KEARINS, Stephen (Mr) Date of Birth: 18-Feb-1979 (47y)

3 G, Kilmorry Terrace,, Port Glasgow, Inverclyde, PA14 5PF

CHI Number:	180 279 6037	Home Tel:	07753311884
Usual GP:	ANDERSON, M (Dr)	Work Tel:	
Patient Type:	Community Registered	Mobile Tel:	07753311884
Registered:	08-Nov-2025	Email:	
Language:	unknown	Dispensing:	No
Advocacy Needs:		Transport Needs:	

Problems

Active

08-Nov-2025	[X]Intentional self-harm

Significant Past

Minor Past

Medication

No Current Medication

Allergies

11-Nov-2025	No known allergies

Health Status

12-Nov-2025	Body mass index	24.4	kg/m2
12-Nov-2025	O/E - weight	73.8	kg
12-Nov-2025	O/E - height	174	cm
11-Nov-2025	O/E - blood pressure reading	141/109	mmHg
09-Nov-2025	Stopped smoking		

Family History

11-Nov-2025	Family history

Consultations

15-Jan-2026 12:30		Telephone call from a patient (Crown House) TURNER, Hugh (NurseTeamLead)
	Comment	Community Response Service. 'Phone call from Mr Kearins at this time. He told me that he had gone to his GP yesterday to request further prescription of Diazepam but had been unable to get this. I noted that the discharge letter from CRS was sent on the 13th of January 2026 and that the GP may not have received this yet. I contacted his recorded GP and spoke to receptionist who told me that Mr Kearins address is now in Port Glasgow and he had been advised to register with GP in Port Glasgow. I called Mr Kearins who told me that he has moved to 3G, Kilmorry Terrace, Port Glasgow, PA14 5PF and that he had registered with Newark Medical Practice yesterday. I advised him that I would call

	Newark to check that they have a copy of discharge letter. I further advised him that it would be at the GP's discretion whether they issue further medication. He accepted this. I called Newark and spoke to receptionist [redacted] who advised that Mr Kearins' application is currently being processed. On dsicussion we agreed that CRS would e-mail a copy of the discharge letter to [redacted] and that she would give this to the duty GP today for consideration. No further role for CRS. Hugh Turner (Nurse Team Lead)
14-Jan-2026 13:25	Telephone call from a patient (NHS GG&C Mental Health Services) DOCHERTY, Kirsten (CPN)
Comment	DUTY: Stephen contacted duty to advise his prescription of diazepam was not at the pharmacy. Writer advised prescription note for diazepam dated 22/12 was for a 2 week supply which has now ended. Stephen accepting of this and ended call.
13-Jan-2026 09:38	NHS GG&C Mental Health Services GOODWIN, Laura Jane (ClericalOfficer)
Document	Discharge letter sent to general practitioner 🗎 Discharge letter sent to general practitioner from Inverclyde CRS Nursing (13-Jan-2026)
08-Jan-2026 15:43	Administration note (Crown House) O'BRIEN, Rachel (CrisisPractitioner)
Comment	CRS Nursing - GP Discharge Letter has been formulated and placed in admin tray to be typed and sent to Stephen's GP. Plan - Stephen will now be discharged from CRS.
08-Jan-2026 14:32	Face to face consultation (Crown House) O'BRIEN, Rachel (CrisisPractitioner)
Comment	Accompanying HCP: TURNER, Hugh (NurseTeamLead) CRS Nursing - Stephen attended his appointment as planned today at Crown House. He appeared well-kempt and was wearing appropriate clothing for the weather. Stephen was pleasant to staff throughout the appointment. His speech was at a normal rate and tone. Stephen appeared bright and reactive throughout the appointment. He remained future focused and had a positive mindset. Stephen advised that he is doing well. His dog, Diesel was present during the appopintment. Stephen stated that Diesel has "saved his soul". He advised that having a structure and routine of having to look after a puppy and take him out walks, has been very beneficial for his mental state. Stephen stated that he is concordant with prescribed medications. He advised that he has been taking Diazepam 2mg x3 a day. He stated that he has found this beneficial as he takes it morning, in the afternoon (around 15:00/16:00) and at night. He stated that he feels most anxious and agitated in the middle of the day. He reports that he wants to work with his GP to reduced the amount of Diazepam he is taking. No issues raised regarding appetite. He advised that he eats well each day. Stephen stated that his sleep has improved. He advised that he goes to bed earlier now and gets up earlier in the mornings. Although he stated his sleep can sometimes be broken, due to his young puppy. Stephen stated that his mood has been more stable. He stated that he sometimes becomes emotional and tearful, but is feeling better than he had previously. He stated that on the 29/01/2026 it will be the 10 year Anniversary of burying his Granda. Stephen advised that he is worried about this date as he will be emotional and stated "I just want to get over January". Stephen denied any suicidal ideation, thoughts to harm himself or thoughts to harm others. CRS advised Stephen of his planned appointment with [redacted] at Your Voice on Friday 09/01/2026 at 11am. Stephen was accepting and thankful of same. CRS provided Stephen with a letter, with details of this appointment date, time, location and contact numbers for same. Stephen stated he is has an initial appointment booked in wth Mind Mosaic, to start bereavment councllling, which he hopes will be beneficial. CRS discuss discharge from service today with Stephen, which he was accepting of and agreeable with.

Stephen was very thankful to all staff at Crown House for their support.
Stephen has a 7 day opt-in period, where he can self refer back to CRS if he requires to. He was accepting of same.
Stephen is aware of contact details for CRS and knows he can contact CRS at anytime within the next 7 days, within working hours, or NHS 24 thereafter. He is also aware he can contact emergency services, should he require them.
Plan - CRS will formulate a GP Discharge letter. CRAFT will be updated. Stephen will now be discharged from CRS.

08-Jan-2026 14:31 Face to face consultation (Crown House) TURNER, Hugh (NurseTeamLead)
Duration: 60 mins

Accompanying HCP: O'BRIEN, Rachel (CrisisPractitioner)
Template: **CRAFT - Risk Assessment**

Comment

Risk assessment
When is this review taking place? Other, please state Dishcarge from CRS 08/01/2026
Risk Assessment

What do the clinical team, service user and family/carer think the key risks are at the moment, please describe these in detail? 20/12/2025- Referral from MHAU following GP assessment. Reports that he feels awful, has no support network apart from an aunt who has recently came back into his life. Stephen reports that this is a bad time of year for him, various anniversaries of traumatic times in his life, particularly his brothers death where he feels he lost everything after that happened. He advised that he feels an agitation that he cant quite describe, experiences anxiety for most part of the day. Has no plan or intent to end his life currently. Denies any street valium use since his overdose in November. He has been using cannabis and he feels that his use has increased recently in an attempt to lessen his agitation and also gain some sleep. Denies any alcohol use. He also advised that he has split from his partner and coversations that they have had has resurfaced old traumas. Stephen feels that since starting mirtazipine his mood and anxiety has worsened. Poor appetite and has lost weight. Feels nauseous. Issues with his current accomodation, reports his neighbours are drug users.08/01/2026 CRS- Mr Kearins stated today that he has no current thoughts of self-harm. No risk to others reported or noted. No risk from others expressed or noted.Mr Kearins stated that he feels that his mental state is more settled and he is feeling better. He is taking 15mg of Mirtazipine and finding this helpful for sleep.He said that he has been finding having his puppy Diesel really helpful as a distraction and to help him structure his time.Mr Kearins agreed to discharge from CRS today with follow up care from his GP. He is also due to meet with [redacted] from Your Voice and has an appointment with them on Friday the 9th of January at 1100hrs.

What historical risk factors are there that it is important to be aware of? 20/12/2025- Previous overdose in November of street valium, paracetamol and cocodomol. Required treatment in IRH. Offered informal admission to Langhill following this, took his own discharge the following day. Previous prison time for various assaults. Noted to dsiplay confrontational behaviour towards staff. Stephen also advised that he was the victim of domestic abuse for 5 years. Previous heroin user, has not used this for many years.08/01/2026 CRS- As above.

What are the obstacles to risk management/what risks canâ€™t be changed? Annual anniversaries of bereavements at this time of year. Small support network. Stephen also voiced concern over finances, he is using credit cards currently. However is in recipt of benefits.08/01/2026 CRS- As above. Mr Kearins is due to neet with Mind Mosaic at the end of January 2026 to discuss counselling.

What factors are present that reduce risk? 20/12/2025- Aunt is a good support Has one friend [redacted] Help seeking behaviour shown Willing to accept support from CRS08/01/2026 CRS- Mr Kearins has engaged with support from cRS and has reported today that he has found this helpful.He is due to meet with [redacted] at Your Voice to look at support in the community and is due to see him tomorrow at 1100hrs.Mr Kearins has a new puppy (Belgian Malinois) and has found this helpful in strucutring his time and getting out and about.He has contact details for services that he can access if he requires support and has agreed to call if necessary.He has acknowledged that there are issues in the past that affect him. He is due to see Mind Mosaic at the end of January 2026.

Risk Management
Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)? 20/12/2025- Disengage from servicesReturn to illicit substances or alcohol use Continued use of mirtazapineWorsening sleep Poor nutrition Worsneing suicidal thoughts Increased cannabis use08/01/2026 CRS- If Mr Kearins uses illicit drugs then risk is increasedHe currently takes 15 mg of Mirtazipine and reports that this is helping him with sleep and diet. If he does not take this medication then risk is potentially increased.If Mr Kearins does not engage with services in the community then risk is potentially increased of deterioration in mental state.
What is the clinical team going to do about it - In the next few days/between now and next appointment? 20/12/2025- CRS have accepted Stephen onto caseloadProvided with patient information leaflet Follow up wellbeing call on Sunday 21/12/25 Suggested stopping mirtazapine due to negative side effects of worsening anxiety and agitation Encouraged to continue zopicloneEncouraged to increase nutritionCRS will liasise with Dr Isheika regarding medication for mood and anxiety08/01/2026 CRS- Mr Kearins has agreeed to discharge from CRS today. He has 7 working days in which he can contact CRS for further support if required.Mr Kearins is due to meet with Your Voice tomorrow to look at further support in the community.CRS will contact Mr Kearins' GP by letter to advise of period of support from CRS and discharge today.Mr Kearins has been given a discharge letter with contact details for serivces he can access if requiring support.
What is the clinical team going to do about it - In the next few months? Mr Kearins will be supported in the community by his GP.He will have access to NHS24 should he require suppport at any time.
Are there any other considerations for risk management ? N/A
What should the service user/family/carers do if risky situations emerge ? CRS/NHS24/Police/GP/A&E
Have all relevant professionals been informed of the risk management plan ? EMIS users, GP

08-Jan-2026 12:03	NHS GG&C Mental Health Services WATT, Katie (Secretary)
Document	Administration ASSIST-Lite from Inverclyde CRS Nursing (08-Jan-2026)
07-Jan-2026 12:19	Progress notes (NHS GG&C Mental Health Services) SINCLAIR, Kayleigh (BankNurse)
Comment	Telephone call from [redacted] at Your Voice - provided an appointment for Stephen at Your Voice Friday 9th January at 11am which will be with [redacted] himself. Advised I will pass this over, [redacted] advied if there is any issues with the appointment given to return the call and they will re-arrange to suit.
06-Jan-2026 13:12	Telephone call to a patient (Crown House) ENGLISH, Niomi (StudentNurse)
	Accompanying HCP: MCCRYSTAL, Leeanne (SnrCrisisPractitioner)
Comment	CRS Nursing: Telephone call to stephen due to non attendance to appointment this morning (06/01/26) at Crown House. Stephen answered the call, sounding bright and reactive. Stephen was apologetic for missing his appointment as he thought it was later in the afternoon. Stephen reports feeling positive and states " I'm finding my feet". Stephen advised staff he is not running away from his "problems" anymore. Stephen reports feeling "proud" as he was able to walk past his ex girlfriend on the street without feeling overwhelmed or emotional. Stephen advised that he was able to walk past her and not think about taking any illicit substances. Stephen reports that his sleep is improving since commencing Mirtazapine as he is only waking up once during the night, whereas previously being up 3 times a night. Stephen reports that the Mirtazapine is giving him the "munches" which he identified as positive as he previously had a reduced diet or did not eat at all. Stephen advised CRS that he is compliant with taking his medication as prescribed. Stephen to continue to slowly reduce diazepam prescription as it is not a long term use medication, stephen is agreeable to work towards reducing. CRS staff advised Stephen a referral to third sector organisation Your Voice will be in process on Wednesday 7th January 2026 due to your voice co-ordinator returning to work that day. CRS will update him once complete. Stephen is agreeable to this referral. No suicidal ideation, thoughts of self harm or harm to other reported.

PLAN:
Face to face appointment on Thursday 8th January 2026 at 1400 in Crown House.
Patient care record reviewed by clinical supervisor Claire Houston (Crisis Practitioner).

05-Jan-2026 14:29	Progress notes (Crown House) MCCRYSTAL, Leeanne (SnrCrisisPractitioner)
Comment	CRS Nursing Team meeting including Dr Isheika. Discussed diazepam. Suggest a reduction plan for two weeks. Call placed to Your Voice [redacted] Referral made via online platform. Plan - Await return call on Wednesday to discuss meeting or appointment for Stephen to attend Your Voice. Advise Stephen of reduction plan for diazepam. Review Tuesday 6/1/26 @ 11am @ Crown House Follow-up appointment offered
02-Jan-2026 12:38	Telephone call to a patient (Crown House) MCCRYSTAL, Leeanne (SnrCrisisPractitioner)
Comment	CRS Nursing Telephone call to Stephen as planned, Stephen answered call, sounded bright and reactive. Stephen reports an improvement in his mental state, he continues to feel anxious particularly when leaving the house however has been finding diazepam beneficial. Continues to use this TID rather than BD and agreed that CRS will discuss this with Dr Isheika on Monday. Advised that diazepam is not a long term use medication however in the short term does have its benefits. Stephen advised his sleep has also improved and feels the benefit of this. His puppy woke him this morning however agrees this is helping him with structure and routine. Appetite has slightly improved and is managing one meal a day. Denies any suicidal ideation plan or intent. Discussed Your Voice and agreed CRS will contact them on Monday to discuss referral. Stephen has been managing to go out and walk him dog in near by areas and plans to walk the Greenock Cut today. Plan - Review Tuesday 6/1/26 @ 11am Follow-up appointment offered
31-Dec-2025 14:50	Telephone call from a patient (Crown House) MCCRYSTAL, Leeanne (SnrCrisisPractitioner)
Comment	CRS Nursing Telephone call from, Stephen to advise he attended his GP and they have requested confirmation from CRS. Prescription request wittern and provided to Admin staff to email over. Call to Ardgowan medical practive to make them aware of email.
31-Dec-2025 14:25	Face to face consultation (Crown House) MCCRYSTAL, Leeanne (SnrCrisisPractitioner)
	Accompanying HCP: HOUSTON, Claire (CrisisPractitioner)
Comment	CRS Nursing Stephen attended Crown House for the purpose of review, he brought his 12 week old puppy Diesel with him. Stephen was clean and well kempt. Dressed appropriately for the weather. Anxiety was much less prevelant today and Stephen appeared brighter in mood. Stephen advised he has been concordant with prescribed medication 15mg mirtazapine and has noticed an improvement. He is utilising diazepam 2mg BD however has required an additional 2mg dose throughout the day when leaving the house. Stephen advised he only has 5 tablets left, suggested he contact GP surgery. Stephen appeared to look rrested and advised hi ssleep has improved. His appetite has also improved as he is now cooking for his dog thereefore has motivation to cook for himself. Stephen has been attempting to implement structure and routine into his day and is finding this helpful. Denies any suicidal ideation plan or intent. Aware he can contact CRS/NHS24 should he require additional support Plan - Wellbeing call Friday 2/1/26 Follow-up appointment offered
30-Dec-2025 17:40	Telephone call to a patient (Crown House) HUTCHISON, Jade (StaffNurse)
Comment	CRS Nursing

	Writer made contact with Stephen this evening for the purpose of welbeing call. Stephen answered call and writer explained rationale for call which he was accepting of. He advised that his mood has been up and down over the past few days although advised that he made a decision to get a dog which he collected on Christmas eve. Advised that having the dog has been a good distraction for him as he is having to take the dog out for walks regularly. Reports that he continues to struggle with his sleep at times, states that he is going to sleep around 4am and is awake again around 4am. He reports no concerns with regards to his appetite. Stephen engaged well throughout call and denies any current thoughts of suicide and self-harm. Stephen agreed to attend face to face appointment with CRS on 31/12/2025 2pm at Crown House. He is aware of all contact numbers for CRS and OOH and has agreed to make contact should he require further support. No immediate concerns raised or noted throughout call.
29-Dec-2025 17:59	Telephone call to a patient (NHS GG&C Mental Health Services) HOUSTON, Claire (CrisisPractitioner)
Comment	CRS Nursing Telephone call to Stephen for the purpose of wellbeing and risk check. Mobile rang out. Plan - Follow-up call on 30th December 2025.
26-Dec-2025 14:38	Face to face consultation, Unscheduled care report (Langhill Clinic) DOCHERTY, Mary (SeniorCrisisPractitioner)
Comment	Accompanying HCP: O'BRIEN, Rachel (CrisisPractitioner) Called registered mobile with the view to enquire of wellbeing and discuss follow up. Stephen answered, following introduction and rationale for call he informed me he was doing good today. He went onto say that he was currently enjoying time with his family as it was boxing day. Stephen accepted my apology for interrupting his day and did agree to me asking some relevant questions. Stephen denied that he had any current suicidal ideation, plan or intent to harm himself or any other he reported he is concordant with prescribed medication Slept ok last night and has been eating well No immediate risks noted or expressed No evidence of distress or upset during the call Speech of normal rate, tone and coherent mood sounded reactive Stephen agreed to a call from CRS on Monday CRS contact details cited and Stephen said he would call the team if required prior to monday PLAN: CRS will facilitate a telephone call on Monday and arrange a follow up appointment
24-Dec-2025 16:57	Telephone call to a patient (Crown House) HOUSTON, Claire (CrisisPractitioner)
Comment	CRS Nursing Telephone call to Stephen for the purpose of wellbeing and risk check. Writer introduced self and rationale for call. Stephen confirmed that he has picked-up his prescription and has been utilising this as prescribed. Feels he continues to experience "ups and downs" but is manageable. Feels sleep has improved slightly this week. No thoughts of self harm or suicide at this time. No issues raised with dietary intake. Feels this time of year is stressful - no plans tomorrow but will to go Aunts on Boxing Day. Aware of safety netting advice and festive opening hours for services - agreeable to contacting if required. Plan - Wellbeing call 26th December 2025.
22-Dec-2025 16:12	Face to face consultation (Crown House) MCCRYSTAL, Leeanne (SnrCrisisPractitioner)
Comment	CRS Nursing Stephen attended for arranged review. He appears to be limping and advised this is due to sciatica. He was dressed appropriately for the weather. Stephen appears as very anxious and agitated, tearful at points throughout review and does attempt to articulate his feelins. He advises he is struggling with past trauma playing on his mind and finds November and December particukarly troublesome due to his brothers

passing and his grandfather several years ago. Syephen felt he had delat with these things howveer i finding it increasingly difficult when thinking about them.
Hi anxiety is so significant he is unable to sit still and has trouble breathing. He feels better when he is not in the house.
His sleep and appetite remain poor and he does appear sleep deprived and underweight.
Today we discussed decreasing mirtazapine to 15mg and adding diazepam 2mg BD.
Discussed the benefits and reassurance given that diazpam use will be short term use and moniotred. Stphen was accepting of rational and agreeable to contact CRS should he have any concerns regarding medication.
Ongoing fleeting thoughts of suicide however denies intent to act on these thoughts.
Agreeable to support from CRS and willing to comply with treatment plan.
Stephen will attend his GP surgery to collect his medication folowing todays review,
Plan - Wellbeing call Wednesday 24/12/25 and arrange f2f thereafter
Follow-up appointment offered

22-Dec-2025 10:45	Administration note (WD Mentalizing Therapy Service) MCGURRAN, Mandy (SpecialistPsychotherapyPractitonerinMBT)
Comment	BANK Nurse CRS: T/C to Stephen's GP surgery to advise urgent prescription has been sent, they confirmed this has been received & will process urgently. Stephen will be able to pick this up after 3pm which he will be informed of at his CRS 3:30pm appointment this afternoon.
22-Dec-2025 10:18	Administration note (Crown House) WATT, Nicole (CLERICALOFFICER)
Comment	Prescription request emailed to Ardgowan Medical Practice and uploaded, Crisis team will call surgery to inform.
22-Dec-2025 10:17	Crown House WATT, Nicole (CLERICALOFFICER)
Document	Medication prescription Prescrption Request emailed to Ardgowan Medical (22-Dec-2025)
22-Dec-2025 10:07	Face to face consultation (NHS GG&C Mental Health Services) ISHIEKA, Sabete (CoreTrainee)
	Template: **SBAR V4**
Comment	Situation Clinical discussion with Leeanne (CRS nurse) regarding Stephen continued presentation in distress and anxious and voicing suicidal ideation. He feels medications have not been helpful, non-complaint, and expressed discontent about dose and that his views on diazepam was not taken into account. He discharged against medical advise from Langhill last month and trigger to his current presentation appears to come from break-up in relationship with girlfriend about 2 months ago. Background Emis notes indicate that Stephen was placed in care homes in his childhood with prison sentences between 15-27years. PCMHT referral in 2019 when he was living in Glasgow although following assessment he was referred to Addiction.History of drugs misuse, including heroin, valium, cocaine, cannabis and dihydrocodeine.Stephen disclosed he had issues of substance misuse over 20 years ago but reports he did not attend services. Stephen also reports that he felt very isolated since his move from Glasgow to Inverclyde just over a year ago. Stephen has disclosed sexual assault whilst in prison at 21 years old and being raped by an uncle at 7 years old.Stephen was referred to CRS on 10th November 2025, and at this time contracted fully to a safety plan and subsequent appointment for review with CRS on 11th November 2025. Stephen did not attend this appointment. Stephen attended IRH A&E on 11th Novemebr 2025 citing a further decline in his mental health presentation and suicidal ideation.Admitted to AAU on 11/11/25 discharged 12/11/25CRS Nursing - 20/12/2025:As Above remains relevant Assessment Patient was not present at the discussion Recommendation I understand he has declined mirtazapine 30mg and not keen on zopiclone. I have therefore recommended mirtazapin 15mg nocte and diazepam 2mg upto BD for 2 weeks Risk 1. Intentional overdose of paracetamol on 7/11/2025.2. Absconded from hospital on 08/11/2025 with the view of ending his life.3. EDC revoked on 09/11/2025.4. Risk of misadventure. 5. Risk of suicide.6. Impulsivity - changeable behaviours.
Additional	[RFC] Reason for care : Not applicable Appointment Outcome:

21-Dec-2025 12:01	Telephone call from a patient (Crown House) MCCRYSTAL, Leeanne (SnrCrisisPractitioner)
Comment	CRS Nursing Return call from Stephen, Stephen sounded very anxious during call, he did converse well but his anxiety sounded palpable. Stephen advised he managed to have something to eat yesterday once leacing appointment with CRS and although this was small recognises that it is more than what he has been managing. He did not utilise mirtazapine last night but is worried he will have side effects. He did however use zopiclone and managed to get a sleep for 2-3 hours which is an improvement from what he has been getting. Discussed halfing mirtazapine just now until guidance is sought from Dr Isheika which he agreed to do. Stephen reports feeling ”weird” and ”unsettled”, he states he would normally want to be out of his house however cant face leaving today. Encouraged Stephen to have a shower and put the tv on as a distraction. He discussed he normally finds fishing and out in his car a good distraction however does not feel he can manage this today. He advised he feels he is just going to ”crash” and is so worried about this. Reassurance given that CRS will discuss with medic during working hours which Stephen was grateful for. Denies any current suicidal plan or intent. Agreeable to contact CRS/NHS24 should he require additional support Plan - Review Monday 22/12/25 @ 1530 @ Crown House Follow-up appointment offered
21-Dec-2025 11:58	Telephone call to a patient (Crown House) MCCRYSTAL, Leeanne (SnrCrisisPractitioner)
Comment	CRS Nursing Telephone call to Stephen as planned, call rang once and went to voicemail. Message left requesting a retun call. Plan - Await return call. If no return call a further call will be attempted later in the day Follow-up appointment offered
21-Dec-2025 11:42	Progress notes (Crown House) MCCRYSTAL, Leeanne (SnrCrisisPractitioner)
Comment	CRS Nursing Email sent to Dr Isheika requesting advice regarding medication
20-Dec-2025 10:26	Face to face consultation (NHS GG&C Mental Health Services) MCCRYSTAL, Leeanne (SnrCrisisPractitioner)
	Accompanying HCP: O'BRIEN, Rachel (CrisisPractitioner)
Comment	CRS Nursing ASSIST Lite Screening Tool Tobacco - 1 Cannabis - 3 All other substances - 0 Cannabis brief advice provided. Declined onward referral. ASSIST lite will be placed in CRS typing tray for upload
20-Dec-2025 10:12	Face to face consultation (Crown House) MCCRYSTAL, Leeanne (SnrCrisisPractitioner)
	Accompanying HCP: O'BRIEN, Rachel (CrisisPractitioner) Template: **CRAFT - Risk Assessment**
Comment	Risk assessment When is this review taking place? Intake to MHS CRS initial assessment Risk Assessment What do the clinical team, service user and family/carer think the key risks are at the moment, please describe these in detail? Referral from MHAU following GP assessment. Reports that he feels awful, has no support network apart from an aunt who has recently came back into his life. Stephen reports that this is a bad time of year for him, various anniversaries of traumatic times in his life, particularly his brothers death where he feels he lost everything after that happened. He advised that he feels an agitation that he cant quite describe, experiences anxiety for most part of the day. Has no plan or intent to end his life currently. Denies any street valium use since his overdose in November. He has been using cannabis and he feels that his use has increased recently in an attempt to lessen his agitation and also gain some sleep. Denies any alcohol use. He

also advised that he has split from his partner and coversations that they have had has resurfaced old traumas. Stephen feels that since starting mirtazipine his mood and anxiety has worsened. Poor appetite and has lost weight. Feels nauseous. Issues with his current accomodation, reports his neighbours are drug users.
What historical risk factors are there that it is important to be aware of? Previous overdose in November of street valium, paracetamol and cocodomol. Required treatment in IRH. Offered informal admission to Langhill following this, took his own discharge the following day. Previous prison time for various assaults. Noted to dsiplay confrontational behaviour towards staff. Stephen also advised that he was the victim of domestic abuse for 5 years. Previous heroin user, has not used this for many years.
What are the obstacles to risk management/what risks canâ€™t be changed? Annual anniversaries at this time of year. Small support network. Stephen also voiced concern over finances, he is using credit cards currently. However is in recipt of benefits.
What factors are present that reduce risk? Aunt is a good support Has one friend [redacted] Help seeking behaviour shown Willing to accept support from CRS
Risk Management
Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)? Disengage from servicesReturn to illicit substances or alcohol use Continued use of mirtazapineWorsening sleep Poor nutrition Worsneing suicidal thoughts Increased cannabis use
What is the clinical team going to do about it - In the next few days/between now and next appointment? CRS have accepted Stephen onto caseloadProvided with patient information leaflet Follow up wellbeing call on Sunday 21/12/25 Suggested stopping mirtazapine due to negative side effects of worsening anxiety and agitation Encouraged to continue zopicloneEncouraged to increase nutritionCRS will liasise with Dr Isheika regarding medication for mood and anxiety
What is the clinical team going to do about it - In the next few months? CRS will provide a period of support
Are there any other considerations for risk management ? Nil
What should the service user/family/carers do if risky situations emerge ? CRS/NHS24/Police/GP/A&E
Have all relevant professionals been informed of the risk management plan ? All EMIS users

20-Dec-2025 10:11 Face to face consultation (Langhill Clinic) O'BRIEN, Rachel (CrisisPractitioner)

Accompanying HCP: MCCRYSTAL, Leeanne (SnrCrisisPractitioner)
Template: **SBAR V4**

Comment

Situation CRS Nursing - 20/12/2025:Stephen was referred to CRS from MHAU Leverndale. Stephen was assessed by MHAU on Friday 19/12/2025, due to feeling agitated and having suicidal ideation.Stephen attended Langhill Clinic this morning for assessment with CRS. Background Emis notes indicate that Stephen was placed in care homes in his childhood with prison sentences between 15-27years. PCMHT referral in 2019 when he was living in Glasgow although following assessment he was referred to Addiction.History of drugs misuse, including heroin, valium, cocaine, cannabis and dihydrocodeine.Stephen disclosed he had issues of substance misuse over 20 years ago but reports he did not attend services. Stephen also reports that he felt very isolated since his move from Glasgow to Inverclyde just over a year ago. Stephen has disclosed sexual assault whilst in prison at 21 years old and being raped by an uncle at 7 years old.Stephen was referred to CRS on 10th November 2025, and at this time contracted fully to a safety plan and subsequent appointment for review with CRS on 11th November 2025. Stephen did not attend this appointment. Stephen attended IRH A&E on 11th Novemebr 2025 citing a further decline in his mental health presentation and suicidal ideation.Admitted to AAU on 11/11/25 discharged 12/11/25CRS Nursing - 20/12/2025:As Above remains relevant
Assessment CRS Nursing - 20/12/2025:Stephen attended for assessment as planned. He appeared agitated throughout appointment, noted to be fidgeting his hands and legs shaking. Stephen's speech was clear and concise. He spoke at a normal rate and tone. He held appropriate eye contact throughout the assessment. Stephen was tearful at times. He stated ”nothing's changed, I don't know what's wrong with me”. He advised that when he was discharged from CRS in November 2025, that he felt like he had found himself again. He reports that he felt happier and like ”I was fixed”. However, since being discharged

Stephen advised that all his emotions have came crashing down on him. He stated that "I've dealt with bad stuff in my life and was able to bottle it up, but I can't do it anymore". He advised that "I've just crashed and it's really scarying me". Stephen stated that his prescribed Mirtazapine is not helping him. He stated that his mood is fluctuating anf "going turbo". He reports that he can feel good and happy, and then something as small as a song changing on the radio can cause "everything to come crashing down". He stated that when he takes the Mirtazapine, sometimes he stands up and the room turns black for a second. He stated that the Mirtazapine is causing an increase in agitation. He reports that he is agitated all the time. Stephen stated that last night he was thinking "silly thoughts". Upon exploration, he advised that he was thinking about driving his car into the water. However, his auntie [redacted] phoned him, which stopped him acting upon these thoughts. Stephen advised that [redacted] is a very good support for him, and she is the reason why he would never act upon dark thoughts. He stated that he was on the phone with [redacted] until 11pm last night and was listening to all the advise she had for him. Stephen advised that following his assessment at MHAU he was given Zopiclone 7.5mg. However, he stated this did not help him to sleep lastnight. Stephen stated that his sleep is very poor. He reports that he usually takes his Mirtazapine between 20:00-22:00 and then falls asleep for "what feels like 10 minutes" and then wakes up again, and is awake all night. Stephen stated that his appetite is also very poor. He advised that he hasn't ate in 4 days. He reports that he feels sick all the time, due to anxiety and agitation. Stephen stated that he does try to eat, but cannot. He advised that he drinks tea and coffee and has tried to drink a cup of soup, but it makes him feel sick. Stephen advised that he was previously drinking Fortisips. However, was unable to maintain this as they are too expensive. Stephen stated that the only place he feels safe is in his car. He advised that his neighbours are known drug dealers and he does not feel safe in this environment. Stephen advised that since being discharged from AAU in November 2025, he went on a spedning spree and now has credit card debt, but is not worried about this. ASSIST-Lite Screening Tool completed. Stephen denied any alcohol intake. However, he stated he has a strong urge to drink alcohol, which he is having to suppress each day. He stated that his Cannabis use has increased, advising that 1/2 ounce of Cannabis used to last him 1 month, but now it lasts him 3 days. He denied taking any other illicit drugs. Stephen has not been attending to ADL's. He advised that he has been in the same clothes for the past 4 days. He advised that his auntie [redacted] is his only support at this time. He stated he does have a good friend, [redacted]. [redacted] He denied any thoughts to harm himself or others. He stated that he would contact services, if his mental state deteriorates or if he has suicidal ideation.
Recommendation CRS Nursing - 20/12/2025:Stephen will be accepted onto CRS caseload for a period of support. CRS will liaise with Dr Sab to ask for Medic Review, or to recommend a different medication, as Mirtazapine is making Stephen more agitated.CRS will facilitate a wellbeing call on Sunday 21/12/2025.Stephen is aware of contact details for CRS and knows he can contact CRS at anytime within working hours, or NHS 24 thereafter. He is also aware he can contact emergency services, should he require them.
Risk 1. Intentional overdose of paracetamol on 7/11/2025.2. Absconded from hospital on 08/11/2025 with the view of ending his life.3. EDC revoked on 09/11/2025.4. Risk of misadventure. 5. Risk of suicide.6. Impulsivity - changeable behaviours.

Additional — Follow-up outpatient appointment Appointment Outcome: Wellbeing Call on Sunday 21/12/2025 and arrange further face to face appointment.

19-Dec-2025 — Winvoice Pro Filing RUSSELL, David (SeniorUnscheduledCarePractitioner)

Additional — Attachment MH48 Brief Assessment | McLeod Centre Mental Health | David Russell

19-Dec-2025 18:54 — Telephone call to a patient (Crown House) MCCRYSTAL, Leeanne (SnrCrisisPractitioner)

Comment — CRS Nursing
Further attempt to call Stephen which again went to voicemail.
Call to NOK aunt [redacted], introduction and rational for call explained. [redacted] advised

Stephen is on his way home from Leverndale as he had been there to see the mental health team. [redacted] was happy to take details of appointment and pass these on to Stephen.
CRS contact details also provided and location of Langhill clinic
Plan - Assessment Saturday 20/12/25 @ 0930 @ Langhill Clinic
Follow-up appointment offered

19-Dec-2025 18:32	Telephone call to a patient (Crown House) MCCRYSTAL, Leeanne (SnrCrisisPractitioner)
Comment	CRS Nursing Referral from MHAU following assessment. Telephone call to Stephen's registered mobile x2 to no avail. Calls went straight to voicemail. Generic message left requesting a return call. CRS will attempt a further call and if unsuccessful contact will be made with NOK
19-Dec-2025 18:16	Inbound Referral (NHS GG&C Mental Health Services) MCCRYSTAL, Leeanne (SnrCrisisPractitioner)
Referral	Referral to mental health crisis team From: MHAU - Leverndale
19-Dec-2025 18:03	Discussion with colleague (NHS GG&C Mental Health Services) CAIRNS, Maggie (Consultant)
Comment	D/w Ashley Stephen's SUCN and David Russell SUCN MHAU Appropriate for 4 x 7.5mg zoplicone tablets to be dispensed from MHAU to support improved sleep hygeine Continue with mirtazepine already prescribed
19-Dec-2025 17:00	Progress notes (NHS GG&C Mental Health Services) STEPHEN, Ashley (SeniorUnscheduledCareNurse)
Comment	Referral made to CRS. discussed with Leanne who advised they will make contact with Stephen to arrange apt.
19-Dec-2025 16:50	Face to face consultation (NHS GG&C Mental Health Services) STEPHEN, Ashley (SeniorUnscheduledCareNurse)
Comment	Template: **CRAFT - Risk Assessment** Risk assessment • When is this review taking place? Emergency presentation Risk Assessment What do the clinical team, service user and family/carer think the key risks are at the moment, please describe these in detail? 19.12.25 - MHAU - Referred by Dr Struthers at Argowan medical practice. Attended today due to feeling agitated and having suicidal ideation. Reports that he feels awful, has no support network apart from an aunt who has recently came back into his life. Stephen reports that this is a bad time of year for him, various anniversaries of traumatic times in his life, particularly his brothers death where he feels he lost everything after that happened. He advised that he feels an agitation that he cant quite describe, experiences anxiety for most part of the day. Has no plan or intent to end his life currently. Denies any street valium use since his overdose in November. He has been using cannabis and he feels that his use has increased recently in an attempt to lessen his agitation and also gain some sleep. Denies any alcohol use. He also advised that he has split from his partner and coversations that they have had has resurfaced old traumas. Stephen feels that since starting mirtazipine his mood and anxiety has worsened. What historical risk factors are there that it is important to be aware of? 19.12.25 - MHAU - Previous overdose in November of street valium, paracetamol and cocodomol. Required treatment in IRH. Offered informal admission to Langhill following this, took his own discharge the following day. Previous prison time for various assaults. Noted to dsiplay confrontational behaviour towards staff. Stephen also advised that he was the victim of domestic abuse for 5 years. Previous heroin user, has not used this for many years. What are the obstacles to risk management/what risks canâ€™t be changed? 19.11.25 - MHAU - Annual anniversaries at this time of year. Small support network. Stephen also voiced concern over finances, he is using credit cards currently. However is in recipt of benefits. What factors are present that reduce risk? 19.11.25 - MHAU - Stephen reports that the aunt who has recently come back into his life is a good support. Stephen also is keen to engage with services.

Risk Management
Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)? 19.11.25 - MHAU - further social stressors may exacerbate anxiety. The use of substances may have a negative effect on his mental health and may encourage him to act impuslively.
What is the clinical team going to do about it - In the next few days/between now and next appointment? 19.11.25 - MHAU - Referral to CRS. Dr Cairns prescribed 4x7.5mg zoplicone to help aid sleep. Provided Stephen with contact numbers to utilise if further support is needed.
What is the clinical team going to do about it - In the next few months? 19.11.25 - MHAU - nil.
Are there any other considerations for risk management ? 19.11.25 - MHAU - nil
What should the service user/family/carers do if risky situations emerge ? 19.11.25 - MHAU - Stephen is aware of numbers to utilise if further support is needed.
Have all relevant professionals been informed of the risk management plan ? 19.11.25 - MHAU - gp

19-Dec-2025 15:57	NHS GG&C Mental Health Services COWDEN, Stephanie (ClericalOfficer)
Document	SCI Gateway referral letter 🗎 SCI Gateway referral letter from ARDGOWAN MEDICAL PRACTICE (19-Dec-2025)
19-Dec-2025 15:54	Inbound Referral (NHS GG&C Mental Health Services) WILSON, Rachel (HealthCareSupportWorker)
Referral	Referred for mental health assessment From: ARDGOWAN MEDICAL PRACTICE
Document	Forms - miscellaneous 🗎 MHAU Telephone Referral
19-Dec-2025 15:45	Progress notes (NHS GG&C Mental Health Services) STEPHEN, Ashley (SeniorUnscheduledCareNurse)
Comment	Referral from Dr Struthers at Ardgowan medical practice. Stephen was attended the practice today voicing suicidality, stating he feels awful. has no support network, an aunt called out of the blue last night, not heard from her for years, this offered a small distraction. GP reports that he is visbily agitated. offered face to face assessment at leverndale. Offered to book taxi to get patient to Leverndale but Stephen prefers to drive as public transport makes him more anxious. Dr Struthers agreeable for him to drive to Leverndale. Writer confirmed Stephens mobile number and will await for Stephen to arrive at MHAU.
01-Dec-2025 15:31	NHS GG&C Mental Health Services DOLLARD, Karen (Admin)
Document	Discharge letter sent to general practitioner 🗎 Discharge letter sent to general practitioner from Inverclyde CRS Nursing (01-Dec-2025)
27-Nov-2025 10:58	Progress notes (Crown House) MCCRYSTAL, Leeanne (SnrCrisisPractitioner)
Comment	CRS Nursing GP discharge letter formulated and placed in CRS typing tray for upload Discharged - treatment completed
26-Nov-2025 15:28	Face to face consultation (Crown House) AMIN, Kauser (SeniorCrisisPractitioner)
Comment	Accompanying HCP: DOCHERTY, Mary (SeniorCrisisPractitioner) CRS / Nursing: Stephen attended Crown House for his planned appointment. He dressed appropriately for the time and occasion. Reported that he continues to struggle with pain in his leg that may be due to arthiritis. Stephen reported to an improvement within his mental state. He reported that he went to Loch Lomond with his friend yesterday and enjoyed fishing. Stephen reported to being concordant with his prescribed medication. He reported to sleeping approximately 6-7 hours at night. Reported that his appetite can be poor at times and that he has been purchasing ensures. Advised Stephen to discuss this with his G.P. Appeared stable within his mental state. Maintained good eye-contact. Speech appeared clear and concise. Pleasant and appropriate in manner. Reported that he is engaging with Mind Mosaic service and plans to engage with Anchor service aslo.

Denied any thoughts of self harm and or suicdal ideation.
Evidence of futture panning.
Discussed and agreed discharge from the CRS, back to the care and treatment of his G.P
PLAN:
CRAFT Discharge Risk Assessment compppleted.
G.P discharge letter to be completed.

26-Nov-2025 15:10 Face to face consultation (Crown House) AMIN, Kauser (SeniorCrisisPractitioner)

Accompanying HCP: DOCHERTY, Mary (SeniorCrisisPractitioner)
Template: **CRAFT - Risk Assessment**

Comment

Risk assessment
When is this review taking place? Other, please state Discharge from CRS caseload.
Risk Assessment
What do the clinical team, service user and family/carer think the key risks are at the moment, please describe these in detail? CRS / Nursing: Stephen failed to attend for his planned appointment with CRS this morning. Stephen reported that he went for a walk this morning at 03:30hours to the river with thoughts of "jumping in". He reported that he did not act upon his thoughts due to his aunt texting him at that time. He reported that he attended IRH - Emergency department and was advised to attend Crown House.Reports to ongoing suicidal ideation. Unsure what his plan is and when. Critical of mental health services and feels "that he is not being listened to". Reorted to poor sleep and poor appetite. Ongoing Cannabis misuse of - x3 joints on a daily basis. PLAN: Due to deterioration within Stephen's mental health andd him having had contact with mental health services multiple times over the last few days, discussion with Dr Easton (Consultant Psychiatrist) - on call Consultant, agreed for admission into Langhill Clinic - ward AAU. Bed-manager informed and duty Doctor also made aware.CRS / Nursing - 13/11/2025: Following referral to CRS from Dr Hart (Consultant Psychiatrist) from Langhill Clinic - ward AAU for post hospital discharge follow up, Stephen was re-assessed at Crown House today again. He denied any thoughts, plan and or intent to end his life and or cause any harm to himself. Unhappy with private let. Is seeking support from SAMH for alternative housing. Denied any illicit drug and or alcohol misuse. Struggling with recent break-up of relationship with partner. Struggling with having no structure within his day. Explaored same. In agreement to attend Anchor service. Queering possible medication option - advised CRS will liase with medical staff for same.CRS / Nursing - 26/11/2025: Stephen reported to an improvement within his mental health. He denied utilising any illicit drug and or alcohol misuse. Reported that he benefitted from support from the Distress Brief Intervention (DBI) service. Stephen reported that he has contacted Mind Mosaic and also plan to contact the Anchor Service as per recommendation from CRS. Reported to being concordant with his prescribed medication. Reports to sleeping approximately 6 hours. Reported to a reasonable appetite. Discussed and agreed discharge from CRS at this time.
What historical risk factors are there that it is important to be aware of? History of multiple trauma including being raped as a child. He used to take drugs to block out his pain. Cannabis and street valium misuse prior to admission.Reports to have been in Prison from age of 17-27 years for various prison sentences. Reported that he was sexually abused by an in-mate in Prison.CRS / Nursing - 26/11/2025: As above.
What are the obstacles to risk management/what risks canâ€™t be changed? Breakdown of relationship. Social isolation.Housing issues. Lack of structure within his day.No engagement/ negative perception of services. Was not willing to consider medication initilly, now queering same.CRS / Nursing - 26/11/2025: As above. Concordant with prescribed medication.
What factors are present that reduce risk? CRS follow up arranged post discharge Keen to engage with servivces. Finding SAMH - DBI beneficial. Reports to having good support from aunt and uncle and best friend.CRS / Nursing - 26/11/2025: As above. Evidence of future planning. Engaging with Mind Mosaic service. Plans to engage with Anchor service also. Denied any financial issues.
Risk Management
Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)? Illicit drug misuseNon-engagement with services

available.Dismissive towards services.
What is the clinical team going to do about it - In the next few days/between now and next appointment? Agreed and discussed discharge from CRS back to the care and treatment of G.P.
What is the clinical team going to do about it - In the next few months? As above.
Are there any other considerations for risk management ? Previous multiple prison sentences.
What should the service user/family/carers do if risky situations emerge ? Contact NHS 24 / G.P and or Emergency services as appropriate.
Have all relevant professionals been informed of the risk management plan ? Yes

25-Nov-2025 15:31	Face to face consultation (NHS GG&C Mental Health Services) CALDWELL, Siobhan (MHNurse)
Comment	CRS t/c to Stephen by K.Amin Senior Crisis Practitioner. Stephen reports he has went out with his friend [redacted] and forgotten about his appointment. He stated that he is doing ok and is happy to attend an appointment tomorrow at CH at 2pm. He denied any distressing thoughts/thoughts of harm at time of call
23-Nov-2025 12:31	Telephone call to a patient (Langhill Clinic) AMIN, Kauser (SeniorCrisisPractitioner)
Comment	CRS / Nursing: Telephone call to Stephento enquire about his mental health and well-being as per plan. Stephen answered the call and reported that he was doing "ok". He stated that he has had a quiet weekend. He reported that he was "cleaning his van at time of call", therefore agreed to a quick / short conversation. He denied any distressing thoughts. He reported he plans to attend the dentist tomorrow for a planned appointment. Discussed and agreed a review appointment at Crown House on Tuesday 25th November 2025 at 14:30hours. Contact numbers for services confirmed, should he require any additional support at any time.
22-Nov-2025 13:31	Telephone call to a patient (NHS GG&C Mental Health Services) MCCRYSTAL, Leeanne (SnrCrisisPractitioner)
Comment	CRS Nursing Telephone call to Stephen as planned. No answer on registered mobile. Message left requesting a return call. Number provided. Call placed to NOK [redacted] who answered call. Introduction and rational for call explained. [redacted] advised she spoke with Stephen not long ago and he is away fishing with a friend today. No concerns raised. Advised [redacted] CRS will call again tomorrow and [redacted] agreed to advise Stephen of this. Plan - Await return call. If no return call CRS will attempt a further call on Sunday 23/11/25 Follow-up appointment offered
20-Nov-2025 15:31	Face to face consultation (Crown House) AMIN, Kauser (SeniorCrisisPractitioner)
Comment	Accompanying HCP: O'BRIEN, Rachel (CrisisPractitioner) CRS / Nursing: Telephone call returned by Stephen, he engaged well in conversation. Polite in conversation. He apologised for missing the call from CRS. He stated that it's the death anniversary of his brother and that he was in Helensburgh today and has been going around all the places that he used to go with his brother and enjoyed same. He denied any distressing thoughts. Compliant with prescribed medication. Stephen stated that he has not been to "Your Voice" service yet, however plans to go soon. Offered a review appointment with CRS, Stephen agreed to a well-being call on Saturday 22nd November 2025 and further appointment to be arranged.
20-Nov-2025	Winvoice Pro Filing HART, Brian (Consultant)
Additional	Attachment 🗎 MH44 Final Inpatient Discharge Letter | Langhill Clinic Mental Health | Brian Hart
20-Nov-2025 10:47	NHS GG&C Mental Health Services BOYLE, Lorna (MentalHealthActAdministrator)
Document	Discharge letter sent to general practitioner 🗎 (13-Nov-2025) Immediate Discharge letter

sent to general practitioner (13-Nov-2025)

20-Nov-2025 10:25	Telephone call to a patient (NHS GG&C Mental Health Services) ENGLISH, Niomi (StudentNurse)
Comment	Accompanying HCP: AMIN, Kauser (SeniorCrisisPractitioner) CRS Nursing: Joint telephone call to Stephen to no avail. Senior Crisis Practitioner Kauser left a voice mail message requesting a call back. CRS contact details left on voicemail. Plan: CRS nursing staff to attempt to telephone call Stephen later in the day.
18-Nov-2025 14:33	Face to face consultation (Crown House) FITZGERALD, Laura (SeniorCrisisPractitioner)
Comment	Accompanying HCP: AMIN, Kauser (SeniorCrisisPractitioner) CRS Nursing:- Stephen attended his planned appointment at Crown House, he presented as being well kept and he was dressed appropriately for the weather, Stephen walked into appointment room limping, he advised that he does suffer from sciatica and "its playing up" Stephen was encouraged to engage with his GP due to his sciatica, he reported" I don't want pain killers" Community Response Service (CRS) discussed with Stephen asking his GP for a referral to the pain clinic which Stephen was in agreement with. Stephen did apologise for his "behaviour" yesterday he reported " I feel emotionally lost" Stephen confirmed that he continues to engage with [redacted] from Distress Brief Intervention (DBI) and he does find this to be beneficial, Stephen advised that [redacted] has been supporting him for approx 8 days. Stephen reported that his sleep is "not great", he did not appear to look sleep deprived, Stephen reported that he is compliant with prescribed Mirtazapine 15mg, CRS staff advised Stephen to allow time for prescribed Mirtazapine to have desired effect and that hopefully with time Stephens sleep pattern will improve as Mirtazapine does have a sedative effect, Stephen was in agreement with this.Stephen advised that he is trying to maintain a dietary intake, Stephen had a cup of tea from Greggs with him at appointment, Stephen was encouraged to try and eat small portions on a regular basis. CRS discussed with Stephen receiving support from 3rd sector services, discussed with Stephen Your Voice and The Anchor and the services which they can offer, Stephen advised that his DBI worker - [redacted] had also mentioned Your Voice, Stephen was encouraged to attend Your Voice and to speak with the service and to ask what they would be able to offer Stephen, Stephen was in agreement with this. Stephen did engage well during his appointment, his speech content was of normal rate, tone and rhythm and Stephen did maintain good eye contact throughout appointment, Stephen denied any current thoughts of deliberate self harm or suicidal ideation, no plan or intent and Stephen is aware of telephone contact numbers for CRS.NHS24 if any additional support is required, Stephen agreed for CRS to facilitate a telephone call on Thursday 20th November 2025 to check on his wellbeing and to ascertain if Stephen spoke with Your Voice. Plan:- telephone call on Thursday 20th November 2025 to check on wellbeing and to ascertain if he made contact with Your Voice.
18-Nov-2025 10:43	Telephone call to a patient (NHS GG&C Mental Health Services) HOUSTON, Claire (CrisisPractitioner)
Comment	CRS Nursing Telephone call to Stephen on his registered mobile number. Writer introduced self and rationale for call. Writer advised that CRS had tried to contact Stephen following termination of his review yesterday, whereby Stephen left Crown House, and also attended his home address, however his flat did not indicate a name. Stephen advised that "that lassie" that he spoke with yesterday asked "the same question six times within a minute". Writer confirmed that she was one of the clinicians facilitating his review yesterday. Writer again attempted to explain the review process and the importance of gathering information and getting to know the patient, however Stephen did not appear accepting of this. He re-iterated that he has no routine as his whole day used to revolve around his ex-partner. Stephen has stated that he doesn't "want treated like a statistic" and that he is "crying out for help". He was agreeable to attending Crown House this afternoon to discuss his plan of

	care. Plan - Review at Crown House today at 13:30.
17-Nov-2025 16:58	Progress notes (NHS GG&C Mental Health Services) HOUSTON, Claire (CrisisPractitioner) Duration: 30 mins
Comment	Accompanying HCP: AMIN, Kauser (SeniorCrisisPractitioner) CRS Nursing CRS attempted to hand deliver an appointment letter to Stephens home address. CRS were able to gain entry to the common close, however doors did not indicate a flat number or name. Therefore the appointment letter was not delivered successfully. Further call to Stephen on return to base, without success. Plan - Fr team discussion on 18th November 2025.
17-Nov-2025 15:52	Face to face consultation (NHS GG&C Mental Health Services) DOLLARD, Karen (Admin)
Document	Appointment 🗎 Appointment from Inverclyde CRS Nursing (17-Nov-2025)
Comment	letter to be hand delivered by CRS staff
17-Nov-2025 15:30	Telephone call to a patient (NHS GG&C Mental Health Services) HOUSTON, Claire (CrisisPractitioner) Duration: 30 mins
Comment	Accompanying HCP: AMIN, Kauser (SeniorCrisisPractitioner) CRS Nursing Telephone call to Stephen to ascertain wellbeing and offer a follow-up appointment, withotu success. Appointment letter formulated for hand delivery. Plan - Hand deliver appointment letter.
17-Nov-2025 11:39	Face to face consultation (NHS GG&C Mental Health Services) HOUSTON, Claire (CrisisPractitioner) Duration: 30 mins
Comment	Accompanying HCP: O'BRIEN, Rachel (CrisisPractitioner) CRS Nursing Stephen attended for review at Crown House. Appeared kempt in presentation. Nil visible evidence of self neglect. Good eye contact. Minimal speech. Nil evidence of acute intoxication. Stephens engagement with the mental health review process was closed. Writer advised that CRS had attempted to call him regarding his appointment today as he did not attend, and that they phoned his NOK ([redacted]) to discuss. Stephen stated that CRS did not phone him, he was slightly confrontational when CRS advised that they had phoned twice and left a voicemail - once from a private number and once from an NHS number. Stephen looked at his phone and appeared to see the missed calls/voicemail. Stephen explained that his mood has been low and that he has not slept. However on exploration, Stephen slept yesterday. He reports to concordance with his medication regime (Mirtazapine), with writer asking Stephen to confirm how many dosages he has administered and the dose. Stephen stated two doses. Writer enquired if this was Mirtazapine 15mg as this is the usual starting dose. Stephen stated that "its 30mg and now youve got me para that its the wrong dose." Writer confirmed this was an enquiry as writer did not have the clinical notes infront of her. 30mg confirmed on Clinical Portal with prescription date as 14th November 2025. Stephen appeared to have a pre-conceived presentation, as he was confrontational towards CRS. He stated that "yous have got no idea what ive been through the past 20 years". He explained that he does "nothing" as his daily routine revolved around his ex-partner and dogs. CRS attempted to explain rational of review - however Stephen was not engaging in conversation. Stephen then stated to writer "you keep asking me the same questions", while pointing at writer, and although CRS again attempted to explain the review process to monitor mood and indicate a baseline presentation, Stephen did not engage in conversation. No quality or substance to review process due to subjective standoffish and confrontational behaviour. Stephen abruptly left the consultation room and stated that he did not want to be asked "the same questions" by CRS. Stephen did not raise any immediate concerns to himself or

others on exiting the consultation room.
Plan - Wellbeing call this afternoon.

17-Nov-2025 11:17	Telephone call to a patient (Crown House) O'BRIEN, Rachel (CrisisPractitioner)
	Accompanying HCP: HOUSTON, Claire (CrisisPractitioner)
Comment	CRS Nursing - Telephone call to Stephen as he DNA appointment this morning. CRS attempted to phone Stephen on registered mobile x2, to no avail. Phone rang to voicemail. Voicemail left asking Stephen to phone CRS back on 01475 558000. CRS also contacted Stephen's NOK, his Auntie [redacted] CRS introduced themselves and provided rationale for phonecall, which [redacted] was accepting of. [redacted] advised that Stephen is currently outside Crown House, and that he had forgotten what time his appointment is at. [redacted] asked if Stephen can be seen by CRS now. CRS staff were accepting of same. Plan - Face to Face appointment this morning, 11:30am.
16-Nov-2025 12:56	Telephone call to a patient (Langhill Clinic) O'BRIEN, Rachel (CrisisPractitioner)
	Accompanying HCP: DOCHERTY, Mary (SeniorCrisisPractitioner)
Comment	CRS Nursing - Further attempt to contact Stephen, to check on wellbeing and arrange further face to face appointment. CRS staff introduced themselves and provided rationale for phonecall, which Stephen was accepting of. Stephen apologised for missing his appointment this morning. He stated that he thought today was a "drop-in" option and was not aware it was a planned appointment. Stephen advised that he commenced Mirtazapine last night. He stated he feels weird and disorientated since commencing them. He advised that when he woke up he thought he was in his ex-partner's house, before realising he was in his house. No issues raised with appetite or sleep. Stephen advised he might spend time with his auntie today. Stephen denied any current suicidal ideation, thoughts to harm himself or thoughts to harm others. Stephen is aware of contact details for CRS and knows he can contact CRS at anytime within working hours, or NHS 24 thereafter. He is also aware he can contact emergency services, should he require them. Stephen confirmed he will contact services if he requires them. Plan - Face to face appointment tomorrow, Monday 17/11/2025 at Crown House at 11am.
16-Nov-2025 12:35	Telephone call to a patient (Langhill Clinic) O'BRIEN, Rachel (CrisisPractitioner)
	Accompanying HCP: DOCHERTY, Mary (SeniorCrisisPractitioner)
Comment	CRS Nursing - CRS attempted to contact Stephen as he DNA planned appointment for today. CRS phoned Stephen's registered mobile, to no avail. CRS contacted Stephen's NOK, his Auntie [redacted] Staff introduced themselves and provided rationale for phone call, which [redacted] was accepting of. [redacted] advised that she has not spoken to Stephen this morning. However, she spoke to him last night and had no concerns about him. [redacted] stated that she will phone Stephen to let him know that CRS are attempted to conatct him. CRS staff advised they will try to phone Stephen again later today. Plan - Attempt to contact Stephen again later today.
14-Nov-2025 16:17	Telephone call to a patient (Crown House) MCCRYSTAL, Leeanne (SnrCrisisPractitioner)
Comment	CRS Nursing Telephone call to Stephen, introduction and rational for call explained. Advised Stephen he has been prescribed mirtazapine 30mg at night. Discussed benefits of medication and suggested reading information leaflet that will be provided. Advised Stephen to contact Ardgowan medical practice to see if prescription is ready for collection. Stephen appeared happy with this and agreeable to do so.

Stephen appeared more positive today on the call and advised he has plans to see his aunt and uncle tomorrow. Advised the weekend worries him due to isolation.
No current suicidal ideation plan or intent. Aware he can contact CRS/NHS24 should he require additional support
Plan - Review Langhill Clinic Sunday 16/11/25 @ 1130 am
Follow-up appointment offered

14-Nov-2025 11:17	Inbound Referral (NHS GG&C Mental Health Services) MCCLUSKEY, Brian (ClericalOfficer)
Referral	Referral to community mental health team From: Inverclyde Adult CMHT
14-Nov-2025 11:14	NHS GG&C Mental Health Services MCCLUSKEY, Brian (ClericalOfficer)
Document	Data transferred from other system Data transferred from other system (14-Nov-2025)
14-Nov-2025 10:39	NHS GG&C Mental Health Services JARDINE, Lauren (MedicalSecretary)
Document	Medication requested Medication requested from Inverclyde Adult CMHT Brian Hart - Consultant (14-Nov-2025)
13-Nov-2025 17:39	Progress notes (Crown House) MCCRYSTAL, Leeanne (SnrCrisisPractitioner)
Comment	CRS Nursing Discussion with Dr Hart following assessment. Dr Hart happy to prescribe mirtazapine which he has now done and a letter sent to GP. This can be relayed to Stephen during planned wellbeing call on Friday 14/11/25 Follow-up appointment offered
13-Nov-2025 16:19	Face to face consultation (Crown House) AMIN, Kauser (SeniorCrisisPractitioner)
Comment	Accompanying HCP: MCCRYSTAL, Leeanne (SnrCrisisPractitioner) Template: **CRAFT - Risk Assessment** Risk assessment • When is this review taking place? Intake to MHS Risk Assessment What do the clinical team, service user and family/carer think the key risks are at the moment, please describe these in detail? Stephen is actively expressing a wish to end his life. He left the ward earlier with the intent to complete suicide. He was detained and brought back by police. He has limited social support. He does not believe he will ever feel better.CRS / Nursing - 10/11/2025: Joint assessment with CMHT duty worker - Stephen had contacted services today and reported to being distressed. He was discharged from IRH - inpatient medical ward on 9th November 2025 following tretament of an overdose - detained due to wanting to leave the ward and then detention was revoked due to Stephen no longer being a risk to himself. Stephen denied any thoughts of self harm and or suicidal ideation at time of assessment. He stated that he was distressed prior to attending for assessment and "had promised himself and others" that he would not harm himself again. He stated that he has being over whelmed recently due to life stressors, problems with his landlord - private let, birthday anniversary's of his x2 son's whom he has not seen for years and the death anniversary of his brother who died several years ago in July. Stephen reported that he is also struggling with his recent relationship with his partner - 2 weeks ago. He reported that all these stressors led to his recent overdose.CRS / Nursing: Stephen failed to attend for his planned appointment with CRS this morning. Stephen reported that he went for a walk this morning at 03:30hours to the river with thoughts of "jumping in". He reported that he did not act upon his thoughts due to his aunt texting him at that time. He reported that he attended IRH - Emergency department and was advised to attend Crown House.Reports to ongoing suicidal ideation. Unsure what his plan is and when. Critical of mental health services and feels "that he is not being listened to". Reorted to poor sleep and poor appetite. Ongoing Cannabis misuse of - x3 joints on a daily basis. PLAN: Due to deterioration within Stephen's mental health andd him having had contact with mental health services multiple times over the last few days, discussion with Dr Easton (Consultant Psychiatrist) - on call Consultant, agreed for admission into Langhill Clinic - ward AAU. Bed-manager informed and duty Doctor also made aware.CRS / Nursing - 13/11/2025: Following referral to CRS from Dr Hart (Consultant Psychiatrist) from Langhill Clinic - ward AAU for post hospital discharge follow up, Stephen was re-assessed at Crown House today again. He denied any thoughts, plan and or intent to end his life and or cause any harm to himself. Unhappy with private let. Is seeking support from SAMH for alternative housing. Denied any illicit drug and or alcohol misuse. Struggling with

recent break-up of relationship with partner. Struggling with having no structure within his day. Explaored same. In agreement to attend Anchor service. Queering possible medication option - advised CRS will liase with medical staff for same.
What historical risk factors are there that it is important to be aware of? History of multiple trauma including being raped as a child. He used to take drugs to block out his pain. Cannabis and street valium misuse prior to admission.Reports to have been in Prison from age of 17-27 years for various prison sentences. Reported that he was sexually abused by an in-mate in Prison.
What are the obstacles to risk management/what risks canâ€™t be changed? Breakdown of relationship. Social isolation.Housing issues. Lack of structure within his day.No engagement/ negative perception of services. Was not willing to consider medication initilly, now queering same.
What factors are present that reduce risk? CRS follow up arranged post discharge Keen to engage with servivces. Finding SAMH - DBI beneficial. Reports to having good support from aunt and uncle and best friend.

Risk Management

Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)? Illicit drug misuseNon-engagement with services available.Dismissive towards services.
What is the clinical team going to do about it - In the next few days/between now and next appointment? CRS assessment and support for post hospital discharge follow up.Well-being call on Friday 14th November 2025 and arrange further follow up. CRS to liase with Dr Hart (Consultant Psychiatrist) and queery medication option? as per Stephen's request. Stephen has been given a patient information leaflet, should he require any additional support at any time. Contact numbsers for services confirmed.
What is the clinical team going to do about it - In the next few months? As above.
Are there any other considerations for risk management ? Previous multiple prison sentences.
What should the service user/family/carers do if risky situations emerge ? Contact CRS / CMHT DUTY / NHS 24 / G.P and or Emergency services as appropriate.

Have all relevant professionals been informed of the risk management plan ? Yes

13-Nov-2025 16:09 Face to face consultation (Crown House) MCCRYSTAL, Leeanne (SnrCrisisPractitioner)

Accompanying HCP: AMIN, Kauser (SeniorCrisisPractitioner)

Template: **SBAR V4**

Comment

Situation Referral to CRS from Consultant psychiatrist Dr Hart following self discharge from AAU ward following a review in which Stephen perceived to be dismissive and unhelpful Background Emis notes indicate that Stephen was placed in care homes in his childhood with prison sentences between 15-27years. PCMHT referral in 2019 when he was living in Glasgow although following assessment he was referred to Addiction.History of drugs misuse, including heroin, valium, cocaine, cannabis and dihydrocodeine.Stephen disclosed he had issues of substance misuse over 20 years ago but reports he did not attend services. Stephen also reports that he felt very isolated since his move from Glasgow to Inverclyde just over a year ago. Stephen has disclosed sexual assault whilst in prison at 21 years old and being raped by an uncle at 7 years old.Stephen was referred to CRS on 10th November 2025, and at this time contracted fully to a safety plan and subsequent appointment for review with CRS on 11th November 2025. Stephen did not attend this appointment. Stephen attended IRH A&E on 11th Novemebr 2025 citing a further decline in his mental health presentation and suicidal ideation.Admitted to AAU on 11/11/25 discharged 12/11/25

Assessment Stephen attended Crown House alone, dressed in clean clothing. Hair somewhat unkempt. Tall thin man who did look tired. Appeared quite anxious and restless throughout. No hostility, engaged well with staff and apologetic regarding his behaviour at previous assessment.Stephens speech was of normal rate tone and volume. No evidence of thought disorder. Denies any perceptual disturbances. Mood reported as low, does appear flat. Limited reactivity. Tearful throughout assessment. A sense pf hopelessness. Limited social support although identified his aunt, uncle and friend [redacted] as good supports. Currently no appetite. Only drinking tea. Has food at home and funds should he require however lacking motivation and feels nauseated at the thought of food. Sleep remains problematic.

States he gets a feeling of being pushed down when he goes to fall asleep and this scares him therefore when he feels this he will get back up. No current structure or routine since relationship breakdown. Visibly upset by this. Discussed attending The Anchor and is being supported by DBI [redacted] which he finds helpful. Stephen reports his housing situation as problematic. Showed staff a video of his close and described active drug use in close and neighbours houses which he struggles with. SAMH may be able to assist him with this he advised. Advised to seek support from Hector Mcneil house. Stephen advised he is really trying not to have dark negative suicidal thoughts as he wants to feel better and worries about these returning. No current suicidal plan or intentNo physical health concerns. Not currently prescribed medication. Denies any drugs or alcohol misuse. Reports to be in Â£6000 of debt he accrued trying to help his ex partner. States he is not worried about this. Stephen agreed to work with CRS and feels medication may be beneficial to help with his mood and anxiety.
Recommendation Accepted onto CRS caseload for post hospital discharge supportProvided with patient information leaflet CRS will discuss assessment at Fridays team meerting. CRS will provide a wellbeing call on Friday 14/11/25 Advised of CRS/OOH contact details
Risk 1. Intentional overdose of paracetamol on 7/11/2025.2. Absconded from hospital on 08/11/2025 with the view of ending his life.3. EDC revoked on 09/11/2025.4. Not contracting to a safety plan. 5. Risk of misadventure.6. Risk of suicide.7. Impulsivity - changeable behaviours.

13-Nov-2025 11:21 NHS GG&C Mental Health Services MCCLUSKEY, Brian (ClericalOfficer)

Document Scanned document PUDRA 10 & 11 November 2025 - AAU Langhill Clinic

13-Nov-2025 11:19 NHS GG&C Mental Health Services MCCLUSKEY, Brian (ClericalOfficer)

Document Scanned document NEWS 10 & 11 NOV 2025 - AAU Langhill Clinic

13-Nov-2025 11:18 NHS GG&C Mental Health Services MCCLUSKEY, Brian (ClericalOfficer)

Document Scanned document Basic Formulation & Crisis Management Plan AAU Langhill

13-Nov-2025 Langhill Clinic AIRD, Jennifer (RMN)

Document Administration Discharge Information

12-Nov-2025 16:08 Progress notes (Langhill Clinic) BRYAN, Laura (StaffNurse)

Template: **SBAR V4**

Comment Situation Stephen has left the ward following review from consultant psychiatrist- appears to have not liked Dr's approach and abruptly left
Background Emis notes indicate that Stephen was placed in care homes in his childhood with prison sentences between 15-27years. PCMHT referral in 2019 when he was living in Glasgow although following assessment he was referred to Addiction.History of drugs misuse, including heroin, valium, cocaine, cannabis and dihydrocodeine.Stephen disclosed he had issues of substance misuse over 20 years ago but reports he did not attend services. Stephen also reports that he felt very isolated since his move from Glasgow to Inverclyde just over a year ago. Stephen has disclosed sexual assault whilst in prison at 21 years old and being raped by an uncle at 7 years old.Stephen was referred to CRS on 10th November 2025, and at this time contracted fully to a safety plan and subsequent appointment for review with CRS on 11th November 2025. Stephen did not attend this appointment. Stephen attended IRH A&E on 11th Novemebr 2025 citing a further decline in his mental health presentation and suicidal ideation.
Assessment As per Dr Hart's entry on 12/11/25 @ 13:25. Difficult interview and Stephen could not be persuaded to remain in hospital.
Recommendation Referral to CRS.
Risk Non engagement, return to illicit drug misuse, social isolation

Additional Follow-up outpatient appointment Appointment Outcome: 13/11/25 @ 1530 Crown House (CRS)

12-Nov-2025 15:37 Progress notes (Langhill Clinic) BRYAN, Laura (StaffNurse)

Template: **CRAFT - Risk Assessment**

Comment Risk assessment
When is this review taking place? Other, please state unlanned discharge from ward
Risk Assessment
What do the clinical team, service user and family/carer think the key risks are at the

moment, please describe these in detail? Stephen left ward on bad terms following review with consultant Note previous overdose and suicidal ideation prior to admission although displayed help seeking behaviours
What historical risk factors are there that it is important to be aware of? History of multiple trauma including being raped as a child. He used to take drugs to block out his pain. Cannabis and street valium misuse prior to admission.
What are the obstacles to risk management/what risks canâ€™t be changed? Breakdown of relationship. Social isolation.Housing issues. Lack of structure within his day.No engagement/ negative perception of services
What factors are present that reduce risk? CRS follow up arranged post discharge
Appeared to want to stop using cannabis "put off it", aware impacted him negatively
Risk Management
Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)? Illicit drug misuseNon-engagement with services available.
What is the clinical team going to do about it - In the next few days/between now and next appointment? CRS assessment and support, if engages
What is the clinical team going to do about it - In the next few months? As above.
Are there any other considerations for risk management ? Previous multiple prison sentences.
What should the service user/family/carers do if risky situations emerge ? Contact emergency services
Have all relevant professionals been informed of the risk management plan ? Yes

12-Nov-2025 15:34	Telephone call to a patient (Crown House) MCCRYSTAL, Leeanne (SnrCrisisPractitioner)
Comment	CRS Nursing Telephone call to Stephen following referral from Dr Hart. Stephen took his own discharge following review. Introduction and rational for call explained. Stephen advised he was very unhappy following his review with Dr Hart, stated he feels like a "bomb went off" in his head when he was offered diazepam, feels dismissed and does not want this to hinder him getting help as he has promised others he will get better. Stephen was upset during the call but pleasant and appropriate in manner. Stephen agreed to be supported by CRS. No immediate risks identified. Provided with CRS contact details and OOH advice given. Plan - Assessment Thursday 13/11/25 @ 1530 @ Crown House Follow-up appointment offered
12-Nov-2025 15:00	Inbound Referral (NHS GG&C Mental Health Services) MCCRYSTAL, Leeanne (SnrCrisisPractitioner)
Referral	Referral to mental health crisis team From: IRH - Langhill AAU
12-Nov-2025 14:43	NHS GG&C Mental Health Services DOLLARD, Karen (Admin)
Document	Discharge letter sent to general practitioner 🗎 Discharge letter sent to general practitioner from Inverclyde CRS Nursing (12-Nov-2025)
12-Nov-2025 14:34	Progress notes (Langhill Clinic) COPELAND, Frances (StudentNurse)
	Template: **Inpatient chronology**
Comment	Chronology Comment: Stephen has left the ward and took all his belongings. Self discharge following conversation with consultant, Stephen frustrated with what he was told and why he had to stay on the ward.
Additional	Discharge Type: 11 Discharge from NHS inpatient care • Discharge to: 11 Private residence - living alone • Type of psychiatric care provided: 1 Assessment • Arrangement for Aftercare: 3 Community care team
12-Nov-2025 13:25	Face to face consultation (NHS GG&C Mental Health Services) HART, Brian (Consultant) Entered By: JARDINE, Lauren (MedicalSecretary)
Comment	Review Dr Brian Hart: I approached Stephen in his room to introduce myself and gain an outline of his expectations for admission. Stephen came across as variously rueful, dumfounded, regretful and uncertain in the context of the tumultuous events of recent weeks and his having spent the last week in a

quandary of suicidal impulses.
Stephen wasn't sure what his next move should be an in particular said that he didn't want to return to his tenancy as the vicinity is the resort of local drug dealers and users.
I asked Stephen whether he wanted to stay and outline the potential benefits of this. He compared the environment of the ward to prison but did say that it was better in that the concern for his welbeing on the part of the nurses was evident and they were chapping his door now and then even though he couldn't quite face the open ward.
I said to Stephen that he might want to use some sort of sedative medication but he said that he was against that as having come to grief because of illicit drug use over the course of his life. At the same time he admitted that cannabis, his usual resort wasn't doing it for him at the moment.
We went on to have what I thought was a positive interaction as far as Stephen reflecting on his current feelings and the benefits of his staying on the ward if only to benefit from sympathetic counsel.
Unfortunately, to some extent over the course of our conversation and in its immediate aftermath, Stephen seems to have reflected on my remarks as offering him the option of staying or going as actually meaning that he should go. He further felt that my suggesting that be prescribed Diazepam was negligent and ill intentioned given his past history of drug use.
I returned to see Stephen after he had passed onto the nursing staff his wish to be immediately discharged. I tried to make amends for any perceived demerit or deficiency in my previous remarks and emphasised to Stephen that I had been entirely well-intentioned. However he ended the conversation saying that my approach was unacceptable to him on all terms and that he wished to go home.
Imp:
It has been abundently apparent in recent days that Stephen is in a turbulent and shifting state of mind but I did not think that his labouring under difficult circumstances equated to impaired decision making capacity and it seemed reasonable to say that his response to my approach had echoed and amplified his ambivalence about staying in the ward. THe initial assessment on the part of Ann Weir struck me as sound and proportionate and Stephen;s reservations about the ward environment reminding him of prison sincere and likely to make it difficult for him to garner anything from the environment.
In terms of further management, Stephen could not be persuaded to prolong his stay but I will refer his care to the Crisis Team and take their guidance as to any further involvement on my own part or one of the other medical staff. Stephen's suicidal ideation up to this point has been ambivalent and readily shared with others. His travelling to the waterside the previous evening seemed more in a spirit of agitated distraction than a specific attempt to end his life and CRS follow up and the availability of MHAU known to him.

12-Nov-2025 11:48	Progress notes (Langhill Clinic) BRYAN, Laura (StaffNurse)
	Template: **Inpatient chronology**
Comment	Chronology Comment: 1:1 with Stephen this morning to work through Crisis Management Plan. Note condensed due to high clinical activity. Pleasant and appropriate throughout and reactive to humour, open and honest. Struggling at the moment- aknowledges long term cannabis misuse not helping and adjusting to life without. Denied craving it- last joint prior to admission he was "put off". Finds benefit from SAMH worker [redacted] who he thinks is going to contact him today. Finds benefit of staff coming to speak with him on ward. Encouraged to continue with Getting to Know me document and make me aware when complete. Also encouraged to maike note of his thoughts prior to speaking with consultant as states his anxiety makes this hard to verbalise. Unable to fully engage in crisis plan due to way he is feeling and struggling to process thoughts but was thankful for time spent.
12-Nov-2025 10:02	Inbound Referral (NHS GG&C Mental Health Services) WATT, Nicole (CLERICALOFFICER)
Referral	Emergency hospital admission (11-Nov-2025 19:00) From: Inverclyde CRS
12-Nov-2025 08:21	Face to face consultation (NHS GG&C Mental Health Services) MUKHERJEE, Arnab (CT1)
Comment	Duty Dr Mukherjee Admission FBC UE LFT CRP all normal Bone profile TFT and haematinics still processing Plan

will hand over to day dr to chase

12-Nov-2025 05:38	Progress notes (NHS GG&C Mental Health Services) LAPPIN, William (StaffNurse)
	Template: **Inpatient chronology**
Comment	Continuous Intervention No Chronology Comment: Stephen has remained within his room over night, he has approached staff for his charged but accepted that this remained out with his room due to the potential risks which he accepted with no concerns he has been seen at the hourly checks watching movies on his phone and then appeared to be sleeping no concerns at the time of writing.
Additional	Legal Status: Informal
Assessment	Harm to Self: No Suicide attempt in the past week though during conversation with writer stated he wanted to be here and get help expressing desire for help and engage in a manner that matched this. No indications this duty. Harm to Others: No In conversing with Stepher made no reference or indications of any potential harm to others. Harm from Others: No Nil this duty.
12-Nov-2025 03:33	Case conference (NHS GG&C Mental Health Services) LAPPIN, William (StaffNurse)
	Template: **Inpatient chronology**
Comment	Continuous Intervention No Chronology Comment: Spoke with stephen to enquire about information as per admission protocol, has advised no known allergies and that physcally he is generally fit though that he has a previous break to his tail bone which can suffer from mobility issues when its cold and that he also has sciattica but these cause him minimal issues outwith some pain and a limp. He has expressed desire to not receive any Benzodiazpines or Opiods during his treatment as he fears they would cause a relapse and indicated future planning in regards to abstaining from these. Fruther discussion during the ASSISST lite around his habits he has been abstinant from Alcohol, Opiods, Benzodiazepies and other drugs but was a frequent user of cannibis, stating that he only used an opiod and benzodiazepines for his recent suicide attempts but these where in the from of 8/500 cocodamol and steet valium and until this suicide attempt he had no desire to use either drug and regretted using them stating he feared relapsing into crack and herione use which he states he has been clear of for in "double digits in years" indicating to writer forward planning in regards to his sobriety. While following through with assisst paperwork he advised that he had quit smoking sunday in discussion with him and proximity to the assessment he agreed for it to be scored and had a small discussion about smoking cessasstion and that should he want support in regards to quiting and that although best advice would be to remain abstianant while here that the ward is an understanding place and if he struggles he just needs to ask for support. He has identified his aunt and uncle as his next of kin and that his ex partner have no visiting with him. Discussed his income advised he is on PIP, UC and ADD and spoke through the process of puting in sicklines to state he is currently admitted to hospital though he expressed concern about his money being stopped reassured that it was to inform them of his location should they require him to attend for appointments. He was pleasant though apologised for his tongue in cheek and sarcastic approach but advised this would be fine and everyone will get to know him while he is here, he has agreed to fill out for staff. Aunt and uncle advised of visiting times and aunt has asked should she be needed in emergency to call and she would be present asap.
Additional	Legal Status: Informal
Assessment	Harm to Self: No Suicide attempt in the past week though during conversation with writer stated he wanted to be here and get help expressing desire for help and engage in a manner that matched this. No indications this duty. Harm to Others: No In conversing with Stepher made no reference or indications of any potential harm to others. Harm from Others: No Nil this duty.
12-Nov-2025 03:30	Progress notes (NHS GG&C Mental Health Services) LAPPIN, William (StaffNurse)
	Template: **MUST Page**
Examination	O/E - height 174 cm • O/E - weight 73.8 kg • Body mass index 24.4 kg/m2 • Weight

steady • Malnutrition universal screening tool - BMI score 1 • Malnutrition universal screening tool - weight loss score 0
Nutrition
Appetite normal

12-Nov-2025 03:28	Progress notes (NHS GG&C Mental Health Services)	LAPPIN, William (StaffNurse)
	Template: **smoking**	
Comment	Stopped smoking (09-Nov-2025)	
12-Nov-2025 03:28	Progress notes (NHS GG&C Mental Health Services)	LAPPIN, William (StaffNurse)
	Template: **Armed Forces**	
Comment	No, Not Known / Not Applicable	
12-Nov-2025 00:10	Progress notes (NHS GG&C Mental Health Services)	LAPPIN, William (StaffNurse)
	Template: **Person Centred Visiting**	
Comment	I would like the following people to visit me [redacted] (aunt) & [redacted] (Uncle) I do not want visits from the following people [redacted] (Ex Partner) I would like them to visit at During the day I would like to rest at Night Will you have children visiting? No • Has the person centred visiting plan been discussed with patient Yes • Has the person centred visiting plan been discussed with patient's relative Yes	
12-Nov-2025	NHS GG&C Mental Health Services	LAPPIN, William (StaffNurse)
Document	Care plan Person Centred Care Plan	
11-Nov-2025 21:52	Progress notes (NHS GG&C Mental Health Services)	LAPPIN, William (StaffNurse)
	Template: **Falls risk Assessment and Falls Interventions**	
Assessment	General Safety Precautions 1 Have you documented mobility status in clinical record Yes 2 Have you completed a moving and handling assessment (if appropriate) Yes 3. Check walking aid (if required) is in reach and in use N/A 4. Check call bell is in reach and working. Yes 5. Provide and document alternative measures if patient is unable to use call bell N/A 6. Check footwear is safe (refer to NHSGGC Footwear guidance) Yes 7. If glasses are worn, check they are available and in use N/A 8. If hearing aid/s are worn, check they are working and in use N/A Risk Assessment 1. Has the patient fallen in the last 6 months - including during this admission? No 2. Does the patient have cognitive impairment or a possible deliriium? No 3. Does the patient attempt to walk alone although unsteady or unsafe? No 4. Does the patient or their relative have a fear or anxiety of the patient falling? No 5. Based on your clinical judgement, is this patient at high risk of falling? No	
11-Nov-2025 21:48	Progress notes (NHS GG&C Mental Health Services)	LAPPIN, William (StaffNurse)
	Template: **Inpatient FFN**	
Comment	Nutritional assessment completed Hospital IRH - Langhill Unit Ward AAU Date of Admission 11/11/25 Time of admission 19:00 Mental Health/long term condition/s or physiological need No None Diagnosed at present Is there a risk of Refeedinig syndrome? No Physical Assistance Required Independent with eating or drinking? Yes Requires assistance with eating or drinking No Difficulties with swallowing (if yes, specify reason/detail) No Dysphagia No Difficulties chewing certain foods/poor dental health No Personal/dietary needs Religious/ethnic/cultural/vegetarian/vegan dietary requirements No	

Any food allergy/sensitivity No NKDA
Is there loose jewellery No
Is there loose clothing No

11-Nov-2025 21:42 Progress notes (NHS GG&C Mental Health Services) LAPPIN, William (StaffNurse)

Template: **CRAFT - Risk Assessment**

Comment

Risk assessment • When is this review taking place? Emergency presentation

Risk Assessment

What do the clinical team, service user and family/carer think the key risks are at the moment, please describe these in detail? Stephen is actively expressing a wish to end his life. He left the ward earlier with the intent to complete suicide. He was detained and brought back by police. He has limited social support. He does not believe he will ever feel better.CRS / Nursing - 10/11/2025: Joint assessment with CMHT duty worker - Stephen had contacted services today and reported to being distressed. He was discharged from IRH - inpatient medical ward on 9th November 2025 following tretament of an overdose - detained due to wanting to leave the ward and then detention was revoked due to Stephen no longer being a risk to himself. Stephen denied any thoughts of self harm and or suicidal ideation at time of assessment. He stated that he was distressed prior to attending for assessment and "had promised himself and others" that he would not harm himself again. He stated that he has being over whelmed recently due to life stressors, problems with his landlord - private let, birthday anniversary's of his x2 son's whom he has not seen for years and the death anniversary of his brother who died several years ago in July. Stephen reported that he is also struggling with his recent relationship with his partner - 2 weeks ago. He reported that all these stressors led to his recent overdose.CRS / Nursing: Stephen failed to attend for his planned appointment with CRS this morning. Stephen reported that he went for a walk this morning at 03:30hours to the river with thoughts of "jumping in". He reported that he did not act upon his thoughts due to his aunt texting him at that time. He reported that he attended IRH - Emergency department and was advised to attend Crown House.Reports to ongoing suicidal ideation. Unsure what his plan is and when. Critical of mental health services and feels "that he is not being listened to". Reorted to poor sleep and poor appetite. Ongoing Cannabis misuse of - x3 joints on a daily basis. PLAN: Due to deterioration within Stephen's mental health andd him having had contact with mental health services multiple times over the last few days, discussion with Dr Easton (Consultant Psychiatrist) - on call Consultant, agreed for admission into Langhill Clinic - ward AAU. Bed-manager informed and duty Doctor also made aware.

What historical risk factors are there that it is important to be aware of? History of multiple trauma including being raped as a child. He used to take drugs to block out his pain. Currently smokes weed and takes some street valium.CRS / Nursing - 10/11/2025:As above.CRS / Nursing: 11/11/2025: As above.

What are the obstacles to risk management/what risks canâ€™t be changed? Breakdown of relationship. Social isolation.CRS / Nursing - 10/11/2025:As above. Housing issues. Lack of structure within his day.CRS / Nursing: 11/11/2025: As above.

What factors are present that reduce risk? He is willing to remain on the ward to complete medical treatment.CRS / Nursing - 10/11/2025:Keen to engage with services.Ongoing support from DBI. Denies any illicit drug and or alcohol misuse. Reports to enjoying going for drives. Reported to having good support from his friends. Denied any financial issues - stated that he had enough food at home.CRS / Nursing: 11/11/2025: As above. Aunt and uncle attended for re-assessment with Stephen at Crown House today.Admision to AAU - Named Nurses & Staff will provide 1:1 timeWeekly MDT's

Risk Management

Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)? At the moment, he is clear that he still wants to end his life. There is a risk he will make a further attempt on his life if he is discharged home.CRS / Nursing - 10/11/2025:Non engagement with services. Not coping with relationship break-up.CRS / Nursing: 11/11/2025: As above. Multiple contact with services over the last few days and reporting to a deterioration within his mental health.

What is the clinical team going to do about it - In the next few days/between now and next appointment? Ongoing CRS assessment and support. Face-to-face review at Crown

House on Tuesday 11th November 2025 at Crown House at 10:00hours. Patient information leaflet given to Stephen, should he require any additional support at any time. Contact details for services confirmed, should he require any additional support at any time.CRS / Nursing: 11/11/2025: Discussed with Dr Easton (Consultant Psychiatrist) and inpatient admission agreed at Langhill Clinic - ward AAU. Duty Doctor informed and bed manager also informed.Allocated Named NurseDiscuss at weekly MDT
What is the clinical team going to do about it - In the next few months? As above.
Are there any other considerations for risk management ? Previous multiple prison sentences.
What should the service user/family/carers do if risky situations emerge ? Contact Langhill Clinic due to being an inpatient
Have all relevant professionals been informed of the risk management plan ? ALL EMIS users

11-Nov-2025 20:45	Face to face consultation (NHS GG&C Mental Health Services) MCLAUGHLIN, Cara (Doctor)
	Template: **Adult MH Admission Assessment Template**
Assessment	Patient Demography Legal Status Informal [RFC] Reason for care : Communication special needs Alerts Alert note Reason for Referral Reason for referral Suicidal ideation Reason for attendance Reason for attendance Seen with his aunt and uncle Reason for attendance (continued) Seen in ED on sunday following a overdose, requiring NAC. EDC revoked and discharged. Said he was feeling "great" at that point in time, and keen to get better, but as soon as he was back at home on his own it felt like "everything was coming crashing down again". Seen by crownhouse and then went home on monday. then walked down to the river in the pouring rain and sat looking at the river for 3 hours. describes it as a surreal experience where he couldn't hear anything and all he could see was the water as though he had tunnel vision. aunt text him which distracted him, she then spoke to him on the phone and he went home. aunt appeared at his house this morning and took him to ED. Oral intake has been minimal, 3 cuppa soup in past week. not sleeping. Mood has been bad for the past couple of months. Describes emotional abuse from partner (only just seperated from her). previous partner reported to have physically abused him. Tried to explore hallucinations which stephen was reluctant to talk about in front of his aunt, saying he has heard voices for years. describes "conversations in his head", which sounds as though he is just describing his own thoughts.Stephen describes driving to Oban last week and back with no recollection of why he went there. He also had been given a speeding ticket in port glasgow last thursday which he says is out of character for him. Feels unable to keep himself safe at home due to ongoing suicidal ideation, no active plans. happy to stay in hospital, says he is desperate for helpVoices negative opinion of care he has had in Crown house. Psychiatric history H/O: psychiatric disorder Tried to strangle himself several years ago. Took a valium overdose about 10 years ago. Previous valium dependence, he blames his GP for this saying his GP started him on valium and then increased the dose. Medical History Past medical history Nil Family History Family history Personal History Social/personal history lives alone.complex social history. has been in prison for several years. brother died in prison. has no contact with any of his family (mum, siblings). has only just been back in contact with his aunt for the past 4 months, after decades of no contact. was sexually abused by an uncle as a child, only recently disclosed this information. this uncle has no contact with him any more and stephen says he "doesnt

know if he is even still alive, to be honest id be happy if he was dead"
Additional Notes
Additional note
Current medication details
Medication Nil
Allergies NKDA
Substance Use
Pattern of use denies any current drugs, other than occasional cannabis. doesnt drink alcohol.
Forensic history
Forensic history was in prison for several years. denies recent forensic history
Mental State Examination
Appearance dressed casually in jeans and a t-shirt
Behaviour good engagement in conversation, initially needed encouragement by his aunt. good eye contact. agitated at times.
Mood & Affect slightly agitated, reactive
Speech normal
Perceptions not openly responding to unseen stimuli
Cognition not formally assessed but appears orientated to time, place, person
Insight appears intact
Initial treatment plan
Continuous Intervention No
Mental Health Act Status informal
Time Out no time out until consultant review
Immediate actions
HEPMA
Physical examination physically keeps well. reports over the past year has been feeling breathless with chest heaviness and palpitations. he has associated these symptoms to stress related to being with his partner.
Relevant investigations
CRAFT

Examination
Medical examinations/reports
ECG Date: 11/11/25
ECG Result: sinus brady rate 50, qtc 383, evidence of LVH
Respiratory Examination Findings HS I+II+O chest clear.
Plan 1. bloods including refeeding bloods. 2. dietician input. 3. obs. If hypertensive consider echo due to LVH on ECG.
Impression depression with suicidal ideation

11-Nov-2025 18:32 — Progress notes (NHS GG&C Mental Health Services) GRAHAM, Olivia Leslie (StudentNurse)

Template: **Inpatient chronology**

Additional
O/E - height 174 cm • O/E - weight 73.8 kg
Build: Slim build
Complexion/skin colour: White caucasian
Hair colour: Dark brown
Eye colour: Brown
Dentures: n/a
Distinguishing Features: Tattoos on both arms
O/E - blood pressure reading 141/109 mmHg • O/E - pulse rate 58 beats/min
Body temperature reading 36.3
Blood oxygen saturation 96 % • Baseline respiratory rate 18 /minute

11-Nov-2025 17:20 — Administration note (Crown House) AMIN, Kauser (SeniorCrisisPractitioner)

Comment
CRS / Nursing:
Stephen has been discharged from CRS caseload due to inpatient admission at Langhill Clinic - ward AAU.
G.P discharge letter completed.

11-Nov-2025 16:40 — Face to face consultation (Crown House) AMIN, Kauser (SeniorCrisisPractitioner)

Accompanying HCP: FITZGERALD, Laura (SeniorCrisisPractitioner)
Template: **CRAFT - Risk Assessment**

Comment Risk assessment • When is this review taking place? Intake to MHS
Risk Assessment
What do the clinical team, service user and family/carer think the key risks are at the moment, please describe these in detail? Stephen is actively expressing a wish to end his life. He left the ward earlier with the intent to complete suicide. He was detained and brought back by police. He has limited social support. He does not believe he will ever feel better.CRS / Nursing - 10/11/2025: Joint assessment with CMHT duty worker - Stephen had contacted services today and reported to being distressed. He was discharged from IRH - inpatient medical ward on 9th November 2025 following tretament of an overdose - detained due to wanting to leave the ward and then detention was revoked due to Stephen no longer being a risk to himself. Stephen denied any thoughts of self harm and or suicidal ideation at time of assessment. He stated that he was distressed prior to attending for assessment and ”had promised himself and others” that he would not harm himself again. He stated that he has being over whelmed recently due to life stressors, problems with his landlord - private let, birthday anniversary's of his x2 son's whom he has not seen for years and the death anniversary of his brother who died several years ago in July. Stephen reported that he is also struggling with his recent relationship with his partner - 2 weeks ago. He reported that all these stressors led to his recent overdose.CRS / Nursing: Stephen failed to attend for his planned appointment with CRS this morning. Stephen reported that he went for a walk this morning at 03:30hours to the river with thoughts of ”jumping in”. He reported that he did not act upon his thoughts due to his aunt texting him at that time. He reported that he attended IRH - Emergency department and was advised to attend Crown House.Reports to ongoing suicidal ideation. Unsure what his plan is and when. Critical of mental health services and feels ”that he is not being listened to”. Reorted to poor sleep and poor appetite. Ongoing Cannabis misuse of - x3 joints on a daily basis. PLAN: Due to deterioration within Stephen's mental health andd him having had contact with mental health services multiple times over the last few days, discussion with Dr Easton (Consultant Psychiatrist) - on call Consultant, agreed for admission into Langhill Clinic - ward AAU. Bed-manager informed and duty Doctor also made aware.
What historical risk factors are there that it is important to be aware of? History of multiple trauma including being raped as a child. He used to take drugs to block out his pain. Currently smokes weed and takes some street valium.CRS / Nursing - 10/11/2025:As above.CRS / Nursing: 11/11/2025: As above.
What are the obstacles to risk management/what risks canâ€™t be changed? Breakdown of relationship. Social isolation.CRS / Nursing - 10/11/2025:As above. Housing issues. Lack of structure within his day.CRS / Nursing: 11/11/2025: As above.
What factors are present that reduce risk? He is willing to remain on the ward to complete medical treatment.CRS / Nursing - 10/11/2025:Keen to engage with services.Ongoing support from DBI. Denies any illicit drug and or alcohol misuse. Reports to enjoying going for drives. Reported to having good support from his friends. Denied any financial issues - stated that he had enough food at home.CRS / Nursing: 11/11/2025: As above. Aunt and uncle attended for re-assessment with Stephen at Crown House today.
Risk Management
Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)? At the moment, he is clear that he still wants to end his life. There is a risk he will make a further attempt on his life if he is discharged home.CRS / Nursing - 10/11/2025:Non engagement with services. Not coping with relationship break-up.CRS / Nursing: 11/11/2025: As above. Multiple contact with services over the last few days and reporting to a deterioration within his mental health.
What is the clinical team going to do about it - In the next few days/between now and next appointment? Ongoing CRS assessment and support. Face-to-face review at Crown House on Tuesday 11th November 2025 at Crown House at 10:00hours. Patient information leaflet given to Stephen, should he require any additional support at any time. Contact details for services confirmed, should he require any additional support

at any time.CRS / Nursing: 11/11/2025: Discussed with Dr Easton (Consultant Psychiatrist) and inpatient admission agreed at Langhill Clinic - ward AAU. Duty Doctor informed and bed manager also informed.
What is the clinical team going to do about it - In the next few months? As above.
Are there any other considerations for risk management ? Previous multiple prison sentences.
What should the service user/family/carers do if risky situations emerge ? Contact Langhill Clinic due to being an inpatient
Have all relevant professionals been informed of the risk management plan ? ALL EMIS users

11-Nov-2025 16:17	Face to face consultation (NHS GG&C Mental Health Services) HOUSTON, Claire (CrisisPractitioner) Duration: 60 mins

Accompanying HCP: AMIN, Kauser (SeniorCrisisPractitioner)
Template: **SBAR V4**

Comment

Situation Stephen is a 46 year old man who was admitted to medical ward at IRH for treatment on 07/11/2025 following an intentional overdose of paracetamol with the view of ending his life. Stephen disclosed taking 32x8/500 paracetamol and 30 paracetamol. Paracetamol was 226 and required NAC infusion. Stephen left the medical ward on 08/11/2025 with the view of ending his life and was placed on an EDC under the MHA and police returned him to the ward. Stephen was reviewed by Anne Weir and Dr Carbarns. EDC was revoked and he was discharged on 09/11/2025. DBI referral was made and referral to CMHT for discussion at SPOA. Stephen self presented at CMHT on 10th November 2025 although left approx 5-10 minutes later. Crown House called Stephen back as he left without seeing duty and appeared distressed on the call; advising that he had to pull his car over as he was crying. Agreed to return to CMHT and meet with CMHT and Kauser, CRS. At this time, Stephen contracted to a safety plan and appointment for follow up on 11th Novmbr 2025. He did not attend this appointment. He was unresponsive to CRS calls. NOKs did not respond. CRS attended registered address and were informed he did not live there. CRS were then contacted by IRH who advised Stephen had attended citing suicidal ideation. Safe to travel to Crown house for second assessment.
Background Emis notes indicate that Stephen was placed in care homes in his childhood with prison sentences between 15-27years. PCMHT referral in 2019 when he was living in Glasgow although following assessment he was referred to Addiction.History of drugs misuse, including heroin, valium, cocaine, cannabis and dihydrocodeine.Stephen disclosed he had issues of substance misuse over 20 years ago but reports he did not attend services. Stephen also reports that he felt very isolated since his move from Glasgow to Inverclyde just over a year ago. Stephen has disclosed sexual assault whilst in prison at 21 years old and being raped by an uncle at 7 years old.Stephen was referred to CRS on 10th November 2025, and at this time contracted fully to a safety plan and subsequent appointment for review with CRS on 11th November 2025. Stephen did not attend this appointment. Stephen attended IRH A&E on 11th Novemebr 2025 citing a further decline in his mental health presentation and suicidal ideation.
Assessment Stephen attended Crown House following IRH A&E attendance and subsequent discussion between IRH, MHAU and Crown House. Stephen was supported to his appointment by his Auntie [redacted] and Uncle [redacted] Stephen opened the consultation by expressing his dispondence at his previous assessment on 10th November 2025. Stephen explained that he did not feel listened to or supported. [redacted] interjected and advised that she is aware of how Stephen is feeling and that she has experienced crisis in her own life. [redacted] advised that Stephen is of high risk to himself and is deeply concerned that he will act again on his suicidal impulses. Stephen communicated that Crown House has poor reviews/reputation, and that he did not initionally wish to engage with Crown House due to this. Stephen advised that he continues to experiencee suicidal ideation and drove himself to the waterfront again last night with intent to suicide. He stated that his Auntie contacted him via text at 0330 and this prompted a discussion with his auntie who attended him and supported him to A&E this morning. Stephen was tearful throughout appointment. Stephen would not contract to a community based safety plan. Discussion with Dr Easton, with background and risks discussed. Dr Easton was agreeable to offering an informal admission

	for 24/7 nursing acute assessment. Stephen was escorted to hospital directly by family. Confirmed he was safe to do so. Recommendation 1. Discussed with Dr Easton (Consultant Psychaitrist). 2. Offered and accepted informal admission to AAU Langhill Clinic.3. Inform bed manager.4. Inform Duty Dr. 5. Discharge from community caseload. Risk 1. Intentional overdose of paracetamol on 7/11/2025.2. Absconded from hospital on 08/11/2025 with the view of ending his life.3. EDC revoked on 09/11/2025.4. Not contracting to a safety plan. 5. Risk of misadventure.6. Risk of suicide.7. Impulsivity - changeable behaviours.
11-Nov-2025 14:56	Progress notes (NHS GG&C Mental Health Services) HOUSTON, Claire (CrisisPractitioner)
Comment	CRS Nursing Telephone call received from Tom (Registrar at IRH A&E) to advise that Stephen has been reviewed at A&E IRH with a subsequent discussion with MHAU. Stephen will be accompanied by his aunt and uncle who will assist with transport to Crown House this afternoon. Tom confirmed that Stephen is safe to travel with support from family. Plan - Initial mental health assessment this afternoon.
11-Nov-2025 14:47	Inbound Referral (NHS GG&C Mental Health Services) WILSON, Rachel (HealthCareSupportWorker)
Referral	Referred for mental health assessment From: GGC RS IRH - ED
Document	Forms - miscellaneous 🗎 MHAU Telephone Referral
Comment	Referral from IRH. Currently open to CRS who have been trying to make contact today. Crisis happy to see Stephen at their base. No role for MHAU at this time.
11-Nov-2025 14:39	Progress notes (NHS GG&C Mental Health Services) HOUSTON, Claire (CrisisPractitioner)
Comment	CRS Nursing Telephone call to patient without success. Alternative address located on Clinical Portal as; 3g Kilmory TerracePort GlasgowRenfrewshirePA14 5PF Plan - Re-deliver appointment letter.
11-Nov-2025 14:29	Progress notes (NHS GG&C Mental Health Services) HOUSTON, Claire (CrisisPractitioner) Duration: 30 mins
Comment	Accompanying HCP: O'BRIEN, Rachel (CrisisPractitioner) CRS Nursing Assertive outreach to registered address with appointment letter. A female answered the door, with CRS querying if Stephen lives at this address. The woman stated "i don't know" and closed the door abruptly. Plan - Discuss with team.
11-Nov-2025 14:05	Face to face consultation (NHS GG&C Mental Health Services) DOLLARD, Karen (Admin)
Document	Appointment 🗎 Appointment from Inverclyde CRS Nursing (11-Nov-2025)
Comment	letter to be hand delivered by CRS staff
11-Nov-2025 13:53	NHS GG&C Mental Health Services JACKSON, Shona (ClericalOfficer)
Document	Mental health admin. NOS 🗎 REV 1 (11-Nov-2025)
11-Nov-2025 13:44	NHS GG&C Mental Health Services JACKSON, Shona (ClericalOfficer)
Document	Mental health admin. NOS 🗎 DET 1 (11-Nov-2025)
11-Nov-2025 13:43	Telephone call to relative/carer (Crown House) O'BRIEN, Rachel (CrisisPractitioner)
Comment	CRS Nursing - Telephone call to Stephen's NOK, his aunti [redacted] CRS phoned [redacted] registered mobile number, to no avail. Phone rang to voicemail. No voicemail left due to GDPR. CRS attempted to contact Stephen's 2nd NOK, his friend, [redacted], also to no avail. Writer phoned [redacted] registered mobile number, which rang to voicemail. No voicemail left due to GDPR. Plan - CRS will hand deliver appointment letter to Stephen's home address and check on wellbeing.
11-Nov-2025 10:53	Progress notes (NHS GG&C Mental Health Services) HOUSTON, Claire (CrisisPractitioner)
Comment	CRS Nursing

Appointment letter formulated for hand delivery.
Plan - Face to face review at Crown House on 12th Novemebr 2025 at 1300.

11-Nov-2025 10:41	Telephone call to a patient (NHS GG&C Mental Health Services) HOUSTON, Claire (CrisisPractitioner)
Comment	Accompanying HCP: O'BRIEN, Rachel (CrisisPractitioner) CRS Nursing Stephen did not attend his planned appointment with CRS this morning. Telephone call to Stephen on his registered mobile number, which went straight to voicemail. Voice message left requesting return call to CRS at Crown House. No NOK details on EMIS registration. No NOK details on MHBAT from Ann Weir on 9th November 2025, available on EMIS. Further call to Stephen which rang out to voicemail x 2. Plan - Formulate appointment letter for hand delivery.
11-Nov-2025 10:23	Face to face consultation (Crown House) MCLEAN, Elizabeth (SocialWorker)
Comment	Duty Access First open to CRS awaiting discussion at SPOA
11-Nov-2025	NHS GG&C Mental Health Services LAPPIN, William (StaffNurse)
Document	Forms - miscellaneous 🗎 Moving and Handling
10-Nov-2025 15:55	Inbound Referral (NHS GG&C Mental Health Services) AMIN, Kauser (SeniorCrisisPractitioner)
Referral	Referral to mental health crisis team From: Inverclyde Adult CMHT
10-Nov-2025 15:55	Face to face consultation (Crown House) AMIN, Kauser (SeniorCrisisPractitioner)
Comment	Accompanying HCP: AUTON, Hannah (SocialWorker) Template: **CRAFT - Risk Assessment** Risk assessment • When is this review taking place? Intake to MHS Risk Assessment What do the clinical team, service user and family/carer think the key risks are at the moment, please describe these in detail? Stephen is actively expressing a wish to end his life. He left the ward earlier with the intent to complete suicide. He was detained and brought back by police. He has limited social support. He does not believe he will ever feel better.CRS / Nursing - 10/11/2025: Joint assessment with CMHT duty worker - Stephen had contacted services today and reported to being distressed. He was discharged from IRH - inpatient medical ward on 9th November 2025 following tretament of an overdose - detained due to wanting to leave the ward and then detention was revoked due to Stephen no longer being a risk to himself. Stephen denied any thoughts of self harm and or suicidal ideation at time of assessment. He stated that he was distressed prior to attending for assessment and "had promised himself and others" that he would not harm himself again. He stated that he has being over whelmed recently due to life stressors, problems with his landlord - private let, birthday anniversary's of his x2 son's whom he has not seen for years and the death anniversary of his brother who died several years ago in July. Stephen reported that he is also struggling with his recent relationship with his partner - 2 weeks ago. He reported that all these stressors led to his recent overdose. What historical risk factors are there that it is important to be aware of? History of multiple trauma including being raped as a child. He used to take drugs to block out his pain. Currently smokes weed and takes some street valium.CRS / Nursing - 10/11/2025:As above. What are the obstacles to risk management/what risks canâ€™t be changed? Breakdown of relationship. Social isolation.CRS / Nursing - 10/11/2025:As above. Housing issues. Lack of structure within his day. What factors are present that reduce risk? He is willing to remain on the ward to complete medical treatment.CRS / Nursing - 10/11/2025:Keen to engage with services.Ongoing support from DBI. Denies any illicit drug and or alcohol misuse. Reports to enjoying going for drives. Reported to having good support from his friends. Denied any financial issues - stated that he had enough food at home. Risk Management Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)? At the moment, he is clear that he still wants to end his

life. There is a risk he will make a further attempt on his life if he is discharged home.CRS / Nursing - 10/11/2025:Non engagement with services. Not coping with relationship break-up.
What is the clinical team going to do about it - In the next few days/between now and next appointment? Ongoing CRS assessment and support. Face-to-face review at Crown House on Tuesday 11th November 2025 at Crown House at 10:00hours. Patient information leaflet given to Stephen, should he require any additional support at any time. Contact details for services confirmed, should he require any additional support at any time.
What is the clinical team going to do about it - In the next few months? As above.
Are there any other considerations for risk management ? Not identified today.
What should the service user/family/carers do if risky situations emerge ? Contact CRS / CMHT duty / NHS 24 (111) / G.P service andd or Emergency services as appropriate.
Have all relevant professionals been informed of the risk management plan ? All EMIS

10-Nov-2025 15:00 Face to face consultation (Crown House) AUTON, Hannah (SocialWorker)

Template: **SBAR V4**

Comment

Situation Stephen is a 46 year old man who was admitted to medical ward at IRH for treatment on 07/11/2025 following an intentional overdose of paracetamol with the view of ending his life. Stephen disclosed taking 32x8/500 paracetamol and 30 paracetamol. Paracetamol was 226 and required NAC infusion. Stephen left the medical ward on 08/11/2025 with the view of ending his life and was placed on an EDC under the MHA and police returned him to the ward. Stephen was reviewed by Anne Weir and Dr Carbarns. EDC was revoked and he was discharged on 09/11/2025. DBI referral was made and referral to CMHT for discussion at SPOA. Stephen self presented at CMHT this afternoon although left approx 5-10 minutes later. Writer called Stephen back as he left without seeing duty and appeared distressed on the call; advising that he had to pull his car over as he was crying. Agreed to return to CMHT and meet with the writer and Kauser, CRS.
Background Emis notes indicate that Stephen was placed in care homes in his childhood with prison sentences between 15-27years. PCMHT referral in 2019 when he was living in Glasgow although following assessment he was referred to Addaction.History of drugs misuse, including heroin, valium, cocaine, cannabis and dihydrocodeine.Stephen disclosed he had issues of substance misuse over 20 years ago but reports he did not attend services. Stephen also reports that he felt very isolated since his move from Glasgow to Inverclyde just over a year ago. Stephen has disclosed sexual assault whilst in prison at 21 years old and being raped by an uncle at 7 years old.
Assessment Stephen presented kempt with no concerns noted regarding self-neglect of self-care. Denies hallucinations at present although stated a 4 weeks ago he could see something out the corner of his eyes which would "come and go", although unsure what it was. No evidence of responding to unseen stimuli during consultation. Appeared upset and crying at times during appointment. Speech was of coherent and normal tone and volume. Current mood - 4 out of 10 with 10 being best Firmly denies suicidal ideation and denies plan and intent. Denies having an medication stockpiled in his house. Denies DSH. States he has promised to not attempt suicide and would tell his family/services if he was going to act on any thoughts in the future. Did not feel the need for hospital admissionStephen describes a breakdown of his relationship which has impacted on how he is feeling at present. Describes an emotionally abusive relationship with his ex-partner. Describes struggling with the grief of his brother who passed away 2015 - reports that he would be keen for counselling for same. Appetite - reports being poor for a few weeks although is drinking plenty of water. Sleep - variable sleep - longstanding. Sometimes does not sleep and only requires naps. Housing - private let and has requested a move due to the other tenants in his close using illicit substances and can struggle with same. Feels he would benefit support with same although unsure how to seek support. Illicit substance - reports smoking 3 joints of cannabis daily. Denies being prescribed any medication; previously prescribed Sertraline although struggled with side effects and stopped. Reports no previous diagnosis of mental illness. No contact with his two sons - struggles when it is their birthdays. Good support from his friend and NOK [redacted] - consent to share information with [redacted]. Enjoys going fishing every 3 or 4 days. Enjoys going out in his car for drives. Finds it relaxing beside the water. Previous dog walking with his

ex-partner although states he kept 2 clients. Currently has DBI input - [redacted] called him this morning. Keen for support from services and willing to engage with same. Agreed to CRS referral. Contact details given.
Recommendation Referral to CRS - appointment given for tomorrow 11/11/2025 at 10am in CMHT. contact details given for CRS, NHS24 and present at A&E if requiring urgent support for his mental state.
Risk intentional overdose of paracetamol on 7/11/2025Absconded from hospital on 08/11/2025 with the view of ending his life.EDC revoked on 09/11/2025risk of misadventure risk of suicideimpulsivity.

09-Nov-2025 20:47	Face to face consultation (NHS GG&C Mental Health Services) CARBARNS, Amy (Doctor)
Comment	Reviewed EDC. See thorough review from Ann Weir. Seen with Stephen's uncle, who Stephen has informed of events. Expressing regret at taking paracetamol overdose. Says this was stupid and would never happen again. Future planning, speaking very positively about input from Ann and felt a lot of relief from opening up about how he was feeling. Plans to seek counselling, has made contact about DBI and has all phone numbers for 3rd sector organisations. No evidence of depression, currently euthymic. Good appetite, no change in sleep. Agrees he is not depressed. Is prescribed sertaline but doesn't take this as it never helped. No evidence of psychotic symptoms. Uses cannabis regularly- advised of risks of this, but accepts these and plans to continue. Spoke about alcohol and benzodiazapines reducing inhibition and increasing risk of harm to self, and he accepted this. Imp- impulsive overdose in context of relationship breakdown, alcohol and history of trauma. Enthusiastic about engaging in community supports. Plan- EDC revoked, medically fit so was discharged home. Lives alone, uncle going to take him home and check in with him by phone.
09-Nov-2025	Winvoice Pro Filing WEIR, Ann (SeniorUnscheduledNurse)
Additional	Attachment 🗎 MH48 Brief Assessment | Langhill Clinic Mental Health | Ann Weir
09-Nov-2025 13:45	Face to face consultation (NHS GG&C Mental Health Services) WEIR, Ann (SeniorUnscheduledNurse)
Comment	Went to review Stephen. He was brighter today. He said he had confided in both his aunt and his friend [redacted] about his past sexual abuse. He had also had contact from his ex-partner and said he now feels "stupid" about his actions yesterday. He had felt hopeless at the abrupt end of his relationship but now recognises it was not a healthy relationship. He expressed a wish for help to deal with his trauma. He had been talking to nursing staff also and appears genuine in his wish for help and that this was not a ploy to secure discharge home so that he could end his life. His posture was more open, he was more reactive and animated in his conversation. He made good eye contact. He has been quite sick last night and this morning, likely as a side effect of the NAC infusion. Advised that I would contact the on call psychiatrist and try to have him seen today but this could not be guaranteed. He does not feel there would be any benefit from being admitted to AAU and would rather go home with community follow-up. We discussed referral to CRS initially with the hope that he will be taken on by the CMHT in due course. We will finalise his plan for discharge from the medical ward once he has been seen by the psychiatrist. He has been referred for DBI by the attending police officers yesterday. The service has already tried to phone him. His next of kin is his aunt, [redacted].
08-Nov-2025 14:05	Face to face consultation (NHS GG&C Mental Health Services) WEIR, Ann (SeniorUnscheduledNurse)
Comment	Template: **CRAFT - Risk Assessment** Risk assessment When is this review taking place? Other, please state Referral to Adult Mental Health Liaison Service. Risk Assessment What do the clinical team, service user and family/carer think the key risks are at the

moment, please describe these in detail? Stephen is actively expressing a wish to end his life. He left the ward earlier with the intent to complete suicide. He was detained and brought back by police. He has limited social support. He does not believe he will ever feel better.
What historical risk factors are there that it is important to be aware of? History of multiple trauma including being raped as a child. He used to take drugs to block out his pain. Currently smokes weed and takes some street valium.
What are the obstacles to risk management/what risks canâ€™t be changed? Breakdown of relationship. Social isolation.
What factors are present that reduce risk? He is willing to remain on the ward to complete medical treatment.

Risk Management

Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)? At the moment, he is clear that he still wants to end his life. There is a risk he will make a further attempt on his life if he is discharged home.
What is the clinical team going to do about it - In the next few days/between now and next appointment? Review again om 09/11/25. Consider psychiatric admission.
What is the clinical team going to do about it - In the next few months? N/A
Are there any other considerations for risk management ? Not identified today.
What should the service user/family/carers do if risky situations emerge ? Speak to ward staff.

Have all relevant professionals been informed of the risk management plan ? EMIS users.

08-Nov-2025 13:42	Face to face consultation (Liaison Inverclyde) WEIR, Ann (SeniorUnscheduledNurse)
Comment	Stephen was brought back to the ward by police who were still present when I arrived. He had told them that he wants to go home so that he can end his life. A friend of Stephen's called [redacted] is on his way from Glasgow to sit with him. Met with Stephen. He is a tall, slim man with short dark hair and some stubble. He has tattoos on both forearms. His sclera looked slightly yellow. He was wearing a grey t-shirt and blue jeans. For much of the assessment he had his head in his hands, at times wringing his hands. He was often tearful. He was pessimistic and hopeless in outlook. He repeatedly said he just wanted to go home. He wants to end his pain by ending his life. He stated he has nothing to live for. He initially said he had no-one of significance in his life, then did acknowledge the support of his friend [redacted] and someone he considers an aunt, who has been in touch with the ward to express her concern about him. He says that from the moment he wakes up, he has to get out of his flat as being there alone leads him to ruminate on past trauma. He struggles to escape from his thoughts and this has become more distressing since the end of his relationship. He didn't go into great detail about his trauma but confided he had been raped by an uncle when he was about 7. He said the only other person he has told about this was his Mum, who dismissed that this could have happened. He said he was sexually assaulted whilst in prison at the age of 21. His younger brother died in prison, [redacted] and Stephen has not come to terms with this loss or the fact that he was not allowed to see his brother after his death. He spent some time in an institution for young offenders and also served some prison sentences in his 20s. He intimated there were other traumas but did not want to talk about them today. He has agreed to remain in hospital to complete his NAC infusions. He had taken 30 x paracetamol and 32 x 8/500 cocodamol. Paracetamol level on admission was 226. We discussed the possibility of admission to AAU once his treatment has completed. He does not want this, believes it will be like prison. Wants to go home. Agreed that I would come back tomorrow morning to review. Staff are trying to source a member of staff for 1:1.
08-Nov-2025 11:06	Face to face consultation (Liaison Inverclyde) WEIR, Ann (SeniorUnscheduledNurse)
Comment	Went to L South to assess Stephen to be told that he had recently absconded from the ward. Staff were concerned about his risk of further self-harm and have detained him and called the police to find him and return him to L South. I will contact the ward later to see if he is back and fit to be seen.
08-Nov-2025 10:36	Inbound Referral (NHS GG&C Mental Health Services) BETTERIDGE, Matthew (SnrUnscheduledCareMHNurse)

Referral	Referral to mental health team From: GGC RS IRH - Inpatient
15-Aug-2022 10:04	NHS GG&C Mental Health Services MACDIARMID, Gillian (LiaisonAdmin)
Document	Discharge letter sent to general practitioner 🗎 Discharge letter sent to general practitioner from ADRS Inverclyde (15-Aug-2022)
15-Aug-2022 09:41	NHS GG&C Mental Health Services MACDIARMID, Gillian (LiaisonAdmin)
Document	Discharged from services 🗎 Discharge letter sent to patient (15-Aug-2022)
05-Aug-2022 12:04	Clinic note (Wellpark Clinic) WILSON, Kyle (SocialWorker)
Comment	Discharge and routes back to service letter sent to both Stephen and Dr Cairns at Ardgowan Medical Practice.
05-Aug-2022 10:41	Multidisciplinary team meeting without patient (Wellpark Clinic) BELL, Erin (ClericalOfficerSecretary)
Comment	IADRS - Discussed today at daily Screening/Allocations/Discharges Meeting. Present were Donna Small (ADRS Team Lead), Lisa Jean Halliday (Addictions Nurse), Kimberly Williamson (Social Worker) and Erin Bell (Medical Secretary). All risks discussed. To be discharged at patients request. Patient clear that IADRS is not for him and is happy to self refer to third sector services. Task sent to Kyle Wilson to complete discharge letter to GP and to provide patient with a routes back to service letter.
04-Aug-2022 14:06	Telephone call to a patient (NHS GG&C Mental Health Services) WILSON, Kyle (SocialWorker)
Comment	Template: **SBAR V4** Situation Recent referral from GP requesting additional support for Stephen. Telephone call to Stephen today to undertake SSA at 1pm. In discussion Stephen stated that he did not wish engage with IADRS and instead wished to self-refer to Moving On or Man On. Stephen reported no current alcohol or drug use for the past 7 weeks. Background Stephen disclosed he had issues of substance misuse over 20 years ago but reports he did not attend services. Stephen also reports that he felt very isolated since his move from Glasgow to Inverclyde just over a year ago. Stephen said that he is â€œstarting to find his feet nowâ€ and goes fishing regularly and owns his own car to get out and about. SSA was not completed due to Stephen believing this referral was to Moving On and not IADRS. Assessment Stephen does not wish to engage with IADRS. Stephen advised that IADRS could make referrals to third sector agencies, but he declined this insisting that he would be more than happy to make the referrals himself. Harm reduction advice given, Stephen is fully aware of the services available at IADRS and is aware if he needs the service in the future he can self-refer. Recommendation Discharge from Wellpark as Stephen made it clear that this was not the service for him and will now self-refer to Moving On and Man On. Risk Low risk as Stephen has disclosed he has not used in over 7 weeks, however past use increases risk of relapse
Additional	Follow-up outpatient appointment Appointment Outcome:
29-Jul-2022 10:01	Multidisciplinary team meeting without patient (Wellpark Clinic) HAGGERTY, Michelle (ClericalSecretary)
Comment	IADRS - Discussed today at Allocation/Screening meeting. Present: Donna Small (Team Lead), Chris Kenny (Team Lead), Michelle Haggerty (Clerical Secretary). GP referral received. Patient reports poly drug use and binges however reports to be abstinent for the last 4 weeks. Patient to be offered first available SSA appointment.
28-Jul-2022 14:27	NHS GG&C Mental Health Services GILLEN, Marie (ClericalOfficer)
Document	SCI Gateway referral letter 🗎 SCI Gateway referral letter from ARDGOWAN MEDICAL PRACTICE (28-Jul-2022)
28-Jul-2022 14:27	Inbound Referral (NHS GG&C Mental Health Services) GILLEN, Marie (ClericalOfficer)
Referral	Referred for addictions assessment From: ARDGOWAN MEDICAL PRACTICE
28-Jul-2022 14:21	Administration note (NHS GG&C Mental Health Services) GILLEN, Marie (ClericalOfficer)
Assessment	White: Scottish - Scotland ethnic category 2011 census
09-Apr-2019 13:09	NHS GG&C Mental Health Services KELLY, Tracy (TeamSecretary)
Document	Letter sent to patient 🗎 (28-Mar-2019) Letter sent to patient (28-Mar-2019)

09-Apr-2019 13:09	NHS GG&C Mental Health Services KELLY, Tracy (TeamSecretary)
Document	Letter sent to general practitioner (28-Mar-2019) Letter sent to general practitioner (28-Mar-2019)
21-Mar-2019 14:30	Face to face consultation (Sandy Road Centre) FAGAN, Claire (CounsellingPsychologist)
Comment	Template: **Psychological Therapies HEAT Target CT** face to face assessment. did not report nightmares or flashbacks. states can see a figure of someone and feel like there is someone there during the day and at night, when there is not. mentioned hearidng voices and stated that he has been told to ignore them but when questioned on this he retracted and said that he does not hear them, did not want to discuss this. also mentioned feeling like there is something on top of him at night and feeling unable to move - does not visualise anything. when brother died 2015 he turned to drugs again, he used street dyhydrocodine at christmas 2018 and took cannabis in feburary. had had a drug problem for 15 years; cannabis, coke, vallium. feels despite making progress with drug use he still turns to it when he is struggling with his emotions. grandad died in his arms in hospital, partner cheated and took two sons to ireland, isolated, reduced activity. in prison 15-27 in and out, stealing cars. been out for 9 years. iin care homes as a child, mum did not care about me, got punnished for things he did not do, blamed for sistes actions, gran and granda violent towards him, did not go to school, no dad - never met him, cared for brother, could not rely on anyone. care - like jail, grounded, not allowed out. pain from accident uses tool to deliver shocks to body to help with pain. crashed into a post while using drugs in an attempt to kill self. in a car accident - injured, not his fault. tried to hang self while in prison. no suicidal thoughts or plans currently main current problem unable to accept brothers death - complicated grief agreed to refer Stephen to addaction to work on reducing drug use and learning alternative coping strategies Psychological therapy summary report
Examination	Not suitable for psychological therapies
Additional	Did not attend psychological therapy
25-Feb-2019 16:51	NHS GG&C Mental Health Services LEADBETTER, David (TeamSecretary)
Document	Appointment letter sent to patient Appointment letter sent to patient from NW PCMHT North West (25-Feb-2019)
21-Feb-2019 15:02	Clinic note (NHS GG&C Mental Health Services) SLADE, Rebecca (ClinicalPsychologist)
Comment	Case discussed with Rosie Corr, PCMHT as described below. No further action from our service at this time. Rosie/PCMHT to contact us if appears following further assessment that Stephen may be appropriate for The Anchor.
21-Feb-2019 13:27	Discussion with colleague (NHS GG&C Mental Health Services) CORR, Rosannah (MentalHealthPractitioner)
Comment	Telephone call to Anchor, spoke to Rebecca Slade, duty worker. Discussed telephone assessment, agreed I didn't have enough information to ascertain if patient experiencing complex PTSD, criteria for Glasgow Trauma Service. Rebecca advised that a face to face assessment is completed to get a fuller picture of difficulties as hard to ascertain on the phone and then discuss again with Trauma Service if complex PTSD is indicated at assessment. Also suggested Future Pathways if patient was abused in the care system as they can provide practical support, Anchor provide the psychological assessment and recommendations to this service and patient can self-refer to Future Pathways. To discuss with pscyhology for face to face assessment.
20-Feb-2019 11:06	Multidisciplinary team meeting without patient (Sandy Road Centre) KELLY, Tracy (TeamSecretary)
Comment	Rosie discussed at MDT - face to face assessment - not for mhari
13-Feb-2019 16:33	Telephone consultation (Sandy Road Centre) CORR, Rosannah (MentalHealthPractitioner)
Comment	Callback initiatated, patient very distressed on the phone, low mood and anxiety, referred to very difficult childhood in and out of care but could not elaborate on the phone about difficulties or ascertain effect on him today. Face to face assessment is needed, to discuss at

	MDT.
05-Feb-2019 15:44	NHS GG&C Mental Health Services ANDERSON, Nichole (LocalityAdministrator)
Document	SCI Gateway referral letter SCI Gateway referral letter from Barclay Medical Practice (05-Feb-2019)
05-Feb-2019 15:44	Inbound Referral (NHS GG&C Mental Health Services) ANDERSON, Nichole (LocalityAdministrator)
Referral	Referral to primary care mental health team From: Barclay Medical Practice
21-Jan-2019 13:33	NHS GG&C Mental Health Services LEADBETTER, David (TeamSecretary)
Document	Discharge letter sent to general practitioner Discharge letter sent to general practitioner from NW PCMHT North West (21-Jan-2019)
17-Dec-2018 11:36	NHS GG&C Mental Health Services LEADBETTER, David (TeamSecretary)
Document	Sending of opt-in appointment letter Sending of opt-in appointment letter from NW PCMHT North West (17-Dec-2018)
13-Dec-2018 15:38	NHS GG&C Mental Health Services LEADBETTER, David (TeamSecretary)
Document	Letter sent to patient (05-Nov-2018) Letter sent to patient from NW PCMHT North West (05-Nov-2018)
11-Dec-2018 10:43	NHS GG&C Mental Health Services ANDERSON, Nichole (LocalityAdministrator)
Document	Letter sent to patient (05-Nov-2018) Letter sent to patient (05-Nov-2018)
11-Dec-2018 10:43	NHS GG&C Mental Health Services ANDERSON, Nichole (LocalityAdministrator)
Document	SCI Gateway referral letter (10-Dec-2018) SCI Gateway referral letter from Barclay Medical Practice (10-Dec-2018)
11-Dec-2018 10:41	Inbound Referral (NHS GG&C Mental Health Services) ANDERSON, Nichole (LocalityAdministrator)
Referral	Referral to primary care mental health team (10-Dec-2018 10:41) From: Barclay Medical Practice
27-Sep-2018 14:40	NHS GG&C Mental Health Services HILLING, Rena (TeamMedicalSecretary)
Document	Letter sent to patient (14-Sep-2018) Letter sent to patient from NW PCMHT North West (14-Sep-2018)
27-Sep-2018 14:39	NHS GG&C Mental Health Services HILLING, Rena (TeamMedicalSecretary)
Document	Letter sent to general practitioner (14-Sep-2018) Letter sent to general practitioner from NW PCMHT North West (14-Sep-2018)
10-Sep-2018 11:43	NHS GG&C Mental Health Services COYLE, Lisa (ClericalOfficer)
Document	Source of referral: Self referral Source of referral: Self referral (10-Sep-2018)
10-Sep-2018 11:43	Inbound Referral (NHS GG&C Mental Health Services) COYLE, Lisa (ClericalOfficer)
Referral	Referral to primary care mental health team

Values and Investigations

08-Jan-2026	Risk assessment		
20-Dec-2025	Risk assessment		
19-Dec-2025	Risk assessment		
26-Nov-2025	Risk assessment		
13-Nov-2025	Risk assessment		
12-Nov-2025	Risk assessment		
12-Nov-2025	Malnutrition universal screening tool - weight loss score	0	
12-Nov-2025	Malnutrition universal screening tool - BMI score	1	
12-Nov-2025	Body mass index	24.4	kg/m2
12-Nov-2025	O/E - weight	73.8	kg
12-Nov-2025	O/E - height	174	cm
11-Nov-2025	Nutritional assessment completed		
11-Nov-2025	Risk assessment		
11-Nov-2025	Baseline respiratory rate	18	/minute
11-Nov-2025	Blood oxygen saturation	96	%

11-Nov-2025	O/E - pulse rate	58	beats/min
11-Nov-2025	O/E - blood pressure reading	141/109	mmHg
11-Nov-2025	O/E - weight	73.8	kg
11-Nov-2025	O/E - height	174	cm
11-Nov-2025	Risk assessment		
10-Nov-2025	Risk assessment		
08-Nov-2025	Risk assessment		

Referrals

Date	Term	Details	Clinician	Status
19-Dec-2025	Referral to mental health crisis team	FROM: MHAU - Leverndale	MCCRYSTAL, Leeanne (SnrCrisisPractitioner)	Ended
19-Dec-2025	! Referred for mental health assessment	FROM: ARDGOWAN MEDICAL PRACTICE	WILSON, Rachel (HealthCareSupportWorker)	Ended
14-Nov-2025	Referral to community mental health team	FROM: Inverclyde Adult CMHT	MCCLUSKEY, Brian (ClericalOfficer)	Active
12-Nov-2025	! Referral to mental health crisis team	FROM: IRH - Langhill AAU	MCCRYSTAL, Leeanne (SnrCrisisPractitioner)	Ended
11-Nov-2025	! Emergency hospital admission	FROM: Inverclyde CRS	WATT, Nicole (CLERICALOFFICER)	Ended
11-Nov-2025	! Referred for mental health assessment	FROM: GGC RS IRH - ED	WILSON, Rachel (HealthCareSupportWorker)	Ended
10-Nov-2025	! Referral to mental health crisis team	FROM: Inverclyde Adult CMHT	AMIN, Kauser (SeniorCrisisPractitioner)	Ended
08-Nov-2025	Referral to mental health team	FROM: GGC RS IRH - Inpatient	FENWICK, Diane (MedicalSecretary)	Ended
28-Jul-2022	Referred for addictions assessment	FROM: ARDGOWAN MEDICAL PRACTICE	GILLEN, Marie (ClericalOfficer)	Ended
05-Feb-2019	Referral to primary care mental health team	FROM: Barclay Medical Practice	ANDERSON, Nichole (LocalityAdministrator)	Ended
10-Dec-2018	Referral to primary care mental health team	FROM: Barclay Medical Practice	ANDERSON, Nichole (LocalityAdministrator)	Ended
10-Sep-2018	Referral to primary care mental health team		COYLE, Lisa (ClericalOfficer)	Ended

Care plans