments (including details of appliances and drug sensitivities)

Diazepam addiction. - discharge against advice

He/she is likely to be housebound for ..... days/weeks

A discharge letter will follow

The following medicine(s) is/are recommended:-

℞ MEDICINE, FORM OF PREPARATION AND STRENGTH	DOSE	DIRECTIONS FOR ADMINISTRATION	QUANTITY SUPPLIED	RECOMMENDED DURATION OF TREATMENT
Diazepam	15 mg	three daily		
	to reduce after 2 days to			
Diazepam	10mg	three daily for	32 x 5mg	
		5 days	Mg	
			25.11.96	

25/11/96 — Medical Officer — Date — Pharmacist — 25/11/96 Date dispensed

WHEN PRESCRIPTIONS CONTAIN CONTROLLED DRUGS THE ORIGINAL WILL BE RETAINED BY PHARMACIST

(MR) 42 (REV FEB '89)

Distribution
1 st White - General Practitioner/Receiving H
2nd Pink - Pharmacy
3rd Yellow - Patient's Record

DISCHARGE AND PRESCRIPTION SHEET

Hospital... Whytemans... Br

Dear Dr ..... SMITH RICHARD V290550K
2 ROLLANDS BUILDINGS

Your patient ..... WINDYGATES

Address..... KY8 5DD ..... Unit No. .....

04.09.1973

Was in the care of Dr/Mr ..... Ward ..... Rothes .....

and was discharged on ..... 15.5.95 ..... to his/her home

Address.....

General Practitioner ... Dr Cosby, Fisher St Mathill .....

Diagnosis, treatment and comments (including details of appliances and drug sensitivities)

Successful benzodiazepine detox over 7/52.
No follow up arranged.

He/she is likely to be housebound for ..... days/weeks

A discharge letter will follow

The following medicine(s) is/are recommended:-

℞ MEDICINE, FORM OF PREPARATION AND STRENGTH	DOSE	DIRECTIONS FOR ADMINISTRATION	QUANTITY SUPPLIED	R M DUR TRE

Fiona Reid 15/5/95 / /

Medical Officer *Date* *Pharmacist* *Date dispens*

WHEN PRESCRIPTIONS CONTAIN CONTROLLED DRUGS THE ORIGINAL WILL BE RETAINED BY PHARMACIST

(MR) 42 (REV FEB '89)

Dr. Robert Dunn
Dr. Swapan Mukherjee
Dr. Lynne C. Christie
Dr. Robert A. Humphreys
Dr. Alasdair J.C. Sneddon

MUIREDGE SURGERY
MERLIN CRESCENT
BUCKHAVEN
KY8 1HJ
Tel. 713299

10.12.84

DR. HUNTER
RECEIVING PSYCHIATRIST
R.I. ward,
VHK

Dear Dr. Hunter,

Re: Richard Smith,
DOB: 4.9.73

This chap slashed his L wrist @ 9pm. As you know he discharged himself from your care (against your advice) earlier this pm.

(P.T.O.)

NE

(L) wrist → several superficial grazes/lacerations.
No active bleeding.

He is threatening to harm himself.

He is NOT [redacted] PSYCHOTIC.

Many thanks for seeing him again.

Kind regards,

Swapan Mukherjee

(SWAPAN MUKHERJEE)

Surname	
First Names	Richard Smith
Maiden Surname	
Address	2 Roland Buildings The Coss Windygate S

Unit No.	
Date seen or Admitted	11.12.
Seen at	Rothes
Seen by	S. Hunt
Consultant in Charge	Dr Mu
Family Dr.	
Referred by	Dr Mukerj

D. of B. | Sex M. F. | M.S.W.D. | Religion | Occupation

11.12.94

Self discharge at ~~8~~ 7.30pm.
Referred by GP (Dr Mukerjee) at 11pm -

superficial cuts to wrists.
claims left ward AMA because angry - g'friend said she didn't want anything else to do with him.
Went home + took anger out on him
Now regrets actions

explained that in view of weekends events + AMAs I didn't think readmission was a good idea.
Agrees he only came in because ~~of~~ this was mutually
Requested med" to help him sleep - refused.

MSE/ casual dress
not agitated.

speech - coherent
sport - N rate + rhythm

mood - mildly angry
threatening manner "read my files you'll find I've got a bad temper

Succ' idn. - denies any further thoughts/plans.
"had time to cool down."

plan/ not for admission
refer back to J.M. for review + assessment
of alternative Rx.

Shirley Shaw

Surname	SMITH	Unit No.	
First Names	RICHARD	Date seen or Admitted	12.10.94
Maiden Surname		Seen at	Wd 13 VHK
Address	2 Rolland's Buildings The Cross, Windygates.	Seen by	Dr.Robertson
		Consultant in Charge	Dr.Murphy
		Family Dr.	
		Referred by	Wd 13 VHK

D. of B. 4.9.73 Sex M. F. M.S.W.D. Religion Occupation

Unresponsive on admission - claiming he took overdose of Paracetamol a
had been drinking. No paracetamol level in his blood at all. Suffe
from depression and says he has been referred to Dr. Pathi and is due
see her on ? 21.10.94.

Surname SMITH	Unit No.
First Names RICHARD	Date seen or Admitted 9 12
Maiden Surname	Seen at ROTHES
Address	Seen by ROBERTSON
	Consultant in Charge MURPH
	Family Dr.
	Referred by MURPHY.

D. of B. 4-9-73 Sex M. F. M.S.W.D. Religion Occupation

- Currently taking 20mg Diazepam also 40mg Temazepam per day.
- Started about 7yrs ago.
- Wants to stop.
- Support from Probation officer and psychologist. also family.

FH+SH

Born Kirkcaldy

- Buckhaven High School but expelled for drinking.
- Then Lomond Hall.
- Left school at 15yrs. - no qualifications
- Had several unskilled jobs after leaving school. none lasted long as Pt'n couldn't get up in the morning
- Unemployed Currently.
- living with girlfriend.

- Girlfriend has one child, 2yr ♂.
- Smokes 25 a day.

DrugHx
- None Currently
- No Drug Allergies.

PsychHx
- Seen Dr Anderson for Addiction problems.

PMHx
- O/D - 2/12 ago.
- Nil else of note.

MSE.
- Casually Dressed young man.
- good eye contact
- Speech spontaneous, normal rate and rhythm
- No psychotic features.
- Mood low
- Affect normal.

NAME Richard Smith	Continuation Sheet No.	Unit No.

Imp.
Benzodiazepine user. in for Dete

10/12/94.
Requested to go home to get cigarettes + deodora
On 15min obs
Explained that not a good idea when ji
in ward for detox + going home without
agreement would jeopardise his ~~placed~~
admission. Unable to accept our concer
that ~~[illegible]~~ he could be tempted to obtain
drugs.
Felt he "had to go" and discharged
himself AMA.

SHEET NUMBER 7f — AGAINST ADV

SURNAME (Block Letters)	OTHER NAMES (Block Letters)	UNIT NUMBEF
SMITH	RICHARD	04362

This is to certify that I am taking RICHARD SMITH

away from this Hospital on my own responsibility, and against the advice of the Medical Staff.

Signature _____ Relationship _____

Address 2 ROLAND BUILDINGS, WINDYGATES.

Date 10/12/94

AGAINST ADVICE (Patient)

Never actually left the ward.
Given the benefit of the doubt. Admitted that he does want to stay + get help.

Sheila S Hunt

1pm/ again requesting discharge.
Has been causing aggravation within the ward
No grounds to detain Richard
Discharged AMA.

Sheila S Hunt

SHEET NUMBER 7f

AGAINST ADVICE

SURNAME (Block Letters)
SMITH

OTHER NAMES (Block Letters)
RICHARD

UNIT NUMBER
043627

This is to certify that I am taki[ng] Discharge
away from this Hospital on my o[wn] responsibility, and against the advice of the Medical Staff.

Signature R Smith
Relationship
Address 2 ROCAR BUILDINGS
THE CROSS, WOLVERHAMPTON
Date 11/12/96

AGAINST ADVICE (Pa[tient])

Surname SMITH	Unit No.
First Names RICHARD	Date seen or Admitted 4/5/95
Maiden Surname	Seen at ROWES WARD . . WMB
Address 20 CHERRY COURT. METHIL	Seen by DR BURNET
	Consultant in Charge DR MURRAY
	Family Dr. CROSBY THISTLE ST
	Referred by A/A

D. of B. 6/9/73 Sex (M) F. M.(S)W.D. Religion Occupation

A/A - on W/L for IP detox.

Currently using ~ 90mg Diazepam /7.

Previously seen in O.P. → AP Rx'd dizz.

states he stopped this because of "hassle" from other subs abusers once his ID became known.

AP (S)'d Rx few/7 ago.

Currently staying ē parents.

U/E.

Describes no syms of maj. Yc disorder despite talk of "depression + "paranoia".

Dx prev use opiates.

IVDA x3 - recently.

? hallucinogen.

Tx Y.

Use Aff close cut hair, casual clothing, Appropt.

Behav: sport: fidg. restless.

coop. & interview.

Mood: subjy feeling "bad": early & down

objy euthymic & approp reactive affect.

°SI. °SI. Sx

Thgt: sport. @ NL trait. tone appr.

form ~. content ~.

°delus. I

°halluc

appr.: appr tpp.

hyps: Benzodiazepine dependency.

Plan: IP detox: schedule prob. then discussion agreed.

For Dx: UA
Blood. Hem

phys. ✓

ISaam dose

°parole

°defaultable

NAME	Continuation Sheet No.	Unit No.

understands if he leaves, uses °R'd subs, °coop in. other way will be d/c'd.

Reduction Schedule:

Today ϕ-40-20-20

5/5 30-20-10-20.

6/5 30-10-ϕ-20.
25mg TDZ.

7/5 " " "

8/5 30-ϕ-ϕ-20
25mg TDZ

9/5 d.o.

10/5 20-0-0-20.
25mg TDZ.

11/5 d.o.

12/5. 20-0-0-10.
25TDZ 25TDZ

13/5 d.o.

14/5. 10-0-0-0.
25TDZ 25TDZ 25TDZ.

15/5 d.o.

16+17/5. ϕ Diaz.

25TDZ-25TDZ-0-50TDZ.

open to negotiation.

But: to ↑ TDZ before slowing on or dng amount cut by.

7/5/95: ③d using 150mg a.m. TDZ + 25mg TDZ bd + 5mg Droperidol PRN.

A/Reg.

5/5/95. Diffic last night. — c/o admit ++

- had x1 10mg Diaz. dose

Interviewed today: sweaty, agitated

feeling "crap".

- pushing for more diazepam
- stating taking @ least 180mg/7

+ various opiates prior to admission

following discussion agrees to try x1 10mg Droperidol dose instead of 4 diaz.

Taken = good fix: highly sedated.

∴ Rx 5mg Droperidol PRN 4hrly ≈10 doses/24hrs.

[signature] Reg

7/5/95 - see changes to Tmy schedule.

hinting @ having obtained ?Diaz ?Temaz ?opiates from elsewhere whilst on ward.

[signature]

9/5/95 1pm

Patient wanting to leave ward.

To d/c AMA.

- Pt changed mind and is going to stay (insane)

NAME Richard Smith	Continuation Sheet No.	Unit No.

11/5/95 WR c Dr. Murphy.

Managing detox. Analgesics @ times.

Other IPs report as offering them various subs
- parts ampt/hallucinogens.
- denies this.

J.M. to see re court report today.

To cont.

ASR Reg.

Surname smith	**Unit No.** 043627
First Names Richard	**Date seen or Admitted** 10.3.
Maiden Surname	**Seen at** Lauderdale Wards
Address 20 ~~16~~ Cherry Court METHIL	**Seen by** Dr Anderson
Parents address -	**Consultant in Charge** Dr Ande
Tel 429266 -	**Family Dr.**
	Referred by Sheriff Cler
D. of B. 4.9.73 **Sex** M. F. **M.S.W.D.**	**Religion** **Occupation**

20 dplevy 1992 - hearing for mourning - Declared he driver - Had a car at the time

Pled guilty 23/2/93 150 hours community

Unable to carry out community Service Charged dur days -

appeal - Court 4/2/93 -

Work to stop - Has been off 4 days

Has been smoking dope -

Temgesic

Smoking cannabis since Aged 16

Temgesic - Valium

Smoke - Every day - Cannot afford it

Requires that it is day no harm

Tends dreams no

Determinate

Kevin Carter –

Feels couldn't handle – guard

Stuntin sense y/e has no Tempesse

Stunts – Tempesse Feels relaxed – liked

Names – Sabrina

Sometimes 2/day – Varies

gets irritable – Bombardier

Steps visit H v F. Sometimes visit Aunty – Sometimes visit neighbours – last seen found

Lyes to – stress changed

2 Bullies – Brad 16 – Workers
Brad 15

1st dent see eye to eye.

Feels he would be bullying.

Has been expelled

NAME R SMITH	Continuation Sheet No.	Unit No.

Staying with parents now and again. Moved to a rented flat (Circuit page) in Wednesfield - do like his own flat - is too quiet there - friends in Telford - so mostly stay with parents - get fed there - go out with friends in Telford - mostly to their homes - get stoned there or sit in his own car and get stoned - alcohol Vodka & Southern Comfort + drugs cannabis, Temgesic, Valium, Temazepam gel (40mg) buy them off friends at pub etc - spend about £50 a week on average - Tim gives food sometimes - On Income Support £72/2 fortnight - keep on borrowing ahead.

Depressed ~~some~~ a year on and off - Sun he had a car crash 3 months ago - his own car (Escort Mark II) - sleep car not legal no insurance - no licence - drunk at 9.5 p.m. went through the windscreen and hit - police wanted to take him to hospital but didn't the next day gave himself up to police after Dan advised him to - Police take him hospital because obs chapman & Tyler for 6 days - Shall take them - helps him to sleep.

Difficulty to get to sleep before - now take

~~e~~ helping. Mum he's going on a bender -
~~x~~ carries of the depression - but doesn't
want to come off ~~fact~~ drugs -
Not eating much - stomach playing up -
only one meal a day.
Night mares about car
Changes with teachers during - no licence; no
insurance -
Sat and watch TV - play computer games.
Sometimes can't concentrate - Remarks
awful.
One 1 year probation - doesn't know when
it finishes
Gets aggressive with dad - just shouts
and breaks windows etc.
Gets "paranoid" when he goes out & explains
that he gets suspicious and admits that he
staggers sometimes and when people laugh at
him he gets angry -
26/11/96 Another Breach of Peace + assault - feather
cut when he was refused sale of drink at a
Sunday - 1 yr probation
12/9/96 Business with Dr Rumpf -
waiting list until 2.1

NAME Richard Smith.	Continuation Sheet No.	Unit No.

Seen as an urgent GP referral on 21/3/95 2pm, after d/w Dr Crosby (GP).

HPC. Has been receiving a script from GP (after being seen by Dr Burnell) for 90 mg diazepam od. Collected this twice - then his 2nd cousin started to demand this script from him. This person has threatened Richard with violence, and has been to the house, and threatened Richard's parents also.

Richard has refused to ask the police to deal with the matter, since the malefactor is family.

Richard feels that he wishes to kill himself at times, with a gun (which he claims to have) or to beat his opponent with a baseball bat.

Mood, appetite and sleep are consistent with depression, addiction & his social circumstances.

NO depression-today

PMH } do counters in notes
PMH }
PSH }

Current social circs.: lives with parents. Moved out of his flat recently by landlord.

takes ½g of hash / day.

nothing else at present

MSE Casually dressed 21 year old man.
Behaviour appropriate
Poor Rapport

Mood "Awful"
Affect (N) level, appropriately reactive, though mildly agitated.

Speech (N) speed, inflected with affect, no formal thought disorder
Content appropriate - though always returns to suicidal ideation
Spontaneous.

Thoughts: Ideas described above, of suicide and violence
No current intent, or plans.
No disorder of thought possession
Preoccupied c impatient ole

Perception N.I psychotic.

Cognitions O T.P.P.
NB NOT dismissive in withdrawal.
Impression 21 year old man presenting c situational problems.

Rx After D/w Dr Murphy, offer a place on W/L
POT IP detox MSC CRISIS STO

NAME Richard Smith	Continuation Sheet No.	Unit No.

13/11/96

depressed / angry

reached rock bottom - ? due to withdrawal

currently taking Valium → 10 days / deep.

Temgesic → 2-3 / night.

Alcohol → 2-3 bottles / cider / day

using cannabis

good overnight

taken quite a lot of acid recently

Amitriptyline.

Tylex.

Paranoia / agitation since stopped.

Hears voices talking diff things.

Court pending – taking evs.
– mental appearance
– due to ret another.
– ? possible contempt
more likely bail or drug.

—

Drug taking

Don't think I've had it to get the drugs.

He cannot control CDS. Lack when entered Lewisham.

Didn't stay clean for long after last detox.

NAME R Smith	Continuation Sheet No.	Unit No.

13/11/96

Went on to discuss ~~patients~~ propensity to violence in particular was adament that if he was not admitted there would be a violent incident that evening at home He further explained that he had access to weapons.

Family are very concerned about his impulsive aggressive behaviour.

Some of this behaviour is in response to a thought in his head he describes as a voice.

Y Not heard with quality of an online

spoken voice

3/ It appears as a thought entering his mind out of the blue

3/ He recognises the thought as his own

4/ There is no sense of this being an example of thought inserted by an alien being.

In my opinion this represents acting on impulsive thought and <u>not</u> psychotic illness

NAME R. Smith	Continuation Sheet No.	Unit No.

13/4/96 d/w Consultant on call.

Explained to Richard and brother that

1/ I thought there was no psychiatric diag. other than drug abuse & impulse control problems.

2/ That medical admin was not in his best interests and that O.P. detox. Prati was treatment of choice.

3/ That - . of his & family wishes we would admit him against medical advice because of his threat of violence were

this not to happen. Furthermore this would be mentioned in a court report on him.

6/ The admin would be noted Mr Murphy was able to reveal.

Med Diazepam 40 mg bd
Thioridazine 75 mg nocte

Physical
Pulse 80 reg
HS I + II + 0 murmurs
Chest wheezes bilateral - mother
Abdo N/L
CNS Fundoscopy normal bilat
VI – VII intact Reflexes normal

NAME E. Richard Smith	Continuation Sheet No.	Unit No.

8/11/96

Diazepam reduced to 30mg b.d.

S/B or Mersyside yesterday

to remain on ward for rapid reduction

of dose of diazepam.

16/11/96 ATS re sore toe

Painful (R) Ath toe . Requesty pain relief

Superficial bruising

Exaggerated level of discomfort

Unsure how injured self

°warmth °swelling

A: Bruising - no therapeutic value ≠ Xray at this stage

PCMH : paracetamol prn

NAME Richard Smith	Continuation Sheet No.	Unit No.

21/11/96

No unescorted parole

Continue drug detoxification.

↓ diazepam 20mg bd.

To see Dr Murphy this afternoon.

22/11/96

Long discussion yesterday with Richard, & by phone today with his mother. Mother describes his h/o behavioural problems not directly related to psychosis.

On balance, I think it unlikely Mr. Smith is psychotic, although he might merit trial of neuroleptic. However, he is clearly able to control his behaviour & make decisions. It is my opinion

that he should not be detained if he attempts to leave, & that he would not be appropriate for transfer to W.d.h. if he behaved aggressively.

23/ulsc

— ATS by Dr Murphy re ? taking cannabis on ward.

=> discussed w Ricky re sleep & the voices. He says cannabis helps him to sleep (prolonged scale & drops loud denies using any here. Says he can't get any there & thus hasn't used it since at home.

Says can't sleep here without TV as voices keep him awake. Only present at night & the quiet & night is when awake. Only present at night & the quiet & night is when Last 2 nights has had diazepam late in the night

Sleeping during day.

Noted to be have "glazed eyes" by nursing staff.

Injected saliva not mentioned

However, he denies use.

=> no action taken.

RLV Mon.

for SHC

3902 Community Project on Buckhaven 716446

Surname	Smith
First Names	Richard
Maiden Surname	
Address	33, Shakespeare Avenue, Buckhaven.

Unit No.	043627
Date seen or Admitted	
Seen at	wd 12 VHK
Seen by	Dr. D. Semple
Consultant in Charge	
Family Dr.	Crosby 01333 426083
Referred by	wd 12 VHK

D. of B. 04.09.73. Sex (M) F. M.S.W.D. Religion Occupation

This patient was admitted to wd 12 VHK on 09/02/99 after taking an overdose of Amphetamines, Heroin and Diazepam.

→ found planned ambulance as unconscious

→ dependent for 3/12 — probs: ? found preg. — due in April.
Nurse Buchanan to county
owing money.
using IV heroin 3/12

SH Currently lives alone. Unemployed — income support.
Smoker
Alcohol
CPN — Gordon Campbell 1/12 ago. depot injection due 15th Wed week.
SJW — Karen Nicholson @ Leven SJW.
— 2 yrs probation.

HPC

Wants to see OP → £250 HEROIN / day.
→ 3/12.
→ to try & get help — suicidal thoughts & cuts again
→ didn't listen → angry & storms.

Pissed off — took drugs to OD.

Has been stealing, shoplifting, getting into debt
→ wants to get out of this cycle.

Content wait 1 week.

FH

Uncle dies in Ilkeston
Mother & father in Buckhaven
1 brother "
1 brother in Methil.

MS 56

MSE Carefully assessed

Speech
Behaviour } (Ni)
Mood — subj low frustrated — no active suicidal thoughts
subj euthymic
- biological SX
SX of withdrawal

- FTD
- Misperceptions

Cognitively

Insight — wanting admission, but accepting this is not appropriate
— happy with — CDP re Bradshaw
— CDP D/W
— CPN contact

Time Implications OID — 2° to danger of "not being taken seriously"
— SX 2° to drug misuse — asking for DETOX.

Plan
1. CPN — D/W over phone — aware of strict no concern.
2. GP — update to — will review
3. CDP — request records — send copy of letter
4. D/C - medically fit.

At the request of the Sheriff Clerk Depute, I John F Anderson, being a registered Medical Practitioner approved under Section 20 of the Mental Health Act, did examine Richard Smith, 20 Cherry Court, Methil, at the Randolph Wemyss clinic on 10.3.93.

I was informed that he had pled guilty to a charge of theft on 23.2.93. I understand also that he has for the moment been suspended from a community service order.

History

Richard Smith is a single man who at times stays with his parents, at other times with his girlfriend, and on other occasions with friends. He admits that relationships at his parental home are strained on account of his behaviour. He has 2 siblings aged 16 and 15 and his parents are afraid that he will have an unfavourable affect on them.

When attending Buckhaven High School he started to truant and apparently also exhibited behaviour problems which were sufficiently severe for him to finish his schooling at Linwood Hall Special School.

After leaving school, he had a YTS placement with the Buckhaven Church Project, which lasted a year. Thereafter he worked for a short period as a labourer with Wimpey, but in recent times he has been unemployed.

He admits to abusing illicit drugs. Since the age of 16 he has smoked Cannabis. He has also experimented with a variety of illicit agents and

admits there are times when he also drinks to excess. He apparently takes as many drugs as he can afford. He is now taking regular Temgesic and Valium, and he claims that without these agents he cannot function. He describes how, without them, he is irritable and tense. He is known to shout and swear without his Temgesic. It is apparently not uncommon for him to smash things about his home or other people's homes. He denies ever having injected drugs and now expresses a wish to change and alter his life routine.

He obtains reasonable support from his girlfriend, but she, as well as many others, are at a loss to know how to dissuade him from abusing drugs and alcohol.

Mental State Examination

At interview he was cooperative. He appeared somewhat distant and resembled someone who could have been under the influence of a sedative drug. He appeared concerned at his present predicament. He claimed that he could not come off drugs of his own accord. As far as I could make out however, there was nothing to suggest that he experienced delusions or hallucinations and he seemed of average intelligence.

Opinion

This is a man of vulnerable personality, who, from the age of 14 has found it difficult to adjust to day to day life stresses. In the last 4 years he has abused drugs regularly and it is likely that he is psychologically dependent on the drug habit. He seems now to be willing to accept that he has a problem. He does indicate that he has a desire to abstain. There is no doubt that he requires counselling, but given his personality, he may well find cooperation in a withdrawal program difficult.

At this point it would be useful to test out his drive to change. Agencies dealing with alcohol and drug abuse are still in their infancy and resources are limited. From my examination I could not find anything that would suggest that he requires specific psychiatric help. He is however in need of general counselling. Often success depends on the person's own drive and initiative to change. It might therefore be useful for the court to request that Mr Smith seeks out help through the social work department agencies that are available.

This report is given on soul and conscience.

DR J F ANDERSON

CONSULTANT PSYCHIATRIST

JFA/HF/043627

5 March 1993

Mr Richard Smith
16 Cherry Court
METHIL
KY8 2HH

Dear Mr Smith

As you are probably aware, Dr Anderson has been requested by The Sheriff Clerk's Office, Kirkcaldy, to submit a psychiatric report regarding yourself.

An appointment therefore has been arranged for you to attend the psychiatric out-patient clinic, Randolph Wemyss Hospital, Buckhaven, on Wednesday 10th March 1993 at 12.30pm.

If this appointment is unsuitable, please telephone the above number (ext 364) as soon as possible to make alternative arrangements.

Yours sincerely

Mrs H Furie
SECRETARY TO DR ANDERSON

OVERNIGHT ASSESSMENT HRS/DAYS

NAME

UNIT NO

ADDRESS

D.O.B.

PRE-RETIRAL

RETIRAL

ON AWAKENING

ASSESSMENT CARRIED OUT BY

72 HRS OVERNIGHT ASSESSMENT

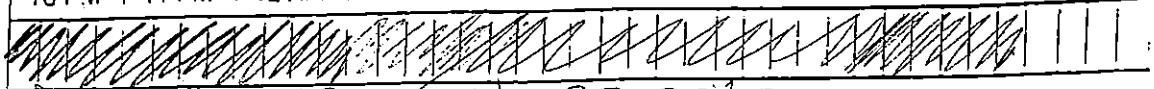
NAME	D.O.B.	UNIT NO

PRE-RETIRAL

NIGHT 1 | Spent evening in sitting room speaking with fellow clients + staff. Had a chinese meal

SLEEP CHART

10 PM | 11 PM | 12 AM | 1 AM | 2 AM | 3 AM | 4 AM | 5AM | 6 AM | 7 AM



MEDICATIONS

Diazepam 10mg at 22.00 hrs
Temazepam 10mg at 22-00 hrs.

QUALITY OF SLEEP

PATIENT | RICHARD SMITH

STAFF | Appears to have Slept well overnight.

AWAKENING

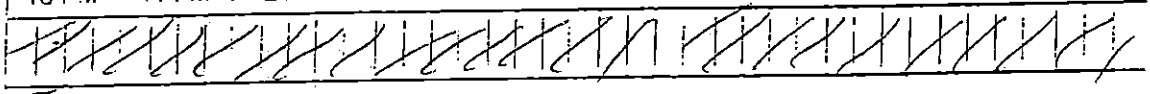
ASSESSOR - Dean Wright

PRE-RETIRAL

NIGHT 2 | Initially settled & sitting with fellow patients. Became upset & agitated later in response to fellow patients words & actions.

SLEEP CHART

10 PM | 11 PM | 12 AM | 1 AM | 2 AM | 3 AM | 4 AM | 5AM | 6 AM | 7 AM



MEDICATIONS

Temazepam 10mg
Diazepam 10mg.

QUALITY OF SLEEP

PATIENT

STAFF | Slept well after returning

AWAKENING

Asleep at present.

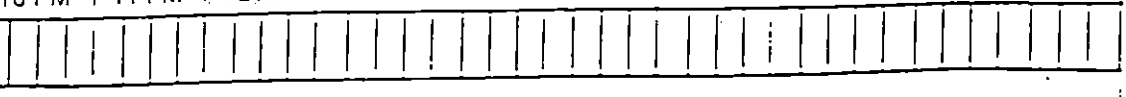
ASSESSOR - [illegible]

PRE-RETIRAL

NIGHT 3

SLEEP CHART

10 PM | 11 PM | 12 AM | 1 AM | 2 AM | 3 AM | 4 AM | 5AM | 6 AM | 7 AM



MEDICATIONS

QUALITY OF SLEEP

PATIENT

STAFF

AWAKENING

ASSESSOR -

NURSING CARE PLAN – ASSESSMENT OF NEED

ATE IDENTIFIED	DATE RESOLVED	DESCRIPTION OF NEED	LEVEL OF NEED: CRITICAL	LEVEL OF NEED: NON-CRITICAL	INTERVENTION: GENERAL CARE	INTERVENTION: SPECIFIC CARE	NEED NUMBER
9/12/94		15 min observation No. Parole.	✓			✓	(1)
9/12/94		Client will safely withdraw/detox from Illicit Substances.	✓			✓	(2)

NAME Richard Smith UNIT NUMBER 043627 WARD Rothes

NAME: Richard Smith

UNIT NUMBER:

WARD: Rothes

NURSING CARE PLAN

GENERAL CARE

NEED NUMBER	DESCRIPTION OF GENERAL CARE TO BE GIVEN	DATE STOPPED
①	15 min Observation No Parole	

NAME:

UNIT NUMBER: WARD:

NURSING CARE PLAN

GENERAL CARE

NEED NUMBER	DESCRIPTION OF GENERAL CARE TO BE GIVEN	DATE STOPPED

E: Richard Smith

NURSING CARE PLAN

SPECIFIC CARE

NUMBER: WARD: Rothes

D NUMBER: (2) PRESCRIBED BY: G. Swinton DATE COMMENCED: 9/12/94

CRIPTION OF NEED:

Client requires to Safely undergo drug detoxification.

CTIVE:

Client will safely withdraw from Illicit Substances.

SING ACTION TO BE TAKEN:

① Observation Status initially 15 min, No ground pride

② Record initial pulse temperature and blood pressure

③ Monitor any withdrawl symptoms and record in nursing notes

④ Care Management team will give the client the opportunity to discuss any fears or anxieties being experienced. Min twice daily record in nursing notes

⑤ Give factual Information to Richard on what is involved in withdrawing from Illicit drug misuse.

AL OUTCOME:

REVIEW DATE: 11/12/94

NAME:

UNIT NUMBER: WARD:

NURSING CARE PLAN

SPECIFIC CARE

NEED NUMBER: PRESCRIBED BY: DATE COMMENCED:

DESCRIPTION OF NEED:

OBJECTIVE:

NURSING ACTION TO BE TAKEN:

ACTUAL OUTCOME: REVIEW DATE:

NURSING NOTES

Write — Imprint or Attach Label

Surname SMITH Hospital No. M043627
Forenames RICHARD Sex M D of B. 4/9/73
Address 2 Roland Buildings, The Cross, Windygates, Fife
Ward/Dept.

T. 35.1 P. 88 R. 16 B/P 125/80

DATE	
9.12.94	Informal admission at 14.00 accompanied by Social worker. Dan Nicholson., Referred by Dr. Pathi, Dunnikier day unit. Admitted for Drug, (Illicit Substance), detoxification. Richard states that he has had a long history of drug abuse sciince the age of 13 years. Has been using various Illicit substances reasonably on a regular daily basis, can not remember the last day he has not taken any substances. Has been using, Valium, Temazepam and "hash" Admits to taking a small quantity of "hash" prior to admission. States that he wishes to come off his drug taking for the benifit of his partner and his child: whom he lives with on a occasional basis. On admission appeared neat and clean, casually dressed. Stated that he was anxious being on the ward; Intermittent eye contact, Appeared pre-occupied at times in conversation. Stated that his memory was poor, Informed that no Illicit substances or alcohol could be taken on the ward; and richard agreed to comply with same and also observation Status Small pill size, brown substance wrapped in paper given; put on table by richard, stated that it was Cannabis, c/N Allinson called for, Substance put in envelope and sealed witnessed by myself c/N Swinton and c/N Allinson. Substance locked in Drug cupboard, police informed for disposal of substance. 15 min Observation. No Parole Seen by Dr. Robertson, Physical and bloods to be done; Medication: Diazepam 10 mg Q.i.d Temazepam 10 mg Nocte. Glenintam
pm	Richard stated that he felt anxious

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ate

NURSING NOTES

and nervous prior to evening meal. Richard appears to know several clients in the ward. Spoke to Richard after his evening meal. Initial apprehension to being admitted to the ward appears to be waylaid by knowing fellow clients. In company of fellow clients for most of the evening, pleasant and co-operative when approached. Complaining of finding it difficult to focus when reading and slightly unsteady in gait when walking at 19:00, query effect of 18:00 medication. Diazepam 10mg. Appeared more stable later in evening.

Drug Urinalysis still to be obtained at time of writing. (20:00) ..... gfenton.

12/ Routine urinalysis carried out this evening report as normal. Also sample of urine obtained for drug screening — E.W.

10 Interacting well with staff and fellow clients, ate a.m. meal prior to returning to bed. Appears to have slept well overnight, still sleeping at time of writing — 7 a.m. — E. Wright —

12/ Lung he this morning subdued with others on ward. Became quite angry when first visited saying that he wouldn't be able to cope. However eventually persuaded to stay. J Lung

1:00 Asked to speak to myself, Richard stating that he feels that his medication is not enough, that he feels apprehensive and paranoid but could not state why. That he feels that he requires an increase in medication to calm his self. No physical signs or symptoms showing of withdrawal. Explained that if physical symptoms were evident, medical assessment will be taken. That if he feels anxious or agitated, to seek the help of nursing staff. Appeared to accept this explanation at this time. Although stating that if his craving for illicit substances come to much he would leave the ward to seek some. Explained that this was not acceptable

BL

DATE	NURSING NOTES – Continuation
10/12/94	and to seek - nursing staff to talk about these feelings, when he feels these cravings. Also threatning violence if he "snapped" because he felt he became to stressed. again told to seek the help of nursing staff before he become too anxious. Glenton
6pm	Asking to go home. Stating he wanted to get cigarettes, clothes etc, noone could bring them in. Informed by nursing and medical staff that this was not possible. Went away to think about whether he wanted to remain an in-patient or not.
6.10pm	Richard decided to take his discharge against medical advice. Dr Hunter present at this time. Left ward with belongings.
7pm	Had still not left ward. Approached staff saying he had flipped and wanted to stay. But to Richard that he would have comply with the current treatment programme. He agreed to this. Appeared quite tense at this time. Dr Hunter informed.
9pm	Son apologised for breaking out earlier and stated he was now feeling calmer.
N/R	Was seated in the early part of the night, sitting mostly with V. Dunstan. Became upset & agitated at the actions of a fellow patient later, stating that he was going to "sting for him". Pacing up and down, said he felt angry requesting some medication to calm him. Dr consulted but it was felt that medication wasn't indicated. Eventually settled. Retired to sleep from around 3.30am. Liam
11/12/94	Intensity will not allow client to safely ~~to~~ ~~morning~~ leaving no overt signs of physical withdrawal from opiates. KO
7.15pm	Went to speak with Ricky to ask if his visitors could please leave the bedded area as the area is for staff and clients only. Approximately 10 minutes later Ricky came into the nursing office saying he was wanting to discharge himself, did so against medical advice, Dr Hunter present at the time. C. Mathieson

FHB (MR) 34

DATE	NURSING NOTES — Continuation

PATIENT PROFILE
PART 1

Stv
Lev
Blue

NAME Richard Smith UNIT No. 043627

ADDRESS 2 Roland Buildings
The Cross Windygates
Fife

D.O.B. 4.9.73 (21)

SEX Male

MARITAL STATUS Single

RELIGION C of S

CONSULTANT Dr. Murphy WARD Rothes

D.O.A. 9.12.94 TIME 14.00 REFERRED BY Dr. Pattni

LEGAL STATUS Informal CHANGE OF STATUS Informal DATE

OCCUPATION Unemployed NATIONAL INSURANCE No. NZ 23 97 12 D

D.H.S.S. OFFICE Leven BENEFIT TYPE Invalidity

NEXT OF KIN NAME Mr. Richard Smith RELATIONSHIP Father

ADDRESS 20 Cherry Court
Methil

TEL. 429266

OTHER PERSON NAME K. Bruce RELATIONSHIP Partner

ADDRESS 1 Union Place
Leven

TEL.

G.P. NAME DR. Crosby ADDRESS Methil TEL.

S.W. NAME Don Nicholson ADDRESS Leven S.W. TEL.

C.P.N. NAME ADDRESS TEL.

REASON FOR PRESENT ADMISSION TO HOSPITAL

Drug - Detoxification

OTHER INFORMATION

No Known Allergies

Smoker.

PATIENT PROFILE PART 2....PHYSICAL HEALTH

HEIGHT 5ft. 7 in. HAIR Brown / Short

WEIGHT 62.5 Kg BUILD Medium.

EYES Blue. SPECIAL FEATURES Tatto Right arm.

GENERAL APPEARANCE Casually dressed; Neat and clean in appearance.

HEARING R. EAR GOOD ✓ POOR .....
L. EAR GOOD ✓ POOR .....
AIDS .....

SIGHT R. EYE GOOD ✓ POOR .....
L. EYE GOOD ✓ POOR .....
SPECTACLES .....

TEETH ✓own DENTURES ..... COMPLETE ..... PARTIAL .....

BLADDER No Problems BATHING Attends to Self
BOWELS No Problems DRESSING Attends to Self
MENSTRUATION Not Applicable TOILETING Attends to Self
WALKING No Problems FEEDING Attends to Self

SLEEP USUAL PATTERN Difficulty in getting to sleep.

IF NOT ABLE TO SLEEP, WHAT HELPS? .....

DIET All types of food taken. LIKES .....

..... DISLIKES Likes all types of food.

CONCURRENT HEALTH PROBLEMS

None.

INVESTIGATIONS	DATE
T. P. R. + B.P	9/12/94
Bloods	
Urinalysis	9/12/94
Physical	
Urine Drug Screen	

SUMMARY OF PHYSICAL HEALTH

Physically fit young man of 21 years

PATIENT PROFILE PART 3

SURNAME Smith UNIT No. 043627.
FORENAMES Richard D.O.B. 4.9.73
CONSULTANT DR. Mitchell WARD Rothes.

ADULT PSYCHIATRY

PREVIOUS CONTACT WITH PSYCHIATRIC SERVICE

No Contact with phychiactric services.

PERSONAL HISTORY

Born Kirkcaldy.
Attended Kirkcaldy and Buckhaven High school Expelled from both. Then Lomond Hall. left school at 15 years. No Qualifications. Has had several unskilled Jobs. None lasted. Currentally unemployed.

lives with girlfriend; one child, 2 yrs old;

FAMILY HISTORY

Mother - Alive 53y
Father - Alive 54y

Brothers x 2, 17y 18.y

FAMILY AND SOCIAL SUPPORTS

Family supportive.
S/W Dan Nicholson.

PATIENT PROFILE PART 4 48 TO BE COMPLETED AFTER 48hrs OBSERVATION

MENTAL STATE

Appears anxious and agitated due to impending De-tox programme

DAILY LIVING SKILLS

Attends to all self Care Skills. No problems evident.

SOCIAL INTERACTION SKILLS

Has been interacting well with selective group of clients, and Intolerant of certain others. In conversation, little eye contact, rocking back and fro

SPARE TIME/SOCIAL HABITS

In the company of fellow clients, listning to music. Or at bedside or on chair, sleeping.

ATTITUDE/SELF-IMAGE

Appears to have low Self Esteem, does not seem concerned about the physical problems associated with. Illicit drug abuse.

SUMMARY OF PRESENTATION

A young 25 year old man. who does not appear to have much. Volition to go through a de-tox programme

COMPLETED BY ..... DESIGNATION ..... DATE .....

6/3/95 Rita Smith

p/c to come off drugs / EOH
to get house
get card together.

last IP - right GF → ⊕.
why keep I - away from temptation
afterwards - get house
I
M+F.
pass a test now I.

CDT - want to Rx reasonable level
- ok c him
- last stb Paul Reilly 4/12.

90mg Diaz.
100mg Diaz.

Dx - TDZ - if really bad Rclose hbs. - PRN.
1.
GP.

now: Temaz
Valium 3x 5mg
Temgesic
Tylex.
4 l joint.

today | yesterday | day before

?x1
3x dose

Ativan/XTC/Amphet.
@Parties.

usual 3x 5mg Val.
5-6 Temaz/7.

Cannas "all the time"
EOH 1 bott. Buckfast /7 - "every night ? how much.
QVDA - smokes opiate

AMx 0.

PY - Subst/EOH rel'd. Default cascade.

40% H.W. pt cleaner
40% invalidity
2 wks Sto. @ home x 1.

well - helping support.

Tx Y.

Chi

Px: b. K'Kalgoorlie

Buch. High School → Limwood school (resident).

/ : expelled - fighting, truant. (5) yrs - Kings Cross.

expelled.

Solvents → Cannabis → Acid.

jobs XTS. 1yr - completed.

jobs 1/52 window

job 1/7 cotton / : could have risen - Sunny late.

Cowpar sawmill 5/52

Well since - 23yrs

Ens. c B of B

Assault - police Perth prison 2/52 remand.

Driving offences.

House breaking

Outstanding - warrant x1 B of P. | fam. diff when other is.

Circumstances Well

£.1 hs

money: debts. - £600 - Catalog.

G.F. - sort of.

"see much.

understands

doesn't give hassle.

Council

friends

fines

(M+F)

Richard Smith. 6/3/95

Copy: Man. ✓ 2nd Man ✓ 95 ✓

H.C. ✓ Leven ✓

4st ✓

100, 93, 86, 79, 72, 65 good.

PMX XPMX ✓ XXPMX d/k.

WW II d/k.

News. patnight ✓

IR. ✓ ✓ ✓ ✓ ✓ ✓

SMR. ✓ ✓ ✓ O O ✓

l/y Paul Reilly — Calmer now ✓

Stks n 1/12 gns.

long d.nn.

NURSING NOTES

Write — Imprint or Attach Label

Surname SMITH Hospital No. 043627
Forenames RICHARD Sex MALE
D. of B. 4/9/71
Address C/O 20 CHERRY COURT, METHIL
Ward/Dept. ROTHO

DATE	T 36.4 P 78 BP 115/65
4/5/95	Arranged informal admission of this 24 year old man at 11.00hrs. Referred by Dr Murphy for detox from benzodiazepines. Has been abusing illicit and prescribed drugs since (he states) the age of 11 years. States that he is currently prescribed 90 mg Diazepam daily by his GP which he was initially receiving as a daily prescription. Had been receiving this on a weekly prescription but had been pestered by other drug users requesting his diazepam. Had been an inpatient in Robbie Ward from 9/12/94 → 11/12/94 for drugs detox but discharged himself after an aggressive outburst. Has also been seen by Dr Burnell as an outpatient. States that he also abuses alcohol if he cannot get enough Diazepam and states he would consume large quantities at a time. States that his mood is very changeable and his sleep pattern has been erratic. Appetite has been poor of late. Lives with his parents at present but states they are very intolerant of his drug misuse and have no understanding. States that he wants to stop abusing drugs but realises that it will be very difficult. Had been attending Contact Point, Buckhaven where he was involved in a music group and enjoys playing the guitar but states he has lost interest. LMJ Seen by Dr Burnell — Medication — Diazepam 10mgs at 1pm Diazepam 20mgs at 6pm + 10pm Commenced on 15 minute observations Left no parole LMJ States he has a court appearance sometime in May but did not know the date. stated Dan Nicolson will know.

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ate	NURSING NOTES
pm	Increasingly Restless & Agitated. Dr Discussed Sms Supplement Prescribed Dose Diazepam 2 Commenced Risperidone Tomazepam, Nbm Given Diazepam & Comm Sms Ineffective, Sms Home Extinguished Dr Dm Dosage Of Diazepam Too Low, Tomazepam Re. Effect Of Withdrawal Dr. Dr Commenced To Nb Assess Dosage 2 Commenced PRN.
	Given 5ms Dose Diazepam 20mg @ 2030
	Commenced PRN Diazepam 20mg 12hrly
NR	Spent time in company of client discussed Staff Conversation centred around drug use esp diazepam in particular. Stated she would speak to Dr Burnet tomorrow regarding discovering her dosage. Later complained of restlessness and inability to settle. Explained to Richard that he would have to undergo some discussion if he wanted to stop using diazepam, at that moment he could have one more as required dose tonight. Eventually given 20mg diazepam as required at 0045hrs H Penning
	Went to bed around 0115hrs and appeared to have slept well since then.
1/95	Am PRN Diazepam discontinued. Urinalysis showed no abnormalities. Feels he isn't on enough medication. Dr Burnet to see him.
	s/s Dr Burnet, Commenced On Diazepam 10mg Omn/1/7 & Fluoxetine 5mg Omn/1/7 F. Feels better c/o Increasing Anxiety & Withdrawal Symptoms. Given Diazepam 10mg Omn @ 11.45hrs
pm	Lying on bed for long periods this afternoon had several visitors this evening. Mood pleasant.
NR	Spent evening in company of other patients quietly until. Requested and given his required chlormethiazole 5mg for agitation at 23.50hrs. Went to bed and is asleep. Slept over night.
2/95	Long Lie hrs am. Settled and mood pleasant
pm	No complaints of agitation. Spending

DATE	NURSING NOTES – Continuation
6/5/95 cont	room with fellow client Alan Downs this afternoon. Had a number of visitors in during the evening. Again appeared quite relaxed.
n/k	Relaxed this evening, though requested as required medication given 5 mg diazepam orally at 21.50hrs. Later appeared oversedated though could be roused. Persuaded to go to bed, quite staggering as he went up the corridor. ? Effect of diazepam on top of other substances.
7/5/95	Ann Has had diazepam written up to be reduced further tomorrow. Went to emergency orthodontist this morning at VRH with escort. Staff told he would have to see his own dentist first. Spent the afternoon and evening bathing and applying antiseptic cream to boils and spoke at length with staff Richard Stokes now that his drug abuse is precipitated by chewing a voice – as voices. Richard was very vague as to nature/content or duration of the same. Interviewed by Dr Bonnet. Prescribed Nitrazepine 15mg once only at 15:15 same given. Same prescribed ...
18:20	Requested and received as required. Prescribed 5mg diazepam has asked myself to discuss his application to Severed Ties Group. Using allegiance with him. Appeared very sedated this evening. Urine sample to be taken on Tuesday for full drug screen. Discussed with Dr Bonnet, staff to suggest that Richard should have his visitors limited.
n/k	Spent most of this evening with other clients. Requested and given as required 5mg diazepam at 23.10hrs before going to bed and has slept quite well.
8/5/95 Ann	Discussed with Dr Bonnet. Now on 30 minute observations with no parole.
10:15am	Suspicion of illicit substances been smoked. Increased to 15 minutes with no parole. Requested, and received as requested. Prescribed 5mg at 11:10hrs for sedation.
PM	Urine specimen to be obtained for drug screening. Same requested of Richard.

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DATE	NURSING NOTES — Continuation
Pm	Slept all afternoon, got up after tea time. Had shower. Appears very drowsy. Requested a urine sample from Ricky again but appeared to have forgotten earlier request. — LP
N/K.	Watched TV and spent time sitting with other clients and staff. Interacting well, given as required 5mg diazepam at 0045hrs after which he went to bed and has slept since. LPerry
9/5/95	Settled morning. Watched video in company of fellow client S Kelly, NAD requests for PRN medication. Medication to be reviewed by medical staff this Pm DJ
	Care Plan 2 Review — No evidence of drugs withdrawal. Ricky has continually complained of "lights" which upset him and has made several statements proclaiming he believes himself to be Schizophrenic. There has been many suspicions over Ricky's abuse of substances and the "used" to effects of which may be masked by psychotropic medications. Ricky denies this, and has consented to drugs screens urine including cannabinoids. Awaiting further screen today. Review care plan Friday 12/5/95 — effy
	Urine Sample sent for Analysis — effy
1600 hrs	Received as required Diazepam 5mg at this time effy
	Observations levels increased to 5 minutes - escorted parole due to current suspicion over illicit drug use — effy
1900 hrs	Approached myself stating he wished discharged, would give no reason to myself or Duty Dr Morris, eventually agreed to stay after persuasion of fellow client S. McCann effy
n/k	Spent time sitting with other clients and staff appears settled and chatting well though also a bit reserved. Stayed in after with other client Betty Boyden over T.V. Requested and given as required 5mg diazepam at 0005hrs and again at 0115hrs LPerry
10/5/95	Diazepam reduced to 20mgs BD by Dr Brandt — LP
	Settled morning spent in sitting room with other clients. NAD requests for PRN medication — DJ
PM	Requesting & Receiving PRN Diazepam 5mg @ 15:15h for Anxiety — D

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DATE	NURSING NOTES — Continuation
10/5/95	Less sedated this evening - conversation and eye contact bright and interactive, no overt suspicion of any drug misuse offered. Brought home x-written Immediate Sedated to 75mg at 8pm and 25mg at 1pm + 6pm
N/R	Encountered well this evening spending time in company of other clients and staff. Given as required chlorpentadal 5mg at 21.55. 00.05 and 04.40 hours. Went to bed around 01.30 hours and has slept since then.
11/5/95	CLINICAL REVIEW:- Discussed at length Dr Bonnel to pursue Family background history. Will interview Richard along with D. Nolan on Tuesday Ward Case, and plan for his attending. Requested and received PRN Droperidol 5mg orally at 1130hrs for agitation. S/N M Slattery PRN Requested and received as required Droperidol 5mg at 19.25hrs for agitation.
	S/S. D. Mumeni, Richard Chaney, Is Hearing Voices, State To Observe For Signs Of Reduction Disturbance, Cause For Concern Re - Breaking & Entering, Driving While Under Influence Of Alcohol & Breach Of Probation, Visited By Friends & Parents, No Evidence Of Agitation Or Reduction Disturbance.
N/R	Approached nursing staff at 21.30hrs requesting as required medication, same refused as felt not warranted, advised to wait until he receives 2200hrs medication to see if same helps, over familiar with female patients, Requested and Recieved Droperidol 5mgs orally at 23.05hrs retired to bed soon after, appears to have slept well overnight, no evidence of perceptual disturbances this shift S/N
12/05/95	A.M Actively Tackling Of Hearing Voices, No Evidence Of Agitation Or Loss Of Concentration, Does Not Appear To Be Troubled By Same. Discussed with Dr Bonnel. Now on Enhanced observations / no parole. Requested and received 5mg Stemetil Droperidol For Agitation as required. at 15.20. Richard to attend Court on Tuesday 16/5/95 (Mr Kelly stated

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DATE	NURSING NOTES – Continuation
	to be updated by Social Worker Pat Nicholson. J Murphy happy to allow him to go to a penal institution. If he returns here Dr Murphy will see him. Richard be followed up as an outpatient. ~~———~~ Kelly.
	Passed this evening without incident. Per 6pm medications.
	URINE DRUG SCREEN
	Phenothiazine ~~detected in the~~ Sample undetectable substance has been sent for external lab analysis. Kelly
N/R.	Fairly settled around the ward, spending most of his time in the company of female clients quite familiar with same. Approached myself around 2am wanting to know why he should not ~~at~~ least try and get sleep, quite abrupt in manner refusing to accept rationale behind same then demanding sarcastically as required Medication asked why he felt he needed same & walked away, followed Richard & asked to speak to him, apologetic regarding his manner & attitude complained of feeling restless & unable to get sleep. Imperial Senna given orally @ 02.20hrs, settled & slept from 02.45hrs.
13/5/95	Has spent morning between bed and sitting room. No aggression observed.
P.M	Refused 18.00 - Appears to be coping well from withdrawal although appearance may suggest he may still required this.
	Spent evening in company of fellow clients watching T.V.
N/R	Appears to be settled around ward spending a lot of time with fellow client Sharon Kelly. Watched T.V. + Video for a while. Eventually retired to bed @ 03.00hrs. Appears to have slept well since.
14/5/95	Rejused Thioridazine at 2am. Stated it makes him feel too drowsy. Very pleasant and helpful around the ward. Sat in company of Sharon Burns + Sally majority of the morning.
	Refused Thioridazine Medication at 13.00
PM	Continues to refuse regular medication. Appears quite relaxed. No evidence of perceptual disturbance.
N/R	No change in presentation. Bright and cheerful about

DATE	NURSING NOTES — Continuation
NIR 14/5/95	Ward. Watched Video with fellow clients. Eventually retiring to bed around 02 00hrs. Appears to have slept well overnight. Very manipulative towards fellow clients. JMoffat
15/5/95	am Has requested discharge today. Seen by Dr Murphy and same confirmed. No medication for discharge - Ricky has been in touch with Don Nicolson who will pick him up. Discharged at 12.15 pm.

DATE	NURSING NOTES – Continuation

FIFE PSYCHIATRIC SERVICE
PHYSICAL HISTORY AND EXAMINATION

DATE OF ADMISSION 4/5/95
DATE OF EXAMINATION ..... "
CONSULTANT ..... DR. MURPHY
WARD ..... ROTHES

GENERAL ENQUIRY :

PH : OPERATIONS ..... ✓
SERIOUS ILLNESSES ..... ✓
ALLERGIES ..... ✓
GA PROBLEMS ..... ✓

TB ..... ✓
EPILEPSY ..... ✓
DIABETES ..... ✓
JAUNDICE ..... ✓
RHEUMATIC FEVER ..... ✓
HIGH B.P. ..... ✓

SYSTEMIC ENQUIRY :

CVS : CHEST PAIN ..... ✓
SOBOE ..... ✓
EXERCISE TOLERANCE ..... ✓
ORTHOPNOEA ..... ✓
PALPITATIONS ..... ✓
OEDEMA ..... ✓
CLAUDICATION ..... ✓

RS : COUGH ..... ✓
SPIT ..... ✓
WHEEZE ..... ✓
SMOKING ..... 5 number

GIS : INDIGESTION ..... ✓
HEARTBURN ..... ✓
ABDOMINAL PAIN ..... ✓
BOWELS ..... ✓

GUS : FREQUENCY ..... ✓
DYSURIA ..... ✓
NOCTURIA ..... ✓

CNS : HEADACHES ..... ✓
DIZZINESS ..... ✓

ANY FURTHER COMMENTS :

MEDICATION ..... Rx Diazepam 90mg /7

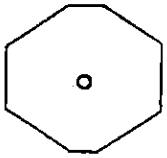
MINATION :

RAL CONDITION : ..... °A/J/C7/Lucy .....

: PULSE RATE ..... 90BPM reg .....
PULSE RHYTHM ..... reg .....
BP ..... 160/95 .....
JVP ..... ↪ .....
APEX ..... ST ↙ .....
HS ..... I + II + 0 .....
OEDEMA ..... ✓ .....

CYANOSIS ..... ✓ .....
FINGER CLUBBING ..... ✓ .....
EXPANSION ..... (R) = (L) ..... (N) .....
PERCUSSION ..... ✓ .....
AUSCULTATION ..... ✓ .....

MEN : (NORMAL) / OBESE / SCAPHOID
MASSES ..... ϕ .....
TENDERNESS ..... ϕ .....
ORGANOMEGALY ..... ϕ .....



DEFICITS ..... ϕ .....
CRANIAL NERVES Rt ptosis, Pupil. ? facial asym.
POWER ..... Sym. ↓ globally, Rt - says "can't be bothered"
TONE ..... (N) .....
REFLEXES ..... (N) .....

: ..... ✓ ..... CROWNS / CAPS ..... ✓ .....

INFORMATION :

↓
d/c dentist.

IGATION RESULTS : Quz'fed -

PATIENT PROFILE
PART 1 RED

SV

NAME ...RICHARD SMITH... UNIT No. 043627

ADDRESS c/o 20 CHERRY COURT... D.O.B. 4/9/73 (21)

METHIL... SEX ...MALE...

... MARITAL STATUS SINGLE...

RELIGION ...NONE...

CONSULTANT ...DR MURRAY... WARD ...ROSES...

D.O.A. ...4/5/95... TIME ...11.00 HRS... REFERRED BY DR MURRAY

LEGAL STATUS ...INFORMAL CHANGE OF STATUS ... DATE ...

OCCUPATION UNEMPLOYED... NATIONAL INSURANCE No. NZ 939170 D

D.H.S.S. OFFICE ...LEVEN... BENEFIT TYPE INCOME SUPPORT

NEXT OF KIN NAME ...MR R SMITH... RELATIONSHIP FATHER

ADDRESS ...20 CHERRY COURT... TEL. NONE...

...METHIL...

OTHER PERSON NAME ...NONE GIVEN... RELATIONSHIP

ADDRESS ... TEL. ...

...

G.P. NAME DR CROSBY ADDRESS THE CANONS THISTLE ST, METHIL TEL. 426083

S.W. NAME DON NICOLSON ADDRESS SW DEPT LEVEN TEL. (01333) 423809

P.N. NAME ...NONE... ADDRESS ... TEL. ...

REASON FOR PRESENT ADMISSION TO HOSPITAL

Detox from Benzodiazepines

Drug detox — has been abusing illicit substances since age 11 yrs.

Has abused — Temazepam
M.S.T.
Temgesic
Subutex
Diazepam

* Has also used IV *

Admits to having an alcohol problem

OTHER INFORMATION

Smoker — approx 20 per day

* Suffers from hayfever *

PATIENT PROFILE PART 2.....PHYSICAL HEALTH

HEIGHT ....5FT....7 INCHES.... HAIR ..VERY SHORT DARK BROWN

WEIGHT ....10 stone 10 lbs.... BUILD ....MEDIUM

SPOT TATTOOS ON (L) KNUCKLES

EYES ....BLUE.... SPECIAL FEATURES "BUD" TATTOOS ON (R) FOREARM

GENERAL APPEARANCE ...CASUALLY DRESSED.....

HEARING R. EAR GOOD ✓ POOR	SIGHT R. EYE GOOD ✓ POOR .....
L. EAR GOOD ✓ POOR	L. EYE GOOD ✓ POOR .....
AIDS ..... NONE	SPECTACLES NONE .....

TEETH ....OWN.... DENTURES ..... COMPLETE ..... PARTIAL .....

BLADDER ..NO....PROBLEMS.....	BATHING ...SELF....CARE.....
BOWELS .....NO....PROBLEMS.....	DRESSING ..SELF....CARE.....
MENSTRUATION .....N/A.....	TOILETING ....SELF....CARE.....
WALKING .....AMBULANT.....	FEEDING .....SELF....CARE.....

SLEEP USUAL PATTERN ...IRRATIC SLEEP PATTERN — 4-5 HRS PER NIGHT

IF NOT ABLE TO SLEEP, WHAT HELPS? ..DIAZEPAM.....

DIET ....NO....SPECIAL....REQUIREMENTS LIKES ....MOST....FOODSTUFFS.....

..... DISLIKES ...NOTHING....IN....PARTICULAR.....

CONCURRENT HEALTH PROBLEMS

NONE.

INVESTIGATIONS	DATE
Urinalysis	5/5/95
Physical Exam	4/5/95
Blood Pressure Obs	4/5/95
Bloods	

SUMMARY OF PHYSICAL HEALTH

States he is in good physical health at the moment.

PATIENT PROFILE PART 3

SURNAME SMITH UNIT No 043627
FORENAMES RICHARD D.O.B. 4/9/73
CONSULTANT DR MURPHY WARD ROSSO

PREVIOUS CONTACT WITH PSYCHIATRIC SERVICE

ROSSO WARD — 9/12/94 — 11/12/94
— drugs detox.

PERSONAL HISTORY

Born in Kirkcaldy, attended Buckhaven High School - expelled for fighting + truanting. Attended Lynewood Residential school and was also expelled. Completed one year YTS scheme shortly after leaving school but has been unemployed since. Has had a number of convictions for breach of peace, assault and driving offences and house breaking. Has two offences outstanding for driving and one for breach of peace. ~~Has spent 2 weeks on remand in Perth Prison.~~

FAMILY HISTORY

Currently lives with parents
Mother + Father in their 40's described as being helpful + supportive. NO family history of psychiatric illness.
2 Brothers - 1 lives at home with parents.

FAMILY AND SOCIAL SUPPORTS

SW D. Nicolson - Leven SW Dept

ADULT PSYCHIATRY

48 HOURS

PATIENT PROFILE PART 4 .... TO BE COMPLETED AFTER.....4.....OBSERVATION

MENTAL STATE

DAILY LIVING SKILLS

SOCIAL INTERACTION SKILLS

N/A Completed

SPARE TIME/SOCIAL HABITS

ATTITUDE/SELF-IMAGE

SUMMARY OF PRESENTATION

COMPLETED BY ..... DESIGNATION ..... DATE .....

7 days

TIENT PROFILE PART 4 .... TO BE COMPLETED AFTER ... OBSERVATION

ITAL STATE

Y LIVING SKILLS

AL INTERACTION SKILLS

E TIME/SOCIAL HABITS

UDE/SELF-IMAGE

MARY OF PRESENTATION

LETED BY ..... DESIGNATION ..... DATE .....

NURSING CARE PLAN – ASSESSMENT OF NEED

DATE IDENTIFIED	DATE RESOLVED	DESCRIPTION OF NEED	LEVEL OF NEED: CRITICAL	LEVEL OF NEED: NON-CRITICAL	INTERVENTION: GENERAL CARE	INTERVENTION: SPECIFIC CARE	NEED NUMBER
4/5/95	8/5/95	15 mins OBSERVATIONS	✓			✓	1
4/5/95		DETOX FROM BENZODIAZEPINES	✓			✓	2
8/5/95	8/5/95	30 minute obs / no parole	✓		✓		3
8/5/95	12/5/95	15 minute obs / no parole	✓		✓		4
12/5/95		~~Low observations~~ 15 minute observations / no parol	✓	✓	✓		5

NAME ..RICHARD SMITH.. UNIT NUMBER .043627 WARD ...ROTHKO.....

NURSING CARE PLAN

SPECIFIC CARE

IE: RICHARD SMITH

T NUMBER: 043627 WARD: ROTTED

D NUMBER: (2) PRESCRIBED BY: Loonglas DATE COMMENCED: 4/5/95

CRIPTION OF NEED:

Richard has been abusing benzodiazepines (diazepam) and requires detoxification

E TIVE:

For Richard to detox safely from benzodiazepine misuse

SING ACTION TO BE TAKEN:

1) CMT to engage Richard in regular 1:1 interactions in order to determine his feelings and attitudes regarding detox.

2) Observe for signs of withdrawal — tremors, agitation → resulting in mood changes

3) Observe Richards interactions with other clients and staff

4) Ensure Richard complies with agreed observation level

~~5) Staff to liaise with Medical Staff~~

REVIEW DATE: 9/5/95

TUAL OUTCOME:

NAME:

UNIT NUMBER: WARD:

NURSING CARE PLAN

SPECIFIC CARE

NEED NUMBER: PRESCRIBED BY: DATE COMMENCED:

DESCRIPTION OF NEED:

OBJECTIVE:

NURSING ACTION TO BE TAKEN:

ACTUAL OUTCOME: REVIEW DATE:

NAME: RICHARD SMITH

UNIT NUMBER: 043627 WARD: Ronto

NURSING CARE PLAN

GENERAL CARE

NEED NUMBER	DESCRIPTION OF GENERAL CARE TO BE GIVEN	DATE STOPPED
(1)	15 min Observations (no parole)	8/5/95
(3)	30 minute obs / no parole	8/5/95
(4)	15 min obs / no parole	9/5/95
(5)	5 minute obs / ESCORTED PAROLE - WITHDRAWN	12/5/95
(2)	~~Low observation~~ 15 minute obs/ no parole	

NAME:

UNIT NUMBER: WARD:

NURSING CARE PLAN

GENERAL CARE

NEED NUMBER	DESCRIPTION OF GENERAL CARE TO BE GIVEN	DATE STOPPED

72 HRS OVERNIGHT ASSESSMENT

NAME	RICHARD SMITH	D.O.B	4/9/73	UNIT NO	043627

PRE-RETIRAL

NIGHT 1 SPENT TIME I/C OTHER CLIENTS CONSUMED + TALKING ABOUT MEDICATION THOUGH APPEARING RELAXED MOST OF THE TIME.

SLEEP CHART

10 PM	11 PM	12 AM	1 AM	2 AM	3 AM	4 AM	5 AM	6 AM	7 AM

MEDICATIONS

20 mg DIAZEPAM 2200hrs
20 mg DIAZEPAM 0045hrs (as required)

QUALITY OF SLEEP

PATIENT

STAFF HAS SLEPT WELL

AWAKENING

ASLEEP - 7.30 AM

ASSESSOR

PRE-RETIRAL

NIGHT 2 SPENT EVENING INTERACTING I/C OTHER CLIENTS + STAFF. CONTINUES I/C CONVERSATION DIRECTED AT HIS MEDICATION REGIME. RELAXED IN MANNER.

SLEEP CHART

10 PM	11 PM	12 AM	1 AM	2 AM	3 AM	4 AM	5 AM	6 AM	7 AM

MEDICATIONS

20 mg Diazepam 22.00 hrs
5 mg Droperidol 23.50 hrs

QUALITY OF SLEEP

PATIENT

STAFF HAS SLEPT ALL NIGHT

AWAKENING

ASLEEP - 7.30 am

ASSESSOR

PRE-RETIRAL

NIGHT 3 INTERACTING WITH OTHER CLIENTS, HAD CHINESE MEAL, APPEARED READY SEDATED BY ? DROPERIDOL PERSUADED TO GO TO BED.

SLEEP CHART

10 PM	11 PM	12 AM	1 AM	2 AM	3 AM	4 AM	5 AM	6 AM	7 AM

MEDICATIONS

20mg DIAZEPAM 2200hrs
5 mg DROPERIDOL 21.50hrs.

QUALITY OF SLEEP

PATIENT

STAFF HAS SLEPT WELL ALL NIGHT

AWAKENING

BRIGHT + BUSHY THIS AM.

ASSESSOR

OVERNIGHT ASSESSMENT HRS/DAYS

NAME

UNIT NO

D.O.B.

PRE-RETIRAL

RETIRAL

ON AWAKENING

ASSESSMENT CARRIED OUT BY

NAME: RICHARD SMITH. D.O.B.: 4.9.73.

PREFERS: RICKY. SEX: MALE

ADDRESS: 14 CARLYLE CRES MARITAL STATUS: SINGLE

BUCKHAVEN.

DEPENDANTS:

UNIT NO. WARD: ROTHES. CONSULTANT: DR MURPHY

CARE MANAGER: S/N M SLATER.

D.O.A.: 13·11·96 TIME: 1850 STATUS: INFORMAL.

CHANGE OF STATUS AND DATE: 1.)
2)
3)

NEXT OF KIN: RICHARD SMITH RELATIONSHIP: FATHER.

ADDRESS: 14. CARLYLE CRES BUCKHAVEN. TELEPHONE: NIL.

OTHER PERSON: KEVIN CARTER. RELATIONSHIP: FRIEND

ADDRESS: MAVIS BANK BUCKHAVEN TELEPHONE: NOT KNOWN.

GP: DR CROSBY ADDRESS: FISHER STREET LOWER METHIL. PHONE:

S.W.: ADDRESS: PHONE:

CPN: ADDRESS: PHONE:

REASON FOR ADMISSION:

OTHER INFORMATION:

HEIGHT:	5'7	EYES:	BLUE
WEIGHT:	11ST 9lb.	HAIR:	BROWN.
BUILD:	MEDIUM.	DISTINGUISHING FEATURES:	TATTOO R FOREARM KNUCKLES ON (L) HAND.
GENERAL APPEARANCE:			

HEARING:			SIGHT		
R. EAR	(GOOD)	POOR	R.EYE	(GOOD)	POOR
L.EAR	(GOOD)	POOR	L.EYE	(GOOD)	POOR
AIDS	NIL		AIDS	NIL	
TEETH	OWN.	DENTURES		COMPLETE	PARTIAL

BLADDER:	HOT SENSATION.	BATHING:	SELF
BOWELS:		DRESSING:	SELF
MENSTRUATION:	/	WALKING:	FULLY MOBILE
TOILETTING:	SELF	FEEDING:	INDEPENDENT.
BREATHING:	NO PROBLEM	SLEEPING:	DIFFICULTY SLEEPING.

DIET: USUAL:	NO SPECIAL DIET.
LIKES/DISLIKES:	

SUMMARY OF PHYSICAL HEALTH & CONCURRENT HEALTH PROBLEMS:

RECORD OF INVESTIGATIVE TESTS AND RESULTS

DATE OUT	TEST	DATE IN	RESULTS

WHYTEMAN'S BRAE HOSPITAL
MENTAL HEALTH SERVICES

Observation Care Plan

Name: RICHARD SMITH.
D.O.B.: 4-9-73
Unit No:

Height: 5ft 7inch.
Weight: 11st 9lb
Eyes: BLUE.

Hair: BROWN
Build: BLUE
Distinguishing features: TATTOR FOREARM KNUCKLES ON (L) HAND

General Observations: Patient to be accounted for minimum frequency at meal times; medication times, change of shift. Other specific checks to be documented below with review dates. Time out to be in consultation with nurse in charge, named nurse.

Review Dates: 23/1/96.

Signed Gallacher.

Signed _____

Constant Observations: Person to be within eyes/ear shot at all times. Time out in consultation with: nurse-in-charge, keyworker, medical staff. To have formal daily review, documented in nursing notes and medical notes.

Review Dates:

Signed _____

Signed _____

Special Observations: Patient to be within arms-length distance at all times. To have formal daily review recorded in nursing notes and medical notes.

Review Dates:

Signed _____

Signed _____

Record all specific interventions/constraints of care plans overleaf.

16111196	Board abs no specific restrictions on work, staff to be aware of conditions when out of the Board. GW Wilson

CLIENT ASSESSMENT TO BE COMPLETED AFTER HRS/DAYS

NAME: RICHARD SMITH. UNIT NO: _____ WARD: ROTHLEY.
COMPLETED BY: G Clenshaw DATE: 17/11/96

SELF-CONCEPT

NICKY SEES HIMSELF AS A BORING PERSON WITH A NEGATIVE ATTITUDE. HE HAS FEW HOBBIES WITH THE EXCEPTION OF MUSIC AND HAS LITTLE MOTIVATION TO DO ANYTHING CONSTRUCTIVE

BALANCE BETWEEN SOLITUDE AND SOCIALISATION

NICKY SOCIALISES WELL WITH OTHERS AND SPENDS MOST OF HIS SPARE TIME IN COMPANY.

COMMUNICATION SKILLS

NO PROBLEMS WITH COMMUNICATING. NICKY COMMUNICATES HIS THOUGHTS + FEELINGS RELATIVELY WELL.

PAIN (S) OR OTHER SENSATIONS

NONE NOTED

WHAT CLIENT CAN / WANTS TO DO WITHOUT HELP

UNABLE TO ANSWER QUESTIONS

BARRIERS TO HUMAN FUNCTIONING
(ALLOWING FOR INDIVIDUAL POTENTIAL AND LIMITATIONS)

NICKY SEES HIS DRUNK + DRUG ABUSE LIMITS IS ABILITY TO FUNCTION INDEPENDANTLY.

DAILY ACTIVITIES

SPENDS MOST OF HIS SPARE TIME WITHIN THE COMPANY OF OTHERS / WATCHING TELEVISION + LISTENING TO MUSIC.

BIOLOGICAL RHYTHM (BEST AND WORST TIMES OF DAY)

NICKY FEELS THAT, HE FEELS BAD THROUGHOUT THE DAY.

CLIENTS PERCEPTION OF SELF IMAGE

NICKY SEES HIMSELF AS A REASONABLE PERSON WHEN HE IS USING DRUGS / MEDICATION, BUT FEELS HE IS UNCONTROLLABLY VIOLENT WHEN NOT USING DRUGS/MEDICATION.

NURSES SUMMARY OF PRESENTATION

NICKY SEEMS UNABLE TO COMPREHEND THAT A MAJORITY OF HIS PROBLEMS / FEELINGS HAVE STEMED FROM HIS SOCIAL ENVIRONMENT + HIS EXCESSIVE USE OF A MULTITUDE OF ILLICIT SUBSTANCES.
HE THINKS THAT DOCTORS + NURSES ~~HAVE THE~~ SHOULD 'CURE HIM', BUT DOESN'T REALISE THAT HE COULD HELP HIMSELF THROUGH POSOTIVE THINKING + A DEGREE OF SELF CONTROL.

72 HRS OVERNIGHT ASSESSMENT

NAME Richard Smith | D.O.B. 4.9.73 | UNIT NO

NIGHT 1

PRE-RETIRAL 13/11/96: Slightly anxious at being new to the ward. Some time spent in sitting room prior to retiring to bed.

10 pm	11 pm	12 am	1 am	2 am	3 am	4 am	5 am	6 am	7 am

SLEEP CHART

MEDICATIONS: Thioridizine 75mg

QUALITY OF SLEEP — PATIENT | STAFF: Slept well overnight.

WAKENING

ASSESSOR L. Burt

NIGHT 2

PRE-RETIRAL: In bed asleep at 2100hrs.

10 pm	11 pm	12 am	1 am	2 am	3 am	4 am	5 am	6 am	7 am

SLEEP CHART

MEDICATIONS: Thiondazine 75mgs given by previous duty.

QUALITY OF SLEEP — PATIENT | STAFF: Slept well

WAKENING

ASSESSOR A Thomson

NIGHT 3

PRE-RETIRAL

10 pm	11 pm	12 am	1 am	2 am	3 am	4 am	5 am	6 am	7 am

SLEEP CHART

MEDICATIONS

QUALITY OF SLEEP — PATIENT | STAFF

WAKENING

ASSESSOR

OVERNIGHT ASSESSMENT HRS/DAYS

NAME

UNIT NO

D.O.B.

PRE-RETIRAL

RETIRAL

ON AWAKENING

ASSESSMENT CARRIED OUT BY

CARE PLANNING INDEX

NAME: RICHARD SMITH UNIT NO: _____ WARD: ROTHES.

Need No	Date	Current Needs	Finish Date
(1)	17/11/96	PREPARATION FOR DISCHARGE	

Number	Date	Observations	Finish
(1)	15/11/96	GENERAL OBSERVATIONS	

NURSING CARE PLAN

NAME: Richard Smith UNIT NO: _____ CARE PLAN NO: (1)

WARD: Rothes COMMENCED: 17/11/96 PRESCRIBED BY: Glenomp

NURSING ASSESSMENT/DIAGNOSIS

PREPARATION FOR DISCHARGE.

DESIRED CLIENT/NURSE OBJECTIVE(S)

SHORT TERM

TO ENABLE RICH TO HAVE A POSITIVE + EFFECTIVE RELOCATION TO HIS HOME ENVIRONMENT WHEN DISCHARGED

LONG TERM

—

NURSING ACTION

(1) NURSING STAFF TO OBSERVE RICHARDS BEHAVIOUR WITHIN THE WARD.

(2) NURSING STAFF TO ~~OBSERVE~~ MONITOR RICHARDS INTERACTIONS WITH FELLOW CLIENTS + NURSING STAFF.

(3) NURSING STAFF TO DISCUSS WITH RICHARD THROUGH 1-1 INTERACTION ANY THOUGHTS, FEELINGS + FEARS THAT HE MAY HAVE.

(4) NURSING STAFF TO ENCOURAGE RICHARD TO PARTICIPATE IN WARD BASED ACTIVITIES. IE. COMMUNITY MEETING ETC.

(5) ANY INFORMATION TO BE DOCUMENTED IN NURSING NOTES

ACTUAL OUT COME

REVIEW DATES:

1) 24/11/96	5) _____	9) _____
2) 1/12/96	6) _____	10) _____
3) _____	7) _____	11) _____
4) _____	8) _____	12) _____

DATE	NO.	INTERVENTION/REVIEW
24/11/96	(1)	NICKY OVER THE LAST WEEK HAS STATED THAT HE HEARS VOICES AND THAT HE BELIEVES THAT HE IS A SCHIZOPHRENIC. HE, ON OBSERVATION DOES NOT PRESENT ANY SYMPTOMS OF PERCEPTUAL DISTURBANCE OR THOUGHT DISORDER AND APPEARS TO BE SETTLED WITHIN THE WARD ENVIRONMENT - NICKY INTERACTS WELL WITH OTHERS AND HAS, WITH SUSPICION, BEEN ABUSING DRUGS WITHIN THE WARD. I.E. HAS BEEN SMELLING OF CANNABIS/HASH. CARE PLAN TO CONTINUE FOR FURTHER REVIEW. (Gordon)

DATE	NO.	INTERVENTION/REVIEW

NURSING NOTES

Write — Imprint or Attach Label

Surname SMITH. Hospital No.
Forenames RICHARD Sex MALE
D. of B. 4.9.96.
Address 14 CARLYLE CRES
BUCKHAVEN.
Ward/Dept. ROTHES.

DATE	
13.11.96	Admitted after out patients appointment with Dr Carson. Has a history of drug abuse and aggressive outbursts which have become more frequent over recent weeks. Has fought with his brother and father in the past week and broke furniture and crockery in the family home today. For admission to be reviewed by Dr Murphy tommorow. Admitted against medical advice — has a court appearence pending. Has been informed that if he takes unprescribed drugs whilst on the ward he will be discharged. If there are any violent/aggressive outbursts the police will be informed. ——— Prescribed medication on admission — DIAZEPAM 40 mg BD THIORIDAZINE 75mg 10pm. DROPERIDOL 20mg when required. B Trotter
N/R	Slightly anxious at times, mainly due to being new to the ward. Enquiring about what 'as required' medication he was prescribed in case he required it. He was advised that as well as 'as required' medication, divisional therapies are also encouraged. Retired to bed early and slept well overnight. L. Smart
16/11/96	SEEN AND KNOWN SPENT 24 HOURS ACTIVITY WITH OTHERS. NO EVIDENCE OF PERCEPTUAL DISTURBANCE ETC. L Lennox
p.m.	Complaining of agitation. Requested & received Droperidol 20mg as required at 17.00. Appeared sedated 1 hour after taking. Has slept for most of evening. F. [illegible]
N/R	In bed asleep at 2100hrs appears to have slept well overnight ——— A Thomson
15/11/96 A.M.	Kardex Meeting — Dr Murphy to see today, also Diazepam decreased to 30mg twice a day. Dr Carson informed staff not to give Richard any Droperidol medication as it over sedates him. ——— M Slater
N/R	Commenced Lofexidine 200mg tid daily ——— Hartley
N/R	Complaining of rash on his penis and

FHB (MR) 33

Date	NURSING NOTES
	discomfort from same. Fairly settled in manner. Complained he'd been sick a couple of times. Appeared to sleep overnight from 1am.
11.96	Settled morning interacting well with others. B Mott
m.	Has very bruised 2nd toe on (R) foot. Inspected by Dr Knapp – no treatment required. H Galloway
	Reserved mins that his brother had been "stabbed" and beat up. Stated that he felt very uptight and did not want to leave hospital as he would get into trouble. Requested and received as required Droperidol 20mg at 2040hrs
R	Retired early to bed this evening. Slept soundly from 1Opm. AM duty
2/11/96	Settled morning. Played his guitar in sitting room.
-1.	NICKY MADE SEXUAL REFERENCES TOWARDS FEMALE NURSE DURING OUR INTERACTION, EMPHASISING HIS FIXATIONS ABOUT HIS DRUG + ALCOHOL ABUSE. NICKY BELIEVES THAT TAKING DRUGS HELPS HIM RELAX, PREVENTING HIS VIOLENT SIDE FROM COMING OUT. AND FEELS THAT HE DOES NOT GET ENOUGH MEDICATION WHILST IN HOSPITAL. HE COMMUNICATED HIS FEELINGS WELL, BUT SEEMED IRRATIONAL IN HIS THOUGHTS REGARDING DRUGS AND BELIEVES THAT HE HAS BEEN A VICTIM OF SOCIETY – THIS REFERENCE WAS MADE IN RELATION TO HIS INCARCERATION AT SOUGHTON PRISON.
J/R	Stated he has had thoughts of cutting himself. States he has done this in the past to gain attention. A little volatile at times but calmed down quickly. Retired around midnight and appears to have slept overnight.
4/11/96	~~[illegible]~~ KARDEX REVIEW. DISCUSSED WITH DR MURPHY. DIAZEPAM REDUCED TO 25mg B/D.
PM	Richard informed staff that the police have a warrant for his arrest. Richard seems to think

BL

DATE	NURSING NOTES — Continuation
	that because he is in hospital that this cannot be served. Discussed with Dr Murphy who stated that if the Police do arrive on the ward then staff cannot stop them arresting Ricky but he would like to be contacted also. Spoke with Ricky this evng. Stated that he is schizophrenic and that no one believes him. Stated that he has been schizophrenic since he was at primary school. Stated that that is why he has been violent in the past. States he get paranoid feelings and thinks that people are talking and laughing at him. I noted Ricky if this was perhaps due to his illicit drug misuse but he stated he feels paranoid when he is not taking drugs. He stated that he will do something to prove he is schizophrenic but would not elaborate on this. ——— MP
N/R	Settled evening spent in the company of select members of patients mood appears bright interacting well appears to have slept well overnight — J Thomson
19/11/96	SETTLED MORNING, SPENT WITH THE WARD NO CHANGE IN PRESENTATION RICKY REMAINS SETTLED WITHIN THE WARD ENVIRONMENT. Gerhams
19/11/96	Winding up another patient in the ward this afternoon. Settled down later. ——— Mcphail
N/R	Settled evening spent in the company of fellow patients retired to bed at 23.30 appeared to fall asleep wakened at 01.15 complaining of feeling severely agitated spoken with SN R Davis Requested and relieved as required Droperidol 20mgs @ 01.35 returned back to bed and appears to have slept well overnight. ——— J Thomson
20/11/96	Went out for a walk this evening with fellow patient Tommy Russell ——— J Braid Went out again this time, he went over to the Victoria Hospital and was going up and down on the lifts. Was asked to refrain from going across during his stay in hospital ——— J Braid

DATE	NURSING NOTES – Continuation
N/R.	Eyes noted to be quite glazed? Illicit drug misuse, though denies same, informing staff that he was going to complain as stating he suffers from insomnia, and has to watch TV all night, informed that this was not possible, not very pleased by this, initially reluctant to go to bed, though did so @ 01.15hrs appears to have slept well C/S KMcIntyre
21/11/96	Quite challenging towards staff this morning. Spent the time in the morning in his pyjamas was asked to put on clothes which he did eventually ——— J Braid
	Clinical Meeting-
	Dr Cosson stated Richard had been talking to him of bizarre hallucinations, he explains 2-3 voices of both sexes Dr Murphy will discuss any evidence of this with mother, and obtain a further history from her.
	Meanwhile — no unescorted time out
	boundaries to be set with regards to illicit substances
	detainability to be discussed late.
pm	Interviewed by myself and Dr Murphy. Boundaries set with Ricky regarding observations To remain on general NO UNESCORTED TIME OUT. Considerable to have a bit fresh air, but while detoxing, not to have any time out alone, Dr Murphy has requested that his mother phone him.
	Richard very disappointed at reduction in diazepam now 20mg x 2 daily, Chlorpromazine 25mg x 2 daily, 75mg @ 10pm. Trihexane discontinued.
N/R.	Sister - in law telephone ward with regards to earlier telephone call received from staff, looking for RIKKI's mother, informed that Dr Murphy wishes to speak to RIKKI's mother, she will telephone tomorrow for an appointment, RIKKI has been fairly excitable tonight continues challenging towards staff, stating that rules are ~~meant to~~ meant to be broken, eyes very glazed ? illicit drug misuse, though denies same, advised to lead early, appears to have slept well — S/N KMcIntyre
22-11-96	Appears settled States that the Chlorpromazine he is receiving is doing him good — now his 'voices' are no happy voices. Also wishes to enquire about whether he is entitled

FHB (MR) 34

DATE	NURSING NOTES – Continuation
	to a bus pass. Informed to phone regional council. B Trotter.
pm.	Urine sample collected for Drug screening. B Trotter Settled evening, visited by family members. M Slater
N/R	Suspected of smoking illicit substances in his room, would not confirm or deny this. referring to his "special bags" which make him happy. Fellow client Louise Webster informed staff that Richard had offered her some but she had declined. Richard quite agitated, couldn't settle, complaining "voices" were preventing him from sleeping. Requested & received Droperidol 10mg as required at 01.00 & again at 01.30. eventually retired to bed & slept well. from 0200 hrs
23/11/96 A.M.	Spent the majority of the morning in bed sleeping M. Slater
pm.	Complaining of having a rash on his penis Dr will see on monday. B Trotter
	Seen by Dr Fox regarding chest pains. Denies this in view of this Dr Fox says no action can be taken. Dr Fox said PRN droperidol could be given in split dose neither less than a whole 20mg to be given. Yhpuld
N/R.	Requested as required Droperidol @ 2200 hrs. I asked if he would wait to give regular medication time to take effect. He agreed. Later found smoking in his room. "Roll up" appeared suspicious to E/N Moffet. I asked Richard if there had been drug use within and he stated no and offered me his roll up for examination. It appeared drug free clear tobacco. Stated he had become increasingly agitated which he had been observed to be. given as required Droperidol 10mg @ 2359. settling effect appears to have slept well
24/11/96	Verbally abusive towards nursing staff this am when requested not to smoke in room and stated "You should have me better by now" returning to put out cigarette. Catherine

FHB (MR) 34

DATE	NURSING NOTES – Continuation
24/11/96 1800hrs	When going into Richards room this evening to inform him that it was medication time he was found smoking a roll up in his room with fellow-patients M. Brown and K McLeod. I asked Richard to put the roll up out and he said that he would just make another one, so I put it out and on doing so noticed there was a roach in it so I ~~se~~ took it away to check for any illicit substances in it. Myself and c/N Busgeeth spoke to Richard about smoking in his room and the ward policy about only smoking in designated area, ie. sitting room. Richard did not agree with this and stated he could not guarantee that he would not smoke in his room again. Richard broke up the roll up and there was no illicit substance in it but was hostile in his manner about myself checking this out, told the issue would be discussed with medical staff tommorow. — M Slater
N/R	Unable to waken for 22 hrs medication has Slept for remainder of night — M Moffat
25/11/96	Kadey Meeting Diazepan decreased to 15mgs B.D and Tgevidine discontinued To be decreased again in 2 days. To be discharged if caught in possession of drugs on the ward — J Braid Requested to contact social work dept as Richard says he will be homeless once discharged. Social work department Leven advised Richard to contact the housing department. B Fowler

PRESCRIPTION SHEET (USE BLOCK LETTERS)

Sheet No. 2

	START DATE	DISCONTINUED Date	DISCONTINUED Signature	REGULAR MEDICINES	DOSE	METHOD OF ADMINISTRATION	TIME OF ADMINISTRATION 0800	1300	1800	2200	Other times	PRESCRIBER'S SIGNATURE
A	10/5/95.	12/5/95.	[signature]	DIAZEPAM	20mg	ORAL				✓		[signature]
B	12/5/95			DIAZEPAM	20mg	ORAL	✓					[signature]
C	12/5/95			DIAZEPAM	10mg	ORAL				✓		[signature]
D	8/01/95			THIORIDAZINE	75mg	ORAL	✓					[signature]
E	8/5/95.			THIORIDAZINE	25mg	ORAL		✓	✓			[signature]
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												

	START DATE	DISCONTINUED Date	DISCONTINUED Signature	AS REQUIRED MEDICINES	DOSE	METHOD OF ADMINISTRATION	INDICATION	MAXIMUM FREQUENCY	PRESCRIBER'S SIGNATURE
R	5/5/95.			DICORETROL	5mg	ORAL	AGITATION	UP TO HELLY THAN UP TO 10 DOSE IN 24 HRS UP TO 2 DAILY: MAX OF 6 DOSES / 24 HRS.	[signature]
S	5/5/95.			PROCYCLIDINE	5mg	ORAL/IM	EPSE		[signature]
T									
U									
W									
X									
Y									
Z									

	START DATE	DISCONTINUED Date	DISCONTINUED Signature	DEPOT INJECTIONS	DOSE	FREQUENCY	PRESCRIBER'S SIGNATURE
1							
2							
3							
4							

TICK IF PRESCRIBED ON THE FOLLOWING SHEET ✓	LIST OF MEDICINES TO BE AVOIDED DUE TO PREVIOUS REACTION MEDICINE	REFERRED DATE

ONCE ONLY MEDICINES AND PREMEDICATION

DATE	MEDICINE	DOSE	METHOD OF ADMINISTRATION	TIME	PRESCRIBER'S SIGNATURE	GIVEN BY	GIVEN AT

NAME OF PATIENT	AGE	DATE OF BIRTH	UNIT No.	CONSULTANT	WARD
[redacted]		11/6/23		[redacted]	FHR/MRI 5R

PASS MEDICATION RECORD Sheet No. Ward Patient's Name Unit No.

	STRENGTH													SIGNATURE OF NURSE IN CHARGE
A														
B														
C														
D														
E														**NUMBER OF DOSES SUPPLIED**
F														
G														
H														
I														
J														
K														
L														
M														
N														
O														
P														
		✓		✓		✓		✓		✓		✓		
R														**TICK AS REQUIRED MEDICATION ON EACH PASS**
S														
T														
U														
W														
X														
Y														
Z														
TIME LEAVING														TIME LEAVING
DATE LEAVING														DATE LEAVING
TIME RETURNING														TIME RETURNING
DATE RETURNING														DATE RETURNING
DATE AND DISPENSED BY														DATE AND DISPENSED BY
CHECKED BY														CHECKED BY
ISSUED BY														ISSUED BY

NB – A NEW RECORDING SHEET MUST BE TAKEN EACH TIME A PRESCRIPTION SHEET IS CHANGED

PRESCRIPTION SHEET No. 2

C rewritten. 10/5/95 – 4.45 pm

KEY
A DRUG REFUSED
A PATIENT ABSENT

MEDICINE RECORDING SHEET

Date	REGULAR PRESCRIPTIONS 8.00	Intls	13.00	Intls	18.00	Intls	22.00	Intls	OTHER TIMES Code	Time	Intls	Code	Time	Intls	Code	Time	Intls	DEPOT INJECTION Code	Intls	AS REQUIRED Code	Time	Intls	Code	Time	Intls	COMMENTS ON DISCREPANCIES
10/5/95	2E ~~MS~~ ERROR MS				2E		MS 2A	AD												2R 21-30	AD					
11/5/95	2A 2D	MS	2E				2C 2A	KM												2R 0005 2R 0040 2R 1130	AD AD MS		2R 2E	19-25 23-05	NB NB	
12/05/95	2B 2D		2E		2E		2C	KM												2R 1520	88					3 pm Arthes
13/05/95	2B 2D	MS	2E		2E		2C	KM												2R 0220	KM					
14/5/95	2B 2D	4	2E		2E		MS 2C	KM																		
15/5/95	2B 2D	MS																								

NAME: ..... UNIT No: ..... WARD: R-THES

FHB(MR) 57

NB:- A NEW RECORDING SHEET MUST BE TAKEN EACH TIME A PRESCRIPTION SHEET IS CHANGED
PRESCRIPTION SHEET No.

KEY
Ⓐ DRUG REFUSED
Ⓐ PATIENT ABSENT

MEDICINE RECORDING SHEET

Date	REGULAR PRESCRIPTIONS									OTHER TIMES									DEPOT INJECTION		AS REQUIRED						COMMENTS ON DISCREPANCIES
	8.00		Intls	13.00		Intls	18.00		Intls	22.00		Intls	Code	Time	Intls	Code	Time	Intls	Code	Time	Intls	Code	Intls	Code	Time	Intls	Code	Time	Intls	

PRESCRIPTION SHEET (USE BLOCK LETTERS) D-DA 4/5/95 Sheet No. 1

	START DATE	DISCONTINUED Date	DISCONTINUED Signature	REGULAR MEDICINES	DOSE	METHOD OF ADMINISTRATION	TIME OF ADMINISTRATION 0800	1300	1800	2200	Other times	PRESCRIBER'S SIGNATURE
A	4/5/95	5/5/95		DIAZEPAM	40mg	ORAL		✓				
B	4/5/95	5/5/95		DIAZEPAM	20mg	ORAL			✓	✓		
C	5/5/95	6/5/95		DIAZEPAM	30mg	ORAL	✓					
D	5/5/95	6/5/95		DIAZEPAM	20mg	ORAL		✓		✓		
E	5/5/95	6/5/95		DIAZEPAM	40mg	ORAL			✓			
F	6/5/95	8/5/95		DIAZEPAM	30mg	ORAL	✓					
G	6/5/95	8/5/95		DIAZEPAM	20mg	ORAL				✓		
H	6/5/95	8/5/95		DIAZEPAM	10mg	ORAL		✓				
I	6/5/95	8/5/95		THIORIDAZINE	25mg	ORAL			✓			
J	6/5/95	6/5/95		DIAZEPAM	30mg	ORAL	✓					
K	8/5/95	10/5/95		DIAZEPAM	20mg	ORAL				✓		
L	8/5/95			THIORIDAZINE	25mg	ORAL		✓	✓			
M	8/5/95			THIORIDAZINE	15mg	ORAL	✓					
N	10/5/95	12/5/95		DIAZEPAM	20mg	ORAL	✓			✓		
O	12/5/95			DIAZEPAM	20mg	ORAL	✓					
P	12/5/95			DIAZEPAM	10mg	ORAL	✓			✓		

	START DATE	DISCONTINUED Date	DISCONTINUED Signature	AS REQUIRED MEDICINES	DOSE	METHOD OF ADMINISTRATION	INDICATION	MAXIMUM FREQUENCY	PRESCRIBER'S SIGNATURE
R	4/5/95	5/5/95		DIAZEPAM	5mg	PO	AGITATION	12 HRLY	
S	NOW TO HAVE PRN'S OF BENZODIAZEPINES - USE OF THIORIDAZINE IF ABSOLUTELY NECESSARY								
T	5/5/95	5/5/95		DROPERIDOL	10mg	ORAL/IM	AGITATION	EARLY	
U	5/5/95			PROCYCLIDINE	5mg	ORAL/IM	AGITATION	6HRLY: MAX 6 IN 24 HRS	
W	5/5/95			DROPERIDOL	5mg	ORAL/IM	AGITATION	UP TO 2 HRLY. MAX 10 DOSES IN 24 HRS	
X									
Y									
Z									

	START DATE	DISCONTINUED Date	DISCONTINUED Signature	DEPOT INJECTIONS	DOSE	FREQUENCY	PRESCRIBER'S SIGNATURE
1							
2							
3							
4							

TICK IF PRESCRIBED ON THE FOLLOWING SHEET ✓	LIST OF MEDICINES TO BE AVOIDED DUE TO PREVIOUS REACTION: MEDICINE	REFERRED DATE

ONCE ONLY MEDICINES AND PREMEDICATION

DATE	MEDICINE	DOSE	METHOD OF ADMINISTRATION	TIME	PRESCRIBER'S SIGNATURE	GIVEN BY	GIVEN AT
4/5/95	DIAZEPAM	20mg	PO	2045			2045
7/5/95	THIORIDAZINE	15mg	ORAL				1515

NAME OF PATIENT RICHARD SMITH | AGE 21 | DATE OF BIRTH 4/9/73 | UNIT No. | CONSULTANT DR MURPHY | WARD ROTHES

FHB(MR) 58

PASS MEDICATION RECORD Sheet No. Ward Patient's Name Unit No.

	STRENGTH													SIGNATURE OF NURSE IN CHARGE
A														
B														
C														
D														
E														**NUMBER OF DOSES SUPPLIED**
F														
G														
H														
I														
J														
K														
L														
M														
N														
O														
P														
		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
R														**TICK AS REQUIRED MEDICATION ON EACH PASS**
S														
T														
U														
W														
X														
Y														
Z														
TIME LEAVING														TIME LEAVING
DATE LEAVING														DATE LEAVING
TIME RETURNING														TIME RETURNING
DATE RETURNING														DATE RETURNING
DATE AND DISPENSED BY														DATE AND DISPENSED BY
CHECKED BY														CHECKED BY
ISSUED BY														ISSUED BY

BI-4859

NB – A NEW RECORDING SHEET MUST BE TAKEN EACH TIME A PRESCRIPTION SHEET IS CHANGED

PRESCRIPTION SHEET No. 1

D.O.A 4/5/95

KEY
Ⓐ DRUG REFUSED
Ⓐ PATIENT ABSENT

MEDICINE RECORDING SHEET

Date	REGULAR PRESCRIPTIONS 8.00	Intls	13.00	Intls	18.00	Intls	22.00	Intls	OTHER TIMES Code	Time	Intls	Code	Time	Intls	Code	Time	Intls	DEPOT INJECTION Code	Intls	AS REQUIRED Code	Time	Intls	Code	Time	Intls	COMMENTS ON DISCREPANCIES
4/5/95			B	MS	B		B																			
5/5/95	Ⓒ				E		D		C	10.00										R 0045 T 1405 W 23.30						Ⓒ asked pt Sam
6/5/95	Ⓕ		H	U	I		G		F	9.50										W 21.40						8 – Asleep
7/5/95	F		H L		I	U	G													W 1820 W 23.10						
8/5/95	M		L			U	K		L	1900	U									W 11.10						Ⓐ – asleep
9/5/95	M	U	L		L	MS	K													W 0045 W 1600						
10/5/95	M	U	L																	W 0045 W 01.10 W 1555						

NAME: RICHARD SMITH UNIT No: ..... WARD: ROTHEJ

FHB(MR) 57

NB – A NEW RECORDING SHEET MUST BE TAKEN EACH TIME A PRESCRIPTION SHEET IS CHANGED

PRESCRIPTION SHEET No.

KEY
(A) DRUG REFUSED
(A) PATIENT ABSENT

MEDICINE RECORDING SHEET

Date	REGULAR PRESCRIPTIONS									OTHER TIMES									DEPOT INJECTION		AS REQUIRED						COMMENTS ON DISCREPANCIES
	8.00		Intls	13.00		Intls	18.00		Intls	22.00		Intls	Code	Time	Intls	Code	Time	Intls	Code	Time	Intls	Code	Intls	Code	Time	Intls	Code	Time	Intls	

NAME: ..... UNIT No: ..... WARD: .....

PRESCRIPTION SHEET (USE BLOCK LETTERS)

Sheet No.

	START DATE	DISCONTINUED Date	DISCONTINUED Signature	REGULAR MEDICINES	DOSE	METHOD OF ADMINISTRATION	TIME OF ADMINISTRATION 0800	1300	1800	2200	Other times	PRESCRIBER'S SIGNATURE
A	9 12 94			Diazepam	10mg	O	✓	✓	✓	✓		
B	9 12 94			Temazepam	10mg	O	~~✓~~			✓		
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												

	START DATE	DISCONTINUED Date	DISCONTINUED Signature	AS REQUIRED MEDICINES	DOSE	METHOD OF ADMINISTRATION	INDICATION	MAXIMUM FREQUENCY	PRESCRIBER'S SIGNATURE
R									
S									
T									
U									
W									
X									
Y									
Z									

	START DATE	DISCONTINUED Date	DISCONTINUED Signature	DEPOT INJECTIONS	DOSE	FREQUENCY	PRESCRIBER'S SIGNATURE
1							
2							
3							
4							

TICK IF PRESCRIBED ON THE FOLLOWING SHEET ✓	LIST OF MEDICINES TO BE AVOIDED DUE TO PREVIOUS REACTION MEDICINE	REFERRED DATE

ONCE ONLY MEDICINES AND PREMEDICATION

DATE	MEDICINE	DOSE	METHOD OF ADMINISTRATION	TIME	PRESCRIBER'S SIGNATURE	GIVEN BY	GIVEN AT

NAME ~~OF~~ PATIENT | AGE | DATE OF BIRTH | UNIT No. | CONSULTANT | WARD BOTHIES

PASS MEDICATION RECORD Sheet No. Ward Patient's Name Unit No.

	STRENGTH													SIGNATURE OF NURSE IN CHARGE
A														
B														
C														
D														
E														**NUMBER OF DOSES SUPPLIED**
F														
G														
H														
I														
J														
K														
L														
M														
N														
O														
P														
		✓		✓		✓		✓		✓		✓		✓	
R															**TICK AS REQUIRED MEDICATION ON EACH PASS**
S															
T															
U															
W															
X															
Y															
Z															
TIME LEAVING															TIME LEAVING
DATE LEAVING															DATE LEAVING
TIME RETURNING															TIME RETURNING
DATE RETURNING															DATE RETURNING
DATE AND DISPENSED BY															DATE AND DISPENSED BY
CHECKED BY															CHECKED BY
ISSUED BY															ISSUED BY

81489

NB – A NEW RECORDING SHEET MUST BE TAKEN EACH TIME A PRESCRIPTION SHEET IS CHANGED
PRESCRIPTION SHEET No.

ADMITTED 9/12/94 1500 hrs.

KEY
Ⓐ DRUG REFUSED
Ⓐ PATIENT ABSENT

FIFE HEALTH BOARD
MEDICINE RECORDING SHEET

Date	REGULAR PRESCRIPTIONS 8.00	Intls	13.00	Intls	18.00	Intls	22.00	Intls	OTHER TIMES Code	Time	Intls	Code	Time	Intls	Code	Time	Intls	DEPOT INJECTION Code	Intls	AS REQUIRED Code	Time	Intls	Code	Time	Intls	COMMENTS ON DISCREPANCIES
9/12/94					A		A B	K.P.																		
10/12/94	A	B	A		A		A B	4.																		
11/12/94	A	AML	A		Ⓐ	Error																				

NAME: RICKY UNIT WARD:

FHB(MR) 57

NB A NEW RECORDING SHEET MUST BE TAKEN EACH TIME A PRESCRIPTION SHEET IS CHANGED

PRESCRIPTION SHEET No.

KEY
(A) DRUG REFUSED
(A) PATIENT ABSENT

FIFE HEALTH BOARD
MEDICINE RECORDING SHEET

Date	REGULAR PRESCRIPTIONS									OTHER TIMES										DEPOT INJECTION		AS REQUIRED						COMMENTS ON DISCREPANCIES
	8.00		Intls	13.00	Intls	18.00	Intls	22.00	Intls	Code	Time	Intls	Code	Time	Intls	Code	Time	Intls		Code	Intls	Code	Time	Intls	Code	Time	Intls	

NAME: ..... UNIT No: ..... WA .....

PRESCRIPTION SHEET (USE BLOCK LETTERS) D.O.A 13/11/96. Sheet No.

	START DATE	DISCONTINUED Date	DISCONTINUED Signature	REGULAR MEDICINES	DOSE	METHOD OF ADMINISTRATION	TIME OF ADMINISTRATION 0800	1300	1800	2200	Other times	PRESCRIBER'S SIGNATURE
A	13/11/96	15/11/96		Diazepam	40mg	PO	✓		✓			
B	13/11/96	21/11/96		Thioridazine	75mg	PO				✓		
C	15/11/96	18/11/96		Diazepam	30mg	PO	✓		✓			
D	15/11/96	25/11/96		Loperidone	200mg	PO	✓		✓			
E	18/11/96	21/11/96		Diazepam	25mg	PO	✓		✓			
F	21/11/96	25/11/96		Diazepam	20mg	PO	✓		✓			
G	21/11/96			Chlorpromazine	25mg	PO	✓	✓				
H	21/11/96			Chlorpromazine	75mg	PO				✓		
I	25/11/96			Diazepam	10mg	PO	✓		✓			
J												
K												
L												
M												
N												
O												
P												

	START DATE	DISCONTINUED Date	DISCONTINUED Signature	AS REQUIRED MEDICINES	DOSE	METHOD OF ADMINISTRATION	INDICATION	MAXIMUM FREQUENCY	PRESCRIBER'S SIGNATURE
R	13/11/96			Paracetamol	1g 2	PO/IM	agitation	½ hrly max 4 in 24hrs	
S									
T									
U									
W									
X									
Y									
Z									

	START DATE	DISCONTINUED Date	DISCONTINUED Signature	DEPOT INJECTIONS	DOSE	FREQUENCY	PRESCRIBER'S SIGNATURE
1							
2							
3							
4							

TICK IF PRESCRIBED ON THE FOLLOWING SHEET ✓	LIST OF MEDICINES TO BE AVOIDED DUE TO PREVIOUS REACTION MEDICINE	REFERRED DATE

ONCE ONLY MEDICINES AND PREMEDICATION

DATE	MEDICINE	DOSE	METHOD OF ADMINISTRATION	TIME	PRESCRIBER'S SIGNATURE	GIVEN BY	GIVEN AT

NAME OF PATIENT Richard Smith | AGE 23 | DATE OF BIRTH 4 1 9173 | UNIT No. 053711 | CONSULTANT DR MURPHY | WARD FHB(MR) 58

PASS MEDICATION RECORD Sheet No. Ward Patient's Name Unit No.

	STRENGTH													SIGNATURE OF NURSE IN CHARGE
A														
B														
C														
D														
E														NUMBER OF DOSES SUPPLIED
F														
G														
H														
I														
J														
K														
L														
M														
N														
O														
P														
		✓		✓		✓		✓		✓		✓		✓		✓		✓		✓		
R																					TICK AS REQUIRED MEDICATION ON EACH PASS
S																					
T																					
U																					
W																					
X																					
Y																					
Z																					
TIME LEAVING																					TIME LEAVING
DATE LEAVING																					DATE LEAVING
TIME RETURNING																					TIME RETURNING
DATE RETURNING																					DATE RETURNING
DATE AND DISPENSED BY																					DATE AND DISPENSED BY
CHECKED BY																					CHECKED BY
ISSUED BY																					ISSUED BY

NB – A NEW RECORDING SHEET MUST BE TAKEN EACH TIME A PRESCRIPTION SHEET IS CHANGED

PRESCRIPTION SHEET No.

P.O.D-419173.
P.O.A 1311196

KEY
(A) DRUG REFUSED
(B) PATIENT ABSENT

MEDICINE RECORDING SHEET

Date	REGULAR PRESCRIPTIONS 8.00	Intls	13.00	Intls	18.00	Intls	22.00	Intls	OTHER TIMES Code	Time	Intls	Code	Time	Intls	Code	Time	Intls	DEPOT INJECTION Code	Intls	AS REQUIRED Code	Time	Intls	Code	Time	Intls	COMMENTS ON DISCREPANCIES
13/11/96							15																			
14/11/96	A				A		B													R	17.00					
15/11/96	A				C		B		C	1845																
16/11/96	C D				C D		B													R	1400					* DISC PAIN AGAIN 19/11/96. (B) asleep / open
17/11/96	C				C D		B		D	0400																
18/11/96	C D				D E		B		C D	9.20 9.20																
19/11/96	D E				D E		B													R	0130					
20/11/96	D E				D E		B		D E	1400																
21/11/96	D E				D F		B																			
22/11/96	D F G				D F		B																			
23/11/96	D F G		G		D F		H													R/10mg R/10mg R	0100 0130 2359					2359 R = 10mgs
24/11/96	D G		G		D F		H													R	1965					L1 – cyclamp
25/11/96	D E G		G																							

NAME: RICHARD SMITH UNIT No: 053711 WARD: ROTHER

(MR) 57

NB – A NEW RECORDING SHEET MUST BE TAKEN EACH TIME A PRESCRIPTION SHEET IS CHANGED

PRESCRIPTION SHEET No.

KEY
Ⓐ DRUG REFUSED
Ⓐ PATIENT ABSENT

MEDICINE RECORDING SHEET

Date	REGULAR PRESCRIPTIONS								OTHER TIMES								DEPOT INJECTION		AS REQUIRED						COMMENTS ON DISCREPANCIES
	8.00	Intls	13.00	Intls	18.00	Intls	22.00	Intls	Code	Time	Intls	Code	Time	Intls	Code	Time	Intls	Code	Intls	Code	Time	Intls	Code	Time	Intls	

NAME: ..... UNIT No: ..... WARD: .....

PRESCRIPTION SHEET (USE BLOCK LETTERS)

Sheet No.

	START DATE	DISCONTINUED Date	DISCONTINUED Signature	REGULAR MEDICINES	DOSE	METHOD OF ADMINISTRATION	TIME OF ADMINISTRATION 0800	1300	1800	2200	Other times	PRESCRIBER'S SIGNATURE
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												

	START DATE	DISCONTINUED Date	DISCONTINUED Signature	AS REQUIRED MEDICINES	DOSE	METHOD OF ADMINISTRATION	INDICATION	MAXIMUM FREQUENCY	PRESCRIBER'S SIGNATURE
R									
S									
T									
U									
W									
X									
Y									
Z									

	START DATE	DISCONTINUED Date	DISCONTINUED Signature	DEPOT INJECTIONS	DOSE	FREQUENCY	PRESCRIBER'S SIGNATURE
1							
2							
3							
4							

TICK IF PRESCRIBED ON THE FOLLOWING SHEET ✓	LIST OF MEDICINES TO BE AVOIDED DUE TO PREVIOUS REACTION MEDICINE	REFERRED DATE

ONCE ONLY MEDICINES AND PREMEDICATION

DATE	MEDICINE	DOSE	METHOD OF ADMINISTRATION	TIME	PRESCRIBER'S SIGNATURE	GIVEN BY	GIVEN AT
29/11/96	Fluphenthixol Dec	20	IM			Brother	1645

NAME OF PATIENT [illegible] Smith | AGE | DATE OF BIRTH | UNIT No. | CONSULTANT | WARD FHB(MR) 58

PASS MEDICATION RECORD Sheet No. Ward Patient's Name Unit No.

	STRENGTH													SIGNATURE OF NURSE IN CHARGE
A														
B														
C														
D														
E														NUMBER OF DOSES SUPPLIED
F														
G														
H														
I														
J														
K														
L														
M														
N														
O														
P														
		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
R														TICK AS REQUIRED MEDICATION ON EACH PASS
S														
T														
U														
W														
X														
Y														
Z														
TIME LEAVING														TIME LEAVING
DATE LEAVING														DATE LEAVING
TIME RETURNING														TIME RETURNING
DATE RETURNING														DATE RETURNING
DATE AND DISPENSED BY														DATE AND DISPENSED BY
CHECKED BY														CHECKED BY
ISSUED BY														ISSUED BY

FIFE HEALTH BOARD

MEDICAL - IN CONFIDENCE
FORM 1 - PATIENT CONTACT

FIFE PSYCHIATRIC SERVICE

CASE REFERENCE NO 0 4 3 6 2 7 | | | | | | CHI NO | | | | | | | | | |

PATIENT DETAILS

Surname: SMITH

Forename: RICHARD

Title: MR. Initials:

(Mr, Mrs, Miss, Ms, etc.)

Other / Previous Surname:

Date of Birth: 4 A 73. Sex (M/F): M

Address: 16 CHERRY COURT
METHIL

Post Code: K Y 8 | 2 H H

GP Code:

GP's Name:

GP's Address:

Practice Code:

Date of Examination/ Interview: 10 / 3 / 93

CONSULTANT IN CHARGE (use code from list): P A

Examined By: A. Medical Staff; B. CPN; C. Occupational Therapist — A

Examining Doctor Grade: A. Consultant/Hon Cons; B. Associate Specialist; C. Clinical Assistant; D. Staff Grade; E. Registrar; F. Senior H.O.; X. Other — A

Specialty: A. General; B. Geriatric Psych; C. Child & Adolescent; D. Rehabilitation; X. Other — A

Examination: Emergency (E) / Routine (R) / Urgent (U) — R

Sector: South (S), West (W), North (N) — S

Current Personal State: A. Never Married; B. Married/Co-habiting; C. Divorced/Separated; D. Widowed; E. Not Known — B

Area: Fife Catchment (C) / Non-Catchment (N) — C

Employment Condition: A. Employed; B. Unemployed; C. Unemployed/never worked; D. Retired; E. Full-time Student; F. Not Known; G. Disability Allowance; H. Housewife; I. Not Applicable; X. Other — B

Referred by: A. General Practice; B. Hospital Casualty; C. Hospital Gen Med; D. Hospital Geriatric; E. Hospital Paediatric; F. Other Hospital Unit; G. Other Psychiatrist; H. Clinical Psychologist; I. Forensic Agency; J. Reporter to Children's Panel; K. Social Work Department; L. Vol Sector Agency; M. Comm Psych Nurse (CPN); N. Self or Relative; O. Occupational Therapist; P. Health Visitor/District Nurse; Q. Educational Psychologist; X. Other — I

Where Examined: A. Patient's Home; B. Health Centre/Clinic; C. Psych Ward; D. Out-Patient Clinic; E. Non-Psych Ward; F. Penal Institution; G. Residential Home; H. Nursing Home; I. Casualty Department; J. Private Care; K. Out-patients (outwith clinic); X. Other — D

Referral precipitated by self injury? (Y/N) — N

Immediate Disposal: (Tick all which apply)
A. Psychiatric in-patient S/Eden(S), DGH (D), W/B (W)
B. Psychiatric Waiting List
N. Psychogeriatric Waiting List
C. Psychiatric Day Hospital
D. Psychogeriatric Day Hospital
E. Psychiatric Out Patient
F. Non-Psychiatric Hospital
G. Social Worker Care
H. Clinical Psychologist
I. Community Psychiatric Nurse (CPN)
J. Occupational Therapist
K. GP Care
L. No Action
M. Psychiatric Outside Catchment
O. Core Dementia Team
P. Alcohol Group
Q. Report Only
X. Other

PSYCHIATRIC DIAGNOSIS:
1. Amphetamine - Drug Dependence — B P F 1 4
2.
3.

NON-PSYCHIATRIC DIAGNOSIS:
1.

COMPLETED BY: J F ANDERSON
(Please print name)