WRIGHT, Colin (Mr) Date of Birth: **04-Dec-1962 (63y)**

102 Summertown Road, Glasgow, G51 2PU

CHI Number:	041 262 6071	Home Tel:	
Usual GP:	GANGADHARAN, A (Dr)	Work Tel:	
Patient Type:	Community Registered	Mobile Tel:	07783349366
Registered:	05-Oct-2025	Email:	
Language:	unknown	Dispensing:	No
Advocacy Needs:		Transport Needs:	

Problems

Active

05-May-2021	[X]Mood - affective disorders	low mood

Significant Past

Minor Past

Medication

No Current Medication

Allergies

No allergies recorded.

Consultations

09-Oct-2025		Winvoice Pro Filing GLENN, Tina (SeniorUnscheduledCareNurse)
	Additional	Attachment MH48 Brief Assessment | Queen Elizabeth University Hospital Mental Health | Tina Glenn
09-Oct-2025 11:45		Face to face consultation (Liaison QUEH) GLENN, Tina (SeniorUnscheduledCareNurse)
		Template: **CRAFT - Risk Assessment**
	Comment	Risk assessment When is this review taking place? Emergency presentation AMHLS 05/10/2509.10.25 - AMHLS Risk Assessment What do the clinical team, service user and family/carer think the key risks are at the moment, please describe these in detail? AMHLS 05/10/25Colin was brought in to QEUH via Ambulance on 02/10/2025 at 11.36am after being found unresponsive by his carers. On arrival paramedics found pt unresponsive and reduced RR. Evidence of drug use present in bedroom -white powder residue. Pt admitted to taking his prescribed medications - Oromorph and Zoplicone alongside 2 lines of cocaine . Pt reports it wasn't an act of DSH but an error in the oromorph he took, reports he has a stronger concentrated dose and he took this accidentally and believes this is why he ended up in hospital. Pt reports using cocaine every few days for the the past few months.Reports to have no thoughts of harming himself . No immediate risk identified.09.10.25 - AMHLS - as above. Continues to deny attempting to harm himself prior to admission. No current suicidal or self-harming thoughts, plan or intent; displayed future focus. Mood appeared

bright and reactive at time of assessment.
What historical risk factors are there that it is important to be aware of? AMHLS 05/10/25Previous episodes of suicidal ideation and DSH.Ongoing Physical health issues.09.10.25 - AMHLS - as above.
What are the obstacles to risk management/what risks canâ€™t be changed? AMHLS 05/10/25Receives prescription for strong analgesics- Oromorph and Fentanyl for pain management Ongoing physical health issues.09.10.25 - AMHLS - as above.
What factors are present that reduce risk? AMHLS 05/10/25Currently lives with Daughter [redacted] Is visited by carers daily.No current suicidal ideation.09.10.25 - AMHLS - denied attempting to harm himself prior to admission. Denied any current suicidal or self-harming thoughts, plan or intent. Displayed future focus and cited protective factors. Feels able to seek help if required.

Risk Management

Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)? AMHLS 05/10/25If Colin continues using cocaine mental and physical health will deteriorate.If prsecribed medications arent used as instructed by doctor.09.10.25 - AMHLS - as above. If he is unable to secure his own tenancy this make initiate a deterioration in mental state.
What is the clinical team going to do about it - In the next few days/between now and next appointment? AMHLS 05/10/25Will visit Colin again next week , staff on ward can contact AMHLS prior if required.09.10.25 - AMHLS - discharge from QEUH. Provided with Emergency Pocket Information Card (EPIC) and encouraged to use if required.
What is the clinical team going to do about it - In the next few months? AMHLS 05/10/25Discharge plan to be confirmed09.10.25 - AMHLS - N/A
Are there any other considerations for risk management ? AMHLS 05/10/25Nil09.10.25 - AMHLS - no additional considerations identified at time of assessment.
What should the service user/family/carers do if risky situations emerge ? AMHLS 05/10/25Seek help from ward staff.09.10.25 - AMHLS - agreed to contact GP/NHS24/utilise EPIC if required.

Have all relevant professionals been informed of the risk management plan ? Yes

05-Oct-2025 14:05 — Face to face consultation (Queen Elizabeth University Hospital) COLLINS, Samantha (StudentNurse)

Template: **CRAFT - Risk Assessment**

Comment

Risk assessment
When is this review taking place? Emergency presentation AMHLS 05/10/25

Risk Assessment

What do the clinical team, service user and family/carer think the key risks are at the moment, please describe these in detail? AMHLS 05/10/25Colin was brought in to QEUH via Ambulance on 03/05/2025 at 11.36am after being found unresponsive by his carers. On arrival paramedics found pt unresponsive and RR. Evidence of drug use present in bedroom -white powder residue. Pt admitted to taking his prescribed medications - Oromorph and Zoplicone alongside 2 lines of cocaine . Pt reports it wasn't an act of DSH but an error in the oromorph he took, reports he has a stronger concentrated dose and he took this accidentally and believes this is why he ended up in hospital. Pt reports using cocaine every few days for the the past few months.Reports to have no thoughts of harming himself . No immediate risk identified.
What historical risk factors are there that it is important to be aware of? AMHLS 05/10/25Previous episodes of suicidal ideation and DSH.Ongoing Physical health issues.
What are the obstacles to risk management/what risks canâ€™t be changed? AMHLS 05/10/25Receives prescription for strong analgesics- Oromorph and Fentanyl for pain management Ongoing physical health issues.
What factors are present that reduce risk? AMHLS 05/10/25Currently lives with Daughter [redacted] Is visited by carers daily.No current suicidal ideation.

Risk Management

Under what circumstances are risks likely to increase (This information must be shared with service user/family/carers)? AMHLS 05/10/25If Colin continues using cocaine mental and physical health will deteriorate.If prsecribed medications arent used as instructed by doctor.

What is the clinical team going to do about it - In the next few days/between now and next appointment? AMHLS 05/10/25Will visit Colin again next week , staff on ward can contact AMHLS prior if required.
What is the clinical team going to do about it - In the next few months? AMHLS 05/10/25Discharge plan to be confirmed
Are there any other considerations for risk management ? AMHLS 05/10/25Nil
What should the service user/family/carers do if risky situations emerge ? AMHLS 05/10/25Seek help from ward staff.
Have all relevant professionals been informed of the risk management plan ? Yes

05-Oct-2025 13:15	Face to face consultation (Queen Elizabeth University Hospital) COLLINS, Samantha (StudentNurse)
	Template: **SBAR V4**
Comment	Situation Patient admitted on 2/10/25 after being found unresponsive by carers .On arrival ambulance found pt hypoxic with a reduced RR.evidence of drug use in bedroom-white powder residue. Colin was then taken to QEUH were he was admitted to ward 7B and referred to AMHLS due to potential DSH and low mood. Background Colin has a history of DSH and suicidal ideation. Has previously received care and treatment at Brand St CMHT but was discharged due to several missed appointments.Colin currently lives with his daughter [redacted] and has done so since the death of his wife 4 years ago but feels that arrangement is no longer working and hopes to secure own accomodation. Colin has several physical health issues from previously having a stroke and throat cancer . Assessment Colin was tearful throughout assesment especially when discussing the death of his wife 4 years previous. Hes since been living with his younger daughter [redacted] and feels he has became a burden to her ,appears to be causing him a lot of stress and is eager to secure his own accomodation . When asked about his understanding of how he got to hospital he remembers taking his prescribed medications. Oromorph and zoplicone alongside 2 lines of cocaine. Did disclose he mistakenly took the stronger dose of concentrated oromorph and believes this is what led to his admission. Reports it wasn't an attempt at DSH and just a mistake. He has no current plans to end his life. Reports to at times having suicidal ideation and feeling " theres no point" . Missing his late wife and his current physical health and lack of mobility seem to be the main triggers for his low mood.Colin appeared very unwell physically ,looking very gaunt. Wearing an oxygen mask to help him breathe due to his pnemonia and COPD,having a conversation was possibly quite strenuous for him. Looked much older than his 62 years. No evidence of any pyschotic features and cognitively intact. Recommendation Arranged to see Colin again next week. Risk Colin receives strong analgesics-Oromorph and Fentanyl for pain management.Ongoing physical health issues. No current suicidal ideation. Patient care record reviewed by clinical supervisor T Glenn
05-Oct-2025 08:39	Inbound Referral (NHS GG&C Mental Health Services) WALKER, Louise (SeniorUnscheduledNurse)
Referral	Referral to mental health team From: GGC RS QEUH - Inpatients
03-Oct-2025 11:32	Administration note (NHS GG&C Mental Health Services) MARSHALL, Lori (ADRSNurse)
	Template: **Crisis Outreach Service Referral & Discharge**
Assessment	Referral / Discharge Brief Referral/Discharge Summary with Clear Concise Plan, Actions & Interventions Referral from SAS detailed belowNo evidence of substance misuesNo history of substance misuseAppears to have been physical health complaontNo role for COSReferral rejected
03-Oct-2025 09:03	Administration note (NHS GG&C Mental Health Services) DUNNIGAN, Rebecca (SeniorBusinessSupport)
	Template: **Crisis Outreach Service Referral & Discharge**
Assessment	Referral / Discharge Brief Referral/Discharge Summary with Clear Concise Plan, Actions & Interventions Incident Date - 02/10/2025Incident Location - 102 SUMMERTOWN ROAD, GLASGOW, G51 2PU G51 2PUReferral Details - Pt carers attended this AM and found pt

	lying in bed unresponsive, unable to rouse, evidence of vomit/excess saliva...MALE COPD. BREATHING BAD-WORSE THAN NORMAL,. CANT GET HIM WAKENED, DROULING
03-Oct-2025 09:03	Inbound Referral (NHS GG&C Mental Health Services) DUNNIGAN, Rebecca (SeniorBusinessSupport)
Referral	Referral to addiction service From: Ambulance Service
09-Jun-2025 12:13	Clinic note (NHS GG&C Mental Health Services) BRENNAN, Gillian (Therapist)
Comment	Emis checked following referralNo contact with Mental Health Services since last referral to CMHTMarch 2024 - Contact with duty at Brand St, expressing suicidal ideation. H.Kerr contacted police to advise of client's presentation. No further role for duty and no further notes since. 2023 - Disengaged from CPN following assessment. Issues associated with death of wife, weight loss due to PEG feeding following throat cancer. No acute risks at time of discharge. 2021 - Disengaged from CPN. Discharged and details of Cruse provided. 2017 - Disengaged from CPN. Current GP referral seeking input to improve quality of life. Isolated following death of wife and has cancer. Would like to go out more. Client actively engaging with counselling. Plan - Letter advising that client could access website to see other services that could be of benefit e.g. Men Matter, Men's Shed, GAMH, Maggies etc.. community link worker in practice. Continue to engage with counselling.
09-Jun-2025 10:54	NHS GG&C Mental Health Services CHALMERS, Mandy (LocalityAdministrator)
Document	SCI Gateway referral letter 🗎 SCI Gateway referral letter from Drs Shields, Dale & Blackwood (09-Jun-2025)
09-Jun-2025 10:54	Inbound Referral (NHS GG&C Mental Health Services) CHALMERS, Mandy (LocalityAdministrator)
Referral	Referral to primary care mental health team From: Drs Shields, Dale & Blackwood
09-Jun-2025	NHS GG&C Mental Health Services MCGUIGAN, Eddie (TeamSecretary)
Document	Letter sent to general practitioner 🗎 PCMHT - Letter to GP
24-Mar-2025 13:49	Telephone call to a patient (Brand Street Resource Centre) KERR, Hayley (NurseTeamLeader)
Comment	Duty Admin staff advised writer that Colin had turned up at reception looking for a bus pass, when he was advised that he wasn't open to CMHT, he left and indicated that he would end his life. Writer accessed Colin's notes on basis of risk of harm to himself. Writer called mobile number on the system which Colin answered. He confirmed that he had been at Brand St a short time ago but he was frustrated with response. He gave account of process he has been through to try and access a bus pass and unhappy with services being unable to assist. He shared that he has been informed he can access Citzean advice but he doesn't wish to do this. Colin briefly discussed that he has district nurses twice daily and had plans to call and cancel them. Colin advised that he didn't need to worry about a bus pass now as "the place he was going" he didn't need it. Writer clarified what he meant by this. He advised he had plans to end his life. He did not share a plan. Writer managed to confirm that he was at home. Colin thanked writer for call and ended this, despite writer encouraging Colin to remain on the phone, he ended the call. Writer called Police Scotland given Colin indicating that he would harm himself. Incident number [redacted]. Writer advised call handler that writer was unable to confirm address with Colin but provided the address on the system. Call handler confirmed Police would attend home address given. Colin's mobile number has also been provided. No further role for duty.
14-Aug-2023	Winvoice Pro Filing FARRELL, Anthony (StaffNurse)
Additional	Attachment 🗎 MH64 Discharge Letter To GP | Brand Street Resource Centre Mental Health | Anthony Farrell
04-Aug-2023	Winvoice Pro Filing FARRELL, Anthony (StaffNurse)
Additional	Attachment 🗎 MH64 Discharge Letter To GP | Brand Street Resource Centre Mental Health | Anthony Farrell

04-Aug-2023 10:00	Multidisciplinary team meeting without patient (Brand Street Resource Centre) FARRELL, Anthony (StaffNurse)
Comment	MDT, Discussed at mdt as a discharge, letter to GP.
14-Jul-2023	Winvoice Pro Filing FARRELL, Anthony (StaffNurse)
Additional	Attachment MH61 Opt-in Letter | Brand Street Resource Centre Mental Health | Anthony Farrell
12-Jul-2023	Winvoice Pro Filing FARRELL, Anthony (StaffNurse)
Additional	Attachment MH61 Opt-in Letter | Brand Street Resource Centre Mental Health | Anthony Farrell
30-Jun-2023 13:30	Face to face consultation (NHS GG&C Mental Health Services) FARRELL, Anthony (StaffNurse)
Comment	Colin did not attend planned appointment at Brand street today and has not contacted. 10day letter to be sent.
19-Jun-2023	Winvoice Pro Filing TRIMBLE, Frank (TeamSecretary) Entered By: FARRELL, Anthony (StaffNurse)
Additional	Attachment MH8 Return appointment letter to patient | Brand Street Resource Centre Mental Health | Frank Trimble
16-Jun-2023 10:30	Multidisciplinary team meeting without patient (Brand Street Resource Centre) FARRELL, Anthony (StaffNurse)
Comment	MDT Discussed as a new assessment at mdt.
08-Jun-2023 10:00	Face to face consultation (NHS GG&C Mental Health Services) FARRELL, Anthony (StaffNurse)
Assessment	Template: **CRAFT - Risk Assessment** Risk assessment • Initial Assessment At risk of DSH - deliberate self harm (12-Jun-2023) Harm to Self: Yes Colin has been having fleeting thoughts of suicide. Colin explains that these are " just thoughts", but he is also feeling that life is genuinely hopeless at times and that he cannnot see his life improving.Colin has a large family network, and states that they are a strong protective factor. Harm to Others: No (12-Jun-2023) No Harm to Children: No (12-Jun-2023) No At risk for self neglect (12-Jun-2023) Harm from Self Neglect: Colin has peg tube and sometimes omits medication and feeds Harm from Others: No (12-Jun-2023) No Falls: No (12-Jun-2023) No Harm related to Cognitive Impairment: No (12-Jun-2023) No [RFC] Physical health problems or physically unwell (12-Jun-2023) Poor Physical Health: Yes.....Colin was diagnosed with Laryngeal cancer in May 2019, and was successfuly treated, via chaemotherapy, he has a peg tube in situ. Previous stroke and TIA's. Absconding: No (12-Jun-2023) No a. Please summarise previous risk history with dates, severity and context. Are there any situations associated with increased risk? Colin describes having 2-3 episodes of suicidal behviour over the course of his adult life. The most recent was around 6 years ago, when he travelled to England, and took a small overdose, which did not require treatment.On another occasion, he had thoiughts of hanging himself, but did to follow thriough wioth this behaviour b. What are the principal risks? What are the current risk factors? What are the protective factors? (12-Jun-2023) Further deterioration in mood and/or physical health. Service user view of risks (12-Jun-2023) Ambivilant about life. Family / carer view of risks N/A family appear to be very supportive a. Safety Plan (12-Jun-2023) Colin has agreed to engage for a period of support. b. Risk management plan identify actions and timescale (12-Jun-2023) Further home visit panned in 2 weeks. Note of other professionals and teams and copies sent to: Brand street CMHT
08-Jun-2023 10:00	Face to face consultation (Patients Home) FARRELL, Anthony (StaffNurse)
Comment	Home visit Colin was sitting at his window talking with his neighbour, he was casually

dressed in a clean tracksuit and trainers. He stated that he usually gets up early and sits at his window until his daughter and grandson get up, he will them return to his room for the afternoon. Colin has a peg tube in situ and has daily feeds but stated that he has lost weight as he does not feel hungry most days, he has diatitian support. He stated that he had attended the Beatson and was encouraged by nursing staff to attend Maggies centre for support and group sessions. Colin stated that he is reluctant to engage with groups but was thinking about it. We discussed his interest in cars he trained as a motor mechanic but has not worked for several years, he still tinkers with his and friends cars. Writer suggested the mens shed but again Colin was not convinced it would be for him. No current self-harm although he stated that he has given up since his wife passed away over two years ago. Colin stated adherence with prescribed medication including Fluoxetine 40mgs daily via peg. Follow-up appointment offered for three weeks.

23-May-2023 14:00	Telephone call to a patient (Brand Street Resource Centre) FARRELL, Anthony (StaffNurse)
Comment	Telephone contact with Colin for initial assessment following a referral from Dr Dale Rutland surgery due to depression and suicidal thoughts, there has been several failed attempts to contact Colin due to both missed appointments and sick leave by writer. Colin stated that his life has changed since the death of his wife two years ago and his own physical health problems. He stated that he has a NG tube in situ and has daily feeds he also stated that he has several cups of coffee daily and mostly eats scrambled eggs as he can't tolerate solid food and does not like pureed food. He has throat cancer, copd and is being investigated for several other physical health problems. Colin stated adherence to prescribed medication that is crushed or has in liquid form and flushed through his NG tube. Long standing thoughts of self harm but stated that he has not acted on them and no current plan. He was given contact numbers for out of hours and Brand street that he could utilise in an emergency. Colin stated that he lives with his youngest daughter [redacted] her partner and his three year old grandson [redacted], in a four apartment house in Govan area of Glasgow. He also has two other daughters and two sons who have their own accomodation, he has a total of ten grandchildren and two great grandchildren. He stated that they visit on special occasions. Follow-up appointment offered on 08/06/23.
03-May-2023 15:53	Face to face consultation (NHS GG&C Mental Health Services) WATSON, Graeme (ChargeNurse)
Comment	Duty Contacted Colin to cancel arranged appt tomorrow with Tony Farrell CPN
03-May-2023 14:23	Telephone call to a patient (NHS GG&C Mental Health Services) MULLANEY, Shaun (NurseTeamLeader)
Comment	Duty - Phone contact attempted to cancel tomorrows appointment with k/w t Farrell due to sick leave. No reply. No message left due to generic voicemail. Will forward to pm duty.
24-Apr-2023	Winvoice Pro Filing FARRELL, Anthony (StaffNurse)
Additional	Attachment 🗎 MH8 Return appointment letter to patient | Brand Street Resource Centre Mental Health | Anthony Farrell
19-Apr-2023 11:00	Face to face consultation (Patients Home) FARRELL, Anthony (StaffNurse)
Comment	Home visit to Colin as planned, Colin's daughter answered the door and stated that he was at a hospital appointment. Another appointment will be offered in due course.
05-Apr-2023 13:44	Non-consultation data (NHS GG&C Mental Health Services) THOMSON, Linda (StaffNurse)
Comment	Screening-team allocation.
03-Apr-2023	Winvoice Pro Filing WATSON, Graeme (ChargeNurse)
Additional	Attachment 🗎 MH60 Referral Downgrade | Brand Street Resource Centre Mental Health | Graeme Watson
03-Apr-2023 12:44	Face to face consultation (NHS GG&C Mental Health Services) WATSON, Graeme (ChargeNurse)
Comment	Duty Contact made with Colin following urgent referral from Dr Dale Rutland surgery. Colin reports ongoing physical health difficulties has gastrostomy fitted Jan 2023 recent difficuties with feeding, has had new pump fitted for gastrostomy feeds and feels better than his previous one, has COPD. Wife passed away 2 years ago.

	often has thoughts of not wanting ot be alive. has thoughts most days of suicide however would not act on these. His children and grandchildren are a protectvie factor. Provided with apporpriate contact numbers. Referral downgraded routine and will be discussed at screening meeting on 05/04/23
31-Mar-2023 09:42	NHS GG&C Mental Health Services MCKINNEY, Elizabeth (LocalityAdministrator)
Document	SCI Gateway referral letter 🖹 (30-Mar-2023) SCI Gateway referral letter from Drs Shields, Dale & Blackwood (30-Mar-2023)
31-Mar-2023 09:42	Inbound Referral (NHS GG&C Mental Health Services) MCKINNEY, Elizabeth (LocalityAdministrator)
Referral	Referral to community mental health team From: Drs Shields, Dale & Blackwood
12-Nov-2021	Unknown RICHARDSON, Catriona (CPN)
Additional	Attachment 🖹 MH64 Discharge Letter To GP | Brand Street Resource Centre Community Mental Health Team | Catriona Richardson
12-Nov-2021	Unknown RICHARDSON, Catriona (CPN)
Additional	Attachment 🖹 MH64 Discharge Letter To GP | Brand Street Resource Centre Community Mental Health Team | Catriona Richardson
05-Nov-2021 10:01	Multidisciplinary team meeting without patient (Brand Street Resource Centre) RICHARDSON, Catriona (CPN)
Comment	MDT - Discussed at mdt, Colin has disengaged from cpn support, missed the last 2 home visit appts and not answered his phone or responded to messages, not concerned regards risk, lives with his adult daughter and his car has been noted to be moved/in use. Team agreed to plan of discharge from cpn caseload, will send Colin information for Cruse bereavement support which he can access if he feels he needs some support now or in the future to manage his grief. Plan to discharge. Discharged - treatment completed
26-Oct-2021 11:00	Face to face consultation (NHS GG&C Mental Health Services) RICHARDSON, Catriona (CPN)
Comment	Attempted home visit for planned appt, no answer to door.
18-Oct-2021	Unknown MCVEY, Lorna (Secretary) Entered By: RICHARDSON, Catriona (CPN)
Additional	Attachment 🖹 MH8 Return appointment letter to patient | Brand Street Resource Centre Mental Health | Lorna McVey
07-Sep-2021 14:00	Face to face consultation (NHS GG&C Mental Health Services) RICHARDSON, Catriona (CPN)
Comment	Attempted home visit for planned appt, no answer to door and Colin's car wasn't there. On return to office attempted telephone contact, no answer. Colin is possibly away on holiday, he had spoke of possibly going away at last visit. Writer will send another appt. Follow-up appointment offered
12-Aug-2021 14:00	Face to face consultation (Patients Home) RICHARDSON, Catriona (CPN)
Comment	Home visit as planned. Colin was on the phone when writer arrived, had just bought a car and was in the process of insuring it, also organising to get the wheels coated. Colin states he had an argument with his daughter last week, he packed his clothes and stormed out the house, drove at high speeds heading to his brothers grave in England with the intention to lie on the grave, slit his throat and die. Colin had sent messages to his family to make them aware of his intention, family contacted a relative who lived local to the grave wjho phoned Colin and colin agreed to meet them, Colin stayed with his cousin for a few days, visited friends and family in England before returning home. Colin arranged a meeting with his children on his return and it seems they have settled their differences and trying better to support each other, seemingly prior to this they had all been arguing. Colin is still having thoughts to get himself a new flat and have a fresh start, he finds living with his daughter and young grandson difficult at times. Colin removed his peg feed, states he was fed up with people telling him what to do, advise was inconsistent and he felt he had no control, remains in contact with district nurses

regarding same.
Colin states at the moment he is feeling better, he is focusing on the new car, which is keeping him busy, and selling his old one, transferring the tax etc.
Colin plans to go back to England for a proper break in a few weeks, one of his cousins is going and he plans to go with them.
No suicidal thoughts today however it appears that Colin could be at risk of impulsivity at times of increased stress/heat of the moment when arguing with family.
Reports complience with prescribed Mirtazepine 30mg, reports benefit to sleep.
Agreed to further appt 7th Sept at 2pm. Colin is aware he can contact writer prior to this if support required.
Follow-up appointment offered

22-Jul-2021 13:00	Face to face consultation (Patients Home) RICHARDSON, Catriona (CPN)
Comment	Home visit as planned. Colin was downstairs making tea when writer arrived, daughter and grandson were also at home. Colin continues to feel low in mood and tearful, especially when talking about family issues following his wife's death, still struggling with grief. Colin is thinking of going down south for a few weeks as his elderly aunt is unwell and he does not believe her family are caring for her, he reports he was always close to his aunt and feels he needs to go and try to support her. Although Colin is struggling to see a future without his wife or have a reason to carry on he has no plans to harm himself. He has started taking his mirtazepine, has not recognised any benefit to mood but reports better sleep, has only just been increased to 30mg this week, will continue to monitor. No other concerns raised, next appt arranged for 12th Aug at 2pm, writer will call prior to visit to ensure Colin is at home as may be in England. Follow-up appointment offered
09-Jul-2021 09:30	Multidisciplinary team meeting without patient (Brand Street Resource Centre) RICHARDSON, Catriona (CPN)
Comment	MDT - discussed at mdt, Dr Byers suggests commencing mirtazepine oral dispersible for Colin to see if that helps mood/appetite/sleep, writer will advise Colin of same.
06-Jul-2021 11:00	Face to face consultation (Patients Home) RICHARDSON, Catriona (CPN)
Comment	Home visit for planned appt. Colin was still in bed when writer arrived, his daughter answered the door and woke Colin. No change in presentation, continues to be low in mood, not taking any of his medications or peg feed, is managing a small amount of oral food, snacks mainly, states does not feel hungry/cant be bothered, weight is being monitored by dietician, remaining stable at present. Currently prescribed fluoxetine, not taking as he doesn't feel it does anything, aware current mood difficulties are related to grief, did discuss possibly trying a different antidepressant to see if this could maybe help increase his appetite, Colin agreed for writer to discuss this with medics at MDT. Still future focused, has plans to do a road trip down to England to see family, has planned the route but aware he is not fit enough yet to drive that distance. Lives with daughter, i get the impression relationship is quite strained at times, daughter is very houseproud/particular, and if Colin leaves any of his belongings in the living room, his feed equipment etc, his daughter puts it away in the cupboard, this discourages Colin from getting it all back out, discussed chatting to his daughter about how this makes him feel and try and decide on a suitable area in the kitchen that he could maybe leave his feed for easy access. Some ongoing family difficulties which is causing upset, Colins wifes sister has been sending messages via facebook accusing him of not giving his wife a proper send off/funeral, Colin has tried to explain this was due to the covid restrictions but it is causing increased upset. No new risks identified , agreed to a further visit on 22nd July. Follow-up appointment offered
06-Jul-2021	Brand Street Resource Centre BYERS, Stephen (Consultant)
Additional	Attachment 🗎 (09-Jul-2021) MH13 Prescription change letter to GP | Brand Street Resource

Centre Psychiatry | Stephen Byers

08-Jun-2021 12:00	Face to face consultation (Patients Home) RICHARDSON, Catriona (CPN)
Comment	Home visit for planned appt. Colin's presentation remains the same, mood low and tearful, states has struggled this last week, partly due to him lending Â£20 to a guy he knows who then bought heroin and whilst injecting into his groin cut an artery and is in intensive care, Colin feels guilty about this, feels its his fault, even thhough he did not know the boy used drugs. Spending all his time in his room, which is Colin's usual practice, encouraged him to try and spend some time downstairs with the family. Plans to possibly go away at the weekend down south to visit family, but is unsure if he will as he would normally have his wife with him and is finding it difficult being out in the car without her, advised it will take time to get used to doing things on his own but it is important to try. Still receiving ongoing care from the district nurses with his peg feed, has managed to take it a few days last week but not since, encouraged to try and take it more often. Still not taking his antidepressant, no reason for not just cant be bothered, encourged to try. No new concerns, agreed to contact writer if support required. Next appt rranged for 6th July at 11am. Follow-up appointment offered
19-May-2021 11:00	Face to face consultation (Patients Home) RICHARDSON, Catriona (CPN)
Comment	Home visit as planned. Colin engaged well, pleasant and chatty, tearful at points. Colin has been keeping busy organising gifts for his family, keepsakes of their mum, necklaces with her finger print on, also organising a headstone for the grave, Colin became emotional saying that he would not know what to do with himself once everything was organised as this has been giving him a focus, discussed the greiving process and how he is feelling is natural. Also had a discussion about the importance of Colin looking after himself and his physical health, he continues not to take his feed or medication, has been using the pain relief patches his G.P prescribed in place of the morphine, Colin states he has not been taking his feed as he doesn't feel hungry, is eating crisps, chocolate, yogurts, jelly and custard. Attempted to encourage Colin to take his antidepressant as this may also help increase his appetite. Discussed his family and the loss they have also experienced this year and atttempted to encourage Colin to look after himself so that his family don't have additional worry and the importance of him being able to also support them through their loss. Although Colin does not feel that he wants to continue living he is not voicing any immediate plans to harm himself, he is talking about getting cars fixed and upcoming family events, just seems a bit lost just now. Agreed to further visit on Tues 8th June at 12pm. Follow-up appointment offered
19-May-2021	NHS GG&C Mental Health Services RICHARDSON, Catriona (CPN)
Document	Mental health assessment 🗎 Adult Mental Health Initial Assessment Tool
19-May-2021	NHS GG&C Mental Health Services RICHARDSON, Catriona (CPN)
Document	Mental health care plan status 🗎 SSA Careplan
07-May-2021 10:00	Multidisciplinary team meeting without patient (Brand Street Resource Centre) RICHARDSON, Catriona (CPN)
Comment	MDT - discussed new assessment at mdt, team aware writer will offer further cpn support.
05-May-2021 15:00	Face to face consultation (Patients Home) RICHARDSON, Catriona (CPN)
Assessment	Template: **CRAFT - Risk Assessment** Risk assessment • Initial Assessment At risk of DSH - deliberate self harm Harm to Self: Yes.....Whilst Colin has not been experiencing suicidal behaviours, he has been having fleeting thoughts of suicide.Colin explains that these are ” jjust thoughts”, but he is also feeling thaat life is genuinely hopeless at times, and that he cannnot see his life improving,Colin has a large family network, and states that they are sytrong protective factors.05/05/21 - Currently feeling

like life is not worth living, nothing to live for but no plan or intent to harm himself.
Harm to Others: No • Harm to Children: No
At risk for self neglect Harm from Self Neglect: Yes, currently not taking any medication prescribed for his physical health, his antidepressant or his peg feed suppliment.
Harm from Others: No • Falls: No • Harm related to Cognitive Impairment: No
[RFC] Physical health problems or physically unwell Poor Physical Health: Yes.....Colin was diagnosed aas suffering from Laryngeal cancer in May 2019, and was successfuly treated, via chaemotherapy.he is still undergoing radiotherapy, and this is likely to be aprolonged period of difficult recoveryPrevious stroke and TIA's05/05/21 - Colin has stopped taking all prescribed medication and food suppliments but has agreed today to consider restarting.
Absconding: No
a. Please summarise previous risk history with dates, severity and context. Are there any situations associated with increased risk? Colin describes having 2-3 episodes of suicidal behviour over the course of his adult life.The most recent was around 5 years ago, when he travelled to England, and took a small overdose, which did not require treatment.On another occasion, he had thoiughts of hanging himself, but did to follow thriough wioth this behaviour05/05/21 - Denies current plan or intent to hrm himself.
b. What are the principal risks? What are the current risk factors? What are the protective factors? Further deterioration in mood and/or physical health.
Service user view of risks Ambivilant about life.
Family / carer view of risks Grand daughter was present but did not take part in visit.
a. Safety Plan Colin has agreed to engage for a period of support.
b. Risk management plan identify actions and timescale Further home visit panned in 2 weeks.

05-May-2021 15:00	Face to face consultation (Patients Home) RICHARDSON, Catriona (CPN)
	Template: **SBAR V4**
Problem	**[X]Mood - affective disorders** *(First)* low mood
05-May-2021 13:00	Face to face consultation (Patients Home) RICHARDSON, Catriona (CPN)
Comment	Visited Colin at home as planned for assessment following G.P referral, see assessment documentation for full details. Colin engaged well, states that he is feeling bit better just now, although still not taking any medication or his food supplement feed. Still quite ambivilant about living, but no plan or intent to harm himself, states the last few weeks has just felt like "whats the point" of carrying on, has planned and paid for his funeral, bought a plot and has been decorating it, his wife died in Feb this year, had a lung condition and then caught covid, and passed away, his wife was creamated but he plans to be buried with his wife's ashes with him. Ongoing difficulties following throat cancer, has a lump at the side of his neck and pain down his left side, had not been tking his morphine but the nurses from the beatson were out today and have given him morphine patches to use, has agreed to try this, is aware that constant pain can be affecting his mood also, attempted to encourage Colin to start taking his antidepressant also. States that he got his lighters out yesterday, he collects them and fixes them as a hobby, hadnt been doing this since his wife passed, talked quite passionately about his collection, has obviously put a lot of time and effort into his collection, also collects stamps and whisky. His granddaughter and her 17mth old baby live with Colin, states this does offer some distraction and company, has 5 children, 10 grandchildren and 3 great grandchildren, close family who all live nearby and visit regularly. Normally spends time fixing cars, was mechanic, not as able now due to poor physical healthh which he finds very frustrating. Colin agreed to a further appt in 2 weeks on 19th May at 11am.
26-Apr-2021	Unknown RICHARDSON, Catriona (CPN)
Additional	Attachment 🗎 MH7 New appointment letter to patient | Brand Street Resource Centre Mental Health | Catriona Richardson
21-Apr-2021 14:37	Telephone call to a patient (NHS GG&C Mental Health Services) RICHARDSON, Catriona (CPN)

Comment	Duty - Urgent referral received. Telephoned Colin, aware of referral, agreeing to maintain safety, agreeing to contact Brand St if mood deteriorates further and requiring support to maintain his safety, has contact numbers. aware referral will be screened today, allocated on Frid and he will receive an appt following this, agreeing to contact duty if struggling/requiring support prior to first appt. Referral downgraded to routine.
21-Apr-2021 14:35	Administration note (NHS GG&C Mental Health Services) MCVEY, Lorna (Secretary)
Comment	Screening meeting - team assessment
21-Apr-2021 14:34	Administration note (NHS GG&C Mental Health Services) MCVEY, Lorna (Secretary)
	Empty consultation
21-Apr-2021 13:53	NHS GG&C Mental Health Services LEITCH, Collette (ClericalOfficer)
Document	SCI Gateway referral letter 🗎 SCI Gateway referral letter from Drs Shields, Dale & Blackwood (21-Apr-2021)
21-Apr-2021 13:53	Inbound Referral (NHS GG&C Mental Health Services) LEITCH, Collette (ClericalOfficer)
Referral	Referral to community mental health team From: Drs Shields, Dale & Blackwood
02-Sep-2020	Unknown MCGREECHIN, James (ChargeNurseCPN)
Additional	Attachment 🗎 (03-Sep-2020) MH47 Blank Template to StorePortal | Brand Street Resource Centre Mental Health | James McGreechin
24-Aug-2020	NHS GG&C Mental Health Services MCGREECHIN, James (ChargeNurseCPN)
Document	Mental health assessment 🗎 Adult Mental Health Brief Assessment Tool
21-Aug-2020 09:00	Multidisciplinary team meeting without patient (Brand Street Resource Centre) MCGREECHIN, James (ChargeNurseCPN)
Comment	I discussed Colin as patient discharge at MDT today, as per previous entry.Colins most pressding issues are with his mental health at present, and i have advised his gp of this outcome.
20-Aug-2020 13:00	Face to face consultation (Brand Street Resource Centre) MCGREECHIN, James (ChargeNurseCPN)
Comment	I attended Colins home to continue with assessment.Also presnet wsas his ex wife [redacted] (whose house Colin is staying at), though she did not participate in the main part of the session. Colin states that he has been out of the QEUH for aroing 3-4 weeks, having had a 2 week admission for what appears to have been a blood clot on his lung.This is in addition to the fact that he has just been given the all clear for oesophogeal cancer. Today, Colin looked and sounded better, even though he has been left with a permanent husky tone to his speech.His colour was improved, and he has gained a alittle weight. Colin states that his mood is better than the previous time i met with him, but adds that if the cancer was to return, he would not take treatment for it.He was keen to draw the distinction that he is not presently suicidal, and in fact, would not put his family through such turmoil. We agreed that Colin is not presently in need of additional support from me as CPN, and i have advised that i will contact his gp, and advised of this.
14-Jul-2020 09:30	Telephone follow-up (Brand Street Resource Centre) MCGREECHIN, James (ChargeNurseCPN)
Comment	t/.c to Dr Blackwood, Colins gp.I advised her of my contact with Colin yesterday, and my view that he more settled than he appeared to be last week.He is not presently suicidal, and any fleeting suicidasl thoughts he has are offset by the fact that his family are strong protective factors. I have advised that i wil continue with telephone contact for the time being, and that Colin is aware that he can receive additional support, should he at any point require this. Dr Bl;ackwood in agreement, based on her contact with Colin last week.
13-Jul-2020 14:00	Face to face consultation (Brand Street Resource Centre) MCGREECHIN, James (ChargeNurseCPN)
Comment	h/v to Colin as planned.Also present for part of discussion was Colins ex wife (with whom he is living at present) [redacted] Colin presented as a small, very thin man, looking older than

his years.He was casually dressed, and reasonably well kempy.His voice was very husky and quiet, due to the throat cancer he has suffered.
Colin explained that he has felt a bit better over the weekend, more settled, though obviously, not ideal.He is not presently suicidal, and adds that he is uncomfortable with such fleeting thoughts when he does have them.
We had a disucssion on various aspects of Colins life, going back to his past, the key events in his life, the different milestones, up to the present, and his hopes for the future.
I did discusss different options of support with CVolkin and [redacted], and i mentioned the possibility of hospital care, asking Colin what his feelings on this would be, should such a point arise in his mental health.Both are adamant that this woould not be to their likjing, and they do not feel this would offer Colin any kind of benefit
I agreed with their views, in that there would be nothing to be gained from this, and the fact that he is shielding from Covid is protective.
Colins Fluioxetine script has been increased to 60mg daily, and whilst this will haven limited scope to improve things for him, it may help a little.
I have advised Colin that i will continue to ,make telepohone contact with him over the coming weekss, and that he should utilise my time to talk over his thioughts and feelings.
Colin and [redacted] are aware of how to contact ervices at short notice if they would need to.

10-Jul-2020 16:15	Telephone call from relative/carer (Brand Street Resource Centre) MCGREECHIN, James (ChargeNurseCPN)
Comment	t/c from District Nurse Lorraine Gourlay, to advise that she has seen Colin today, and whilst she has not met with him before, she is concerned about both his physical and menmtal state.Colin weas very tearful, crying painfully,and he is emaciated, much of which relates to his cancer ilness,and the slow recovery. I have advised that i will attend Colins home on Monday, to make an assessment as to wether he needs to go into hospital, or what other supports he maay benefit from
10-Jul-2020	NHS GG&C Mental Health Services MCGREECHIN, James (ChargeNurseCPN)
Document	Mental health care plan status 🖹 SSA Careplan
09-Jul-2020 11:30	Telephone consultation (NHS GG&C Mental Health Services) MCGREECHIN, James (ChargeNurseCPN)
	Template: **SBAR V4**
Comment	Situation Referral of 57 year old male, with concerns over deterioration in mood, secondary to ongoing, significant problems wioth physical health. Colin has felt so low recently, that he has been having suicidal thoughts, though he has no plans to act on these. Background Colin has long standing issuers with anxiety and low mood.He has been referred to Brand st for support on two occasions in the recent past, and received psychology therapy.On the second occasion, he did not engage well.Colin was diagnosed with laryngeal cancer in May 2019, and underwent successful chaemotherapy.He is currently undergoing radiotherapy, and from a medical perspective, his prognosis is goodHowever, Colin has been left with marked deficits in speech and swallowing, and he is being fed via a nasojejunal tube.Colin had split from his wife, on amicable terms some time ago, and had been living with his daughter and grandchildren up until recently.Due to his undergoing radiotherapy, he is back living with his wife.Colin has weekly suppport from district nurses, who have been in contact with writer since referral, to advise of their concerns. Assessment Colins speech difficulties, as describesd above make t/c a little more difficult than normal. Colin was teaarfulk throughout the session, and states that he is struggling to conceive of a positive outcome to his situation.He adds that he has been losing weight, and does not feel he is the same person he was in the past.He describes how he has had suiciudal thoughts in the past, most recently around 5 years ago, when he took a small overdose which did not require treatment.Colin adds that much of these thoughts are driven by his past suffering from trauma.Colin engaged well in the session, and seems motivated to be supported. Recommendation I have suggested to Colin that i continue with offering CPN support, anmd seek to offer face to face contact asap, at home, as Colin is in a shielding group.I will seek to do this next week.In the meantime, i have text COlin my number, and the numbers for

	crisis/OOH Risk Colin experiences thoughts of hopelesness, and has fleeting suicidal thoughts, bvut states that he would not act on these, citing close family as strong protective factors.
Additional	Follow-up outpatient appointment Appointment Outcome:
09-Jul-2020 11:00	Telephone call to a patient (NHS GG&C Mental Health Services) MCGREECHIN, James (ChargeNurseCPN)
	Template: **CRAFT - Risk Assessment**
Assessment	Risk assessment (10-Jul-2020 10:25) • Initial Assessment At risk of DSH - deliberate self harm Harm to Self: Yes.....Whilst Colin has not been experiencing suicidal behaviours, he has been having fleeting thoughts of suicide.Colin explains that these are " jjust thoughts", but he is also feeling thaat life is genuinely hopeless at times, and that he cannnot see his life improving,Colin has a large family network, and states that they are sytrong protective faactors. Harm to Others: No • Harm to Children: No Harm from Self Neglect: Unknown Colin ios in recovery from Laryngeal mcancer, and allied to Covid retrictions, he is sheltering.In this regard, he has not been going out and so is not in his normnal routine. Vulnerable adult Harm from Others: Yes.....Colin, in previous episodes has described suffering the trauma of sexual abuse in childhood. Falls: No • Harm related to Cognitive Impairment: No [RFC] Physical health problems or physically unwell Poor Physical Health: Yes.....Colin was diagnosed aas suffering from Laryngeal cancer in May 2019, and was successfuly treated, via chaemotherapy.he is still undergoing radiotherapy, and this is likely to be aprolonged period of difficult recovery Absconding: No a. Please summarise previous risk history with dates, severity and context. Are there any situations associated with increased risk? Colin describes having 2-3 episodes of suicidal behviour over the course of his adult life.The most recent was around 5 years ago, when he travelled to England, and took a small overdose, which did not require treatment.On another occasion, he had thoiughts of hanging himself, but did to follow thriough wioth this behaviour b. What are the principal risks? What are the current risk factors? What are the protective factors? Colin is clear that he does not want to kill himself or indeed die.However, he is aware that his physical health recovery is fragile and prolonged, and this can often drive his thinking to become very negative and hopeless. Service user view of risks As described above. Family / carer view of risks N/A a. Safety Plan Ongoing CPN suportASAP face to face contactCrisis/OOH numbers provided b. Risk management plan identify actions and timescale Ongoing Note of other professionals and teams and copies sent to: District Nurse atttend once pewr week
09-Jul-2020 11:00	Telephone call to a patient (Brand Street Resource Centre) MCGREECHIN, James (ChargeNurseCPN)
Comment	see SBAR
08-Jul-2020 13:55	Telephone call to a patient (Brand Street Resource Centre) MCGREECHIN, James (ChargeNurseCPN)
Comment	Following receipt of supplementary referral, inferring greater level of risk for Colin, i contacted him via telephone, and he has agreed to telephone assessmnet tomorrow.
07-Jul-2020 16:00	Telephone call to a patient (Brand Street Resource Centre) MCGREECHIN, James (ChargeNurseCPN)
Comment	t/c to advise COlin that he has been allocated to me for CPN support, and we have arranged t/c assessment for WEdnesday 18th July.
07-Jul-2020 14:04	NHS GG&C Mental Health Services GREENE, Marianne (Administrator)
Document	SCI Gateway online supplementary letter SCI Gateway online supplementary letter from Drs Shields, Dale & Blackwood (07-Jul-2020)
01-Jul-2020 14:05	Administration note (NHS GG&C Mental Health Services) KING, Chelsea (CPN)

Comment	SCREENING MEETING- Allocated to team
29-Jun-2020 10:09	NHS GG&C Mental Health Services STEWART, Lesley (LocalityAdministrator)
Document	Data transferred from other system 🗎 Data transferred from other system (29-Jun-2020)
29-Jun-2020 10:01	NHS GG&C Mental Health Services STEWART, Lesley (LocalityAdministrator)
Document	SCI Gateway referral letter 🗎 SCI Gateway referral letter from Drs Shields, Dale & Blackwood (29-Jun-2020)
29-Jun-2020 10:01	Inbound Referral (NHS GG&C Mental Health Services) STEWART, Lesley (LocalityAdministrator)
Referral	Referral to community mental health team From: Drs Shields, Dale & Blackwood
27-Oct-2017 09:15	Multidisciplinary team meeting without patient (Brand Street Resource Centre) AKERS, Linda (HealthCareAssistant)
Comment	Discussed at MDT Follow-up appointment offered
29-Sep-2017 16:14	NHS GG&C Mental Health Services CASEY, Nancy (TeamMedicalSecretary)
Document	Discharge letter sent to general practitioner 🗎 (28-Sep-2017) Discharge letter sent to general practitioner from Brand Street Nursing Team (28-Sep-2017)
29-Sep-2017 09:56	Multidisciplinary team meeting without patient (Brand Street Resource Centre) BARBOUR, Emma (StaffNurse)
Comment	Colin did not attend two appointments for assessment, fed this back at MDT meeting, discharged. Discharged - treatment completed
27-Sep-2017 09:15	Face to face consultation (NHS GG&C Mental Health Services) BARBOUR, Emma (StaffNurse)
Comment	Colin did not attend a second appointment given to him by writer. Following protocol I will therefore discharge him back to the care of his GP informing them by letter of same. Discharged - treatment completed
08-Sep-2017 10:05	NHS GG&C Mental Health Services CASEY, Nancy (TeamMedicalSecretary)
Document	Appointment letter sent to patient 🗎 Appointment letter sent to patient from Brand Street Nursing Team (08-Sep-2017)
14-Aug-2017 10:05	NHS GG&C Mental Health Services HOLMES, Stephanie (TeamSecretary)
Document	Appointment letter sent to patient 🗎 (11-Aug-2017) Appointment letter sent to patient from Brand Street CMHT (11-Aug-2017)
26-Jul-2017 13:59	NHS GG&C Mental Health Services CHALMERS, Mandy (LocalityAdministrator)
Document	SCI Gateway referral letter 🗎 SCI Gateway referral letter from Drs Shields, Dale & Blackwood (26-Jul-2017)
26-Jul-2017 13:52	Inbound Referral (NHS GG&C Mental Health Services) CHALMERS, Mandy (LocalityAdministrator)
Referral	Referral to community mental health team From: Drs Shields, Dale & Blackwood

Values and Investigations

09-Oct-2025	Risk assessment
05-Oct-2025	Risk assessment
08-Jun-2023	Risk assessment
05-May-2021	Risk assessment
10-Jul-2020	Risk assessment

Referrals

Date	Term	Details	Clinician	Status
05-Oct-2025	Referral to mental health team	FROM: GGC RS QEUH - Inpatients	WALKER, Louise (SeniorUnscheduledNurse)	Ended

03-Oct-2025	Referral to addiction service	FROM: Ambulance Service	DUNNIGAN, Rebecca (SeniorBusinessSupport)	Rejected
09-Jun-2025	Referral to primary care mental health team	FROM: Drs Shields, Dale & Blackwood	CHALMERS, Mandy (LocalityAdministrator)	Rejected
31-Mar-2023	! Referral to community mental health team	FROM: Drs Shields, Dale & Blackwood	MCKINNEY, Elizabeth (LocalityAdministrator)	Ended
21-Apr-2021	! Referral to community mental health team	FROM: Drs Shields, Dale & Blackwood	LEITCH, Collette (ClericalOfficer)	Ended
29-Jun-2020	Referral to community mental health team	FROM: Drs Shields, Dale & Blackwood	STEWART, Lesley (LocalityAdministrator)	Ended
26-Jul-2017	Referral to community mental health team	FROM: Drs Shields, Dale & Blackwood	CHALMERS, Mandy (LocalityAdministrator)	Ended

Care plans