

HALLIGAN, Richard (Mr)  
Date of Birth: 11-Aug-1962

NHS GG&C Mental Health Services  
CHI Number: 110 862 6173

**HALLIGAN, Richard (Mr)**

Date of Birth: **11-Aug-1962 (63y)**

68 Craig Road, Neilston, Glasgow, G78 3HU

CHI Number:	110 862 6173	Home Tel:	
Usual GP:	MACRAE, Alanna (Dr)	Work Tel:	
Patient Type:	Community Registered	Mobile Tel:	07859046918
Registered:	14-Sep-2022	Email:	rhhalligan@gmail.com
Language:	unknown	Dispensing:	No
Advocacy Needs:		Transport Needs:	

#### Problems

No problems recorded.

#### Medication

No Current Medication

#### Allergies

No allergies recorded.

#### Consultations

29-Oct-2023 23:35	Face to face consultation (NHS GG&C Mental Health Services) MCQUEEN, Arlene (NursePractitioner)
Comment	History:SAS have arrived - unable to obtain ECG due to patient moving around Richard has been taken to hospital for review. Patient has walked to ambulance with paramedics. Patient can be referred back if returns back in custody or needs to be seen. History:An arresting police officer has asked if writer if Richard can be reviewed as patient reports he is not feeling well. Seen at : 21.50 and 22.05amcqueen Examination:ACVPU -AGCS 15B.M 7.3pearl 3mm/3mmTemperature: 35.10/E - pulse rate: 72Systolic BP: 132Diastolic BP: 87Blood oxygen saturation: 100.00/E - respiratory rate: 14Assessment:Patient has waked from van to treatment room for assessment, Richard appears to be having an anxiety attack, he is seen to be hyperventilating. Richard has confirmed his demographics correctly . Vital signs within normal range - patient reports feeling anxious. Patient reports he suffers from anxiety. Patient has calmed down and reassurance given, Richard has walked to the holding cell.Have been asked to review Richard at 22.05 as he is having central chest pain- patient has walked through to the treatment room at 22.05.Patient reports left sided chest pain radiating down left arm, and is still seen to be hyperventilaitng, Richards states he cant see anything and feels "everything is coming in". and thinks he is going to die. Suspect severe anxiety attack however cannot rule out MI, have asked police to dial 999.300mg Aspirin administered at 22.15 via PGDGTN spray x 2 sprays via PGD AT 22.158l 02 administered for comfortVital signs within normal range. 120/69pulse 72sats 97%SAS have arrived at 22.40 for review. Recommendations:SAS called for ECG/ review suspect severe anxiety attack, cannot rule out MI
03-Oct-2022	Winvoice Pro Filing MCCARTHY, Fiona (CBTherapist)
Additional	Attachment <input type="checkbox"/> MH47 Standard Letter   Eastwood Health and Care Centre Mental Health   Fiona McCarthy
16-Sep-2022 11:28	Administration note, Other care (NHS GG&C Mental Health Services) GRIEVE, Rachel (Administrator)
Comment	Text to patient: Good morning. We recently received a referral to our service (bridges primary care mental health team) in order for us to process your referral for assessment appointment we would kindly ask that you respond to this text/telephone our team to advise you wish to OPT IN to the service. Our telephone

number is 01414510590 and our email address is bridges.pcmht@ggc.scot.nhs.uk please OPT IN to the service within 10 working days, if we do not hear from you within this time scale we will assume you do not require input from the team and will discharge you back to the routine care of your GP. Bridges pcmht.

14-Sep-2022 17:38	Administration note (NHS GG&C Mental Health Services) MCCARTHY, Fiona (CBTherapist)
Comment	GP referral received and allocated to Bridges tel screening waiting list for band 6+ clinician. opt in letter to be sent See previous Bridges assessment and may be beneficial to ask patient if he attended RAMH as per previous advice and outcome of same.
14-Sep-2022 12:20	NHS GG&C Mental Health Services MCKINNEY, Elizabeth (LocalityAdministrator)
Document	SCI Gateway referral letter ■ SCI Gateway referral letter from Dr A Capaldi and Partners (14-Sep-2022)
14-Sep-2022 12:20	Inbound Referral (NHS GG&C Mental Health Services) MCKINNEY, Elizabeth (LocalityAdministrator)
Referral	Referral to primary care mental health team From: Dr A Capaldi and Partners
12-Mar-2021 16:10	Progress notes (NHS GG&C Mental Health Services) DUFFY, Angela (PrimaryCareLiaisonWorker)
Comment	Completed RAMH referra and discharge letter sent to GP, informed Richard of the referral to RAMH.
12-Mar-2021	Unknown DUFFY, Angela (PrimaryCareLiaisonWorker)
Additional	Attachment ■ MH47 Standard Letter   Eastwood Health and Care Centre Primary Care Mental Health Team   Angela Duffy
12-Mar-2021 15:57	NHS GG&C Mental Health Services DUFFY, Angela (PrimaryCareLiaisonWorker)
Document	Other referral ■ RAMH referral (12-Mar-2021)
09-Mar-2021 10:27	Multidisciplinary team meeting without patient (NHS GG&C Mental Health Services) CAMPBELL, Christine (MentalHealthPractitioner)
Comment	Template: Psychological Therapies HEAT Target CT Discussed at CCM (Mhairi Selkirk, Clinical Lead Bridges PCMHT; Christine Campbell, Mental Health Practitioner Bridges PCMHT). Agreed suitable for anger management with RAMH. Angela Duffy (MHFacilitator) & admin tasked re same. Psychological therapy summary report
Examination	Not suitable for psychological therapies
03-Mar-2021 12:50	NHS GG&C Mental Health Services DUFFY, Angela (PrimaryCareLiaisonWorker)
Document	History / symptoms ■ History / symptoms and CORE 10 (03-Mar-2021)
03-Mar-2021 11:00	Telephone consultation (NHS GG&C Mental Health Services) DUFFY, Angela (PrimaryCareLiaisonWorker)
Comment	Richard attended his telephone screening appt core=14 no risk. Richard explained his difficulties with anger, he was imprisoned when he was younger due to same. Explained RAMH provide anger management, agreed to being referred by writer if deemed appropriate at the CCM. Agreed to emailing anger management information, breathing technique, explained relaxed breathing and relaxation apps.
01-Mar-2021 13:35	Administration note, Other care (NHS GG&C Mental Health Services) GRIEVE, Rachel (Administrator)
Comment	core 10 sent to patient.
01-Mar-2021 13:33	Administration note, Other care (NHS GG&C Mental Health Services) GRIEVE, Rachel (Administrator)
Comment	text to patient: good afternoon richard. i am messaing you from bridges primary care mental health team. you have a screening appointment booked for wednesday 3rd march 2021 at 11.00am. angela will call on your mobile to discuss and carry out this appointment. please advise if this is not suitable by calling our team on 01414510590. i will also email a form to be used during your appointment. kind regards, bridges pcmht.
01-Mar-2021 12:48	Administration note (NHS GG&C Mental Health Services) CAMPBELL, Christine (MentalHealthPractitioner)
Comment	Viewed SCI Gateway referral. Accepted for t/phone screening assessment. Placed on waiting list for same. Given past behaviour/anger issues clinician to explore risk to self and others.

01-Mar-2021 10:08	Document	NHS GG&C Mental Health Services FINLAY, Ann Jeanette (LocalityAdministrator) SCI Gateway referral letter (26-Feb-2021) SCI Gateway referral letter from Dr A Capaldi and Partners (26-Feb-2021)
01-Mar-2021 10:08	Referral	Inbound Referral (NHS GG&C Mental Health Services) FINLAY, Ann Jeanette (LocalityAdministrator) Referral to primary care mental health team From: Dr A Capaldi and Partners
30-Jan-2019 15:23	Document	NHS GG&C Mental Health Services MCELHOLM, Elaine (BusinessSupport) Follow-up clinic letter sent to GP (30-Jan-2019) Closure Letter (30-Jan-2019)
29-Jan-2019 13:05	Comment	Progress notes (Barrhead St Andrews House (Addictions)) WILSON, Mary (ADRSLeadOfficer) 28/01/2019 - Mary Wilson, Team Manager, Community Addiction Services - Case closed as unplanned discharge - declined assessment appointment offered and advised he no longer wanted support from the service. GP/Referrer will be advised.
17-Jan-2019	Document	NHS GG&C Mental Health Services MCELHOLM, Elaine (BusinessSupport) Appointment letter sent to patient (25-Jan-2019) Assessment Appointment Letter (25-Jan-2019)
15-Jan-2019 11:30	Comment	Administration note (NHS GG&C Mental Health Services) HOSSACK, Sarah (ADRSNurse) Richard DNA assessment appt- passed to Admin for 2nd appt
08-Jan-2019 15:18	Document	NHS GG&C Mental Health Services MCELHOLM, Elaine (BusinessSupport) Appointment letter sent to patient (15-Jan-2019) Assessment Appointment Letter (15-Jan-2019)
08-Jan-2019 12:12	Document	NHS GG&C Mental Health Services MCLUNDIE, Valerie (ClericalOfficer) SCI Gateway referral letter (07-Jan-2019) SCI Gateway referral letter from Dr A Capaldi and Partners (07-Jan-2019)
08-Jan-2019 12:12	Referral	Inbound Referral (NHS GG&C Mental Health Services) MCLUNDIE, Valerie (ClericalOfficer) Referred for addictions assessment From: Dr A Capaldi and Partners

#### Referrals

Date	Term	Details	Clinician	Status
14-Sep-2022	Referral to primary care mental health team	FROM: Dr A Capaldi and Partners	MCKINNEY, Elizabeth (LocalityAdministrator)	Ended
01-Mar-2021	Referral to primary care mental health team	FROM: Dr A Capaldi and Partners	FINLAY, Ann Jeanette (LocalityAdministrator)	Ended
08-Jan-2019	Referred for addictions assessment	FROM: Dr A Capaldi and Partners	MCLUNDIE, Valerie (ClericalOfficer)	Ended

#### Care plans



**EAST RENFREWSHIRE  
HEALTH AND SOCIAL CARE  
PARTNERSHIP**



Our Ref: RG  
Job ID: 100212471  
Date: 03/10/2022

**PRIVATE & CONFIDENTIAL**

Dr LD McTaggart  
Neilston Medical Practice  
The Medical Centre  
1 High Street  
Neilston  
G78 3HJ

Mental Health  
Eastwood Health and Care Centre  
Drumby Crescent  
Clarkston  
Glasgow  
G76 7HN  
Tel: 01414510590  
[www.nhsggc.org.uk](http://www.nhsggc.org.uk)

Dear Dr McTaggart

**Re: Richard Halligan                      DOB: 11/08/1962                      CHI: 1108626173**  
**Address: 68 Craig Road, Glasgow, G78 3HU**

We received the above patient's referral to the service. We sent them an OPT IN text to OPT IN if they required an assessment from our service.

The patient did not OPT IN as requested and as we have not heard from them we will assume they no longer require input.

Their referral will be closed at this time, and they will be discharged back to your routine care.

We will be more than happy to accept a future referral if you feel they require our service.

Yours sincerely

**Fiona McCarthy**  
Practitioner

***Authorised on 03/10/2022 11:57:25 by Typist Rachel Grieve, on behalf of Fiona McCarthy.***

**REFERRAL**

Email: [referrals@ramh.org](mailto:referrals@ramh.org)

**Admin Co-ordinator: 41 Blackstoun Road, Paisley PA3 1LU Tel: 0141 847 8900**

If you know the service you require please tick the appropriate box

Causeway Community  Causeway Employability  East Renfrewshire Adult Counselling   
 ERYCS  Employability (Renfrewshire)  FIRST Crisis   
 Information (East Renfrewshire)  Information (Renfrewshire)   
 Lifeskills/Re-Use Store  Renfrewshire Community Service  Community Link:   
**Housing:** East Renfrewshire  Renfrewshire

Mr First Name: Richard Surname: Halligan

D.O.B. 11/08/1962 Gender: M National Insurance No: (if known) \_\_\_\_\_

Address: 17 Holehouse Brae, Neilston Post Code: G78 3LX

Tel No (H): N/A Tel No. (W): N/A Mobile No: (07859) 046918

Email address: rhalligan@gmail.com School: \_\_\_\_\_ Year: \_\_\_\_\_

Is it ok to contact the person by phone/letter/email at home/work/mobile?

Home:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Work:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Leave a message:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mobile:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Letter to Home:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Ok to identify service:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Consent SMS:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	GDPR Confidentiality:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

GP: MCKEAN, Alison (Dr) GP Telephone No: 0141 880 6505  
 Actual Name of Practice: DR Capaldi and Partners CHI Number: 110 862 6173

**Medication**

Is the person taking any form of medication? Yes  No   
 If so please indicate what type \_\_\_\_\_

Is the person being prescribed any drugs to assist them with their mental health problems? Yes  No   
 If so please indicate what type \_\_\_\_\_

Anti-Psychotics <input type="checkbox"/>	Anti-Depressants: <input checked="" type="checkbox"/>	Other (please specify) <input type="checkbox"/>
	<u>Sertraline 50mg, hadn't started them at his telephone screening appointment with writer (03/03/2021)</u>	

Referrer: Angela Duffy Occupation/Relationship to service user: Mental Health Facilitator  
 Address: Eastwood Health & Care Centre, Drumby Crescent, Post Code: G76 7HN.  
 Tel No: 0141 451 0590/0500 Fax No: N/A E-Mail: angela.duffy@ggc.scot.nhs.uk

Is the person aware of the service and in agreement to the Referral? Yes  No   
 Is the young person willing to attend the service? N/A Yes  No   
 If a young person, are their parent /guardian aware of referral? N/A Yes  No

Other Supports Yes  No   
 Agency Contact Tel:

Agency \_\_\_\_\_ Contact \_\_\_\_\_ Tel: \_\_\_\_\_

Agency \_\_\_\_\_ Contact \_\_\_\_\_ Tel: \_\_\_\_\_

Reasons for Referral, including support guidelines or action to be taken if RAMH staff have any concerns:

Richard is a 58 year old man, at his screening appointment he identified he needed support with anger difficulties. This has impacted on his relationship with his wife and he is estranged from his son (not spoken in 2 years). He recently moved out of the marital home he shared with his wife and 12 year old daughter and was staying in a hotel (run by a friend) at the time of his screening appointment. He stated his anger, temper, shouting and not listening is having a negative effect on his life and he wants to address this. He stated he has never been violent towards his family. He was imprisoned when he was younger due to violence. Last physically violent about 4 years- £800 fine.

Please tick ALL OF THE REASONS that best describes the person's reasons for seeking support at this time.

- |                              |                                     |                                         |                          |                             |                          |
|------------------------------|-------------------------------------|-----------------------------------------|--------------------------|-----------------------------|--------------------------|
| Abuse                        | <input type="checkbox"/>            | Cognitive/Learning                      | <input type="checkbox"/> | Pregnancy                   | <input type="checkbox"/> |
| Addictions Drugs/Alcohol     | <input type="checkbox"/>            | Depression                              | <input type="checkbox"/> | Psychosis                   | <input type="checkbox"/> |
| Adverse Childhood Experience | <input type="checkbox"/>            | Eating Issues                           | <input type="checkbox"/> | School Issues               | <input type="checkbox"/> |
| Anger Issues                 | <input checked="" type="checkbox"/> | Family Issues                           | <input type="checkbox"/> | Self-Harm                   | <input type="checkbox"/> |
| Anxiety/Stress               | <input type="checkbox"/>            | Interpersonal/Relationship difficulties | <input type="checkbox"/> | Suicidal Ideation/Behaviour | <input type="checkbox"/> |
| Bereavement/Loss             | <input type="checkbox"/>            | Living/Welfare/Housing                  | <input type="checkbox"/> | Trauma                      | <input type="checkbox"/> |
| Bi-Polar Illness             | <input type="checkbox"/>            | Loneliness                              | <input type="checkbox"/> | Work/Academic/Training      | <input type="checkbox"/> |
| Bullying                     | <input type="checkbox"/>            | Personality/Challenging Behaviour       | <input type="checkbox"/> | Other (please state)        | <input type="checkbox"/> |
| Carer                        | <input type="checkbox"/>            | Physical Health/Illness                 | <input type="checkbox"/> |                             |                          |

**Risk Assessment, Safeguarding or Protection Issues**

Do you know of any areas of risk/concern that RAMH should be aware of Yes  No   
Please provide details, including guidance on what action, e.g. FIRST Crisis should take, if they are unable to make initial contact with the service user, is there anyone you would like us to contact?:

**Living Arrangements**

- |                                            |                          |                                     |                          |
|--------------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Carer role in household                    | <input type="checkbox"/> | Living with foster care             | <input type="checkbox"/> |
| Caring for Children                        | <input type="checkbox"/> | Living with parents/guardian        | <input type="checkbox"/> |
| Living alone                               | <input type="checkbox"/> | Living with spouse/partner          | <input type="checkbox"/> |
| Living in homeless unit                    | <input type="checkbox"/> | Living with other relatives/friends | <input type="checkbox"/> |
| Living in residential/secure accommodation | <input type="checkbox"/> | Looked after at home                | <input type="checkbox"/> |
| Living in supported accommodation          | <input type="checkbox"/> | Other (please specify)              | <input type="checkbox"/> |

Does the person have any medical/mental health conditions? Yes  No

Please give details

Can Referrer please tick if you have discussed Self Directed Support (SDS) options, and which option 1-4

SDS Option                      1                       2                       3                       4

**Ethnicity**

Asian or Asian British                       Black or Black British                       White or White British

Mixed Background |                      Other Ethnic Group |                      (type in here)

**Signature:** \_\_\_\_\_

**Date Referred:** \_\_\_\_\_

RAMH operates a confidential and secure service and is registered under the Data Protection Act and are GDPR Compliant. The information you provide will be processed by computer. You may have access to information on written request.  
RAMH is a charity registered in Scotland No SC0 10430 and is a Company Limited by Guarantee No 14145



**EAST RENFREWSHIRE  
HEALTH AND SOCIAL CARE  
PARTNERSHIP**



**Julle Murray  
Chief Officer**

Our Ref: 24/02/2021  
Job ID: 100021443  
Date: 12/03/2021

**PRIVATE & CONFIDENTIAL**

Dr. AD Capaldi  
Dr A Capaldi & Partners  
The Medical Centre  
1 High Street  
Neilston  
G78 3HJ

Primary Care Mental Health Team  
Eastwood Health and Care Centre  
Drumby Crescent  
Clarkston  
Glasgow  
G76 7HN  
0141 451 0590/0500  
[www.nhsggc.org.uk](http://www.nhsggc.org.uk)

Dear Dr Capaldi

**Re: Richard Halligan                      DOB: 11/08/1962                      CHI: 1108626173**  
**Address: 17 Holehouse Brae, Glasgow, G78 3LX**

**Discharge Letter**

Richard attended his telephone screening appointment on 3<sup>rd</sup> March 2021, he identified he required support for anger management. This support is not provided by Bridges to Wellbeing team. Richard agreed to being referred to RAMH, referral has been sent today (12/03/2021) and I have also sent him literature on anger management. If you require any more information then please do not hesitate to contact myself on the telephone number above.

Yours sincerely

**Angela Duffy  
Facilitator**

***Authorised on 12/03/2021 16:09:54 by Angela Duffy.***



EAST RENFREWSHIRE  
HEALTH AND SOCIAL CARE  
PARTNERSHIP



### TELEPHONE SCREENING FORM

Patient name: HALLIGAN, Richard (Mr)	Assessing clinician: Angela Duffy
CHI: 110 862 6173	Date: 03/03/2021
Core 10 score: 14/40	Risk: 0
Confidentiality understood and agreed:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Do you consent to our service sending you text messages:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Do you consent our service sending you correspondence via email:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If yes, record email address:	rhhalligan@gmail.com
*If answered no to any of the above, please place in alerts.	

**Current Circumstances:** (Lives alone/with partner/parents. Employed/Unemployed/Studying etc. Dependents. Caring for someone.)

Usually lives with wife daughter 8 years-called her a useless mother, left the home 4 weeks ago due to argument with wife. Staying in his friends hotel in Glasgow

Estranged son age 42 - not spoke in 2 years (he said he won't let anyone speak to him like that again)

Estranged from sister -not spoke in approx. 2 years.

Father left when he was a baby, he died several years ago. Felt he should have been told more- would have like to have known his father even though he was told he was not a good role model.

Builder to trade- stay at home dad. Does jobs here and there- stated wife has a good job

Violent passed towards others, not family.

Childhood -stated he was brought up in a housing scheme were violence and criminality was normalised

Suddenly stopped smoking cannabis 4 weeks ago. Last 30 years smoked cannabis daily

**Presenting Problems:** (Onset / duration/ intensity/ frequency / previous episodes. Symptoms – physical, emotional, altered thoughts/behaviour. Avoidance? Relationships affected? Triggers: internal / external. What prompted referral? Impact on individual i.e. level of function/ADL?)

Anger, temper, mood.

Imprisoned when he was younger due to violence. Last physically violent about 4 years- £800 fine. Never violent towards family.

'I think I am always right-shout to get my point across'. Not listening, 'just kick off and say things I regret'. Blow up without warning. Contempt for people. Aware of how his



temper is impacting on others. Married for 10 years, wife and marriage are important to him. Previous argument with wife 8 weeks ago, she walked out and went to visit her friend in Wales

Don't drink as been violent towards others due to this. Recently an acquaintance informed him that he used to be scared of him. Reputation for being violent. Verbally abuse.

Feels at times his mood is low and Just wants to talk then turn into an argument -always feel frustrated.

**Safety & Risk Factors (suicidal thoughts, suicidal ideation, risk of violence, neglect, drug and alcohol, domestic abuse)**

(Double click the boxes to choose either 'not checked' or 'checked' to mark correctly)

- Experiencing no thoughts of self-harm/suicide
- Experiencing thoughts of self-harm/suicide, however, have no plans to act upon these thoughts
- Experiencing thoughts of self-harm/suicide, have made some plans, however, would not act upon these due to protective factors in place

**N.B Risk Assessment required if risk factors identified.**

**Previous history of self-harm/suicide?**

N/A

**Comments:**

N/A

**Illicit Drug Use:** previously smoked cannabis for 30 years, stopped 4 weeks again-felt low due to this, feels better now. Replaced stop smoking cigarettes with cannabis and this impacted on smoking cannabis more.

He felt before he was using cannabis as a medicine, convinced himself it stopped him being violent-views this differently now.

**Alcohol Consumption:** no

**Other Substances:** (caffeine, nicotine) smoking roll up occasionally

**Other Risks:**



**Contact With Services/Psychological Services – Past or Present:**

NO

**Protective Factors/Supports:** (Helpful strategies, support available, skills and knowledge, what interests/activities they enjoy? What keeps them well/ helps them to recover?)

**Work- achieving, not working at present**

**Wife- separated for 4 weeks**

**Prescribed Medication:** (Name, dose, duration, side effects, compliance, is it helping?)

Sertraline 50mg- not taken it as yet, suggested he contacts his GP to arrange an appointment to discuss this.

**Over the Counter Medication:** no

**Patient's Expectations/Goals For Treatment:** (What needs to change? Miracle Question)

Not blow up, anger management. Understand how my behaviour affects others.

**Assessor's Impression:** Discussed anger management. Informed Bridged do not provide support for anger as the primary issue. Explained RAMH provide anger management, agreed to being referred by writer if deemed appropriate at the CCM. Agreed to emailing anger management information and link to RAMH. Discussed relaxed breathing and relaxation apps.

**Outcome of Screening:** Discuss at CCM

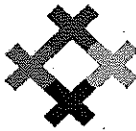
- |                        |                          |                         |                          |
|------------------------|--------------------------|-------------------------|--------------------------|
| HI CBT                 | <input type="checkbox"/> | Counselling             | <input type="checkbox"/> |
| LI CBT                 | <input type="checkbox"/> | Face to Face Assessment | <input type="checkbox"/> |
| Moodskills Group       | <input type="checkbox"/> | CMHT                    | <input type="checkbox"/> |
| BA Group               | <input type="checkbox"/> | CBT Group               | <input type="checkbox"/> |
| Bridges Allocations    | <input type="checkbox"/> |                         |                          |
| Signpost (cCBT, RAMH)  | <input type="checkbox"/> |                         |                          |
| Other (please specify) | <input type="checkbox"/> |                         |                          |



**EAST RENFREWSHIRE  
HEALTH AND SOCIAL CARE  
PARTNERSHIP**



**Any further comments:**



## CORE-10 Measure Screening

Client CHI: 110 862 6173	Client name: HALLIGAN, Richard (Mr)
Date form given: 03/03/2021	Therapist ID: Angela Duffy
Gender: male	Age: 58

### IMPORTANT – PLEASE READ THIS FIRST

This form has 10 statements about how you have been **OVER THE LAST WEEK**. Please read each statement and think how often you felt that way last week. Then tick the box which is closest to this.

Over the last week.....	Not at all	Occasionally	Sometimes	Often	All of the time
1. I have felt tense, anxious or nervous	<input checked="" type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. I have felt I have someone to turn to for support when needed	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3. I have felt able to cope when things go wrong	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4. Talking to people has felt too much for me	<input checked="" type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. I have felt panic or terror	<input checked="" type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6. I made plans to end my life	<input checked="" type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7. I have had difficulty getting to sleep or staying asleep	<input checked="" type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8. I have felt despairing or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4
9. I have felt unhappy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10. Unwanted images or memories have been distressing me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4

**TOTAL (Clinical Score\*)**

14

\* **Procedure:** Add together the item scores, then divide by the number of questions completed to get the mean score, then multiply by 10 to get the clinical score.

**Quick method for the CORE-10 (if all items completed):** Add together the item scores to get the Clinical Score.

**THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE**

**STRICTLY CONFIDENTIAL**

Dr Alison McKean  
Neilston Medical Centre  
1 High Street  
Neilston  
G78 3HJ

East Renfrewshire HSCP  
Community Addiction Team &  
Community Recovery Team  
St Andrew's House  
113 Cross Arthurlie Street  
Barrhead  
G78 1EE  
Phone: 0141 577 4685  
Fax: 0141 577 3762

Our Ref: MW/EMcE  
Date Typed: 30 January 2019

Dear Dr McKean

**RE: Richard Halligan (11.08.1962) 17 Holehouse Brae, Neilston, G78 3LX**

I refer to the above named who you referred to our service on 8 January 2019.

Two assessment appointments were offered and he phoned to say he did not wish support.  
Advised he can contact at any time in future should situation change.

Yours sincerely

Mary Wilson  
Team Manager

**STRICTLY CONFIDENTIAL**

Richard Halligan  
17 Holehouse Brae  
Neilston  
G78 3LX

East Renfrewshire HSCP  
Community Addiction Team &  
Community Recovery Team  
St Andrew's House  
113 Cross Arthurlie Street  
Barrhead  
G78 1EE  
Phone: 0141 577 4685  
Fax: 0141 577 3762

Our Ref: MH/EMcE  
Date Typed: 17 January 2019

Dear Richard

You have been referred to the service by Dr Alison McKean.

**Sorry you missed your appointment with us on 15 January 2019; I can offer you the following second appointment.**

The following is an assessment appointment to enable you to discuss your needs and thereafter a care plan will be developed to enable your needs to be met.

<b>Time:</b>	<b>9.30am</b>
<b>Date:</b>	<b>Friday 25 January 2019</b>
<b>Place:</b>	<b>St Andrew's House, 113 Cross Arthurlie Street, Barrhead, G78 1EE</b>

Please contact this service to rearrange the above appointment if it is inconvenient for you.

If you do not attend the appointment, it will be assumed that you do not wish to be in contact with this service at this time. However, please do not hesitate to re-establish contact when appropriate for you.

Yours sincerely

Munmun Hyder  
Addiction Support Worker

cc Dr Alison McKean, Neilston Medical Centre, 1 High Street, Neilston, G78 3HJ

**Privacy Statement**

You can find out how we use your information in our privacy statement on our website.

**East Renfrewshire Community Addiction Team  
East Renfrewshire Community Recovery Team**

**Assessment Explained**

**What to expect**

The assessment will involve a one-to-one discussion between a staff member and you. The purpose of the assessment is for us to get a better understanding of your drug and/or alcohol problem and identify your needs. Our assessment paperwork is known as a Single Shared Assessment, and this is used locally by health and social work staff to assess people's needs.

**Questions we will ask**

We will talk to you about your circumstances and your needs – what circumstances have brought you to our service. Questions you will be asked will include your past and current drug and/or alcohol use, health, financial, legal issues and your overall living circumstances. You will also have the opportunity to ask any questions you may have. It may also help the assessment if we involve people who contribute to your care. This could be a relative who looks after you, or professionals involved in your care such as your GP.

**SMR25**

For clients using drugs, either as primary or secondary use, we are required to complete an SMR 25 data form which will be passed to the Information and Statistics Division of the Scottish Drug Misuse Database, Scottish Government. This information is used solely for the collection of statistics in Scotland to assist research and development and when looking at allocation of funding.

**Consent**

We will always speak to you about what is involved in your care and ensure you are involved in making decisions about it. To ensure you receive the best possible care, we will ask you to allow us to share your information with other professionals as appropriate. We will ask you to sign a consent form at your assessment appointment to allow this to happen.

**What happens next?**

Once the assessment has been completed and your needs have been agreed, you will be allocated a worker who will meet with you on a regular basis and agree the goals of treatment, care and support. This is written down as a "Care Plan".

**The assessment will usually take an hour or more so please allow time for this.**

**STRICTLY CONFIDENTIAL**

Richard Halligan  
17 Holehouse Brae  
Neilston  
G78 3LX

East Renfrewshire HSCP  
Community Addiction Team &  
Community Recovery Team  
St Andrew's House  
113 Cross Arthurlie Street  
Barrhead  
G78 1EE  
Phone: 0141 577 4685  
Fax: 0141 577 3762

Our Ref: SH/EMcE  
Date Typed: 8 January 2019

Dear Richard

You have been referred to this service by Dr Alison McKean.

The following is an assessment appointment to enable you to discuss your needs and thereafter a care plan will be developed to enable your needs to be met.

<b>Time:</b>	<b>11.30am</b>
<b>Date:</b>	<b>Tuesday 15 January 2019</b>
<b>Place:</b>	<b>St Andrew's House, 113 Cross Arthurlie Street, Barrhead, G78 1EE</b>

Please contact this service to rearrange the above appointment if it is inconvenient for you.

If you do not attend the appointment, it will be assumed that you do not wish to be in contact with this service at this time. However, please do not hesitate to re-establish contact when appropriate for you.

Yours sincerely

Sarah Hossack  
Addiction Nurse

cc Dr Alison McKean, Neilston Medical Centre, 1 High Street, Neilston, G78 3HJ

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East Renfrewshire Community Recovery Team**

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