WITNESS STATEMENT OF COLIN JAMES MCKAY

Application to The Scottish Redress Scheme

Applicant: Mr Colin James McKay

Date of Birth: 05 September 1979

Application Reference: APP567348

Support Person Present: No

Background

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

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

Life Before Care

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

Entry Into Care

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

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

Detailed Account of Each Placement

Ailsa – Paisley, Johnston 1992

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

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

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

Newfields 1994

91. My second care placement was Newfields Assessment Centre.

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

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

Geilsland – 23/09/1995 onward

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

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

Frequency, Duration & Patterns

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

People Involved, Witnesses & Siblings

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

Reporting & Responses

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

Impact On Life Past/Present/Future

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

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

Long-Term Impact on My Adult Life

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

185. The impact has included:

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

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

Supporting Evidence & Records

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

188. Some records may be incomplete, missing, or unavailable due to the passage of time. Where records are missing, I ask that my own account still be considered carefully. I have done all in my power, with the assistance of my legal representative, to obtain and provide as much evidence as possible.

189. I have had my legal representative to redact any information that's not relevant to my Scottish Redress Application.

Difficulties with Memory and Gaps in Evidence

190. The events described happened many years ago. Some dates, names and details are difficult for me to remember.

191. My memory has also been affected by the trauma of what happened to me.

192. Where I have used approximate dates or descriptions, I have done so honestly and to the best of my recollection.

193. I have not intentionally exaggerated or included anything that I do not believe to be true.

Why Am I Applying to the Scottish Redress Scheme

194. I am applying because I experienced abuse and/or neglect while I was a child in care in Scotland.

195. I want my experiences to be acknowledged.

196. The abuse and neglect I suffered has had a significant and lasting impact on my life.

197. I am seeking redress in recognition of what happened to me and the harm that I have lived with since.

Final Statement

198. Overall, I wish this never happened.

199. I would like for it not to happen again to any other child.

200. I want the people who did it to be held accountable.

201. It should be justice made, money part aside.

202. I have never made a previous civil claim, criminal injury claim, Redress application, advance payment application, complaint, police report, inquiry statement, or claim to another scheme about this abuse.

203. I have never received any payment, apology, response or settlement in respect of my Scottish Redress Claim or abuse.

204. I have never signed any waiver, settlement agreement, discharge, or acceptance form in respect of my Scottish Redress Claim or abuse.

205. Going through this again has been triggering and something that I want to disappear when this is over. I'm done with it all now.

206. I have tried to provide a full and honest account of my experiences, to the best of my knowledge and belief.

207. I ask that Redress Scotland considers this statement, my application forms, and the supporting evidence I have submitted when determining my application.

Statement of Truth

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

Name: Mr Colin James McKay

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

Dated: 17 July 2026

EXHIBIT 1

Our ref: PKCIR:8774

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

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

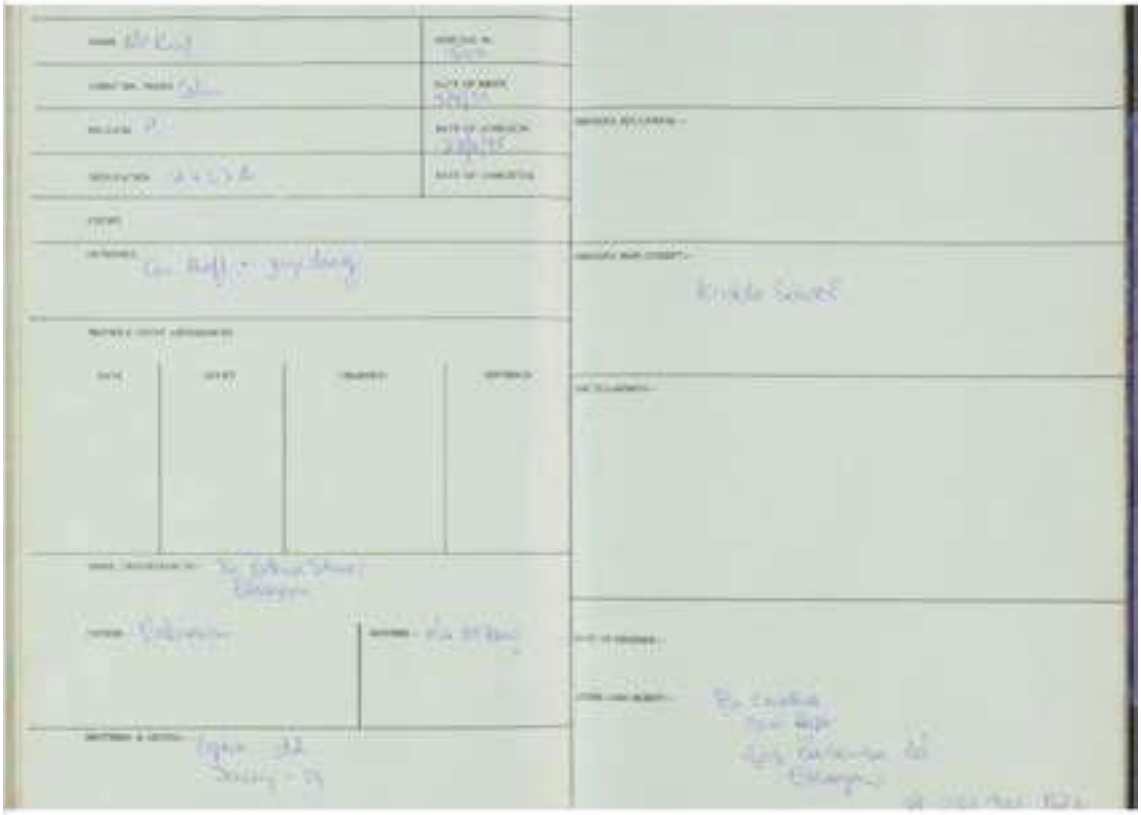

EXHIBIT 2

[illegible]

Colin Mckay 05/09/1979 Male 0509796095

13/06/2023 Mental health admin. NOS [illegible] Psychology. [illegible] Mr Ashleigh Macdougall

08/06/2023 Mental health admin. NOS [illegible] Mr Alec Drew

31/05/2023 [illegible] Dr [illegible]

20/05/2023 Mental health [illegible] Mr Andrew Mctaggart

26/05/2023 Mental health review. Mr McKay [illegible] Mr Andrew Mctaggart

23/03/2023 Administration. [illegible] Mental Health referral received Ms Angela Dewar

10/03/2023 Consultation [illegible] Dr Kathryn Clark

08/02/2023 Seen by nurse [illegible] Ms Anne Wilkinson

18/11/2022 Consultation. Pelvis x-ray result - minor degenerative changes affecting left hips. Otherwise normal. Letter sent to patient. Dr Kathryn Clark

15/11/2022 Seen by nurse [illegible] Ms Stacy Morley

08/11/2022 Consultation [illegible] Ms Louise Story

02/11/2022 Administration. Hospital appointment [illegible] November 2022 at Inverclyde Royal Hospital - X Ray Dept - Pelvis AM. Third appointment. Ms Angela Dewar

02/11/2022 Patient reviewed. DNA [illegible] Dr Katie Usher

20/10/2022 Drug addiction therapy [illegible] Miss Kylie Rodgers

20/10/2022 Drug addiction therapy Mr Andrew Mctaggart

19/10/2022 Consultation. [illegible] Dr Kathryn Clark

18/10/2022 [illegible] Miss Kelly Joyce

13/10/2022 Administration. Hospital appointment - 20th October 2022 - Inverclyde Royal Hospital - X-Ray Dept - Pelvis AM. Ms Angela Dewar

12/10/2022 Seen by nurse. [illegible] Ms Anne Wilkinson

10/10/2022 Mental health review. Met with Colin this morning in Chetwell after medications. [illegible] Thomas

03/10/2022 Administration. Hospital appointment on 11th October 2022 - Inverclyde Royal Hospital - X-ray Dept - Pelvis AM. Ms Angela Dewar

04/10/2022 Drug addiction therapy. [illegible] Miss Kylie Rodgers

The Health Centre, P.O. Box 15605, Greenock, PA15 9ET

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[illegible] Confidential: Personal data about a patient

Colin Mckay 05/08/1979 Male [illegible]

23/03/2021 Consultation c/o ongoing rash on arms, stomach and thigh. States was given canesten cream for this which helped but he did not continue with treatment. O/e pinkish rash, not itchy and skin intact. Given canesten to apply and review asap if any further concerns. Ms Brenda Waddell

08/03/2021 Consultation Referral reviewed from Colin stating he wished to start a reduction plan for his Methadone. Colin currently on [illegible] and wishes to reduce [illegible] every 14 days. No concerns and kardex pulled for GP. To commence [illegible]/2021. Care plan and reduction plan signed by Colin Mr David Bryce

04/11/2020 Consultation c/o rash on right forearm. o/e circular looking rash on forearm, slightly red, no breaks in skin. ? fungal, try canesten cream bd and review if no improvement. Ms Brenda Waddell

04/09/2020 Consultation : Gabapentin issues, self reduction plan. Wants to reduce gabapentin dose in view to come off this ; States that he was started on these for hips pain and for [illegible] but now feels that it is time to come off them. On 400mg AM and 500mg PM, No other issues. O/E: Appearance , looks comfortable. Gait: normal. Plan: I reduce gabapentin to 300mg BD , for review in two weeks. Dr Zahid Shah

01/09/2020 Seen by nurse Mirtazapine reduced from 45mg nocte to 30mg by Dr Ahmed at patients request Ms [illegible]

01/04/2020 Consultation blood results explained already on B12 injections [illegible] Dr Raheel Ahmed

30/03/2020 Consultation : Blood results: [illegible] Vit D -- [illegible], TFT, LFT, Testosterone and U&E -- Satisfactory. Plan: Please make an appointment to see the GP Dr Zahid Shah

26/03/2020 Consultation [illegible] - Attended health centre clinic appointment for bloods. B - Seen by doctor two days ago who has requested blood tests. A - Bloods obtained and sent for VitB12, vitD, FBC, TFT, LFT, U&E and testosterone. R - Listed for doctor to review results. Ms Yvonne Dominick

24/03/2020 Seen by nurse Listed for 25/03/2020 bloods need to be taken before 09:00 Ms Louise Moyes

24/03/2020 Drug addiction therapy [illegible] life as expecting to be killed within the next 18 months [illegible] mirtazapine 30mg at the moment, been on them for a while, helps with sleep a bit but mood still very low. Physically appears very pale but otherwise in good health. PLAN : Mirtazapine increase to 45mg. Bloods to exclude organic cause: vitb12, vitD, FBC, TFT, LFT U+E and testosterone. Dr Dominique Van Den [illegible]

17/03/2020 Drug addiction therapy Seen patient on 5/3/20. Spoke about various issues including methadone dose. Has since went from 30mls to 50mls. Colin [illegible] stabilised he will start reducing when he feels a bit better. Has been downgraded before for using subutex and MDMA- not current use and does not want this to happen. Kardex put in for GP to increase to 40mls. Ms Kirsty Byng

05/03/2020 Drug addiction therapy Situation- Seen today in health centre for review/referral. Background- Requesting to speak about methadone dose/ ongoing support for mental health/addiction issues. Assessment- Colin was attacked last week [redacted] Spoke a bit about this, states he is "used to this". Attack appeared unprovoked and Colin reports that he did not fight back. Colin again spoke at length about his frustration with the prison system and the situation he is in with his ex accused. He reports he constantly thinks about getting murdered and this never goes away. Currently not working and he reports the overthinking has gotten worse recently. Reports he does not feel great physically, skin appears very pale. Is on vitamin B12 injections for this but Colin has not been leaving his cell very often. Avoids rec, exercise and education due to threats that are made against him. Reports that Parole hearing did not go well and he threw the letter from them in the bin as he knew he would have gotten a "knock back". Continuing to work with forensic psychology. Feels as if he is wasting my time by seeing him however advised that I was here to support him and help with "here and now" issues to try and help him cope a little better. Spoke about increase in methadone. [illegible] "rough" in the morning. Shivery, watery eyes, runny nose etc. Has been on 90mls before. Advised that I would increase to 50mls as of 6/3/20. Strongly denies any thoughts/plans of suicide/self harm today just feeling frustrated and stressed. Advised to keep busy and distract himself as much as possible. Recommendation- To increase methadone to 50mls. Will list for addiction clinic to speak about methadone/testosterone query. Will review in 1 months time. Colin appeared happy with this. Ms Kirsty Byng

05/03/2020 Consultation Discussed this morning at addiction allocations meeting. To be seen by addictions nurse. Ms Kirsty Byng

28/02/2020 Patient reviewed at hospital Seen on return from Hospital injury sustained to right eye during an assault on the 27/02/20. History of previous facial injury. Alleged assault with weapon last night to right side of head. Previously fractures right [illegible] and thinks this feels the same. No visible swelling, bruising or injury. Normal cranial nerve examination and visual acuity. States all of his given are [illegible] bilaterally. XRs facial bones show no fracture. No injury or abnormality detected. Ms Louise Moyes

28/02/2020 Consultation : ATSP/Hx assault last night with multiple punches on the face, now feels that his Rt eye socket is broken , also taste blood in his mouth as well, states that his jaw may be broken. States that he had similar assault in the past in HMP [illegible] while he broke his jaw and eye socket, was seen by max fac and had a procedure , states that it feels the same. O/E: Appearance , looks comfortable. GCS 15/15. Swelling at the Lt lower jaw area. Plan: I advised the client be assessed in A&E for X-ray facial bones. Dr Zahid Shah

27/02/2020 Consultation Reviewed at halls- states was assaulted- not witnessed- hall staff reviewing cctv- on review- alert/orientated, no visible injuries, states punched in eye and has fractured eye socket- states that this has happened in past numerous times and knows when dislocated, not wanting any treatment carried out, not wanting to be sent to hospital, not wanting review by gp. discussed with hall staff who states will talk to colin later tonight after cctv footage reviewed. Mr David [illegible]

18/02/2020 Consultation Time 19:15 hrs location Health centre -- listed for vit B 12 injection [illegible] last had in October 2019 [illegible] prescription not current so not given will ask MO to review also appears very pale and may need bloods checked. Has been listed for Dr Dominique on Friday for assessment -- ask Doc to comment Ms Jillian Scott

28/01/2020 Drug addiction therapy Written in retrospect 27/1/20. Situation- Seen in Link Centre for review and to speak about addiction referral. Background- Ongoing support for mental health/addiction issues. Assessment- Colin spoke mostly about his ongoing emotional issues regarding his parole/ ex accused. This is a big part of Colin's low mood and he struggles to not think about it. Last session we discussed the possibility of having advocacy represent him at his Parole meeting however this could not be possible as Colin is only allowed one representative and this would be his lawyer. Strongly denies any thoughts/ plans of suicide/self harm in conversation. This session was mostly Colin venting his frustration and worries regarding the prison system. Spoke about his addiction referral and him wanting to reduce off his methadone. Advised Colin that it may be best to wait until he is back in Chelmsford to start reduction as it may be more destructive for him. Colin did disclose that he is finding quite rough in the morning and it may be the wrong time for him to start reducing. Colin agreed with this and reports that he will have a think about it. He also was asking about testosterone levels and how methadone can affect this. Advised Colin that I would have to look into this as he feels it may be contributing to his low mood if his testosterone is affected. Recommendation- No change to methadone dose today. Will review in 1 months time. Colin appeared happy with this. Ms Kirsty Byng

24/01/2020 Drug addiction therapy Listed for review and referral today- could not be seen this morning due to lockup. Will write Colin a letter explaining that appointment is moved to next week. Ms Kirsty Byng

[illegible]

Colin Mckay 05/09/1979 Male [illegible]

18/01/2020 Consultation Discussed this morning at addictions allocations meeting. To be reviewed by addiction nurse to discuss methadone reduction. Ms Alison Slack

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

09/01/2020 Administration Hospital appointment 28/01/20. Neurology - [illegible]

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

23/12/2019 Administration Patient refused to attend Neurology on 23/12/2019.

20/12/2019 Third party consultation Discussed Mr McKay's first contact session with Dr [illegible], Principal clinical Psychologist. He has not been accepted for assessment or intervention at this time. A letter will be sent to referrer and patient informing them of same. Karen Muir, Mental Health therapist Ms Karen Muir

13/12/2019 Mental health review Discussed this morning at the MDMHT meeting - agreed to remain on caseload. Ms Alison Mctaggart

12/12/2019 Psychological assessment Met with Mr McKay at [illegible] within the link centre for his first contact session with the clinical psychology interventions service. Mr McKay reported that he is unsure how psychology can support him as all his anxieties stem from situational circumstances which are outwith his control. He reported that he has been dealing with these stressors for 15 years and that he feel he is coping with it as best he can. stated that he had previously received support from Dr Joy Kerr, Clinical Psychologist whilst in HMP Shotts, however it was mutually agreed to end treatment as his anxiety was situational rather than mental health related. Informed Mr McKay that he would be discussed in supervision and informed of outcome by letter. No risk of harm factors identified. Karen Muir, Mental Health Therapist Ms Karen Muir

09/12/2019 Mental health review Written in retrospect 5/12/19 due to time constraints. Situation- Seen in Links Centre for mental health review. Background- Was on TTM for a few weeks due to suicidal ideation. Agreed at case conference to have mental health support [illegible]. Assessment- Colin attended today, a bit better in mood, good eye contact and conversing freely. Was frustrated and a bit upset about a meeting with his outside social worker. It appeared they had a disagreement and she had told him that she was not there to support him. Colin seemed a bit distressed about this. Asked if there was a possibility he could get another social worker however he did not think this was possible. Spoke to F. Bradley (manager) today about this as he was aware about the situation. He advised that changing social worker would be quite difficult at this stage. Due an ICM this month- writer has been invited to attend this. Looking towards the future- has a job to go to when he gets out. Due for parole next year however understand that he may get knocked back but is accepting of this. Spoke a little about his childhood- spent a lot of his time in prison and was in and out of care since age 11. Very interested in Physics and will want to study again when feeling a bit better. Strongly denies any thoughts/plans of suicide/self harm in consultation. Spoke about a potential referral to Psychology and Colin was in agreement with this. Understands not much of his situation will change and it is outwith his control however he is willing to accept the help and support that is being offered to him. Recommendation- Plan to meet again in 3 weeks time. At this session will speak about psychology referral. Colin appeared happy with this. Ms Kirsty Byng

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

03/12/2019 Mental health review Spoke with Colin today at methadone round. Advised that I would ask for him to be seen at Links Centre today with myself. Colin informed me that he does not have suitable clothing as everything is still in Childwell. Asked if appointment could be moved onto tomorrow. Will relist for tomorrow. Ms Kirsty Byng

02/12/2019 Suicide risk assessment Situation- Case conference (31) held today in Allan hall with FLM J McCormick. Background- Placed on TTM a few wks ago due to suicidal ideation and plans. Assessment- Colin Appeared brighter today in mood. Eye contact and body language better today. Had a settled weekend and no complaints/concerns offered by staff. Colin is starting to get back into the hall routine and get reintegrated back into normal prison life. Strongly denies any thoughts/plans of suicide at present. He now sees a future for himself whereas before he did not see any future. Appears to have learned from his mistake regarding his downgrade and he does not want to be put in this position again. Colin appeared happy to come off TTM today and it was agreed with case conference members to close TTM. Have also agreed to give Colin [illegible] back in possession now that TTM has closed. Advised that the MHT will see Colin in a few days time for extra support and he will speak with staff if any issues arise. Recommendation- TTM paperwork completed today. Agreed to close TTM and MHT will see Colin in the next few days. Colin appeared happy with this. Ms Kirsty Byng

02/12/2019 Administration [illegible] administered to right deltoid [illegible] exp date [illegible] due 3/12. Ms Alison Mctaggart

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

Colin Mckay **05/09/1975** **Male** **0509796595**

16/01/2020 Consultation: Discussed this morning at addiction allocations meeting. To be reviewed by addiction nurse to discuss methadone reduction. Ms Alison Black

[illegible] number of staff if I could come to see him. Background- Ongoing supp ort for mental health/addiction issues. Assessment- Colin appeared low in mood in consultation. He recently recieved a victim notification letter from the victims mother as Colin is due for Parole in March 2020. There are allegations made about Colin that he reports are not true as he does not speak to any of his co-accused and he deliberately avoids them. He is worried that this will prevent him for getting Parole however advised Colin that this would be investigated if the SPS thought there was any truth in this. Tried to challenge Colin's negative thinking in consultation however he was evidently upset over this issue. Strongly denies any thoughts/ plans of suicide/self harm in consultation. Colin believes that he will have to try and disprove these allegations at the Parole hearing however he understands this will be very hard and does not know how to do this. Advised Colin that advocacy may be a route to go down if he feels he is not being properly supported especially due to his situation ie having a contract set him. Spoke at length about this and Colin has given me permission to speak to the advocacy service to see if they can help him. Colin also advised me that he would speak to his lawyer. Recommendation- Will contact advocacy regarding this and will let Colin for 3 weeks time. Colin appeared happy with this. Ms Kirsty Byng

09/01/2020 Administration: Hospital appointment 28/1/20, Neurology - QEUH

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

23/12/2019 Administration: Patient refused to attend Neurology on 23/12/2019.

20/12/2019 Third party consultation: Discussed Mr McKay's first virtual meeting with Dr Mhie Keels, Principal clinical Psychologist. He has not been accepted for assessment or intervention at this time. A letter will be sent to referrer and patient informing them of same. Karen Muir, Mental Health Therapist Ms Karen Muir

13/12/2019 Mental health review: Discussed this morning at the MDMBT meeting - agreed to remain on caseload. Ms Alison Mctaggart

12/12/2019 Psychological assessment: Met with Mr McKay at 10.30hrs within the link centre for his first contact session with the clinical psychology Interventions service. Mr McKay reported that he is unsure how psychology can support him as all his anxieties stem from situational circumstances which are outwith his control. He reported that he has been dealing with these stressors for 15 years and that he feel he is coping with it as best he can, stated that he had previously received support from Dr Joe Kerr, Clinical Psychologist whilst in HMP Shotts, however it was mutually agreed to end treatment as his anxiety was situational rather than mental health related. Informed Mr McKay that he would be discussed in supervision and informed of outcome by letter. No risk of harm factors identified. Karen Muir, MDmtl Health Therapist Ms Karen Muir

09/12/2019 Mental health review: Written in retrospect 6/12/19 due to time constraints. Situation- Seen in Links Centre for mental health review. Background- Was on TTM for a few weeks due to suicidal ideation. Agreed at case conference to have mental health input/support. Assessment- Colin attended today, a bit better in mood, good eye contact and conversing freely. Was frustrated and a bit upset about a meeting with his outside social worker. It appeared they had a disagreement and she had told him that she was not there to support him. Colin seemed a bit distressed about this. Asked if there was a possibility he could get another social worker however he did not think this was possible. Spoke to P. Brierley (manager) today about this as he was aware about the situation. He advised that changing social worker would be quite difficult at this stage. Due an ICM this month- either has been invited to attend this. Looking towards the future- has a job to go to when he gets out. Due for parole next year however understood that he may get knocked back but is accepting of this. Spoke a little about his childhood- spent a lot of his time in prison and was in and out of care since age 11. Very interested in Physics and will start to study again when finding a bit better. Strongly denies any thoughts/plans of suicide/self harm in consultation. Spoke about a potential referral to Psychology and Colin was in agreement with this. Understands not much of his situation will change and it is outwith his control however he is willing to accept the help and support that is being offered to him. Recommendation- Five to meet again in 3 weeks time. At this session will speak about psychology referral. Colin appeared happy with this. Ms Kirsty Byng

06/12/2019 Mental health review: Attended Links Centre this afternoon for review. Review to follow, strongly denies any thoughts/plans of suicide/self harm today. Ms Kirsty Byng

05/12/2019 Mental health review: Spoke with Collins today at methadone round. Advised that I would ask for him to be seen at Links Centre today with myself. Colin informed me that he does not have suitable clothing as everything is still in Cloisewell. Asked if appointment could be moved onto tomorrow. Will relist for tomorrow. Ms Kirsty Byng

03/12/2019 Suicide risk assessment: Situation- Case conference (1:1) held today in Alloa hall with FLM (McCormick. Background- Placed on TTM a few wks ago due to suicidal ideation and plans. Assessment- Colin Appeared brighter today in mood. Eye contact and body language better today. Had a settled weekend and no complaints/concerns offered by staff. Colin is starting to get back into the hall routine and got reintegrated back into normal prison life. Strongly denies any thoughts/plans of suicide at present. He now sees a future for himself whereas before he did not see any future. Appears to have learned from his mistake regarding his downgrade and he does not want to be put in this position again. Colin appeared happy to come off TTM today and it was agreed with case conference members to close TTM. Have also agreed to give Colin cigarettes back in possession now that TTM has closed. Advised that the MDT will see Colin in a few days time for extra support and he will speak with staff if any issues arise. Recommendation- [illegible] paperwork completed today. Agreed to close TTM and MDT will see Colin in the near few days. Colin appeared happy with this. Ms Kirsty Byng

02/12/2019 Administration: Hyoscyobutamin administered to right deltoid[illegible] Exp date: 05/2020Batch 3/12. Ms Alison Mctaggart

NHS Confidential: Personal data about a patient

Colin Mckay 05/09/1979 Male [illegible]

11/11/2019 Suicide risk assessment. Situation- Case conference (?) held today in Allan hall along with A Mccarron (RMN) S Devlin (FLM), W Sweeney (Unit Manager), P Brindley (Manager) and J March (Officer). Background- Placed on TTM on Friday after [illegible] as Colin had a [illegible] around his neck. Assessment- Colin appeared [illegible] today, [illegible] body language. Colin is aware that he is due to be downgraded and he is finding this hard to process due to his actions last week [illegible]. When Colin spoke it was evident that he has lost hope and does not see a future for him. He states that he has [redacted]. He does not see the point in living anymore. When we asked Colin about his thoughts of suicide/self harm he states that he would [illegible] as he does not see any other way out. He has lost motivation and drive in his life. Staff tried to speak about how he may only be downgraded for 12 months however he currently has a [illegible] on his head and this is a big worry for him. Was not taking medication over the weekend however is taking these now. Colin due to be transferred to [illegible] on Friday. When asked what we could do to support him - he reports that there is nothing we can do to make things better. Recommendation- Agreed with staff to remain on high 15 minute observations in safe cell with safe clothing. No changes/ideas [illegible] in cell. Agreed to support Colin by giving him books and newspapers to distract him. Advised to speak to staff if anything changes. Ms Kirsty Byng

09/11/2019 Consultation TTM Case conference Reviewed colin at halls- appeared low mood, pale, lethargic, communicating well. states head was all over the place yesterday due to been told that he would be downgraded back to [illegible] prison. states does not know if he would have carried out with suicide if not intervened by officers. [illegible] with safety and says has [illegible] on his head. States does not wish to further self harm or suicide. Plan- remain in safe cell, safety clothing, 15 mins obs, allowed books/newspapers to read, to review monday 11/11/19.
Mr David Moran

08/11/2019 Consultation. Asked to review colin at allan hall. found in cell by officer with shoe lace around neck. on review colin not wishing to communicate. says no injuries, wished had another 5 mins to carry out suicide attempt. neck reviewed, slight redness. plan- placed on TTM. 15 mins visual/verbal obs, safe cell, safe clothing plus case conference tomorrow 9/11/19. Mr David Moran

24/10/2019 Administration Hospital appointment 21/11/2019, Neurology - West Glasgow ACH.

20/09/2019 Failed encounter The client came up to the HC and [illegible]. Please [illegible]. Dr Zahid [illegible]

03/09/2019 Mental health assessment WRITTEN IN RETROSPECT FROM 20/08/19 SITUATION- Seen today in health centre following referral BACKGROUND- History of anxiety and depression, worrying about current circumstances and effects on his [illegible]. ASSESSMENT- Colin stated he has "no energy" and has "classic signs of depression". He states he is losing interest in things in general compared to what he used to be like. Colin states that he "has a couple of [illegible]" due to his previous [illegible] and has been [illegible] on and off for the past 15 years while in prison as there is a prisoner who blames him for him being jailed. Discussed referral to psychology as previously discussed with mental health, however, Colin states that due to the time frame and him having previously seen them he does not wish to complete the referral at present. Advised to inform mental health if he changes his mind. Colin states that he is ok at night sleeping as he can lock his door and knows no-one can get in to him. He states he tries to get to the gym, exercise and [illegible] when he feels up to it. Encouraged to maintain a good routine and focus on the positives in his life at present. Colin states that he is unsure what can be done for him at present as it is situational and "no one can change what has and will happen". Encouraged him to speak to any staff if he feels distressed, however, he states that he will end up [illegible] for opening his mouth and it is not worth it. Colin strongly denies any current thoughts of suicide or self harm at present. He would like to focus on getting off methadone [illegible] at present. RECOMMENDATION- Colin advised to inform mental health if he feels he needs any further input and if he feels he would like to engage with psychology which he stated he would do [illegible] MH nurse. Ms Louise Moyes

19/08/2019 Consultation Discussed this morning at mental health allocation meeting. To be seen by mental health nurse to complete psychology referral and discuss with psychology colleagues at next weeks allocation meeting. Mrs Alison [illegible]

12/08/2019 Consultation S- patient attended nurse clinic for an injection [illegible] A- following injection [illegible], Exp 12/2019 in left deltoid. Colin asked how to be seen by mental health team. Mental health nurse Kirsty Byng spoke to Colin and advised him on the process of referring to mental health. Colin [illegible] for next Hydroxycobalamin on 3/12. Miss Lorraine Kiernan

25/07/2019 Drug addiction therapy Situation- Approached myself this morning at medication round. Background- Currently on [illegible] of methadone and on reduction plan. Assessment- Colin states that he would like to go back up to 20mls. When I asked him about this he states that he didn't think the time was right at the moment and he mentioned something about a "green". He tells me he would feel more stable if he increased back to 20mls and then leave it at this dose for a while. Happy to increase back to 20mls however will have to do in 2 stages. Will increase to 18mls as of 26/7/19 and then to 20mls as of 29/7/19. Recommendation- To ask GP to amend kardex as of 25/7/19 and then review thereafter. Colin appeared happy with this.
Ms Kirsty Byng

02/07/2019 Drug addiction therapy Approached myself at methadone round. Colin feeling ready to reduce again. Currently on [illegible]. Would like to come down [illegible] Appears to be stable on this dose and happy to reduce further. Ms Kirsty Byng

01/05/2019 Consultation. asking to get his testosterone levels checked, says his levels was low [illegible] but [illegible] testosterone [illegible] with [illegible], was getting morning erections, [illegible] are not as great as they used to be in past, no urinary sx, no [illegible], no wt loss, wll otherwise, on mirtazapine, gabapentin and methadone. been on drugs all his life. likes trying to come out of methadone so want to be sober. I had a good look at his notes on [illegible] and [illegible] low levels of testosterone. he had low [illegible] in 2013/2014 but then got replacement and repeat levels in 2017/2018 normal. already on [illegible] for low [illegible] in past. plan: no specific reason for testosterone levels. ? drugs related ? MH related pt agreed, if this gets worse then will do other bloods and testosterone both, agreed. WBG. Dr Imran Ilyas

26/04/2019 Administration Administration The Health Centre, PO Box 15605, PA15 9ET Greenock Self Referral Form Addictions Ms Tracy Brittan

24/04/2019 Consultation Self referral requesting bloods to check testosterone levels which he says were previously low. Unable to find any clinical [illegible] on Vision or GGC Clinical Portal regarding this. Listed to see GP 1/5/19 to discuss further. Ms Anne Wishart

13/04/2019 Consultation 20min consultation/Wants to stop ORT. Has been on methadone for 17 years and fed up with side effects. Previously down at 10ml and struggled. Now at 15ml. Has previously been downgraded and additional years in prison. Now back in Greenock and due to start [illegible]. Has idea that wants to switch to Buprenorphine for set amount of time and come from that within the time limit - will sign a contract. We discussed my concerns that this approach is not evidence based at being more successful. also not prison policy. My concern would be that [illegible] if wanting to progress and this jeopardises this. Tried to talk about all aspects of recovery. States mental health good - on mirtazapine. Working in bike sheds and attending education - physics. Talked about his suggested approach simply delays struggle and will still get withdrawal symptoms. Evidence would be continue reduction in methadone. I am concerned that Colin does not have internal resources at present or mindset to stay away from illicit drugs if settling. Persistent [illegible] was need for help when really struggling which seems to be medication/drug focussed. Dr Kathryn Clark

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Colin Mckay 05/09/1979 Male 0509796095

11/11/2019 Suicide risk assessment. Situation- Case conference (1) held today in Allan hall along with A.Mcianier (RMN) [illegible] R.Devlin (FLM), W.Sweeney (Unit Manager), P.Bradley (Manager) and J.Marsh (Officer). Background- Placed on TTM on Friday after adverse RMT as Colin had a [illegible] around his neck. Assessment- Colin appeared low in mood today, poor eye contact at times and closed body language. Colin is aware that he is due to be downgraded and he is finding this hard to process due to his actions last week (bringing substance in from placement). When Colin spoke it was evident that he has lost hope and does not see a future for him. He states that he has [redacted] He does not see the point in living anymore. When we asked Colin about his thoughts of suicide/self harm he states that he would [illegible] as he does not see any other way out. He has lost motivation and drive in his life. Staff tried to speak about how he may only be downgraded for 12 months however he currently has a lot on his head and this is a big worry for him. Was not taking medication over the weekend however is taking these now. Colin due to be transferred to Shotts on Friday. When asked what we could do to support him - he reports that there is nothing we can do to make things better. Recommendations- Agreed with staff to remain on high 15 minute observations in safe cell with safer clothing. No [illegible] to be in cell. Agreed to support Colin by giving him books and newspapers to distract him. Advised to speak to staff if anything changes. Ms Kirsty Byng

09/11/2019 Consultation. TTM Case conference.Reviewed colin at halls- appeared low mood, pale, lethargic, communicating well. states head was all over the place yesterday due to been told that he would be downgraded back to shotts prison. states does not know if he would have carried out with suicide if not intervened by officers. On going concerns with safety and says has 40 [illegible] on his head. States does not wish to further self harm or suicide. Plan- remain in safe cell, safety clothing, 15 mins obs. allowed books/newspapers to read, to review monday 11/11/19. Mr David Munro

08/11/2019 Consultation. Asked to review colin at allan hall- found in cell by officer with shoe lace around neck. on review colin not wishing to communicate- says no injuries, wished had another 5 mins to carry out suicide attempt. neck reviewed, slight redness. plan- placed on TTM- 15 mins visual/verbal obs, safe cell, safe clothing, plan case conference tomorrow 9/11/19. Mr David Munro

24/10/2019 Administration. Hospital appointment 21/11/2019. Neurology - West Glasgow ACH.

20/09/2019 Failed encounter. The client came up to the HC and [illegible] not to see pat. Please refer. Dr Zahid Shah

02/09/2019 Mental health assessment. WRITTEN IN RETROSPECT FROM 20/08/19.SITUATION- Seen today in health centre following referral.BACKGROUND- History of anxiety and depression, worrying about current circumstances and effects on his parole.ASSESSMENT- Colin stated he has "no energy" and has "classic signs of depression". He states he is losing interest in things in general compared to what he used to be like. Colin states that he "has a couple of contracts on him, 30 grand" due to his previous social life and has been attacked on and off for the past 15 years while in prison as there is a prisoner who blames him for him being jailed. Discussed referral to psychology as previously discussed with mental health, however, Colin states that due to the time frame and him having previously seen them he does not wish to complete the referral at present. Advised to inform mental health if he changes his mind.Colin states that he is ok at night sleeping as he can lock his door and knows no-one can get in to him. He states he tries to get to the gym, exercise and socialising when he feels up to it. Encouraged to maintain a good routine and focus on the positives in his life at present. Colin states that he is unsure what can be done for him at present as it is situational and "no-one can change what has and will happen". Encouraged him to speak to any staff if he feels threatened, however, he states that he will end up off worse for opening his mouth and it is not worth it. Colin strongly denies any current thoughts of suicide or self harm at present. He would like to focus on getting off [illegible] at present.RECCOMMENDATION- Colin advised to inform mental health if he feels he needs any further input and if he feels he would like to engage with psychology which he stated he would do.R.Rodgers MH nurse. Ms Louise Moyne

14/08/2019 Consultation. Discussed this morning at mental health allocations meeting. To be seen by mental health nurse to complete psychology referral and discuss with psychology colleagues at next weeks allocations meeting. Mrs Alison [illegible]

12/08/2019 Consultation. S- patient attended nurse clinic for an injection.B patient has [illegible] anaemia.A- following injection [illegible], Exp 12/2019 in left deltoid. Colin asked how to be seen by mental health team.R- Mental health nurse Kirsty Byng spoke to Colin and advised him on the process of referring to mental health. Colin [illegible] in diary for next Hydroxocobalamin in 3/12. Miss Lorraine Kieran

23/07/2019 Drug addiction therapy. Situation- Approached myself this morning at medication round. Background- Currently on 8mls of methadone and no reduction plan. Assessment- Colin states that he would like to go back up to 20mls. When I asked him about this he states that he didn't think the time was right at the moment and he mentioned something about a "grant". He tells me he would feel more stable if he increased back to 20mls and then leave it at this dose for a while. Happy to increase back to 20mls however will have to do in 2 stages. Will increase to 15mls as of 24/7/19 and then to 20mls as of 27/7/19. Recommendation- To ask GP to amend kardex as of 25/7/19 and then review thereafter. Colin appeared happy with this. Ms Kirsty Byng

02/07/2019 Drug addiction therapy. Approached myself at methadone round. Colin feeling ready to reduce again. Currently on 10mls. Would like to come down to [illegible] next week. Appears to be stable on this dose and happy to reduce further. Ms Kirsty Byng

01/05/2019 Consultation. asking to get his testosterone levels checked. says his levels were low many yrs ago but then no treatment received. no problems with [illegible] until recently. was getting morning erections, [illegible] ok but recently noticed erections are not as great as they used to be in past. no urinary sx, no [illegible], no [illegible], no wt loss, well otherwise. on mirtazapine, gabapentin and methadone. been on drugs all his life. [illegible] trying to come out of methadone as want to be sober. I had a good look at his notes on [illegible] and cannot find any info about low levels of testosterone. he had low B12 in 2013/2014 but then got replacement and repeat levels in 2017/2018 normal. already on colecalciferol for low VitD in past. plan: no specific reason for testosterone levels. ? drugs related ? MH related. pt agreed, if this gets worse then will do other bloods and testosterone both. agreed. WBD. Dr Imran Ilyas

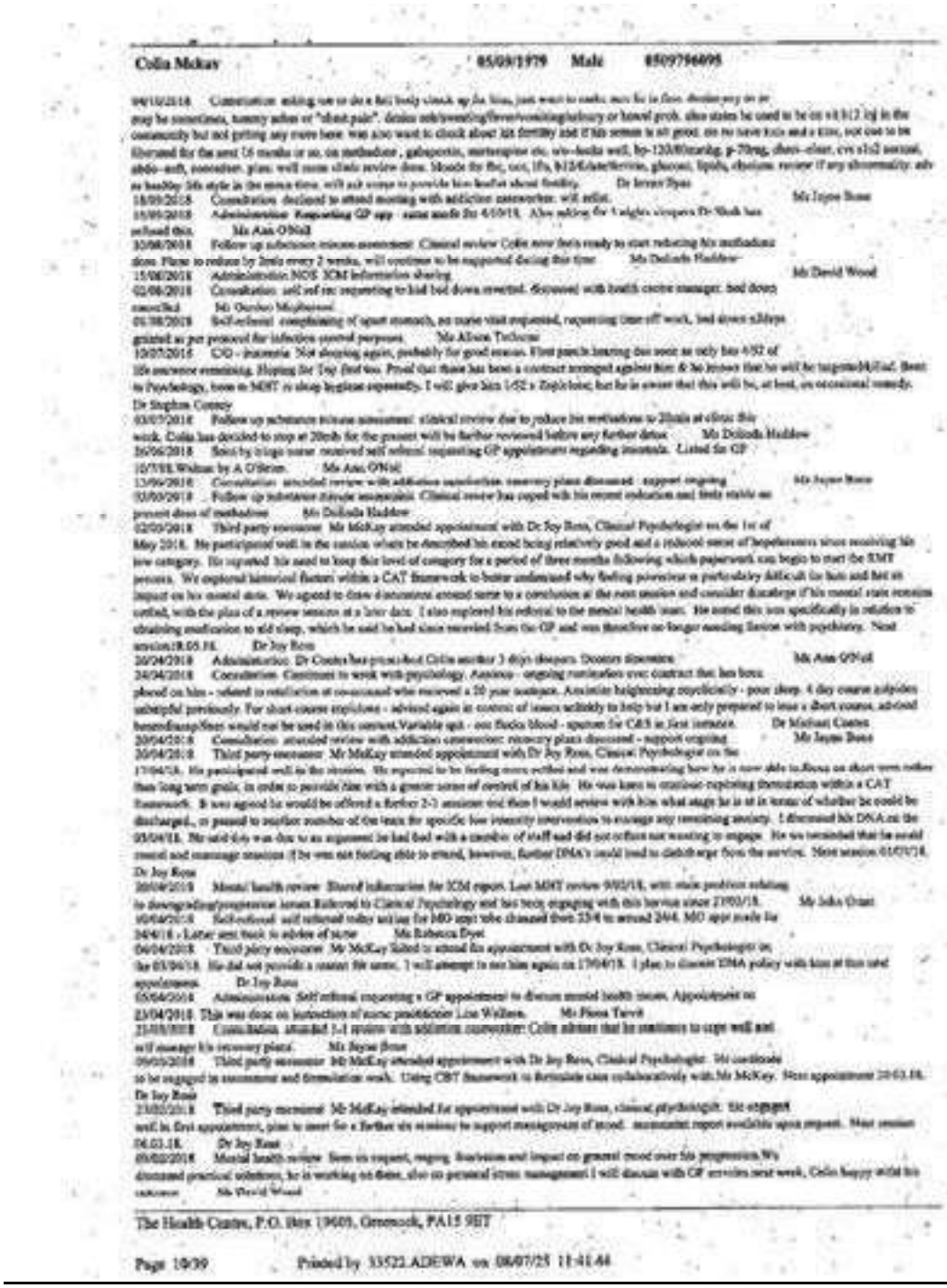
26/04/2019 Administration. Administration The Health Centre, PO Box 19605, PA15 9ET Greenock Ref: Referral Form Addictions Ms Tracy Bolton

26/04/2019 Consultation. Self referral requesting bloods to check testosterone levels which he says were previously low. Unable to find any clinical details on Vision or GGC Clinical Portal regarding this. Listed to see GP 1/5/19 to discuss further Mr Anne Witherow

15/04/2019 Consultation. 30min consultation/Wants to stop ORT. Has been on methadone for 17 years and fed up with side effects. Previously down at 10ml and struggled. Now at 15ml. Has previously been downgraded and additional years in prison. Now back in Greenock and due to start SEL's. Fixed idea that wants to switch to Buprenorphine for set amount of time and come down from that within the time limit - will sign a contract.We discussed my concerns that this approach is not evidence based at [illegible] prison policy. My concern would be that [illegible] is paramount if wanting to progress and this jeopardises this. Tried to talk about all aspects of recovery. States mental health good - on mirtazapine. Working in bike sheds and attending education - physics. Talked about his suggested approach simply delays struggle and will still get withdrawal symptoms. Evidence would be continue reduction in methadone. I am concerned that Colin does not have internal resources at present or mindset to stay away from illicit drugs if settling. Persistent comment was need for help when really struggling which seems to be medication/drug focused. Dr Kathryn Clark

Colin McKay 15/09/1979 Male 0509796095

11/04/2019 Drug addiction therapy Discussed Colin's referral with him during methadone round in [illegible] and he stated he would like to discuss his options with a GP for coming off methadone. Listed for 15.04.2019 to discuss same. Miss Kylie Rodgers
07/03/2019 Referral for further care Referral Letter The Health Centre, PO Box 19605, PA15 9ET Greenock Mental Health Ms Gillian Mccullloch
07/03/2019 Referral for further care Referral Letter The Health Centre, PO Box 19605, PA15 9ET Greenock Mental Health Ms Gillian Mccullloch
07/03/2019 Medication review GABAPENTIN/OD REVIEW/ON SUPERVISED GABAPENTIN NO CLINICAL INDICATION [illegible] Dr Sandie Smith
25/02/2019 Consultation Gabapentin changed to supervised and BD. Dr Kathryn Clark
25/02/2019 Administration Administration In-Possession Medication Check Ms Gillian Mccullloch
25/02/2019 Consultation Medication spot check. Short of 1x Gabapentin 300mg tab and 1x Mirtazapine 30mg tab. Claims to have taken the night dose early however as medication check was at approx 14.30 this was much earlier than it should have been and not in accordance with his prescription. Kaitlin left for GP to review 25/2/19 Ms Aunt Wilkinson
23/01/2019 Drug addiction therapy [illegible] self referral. Background- Has been on methadone for approx 12 years and currently on 30mls of methadone. Would like to start reduction plan. Assessment Colin states he has reduced methadone before however he has been downgraded before for MDMA and subutex. First time in HMP Greenock and settling in well. States he currently has no temptation to use but would like to be off methadone before moving on to the open estate. Colin states that he would like to reduce by 1mls a fortnight until he is at 10mls and then review again. He states he is happy for nurses to decide which day he comes down. Would like this plan to start next week. Recommendation- Will start reduction plan on Wednesday next week and reduce by 1mls per fortnight. Colin happy with this plan and aware he can pause at anytime. Ms Kirsty Strong
15/02/2019 Administration Administration Referral to Attend Ms Gillian Mccullloch
30/01/2019 Administration Administration Referral seen 15/2/19 Ms Gillian Mccullloch
24/01/2019 Administration Administration HMP Shotts MIST assessment Mr David Wood
17/01/2019 Administration Administration HMP Greenock Registration Ms Tracy [illegible]
15/01/2019 Administration Administration In Possession Medication Contract [illegible] 18/1/19 Ms Gillian Mccullloch
17/01/2019 Concerned about appearance self reports "[illegible] wound, lower leg" Mr Gordon Hannah
17/01/2019 Concerned about appearance fungal type infection over whole body already on antifungal cream Mr Gordon Hannah
17/01/2019 Transfer profile form completed transfer form completed Mr Gordon Hannah
17/01/2019 Prescription by GP methadone 30mls OD/Mirtazapine 30mg/Gabapentin 300mg TID Mr Gordon Hannah
17/01/2019 Suicide risk assessment no risk Mr Gordon Hannah
17/01/2019 No thoughts of deliberate self harm all answers Mr Gordon Hannah
17/01/2019 Drugs of abuse urine screening -ve for methadone Mr Gordon Hannah
17/01/2019 Misuses drugs misuses drugs over 2 years ago Mr Gordon Hannah
17/01/2019 H/O blackout No blackouts related to head injuries Mr Gordon Hannah
17/01/2019 Suspected epilepsy tonic clonic seizures for the past, couple of years ago. Mr Gordon Hannah
15/01/2019 Consultation Attended for medication review. Due to move to Open Estate this week, so no point in altering medication. Good luck with his next move. Dr Stephen Conroy
11/01/2019 Administration Administration The Health Centre, PO Box 19605, PA15 9ET Greenock Prescription/ Recording Sheet Mrs Susan Hunter
18/12/2018 Mental health review Colin was seen today. Felt that he had lost some volition due to being down graded and returned to Allanton 1, as a result of this he had lost all interest in work. Felt he could not be bothered and felt that the system was holding him back from progressing. Admitted that protocols had to be followed and that things always seemed to go slowly over the [illegible] period [illegible] colin wanted some cell down time for 3 weeks. By the end of the discussion he decided that it would be better if he returned to work as this would make the time pass quicker and he would earn some money. Advised to speak to the mental health team again if he felt the need. Entered by elizabeth [illegible] RMN Mr David Wood
17/12/2018 Mental health assessment Clinical Letter HMP Shotts Mental Health Mrs Kirsty Burns
14/12/2018 Result Results Virology Ms J Melville
13/12/2018 Consultation [illegible] Colin [illegible] to go back to 30mls [illegible] does not want to risk relapse. Discussed with Dr Conroy methadone increased to 30mls Ms Delinda Haddow
13/12/2018 Consultation Attended to discuss results - Macrocytic on Bd B12 - previous B12 and folate deficiency, B12 currently 151, folate 2.4. Discussed - to restart B12 inj, also oral folate. Cal/phos borderline - on calcichew previously - advisable to restart this also - diet not great - has tried to improve in past without benefit. Dr Michael Conroy
05/12/2018 Result Results Microbiology Ms J Melville
03/12/2018 Consultation Requesting a GP appointment to obtain bloods tests. Already listed Ms Ann O'Neil
29/11/2018 Result Results Haematology Ms J Melville
29/11/2018 Result Results Biochemistry Ms J Melville
27/11/2018 HIV screening counselling Ms Margo Moyes
27/11/2018 Hepatitis C screening counselling Ms Margo Moyes
27/11/2018 Hepatitis B screening counselling Ms Margo Moyes
21/11/2018 Consultation self ref to see GP ref ongoing headaches. Mr Gordon Mcpherson
30/11/2018 Consultation patient attended TR, bloods obtained as per ref form Mr Gordon Mcpherson
12/11/2018 Consultation self ref stating should have had bloods taken, apologised for missed appointment, will relist Mr Gordon Mcpherson
18/10/2018 Mental health review Case discussed at Progression RMT and Mr McKay has been approved for progression to NTS. Mr David Douglas
15/10/2018 Follow up substance misuse assessment Clinical review plans to continue with his reduction as before 1mls a any 2 weeks stopping at 30mls. Colin plans to stay on this dose until he feels stable then he will further discuss detoxing from methadone Ms Delinda Haddow
15/10/2018 Failed encounter failed to attend for bloods, no reason given Ms Alison Dobson
05/10/2018 Consultation self ref stating migraine, agreed DNa last done Mr Gordon Mcpherson
04/10/2018 Consultation self ref me to see GP, seen today already Mr Gordon Mcpherson



Colin Mckay 05/09/1979 Male 0509796095

09/10/2014 Consultation: asking me to do a full body check up for him, just want to make sure he is fine. thinks my ex or may be sometimes, tummy aches or "chest pain". denies sob/vomiting/fever/vomiting/salivary or bowel prob. also states he used to be on st1/12 inj in the community but not getting any more here. was also want to check about his fertility and if his semen is all good. no no have kids and a kiss, not one to be tolerated for the next 16 weeks or so. on methadone, gabapentin, mirtazapine etc. w/o-looks well, bp-120/80/mmHg, p-70bpm, chest--clear, cvs s1s2 normal, abdo--soft, nontender. plan: will issue clinic review done. Maude the flu, test, lfts, b12/folate/ferritin, glucose, lipids, chalsone. review if any abnormality: advise healthy life style in the mean time, will ask nurse to provide him leaflet about fertility. Dr Imran Ilyas

18/09/2015 Consultation: declined to attend meeting with addiction caseworker: will refer. Ms Joyce Ross

15/09/2015 Administration: Requesting GP app - same made for 6/10/15. Also asking for 3 nights cheques Dr Shah has refused this. Ms Ann O'Neil

30/08/2015 Follow up substance misuse assessment: Clinical review Colin now feels ready to start reducing his methadone dose. Plans to reduce by 2ml/a every 2 weeks, will continue to be supported during this time. Ms Delinda Haddow

15/08/2015 Administration: NOS: SCM information sharing. Ms David Wood

02/08/2015 Consultation: self ref re: requesting to bid bed down overnight. discussed with health centre manager. bed down cancelled. Mr Gordon Mcpherson

01/08/2015 Self-referral: complaining of upset stomach, an nurse visit requested, requesting time off work, bed down sildyn granted as per protocol for infection control purposes. Ms Alison Tavlorne

10/07/2015 CIG - insomnia: Not sleeping again, probably for good reason. First patch leaving this week as only has 4/52 of life sentence remaining. Hoping for Toy first too. Proud that there has been a contract arranged against him & he knows that he will be targeted/filed. Sent to Psychology, room to MDT re sleep hygiene separately. I will give him 1/52 x Zopiclone, but he is aware that this will be, at best, an occasional remedy. Dr Stephen Conroy

03/07/2015 Follow up substance misuse assessment: clinical review due to reduce his methadone to 20mls at clinic this week. Colin has decided to stop at 20mls for the present will be further reviewed before any further detox. Ms Delinda Haddow

26/06/2015 Seen by in logic nurse: received self referral: requesting GP appointment regarding insomnia. Listed for GP 10/7/15. Written by A O'Brien. Ms Ann O'Neil

13/06/2015 Consultation: attended review with addiction caseworker: recovery plans discussed - support ongoing. Ms Joyce Ross

02/06/2015 Follow up substance misuse assessment: Clinical review has coped with his recent reduction and feels stable on present dose of methadone. Ms Delinda Haddow

02/05/2015 Third party encounter: Mr McKay attended appointment with Dr Joy Ross, Clinical Psychologist on the 1st of May 2015. He participated well in the session where he described his mood being relatively good and a reduced sense of hopelessness since receiving his new category. He reported his need to keep this level of category for a period of three months following which paperwork can begin to start the EMT process. We explored historical factors within a CAT framework to better understand why feeling powerless is particularly difficult for him and his impact on his mental state. We agreed to draw discussions around same to a conclusion at the next session and consider discharge if his mental state remains settled, with the plan of a review session at a later date. I also explored his referral to the mental health team. He noted this was specifically in relation to obtaining medication to aid sleep, which he said he had since received from the GP and was therefore no longer needing liaison with psychiatry. Next session:18.05.15. Dr Joy Ross

30/04/2015 Administration: Dr Coates has prescribed Colin another 3 days diazepam. Doctors discretion. Ms Ann O'Neil

24/04/2015 Consultation: Continues to work with psychology. Anxious - ongoing rumination over contract that has been placed on him - related to retaliation at co-accused who received a 10 year sentence. Anxiety heightening cyclically - poor sleep. 4 day course zolpidem unhelpful previously. For short course zopiclone - advised again in context of issues unlikely to help but I am only prepared to issue a short course. advised benzodiazepines would not be used in this context.Variable upt - see flucloxacillin - sputum for C&S in first instance. Dr Michael Coates

20/04/2015 Consultation: attended review with addiction caseworker: recovery plans discussed - support ongoing. Ms Joyce Ross

20/04/2015 Third party encounter: Mr McKay attended appointment with Dr Joy Ross, Clinical Psychologist on the 17/04/15. He participated well in the session. He reported to be feeling more settled and was demonstrating how he is more able to focus on short term rather than long term goals, in order to provide him with a greater sense of control of his life. He was keen to continue exploring formulation within a CAT framework. It was agreed he would be offered a further 2-3 sessions and then I would review with him what stage he is at in terms of whether he could be discharged., or passed to another member of the team for specific low intensity intervention to manage any remaining anxiety. I discussed his DNA on the 03/04/15. He said this was due to an argument he had had with a member of staff and did not either not wanting to engage. He was reminded that he could cancel and rearrange sessions if he was not feeling able to attend, however, further DNA's could lead to discharge from the service. Next session 01/05/15. Dr Joy Ross

20/04/2015 Mental health review: Steroid information for SCM report. Last MHT review 9/03/15, with main problem relating to disengaging/progression issues.Referred to Clinical Psychology and has been engaging with this service since 27/03/15. Ms John Grant

10/04/2015 Self-referral: self referral today asking for MD appt who changed from 23/4 to around 24/4. MD appt made for 24/4/15 - Letter sent back to advise of same. Ms Rebecca Dyet

06/04/2015 Third party encounter: Mr McKay failed to attend his appointment with Dr Joy Ross, Clinical Psychologist on the 03/04/15. He did not provide a reason for same. I will attempt to see him again on 17/04/15. I plan to discuss DNA policy with him at this and appointment. Dr Joy Ross

05/04/2015 Administration: Self referral requesting a GP appointment to discuss mental health issues. Appointment on 23/04/2015. This was done on instruction of nurse practitioner Lisa Wallace. Ms Fiona Turvit

23/03/2015 Consultation: attended 1-1 review with addiction caseworker: Colin advises that he continues to cope well and will manage his recovery plans. Ms Joyce Ross

09/03/2015 Third party encounter: Mr McKay attended appointment with Dr Joy Ross, Clinical Psychologist. He continues to be engaged in assessment and formulation work. Using CBT framework to formulate case collaboratively with Mr McKay. Next appointment 20.03.15. Dr Joy Ross

23/02/2015 Third party encounter: Mr McKay attended for appointment with Dr Joy Ross, clinical psychologist. He engaged well in first appointment, plan to meet for a further six sessions to support management of mood. Assessment report available upon request. Next session 06.03.15. Dr Joy Ross

09/02/2015 Mental health review: Seen on request, ongoing frustration and impact on general mood over his progression.We discussed practical solutions he is working on these, also on personal stress management I will discuss with GP services next week, Colin happy with his outcome. Ms David Wood

The Health Centre, P.O. Box 13601, Greenock, PA15 9BT

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Colin Mckay 05/09/1979 Male 0509794095

30/01/2018 Mental health review. Seen on request whilst in the hall, speaking openly about his frustration with progression towards future. Clearly paralogical about his circumstances, he spoke about his emotions and the conflicts in his thinking. For further discussion within MHT and with SPS colleagues. Mr David Wood
22/01/2018 Administration MOS TTM case conference from concerns raised, no apparent risk. Mr David Wood
18/01/2018 Consultation. Severe pain ongoing, no benefit from duloxetine or carbamazepine. Previous critical fracture. Have exhausted all other meds inc nortriptyline. Gabapentin 300mg tid max. Dr Michael Coates
10/01/2018 Follow up substance misuse assessment. Clinical review requested to discuss reduction plan wishes to reduce by 5mls every 2 weeks stopping at 30mls. Discussed the advantages of staying on a prescription, will continue to receive support. Ms [illegible]
04/01/2018 Administration. Self referral requesting Dr Coates to discuss seizures and meds. Appointment on 18/01/2018. This was done on instruction of nurse practitioner A. Treharne. Ms Fiona Trevit
28/12/2017 Administration. Triage: My mental health is very poor waiting on seeing a appointment to see physchologist. Nurse prompt requests [illegible] Ms [illegible]
05/12/2017 Consultation. Attended 1-1 meeting with addiction caseworker; drug awareness relapse prevention and recovery planning support ongoing (mental health issues [illegible] noted). Colin asked to speak to MH, passed on request to MH team as agreed. Support ongoing. Ms Jayne Bone
09/12/2017 Consultation. As previous - looking to restart gabapentin, recounts stabbing & shooting, also reporting previous epileptiform activity. Justifying reason for new use - was in pain due to facial injury. As previous - gabapentin not restarted - advised Carbamazepine has indications in pain and also ? epileptiform activity - states on this previously with ill effects - advised this is all I would initiate today. Dr Michael Coates
30/11/2017 Mental health review. Shared information for ICM report. Last contact with MHT, 6/11/17. Subsequent to this he was referred to Clinical Psychology and is awaiting an assessment. Mr John Grant
17/11/2017 Administration. Triage slip received today - states needs to see DR COATES - chronic pain in legs and severity of the pain. - Nurse Dyer request for GP app to be booked. - app 9/12/17 with DR COATES - patient informed. Ms [illegible] Macfarlane
10/11/2017 Self-referral. C/o leg pain. Cdx1 granted for today. Ms Lisa McLelland
06/11/2017 Mental health review. Seen in the hall following self referral to MHT. Remains very angry about the way he was treated at top end as there is a contract on his head. Feels he was unfairly located there and this resulted in him taking illicit drugs. Kept asking what was the point in living as he could see no positives for the future. Stated he might as well top himself but did not have the guts to do it. He also indicated he would commit suicide due to his protective factors namely his family. Stated that he was waiting to see a psychologist in [illegible] prior to his downgrading for a positive drugs test. Refer to Clinical Psychologist. Mr John Grant
03/11/2017 Consultation: unaware of the reason for appointment/Gabapentin issues. Further to the entry on 27/9/17, asking if gabapentin could be re-instated. Failed spot check and gaba stopped. States that he had been on gabapentin for 7 years for old stabbing wound with [illegible]. Was given various other neuropathic pain killers but states that these were not effective. I explained the failed spot check and signed mandate for spot check failure. I also offer amitriptyline or Lyrica but the client refused and left the room - disputed outcome. Dr Zahid Shah
23/10/2017 Administration. Self referral informing health care that he had a seizure the other night and woke up on the floor causing him to have a lump to his face. He didn't report this at the time as he did not see the point. GP appointment on 03/11/2017 to discuss. This was done on instruction of charge nurse Elizabeth Holmes. Ms Fiona Trevit
19/10/2017 Consultation. Attended 1-1 meeting with addiction caseworker: relapse prevention and recovery planning support ongoing. Ms Jayne Bone
16/10/2017 Consultation. Sir remained requesting to see the GP to speak about stab wounds to legs. Will list for GP. Ms Ann O'Neill
12/10/2017 Consultation. [illegible] MORS. He denies any illicit use, recently had [illegible] [illegible] so doing [illegible] that he says it must make him "comatose" at night. He takes it last thing. On the night in question he says he took it earlier, hence the reaction. Was talking about getting gabapentin back; removed for disciplinary reasons. Dr Stephen Conroy
12/10/2017 Consultation. Looking to restart gabapentin. Noted shortfall previously. States bullet injury and stabbings to leg - states severe division of nerve and was advised that Dr's previously were going to re-instate supervised. On examination old scarring apparent lateral L thigh, slight bone defect anterior proximal region, no muscle atrophy, no hair loss - granted there may be some disturbance of superficial cutaneous nerves. States was also prescribed gabapentin for [illegible] ? seizures. Again I see no justification for this. States has been over sedated with duloxetine - he more in keeping with illicit drug use - no change to meds made to the aggrievance of patient who left consulting room abruptly. Dr Michael Coates
05/10/2017 Consultation. Removed from MORS, no evidence of drug use. Fully orientated, will discuss effect of prescribed medication with MO at his next appointment. Methadone has been withheld today. Ms Elizabeth Holmes
06/10/2017 Consultation. Asked to attend A1 as hall staff felt Colin was under the influence of illicit substance. Colin states he was sleeping when we arrived at his cell. Temp-checked 35.8 BP [illegible], pulse 67, O2 sats 97%. Raised after 5 minutes became very verbal stating that he takes the drugs that we provide him with and this is why he is in the state he is in. Placed onto MORS and moved to a empty cell as no obs cell available (J Hood) Use hourly visual obs. CC tomorrow. Walking talking standing arguing with staff, calmed down and accepted he was going to this cell. Ms Ann O'Neill
18/09/2017 Mental health review. Seen on request. Known from previous history whilst at Shotts. For discussion with team and referral GP service. Mr David Wood
14/09/2017 Consultation. Medication now unsupervised - discussed with MoN DT. Appointment can be cancelled for [illegible] Ms Ann O'Neill
05/09/2017 Self-referral. Asking for MO appt regarding medication. Appt made for 21/9, sent out to advise patient on this. Ms Rebecca Dyer
28/08/2017 Medication requested was found short by 13 tablets of which 7 were open capsules. [illegible] high risk of diversion cannot justify reinstating gabapentin. [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] Dr [illegible]
21/08/2017 Mental health review. Seen in hall following [illegible] indicating his difficulty in dealing with [redacted]

NHS Confidential: Personal data about a patient

Colin Mckay 05/09/1979 Male 0509796095

15/08/2017 Consultation: Information sharing for RMT — Ms Elizabeth Holmes
15/08/2017 Administration: info - GP app 11/9/17 rescheduled to 29/8/17 - patient notified — Ms Donna MacFarlane
11/08/2017 Administration: Gp app today will be rescheduled to a later date due to clinic out of time - HC management state patient will be notified in due course. Ms Donna MacFarlane
11/08/2017 Consultation: attended 1-1 meeting with addiction caseworker relapse prevention and recovery planning support ongoing. Ms Joyce Boss
02/08/2017 Consultation: In for review after downgrade from Top End. He denies any illicit use & denies any wrong doing while in Barlinnie. Not keen to go back down the road of illicit use, so decided to increase his MTD to 20. In return to a dose that keeps him well. Advised, however, not to reduce dose to as low as 10 next time he has a chance to progress. Dr Stephen Conroy
01/08/2017 Administration: prescribed amitriptyline on kardex - sent on kardex from top end - duloxetine and mirtazapine - amitriptyline stopped - kardex amended to amitriptyline and mirtazapine. Dr Michael Cassar
31/07/2017 Follow up substance misuse assessment. Clinical review feels he would benefit from further increase in his methadone Colin is aware he has an appointment this week for addiction clinic and he can discuss any issues there — Ms Dolinda Haddow
26/07/2017 Follow up substance misuse assessment. Transfer back into Shotts downgrade from top end. At present on 20mls of methadone states he is struggling with this amount discussed further increase with GP methadone 20mls from tomorrow. Listed for next addiction clinic for review. Ms Dolinda Haddow
27/07/2017 Admission profile form completed — Mr David Douglas
27/07/2017 Admission profile form completed. Previous history of being prescribed Gabapentin but this discontinued following spot check. Mr David Douglas
27/07/2017 Prescription by GP: Methadone 10mls/Duloxetine 30mg (K)/Mirtazapine 30mg(K) — Mr David Douglas
27/07/2017 No apparent risk of suicide — Mr David Douglas
27/07/2017 No thoughts of deliberate self harm. No history of self harm not happy with downgrade — Mr David Douglas
27/07/2017 Never injecting drug user. Took most illicit drugs but never injected — Mr David Douglas
27/07/2017 Suspected epilepsy. Taking seizures in 2012 then partial seizures — Mr David Douglas
26/07/2017 Administration: Psychology referral completed and handed in to the MHT today. — Ms Yvonne Dickinson
26/07/2017 Mental health assessment: MHSMT: informed consent, explained, agreed and signed by Colin/Offence History Reports a varied history of criminal offences such as car theft, assault, murder and gun crime. Currently sentenced to 14 years for murder. States that his tariff is up next year but he has no Lib date and expects to receive another 5 years for drug offences whilst in prison. Presenting Complaint States 'my head is bursting' due to be downgraded from Letham hall to D hall, due to a failed drug test. Requesting methadone increase to reduce the risk of using in the hall. Low mood due to incarceration and states that he requested a referral to the psychologist around 7 months ago to discuss childhood issues but has not yet heard from them and would like me to chase this up for him. Mental Health History Reports no formal diagnosis but believes that due to childhood trauma and being in prison for such a long time his mood is low. Family History of Mental Illness None reported. Social History Single with no children. Left school around the age of 12yrs old and moved from children's homes through to secure units and then into the prison system. Minimal alcohol use throughout history. Started smoking cannabis around the age of 12-13 and then went on to try 'every drug under the sun'. Never injected any substance. Previously on 90mls of methadone which has been reduced over the years to current level of 10mls. Current Medication 10mls methadone, 30mg mirtazapine and 30mg duloxetine. Current Medical Condition/ Ongoing Investigations No current medical condition although reports a history of taking fits. However, No fits reported in the last few years. Mental State Examination Presented well kempt, conversed appropriately, mood appeared on a good level. Good concentration and appeared to have good insight into why his mood is low. Highlights that his sleep pattern is poor and he has a cycle of broken sleep most nights. Also stressed that his appetite is not very good. Risk Assessment Reports no history of self harm or suicide attempts. No current thoughts, plan or intent of self harm or suicide. States that he is currently not a risk to others and gets on well with peers. Provisional Diagnosis/ Current Problems Low mood Support in the Community No prison visits received from family over the past year at own request. However, he does highlight that [redacted] the phone. Summary I will discuss an increase in methadone with the Dr and follow up the psychology referral. Colin was happy with this outcome. Ms Yvonne Dickinson
18/07/2017 Dental care: Excel [illegible] — Mr Mark Gallagher
18/07/2017 Consultation: Self referral requesting appointment with Dr [illegible], return slip advising Dr is on holiday till 01/08/2017. Mr E Dennis
17/07/2017 Administration: Referral letter received and forwarded on to dentist. — Ms Holly Hobley
14/07/2017 Consultation: Dental referral received. — Mr E Dennis
13/07/2017 Complaints about care: Written in retrospect from 11.07.17 Interviewed in relation to a complaint Colin unhappy as he states the nurses are not always giving him his prescribed supervised medications as they can't find them in the medicine trolley. Colin states he has submitted several MHT forms and has not been seen. Colin advised he has been seen by addiction MHT previously and his recent referral has been discussed at the mental health allocation meeting. Colin advised he will be seen in due course. Colin happy with response, complaint signed off, issue resolved. Mrs Kelly Robb
12/07/2017 Consultation: Seen at triage today following self referral. Patient looking for an update on previous appointment with GP on 27/6/17. States he was told GP would check back previous notes and get back to him with decision for medication. Advised I would pass this on to MO. Dr Joe Daly
11/07/2017 Dental care: Scheduled for dentist but patient not seen as a "some prisoner movements" in place and patient could not be accessed in time before session ended. Rebooked. Mr Mark Gallagher
10/07/2017 Administration: Discussed at allocation meeting. Awaiting addictions/sub assessment. — Mr D Graham
06/07/2017 Administration: Mental health referral received and added to database. — Mrs Margaret Millar
05/07/2017 Referral to dental service: Dental referral received, acknowledgement letter sent to patient. — Mrs Margaret Millar
04/07/2017 Consultation: Dental referral received. — Mr E Dennis
29/06/2017 Referred to dentist: Referral Received 29/06/2017, acknowledgement letter sent to patient and added to dental list. Ms Stacy Quail
27/06/2017 Consultation: wishing to be re started on gabapentin. Was stopped on 15/05 because failed spot check - see notes below States has taken them himself because was in severe pain from dental issues at the time. States has never been in trouble about giving meds of medications before and would never given them to anyone else [illegible] on amitriptyline for 1 month then with no results, changed to duloxetine 30mg on 15/05 ([illegible] the neuropath) Advised [illegible] to clinic notes in order to verify all of this but policy and medication at present states [illegible] stopped in this case. Patient aware of this. Dr Dominique Van Den Mammelaar

The Health Centre, P.O. Box 19005, Greenock, PA15 9ET

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27/06/2017 Dental care. 3 X 2 ml lignocaine 1:80 000 [illegible] and 13 PEA. Fitted [illegible] immediate with care advice given. For review and adjustment ss. Mr Mark Gallagher
26/06/2017 Administration Mental health/discussed at allocation meeting, referred to addiction mental health for further assessment, review, first referral. Ms Nicola Morrison
26/06/2017 Administration MHT referral received, logged onto database Mr Stacy Quail
26/06/2017 Administration Mental Health/MHT referral received regarding psychology input, assessed previously by G Docherty and referred onto LifeLink Counselling, not psychology, will clarify appointment for this. On the form Colin states that "I really am thinking about whether I want to go on with this life sentence or take the easy way out". Passed to Hall Nurse J Carson to assess for any risk of suicide or self harm. MHT Referral to be discussed at allocation meeting Ms Nicola Morrison
23/06/2017 Consultation seen today at medicine round advised received m.h.t. referral and that he was also listed for m.o. 27/06/2017 no thoughts of self harm at this time Ms J Carson
23/06/2017 Administration m.h.t. referral submitted today Ms J Carson
22/06/2017 Administration Self referral form submitted to MHT, Colin has requested to see a psychologist. Mrs Nicola Eardley
21/06/2017 Administration NOS Dental appointment sent to patient for 27/06/2017 Mrs Margaret Millar
21/06/2017 Consultation Self referral received. Colin has a medication issue. Had failed a spot check and was removed off medication, Colin states these were for epilepsy although previous entries reports it was for leg pain. Have listed for MO to review this. Miss Alison Rodger
19/06/2017 Administration Mental health/discussed at allocation meeting, issues surrounding testing positive for [illegible], not mental health related, letter sent to Colin advising him to discuss with SPS staff as they had requested the test. Ms Nicola Morrison
19/06/2017 Administration MHT referral received, logged onto database Mr Stacy Quail
16/06/2017 Complaints about care Pt interviewed following submission of feedback form. Pt states he has not signed an In Possession Medication Contract, unhappy that the GP changed his medications due to medications being spot checked and he did not have the correct amount. Evidence has a signed In Possession Medication Contract dated 12/3/2016. Pt shown a copy of this, pt very disgruntled left interview stating I was stupid and he would contact this to his lawyer. Ms Jacqueline Corrigan
14/06/2017 Administration self referral received and submitted for MHT Miss Gillian Logie
13/06/2017 Administration Spoke to clinical manager J. Corrigan regarding patient. Informed manager that patient intends to put in a complaint form regarding in possession medication. Ms Christine Campbell
13/06/2017 Administration The in possession medication contract available on database was signed 12/3/16 by Colin. Ms Christine Campbell
13/06/2017 Medication requested multiple times has been approaching asking for his gabapentin in the past has been short of his gabapentin a few times and has been decided he will not be getting c/o burning pain over right shin lower third and right [illegible] gabapentin o/e no muscle atrophy, no motor symptoms, gait comfortable to go to gym all the [illegible]. [illegible] ago no acute evidence of any neuropathy he also states he has not signed a medication contract form requested ms CCampbell to inform the clinical manager and find a copy of his contract signed/trial of duloxetine/Dr [illegible] Dr Sushil [illegible]
12/06/2017 Follow up substance misuse assessment : Met with client 1-1 who informs that he has recently provided a positive drug test but is adamant that he did not take anything. Client appeared anxious and began running through different scenarios as to how this could have happened, calmed client down and he agreed he should await outcome, harm reduction and relevance advice given continue monthly support. Mr Robert Watson
08/06/2017 Administration Self referral received requesting MO appointment to discuss medication. Listed for MO clinic 13/6/17. Appointment slip given to patient. Miss Gillian Logie
06/06/2017 Drugs of abuse urine screening POSITIVE for Methadone AND Buprenorphine. Mr M Findlay
06/06/2017 Drugs of abuse urine screening BUPRENORPHINE POSITIVE Miss Gemma Scott
06/06/2017 Drug addiction therapy Telephone call from hall officer informing writer that Colin had failed an MDT for buprenorphine. At the suspicion that Colin is positive for buprenorphine he has been listed to be urine tested prior to being given his methadone this afternoon. Colin to be called to the health centre for urine test. Miss Gemma Scott
06/06/2017 Dental care Try pl-/- Master imp for fit ss Mr Mark Gallagher
30/05/2017 Dental care Scheduled for dentals but pt not seen due to late start at clinic. Re appoint. Mr Mark Gallagher
30/05/2017 Administration NOS Dental appointment letter sent to patient for 06/06/2017. Mrs Margaret Millar
29/05/2017 Consultation Seen this morning following submission of self referral form complaining of pain and unhappy about current medication Spoke to Colin as to why his medications were stopped, see previous entries. Advised Colin the GP would not restart gabapentin as there is no clinical indication for same. Colin unhappy with reply. Advised Colin to give his new analgesia time to work. Mrs Kelly Smith
27/05/2017 Consultation Spoke with patient at nursing station regarding complaints forms. Patient unwilling to sign off any complaints, states he will be getting money out of the NHS due to neglect. Further stated he will not be signing anything off again as this is how NHS gets away with thing. Will pass complaint forms to nurse in charge. Ms Christine Campbell
23/05/2017 Dental care Bite [illegible] immediate shade a3.5 for try master imps ss Mr Mark Gallagher
18/05/2017 Consultation Face to face review, explained my discontinuation of gabapentin. Has shortfall of gabapentin 13 caps. also spot check form comments re empty gabapentin capsules found in cell. was prescribed gabapentin for generalised leg pains. I could not identify a definitive neuropathic element PMP: no indication to restart gabapentin. alternative analgesia prescribed. patient expressed dissatisfaction. Dr Joe Daly
17/05/2017 Administration NOS Dental appointment letter sent to patient, appointment date 23/05/2017 Mrs Margaret Millar
15/05/2017 Consultation Review noted, mirtazapine switched to equivalent, gabapentin stopped. If patient wishes to discuss that he should self refer. Dr Joe Daly
14/05/2017 Administration Spot check carried out today. On wed 10/5/17 patient received 28 x gabapentin 300mg/7 x mirtazapine 30mg Spot check Mirtazapine present and correct with 3 tabs However only 7 empty Gabapentin capsules in cell. Shortfall of 13 capsules. Patient requested appointment with GP to discuss failed spot check. Appointment given for 18/5/17 Ms Christine Campbell
10/05/2017 Follow up substance misuse assessment : No issues or concerns re misuse of substances and appeared to be in better frame of mind compared to previous meeting. States he has had the opportunity to use illicit drugs but has no desire to do so. Stills feels frustrated with regards to his downgrade as he is still unsure if and when he will return to top end. He has spoke to his personal officer and may be an ab PMP soon which which would have an outcome for him. Continue Support. Mr Robert Watson

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Colin McKay 05/05/1979 Male 0509796095

27/06/2017 Dental care 3 X 2 ml lignocaine [illegible] 15, and 25 PRA. Fixed 0- immediate with care advice given. For review and adjustment re. Mr Mark Gallagher

26/06/2017 Administration Mental health discussed at allocation meeting, referred to addiction mental health for further assessment, routine, first referral. Ms Nicola Morrison

26/06/2017 Administration MHT referral received, logged onto database. Ms Stacy Quail

26/06/2017 Administration Mental Health/MHT referral received regarding psychology input, assessed previously by G Docherty and referred onto Lifelink Counselling, not psychology, will clarify appointment for this. On the form Colin states that "I really am thinking about whether I want to go on with this life sentence or take the easy way out". Passed to Hall Nurse J Carson to assess for any risk of suicide or self harm. MHT Referral to be discussed at allocation meeting. - Ms Nicola Morrison

23/06/2017 Consultation seen today at medicine round advised received m.h.s. referral and that he was also listed for m.o. 27/06/2017 no thoughts of self harm at this time. Ms J Carson

23/06/2017 Administration m.h.s. referral submitted today. Ms J Carson

22/06/2017 Administration Self referral form submitted to MHT, Colin has requested to see a psychologist. Mrs Nicola Ramker

21/06/2017 Administration NOS Dental appointment sent to patient for 27/06/2017. Mrs Margaret Millar

21/06/2017 Consultation Self referral received, Colin has a medication issue. Had failed a spot check and was removed off medication. Colin states these were for epilepsy although previous entries reports it was for leg pain. Have listed for MO to review this. Miss Alison Rodger

19/06/2017 Administration Mental health/Discussed at allocation meeting, issues surrounding testing positive for [illegible], not mental health related, letter sent to Colin advising him to discuss with SPS staff as they had requested the test. Ms Nicola Morrison

19/06/2017 Administration MHT referral received, logged onto database. Ms Stacy Quail

16/06/2017 Complaints about care. Pt interviewed following submission of feedback form. Pt states he has not signed an In Possession Medication Contract, unhappy that the GP changed his medications due to medications being spot checked and he did not have the correct amount. Database has a signed In Possession Medication Contract dated 12/3/2016. Pt shown a copy of this, pt very disgruntled left interview stating I was stupid and he would escalate this to his lawyer. Ms Jacqueline Carrigan

14/06/2017 Administration self referral received and submitted for MHT. Miss Gillian Logie

13/06/2017 Administration Spoke to clinical manager J. Carrigan regarding patient. Informed manager that patient intends to put in a complaint form regarding in possession medication. Ms Christine Campbell

13/06/2017 Administration The in possession medication contract available on database was signed 12/3/16 by Colin. Ms Christine Campbell

13/06/2017 Medication requested multiple times has been approaching asking for his gabapentin in the past has been short of his gabapentin a few times and has been decided he will not be getting [illegible] burning pain over right shin lower third and right [illegible] gabapentin [illegible] muscle atrophy, no motor symptoms, [illegible] to go to gym [illegible] the [illegible] 13yrs ago no acute evidence of any neuropathy he also states he has not signed a medication contract form requested a/s CCampbell to inform the clinical manager and find a copy of his contract signed/end of discussionDr Sardell Dr [illegible] Sardell

12/06/2017 Follow up substance misuse assessment : Met with client 1-1 who informs that he has recently provided a positive drug test but is adamant that he did not take anything. Client appeared anxious and began running through different scenarios as to how this could have happened, calmed client down and he agreed he should await outcome. harm reduction and tolerance advice given continue monthly support. Mr Robert Watson

08/06/2017 Administration Self referral received requesting MO appointment to discuss medication. Listed for MO clinic 13/6/17. Appointment slip given to patient. Miss Gillian Logie

06/06/2017 Drugs of abuse urine screening: POSITIVE for Methadone AND Buprenorphine. Ms M Findlay

06/06/2017 Drugs of abuse urine screening: BUPRENORPHINE POSITIVE Miss Gemma Scott

06/06/2017 Drug addiction therapy Telephone call from hall officer informing writer that Colin had failed an MDT for buprenorphine. At the suspicion that Colin is positive for buprenorphine he has been listed to be urine tested prior to being given his methadone this afternoon, Colin to be taken to the health centre for urine test. Miss Gemma Scott

06/06/2017 Dental care Try p/- Master imp for f/- [illegible] Mr Mark Gallagher

30/05/2017 Dental care Scheduled for dental but pt not seen due to late start at clinic. Re appointed. Mr Mark Gallagher

30/05/2017 Administration NOS Dental appointment letter sent to patient for 06/06/2017. Mrs Margaret Millar

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

23/05/2017 Consultation Spoke with patient at waiting station regarding complaints form. Patient unwilling to sign off any complaints, states he will be getting money out of the NHS due to neglect. Further stated he will not be signing anything off again as this is how NHS gets away with thing. NOS pass complaint forms to nurse in charge. Ms Christine Campbell

23/05/2017 Dental care [illegible] 0- immediate shade a3.5 for try master [illegible] Mr Mark Gallagher

18/05/2017 Consultation Face to face review explained my discontinuation of gabapentin. Note shortfall of gabapentin 11 caps, also spot check from community on empty gabapentin capsules found in cell. - was prescribed gabapentin for generalised leg pains. I could not identify a definitive neuropathic element [illegible] no indication to restart gabapentin. alternative analgesia prescribed, patient expressed dissatisfaction. Dr Joe Daly

17/05/2017 Administration NOS Dental appointment letter sent to patient, appointment date 23/05/2017. Mrs Margaret Millar

15/05/2017 Consultation [illegible] switched to [illegible], gabapentin stopped. [illegible] patient wishes to discuss that he should self refer. Dr Joe Daly

14/05/2017 Administration Spot check carried out today. On wed 10/5/17 patient received 28 x gabapentin 300mg/7 x mirtazapine 30mg Spot check Mirtazapine present and correct with 3 tabs. However only 7 empty Gabapentin capsules in cell. Shortfall of 11 capsules. Patient requested appointment with GP to discuss failed spot check Appointment given for 18/5/17 Ms Christine Campbell

10/05/2017 Follow up substance misuse assessment : No issues or concerns re misuse of substances and appeared to be in better frame of mind compared to previous meeting. States he has had the opportunity to use illicit drugs but has no desire to do so. Still feels frustrated with regards to his downgrade as he is still unsure if and when he will return to top end. He has spoke to his personal officer and may be on a HMP case which would have an outcome for him. Continue Support. Mr Robert Watson

Colin Mckay 05/05/1979 Male 0509796095

09/05/2017 Complaints about care. Pt interviewed following submission of complaint form. Unhappy with in possession medications states he is missing medication. No evidence to suggest pt is missing medications. Advised that I can arrange for medications to be dispensed supervised but pt declined. Pt appears angry but think this is due to being downgraded by [illegible]. Pt advised that I have arranged for medications to be synchronised- given a two day supply of Mirtazapine today as per prescription. Due all weekly medications on Wednesday hall nurse to order. No further issues. Ms Jacqueline Corrigan

20/05/2017 Mental health assessment. Written in retrospect/face during addictions clinic - 25/4/17. Colin stated he "doesn't know whats happening" in relation to his "downgrade" in clerks. He reports he will consequently have another 8 years on to his sentence. Colin then reported he feels very guilty for what he had done, however didnt explain what he had done. Colin then reported he is feeling scared as "there is a bounty on my head". Colin stated he is due to see a psychologist and was put on the list by nurse G. Docherty, however he has not heard anything back yet. Requested writer to check. Will check his appointment. No other issues or concerns voiced during meeting. Explained if Colin required any extra support to complete a self referral form and a member of the nursing team will visit. Agreed with same. Ms Stephanie Hutchison

26/04/2017 Drug addiction therapy. Seen today during addictions' mental health clinic. Notes to follow. Ms Stephanie Hutchison

20/04/2017 Administration. Discussed at MDMHT meeting 13/4/2017. Discharged from addictions/mh caseload. Hall staff report [illegible] and [illegible] Ms V Purdie

13/04/2017 Administration. Discussed at allocation meeting. Ongoing support from addictions mht. Mr D Graham

13/04/2017 Consultation. He is serving life sentence, he is on Mirtazapine 15mg, asking to increase as it is not helping. Has agreed Mirtazapine 30mg [illegible] Dr Khoda Bakuh

12/04/2017 Administration. Up has been made for him to discuss possible increase in AD.. Referral has been placed for Life link to help with his bereavement issues. Colin has now been taken off current caseload and transfer of care to Hall nurse [illegible] Mr Geraldine Doherty

12/04/2017 [illegible] ASSESSMENT [illegible] MHSTM by given written confirmation to same.OFFENCE HISTORY -Colin has been in and out of custody since an earlier age for car theft followed by Race Raids for money to help fund his illicit drug use. He then progressed into selling drugs which further led to him committing murder which is his current sentence. He is due to appear to the Parole board.DESCRIPTION OF PRESENTING COMPLAINT/PROBLEM Colin reports to be at times of low mood and he can over think problems whereby he will pre-determine the outcome. He also struggles with bereavement mainly in relation to [redacted] MENTAL HEALTH HISTORY-Denies any previous history FAMILY HISTORY OF MENTAL HEALTH [redacted] [illegible] unable to see who however he had [redacted] SOCIAL HISTORY [redacted] Colin became a drug dealer as a way for him to [illegible] "took" [illegible] from his home and eventually he would dabble in illicit drug use. He was placed into [illegible] with his behaviour as a child and he did not complete his education. He has never had a job. [redacted] yet to deal with the bereavement and at times he will try to block it out by using illicit drugs.CURRENT MEDICATION - Methadone [illegible], Mirtazapine 15mg and Gabapentin 300mg CURRENT MEDICAL CONDITIONS/ ONGOING INVESTIGATIONS/Vitamin B12 [illegible]MENTAL HEALTH EXAMINATION Colin can at times appear to be a clean and well kempt man and he can present as being distracted at times as he was been asked questions for the assessment. Throughout the assessment he appeared to be jovially at times. He has very good insight to problems and can manage them most of the time. His mood can fluctuate at times whereby he rated it as 6, but he is aware that this is due to his lifestyle and he is not overly concerned about it. He reports having poor appetite and sleep. No issues with his anxiety as he is able to state day, date and place. No evidence of distraction by hallucinations at this time. RISK ASSESSMENT Denies any thoughts of DSH or suicide at this time and he has previous history in 2005 whereby he put a [illegible] [illegible] and no history of DSH. Denies any risk to others.SUPPORT IN THE COMMUNITY [redacted] MENTAL HEALTH CARE PLAN PROBLEM- Bereavement and Risky Behaviour 1.Referral to Lifelink to address bereavement issues.2.Addictions/Mental Health to continue to monitor once [illegible] weekly.3.Review medication with the view of getting an increase on his AD4.Transfer of care to Hall nurse if Colin requires further support for same. Mr Geraldine Doherty

11/04/2017 Self-referral. Mental health referral received and logged onto database. Mrs Margaret Millar

11/04/2017 Consultation. [illegible] following m.h.t. referral states he is frustrated at not seeing anyone from m.h.t. feels he is being blocked he denies any thoughts of self harm or suicide i have told him i will speak to addictions/mht tomorrow and will speak with him again tomorrow no concerns at this time Mr J Carson

11/03/2017 [illegible] Mr Mark Gallagher

23/03/2017 Complaints about care. seen in hall. C/O not receiving [illegible] on time. Have arranged for medication to be synchronised. Offered medication supervised but declined this. Issue resolved Ms Mary Mitchell

22/03/2017 Consultation. Seen Colin to discuss his referrals for MH and he is now keen to have this completed even though he had previously declined same. He was advised that this will be dealt with at the next available clinic to which he accepted. Denies any thoughts of DSH or Suicide at this time. Mr Geraldine Doherty

21/03/2017 Consultation. doing well clinically no complaints recent bloods including B12/Folate level normal explained [illegible] pos Dr Raheel Ahmed

14/03/2017 Result. Results Haematology. Ms Aileen Rodger

13/03/2017 Follow up substance misuse assessment. Met with client who states that his circumstances have now changed and he will be returning to a long term establishment shortly. Would not divulge what has happened but did state that it was not drug related. Presented as being quite low but stated that he has no cravings towards illicit drugs or thoughts of self harm/suicide. Stated that he is unsure if he wants to engage with support but he agreed it could just be the way he is currently feeling. Provided motivational input, harm reduction and tolerance enhanced. Mr Robert Watson

13/03/2017 Administration. Discussed at allocation meeting, ongoing input from addiction mental health team, routine referral. Ms Nicola Morrison

Colin Mckay 05/09/1979 Male 0509796095

09/03/2017 Administration NOS MIST Referral received by admin from MIST nurse. Patient added to waiting list and referral returned to MIST nurses Ms Marion Davidson
07/03/2017 Consultation: [illegible] Wishes mirtazapine 15mg. No current thoughts of self harm but situational low mood secondary to being downgraded. Also PR issues. Not eating [illegible] BMI 20. Dr Grace Campbell
07/03/2017 Consultation [illegible] Ms Lorna [illegible]
07/03/2017 Complaints about care: Interviewed in relation to complaint. Advised issues with missing dental appointments due to health centre manners is due to SPS staff not NHS staff. Already listed for GP clinic today. Miss Claire Hill
06/03/2017 Self-referral received for Dentist, recorded on spreadsheet and acknowledgement sent to patient Ms Marion Davidson
03/03/2017 Administration: Clinic arranged for 02-03-17 moved to 07-03-17. Patient notified.
02/03/2017 Administration: dental referral received and submitted to dentist Ms Susan O'Neill
01/03/2017 Consultation: asked by pharmacy to review Rx regarding AD switch. Cautious cross-tapering recommended when change from mirtazapine to citalopram. AND patient on methadone so citalopram should not be started. Patient listed for next available clinic to discuss switch to other AD ([illegible]) Dr Dominique Van Den Moerendael
01/03/2017 Administration: Sandra McNally (SPS Officer) requesting if further dental appt has been made for Colin. Informed her that a new appointment had been allocated and he will be notified accordingly. Also advised by Marion Davidson (Admin) that she passed above info to hall staff yesterday following a telephone call. Ms A Queen
30/03/2017 Administration: Attempted to see Colin in the Hall but was advised by Hall staff that he was at education. Nursing staff requested that Hall officers inform Colin that staff were in to see him and they agreed. Plan - Relist for clinic on return from AL. Ms Geraldine Doherty
28/02/2017 Body Mass Index 20. Dr Abolaji Badejo
28/02/2017 Consultation: Asking for anti-depressant switch. Mirtazapine switched to Citalopram. Dr Abolaji Badejo
28/02/2017 Administration: Relisted due to [illegible] Ms Donna [illegible]
28/02/2017 Dental care: Scheduled for dental but pt is attending court has gone to education Mr Mark Gallagher
28/02/2017 Administration NOS: Appointment slip sent to patient on 22/02/17 with dental appointment 28/02/17 Ms Marion Davidson
24/02/2017 Administration: Patient was at education and did not attend for blood test to be taken Relisted for next clinic [illegible] a reminder note. Ms S Agbomeikhe
24/02/2017 Administration: Listed for GP clinic 1/3/2017 as per Dr Daly request Ms L [illegible]
24/02/2017 Consultation: [illegible] AD switch [illegible] following 16/2/17 [illegible] recommend a further GP appt to review MH...nurse informed Dr Joe Daly
21/02/2017 Consultation: Colin has been [illegible] for [illegible] This is due to an emergency in the [illegible] I have written to [illegible] and asked him to [illegible] on the date. Ms Gillian [illegible]
16/02/2017 Consultation: He is on Mirtazapine asking to change to citalopram he was before agreed he said he is [illegible] wt today his wt 84.4kg last Wt 77.4kg on 04.11.2015 he has [illegible] Anaemia [illegible] he has good appetite eating well [illegible] FBC,U&E,LB,TFt B12,Folic acid, Ferritin and review Rx Dr Khoda Bakeh
15/02/2017 Mental health assessment: Colin has declined to have his Mental Health assessment completed at this time as he reports that he is not ready at this time. He however has requested that he be relisted for nurse and nursing staff have agreed to this. He at this time appeared to be bright in presentation and his mood was reactive. Denies any thoughts of DSH or suicide at this time. Plan relist at next available clinic. Ms Geraldine Doherty
14/02/2017 Consultation: Patient seen following submission of self referral form. Colin concerned as states he has no appetite and concerned regarding his weight loss. He has requested to discuss his concerns with the GP rather than be prescribed anything at this time. Weight 68.4kg today. Listed for MO clinic on 16.02.17 and advised of same. Mrs Kelly Robb
13/02/2017 Administration: Attempt to see at nurse triage today, however patient at MDT meeting Ms Christine Campbell
13/02/2017 Consultation: Examination: [illegible] No pain. [illegible] Teeth charted. 13, 23 and 43 unrestorable. Discussed upper immediate full denture with pt. Treatment plan: review [illegible] extractions, BPE and sp, restorations. NV [illegible] Miss Evelyn Inglis
12/02/2017 Consultation: Spot checked medication in hall. Passed spot check no discrepancy in mirtazapine or Gabapentin. Miss Claire Hill
09/02/2017 Substance misuse assessment: [illegible] met with client following self referral, life prisoner who has served [illegible] years to date, back in closed conditions after providing positive drug test. Currently on [illegible] script (methadone) low dose and indicated that he will come off it soon, given what has just happened challenged client on this. States that he was not positive for opiates and is adamant that he does not have a drug habit and what happened was a one off bad decision on his part. Stated that when he was first downgraded he felt as if he was in a very dark place and was very disappointed with himself, now that he has had his adverse [illegible] more upbeat and is focusing on sentence progression. Displayed motivation to focus on behaviour change and sentence progression. Continue support. Mr Robert Watson
08/02/2017 Mental health assessment: Briefly seen Colin as per previous entry. He was advised by nursing staff GD that he is already on caseload and there is no need for more referrals as we had previously discussed 3/2/17. He informed staff that is anxious about his downgrade and keen to have the required assessments completed nursing staff sympathised with him and he now has Hope. He engaged well with good eye contact, denies any thoughts of DSH or suicide at this time. In agreement with him he will be listed for clinic to complete MH and also he has been referred to CC for addictions. Mr Geraldine Doherty
07/02/2017 Consultation: Consultation - Colin requested to see author following sleeve [illegible] within the hall this day. Colin reported to be feeling low in mood following confirmation of downgrade from [illegible] hall to [illegible] hall. Initially appeared [illegible] with poor eye contact maintained during commencement of engagement, however became relaxed in manner as time progressed, and appropriate eye contact observed. Denied any thoughts or intent of self harm or suicide stating 'I couldnt do that now'. Colin reports that he is keen to engage with Nurse Doherty to discuss current issues. Advised that would make Nurse Doherty aware. Colin also keen to engage with Mental Health services - psychology and [illegible]. Advised that in first instance Colin must generate a referral in order to discuss with Nurse Doherty and if appropriate both referrals can be generated. Colin appeared accepting of same. Ms Alina Paul

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Colin Mckay 05/09/1979 Male 0509796095

07/02/2017 Consultation letter sent to Officer Gilmour Please could you provide qualifications: Jacek Orzkowski, General Practitioner/GMC 61306635 am a general practitioner with the above qualifications. As part of my role I carry out a medical practice within the West of Scotland prison establishments On 21 December 2016 I examined a patient PIN 17342 who attended at the NHS within Barlinnie Prison. I was advised by the patient that he had been kicked on the face by another prisoner. I examined the patient and found that the patient had facial pain to the right side of his face and jaw and I referred the patient to the Accident and Emergency Department who then referred the patient onto the Queen Elizabeth University Hospital I can confirm from the hospital notes that the patient was examined at the Maxillary department of the Queen Elizabeth University Hospital and found to have right sided peri orbital ecchymosis. No facial asymmetry is noted and a right sided anterior maxillary fracture has been recorded . There are no significant or cosmetic defects I can confirm that these notes are held on the patients record. [illegible] phonefrom Regards Jacek Orzkowski Dr Jacek Orzkowski

06/02/2017 Administration Discussed at allocation meeting. Routine first referral. Addictions MHT assessment. Mr D Graham

06/02/2017 Administration NOS MHT Referral received by admin from MHT nurse. Patient added to waiting list and referral returned to MHT nurse. Ms [illegible]

03/02/2017 Administration Seen Colin about his recent referrals and he informed nursing staff that he was asked due to his recent downgrade. He was further informed that he can transfer care to addictions hall nurse but declined as he was advised he will be offered the next available clinic to which he accepted. He was also requesting his CIP and he was told that this may come to him today and he was accepting of same . No further management issues at this time. Mr Geraldine Doherty

01/02/2017 Administration referral forwarded to mental health team and addictions as requested Ms L Boardman

01/02/2017 Mental health assessment telephone call from Hall staff requesting that nursing staff see Colin. Colin reports that he should be at his meeting tomorrow and he wanted to speak to nursing staff for support. He conversed well with good eye contact but at times appeared to be flat and on occasions he was jovial on discussing his mood he states that due to the possibility of a "downgrade back into the main hall" this was the main factor in his change of mood. He denied any thoughts of DSH or suicide at this time. He is currently on 30mg Mirtazapine for low mood in agreement with colin will discuss a possible change of medication and complete a MH assessment update. Mr Geraldine Doherty

27/01/2017 Mental health review Briefly seen Colin to discuss the outcome for apparently taking illicit drugs in Letham Hall. He reports that the meeting did not take place and may be next week. He appears to be bright presentation and conversed well . He denies any thoughts of DSH or suicide at this time. No further management issues noted at this time. Plan - Continue with 1/1 support and review in due course. Mr Geraldine Doherty

24/01/2017 Mental health review Written in retrospect. Briefly seen Colin in Hall as it appears that he has been transferred to another Hall due to possibly being at risk see previous entry. Colin appeared to be unhappy with the move and he feels that he should not have to be downgraded due to his behaviour as he felt he was at a turning point in his life. He however reports that he is more than happy to see what the outcome will be on Thursday for same. He engaged well throughout the meeting and had good eye contact . No management issues at this time. Plan - to review after Thursday at next available clinic. Mr Geraldine Doherty

24/01/2017 Administration Dental referral received passed to dental nurse for triage and appointment Ms Stacy Quail

19/01/2017 Consultation Seg ROutel patient states has no issues. Dr Dominique Van Den Mortrachtem

19/01/2017 Consultation Case conference, denies any thoughts or intentions of suicide or self harm at this time. Mood low due to present situation, concerned that he may be down graded. Alert and orientated and no signs of been under the influence of illicit substance. Remain on hourly observations and next case conference arranged for 23/01/2017. Mr J Morrison

18/01/2017 Drug addiction therapy Telephone call to SRU manager Brian McCluskey. Colin has been placed at risk and on 'talk to me'. Advised by SRU manager that he was placed at risk by Tony Brown, Moira Munro and Neil McKenzie. Advised that Colin had been found to have urine sample secreted on his body. Unsure at this time if Colin requires to be placed on a management plan. Informed Kelly Robb of same and informed that hall nurse will complete case conference this morning and assess if Colin needs to be placed on management plan. PLAN-Methadone will be with held at this time until assessment has been completed and case conference held by hall nurse. Miss Gemma Scott

16/01/2017 Administration Dental referral received by admin Mrs Anne Marie Muir Muir

09/01/2017 Administration dental referral received, sent passed to dental services. Ms Mary Mitchell

06/01/2017 Consultation With reference to Police request and patient disclosure I contacted Police as on 06/01/2017 and provided information as to 09/05/2017 and 21/12/2016 Dr Jacek Orzkowski

04/01/2017 Consultation received a request to call Officer Amanda Gilmour with reference to authorisation for disclosure of medical records of the patient with reference to his assault in [illegible] on Maxillofacial letter On examination there was obvious resolving right sided peri orbital ecchymosis but apart from this no facial asymmetry right sided anterior maxillary fracture. There was no significant displacement or cosmetic defect obvious facial asymmetry tel/ 0141 532 4636 Officer not present Dr Jacek Orzkowski

22/12/2016 Consultation Phone call from police scotland for disclosure of medical details regarding recent injury Mandate with consent signed by patient.I advised them that pt was transferred to AE due to pain over jaw and swelling on 21/12/16. From portal - was tf to QEUH Max fax for review. No letter of discharge on portal so unable to inform them of official outcome at present. I advised they can phone another on [illegible] to ask for the letter to be typed. Dr Katie Aird

21/12/2016 Consultation Seen on return from hospital was sent out to GRI then transferred to the QEUH who he said stated his cheek bone was fractured but there was no further treatment anticipated as the bone had not moved. States at this time he has no thoughts of suicide or self harm. Ms Marion Orr

21/12/2016 Consultation Kicked to face in the evening 2 days ago No loss of consciousness,no nasal bleeding,pain and swelling in the area of zygomaticus - rightable to open mouth and move lower jaw [illegible] side of lower lip - 2 [illegible] NADies. methadone 10 [illegible] 300 mg QD [illegible] 30 mg nocte plan AE referral Dr Jacek Orzkowski

20/12/2016 Consultation Reviewed Mr McKay this evening following complaints of headache observations stable BP 100/58. Pulse 68. Pupils reacting size 3. Has now taken paracetamol for headache. Advised to continue drinking fluids. Is in the doctors diary to be seen tomorrow. Mrs Angela Scott

20/12/2016 Consultation Was asked to review Mr McKay this afternoon following complaints of facial pain following assault last night. Right side of face appears very swollen having difficulty opening and closing mouth. ? fracture to mandible/cheek. Will ask doctor to review. Mrs Angela Scott

19/12/2016 Consultation Involved in an altercation with another prisoner. Small cut to bottom left corner of lip. No other injuries evident. No injuries reported. Mrs Angela Scott

The Health Centre, P.O. Box 15905, Greenock, PA15 9ET

NHS Confidential: Personal data about a patient

Colin Mckay 05/09/1979 Male 0509796095

23/10/2015 Administration: self referral received,patient states he has not had his vitamin B12 injection for several months. On checking his kardex he has not had injection since it was prescribed in may 2015. Have asked health centre nurse to get patient down to H/C to administer injection. Miss Claire Hill
23/10/2015 Follow up substance misuse assessment: Patient did not attend the first drop in addiction clinic within Lothian Hall to discuss substitute prescribing. Next clinic in 2/52. All patients within Lothian Hall have received a letter advising them that the Lothian Hall Addiction clinic will now operate as a drop in every two weeks. Miss Joanne Young
08/10/2015 Dental care: Scheduled for dentist but resits called and pt not brought over. Mr Mark Gallagher
24/09/2015 Consultation: Telephone call from Lothian hall staff advising that patient never received his course in pocket last night, will pass this information to health care assistant Elaine McKenna who is dispensing course in pocket medication this evening. Miss Joanne Young
22/07/2015 Consultation: Patient reported his mirtazapine is with a good effect and no side effects.Please continue with mirtazapine. Dr Jacek Grabowski
20/07/2015 Drug addiction therapy: Seen in Interventions Hall, routine follow up. Currently 30mls methadone. No evidence withdrawal, denies recent illicit drug use. Motivated for period of stability at this time. Attended Special Escorted Leave last week, positive outing to parents house. Looking forward for 2nd next week - to shopping centre. Offered no concerns at this time. Self referral procedure advised, no scheduled follow up at this time. Mr Chair Fair
15/07/2015 Consultation: definitely feels the benefit of change of AD. still feels a bit low. denies thoughts of self harm or suicide. Increase dose and continue. Dr Joe Daly
14/07/2015 Consultation: Listed for doctors clinic tomorrow as requested. Possibly to review antidepressant. Mr J Morrison
01/07/2015 Consultation: [illegible] antidepressant review, [illegible] too early to assess effect of treatment. Dr Dominique Van Den Meerssche
24/06/2015 Consultation: review anti-depressants. not feeling any better after 4/52 on sertraline 50mg. [illegible] citalopram but not indicated as on methadone as well. was doing OK on mirtazapine in the past (some years back).Switch to this and review in 4/52. Dr Dominique Van Den Meerssche
17/06/2015 Consultation: Seen in Lothian Hall following self referral indicating that he is not happy with sertraline as he was told that it does not have a sedative effect. Listed for doctor to review. Mr J Morrison
10/06/2015 Administration: Administration Letter Referral Miss Lyndsey Jamieson
10/06/2015 Consultation: returned BECKS depression scale, score of 39 : severe depression. Dr Dominique Van Den Meerssche
08/06/2015 Drug addiction therapy: Seen in Interventions Hall, routine review - methadone. Currently Rx 30mls methadone. Previously 90mls, reduced to 20mls, with recent increase of 10mls to 30mls. Been in establishment [illegible]. Work party - recycling. Estimated work placement due approx 1yr. States no issues with current dose methadone. No evidence withdrawals, denies recent illicit drug use. No cravings. PLAN: No change to plan or care. Routine review. Mr Chair Fair
03/06/2015 Consultation: worries, anxiety and lack of sleep relating to morning [illegible], no drive nor [illegible], poor sleep, feeling depressed.discussed possible antidepressant meds (side effect, delayed effect etc) and pt. wishes to start on medication, review in 4/52. Dr Dominique Van Den Meerssche
03/06/2015 Consultation: Seen in hall following submission of self referral, complaining of flu like symptoms. Indicates blocked nose and aches and pains. Advised to take plenty fluids, hot drinks and paracetamol 4-6 hourly. Mr J Morrison
01/06/2015 Administration: nurse referral about sleeping problems already been given advice sheet listed for [illegible] week 3/06/2015 Ms J Carson
29/05/2015 Consultation: Seen in Lothian Hall at nurse clinic as he had requested Vit B injection on self referral form. As documented below he has had injection earlier today and listed for future treatment. Mr J Morrison
29/05/2015 Consultation: [illegible] injection given and listed in diary for 12 weeks Ms L Moorhead
18/05/2015 Child attention deficit disorder: nurse referral for sleep problems sent sleep advice leaflet Ms J Carson
08/05/2015 Consultation: seen in lothian hall clinic following self referral colin is currently on 30mls of methadone, states he is struggling since recent transfer from shotts, feels unsettled, feels there is a large amount of drugs in [illegible] and temptation is high, colin is very aware of what he risked caught using illicit drugs, very keen to remain drug free, discussed increasing methadone at this time colin keen for this plan to increase 10mls and review in next lothian hall clinic. Ms Stacey Kavanagh
07/05/2015 Consultation: Self referral passed to addictions. Mr J Morrison
01/05/2015 Consultation: T/F Shotts h/o MH issues , drug induced , [illegible] good eye contact , no suicidal ideations plan act book signed , kardex done as before Dr Raheel Ahmed
01/05/2015 Transfer of care: transfer from Shotts, kardex received from Shotts Miss Sharlee Lawson
01/05/2015 [V]Other specified administrative encounter K.Allen Miss Sharlee Lawson
01/05/2015 Transfer profile form completed Miss Sharlee Lawson
01/05/2015 Prescription by GP: METHADONE 20MLLAST HAD TODAYgabapentin 900mg daily Miss Sharlee Lawson
01/05/2015 No apparent risk of suicide Miss Sharlee Lawson
01/05/2015 No thoughts of deliberate self harm Miss Sharlee Lawson
22/04/2015 Follow up substance misuse assessment: Seen today in hall remains stable on 20mls no planned change treatment Mr Dolinda Hadslow
13/02/2015 Failed encounter: refused to attend for Vit B 12 injection Ms Susan Gilbert
10/02/2015 Consultation: Vit B 12 injection given Ms Susan Gilbert
09/02/2015 Failed encounter: REFUSED to attend for Vit B12 injection.Relisted for tomorrow and lettered to advise importance of injections. Ms Nicola Montgomery
06/02/2015 Consultation: Vit B 12 injection given Ms Susan Gilbert
04/02/2015 Consultation: Brought to health centre this am for nurse treatment at 0830am no kardex available as still in Allanton hall. Spoke with Colin to advise of situation he said he would "leave injection" advised I will relist as he said he will not be coming back today? Ms Lesa Mulholland
02/02/2015 Consultation: Vit B 12 injection given Ms Susan Gilbert
29/01/2015 Chest pain: known smoker2 weeks ago had right side chest pain [illegible] pain has eased off [illegible] chest clear , good a/e , [illegible] no wide mouthed [illegible] pain which has resolved without any intervention/no medical intervention Dr Souhil Dr Sudhira Souhil
15/01/2015 Comment record: Discharge/Summary Letter HMP Shotts physio discharge Ms Fenney Scott

[illegible] [illegible] Ms Karen Reid
20/11/2013 Consultation Seen at triage, written in [illegible] complaining of pain on left side of chest, [illegible] not radiating. Colour good, no [illegible]. No difference when breathing in/out. No cough, no sputum. Observations as [illegible]. [illegible] to take [illegible] & paracetamol. Will speak to me when return to the health centre. Spoke with [illegible] regarding same, [illegible] no concerns at present. Ms Nicola Morrow
[illegible]/11/2013 Administration [illegible] diary - [illegible] events in last month - jerking arm or leg causing bottle to fall or patient to fall [illegible], no [illegible] daily [illegible] jerking in limbs no LOC no TB - on gabapentin 300mg tds which he states for 'epilepsy' and helps with [illegible] further appt with neuro - [illegible] as they are for neurology [illegible] swallowing food and liquids for 'months' [illegible] no dysphagia no [illegible] NAD - pt not concerned re red flags - offered trial PPI [illegible] declined - see PRN red flags discussed Dr Haley Harris
25/09/2013 Consultation long discussion re gabapentin [illegible] started for back/sciatica pain or 'presumed epilepsy' [illegible] no LOC recently but still getting jerks and falling down with no impaired consciousness - asking for inc in gabapentin to cover [illegible] or witnessed [illegible] to keep diary and rev in 6 weeks [illegible] no red flags - [illegible] Dr Haley Harris
19/09/2013 Drug [illegible] maintenance therapy - methadone Dr Stephen Conroy
19/09/2013 Orthopaedic exam - NAD Dr Stephen Conroy
19/09/2013 O/E - CNS examination normal Dr Stephen Conroy
19/09/2013 Examination of abdomen: Normal Dr Stephen Conroy
19/09/2013 Concerned about appearance: Looks well Dr Stephen Conroy
19/09/2013 Medication satisfactory Dr Stephen Conroy
19/09/2013 Other specified drug dependence in remission Dr Stephen Conroy
19/09/2013 Opioid dependence in remission Dr Stephen Conroy
19/09/2013 Initial substance misuse assessment Dr Stephen Conroy
11/09/2013 Result Results Wishaw General Biochemistry Ms Lauren McGing
18/09/2013 Consultation Seen at triage, wanting time off work due to mental health problems. Spoke to [illegible] who advised me to tell him to continue going to work and time off was not the answer. Colin not happy about this & states that he feels like when at work he could be [illegible] as he is not in the right frame of mind just now to be there. Advised will speak to [illegible] again. No further issues. Ms Nicola Morrow
06/09/2013 Third party encounter Referred by MHT - persistent low mood, [illegible] bothered by things he has done, lots of enemies and does not see the future being any different when he gets out. Currently reducing his methadone and hoping to be off by Christmas. Very flat but also very [illegible] (also on gabapentin), [illegible] rather than tearful, not evidence of thought disorder though he is being tormented by nightmares and flashbacks of things he has done. Will be moving towards pre-release [illegible] so changes are coming. Medication options discussed - not [illegible] on antidepressants [illegible] and I agree in view of fact that he has h/o epilepsy and is already on meds. Encouraged to work with MHT to work through issues and can ask to be seen again if he wishes. CH Ms Nicola Morrow
04/09/2013 Consultation Bloods taken as requested Ms Elaine Rogerson
02/09/2013 Result Results University Hospital Crosshouse Biochemistry Ms Elaine Ward
02/09/2013 Result Results University Hospital Crosshouse Biochemistry Ms Elaine Ward
27/08/2013 Mental health review Seen in hall following receipt of a self referral requesting a cell down until he gets his "head sorted out". C/o being unable to sleep properly and when he does get to sleep experiences traumatic nightmares. Advised that the GP would not prescribe zopiclone. He then suggested amitriptyline as he had been prescribed this in the past. Also having difficulty controlling his temper which has led him to remaining behind his door to avoid any conflicting situations. Cell down for 1 week and appointment for GP. Mr John Grant
27/08/2013 Mental health review Seen by Dr Travers, Consultant Forensic Psychiatrist 23/08/13. No evidence of mental illness. No thoughts of self harm/suicide. Will review if required Mr John Grant
21/08/2013 Consultation Blood obtained for [illegible] Ms Ann O'Neill
14/08/2013 Mental health review Continuing to have mental health issues. C/D for 1/52. Mr John Grant
[illegible]/08/2013 Mental health review Seen for review purposes. Remains much as before. Still to be discussed with psychiatrist. Mr John Grant
06/08/2013 Mental health review Seen in Health Centre, 5/08/13, following Nurse Practitioner referral. Stated his mental health was suffering due to the contracts for his death arranged by his [illegible]. Due to go to top end soon but does not feel he can go due to the threats to his life. Constantly looking over his shoulder and this has also affected his ability to manage his own anger, which he has attempted to change his behaviour over the years of his imprisonment. Review medication and discuss with psychiatrist. Mr John Grant
05/08/2013 Consultation self referral complaining of having something wrong with his head. On talking to him his problems are not medical after discussion [illegible] to be referred to the MHT. MHN J Grant contacted who attended. Ms Susan Gilbert
18/07/2013 Administration NOS [illegible] - gabapentin for rev next gp appt please Dr Haley Harris
22/06/2013 Result Results Wishaw General Biochemistry Ms Lauren McGing
19/06/2013 Consultation Self referral form received, seen in the hall. Prisoner [illegible] abdominal pain. Cell down given for x3days. Ms Karen Reid
17/06/2013 Consultation Seen in hall for Addiction review further information in care plan Ms Delinda Haddow
12/06/2013 Consultation Brought to health centre, on examination appears to have bells palsy to right side. Examined by Dr Harris who agrees. Prescribed Prednisolone 40mg for 10 days and Lacrilube ointment. Also given eye pads for at night. Reflused to wear during day. Ms Elaine Rogerson
29/05/2013 Result Results Wishaw General Biochemistry Ms Carly Drummond
29/05/2013 Result Results Wishaw General Biochemistry Ms Carly Drummond
27/05/2013 Result Results Wishaw General Haematology Ms Donna Macfarlane
20/05/2013 Consultation bloods taken as requested by MO Ms Sonya Gilbert
15/05/2013 Consultation [illegible] discussion about gabapentin EEG suggests no evidence epilepsy 2008 and that AED should be stopped pt reports last 'seizure' 6 weeks ago - no recollection no witness - [illegible] - advised not sensible if ongoing symptoms [illegible] better on gabapentin [illegible] circular discussion about diagnosis of epilepsy and treatment advised no changes to meds today - for U&E LFT TFT on prn Dr Haley Harris
13/02/2013 Consultation r/v of medications gabapentin 300mg tds (decreased from 600 mg tds) amitriptyline 60mg od on [illegible] as per his back pain [illegible] compression fracture at lower lumbar vertebra (see MRI report) , also for his epilepsy (see notes), doing well with both pil. I explained the s/e of the medication, advised him to make a plan for reduction and stopping of the medication . further r/v of medication in april 2013 . Dr Z Shah

Colin Mckay 05/09/1979 Male 0509796095

20/05/2012	Prescription event monitoring Administration Letter Kindex	Ms Vickie Burns
18/05/2012	Consultation: asking to change his medication, was on gabapentin for epilepsy fits, pls ad to new plan, gabapentin started 300mg [illegible] ...explained the risks [illegible] Dr [illegible] Ahmed	
16/03/2012	Consultation Reviewed at BBV clinic, known HCV Ab +ve but HCV PCR -ve., [illegible] repeat testing as feels no risk factors for exposure to BBV's Ms Marjory Cameron	
14/03/2012	Letter encounter from patient: Clinical Letter HMP Edinburgh Physical care Records	Ms Colleen Rankin
05/03/2012	Rental note	Ms Elaine Inglis
10/03/2010	Fracture of ankle Weber B.	
28/04/2010	Overdose of drug. Unknown substance.	
15/06/2009	Notes summary on computer	Dr A Robertson Loft (Ad)
22/03/2009	Chronic viral hepatitis C	
16/08/2007	Referral to mental health team	Dr G Boyle (Ad)
15/08/2007	Mental health review	Ms Nicole Morrison
25/07/2007	Mental health review	Ms Nicole Morrison
26/07/2007	Referral to mental health team	Dr G Boyle (Ad)
20/07/2007	Seen in GP's surgery. On hunger strike states no meals for 6 days, refusal of food chart being completed by hall staff. Commenced on daily observations and weights. No loss of weight since transfer to [illegible] noted. Ms N Moncrieff	
05/07/2007	Misuse of drugs NOS	Mr E Dennis
05/07/2007	Epilepsy resolved	Mr E Dennis
05/07/2007	Notes summary on computer	Mr E Dennis
[illegible]	[illegible]	
01/01/1990	Dermatitis NOS	
01/01/1993	Epilepsy	

Repeat Masters

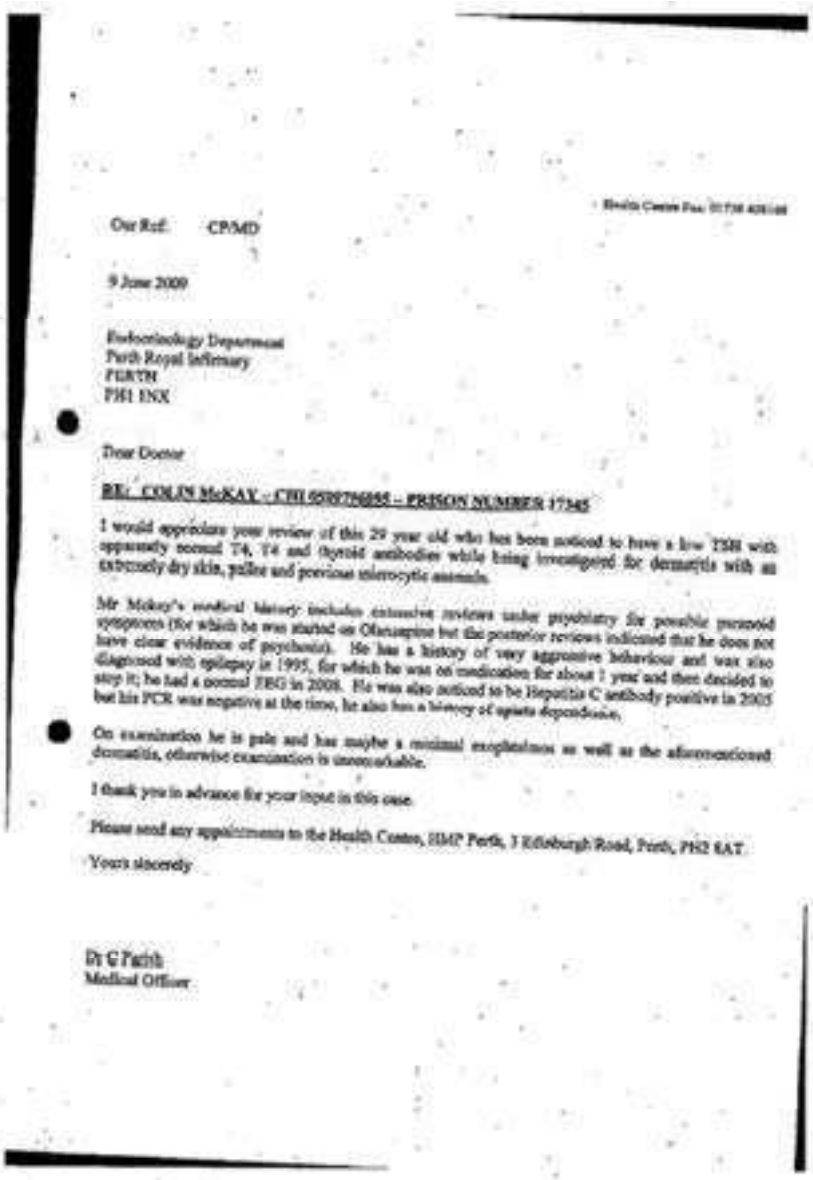
Acute and Repeat Issue Therapy

10/03/2017	issued	[illegible] 10mg tablets	Supply: (7) tablets	N.R.1
15/07/2015	issued	Mirtazapine 30mg tablets	Supply: (28) tablets	1 TABLET ONCE A DAY AT NIGHT
24/06/2013	issued	Mirtazapine 15mg tablets	Supply: (28) tablets	1 TABLET ONCE A DAY AT NIGHT
03/06/2013	issued	Sertraline 50mg tablets	Supply: (28) tablets	1 TABLET ONCE A DAY

Recall

Consultation

26/05/2025	Surgery consultation	Dr Kathryn Clark
26/05/2025	Triage	Ms Lynette Robertson
21/05/2025	Surgery consultation	Dr Kathryn Clark
06/03/2025	Triage	Ms Louise Story
18/03/2025	Triage	Dr Grace Campbell
10/03/2025	Triage	Ms Louise Moyes
03/03/2025	Triage	Ms Louise Moyes
14/11/2024	Triage	Dr Grace Campbell
13/11/2024	Triage	Sister Suzanne Connell
08/11/2024	Triage	Sister Suzanne Connell
08/11/2024	Triage	Ms Louise Moyes
16/10/2024	Surgery consultation	Dr Kathryn Clark
13/09/2024	Triage	Mr Gordon Kennah
13/09/2024	Triage	Ms Louise Moyes
21/05/2024	Third Party Consultation	Miss Suzanne Kidd
21/05/2024	Third Party Consultation	Miss Suzanne Kidd
20/05/2024	Triage	Ms Stacy Mosley
22/02/2024	Results recording	Dr Hosp Greenock
21/02/2024	Triage	Ms Anne Withrow
13/02/2024	Surgery consultation	Dr Kathryn Clark
12/02/2024	Results recording	Dr Hosp Greenock
09/02/2024	Results recording	Dr Hosp Greenock
08/02/2024	Triage	Ms Louise Story
07/02/2024	Surgery consultation	Dr Kathryn Clark
02/02/2024	Results recording	Dr Hosp Greenock
31/01/2024	Triage	Ms Stacy Mosley
29/01/2024	Surgery consultation	Dr Kathryn Clark
26/01/2024	Results recording	Dr Hosp Greenock
26/01/2024	Results recording	Dr Hosp Greenock
26/01/2024	Results recording	Dr Hosp Greenock
25/01/2024	Triage	Ms Louise Story
24/01/2024	Surgery consultation	Dr Kathryn Clark
17/01/2024	Surgery consultation	Dr Kathryn Clark
19/11/2023	Administration	Ms Tracey Burns
21/08/2023	Results recording	Dr Hosp Greenock
20/08/2023	Results recording	Dr Hosp Greenock
20/08/2023	Results recording	Dr Hosp Greenock
20/08/2023	Results recording	Dr Hosp Greenock
16/08/2023	Surgery consultation	Dr Kathryn Clark
14/08/2023	Triage	Ms Louise Story



[redacted]

Our Ref. CPMD

9 June 2009

Endocrinology Department
Perth Royal Infirmary
PERTH
PH1 1NX

Dear Doctor

RE: COLIN McKAY - CHI 0509786055 - PRISON NUMBER 17345

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

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

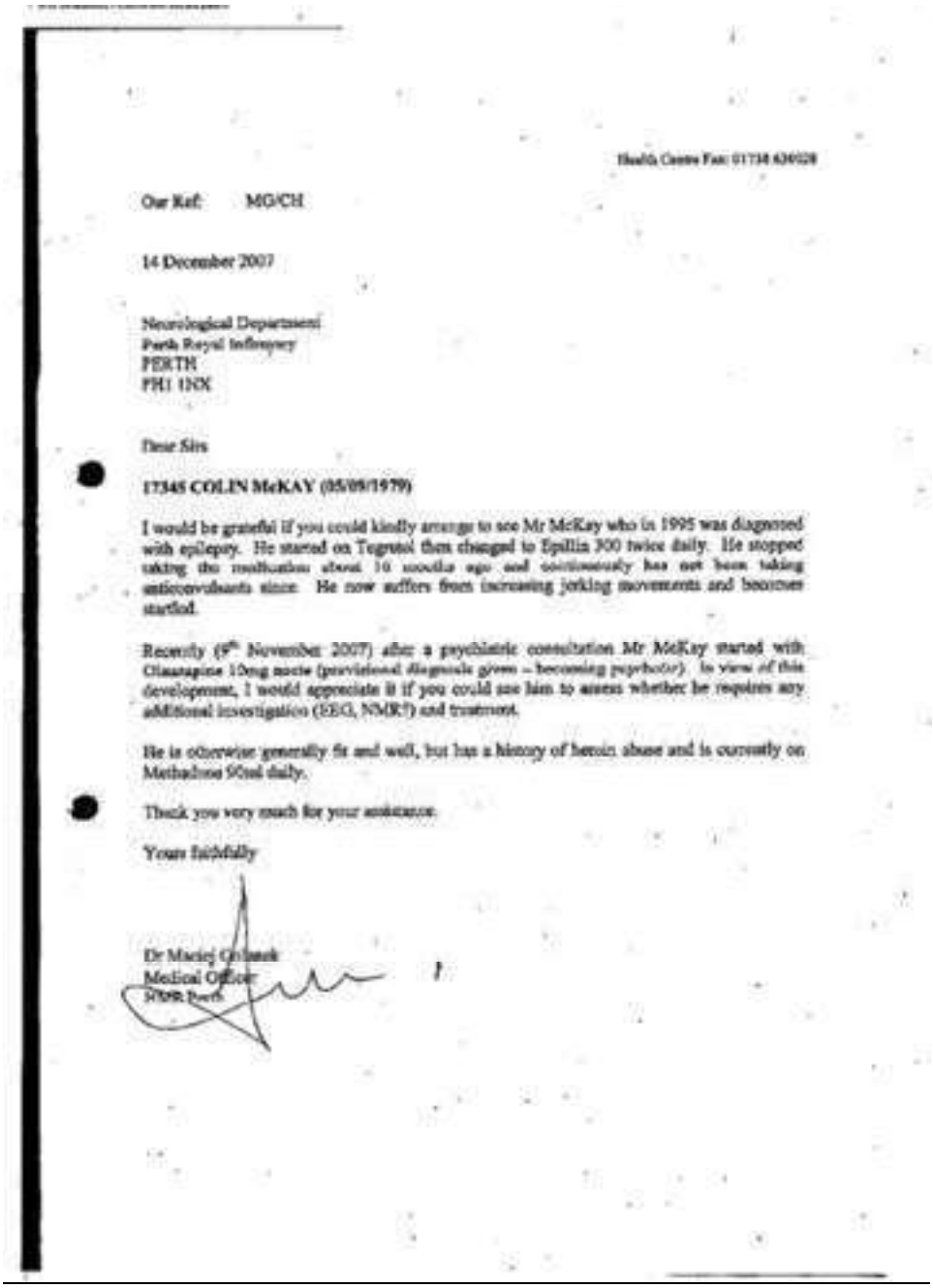
On examination he is pale and has maybe a minimal exophthalmos as well as the aforementioned dermatitis, otherwise examination is unremarkable.

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

Please send any appointments to the Health Centre, HMP Perth, 3 Edinburgh Road, Perth, PH2 8AT.

Yours sincerely

Dr G Parth
Medical Officer



Health Centre Fax: 01738 630028

Our Ref: MG/CH

14 December 2007

Neurological Department
Perth Royal Infirmary
PERTH
PH1 1NX

Dear Sirs

17345 COLIN McKAY (05/05/1979)

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

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

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

Thank you very much for your assistance.

Yours faithfully

Dr Maciej Gralewski
Medical Officer
[illegible] Perth

Date Time	Entry Code	NOTES	Signature
		– [illegible] [illegible] NIS RW after	
		[illegible] however of [illegible]	
		attend & [illegible] [illegible]	
		to [illegible] to [illegible] [illegible]	
		[illegible] [illegible] [illegible]. Dr McKay	
		to be advised that it is	
		[illegible] that his medication	
		need for [illegible] RW &	
		[illegible] at [illegible] NIS	
		for [illegible] w [illegible]	
			[illegible] CPS
[illegible]	PN	Seen today to review medications	
		quite happy to continue with reduction	
		Diazp	
		6/6/18 → 19/6/18 diazp 10mg	
		20/6/18 → 3/7/18 diazp 5mg	
		Worried he will have more sleep	
		disturbance. Advised Colin that this	
		was not a mental health issue and	
		should he have problems then refer	
		back to primary care.	Christopher
12/3/19	[illegible]	Retrospective entry from [illegible].	
		Seen for review following concern from	
		[illegible] that Colin was becoming	
		increasingly "suspicious" and felt to be	
		"manipulating the system" to get a single	

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

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

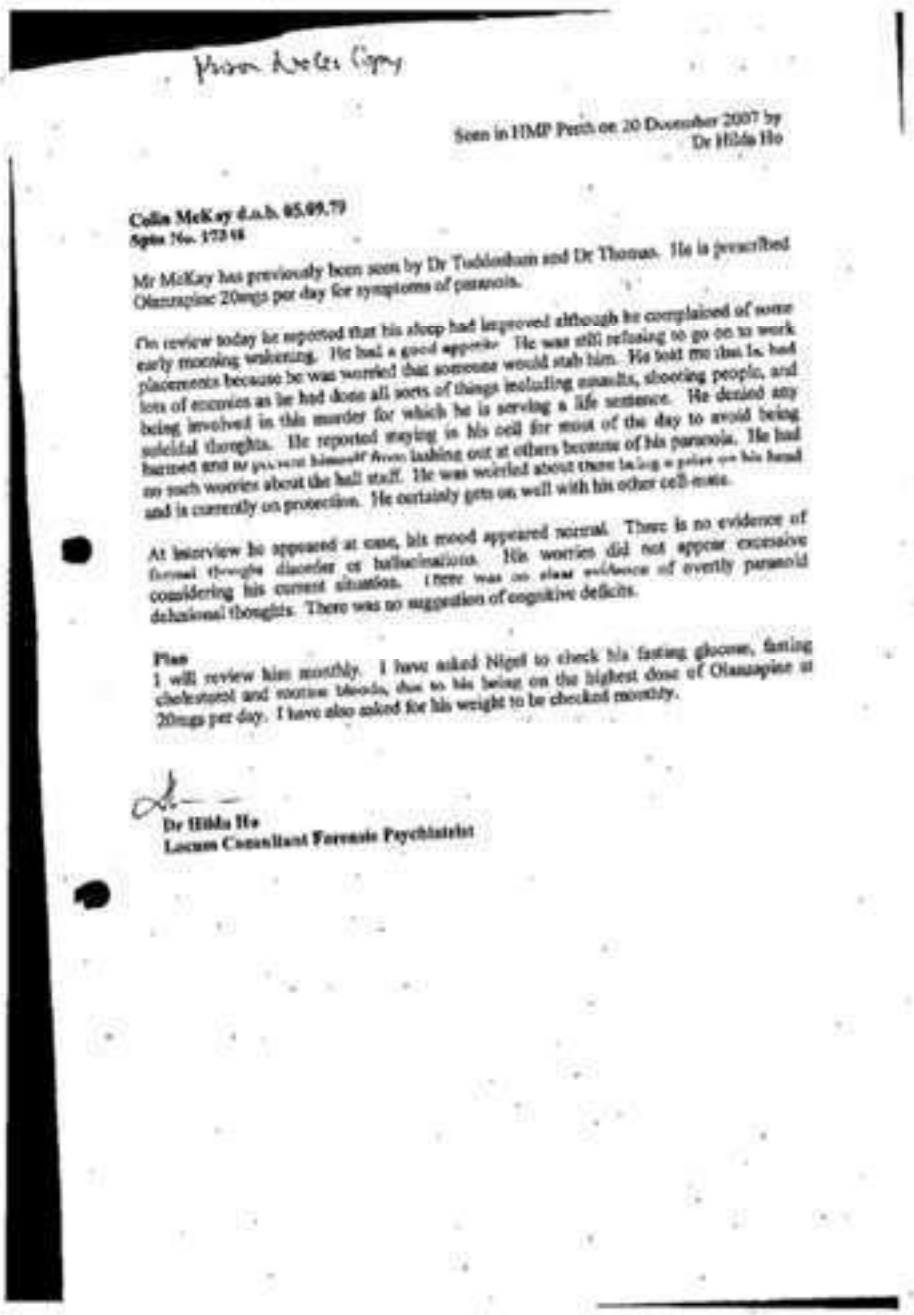
I reviewed Mr McKay at HMP Perth today along with one of the mental health nurses. He has been seen previously by my colleagues, Dr Tuddenham, Dr Thomas and by Dr Hilda Ho. There have been some concerns raised that he may have developed a paranoid psychosis 7in the background of drug abuse. He had had worries at that time that people were out to kill him. Subsequently, from information retrieved from the prison authorities, most of these beliefs appear to be based in reality and he is currently on protection because of ongoing threats against his life. When he was first assessed there was no evidence of any other psychotic symptoms. He also complains of chronic problems with his sleep and poor concentration.

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

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

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

Dr Andrea Frist
Locum Consultant Forensic Psychiatrist



Prison Doctor's Copy

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

Colin McKay d.o.b. 05.09.79
Spin No. 173 68

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

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

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

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

Dr Hilda Ho
Locum Consultant Forensic Psychiatrist

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

Plan:

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

Dr C Thomas
ST2 in Forensic Psychiatry
Murray Royal Hospital
22.11.97

17345

Seen in HMP Perth on 06 March 2008 by
Dr Hilda Ho

Colin McKay d.o.b. 05.09.79

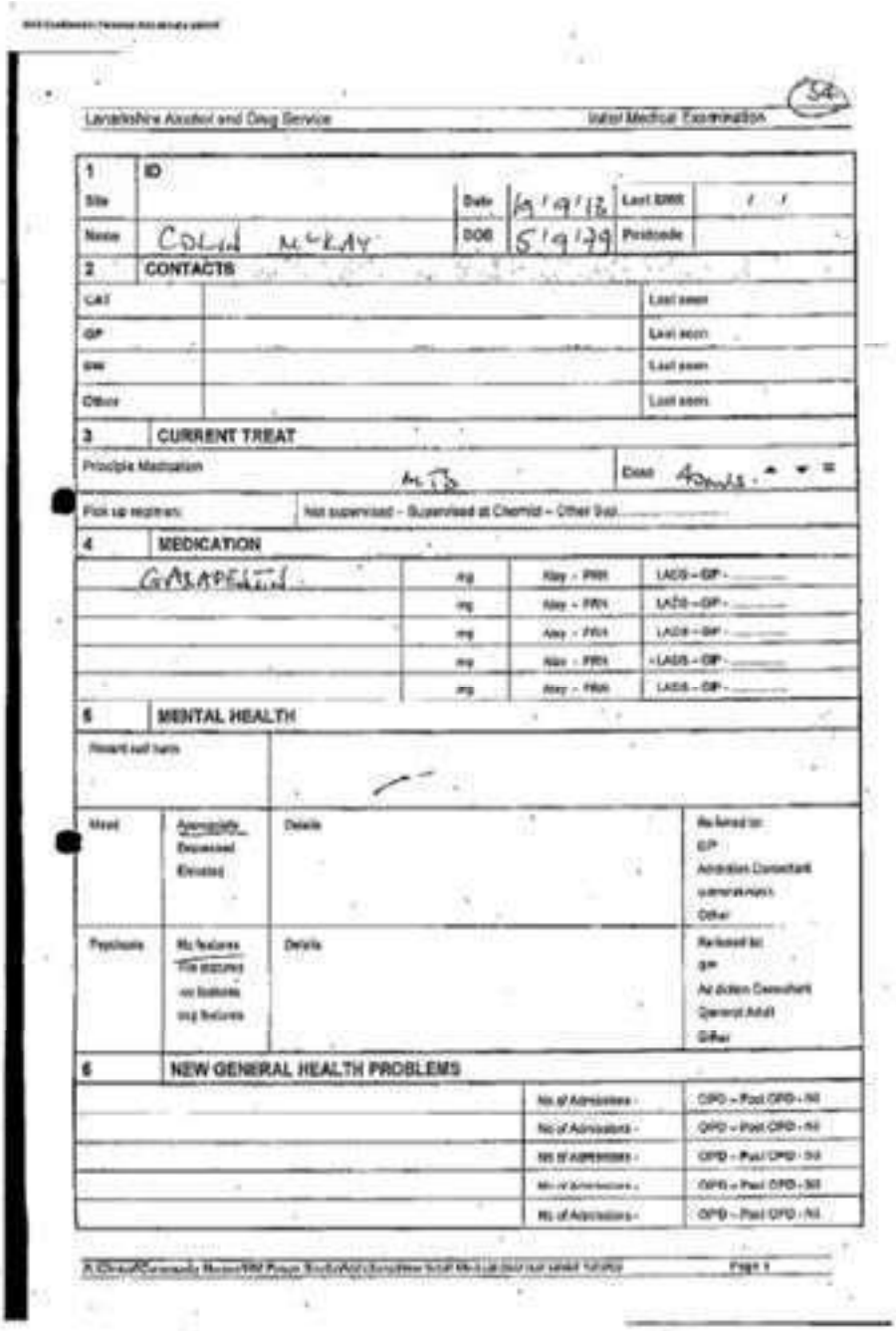
Mr McKay told us that he was having great trouble sleeping and claimed not to have slept at all for some time. He was very insistent that I prescribe him a sleeping preparation. He asked about Temesdol and appeared quite annoyed when I declined. He did not report any new anxieties or worries. When asked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

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

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

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

Dr Hilda Ho
Locum Consultant Forensic Psychiatrist



Lanarkshire Alcohol and Drug Service — Initial Medical Examination

1 Site	ID	Date	6/9/18	Last IDRS	/ /
Name	COLIN MCKAY	DOB	5/9/79	Postcode	

2 CONTACTS

CAT		Last seen
GP		Last seen
SW		Last seen
Other		Last seen

3 CURRENT TREAT

Principle Medication: MTB — Dose: 40mls

Pick up regimen: Not supervised – Supervised at Chemist – Other (list)

4 MEDICATION

GABAPENTIN	mg	Abay - PRN	LADS – GP -
	mg	Abay - PRN	LADS – GP -
	mg	Abay - PRN	LADS – GP -
	mg	Abay - PRN	LADS – GP -
	mg	Abay - PRN	LADS – GP -

5 MENTAL HEALTH

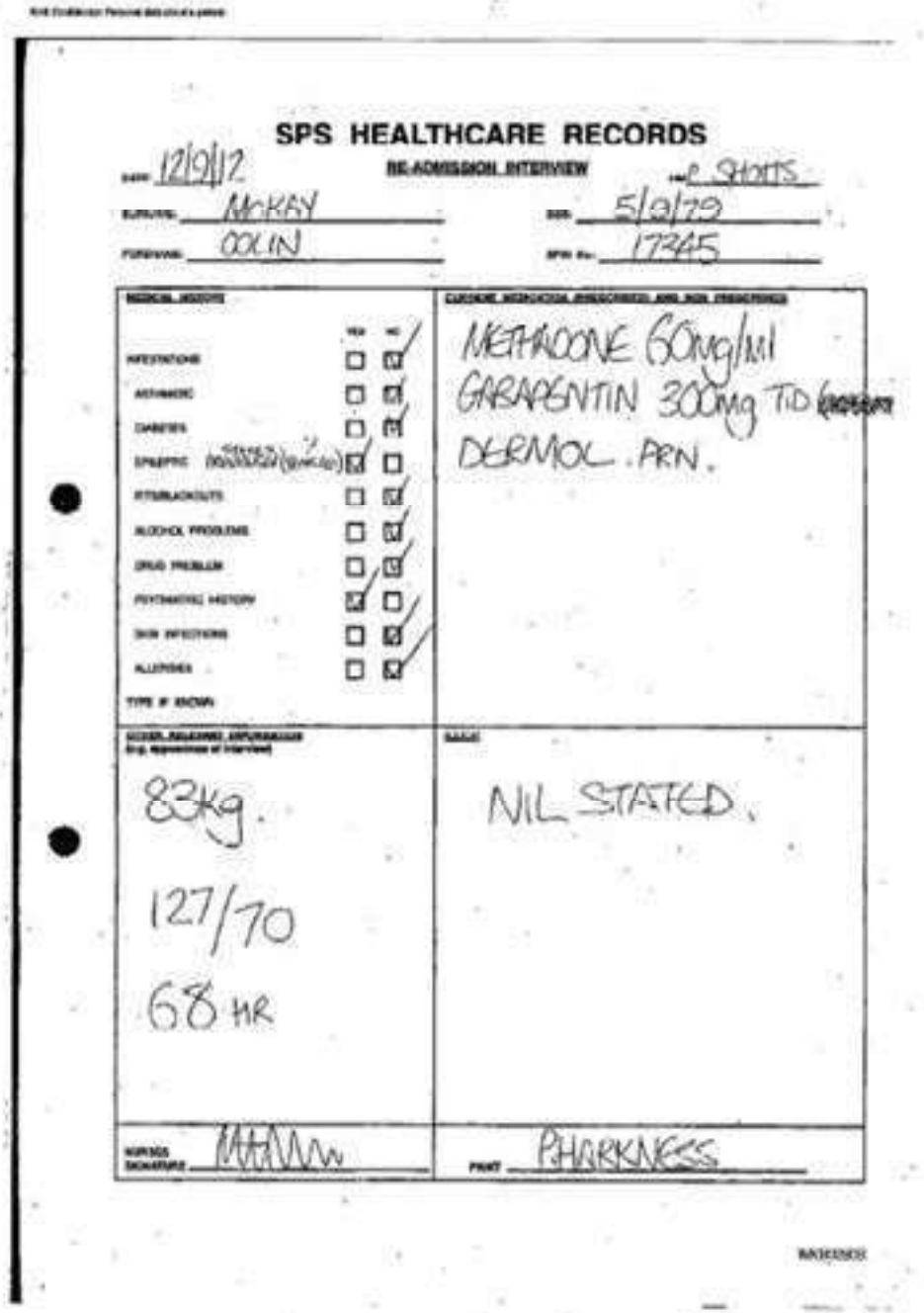
Present self harm: ✓

Mood	Appropriate / Depressed / Elevated	Details	Referred to: GP / Addiction Consultant / psychiatrist / Other
Psychosis	No features / File statutes / no features / org features	Details	Referred to: gp / Addiction Consultant / General Adult / Other

6 NEW GENERAL HEALTH PROBLEMS

	No of Admissions -	OPD – Post OPD - Nil
	No of Admissions -	OPD – Post OPD - Nil
	No of Admissions -	OPD – Post OPD - Nil
	No of Admissions -	OPD – Post OPD - Nil
	No of Admissions -	OPD – Post OPD - Nil

Page 1



SPS HEALTHCARE RECORDS

RE-ADMISSION INTERVIEW

DATE: 12/9/12 — 2 SHOTS

SURNAME: MCKAY — DOB: 5/9/79

FORENAME: COLIN — SPN No.: 17345

	YES	NO
ALLERGIES	☐	☑
ASTHMATIC	☐	☑
DIABETES	☐	☑
EPILEPTIC (SEIZURES) (CONVULSIONS)	☑	☐
FITS/BLACKOUTS	☐	☑
ALCOHOL PROBLEMS	☐	☑
DRUG PROBLEM	☐	☑
PSYCHIATRIC HISTORY	☑	☐
SKIN INFECTIONS	☐	☑
ALLERGIES	☐	☑

TYPE IF KNOWN

CURRENT MEDICATION (PRESCRIBED AND NON PRESCRIBED)

METHADONE 60mg/ml
GABAPENTIN 300mg TID
DERMOL. PRN.

83kg.

127/70

68 HR

NIL STATED.

NURSES SIGNATURE: [signature]

PRINT: P HARKNESS

To

07/03/2019

Dr George MacDonald
Consultant Psychiatrist
HMP Greenock

Colin McKay
SPIN 17345
CHI 0509796095

Dear Dr MacDonald

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

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

Thank you

Dr Senthil

GP
HMP Greenock

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