Evidence Extraction Sheet

Gary Bruce Mackie - GP and attached healthcare records - 484-page combined redacted bundle

Review conclusion: The records contain clear retrospective healthcare evidence that the patient was in care from approximately age 12 to 17, but the reviewed entries do not identify the care establishment, its address, exact admission/discharge dates, or the legal basis of placement. The strongest abuse evidence relates to severe physical and emotional abuse by a stepfather before entry to care. The records also document trauma symptoms, suspected complex PTSD, suicidal ideation/self-harm thoughts, SSRI treatment, diazepam, and referral discussions for Thrive/psychology. No direct record was identified of sexual abuse of the patient in care.

Document	PDF page	Internal page	Date	Clinician / role	Category	Exact evidence / faithful summary	Care setting	Perpetrator	Frequency / duration	Injury or impact	Treatment	Link to abuse	Evidential value	Follow-up / qualification
Medical record printout	13	Page 3 of 69	Historical problem list; dates recorded 01/01/2002 and 01/01/1992	Dr Singh / GP record	Mental health; substance use	“Depressive disorder NEC” and “Nondependent alcohol abuse, continuous.”	None named	None recorded	Historic coded diagnoses	Depressive disorder; alcohol diagnosis	No treatment context on this page	No link to childhood abuse recorded	Impact / background diagnosis	Review fuller consultation history for context.
GP consultation	21	Page 11 of 69	26/11/2024 and 31/01/2025	Dr Andrew Mackay / GP; Mark Chadwick, Psychological Therapist	Mental health; medication; therapy referral	Death “brought all the trauma from his childhood back again”; worse around anniversary/Christmas; diazepam helpful; reactive/upset; Thrive drop-in information supplied.	None named	None recorded	Ongoing after bereavement	Trauma reactivation, distress, sleep difficulty	Diazepam 5 mg nocte; Thrive signposting; crisis contact provided	Explicit reference to childhood trauma, but no institution named	Impact and treatment	Psychiatry chased; Thrive referral route discussed.
GP consultation	22	Page 12 of 69	12/11/2024	Dr Louise Bailey / GP	Placement; physical abuse; emotional abuse; self-harm; mental health	Patient disclosed a very abusive and unstable childhood; beaten by stepfather from a young age using golf clubs and heavy objects; always frightened; went into care aged 12 until 17; family did not visit; thoughts of self-harm without plan; trauma-based therapy discussed.	Care setting not identified	Stepfather	Repeated from young age; care approximately ages 12-17	Fear, unstable/unloving home, anger, guilt, sobbing, variable mood, self-harm thoughts	Existing medication continued; trauma-based therapy discussed; mental-health route considered	Explicit disclosure of abuse and explicit placement period, but abuse described as pre-care	Placement evidence; direct disclosure; mental-health impact	No exact institution, address, admission/discharge dates, witnesses or safeguarding action recorded.
GP consultation	50	Page 40 of 69	11/10/2013	GP practice entry	Third-party / neutral sexual-abuse reference	“David’s case being taken to court - sexual assault.”	Not applicable	Not recorded	Single reference	Patient and partner distressed	Review appointment requested	No indication that this was sexual abuse of the patient	Third-party contextual evidence only	Do not present as evidence that Gary Mackie was sexually abused.
GP to consultant psychiatry email	95	Page 4 of 4	12/11/2024	Dr Louise Bailey / GP to Dr Linda Dickens, Consultant Psychiatrist	Placement; physical/emotional abuse; PTSD; suicide risk	Describes loveless childhood with emotional and severe physical abuse; entry to care at age 12 while half-siblings stayed at home; overwhelming hopelessness and guilt; suicidal ideation; suspected complex PTSD; “does not want to be here”; protective factors recorded.	Care setting not identified	Stepfather / family context	Childhood; care from age 12	Severe distress, hopelessness, guilt, suicidal ideation, suspected complex PTSD	Maintained on SSRI; urgent referral advice requested	Explicit clinical link between childhood trauma and current symptoms	Placement corroboration; impact; clinical formulation	Duplicated elsewhere in bundle; no institution or exact care dates.
Consultant psychiatry response	100	Page 1 of 1	31/01/2025	Dr Linda Dickens / Consultant Psychiatrist	Psychiatric care; referral	Notes referral relates to trauma and recent distressing events; advises Thrive drop-in for immediate assessment.	None named	None recorded	Current episode	Trauma-related distress	Thrive assessment recommended	Explicit trauma context	Treatment / referral	Check attendance/outcome in subsequent records.
Psychiatry correspondence	124	Page 3 of 3	12/11/2024	Dr Louise Bailey / GP; Dr Linda Dickens / Consultant Psychiatrist	Placement; abuse; suicide; PTSD	Duplicate of the detailed referral: emotional and severe physical abuse, care from age 12, suicidal ideation, suspected complex PTSD and protective factors.	Care setting not identified	Stepfather / family context	Childhood; care from age 12	Hopelessness, guilt, distress, suicidal ideation	Referral to psychiatry/trauma services requested	Explicit	Corroboration / duplicate	Treat as duplicate evidence, not a separate disclosure.
Psychiatry correspondence	125	Page 1 of 2	13-14/11/2024	Dr Linda Dickens / Consultant Psychiatrist; Dr Louise Bailey / GP	Psychology / therapy; medication	Complex-trauma work should go to sector psychology; Thrive recommended for initial conversation, short-term behavioural and distress-tolerance work, then possible longer-term psychology.	None named	None recorded	Current referral period	Complex-trauma symptoms and distress	Thrive; sector psychology; possible diazepam/night sedation; possible low-dose quetiapine	Explicit trauma treatment context	Treatment and clinical planning	No evidence here that therapy was completed.
Psychiatry correspondence	126	Page 2 of 2	12/11/2024	Dr Louise Bailey / GP	Placement; abuse; suicide; PTSD	Duplicate referral recording severe physical/emotional abuse, entry to care aged 12, suicidal ideation and suspected complex PTSD.	Care setting not identified	Stepfather / family context	Childhood	Severe distress and suicidal ideation	Urgent referral sought	Explicit	Corroboration / duplicate	Same core material repeated in several attached emails.
Psychiatry correspondence	127-128	Pages 1-2 of 2	13/11/2024	Dr Linda Dickens / Consultant Psychiatrist and Dr Louise Bailey / GP	Therapy; medication; placement; abuse; suicide	Consultant recommends Thrive/sector psychology and discusses short-term diazepam or night sedation and possible low-dose quetiapine. Attached referral repeats care from age 12, abuse, suicidal ideation and suspected complex PTSD.	Care setting not identified	Stepfather / family context	Childhood; current treatment episode	Trauma symptoms; suicidal ideation	Thrive; psychology; medication options	Explicit	Treatment plus corroboration	Page 128 continues the referral and records protective factors.
GP to psychiatry email	129	Page 1 of 1	12/11/2024	Dr Louise Bailey / GP	Placement; abuse; mental health; suicide	Standalone duplicate of referral: emotional/severe physical abuse, entered care aged 12, suicidal ideation, suspected complex PTSD, protective factors.	Care setting not identified	Stepfather / family context	Childhood	Hopelessness, guilt, trauma symptoms	Urgent specialist advice requested	Explicit	Corroboration / duplicate	Avoid double counting repeated copies in evidential schedule.

Negative and neutral findings

• No children’s home, residential school, foster placement or assessment-centre name/address was identified in the reviewed relevant entries.

• No exact care admission or discharge date, GP registration at an institutional address, accompanying residential staff member, supervision requirement or legal basis of placement was identified.

• No direct disclosure of physical or sexual abuse occurring within a care placement was identified. The explicit physical abuse disclosure concerns the stepfather before entry to care.

• The page 50 “sexual assault” reference concerns a third party’s court case and must not be attributed to the patient.

• Historical alcohol-abuse coding is present, but the reviewed material does not expressly state that alcohol was used to cope with childhood abuse or care experiences.

• The psychiatry referral is reproduced several times. Repetition strengthens document availability but should not be counted as multiple independent disclosures.

Highlighted-copy key

Yellow highlighting marks the principal passages supporting placement, abuse history, trauma-related mental-health impact, self-harm/suicide risk, medication, and therapy/referral evidence. A comment icon appears on highlighted pages. The highlighted copy does not alter or redact the underlying medical record.