Kevin McGowan

GP / SAR Evidence Extraction Sheet

Source reviewed: SAR-K-McGowan-30-Jul-2026-10-56-34.pdf (37 PDF pages) | Review focus: Scottish Redress evidential categories supplied by the instructing party.

Overall finding	This GP/SAR file contains substantial recent evidence of depression, anxiety, suicidal ideation/history, substance dependence treatment and functional/social impact. It does not contain direct evidence of childhood care placement, physical abuse, sexual abuse, emotional abuse, neglect, or a contemporaneous childhood disclosure. No entry in this file expressly links the recent mental-health or substance-use presentation to childhood abuse or being in care.
Care-placement evidence	No children's home, residential school, foster placement, assessment centre, social worker, house parent or care-establishment address is recorded. PDF p.35 records the previous address as 8 Fergus Drive, Greenock; PDF p.36 records the previous GP as Cochrane Medical Practice, Greenock. These are identity/geographical corroboration only, not proof of residence in care.
Strongest mental-health evidence	PDF pp.24-29 document a depression eConsult: severe distress, depression rated 8/10, low mood/hopelessness, sleep disturbance, fatigue, poor appetite, poor concentration, psychomotor slowing/restlessness, thoughts of being better off dead or self-harm on several days, anxiety, social isolation, unemployment and housing difficulty. The recorded trigger is the impact of a wrongful murder accusation and the recent accusation involving his brother, not childhood care.
Strongest substance-use evidence	Forward Leeds correspondence on PDF pp.17 and 32 records treatment for problem substance use with buprenorphine 8 mg, recovery-worker involvement and naloxone provision. The January depression eConsult records that he was 50 days clean and receiving help for addiction.

Review approach

The extraction is confined to what is recorded in this GP/SAR file. Symptoms, sexual-health presentations and substance misuse have not been treated as proof of abuse unless the record itself makes that connection. Negative findings mean that no supporting entry was identified in this particular 37-page file; they do not establish that an event did not occur or that other records do not exist.

1. Category-by-category findings

No.	Category	Finding in this GP/SAR file	Evidential assessment
1	**Evidence of placement in care**	No direct placement evidence identified. p.35: previous address 8 Fergus Drive, Greenock. p.36: previous GP Cochrane Medical Practice, Greenock. No care setting, in-care address, social worker, residential staff, GP registration while in care, supervision requirement or care correspondence is recorded.	Neutral / identity-geography only
2	**Physical abuse**	No record identified of childhood physical assault, corporal punishment, restraint in care, injury attributed to staff/residents, or safeguarding action relating to physical abuse.	No direct/corroborative evidence in this file
3	**Sexual abuse**	No disclosure of rape, sexual assault, inappropriate touching or abuse in care. p.3 records balanitis and STI-screening advice; p.19 records a painless testicular lump. The records do not link either presentation to sexual abuse or childhood trauma.	Neutral medical evidence only
4	**Emotional / psychological abuse**	No care-related emotional-abuse disclosure. Recent records document distress, anxiety, low mood, isolation and functional impairment, but the January 2026 eConsult attributes the episode to wrongful murder accusation/related events, not care.	Impact evidence without care-abuse link
5	**Neglect**	No medical, physical, emotional or safeguarding neglect in childhood care identified.	No direct/corroborative evidence in this file
6	**Contemporaneous disclosures**	No childhood disclosure to a GP or other clinician that staff/residents hurt, frightened, sexually assaulted or neglected him.	No direct disclosure in this file
7	**Mental-health conditions / symptoms**	Extensive recent evidence: depression, anxiety, low mood, loss of interest, poor concentration, sleep disturbance, low energy, poor appetite, social withdrawal, distress, psychomotor slowing/restlessness and suicidal thoughts/history. No PTSD/complex-trauma diagnosis is recorded in this file.	Strong evidence of recent mental-health impact; no childhood-care causation recorded
8	**Mental-health medication**	Mirtazapine 15 mg nightly started 13 Jul 2026. Fit notes repeatedly cite anxiety or severe depression/anxiety.	Treatment evidence
9	**Counselling / therapy / psychiatric care**	p.25 records previous CBT and deep breathing; p.2 says he was not keen for talking therapies; p.28 says no current mental-health support and he intended to look into it. Crisis contact information sent on 13 Jul 2026.	Treatment/support evidence; limited formal therapy documented
10	**Self-harm and suicide**	p.2: previous attempt to drive into a wall, no current self-harm thoughts. p.4: no self-harm/suicidal thoughts during phone assessment. p.26: answers no to current suicidal/harm thoughts. p.27: reports thoughts of being better off dead or self-harm on several days.	Important risk evidence with same-period variation
11	**Substance and alcohol use**	Heroin misuse recorded; Forward Leeds treatment; buprenorphine 8 mg; naloxone kit; January 2026 eConsult says 50 days clean; March 2026 letter records ongoing stabilisation. No record states substances were used to cope with childhood abuse/care memories.	Strong substance-use/treatment evidence; no abuse causation recorded
12	**Physical consequences in adulthood**	No physical condition is linked by a clinician to childhood abuse or neglect. Sexual-health/testicular presentations are not linked to abuse.	No linked physical-consequence evidence
13	**Long-term personal / social impact**	Not fit for work; unemployment; housing/benefit difficulties; social isolation; needs prompting for personal care and outings; friends help with correspondence/finances; moved to Leeds to address drug problem.	Strong current functional/social impact evidence; causation not linked to care
14	**Third-party / attached records**	DWP/Maximus mental-health concern email; multiple fit notes; Forward Leeds addiction-treatment letters; Pharmacy First record; eConsult depression assessment; new-patient registration.	Relevant third-party/treatment evidence
15	**Contradictory / neutral entries**	Suicide-risk responses vary: denials on pp.2, 4 and 26 versus thoughts of being better off dead/self-harm on several days on p.27. Depression/anxiety are repeatedly documented, but the January form records recent criminal-justice/family events as the trigger. No care/abuse link, PTSD diagnosis or childhood medical record is present.	Must be addressed neutrally; do not overstate causation

2. Detailed evidence extraction schedule

The table below records each materially relevant entry identified in the 37-page GP/SAR file. “Link to abuse/care” reflects what the record itself says; it is not an inference.

PDF p.	Date	Clinician / source	Category	Exact evidence / faithful summary	Link to abuse / care	Evidential value	Treatment / follow-up / note
1	12 Mar 2026	Angela Aspinall / GP record	Substance use	Active problem: history of drug abuse.	None recorded.	Impact / treatment context	Problem list only; no childhood/care detail.
2	13 Jul 2026	Dr Stefanie Winfield	Mental health; self-harm; substance; social impact	Poor mental health for many years; needs prompting for activities; poor sleep/minimal appetite; anxious/overwhelmed in large spaces; previous attempt to drive into a wall; no current self-harm thoughts; still working with Forward Leeds.	No childhood-care link. Current context includes wrongful murder conviction and later suspect information.	Mental-health impact / risk / treatment	Plan: start mirtazapine 15 mg; crisis information sent.
3	24 Feb 2026	Emma Ainsworth	Sexual-health / neutral medical	Balanitis; penile lumps/inflammation; no discharge/dysuria; STI-screening advice.	No link to sexual abuse or childhood trauma recorded.	Neutral medical evidence	Do not use as proof or indicator of abuse beyond recording the presentation.
4	29 Jan 2026	Nirav Souitra	Depression/anxiety; suicide; substance	Low mood, loss of interest, fatigue, self-blame, poor concentration, indecision, anxiety/restlessness, irritability and disturbed sleep. No self-harm or suicidal thoughts recorded. Heroin misuse; buprenorphine.	No care/abuse link.	Mental-health and substance-use evidence	No counselling/support network recorded at this contact.
5	13 Jul 2026	Medication record	Mental-health medication	Mirtazapine 15 mg tablets, take one at night.	No care/abuse link.	Treatment evidence	Acute medication.
7	8 Jul 2026	Maximus / DWP Health Professional email	Mental health; functional/social impact	Reports decline in mental health in recent months due to low mood and low motivation; requires prompting for personal care; isolates at home; needs prompting to go out; home/friends manage correspondence/finances; appeared very low during assessment.	No childhood-care link.	Third-party impact evidence	DWP/benefit assessment context.
9	29 Jun 2026	Lucinda Pyrah, Nurse	Mental health; employment	Fit note: anxiety; not fit for work, covering 26 Jun-25 Jul 2026.	No care/abuse link.	Treatment / employment impact	Fit-note evidence.
12	26 Jun 2026	Patient eConsult / GP	Mental health; employment	Patient states: “I feel very depressed and I suffer really bad with my anxiety”; no current treatment; “I can’t focus and I feel very low.”	No care/abuse link.	Direct patient report / impact	Request to extend fit note.
15	27 Apr 2026	Dr James O’Shea	Mental health; employment	Fit note: severe depression and anxiety; not fit for work for 61 days, 27 Apr-26 Jun 2026.	No care/abuse link.	Treatment / employment impact	Fit-note evidence.
17	12 Mar 2026	Forward Leeds	Substance use; social circumstances	Buprenorphine 8 mg; recovery worker Amanda Fletcher; naloxone kit. “From Scotland, fled to Leeds as he was at risk. Living with cousins.” Wants to reduce but needs further stabilisation.	Risk is not attributed to childhood care/abuse in the letter.	Addiction treatment / social impact	Ongoing recovery-service involvement.
19	24 Feb 2026	Care navigation / GP	Physical / sexual-health neutral	Painless lump or swelling in one or both testicles; review planned.	No abuse link.	Neutral medical evidence	No assault/trauma cause recorded.
20	30 Jan 2026	Dr James O’Shea	Mental health; employment	Fit note: severe depression and anxiety; not fit for work, 28 Jan-27 Feb 2026.	No care/abuse link.	Treatment / employment impact	Fit-note evidence.
25	29 Jan 2026	Patient depression eConsult	Mental health; therapy	Wants to speak about how he feels; “extremely stressed”; has tried CBT and deep breathing.	No care/abuse link.	Direct patient report / prior coping	No formal therapist identified.
26	29 Jan 2026	Patient depression eConsult	Mental health; suicide; substance	Getting help with addiction and “now 50 days clean”; denies current suicidal/harm thoughts; depression 8/10; down/hopeless more than half the days; sleep disturbance/hypersomnia; low energy and poor appetite more than half the days.	No childhood-care link.	Direct patient report / mental-health and recovery evidence	Positive recovery status; negative current-suicide response on this page.
27	29 Jan 2026	Patient depression eConsult	Mental health; self-harm; functional/social impact	Reports helpless, lonely and sad after wrongful murder accusation; poor concentration, slowing/restlessness; thoughts of being better off dead or self-harm on several days; struggles with work/home/relationships; severe anxiety; trigger stated as brother recently accused of murder and prior wrongful accusation; housing-benefit difficulty; not working.	Recorded trigger is criminal-justice/family event, not care/abuse.	Direct patient report / risk / impact	Important contrast with suicide denials elsewhere in same period.

PDF p.	Date	Clinician / source	Category	Exact evidence / faithful summary	Link to abuse / care	Evidential value	Treatment / follow-up / note
28	29 Jan 2026	Patient depression eConsult	Social impact; therapy; substance	Living with a friend; has emotional support but does not socialise regularly; no current MH support, intends to look into it; cousin is close; no alcohol/drugs to cope in past month; “in recovery 50 days.”	No care/abuse link.	Impact / support / recovery evidence	No other mental condition reported.
29	29 Jan 2026	Patient depression eConsult	Mental health; relocation	States he left Scotland after brother was charged and cannot shift anxiety, causing low moods.	No childhood-care link.	Direct patient report / causation for current episode	Supports recent relocation/current trigger.
32	11 Dec 2025	Forward Leeds	Substance use; third-party care	Attending Forward Leeds for management of problem substance; buprenorphine 8 mg daily; service asks GP for current prescribing and significant medical/social history including safeguarding concerns.	No abuse/care history is supplied in this letter.	Addiction treatment / third-party evidence	Confirms specialist addiction-service involvement.
35	New patient registration	Address / identity	Previous address recorded as 8 Fergus Drive, Greenock; current Leeds address recorded separately.	Does not identify a care setting.	Identity / geographical corroboration	May support pre-relocation home address only.	
36	New patient registration	GP transfer / geography	Previous doctor: Dr Cross; previous surgery: Cochrane Medical Practice, Greenock.	No placement/care link.	Identity / GP transfer corroboration	Supports earlier Greenock primary-care connection.	

3. Placement-in-care evidence review

Potential placement indicator	Finding	PDF page(s)
Care setting name/address	None identified. No Kibble, Clydeview, Mossway, St John's or other childhood care setting is named in this GP/SAR file.	None
Care setting used as home address	None identified.	None
Admission / discharge dates	None identified.	None
GP registration while resident in care	None identified. The registration material is from the 2025/26 move to Leeds.	34-36
Transfer between GP practices linked to placement	No. The record shows a previous Greenock GP and a later Leeds registration, but no transfer linked to a childhood placement.	35-36
Residential staff/social worker/carer attendance	None identified.	None
Correspondence to/from care setting	None identified.	None
In care / looked after / residential care / supervision requirement	None identified.	None
Historic family/home geography	Previous address: 8 Fergus Drive, Greenock. Previous GP: Cochrane Medical Practice, Greenock. These entries corroborate a Greenock home/GP connection but do not prove placement in care.	35-36

Evidential conclusion on placement

This GP/SAR record should not be relied on as the primary documentary proof of Kevin McGowan's childhood residence in care. The historic placement records previously obtained from care/social-work sources are materially stronger for eligibility and placement chronology. Within this GP file, the only historic-location evidence is the Greenock address and previous GP connection.

4. Mental-health, suicide-risk and substance-use chronology

Date / PDF p.	Mental-health / risk evidence	Substance / treatment evidence	Context / causation recorded
29 Jan 2026 / p.4	Low mood; loss of interest; fatigue; poor concentration; anxiety/restlessness; irritability; disturbed sleep. No self-harm or suicidal thoughts.	Heroin misuse; buprenorphine.	No childhood/care link recorded.
29 Jan 2026 / pp.25-29	Depression 8/10; hopelessness; sleep problems; fatigue; poor appetite; concentration problems; slowing/restlessness; thoughts of being better off dead/self-harm on several days; severe anxiety; social isolation.	Getting help for addiction; 50 days clean; no alcohol/drugs used to cope in past month.	Patient links current episode to wrongful murder accusation and recent accusation involving brother; housing and unemployment also recorded.
30 Jan 2026 / p.20	Fit note: severe depression and anxiety.		Not fit for work.
12 Mar 2026 / p.17		Forward Leeds: buprenorphine 8 mg; naloxone; recovery worker.	“From Scotland, fled to Leeds as he was at risk”; risk not attributed to childhood care.
27 Apr 2026 / p.15	Fit note: severe depression and anxiety.		Not fit for work.
26-29 Jun 2026 / pp.9,12	Anxiety fit note; patient reports being very depressed, severe anxiety, poor focus and low mood.		Ongoing work incapacity.
8 Jul 2026 / p.7	DWP health professional notes recent decline in mental health, low mood/low motivation, isolation and need for prompting.		Functional impact documented in benefit-assessment context.
13 Jul 2026 / p.2	Poor MH “for many years”; poor sleep/appetite; anxiety/overwhelm; previous attempt to drive into wall; no current self-harm thoughts.	Moved to Leeds to help drug problem; still with Forward Leeds.	Recent criminal-justice/friend context described; no care/abuse link.
13 Jul 2026 / p.5	Mirtazapine 15 mg nightly.		Medication treatment started.

Key contradiction / contextual point

The suicide-risk material should be presented with its timing intact. On 29 January 2026, the telephone assessment records no suicidal or self-harm thoughts, while the depression eConsult records thoughts of being better off dead or self-harm on “several days.” On 13 July 2026 the GP records a past attempt to drive into a wall but no current self-harm thoughts. These are not mutually exclusive if symptoms varied by time or questioning, but the difference should not be concealed.

5. Third-party and attached records

PDF page	Attached / third-party record	Relevance
7	Maximus/DWP health-professional email, 8 Jul 2026	Independent report of low mood, low motivation, isolation, prompting needs and functional impairment.
9, 15, 20	Statements of Fitness for Work	Repeated evidence of work incapacity due to anxiety or severe depression/anxiety.
17	Forward Leeds letter, 12 Mar 2026	Buprenorphine treatment, recovery-worker involvement, naloxone, relocation/risk and living circumstances.
24-30	Depression eConsult	Detailed direct patient report of current symptoms, suicide-risk item, recovery status, social isolation, housing and employment impact, and current trigger/context.
32-33	Forward Leeds letter, 11 Dec 2025	Confirms specialist management of problem substance use with buprenorphine.
34-36	New-patient registration	Current/previous addresses and previous Greenock GP; useful for identity/geographical continuity, not care placement.

6. Important negative findings and limits

• No childhood GP consultation, health-visitor record, school medical record or hospital letter confirming residence at a care establishment is present in this 37-page file.

• No direct or indirect childhood disclosure of physical abuse, sexual abuse, emotional abuse or neglect is recorded.

• No clinician records PTSD, complex trauma, flashbacks, nightmares, dissociation, hypervigilance or a formulation linking current symptoms to childhood abuse/care.

• No injury, scar, chronic pain condition, sexual-health condition or other physical consequence is clinically linked to childhood assault or neglect.

• No social-work, police, court, child-protection or historic care correspondence is attached.

• The two sexual/urogenital presentations (balanitis and testicular lump) have no recorded abuse connection and should remain neutral medical entries.

• The recent depression/anxiety episode is expressly associated in the January 2026 eConsult with wrongful murder accusation-related events and current social stressors. This does not disprove other causes, but it means this GP file does not itself establish a causal link to care experiences.

7. Evidential-use summary

Use in Redress application	Assessment
Proof of placement / eligibility	Weak in this file. Use care/social-work/Kibble records as primary placement evidence. The GP file contributes only previous Greenock address/GP continuity.
Direct proof of abuse	None identified in this file.
Retrospective corroboration of psychological impact	Moderate-to-strong evidence of recent depression/anxiety and functional impairment, but no recorded link to childhood care/abuse. It should therefore be framed as evidence of current psychiatric/functional difficulties rather than direct corroboration of causation.
Substance-use impact / treatment	Strong evidence of heroin misuse and specialist treatment with buprenorphine/Forward Leeds. No explicit statement links substance use to care abuse.

Use in Redress application	Assessment
Self-harm / suicide impact	Relevant: prior attempt to drive into wall, periodic thoughts of being better off dead/self-harm, and current denials at other contacts. Present chronologically and accurately.
Social / employment impact	Strong recent evidence: repeated fit notes, not working, housing/benefit difficulty, isolation, prompting with activities and reliance on others for practical support.

Source note

All page numbers in this extraction are the PDF page numbers displayed as “Page X of 37” in the supplied SAR file. Where an attachment has its own internal page number, the extraction uses the enclosing SAR PDF page for consistency.