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14th July 2026

**Redress Scotland**

apply@redress-scheme.scot

**By email/post:** Email
**Our Ref:** 100207
**Re:** Scottish Redress Application - Mr Gavin McClymont
**DOB:** 18 December 1952
**Application Reference:** APP220327

Dear Sir/Madam,

**Covering Letter - Witness Statement and Supporting Exhibits**

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

Mr McClymont should be treated as a priority applicant due to his age. The Scottish Government has confirmed that applications from survivors who are suffering from a terminal illness or who are over 68 years of age are prioritised when being allocated to a Scheme caseworker.

Mr McClymont is presently 73 years old and therefore falls within the Scheme's current priority criteria. In view of his age, documented mental-health vulnerabilities and the distress caused by continued delay and uncertainty, we respectfully request that his application is identified and progressed as a priority, so far as the Scheme's procedures permit.

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

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

We respectfully draw attention to the fact that Mr McClymont is a vulnerable applicant. He is 73 years of age and has a documented history of anxiety, depression, post-traumatic stress symptoms, intrusive thoughts, flashbacks, nightmares, panic and significant emotional distress. He has received psychological treatment, including cognitive behavioural therapy and trauma-focused support, and has been prescribed medication including Sertraline, Amitriptyline and Zopiclone.

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

The statement explains that Mr McClymont was placed into care in Scotland at approximately 11 years old. It records his background before care, the circumstances of his entry into care, his separation from his siblings, and his two periods at Dunavon House from 4 January 1963 to 12 February 1963 and from 1 May 1964 to 15 January 1966, as supported by the exhibited records.

In summary, the statement describes Mr McClymont's account of sexual, physical and emotional abuse and neglect. This includes allegations of being struck, subjected to cold-bath punishment, isolated, deprived of food while being punished, and sexually abused or exposed to sexual activity by older children. It also records that his attempts to report concerns were not effectively addressed.

The enclosed exhibits include records confirming Mr McClymont's placement at Dunavon House, psychological and medical records relevant to the impact described, medication records, and correspondence from the Older People's Community Mental Health Team. Some records are redacted where appropriate and should be read together with his account.

The statement refers to Mr McClymont having been prescribed Sertraline, Amitriptyline and Zopiclone in the context of anxiety, depression, PTSD symptoms and sleep disturbance. In general terms, Sertraline and Amitriptyline may be prescribed for depression or anxiety-related symptoms, while Zopiclone is used for short-term sleep difficulties.

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

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

**Brief overview of enclosed document**

| Section / document part | Brief contents |
|---|---|
| Cover Letter | A cover letter from us addressing key issues in support of our clients Scottish Redress application. |
| Witness statement | Mr McClymonts personal account in support of her Scottish Redress application. |
| Background and entry into care | Personal background, life before care, entry into care, and separation from siblings. |
| Care placement account | Account of Nazareth House, including dates, daily life, staff conduct, punishments and care arrangements. |
| Abuse, neglect and reporting | Description of alleged rough treatment, cold-bath punishment, emotional harm, reporting to her mother and barriers to disclosure. |
| Impact evidence | Effect on childhood and adult life, including mental health, relationships, education/employment and medication/treatment. |
| Supporting exhibits | Placement confirmation and supporting medical records referred to within the statement. |
| Supporting Statement of Mrs Alice McClymont | An impact statement has been provided by the Clients wife. |
| Payment Authority From | A letter setting out reasons for us as the Clients legal representative to receive payment on their behalf together with their authority. |

James Taylor - Claims Operations Manager

Investigations Team
MMA Legal

# WITNESS STATEMENT OF GAVIN MCCLYMONT

Application to The Scottish Redress Scheme

Applicant: Mr Gavin McClymont

Date of Birth: 18 December 1952

Application Reference: APP220327

Support Person Present: No

## Background

1. My name is Gavin McClymont. My name as a child was Gavin McClymont.
2. My address is 10 Everard Quadrant, Glasgow, G21 1XP.
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. Where I cannot remember exact dates or details, I have made this clear. I confirm I have provided as much detail as I am able to recall.
5. 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.
6. Where necessary, I have exhibited extracts of the supporting documents obtained to this statement to support my application.
7. I am happy for this statement to be submitted to the Scottish Redress Inquiry.
8. I do not need any support to conduct this statement today and I do not need anybody with me to complete the statement.
9. I understand the purpose of this statement and that it is in support of my Scottish Redress Application.
10. I do not have any serious criminal convictions.
11. I was placed into care whilst under the age of 16. The care setting was based in Scotland.
12. At the time, I was living in a care setting as part of the care arrangements.
13. I was approximately 11 years old when I went into care.
14. I believe social workers placed me into care, but I don't know why I was placed into care.
15. The placement I was in was a children's home.

**Life Before Care**

16. I grew up with my mother and father in Royston Hill. I had some siblings too.
17. I had an older brother and a younger brother and a younger sister at that time.
18. My home life wasn't very pleasant at all as my uncle lived there and he just didn't take to me at all.
19. I didn't really talk to my parents that much so I can't really comment on my relationship with them.
20. I think there was a breakdown in the relationship. I'm not sure.
21. I remember being around 6 or 7 when everything started to change.
22. Before entering care, I was in good health. I didn't have any issues or need medication.
23. My school life was OK. I went to Royston Primary School.
24. I never had any learning difficulties or needs.

**Entry Into Care**

25. I was taken from my parents when I was around 11.
26. I was never told that I was going into care and I still do not know why I was taken into care after all this time.
27. I was taken away and placed in Renfrewshire for a while.
28. I think it had something to do with my aunt why we were placed into care.
29. I believe the social services decided I was to be placed into care and they took me to Colin Barr Street.
30. I was just told I was going away for a bit. That was all.
31. I had 1 older brother and a younger one and a younger sister at the time.
32. We were split up by the local authority. The first time they split me and my siblings up it was my older brother, myself, my younger brother and sister.
33. The second time we went in, they split me and my siblings up. There was me, my younger brother and youngest sister Jacqueline.
34. They then put my brother James, Donald and sister Geraldine in a different area in Hamilton.
35. I do remember not wanting to be split up. We were all put into separate cars and split up.
36. I felt confused because we were told we were going on holiday.
37. It seemed like we were in that car forever. It felt so long.
38. At the time, I was so scared. I felt absolutely petrified.

**Detailed Account of Each Placement**

**Dunavon House 04/01/1963 – 12/02/1963**

**Dunavon House 01/05/1964 – 15/01/1966**

39. I entered care with Dunavon House. "**EXHIBIT 1"** will show that I was admitted on 4 January 1963 until 12 February 1963 and again on 1 May 1964 until 15 January 1966. This was a children's home.
40. I was placed into this care setting by South Lanarkshire Council.
41. I was 11 at this time.
42. I was here for just over 1 month the first time.
43. My daily life wasn't bad at first. I mean school was a bit of a problem but that was it at first.
44. I suppose I was just getting used to everything and what we needed to do and stuff you know.
45. There was a big house mansion type house, creepy and old. It had around 2 main floors and an attic.
46. I didn't really have chores, but I had to keep everywhere neat and tidy.
47. I remember the staff here. I remember the matron and Mr Griffiths were husband and wife.
48. Then you had Miss Brown who wore a blue coat and Miss Wilson who had a green coat.
49. All the nurses had a uniform.
50. None of the staff were friendly. They were abusive towards me.
51. There were rules in place. No go areas you know.
52. They also had punishments. There were a few punishments but somewhere definitely worse than others.
53. One of the punishments was segregation. Right at the back of the building. Down creepy corridors and dorms. Cold parts of the building you know. It was normally where they would put the "sick" children.
54. I spent quite a few nights there.
55. The food was OK. I mean the food wasn't great, but it was OK.
56. My hygiene was fine and all.
57. My clothing wasn't great and I had issues with school because of my clothing.
58. None of the staff did anything about this.
59. There are many things that happened in this placement that I would now consider as abuse.

60. I started getting shouted at and slapped. One of the worst ones was getting slung into a cold bath.
61. The staff at Dunavon House were responsible for the abuse.
62. The main one was Miss Pollock. She was horrible.
63. I would be told to get stripped. When I realised what I was being stripped for is when I seen the water. I would put my hand in to check, and it was freezing cold. I would refuse to get in.
64. Miss Pollock would then grab the back of my hair and my genitals and would slung me into the bath.
65. She would put my head under, and I always thought she was going to drown me.
66. That happened a good few times and it would hurt.
67. This always happens in the bathroom of the home.
68. This usually happens at the start of the morning.
69. The other punishment was being segregated from everyone else.
70. I would have to go and sit in a room in the main house on Saturday and Sunday just depending on how long the punishment was for.
71. Sometimes they would only ever let me out to have food and then I would have to go and sit back there until bedtime.
72. I don't know how many times exactly it happened, but it seemed to be all the time for the whole time I was there.
73. I would be getting ready and staff would come and tell me not to put my stuff on. Then they would take me to Mr Griffiths who would be waiting with a sandal that he would use to smack you with.
74. I remember this one time when he did it, I had to come out, and everyone was looking at me. I remember telling myself not to cry.
75. I remember one time in particular, it was a day I had had a smack with the sandal, I got back home from school, and I had to go and sit on a hard wooden chair in the turret with nothing else on.
76. There were no doors and stuff in the turret, so it was absolutely freezing.
77. After this punishment, you'll get a piece of toast and a cold cup of tea and be taken to the dormitory.
78. This would be my whole routine until punishment time was done, but the thing is it never did seem to be "done" I was away one day and back the next.
79. I was threatened with the bath.
80. I also remember one day there were 2 other boys in the bath. All naked.

81. I experienced pain, injury, bleeding, fear, shock, shame, confusion, nightmares, bedwetting, I tried to run away a number of times. I was successful once, but it only lasted a short while.
82. I never received any medical attention in hospital or anything, but the medical matron would check over but that was it and even then, she only checked for colds and stuff.
83. I also experienced sexual abuse whilst placed in this care setting.
84. I was touched by ways that made me feel uncomfortable. Having my genitals grabbed and other stuff with the older boys.
85. I was sexually exposed too. There were two older boys in bed together and they were showing all the younger boys what they were doing. It wasn't very nice to watch. One of the older boys had his penis in the others backside. It was wrong.
86. There was also a time at night when I went to the toilet, and I got jumped on by the two older guys that were showing the younger guys' rude stuff. I can't fully remember what happened, but I do remember fighting them off and stuff.
87. I remember someone grabbing me from the back and shoving me into the back cubicle. Then they were pulling my pyjamas down and I just fought back.
88. I grabbed one of the guys' genitals and twisted them.
89. I later found out that me and another younger boy were purposely wetting the bed to avoid this happening again.
90. I was never asked to touch any of the younger boys.
91. I could hear stuff happening. I could hear moaning and sexual noises. It was all very close to my room it was crazy.
92. No photographs or videos were taken.
93. I don't know how many times this happened, but it was for the whole time I was there.
94. There were multiple perpetrators at this home who I believe are responsible.
95. I believe the physical punishment I received at the time to be classed as abuse. I had my hair and genitals pulled.
96. The punishments were excessive. It's not right to be slung into a freezing cold bath, it took my breath away.
97. I had been pinned down, tied up, locked up, denied stuff, made to sit or stand for long periods of time and exposed to cold water.
98. I was struck with objects like Sandals, Slippers, smacked once or twice. It was called "getting skelped" when you'd get this punishment.
99. I had cuts, bruising, scars, small scratches from them holding me down and swelling too.
100. I never received any medical attention for the punishments.

101. No one really commented on anything because the marks were always in places you couldn't see.
102. Emotional abuse was also a huge part of my time in care. From being separated from my siblings to not being able to see them at all.
103. I remember being shouted at a lot and calling stuff, like bad and naughty and stuff but I can't remember everything they called me.
104. I never got many visits, I think I had one.
105. I never had any letters or phone calls, well, not that I was aware of anyway.
106. The staff never gave us Christmas cards or birthday cards, in fact, I wasn't even allowed to the Christmas party.
107. I was made to purposely sit out on Christmas and Birthdays.
108. I was slung into a car, in the back right seat and told not to speak or cry. This was when I was being taken away and I didn't know where my siblings were.
109. I was always treated differently to others for an unknown reason. The older kids were also treated differently again from the younger ones.
110. In regard of neglect, I believe I was also victim to this whilst in this care setting.
111. We always got breakfast like, which wasn't too bad.
112. If you were good or had no punishments, you would get to go to the dining room and get a decent meal, you know.
113. If you'd been naughty or being punished though you would only get butter and toast which was cold.
114. I'd be so hungry sometimes I would have to sneak and get some sweets or something.
115. I did have cleaning stuff; hygiene was kept good. I had regular baths and stuff to clean my teeth with.
116. The home itself was as clean as it could be.
117. There were also times when I would be locked away in rooms and stuff. Staff would normally move you downstairs in the dormitories. There was a big, massive cupboard in there and they would lock you in it.
118. I can't remember any dentist or GP appointments and stuff, but I don't think I needed any at that time.
119. I was not protected from bullying or protected the way I should have been.
120. I never got any support from the staff for the bullying.
121. I also never got any help from the staff with homework, and I would always have to do it myself.
122. I never received any comfort, affection, encouragement or emotional support.

123. The most important thing, I didn't feel safe. Especially when I was put into segregation.

**Frequency, Duration & Patterns**

124. The above abuse happened the whole time I was placed under this care home.
125. The second time I went back, nothing had changed.
126. All of the abuse was staggered, there was no set pattern, everything was just unexpected.
127. I was so fearful and anxious.

**People Involved, Witnesses & Siblings**

128. I believe the staff and some children are to blame for the abuse I received.
129. The names I remember I have already mentioned above. They were staff. I don't remember the two guys names.
130. The staff and older boys had authority over me, so you never really felt safe you know.
131. I don't know if anything similar happened to other people. I do think that we were all treated the same by staff though.
132. I saw the older guys abuse the younger ones and I myself was abused by the same guys.
133. I am not sure if the staff members knew about the older kids abusing us too or not, but I think they should have known or that they may have turned a blind eye.
134. I also don't know if staff all knew that they were all abusing us or not.
135. I never really spoke out about this. The children in the home certainly didn't discuss it.
136. All of the sleeping arrangements were unsafe too. Children were having sex with other underage children without consent and then showing other children what they were doing. We should have been supervised. This shouldn't have been happening.
137. I did tell staff about this, but they just never believed me and ignored me.
138. There was also another guy who would make you put boxing gloves on and punch you. He was really mean, and again staff didn't do anything about it.
139. I was so scared as they had authority over me.

**Reporting & Responses**

140. At the time, I did tell staff about the abuse.
141. I never told anyone about the children from the home ambushing me after school.
142. I didn't believe anything would happen or that I would be helped.
143. When I told the staff about the abuse, they just ignored me.

144. You would tell them and they would just pull you and whoever you had a problem with aside and say stuff like “ahh just go and play nice with each other” or “ahh just play nice”, you know.
145. I felt unsafe. I felt like this with adults and with children. I was left with no trust in anybody.
146. Every time you would complain it would be discouraged.
147. You were never believed anyway. I ran away once and told a policeman why I ran away, and he just never believed me and that was that.
148. I have never spoken with any professionals regarding this.
149. I remained in this care setting until the age of 15 and I was then returned home to my parents in Glasgow.

**Impact On Life Past/Present/Future**

150. The abuse I received has and remains to have an impact on my life.
151. I didn’t feel good. The only way I get past this is to remember that its happened and that it won’t happen again.
152. All of this just turned me aggressive. I was angry all the time because of this.
153. It affected my trust, confidence, relationships and education.
154. I started bedwetting and fighting all the time with people.
155. None of this abuse has been recorded in my records.
156. I was always picked on and unable to concentrate on things. I tried my best to learn but was never able to because of one problem or another.
157. I guess I just had trust and anger issues which made it all difficult.
158. I was crying and scared all the time as a child. I was very fearful all the time. This has had an impact on my life more than you may think.
159. I have suffered with and continue to suffer with general anxiety, depression, intrusive thoughts and PTSD symptoms.
160. I have a history of Psychology appointments, psychological therapy, CBT, trauma-focused CBT and counselling.
161. This has led to me being medicated with multiple mental health drugs such as Sertraline, Amitriptyline, antidepressants and Zopiclone.
162. I have evidence both my GP records and medication sheets at **“EXHIBIT 2”.**
163. Further to this, I have evidenced my Older Peoples Community Mental Health Team letter at **“EXHIBIT 3”.**
164. My life could have been different if I never had to grow up scared and anxious.
165. I’ve never drank or smoked to deal with this, but I have had medication from my GP.

166. I have experienced, fear, shame, guilt, anger, flashbacks, nightmares, panic, depression, anxiety, low moods, tearfulness, intrusive thoughts and emotional distress.
167. I get flashbacks and nightmares of the bath.
168. The anxiety, PTSD and depression that I've dealt with has stemmed from my time in care.
169. 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**

170. The physical, emotional abuse and neglect I experienced in care has had a lasting impact on my life.
171. My mental health has declined over the years. It has been affected in some sort of way.
172. I have seen 3 or 4 Psychiatrists for years.
173. I even still avoid going into hospitals because the smell of the disinfectant reminds me of the care home.

174. The impact has included:

Mental health: Anxiety, Depression, PTSD, Emotional Distress and Intrusive thoughts.
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: Zopiclone, Amitriptyline, antidepressants and Sertraline.

175. I have said many a times, I wish I met my wife sooner because she has helped me so much. She is good for me I'm lucky to have her.
176. I genuinely believe I would have been a lot smarter if I'd not been a victim of this abuse.

**Supporting Evidence & Records**

177. I understand that records and documents may be considered alongside this statement. I have exhibited, as necessary, documents to this statement.
178. 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.

179. 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.

180. I have done all in my power, with the assistance of my legal representative, to obtain and provide as much evidence as possible.

181. 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**

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

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

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

185. 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**

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

187. I want my experiences to be acknowledged.

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

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

**Final Statement**

190. Overall, I wish this never happened. I really wish it never happened.

191. I try and move on and forget about it but it should never have happened.

192. I would like this to be stopped going forward and to help any other victims.

193. An acknowledgement from the redress scheme would give me hope that others and I can finally be helped.

194. 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.

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

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

197. 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.

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

199. 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 Gavin McClymont

**Signed:** Gavin McClymont (Jul 14, 2026 15:13:50 GMT+1)

**Dated:** 14/07/2026

# EXHIBIT 1

Record No. 2320. National Registration No. SCDH(H)/1953/48

Name of Child GAVIN McCLYMONT.

Address 79 Brownhill Avenue, Douglas.

Date of Child coming into care 4.1.63.

Circumstances under which child came into care Mother entering hospital for treatment and no one available to care for child.

## I. GENERAL PARTICULARS.

Date of Birth 18.12.52. Place of Birth Helensburgh

Religion Prot. Date and Place of Baptism

Orphan/Deserted/Separated Separated. Leg./Illeg. Legitimate.

Father Ian McClymont. Age [redacted] Religion [redacted]

Address 79 Brownhill Avenue, Douglas.

Occupation, Wage, Etc. [redacted]

Mother Margaret Robertson or McClymont. Age [redacted] Religion Prot.

Address 79 Brownhill Avenue, Douglas.

Occupation, Wage, Etc. Family Allowance £2.18.-d. FAM 4325574.

Date and Place of Parents' Marriage [redacted]

If Parents Deceased, Cause of Death

Contribution Payable by Parents

Mental or Physical Disabilities of Child

School Last Attended Douglas P. School.

### PARTICULARS OF ANY BROTHERS AND SISTERS OF CHILD

| Name | Date of Birth | Record No. if any | Action Taken |
|---|---|---|---|
| [redacted] | | | |

Action Taken with this Child 4.1.63 - Placed in Dunavon House, Strathaven.

Record No. 2320. Name GAVIN McCLYMONT.

## II. BOARDING OUT.

Date of Boarding-out

Name of Foster-parents

Residence

Burgh/County of Relationship, if any

Religion of Foster-parent Occupation Age

Details of any other children boarded-out with same Foster-parent and names of Local Authorities concerned

Number of Inmates (excluding boarded-out children) Adults M F Children M F

Type of House

Sleeping Arrangements

Medical Attendant

School Attended

Allowances Maintenance Pocket Money

## III. CHANGES OF GUARDIANSHIP.

Circumstances which led to change

Date of Boarding-out

Name of Foster-parents

Residence

Burgh/County of Relationship, if any

Religion of Foster-parent Occupation Age

Details of any other children boarded-out with same Foster-parent, and names of Local Authorities concerned

Number of inmates (excluding boarded-out children) Adults M F Children M F

Type of House

Sleeping Arrangements

Medical Attendant

School Attended

Allowances Maintenance Pocket Money

## IV. CHANGES IN ALLOWANCES, OR CIRCUMSTANCES, AND AFTER-CARE REPORTS

| Date | Report |
|---|---|
| 12. 2. 63 | Restored to care of parents residing at 79 Brownhill Ave. Douglas |
| 1. 5. 64 | Mother in desertion. Gavin with three brothers and three sisters was today admitted to care and placed in DUNAVON HOUSE to allow father to resume employment. |
| 15. 1. 66 | Restored to care of parents now residing at 24 ELMVALE ROW, GLASGOW N.1 (Assistance given by Children's Dept to parents under Children Act 1963) |

# EXHIBIT 2

MCCLYMONT, Gavin (Mr)
Date of Birth: 18-Dec-1952

NHS GG&C Mental Health Service
CHI Number: 181 252 649

has any concerns about his memory or thinking abilities however he denied this. His memory does seem to be intact although I do find him to be tangential at times. He told me that he has been dropping things recently and has been more clumsy but did not seem concerned about this.
Mr McClymont told me that he could not think of any goals for therapy and did not wish to have any further psychology appointments. I informed him that if circumstances changed or he felt he did require further support with his mental health that he should seek a re-referral through his GP practice. He was in agreement with this.
Plan;
Discharge from clinical psychology
Letter to GP
Psychological therapy summary report

Additional: Discharge from care • Did not complete psychological therapy
Therapy End Comments: Mr McClymont feels that he no longer requires to attend for psychological therapy due to improving mental health. Aware that he can seek a re-referral if circumstances change and in agreement with this.

| | |
|---|---|
| 03-Nov-2023 11:30 | Face to face consultation (NHS GG&C Mental Health Services) THOMSON, Hollie (Clinical Psychologist) |
| Comment | Template: **Psychological Therapies HEAT Target CT** PSYCHOLOGY<br>Review appointment 2<br>Continuation of assessment following period of psychological therapy with Natalie |

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MCCLYMONT, Gavin (Mr)
Date of Birth: 18-Dec-1952

NHS GG&C Mental Health Services
CHI Number: 181 252 6490

although his wife is also having difficulties with her mental health.
Mr McClymont informed me that his sleep is poor however said that sleeping tablets prescribed by the GP are helpful. His antidepressant has recently been increased however he is not sure whether this has helped. I checked I with Mr McClymont in reaction to risk as last session he told me that he wouldn't care if something happened to him although denied any suicidal ideation, plan or intent. He again denied any risk citing his wife as a protective factor. I provided Mr McClymont with crisis numbers which he was agreeable to using if required.
I asked Mr McClymont what the focus of previous psychology sessions were. He told me that he just "rambled" and cannot remember exactly what he and Natalie talked about. He then said they talked about his past experiences in a residential care home. He told me that he feels his mental health has improved since being discharged from hospital. He was unsure whether he wanted to proceed with further psychology appointments. I suggested to Mr McClymont that we arrange another appointment and in the meantime he can think about whether he wishes further sessions and, if so, what he would like to focus on.
Plan;Further appointment on Friday, 24th November 2023 at 11:30am, Belmont Centre. Mr McClymont aware of supports in the meantime.
Psychological therapy summary report

Additional: Follow-up outpatient appointment

| | |
|---|---|
| 20-Oct-2023 11:38 | Administration note (NHS GG&C Mental Health Services) THOMSON, Hollie (ClinicalPsychologist) |
| Comment | Mr McClymont contacted the service to apologise for missing his psychology appointment this morning as he had misplaced his letter. Will offer further appointment for Friday, 3rd November at 11:30am. |
| 20-Oct-2023 10:20 | Administration note (NHS GG&C Mental Health Services) THOMSON, Hollie (ClinicalPsychologist) |
| Comment | Mr McClymont did not attend for his psychology appointment this morning at 10am and has not contacted the service to cancel. Will send 14 day opt in letter. |
| 06-Oct-2023 12:00 | Face to face consultation (NHS GG&C Mental Health Services) THOMSON, Hollie (Clinical Psychologist) |
| Comment | Template: **Psychological Therapies HEAT Target CT** PSYCHOLOGY |

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MCCLYMONT, Gavin (Mr)
Date of Birth: 18-Dec-1952

NHS GG&C Mental Health Services
CHI Number: 181 252 6490

his referral to the OPCMHT, he was experiencing flashbacks and images of these dead bodies. He was afraid to leave the house at times and was worried that he would "drop down dead in the street". He was struggling to switch off at night and was having difficulty sleeping. The GP administered a MMSE and Mr McClymont scored 28/30. The GP was concerned that Mr McClymont had features suggestive of Post-Traumatic Stress Disorder (PTSD) hence onward referral to the OPCMHT. The GP increased his existing dose of sertraline to 100mg daily.

Mr McClymont was subsequently referred to the Clinical Psychology Service. He attended 7 psychology appointments with Natalie Yordanova, Clinical Associate in Applied Psychology. Sessions utilised a Cognitive Behavioural Therapy (CBT) approach and focussed on psychoeducation in relation to PTSD symptoms.

I asked Mr McClymont whether he felt that his hospital admission last year was the catalyst for the deterioration in his mental health. He told that he felt it was, as he experienced challenges in relation to own physical health, as well as witnessing others' deaths which he found distressing. Mr McClymont told me that he then began to think back to previous

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[redacted]

Mr McClymont completed the PHQ-9 questionnaire and scored 13/27, placing him in the moderate category for depression. This seems to be a reduction in score from May 2023 when he scored within the severe category (17/27). Mr McClymont did report thoughts of ending his life and explained that he wouldn't care if something happened to him. He denied any active suicidality, plan or intent. I provided Mr McClymont with the contact information for duty at the Belmont Centre and also the contact details for Breathing Space and Samaritans. He agreed to utilise these supports should he have any concerns about his ability to keep himself safe.

Mr McClymont agreeable to coming back for another appointment to continue assessment including current difficulties, what he found helpful/unhelpful about previous psychology input, whether he feels he would benefit from further sessions and, if so, what his goals for therapy would be.

Further appointment on Friday, 20th October 2023 at 10am, Belmont Centre. Will send letter to confirm. Mr McClymont aware of supports in the meantime.

Psychological therapy summary report

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| | |
|---|---|
| 27-Jun-2023 10:30 | Telephone consultation (NHS GG&C Mental Health Services) YORDANOVA, Natalie (Associate Applied Psychology) |
| | Template: Psychological Therapies HEAT Target CT |
| Comment | Session 3 via telephone.<br>Agenda: review mood; continue assessment and discuss formulation based on background; treatment discussion<br>Mr McClymont begun by stating that he had a difficult week due to it being the anniversary of his son's death (25th June-10 year ago). He stated that he was walking around the graveyard looking at graves and thinking "That could've been me" (in the context of his recent hospitalisation). He stated that he has been struggling with low mood and flashback in the last week.<br>Mr McClymont spoke about some of the "random memories" that have been presenting |






| | |
|---|---|
| | themselves during the times where he felt low. He described being in a care home as a child, and the emotional and physical abuse he experienced when he was there. He stated that he has been able to talk to his wife about this recently and that he had also visited the site where the care home was.<br>We discussed how our past experiences can affect how our beliefs about ourselves, the world and other people develop. We discussed some of the examples Mr McC has shared so far in session regarding his upbringing and how that has potentially affected his beliefs that "The world is unpredictable/unsafe". This in turn has made him more vulnerable to experiencing the anxiety and worries he is experiencing now- worries that danger and something bad might happen to him at any moment. His current worries are specifically related to him dying. He is also more vigilant of any physical changes in his body.<br>We agreed to discuss the specific symptoms he is experiencing now and discuss potential treatment strategies to help him cope better with his symptoms.<br>He wants to work towards going out on his own more (experience less anxiety and fear), he wants to work on improving his physical health.<br>Plan: Discuss treatment plan<br>Next appt F2F @ Belmont 04/07/23 09:30.<br>Psychological therapy summary report |
| Additional | Follow-up outpatient appointment |
| 20-Jun-2023 10:35 | Face to face consultation (Belmont Centre) YORDANOVA, Natalie (Associate Applied Psychology) |
| | Template: Psychological Therapies HEAT Target CT |
| Comment | Session 2 assessment F2F @ Belmont centre. Mr McClymont arrived on time. He attended the appointment on his own.<br>Agenda: Feedback from last lesssion; discuss CBT and PTSD; Mr McClymont wished to talk about his background today.<br>Reports having a good weekend- went down to Blackpool with his wife. She is the main driver for activities and going outside of the house- if it was up to Mr McC, he would be staying in the house all the time.<br>Mr McClymont spoke about his childhood through describing specific memories. Dad was away working in Wales often; mum was looking after 8 children. He described, what he knows now, was sexual abuse by his aunt. His mother found out and he was sent for a resbite in a residential school for 12 weeks. He felt that since then, he was treated differently by his uncles. Mr McClymont also described numerious stints in residential care homes throughout the years- where he and his siblings will be taken away from home and put in residential homes. He could not recall why that was, however, beliefs it was perhaps his father was not around and mum might have been struggling to look after 8 children. He stated that his life started to go downhill from the age of 12. He also stated that he ended up robbing a local shop at the age of 15 to help his mother pay the rent. We agreed to put a stop on this chronology and discuss relevance to CBT model and current difficulties.<br>CBT familiarisation with longitudinal formulation (i.e. recent event, perpetual, how that was |

stop on this chronology and discuss relevance to CBT model and current difficulties.
CBT familiarisation with longitudinal formulation (i.e. recent event- appraisal- how that was affected by previous experiences and beliefs; current difficulties with emotions/feelings and behaviour). We discussed that last session we covered the most recent stressful experiences (i.e. hospital admission and previously working as concierge and witnessing violence/death) and how these ight have had an impact on Mr McClymont developing beliefs about the world (i.e. The world is unpredictable; Horrible things might happen at any moment). We discussed how these beliefs then in turn can affect Mr McClymont's current feelings and behaviour- he stated he feels on edge, anxious and he prefers to isolate and stay in the house.
I spoke to Mr McClymont about finishing my post in mid August and discussed increasing our sessions to weekly contact (mix of F2F and telephone), or working forthnightly with the potential of passing over his case to a colleague once I have finished. Mr McClymont was happy to try the weekly mix contact. We scheduled next appt to be telephone and continue.
Plan: Continue with background assessment- beneficial for Mr McClymont to talk about his past and increase awareness of how this is having an effect on his current difficulties; continue CBT formulation familiarisation.
Next appt 27/06/23 @ 10:30 via telephone.

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MCCLYMONT, Gavin (Mr)
Date of Birth: 18-Dec-1952

NHS GG&C Mental Health Services
CHI Number: 181 252 6490

hate to die on the street".
Mr McClymont is currently on 100mg Sertraline and reports this has been helpful. He had also benefited from sleeping tablets in the past- which have helped him get a nightmare-free sleep. In terms of risk, Mr McClymont denies suicidal thoughts. I advised him he could utilise CMHT Duty number if he is struggling.PHQ-9/GAD-7 completed.
Discussed brief PTSD psychoeducation and I gave Mr McClymont a leaflet expanding on this information to take home. Mr McClymont has insight into his current difficulties and is open to try therapy to help him manage these symptoms.
Goals: "Get back to how I was before hospital"- i.e. managing his mood/traumatic memories better.
Plan: Continue with assessment; PTSD formulation and discussion of treatment plan.
Next appt 20/06/23 @ 10:30 F2F Belmont. Appt letter will be sent.
Psychological therapy summary report

Examination — Suitable for psychological therapies
Suitability comments: TF-CBT

Procedure — Cognitive behavioural therapy

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# Inpatient prescription & administration record for
## Gavin McClymont (1812526490)
## Admission: 30/07/2023 => 01/08/2023

01:50
03/08/23

Patient Demographics

MCCLYMONT Gavin (1812526490)
DOB: 18/12/1952
10 Everard Quadrant, Glasgow,
Lanarksh,
G21 1XP

Admitted: 30/07/2023 09:00
Discharged: 01/08/2023 12:54

Transfer history
Admission *2023-07-30 09:00:00 R70 GRI WARD 70

Responsible Consultant history
Lizette Seaward 30/07/23 09:00

Allergy
Admission Allergy Check performed by:
Current recorded allergy (reaction): No Known Drug Allergies

[redacted]

**SERTRALINE 100 mg Tablets**

31/07/23 07:00 100 mg ONCE daily at 7am (Oral) — Elizabeth Evans

| | | | |
|---|---|---|---|
| 31/07/23 | 07:00 | Pamela Mitchell | Self Administers |
| 01/08/23 | 07:00 | Lorna McAvoy | Self Administers |

**SIMVASTATIN 40 mg Tablets**

30/07/23 22:00 40 mg ONCE daily at 10pm (Oral) — Elizabeth Evans

| | | | |
|---|---|---|---|
| 30/07/23 | 22:00 | Pamela Mitchell | Self Administers |
| 31/07/23 | 22:00 | Eleanor McBride | Self Administers |

Key: Prescription; Recorded as "Admitted On"; Recorded as "Self Administer"; Discontinuation; HEPMA Prescription; HEPMA Patient admission notes/admission specific; HEPMA Patient retained items not specific to admission

[redacted]

**ZOPICLONE 7.5 mg Tablets**

30/07/23 22:00 7.5 mg ONCE daily at 10pm (Oral) Elizabeth Evans

30/07/23 22:00 Pamela Mitchell Self Administers

[redacted]

**PROCHLORPERAZINE 3 mg Buccal Tablets** as required

31/07/23 13:47 3 mg every 12 hours (Buccal) FOR NAUSEA Adam Capek

Patient level notes [redacted]

**Protocol Information Unseen** added by **Francis Quinn** on 31/07/2023 at 13:48

Title: GRI Anaesthesia Major Surgery Generic

GRI Anaesthesia Major Surgery Generic

**PO/IV Paracetamol STAT dose** - If you have given a STAT dose of paracetamol please select **'Retrospective STAT order'** in the **'Order Entry'** tab and enter the time administered.

**PO Paracetamol** - Please adjust start time in the **'Order Entry'** tab to at least 4hours from PO/IV STAT dose if necessary.

Key: Prescription details | Recorded as "Administered On" | Recorded as "Self Administered" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient (retained notes (not specific to admission))



HEPMA MAR

| | | | | | | |
|---|---|---|---|---|---|---|
| 02/12/22 | 07:00 | 50 mg ONCE daily at 7am (Oral) | | | | Anne Devine |
| 02/12/22 | 07:00 | 02/12/2022 | 08:15 | Leah Mocombe | | |
| 03/12/22 | 07:00 | 03/12/2022 | 08:24 | Leah Mocombe | | |
| 04/12/22 | 07:00 | 04/12/2022 | 08:12 | Margaret Reynolds | | |
| 05/12/22 | 07:00 | 05/12/2022 | 08:15 | Victoria Graham | | |
| 06/12/22 | 07:00 | 06/12/2022 | 07:57 | Hepma Nurse4 | | |
| 07/12/22 | 07:00 | 07/12/2022 | 08:24 | Ilchan Emeka | | |
| 08/12/22 | 07:00 | | | Agnes Ndunda | Drug unavailable | |
| 09/12/22 | 07:00 | 09/12/2022 | 08:07 | Nissi Raji | | |
| 10/12/22 | 07:00 | 10/12/2022 | 08:39 | Rosie McNeil | | |
| 11/12/22 | 07:00 | 11/12/2022 | 10:16 | Alma Fernandez | | |
| 12/12/22 | 07:00 | 12/12/2022 | 08:07 | Alma Fernandez | | |
| 13/12/22 | 07:00 | 13/12/2022 | 08:02 | Alma Fernandez | | |
| 14/12/22 | 07:00 | 14/12/2022 | 08:43 | Alison Borland | | |
| 15/12/22 | 07:00 | 15/12/2022 | 08:58 | Natalie Elliott | | |
| 16/12/22 | 07:00 | 16/12/2022 | 09:03 | Nissi Raji | | |
| 17/12/22 | 07:00 | 17/12/2022 | 09:29 | Alison Borland | | |
| 18/12/22 | 07:00 | 18/12/2022 | 08:20 | Alison Borland | | |
| 19/12/22 | 07:00 | 19/12/2022 | 08:44 | Natalie Elliott | | |
| 20/12/22 | 07:00 | 20/12/2022 | 08:25 | Alison Borland | | |
| 21/12/22 | 07:00 | 21/12/2022 | 08:41 | Alison Borland | | |
| 22/12/22 | 07:00 | 22/12/2022 | 08:07 | Natalie Elliott | | |
| 23/12/22 | 07:00 | 23/12/2022 | 09:20 | Lesley-Ann Robertson | | |
| 24/12/22 | 07:00 | 24/12/2022 | 09:05 | Alison Borland | | |
| 25/12/22 | 07:00 | 25/12/2022 | 08:47 | Margaret Reynolds | | |
| 26/12/22 | 07:00 | 26/12/2022 | 08:52 | Vinitha Thomas | | |
| 27/12/22 | 07:00 | 27/12/2022 | 08:49 | Craig Anderson | | |

# EXHIBIT 3

Glasgow City HSCP
Health and Social Care Partnership

**Susanne Millar**
**Chief Officer**

Our Ref: NY
Job ID: 100343672
Date: 13/07/2023

**PRIVATE & CONFIDENTIAL**

Dr MJ Foley
Auchinairn Medical Practice
127/129 Auchinairn Road
Bishopbriggs
Glasgow
G64 1NF

Mental Health
North East Sector Offices / Belmont Centre
Stobhill Hospital
300 Balgrayhill Road
Glasgow
G21 3UR
0141 232 6660
www.nhsggc.org.uk

Dear Dr Foley

**Re: Gavin McClymont DOB: 18/12/1952 CHI: 1812526490**
**Address: 10 Everard Quadrant, Glasgow, Lanarkshire, G21 1XP**

Thank you for your referral of Mr McClymont to the North East Older People's Community Mental Health Team (NE-OPCMHT). I first met with Mr McClymont on 23rd May 2023 to assess suitability for psychological therapies in the context of behavioural change cited in your referral. I have now met with Mr McClymont on five occasions and we have completed assessment and formulation stage. Below is a summary of my input so far.

**Relevant background**
Mr McClymont spoke about his childhood, focusing on some of the adverse experiences which he believed to be relevant to what he is experiencing now. He was raised with his seven siblings, mainly by his mother, as his father was away working in Wales. He described suffering from sexual abuse by a family member, as well as spending a number of years in residential care homes throughout the years. He stated that he felt his life took a turn for the worst when he turned 12. He implied that he was involved in delinquent behaviours during his teenage years. As a consequence of these early experiences, it is highly likely that Mr McClymont's beliefs about the world and the other people might have been negatively affected. Furthermore, these experiences might have made him more vigilant and sensitive to perceiving surroundings and people as signs of danger or threat.

In later years, Mr McClymont worked as a concierge at a homeless accommodation where he witnessed a number of traumatic events. He was very graphic in recalling and describing the things he witnessed during his 20 years of working there. It was clear that his memories

NHS Greater Glasgow and Clyde

and images of these situations were vivid, however, he did not become distressed during these accounts.

He did, however, become tearful when speaking about losing his son to suicide in 2012. Mr McClymont received counselling after the death of his son which he reports as being helpful. He also mentioned that he suspected that his father also committed suicide. From assessment sessions, it was clear that Mr McClymont had experienced a number of traumatic events throughout his life, where he had face death both directly and indirectly.

**Precipitating factors**
Despite the numerous traumatic experiences, Mr McClymont stated that he was managing his wellbeing relatively well throughout the years. Unfortunately, a hospital experience that he had last year, had left an impact on his mental health. He suffered an infection whilst at hospital and became very unwell. He recalls thinking that he will die during that time.

**Current difficulties**
Mr McClymont reports experiencing low mood, flashbacks of past traumatic event, and anxiety and worries relating to dying. He describes feelings indicative of post-traumatic stress symptoms, such as feeling on edge, flashbacks/nightmares, negative thoughts, disrupted sleep, and avoidance behaviour. He worries that he might "suddenly die" or "something bad will happen", therefore is very hypervigilant to any changes in his physical body, as well as avoiding leaving the house on his own. He also reminiscences and feels guilt about past experiences, often questioning "Should I have done that?" or "If I had done X, then Y wouldn't have happened". It would appear that Mr McClymont's current difficulties are maintained by unhelpful beliefs about his past traumatic experiences, unprocessed memories, and avoidance behaviour.

In terms of risk, Mr McClymont denies any suicidal thoughts and does not report any history of such. Does not use illicit drugs, and is compliant with his currently prescribed Sertraline 100mg. No signs of formal thought disorder as observed, and memory appeared intact. The PHQ-9 and GAD-7 self-reported measures completed at our first appointment indicated severe low mood symptoms and moderate anxiety symptoms.

**Strengths and assets**
Mr McClymont has a very supportive wife, which he feels comfortable to confine in. He has already shown an ability to building a good therapeutic relationship by being open and honest. He shows potential to benefit from psychological therapy due to his self-awareness, and has already showed good understanding of the cognitive behavioural model, and appears motivated to engage in therapy.

Glasgow City HSCP
Health and Social Care Partnership

**Susanne Millar**
**Chief Officer**

**Treatment plan**
Mr McClymont's goals of therapy are to "get back to how I was before hospital", meaning he would like to manage his mood and challenge his negative beliefs about the traumatic experiences. We agreed to deploy a trauma informed Cognitive Behavioural approach to his difficulties. We are still in the yearly stages of therapy, currently focusing on post traumatic symptoms psychoeducation and understanding how they relate to his current difficulties.

I will be leaving my post soon and after having a discussion with Mr McClymont, we have agreed that he will continue working with one of my Clinical Psychologist colleagues. They will be in touch with you to update you of Mr McClymont progress in due course. In the meantime, please do not hesitate to contact NE-OPCMHT if you require any further information.

Yours sincerely

**Natalie Yordanova**
**Clinical Associate in Applied Psychology**

***Authorised on 13/07/2023 12:16:55 by Natalie Yordanova.***

**(D) Dr LM Coia**
**Auchinairn Medical Practice**
**127/129 Auchinairn Road**
**Bishopbriggs**
**Glasgow**
**G64 1NF**

## CLINICAL INFORMATION

### History of presenting complaint

**Presenting complaint**

Description: Behaviour change

Comment: Dear Colleague,

I would be grateful for your review of this 70 year old gentleman with behaviour change following a hospital admission last year.

He required an acute admission with abdominal pain eventually requiring a left ureteric stent due to partially obstructing ureteric calculi. He was discovered to be in atrial flutter and the cardiologist inserted a pacemaker. He was anticoagulated and placed on a number new medications. His stay was complicated by a cellulitis due to his cannula. There were a number of emergencies on the ward during his stay and he can recall his experience of witnessing these distressing events.

Since returning home he is having intrusive thoughts about his own mortality and death in general. He worked as a concierge in a high rise building previously. Over his years of service he encountered a number of deaths and dead bodies, some due to natural causes, others the victim of violent crime. He is now having flashbacks and images of these dead bodies.

He is afraid to leave the house at times and is worried he will drop down dead in the street. He is struggling to switch off at night and having difficulty sleeping.

I performed an MMSE and he scored 28/30. I have checked some routine bloods today but feel he has had a deterioration in his mental state. I am concerned he may have features suggestive of Post Traumatic Stress Disorder.

He has been long established on Sertraline for low mood. I have increased the dose of this today to 100mg daily. He is keen to engage with services and wants to stop these intrusive thoughts.

Many thanks for your input at this stage.

Yours sincerely,

DR M FOLEY

### Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

### Past medical history

**Pre-existing conditions** (High & medium priority - all)

| Description | Comment | Date of onset | Date recorded |
|---|---|---|---|
| Atrial flutter | - | 29-Dec-2022 | 29-Dec-2022 |
| Calculus of ureter (Left) | - | 29-Dec-2022 | 29-Dec-2022 |
| Atrial flutter | - | 20-Dec-2022 | 20-Dec-2022 |
| Renal calculus | CT scan | 30-Nov-2022 | 30-Nov-2022 |
| Atrial flutter | anticoag not commenced at this point | 30-Nov-2022 | 30-Nov-2022 |
| Abdominal aortic aneurysm without mention of rupture | - | 30-Mar-2019 | 30-Mar-2019 |
| Depressive disorder NEC | - | 23-Apr-2015 | 23-Apr-2015 |
| Osteoarthritis and allied disorders | - | 01-Apr-1999 | 01-Apr-1999 |
| Haematuria | - | 01-Sep-1995 | 01-Sep-1995 |
| Infections of kidney | - | 01-Sep-1995 | 01-Sep-1995 |
| Atopic dermatitis/eczema | - | 01-May-1993 | 01-May-1993 |
| Fracture of upper limb | - | 01-Apr-1985 | 01-Apr-1985 |

**Past procedures** (High and medium priority - all)

| Description | Comment | Date performed | Date recorded |
|---|---|---|---|
| Endoscopic insertion of ureteric stent (Left) | - | 30-Dec-2022 | 30-Dec-2022 |
| Implantation of cardiac pacemaker system NEC | - | 20-Dec-2022 | 20-Dec-2022 |
| Abdominal aortic aneurysm screening | abnormal | 30-Sep-2022 | 30-Sep-2022 |
| Abdominal aortic aneurysm screening | - | 30-Mar-2019 | 30-Mar-2019 |
| Primary prevention of ischaemic heart disease | - | 18-May-2015 | 18-May-2015 |
| Diagnostic cystoscopy | - | 01-Sep-1995 | 01-Sep-1995 |
| Incidental appendicectomy | - | 01-Oct-1982 | 01-Oct-1982 |

**Family conditions** (All priorities)

| Description | Comment | Date of Onset |
|---|---|---|

**Current medication** (Active Repeat medication issued within the last 12 months)

| Drug name | Quantity | Formulation | Dosage | Frequency | Date started | Date last issued |
|---|---|---|---|---|---|---|
| Tamsulosin Hydrochloride M/R capsules 400 micrograms | 56 | 56 CAPSULE | ONE TO BE TAKEN EACH DAY | - | 29-Dec-2022 | 03-Mar-2023 |
| Sotalol Hydrochloride Tablets 80 mg | 224 | 224 tablet | TWO TABLETS TWICE DAILY | - | 29-Dec-2022 | 03-Mar-2023 |
| Apixaban Tablets 5 mg | 112 | 112 TABLET | ONE TO BE TAKEN TWICE DAILY | - | 29-Dec-2022 | 03-Mar-2023 |
| Senna Tablets 7.5 mg | 60 | 60 tablet | TAKE TWO TABLETS AT NIGHT WHEN REQUIRED FOR CONSTIPATION | - | 29-Dec-2022 | 04-Jan-2023 |
| White Soft Paraffin And Liquid Paraffin Light Cream 13.2 % + 10.5 % | 500 | 500 gram | APPLY AS REQD | - | 06-Apr-2018 | 27-Oct-2022 |
| Simvastatin Tablets 40 mg | 56 | 56 TABLET | ONE TO BE TAKEN AT NIGHT | - | 18-May-2015 | 22-Mar-2023 |
| Omeprazole Capsules (Gastro-Resistant) 20 mg | 56 | 56 CAPS | 1 Cap Daily | - | 14-Jul-2010 | 22-Mar-2023 |

**Recent medication** (Any medication issued within last 90 days not shown above)

| Drug name | Quantity | Formulation | Dosage | Frequency | Date started | Date last issued |
|---|---|---|---|---|---|---|
| Zopiclone Tablets 7.5 mg | 14 | 14 tablet | ONE TO BE TAKEN AT NIGHT | - | 21-Apr-2023 | 21-Apr-2023 |
| Amoxicillin Capsules 500 mg | 15 | 15 CAPSULE | ONE TO BE TAKEN THREE TIMES A DAY FOR 5 DAYS | - | 21-Apr-2023 | 21-Apr-2023 |
| Sertraline Hydrochloride Tablets 100 mg | 56 | 56 TABLET | ONE TO BE TAKEN EACH DAY | - | 21-Apr-2023 | 21-Apr-2023 |
| Fludrocortisone Tablets 100 micrograms | 14 | 14 tablet | HALF A TABLET DAILY | - | 03-Mar-2023 | 03-Mar-2023 |
| Zopiclone Tablets 7.5 mg | 28 | 28 tablet | ONE TO BE TAKEN AT NIGHT | - | 21-Feb-2023 | 21-Feb-2023 |
| Zopiclone Tablets 7.5 mg | 7 | 7 TABLET | ONE TO BE TAKEN AT NIGHT | - | 11-Jan-2023 | 11-Jan-2023 |
| Folic Acid Tablets 5 mg | 28 | 28 tablet | ONE TO BE TAKEN EACH DAY | - | 29-Dec-2022 | 04-Jan-2023 |
| Sertraline Hydrochloride Tablets 50 mg | 56 | 56 TABLET | ONE TO BE TAKEN EACH DAY. ANNUAL REVIEW DUE SEPT 2022 | - | 28-Mar-2018 | 22-Mar-2023 |

**Blood Pressure**

| Date Recorded | Systolic | Diastolic |
|---|---|---|
| 21-Feb-2023 | 120 | 80 |
| 06-Apr-2018 | 130 | 70 |
| 27-Apr-2015 | 140 | 80 |
| 22-Mar-2007 | 130 | 75 |
| 22-Mar-2007 | 130 | 75 |

**Body Measurements**

| Date Recorded | Height | Weight | BMI |
|---|---|---|---|
| 22-Mar-2007 | 170 | 85 | - |

**Lifestyle Risks and Alerts / Examinations and Investigations**

| Description/Question | Result/Comment | Date |
|---|---|---|
| Cigarette smoker 10 Cigarettes/day : | | 16-Nov-2018 |
| Cigarette smoker, 10 Cigarettes/day: | | 27-Apr-2015 |
| Cigarette smoker, 10 Cigarettes/day: | | 27-Apr-2015 |
| Current smoker: | | 27-Apr-2015 |
| Current smoker: | | 29-Jan-2013 |
| Alcohol consumption, 10 units/week: | | 23-Apr-2015 |

Alcohol intake within recommended sensible limits: Disease: SPICE Basic Health Values, priority=2 22-Mar-2007
Light drinker - 1-2u/day: Alcohol Intake$$.clm - Repeat after an Interval 15-Jul-2003
Enjoys light exercise: Disease: SPICE Basic Health Values, priority=2 22-Mar-2007

**Clinical warnings**

**Additional Support Needs**
No known ASN requirements

**Additional relevant information**
Risk of Suicide:No
Past history of suicide attempt:No
Risk of deliberate self harm:No
Is patient responsible for children?:No
Risk to others including children/dependents/clinicians/other:No
Risk from others:No
Risk of Self Neglect:No
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

**Social circumstances**
Ethnic Origin: White Scottish

Signature of referring doctor (or other professional) Date

# SUPPORTING WITNESS STATEMENT OF ALICE MCCLYMONT ON BEHALF OF GAVIN MCCLYMONT

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Application to The Scottish Redress Scheme

Applicant: Mr Gavin McClymont

Applicants Date of Birth: 18 December 1952

Application Reference: APP220327

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## Personal Information

1. My name is Alice McClymont. I am Gavin McClymont's wife.
2. Me and Gavin have been married for 53 years, but we have known each other for 56.
3. I support my husband every day.

## Knowledge of the Abuse

4. I first became aware of my husband's experience of abuse during his childhood and of him being in care after 15 years of marriage in 1988.
5. I found this out as I was going to leave my husband because the abuse I was receiving.
6. This is when my husband told me about the abuse he had been victim off and how it was still affecting him.
7. I am unaware of the full depth of the abuse he received but I do know it can't have been nice for him, he struggles to open up fully to anyone, even still now.
8. My husband has spoken to me about what had happened, but he finds it very difficult as he has always been an introvert, unsociable and a bit loner.
9. Gavin is happy to just stay in the house most of the time.
10. He has been emotional about what happened, I didn't know why I was being abused, it felt like I was paying for whatever these people did.

11. It has made me resentful as if I knew earlier I could have gotten him help sooner or had a better understanding.
12. If I knew earlier our marriage could have been so different.

**Changes I Have Observed**

13. I have noticed many emotional and behavioural difficulties from my husband.
14. Gavin was always worse after having a drink of alcohol. He would be emotionally reserved until he drank and the abuse would follow.
15. I would run out of the house due to the physical abuse.
16. We had 2 small children at the time to.
17. He can be very irritable and angry at times and it's because he's coping with aggression and intimidation.
18. He is very emotional these days.
19. I try to get him to speak to me about his feelings but he always says "I'm fine".
20. Gavin would experience nightmares and 'lash out' at me, hit me in his sleep.
21. He has broken numerous lamps from the bedside from this as well.

**Day-to-Day Impact**

22. The abuse has caused an effect on his daily life. He would prefer to stay at home.
23. He will only consider leaving the house if I am with him.
24. He struggles with ordinary activities.
25. He could sit in the house 24 hours a day 7 days a week if he wanted to.
26. I have always worked, I think as an escape from his abuse mainly.
27. My husband couldn't keep a job when he was younger, he would argue with someone at work and just walk out.
28. He did hold a job for 30+ years, but money was never dealt with by him. I was always in charge of the money; it is the only thing we wouldn't argue about.

29. Something that triggers him is telling him he is wrong. I think this could stem from his time in care.
30. He can be intimidating after a drink, and he acts strange with people.
31. When he gets triggered, he does copes with aggression and intimidation now.
32. He won't speak about his emotions.
33. In the 53 years of our marriage, I have only seen him smile a handful of times but never a true smile.
34. He has been getting more emotional and has shown this through crying, but I never saw a tear in his eyes until 2012 when we lost our son Scott.
35. He still does not like to show any vulnerability, and I don't think this would ever change.

**Impact on Relationships and Family Life**

36. The trauma he endured has had a detrimental effect on our relationship.
37. He abused me for years.
38. I would go to work black and blue, and my children would see me like this.
39. He would say I made him do it.
40. I tried to leave him, but I didn't.
41. I feel like I am always walking on eggshells.
42. It has massively affected his ability to communicate affection and intimacy.
43. I have to force him to show some sort of affection to our eldest son.
44. We sleep in separate bedrooms now.
45. He can become angry and be difficult to reassure.
46. He can sometimes show this through aggression.
47. He was never bad to the children, but he was bad to me and the children saw this.
48. He would be intimidating towards them, but he would never hit them.
49. He did show a lot of affection to Scott, our sone, before he died but he blames our eldest for his death.

50. He does have a close bond with his Grandson (Scott's son).
51. I think the children do hold resentment towards him and think they turned to drugs because they were scared of him as they knew how bad he could get.

**Support I Provide**

52. My husband requires support every single day.
53. He needs me to be there for him.
54. He would keep me in the house with him all day everyday if he could.
55. I truly believe if I were to leave him he would end his own life.
56. I think he would take a load of tablets or drink until he died.
57. I could never have that on my conscience.
58. His past abuse during childhood has affected all of his life.
59. He only has one friend and rarely sees him.
60. Moneywise he is okay but he is tighter now. Not in a bad way but he doesn't buy anything unless I confirm it is okay to buy.
61. He has low confidence in himself.
62. He won't go shopping by himself, he gets me to choose his clothes for him.
63. He will avoid opportunities or activities due to low self-esteem and confidence.
64. He has always had poor mental health. He did try counselling but stopped.
65. He was also taking anti-depressants, but these also stopped.
66. I prefer when he was on them as they kept him calmer and more zen.

**Impact on me**

67. Living with and supporting him through all of this has had a major impact on my life.
68. I would go to work with bruises all over. My face would be black and blue.
69. I always felt I was walking on eggshells around him and still do to this day.
70. He doesn't smile and doesn't want to do anything with me.
71. We lost Scott to drugs.

72. We don't speak to our daughter.
73. I feel like I am just existing in this marriage and I am just waiting to die.
74. I have attempted to take my own life twice.
75. It always causes me worry and stress.
76. If he has a drink I always run up the stairs to bed. It triggers me.
77. If he puts his hand on my arm, I freeze and tell him to remove his hand from me. It triggers me massively.
78. We sleep in separate rooms due to his lashing out during a nightmare.
79. The most difficult part about supporting my husband has always been the abuse I endured.
80. I can't trust him or his apologies because of what I was put through. I think I developed aggressive tendencies from him.

**Overall impact**

81. The historical abuse the claimant endured has always and will always have an effect on his life.
82. It has affected his social life, our marriage, his relationship with his siblings.
83. It is sad, he would not have anyone if he did not have me.
84. The abuse touched and tainted every aspect of his life.
85. I truly believe if the abuse did not occur, he would have had a better life in the sense that he would have been much more open. He would have cared more about his parents, he hates them.
86. He would have had a stronger bond with his siblings and a lot more friendships in his life.
87. 74 years of life and he has only ever had one true friend.
88. He would not have been as vulnerable and most importantly, our marriage would have been more sustainable.
89. He would have been more loving and affectionate.

90. I cannot name one particular incident that would best demonstrate the lasting impact of his abuse.
91. Everyday with him has been a misery because of what he went through. He has always been an uncaring and numb person.
92. I met him when I was 14 years old and he has never cared about anything.
93. I do think he cares about me, but I cannot forget the abuse.
94. I cannot forgive his apologies because I don't believe they are sincere. I feel like if he was sorry it would have stopped sooner, all the hurt would have stopped.

**Statement of Truth**

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

**Name:** Mrs Alice McClymont

**Signed:** A McClymont

**Dated:** 17/07/2026

MMA

LEGAL

14 July 2026

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

**Dear Sir/Madam,**

**By email/post: Email**
**Our Ref: 100207**
**Re: Scottish Redress Application - Mr Gavin McClymont**
**DOB: 18 December 1952**
**Application Reference: APP220327**

We act on behalf of Mr Gavin McClymont in respect of their application to the Scottish Redress Scheme.

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

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

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

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

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

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

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

**Account Name:** MMA Legal Limited Collection
**Bank:** Metro Bank
**Sort Code:** 23-05-80
**Account Number:** 45635503
**Payment Reference:** 100207 - Mr G McClymont

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

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

Yours Faithfully
Jay Taylor

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

MMA

LEGAL

**Scottish Redress / Redress Scotland**

Re: Mr Gavin McClymont
Date of Birth: 18 December 1952
Scottish Redress Application Reference: APP220327
Our Reference: 100207

**Client Authority**

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

Signed: Gavin McClymont (Jul 14, 2026 15:13:50 GMT+1)

Name: G.mcclymont

Date: 14/07/2026