MCCULLOCH, Steven (Mr) Date of Birth: **28-Feb-1992 (34y)**

1/1 23 Gantock Crescent, G33 3PL

CHI Number:	280 292 6411	Home Tel:	
Usual GP:		Work Tel:	
Patient Type:	Community Registered	Mobile Tel:	
Registered:	12-May-2016	Email:	
Language:	unknown	Dispensing:	No
Advocacy Needs:		Transport Needs:	

Problems
No problems recorded.
Medication
No Current Medication
Allergies
No allergies recorded.

Planned Events
10-Jun-2026 Please enter Ethnicity

Consultations

09-Jun-2026 16:05	NHS GG&C Mental Health Services	DOHERTY, Patricia (LocalityAdministrator)
Document	Data transferred from other system	Data transferred from other system (09-Jun-2026)

Referrals

Care plans

COPY

Glasgow City Community Health Partnership
North-East Sector

Anvil Centre
81 Salamanca Street
Parkhead
Glasgow
G31 5BA
Tel: 0141-211-8480
Fax: 0141-211-8474

Our Ref EM/AC

Dr Al-Agilly
Edinburgh Road Surgery
463 Edinburgh Road
G33 3AL

16.12.13

Dear Dr Al-Agilly

RE: - Steven McCulloch Chi No 2802926411
1-1 23 Gantock Crescent Glasgow G33 3PL

Thankyou for your referral of the above named gentleman whom I have only seen on one-occasion for assessment. Thereafter despite numerous telephone calls and also the offer to see him at his home I have been unable to engage with Mr McCulloch due to his non-contact and attendance.

When I seen Mr McCulloch he was in the presence of his partner who did most of the talking for him at his request when I explained the need for him to tell me things himself he did interact. His partner [redacted] told me that she had great difficulty getting him to leave his bed which is why I offered him a home visit. My aim was to do an ongoing assessment to determine short-term and long standing concerns which Steven presented with.

At this time I have no option but to discharge Steven due to non-engagement despite numerous attempts to engage him as I have already said.

Please do not hesitate to contact me if you wish to discuss this further or you would like more information.

Yours Sincerely

Elaine Martin
Community Psychiatric Nurse

COPY

Glasgow City Community Health Partnership
North-East Sector

Anvil Centre
81 Salamanca Street
Parkhead
Glasgow
G31 5BA
Tel: 0141-211-8480
Fax: 0141-211-8474

Our Ref EM/AC

Mr Steven McCulloch
Flat 1-1
23 Gantock Crescent
Glasgow
G33 3PL

12.09.13

Dear Mr McCulloch

I have been trying to telephone you to arrange another appointment but have been unable to get a hold of you by telephone.

Could you attend the Anvil Centre on Friday 11.10.13 @ 11am. If you do not wish to attend please contact the above number to let us know.

I look forward to seeing you soon.

Yours sincerely

Elaine Martin
Community Psychiatric Nurse

COPY

Adult Mental Health - Specialist Shared Assessment

Personal Details

(* Mandatory Information Required on Referral)

CHI N°:	2802926411	Carefirst N°:		PIMS N°:	
*Surname:	McCULLOCH		Preferred Name:	STEVEN	
*First Name:	STEVEN		Alias:		
*Address & Post Code:	C/O 1-1 23 GANTOCK CRESCENT GLASGOW G33 3PL				
*Telephone N°:	01501 493132		*Mobile No:	07858538725	
*Date Of Birth:	28/02/1992		*Gender:	MALE	
Ethnicity:	WHITE SCOTTISH	NI Number:		Spiritual Need:	

Nationality :	SCOTTISH	Preferred Language:	ENGLISH	*Need For Interpreter:	☐YES NO☒
Method of Communication:	VERBAL		Sensory Impairment:	N/A	
Asylum Status: If Relevant	N/A		Care Programme Approach:	N/A	

*Alerts e.g. Allergies, history of violence.	
RECENTLY HAS TAKEN TO HIS BED AND WILL RARELY LEAVE HIS BED. TODAY FOR EXAMPLE HIS PARTNER [redacted] TOOK 3 HOURS TO PERSUADE	

*Name of Referrer:	DR MENZIES	*Date of Referral:	08/07/2013
*Designation or Relationship to Person Referred:	GENERAL PRACTITIONER	*Agreement to Referral?	☒YES NO☐
*Reason For Referral:	ASSESSMENT OF MENTAL HEALTH		

Statutory Events

*Diagnosis 1:	F32	Named Person: (If appropriate)	
*Diagnosis 2:		Advanced Statement Included:	☐YES NO☒ If yes Please give details of location & who holds n chronological account of care
Certificate of Incapacity:	☐YES NO☒	*Current Legal Status:	INFORMAL

*AWI/MH Act	Date Applied	End Date	Comments

Adult Mental Health - Specialist Shared Assessment

Accommodation Type:	4 BEDROOMED HOME	Tenure Type:	TEMPORARY
Landlord Details: If relevant	GG&C	Controlled Door Entry	☐YES NO☒
Household Composition:	AWAITING HOUSE CURRENTLY LIVING WITH HIS FATHER-IN-LAW AND BROTHER-IN-LAW		
*Known Risk Issues:	ISOLATION AND MOOD.		

Contact Information

*Main Carer			
Name:	[redacted]	Address:AS ABOVE	
Telephone:		Postcode:	
Mobile:		Relationship:	PARTNER
Next of Kin:	☒YES NO☐	Frequency of Contact:	DAILY
If this person is unavailable will there be a requirement for additional services?		☐YES NO☒	

Other Significant Contact			
Name:	[redacted]	Address:AS ABOVE	
Telephone:		Postcode:	
Mobile:		Relationship:	FATHER-IN-LAW
Next of Kin:	☐YES NO☐	Frequency of Contact:	

Key Holder		
Name:		Address:
Telephone:		Postcode:

Next of Kin (if not listed above)		
Name:		Address:
Telephone:		Postcode:

Nearest Relative		
Name:		Address:
Telephone:		Postcode:

No Contact Requested With

Name:		
Relationship		Address:
Telephone:		Postcode:
Reason		

Adult Mental Health - Specialist Shared Assessment

Professional Contacts

GP		
Name:	DR AL-AGILLY	Address:EDINGBURGH ROAD SURGERY 463 Edingburgh Road
Telephone:	0141-531-6240	Postcode:G33 3AL

Independent Advocate		
Name:		Address:
Telephone:		Postcode:

Current Services/Professional Contacts

Name	Telephone Number
1. GP FAX NO 770-4060	770-4044
2.	
3.	
4.	
5.	
6.	

RARELY ATTENDS DOCTOR.

*Medication at Time of Referral

Name	Dose	Route	Frequency
1. FLUOXETINE	20MG		
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Medication Compliance/Reasons For Non-Compliance

COMMENCED ON FLUOXETINE 01.08.13

What is the person's perception of their presenting circumstances?

STATED HE FELT THAT HE WAS NOT WELL BUT DID NOT KNOW WHAT WAS WRONG WITH HIM. STATED THAT HE COULD NOT BE BOTHERED DOING ANYTHING AND THAT HE WAS ISOLATING HIMSELF IN HIS ROOM ALL OF THE TIME AND NOT CONTRIBUTING TO ANY FAMILY LIFE. THEIR SON [redacted] WAS BORN IN JAN 2013.

THIS HAS HAPPENED SINCE THE DEATH OF HIS GRANDMOTHER IN MARCH. STATED HE WAS VERY CLOSE TO HIS GRANDMOTHER AS SHE APART FROM HIS SISTER WHERE THE ONLY PEOPLE HE COULD TALK TO. STEPHEN WAS IN CARE FROM THE AGE OF 3 YEARS OLD UNTIL HE WAS 18 YEARS OLD. STATED HE HAD MANY FOSTER CARERS DUE TO HIS BEHAVIOURAL AND ANGER ISSUES WHEN HE WAS A CHILD. STATED HE STILL GETS ANGRY AND WILL DELIBERATELY PICK FIGHTS WITH OTHERS TO GET THEM TO BACK AWAY. DENIED ANY PHYSICAL AGGRESSION AND HIS PARTNER SARAH CONFIRMED SAME.

HAS BEEN BITING JOINTS IN HIS FINGERS AND ALSO HIS KNUCKLES. I COULD SEE SORES ON ALL OF HIS

Adult Mental Health - Specialist Shared Assessment

FINGERS. STATED HE FEELS IT HELPS WHEN HE IS AGITATED. STEPHEN STATED HE ALSO PUNCHES HIMSELF ON A REGULAR BASIS TO ASSIST WITH SAME. SPOKE TO STEPHEN AT LENGTH ABOUT THIS AND WE DISCUSSED ALTERNATIVES IE ELASTIC BAND AROUND HIS WRIST TO HELP HIM DEAL WITH HIS AGITATION AND ANXIETY.

MOST OF STEPHENS HISTORY WAS GIVEN BY HIS PARTNER [redacted] AS STEPHEN STATED HE WAS CONCERNED ABOUT ATTENDING AS HIS MOTHER HAD A BI-POLAR ILLNESS AND ALSO HIS AUNT. TWO OTHER AUNTS ALSO SUFFERED FROM DEPRESSION. HE HOWEVER ATTENDED AS [redacted] AND HER FATHER INSISTED HE GO FOR HELP.

What is the Carer's Perception of the Person's Presenting Circumstances?

[redacted] STATED SHE SEES A MARKED CHANGE IN STEPHEN. HE WAS ALWAYS ACTIVE GOING OUT TO THE GYM, SOCIALISING GOING OUT TO THE FOOTBALL. RECENTLY SHE CANNOT GET HIM TO LEAVE HIS BEDROOM AND WHEN SHE TRIES HE GETS VERBALLY AGGRESSIVE TOWARDS HER. HE INITIALY TOOK A LOT TO DO WITH HIS SON [redacted] BUT NOW DOES NOT INTERACT WITH HIM AT ALL. HAS STOPPED TALKING TO HIS SISTER WHOM HE WAS VERY CLOSE TO. RECENTLY HAS NOT ALLOWED [redacted] TO GO OUT EITHER AS HE STATES TO HER THAT HE DOES NOT TRUST HER IN ANY WAY, SHE MIGHT CHEAT ON HIM. HE CONTRIBUTES NOTHING TO DAILY ACTIVITIES AROUND THE HOUSE AND [redacted] STATES SHE RARELY CAN GET STEPHEN TO WASH OR GET OUT OF BED.

Personal & Family History (including Current Social Circumstances)

STEPHEN BORN IN GLASGOW AREA.HE HAS AN OLDER SISTER BY 3 YEARS. HIMSELF AND HIS SISTER WHERE TAKEN INTO CARE WHEN STEPHEN WAS 3. HE BELIEVED THIS WAS DUE TO HIS MUMS MENTAL HEALTH AND ALSO HER LIFESTYLE, STEPHEN DID NOT GO INTO DETAIL REGARDING SAME. STATED HE WENT TO HIS DAD INITIALY BUT HIS DAD DID NOT WANT HIM AND HIS SISTER AS HE WAS WITH A NEW PARTNER AND CHOSE HIS PARTNER OVER HIS CHILDREN. STEPHEN STATED HIS FATHER NOW HAS 5 CHILDREN HE HAS NO CONTACT WITH HIS FATHER. HE WAS IN MANY DIFFERENT FOSTER PLACEMENT AND STATED DUE TO HIS BEHAVIOUR AND ANGER ISSUES HE WAS MOVED ABOUT A LOT. HE SEEN A PSYCOLOGIST AT SCHOOL FOR SAME. CLOSE TO HIS SISTER WHO CAME TO STAY WITH HIM EVERY WEEKEND WITH HER CHILDREN UNTIL RECENTLY STATED HE CANNOT BE BOTHERED TALKING TO HER. STATED WHEN HE WAS YOUNG SHE WAS THE ONLY PERSON WHO COULD CALM HIM DOWN.

MET [redacted] 3 YEARS AGO, THEY NOW HAVE A SON [redacted] WHO IS 7 MONTHS OLD. STEPHEN STATED HE WAS HAPPY WITH HIS FAMILY. THEY ARE LIVING WITH [redacted] FATHER AS THEY AWAITING A HOUSE.

Has the carer been offered a needs assessment?	Yes ☒	No ☐
If YES was the offer accepted?	Yes ☐	No ☒

Child Information

Name of Child 1:	[redacted]	Address: AS ABOVE If different to person being assessed
Date of Birth:	[redacted]	
Child Protection Register / Supervision		☐Yes No☒

Name of Child 2:		Address: If different to person being assessed
Date of Birth:		
Child Protection Register / Supervision		☐Yes No☐

Name of Child 3:		Address: If different to person being assessed
Date of Birth:		
Child Protection Register / Supervision		☐Yes No☐

Name of Child 4:		Address: If different to person being assessed
Date of Birth:		
Child Protection Register / Supervision		☐Yes No☐

Adult Mental Health - Specialist Shared Assessment

Name of Child 5:		Address:	If different to person being assessed
Date of Birth:			
Child Protection Register / Supervision		☐Yes	No☐

Agencies Involved

Social Work Child & Families Team	☐	Mental Health Practitioner	☐
Health Visitor	☐	Other (please specify below)	☐
School/Nursery	☐	None	☒

Child Name	Contact Name	Professional Title	Telephone Number

Impact of Mental Health on Parenting and/or Potential Risk to Children

[redacted] IS TAKEN CARE OF BY HIS MUM.

Psychiatric History

NO PREIOUS KNOW PSYCHIATRIC INVOLVEMENT.

[redacted] STATES THAT SINCE SHE HAS BEEN WITH STEPHEN HE HAS EXPERIENCED TWO PREVIOUS EPISODES OF LOW MOOD BUT NOT LIKE THIS ONE. STATED THEY WHERE NOT AS BAD AS THIS ONE AND STEPHENS ROUTINE AND LIFESTYLE WHERE NOT AFFECTED.

General Health Issues

STEPHEN STATES HE HAS PUT A LOT OF WEIGHT ON SINCE STOPPING GOING TO THE GYM.

DOES NOT HAVE ANY HEALTH ISSUES AT TIME OF ASSESSMENT.

Registered Disabled?	☐Yes No☒	If Yes please specify	

Capacity Issues

Has capacity been formally assessed in relation to:

1. Medical Treatment? Yes ☐ No ☒

2. Ability to manage Finances? If No please go on to question 3, Yes ☒ No ☐

- Financial intervenor? Yes ☐ No ☒
- Does anyone hold financial guardianship? Yes ☐ No ☒
- Intromission with access to funds? Yes ☐ No ☒

3. Ability to manage personal Welfare Matters? Yes ☒ No ☐

- Welfare intervenor? Yes ☐ No ☒
- Welfare power of attorney? Yes ☐ No ☒
- Does anyone hold formal proxy powers/welfare guardianship? Yes ☐ No ☒

Finances

Does the person have difficulty managing finances? Yes ☐ No ☒

Does anyone assist with financial matters? Yes ☐ No ☒

Has a welfare benefit assessment been completed? Yes ☐ No ☒

Adult Mental Health - Specialist Shared Assessment

HIGHLIGHTED NO CONCERNS WITH FINANCES OR DEBTS.

Current Income (please tick all that apply)

Employed	☐	Disability Living Allowance (Mobility)	☐
Occupational Pension	☐	Disability Living Allowance (Care)	☐
Statutory Sick Pay	☒	Housing Benefit	☐
Income Support	☐	Council Tax Benefit/Exemption	☐
Incapacity Benefit	☐	Carer's Allowance	☐
Other (Please specify)	☐	Family Tax Credit	☐

ON 3.08.13 STEPHEN PLACE ON SICK PAY. PREVIOUSLY ON EMPLOYMENT BENEFIT.

Meaningful Activity/Occupation/Employability/Interests

PRESENTLY STATED HE DOES NOT LEAVE HIS BEDROOM.

PREVIOUSLY
GYM
PLAYING FOOTBALL
SOCIALISING WITH FRIENDS/FAMILY.
GOING OUT WITH PARTNER [redacted]

Personal Strengths

DOES NOT BELIEVE HE HAS ANY PERSONAL STRENTHS EITHER IN THE PAST OR JUST NOW.

Alcohol History/Current Usage

SOCIAL DRINKER STATED HE HAS NEVER HAD A PROBLEM WITH ALCOHOL.

Drugs/Substance Abuse History/Current Usage

DENIED ANY DRUG USE PRESENTLY OR IN THE PAST.

Smoking History/Current Usage

NON-SMOKER

Forensic History

DENIED ANY INVOLVEMENT WITH THE POLICE IN THE PAST OR PRESENTLY.

Pre Morbid Personality

STATED HE WAS HAPPY AND JUST GOT ON WITH THINGS.

OBJECTIVELY
STEPHEN HAS A LOT OF UNRESOLVED ISSUES REGARDING HIS UPBRINGING AND HIS TIME IN CARE. HE IS A VERY ANGRY MAN WHO STILL EXPRESSES HIS EMOTIONAL VULNERABILITY WITH ANGER OR ISOLATING HIMSELF.

Appearance & Behaviour

WELL KEMPT GENTLEMAN HAPPY FOR HIS PARTNER TO DO THE TALKING INITIALY BUT DID ENGAGE WHEN I INSISTED HE PARTICIPATE AND TALK DIRECTLY TO ME. VERY IMMATURE YOUNG MAN WHO FOUND IT

Adult Mental Health - Specialist Shared Assessment

DIFFICULT TO IDENTIFY OR DEAL WITH EMOTIONAL CONCERNS OR PROBLEMS. HAD FEW COPING STRATEGIES AND DESCRIBED EITHER ISOLATING HIMSELF OR REACTING VERY ABUSIVELY TO OTHERS. NO EVIDENCE OF PSYCHOSIS OR THOUGHT DISORDER.
BEHAVIOUR APPROPRIATE TO ASSESSMENT.

Speech

NORMAL TONE VOLUME AND CONTENT.

Mood & Affect

MOOD APPEARED FLAT. DESCRIBED LOW MOOD AND FEELS THAT HE CANNOT GET BETTER FROM SAME. STATED HE WAS EITHER SLEEPING TOO LITTLE OR TOO MUCH. SPENDING A LOT OF TIME IN HIS BEDROOM ALONE DESPITE HAVING A SEVEN MONTH OLD SON WHO STEVEN PROVIDES NO CARE TOO. STEVEN DOES NOT PARTICIPATE IN THE HOUSEHOLD CHORES.
STATES HE HAS GAINED A LOT OF WEIGHT RECENTLY DUE TO APPETITE INCREASE AND LACK OF MOTIVATION TO DO HIS NORMAL EXERCISE REGIME.

Thought Content

NO EVIDENCE OF THOUGHT DISORDER OR PSYCHOSIS THROUGHOUT ASSESSMENT.

Perceptions

FULL PERCEPTION INTO RECENT PROBLEMS. FEW COPING SKILLS.

Cognitive Functioning

ORIENTATED X3

Insight

FULL INSIGHT INTO PRESENT DIFFICULTIES.

Sleep Pattern

STATES HE EITHER SLEEPS TOO MUCH OR TOO LITTLE. SPENDS A LOT OF TIME IN HIS BEDROOM ISOLATED NAPPING.

Nutrition

WEIGHT INCREASE. NORMAL DIET.

Assessment of Risk

Suicide/Self Harm Risk

DENIES SAME AT TIME OF ASSESSMENT. HAS AT TIMES PUNCHED HIMSELF TO RELEAVE STRESS.

Protective/Risk Factors

HIS PARTNER AND SON [redacted]

Adult Mental Health - Specialist Shared Assessment

Has The Person Actively Contemplated Suicide/Suicide Plan?
DENIED SAME AT TIME OF ASSESSMENT. STEVEN STATES HE WOULD NOT LOSE HIS FAMILY.

Previous Suicide Attempts/Self Harm
PUNCHING HIMSELF WE SPOKE OF ALTRNATIVE WAYS IN WHICH TO DEAL WITH HIS STRESS IE ELASTIC BAND AROUND WRIST. GOING FOR WALKS. TALKING TO HIS FAMILY. STEVEN STATED HE WOULD NEVER HARM HIMSELF.

Previous History of Violence or Harm to Others
STEVEN DESCRIBED HIMSELF AS VERY ANGRY AND SHORT TEMPERED WITH PEOPLE. HE ADMITTED TO BEING VIOLENT WITH OTHERS IN THE PAST IF THEY HAVE WOUND HIM UP. NO CONVICTIONS OR INVOLVEMENT WITH THE POLICE. STATED HE RARELY GOES OUT AND HE NOW HAS A FAMILY WHICH WOULD MAKE HIM WORRY ABOUT THIS RESPONSE.

Vulnerability/Neglect/Other
STEVEN STATES HE WAS PUT INTO CARE AND WENT TO MANY CARERS WHEN HE WAS A CHILD DUE TO HIS DISRUPTIVE BEHAVIOUR STATED THAT HE USED TO BE VIOLENT AND CAUSE A LOT OF ARGUMENTS. NO - ONE COULD HANDLE ME WHEN I WAS YOUNG.

Person's Expectations of Service
STEVEN WOULD LIKE HELP WITH HIS MOOD AND BE ABLE TO PARTICIPATE IN FAMILY LIFE MORE. PLAN TO SEE STEVEN ON HIS OWN FOR FURTHER ASSESSMENT. TO DISCUSS AT REVIEW MEETING.

Completed by:

Name: ELAINE MARTIN Designation: C.P.N

Signature: _____

Date: _____

Counter signed by:

Name: _____ Designation: _____

Signature: _____

Date: _____

Adult Mental Health - Specialist Shared Assessment

Summary
of Assessment & Initial Intervention Plan

CHI Number:	
Patient's Name:	
Address:	
Telephone Number:	

CMHT Name:	
CMHT Address:	
Telephone Number:	

Referrer Name & Designation:	

Date Referral Received	

Date of Allocation	Date Assessment offered:	Date Assessment Completed:

ICD 10 code -Primary:	
HoNOS:	

ICD 10 code -Secondary:	
ICD 10 code–Secondary2	

Other Rating Scales Used	
Name:	Outcome:
Name:	Outcome:

Formulation

Background/Contributory Factors

Adult Mental Health - Specialist Shared Assessment

Risk Factors and Interventions

Other Identified Needs/Interventions

Completed by:

Name: (Please Print) _____ Designation: _____

Signature: _____

Date: _____

Counter signed by:

Name: (Please Print) _____ Designation: _____

Signature: _____

Date: _____

Adult Mental Health - Specialist Shared Assessment