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20th July 2026

Redress Scotland

apply@redress-scheme.scot

By email/post: Email

Our Ref: 100920

Re: Scottish Redress Application - Mr Colin James McKay

DOB: 5 September 1979

Application Reference: APP567348

Dear Sir/Madam,

Covering Letter - Witness Statement and Supporting Exhibits

We write in connection with the above Scottish Redress application. Please find enclosed the Witness Statement of Mr Colin James McKay, together with the supporting exhibits referred to within the statement.

The purpose of the witness statement is to provide Mr McKay's own account of his childhood care placements, the abuse and neglect he describes experiencing while in care, and the impact this has had on his childhood and adult life.

The statement is submitted in support of his application to The Scottish Redress Scheme and should be considered alongside the application form and supporting evidence bundle.

We respectfully draw attention to the fact that Mr McKay is a vulnerable applicant. His statement describes general anxiety, separation anxiety, panic attacks, suicidal thoughts, depression, flashbacks, nightmares, addiction and a history of substance misuse.

Mr McKay also explains that revisiting his childhood experiences has been distressing and triggering. We therefore ask that all communication and engagement with him is conducted sensitively, using a trauma-informed approach and through his appointed legal representatives wherever appropriate.

The statement explains that Mr McKay was placed into care in Scotland at approximately 11 years old. It records his background before care, the circumstances of his entry into care and his placements at Ailsa in 1992, Newfields Assessment Centre in 1994 and Geilsland in Longriggend from 1995 onwards.

In summary, the statement describes Mr McKay's account of physical and emotional abuse and neglect. This includes allegations of being hit, slapped, punched, kicked, thrown, pulled, stood and kneeled on, struck with objects, forcibly restrained, locked in rooms, isolated, threatened, humiliated and deprived of food or drink while being punished.

The statement records that these experiences occurred across his care placements, that other children were also affected and that the treatment became more severe as he grew older. It also records that complaints were discouraged and that concerns raised with staff did not result in effective protection or intervention.

The enclosed exhibits include care records relevant to Mr McKay's placement history, GP and mental-health records relevant to the impact described, medication evidence and related correspondence. Some records are redacted where appropriate and should be read together with his account.

The statement refers to Mr McKay having been prescribed Mirtazapine, Sertraline, Citalopram, Duloxetine, Nortriptyline, Amitriptyline, Zopiclone, Olanzapine and Gabapentin. These medications are referred to in the context of his reported anxiety, depression, OCD, panic attacks, sleep difficulties and wider mental-health history.

Mr McKay attributes his continuing anxiety, depression, panic attacks, flashbacks, nightmares and related difficulties to his experiences in care. The medication and treatment evidence may assist Redress Scotland when considering the claimed long-term impact. This is not intended as a medical opinion, but as a summary of the evidence and its relevance.

The statement also describes the effect of the alleged abuse on his education, employment, relationships, trust in authority, housing, finances, criminal involvement, addiction and substance misuse. It records that he continues to experience shame, guilt, fear and significant emotional distress.

We respectfully request that Redress Scotland considers the enclosed witness statement, exhibits, application documents and wider evidence bundle when determining Mr McKay's application.

Brief overview of enclosed document

Section / document part	Brief contents
Witness statement	Mr McKay's personal account in support of his Scottish Redress application.
Background and entry into care	Personal background, life before care, entry into care and family circumstances.
Care placement account	Ailsa, Newfields Assessment Centre and Geilsland, including approximate dates, daily life, staff conduct, punishments and care arrangements.
Abuse, neglect and reporting	Alleged physical and emotional abuse, neglect, excessive restraint, isolation, food deprivation, threats and reporting difficulties.
Impact evidence	Childhood and adult impact, including mental health, relationships, education, employment, flashbacks, nightmares, suicidal thoughts, addiction and substance misuse.
Supporting exhibits	Care records, GP and mental-health records, medication evidence and related correspondence.
Payment Authority Letter	A signed mandate allowing MMA Legal, as my legal representative to obtain monies in their client account on my behalf.

Yours faithfully,

James Taylor - Claims Operations Manager

Investigations Team
MMA Legal

WITNESS STATEMENT OF COLIN JAMES MCKAY

Application to The Scottish Redress Scheme

Applicant: Mr Colin James McKay

Date of Birth: 05 September 1979

Application Reference: APP567348

Support Person Present: No

Background

1. My name is Colin McKay. My name as a child was Colin McKay.
2. My address is 9 Waterloo Place, Inverness, IV1 1NB.
3. I make this statement in support of my application to The Scottish Redress Scheme.
4. The contents of this statement are true to the best of my knowledge and belief.
5. Where I cannot remember exact dates or details, I have made this clear.
6. I confirm I have provided as much detail as I am able to recall.
7. I understand that this statement will be considered as part of my application, together with my application forms and any supporting documents or records provided.
8. Where necessary, I have exhibited extracts of the supporting documents obtained to this statement to support my application.
9. I am happy for this statement to be submitted to the Scottish Redress Inquiry.
10. I do not need any support to conduct this statement today and I do not need anybody with me to complete the statement.
11. I understand the purpose of this statement and that it is in support of my Scottish Redress Application.
12. I have been in and out prison and all of my convictions are spent.
13. I was placed into care whilst under the age of 16. The care setting was based in Scotland.
14. At the time, I was living in a care setting as part of the care arrangements.
15. I was approximately 11 years old when I went into care.
16. I am unsure who placed me into care or why I was placed into care.

17. The placement I was in was a children's home, Children's Residential and Young Offenders Institutions.

Life Before Care

18. I grew up in a place called Mary Hill, North Glasgow. I lived in a set of high-rise flats with my parents and siblings.
19. My mum and dad split up when I was around 4. I remember being brought up by my mum and my mum's boyfriend. After a while, I remember being brought up by my mums' boyfriend only.
20. My relationship with my parents was ok. I grew up with my mum mainly and seen my dad regular and stuff. Everything was ok in that way.
21. We didn't really have much growing up. We came from a poor area. No one in my area had anything you know. The only ones who did have something is the ones that were up to no good, they were the only ones with money.
22. I was around 4 years of age when everything started to change in my family. That was what age I was when my father left when my mum kicked him out or whatever happened.
23. I was in good health prior to being taken into care. I had anemia but other than that I was ok you know.
24. I went to school. Well, I was meant to go to school, but I was always dodging. My parents thought I was in school mind.
25. Before entering care, my general wellbeing was ok. I never had a lot of things, but my life was ok.
26. I didn't have any learning difficulties or disabilities or any other relevant health backgrounds.

Entry Into Care

27. The local authority placed me into care. I was placed into care because I was mad about cars.
28. I was stealing cars all the time and would never learn my lesson.
29. I kept going around in circles, robbing cars, getting into trouble, being told off and do it again until eventually the local authority got sick of me and put me into care.
30. I can't remember if I got told I was being taken into care. I do remember a panel and remember being told that I wasn't going back to my parents, but I was never told where I was going.

31. I know that I was placed into care by Glasgow City Council, Ayrshire and Renfrewshire City Council over the years.
32. Growing up I had siblings. I had an older sister and then after a few years a younger sister too.
33. My younger sister ended up in care for bad behavior. My older sister never went into care. She was always good.
34. I remember I was doing prison time when my younger sister was placed in care.
35. At the time of being placed into care it was during the night. I didn't know what was going on and was confused and nervous.
36. I woke up in a strange building with other kids in a bedroom with me. It was a room of mixed boys and girls. It was really scary.
37. I was never given any dates or amount of time that I would be there for.
38. I have attached a copy of the care records I have been able to obtain. These can be seen at "EHIBIT 1".

Detailed Account of Each Placement

Ailsa – Paisley, Johnston 1992

39. I was placed in Ailsa some time in 1992. I have made attempts to obtain evidence but have been unsuccessful in doing so.
40. I stayed at Ailsa for a few months before I was moved again.
41. I was told that I would be at Ailsa for 3 weeks for an assessment but ended up being there for 3 months.
42. After this I went home again for a bit before I went to my next care setting.
43. I remember Ayrshire Council placing me in this care setting.
44. This care setting was a Young Offenders, residential school setting.
45. Whilst I was at Ailsa, I learnt the routines pretty quickly. You would get up in the morning and maybe have breakfast and stuff like that.
46. The staff gave you cereal, toast and stuff you know.
47. Sometimes you would have appointments to go and see a social worker or an appointment or whatever. Otherwise, you just sit about in the house all day and there was nothing to do. Literally nothing to do.
48. I do remember being a wee bastard like, I did deserve to be punished but I remember thinking hand on a minute, I'm a wee fucking child you know. It shouldn't have been happening.
49. Ailsa was a big place, a big house. It was massive.
50. It had been converted; it had to have been it was huge. It had big huge foyers and kitchens and stuff you know. Multiple bathrooms and bedrooms.

51. The people that worked there were just called staff really.
52. Some of the staff were alright and did the job right. But there were some there who were there for a different reason.
53. Some of the staff didn't know how to leave their personal life and anger issues outside of work, you know. They couldn't leave stuff at the door and would take it out on the kids in the home.
54. Other routines were normal you know. Fed at certain times and you had to be in your room at certain times and stuff.
55. If you were caught out of your room, you would be punished.
56. Sometimes the staff wouldn't give you any food at all if you had misbehaved.
57. I was locked in my room and so were other children if you carried on or whatever.
58. I think the food was actually ok. It wasn't bad or like slop food, you know it was actually decent.
59. You could always go and get something to eat; well you could ask for snacks and stuff.
60. The home itself wasn't the cleanest and wasn't best kept.
61. I stayed in a dormitory with maybe 4 or 5 beds in it. There was stuff lying all over the place and the floors and stuff it was never kept clean, neat and tidy.
62. I had regular baths and showers. I also had toiletries to keep clean. You could use these whenever you needed to.
63. I remember feeling confused about all of this. When I was in this care setting, I wasn't far from my home. It never felt right being there because I was so close to my home.
64. It wasn't until I actually got into the care home and experienced all of this that I realise that I really didn't like it.
65. I experienced treatment which I would now consider as abuse, neglect and harm.
66. There was plenty of violence and being locked in your room for excessive amounts of time with no food or drink and stuff.
67. The staff would lock children away with no food or drink. They would lock them in the home and bedrooms and stuff or put them in segregation.
68. This type of punishment could happen at any time of the day. It did normally happen when you were cheeky or naughty.
69. This type of punishment also happened every time you were naughty or stepped out of line.
70. This type of punishment also happened the whole time I was placed in this care setting.
71. The abuse stayed the same over time and didn't worsen or become less abusive.

72. Right before this would happen I would have been naughty somehow. You would then just be taken away from everyone.
73. The staff would try and restrain you, but what they were doing wasn't restrained, it was clear abuse. They were all fully grown adults and sometimes it would be a few of them onto one kid you know.
74. After they would abuse children, they would act like nothing had happened.
75. Some of the staff would try and justify it and lecture you after it like trying to fucking guilt trip you or something.
76. Whilst I was in this care setting, I was threatened, bribed, isolated and punished on many occasions. I think you could say assaulted to end the bargain.
77. I suffered pain, injury, ran away a lot, fear, shame and humiliation. I lost count of how many times I ran away.
78. Some of the injuries weren't visible and were hidden. They would be on your back, ribs, arms, bottom and stuff. They did this on purpose, so it wasn't visible, they knew what they were doing.
79. I remember having bumps and lumps all over me and my head you know.
80. I never received any medical attention for any of it. The staff wouldn't take you to get checked obviously because they caused it.
81. I was threatened to be punished all the time. Or threatened to be moved or sent to segregation. Staff would say stuff like "oh ill stop you doing this" or "ill stop you having any dinner tonight".
82. I was always told I was being bad or that I was at fault.
83. When it came to contacting people outside, they couldn't stop your mail or your phone calls but they would limit the number of calls you could have a week. They did that to me a number of times.
84. On birthdays and Christmas, they would give us gifts. But if you were naughty or misbehaving you wouldn't get anything at all.
85. Although I personally was never forced to watch others being abused or humiliated, I did see it happen to other boys on multiple occasions.
86. I felt so frightened, isolated, humiliated, threatened and powerless.
87. I was never protected from things, bullies, violence, sexual abuse and unsafe adults.
88. I was ever supported by schooling, homework or future opportunities.
89. I never received comfort, affection, encouragement or emotional support.
90. One of the most important things for me is that I never felt safe.

Newfields 1994

91. My second care placement was Newfields Assessment Centre.

92. I was only supposed to be at Newfields for 3 weeks but turned into a few months, I think.
93. It was Glasgow City Council who placed me here.
94. Daily life here was practically the same as Asila, I would just sit about the unit every day.
95. I remember there were about 3 or 4 units altogether.
96. I can't remember all the unit names. I know I was in Lowman unit; I think that's what it was called anyway.
97. I remember there were girls in one of the units. Some mixed but one all girls one.
98. I also remember there was a little dining area, and everyone would have to sit down at nighttime and eat dinner and stuff.
99. When it came to staff, that's what we called them, staff. Again, some of them were ok and would take you out and stuff but then some of them were horrible bastards.
100. When it came to rules, you weren't allowed certain things you know, like you couldn't drink or smoke and stuff.
101. Punishments here were bad too. If you were ever punished, you'd be "restrained" and locked in a room.
102. The worst part about that here is that there was a young boy who hung himself in one of the rooms and no one wanted to go in that room ever, even staff. The staff would lock you in there as like a mental torture. I got put in there all the time I hated it.
103. I won't sit here and lie about the food because it wasn't actually bad.
104. We had beds and bedding, clothes and stuff you know. Nothing special just basic needs.
105. I can't remember many staff in Newfields, but I do remember getting a few wee beatings in there.
106. The staff were abusing me all the time. They were doing this because they had authority over me.
107. This wasn't just one member of staff to, it was all of them and it was all the other children being affected too.
108. I was threatened, blamed, isolated and punished whilst being placed in this care setting.
109. I suffered pain, injuries, bleeding, fear, shock, shame, nightmares and ran away on a number of occasions.
110. Most of the injuries again would not be visible or purposely given in an area of the body that wouldn't be seen.
111. I was hit, slapped, punched, kicked, thrown, pulled, struck with objects and physically harmed.

- 112. I received cuts, bruising, swelling, burning and other injuries whilst I was in this care setting.
- 113. I never felt safe, looked after or wanted whilst I was in Newfield.
- 114. I was placed into care by an authority that I should have been able to trust and I was let down on multiple occasions.

Geilsland – 23/09/1995 onward

- 115. I entered Geilsland in Longriggend on 23 March 1995.
- 116. I was placed here by North Ayrshire Council.
- 117. I was in Geilsland for around a year and a half I think.
- 118. Day to day activities around here were different. Because this was a young offender you had to do different stuff not like sit around and stuff.
- 119. I had to go to education and workshops like engineering and carpentry and stuff. Mechanics and painting and all kinds.
- 120. Other than that, you would just sit in your room watching tv or playing pool or handing inside with pals you know.
- 121. I remember there was a unit called whitehouse which was the oldest building. When I first got there, new units had just been built.
- 122. All the buildings here had different names. I remember my building being the worst building. It was all old and used.
- 123. The staff here were ok. There was a mix of men and women staff.
- 124. I remember one guy, Max, he would just terrorize all the kids. He had long black curly hair, he was a big guy you know.
- 125. He would do stuff with the kids, you know entertain them and do nice things with them, but then he would just start terrorizing the kids or showing off to other members of staff.
- 126. He would just start tormenting you, pushing you over, making a fool of you.
- 127. The staff also would ambush your room. They would lock me in sometimes when they were doing their checks and they would get physical and really lay into you.
- 128. Youd be locked in your room in agony all night all fucking sore and stuff.
- 129. The food was alright here to be fair. It wasn't great but it was what you'd expect.
- 130. The clothing wasn't too bad either. Every now and again you'd get a grant for clothes. Some kids seemed to get them all the time, but I think I only got it once or twice.
- 131. If you wanted to shower, they would normally let you unless it was like late or something. They were good when it came to hygiene.
- 132. Whilst I was at Geilsland, I was hit, assaulted and physically harmed by the staff.

- 133. Out of all the placements this one was by far the worst.
- 134. The abuse I received here was next level.
- 135. I was slapped, twisted up, kicked, kneeled on, stood on, hair pulled, thrown, pushed, stuck with objects, locked up. It was horrible, you'd have fully grown adults all stood on you at one.
- 136. Every punishment here was excessive. All men pinning you down laying into you, it was humiliating.
- 137. This happened to every child there. It went on the whole time I was there and got worse and worse every beating.
- 138. All the staff knew what was going on.
- 139. This place was bad; it was the one I remember the most because of how bad it was.

Frequency, Duration & Patterns

- 140. The above abuse I was victim to happened in each care setting I was placed in by the local authority.
- 141. The abuse I received in each care setting went on from entry to exit dates an accumulated into years of abuse.
- 142. I remember it escalating as the older you got.
- 143. There was no set pattern, it would always just come as a sort of surprise.

People Involved, Witnesses & Siblings

- 144. I remember the people who did this, well, some of them.
- 145. I remember Max from Geilsland.
- 146. I remember a Phillip Dunlock.
- 147. I remember another guy, he was Italian or Spanish or something, I think he was called Sal.
- 148. The people who were abusing were staff members, social workers, and supposed carers.
- 149. I know it happened to other children in every setting I went to, like it was just normal.
- 150. It was common knowledge to staff what was going on in these homes. They would all boast about it and laugh. Even the women were doing it.
- 151. They would say stuff like "the cheeky wee bastard deserves it".
- 152. When the staff were doing this to other kids, you'd shout stuff you know, tell them to stop and they would just tell you to mind your own business, ignore you or punish you.

Reporting & Responses

- 153. I did tell staff members what was happening and pals and stuff, but nothing ever happened it just carried on. Nothing was changed.
- 154. I never told my parents because they would have been down there but at the same time it was being who was a wee bastard.
- 155. Apart from this I had never reported it to anybody else.
- 156. I know complaints were discouraged.
- 157. I didn't tell the police, when you're a child you don't really think of these things, you know.
- 158. I have spoken to a lot of professionals in my adult life though. I have had Psychologist and stuff you know.

Impact On Life Past/Present/Future

- 159. The abuse I received has and remains to have an impact on my life.
- 160. Because of the way I was treated in these care settings, violence is all's I've known in my adolescence. How to punish people, its easy, if you have authority over somebody you can punish them you know.
- 161. All of this stuff has affected my trust with people, especially people who have authority like GP's and Councils and stuff.
- 162. I always feel like people are still trying to control me.
- 163. I know my behaviour got worse whilst I was in care and I believe this was due to how I was being treated.
- 164. I know I was going to be locked up eventually anyway.
- 165. My school life was affected which altered my potential.
- 166. I was moved around a lot, I didn't have the same people around me for long periods of time.
- 167. I had unstable living arrangements.
- 168. Every relationship I have had, sexual, family or friend, has been affected by this abuse.
- 169. This has been affected because I could never get help, especially back then when it was happening. I was constantly punished.
- 170. I have suffered with and continue to suffer with general anxiety, separation anxiety, Panic attacks, suicidal thoughts and some depression.
- 171. I also still experience fear, shame, guilt, flashbacks, nightmares and addictions.
- 172. My addictions have been in use of heroin, cocaine, cannabis, alcohol, methadone, buvidal, buprenorphine and suboxone.

173. This has led to me being medicated with multiple mental health drugs such as Mirtazapine, Sertraline, Citalopram, Duloxetine, Nortriptyline, Amitriptyline, Zopiclone, Olanzapine and Gabapentin.
174. I have had issues with substance misuse over the years. This has affected my finances, housing, criminal involvement and offending.
175. I still take issue with anybody in authority now. I get triggered easily.
176. I have evidence both my GP records and medication sheets at “EXHIBIT 2”.
177. I think about this daily but I try not to think about it.
178. I do think it’s all part of being in care and wonder where it went wrong. But it’s all part of my life now.
179. I do believe my life would have been somewhat different. It was different back then but no one should be treating kids the way they did.
180. This has had an everlasting effect on me.
- 181.
182. The anxiety, OCD and depression that I’ve dealt with has stemmed from my time in care.
183. I don’t know what my life would have been like if I hadn’t been put in care. I believe my mental health is in the condition it is due to my time in care.

Long-Term Impact on My Adult Life

184. The physical, emotional abuse and neglect I experienced in care has had a lasting impact on my life.
185. The impact has included:

Mental health: General anxiety, separation anxiety, Panic attacks, suicidal thoughts and some depression
Relationships: Difficulty trusting and relationship breakdown.
Education and employment: Missed opportunities and difficulty holding employment.
Identity and self-worth: Shame, guilt, feeling different, self-consciousness.

I have received the following treatment/medication: Mirtazapine, Sertraline, Citalopram, Duloxetine, Nortriptyline, Amitriptyline, Zopiclone, Olanzapine and Gabapentin.

Supporting Evidence & Records

186. I understand that records and documents may be considered alongside this statement. I have exhibited, as necessary, documents to this statement.
187. I have also provided a bundle of evidence in addition to this statement, these are all of the relevant documents my legal representatives have been able to obtain on my behalf, from relevant institutions, local authorities, and medical practices.

- 188. Some records may be incomplete, missing, or unavailable due to the passage of time. Where records are missing, I ask that my own account still be considered carefully. I have done all in my power, with the assistance of my legal representative, to obtain and provide as much evidence as possible.
- 189. I have had my legal representative to redact any information that's not relevant to my Scottish Redress Application.

Difficulties with Memory and Gaps in Evidence

- 190. The events described happened many years ago. Some dates, names and details are difficult for me to remember.
- 191. My memory has also been affected by the trauma of what happened to me.
- 192. Where I have used approximate dates or descriptions, I have done so honestly and to the best of my recollection.
- 193. I have not intentionally exaggerated or included anything that I do not believe to be true.

Why Am I Applying to the Scottish Redress Scheme

- 194. I am applying because I experienced abuse and/or neglect while I was a child in care in Scotland.
- 195. I want my experiences to be acknowledged.
- 196. The abuse and neglect I suffered has had a significant and lasting impact on my life.
- 197. I am seeking redress in recognition of what happened to me and the harm that I have lived with since.

Final Statement

- 198. Overall, I wish this never happened.
- 199. I would like for it not to happen again to any other child.
- 200. I want the people who did it to be held accountable.
- 201. It should be justice made, money part aside.
- 202. I have never made a previous civil claim, criminal injury claim, Redress application, advance payment application, complaint, police report, inquiry statement, or claim to another scheme about this abuse.
- 203. I have never received any payment, apology, response or settlement in respect of my Scottish Redress Claim or abuse.
- 204. I have never signed any waiver, settlement agreement, discharge, or acceptance form in respect of my Scottish Redress Claim or abuse.

205. Going through this again has been triggering and something that I want to disappear when this is over. I'm done with it all now.
206. I have tried to provide a full and honest account of my experiences, to the best of my knowledge and belief.
207. I ask that Redress Scotland considers this statement, my application forms, and the supporting evidence I have submitted when determining my application.

Statement of Truth

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

Name: Mr Colin James McKay

Signed: Colin James McKay
Colin James McKay (Jul 20, 2026 14:08:31 GMT+1)

Dated: 17 July 2026

EXHIBIT 1

Our ref: PKCIR:8774

Please see below for information relating to each of the six images provided

Image 1	Entry 350. Admission on 20 October 1980
Image 2	Entry 350. Discharge on 28 September 1982
Image 3	Headmasters Report, November 1981
Image 4	Headmasters Report, April 1982
Image 5	Headmasters Report, September 1982
Image 6	Headmasters Report, October 1982

[illegible]

EXHIBIT 2

BHF Healthcare Personal Data Sheet

Colin McKay**05/09/1979****Male****0509796095**

11/06/2022 Mental health advice. NGS. Notes reviewed for review purposes as patient has been referred to Clinical Psychology. The referral has now been accepted and the patient will be added to the waiting list for a first consultation assessment. Patient and referral to be updated via letter. **Ms Anleigh Macdonald**

08/06/2022 Mental health advice. NGS. Referral received by Clinical Psychology Intervention Service - added to database for discussion next referral's meeting. **Mr Alex Stone**

11/05/2022 Depressed. After 20 years whilst antipsychotics was a 30 increase off all drugs having past years but some increase. **Dr Nicola Iyengar**

26/05/2022 Mental health assessment. **Mr Andrew McGregor**

26/05/2022 Mental health review. Mr McKay previously as MH and addictions, referral notes to be based on parole board recommendation in order to MHL reported that he is disorientated with lack of progress with parole. At HMP Greenock for 4.5 years and 6 years over tariff. Has been advised that a current meeting is scheduled reporting he has little progress with community based social work, also reports his other is ill and the last 2 home visits have been cancelled. Reports lack of sleep and poor appetite, reports low mood, effort appears flat. Good eye contact and comradely. Conversation filled with negativity regarding both situation and towards SPS due to delay in progression. Concerns raised previously in Oct 2022 when took self off all medications including levamisole and antidepressants. Current situation similar. However more in agreement with need for support in this situation. Reports has no thoughts of suicide or self harm and states has not considered using drugs/opioids/painkillers lengthy period of time which there is currently no medication to, developing a sense of hopelessness, also frustration with lack of access to all patient. Encouraged to consider reassessment and discussion in consultation of returning antipsychotics, also refer to clinical psychology. **Mr Andrew McGregor**

23/05/2022 Administration. 0852 Mental Health referral received. **Ms Angela Downe**

10/05/2022 Consultation. (MVA H1) stopped as per patient refusal document. For V1 H1 needs to 6 months. **Dr Kathryn Clark**

08/02/2022 Seen by nurse. Update to Colin regarding V1 & 12 injection which he has declined monthly. No longer wishes to take this injection, informed choice and patient has capacity. Treatment refusal form to be signed. Asking for more Cascoxon HC cream for regaining self-esteem. This seems to have been an issue intermittently since 2012. Current prescription expired - handed out to GP to see if more can be prescribed as if a GP appointment is required. **Mr Alex Williams**

10/11/2021 Consultation. Private x-ray result - minor degenerative changes affecting left hip. Otherwise normal. Letter sent to gynae. **Dr Nicola Iyengar**

10/11/2021 Seen by nurse. Patient found the x12 injection but refused, will refer. **Ms Stacy Murray**

09/11/2021 Consultation. Seen by nurse as return from hospital appointment for x-ray. Patient reports being advised that result would be forwarded on to health centre when ready. **Ms Louise Storey**

03/11/2021 Administration. Hospital appointment for November 2022 at Inverclyde Royal Hospital - X-Ray Dept - Private AM. **Ms Angela Downe**

03/11/2021 Patient reviewed. DNA letter for private x-ray, no-dna referred, please reappoint. **Dr Nicola Iyengar**

02/10/2022 Drug addiction therapy. Seen Colin today in health centre for review following from being off opiates for 3 weeks. He appeared to be very sleepy, eyes closing at periods, however, stated that he has had a few hours sleep in the past week or so. I advised him to take his prescription as possible to try and regulate his sleep pattern which he stated he would do. I saw Colin in health centre for review and also to be taken due to his presentation and stating he had seen GP today and told from B. McKay (son) (clarified) regarding presentation. Colin stated that he wanted to stop his work as he feels worse when he has home. He feels that he will continue to refuse himself as he stated this is the best way to get out of prison by not being involved in any conflict among other prisoners. Colin stated he was not feeling depressed and that he has always been "the same way". Strongly denies any further thoughts of suicide or DSH, back to health centre for review by A. McGregor. **Miss Kylie Rodgers**

30/09/2022 Drug addiction therapy. **Mr Andrew McGregor**

10/09/2022 Consultation. Colin not sure why stated today struggling with sleeping, expressed as discussed before. There 3 weeks. Determined to stay off and allow body to find natural rhythm again. Obviously sleep this morning, however, it being struggling with the moon. Discussed benefit of taking job, getting up in morning, natural light. Colin is reluctant about sleeping again but agreed to take presentation for 1 week. **Dr Kathryn Clark**

18/09/2022 Seen by nurse. Colin handed back his monthly medication, stated he no longer needs it. **Miss Kelly Joyce**

15/09/2022 Administration. Hospital appointment - 20th October 2022 - Inverclyde Royal Hospital - X-Ray Dept - Private AM. **Ms Angela Downe**

12/09/2022 Seen by nurse. Colin continues to struggle with not having any opiate for remains distressed to obtain life continuing to present as argumentative but was drained and had been out walked in the fresh air prior to our consultation. Reports minimal effort from Zephiron. HAD discussed his situation with Dr Clark who said the only option he could be offered was to return Zephiron drug in alternate days for a short period of time. Colin declined this as he feels it would be a harmful move. He is accepting of his situation despite his difficulties and agreed to contact staff if he feels unable to cope. Denies any thoughts of suicide or self harm and talks freely of his future, a parole hearing in 8 weeks and then eventual release at some point. **Mr Alex Williams**

10/09/2022 Mental health review. Met with Colin this morning in Chelmswell after medication. Cocoon form was raised by JH and regarding Colin's presentation, assessment and means day in 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022. Colin presented in a relaxed, good mood and at times coming across argumentative. Colin explained that he is currently struggling from not having any opiate. He reports this is to be expected and the only way to manage this would be to take opiate which is something Colin is not prepared to do. Colin reports he is due for Parole hearing in 8 weeks and wishes to attend making he is well and evidence from Colin also advised he has 'come off his Metaxalone Xing as he feels that was making him worse at the moment. Suggested this was not ideal and urged Colin to reconsider, took a brief dosage, however he declined this. Agreed to be signed off work for the week and to say when 7 days right evidence to see if this helps him, sleep and work through this. Colin is aware that not receiving anything is a self-harm or suicidal intention. Colin will seek additional support from staff should he begin to struggle. No further action in regards to the cocaine issue at this time. Written by N. Thompson HMP Greenock MHL Nurse. **Ms Nicola Thomas**

05/09/2022 Administration. Hospital appointment on 11th October 2022 - Inverclyde Royal Hospital - X-ray Dept - Private AM. **Ms Angela Downe**

04/09/2022 Drug addiction therapy. Seen Colin today in Chelmswell and he stated that he is finding it difficult to sleep at present, however he does not feel tempted to use illicitly or feel strong out. He reported that he expected to have a bit of a rough time as he is aware of opiate coming out his system and happy to continue with his plan to remain drug free. Discussed sleep hygiene, including caffeine intake, getting up for exercise, practicing a good bedtime routine a healthy bedtime diet and stretching the legs when he can which he stated he would attempt to do. The current thoughts of suicide or DSH reported. Will list for 17/10/22 to review. **Miss Kylie Rodgers**

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0002 Confidential Personal data email contact

Celia McKay

05/06/1979 Male 0509746093

23/05/2021 Consultation: c/o ongoing rash on arms, stomach and thigh. Status was given medication cream for this which helped but he did not continue with treatment. C/o pickled rash, not itchy and skin lesions. Given cream to apply and review asap if any further concerns.
Mr Dominic Wainwright

06/05/2021 Consultation: Medical reviewed Celia stating he wanted to start a reduction plan for his Metabolism. Celia currently on 40mg and wishes to reduce this every 14 days. No concerns and handed plan for GP. To commence 09/05/2021. Care plan and reduction plan signed by Celia. Mr David Dwyer

04/11/2020 Consultation: c/o rash on right forearm: c/o chronic looking rash on forearm, slightly red, no breaks in skin. I changed, my treatment cream to add review if no improvement. Mr Brenda Waddell

04/05/2020 Consultation: (Gastroenteric issues, self reduction plan. Wants to reduce gabapentin dose in view to come off this. States that he was started on these for sleep pain and for this but now feels that it is time to come off them. On 400mg AM and 500mg PM. No other issues. O/E: Apparent, looks comfortable. G/G: normal. P/E: 1 tablet gabapentin to 200mg BD, for review in two weeks. Dr Zahid Shah

01/05/2020 Seen by nurse: Metabolism reduced from 45mg twice to 30mg by Dr Ahmed at patients request. Mr Anwar Williams

01/04/2020 Consultation: blood results explained already on B21 injections c/o pain. Dr Rahool Ahmed

30/03/2020 Consultation: blood results: U&E: Na D - <14.777, 1 PT. Tissue transaminase and U&E: - Satisfactory. Please make an appointment to see the GP. Dr Zahid Shah

26/03/2020 Consultation: B400an - B - Attended health centre clinic appointment for bloods. B - Seen by doctor two days ago who has requested blood tests. A - Bloods obtained and sent for U&E, FBC, TPT, LFT, U&E and testosterone R - Listed for doctor to review results.
Mr Youssef Domisack

24/03/2020 Seen by nurse: Listed for 22/03/2020 bloods need to be taken before 09:00. Mr Louise Moyes

24/03/2020 Drug addiction therapy: Seen today, no change, pain drugs, stress. I - almost constant on his back. Tends not to go to his job as expecting to be killed within the next 18 months (when goes to work hourly). On gabapentin 30mg at the moment, been on them for a while, helps with sleep a bit but doesn't still very low. Physically appears very pale but otherwise in good health. P/E: N/A. Metabolism appears to be strong. Blood to include urgent tests: U&E, FBC, TPT, LFT U&E and testosterone. Dr Dominique Van Den Bosch

17/03/2020 Drug addiction therapy: Seen patient on 5/3/20. Spoke about various issues including methadone dose. Has been seen three times in March. Celia is asking for further increase in dose. Still feels he is struggling and does not feel stable. He feels if he increased a little and stabilised he will start reducing when he feels a bit better. Has been disappointed before for using substances and MDMA: not current use and does not want this to happen. Kader put in for GP to increase to 40mg. Mr Kirsty Byng

05/03/2020 Drug addiction therapy: Situation: Seen today in health centre for methadone. Background: Reporting to speak about methadone dose/ ongoing support for mental health/substance issues. Assessment: Celia was attacked last week. Spoke a bit about this, states he is "used to this". Attack appeared unexpected and Celia reports that he did not fight back. Celia again spoke at length about his frustration with the prison system and the situation he is in with his assessment. He reports he constantly thinks about getting methadone and this never goes away. Currently not working and he reports the overthinking has gotten worse recently. Reports he does not feel great physically, skin appears very pale. Is on chronic B12 injections for this but Celia has not been having his still very often. Avoids sex, exercise and education due to threats that are made against him. Reports that Paolo having did not go well and he threw the letter then there is the bit as he knew he would have gotten a "knock back". Continuing to work with forensic psychology. Feels as if he is wasting my time by seeing him however advised that I was here to support him and help with "here and now" issues to try and help him cope a little better. Spoke about increase in methadone: would like to go to 30mg as he reports he is feeling "rough" in the morning. Slavery, military type, heavy work etc. Has been on 30mg better. Advised that I would increase to 30mg as of 05/03. Strongly denies any thoughts/plan of suicide/ self-harm just feeling frustrated and stressed. Advised to keep busy and distract himself as much as possible. Reassurance: To increase methadone to 30mg. Will list for addiction clinic to speak about methadone/ substance query. Will review in 1 month time. Celia appeared happy with this. Mr Kirsty Byng

05/03/2020 Consultation: Discussed this morning at addiction education meeting. To be seen by addiction nurse. Mr Kirsty Byng

28/02/2020 Patient reviewed at hospital: Seen in review from Hospital injury sustained to right eye during an assault in the 27/02/20. History of previous facial injury. Alleged assault with weapon last night to right side of head. Previously fractures right wrist/male and thinks this feels the same. No visible swelling, bruising or injury. Normal cranial nerve examination and visual acuity. Status all of his given eye exam bilaterally. X/R facial bones show no fracture. No injury or abnormality detected. Mr Louise Moyes

18/02/2020 Consultation: A&E/MH nurse last night with multiple punches on the face. now feels that his eye socket is broken, also some blood in his mouth as well. states that his jaw may be broken. States that he had similar assault in the past in 1986 (Malaysia while he broke his jaw and eye socket, was seen by man for and had a procedure, states that it feels the same. O/E: Apparent, looks comfortable. G/G: 14/15 Swelling at the L1 lower jaw area. I advised the client he was sent to A&E for 3h, my facial bones. Dr Zahid Shah

27/02/2020 Consultation: Reviewed at home: status was assessed: not witnessed: full staff reviewing notes on review: unfortunatly, no visible injuries, status punched in eye and has fractured eye socket: states that this has happened in past: numerous times and knows when dislocated, not wanting any treatment carried out, not wanting to be sent to hospital, not wanting review by gp. discussed with full staff who agree will talk to police later tonight after case footage reviewed. Mr David Morris

18/02/2020 Consultation: Time 19:15 his location Health centre - listed for c/o B 12 injections B - last had in October 2019 A - prescription not correct as not given will ask MO to review also appears very pale and may need bloods checked that have listed for Dr Dominique van Pelt for assessment. Mr David Morris

28/02/2020 Drug addiction therapy: Written in response 27/12/20. Situation: Seen in Link Centre for review and to speak about addiction referral. Background: Ongoing support for mental health/substance issues. Assessment: Celia spoke mostly about his ongoing short-term issues regarding his parole or release. This is a big part of Celia's low mood and he struggles to not think about it. Last session we discussed the possibility of having advocacy represent him at his Paolo meeting however this could not be possible as Celia is only allowed two representatives and this would be his lawyer. Strongly denies any thoughts/plan of suicide/ self-harm in consultation. This session was mostly Celia venting his frustration and anger regarding the prison system. Spoke about his addiction referral and his wanting to reduce off his methadone. Advised Celia that it may be best to wait until he is back in Chesham to start reducing as it may be more destruction for him. Celia did disclose that he is feeling quite rough in the morning and it may be the wrong time for him to start reducing. Celia agreed with this and reports that he will have a think about it. He also was asking about testosterone levels and how methadone can affect this. Advised Celia that I would have to look into this as he feels it may be contributing to his low mood if his testosterone is affected. Reassurance: No change to methadone dose today. Will review in 1 month time. Celia appeared happy with this. Mr Kirsty Byng

24/02/2020 Drug addiction therapy: Listed for review and referral today - could not be seen this morning due to looking. B/G with Celia a letter explaining that appointment is moved to next week. Mr Kirsty Byng

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NOTE: Confidential Patient data about a patient

Colin McKay

05/09/1979

Male

8509794395

14/01/2019 Consultation: Discussed this morning at additional consultation meeting. To be reviewed by additional nurse to discuss medication reduction. Mrs Alison Black

18/01/2019 Mental health review: Written to request 07/01 due to time constraints. Situation: Colin asked a nursing member of staff if it could come to see him. Background: Ongoing support for mental health/behaviour issues. Assessment: Colin appeared low in mood in consultation. He recently received a victim notification letter from the victim mother as Colin is due for Parole in March 2020. There are allegations made about Colin that he reports are not true or he does not speak to any of his co-accused and he deliberately avoids them. He is worried that this will prevent him from getting Parole however advised Colin that this would be investigated if the SPS thought there was any truth in this. Tried to challenge Colin's negative thinking in consultation however he was evidently upset over this later. Strongly denies any thoughts/plans of suicide/self harm in consultation. Colin believes that he will have to try and disprove these allegations at the Parole hearing however he understands this will be very hard and does not know how to do this. Advised Colin that advocacy may be a route to go down if the facts he is not being properly supported especially due to his situation in having a victim on him. Spoke at length about this and Colin has given me permission to speak to the advocacy service to see if they can help him. Colin also advised me that he would speak to his lawyer. Recommendation: Will contact advocacy regarding this and will see Colin for 3 weeks time. Colin appeared happy with this. Mr Kirsty Byng

06/01/2020 Administration: Inpatient appointment 24/11/20. Neurology - 12/01/20

27/12/2019 Mental health review: Situation: Seen today in health centre as planned for review. Background: Ongoing support for mental health/behaviour issues. Assessment: Colin reports that not much has changed since we last met. He feels his ICM didn't go great as he feels no one is listening to him regarding his situation. It was suggested that he could attend the Dick Stewart project in Glasgow when he is released however Colin has reservations about this. He feels it is too near where he was accused of and he feels a hostel would not be good for him. Spoke about his accommodation and he reports that this isn't too much of an issue at the moment. He still doesn't appear to be in consultation today. Recommendation: A good to meet again in 3 weeks time and he would like to discuss coming down off medication. Colin appeared happy with this. Listed for 3 weeks. Mr Kirsty Byng

21/12/2019 Administration: Patient refused to attend Neurology on 21/12/2019.

20/12/2019 Third party consultation: Discussed Mr McKay's last contact session with Dr Mona Kells, Principal Clinical Psychologist. He has not been accepted for assessment or intervention at this time. A letter will be sent to inform and patient informing them of same. Kara Muir, Mental Health Therapist. Mr Kara Muir

13/12/2019 Mental health review: Discussed this morning at the MDT meeting - agreed to remain on caseload. Mrs Alison McTaggart

12/12/2019 Psychological assessment: Met with Mr McKay at 09.30hrs within the left centre for his first contact session.

with the clinical psychology interventions service. Mr McKay reported that he is unsure how psychology can support him as all his activities were from educational circumstances which are outside his control. He reported that he has been dealing with these stresses for 15 years and that he feels he is coping with it as best he can. stated that he had previously received support from Dr Joy Kerr, Clinical Psychologist whilst in HMSP Scotia, however it was mainly agreed to not treatment as his priority was educational rather than mental health related. Informed Mr McKay that he would be discussed in supervision and informed of outcome by letter. No risk of harm factors identified. Kara Muir, Mental Health Therapist. Mr Kara Muir

09/12/2019 Mental health review: Written to request 21/12/19 due to time constraints. Situation: Seen in Linka Centre for mental health review. Background: Was on TTM for a few weeks due to suicidal situation. Agreed at case conference to have mental health support. Assessment: Colin attended today, a bit better in mood, good eye contact and conversing freely. Was Enthusiastic and a bit upset about a meeting with his outside social worker. It appeared they had a disagreement and she had told him that she was not there to support him. Colin presented a bit distressed about this. Asked if there was a possibility he could get another social worker however he did not think this was possible. Spoke to P. Brindley (nurse) today about this as he was upset about the situation. He advised that changing social workers would be quite difficult at this stage. Due to ICM this month - writer has been invited to attend this. Looking towards the future has a job to go to when he gets out. Due for parole next year however understood that he may get knocked back but is accepting of this. Spoke a little about his childhood - spent a lot of his time in prison and was in and out of care since age 11. Very interested in Physics and will want to study again when feeling a bit better. Strongly denies any thoughts/plans of suicide/self harm in consultation. Spoke about a previous referral to Psychology and Colin was in agreement with this. Understands not much of his situation will change and it is outside his control however he is willing to accept the help and support that is being offered to him. Recommendation: Plan to meet again in 3 weeks time. At this session will speak about psychology referral. Colin appeared happy with this. Mr Kirsty Byng

04/12/2019 Mental health review: Attended Linka Centre this afternoon for review. Review in follow, strongly denies any thoughts/plans of suicide/self harm today. Mr Kirsty Byng

01/12/2019 Mental health review: Spoke with Colin today at methadone round. Advised that I would ask for him to be seen at Linka Centre today with myself. Colin informed me that he does not have suitable clothing as everything is still in Christwell. Asked if appointment could be moved onto tomorrow. Will wait for tomorrow. Mr Kirsty Byng

02/12/2019 Spoke with assessment: Situation: Case conference (11) held today in Alex hall with ELM (McConnell).

Background: Placed on TTM a few weeks ago due to suicidal situation and plans. Assessment: Colin appeared brighter today in mood. Eye contact and body language better today. Had a settled mood and no complaints/requests offered by staff. Colin is starting to get back into the hall routine and get reintegrated back into normal prison life. Strongly denies any thoughts/plans of suicide at present. He now sees a future for himself whereas before he did not see any future. Appears to have learned from his mistake regarding his thoughts and he does not want to be put in this position again. Colin appeared happy to come off TTM today and it was agreed with case conference members to close TTM. Have also agreed to give Colin information back in possession now that TTM has closed. Advised that the MDT will see Colin in a few days time for extra support and he will speak with staff if any issues arise. Recommendation: TTM paperwork completed today. Agreed to close TTM and MDT will see Colin in the next few days. Colin appeared happy with this. Mr Kirsty Byng

02/12/2019 Administration: Hypertension initiated to right dose 05/01/2020 due to 160/100 for 312. Mrs Alison McTaggart

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and Confidential Personal data used a patient

Colin McKay

05/06/1975 Male 0589794085

14/01/2020 Consultation. Discussed this morning at admission allocation meeting. To be reviewed by admission nurse to discuss methadone induction. **Ms Alison Black**
18/01/2020 Mental health review. Written to request 8/1/20 due to time constraints. Situation: Colin asked a meeting number of staff if I could come to see him. Background: Ongoing support for mental health/addiction issues. Assessment: Colin appeared here in mood of consultation. He recently received a victim notification letter from the victim's mother as Colin is due for parole in March 2020. There are allegations made about Colin that he reports are not true as he does not speak to any of his co-defendants and he deliberately avoids them. He is worried that this will prevent him from getting parole however advised Colin that this would be investigated if the SPS thought there was any truth in this. Tried to challenge Colin's negative thinking to see whether he was evidently upset over this letter. Strongly denies any thoughts of suicide/self harm in consultation. Colin believes that he will have to try and dispute these allegations at the Parole hearing however he understands this will be very hard and does not know how to do this. Advised Colin that advocacy may be a route to go down if he feels he is not being properly supported especially due to his situation in having a contact at home. Spoke at length about this and Colin has given me permission to speak to the advocacy service to see if they can help him. Colin also advised me that he would speak to his lawyer. Recommendation: Will contact advocacy regarding this and will let Colin for 3 weeks time. Colin appeared happy with this. **Ms Kirsty Byng**
09/01/2020 Administration. Hospital appointment 28/01/20. Neurology - QSOH
27/12/2019 Mental health review. Situation: Seen today in health centre as planned for review. Background: Ongoing support for mental health/addiction issues. Assessment: Colin reports that not much has changed since we last met. He feels his RCM didn't go great as he feels no one is listening to him regarding his situation. It was suggested that he could attend the Dick Stewart project in Glasgow when he is released however Colin has reservations about this. He feels it is the area where he is not used to and he feels a home would not be good for him. Spoke about his employment and he expects that this will be one of the first things he will do when he is released. He is happy to be in consultation today. Recommendation: A good to meet again in 3 weeks time and he would like to discuss coming down off methadone. COLIN appeared happy with this. **Ms Kirsty Byng**
23/12/2019 Administration. Patient refused to attend Neurology on 23/12/2019
20/12/2019 Third party consultation. Discussed Mr McKay's last contact session with Dr White Kelsi, Clinical clinical Psychologist. He has not been accepted for assessment or intervention at this time. A letter will be sent to referee and patient informing them of same. **Katie Muir, Mental Health Therapist**
13/12/2019 Mental health review. Discussed this morning at the MDMHC meeting - agreed to remain on caseload. **Ms Alison McTaggart**
12/12/2019 Psychologist assessment. Met with Mr McKay at 10.10am within the first 30 mins for his first contact session with the clinical psychology interventions service. Mr McKay reported that he is aware how psychology can support him as all his activities stem from situational circumstances which are outside his control. He reported that he has been dealing with these stresses for 11 years and that he feels he is coping with it as best he can, stated that he had previously received support from Dr Joe Kerr, Clinical Psychologist whilst in HMPS Shotts, however it was mostly agreed to and treatment as his anxiety was situational rather than mental health related. Informed Mr McKay that he would be discussed in supervision and informed of services by letter. No risk of harm factors identified. **Katie Muir, Mental Health Therapist**
09/12/2019 Mental health review. Written to request 5/12/19 due to time constraints. Situation: Seen in Linka Centre for mental health review. Background: Was on TTM for a few weeks due to suicide situation. Agreed to case conference to have mental health support spot. Assessment: Colin attended today, a bit better in mood, good eye contact and conversing freely. Was frustrated and a bit upset about a meeting with his outside social worker. It appeared they had a disagreement and she had told him that she was not there to support him. Colin seemed a bit distressed about this. Asked if there was a possibility he could get another social worker however he did not think this was possible. Spoke to P. Brindley (manager) today about this as he was aware about the situation. He advised that changing social worker would be quite difficult at this stage. Due to RCM this month - mother has been invited to attend this. Looking towards the future - has a job to go to when he gets out. Due for parole next year however understood that he may get knocked back but is accepting of this. Spoke a little about his childhood - spent a lot of his time in prison and was in and out of care since age 11. Very interested in Psychology and will start to study again when leaving a his home. Strongly denies any thoughts of suicide/self harm in consultation. Spoke about a potential referral to Psychology and Colin was in agreement with this. Understands not much of his situation will change and it is overall his control however he is willing to accept the help and support that is being offered to him. Recommendation: Plan to meet again in 3 weeks time. At this session will speak about psychology referral. Colin appeared happy with this. **Ms Kirsty Byng**
06/12/2019 Mental health review. Attended Linka Centre this afternoon for review. Review to follow, strongly denies any thoughts of suicide/self harm today. **Ms Kirsty Byng**
05/12/2019 Mental health review. Spoke with Colin today at midday meal. Advised that I would ask for him to be seen at Linka Centre today with respect. Colin informed me that he does not have suitable clothing as everything is still in Chiswick. Asked if appointment could be moved onto tomorrow. Will wait for tomorrow. **Ms Kirsty Byng**
03/12/2019 Suicide risk assessment. Situation: Case conference (11) held today in Atria hall with FLM J.McConnell. Background: Placed on TTM a few weeks ago due to suicidal thoughts and plans. Assessment: Colin appeared brighter today in mood. Eye contact and body language better today. Had a retired weekend and no complaints/requests offered by staff. Colin is starting to get back into the hall routine and get reintegrated back into normal prison life. Strongly denies any thoughts of suicide at present. No more time a future for himself whereas before he did not see any future. Appears to have learned from his mistakes regarding his thoughts and he does not want to be put in this position again. Colin appeared happy to come off TTM today and it was agreed with case conference members to close TTM. Have also agreed to give Colin responsibility back in possession now that TTM has closed. Advised that the MHC will see Colin in a few days time for extra support and he will speak with staff if any issues arise. Recommendation: (1) be paperwork completed today. Agreed to come 1.1st and 24/12 will see Colin on the next two days. Colin appeared happy with this. **Ms Kirsty Byng**
02/12/2019 Administration. Hypertension medication to right doctor 05/07/1900g time: 05/06/2019-06/1/19. **Ms Alison McTaggart**

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07/01/2019 Drug addiction therapy Dismissed Colin's referral with him doing methadone round in district and he stated he would like to discuss his options with a GP for setting off methadone. Listed for 15/04/2019 to discuss with Mrs Kylie Rodgers

07/01/2019 Referral for further care Refused Letter The Health Centre, PO Box 19005, PA15 9ET Greenock Mental Health. Mr Gillian Macdonald

07/01/2019 Referral by further care Refused Letter The Health Centre, PO Box 19005, PA15 9ET Greenock Mental Health. Mr Gillian Macdonald

07/01/2019 Medication review CHASERANTOED RIVETRON SUPERVISED GABAPENTIN NO CLINICAL

INFORMED looking at vision scans to have been changing these medications and high up on scale - no minor symptoms but anxiety also epilepsy hospital letters to that effect and to do this was very good EC when he failed stop drugs already should have been taken off the drug but as that window was just we were having to refer him to neurology (with and psychiatric treatment appropriate) Social Dr Jackie Smith

21/02/2019 Consultation Gabapentin changed to gabapentin and SD Dr Kathryn Clark

21/02/2019 Administration Administration by Pharmacy Medication Clinic Mr Gillian Macdonald

21/02/2019 Consultation Medication open check. Short of 1 x Gabapentin 300mg tab and 1 x Mirtazapine 15mg tab. Clinics

to have taken the night dose early however in medication check was at approx 14.30 this was much earlier than it should have been and not in accordance with his prescription. Kathryn left the GP to review 21/2/19 Mr Alan Wilson

21/02/2019 Drug addiction therapy Withdraw in company 16/02/2019 Situation. Now in 1 x 100mg Mirtazapine following withdrawal self referral. Background: Has been in methadone for approx 12 years and currently on 300mg of methadone. Would like to start reduction plan, however Colin states he has reduced methadone before however he has been discouraged by the MDA and others. First time in DASH Greenock and nothing to report. Colin is currently has no temptation to use but would like to be off methadone before moving to the open world. Colin states that he would like to reduce by 10mg a fortnight until he is at 100mg and then reduce again. He states he is happy for anyone to decide whether to come down. Would like this plan to start next week. Recommendation: Will start reduction plan on Wednesday next week and reduce by 10mg per fortnight. Colin happy with this plan and aware he can pause at anytime. Mr Kirsty Hynd

15/02/2019 Administration Administration Refused in Admin Mr Gillian Macdonald

06/01/2019 Administration Administration Refused seen 15/2/19 Mr Gillian Macdonald

24/01/2019 Administration Administration DASH Short MDT assessment Mr David Wood

15/01/2019 Referral Letter Administration DASH Greenock Registration Mr Tony Smith

15/01/2019 Administration Administration by Pharmacy Medication Clinic initial given to patient 18/1/19 Mr Gillian Macdonald

15/01/2019 Concern about appearance self reports "gunked around lower leg" Mr Gordon Hannah

15/01/2019 Concern about appearance Range of infection over whole body already on antifungal cream Mr Gordon Hannah

15/01/2019 Transfer profile been completed transfer form completed Mr Gordon Hannah

15/01/2019 Prescription by GP methadone 300mg OD/oxycodone 5mg/oxycodone 10mg TID Mr Gordon Hannah

15/01/2019 Suicide risk assessment not risk Mr Gordon Hannah

15/01/2019 No thoughts of deliberate self harm at all times Mr Gordon Hannah

15/01/2019 Drugs of abuse none smoking - yes for methadone Mr Gordon Hannah

15/01/2019 Mxns drugs - msnx drugs over 2 years ago Mr Gordon Hannah

15/01/2019 W/O history No history related to head injury Mr Gordon Hannah

15/01/2019 Suspended epilepsy tablets clinic reviews in the past, couple of years ago Mr Gordon Hannah

15/01/2019 Consultation. Attended for medication review. Due to move to Open Plate this week, so no point in altering medication. Good talk with Mr next week. Dr Stephen Cusack

11/01/2019 Administration Administration The Health Centre, PO Box 19005, PA15 9ET Greenock Pharmacy Mr Stephen Cusack

Recording Sheet Mr Simon Hunter

18/12/2018 Mental health review Colin was seen today. Feels that he had lost some volition due to being driven around and contacted by Alexia 1, as a result of this he had lost all interest in work. Feels he could not be bothered and felt that this system was holding him back from progressing. Admitted that previously had to be followed and that things always referred to go directly over the phone period initially Colin wanted some cell done over for 3 weeks. At the end of the discussion he decided that it would be better if he returned to work as he would make the time pass quicker and it would save some money. Advised to speak to the mental health team again if he felt the need. Entered by Elizabeth Quirk 18/12

17/12/2018 Mental health assessment Clinical Letter DASH Short Mxns Mental Health Mr David Wood

14/12/2018 Result Results Virology Mrs Kelly Davis

14/12/2018 Consultation Virology review Colin on virus screen as he is struggling on this screen still want to go back to Mxns so he can attend Mxns again does not want to risk relapse. Discussed with Dr Cusack methadone increased to 300mg

13/12/2018 Consultation. Attended to discuss msnx - msnx on 100mg on 14/12 - previous 50mg and blood deficiency, B12 Mr David Wood

13/12/2018 Mxns 14. Discussed - to return B12 1mg, also told Mxns. Caution handled - on calcium previously - advised to return this also - don't go great - has tried to improve in past without benefit. In Medical Centre

05/12/2018 Result Results Microbiology Mr J McVie

03/12/2018 Consultation. Requesting a GP appointment to review bloods tests. Already Done Mr Alan O'Hall

18/11/2018 Result Results Microbiology Mr J McVie

24/11/2018 Result Results Microbiology Mr J McVie

21/11/2018 HIV screening counselling Mr Marco Moore

21/11/2018 Hepatitis C screening counselling Mr Marco Moore

21/11/2018 Hepatitis B screening counselling Mr Marco Moore

20/11/2018 Consultation. msnx attended TR. Mxns obtained as per msnx form Mr Gordon Maguire

19/11/2018 Consultation self ref stating should have had blood tests, appt booked for second appointment, will return Mr Gordon Maguire

18/11/2018 Mental health review Case discussed at Progression RMT and Mr McKay has been approved for progression to NPD Mr David Douglas

14/02/2018 Referral open to further mental assessment Clinical review phone in consultation with his solicitor on 14/02/19. Told of 2 weeks staying at Home. Colin plans to stay in his house until he feels stable then he will further discuss deterring from medication Mr David Douglas

15/02/2018 Failed encounter failed to attend for bloods, no reason given Mr Alan Thomson

09/02/2018 Consultation self ref stating relapse, appt 24th last down Mr Gordon Maguire

04/02/2018 Consultation self ref ref to see GP, seen today already Mr Gordon Maguire

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0-540979-002-0

Abstract

My Favorite Mathematicians

John J. Gorman, President, American
Society of Mechanical Engineers

• **Geography:** From Top to

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1. *Journal of the American Medical Association*, 1997; 277: 103-107.
 2. *Journal of the American Medical Association*, 1997; 277: 108-112.

Journal of Clinical Pharmacy and Therapeutics, 2001, 26, 1-10

at their weekly tea collection.

Keywords: Transferrin; blood; iron; transferrin receptor; transferrin receptor-related protein

Journal of Management Education 35(10) 1103-1116

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104. Previous history of the

Planning Alternatives Form

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Received 10 July 2001; accepted 10 October 2001

1997: 1997-1998 season.

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and supports the positive and

he had to up next year but he has no intention and expects to receive another 7 years for drug offense while in prison. Presenting Complainant says if he had been housed due to be transferred from Leflore back to D Hall, due to a failed drug test. Reporting methadone increase to reduce the risk of using in his half. Low mood due to incarceration and stress due to required a referral to the psychologist around 7 months ago as distress diagnosis issues but has not heard from them and would like her to check this up for him. Mental Health History-Reports no Special Diagnosis but believes this due to childhood trauma and being in prison for such a long time his mood is low. Family History of Mental Issues-Niece reported Social History Single with no children. Left school around the age of 12 yrs old and moved from their family's home through to secure units and then into the prison occupational kitchen via throughcare history. Started smoking cannabis around the age of 12-13 and then went on to try heavy drug under the roof. Never injected any substances. Previously in 90ths of substance which has been reduced over the years to current level of 20lbs. Current Medication/Olanzapine, Meprobamate, Nigal meprobamate and strong dication. Current Medical Condition? Ongoing investigations No current medical condition although reports a history of taking Drs. However, No Drs reported in the last few years. Mental Status Interview-Current well except, concerned approximately, mood appeared in a good level. Good concentration and appeared to have good insight into why his mood is low. Highlights that his sleep pattern is poor and he has a cycle of broken sleep most nights. Also stated that his appetite is not very good. Risk Assessment-Reports no history of self harm or suicide attempts. No current thoughts, plans or intent of self harm or suicide. States that he is currently not at risk to others and gets on well with peers. Prevalent Diagnoses/ Current Problems- Low mood report in the Community No police visits received from family over the past year of any request. However, he does highlight the "PAIN" and "WELL" on the phone. Summary will discuss an increase in substance with the Dr and follow up on the psychological analysis. Grief was noted with the death of his

Journal of Management Studies, 2006; 49(7): 1085–1100

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1024 J. A. Roberts et al.

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1. *Two parent-offspring negotiations*

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1. **Introduction**

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Strodtman has taken their lawsuit because we in seven pain from dental issues at the time. Since we've been in trouble about being sick of medications before and would never give them to anyone else (or, better yet, to children or on someone for 1 month) that with no results, changed to discontinue filing on 11/06 (supervised by the court). Advised others not to check ours in order to verify all of this but policy and medication contract must be made about the situation in full. (The court says of this.)

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Note: Confidential Personal data about a patient

Colin McKay

05/05/1979

Male

8509796085

23/06/2017 Dental visit. J X2 and signs 0148 0418 assessed 13, and 25 PEA. Fitted 2- immediate with care advice given.
 For review and adjustment on. Mr Mark Gallagher

24/06/2017 Administration: Mental health discussed at allocation meeting, referred to addiction mental health for further assessment, review, then referred. Mr Nicola Morrison

25/06/2017 Administration: MHT referral received, logged into database Mr Stacy Quail

26/06/2017 Administration: Mental Health MHT referral received regarding psychology input, assessed previously by G. Dooherty and referred onto Lifeline Counselling, not psychology, will clarify appointment for this. On the floor Colin states that "I really am thinking about whether I want to go on with this life sentence or take the easy way out". Passed on Matt Mung I cannot to stress for any risk of suicide or self harm. MHT Referral to be discussed at allocation meeting. Mr Nicola Morrison

25/06/2017 Consultation: seen today at medicines round advised continued n.s.s.i. referral and that he was also listed for pain. Mr J Carey

27/06/2017 no thoughts of self harm at this time Mr J Carey

27/06/2017 Administration: n.s.s.i. referral submitted today Mr J Carey

27/06/2017 Administration: Self referral from submitted to MHT, Colin has required to see a psychologist. Mrs J Carson

27/06/2017 Administration: MHT referral appointment sent to patient for 27/06/2017 Mrs Nicola Morrison

27/06/2017 Consultation: Self referral assessed, Colin has a medication issue. Had failed a spot check and was referred off medication, Colin states there were no epilepsy although previous routine reports it was for leg pain. Have listed for MO to review this. Mrs Margaret Miller

28/06/2017 Admin: Mental health discussed at allocation meeting, issues surrounding testing positive for substance, not mental health related, letter sent to Colin advising him to discuss with SPT staff as they had requested the test. Mr Nicola Morrison

29/06/2017 Administration: MHT referral received, logged into database Mr Stacy Quail

16/06/2017 Complaint about care: Ph interviewed following submission of feedback form, it states he has not signed as to Prisoner Medication Contract, unhappy that the GP changed his medications due to medication being spot checked and he did not have the correct amount. Deacon has a signed in Prisoner Medication Contract dated 12/5/2016. Ph shows a copy of this, it very disgruntled left interview stating I was stupid and he would explain this to his lawyer. Mr Jacqueline Corrigan

14/06/2017 Administration: self referral received and submitted for MHT Mrs Gillian Logan

13/06/2017 Administration: Spoke to clinical manager J. Corrigan regarding patient informed manager that patient intends to put in a complaint form regarding to prisoner medication. Mr Christine Campbell

12/06/2017 Administration: The in prisoner medication contract available to Deacon was signed 12/5/16 by Colin. Mr Christine Campbell

12/06/2017 Medication requested: multiple times has been approaching asking for his gabapentin in the past but been short of his gabapentin a few times and has been decided he will not be getting this morning pain over night then lower that and right hipworn gabapentin ok no more empty, as doctor requested, gas acceptable to go to gym at the tomorrow for usual running 1.5km ago no acute or severe or any company he also states he has not signed a medication consent form requested via Campbell to inform the clinical manager and find a copy of his current signature of consent letter for full. Dr Sarah Burtell

12/06/2017 Follow up substance misuse assessment: Met with client J-1 who informs that he has recently provided a positive drug test but is adamant that he did not take anything. Client appeared stressed and began running through different scenarios as to how this could have happened, advised client down and be spread he should avoid situations, have medication and substance abuse given continue monthly support. Mr Robert Watson

09/06/2017 Administration: Self referral received requesting MO appointment to discuss medication, listed for MO clinic.

13/06/17 Appointment slip given to patient. Mrs Gillian Logan

06/06/2017 Drugs of abuse urine screening: POSITIVE for Marijuana AND Depressants. Mrs M Finley

06/06/2017 Drugs of abuse urine screening: SUPPLEMENTAL POSITIVE. Mrs Emma Smith

06/06/2017 Drug addiction therapy: Telephone call from half officers informing officer that Colin had failed as MHT for hypertension. At the suspicion that Colin is positive for hypertension he has been listed to be urine tested prior to being given his medication this afternoon. Colin to be called in the health centre for urine test. Mrs Emma Smith

06/06/2017 Dental visit: Try pt., Master temp for fit on Mr Mark Gallagher

06/06/2017 Dental visit: Scheduled for dental but not seen due to late turn in when the appointment. Mr Mark Gallagher

30/05/2017 Administration MHS: Dental appointment letter sent to patient for 06/06/2017 Mrs Margaret Miller

29/05/2017 Consultation: seen, this morning following submission of self referral: form complaining of pain and unhappy about current medication. Spoke to Colin as to why his medications were stopped, see previous entries. Advised Colin the GP would not return gabapentin as there is no clinical indication for it. Colin unhappy with reply. Advised Colin to give his new analgesia time to work. Mrs Kelly Roth

27/05/2017 Consultation: Spoke with patient at morning station regarding complaints from Patient unwilling to sign off any complaints, state he will be getting money out of the NHS due to neglect. Further stated he will not be signing anything off again as this is how NHS gets away with doing. Will pain complaint form to nurse in charge. Mr Christine Campbell

23/05/2017 Dental visit: B12 0- immediate shade of 3 for try master temp on Mr Mark Gallagher

22/05/2017 Consultation: Face to face review, explained the discontinuation of gabapentin. Note shortfall of gabapentin 13 caps, also spot check from containers no empty gabapentin capsules found in cell. was prescribed gabapentin for generalized leg pain. I could not identify a definitive neuropathic element MHT: no indication to restart gabapentin, alternative analgesia prescribed: patient expressed dissatisfaction. Dr Joe Daly

17/05/2017 Administration MHS: Dental appointment letter sent to patient, appointment date 23/05/2017 Mrs Margaret Miller

15/05/2017 Consultation: Review noted, telephoned with half to supervised, gabapentin supplied. If patient wishes to discuss then he should self refer. Dr Joe Daly

14/05/2017 Administered urine: Spot check carried out today, the result 15/5/17 positive result 28 x gabapentin 300mg/7 x mirapexine 20mg/spot check Mirapexine present and correct with 3 x also however only 7 empty Gabapentin capsules in cell. Shortfall of 11 capsules. Patient requested appointment with GP to discuss failed spot check. Appointment given for 18/5/17 Mr Christine Campbell

10/05/2017 Follow up substance misuse assessment: No issues or concerns re misuse of substances and appeared to be in better frame of mind compared to previous meeting. States he has had the opportunity to use illicit drugs but has no desire to do so. SPTs feels frustrated with regards to this disagreement as he is still unsure if and when he will return to his cell. He has spoken to his permanent officer and says he is in MHT once which would have an outcome for him. Continue Support. Mr Robert Watson

The Health Centre, P.O. Box 19405, Greenock, PA15 9BT

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Help: Search: Quick

Note 1: Clarification

Jim Galt Miles Allison

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Miss Catharine Logie

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Mike M. Fawcett

Inde Infants: Collapsing

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Notes: 1. *Source:* Data from the 2000 U.S. Census, 2000 U.S. Census Bureau, *U.S. Census Bureau*, Washington, DC, 2000. 2. *Source:* Data from the 2000 U.S. Census, 2000 U.S. Census Bureau, *U.S. Census Bureau*, Washington, DC, 2000.

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With Confidential Personal data about a patient

Colin McKay

05/09/1979

Male

0009796095

08/03/2017 Administration MDT MDT Referral received by admin from MDT nurse. Patient added to waiting list and referral returned to MDT nurse. Mr Marcus Davidson

07/03/2017 Consultation. For many in methamphetamine. Wishes mirtazapine 15mg, no current thoughts of self harm but occasional low mood secondary to being downgraded. Also PPI issues. Not eating. Just BMI 20. Dr Grace Campbell

07/03/2017 Consultation. Bloods taken as requested. Listed for MDT clinic. 11/03/17 MDT results. Mr Laura Catlett

07/03/2017 Complaints about care. Interviewed in relation to complaint. Advised issues with missing dental appointments also in health centre matters is due to NHS staff not MHA staff. Already listed for GP clinic today. Miss Claire Hill

06/03/2017 Self-referral. referred for Dexam, recorded on spreadsheet and acknowledgement sent to patient. Mr Marcus Davidson

05/03/2017 Administration. Clinic arranged for 02-03-17 moved to 07-03-17. Patient notified. Mr Susan O'Neill

02/03/2017 Administration. dental referral received and submitted to dentist.

01/03/2017 Consultation. asked by pharmacy to review Ks regarding AD switch. Caution given tapering recommended when change from mirtazapine to citalopram. ASD patient on mirtazapine as citalopram should not be started. Patient listed for next available clinic to discuss switch to offer AD (fluoxetine, paroxetine, duloxetine or venlafaxine for instance). Dr Dominique Van Den Meulenhout

01/03/2017 Administration. Sandra McElroy (SPS Officer) requesting if further dental app has been made for Colin. informed her that a new appointment had been allocated and he will be notified accordingly. Also advised by Marcus Davidson (Admin) that she person above info to hall staff yesterday following a telephone call. Mr A. Quinn

30/03/2017 Administration. Attempted to see Colin in the Hall but was advised by Hall staff that he was at education. Nursing staff reported that Hall officers believe Colin that staff were in to see him and they agreed. Plan - Referral for clinic on return from AL. Mr

24/03/2017 Consultation. Dexam. Mr Marcus Davidson

24/03/2017 Consultation. Advising for self-disposed switch. Mirtazapine switched to Citalopram. Dr Abigail Budge

24/03/2017 Administration. Refused due to new medication. Dr Abigail Budge

23/03/2017 Dental care. Scheduled for dental but as attending court has gone to education. Mr Thomas Mann

24/03/2017 Administration MDT. Appointment, also sent to patient on 22/03/17 with dental appointment 28/03/17. Mr Mark Gallagher

24/03/2017 Administration. Patient was at education and did not attend for blood test to be taken. Referral for next clinic. Referral a mirtazapine scan. Mr Marcus Davidson

24/03/2017 Administration. Listed for GP clinic 1/3/2017 at per Dr Daly request. Mr T. Budge

24/03/2017 Consultation. ATR taken on 7 AD switch needed following 16/2/17. From review of notes not clear, thus I recommended a further GP app to review MDT. nurse informed. Dr Joe Daly

23/03/2017 Consultation. Colin has been retained for various reasons for Prolactin/24hr vit B12. Patient John and said. This is due to an emergency in the b/c and that evening, I have written to him and asked him to pay off work on the date. Mr Cillian Mearns

24/03/2017 Consultation. He is on Mirtazapine asking to change to citalopram. he was before, agreed to said he is missing on today his wt 64.4kg. that 60.77kg on 04.11.2019 he has lost some of the was diagnosed Antisocial in the next sentence. nutritional drink. he has good appetite eating. well it will be better if MDT conducted. PPI, LABS, TB, B12, Folate acid, Ferritin, and uricase. Dr Nicola Budge

13/03/2017 Mental health assessment. Colin has declined to have his Mental Health assessment completed at this time as he reports that he is not ready at this time. He however has requested that he be referred for help and nursing staff have agreed to this. He at this time appeared to be bright, personable and his mood was reactive. He only thoughts of DSD or suicide at this time. Plan refer to next available clinic. Mr

06/03/2017 Consultation. Patient seen following consultation of self-referral from Colin. Concerned as nurse he has no appetite and increased regarding his weight loss. He has requested to discuss his concerns with the GP rather than be prescribed anything at this time.

04/03/2017 Consultation. MDT clinic on 18/03/17 and advised at time. Mrs Kathy Webb

13/03/2017 Administration. Attempt to see at nurse triage today, however patient at MDT meeting. Mr Christine Campbell

13/03/2017 Consultation. Examination. PPI on proton pump. No pain. Soft turgor. pupils red and white, no water content. Mr Marcus Davidson

09/03/2017 Consultation. 13, 31 and 45 weeks. Discussed upper intermediate full denture with pt. Treatment plan: review palate, provide 2. immediate, instructions, BPS and up, instructions. NV review palate only, pt advised. Mrs Deryn Budge

09/03/2017 Consultation. Spot checked medication in hall. Patient spot check no discrepancies in mirtazapine or Citalopram. Miss Claire Hill

09/03/2017 Consultation. minute assessment. met with client following self-referral, life prisoner who has served thirteen years in date. both in closed conditions after providing positive drug test. Currently on sublingual naltrexone (naltrexone) low dose and indicated that he will come off it soon, given what has just happened challenged client on this. stated that he was not positive for opiates and is adamant that he does not have a drug habit and what happened was a one off bad decision on his part. stated that when he was first downgraded he felt as if he was in a very dark place and was very disappointed with himself, now that he has had his adverse by facts more upset and is showing no remorse progression. Displayed aggression to focus on behaviour change and maintain progression. Confident puppets. Mr Robert Watson

08/03/2017 Mental health assessment. Briefly seen Colin as per previous entry. He was advised by nursing staff GP that he is at 60.4kg and 40 (approx) and there is no need for more referrals as we had previously discussed 1/3/17. He informed staff that is anxious about his downgrade and wants to have the required assessments completed nursing staff responded with him and for now too. He engaged well with good eye contact, denies any thoughts of DSD or suicide at this time. In agreement with him he will be listed for clinic to complete MDT and also he has been referred to CC for advice. Mr Cillian Mearns

01/03/2017 Consultation. Consultation. Colin requested to see author following stance assessment within the hall this day. Colin reported to be feeling low to mood following consultation of downgrade from Lethal to 13 hall. Initially appeared engaged with poor eye contact maintained during conversation of engagement, however became refused to answer as time progressed, and appropriate eye contact observed. Denied any thoughts or intent of self harm or suicide stating 'I wouldn't do that now'. Colin reports that he is keen to engage with Nurse Delaney to discuss current issues. Advised that would make Nurse Delaney aware. Colin also keen to engage with Mental Health services - psychology and Lethal. Advised that in first instance Colin must generate a referral in order to discuss with Nurse Delaney and if appropriate back referrals can be presented. Colin appeared accepting of same. Mr Allen Paul

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Notes

06/02/2017 Administration: Discussion of allocation meeting. Request first referral. Additional MHF appointment.

06/02/2017 Administration 2403 - MHI Regional meeting

[Helpful resources on MITT queries](#) [My Account Overview](#)

03/02/2017 Admissions/Enrollment: Scott told about his recent reflections and he informed nursing staff that he was adding due to his recent diagnosis. He was further informed that he can transfer care to addictions hall since he declined so he was advised he will be referred the most available study in which he accepted. He was only requesting his CIP and he was told that this step come to him today and he was accepting of same. No further management issues at this time.

Mr. Geraldine Deberry

Notes

03/03/2017 Administration: referral forwarded to mental health team and addictions as requested

01/02/2017 Moral/Integrity assessment: telephone call from Matt staff reporting that working staff are Collier. Collier reports that he should be at his meeting tomorrow and he wanted to speak to working staff for support. He conversed well with good eye contact but at times appeared

to be fun and no occasion, he was just on discovering his need to study that due to the proximity of a "degreed" hair into the main hair" this was the water bottle in his change of mood. He doesn't say thoughts of DDM or outside at this time. He is currently on Ming Mississippi for low mood in a green with white will feature a possible change of medication and complete a MHA assessment. (Johns)

My Clients Identity

1/19/2017: Mental health review. Shortly after Kyle is diagnosed his mother has apparently taking child drugs in London Hill. He reports that the meeting did not take place and may be next week. He appears to be bright presentation and concerned well. He denies any thoughts

and 1.0% of the total sample.

Guarantee Delivery
 14-day money-back guarantee. **Warning:** Inadequate. **Warning:** some of the 14-day money-back guarantee that has been involved.

to another Hall that is possibly being at risk, are previous injury. Colla appeared to be unhappy with the owner and he feels that he should not have to be downgraded due to his behaviour as he felt it was at a tipping point in his life. He however reports that he is more than happy to see what the outcome will be on Thursday the 10th. He expressed relief throughout the hearing and had good eyes, posture. The management intend to take time. There is no review after

Thursday 20 April available online 19 April 2010
 10.1111/j.1365-3113.2010.00461.x

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

10.1111/j.1365-3113.2011.04561.x

CONSIDERATIONS: Case confessions, often are thought of as invocations of suicide or self-harm at this time. Mood low due to present situation, concerned that he may be down graded. Also self-endorsed and no signs of harm under the influence of illicit substances. Escapes on foot from the facility on 10/10/2007. (10/10/2007) 10/10/2007

1581/0177: Drug addiction therapy. Telephone call to 5811 answers Swiss McQuibben. Colla has been placed at risk and no

with to conf. Advised by ERD insurance that he was placed at risk by Tony Thomas, Mollie Malone and Jodi McKinnis. Advised that Collins had been found to have died while sleeping in his body. Concern at this time if Collins requires to be placed on a management plan. Informed Kelly Rodde of same and informed that both name will only come into conference this morning and aware if Collins needs to be placed on management plan. PL 07/04/2006 with his with held a

Abstract • **Keywords** • **Introduction** • **Methods** • **Results** • **Discussion** • **Conclusion** • **References**

1998/1/2007. A detailed description of the collection is available in a report.

1997年12月15日

0001-0007 *Indicated services: dental referral required, never placed in dental waiting*

Index/Indexen 22 (Verzeichnis/Nachricht)

06/01/2007 Consultation With reference to Police request and police disclosure I contacted Police on 04/01/2017 and

provided information in its 94902017-00021142016. Dr. Jack Ustrowski
64842017. Consultation, received a request to call Officer Amanda Glancy with reference to authorization for disclosure of
information regarding the investigation, conducted by the 94902017-00021142016. The information was provided to the 94902017-00021142016.

defect, orthodontia but apart from this no facial asymmetry right sided maxillary buccal. There was no significant displacement or cosmetic defect obvious facial asymmetry (0141) 332 4436 Office not present (Dr Jack O'Connell)

3213120/6 Consultation: Please call: Best police spotted for delivery of medical details regarding recent injury Mandala with consent signed by patient advised them that it was transferred to A&E due to pain over jaw and swelling on 21/3/19. From portal - was W to Q&A

21/12/2010 Correspondence: I was a return from hospital was sent via to CHS then transferred to the CHS as who he said stated

his chest bone was fractured but there was no further treatment anticipated as the bone had not moved. States at this time he has no thoughts of suicide or self-harm.

10/12/2016 **Cowbird note:** Kirted twice in the evening 2 days ago. No loss of consciousness, no nasal bleeding/gain and swelling in the area of hypoglossa – right side in upper mouth and more lower jaw underneath side of lower lip – 2 subcutaneous NADs, methicillin 10 mg/kg q8h, 100 mg Cefazolin q8h, 50 mg acetaminophen AR q6h. **Dr. Scott Overholser**

2013/2014 Consultation: Reviewed Mr McKay this morning following complaints of hardside observations table 10
100/58 Police 48. Pupils meeting also 1. Was more taken precautions for hardside. Included in evidence detailing table. Is in the front row to be used

10/13/2018 Mrs. Angina Scott
 Consultation: Was asked to review My McWay this afternoon following complaints of facial pain following sexual last night. Right side of face appears very swollen having difficulty opening and closing mouth. I fracture is nondisplaced. Will ask doctor to

19130618 Corallitubus involved in an association with another primate. Small cut in bottom left corner of lip. No other

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2013 Confidential Personal data about a patient

Celia McKay

05/09/1979

Male

0509796095

25/10/2015 Administration: self-referred received patient states he has not had his vitamin B12 injection for several months.
On checking his knees he has not had injection since it was provided in May 2015. Have asked health centre nurse to get patient down to HC to administer injection. Mrs. Claire Fair

25/10/2015 Follow up substance misuse assessment: Patient did not attend the first drop in addiction clinic within Letham Hall.
Nail to discuss substance misuse assessment. Nail clinic in 2015. All patients within Letham Hall have received a letter advising them that the Letham Hall
Addiction clinic will now operate as a drop-in every two weeks. Mrs. Joanne Young

08/10/2015 Dental care: Scheduled for dental but never called and not brought over. Mr. Mark Gallagher

04/09/2015 Consultation: Telephone call from Letham Hall staff advising that patient never received his copy of patient last night, will pass this information to health care assistant Elaine McKenna who is disposing of copy in patient application this evening. Mrs. Joanne Young

22/07/2015 Consultation: Patient reported his amphetamine is with a good effect and no side effects. Please continue with
amphetamines Dr. Jack O'Donoghue

06/07/2015 Drug addiction therapy: Seen in Interventions Hall, routine follow-up. Currently 30mg methadone. No evidence
withdrawal, denies recent illicit drug use. Motivated for period of stability at this time. Attended Special Interest Leave last week, positive seeing to parents
house. Looking forward for 2nd next week - to shopping centre. Offered to discuss at this time. Self-referred proceeds advised, to be followed follow up at
this time. Mr. Chris Fair

15/07/2015 Consultation: definitely feels the benefits of change of AD. still lacks a bit less. denies thoughts of self-harm or
suicide. Income down and constant. Dr. Joe Daly

14/07/2015 Consultation: Listed for doctor clinic tomorrow as requested. Possibility to review amphetamine. Mr. J. Morrison

01/07/2015 Consultation: seen for amphetamine review. no effect on mood yet as only started about 1-12 ago but not down
sleep. Was called too early to assess effect of treatment. Dr. Dominique Van Den Moortel

24/06/2015 Consultation: review anti-depressants, not doing any better after 402 on sertraline 50mg, not of being on
citalopram but not indicated as no methadone as well, was doing OK on amphetamine in the past (one year back). Switch to this card review in 4/12

Dr. Dominique Van Den Moortel

10/06/2015 Consultation: seen in 1st clinic following self-referred indicating that he is not happy with citalopram as he was
said that it does not have a sedative effect. Listed for doctor to review. Mr. J. Morrison

10/06/2015 Administration: Administration Letter Refused. Mrs. Lynsey Jackson

10/06/2015 Consultation: returned BECKS depression scale, score of 39 - severe depression. Dr. Dominique Van Den Moortel

08/06/2015 Drug addiction therapy: Seen in Interventions Hall, routine review - methadone. Currently 30mg methadone.
Previously 20mg, reduced to 10mg, with recent increase of 10mg to 20mg. Seen in substance misuse clinic. Work party - everything. External work placement
due approx 1yr. Suffering from with current drug addiction. No evidence withdrawal, denies recent illicit drug use. No smoking. PLAN: No change to
plan or care. Routine review. Mr. Chris Fair

02/06/2015 Consultation: worries, anxiety and lack of sleep relating to morning release, no drive nor appetite, poor sleep,
feeling depressed. discussed possible antidepressant meds (side effect, delayed effect etc) and int. wishes to start on medication, review in 4/12 Dr.

Domonique Van Den Moortel

02/06/2015 Consultation: Seen in hall following submission of self-referred, complaining of flu like symptoms. Indicates
blackout vomit and pain and pain. Advised to take plenty fluids, but dislike and paracetamol 4-6 hourly. Mr. J. Morrison

01/06/2015 Administration: nurse-referred about sleeping problems already been given advice about latest for this week

30/05/2015 Mr. J. Carson

20/05/2015 Consultation: Seen in Letham Hall at nurse clinic as he had requested Vb12 injection on self-referred form. As
documented before he has had injection earlier today and listed for future treatment. Mr. J. Morrison

20/05/2015 Consultation: anti-cytotoxic injection given and listed in diary for 12 weeks. Mr. J. Morrison

18/05/2015 Child attention deficit disorder: nurse-referred for sleep problems and sleep advice/leaflet. Mr. J. Carson

08/05/2015 Consultation: seen in Letham Hall clinic following self-referred action in emergency on 30th of methadone, states he
is struggling since recent transfer from clinic, took amphetamine, feels there is a large amount of drugs in his system and temptation is high, cells is very nervous
of what he could catch using illicit drugs, very keen to receive drug free, discussed increasing methadone at this time could have for this plan to increase
100mg and review in next Letham Hall clinic. Mr. Stacey Kavanagh

07/05/2015 Consultation: self-referred passed to addiction. Mr. J. Morrison

01/05/2015 Consultation: T/F Sharns for MS issues. Along inherited, also no good eye contact, no suicidal ideation plan and
look signed, insulin dose as before. Dr. Robert Ahmed

01/05/2015 Transfer of care: transfer from Sharns, has been received from Sharns. Mrs. Sharon Lawson

01/05/2015 (V)Other specified administrative concerns: EALs. Mrs. Sharon Lawson

01/05/2015 Transfer profile: have completed. Mrs. Sharon Lawson

01/05/2015 Prescription by GP: METHADONE 30MG/120MG HAD TODAY/depresion 50mg daily. Mrs. Sharon Lawson

01/05/2015 No apparent risk of suicide. Mrs. Sharon Lawson

01/05/2015 No thoughts of deliberate self-harm. Mrs. Sharon Lawson

22/04/2015 Follow up substance misuse assessment: Seen today in hall receive stable on 20mg no physical change/insomnia. Mr. Dolinda Hedder

17/04/2015 Failed encounter: referred to attend for Vb12 injection. Mr. Susan Gilbert

09/04/2015 Consultation: Vb12 injection given. Mr. Susan Gilbert

09/04/2015 Failed encounter: REFUSED to attend for Vb12 injection. Refused for tomorrow and intended to advise
importance of injections. Mr. Nicola Mortimer

06/04/2015 Consultation: Vb12 injection given. Mr. Susan Gilbert

04/04/2015 Consultation: brought to health centre this am for more treatment at 0830am as he has no insulin available as still in
Alderton Hall. Spoke with Celia to advise of situation he said he would "have injection" advised I will advise as he said he will not be coming back today.5.
Mr. Lisa McLeod

02/04/2015 Consultation: Vb12 injection given. Mr. Susan Gilbert

29/03/2015 Chest pain: known medical 2 weeks ago had right side chest pain (treatment) spontaneous foreign object pain has
need off nicotine approval per 1st chest clinic, good air, symptoms to pneumonia, good air no side symptoms/treatment stop all acute Transcatheterial pain
which has remained without appropriate/medical intervention Dr. David. Dr. Barbara Smith

18/03/2015 Computer record: Discharge/Summary Letter BMT Sharns physio discharge. Mr. J. Young Scott

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15/01/2013 *Acute presentation of seizure* **Mr Karen Reid**

20/01/2013 **Consultation** Seen at triage, written in interview complaining of pain on left side of chest, chest not sore, no SOB, no sweating. No difference when breathing in/out. No cough, no sputum. Observations as charted. Discharge 18:00 & telephone to take painkillers & paracetamol. Will speak to me when returns to the health centre. Spoke with me regarding same, no further concerns at present. **Ms Nicola Murray**

05/02/2013 **Administration** seizure diary - 8 events in last month - jerking arm or leg causing bottle to fall or patient to fall over, no EEG daily either getting in touch on LOC on TB - on gabapentin 300mg tds which he states for 'epilepsy' and helps with side wound painkillers. After 4 wks with severe - some things as they are for now/they are not advice given the question of epilepsy still remains in some doubt. I think problem with food and liquids for 'months' neither no dysphagia no haematemesis no reflux so we have slight mental element NAD - just not convinced on red flags - advised trial PPS/convulsant declined - see PRN red flags document **Dr Haley Harris**

25/02/2013 **Consultation** long discussion re gabapentin/convulsant if started for her/his/their pain or 'prevention' epilepsy/status - no LOC recently but still getting jerks and falling down with no impaired consciousness - asking for loc in gabapentin to cover these clearly documented or witnessed circumstances to keep diary and see in 6 weeks on CD diff awaiting no red flags - longstanding no next time **Dr Haley Harris**

16/02/2013 **Drug** antiepileptic maintenance therapy - carbamazepine **Dr Stephen Conroy**

16/02/2013 **Colloquial** exam - NAD **Dr Stephen Conroy**

16/02/2013 **OM** - CNS examination normal **Dr Stephen Conroy**

16/02/2013 **Examination of abdomen** Normal **Dr Stephen Conroy**

16/02/2013 **Concerned about appearance** Looks well **Dr Stephen Conroy**

16/02/2013 **Medication** satisfactory **Dr Stephen Conroy**

16/02/2013 **Other specified drug dependence** in remission **Dr Stephen Conroy**

16/02/2013 **Opioid dependence** in remission **Dr Stephen Conroy**

16/02/2013 **Initial substance misuse assessment** **Dr Stephen Conroy**

12/02/2013 **Result** Results Wilmore General Biochemistry **Ms Louise Miskling**

18/02/2013 **Consultation** Seen at triage, waiting time off work due to mental health problem. Spoke to David Douglas who advised me to tell him to continue going to work and time off was not the answer. Colin not happy about this & states that he feels like when at work he could be violent to someone as he is not in the right frame of mind just now to be there. Advised will speak to him again. No further issues. **Ms Nicola Murray**

06/03/2013 **Third party encounter** Referred by RGT - persistent low mood, sometimes bothered by things he has done, lots of anxiety and does not see the future being any different when he gets out. Currently reducing his carbamazepine and hoping to be off by Christmas. Very flat but also very content (also on gabapentin), initial rather than final, not evidence of thought disorder though he is being consumed by nightmares and flashbacks of things he has done. Will be moving towards pre-release work so change are coming. Medication options discussed - not happy to see an antidepressant etc and I agree in view of fact that he has his epilepsy and is already on much. Encouraged to work with MHIT to work through issues and can ask to be sent again if he wishes. CH **Ms Nicola Murray**

04/03/2013 **Consultation** Bloods taken as requested **Ms Elaine Rogers**

02/03/2013 **Result** Results University Hospital Crosshouse Biochemistry **Ms Elaine Ward**

02/03/2013 **Result** Results University Hospital Crosshouse Biochemistry **Ms Elaine Ward**

25/02/2013 **Mental health review** Seen in hall following receipt of a self referred reporting a self down with his pain "head split out". On being unable to sleep properly and when he does get to sleep experiences traumatic nightmares. Advised that the GP would not prescribe clonidine. He then suggested amitriptyline as he had been prescribed this in the past. Also having difficulty controlling his temper which has led him to screaming behind his door to avoid any conflicting situations. Cell down for 1 week and appointment for GP. **Mr John Grant**

23/02/2013 **Mental health review** Seen by Dr Travers, Consultant Forensic Psychiatrist 23/02/13. No evidence of current illness. No thoughts of self harm/suicide. Will review if requested. **Mr John Grant**

21/02/2013 **Consultation** Blood obtained for urea, W and CRP **Ms Ann O'Neill**

14/02/2013 **Mental health review** Continuing to have mental health issues. CD for U32. **Mr John Grant**

01/02/2013 **Mental health review** Seen for review purposes. Remains much the same. Still to be discussed with psychiatrist. **Mr John Grant**

04/02/2013 **Mental health review** Seen in Health Centre, MHS/13, following Home Practitioner referral. Started his mental health was suffering due to the contract for his death arranged by his co-accused. Due to go to top and soon but does not feel he can go due to the stress to his life. Continually looking over his shoulder and this has also affected his ability to manage his own anger, which he has attempted to change his behaviour over the years of his imprisonment. Review medication and discuss with psychiatrist. **Mr John Grant**

05/02/2013 **Consultation** self referred complaining of having something wrong with his head. On talking to him his problems are not medical after discussion reporting to be referred to the MHIT. MHIT / Grant contacted who attended. **Ms Susan Gilbert**

18/02/2013 **Administration** NAD - index - gabapentin for new next gp report phone **Dr Haley Harris**

22/02/2013 **Result** Results Wilmore General Biochemistry **Ms Louise Miskling**

18/02/2013 **Consultation** Self referred from criminal, seen in the hall. Prisoners health standards requiring abdominal pain. CH **Ms Karen Reid**

17/02/2013 **Consultation** Seen in hall for Addiction review further information in case plan **Ms Deirdre Haddock**

12/02/2013 **Consultation** Brought to health centre, on consultation appears to have left palsy to right side. Examined by Dr Harris who agrees. Prescribed Prednisolone 40mg for 10 days and Lactulose electronic. Also given eye pads for at night. Refused to wear during day. **Ms Elaine Rogers**

28/02/2013 **Result** Results Wilmore General Biochemistry **Ms Carly Drummond**

28/02/2013 **Result** Results Wilmore General Biochemistry **Ms Carly Drummond**

27/02/2013 **Result** Results Wilmore General Biochemistry **Ms Donna Macfarlane**

26/02/2013 **Consultation** bloods taken as requested by MO **Ms Susan Gilbert**

14/02/2013 **Consultation** heard discussion about gabapentin/EEG suggests no evidence epilepsy 2008 and that ASD should be stopped reports last 'incident' 6 weeks ago - no recollection no witness - nothing in the back of mind though - advised not possible if ongoing symptoms/attacks better on gabapentin/wants to drive an alternative (by) circular discussion about diagnosis of epilepsy and treatment/should be changes to meds today - for U3 LFT T7 free pm **Dr Haley Harris**

13/02/2013 **Consultation** re: of medication gabapentin 300mg tds / decreased from 600 mg tds / medication 60mg od - as given as per his back pain not to cause compression fractures at lower lumbar vertebrae (see MRI report) , also for his epilepsy (see notes) , using well with both pt. I explained the role of the medication, advised him to make a plan for reduction and stopping of the medication . Further re: of medication in apr 2013 **Dr Z Shah**

The Health Centre, P.O. Box 19605, Greenock, PA15 9ET

Colin McKay	05/09/1979	Male	0509796095	
20/05/2012	Prescription event structuring	Administration Letter Keadys		Ms Vickie Burns
20/05/2012	Consultation asking to change his medication, was on gabapentin for epilepsy his pc said to now plus			
pharmacy noted: 10mg x10 ... explained the risks etc etc		Dr Richard A Grant		
14/03/2012	Consultation Reviewed at HIV clinic, known HCV AB +ve but HCV PCR -ve. A/Good report looking to look			
no risk factors for exposure to HIV		Ms Maureen Cameron		
14/03/2012	Letter necessary from patient Clinical Letter (HMP Edinburgh) Physiotherapist Records			Mr Colin Rossie
05/03/2012	Retail note			Ms Elaine Inglis
19/03/2010	Fracture of ankle Weber B.			
10/04/2010	Overdose of drug, Unknown substance.			
15/06/2009	Minor secondary on computer			Dr A Robertson Clark (Ad)
22/03/2009	Chronic viral hepatitis C			
18/09/2007	Referral to mental health team			Dr G Boyle (Ad)
15/08/2007	Mental health review			Ms Nicole Morrison
25/07/2007	Mental health review			Ms Nicole Morrison
04/07/2007	Referral to mental health team			Dr G Boyle (Ad)
04/07/2007	Seen in GP surgery On longer strike stress no more for 6 days, without of food chart being completed by full			
staff. Commented on daily observations and weights. No loss of weight since transfer to hospital noted		Ms N Morrison		
05/07/2007	Moment of drugs NOS			Mr E Dunne
05/07/2007	Epilepsy reviewed			Mr E Dunne
05/07/2007	Notes summary on computer			Mr E Dunne
11/06/2004	Chief medical officer of fracture of this end of tibia			
01/01/1999	Demerol NOS			
01/01/1999	Epilepsy			
Repeat Masters				
Acute and Repeat Issue Therapy				
10/01/2017	issued	Phenoparone 1mg tablet	Supply: (1) tablet	N/A
15/01/2015	issued	Mirtazapine 15mg tablets	Supply: (20) tablet	1 TABLET ONCE A DAY
AT 18/08/15				
24/06/2015	issued	Mirtazapine 15mg tablets	Supply: (20) tablet	1 TABLET ONCE A DAY
AT 18/08/15				
03/06/2015	issued	Benzilofen 15mg tablets	Supply: (20) tablet	1 TABLET ONCE A DAY
Recall				
Consultation				
26/05/2025	Surgery consultation	Dr Kathryn Clark		
24/05/2025	Triage	Ms Lynne Robertson		
21/05/2025	Surgery consultation	Dr Kathryn Clark		
06/04/2025	Triage	Ms Louise Story		
18/03/2025	Triage	Dr Owen Campbell		
10/03/2025	Triage	Ms Louise Story		
03/03/2025	Triage	Ms Louise Story		
14/11/2024	Triage	Dr Owen Campbell		
13/11/2024	Triage	Ms Louise Story		
08/11/2024	Triage	Ms Louise Story		
06/11/2024	Triage	Ms Louise Story		
16/10/2024	Surgery consultation	Dr Kathryn Clark		
13/09/2024	Triage	Ms Louise Story		
12/09/2024	Triage	Ms Louise Story		
22/08/2024	Third Party Consultation	Ms Louise Story		
21/08/2024	Third Party Consultation	Ms Louise Story		
20/08/2024	Triage	Ms Louise Story		
22/05/2024	Results recording	Dr Heng Gensack		
21/05/2024	Triage	Ms Louise Story		
15/07/2024	Surgery consultation	Dr Kathryn Clark		
12/07/2024	Results recording	Dr Heng Gensack		
09/07/2024	Results recording	Dr Heng Gensack		
08/07/2024	Triage	Ms Louise Story		
07/07/2024	Surgery consultation	Dr Kathryn Clark		
05/07/2024	Results recording	Dr Heng Gensack		
31/05/2024	Triage	Ms Louise Story		
29/05/2024	Surgery consultation	Dr Kathryn Clark		
26/05/2024	Results recording	Dr Heng Gensack		
24/05/2024	Results recording	Dr Heng Gensack		
23/05/2024	Triage	Ms Louise Story		
24/01/2024	Surgery consultation	Dr Kathryn Clark		
17/01/2024	Surgery consultation	Dr Kathryn Clark		
16/11/2023	Administration	Ms Louise Story		
21/08/2023	Results recording	Dr Heng Gensack		
20/08/2023	Results recording	Dr Heng Gensack		
20/08/2023	Results recording	Dr Heng Gensack		
16/08/2023	Surgery consultation	Dr Kathryn Clark		
14/08/2023	Triage	Ms Louise Story		

The Health Centre, P.O. Box 19605, Greenock, PA15 9ET

Our Ref: CP/MD

Health Centre P.O. Box 604, Perth

9 June 2009

Endocrinology Department
Perth Royal Infirmary
PERTH
PH1 1NX

Dear Doctor

RE: COLIN MCKAY - CHI 558756885 - PRISON NUMBER 17345

I would appreciate your review of this 29 year old who has been noticed to have a low TSH with apparently normal T4, T4 and thyroid antibodies while being investigated for dermatitis with an extremely dry skin, pulse and previous microcytic anaemia.

Mr McKay's medical history includes extensive reviews under psychiatry for possible paranoid symptoms (for which he was started on Olanzapine but the posterior reviews indicated that he does not have clear evidence of psychosis). He has a history of very aggressive behaviour and was also diagnosed with epilepsy in 1995, for which he was on medication for about 1 year and then decided to stop it; he had a normal EEG in 2008. He was also noticed to be Hepatitis C antibody positive in 2005 but his PCR was negative at the time, he also has a history of opiate dependence.

On examination he is pale and has maybe a minimal exophthalmos as well as the aforementioned dermatitis, otherwise examination is unremarkable.

I thank you in advance for your input in this case.

Please send any appointments to the Health Centre, HM2 Perth, 1 Edinburgh Road, Perth, PH2 8AT.

Yours sincerely

Dr G Parth
Medical Officer

Health Centre Fax: 01734 436028

Our Ref: MG/CH

14 December 2007

Neurological Department
Perth Royal Infirmary
PERTH
PH1 1NN

Dear Sirs

17345 COLIN McKAY (05/09/1979)

I would be grateful if you could kindly arrange to see Mr McKay who in 1995 was diagnosed with epilepsy. He started on Tegretol then changed to Epilim 300 twice daily. He stopped taking the medication about 10 months ago and continuously has not been taking anticonvulsants since. He now suffers from increasing jerking movements and becomes startled.

Recently (9th November 2007) after a psychiatric consultation Mr McKay started with Clozapine 10mg nocte (provisional diagnosis given - becoming psychotic). In view of this development, I would appreciate it if you could see him to assess whether he requires any additional investigation (EEG, NMR?) and treatment.

He is otherwise generally fit and well, but has a history of heroin abuse and is currently on Methadone 90ml daily.

Thank you very much for your assistance.

Yours faithfully

Dr Maciej Golaszek
Medical Officer
RMR Perth

Date Time	Entry Code	NOTES	Signature
		- offer: Patient NIS Rv after 45m because of doesn't attend & a concern raised to it to it. along with and the tonight. Mr McKay to be advised that it is true that his medication need for it is RIV & 80mg of citalopram in NIS for Patient w Assessment	
			<i>[Signature]</i> 10/10/18 CAG
10/10/18	PN	Seen today to review medication quite happy to continue with reduction Plan 6/10/18 → 19/10/18 along 10mg 20/10/18 → 31/10/18 along 5mg Worried he will have more sleep disturbance. Advised Colin that this was not a mental health issue and should he have problems the refer back to primary care. <i>[Signature]</i>	
12/1/19		Re requested entry from 10/10/18. Seen for Review following concern from GPs that Colin was becoming increasingly suspicious and felt to be 'manipulating the system' to get a single	

Seen in HMP Perth on 20 March 2008 by
Dr Andrea Friel

Name: Colin McKay
Date of Birth: 05.09.79 (Current Age 28)
Spia No: 17345

I reviewed Mr McKay at HMP Perth today along with one of the mental health nurses. He has been seen previously by my colleagues, Dr Tudhope, Dr Thomas and by Dr Hilda Ho. There have been some concerns raised that he may have developed a paranoid psychosis in the background of drug abuse. He had had worries at that time that people were out to kill him. Subsequently, from information received from the prison authorities, most of these beliefs appear to be based in reality and he is currently on protection because of ongoing threats against his life. When he was first assessed there was no evidence of any other psychotic symptoms. He also complains of chronic problems with his sleep and poor concentration.

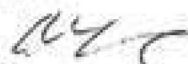
At interview today he was initially relaxed and spontaneous but he became irritable and walked out of the interview when I told him my plan to reduce his medication. Eye contact was reasonable. His speech was normal in rate, form and content with no evidence of any formal thought disorder. His mood was subjectively paranoid, objectively euthymic. Affect was reactive. His appetite was normal, his sleep pattern is chronically poor, there were no thoughts of life not worth living or suicide ideation. He continued to express concerns that other people are out to harm him. He told me that he realises this could happen and is based in reality. I could find no evidence of other delusional beliefs and was not convinced that his current worries were held to delusional extent. He also complained of some anxiety particularly in crowds, which again is reasonable given the threats on his life. There was no evidence, however, of any panic attacks. I was unable to elicit any other psychotic phenomena. There were no perceptual abnormalities, no evidence of any thought insertion, thought withdrawal, thought broadcasting, no passivity phenomena.

Impression

My impression was of a 28 year-old gentleman with a history of paranoid-agriculture, which has now been stable for the past six months, with no clear evidence of psychosis.

Plan

1. My plan would be to gradually reduce his Olanzapine whilst continuing to monitor his mental state and I have reduced it by 5mg today.
2. I have asked the mental health nurses to continue to monitor his mental state closely and arrange assessments should his mental state deteriorate.
3. I will advise psychiatric review in two to four weeks' time.
4. I will continue to keep him under review and am reassured that his mental state has remained stable.


Dr Andrea Friel
Locum Consultant Forensic Psychiatrist

From Notes Copy

Seen in HMP Perth on 20 December 2007 by
Dr Hilda Ho

Colin McKay d.o.b. 05.09.79
Spets No. 173 08

Mr McKay has previously been seen by Dr Toddsham and Dr Thomas. He is prescribed Olanzapine 20mg per day for symptoms of paranoia.

On review today he reported that his sleep had improved although he complained of some early morning waking. He had a good appetite. He was still refusing to go on to work placements because he was worried that someone would stab him. He told me that he had lots of enemies as he had done all sorts of things including sexual, shooting people, and being involved in this murder for which he is serving a life sentence. He denied any suicidal thoughts. He reported staying in his cell for most of the day to avoid being harassed and he protected himself from looking out at others because of his paranoia. He had no such worries about the hall staff. He was worried about them taking a police on his head and is currently on protection. He certainly gets on well with his other cell-mates.

At interview he appeared at ease, his mood appeared normal. There is no evidence of formal thought disorder or hallucinations. His worries did not appear excessive considering his current situation. There was no clear evidence of overtly paranoid delusional thoughts. There was no suggestion of cognitive deficits.

Plan

I will review him monthly. I have asked Nigel to check his fasting glucose, fasting cholesterol and routine bloods, due to his being on the highest dose of Olanzapine at 20mg per day. I have also asked for his weight to be checked monthly.

[Signature]
Dr Hilda Ho
Locum Consultant Forensic Psychiatrist

RE: [redacted] [redacted]

hence he may be genetically predisposed. His pre-morbid personality indicated borderline traits. His occupation in dealing in illicit substances, stolen cars, guns and fallout with the co accused are additional perpetuating factors.

Plan:

He has agreed to a trial of Clonidine and has been started on 10mg nocte. Details of his history of epilepsy needs to be obtained and a decision needs to be taken regarding restarting him on anti epileptics.


Dr C Thomas
ST2 in Forensic Psychiatry
Murray Royal Hospital
22.11.97

17345

2007-12-10 10:00:00; Printed on 06 March 2008 by
De Hilde Tio

Seen in HMP Penton on 06 March 2008 by
De Hilde Tio

Colin McKay d.o.b. 05.09.79

Mr McKay told me that he was having great trouble sleeping and claimed not to have slept at all for some time. He was very insistent that I prescribe him a sleeping preparation. He asked about Temodal and appeared quite annoyed when I declined. He did not report any new anxieties or worries. When asked about his paranoid thoughts, he replied that they were much the same as before and he remained under protection.

He has not perceived any threats to harm him. He denies any auditory hallucinations. He accepts that he will always be worried about his safety because of his enemies out there.

Mr McKay was insistent that he remained on his Olanzapine 20mg per day despite an explanation about the need to test him without antipsychotic medication.

He will need to be reviewed regularly with a view to negotiating a decrease of the antipsychotic medication and a gradual withdrawal.


De Hilde Tio
Locum Consultant Forensic Psychiatrist

001 (04/06/13) Version 1.00 (04/06/13)

Lancashire Alcohol and Drug Service

Initial Medical Examination

54

1 ID	
Site	Date 15/9/13
Name COLIN MCKAY	DOB 5/9/79
Last seen	
2 CONTACTS	
GP	Last seen
SW	Last seen
Other	Last seen
3 CURRENT TREAT	
Principal Medication	Other
Pick up medication: Not supervised - Supervised at Chemist - Other (specify)	
4 MEDICATION	
GALEPEL	mg Day - PPM LACS - GP
	mg Day - PPM LACS - GP
	mg Day - PPM LACS - GP
	mg Day - PPM LACS - GP
	mg Day - PPM LACS - GP
5 MENTAL HEALTH	
Recent self harm	
Alcohol	Details
Psychosis	Details
Referral to:	
GP	
Addiction Consultant	
Other	
Referral to:	
GP	
Addiction Consultant	
Other	
6 NEW GENERAL HEALTH PROBLEMS	
No. of Admissions	OPD - Post OPD - Nil
No. of Admissions	OPD - Post OPD - Nil
No. of Admissions	OPD - Post OPD - Nil
No. of Admissions	OPD - Post OPD - Nil
No. of Admissions	OPD - Post OPD - Nil

A Clinical Commissioning Group (CCG) of the Lancashire and South East Lancashire Local Health System

Page 1

Not to be used for Personal Data or other's patient

SPS HEALTHCARE RECORDS

DATE 12/9/12 RE-ADMISSION INTERVIEW MR SHOTS
 SURVIVOR MURRAY DOB 5/9/79
 FURNISHED COLIN SPS No. 17345

MEDICAL HISTORY		CURRENT MEDICATIONS, PRESCRIPTIONS AND NON PRESCRIPTIONS	
HEARTDISEASE	☐ YES ☒ NO	METACONE 60mg/ml GABAPENTIN 300mg TID (present) DERMOL .PRN.	
ASTHMA	☐ YES ☒ NO		
DARTER	☐ YES ☒ NO		
DIABETES (insulin/oral?)	☒ YES ☐ NO		
STROKE/STROKE	☐ YES ☒ NO		
ALCOHOL PROBLEMS	☐ YES ☒ NO		
DRUG PROBLEM	☐ YES ☒ NO		
PSYCHIATRIC HISTORY	☒ YES ☐ NO		
SKIN INFECTIONS	☐ YES ☒ NO		
ALLERGIES	☐ YES ☒ NO		
TYPE OF RECORD			
HEIGHT, WEIGHT, BLOOD PRESSURE (e.g. Measurement of Interview)		NAME	
83kg. 127/70 68 hr		NIL STATED.	
NURSE SIGNATURE <u>[Signature]</u>		PHARMACEUTICAL <u>PHARMACEUTICAL</u>	

WATERMARK

Dr George MacDonald Personal Email Address

To

07/03/2019

Dr George MacDonald
Consultant Psychiatrist
HMP Greenock

Colin McKay
SPIN 17345
CIB 0509796095

Dear Dr MacDonald

Thank you for assessing Colin who reports has high levels of anxiety, has had lots of input from psychologist while at HMP Shotts and has been given gabapentin for the same.

In view of the reclassifying of this drug and change in schedule your assessment and recommendation is of high importance.

Thank you



Dr Seethal

GP
HMP Greenock

To

07/03/2019

Dr George MacDonald
Consultant Psychiatrist
HMP Greenock

P1. JH

Colin McKay
SPIN 17343
CHI 0509796095

Dear Dr MacDonald

Thank you for assessing Colin who reports has high levels of anxiety, has had lots of input from psychologist while at HMP Shotts and has been given gabapentin for the same.

In view of the reclassifying of this drug and change in schedule your assessment and recommendation is of high importance.

Thank you


Dr Senthil

GP
HMP Greenock



20th July 2026

Scottish Redress / Redress Scotland
apply@redress-scheme.scot

Dear Sir/Madam,

By email/post: Email

Our Ref: 100920

Re: Scottish Redress Application - Mr Colin James McKay

DOB: 05 September 1979

Application Reference: APP567348

We act on behalf of Mr Colin James McKay in respect of their application to the Scottish Redress Scheme.

We write to confirm that our client has instructed and authorised MMA Legal Ltd to act as their legal representative in this matter. Our client has also confirmed that, should any redress payment be awarded, they wish for the payment to be made to this firm on their behalf, to be held in our regulated client account and thereafter transferred to them.

This request is made with our client's express authority and for practical and protective reasons, including:

- To ensure the funds are received securely into a regulated client account;
- To allow the payment to be properly identified, reconciled and recorded against the client's file;
- To reduce the risk of payment error, fraud, or delay;
- To allow us to assist the client with any final administrative steps following the award; and
- to ensure that the client receives the funds promptly and safely once received by this firm.

As our client's instructed legal representatives, we are authorised to receive monies on their behalf where the client has provided express authority for us to do so. Any funds received will be treated as client money and held strictly on behalf of the client.

We confirm that the funds will not be treated as this firm's money and will be transferred to the client following receipt, subject only to any lawful and properly authorised deductions, if applicable, and in accordance with our regulatory obligations and client account procedures.

For the avoidance of doubt, our client understands that any redress payment remains their compensation. The request for payment to be made to this firm is an administrative arrangement only, made with the client's authority, and does not alter the client's entitlement to the award.

Please therefore arrange for any redress payment awarded to Mr Colin James McKay to be paid to our client account using the details below:

Account Name: MMA Legal Limited Collections

Bank: Metro Bank

Sort Code: 23-05-80

Account Number: 45635503

Payment Reference: 100920 - Mr Colin McKay

We enclose/attach our client's signed authority confirming their instructions for this firm to receive the funds on their behalf.

Should you require any further confirmation from our client, please let us know and we will arrange this promptly.

Yours Faithfully
Jay Taylor

Investigations Team
MMA Legal
E: evidence@mmalegal.co.uk
T: 0161 570 0550

Scottish Redress / Redress Scotland

Re: Mr Colin James McKay
Date of Birth: 05 September 1979
Scottish Redress Application Reference: APP567348
Our Reference: 100920

Client Authority

I, Colin James McKay, authorise MMA Legal LTD to receive any Scottish Redress payment awarded to me on my behalf. I understand that the payment remains my compensation and that it will be held in the firm's client account before being transferred to me.

Signed: Colin James McKay
Colin James McKay (Jul 20, 2026 14:08:31 GMT+1)

Name: Colin McKay

Date: 20/07/2026