INQUEST TOUCHING UPON THE DEATH OF

SCOTT LAFFERTY

WITNESS STATEMENT OF

DR MARIA CECELIA ATKINS

I, WILL SAY:-

1. I am employed as a Consultant Psychiatrist in the Acute In Patient Unit and Crisis Resolution Team, by Hywel Dda Health Board, a post which I have held since January 2017. Previously I was employed by Cardiff and Vale University Health Board for 15 years in the same capacity. I qualified in 1988 and my qualifications are MBBS MRCPsych. I am also an approved practitioner under s12 MHA.

2. I have been asked to provide this statement to H M Coroner relating to my involvement with the care of Mr Scott Lafferty whom I understand died at his home address on 15/05/18.

3. I was the Consultant Psychiatrist in charge of the care of Mr Lafferty during his admission to St Caradog Ward between 30/08/17 and 04/10/17. He remained a voluntary or informal patient throughout this time i.e. he was not detained under the Mental Health Act.

4. This report is prepared from recollections of my meetings with, and my conversations about, Mr Lafferty with the multidisciplinary team (MDT), from research of the

electronic notes and also some enquiries about actions taken, e.g. notes being sent to his GP in Bath, which I have referenced in the body of the report. I saw him personally on a number of occasions throughout his admission and directly supervised other doctors who were seeing him in the team. As well as MDT discussion on a weekly basis routinely I discussed him with various staff members throughout his admission.

5. Mr Lafferty's first involvement with Mental Health Services in Pembrokeshire recorded in the notes was on 29/08/17 when the team leader from the Pembrokeshire Crisis Resolution Team engaged in several phone calls with the Bed Managers at North Devon District Hospital, Barnstable. Mr Lafferty had been admitted as a voluntary patient there the day before and they were requesting transfer of his care to Pembrokeshire as he was still registered with a GP in this area.

6. I am not clear as to whether his admission was after he had self -referred to A&E or presented himself to the police, as he had been reported missing by his partner in Pembrokeshire 2 months previously. Both accounts are recorded in his notes.

7. Mr Lafferty had been living in Pembrokeshire for some years. He is reported to have said that he separated from his partner in July 2017. Before his admission he had been staying in his privately owned holiday home in Devon.

8. He is recorded as having been assessed in Devon as paranoid, thinking people were 'after ' him and that he was 'unsafe'. He was 'scared ' and had hired himself a body guard to protect himself. They felt he showed pressure of speech, flight of ideas and delusions of grandeur.

9. Private transport was arranged to transfer to St Caradog Ward that evening.

10. The objective symptoms and signs apparently seen in Devon were not evident on the day of admission, nor the day after. Mr Lafferty seemed calm and without thought disorder or disturbance of mood. He was of the firmly held view that he was in danger

from others. In the opinion of the admitting doctor and the ward doctor the next day, there were no overt signs of mental disorder. It was felt extremely important that corroborating evidence was sought as to the extent of Mr Lafferty's success and financial status (which may have been mistakenly attributed to grandiosity), and in order to get a more holistic picture and explore whether there was any possibility of him being under any real threat.

11. In the days following admission Mr Lafferty was settled in his general behaviour. He self-cared, ate and slept well and seemed to be able to superficially relate to others well. He seemed relaxed on interaction until any questioning about his situation was attempted when he would become guarded. He seemed to trust one member of staff, a male healthcare assistant in whom he confided some of the details of his thoughts which aided assessment. At times he would appear over inclusive in some of the detail he related when trying to explain himself.

12. Corroboration proved difficult due to Mr Lafferty's reticence for us to contact 3rd parties initially, but he then gave us permission to contact his accountant of 20 years whom he seemed to trust. The latter confirmed that Mr Lafferty was indeed wealthy due to having been a successful businessman, and that there had been a recent change in his behaviour which had been perceived through telephone contact, continued business transactions and through contact with Mr Lafferty's ex partner. The unusual behaviour had included the transfers of large sums of money to individuals, but then expressing suspicions about them and their motivations and expressing fears that his life was in danger. He had been left feeling concerned for Mr Lafferty. The accountant told us that he had been contacted by Mr Lafferty's ex partner some weeks previously to express her concerns about him having left so abruptly and without explanation.

13. We unfortunately remained unable to have any contact with people who had actually seen the patient in recent weeks or months due to his wishes and reluctance to share any other contact details.

14. Over the weeks of his admission and through contact with various members of staff we were able to gather that Mr Lafferty was a USA national and had lived in the UK for 23yrs. He worked in the area of underwater surveying and mapping for shipping and had been very successful.

15. We learned that his father had died in 2009, and that he had subsequently little contact with the rest of his family – mother brother and sister – in the previous 2 years. He reported that his brother suffered with schizophrenia. We were not aware that he had any children.

16. Mr Lafferty told us he was unmarried, did not smoke, had no issues with alcohol or drugs and had no forensic history. He reported that he suffered from dyslexia, and that apart from some dietary intolerances he was in good health. There were no physical abnormalities found on examination and investigation.

17. There was no history of mental health difficulties and no history of self harm or suicide attempts.

18. A narrative emerged from Mr Lafferty, and from the information from his accountant, that some months prior to admission he had started to feel suspicious of some of the people closest to him and that he eventually felt that his life was in danger as a result of their intentions towards him, which involved financial gain for them. He stated he felt fear that he would die by either "suspiciously going missing", "by a freak accident" or a "made up suicide". The bodyguard he had employed was one of those he suspected as he felt he had told him too much. He referred to being 'on the run'. There was never anything expressed by or observed about Mr Lafferty which led us to believe that he had any intention or posed any risk of harming others.

19. On 04/09/17 Mr Lafferty related thoughts and feelings about the content of a TV programme and certain unrelated and innocuous events on the ward a few days previously which seemed indicative of paranoid symptoms extending to the ward

environment. He was apparently suffering from delusions (a fixed false belief) of reference – i.e. believing that the events or the content of the TV programme had personal significance to him and his situation, he also related the belief that he was being 'tested' on the ward.

20. On 05/09/17 we felt as a team that on balance there was evidence of a psychotic mental disorder characterised by persecutory beliefs and delusions of reference. In addition we noticed that at times his over inclusive thinking led to him losing his train of thought, and that he remained guarded with and suspicious about medical staff. Mr Lafferty was offered antipsychotic medication which he accepted. We started Risperidone initially at a dose of 1mg once a day. Later the same day a person whom staff understood that Mr Lafferty had identified as one of his potential threats, delivered his car to the hospital apparently at Mr Lafferty's request. Staff record entries indicate that they were surprised that the 'visit seemed to go well' given this.

21. The following week was uneventful with Mr Lafferty engaging in various activities on the ward including Occupational Therapy sessions, watching TV, playing pool and interacting with other patients. At times he expressed exasperation with the noise levels on the ward.

22. 13/9/17 Mr Lafferty told us that he suspected that he had been accused of being a paedophile by some associates, and that this was the basis for some of his fears. I remember him describing assigning meaning to comments people had made to him which were open to interpretation, which fed this belief, and felt that these experiences could have represented delusions of reference also. He became quite distressed when relating this and felt it had huge significance. I felt at that time that it was quite an advance that he had been able to say this and wondered if the antipsychotic medication was having a positive effect in that he was more able to be open with his thoughts and feelings. He specifically denied suicidal thoughts on that day.

23. Mr Lafferty seemed reluctant to leave the ward for short periods even with staff, feeling safer in the confines of the ward. His mood did not seem disturbed and he was not expressing suicidal ideas. The dose of antipsychotic medication was gradually increased to 3mg a day and there seemed to be a lessening of intensity of the beliefs he held. Eventually he was persuaded to leave the ward initially with staff, then progressing to going out alone. He was also encouraged to think about where he was going to live outside of hospital as we were considering moving to community treatment.

24. On 03/10/17 Mr Lafferty had an initial meeting with a psychologist on the ward. Various details about background were gathered at that assessment which I will not relate here as they do not seem to have any great relevance, and may have been explored further at subsequent appointments had they occurred. The psychologist did not feel able to make any meaningful contribution to inform diagnosis on the basis of only one meeting. The psychologist had intended to see Mr Lafferty again on 18/10/17 in order to complete the assessment but this was not possible due to him having moved out of the area.

25. On 04/10/17 Mr Lafferty was discharged from the ward to a nearby hotel as his accommodation was not ready. He was seen before leaving the ward by a nurse from the Pembrokeshire Crisis Resolution Team (CRT) and later seen again by a nurse from CRT at the hotel. There were no concerns about him that evening and he discussed his immediate and longer term plans which were to stay in the Haverfordwest area.

26. On 05/10/17 there was telephone contact between Mr Lafferty and the CRT, when a plan was made to visit him again at the hotel the next day.

27. On 06/10/17 Mr Lafferty was again seen by CRT. He told staff he had now decided to return to live in Bath. He agreed to have further telephone contact with the CRT,

return to see the psychologist on 18/10/17 and medication for the following week was given to him.

28. On 09/10/17 there was telephone contact with CRT. Mr Lafferty said he now had plans to remain in his holiday let in Bath until renovations were completed on his house, and would not be returning to Haverfordwest. It is recorded in the notes that he understood that he needed to register with GP in Bath in order to obtain medication which he should continue. He agreed to do that. He was discharged from CRT follow up at that point.

29. There was no further contact between Mr Lafferty and mental health services staff after this date, according to the notes and I had no further contact with him.

30. On 23/03/18 a letter was received from a GP in Bath requesting Mr Lafferty's notes. The letter refers to the GP having seen Mr Lafferty on several occasions and him having presented the day before in a 'crisis situation'. In response to this request an email was sent to the 'access to records clerk' and notes were sent to the GP in Bath on 18/4/18, according to an email received by me from the health records clerk dated 08/10/18.

31. On 16/05/18 we were informed by a call from Avon and Somerset Police that Mr Lafferty had died and information was requested from our service, which was subsequently sent.

32. I would like to extend my condolences to Mr Lafferty's family and friends.

33. I believe that the facts stated in this witness statement are true.

Signed

Dated 31/10/18