Person Centred Care Plan

Full Name:	Mr Stephen Kearins	Preferred Name:	Stephen	DOB:	18-Feb-1979	CHI:	180 279 6037

For care planning in conjunction with patient and/or carers, their needs will align with the below themes.
Please identified these themes by writing their number(s) above each identified need the patient required support with.
THEMES **1.** Physical, **2.** Mental & Psychological, **3.** Substance/Alcohol Use **4.** Social, **5.** Legislation/Legal Aspects of Care, **6.** Spiritual

Date, Name & Designation	Identified Need (including review frequency)	Person Centred Goal/idea of recovery	Family/Carer Views	Person Centred Interventions	Date ended
11/11/25 William Lappin RMN	**Theme(s) covered:** 72 hour assessment Stephen has been admitted to AAU this evening following concerns from himself and family about his recent suicide attempt and voicing of further attempts to harm himself. He has attempted suicide once on the 7/11/25 with ingestion of co-codamol in attempt to overdose. This lead to assessment from CRS service and attendance to crown house where he agreed to admission on informal basis. **Review Frequency: 72 hours**	Stephen indicated that being in hospital and engaging with doctors and staff is what he needs in his life. He expressed that he has bottled up what is in his head and lead to the events of the previous week. He voiced that not using Benzodiazepines or Opioids is key to his recovery and that they not be used in his treatment at any point. He voiced his aunt and uncle to be integral to his recovery process and values their support in this process. Though expressed some negative thoughts about his initial CRS assessment he remained open to community input in the future.	Family have expressed the same thoughts in regards to Stephen. They expressed concern over him harming himself and expressed during conversation that Stephen appeared lighter and was making jokes that they hadn't seen in a while. That the ward environment had in the short period appeared to have helped and expressed that he was where he needed to be for his mental health.	Formulate care plans involving Stephen in 72 hours time. Encourage Stephen to engage in 1:1 conversations with named nurses and staff on shift. Stephen to be assessed by consultant and reviewed for medication. Nil time out at current-has recently given up smoking and have advised of smoking cessation services. Outstanding admission documentation of urine sample and crisis management plan to be completed. Daily NEWS2 monitoring. Liaise with family with Stephen's consent. Maintenance of a safe environment, hourly environmental checks.	

	Theme(s) covered: **Review Frequency:**				
	Theme(s) covered: **Review Frequency:**				
	Theme(s) covered: **Review Frequency:**				

Reviews

The identified needs and interventions will be reviewed, where possible, by the named nurse and in partnership with the patient/carers to assess for continued relevance and to record interventions that have ended or been added as required.
An entry in the chronological account of care will record that a care plan review has been completed.

Review Date	Reviewer	Summary of progress (including patient/carer view)

Mr Stephen Kearins (180 279 6037)

Person Centred Care Planning
Quick Guide

Identified Need

- Consider each of the themes identified on the template and within the guidance (which also has examples). Using the assessment information, does the patient have a need within that theme?
- At the bottom of the Identified Need, document how often that need is to be reviewed. Each need may have a different review frequency.
- New needs can be added in a care progress and other needs may resolve and so should be ended with a date of when it stopped

Person Centred Goal/idea of recovery

- Ask your patient what their goal is in relation to their identified need, what is 'recovery' for them? Document if none given.
- Patient involvement, please record here if patient is unwilling/unable to engage in care plan and the reason why.

Family/Carer Views

- Family and carer input offers valuable personal information to assist in the delivery of safe and person-centred care. This may be suggestions on what has helped to support the patient currently or in the past e.g., Joe likes to take his tablets with juice rather than water. Please record reason if no family/carers have been involved.

Person Centred Interventions

- These will be a mix of steps that staff will take to support patient with their identified need and actions that the patient, and if applicable, carers will take also.
- What are their preferences within this need? E.g. they would like a quiet room when experiencing hallucinations, no PRN medication. They want staff to visit in their own clothes, not their uniform.

Reviews

- These are set times for staff to sit with their patient (or family/carers if relevant) to go through each identified need and all interventions, assess progress and if anything needs to be added/removed.

Link to further guidance on Sharepoint (Ctrl + Click to follow the link):

Person Centred Care Planning Quick Guide

Person Centred Care Planning Guidance Document

Health & Social Care Partnership
Chief Officer: Kate Rocks

Inverclyde Community Response Service
Inverclyde Community Mental Health Team
Crown House
30 King Street
GREENOCK
PA15 1NL
Tel: 01475 558000

Our Ref: KED
1802796037

Date: 11th November 2025

PRIVATE AND CONFIDENTIAL

Mr Stephen Kearins
Flat 0-2
13 Murray Street
GREENOCK
PA16 7EQ

Dear Mr Kearins,

The Community Response Service (CRS) have attempted to contact you by telephone without success therefore I am writing to offer you an appointment with CRS as detailed below:

Date: Wednesday 12th November 2025

Time: 1300

Location: Crown House

Your assessment will be carried out by 2 Crisis Practitioners who are registered Mental Health Nurses.

Upon receipt of this letter:

Please contact Karen, CRS Secretary on 01475 558000 to confirm your attendance at this appointment or to rearrange if this date and or time is unsuitable.

Noted below are contact details for services you may contact should you require additional support.

…/

My App: My mental health
Web address: https://rightdecisions.scot.nhs.uk/myapp-my-mental-health/

NHS inform
Web address: https://www.nhsinform.scot/symptoms-and-self-help/self-help-guides

Glasgow Wellbeing
Web Address: https://www.wellbeing-glasgow.org.uk/self-help

Yours sincerely,

Secretary
Community Response Service

Encl: Inverclyde Community Mental Health Services Leaflet
Cc: Dr Cairns, General Practitioner, Ardgowan Medical Practice

Health & Social Care Partnership
Chief Officer: Kate Rocks

Inverclyde Community Response Service
Inverclyde Community Mental Health Team
Crown House
30 King Street
GREENOCK
PA15 1NL
Tel: 01475 558000

Our Ref: CH/KED
1802796037

Date: 11th November 2025

PRIVATE AND CONFIDENTIAL

Dr Kearins
GENERAL PRACTITIONER
Ardgowan Medical Practice
2 Finnart Street
GREENOCK
PA16 8HW

Dear Dr Cairns,

Re: Stephen Kearins DoB: 18/02/79 CHI: 1802796037
Address: Flat 0/2, 13 Murray Street, Greenock PA16 7EQ

Mr Kearins was referred to the Community Response Service (CRS) on 10th November 2025 following impulsive overdose and subsequent medical input from Inverclyde Royal Hospital (IRH). Mr Kearins was assessed by CRS and agreed to support within the community and a safety plan, with a further review appointment scheduled for 11th November 2025.

Mr Kearins did not attend this appointment. CRS attempted to contact Mr Kearins and his next of kin, without success. CRS were then contacted by A&E, IRH to advise that Mr Kearins had presented at A&E today with increased suicidal ideation and thoughts to enter the river.

Mr Kearins was agreeable to attending Crown House for an additional appointment and assessment of his mental health needs. Mr Kearins was supported to this appointment on 11th November 2025 by his Aunt and Uncle. He expressed ongoing suicidal ideation and was unable to contract to a safety plan. Due to ongoing suicidal ideation and increased risk, CRS discussed this plan of care with his the Consultant Psychiatrist, who agreed to offer informal admission to AAU, Langhill Clinic. Mr Kearins was agreeable to admission and has subsequently been discharged from Community services.

…/

I have enclosed a copy of the SBAR and CRAFT Risk Assessment for your attention/records.

If you have any queries relating to the outcome of assessment or subsequent psychiatric hospital admission, please contact Crown House on 01475-558000 or AAU, Langhill Clinic on 01475-504424.

Yours sincerely,

Claire Houston
Crisis Practitioner
Community Response Service

Encl: SBAR & CRAFT Risk Assessment

NHS Greater Glasgow & Clyde – Mental Health Services

Discharge Information

Name of Hospital:	Hospital Tel No:	Ward Discharged From:	
AAU Langhill Clinic	01475504424	12/11/2025	
Discharge Date:	Discharged against medical advice:		No
12/11/2025	If Yes, give details:		

Confirm patient has received Crisis Card	No
Have the relapse triggers/early warning signs been discussed and recorded? If Yes, please attach the form	No

Resource Centre:			
	Name	Phone Number	Contact Details
Consultant	Dr Hart		
CPN	No		
AHP	No		
Care Manager	No		
GP	Dr Cairns	01475 888155	
Named Person	No		
Principle Carer	No		

Follow Up Arrangements

	Date	Time	Venue		Date	Time	Venue
CRS	13/11/2025	15.30	Crown house	Psychology			
CPN				AHP			
Social Worker				Dietician			

Stephen Kearins

180 279 6037

Medication (if appropriate)

Clozapine Prescribed	No	Date Bloods Due	
Depot Medication Prescribed	No	Date Next Due	
Changes to medication regime since admission	No		
Medical Alerts (allergies including foodstuffs, medication, lotions and cleansers etc.			
none			

Diagnosis:	Legal Status at Time of Discharge:		Care Programming Approach:
none	informal		No
	Date Applied:		

Precipitating Factors Leading to Admission:
Suicidal ideation and OD
Presenting Symptoms on Admission:
24 hour period in hospital, help seeking behaviours on admission
Care Plan/Intervention:
Nill declined to stay in for a period of assessment
Summary of Safety Assessment:
Nill completed declined to stay in for a period of assessment
Immediate Care Needs on Discharge:
CRS follow up on discharge

Staff Signature:	J Aird	Date:	13/11/2025

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

JOHN MCPHERSONArdgowan Medical Practice,2 Finnart Street,Greenock, PA16 8HW

Main Switchboard:
Date of Completion: 13-Nov-2025

Dear JOHN MCPHERSON,

Name	CHI	DoB	Address
Stephen Kearins	**1802796037**	**18-Feb-1979**	**3g Kilmory Terrace, Port Glasgow, Renfrewshire, PA14 5PF**

Admitted	Type	Discharged	Destination
11-Nov-2025 19:00	IP	12-Nov-2025	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
Psychiatry	Hart	Langhill Clinic Adult Acute Unit G1	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Marta Corti (7928313 - CT3) on 12 Nov 2025 14:59

Legal Status: Informal

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
There is no data to display.							

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Reason for admission and progress: 46M admitted to medical ward at IRH for treatment on 7/11/25 following an intentional overdose of paracetamol with the view of ending life. Required NAC infusion. Discharged from hospital with CRS input. Reported ongoing suicidal ideation and drove himself to the waterfront with the intent to end his life. He was later reviewed by Dr Hart on the ward. Benefits of staying on the ward and leaving were discussed, with Stephen ultimately choosing to leave. He declined any medication, more specifically, he declined any Diazepam. Changes to medication: Nil. Not on any medication. Actions for GP: Nil.
Discharge Comments:	
Follow Up:	Yes With CRS
Results Awaited:	No

Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

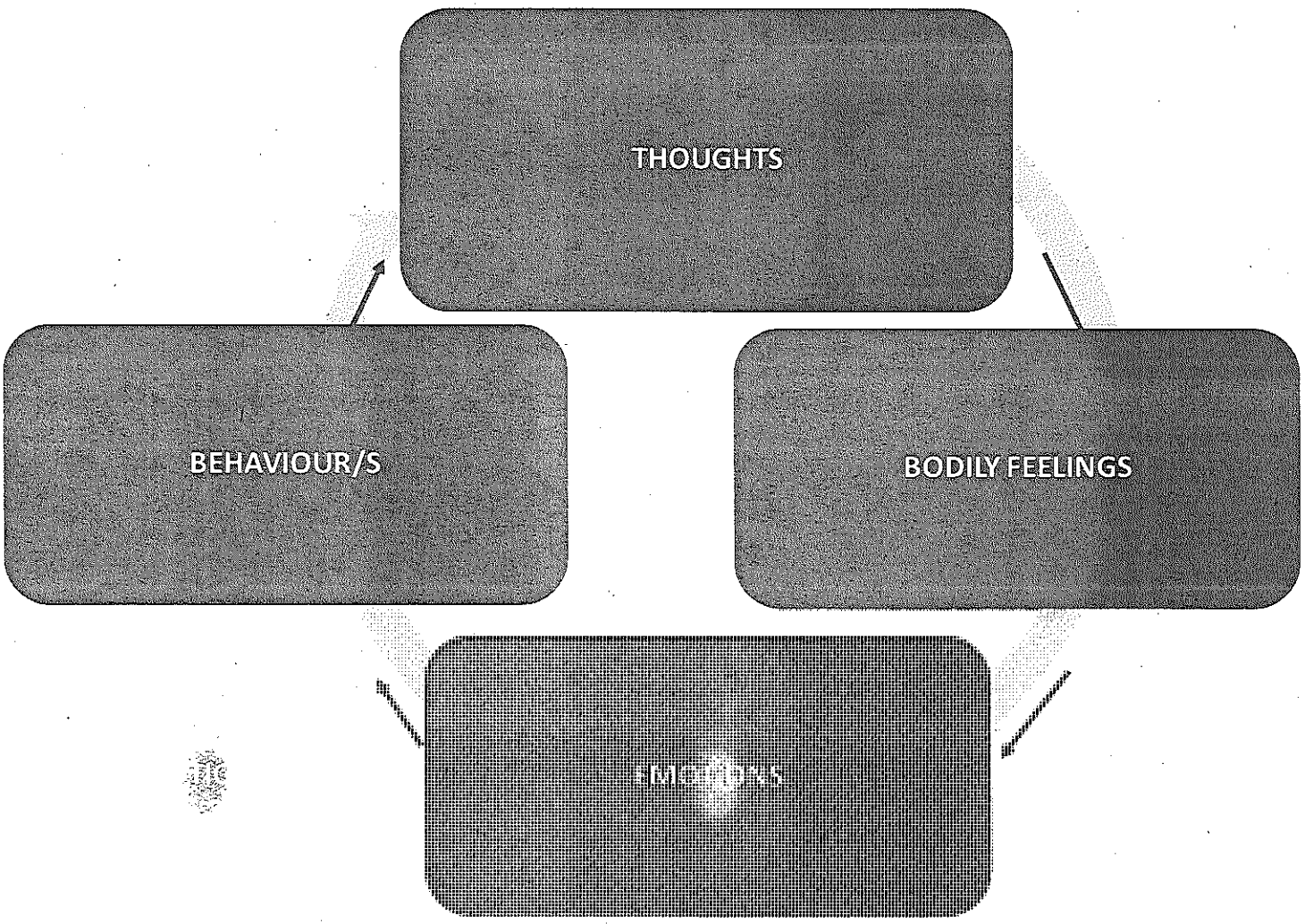
Marta CORTI

Prescription Review
Discharged by: Laura BRYAN (staff nurse)

S · KEARNS
180279 6037
AAU ·

BASIC FORMULATION AND CRISIS MANAGEMENT PLAN

SITUATION



S. KEARINS
180279 6037. AA4.

MY CRISIS MANAGEMENT PLAN

Information for me	Information for staff	Things I would want staff to do that may help me when I am in a crisis:
Positive things I can do when I am in a crisis: SEEK HELP AND SPEAK TO OTHERS DOGS GOING FOR A DRIVE	**My difficulties as I see them now:** BREAKDOWN OF RELATIONSHIP	**Practical help in a crisis:** SPEAK TO ME DISCUSSED OT.
Things that have NOT been helpful when I have been faced with crises in the past: 30+ YEARS CANNABIS USE	**Details of any current treatment/support from health professionals:** SAMH – STILL IN CONTACT – WORKER CALLED [redacted]	**I would like copies of this crisis plan to go to:** me, my whole clinical team xxx) CLINICAL TEAM
	Situations that can lead to a crisis: SEEING MY PARTNER NOT SEEING MY DOGS	
Specific things I DON'T want to happen during a crisis: DON'T WANT TO HAVE THOUGHTS OF OVERDOSE.		

CHI 180 279 6037

Stephen **Kearins**
Flat 0/2
13 Murray Street
Greenock
Inverclyde
PA16 7EQ

NEWS 2 Key | 1 | 2 | 3

Date	1/11	11/11	12/11		
Time	11.00	18 00	09 45		
A + B Respirations Breaths/min				≥25	3
				21-24	2
	•	18	17	12-20	0
				9-11	1
				≤8	3
A + B SpO2 Scale 1 Oxygen saturation (%)	97	96	97	≥96	0
				94-95	1
				92-93	2
				≤91	3
SpO2 Scale 2 Oxygen saturation (%) Use Scale 2 if target range is 88-92% e.g. in chronic hypercapnic respiratory failure				≥97 on O2	3
				95-96% on O2	2
				93-94% on O2	1
				≥93 on air	0
				88-92	0
Only use scale 2 under direction of qualified clinician				86-87	1
				84-85	2
				≤83	3
Air or oxygen?	A	A	A	Air (A) or O2 device'	0
				O2 L/min 2	2
C Blood Pressure mmHg (Score uses systolic BP only)				≥220	3
				201–219	0
				181–200	0
		141		161–180	0
			157	141–160	0
				121–140	0
				111–120	0
		109		101–110	1
			100	91–100	2
				81–90	3
				71–80	3
				61–70	3
				51–60	3
				≤50	3
C Pulse Beats / min				≥131	3
				121-130	2
				111-120	2
				101-110	1
				91-100	1
				81-90	0
	•			71-80	0
		58		61-70	0

Abbreviations for recording oxygen device

A	Room Air
N	Nasal Cannulae
SM	Simple Mask
V	Venturi Mask and % eg. V24
NIV	Non Invasive Ventilation
IV	Invasive Ventilation
T	Tracheostomy
CP	CPAP Mask
HFN	High Flow Nasal Oxygen
NEB	Nebuliser
RM	Reservoir Mask (Emergency use only)

31-40	3		
≤30	3		

D	Example	1	2
Any changes in neuro response, do GCS. Immediate medical review. Check Blood Glucose. Think Delirium.	•		A

Level	Score
A Alert	0
C New Confusion	3
V Verbal	3
P Pressure	3
U Unresponsive	3

E Temperature	Example	1	2
≥39 (2)			
38.1-39.0 (1)			
37.1-38.0 (0)			
36.1-37.0 (0)	•	36.3	36.4
35.1-36.0 (1)			
≤35.0 (3)			
NEWS Total	0	0	0

	Example	1	2
Blood glucose	7.0		/
Pain / function score	OA		/
Time Pt last passed urine	10.20		AM
Fluid balance chart indicated Y/N	N		N
GCS indicated Y/N	N		N
Time NEWS due	23.00		13/11
Escalation of care Y / N	N		N
Initials	AB		OC STN

NEWS > 4 THINK SEPSIS
Apply SEPSIS 6 within 1 hour

1. [illegible]
2. [illegible]
3. [illegible]
4. [illegible]
5. [illegible]
6. [illegible]

Think ACE

A Actions: Working diagnosis (consider SEPSIS). Consider frequency of observations. Management plan. Set review time. Document.

C Communicate: Inform nurse of plan. Inform senior medic if necessary. Document the discussion.

E Escalate: Document the treatment escalation plan. Should include need for next level of care & consideration of resuscitation status.

Affix Patient ID

Pressure Ulcer Daily Risk Assessment (PUDRA)

NHS Greater Glasgow and Clyde

CHI 180 279 6037
Stephen Kearins
Flat 0/2
13 Murray Street
Greenock
Inverclyde
PA16 7EQ

Hospital:	Points to consider:
Ward:	• Use within 8 hrs of admission to care area • Re-assess daily and more frequently if a person's condition changes

Pressure damage	No RISK ↓	At RISK ↓	Grade 1 – non blanching skin Grade 2,3,4, suspected deep tissue injury (SDTI), ungradable pressure ulcer, Moisture Associate Skin Damage (MASD) ↓	Device Related Pressure Damage i.e. nasogastric, catheters, oxygen tubing ↓
YOU MUST CHECK SKIN at pressure points	Daily skin check	4 hourly positioning Complete SSKINS care plan (Overleaf)	2 hourly positioning with skin checks, Complete SSKINS care plan (overleaf)	All devices need a SSKINS care plan (overleaf)

1	PressureDamage	Does the person have Pressure damage; Grade 1, 2, 3, 4, SDTI, Ungradable?
2	Mobility	Does the person require assistance to mobilise or change position?
3	Continence	Does the person have moisture issues, or, continence issues with urine and/or faeces?
4	Nutrition	Does the person appear malnourished and/or unable to eat or drink?
5	Skin	Is skin compromised by any other source, e.g. medical devices; neurological deficit; surgery; medication; co-morbidities?
6	Judgement	In your clinical judgement, is this person at risk of developing pressure damage?

Date	Location of pressure damage	Grade of ulcer	Date	Location of pressure damage	Grade of ulcer
/ /			/ /		
/ /			/ /		
/ /			/ /		

If NO to all questions, continue Care Rounds Prescribed as assessed for individual need and re-assess daily.
If you have answered YES to any of the questions above, please complete the SSKINS care plan overleaf.

Date	Time	Pressure Damage	Mobility	Continence	Nutrition	Skin Compromised	Clinical Judgement	Check Skin	Signature
11/11/25	18:25	N	N	N	N	N	N	24 hrly	Alison Graham (STN)
12/11/25	7:25	N	N	N	N	N	N	24 hrly	F. Copeland (SN)
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	
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/ /	:							hrly	

Health & Social Care Partnership
Chief Officer: Kate Rocks

Inverclyde Community Response Service
Inverclyde Community Mental Health Team
Crown House
30 King Street
GREENOCK
PA15 1NL
Tel: 01475 558000

Our Ref: KED
1802796037

Date: 17th November 2025

PRIVATE AND CONFIDENTIAL

Mr Stephen Kearins
3g Kilmory Terrace
PORT GLASGOW
PA14 5PF

Dear Mr Kearins,

I am writing to offer you a further appointment with the Community Response Service (CRS) as detailed below:

Date: Tuesday 18th November 2025

Time: 1.30pm

Location: Crown House

Your assessment will be carried out by 2 Crisis Practitioners who are registered Mental Health Nurses.

Upon receipt of this letter:

Please contact Karen, CRS Secretary on 01475 558000 to confirm your attendance at this appointment or to rearrange if this date and or time is unsuitable.

Noted below are contact details for services you may contact should you require additional support.

My App: My mental health
Web address: https://rightdecisions.scot.nhs.uk/myapp-my-mental-health/

NHS inform
Web address: https://www.nhsinform.scot/symptoms-and-self-help/self-help-guides

Glasgow Wellbeing
Web Address: https://www.wellbeing-glasgow.org.uk/self-help

Yours sincerely,

Secretary
Community Response Service

Cc: Dr McPherson, General Practitioner, Ardgowan Medical Practice

Outlook

KEARINS, Stephen (Mr) 180 279 6037 px please

From Brian Hart (NHS Greater Glasgow and Clyde) [redacted]
Date Thu 13/11/2025 17:36
To gp86177clinical (Ardgowan Medical Practice) <ggc.gp86177clinical@nhs.scot>
Cc Lauren Jardine (NHS Greater Glasgow and Clyde) [redacted] Leeanne Mccrystal (NHS Greater Glasgow and Clyde) [redacted]

PLEASE PX MIRTAZIPINE 30 MGS AT NIGHT

Dear Colleagues, as you may be aware Stephen has been enduring a particularly tumultuous mental state in recent weeks with all of the bitterness and regret of a lifetime seemingly brought to immediate prominence in his thinking by the recent departure of his girlfriend with their dogs.

In short order he was admitted after an overdose, discharged to the follow up of the crisis team, readmitted after seeming to have travelled to the water's edge with dark intentions and then discharged the next day against medical advice out of discomfort at the ward's resemblance to the jail and his testy inability to take even the most well-intentioned anodynes as somehow slighting or taking insufficient account of his feelings.

Happily, he seemed rather more able to gather the reins of his feelings when talking to the crisis team today than he had been when I saw him on the ward prior to his taking his own discharge yesterday.

Stephen is warrantedly concerned that he might relapse back into drug use and initially unwilling to consider psychotropic medication in any terms. However, as far as his more productive contact with the crisis team went today, he was willing to consider options and as eating and sleeping poor I suggested Mirtazapine as above.

For the moment Stephen continues in follow up with the crisis team. I wouldn't see a role for psychiatric services beyond that, the scenario ultimately a reflection of a relationship breakdown, regardless of the wider resonance that his feelings might have acquired in the moment. Even as the purveyor a direct and unmediated personal style Stephen retains the ability to take abn equal role in his care and take advantage of well-intentioned supports and I would not see a role for readmission or use of the mental health act

Dr Brian Hart
Consultant Psychiatrist
Crown House

01475 558000
[redacted]

Our Ref: BH/LJ
Job ID: 100853201
Date Dictated:
Date Typed: 14/11/2025

PRIVATE & CONFIDENTIAL

Dr J McPherson
Ardgowan Medical Practice
2 Finnart Street
Greenock
PA16 8HW

Acute Assessment Unit (AAU)
Langhill Clinic
Inverclyde Royal Hospital
Larkfield Road
Greenock
PA16 0XN
Tel: 01475 504424
www.nhsggc.org.uk

Dear Dr McPherson,

Re: Stephen Kearins DOB: 18/02/1979 CHI: 1802796037
Address: Flat 0/2 13 Murray Street, Greenock, Inverclyde, PA16 7EQ

*Necessary sections included in SIGN guidelines

***Admitting hospital and ward/ transfers**	AAU Langhill Clinic.
***Date of admission**	11/11/2025.
***Date of discharge**	12/11/2025.
***Diagnosis(es) and ICD-11 Code(s)**	
***Legal status on discharge**	Informal.
POA/ Guardianship (note if POA active)	
***Medication on discharge** (must check against IDL)	None.
***Medication changes during admission**	None.
***Medications stopped (and reason)**	None.
***Follow up arrangements**	CRS.

***Requests for Primary Care:**	
Social Work Input/ Package of Care	

Stephen has been enduring a particularly tumultuous mental state in recent weeks with all of the bitterness and regret of a lifetime seemingly brought to immediate prominence in his thinking by the recent departure of his girlfriend with their dogs.

In short order he was admitted after an overdose, discharged to the follow up of the crisis team, readmitted after seeming to have travelled to the water's edge with dark intentions and then discharged the next day against medical advice out of discomfort at the ward's resemblance to the jail and his testy inability to take even the most well-intentioned anodynes as somehow slighting or taking insufficient account of his feelings.

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Name: Dr Brian Hart,
Consultant Psychiatrist ----------

Date: 14/11/25 ----------

RMO checked and signed: ----------

Yours sincerely

Dr Brian Hart
Locum Consultant Psychiatrist
Authorised on 20/11/2025 14:20:34 by Dr Brian Hart.

Pat Togher
Chief Officer

Our Ref: mhau
Job ID: 100876197
Date Dictated:
Date Typed: 19/12/2025

PRIVATE & CONFIDENTIAL

Dr J McPherson
Ardgowan Medical Practice
2 Finnart Street
Greenock
PA16 8HW

Mental Health
McLeod Centre
Leverndale Hospital
510 Crookston Road
Glasgow
G53 7TU
0141 211 6627 EXT: 46627
www.nhsggc.org.uk

Dear Dr McPherson,

RE: Stephen Kearins DOB: 18/02/1979 CHI: 1802796037
Address: Flat 0-2 13 Murray Street, Inverclyde, PA16 7EQ

CHI No:	**1802796037**	**Date:**	19/12/25
Surname:	**Kearins**	**Date of Birth:**	**18/02/1979**
First Name:	**Stephen**	**Gender:**	M
Address & Post Code:	**Flat 0-2 13 Murray Street, Inverclyde, PA16 7EQ**		
Phone No:	Patient Home Telephone**077533 11884** Patient Mobile Telephone	**07753311884Legal Status (MHA, AWI, Guardianship):**	none
Ethnicity:	Ethnic Origin white	**Nationality:**	scottish
Consent to sharing info:	yes		

Communication needs:	Alternative correspondence format nil
Next of Kin / Carer contact details:	*Carer contact details listed below:* *Nil provided*

Professional contacts summary

Alerts *(history of violence, offending history)*
Alerts for offending and confrontational behaviours. Has spent repeated periods in custody he says mainly due to car crimes, but he has been incarcerated for violent acts. No violent or aggressive behaviours today.
Reason for referral *(referrer's reason[s] for requesting assessment)*
GP referral from Ardgowan Medical Practice. Stephen had presented reporting worsening thoughts and psychomotor agitation which has become exacerbated since discharge from CRS. GP had reported suicidal thoughts. He was deemed safe for self transport to MHAU. Arrived at 1625.
Reason for attendance *(Description of individuals main concerns, their perceptions of difficulties and hopes from the service)*
Seen at mhau by David Russell and Ashley Stephens. Presented as distressed agitated and seeking help. He states that his mood has deteriorated since being commenced on mirtazapine 30mg. He recognises that he has been feeling low since prior to his overdoses a month ago. However after a brief respite when he commenced on his antidepressant, he states that he has experienced only agitation and anxiety. He stopped taking street valium following his overdoses. He states that he has urges to buy alcohol despite never being a drinker. He noted that his cannabis consumption has increased with him smoking what he would normally in a months ie 1/2 ounce. He feels no benefit. He has told his aunt that he will not try and end his life. Hence he is seeking help. He describes afeeling of unease and wanting to scream. He is unable to sleep, unable to eat and only feels calm when he is in his car. He has not went back to work since his overdose.
Psychiatric history *(previous/ongoing mental health problems, diagnoses and interventions, via GP or mental health services, and their impact; h/o self harm/attempted suicide; previous admission/detentions)*

Spent extensive periods in prison in his 20s for mainly car theft. He admits to more recent spells in jail which were nor reported in previous BAT. Sexual assault in prison and reported attempted suicides by driving his car into a tree. Attempted hanging in prison. Long history of poly drug use including addiction to heroin and longstanding street valium use. Previous contacts with addictions. Admitted to Langhill, but took own discharge and was referred into CRS. Commenced on Mirtazapine 30mg at this time.				
Current medication details as given by individual *(prescribed, over-the-counter, complementary, drug allergies)*				
Medication	**Dose**	**Frequency**	**Duration**	**Response**
Mirtazapine	30mg	nocte	4 weeks	feels increased agitation which he blames soley on his medication
Allergies:				
Dispensing frequency:		**Medication concordance:**		
Any children/ dependents under the age of 18?				
	Child 1	**Child 2**	**Child 3**	**Child 4**
Name				
Age				

Address if different:				
Child protection concerns/agencies involved:				

Impact of mental health on parenting and/or potential risk to children:	
He mentioned 2 children with a previous partner who he does not have access to.	
Description of functioning before current difficulties:	
Longstanding issues with addictions and episodes of suicidal ideation. He has attempted suicide by hanging in prison and crashing his car into a tree.	
Substance use: *(caffeine, alcohol, tobacco, non-prescribed drugs, novel psychoactive substances)*	
Pattern of current use	Reports incresed use of cannabis, he has smoked 1/2 ounce over 3 days which he says he has done to avoid purchasing alcohol or street valium - thhe latter being his go to.
Impact on individual	Recent overdose of street valium. He preports normally taking a couple with no dependency issues. Cannabis has increased dramatically in the past few days.
Previous history	History of poly drug use, including what he describes as weaning himself from a ten-year addiction to heroin, use of recreational drug use
Mental State Examination:	
Appearance	Kempt and wearing hoodie and jeans which appeared to be too big for him. he states that he is normally a 30 inch waist, but due to recent weight loss his trousers are no longer fitting him.
Behaviour	Agitated, ill at ease but settled somewhat during the assessment. Jerking movements throughout and shaking legs.
Mood & Affect	Reports that he feels constantly at ill ease. Sleep has been 'nonexistent' since discharge from hospital, and he is no longer able to eat any diet. He can only manage to drink fluids. Describes a tightness in his chest which doesn't go away. He feels that it has been present since commencing mirtazapine. Despite this he has not missed any doses or attempted to stop.

Speech	Normal RRT.
Thought form	No thought disorder, ideas logical and linear.
Thought content	Spoke about the apparent paradoxical reaction to his medication and how it is having marked impact on his mood and life.
Perceptions	Nil altered perceptions
Cognition	Intact and orientated.
Insight	Appears to retain decision-making capacity.

Carers / Next of Kin / others views, concerns and expectations from services
No contact with any family, no contacts offered.
Additional notes:
change of address from that on BAT

Summary

Name: Stephen Kearins	**CHI:** 1802796037
Summary of assessment *(Key findings, relevant negatives, initial formulation considering predisposing, precipitating, perpetuating and protective factors)*	
Seen at MHAU. No suicidal ideation. Experiencing extreme thoughts and anxiety which he believes began with being commenced on Mirtazapine 30mg. Keen to stop. No recent illicit benzo use, increased cannabis used to stimulate appetite, encourage sleep and alleviate agitation. Feels uneasy wherever he is with the exception of his car.	

Previous recent overdose was after his girlfriend left him with no warning. He feels unhappy in his present accommodation and wants to move back to Glasgow. Has thoughts of drinking alcohol - which he has never done in the past. Struggled with mood issues since he lost his brother around this time of year and cites november to january as being difficult. Not working but remains solvent. Seeks help with anxiety and sleep, but has expressed his reluctance to use benzos.			
Overall impression of risk *(CRAFT to be completed separately)*			
No overt risk of harm to self at point of assessment. Worsening anxiety.			
Immediate actions *(including information provided)*			
Referral back to CRS for immediate follow up and prescribed take home zopiclone 4x7.5mg Worsening advice to contact services over the weekends.			
Outcome of MDT discussion/ Treatment plan *(including follow up arrangements if relevant)*			
Primary Diagnosis:	Anxiety and worsening mood		
Any additional diagnoses:			
Suitable for psychological therapies (Y/N):			
Name:	David Russell	**Designation:**	SUCN
Signature:		**Date:**	19/12/25

Yours sincerely

Authorised on 19/12/2025 19:28:59 by David Russell.

Health & Social Care Partnership
Chief Officer: Kate Rocks

Inverclyde Community Response Service
Inverclyde Community Mental Health Team
Crown House
30 King Street
GREENOCK
PA15 1NL
Tel: 01475 558000

Our Ref:LMcC/KED
1802796037

Date: 1st December 2025

PRIVATE AND CONFIDENTIAL

Dr McPherson
GENERAL PRACTITIONER
Ardgowan Medical Practice
2 Finnart Street
GREENOCK
PA16 8HW

Dear Dr McPherson,

Re: Stephen Kearins DoB: 18/02/79 CHI: 1802796037
Address: 3G, Kilmory Terrace, Port Glasgow PA14 5PF

The aforementioned gentleman was referred to the Community Response Service (CRS) from AAU, Langhill Clinic on 12th November 2025 for a period of post hospital discharge support.

CRS assessed Mr Kearins and from assessment it was evident that Mr Kearins was struggling with mood and sleep disturbance. CRS liaised with Dr Hart, Consultant Psychiatrist who suggested prescribing Mirtazapine which has been commenced and appears to be tolerated well.

Mr Kearins is engaging with Mind Mosaic and plans to engage with The Anchor.

Mr Kearins's mental state appears to have stabilised and his care is now transferred back to his GP.

I have enclosed a copy of the CRAFT Risk Assessment and SBAR for your attention/records.

Should you wish to discuss this further please do not hesitate to contact CRS on the above number.

…/

Yours sincerely,

Leeanne McCrystal
Senior Crisis Practitioner
Community Response Service

Encl: CRAFT Risk Assessment & SBAR

NHS Greater Glasgow and Clyde

MHAU REFERRAL FORM			
Referral Date:	19.12.25	**Time:**	1540
Referral taken by:	Ashley Stephen		
Referrer Name:	Dr Struthers	**Contact Number:**	
Organisation:	Ardgowan medical	**Shoulder No:**	
		Incident No:	
Patient Name:	Mr Stephen Kearins		
DOB:	18-Feb-1979	**CHI:**	180 279 6037
Address:	Flat 0-2, 13 Murray Street, Greenock, Inverclyde, PA16 7EQ	**Postcode:**	PA16 7EQ

Is the patient detained under Section 297 of the Mental Health Act?	Yes	☐	No	☐
Mental Health Triage and Risk Assessment Tool Completed (ED only)	Yes	☐	No	☐
Do you wish to receive feedback following the completion of the MHAU assessment? (ED/ GP only)	Yes	☐	No	☐
If delay in responding, has an update been provided?	Yes	☐	No	☐

Mode of transportation to the MHAU:	
Is the patient under arrest?	Yes ☐ No ☐

Presenting Complaint:

agitation. suicidal ideation

Is the patient reported to be intoxicated?	**Yes**	☐	**Comment**	
	No	☐		

Contact Type	**Telephone**	☐	**Face to face**	☐	**Information/ Advice only**	☐	
Allocated Nurse:	A.stephen D.Russell				**Time of call back:**	1530	
Time arrived at MHAU/ED:	1625	**Time assessment commenced:**	1650		**Time left MHAU/ED:**	1800	
Completed by:	r.wilson		**Date:**	19/12/2025	**Time:**	1830	

NHS Greater Glasgow & Clyde
Mental Health Services

REQUEST TO PRESCRIBE MEDICATION

Health and Social Care Partnership
Crown House
30 King Street
Greenock
PA15 1NL

Tel: 01475 558000

Dear Dr

Date: 22/12/25

Patient:	**CHI:**
Stephen Kearns	180 279 6037

Your above named patient has been seen at the duty/outpatient clinic today.

Would you please prescribe:

☑ Urgent (within 48 hours) (*phone practice prior to emailing confirmation)	☐ Routine (Prescription available 48 hours following request)
Mirtazapine 15mg nocte	
Diazepam 2mg PRN upto BD for 2 weeks	

☐ This medication is in addition to/is an amendment to the patient's current regime.

☐ This medication replaces:

Which the patient is currently taking and which should now be stopped.

A detailed letter will follow.

Yours sincerely

Dr Sabete Ishieka
Locum Specialty Doctor in Psychiatry

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC MH Assessment Unit Protocol - Glasgow

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Leverndale Hospital MHAU
GGC MH Assessment Unit

— **Consultant / receiving practitioner** and/or **specialty clinic**

Mental Health Assessment Units GG&C
SCI Gateway Virtual Location code

— **Hospital** and **hospital address**

Hospital location code.
G151G

Email address
-

Urgency of referral	Urgent - same day - telephone duty person		
Date of referral	19-Dec-2025	**Date sent**	19-Dec-2025

PATIENT DETAILS

Surname	Kearins
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	18-Feb-1979
CHI no.	1802796037
Area of Residence	-

Patient's address

Flat 0.2
13 Murray Street
GREENOCK
Inverclyde
PA16 7EQ

Contact number(s)

Voice: 0775 3311 884

1010385808145 Unique Care Pathway Number: 1010385808145

REGISTERED GP DETAILS

Name	Dr John McPherson		
GMC code	4314190	GP code	37168
Practice name	Ardgowan Medical Practice		
Practice code	86177		

Practice address

Ardgowan Medical Practice
2 Finnart Street
Greenock
PA16 8HW

Contact number(s)

Voice: 01475 888155
[redacted]

REFERRING GP DETAILS

Name	Dr. Alison Struthers		
GMC code	6053865	GP code	35467
Practice name	Ardgowan Medical Practice (86177)		
Practice code	86177		

Practice address

2 Finnart Street
Greenock
PA16 8HW

Contact number(s)

Voice: 01475 888155

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Agitation, low mood, suicidal thoughts

Comment: Thnak you for assessing this 46yrold male who presented today looking for mental health support. He was admitted to IRH in November following a tablet OD and then was following up by the CRS and has now been discharged. For the past 2 weeks he has been taking 30mg mirtazapine daily but has felt worse on this. Mood remains low and empty, he feels very agitated outwith his own home but safe within his car, he feels tearful, he can't sleep and has been unable to eat for last 2 weeks only managing tea and toast due to globus sensation. Last ngiht he felt suicidal and before he could form a plan his auntie phoned and distracted him. He lives alone, has no close family and friends. His auntie has only made contact for the first time in 30yr since his hospital admission. He denies any alcohol and admits to cannabis use at night.

o/e He looked kemp. He was able to maintain good EC but was very anxious and fidgety. His mood seemed low but reactive. There was no evidence of delusional thinking or suicidal ideation.

Please assess to r/v re significant anxiety and recent suicidal thoughts.

Oe

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
Overdose of drug	Mixed	10-Nov-2025	10-Nov-2025
Gastritis unspecified	-	19-Mar-2022	19-Mar-2022
[D]Chest pain, unspecified	-	25-Jun-2019	25-Jun-2019
Motor vehicle traffic accidents (MVTA)	-	25-Jun-2019	25-Jun-2019
Mechanical low back pain	-	07-Mar-2019	07-Mar-2019
Drug dependence	hx diazepam, cannabis and heroin	18-Mar-2015	18-Mar-2015
Inguinal hernia	mesh repair	14-Aug-2006	14-Aug-2006
Asthma	-	30-Dec-1996	30-Dec-1996
Umbilical hernia	spontaneously resolved	13-May-1981	13-May-1981
Birth asphyxia	required intobutation	12-Mar-1979	12-Mar-1979

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Propranolol Hydrochloride Tablets 40 mg	84	84 tablet	ONE TO BE TAKEN THREE TIMES A DAY PRN	-	24-Oct-2022	24-Apr-2025
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 capsule	ONE TO BE TAKEN EACH DAY	-	24-Oct-2022	24-Apr-2025
Diclofenac Sodium M/R capsules 75 mg	56	56 capsule	1 Cap morning and night	-	24-Oct-2022	24-Apr-2025
Sertraline Hydrochloride Tablets 50 mg	56	56 tablet	ONE TO BE TAKEN EACH DAY	-	24-Oct-2022	24-Apr-2025

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Mirtazapine Tablets 30 mg	56	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	14-Nov-2025	14-Nov-2025

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Risk of Suicide:Yes

If yes to Risk of Suicide, please give details:Suicidal thoughts again last night, not active at present but remains low

Past history of suicide attempt:Yes
If yes to Past history of suicide attempt, please give details:recent admission IRH following tablet OD
Risk of deliberate self harm:Yes
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

Signature of referring doctor (or other professional) **Date**

NHS Greater Glasgow and Clyde

MHAU REFERRAL FORM			
Referral Date:	11/11/2025	**Time:**	1448
Referral taken by:	r.wilson		
Referrer Name:	Dr Tom	**Contact Number:**	04721
Organisation:	IRH	**Shoulder No:**	
		Incident No:	
Patient Name:	Mr Stephen Kearins		
DOB:	18-Feb-1979	**CHI:**	180 279 6037
Address:	Flat 0/2, 13 Murray Street, Greenock, Inverclyde, PA16 7EQ	**Postcode:**	PA16 7EQ

Is the patient detained under Section 297 of the Mental Health Act?	Yes	☐	No	☐
Mental Health Triage and Risk Assessment Tool Completed (ED only)	Yes	☐	No	☐
Do you wish to receive feedback following the completion of the MHAU assessment? (ED/ GP only)	Yes	☐	No	☐
If delay in responding, has an update been provided?	Yes	☐	No	☐
Mode of transportation to the MHAU:				
Is the patient under arrest?	Yes	☐	No	☐

Presenting Complaint:

Thoughts of suicide, took himself to water and almost jumped but aunt calling stopped him.

Is the patient reported to be intoxicated?	**Yes**	☐	**Comment**	
	No	☐		

Contact Type	**Telephone**	☐	**Face to face**	☐	**Information/ Advice only**	☐	
Allocated Nurse:	n/a				**Time of call back:**	n/a	
Time arrived at MHAU/ED:	n/a	**Time assessment commenced:**			**Time left MHAU/ED:**	n/a	
Completed by:	r.wilson		**Date:**	11/11/2025	**Time:**	1500	

Health & Social Care Partnership
Chief Officer: Kate Rocks

Our Ref: RO'B/LJG/1802796037

Date: 12th January 2026

Inverclyde Community Response Service
Inverclyde Community Mental Health Team
Crown House
30 King Street
GREENOCK
PA15 1NL
Tel: 01475 558000

Private & Confidential

Dr Struthers
Ardgowan Medical Practice
2 Finnart Street
GREENOCK
PA16 8HW

Dear Dr Struthers

MR STEPEHEN KEARINS, CHI: 1802796037
D.O.B: 18/02/1979

As you may be aware, Mr Kearins was referred to the Community Response Service (CRS) on 19th December 2025 from the Mental Health Assessment Unit at Leverndale due to suicidal ideation.

Mr Kearins was assessed by CRS on 20th December 2025 and he engaged fully in the assessment process. Following assessment and a period of support by CRS, there has been a stability in Mr Kearins mental state. Mr Kearins was reviewed by speciality Doctor Ishieka who prescribed him Diazepam 2mg for 2 weeks. Mr Kearins advised this has been very beneficial and wishes to continue with this prescription until the end of January 2026. Mr Kearins stated his grandads 10 year anniversary is in January so this is a hard time for him. However, Mr Kearins has requested help from yourself in order to slowly stop taking the Diazepam 2mg. CRS staff advised Mr Kearins they would pass this information on to you.

Mr Kearins was accepting of discharge from CRS at this time. He has a 7 day opt in where he can self-refer back to CRS. Mr Kearins has been referred to Your Voice where he has a planned appointment on Friday 9th January 2026. Mr Kearins also plans to attend Mind Mosaic.

Please find attached SBAR and CRAFT Risk Assessment for your information/records. Should you have any worries or concerns, please do not hesitate to contact CRS at Crown House.

Yours sincerely

Rachel O'Brien
Crisis Practitioner

Encs.

Stephen Kearins
180279
20/12/25.

Adapted ASSIST-Lite drug, alcohol and tobacco screening tool for mental health settings

Alcohol, Smoking and Substance Involvement Screening Tool Lite (ASSIST-Lite) is an alcohol, tobacco, cannabis, stimulants, sedatives, opioids and psychoactive substances screening tool. It has been modified and licensed for use in health and social care settings in the UK and included in the mental health services dataset.[1] There is a version of this tool adapted for health and social care settings. Permission to use this copyrighted tool must be secured by following NHS Digital processes.[2]

Tobacco	**Scoring**		**Your score**
	0	**1**	
1. Are you currently a tobacco smoker?	Non-smoker	Smoker	1

Alcohol	**Scoring**					**Your score**
	0	**1**	**2**	**3**	**4**	
2. How often do you have a drink containing alcohol? If never, skip to question 5	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 times or more per week	0
3. How many units of alcohol do you drink on a typical day when you are drinking? [3]	0 to 2	3 to 4	5 to 6	7 to 9	10 or more	0
4. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? [3]	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	0
					Total alcohol score	0

Cannabis **In the last three months:**	**Scoring**		**Your score**
	0	**1**	
5. Did you use cannabis? If no, skip to question 8.	No	Yes	1
6. Have you had a strong desire or urge to use cannabis at least once a week or more often?	No	Yes	1
7. Has anyone expressed concern about your use of cannabis?	No	Yes	1
		Total cannabis score	3

Stimulants **In the last three months:**	**Scoring**		**Your score**
	0	**1**	
8. Did you use an amphetamine-type stimulant, or cocaine, or a stimulant medication not as prescribed? If no, skip to question 11. Including, for example, cocaine (powder or crack), crystal methamphetamine, speed and ecstasy/MDMA	No	Yes	0
9. Did you use a stimulant at least once each week or more often?	No	Yes	0

10. Has anyone expressed concern about your use of a stimulant?	No	Yes	0
Total stimulants score			0
Sedatives **In the last three months:**	**Scoring** **0**	**1**	**Your score**
11. Did you use a sedative or sleeping medication not as prescribed including street benzodiazepines? If no, skip to question 14. Including, for example, diazepam (Valium), flunitrazepam (Rohypnol), temazepam, Z-drugs and street benzodiazepines (for example alprazolam, etizolam and flualprazolam)	No	Yes	0
12. Have you had a strong desire or urge to use a sedative or sleeping medication at least once a week or more often?	No	Yes	0
13. Has anyone expressed concern about your use of a sedative or sleeping medication?	No	Yes	0
Total sedatives score			0
Opioids **In the last three months:**	**Scoring** **0**	**1**	**Your score**
14. Did you use a street opioid, or an opioid-containing medication not as prescribed? If no, skip to question 17. For example, street opioids such as heroin, or opioid-containing medication such as codeine, methadone, buprenorphine, morphine or tramadol	No	Yes	0
15. Have you tried and failed to control, cut down or stop using an opioid?	No	Yes	0
16. Has anyone expressed concern about your use of an opioid?	No	Yes	0
Total opioids score			0
Other substances **In the last three months:**	**Scoring** **0**	**1**	**Your score**
17. Did you use any other psychoactive substance? (including use of prescribed medications not as prescribed) This might include: • cathinones (for example mephedrone and 'Monkey Dust') • gabapentinoids (for example gabapentin (Neurontin) and pregabalin (Lyrica) • GHB/GBL • hallucinogens (for example LSD/acid, mushrooms and DMT) • ketamine • new psychoactive substances (NPS), such as synthetic cannabinoids (also known as Spice or Mamba) • volatile substances such as glue, gas, aerosols or solvents (for example nitrous oxide)	No	Yes	0
18. What did you take?	(Not scored)		
Total other substances score			0

Scoring and actions

Smoking

Score	Risk	Actions
0	**Non smoker**	No indicated action
1	**Smoker**	Deliver Very Brief Advice (VBA)[4] by following these steps: • give the patient VBA on smoking • actively refer to stop smoking support[5] and provide access to stop smoking medications • record whether the patient accepted the referral and whether the referral was made

Alcohol CAUTION: Patients should seek medical advice and specialist assessment before they stop drinking if they have physical withdrawal symptoms (like shaking, sweating or feeling anxious until you have your first drink of the day). It can be dangerous to stop drinking too quickly without proper support.

Score	Risk	Actions
0-4	**Low risk**	No indicated action
5-7	**Increasing risk**	• deliver alcohol brief advice[6] • if time permits complete remaining Alcohol Use Disorders Identification Test (AUDIT)[7] questions (Q4-10) to obtain full AUDIT score and use this score to guide action • complete full AUDIT at next review
8-10	**Higher risk**	• deliver alcohol brief advice[6] • deliver further assessment within mental health service including remaining AUDIT[7] questions (Q4-10) to obtain full AUDIT score and use this score to guide action • consider treatment intervention in mental health team • offer or actively refer for test to diagnose cirrhosis or advanced liver fibrosis • complete full AUDIT at next review
11-12	**Possible dependence**	• deliver further assessment within mental health service including remaining AUDIT[7] questions (Q4-10) to obtain full AUDIT score and use this score to guide action • consider treatment intervention in mental health team or active referral to a specialist alcohol service[8] • offer or actively refer for test to diagnose cirrhosis or advanced liver fibrosis • complete full AUDIT at next review

Cannabis

Score	Risk	Actions
0	**No cannabis use**	No indicated action
1	**Increasing risk**	• deliver cannabis brief advice[10] and complete ASSIST-Lite at next review
2	**Higher risk**	
3	**High risk**	• deliver further assessment within mental health service • consider treatment intervention in mental health team or active referral to a specialist drug service[8] • complete ASSIST-Lite at next review

Stimulants		
Score	**Risk**	**Actions**
0	**No stimulant use**	No indicated action
1	**Increasing risk**	• deliver brief advice[9] and complete ASSIST-Lite at next review
2	**Higher risk**	**crack cocaine use:** • deliver further assessment within mental health service • consider treatment intervention in mental health team or active referral to a specialist drug service[8] • complete ASSIST-Lite at next review **non-crack cocaine use:** deliver brief advice[9] and complete ASSIST-Lite at next review
3	**High risk**	• deliver further assessment within mental health service • consider treatment intervention in mental health team or active referral to a specialist drug service[8] • complete ASSIST-Lite at next review

Sedatives	CAUTION: Prescription drugs that may be used not as prescribed should not be stopped suddenly and should only be withdrawn following a comprehensive assessment and with an agreed plan.	
Score	**Risk**	**Actions**
0	**No sedative use**	No indicated action
1	**Increasing risk**	• deliver brief advice[9] and complete ASSIST-Lite at next review
2	**Higher risk**	
3	**High risk**	• deliver further assessment within mental health service • consult with the prescribing agency (misused prescribed medicines) or specialist drug treatment service (illicit drugs or medicines) • consider treatment intervention within mental health team or active referral into specialist drug service[8] • complete ASSIST-Lite at next review

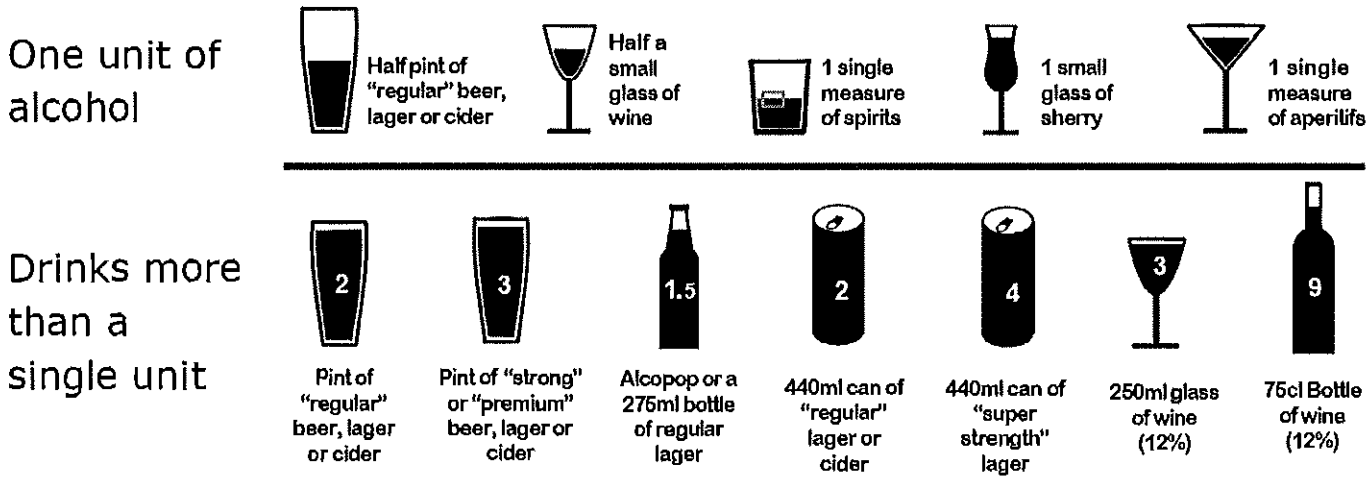
Opioids	CAUTION: Stopping opioid use suddenly in an unplanned way increases the risk of unpleasant withdrawals, loss of tolerance and overdose. Opioids should only be withdrawn following a comprehensive assessment and with an agreed plan.	
Score	**Risk**	**Actions**
0	**No opioid use**	No indicated action
1	**Increasing risk**	• deliver brief advice[9] and complete ASSIST-Lite at next review
2	**Higher risk**	**Street opioid use:** • deliver further assessment within mental health service • consult with the prescribing agency (misused prescribed medicines) or specialist drug treatment service (illicit drugs or medicines) • consider active referral into specialist drug service[8] • complete ASSIST-Lite at next review **Opioid-containing medication misuse:** deliver brief advice[9] and complete ASSIST-Lite at next review
3	**High risk**	• deliver further assessment within mental health service • consult with the prescribing agency (misused prescribed medicines) or specialist drug treatment service (illicit drugs or medicines) • consider active referral into specialist drug service[8] • complete ASSIST-Lite at next review

Any other psychoactive substance use or prescribed medicines misuse		
Score	**Risk**	**Actions**
0	**No other drug use**	No indicated action
1	**Any other drug use**	• deliver brief advice[9] and further assessment within mental health service and: - where use is low frequency, dose and/or risk, consider treatment intervention in mental health team - where use is high frequency, dose and/or risk, consider treatment intervention in mental health team or active referral to a specialist drug treatment service[8] • complete ASSIST-Lite at next review

[1] This version includes the alcohol use disorders identification test consumption (AUDIT C).

[2] digital.nhs.uk/services/national-clinical-content-repository-copyright-licensing-service

[3] Alcohol unit guide:



[4] Short training videos on VBA are available at: elearning.ncsct.co.uk/vba-launch

[5] NHS Better Health will help you to find local stop smoking services. Visit: nhs.uk/better-health/quit-smoking/find-your-local-stop-smoking-service/

[6] The NHS alcohol brief advice tool will help you to deliver brief advice on alcohol. It is available at: bit.ly/3cqPPRC

[7] The AUDIT tool will help you to identify health risk from alcohol consumption. It is available at: gov.uk/government/publications/alcohol-use-screening-tests

[8] The FRANK drug and alcohol service directory will help you to find local alcohol and drug services. It is available at: talktofrank.com/get-help/find-support-near-you

[9] FRANK is a free drug advice service, available 24 hours a day online, by phone, by email and by text message. Visit: talktofrank.com/

[10] The cannabis health check-up tool can help you to structure cannabis brief advice. It is available at: bit.ly/2QBIJBa

NORTH WEST PRIMARY CARE MENTAL HEALTH TEAM

Full Name: STEPHEN KEARINS		Date of Referral: 10/09/18	
Date of Birth: 18.02.79	CHI: 1802796037		
Date of PiMS Check:	PiMS Record:	YES	NO
Location of Casenotes:			
Full Address (including postcode):	FLAT 22D (NEW ADDRESS) 171 WYNDFORD ROAD MARYHILL G20 8DY		
Consent to send correspondence to this address:		YES	NO
GP Name:	(UNSURE)		
GP Practice:	BARCLAY MEDICAL PRACTICE		
Contact Details:			
Mobile Number:	07753 311884		
Home:			
Consent to contact by phone:		YES ✓	NO
Consent to leave a message:		YES ✓	NO
Consent to send text message:		YES ✓	NO

ACTION	STANDARD LETTERS
☐ Face to face assessment	☐ Opt-in
☐ Telephone call-back	☐ GP referral - CAT involvement
☐ Redirect to:	☐ Self referral - other service involved
Screening Outcome:	Waiting List:
First Call:	
Second Call:	

Demographic Information:

This helps us to ensure we deliver our services fairly, equally and appropriately to all of the people of North West Glasgow will use this information to help us to improve our services in the future. We are required to ask for this information, however, do not have to answer if you're not comfortable.

Marital Status:

Single ☐	Married ☐	Divorced ☐	Co-habiting ☐
Widowed ☐	Separated ☐	Civil Partnership ☐	
Rather not say ☐			

Ethnic Origin:

White ☐	Scottish ☐	English ☐	Irish ☐
	Welsh ☐	Other (specify) ☐	
Asian ☐	Indian ☐	Bangladeshi ☐	Pakistani ☐
	Chinese ☐	Other (specify) ☐	
Black ☐	Caribbean ☐	African ☐	Other (specify) ☐
Mixed - Any other background (specify) ☐			
Rather not say ☐			

Disability Status:

Are you registered disabled?	YES	NO
Do you consider yourself to have a disability?	YES	NO
If yes, please specify:-		

Sexual Orientation:

Gay / Lesbian ☐	Bi-sexual ☐	Straight / Heterosexual ☐
Unsure ☐	Rather not say ☐	

Employment Status:

Student ☐	Volunteer ☐	Unemployed ☐
Employed ☐	Retired ☐	Other (specify): ☐
Working - currently on sick leave ☐		

Involvement with other services:

Social Work ☐	Probation/ legal services ☐	Addictions ☐
Housing ☐	Any other Services including Mental Health(specify) ☐	

Additional Information:

CALL - BACK SUMMARY

Presenting Problem

Safety and Risk Factors Identified (to self and/or others)

Carer Responsibilities

Name	Age	Address	Open to Social Work	

Alcohol and Drug Use

Medication

Medication	Dose	Notes

Other Relevant Information

Hopes / Needs in seeking help

Outcome

Assessment / Advice Only ☐	Relaxation Group ☐
Signposting	1:1 CBT ☐
CBT in action course ☐	1:1 Psychology ☐
Guided Self-Help ☐	1:1 Person Centred Counselling ☐
Behavioural Activation Group ☐	Sleep Group ☐
Transfer to	Face to Face Assessment ☐

Rationale

Name of Clinician:

Signature:	Date:

Chief Officer
David Williams
MA (Hons) CQSW

North West Primary Care Mental Health Team
The Sandy Road Centre
12 Sandy Road
Partick, G11 6HE

Telephone: 0141 232 9270

www.glasgow.gov.uk
www.nhsggc.org.uk

Our Ref: KM/DL/1802796037
Typed: 14th September 2018

Private and Confidential

Dr Spence
Maryhill Health & Care Centre
51 Gairbraid Avenue
Glasgow
G20 8FB

Dear Dr Spence,

Re: Stephen Kearins D.O.B(18/02/79) CHI: 1802796037
Flat 22D, 171 Wyndford Road, Glasgow, G20 8DY

We have recently received a self-referral to our service from the above named patient.

We note that Mr Kearins was previously referred by Dr Blane, GP to the North West Primary Care Mental Health Team in 2015 but did not attend for assessment and was discharged. It is noted in this referral dated 5th January 2015 that Mr Kearins has a past history of drug use and anger problems. Therefore, it is unclear whether a brief psychological intervention within the Primary Care Mental Health Team would be sufficient to meet his needs at this time.

We would be grateful if you could provide us with a summary of your patient's current mental health issues and service needs, particularly in relation to his main presenting problems and whether he is currently using substances. Without this information, we are unable to make an informed decision about which services, if any, are best placed to meet his current needs.

We are expected to make decisions on referrals within four weeks of receiving them. Therefore, unfortunately we will have to close the referral if we do not receive the information requested within 14 days.

Yours sincerely,

On Behalf of the North West Primary Care Mental Health Team

Glasgow City
Community Health Partnership
North West Sector

North West Glasgow Primary Care
Mental Health Team
The Sandy Road Centre
12 Sandy Road
Partick
Glasgow, G11 6HE
Tel: 0141 232 9270
Fax: 0141 232 9289

Private & Confidential

PiMs KA/1736576
CHI 1802796037
Date 13 January 2015

Mr Steohen Kearins
2 Sandbank Avenue
Glasgow
G20 0DB

Dear Mr Kearins

Following referral to PCMHT Services and discussion at our multi disciplinary allocation meeting, we would like to invite you to telephone our admin staff on the above number to arrange an assessment appointment or alternatively inform us if you no longer require our service.

If we do not hear from you by **27 January 2015** we will assume that you no longer require help from our service and we will refer you back to your GP's care.

Yours sincerely

On Behalf of the
North West Primary Care Mental Health Team

Cc Dr Spence
Maryhill Health Centre
41 Shawpark Street
Glasgow
G20 9DR

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Mental Health PCMHT Referral Protocol - Glasgow (Glasgow, v17.0)

Additional Support Needs:
No known ASN requirements

REFERRAL TO

North West - PCMHT
GGC Mental Health PCMHT

——— **Consultant / receiving practitioner** and/or **specialty clinic**

PCMHT (Primary Care Mental Health Team)
SCI Gateway Virtual Location Code

——— **Hospital** and **hospital address**

Hospital location code.
G006G

Email address
-

Urgency of referral Routine
Date of referral 10-Dec-2018 **Date sent** 10-Dec-2018

PATIENT DETAILS

Surname	Kearins
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	18-Feb-1979
CHI no.	1802796037
Area of Residence	-

Patient's address

22d
171 Wyndford Road
Glasgow
G20 8DY

Contact number(s)

Voice: 07753311884

101017596776T Unique Care Pathway Number: 101017596776T

REGISTERED GP DETAILS

Name	Dr Des Spence		
GMC code	3455256	GP code	05436
Practice name	Barclay Medical Practice		
Practice code	43576		

Practice address

Maryhill Health Centre (Green Wing)
51 Gairbraid Avenue
Glasgow
G20 8FB

Contact number(s)

Voice: 0141 451 2870
Facsimile: 0141 946 2318

REFERRING GP DETAILS

Name	Dr. James McBride		
GMC code	7072556	GP code	09407
Practice name	Barclay Medical Practice (43576)		
Practice code	43576		

Practice address

Maryhill Health & Care Centre
51 Gairbraid Avenue
Glasgow
G20 8FB

Contact number(s)

Voice: 0141 451 2870

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Depression

Comment: Dear colleague,

Please accept my apologies that we did not write back to your attached correspondence following Stephens self referral to your services. As you rightly point out he has a past history of drug misuse and anger problems. Fortunately over the past number of months he has managed to abstain from illicit substances. He does admit to occasional cannabis however we have seen a good improvement in his mood with Fluoxetine.

He has had low mood, which has been exacerbated by not being able to see his sons having fallen out with their mother. His sleep and appetite had been quite poor. This has been confounded with lower back pain which is an ongoing issue.

I feel that he would be a good candidate for your services given the improvement we have seen in him recently. I would be grateful if he could be seen.

Yours sincerely

Dr J McBride
GP

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
Drug dependence	HX of Diazepam , Cannabis and Heroin use	18-Mar-2015	18-Mar-2015
Chest pain	admitted investigations normal	15-Nov-2013	15-Nov-2013
Inguinal hernia NOS	mesh repair	14-Aug-2006	14-Aug-2006
Fracture of scaphoid	-	29-Jan-1997	29-Jan-1997
Asthma	-	30-Dec-1996	30-Dec-1996
Umbilical hernia	spontaneously resolving	13-May-1981	13-May-1981
H/O: birth asphyxia	required intubation	12-Mar-1979	12-Mar-1979

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Endoscopy normal	upper GI	11-Mar-2011	11-Mar-2011

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fluoxetine Hydrochloride Capsules 20 mg	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	16-Nov-2018	10-Dec-2018
Fluoxetine Hydrochloride Capsules 20 mg	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	14-Sep-2018	14-Sep-2018
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	14-Sep-2018	14-Sep-2018
Naproxen Tablets 500 mg	28	28 TABLET	ONE TO BE TAKEN TWICE A DAY	-	06-Sep-2018	06-Sep-2018

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		22-Jun-2011

Light smoker - 1-9 cigs/day:	Smoker$$ Status.clm	20-Jan-2010
Current smoker:	priority=2	10-Dec-2009

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

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
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:Yes

Signature of referring doctor (or other professional) **Date**

Glasgow City HSCP
Health and Social Care Partnership

Chief Officer
David Williams
MA (Hons) CQSW

North West Primary Care Mental Health Team
The Sandy Road Centre
12 Sandy Road
Partick, G11 6HE

Telephone: 0141 232 9270

www.glasgow.gov.uk
www.nhsggc.org.uk

Our Ref: MS/DL/1802796037
Dictated: 5th November 2018
Typed: 5th November 2018

Private and Confidential

Mr Stephen Kearins
Flat 22D
171 Wyndford Road
Glasgow
G20 8DY

Dear Mr Kearins,

I am writing about your recent referral to the Primary Care Mental Health Team.

We previously wrote to you to let you know that we had contacted your GP for further information to help us to decide what therapeutic options might be most helpful to you at this time. Unfortunately, we have not received this information. We are therefore closing the referral. We recommend that you contact your GP to discuss your needs.

Yours sincerely

Dr Mhairi Selkirk
Principal Clinical Psychologist
On Behalf of the North West Primary Care Mental Health Team

CC: Dr Spence
Maryhill Health & Care Centre
51 Gairbraid Avenue
Glasgow
G20 8FB

Chief Officer
David Williams
MA (Hons) CQSW

North West Primary Care Mental Health Team
The Sandy Road Centre
12 Sandy Road
Partick, G11 6HE

Telephone: 0141 232 9270

www.glasgow.gov.uk
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Our Ref: KM/DL/1802796037
Typed: 14th September 2018

Private and Confidential

Mr Stephen Kearins
Flat 22D
171 Wyndford Road
Glasgow
G20 8DY

Dear Mr Kearins

We are writing about your recent referral to the Primary Care Mental Health Team. It is important that people can access services which are able to meet their needs. Therefore, as an initial step, we routinely review past mental health records. We may also contact your GP for an update on how you are doing if you have not been in contact with services for some time. We are currently waiting to receive some of this information. We will be in touch with you again once we have it.

Yours sincerely,

On behalf of the North West Primary Care Mental Health Team

Chief Officer
David Williams
MA (Hons) CQSW

North West Primary Care Mental Health Team
The Sandy Road Centre
12 Sandy Road
Partick, G11 6HE

Telephone: 0141 232 9270

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Our Ref: MS/DL/1802796037
Dictated: 5th November 2018
Typed: 5th November 2018

Private and Confidential

Mr Stephen Kearins
Flat 22D
171 Wyndford Road
Glasgow
G20 8DY

Dear Mr Kearins,

I am writing about your recent referral to the Primary Care Mental Health Team.

We previously wrote to you to let you know that we had contacted your GP for further information to help us to decide what therapeutic options might be most helpful to you at this time. Unfortunately, we have not received this information. We are therefore closing the referral. We recommend that you contact your GP to discuss your needs.

Yours sincerely

Dr Mhairi Selkirk
Principal Clinical Psychologist
On Behalf of the North West Primary Care Mental Health Team

CC: Dr Spence
Maryhill Health & Care Centre
51 Gairbraid Avenue
Glasgow
G20 8FB

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Mental Health PCMHT Referral Protocol - Glasgow (Glasgow, v17.0)

Additional Support Needs:
No known ASN requirements

REFERRAL TO

North West - PCMHT
GGC Mental Health PCMHT

——— **Consultant / receiving practitioner** and/or **specialty clinic**

PCMHT (Primary Care Mental Health Team)
SCI Gateway Virtual Location Code

——— **Hospital** and **hospital address**

Hospital location code.
G006G

Email address
-

Urgency of referral Routine
Date of referral 05-Feb-2019 **Date sent** 05-Feb-2019

PATIENT DETAILS

Surname	Kearins
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	18-Feb-1979
CHI no.	1802796037
Area of Residence	-

Patient's address

22d
171 Wyndford Road
Glasgow
G20 8DY

Contact number(s)

Voice: 07753311884

1010179627462 Unique Care Pathway Number: 1010179627462

REGISTERED GP DETAILS

Name	Dr Des Spence		
GMC code	3455256	GP code	05436
Practice name	Barclay Medical Practice		
Practice code	43576		

Practice address

Maryhill Health Centre (Green Wing)
51 Gairbraid Avenue
Glasgow
G20 8FB

Contact number(s)

Voice: 0141 451 2870
Facsimile: 0141 946 2318

REFERRING GP DETAILS

Name	Dr. Scott MacKenzie		
GMC code	7042359	GP code	07501
Practice name	Barclay Medical Practice (43576)		
Practice code	43576		

Practice address

Maryhill Health & Care Centre
51 Gairbraid Avenue
Glasgow
G20 8FB

Contact number(s)

Voice: 0141 451 2870

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: did not receive letter please reappoint

Comment: Dear Doctor,

This patient did not receive the correspondence you sent him. I'd be grateful if he could be reassessed. Perhaps you could contact him by phone to reappoint him as he seems to be having trouble getting his mail (07753311884).

Yours sincerely,
Dr S MacKenzie

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
Drug dependence	HX of Diazepam , Cannabis and Heroin use	18-Mar-2015	18-Mar-2015
Chest pain	admitted investigations normal	15-Nov-2013	15-Nov-2013
Inguinal hernia NOS	mesh repair	14-Aug-2006	14-Aug-2006
Fracture of scaphoid	-	29-Jan-1997	29-Jan-1997
Asthma	-	30-Dec-1996	30-Dec-1996
Umbilical hernia	spontaneously resolving	13-May-1981	13-May-1981
H/O: birth asphyxia	required intubation	12-Mar-1979	12-Mar-1979

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Endoscopy normal	upper GI	11-Mar-2011	11-Mar-2011

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fluoxetine Hydrochloride Capsules 20 mg	56	56 capsule	ONE TO BE TAKEN EACH DAY	-	31-Jan-2019	31-Jan-2019
Fluoxetine Hydrochloride Capsules 20 mg	14	14 capsule	ONE TO BE TAKEN EACH DAY	-	16-Jan-2019	16-Jan-2019
Fluoxetine Hydrochloride Capsules 20 mg	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	16-Nov-2018	10-Dec-2018
Fluoxetine Hydrochloride Capsules 20 mg	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	14-Sep-2018	14-Sep-2018
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 CAPSULE	ONE TO BE TAKEN EACH DAY	-	14-Sep-2018	14-Sep-2018
Naproxen Tablets 500 mg	28	28 TABLET	ONE TO BE TAKEN TWICE A DAY	-	06-Sep-2018	06-Sep-2018

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		22-Jun-2011
Light smoker - 1-9 cigs/day:	Smoker$$ Status.clm	20-Jan-2010
Current smoker:	priority=2	10-Dec-2009

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Is patient responsible for children?:Don't Know
Risk to others including children/dependents/clinicians/other:Don't Know
Risk from others:Don't Know
Risk of Self Neglect:Don't Know
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
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:Yes

Signature of referring doctor (or other professional) **Date**

Chief Officer
David Williams
MA (Hons) CQSW

North West Primary Care Mental Health Team
The Sandy Road Centre
12 Sandy Road
Partick, G11 6HE

Telephone: 0141 232 9270

www.glasgow.gov.uk
www.nhsggc.org.uk

Our Ref: DL/1802796037
Typed: 21st January 2019

Private and Confidential

Dr Spence
Maryhill Health and Care Centre
51 Gairbraid Avenue
Glasgow
G20 8FB

Dear Dr Spence,

RE: Stephen Kearins D.O.B(18/02/79) CHI:1802796037
Flat 22D, 171 Wyndford Road, Glasgow, G20 8DY

We sent the above named patient a ten day opt-in letter following referral.

As they have not responded, we are assuming they no longer require our help and have therefore discharged them from our service.

Yours sincerely

On Behalf of the North West Primary Care Mental Health Team

Chief Officer
David Williams
MA (Hons) CQSW

North West Primary Care Mental Health Team
The Sandy Road Centre
12 Sandy Road
Partick, G11 6HE

Telephone: 0141 232 9270

www.glasgow.gov.uk
www.nhsggc.org.uk

Our Ref: DL/1802796037
Typed: 17th December 2018

Private and Confidential

Mr Stephen Kearins
Flat 22D
171 Wyndford Road
Glasgow
G20 8DY

Dear Mr Kearins,

Following referral to PCMHT Services, we would like to invite you to telephone our admin staff on the above number to arrange an assessment appointment or alternatively inform us if you no longer require our service.

If we do not hear from you by the **9th January 2019** we will assume that you no longer require help from our service and we will refer you back to your GP's care.

Please note our service closes at the end of the day on Friday 21st December 2018 and opens again on Thursday 3rd January 2019.

Yours sincerely

On Behalf of the North West Primary Care Mental Health Team

cc: Dr Spence
Maryhill Health and Care Centre
51 Gairbraid Avenue
Glasgow
G20 8FB

Chief Officer
David Williams
MA (Hons) CQSW

North West Primary Care Mental Health Team
The Sandy Road Centre
12 Sandy Road
Glasgow
G11 6HE

Telephone: 0141 232 9270

www.glasgow.gov.uk
www.nhsggc.org.uk

Our Ref: CF/DL/1802796037
Dictated: 21st March 2019
Typed: 28th March 2019

Private and Confidential

Dr Spence
Maryhill Health and Care Centre
51 Gairbraid Avenue
Glasgow
G20 8FB

Dear Dr Spence ,

Re: Stephen Kearins D.O.B(18/02/79) CHI: 1802796037
Flat 22D, 171 Wyndford Road, Glasgow, G20 8DY

I am writing to inform you that the above named person participated in a face to face assessment on Thursday 21st March 2019:

Presenting Problem:

- **Ongoing drug use**
- **Loss of brother**

Following screening it was agreed that the most appropriate suggestion for the person was to:-

☐ Attend the CBT in Action Course

☐ Attend the Sleep Group

☐ Attend the Emotional Skills Group

☐ Attend the Relaxation Group

☐ Attend the Behavioural Activation Group

☐ Attend for individual CBT (Generic)

☐ Attend for individual CBT (Specialist)

☐ Attend for individual Counselling

☐ Attend for individual Guided Self Help

- [ ] Attend for individual Psychology
- [ ] Attend for individual Behavioural Activation
- [x] Be signposted to Addaction
- [ ] Be offered advice and discharged from our service

With regards to risk factors, they were:-

- [x] Experiencing no thoughts of self-harm.
- [ ] Experiencing thoughts of self-harm, however, has no plans to act upon these thoughts.
- [ ] Experiencing thoughts of self-harm, has made some plans however would not act upon these due to protective factors in place.

Any additional information:

If you have any queries please do not hesitate to contact the NW PCMHT.

Yours sincerely

Dr Claire Fagan
Counselling Psychologist
On Behalf of the North West Glasgow Primary Care Mental Health Team

Chief Officer
David Williams
MA (Hons) CQSW

North West Primary Care Mental Health Team
The Sandy Road Centre
12 Sandy Road
Partick, G11 6HE

Telephone: 0141 232 9270

www.glasgow.gov.uk
www.nhsggc.org.uk

Our Ref: CF/DL/1802796037
Dictated: 21st March 2019
Typed: 28th March 2019

Private and Confidential

Mr Stephen Kearins
Flat 22D
171 Wyndford Road
Glasgow
G20 8DY

Dear Mr Kearins,

Thank you for meeting with me on Thursday 21st March 2019

As, discussed it was agreed that it would be more appropriate for you to be referred to Addaction. This referral has been made.

Yours sincerely

Dr Claire Fagan
Counselling Psychologist
On Behalf of the North West Glasgow Primary Care Mental Health Team

Chief Officer
David Williams
MA (Hons) CQSW

North West Primary Care Mental Health Team
The Sandy Road Centre
12 Sandy Road
Partick, G11 6HE

Telephone: 0141 232 9270

www.glasgow.gov.uk
www.nhsggc.org.uk

Our Ref: CF/DL/1802796037
Typed: 25th February 2019

Private and Confidential

Mr Stephen Kearins
Flat 22D
171 Wyndford Road
Glasgow
G20 8DY

Dear Mr Kearnins,

Re: Assessment Appointment

Following referral into Primary Care Mental Health Team an appointment has been made for you for the following:

Date: **Thursday 21st March 2019**

Time: **2:30pm**

Venue: **Woodside Health Centre**
Barr Street, Glasgow, G20 7LR

Clinician: **Claire Fagan, Counselling Psychologist**

Unfortunately, our premises have a long corridor with stairs on the way to the consulting rooms and we do not have wheelchair access, if this is likely to cause you problems please contact us and alternative arrangements can be made.

On arrival, please report to the Primary Care Mental Health Team at the Callander Street Clinic end of the Health Centre. Our offices are situated at the far end of the corridor.

Please read the important information below.

Important Information:

- **Your appointment should last no longer than 60 minutes**
- **Please contact the above number immediately if this appointment is unsuitable.**
- **Due to the high demand of the service, if you do not attend you will be discharged from the service**

Yours sincerely

David Leadbetter
Team Secretary
On Behalf of the North West Primary Care Mental Health Team

cc: Dr MacKenzie
Maryhill Health and Care Centre
51 Gairbraid Avenue
Glasgow
G20 8FB

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC Mental Health Referral Protocol - Glasgow (Glasgow, v20.5)

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Inverclyde ADRS
GGC Mental Health

——— **Consultant / receiving practitioner** and/or **specialty clinic**

Alcohol and Drug Recovery Services (ADRS)
SCI Gateway Virtual Location Code

——— **Hospital** and **hospital address**

Hospital location code.
G004G

Email address
-

Urgency of referral Routine
Date of referral 28-Jul-2022 **Date sent** 28-Jul-2022

PATIENT DETAILS

Surname	Kearins
Forename(s)	Stephen
Title	Mr
Sex	Male
Date of birth	18-Feb-1979
CHI no.	1802796037
Area of Residence	-

Patient's address

Flat 0.2
13 Murray Street
GREENOCK
Inverclyde
PA16 7EQ

Contact number(s)

Voice: 0775 3311 884

1010269794717 Unique Care Pathway Number: 1010269794717

REGISTERED GP DETAILS

Name	Dr John McPherson		
GMC code	4314190	GP code	37168
Practice name	Ardgowan Medical Practice		
Practice code	86177		

Practice address

Ardgowan Medical Practice
2 Finnart Street
Greenock
PA16 8HW

Contact number(s)

Voice: 01475 888155
Facsimile: 01475 785060

REFERRING GP DETAILS

Name	Dr. Lyndsey Cairns		
GMC code	7036954	GP code	36111
Practice name	Ardgowan Medical Practice (86177)		
Practice code	86177		

Practice address

2 Finnart Street
Greenock
PA16 8HW

Contact number(s)

Voice: 01475 888155
Facsimile: 01475 785060

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: new to area hx drug dependence

Comment: This 43 year old man has recently moved to the area from Glasgow. He has history of drug dependence. Things had been going well until a few years ago. He is currently using street Valium but states last used 4 weeks ago. He goes on "benders" and takes coke and other tablets. He is low and anxious and is socially isolated. Could you offer him some support.

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
Gastritis unspecified	-	19-Mar-2022	19-Mar-2022
[D]Chest pain, unspecified	-	25-Jun-2019	25-Jun-2019
Motor vehicle traffic accidents (MVTA)	-	25-Jun-2019	25-Jun-2019
Mechanical low back pain	-	07-Mar-2019	07-Mar-2019
Drug dependence	hx diazepam, cannabis and heroin	18-Mar-2015	18-Mar-2015
Inguinal hernia	mesh repair	14-Aug-2006	14-Aug-2006
Asthma	-	30-Dec-1996	30-Dec-1996
Umbilical hernia	spontaneously resolved	13-May-1981	13-May-1981
Birth asphyxia	required intobutation	12-Mar-1979	12-Mar-1979

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Fluoxetine Hydrochloride Capsules 20 mg	28	28 capsule	ONE TO BE TAKEN EACH DAY	-	28-Jul-2022	28-Jul-2022

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

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

Signature of referring doctor (or other professional) **Date**

Ref: MH/DUTY
CHI: 180 279 6037

Date: 29 July 2022

PRIVATE & CONFIDENTIAL

Mr Stephen Kearins
Flat 0/2
13 Murray Street
Greenock
Inverclyde
PA16 7EQ

Dear Mr Kearins

Please note your appointment as below will be a **TELEPHONE CONSULTATION**.

Date:	**Thursday 04-Aug-2022**
Time:	**1:00pm**
Appointment with:	**INV ADRS Assessment Clinic**
Location:	**Telephone call from Wellpark Centre**
Contact Details:	**01475 715353**

The telephone number we have listed for you is:

Mobile: 07753311884

Please advise if this number is no longer up to date.

If this appointment is not suitable, please telephone me on the above number so alternative arrangements can be made.

Yours sincerely

Team Medical Secretary

Health & Social Care Partnership
Chief Officer: Allen Stevenson

Ref: KW/GM
CHI: 180 279 6037

Date: 15 August 2022

Inverclyde Alcohol & Drug Recovery Services
Wellpark Centre
30 Regent Street
Greenock
PA15 4PB

Tel: 01475 715353

PRIVATE & CONFIDENTIAL
Mr Stephen Kearins
Flat 0/2
13 Murray Street
Greenock
Inverclyde
PA16 7EQ

Dear Mr Kearins,

This letter is a follow up to appointments at Inverclyde Alcohol and Drug Recovery Services. Following discussion at our clinical review meeting it was agreed by the team that we will close your case at this time.

Should you wish our service in the future you can seek referral via your GP or any other care professional working with you. We also have a self referral route where you can telephone on 01475 715353 to arrange an appointment.

You may find the following contact information useful for times when things are not going so well.

Yours sincerely

Team Medical Secretary

NHS 24: For health information and self care advice.

Tel: 111 www.nhs24.com

Alcoholics Anonymous: If you need help with a drinking problem.

Tel: 0800 9177 650 www.alcoholics-anonymous.org.uk

Breathing Space: For people experiencing problems with low mood, depression or anxiety

Tel: 0800 83 85 87 www.breathingspacescotland.co.uk

Samaritans helpline: For people feeling suicidal or needing a safe place to talk.

Tel: 116 123 www.samaritans.org

Our Ref: AW
Job ID: 100849088
Date Dictated:
Date Typed: 09/11/2025

PRIVATE & CONFIDENTIAL

Dr J McPherson
Ardgowan Medical Practice
2 Finnart Street
Greenock
PA16 8HW

Mental Health
Langhill Clinic
Inverclyde Royal Hospital
Larkfield Road
Greenock
PA16 0XN
01475 504401 EXT: 04521
www.nhsggc.org.uk

Dear Dr McPherson,

RE: Stephen Kearins DOB: 18/02/1979 CHI: 1802796037
Address: Flat 0/2 13 Murray Street, Greenock, Inverclyde, PA16 7EQ

CHI No:	**1802796037**	**Date:**	09/11/25
Surname:	**Kearins**	**Date of Birth:**	**18/02/1979**
First Name:	**Stephen**	**Gender:**	M
Address & Post Code:	**Flat 0/2 13 Murray Street, Greenock, Inverclyde, PA16 7EQ**		
Phone No:	Patient Home Telephone Patient Mobile Telephone	**Legal Status (MHA, AWI, Guardianship):**	Detained on EDC, to be reviewed 09/11/25.
Ethnicity:	Ethnic Origin	**Nationality:**	British
Consent to sharing info:	Yes, with GP.		
Communication	Alternative correspondence format		

needs:	None identified.
Next of Kin / Carer contact details:	*Carer contact details listed below:*

Professional contacts summary

Alerts *(history of violence, offending history)*
Stephen has spent time in prison in the past, often for stealing cars. He has not been in prison for ten years. No current court cases pending.
Reason for referral *(referrer's reason[s] for requesting assessment)*
Stephen had been taking smaller overdoses of paracetamol over the past week, since the breakdown of his relationship. On 07/11/25 he took 30 x paracetamol and 32 x 8/500 Cocodamol with suicidal intent. He had alerted a friend who called an ambulance. He was admitted for treatment, however on the morning of 08/11/25, he left the hospital stating that he want to go home and end his pain by taking his own life. He was detained in his absence and returned to the ward by police. He was referred to the Adult Mental Health Liaison Service for assessment.
Reason for attendance *(Description of individuals main concerns, their perceptions of difficulties and hopes from the service)*
I met with Stephen on 08/11/25 and again on 09/11/25. On 08/11/25, he was very tearful. He had his head in his hands for much of the interview and was wringing his hands at times too. He looked anguished and was hopeless and pessimistic in his outlook. He and his partner of 5 years had separated abruptly two weeks earlier, and he concluded that he had nothing and no-one to live for. He mentioned the death of his younger brother [redacted] and how he has never come to terms with this loss. [redacted] and Stephen was not allowed to see his body. He then confided that he had been raped as a young child and again whilst in prison. He said he had told his mum about the incident as a child, however she dismissed him. He described how the memories of his traumas are in his head all day, and he can no longer cope. He has two close relationships. One with a friend called [redacted] and one with an old family friend he regards as an aunt. He had never disclosed anything about his abuse to them or his ex-partner. He was willing to remain in hospital to complete his physical treatment but was not willing to consider a psychiatric admission despite his ongoing thoughts and plans for suicide. We agreed that I would see him again on 09/11/25 for further review. His friend

[redacted] attended the ward and spent some time with him.
On 09/11/25, when I met with him, he was more future focussed in outlook. He had spoken to his friend and aunt about his past and had also been speaking to nursing staff. He had received a message from his partner which made him realise that their relationship was not the healthiest, and he said he felt “stupid” for almost throwing his life away because of the end of the relationship. He was again tearful but was more reactive and animated in conversation. He made good eye contact and his speech was spontaneous. He said he had been reflecting on his actions and wants to get help to deal with his past trauma. He was emphatic he had no plans to end his life and had presented similarly to nursing staff. He still did not want to consider admission and knew that the help he needed would not be provided on the ward anyway. We did discuss referral to the Community Mental Health Team and Stephen was keen to be referred.
Stephen admitted that he smokes cannabis. He used to take lots of drugs to deal with his trauma but recognised that these weren't the answer and weaned himself off with little support from services. He takes one or two tablets of street valium occasionally but again recognised that this is not going to help him deal with any issues. He was not presenting with any symptoms of withdrawal or dependence.

Psychiatric history *(previous/ongoing mental health problems, diagnoses and interventions, via GP or mental health services, and their impact; h/o self harm/attempted suicide; previous admission/detentions)*

From the past notes, Stephen had a troubled childhood. He does not have a relationship with his mum and has mentioned in the past that she did not care about him. He was about 7 or 8 when he was raped by an uncle. He spent some time in a young offenders institution and there is mention in the notes of him rarely attending school. He was in and out of prison for much of his 20s, often for stealing cars. He has not been to prison for 10 years. He was raped by a cellmate and reflects on how anxiety provoking it was to be locked up all night with a perpetrator. He often ruminates on these memories and has struggled to be alone in his flat without distraction from his thoughts. There have been suicide attempts in the past including driving his car into a tree whilst under the influence of drugs and an attempted hanging whilst in prison.
He has had minimal involvement with services in the past. He has tended to be referred to addiction services due to past drug use and has not ever been seen for any trauma related work.
He has been prescribed Sertraline and Propranolol but says he hasn't been taking it as he wasn't feeling any benefit.

Current medication details as given by individual *(prescribed, over-the-counter, complementary, drug allergies)*				
Medication	**Dose**	**Frequency**	**Duration**	**Response**
As per IDL				
Allergies:	None recorded.			
Dispensing frequency:	Monthly	**Medication concordance:**	Not concordant	
Any children/ dependents under the age of 18?				
	Child 1	**Child 2**	**Child 3**	**Child 4**
Name				
Age				
Address if different:				
Child protection concerns/agencies involved:				
Impact of mental health on parenting and/or potential risk to children:				
N/A				
Description of functioning before current difficulties:				
Stephen says that he has been struggling with his memories of trauma for many years. This has lead to thoughts of suicide, however he has managed to distract himself from actually making an attempt to end his life until this week.				

Substance use: *(caffeine, alcohol, tobacco, non-prescribed drugs, novel psychoactive substances)*	
Pattern of current use	Daily cannabis. Occasional street valium.
Impact on individual	He is aware this is not an ideal solution but feels it helps calm him.
Previous history	In the past he has taken heroin and cocaine. Tended to binge at times.
Mental State Examination:	
Appearance	Tall, slim man with short dark hair and facial stubble. Tattoos on both forearms. No obvious signs of self-neglect.
Behaviour	On 08/11/25, he was hunched and distressed with minimal eye contact. On 09/11/25, his posture was more open, he made good eye contact and spoke freely.
Mood & Affect	Initially presented as low in mood with a hopeless, pessimistic outlook. Over the course of his admission, he was talking to both staff, his friend and his aunt and his outlook appeared to change. He wants help to cope with his trauma.
Speech	Normal in all spheres. Spontaneous, some humour expressed on 09/11/25.
Thought form	No evidence of disordered thinking.
Thought content	By 09/11/25, Stephen had been reflecting on his actions and was emphatic that he no longer wanted to end his life. He had confided in his friend and aunt and both had been very supportive.
Perceptions	No evidence of perceptual disturbance.
Cognition	Fully orientated, memory appears intact.
Insight	No impairment to insight.
Carers / Next of Kin / others views, concerns and expectations from services	
Met with his [redacted] who was visiting. He feels Stephen is fine to go home. He and his wife are in regular contact with Stephen and are very supportive.	
Additional notes:	

Summary

Name: Stephen Kearins	**CHI:** 1802796037
Summary of assessment *(Key findings, relevant negatives, initial formulation considering predisposing, precipitating, perpetuating and protective factors)*	
Stephen is a 46-year-old man who took an overdose with intent to end his life. He had been consuming paracetamol all week following the breakdown of a five-year relationship. He was still suicidal when first admitted and was detained on an emergency detention certificate after leaving the ward against medical advice. On his return, he accepted all treatment. He confided that he had been struggling with his near constant thoughts of past sexual abuse and after his relationship ended, he felt he had nothing left to live for. He confided in his close friend and aunt about the abuse and over the course of the admission, he reflected that he did not want to die and that he wanted help to come to terms with his trauma. Although Stephen has never really spoken to anyone about his past trauma at any length, He does present as someone who is reflective and could do well with some trauma based therapy. He has good support from his friend and aunt. We had discussed admission however Stephen was very against this and would rather go home. He is keen to be offered community support and to that end, I have copied this letter to my colleagues in the CMHT to request that he be offered an assessment. I think he may benefit from psychology in the long term. He does avoid drugs now apart from cannabis and some recent minimal street valium use. He does not plan to take this any more. He is keeping busy at the moment by helping one of his relatives decorate their house. He has a good level of self-care and eats healthily.	
Overall impression of risk *(CRAFT to be completed separately)*	
Although Stephen is emphatic he would not make a further attempt on his life, he has made serious attempts in the past. However, he has never been offered any	

support for dealing with his trauma, only for dealing with his drug use, which is not a major concern now.			
Immediate actions *(including information provided)*			
To be reviewed by a psychiatrist today (09/11/25). The likelihood is that he will be discharged home today. I have provided him with the contact details for Crown House and also advised he can contact NHS 24 at any time if he is struggling with his mental health.			
Outcome of MDT discussion/ Treatment plan *(including follow up arrangements if relevant)*			
Primary Diagnosis:	Overdose with suicidal intent.		
Any additional diagnoses:	Childhood trauma.		
Suitable for psychological therapies (Y/N):			
Name:	Ann Weir	**Designation:**	Psychiatric liaison nurse.
Signature:		**Date:**	

Yours sincerely

Ann Weir

Liaison CPN

Authorised on 09/11/2025 16:13:43 by Ann Weir.

(P) SPOA Meeting

Crown House

30 King Street

GREENOCK

PA15 1NL

The Mental Health (Care and Treatment) (Scotland) Act 2003

Emergency Detention Certificate

DET1

Instructions

v7.1

The following form is to be used :

where it is necessary as a matter of urgency to detain the patient in hospital for the purpose of permitting a full assessment of the person's mental state; and where if the patient were not detained in hospital there would be a significant risk to either themselves or others.

There is no statutory requirement that you use this form but you are strongly recommended to do so. This form draws attention to some procedural requirements under the Mental Health (Care and Treatment) (Scotland) Act 2003. Failure to observe procedural requirements may invalidate the certificate.

If you are not completing this form electronically, please observe the following conventions, to ensure accuracy of information:

Write clearly within the boxes in BLOCK CAPITALS and in BLACK or BLUE ink

For example: 25 MARKET ST

Shade circles like this -> ●

Not like this -> ⊗ ✓

Where a text box has a reference number to the left, you can extend your response on plain paper where there is insufficient space in the box. Extension sheet(s) should be clearly labelled with Patient's name and CHI number, and each extended response should be labelled with the appropriate text box reference number.

Patient Details

CHI number: 1302796937

Surname: KEARINS

First name(s): STEPHEN

Other / known as:

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title: MR

Gender: ● Male ○ Female ○ Prefers not to say ○ Not listed

If not listed, please specify:

DoB (dd / mm / yyyy): 18 / 02 / 1976

Patient's home address:

39 KILMORY TERRACE
PORT GLASGOW
RENFREWSHIRE

Post code: PA14 5PF <<*Please enter NF1 1AB if no fixed abode*

Medical Practitioner Details

Surname: JOHNSTON

First name(s): LYNDSAY

If you are an AMP, please indicate: Yes ○ No ✓

An Approved Medical Practitioner (AMP) is a medical practitioner who has been approved under section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003 by a NHS Board or by the State Hospitals Board for Scotland as having special experience in the diagnosis and treatment of mental disorder.

Work Address:

L SOUTH
INVERCLYDE ROYAL HOSPITAL
GREENOCK

Postcode: PA16 0XN

Telephone No.: 01413149504

Email: [redacted]

Please Note
This form must be sent to medical records, not just filed in case notes

PART 1 : CERTIFICATE — *To be completed by the Medical Practitioner*

Detention Criteria — *Boxes 1 - 6 must be completed*

As the medical practitioner named on page 1, I declare that I have examined the patient. I am granting this emergency detention certificate because I believe the patient meets the following criteria -

I consider it is likely, for the reasons stated below, that the patient has a mental disorder (see notes at foot).

1	*Describe your reasons for believing the patient may have mental disorder, e.g. they may have hallucinations, suicidal ideation, disorientation etc.*
	I believe mr Kearins has suicidal ideation and has shown intent with a deliberate overdose of paracetamol + co-codamol & street drugs (valium + cannabis). 'I don't want to be here anymore'

I consider it likely, for the reasons stated below, that because of this mental disorder, the patient's ability to make decisions about the provision of medical treatment for mental disorder is significantly impaired.

2	*Describe why you believe the patient has SIDMA (significantly impaired decision making ability) as a result of their mental disorder, e.g. that they have no insight into the fact that their hallucinations are part of a mental illness, that they cannot retain information due to memory problems, etc.*
	I believe mr Kearins has no insight into how dangerous his situation is and the risk of not letting us treat him resulting in his death. He is not engaging with medical staff and is therefore not retaining / listening to advice or able to explain the risks back to us.

I am satisfied, for the reasons stated below, that it is necessary as a matter of urgency to detain the patient in hospital for the purpose of determining what medical treatment for mental disorder the patient requires.

3	*Note the reason for urgency, e.g. that the patient is trying to leave at present, or stating that they are going to leave; also, e.g. that detention is necessary to assess what medical, social and nursing needs the patient has.*
	The ~~patient~~ patient is actively leaving the ward without engaging with treatment and with suicidal intent.

Notes

As detailed in section 328 (2) of the Act, a person is not mentally disordered by reason only of any of the following: sexual orientation; sexual deviancy; transsexualism; transvestism; dependence on, or use of, alcohol or drugs; behaviour that causes, or is likely to cause, harassment, alarm or distress to any other person; acting as no prudent person would act.

PART 1 : CERTIFICATE (cont)	To be completed by the Medical Practitioner
Detention Criteria (cont)	*Boxes 1 - 6 must be completed*

I am satisfied, for the reasons stated below, that if the patient were not detained in hospital there would be a significant risk -

- ● to the patient's health, safety or welfare
- ○ to the safety of any other person.

4	*Give evidence of the risk, e.g. 'has suicidal ideation', 'would not be aware of common dangers' etc., remembering to shade one or both of the circles above.*
	The patient has suicidal ideation and has shown suicidal intent with no regret of his previous actions.

I am satisfied, for the reasons stated below, that making arrangements with a view to the granting of a short-term detention certificate would involve undesirable delay. Give details of efforts which were made with respect to granting a short-term detention certificate

5	*Would it take too long to get an AMP (Approved Medical Practitioner) to assess for STDC, how long would it have taken, why is this delay undesirable? What risks might be posed by waiting? Give details of attempts to get an AMP (phone number called, number of attempts, times of calls, length of wait for response). Delays relating to MHO attendance should be noted in box 7.*
	The patient is actively leaving hospital and is at risk to himself if he does so there is no time to get a AMP as we have no psych on-call on site.

Please give details of the alternatives which you considered to the granting of this certificate. Why is informal/voluntary care not appropriate ?.

6	*Is there no safe alternative management plan other than involuntary inpatient hospital management? What other options have you considered?*
	The patient has shown suicidal ideation, attempt on his life through overdose with OTC medications. He has no insight to stay, is actively trying to leave and this poses a threat to life.

PART 1 : CERTIFICATE (cont) — To be completed by the Medical Practitioner

MHO Consent

Complete A or B as appropriate

A I have consulted with the MHO named below, and he / she consents to the granting of this emergency detention certificate.

Surname

First name(s)

Appointed to act as a MHO by:

Local Authority

eg Glasgow City, City of Edinburgh, Highland, Scottish Borders, etc (the word "Council" can be omitted)

MHO's work address and telephone number

OR

B It was not practicable, for the reasons stated below, to gain the consent of a mental health officer to the granting of this certificate.

7 *Would it take too long for an MHO to attend? How long would it have taken and why would this constitute an undesirable delay? What risks might be posed by waiting? Give details of attempts to contact MHO (phone number called, number of attempts, times of calls, length of wait for response).*

Spoke to Adel ~~Max~~ knox MHO, unable to attend due to acuity he consents & agrees to detention.

Patient Pre-DetentionStatus, Transfer / Admission to Hospital

Complete A or B as appropriate

A At the time of this certificate being granted this person was a patient in the following hospital.

Hospital: INVERCLYDE ROYAL HOSPITAL

OR

B At the time of this certificate being signed this patient was not in hospital.

Please state where the patient was when the certificate was granted (location/address) and provide details of transportation and accommodation arrangements which you have made with respect to transferring the patient to hospital.

8 *If applicable, you MUST provide these details. Usually escort is provided by the receiving hospital.*

PART 1 : CERTIFICATE (cont)

To be completed by the Medical Practitioner

Certification

✓ So far as I am able to ascertain, immediately before the medical examination was conducted, the patient was not detained in hospital under the authority of :

(a) an emergency detention certificate;

(b) a short-term detention certificate;

(c) an extension certificate;

(d) section 68 of the Act (extension of short-term detention pending determination of application for compulsory treatment order);

(e) a certificate granted under section 114(2) or 115(2) of the Act. (Compulsory treatment order: detention pending review or application for variation, or interim compulsory treatment order: detention pending further procedure).

(f) a certificate granted under section 113(5) of the Act (non-compliance with order).

✓ I have completed the section at the end of this form relating to the patient's ethnicity.

Date examination concluded 08 / 11 / 2025 AT 10:10 time (24 hr clock)

Date certificate granted (see notes) 08 / 11 / 2025 AT 10:10 time (24 hr clock)

By signing this certificate I confirm that I have no conflict of interest as defined in the regulations.

Signed by the medical practitioner

The medical practitioner must now give this certificate to the managers of the hospital (e.g. the bed manager or the senior nursing page holder) in which the patient is to be detained. Failure to do so may invalidate the detention (see notes).

Notes

The emergency detention certificate must be granted:
i) before the end of the day if the examination was concluded by 8.00 pm; or
ii) within 4 hours if the examination concluded between 8.00pm and the end of the day.

If the patient is not in hospital immediately before the certificate is granted, the patient's detention in hospital under the authority of this certificate is only authorised if the certificate was given to the managers of the hospital before the patient was first admitted to hospital

If the patient is in hospital immediately before the certificate is granted, the medical practitioner shall as soon as practicable after granting the certificate, give the certificate to the managers of that hospital.

PART 2

To be completed by the Hospital Managers

Admission Details

Shade as appropriate

✓ The patient was a patient in the hospital detailed below when the certificate was granted. As a result the 72-hour period of detention began when the certificate was granted.

OR

○ The patient was not in hospital immediately before the certificate was granted. As a result, the 72-hour period of detention began when: the certificate was given to the managers of the hospital detailed below and the patient was admitted to the hospital under the authority of the certificate.

Hospital INVERCLYDE ROYAL HOSPITAL

Ward / clinic L SOUTH

Date detention began 08 / 11 / 2025 AT 10:10 time (24 hr clock)

Unless revoked, this authorisation to detain will expire on - 07 / 11 / 2025 AT 10:10 time (24 hr clock)

PART 2 — **To be completed by the Hospital Managers**

Record of Informing and Notifying — ***Please ensure only current contact details are used***

The following were informed that the emergency detention certificate was granted within 12 hours of the hospital managers receiving the emergency detention certificate as specified under section 38(3)(a) of the Act.

◉ Patient's nearest relative

Full name and address of patient's nearest relative

Phone number (if known)

○ Patient's named person (if they have one and if known)

Full name and address of the patient's named person

Phone number (if known)

○ Any person who resides with the patient (if the patient's nearest relative does not reside with the patient)

Phone number (if known)

○ Any guardian of the patient (if known)

Phone number (if known)

○ Any welfare attorney of the patient (if known)

Phone number (if known)

It was considered appropriate by hospital managers to notify the following in writing of the circumstances (see notes below) within 7 days of receiving the emergency detention certificate as specified under section 38(3A) of the Act.

○ Patient's nearest relative ○ Any person who resides with the patient ○ Patient's named person (if known)

○ Any guardian of the patient (if known) ○ Any welfare attorney of the patient (if known)

Where it was not practicable to gain the consent of the mental health officer for the granting of this certificate, the following will be sent a copy of this certificate (part 1 of this form) within 7 days of receiving the certificate:

○ the local authority for the area in which the patient resides, OR

◉ if the patient's address is not known, the local authority for the area in which the hospital is situated

Local Authority: INVERCLYDE

eg Glasgow City, City of Edinburgh, Highland, Scottish Borders, etc (the word "Council" can be omitted)

Completion Details

◉ The hospital managers have fulfilled their obligations under section 260 of the Act.

Completed by: SHONA JACKSON

Job title: MHA ADMINISTRATOR

Telephone No.: 01475 558000

Signature:

Date: 11 / 11 / 2025

A copy of this form should be sent to the Mental Welfare Commission as soon as practicable after receiving the certificate, and no later than 7 days after receiving the certificate.

Notes

The circumstances are:
- the reasons for granting the certificate;
- whether consent of a MHO was obtained to the granting of the certificate, and if not, the reasons why it was impracticable to consult the MHO;
- the alternatives to granting the certificate that were considered by the medical practitioner; and
- the reason for the medical practitioner determining that any such alternative(s) was/were inappropriate.

PATIENT ETHNICITY

v7.1

The following information is requested to monitor the use of the Mental Health (Care & Treatment) (Scotland) Act 2003 across ethnic groups to ensure observance of equal opportunity requirements

Patient CHI Number | 1 | 8 | 0 | 2 | 7 | 9 | 6 | 0 | 3 | 7 |

The patient describes his / her ethnic group as:

O Information not provided

A White

- O Scottish
- O Other British
- O Irish
- O Gypsy/ Traveller
- O Polish
- O Roma
- O Showman/ Showwoman
- O Any other white ethnic group, please describe

B Mixed or multiple ethnic groups

- O Any mixed or multiple ethnic groups, please describe

C Asian, Scottish Asian or British Asian

- O Pakistani, Scottish Pakistani or British Pakistani
- O Indian, Scottish Indian or British Indian
- O Bangladeshi, Scottish Bangladeshi or British Bangladeshi
- O Chinese, Scottish Chinese or British Chinese
- O Any other Asian, please describe

D African, Scottish African or British African

- O Please describe, for example Nigerian, Somali

E Carribean or black

- O Please describe, for example Scottish Carribean, Black Scottish

F Other ethnic group

- O Arab, Scottish Arab or British Arab
- O Other, please describe, for example Sikh, Jewish

Health & Social Care Partnership
Chief Officer: Allen Stevenson

Our Ref: KW/GM/1802796037

Date Typed: 15 August 2022

Inverclyde Alcohol & Drug Recovery Services
Wellpark Centre
30 Regent Street
Greenock
PA15 4PB

Tel: 01475 715353

Confidential
Dr Cairns
Ardgowan Medical Practice
2 Finnart Street
Greenock
PA16 8HW

Dear Dr. Cairns,

Re: Stephen Kearins, CHI: 1802796037, Date of Birth:18/02/79, Flat 0/2 13 Murray Street, Greenock, PA16 7EQ

Discharge Letter

This letter is to inform you that following a discussion at IADRS discharge meeting, it was agreed by management that we will close the above patient's case at this time.

Mr Kearins was referred to IADRS by yourself, on the 28th July 2022 following concerns about his illicit substance use and the need for some additional support.

I telephoned Mr Kearins to discuss his substance misuse and to complete his Single Shared Assessment, he reported that he has not used any illicit drugs for over 7 weeks now and feels our service would not benefit him at this time. We discussed a referral to Moving-On Inverclyde, Mr Kearins agreed that this would be the best course of action. Mr Kearins was positive about this and is looking forward to engaging in the programme they offer, which includes daily routine and structured support. Mr Kearins will now self-refer to Moving On Inverclyde.

Further to discussion at the discharge meeting, it was agreed that Mr Kearins will be discharged from the service, he will be informed by letter of routes back to the service should he require this in the future.

Please do not hesitate to refer Mr Kearins in the future, should you feel he requires our services.

Yours sincerely

Kyle Wilson
Drug and Alcohol Worker

Inverclyde Alcohol and Drug Recovery Service

Person Specific (Inpatient) Moving and Handling Assessment Form

Person's Name:	Mr Stephen Kearins	Named Nurse:		Person is totally independent (tick here and go to date box)	☒

1. General Information

Body Build		Problems with comprehension, behavior, co-operation (specify):
Weight	Height	
Kg	cm	
BMI:		Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify): Has stated he has had a previous breakin his tail bone, states hip gets stiff and locks during cold weather causing a limp
Risk of Falls: Yes ☐	No ☐	

2. Sit to Stand to Sit Transfers (Including to and from bed, wheelchair, commode and toilet)

Hoist ☐	Standaid ☐	Walking Aid ☐	Assistance ☐	Supervision ☐	Independent ☒
Model		Aid Type	People: 1 ☐ 2 ☐ >3 ☐		
Sling type		Additional Information / Equipment:			
Sling Size					

3. Toileting

Hoist ☐	Standaid ☐	Walking Aid ☐	Assistance ☐	Supervision ☐	Independent ☒
See No 2 Sit to Stand Transfers		see 'sit to stand transfers'	People: 1 ☐ 2 ☐ >3 ☐		
		Additional Information:			

4. Move on / off bed pan

Hoist ☐	Maneuver ☐	Assistance ☐	Supervision ☐	N / A ☒
See No 2 Sit to Stand Transfers	Roll patient ☐	People: 1 ☐ 2 ☐ >3 ☐		
	Monkey pole ☐	Additional Information:		
	Independent bridging ☐			

5. Move up / down bed

Hoist ☐	Handling Aids ☐	Assistance ☐	Supervision ☐	Independent ☒
See No 2 Sit to Stand Transfers	Sliding sheets ☐	People: 1 ☐ 2 ☐ >3 ☐		
	Monkey pole ☐	Additional Information:		
	Rope ladder ☐			

6. Lateral Transfer to / from trolley / bed

Hoist ☐	Handling Aids ☐	Assistance ☐	Supervision ☐	Independent ☒
See No 2 Sit to Stand Transfers	Rigid Transfer Board ☐	People: 1 ☐ 2 ☐ >3 ☐		
	Other (Please specify) ☐	Additional Information / Equipment (eg sliding sheets):		

7. Sit up over side of bed

Bed Rest ☐	Assistance ☐	Supervision ☐	Independent ☒
	People: 1 ☐ 2 ☐ >3 ☐		
	Additional Information / Equipment (eg rope ladder, swivel cushion):		

8. Into Bath or Shower

Equipment ☐	Handling Aid ☐	Assistance ☐	Supervision ☐	Independent ☒
Shower ☐	Shower chair ☐	People: 1 ☐ 2 ☐ >3 ☐		
Variable / Fixed height bath ☐	Shower trolley ☐	Additional Information / Equipment (eg sling lifting hoist after risk assess):		
Bed bath ☐	Bathing hoist (eg Alenti) ☐			

9. Walking

No Walking ☐	Walking Aid ☐	Assistance ☐	Supervision ☐	Independent ☒
	see 'sit to stand transfers'	People: 1 ☐ 2 ☐ >3 ☐		
	Additional Information / Equipment (eg hoist with walking sling, dist. Walked): Has stated he has had a previous breakin his tail bone, states hip gets stiff and locks during cold weather causing a lim			

10. Other Instructions / Observations / Equipment Used

	1st Assessment	2nd Assessment	3rd Assessment
Recording Symbol:	/ Forward slash	X	Ä
Date Assessed:	11/11/2025		
Assessor's signature:	W.Lappin		
Proposed Review date:	09/12/2025		

1. General Information (Only complete this section if changed from over page)

Body Build		Problems with comprehension, behavior, co-operation (specify):
Weight	Height	
Kg	cm	
BMI:		Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify):
Risk of Falls: Yes ☐	No ☐	

2. Sit to Stand to Sit Transfers (Including to and from bed, wheelchair, commode and toilet)

Hoist ☐	Standaid ☐	Walking Aid ☐	Assistance ☐	Supervision ☐	Independent ☐
Model		Aid Type	People: 1 ☐ 2 ☐ >3 ☐		
Sling type		Additional Information / Equipment::			
Sling Size					

3. Toileting

Hoist ☐	Standaid ☐	Walking Aid ☐	Assistance ☐	Supervision ☐	Independent ☐
See No 2 Sit to Stand Transfers for details		see 'sit to stand transfers'	People: 1 ☐ 2 ☐ >3 ☐		
		Additional Information:			

4. Move on / off bed pan

Hoist ☐	Maneuver ☐	Assistance ☐	Supervision ☐	N / A ☐
See No 2 Sit to Stand Transfers for details	Roll patient ☐	People: 1 ☐ 2 ☐ >3 ☐		
	Monkey pole ☐	Additional Information:		
	Person bridges ☐			

5. Move up / down bed

Hoist ☐	Handling Aids ☐	Assistance ☐	Supervision ☐	Independent ☐
See No 2 Sit to Stand Transfers for details	Sliding sheets ☐	People: 1 ☐ 2 ☐ >3 ☐		
	Monkey pole ☐	Additional Information:		
	Rope ladder ☐			

6. Lateral Transfer to / from trolley / bed

Hoist ☐	Handling Aids ☐	Assistance ☐	Supervision ☐	Independent ☐
See No 2 Sit to Stand Transfers for details	Rigid Transfer Board ☐	People: 1 ☐ 2 ☐ >3 ☐		
	Other (Please specify) ☐	Additional Information / Equipment (eg sliding sheets):		

7. Sit up over side of bed

Bed Rest ☐	Assistance ☐	Supervision ☐	Independent ☐
	People: 1 ☐ 2 ☐ >3 ☐		
	Additional Information / Equipment (eg rope ladder, swivel cushion):		

8. Into Bath or Shower

Equipment ☐	Handling Aid ☐	Assistance ☐	Supervision ☐	Independent ☐
Shower ☐	Shower chair ☐	People: 1 ☐ 2 ☐ >3 ☐		
Variable / Fixed height bath ☐	Shower trolley ☐	Additional Information / Equipment (eg sling lifting hoist after risk assess):		
Bed bath ☐	Bathing hoist (eg Alenti) ☐			

9. Walking

No Walking ☐	Walking Aid ☐	Assistance ☐	Supervision ☐	Independent ☐
	see 'sit to stand transfers'	People: 1 ☐ 2 ☐ >3 ☐		
	Additional Information / Equipment (eg hoist with walking sling, dist. Walked):			

10. Other Instructions / Observations / Equipment Used

	4th Assessment	5th Assessment	6th Assessment
Recording Symbol:	/ Forward slash	X	Ä
Date Assessed:			
Assessor's signature:			
Proposed Review date:			

The Mental Health (Care and Treatment) (Scotland) Act 2003

Revocation / Termination

of Emergency Detention / Short Term Detention / Extension Certificate

REV1

Instructions

v7.1

The following form is to be used:

to record the decision by the AMP / RMO to revoke an emergency detention, short-term detention or extension certificate, and to give notice of the termination of any of these certificates, whether as a result of revocation or any other reason

There is no statutory requirement that you use this form but you are strongly recommended to do so. This form draws attention to some procedural requirements under the Mental Health (Care and Treatment) (Scotland) Act 2003. Failure to observe procedural requirements may invalidate the notification.

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

Write clearly within the boxes in BLOCK CAPITALS and in BLACK or BLUE ink

For example: 25 MARKET ST

Shade circles like this -> ● *Not like this ->* ⊗ ✓

Where a text box has a reference number to the left, you can extend your response on plain paper where there is insufficient space in the box. Extension sheet(s) should be clearly labelled with Patient's name and CHI number, and each extended response should be labelled with the appropriate text box reference number.

Patient Details

CHI Number: 1802796037

Surname: KEARINS

First Name(s): STEPHEN

Other / Known As:

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title: MR

DoB dd / mm / yyyy: 18 / 02 / 1979

Gender: ● Male ○ Female ○ Prefers not to say ○ Not listed

If not listed, please specify

Detention Details

The patient is detained under the authority of:

- ● an emergency detention certificate
- ○ a short-term detention certificate
- ○ an extension certificate

The patient is detained in:

Hospital: INVERCLYDE ROYAL HOSPITAL

If the RMO or AMP is revoking the certificate please go to Part 1 (page 2)

If this certificate is terminating for any other reason please go to Part 3 (page 4)

Part 1: Revocation of Certificate

To be completed by AMP or RMO

AMP / RMO Details

Surname: CARBARNS

First Name: AMY

Title: MR

GMC Number: 7561334

Hospital: LEVERNDALE HOSPITAL

Hospital address: 510 CROOKSTON ROAD

Postcode: G53 7TU

Telephone No.: 01412327133

e-mail address: [redacted]

Approved under section 22 of the Act by:

Health Board: NHS GGC

Revocation of Certificate

I, the AMP / RMO named above, am revoking the patient's detention certificate, for the reasons stated below, as I am ***no longer satisfied*** that:

- the patient's condition meets the criteria for detention

  a) That the patient has a mental disorder **AND**,

  b) that, because of the mental disorder, the patient's ability to make decisions about the provision of medical treatment is significantly impaired **AND**,

  c) that if the patient were not detained in hospital there would be a significant risk to the health, safety or welfare of the patient; or to the safety of any other person

- that it continues to be necessary for the detention in hospital of the patient to be authorised by the certificate

1	Emotionally regulated and regretful of paracetamol overdose. Has plan for seeking help if any further suicidal thoughts.

Date Certificate Revoked: 09 / 11 / 2025

Time Certificate Revoked: 17:15 (24 hr)

Part 1 (cont)

To be completed by AMP or RMO

Patient's post-Detention Status

Discharge

- ◉ a) The patient has been discharged from hospital, **OR**
- ○ b) The patient has NOT been discharged from hospital.

Further care & treatment

- ○ a) The patient will receive further psychiatric care and treatment, **OR**
- ◉ b) The patient will NOT receive further psychiatric care and treatment

(where appropriate) further psychiatric care and treatment will be under the care of -

Full name and professional address of lead practitioner

Surname

First Name

Address

Postcode

Informing and notifying by AMP or RMO

Revoking an emergency detention certificate - AMP

I confirm that I will inform the following parties of this revocation as soon as practicable:

the patient

the managers of the hospital the patient was detained in

Revoking a short-term detention certificate or extension certificate - RMO

I confirm that I will give notice of this revocation to the following parties as soon as practicable:

the patient

the patient's named person (if any)

any guardian of the patient (see notes)

any welfare attorney of the patient (see notes)

the patient's MHO

I confirm it is my responsibility to ensure that notice (in the form of a copy of this document) will be sent to the following parties within 7 days of the revocation:

The Mental Welfare Commission

The Mental Health Tribunal for Scotland

Signed
by the AMP or RMO completing this revocation

This form should now be given to the hospital managers

Notes

"Guardian" means a person appointed as a guardian under the Adults with Incapacity (Scotland) Act 2000 (asp 4) who has power by virtue of section 64(1)(a) or (b) of that Act in relation to the personal welfare of a person

"Welfare attorney" means an individual authorised, by a welfare power of attorney granted under section 16 of the Adults with Incapacity (Scotland) Act 2000 (asp 4) and registered under section 19 of that Act, to act as such

Part 2: Informing of Revocation of Emergency Detention — To be completed by the Hospital Managers

The following will be informed of the revocation of the emergency detention certificate as soon as is practicable:

- ◉ patient's nearest relative
- ○ any person who resides with the patient (if not the nearest relative)
- ○ the patient's named person (if any and neither of the above)
- ○ any guardian of the patient (see notes at bottom of page 3)
- ○ any welfare attorney of the patient (see notes at bottom of page 3)

The local authority should also be notified as soon as practicable

Note: *If the managers KNOW where the patient resides, the local authority notified should be that for the area in which the patient resides. If the managers DO NOT KNOW where the patient resides, the local authority notified should be that for the area in which the hospital is situated.*

Local Authority notified: INVERCLYDE

eg Glasgow City, City of Edinburgh, Highland, Scottish Borders, ect. The word "Council" may be omitted

Part 3: Termination of Detention — To be completed by the Hospital Managers

To be completed in ALL cases - where RMO/AMP has revoked certificate OR any other termination of detention

The emergency detention, short-term detention certificate or extension certificate ceased to authorise the detention of the patient on: 09 / 11 / 2025

Where revoked by RMO / AMP this is date of revocation recorded on page 2

for the following reason:

- ○ Expiry of authority to detain
- ◉ Revocation by patient's AMP or RMO
- ○ Revocation by the Mental Welfare Commission
- ○ Revocation by the Mental Health Tribunal for Scotland
- ○ Transfer out of Scotland
- ○ Unauthorised absence
- ○ Death of patient
- ○ Termination for other reasons (give details below)

2

Completed by: SHONA JACKSON

Job Title: MHA ADMINISTRATOR

Signed: [signature]

Date: 11 / 11 / 2025

A copy of this form should be sent to the Mental Welfare Commission and the Mental Health Tribunal for Scotland as soon as is practicable