

David Standish - Medical Records Evidence Review

Review of 0503700053 - DS - MH(1).pdf and Standish, David FULL COMBINED RECORDS (1) (1)(1).pdf

Overall findings

Proof of placement: No reference to Burnside House, another children's home, residential school, foster placement, assessment centre, care order or Children's Hearing placement was identified in these two medical-record PDFs. The social-care and Children's Hearing documents reviewed separately remain the stronger placement evidence.

Direct abuse evidence: No explicit disclosure or clinical record of physical, sexual or emotional abuse in care was identified. Risk-assessment forms contain generic abuse checklist wording, but the visible marks appear to record negative findings and some boxes are unclear.

Strongest evidence in these files: Adult mental-health impact and treatment following cardiac arrest, including severe anxiety, panic, avoidance, flashbacks, nightmares, possible PTSD, low mood, psychology referrals and trauma-focused therapy. The records explicitly attribute this trauma to cardiac arrest/defibrillation rather than childhood care.

Potentially contradictory material: A neuropsychology assessment records that Mr Standish described a "good childhood". This should be addressed rather than omitted if inconsistent with the application.

Page-reference schedule

Document	PDF page(s)	Date	Author / role	Category	Factual extract	Evidential value
0503700053 - DS - MH(1)	29-30	2018 (assessment)	Clinical Psychologist	Mental health / trauma treatment	PTSD symptoms following cardiac arrest and defibrillation; flashbacks, nightmares, avoidance, longstanding mood/anxiety difficulties. No current intent of suicide or self-harm.	Impact/treatment; trauma event, not childhood
0503700053 - DS - MH(1)	39-47	2018	Clinical Health Psychology	Risk assessment / neutral findings	Risk forms record type-I trauma and repeatedly note no thoughts, plans or intent of suicide or self-harm. Abuse and substance-risk checklist items appear recorded as negative; handwriting/check-box placement is partly unclear.	Neutral/contradictory
0503700053 - DS - MH(1)	53-55	2017	Clinical Psychologist	Mental health, substance use, education	Longstanding depression and anxiety; panic and fear of death after cardiac arrest. Increased alcohol use to relax; historic infrequent cocaine use and cannabis use, with no recent illicit drug use. Record says he described a good childhood and left school at 16. HADS: severe anxiety and mild depressive symptoms.	Impact; substance-use; "good childhood" is potentially contradictory
0503700053 - DS - MH(1)	59-61	2017	Clinical Psychologist	PTSD / therapy	Regular nightmares, flashbacks, avoidance, detachment and low mood following cardiac arrest; possible PTSD. Psychological strategies trialled; suitability for trauma-focused work considered.	Impact and treatment; hospital trauma.
0503700053 - DS - MH(1)	65, 69, 71, 73, 77, 79	2017-2018	Clinical Psychologist / Neuropsychology	Ongoing mental-health impact	Persistent significant anxiety, staying home because it felt safer, recurrent flashbacks and nightmares, trauma-focused therapy referral, and discharge/transfer between psychology services.	Impact, treatment and referral
Standish, David FULL COMBINED RECORDS	20	12 Dec 2016	Dr Colin Baines, Staff Grade Physician	Mental-health impact / referral	After myocardial infarction and two defibrillations, he was more anxious, struggled to leave the house and had poor psychological recovery; urgent psychology input requested.	Impact and treatment

Document	PDF page(s)	Date	Author / role	Category	Factual extract	Evidential value
Standish, David FULL COMBINED RECORDS	23	21 Sep 2016	Dr Colin Baines	Life impact / grief	Record notes a very difficult period involving family illness and the recent death of his sister, alongside stress and medication difficulties.	Contextual impact e
Standish, David FULL COMBINED RECORDS	522	7 Dec 2017	Dr I Mackenzie	Medication, sleep, work and alcohol	Diazepam history; insomnia and other adverse effects from medication; zopiclone prescribed; drinks very little alcohol; previously worked as a boat builder but was not working.	Medication and soci abuse link recorded.
Standish, David FULL COMBINED RECORDS	527	12 Dec 2016	Dr Colin Baines	Psychology referral	Anxiety, inability to leave the house and delayed psychological recovery following cardiac arrest/defibrillation; referral to Clinical Psychology.	Treatment and impa
Standish, David FULL COMBINED RECORDS	539	13 May 2016	Dr Colin Baines	Sleep symptoms	Poor sleep and nightmares consistently associated in the record with lipid-lowering medication.	Medical impact; no o
Standish, David FULL COMBINED RECORDS	545-547	Sep-Nov 2015	Dr Colin Baines / Dr MacMillan	Diazepam prescribing	Correspondence records resumed diazepam, debate about long-term prescribing, prior prescribing by previous GP practices, and clarification that long-term diazepam was not being recommended solely to tolerate other medication.	Medication history a prescribing evidence
Standish, David FULL COMBINED RECORDS	552-553	3 Apr 2015	Dr Katherine Walesby	Anxiety / possible CBT	Marked anxiety concerning severe abdominal pain and medication intolerance; a psychological contribution was considered and CBT mentioned as a possible future treatment.	Mental-health impac consideration.
Standish, David FULL COMBINED RECORDS	595-596	Historic problem list reproduced in 2022 referral	GP referral extract	Problem list records low mood (2013), non-dependent cannabis abuse (2005), cocaine-type drug dependence (1985), school behavioural problems (1984), and a left greenstick fracture (1983). Current medicines include escitalopram and zopiclone.	Historical corroborative coding only; dates/causation require caution.	

Important limitations

The mental-health PDF is scanned and was reviewed using rendered-page inspection and OCR. Some handwriting and tick-box positions are difficult to read. Historic problem-list entries are clinical codes and do not, by themselves, establish the circumstances, frequency or cause of the underlying event. Symptoms and substance use have not been treated as proof of abuse unless the record itself made that connection.