

Dr Ian Connor
Consultant Clinical Psychologist
Glasgow Psychological Trauma Service
Festival Business Centre
150 Brand Street
Glasgow
G51 1DH

30th October 2023

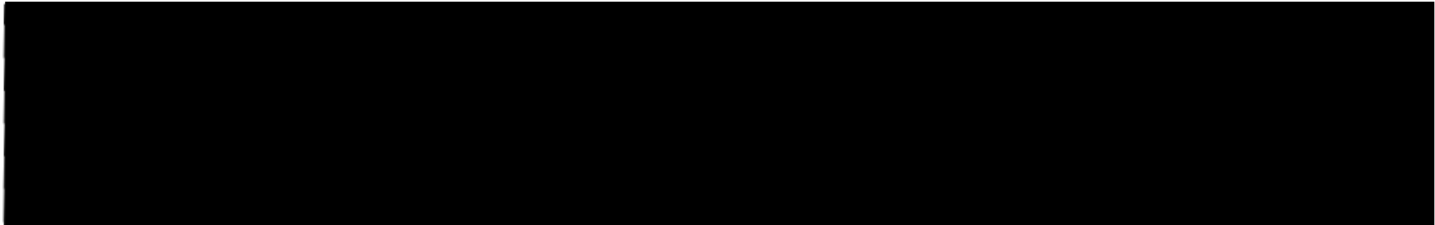
Dear Sirs.

**I -V- THE MARIST BROTHERS
COURT OF SESSION PROOF: 21ST NOVEMBER 2023 & THREE FOLLOWING DAYS**

We write to advise that your attendance at the Hearing of the above named case is no longer required.

We take this opportunity to thank you for your assistance.

Yours faithfully



CHI: 071 267 3318
Ref: VN/SR.

Date Dictated: 18th December 2020
Date Typed: 26th January 2021

Dr Fisher
Strathcryffe Medical Practice
Kirk Road
Houston
Johnstone
Renfrewshire
PA6 7AR

Dear Dr MacPherson,

**RE: Enzo Serapiglia – DOB: 07/12/1967
7 Pannel Farm Cottages, Kilbarchan Road, Bridge Of Weir PA11 3RN**

This gentleman was (re-)referred to The Anchor by Lynn Brownwood, support co-ordinator at Future Pathways (an organisation supporting survivors of in-care abuse). He has attended a telephone assessment with me and, following this, will be referred to a service local to him, for support with the problems he is experiencing. All information for the assessment was provided by Mr Serapiglia unless specifically stated otherwise.

Assessment

I had informed Mr Serapiglia that the assessment did not require him to give any details of the trauma he had experienced (this is to reduce the number of times that people have to give information, as doing so can be a painful process). Mr Serapiglia explained that he would prefer to give some background about the abuse he suffered from an organised paedophile ring run by the Marist Brothers religious organisation. He did so, but was also happy to answer questions about his current functioning. He was a coherent historian throughout and was able to contain his emotions well while discussing emotive topics (though he did note that he was likely to suffer in the aftermath of our conversation, because we had brought up issues from his past).

Mr Serapiglia suffers from intrusive memories of the abuse he suffered. These happen both in the daytime and at night. At night, he finds himself waking up expecting to be abused (being woken in the middle of the night was often a precursor to sexual abuse in the institutions run by the Marist Brothers). At other times, flashbacks have been triggered by sexual activity, which has caused Mr Serapiglia considerable distress. His usual response to intrusions is to go to his bed and pull the bedcovers over himself. He sometimes also uses videos on his smartphone to distract himself. In the past, he had used cannabis to suppress memories, but has not done so since 2000 or thereabouts. Mr Serapiglia also avoids Largs and Girvan, where abuse took place, and Loch Lomond, where he spent time thinking about the abuse. He has also noted that the sight of institutional beds is a trigger for flashbacks.

Mr Serapiglia rarely leaves his flat and has limited social contact. He was engaged to be married on 3 occasions, but each of these relationships ended (it is notable that he had not been able to tell any of his fiancées about the abuse). Mr Serapiglia also mentioned that he had been in the



habit of tolerating unreasonable behaviour from others, but that he has been able to change this pattern through work engaged in with [REDACTED]. He told me that, around the time of the first COVID-19 lockdown, he had been able to end a relationship because of the lady's behaviour towards him. In the past, problems in relationships had contributed towards two "breakdowns", as Mr Serapiglia felt unable to protect himself.

Mr Serapiglia's physical health has not been good. He suffered jaundice at seventeen, as well as a number of spasms around this time. He has a good relationship with his twin sister, but not with their older brother, who was also abused, but later became an abuser to Mr Serapiglia and their sister. Mr Serapiglia feels his family was "destroyed" by the abuse, as his father died a short time after learning about the abuse and a split has occurred due to family members not wishing to believe that Mr Serapiglia's brother could have abused his siblings. Further stress was placed on the family because representatives of the church asked the family to drop the lawsuit against the Marist Brothers, saying that God would have a special place for them if they did so.

Mr Serapiglia told me that he does not feel like a survivor, as he does not believe he has survived, and also feels that he "held hostage" by the length of time getting his story heard and fighting for justice has taken. At times, the somewhat impersonal and bureaucratic processes have upset Mr Serapiglia. He gave the example of a Future Pathways representative who refused to give her name, due to risk. Mr Serapiglia felt that this was him being treated as a criminal, when he has been the victim of repeated failures by systems intended to protect children.

When shown a draft of this report, Mr Serapiglia asked me to add the fact that he has registered a complaint against two particular Future Pathways employees or their behaviour, and asked that they not contact him in future. These employees had arranged a meeting with him at which he was expected to remain facing a portrait of one of the order of priests who had abused him.

Risk

Mr Serapiglia has thoughts about suicide, but was clear that he did not consider this an option. There are a number of protective factors, including his religion, his determination to fight and his willingness to speak openly about what he has suffered. I do not consider Mr Serapiglia to present a risk of harm to himself or others.

There is some evidence of vulnerability to others. The incident prior to lockdown, where a relationship ended because of the other person's behaviour, is evidence of both the positive changes Mr Serapiglia has made to his life and his continuing vulnerability (that he had ended up in a relationship with someone who behaved badly towards him), limited principally by his isolation. It appears that Mr Serapiglia is aware of the risk and is engaging wholeheartedly with support to address it.

Opinion and Management

Mr Serapiglia's symptoms meet the diagnostic criteria for complex Post Traumatic Stress Disorder. His experiences have profoundly impacted upon his entire life and continue to do so. There is clear evidence of progress in his work with [REDACTED] notably Mr Serapiglia's improving ability to resist mistreatment and to implement boundaries, but also in his willingness to talk about his experiences in the knowledge that he has nothing to be ashamed of. Likewise, I would see Mr Serapiglia's anger towards services as wholly appropriate, given the way he has been failed (though it might also be useful to remember that the people who failed him are different from the people who now work for those organisations), and an improvement from anger being directed towards himself.

Mr Serapiglia would now benefit from work to help him address his intrusive symptoms, using an acceptance-and-exposure-based model. Given the existing relationship with a competent therapist, it makes sense for that work to continue.

Please feel free to contact me if you require any further information.



Yours sincerely,

Dr Vik Nair
Principal Clinical Psychologist
Glasgow Psychological Trauma Service

Copies to:

c.c. Enzo Serapiglia
7 Pannel Farm Cottages
Kilbarchan Road
Bridge Of Weir
PA11 3RN

c.c.

[Redacted]

c.c.

[Redacted]
Wellbeing Scotland
Email: [Redacted]



CHI: 071 267 3318
Ref: VN/SR

Date Dictated: 18th December 2020
Date Typed: 26th January 2021

Lynn Brownwood
Support Co-ordinator
Future Pathways
Health in Mind
40 Shandwick Place
Edinburgh
EH2 4RT

Dear Ms Brownwood,

RE: Enzo Serapiglia – DoB: 07/12/1967
7 Pannel Farm Cottages, Kilbarchan Road, Bridge Of Weir PA11 3RN

Thank you for referring this gentleman to The Anchor. Mr Serapiglia has attended an assessment appointment with me over the telephone. He has been assessed as meeting diagnostic criteria for Complex Post-Traumatic Stress Disorder. As he is already engaged in work with a therapist, I have recommended that he continue in this work.

Risk

I do not consider Mr Serapiglia to present a significant risk of harm to himself or others, though he is potentially still vulnerable to abusive others.

Please feel free to contact me if you require further information.

Yours sincerely,

Dr Vik Nair
Principal Clinical Psychologist
Glasgow Psychological Trauma Service

cc: Dr Fisher
Strathgryffe Medical Practice
Kilmalcolm Road
Bridge of Weir
PA11 3PS



Glasgow City Health and Social Care Partnership
Glasgow Psychological Trauma Service
The Anchor
Units G1, G2 & G3
Festival Business Centre
150 Brand Street
Glasgow
G51 1DH

www.glasgow.gov.uk
www.nhs.gov.uk

Tel: 0141 3038968

CHI: 0712673318
Réf: VN/SR

Date Typed: 15th October 2020

Mr Enzo Serapiglia
7 Pannel Farm Cottages
Kilbarchan Road
Bridge Of Weir
PA11 3RN

Dear Mr Serapiglia

Re: Attend Anywhere Treatment Appointment

An appointment has been made for you for the following:

Date: Friday 23rd October 2020

Time: 1:00pm

Video link: <https://nhsattend.vc/the-anchor-glasgow-psychological-trauma-service>

Clinician: Dr Vik Nair, Principal Clinical Psychologist

We look forward to talking to you.

Yours sincerely

Receptionist/Team Secretary
On Behalf of the Glasgow Psychological Trauma Service



CHI: 0712673318
Ref: IC/jlm

Date Typed: 17th September 2020

Mr Enzo Serapiglia
7 Pannel Farm Cottages
Kilbarchan Road
Bridge Of Weir
PA11 3RN

Dear Mr Serapiglia

Re: Attend Anywhere Treatment Appointment

Attend anywhere is an NHS video calling service to which you require access to a smart phone, electronic tablet or computer with Google (please find enclosed information leaflet). An appointment has been made for you for the following:

Date: Thursday 15th October 2020

Time: 11.00 am

Video link: <https://nhsattend.vc/the-anchor-glasgow-psychological-trauma-service>

Clinician: Dr Vik Nair, Principal Clinical Psychologist

Please read the important information below.

Important Information:

- A video call appointment is just like an appointment we would offer at Anchor. We are currently offering video call appointments due to guidance on COVID-19 social distancing and to keep you safe due to infection control at this time. This video call will make the session similar to the face-to-face clinic environment.
- Your appointment should last no longer than 60 minutes.
- Please contact the above number immediately if this appointment is unsuitable or you do not have the correct equipment or data to do video calling.
- Please read the attached guidance on Attend Anywhere.
- We would ask you to be available at the time on your appointment letter as we will need to use the full session.
- It would be helpful if you are alone, you're not in a public space and that there are no children present. This is to make the conversation private and confidential, like it is in a clinic setting. It also protects others from hearing things which may be upsetting for them and protects your confidentiality.



- Afterwards you may feel tired so please factor that into your day.
- Later that day we would encourage you to plan something you enjoy doing, something that is distracting or plan to be around people you enjoy being with.

We look forward to talking to you.

Yours sincerely

Joanne McLeod
Medical Secretary
On Behalf of the Glasgow Psychological Trauma Service

Cc Lynn Brownwood
Support Co-ordinator
Future Pathways
Health in Mind
40 Shandwick Place
Edinburgh
EH2 4RT



Glasgow City Health and Social Care Partnership
Glasgow Psychological Trauma Service
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150 Brand Street
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G51 1DH

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

Tel: 0141 3038968

CHI: 071 267 3318
Ref: SR

Date Dictated: 17th September 2020

Lynn Brownwood
Support Co-ordinator
Future Pathways
Health in Mind
40 Shandwick Place
Edinburgh
EH2 4RT

Dear Ms Brownwood,

**Re: Enzo Serapiglia – DOB: 07/12/19967
7 Pannel Farm Cottages, Kilbarchan Road, Bridge Of Weir PA11 3RN**

Thank you for referring Mr Serapiglia to The Glasgow Psychological Trauma Service. Their referral has been accepted and placed on to our assessment waiting list, but due to the current health concerns relating to COVID-19 it is possible that they may need to wait three to six months for an initial appointment. We will, of course, be in contact as soon as we can be but wanted to make you aware of the current situation.

Should there be any concern about increased risk over this waiting period we recommend you contact their GP.

Yours sincerely

**On behalf of Duty
Glasgow Psychological Trauma Service**



Glasgow City Health and Social Care Partnership
Glasgow Psychological Trauma Service
The Anchor
Units G1, G2 & G3
Festival Business Centre
150 Brand Street
Glasgow
G51 1DH

www.glasgow.gov.uk
www.nhs.gov.uk

Tel: 0141 3038968

CHI: 071 267 3318
Ref: SR

Date Dictated: 17th September 2020

Enzo Serapiglia
7 Pannel Farm Cottages
Kilbarchan Road
Bridge Of Weir
PA11 3RN

Dear Mr Serapiglia

You will be aware that Lynn Brownwood at Future Pathways has referred you to our service for psychological assessment. Your referral has been accepted and placed on our assessment waiting list, but due to the current health concerns relating to COVID-19 it is possible that you may need to wait three to six months for an initial appointment. We will, of course, be in contact as soon as we can be but wanted to make you aware of the current situation.

Should you feel that you need additional mental health support over this waiting period we encourage you to contact your GP, NHS 24 or your local Community Mental Health Team.

Yours sincerely

Medical Secretary
Glasgow Psychological Trauma Service

Cc



The Anchor
Glasgow Psychological Trauma Service

REFERRAL FORM – Future Pathways

We are a tertiary level mental health service which offers multi disciplinary psychologically informed interventions to clients who present with complex post traumatic stress disorder (CPTSD) following experiences of complex trauma.

Client Details:	
Forename Enzo	Surname: Serapiglia
DOB 07.12.1967	
Home address: 7 Pannel Farm Cottages Kilbarchan Road Bridge of Weir Glasgow	Tel No: 07473 660934
Post code: PA11 3RN	
Does the client give permission for correspondence to be sent to their home address? Yes	
Does the client have additional needs? No	
Details of requirements (e.g. communication aids, sign language interpreters):	
Does the client have a gender preference for the person they work with?	
Has requested a male clinician	

The Anchor
Glasgow Psychological Trauma Service

REFERRAL FORM

Registered GP Details
Name of GP: Strathgryffe Medical Practice Kilmalcolm Road Bridge of Weir PA11 3PS
Telephone Number: 01505 612555
Medical History: Does the client feel that they have any pre-existing medical conditions that may impact upon the assessment: No

Details of Support Coordinator:
Name: Lynn Brownwood
Tel: [REDACTED]
Referral:
If the client has discussed the nature of their difficulties please provide some information here: I referred Enzo for an assessment in December 2018 and he was assessed over 3 appointments in April 2019 by Dr Ian Connor so there is a detailed assessment report available on file. At this time he decided that the time wasn't right to engage in therapy and was discharged from your service. Enzo spoke with me in April this year (2020) to say that he was now ready to undertake therapy with a psychologist but at that time a re-referral was not possible due to the Covid situation. Once you re-started treatment I discussed this with him again and he has decided he would like to be re-referred despite the work being done remotely. Enzo appears to me more able to be reflective just now. He describes over the last 4 or 5 months making some changes for himself, limiting his contact with other survivors, and focussing on his own needs a little more. He has started walking very regularly and eating healthily and tells me he has lost a significant amount of weight and is feeling better physically. However he reports he continues to experience significant anxiety symptoms, nightmares and flashbacks. He is now living in a more rural setting and finds this really suits him. He is enjoying being able to get out and walk in the countryside whenever he wants to. He lives alone and has support from his sister who I understand is also engaged in treatment at The Anchor. Enzo also has a long standing supportive relationship with a worker from Wellbeing Scotland who he trusts and values. I have discussed the challenges of remote working and how he would manage this as he has his support worker and he is keen to go ahead with the referral.

**The Anchor
Glasgow Psychological Trauma Service**

REFERRAL FORM

Thank you for taking the time to meet with him again and consider his needs

PLEASE SEND THIS REFERRAL TO:





Renfrewshire
Health & Social Care
Partnership

GREATER RENFREWSHIRE
DIVISION
Renfrewshire
Community Mental Health Team
Mile End Mill
Studio 1001 -1011
12 Seedhill Road
PAISLEY

Tel: 0141 849 2200

Date: 28 April 2026

Private and Confidential

Dr MacPherson
Mains Medical Centre
300 Mains Drive
Erskine
PA8 7JQ



Dear Dr MacPherson

Re: Enzo Serapiglia, 17 Park Moor, Erskine PA8 7HL
CHI: 0712673318

A referral was received by the Renfrewshire Sector Screening Group and subsequently screened at the meeting of 30th October 2019. Following discussion the referral has been rejected and a full explanatory letter will follow from screening team.

Yours sincerely

Roberta Robertson
Nurse Team Leader
For and on behalf of
Renfrewshire Sector Screening Group

 /RenfrewshireHSCP  @RenHSCP www.Renfrewshire.HSCP.scot

Studio 1001 – 1011, Mile End Mill,
Abbeymill Business Centre, 12 Seedhill Road, Paisley PA1 1JS
Telephone No: 0141-849-2200



Renfrewshire
Health & Social Care
Partnership

Ref: RR/LB
CHI: 071 267 3318

Date: 25 October 2019

PRIVATE & CONFIDENTIAL

Dr MacPherson
Mains Medical Centre
300 Mains Drive
ERSKINE

Dear Dr MacPherson

Re: Mr Enzo Serapiglia, 17 Park Moor, Erskine, PA8 7HL
Chi: 07.12.67 – 3318

Thank you for your referral for the above named gentleman. Your referral was screened at our Multidisciplinary Team screening meeting and it was agreed that at this time the referral to Secondary Mental Health Services will be rejected.

At the moment we think that there is no evidence to suggest that any intervention by our service would assist this patient during his difficult time. We would recommend a small prescription for Diazepam to help with the stress with his up and coming court appearance. On reading his notes it would appear that Mr Serapiglia has had psychotherapy within the last while and it was felt that he would not be able to move forward with any intervention or treatment until after his court appearance. He appears to be very stuck in awaiting an apology and that is preventing him from moving forward.

Please do not hesitate to re-refer Mr Serapiglia once his court case is over should his anxiety and stress symptoms continue.

Yours sincerely

Roberta Robertson
Nurse Team Lead
On behalf of Renfrewshire Sector Screening

Referral History and Patient Alerts

Patient Details

CHI Number:

Patient Name:

Patient DOB:

Patient Address:

Referrals

Referral Date	Referral Source	Referred By	Referred To	Referral Closure Date

Referral History and Patient Alerts

Patient Details

CHI Number:

Patient Name:

Patient DOB:

Patient Address:

Current Alerts

Alert Category	Active From	Recorded By	Comments

Patient Identifiers

Identifier Type	Identifier	Start DateTime	End DateTime
Casnote No (Clyde (old))	DY011997	07/02/2011	
CHI Number	0712673318	07/02/2011	
Patient ID	2138747	07/02/2011	

Patient Casenote Volumes

Patient Details

CHI Number: 0712673318
Patient Name: Lorenzo Serapiglia
Patient DOB: 07/12/1967
Patient Address: 52 MCLEAN PLACE PAISLEY PA3 2DG

Casenote Volumes

Casenote Volume Identifier	Vol	Last Activity Start Date	Current Location
D/2138747/1	1		REN - Dykebar - Data Store

Background Information

Mr Serapiglia was born in the Paisley area; he lived with his mother father, older brother and twin sister. He described the family as being warm, caring and supportive. He described both of his parents as being loving, hard-working and available to him.

Initially Mr Serapiglia attended the local primary school for approximately six months. He reported that he particularly enjoyed this as his teacher was a friend of his mother. Soon afterwards, Mr Serapiglia and his siblings were driven by their father, to St Joseph's Convent in Irvine, where they were to board. Mr Serapiglia recalled running after the car, feeling abandoned, feeling betrayed by his parents and fearful of the "creepy looking building." Mr Serapiglia's experiences at St Joseph's were of physical abuse, emotional abuse and neglect. Mr Serapiglia remained at St Joseph's for approximately three years before moving to St Columba's College in Largs. This institution was run by the Marist Brothers. At that time Mr Serapiglia's sister was moved to Wellington School in Ayr and his older brother to St Joseph's College in Dumfries. Mr Serapiglia's recollection of life at St Columba's College was one in which he experienced all forms of abuse. Mr Serapiglia remained at St Columba's for approximately three years.

He was unclear as to the reasons why he left St Columba's College to return to the care of his parents and attend the local primary school. Mr Serapiglia thought that his parents had befriended one of the monks at St Columba's, Brother [REDACTED] who drove Mr Serapiglia home each weekend. Mr Serapiglia believed that Brother [REDACTED] was likely aware of the abuse at St Columba's and recommended to his parents that he remove him from the school. Mr Serapiglia attended his local primary school for one term before transferring to Trinity High School. Of his time at Trinity High School Mr Serapiglia stated it "wasn't the best," recalling that he struggled to concentrate and didn't perform as well academically as might have been expected.

During his adolescence Mr Serapiglia reported that he experienced sexual abuse, for two years, perpetrated by his brother and brother's friend. Mr Serapiglia was dismayed that when he reported this to his parents both brothers were punished.

Upon leaving school, Mr Serapiglia attended Reid Kerr College in Paisley before transferring to a catering course and working as a chef in restaurants. Mr Serapiglia then spent a number of years working with his father on their Ice Cream Vans. Mr Serapiglia reported that on a number of occasions throughout his adult life he has been unable to work due to the impact of his traumatic experiences. This has caused significant financial issues for Mr Serapiglia.

Current Situation

Mr Serapiglia is a fifty one year old man who lives alone in his own home. He reported that recently he had to transfer his business to his sister as he was unable to continue working. Mr Serapiglia attributed this to a combination of the legacy of the childhood trauma, preparation for criminal court proceedings regarding abuse that he experienced at St Columba's College and feeling retriggered by the court proceedings. Mr Serapiglia reported that he felt angry that the criminal case against one of his abusers was found Not Proven. He reported that the trial left him feeling betrayed, humiliated, disbelieved, isolated and extremely emotional. During the court proceedings both of Mr Serapiglia's parents died, which left him feeling that he was unable to grieve for them.

In terms of his physical health, Mr Serapiglia has a hernia for which he will soon receive surgery. Mr Serapiglia reported that his hernia is a direct consequence of physical abuse he sustained as a child. In addition, Mr Serapiglia experiences pain in wrists, arm and joints, which he also attributed to abuse experiences during childhood. Mr Serapiglia struggles with nausea and vomiting and can often be triggered by the textures associated with specific foods that he was forced to eat whilst in care, e.g. semolina, tapioca or moulded bread. Mr Serapiglia also informed me that he often experiences severe itching.



In terms of his mental health, Mr Serapiglia stated that, "I am stuck in my traumatic experiences from when I wake until I go to bed." He noted that he often wakes at night with his thoughts racing. He also experiences night-time traumatic intrusions a few times each week. During the court proceedings, Mr Serapiglia observed that he was experiencing night-time traumatic intrusions on a nightly basis. Mr Serapiglia also experiences daytime traumatic intrusions "all the time." These traumatic intrusions leave him feeling breathless, his heart racing, feeling hot or cold and experiencing pins or needles. Emotionally, it leaves him feeling hurt, abandoned, betrayed and fearful. In terms of avoidance, Mr Serapiglia avoids certain food textures and smells associated with his trauma. He also reported that he has a drive to stay clean, maintain a clean home and car in an effort not to experience some of the feelings of dirt and shame he experienced whilst being abused.

Interpersonally Mr Serapiglia stated that he can be talkative, but is initially suspicious of other people and can be fearful that the worst might happen. In terms of affect regulation, Mr Serapiglia stated "the only thing I can do is think of something nice." He reported that he had few other strategies to regulate his emotions. In terms of self-concept, Mr Serapiglia stated "I do not have an inner belief of who I am, I feel I am flying by wire, I don't feel real." Mr Serapiglia went on to state that since the abuse he hasn't been able to live his life, hasn't felt as though he has free will and, in general, has felt constrained by his abuse experiences.

Mr Serapiglia is currently prescribed Sertraline, Propranolol, and Co-codamol. He reported that he has taken anti-depressants for the last thirty years and felt they prevent him from "getting to know who I am." Over the years Mr Serapiglia has received the following supports: at the age of nineteen years he experienced a depressive episode and saw a psychiatrist at Dykebar Hospital, Paisley. Mr Serapiglia received approximately fifteen to twenty years of regular therapy from a psychologist, [REDACTED] at Rosshall Hospital. Mr Serapiglia reported that this was approximately two visits per week and focused on relationships, his ongoing situation, helping him relax and cope with feeling bullied by his brother. Mr Serapiglia also received approximately ten years of counselling from [REDACTED]. This counselling was focused on Mr Serapiglia's Cannabis misuse. Mr Serapiglia is currently supported by Well-Being Scotland, where he receives counselling and support work.

In terms of alcohol misuse, Mr Serapiglia reported that he drinks occasionally and does not experience any issues with alcohol. Nor does Mr Serapiglia misuse illicit substances or prescription medication.

In terms of therapeutic goals, Mr Serapiglia stated that "I don't feel confident that this process will work just now," When I explored this further Mr Serapiglia stated that "I don't see how psychology can help before Redress and Accountability." He went on to note that he felt he may benefit from some ongoing work to promote relaxation and increase strategies for self-soothing.

Initial Formulation and Plan

Mr Serapiglia's early family experiences were of care, love, affection, predictability and warmth. Unfortunately, this changed when he moved to St Joseph's and then St Columba's Colleges, where his experiences were of abandonment, threat, abuse, neglect, unpredictability and shame.

These abusive experiences were reinforced by abuse he later experienced from his brother and brother's friend and by the feelings of disbelief and punishment he experienced when he disclosed this abuse to his parents. It is likely that this was reinforced during the recent court proceedings with Mr Serapiglia investing significant physical and emotional energy in the process and being left disappointed, disheartened and fractured by the unsatisfactory outcome.

These childhood experiences appear to have affected two key areas of Mr Serapiglia's functioning and development. Firstly it appears to have affected his ability to regulate his affect. In the absence of effective modelling affect regulation strategies and in the presence of abusive care, Mr Serapiglia's response when around others appears to be one of hypervigilance and



hyperarousal, which is manifested as a freeze, numbing and dissociative response or a flight response characterised by hyperarousal and escape. Previously Mr Serapiglia has used cannabis as a means to externally regulate his emotions, however more recently he has not used this as a strategy preferring to distract himself. It is likely that this only goes some way to being an effective soothing strategy. In addition, Mr Serapiglia engages in behaviours he perceives to be helpful at the time but which are ultimately unhelpful, for instance, compulsive cleaning which he considers to help neutralise some of the negative thoughts and feelings that he has but which ultimately is a safety behaviour put in place to minimise the effect of the traumatisation he experiences.

These traumatic childhood experiences also appear to have reinforced Mr Serapiglia's negative Internal Working Model such as the following schema have been reinforced: 'There is no escape from this', 'This has ruined my life', 'People disbelieve me', 'I haven't been able to live up to my potential', 'I have lost everything', 'I have no idea who I am' and 'It doesn't feel as though this process will ever be over'. The activation of these schema appears to result in Mr Serapiglia connecting with the depressive, anxious or shameful emotions, which appears to result in him socially isolating himself which paradoxically can reinforce his sense of loneliness and disconnection.

Mr Serapiglia's experiences can be considered within a Complex PTSD conceptualisation. He currently experiences the PTSD symptoms of traumatic intrusions, hyperarousal and avoidance. He also experiences the Disturbances of Self-organisation features of Complex PTSD in that he can have issues interpersonally and be suspicious and mistrustful of others, particularly authority figures, he experiences a negative self-concept describing that he doesn't really know who he is and he can also experience difficulties in regulating his emotions. There also appears to be some elements of derealisation and Mr Serapiglia's presentation.

I discussed the evidence-based treatments for Complex PTSD with Mr Serapiglia and as he was initially unsure of how to proceed I agreed to offer him some time to reflect. When I had a further discussion with Mr Serapiglia he reinforced that he did not believe now was the optimal time to be engaging in this evidence-based psychological intervention. I agreed with Mr Serapiglia that this intervention is best commenced at a time when he felt most able to engage with it. Lynn Brownwood, Support Coordinator at Future Pathways has agreed to put in place a Mindfulness-based intervention that would offer Mr Serapiglia relaxation and containment strategies.

I informed Mr Serapiglia that should he seek the above treatment that he may be re-referred to Glasgow Psychological Trauma Service by his GP. At this point there is no further role for Glasgow Psychological Trauma Service.

Yours sincerely,

Dr Ian Connor
Consultant Clinical Psychologist
Glasgow Psychological Trauma Service

Copy to: Dr Perrett, GP
The Consulting Rooms
21 Neilston Road
PAISLEY
PA2 6LW

Mr Enzo Serapiglia
73 Methuen Road
PAISLEY
PA3 4JU



**Mental Health Partnership
Clinical Risk Screening and Management Tool**

Service Users Name	SERAPIGLIA, Enzo (Mr)	PIMS No.	
CHI No.	071 267 3318	DoB	07-Dec-1967
Legal Status	<input type="radio"/> Informal	<input type="radio"/> Detained	<input type="radio"/> Community Order
Ward/Dept/CMHT	Glasgow Psychological Trauma Service		

Context of Assessment

<input type="radio"/> On admission	<input type="radio"/> Engagement With Crisis Services
<input type="radio"/> Annual Review	<input type="radio"/> Significant change in presentation/circumstances
<input type="radio"/> MDT/C.P.A.	
<input checked="" type="radio"/> Other	Specify: At Assessment

Sources of Information

Service User <input checked="" type="checkbox"/>	Carer <input type="checkbox"/>	Consultant <input type="checkbox"/>	Other Dr <input type="checkbox"/>
Named Nurse <input type="checkbox"/>	CPN <input type="checkbox"/>	Pharmacy <input type="checkbox"/>	Social Work <input type="checkbox"/>
Support Worker <input type="checkbox"/>	GP <input type="checkbox"/>	Psychology <input type="checkbox"/>	Occupational Therapy <input type="checkbox"/>
			Voluntary agency worker <input type="checkbox"/>
Other <input type="checkbox"/>	Specify		

Guidance

This screening form should be completed as fully as possible. It is a clinical judgement when this should take place however as a general guide this may be on admission to hospital or at the point of engagement with secondary mental health services. Thereafter it should be reviewed on a regular basis as pre-determined by the clinical team or as significant changes in circumstances or clinical presentation dictate. It is expected that reviews would routinely take place at multidisciplinary meetings, the point of transition from one aspect of service to another, as part of a planned annual review, at the point of CPA review, at the point of engagement with Crisis Services. In relation to admissions to hospital, the initial screening and formulation of risk should be reviewed at the next multi-disciplinary team meeting.

- Dependant on the information collected consideration should be given to carrying out a more detailed, specific risk assessment e.g. suicide risk assessment.
- This document should form an integral part of a comprehensive mental health assessment and care planning process, and the factors listed are not necessarily in any ranked order.
- This does not attempt to be an exhaustive list of safety issues or risk factors, merely an initial guide informing clinical management.
- The expectation that all safety risks can be predicted is unrealistic, and initial assessment may be based on incomplete information.
- If completed by one person (e.g. out of hours), this assessment should be discussed as soon as is practicable with the Consultant and multi-disciplinary team (including users and carers where appropriate).
- The assessment should include the service user and carer perspective of risk.
- The assessment must take account of parenting responsibilities and contact with children.
- Please refer to the Clinical Risk Screening & Management Policy for guidance.

Screening Completed by

Name	Dr Ian Connor	Signature	
Designation	Consultant Clinical Psychologist	Date & Time	17/04/19

Patient Name: Enzo Serapiglia
CHI: 071 267 3318

**Mental Health Partnership
Clinical Risk Screening and Management Tool**

Suicide &/or Self Harm		Violence		Other Risk Factors	
History and Situational Factors					
S1 Mental illness diagnosed or diagnosis uncertain		V1 Previous violent acts		O1 Vulnerable due to learning disability, cognitive impairment or mental illness	
S2 Use of violent methods		V2 Use of weapons		O2 History of stalking others	
S3 Previous self-harm		V3 Previous admission to secure units		O3 History of social, financial or sexual exploitation of others	
S4 Socially isolated		V4 Convictions for violence / assault		O4 History of falls	
S5 Past diagnosis of personality disorder		V5 Past diagnosis personality disorder or psychopathy		O5 History of self-neglect	
S6 Major physical illness		V6 Alcohol or drug misuse		O6 Lacks basic housing amenities	
S7 Alcohol/drug misuse		V7 Male under 35		O7 Previous fire setting	
S8 Family history of suicide		V8 Prior supervision failure		O8 Socially or culturally isolated	
S9 Previous treatment non-compliance		V9 Previous treatment non-compliance		O9 Neglect– children or other dependents	
S10 Impulsivity		V10 Impulsivity		O10 History of exploitation by others	x

Patient Name: Enzo Serapiglia
CHI: 071 267 3318

**Mental Health Partnership
Clinical Risk Screening and Management Tool**



Short Term or Precipitating Factors							
S11 Planning suicide			V11 Intoxicated			O11 Difficulty communicating needs/views/comprehension difficulties	
S12 Access to lethal method			V12 Acute psychosis			O12 Confusion or disorientation	
S13 Hopeless / helpless			V13 Violent fantasies			O13 Sexually disinhibited or aggressive	
S14 Recent major loss			V14 Identified target			O14 Significant financial problems	
S15 Recent psych hospital discharge			V15 Access to weapons			O15 Current self-neglect	
S16 Current or recent treatment non-compliance			V16 Current or recent treatment non-compliance			O16 Current neglect of children or other dependents	

Protective Factors							
S17 Willing to respond to advice/carers	x		V17 Willing to respond to advice	x		O17 Willing to respond to advice/carers	x
S18 Has close relationship	x		V18 Appropriate services available	x		O18 Appropriate services available	x
S19 Religious beliefs							

Patient Name: Enzo Serapiglia
CHI: 071 267 3318

**Mental Health Partnership
Clinical Risk Screening and Management Tool**



Please write N/A if no risks identified or no risk management actions required.

Management Plan		Action By
Suicide/Self Harm	No current suicidality/SH issues	IC
Violence	N/A	IC
Other Risk Factors	N/A	IC

Outcome of screening/management plan discussed with

Service User <input checked="" type="checkbox"/>	Carer <input type="checkbox"/>	Consultant <input type="checkbox"/>	Other Dr <input type="checkbox"/>
CPN <input type="checkbox"/>	Ward Nurse <input type="checkbox"/>	Social Work <input type="checkbox"/>	Occupational Therapy <input type="checkbox"/>
Psychology <input type="checkbox"/>	Pharmacy <input type="checkbox"/>		
Other <input type="checkbox"/>	Specify		

Management Plan Completed by

Name	Dr Ian Connor	Signature	
Designation	Consultant Psychologist	Clinical	Date & Time 17/04/19

Patient Name: Enzo Serapiglia
CHI: 071 267 3318

Appendix 3

Guidance

This screening form should be completed as fully as possible. It is a clinical judgement when this should take place however as a general guide this may be on admission to hospital or at the point of engagement with secondary mental health services. Thereafter it should be reviewed on a regular basis as pre-determined by the clinical team or as significant changes in circumstances or clinical presentation dictate. It is expected that reviews would routinely take place at multidisciplinary meetings, the point of transition from one aspect of service to another, as part of a planned annual review, at the point of CPA review, at the point of engagement with Crisis Services. In relation to admissions to hospital, the initial screening and formulation of risk should be reviewed at the next multi-disciplinary team meeting.

- Dependant on the information collected consideration should be given to carrying out more detailed, specific risk assessment e.g. suicide risk assessment.
- This document should form an integral part of a comprehensive mental health assessment and care planning process, and the factors listed are not necessarily in any ranked order.
- This does not attempt to be an exhaustive list of safety issues or risk factors, merely an initial guide informing clinical management.
- The expectation that all safety risks can be predicted is unrealistic, and initial assessment may be based on incomplete information.
- If completed by one person (eg. out of hours), this assessment should be discussed as soon as is practicable with the Consultant and multi-disciplinary team (including users and carers where appropriate).
- The assessment should include the service user and carer perspective of risk.
- The assessment must take account of parenting responsibilities and contact with children.
- Please refer to the Clinical Risk Screening & Management Policy for guidance.

Risk Management

Risk management planning will flow on from risk formulation. Risk management strategies to consider might include:

- Safe and appropriate levels of nursing observation and engagement
- Use of the Mental Health Act, where appropriate
- Use of low stimulus or secure areas, if appropriate
- Use of suitable medication, when indicated
- Referral to other agencies eg. police, social work
- Liaison and cooperation with relatives or carers
- Referral to Care Programme Approach

Appendix 4

Operational Definitions

Not all the variables listed overleaf require further explanation or definition. However, some notes:

▪ **Suicide**

S2	Use of firearms; knives; rope/ligature; jumping off building or bridge; fire; suffocation or gas inhalation.
S3	Includes self harm coming to medical attention and actual suicide attempts.
S5	Record of senior clinician making evidence based diagnosis.
S7	May require third party history to establish. What was purpose, and effect on behaviour of substance use?
S10	Impulsivity is more a behavioural characteristic than a diagnosis. Actions that are poorly conceived, prematurely expressed, unduly risky, or inappropriate to the situation which often result in undesirable outcomes.
S11	How detailed are the plans? Serious intent? Are there precautions against detection, and final goodbyes?
S12	Use of firearms; knives; rope / ligature; jumping off building or bridge; fire; suffocation or gas inhalation.
S13	Could be a manifestation of underlying low mood. Feels trapped or describes external locus of control?
S14	Significant recent (< 1 month) life event, maybe with accompanying behavioural change.
S15	Recent = <1 month, from acute psychiatric inpatient unit, whether planned or not.
S17	Some individuals may respond better to friend or family member, than professional carer.
S18	Is there someone (or a pet) who needs them or loves them?
S19	Catholic and Jewish faiths said to be particularly protective.

▪ **Violence**

V1	Serious or planned acts, that maybe came to others attention. (eg police, carers, medical)
V3	Includes locked residential schools, young offender units, prisons and secure hospital settings/IPCUs
V4	Includes homicide, attempted murder, bodily harm, common assault but not always breach of peace
V5	Record of senior clinician making evidence based diagnosis. Psychopathy is classically characterised by impulsivity, callousness, criminal versatility, and a lack of remorse or empathy
V6	May require third party history to establish. What was purpose, and effect on behaviour of substance use?
V8	May require third party history to establish. What was purpose, and effect on behaviour of substance use?
V10	Impulsivity is more a behavioural characteristic than a diagnosis. Actions that are poorly conceived, prematurely expressed, unduly risky, or inappropriate to the situation which often result in undesirable outcomes.
V11	With drink or drugs at the time of assessment
V12	Includes destructive command hallucinations, referential paranoid delusions, and passivity phenomena
V13	Preoccupation with violent thoughts, including recorded and printed material
V14	May indicate the degree of planning
V15	May indicate the degree of planning
V17	Some individuals may respond better to friend or family member, than professional carer.
V18	May be correctional, medical or rehabilitative

▪ **Other**

O1	Not LD per se, but LD leading to potential risk to self
O5	This might be deliberate, or as a result of disability.
O6	Water / heat / light. Is the absence of amenities beyond the individual's control?
O7	Inadvertent or deliberate.
O10	The individual may be inadvertently vulnerable, secondary to mental illness or cognitive impairment.
O11	Speech or cognitive impairment, or cultural / language difficulties
O12	Fluctuating level of consciousness, or delirium, as well as other cognitive impairment
O13	This must be directly witnessed, and be more than inappropriate comment.
O14	It may not be the total debt value, but the impact of the debt that matters
O17	Some individuals may respond better to friend or family member, than professional carer.

Glasgow City Health and Social Care Partnership
Glasgow Psychological Trauma Service
The Anchor
Units G1, G2 & G3
Festival Business Centre
150 Brand Street
Glasgow
G51 1DH

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

Tel: 0141 3038968

CHI: 0712673318
Ref: IC/jlm

Date Typed: 19th March 2019

Private & Confidential

Mr Enzo Serapiglia
73 Methuen Road
Paisley
PA3 4JU

Dear Mr Serapiglia

An appointment has been arranged for you to see **Dr Ian Connor, Consultant Clinical Psychologist** as follows:

Date: Wednesday 3rd April 2019 at 11.00 am

Location: The Anchor, Festival Business Centre, 150 Brand Street, Glasgow, G51 1DH

Please contact me if you are unable to attend this appointment.

Yours sincerely,

**Joanne McLeod
Medical Secretary
Glasgow Psychological Trauma Service**

Cc Lynn Brownwood
Support Coordinator
Future Pathways
Health In Mind
40 Shandwick Place
Edinburgh
EH2 4RT



Glasgow City Health and Social Care Partnership
Glasgow Psychological Trauma Service
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Glasgow
G51 1DH

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www.nhsggc.org.uk

Tel: 0141 3038968

CHI: 0712673318
Ref: IC/jlm

Date Typed: 22nd January 2019

Private & Confidential

Mr Enzo Serapiglia
73 Methuen Road
Paisley
PA3 4JU

Dear Mr Serapiglia

An appointment has been arranged for you to see **Dr Ian Connor, Consultant Clinical Psychologist** as follows:

Date: Thursday 7th February 2019 at 1.00 pm

Location: The Anchor, Festival Business Centre, 150 Brand Street, Glasgow, G51 1DH

Please contact me if you are unable to attend this appointment.

Yours sincerely,

Joanne McLeod
Medical Secretary
Glasgow Psychological Trauma Service

Cc Lynn Brownwood
Support Coordinator
Future Pathways
Health In Mind
40 Shandwick Place
Edinburgh
EH2 4RT



Glasgow City Health and Social Care Partnership
Glasgow Psychological Trauma Service
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150 Brand Street
Glasgow
G51 1DH

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

Tel: 0141 3038968

CHI: 0712673318
Ref: JLM

Date typed: 20th December 2018

Private & Confidential

Mr Enzo Serapiglia
73 Methuen Road
Paisley
PA3 4JU

Dear Mr Serapiglia

This letter is to let you know that Lynn Brownwood, Support Coordinator has referred you to The Glasgow Psychological Trauma Service and your name has been added to our waiting list.

Please let us know if you change address.

Yours sincerely,

Joanne McLeod
Medical Secretary
Glasgow Psychological Trauma Service

Cc Lynn Brownwood
Support Coordinator
Future Pathways
Health In Mind
40 Shandwick Place
Edinburgh
EH2 4RT



The Anchor
Glasgow Psychological Trauma Service

REFERRAL FORM – Future Pathways

We are a tertiary level mental health service which offers multi disciplinary psychologically informed interventions to clients who present with complex post traumatic stress disorder (CPTSD) following experiences of complex trauma.

Client Details:	
Forename: Enzo	Surname: Serapiglia
DOB: 07.12.1967	
Home address: 73 Methuen Road Paisley Glasgow	Tel No: 07473 660934
Post code: PA3 4JU	
Does the client give permission for correspondence to be sent to their home address? Yes	
Does the client have additional needs? Yes	
Details of requirements (e.g. communication aids, sign language interpreters):	
Does the client have a gender preference for the person they work with? No	

The Anchor
Glasgow Psychological Trauma Service

REFERRAL FORM

Registered GP Details	
Name of GP: Dr Perry	
Practice Name and Address: The Consulting Rooms 21 Neilstone Road Paisley Postcode: PA2 6LW	Telephone Number: 0141 8895277
Medical History: Does the client feel that they have any pre-existing medical conditions that may impact upon the assessment: No	

Details of Support Coordinator:
Name: Lynn Brownwood
Tel: [REDACTED]
Referral:
If the client has discussed the nature of their difficulties please provide some information here: Enzo describes long standing difficulties with anxiety and depression since teenage years. He describes himself as having an eating disorder where he wakes in the night and comfort eats when he is unable to sleep. He describes feeling tearful and overwhelmed by his emotions and often struggles to leave the house without support. This impacts on his concentration and sleep and has resulted in him being unable to continue to run his 'Ice Cream Van' business which he has passed to his sister. He has had contact with local mental health services in the past at times but has not stayed engaged. He was seen by a private psychologist from the age of 21-32yrs then [REDACTED] from RCA Trust in Paisley for a further 10years. He has also been supported by a counsellor from Wellbeing Scotland for the last 10 years, [REDACTED] and this support is ongoing. His current medication is Sertraline 200mg and Omeprazole. As a child Enzo experienced significant physical, sexual and emotional abuse at 2 boarding schools and was also sexually abused by his elder brother. He has given a statement to the Scottish Child Abuse Inquiry and has both criminal and civil court cases which are ongoing. The criminal case against his primary abuser is due to come to court in January 2019. Enzo has also suffered significant bereavement s in recent years, his mother died in December 2017 and his father the year before that.

The Anchor
Glasgow Psychological Trauma Service

REFERRAL FORM

Enzo also has a very difficult relationship with brother; he describes him as having abused him and their sister when they were younger. There is an ongoing legal dispute with his brother over their father's estate and Enzo describes this as his brother continuing the cycle of abuse.

He has supportive relationships with his close friend [REDACTED] and his sister who lives locally

Enzo was previously referred for an assessment but at that time was unable to engage. It seems that his mental health is a little more settled at the moment despite the significant ongoing stresses and he is motivated to now be assessed and to see if there is any other intervention that might be helpful going forward.

PLEASE SEND THIS REFERRAL TO:

[REDACTED]

Glasgow City Health and Social Care Partnership
Glasgow Psychological Trauma Service
The Anchor
Units G1, G2 & G3
Festival Business Centre
150 Brand Street
Glasgow
G51 1DH

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

Tel: 0141 3038968

CHI: 0712673318
Ref: IC/EF

Date Dictated: 06 April 2018
Date Typed: 11 April 2018

Ms Jen Bragg
Support Co-ordinator
Future Pathways
Health in Mind
40 Shandwick Place
Edinburgh
EH2 4RT

Dear Jen

Re: Enzo Serapiglia - 07.12.1967 - 73 Methuen Road, Paisley, PA3 4JU

Many thanks for referring Mr Serapiglia to the Glasgow Psychological Trauma Service as part of our work with Future Pathways, the alliance of organisations supporting individuals who have experienced historic institutional abuse in Scotland.

As you are aware, Mr Serapiglia contacted Future Pathways to request that he no longer receive any input. At that time I had already appointed Mr Serapiglia, who had failed to attend his appointment. I consequently corresponded with Mr Serapiglia asking him to contact us within 14 days if he wished further input from Glasgow Psychological Trauma Service. Unfortunately, Mr Serapiglia has not contacted us within this time period and consequently I am discharging him from our Service.

Yours sincerely

Dr Ian Connor
Consultant Clinical Psychologist
Glasgow Psychological Trauma Service

Cc Dr Collin, The Consulting Rooms, 21 Neilston Road, Paisley, PA2 6LW



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G51 1DH

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

Tel: 0141 3038968

CHI: 0712673318
Ref: IC/SR

Date Typed: 23rd March 2018

Mr Enzo Serapiglia
73 Methuen Road
Paisley
PA3 4JU

Dear Mr Serapiglia,

I am sorry that you were not able to attend your appointment today 21st March 2018. I received contact from Jen Bragg, Future Pathways to say that you no longer wished input.

At the Greater Glasgow and Clyde Psychological Trauma Service, we understand that experiencing trauma can sometimes leave people feeling sad, ashamed, or scared that things may never get better. We appreciate that coming to our clinic for psychological assessment or therapy can be the hardest step of all so we fully understand how difficult things may feel right now.

We would very much like to meet you to gain a better understanding of your current problems and consider with you the best treatment options and next steps.

If you would like another appointment, please ring us on the above number, where a member of staff will take your call and a clinician will then send you another appointment.

If we do not hear from you within 14 days, 5th April 2018, we will assume you have not changed your mind and no longer wish input.

Yours sincerely

Joanne McLeod
Medical Secretary
Glasgow Psychological Trauma Service

Cc: [REDACTED] Support Coordinator, Future Pathways, health in Mind, 40 Shandwick Place,
Edinburgh, EH2 4RT



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G51 1DH

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

Tel: 0141 3038968

CHI: 071 267 3318
Ref: IC/SR

Date Typed: 17th January 2018

Enzo Serapiglia
73 Methuen Road
Paisley
PA3 4JU

Dear Mr Serapiglia,

An appointment has been arranged for you to see **Dr Ian Connor, Consultant Clinical Psychologist**, as follows:

On: Wednesday 21st March 2018 at 11:00am
At: The anchor, Festival Business Centre, 150 Brand Street, Glasgow G51 1DH

If this appointment is not suitable, please ring me and we can change it.

Yours sincerely

Sheila Dos Reis
Receptionist/Team Secretary
Glasgow Psychological Trauma Service

Cc: Jen Bragg, Support Coordinator, Future Pathways, health in Mind, 40 Shandwick Place, Edinburgh, EH2 4RT



Glasgow City Health and Social Care Partnership
Glasgow Psychological Trauma Service
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Units G1, G2 & G3
Festival Business Centre
150 Brand Street
Glasgow
G51 1DH

www.glasgow.gov.uk
www.nhs.gov.uk

Tel: 0141 3038968

CHI: 071 267 3318
Ref: IC/HMcC

Date typed: 3rd January 2018

Mr Enzo Serapiglia
73 Methuen Road
PAISLEY
PA3 4JU

Dear Mr Serapiglia

This letter is to let you know that Jen Bragg has referred you to The Glasgow Psychological Trauma Service and your name has been added to our waiting list.

Please let us know if you change address.

Yours sincerely,

Heather McCarthy
Medical Secretary
Glasgow Psychological Trauma Service

Copy to:

Dr Collin, GP
The Consulting Rooms
21 Neilston Road,
PAISLEY
PA2 6LW

Future Pathways
Health in Mind
40 Shandwick Place
EDINBURGH
Eh2 4RT



The Anchor
Glasgow Psychological Trauma Service

REFERRAL FORM - ICSSF

We are a tertiary level mental health service which offers multi-disciplinary psychologically informed interventions to clients who present with complex post-traumatic stress disorder (CPTSD) following experiences of complex trauma.

Client Details:	
Forename: Enzo	Surname: Serapiglia
DOB: 07.12.1967	
Home address: 73 Methuen Road, Paisley Tel No: 07586851216	
Post code: PA3 4JU	
Does the client give permission for correspondence to be sent to their home address? Yes	
Does the client have additional needs?	No
Details of requirements (e.g. communication aids, sign language interpreters):	
Does the client have a gender preference for the person they work with? No	

**The Anchor
Glasgow Psychological Trauma Service**

REFERRAL FORM

Registered GP Details	
Name of GP: No particular GP	
Practice Name and Address:	Telephone Number (if known): 0141 889 5277
The Consulting Rooms 21 Neilston Road, Paisley	
Postcode:	PA2 6LW
Medical History: Does the client feel that they have any pre-existing medical conditions that may impact upon the assessment: None that Enzo would state that would stop him attending.	

Details of Support Coordinator:
Name: Jen Bragg
Tel: [REDACTED] [REDACTED]
Referral:
If the client has discussed the nature of their difficulties please provide some information here: Enzo describes longstanding mental health difficulties, which he attributes to the abuse he experienced whilst at Boarding School at St Columba's College, Ayrshire, which was run by the Marist Brothers. Enzo states that in the past his parents paid for private therapy and he continued with this for some time. He describes this as being really helpful, but was some time ago. Enzo has a number of significant life stressors and the coming weeks/months are likely to be very difficult for him. The following highlights some of the significant areas for Enzo; <ul style="list-style-type: none">- The death of Enzo's mother last week (14.12.17). She had been unwell for some time, but she died much quicker than expected. Enzo lived near to his mum who lived with his sister. Enzo describes the relationship with his mum and sister as being very important to him.- Father died last year.- Very difficult relationship with brother, Enzo describes him having abused him and their sister when they were younger. There is an ongoing legal dispute with his brother over their father's estate and Enzo describes this as his brother continuing the cycle of abuse.- Enzo is due to appear as a witness in court in relation to the death of a fellow pupil at St Columba's, Enzo and other pupils assert that their friend was murdered by a member of staff, it is expected to be before the summer of 2018.- Enzo will appear in court as a witness (likely to be some point next year) in relation to one of the men who abused him.

**The Anchor
Glasgow Psychological Trauma Service**

REFERRAL FORM

- Awaiting a date to give evidence to the Scottish Child Abuse Inquiry.
- Current significant financial difficulties and concerns of losing ice cream van business

**PLEASE SEND THIS REFERRAL TO:
GlasgowPsychological.TraumaServices@ggc.scot.nhs.uk**