

Lanarkshire Forensic Mental Health
Service

Carluke Community Health Centre,
Chapel Street,
CARLUKE,
ML8 4BA

PRIVATE & CONFIDENTIAL

Dr Mavor
Mavor Medical Practice,
Hunter Health Centre,
Andrew Street,
East Kilbride,
Glasgow,
G74 1AD

Date dictated: 30/01/2017
Date typed: 14/02/2017
CHI: 2104673933
Our Ref: RJ/AR
Your Ref: -----

Enquiries to: Secretary
Direct Line: 01555 777 481
Facsimile: 01555 777 482

Dear Dr Mavor

RE: Andrew Shaw
DOB: 21/04/67
Address: 30 Douglas Drive, East Kilbride, G75 8JS

ICD Diagnoses/Clinical Problems

1. Emotional unstable personality disorder.

Medication

1. 50mg Risperdal Consta

Update of symptoms/problems

Mr Shaw attended his outpatient appointment at Beckford Lodge today (30-01-17). He has now been released from prison in early January and is back at his old address. He reported feeling depressed in mood for many months. His voices were continued and unchanged in character. He reported not sleeping well and further reported initial insomnia and low energy. There were no thoughts of harm to himself or others. He has also lost interest and enjoyment in his usual activities and said that he just stayed at home watching TV.

Mental State Examination

Mr Shaw appeared anxious and was flicking his fingers repeatedly. There was poor eye contact as usual with gazing around his environment. There was no signs of any psychosis or responding to hallucinations. His behaviour and interaction was largely appropriate (for him). His affect was restricted and his mood was depressed. He reported poor sleep and low energy. There were no thoughts of suicide or self harm and there were no thoughts of harm towards others. There was anhedonia.

He reported ongoing auditory hallucinations which were unchanged in character for many years now. He did not express any delusions and his insight was intact.

Opinion/Summary

Mr Shaw now presents with major depressive episode. His complaint of auditory hallucination remains unchanged. He has agreed to commencement of an anti-depressant medication after discussion of the possible adverse effects.

Other Recommendations and Follow-up

1. Would you please commence Mr Shaw on Citalopram – 20mg with monthly repeat.
2. Please commence Zolpidem – 10mg for 2 weeks only for his insomnia.
3. Mr Shaw will continue to see Dr Graham (Counselling Psychologist).
4. He has been referred to East Kilbride Community Mental Health Team but will continue to see Dr Travers at the Forensic CMHT in the meantime.
5. His next appointment will be in 4 weeks time.

Yours sincerely

Dr Regan Jonathan
Locum Consultant Forensic Psychiatrist

Copy to: Dr Travers, Consultant Forensic Psychiatrist, Beckford Lodge, Caird Street, Hamilton.
Dr Debbie Graham, Reception, 1st Floor, Hunter Community Health Centre, Andrew St, East
Kilbride G75 1AD

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Address: 30 Douglas Drive, East Kilbride, G75 8JS

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RECEIVED 20 FEB 2017

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J. Regan
Dr Regan Jonathan
Locum Consultant Forensic Psychiatrist

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Dr Debbie Graham, Reception, 1st Floor, Hunter Community Health Centre, Andrew St, East
Kilbride G75 1AD



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PRIVATE & CONFIDENTIAL

RMS
Kirklands Hospital,
Fallside Road,
BOTHWELL,
G71 8BB.

Date dictated: 23/01/2017
Date typed: 23/01/2017
CHI: 2104673933
Our Ref: RJ/AR
Your Ref: -----

26 JAN 2017

Enquiries to: Secretary
Direct Line: 01555 777 481
Facsimile: 01555 777 482

Dear Colleague,

RE: Andrew Shaw
DOB: 21-04-1967
Address: 30 Douglas Drive, East Kilbride, G75 8JS

I would like to refer Mr Shaw for follow up by the CMHT

He is a 49 year old man with long history of contact with mental health services. He has a complex presentation which involves auditory hallucinations and episodes of emotional de-compensation which results in repeat offences involving motor vehicles and traffic violations. He has been diagnosed with schizophrenia in the past but there was little evidence of this during his last admission to Iona Ward in February 2016. The diagnosis is more likely to emotionally unstable personality disorder stemming from childhood sexual abuse from his older sibling, parental alcohol misuse and domestic violence, witnessed death of mother at age of 8 years due to heart attack, fostering and emotional neglect.

In the past, he has had difficulty establishing therapeutic relationships with his care providers due to trust issues, and as a result has frequently disengaged from services. He has a history of repeated offending (mostly related to motoring offences) and has spent a significant part of his adult life in prison. He has a history of violent offences but it has been many years since he has been violent.

Mr Shaw has now been released from prison following conviction in August 2016 for motoring offence. He has been re-established on his medication and will be attending psychology with Dr Deby Graham. Mr Shaw is considered low risk for any violent offending.

Events in the past year

Mr Shaw was admitted to Iona ward on 28th January 2016 for assessment following his arrest for a series of traffic violations. There was concern for his mental state due to his bizarre and paranoid presentation. He was arrested for dangerous driving. He was subsequently charged with:

- o Failing to stop at traffic light
- o Speeding and dangerous driving
- o Driving whilst disqualified (LIFE LONG DISQUALIFICATION)
- o Driving without insurance



o Resetting of motor vehicle

He underwent a psychiatric assessment in February 2016 (see summary further below) during which it was felt there was no convincing evidence of mental illness. During this time he spoke about hearing voices and reported bizarre and paranoid accounts leading to his driving and subsequent arrest. I nevertheless felt that at the time of the offence he was acting under the influence of psychotic beliefs and that he was insane. He was discharged from Iona ward at the end of his assessment and there were no further court proceedings.

Mr Shaw continued to accept his depot medication and attended regularly. There appeared to be some stability in his presentation and my plan was to refer him to community psychology before referring to CMHT. In the interim he started missing his depot appointments and contact was irregular and there was a deterioration in his mental state. There may have been some social pressure from previous "associates" to involve himself in criminal activity involving motor vehicles but he denied this. (In my time with Mr Shaw, he has not always been fully truthful however.)

He was once again arrested for driving whilst disqualified and without insurance on the 8th August 2016. The account from the court was that it was a "routine stop" by police and that he had not brought any undue attention to himself through his driving. I assessed him and found him to be fit to stand trial and criminally responsible for his actions at the time of his offence. He was convicted and served 6 months in prison and was released in early January 2017.

He was initially sent to HMP Addiewell where there were concerns about his mental health and he was referred to Forensic services for assessment for possible admission to hospital. He was seen by Dr Travers on 2 occasions who felt he did not require hospital admission. He was eventually transferred to HMP Barlinnie where there was reportedly an improvement in his mental health.

Mr Shaw is now back at home. He was seen once by psychologist Dr Deby Graham prior to his imprisonment. She is happy to continue seeing him.

Psychiatric history

Mr Shaw has had extensive contact with mental health services from a young age since 1995 and has held various diagnoses which have included psychogenic psychosis, paranoid schizophrenia, personality disorder and post traumatic stress disorder.

It was felt that childhood sexual abuse played a significant part in the genesis of his dysfunctional behaviour and the repeat offending related to motor vehicles. The repeat stealing of motor vehicles and other driving offences provided a sense of emotional comfort to Mr Shaw in times of distress. He has had previous court disposals to hospital following driving offences and was followed up by the Lanarkshire forensic team for many years, and in particular by Dr Campbell. His engagement with mental health services broke down when Dr Campbell changed employment.

He has also been under the care of Glasgow forensic services and Lanarkshire Adult Psychiatry services, but engagement with him proved difficult and he was frequently non-compliant with treatment.

He has previous admissions to hospital where has presented in similar distress. He also has one previous overdose.

He describes a number of voices consist which make derogatory comments and he reports that they are present all the time. This includes the voice of his mother.

Personal and background history



Health & Social Care
North Lanarkshire



Mr Shaw reports that he was resident at his current address for the past 9 months because he wanted to escape from previous associates and friends who were harassing him. He has never been married and has no children and has very limited social support. He is in receipt of social benefits and reports that he also sells cars for friends and other associates from time to time. He reported that he has been in a long term relationship with a Moira Duggan for the past 35 years, but that they have never lived together. He initially told me that he has a 28 year old daughter but it later transpired that this woman was the daughter of a friend who has since died. The woman reported that he often makes unsolicited contact with her.

He was born in Bellshill and raised in Hamilton by his parents. He had 3 older brothers who were 15, 17 and 18 years older than him. He reported good relationships with all except with brother Duncan (15 years older) who he said sexually and physically abused him. He refused to give any details. He said that his father drank a lot and was abusive to his mother but that he was "not a bad man" and that they had a happy marriage. He was also blamed by his older brother for the death of his mother.

His mother was a cleaner and his father worked in the steelworks. He was very close to his mother. She died at the age of 45 years when he was 8. He said that he was neglected by his father who was frequently intoxicated after this. At the age of 12 years, he was placed in Geilsend List D school. He denied any abuse. He said that they were occupied with many activities and did not receive any schooling. This is where he was allowed to learn to drive motor cars, after learning on tractors on a big estate. It appears that the school encouraged this behaviour as it brought on emotional stability.

He came into contact with police and social services from a young age due to his criminal behaviour which including truancy, stealing and car related offences. He claimed that the first car he stole was his brother's and that this was in retaliation for abusing him.

His father died from lung cancer. Mr Shaw previously had good contact with his close and extended family. This seems to have dissipated over the years to the present where he has no contact with any family members.

In the past few years he appears to have led an itinerant lifestyle staying with various family members and friends for varying periods.

He has been in prison for large parts of his adult life and has never had any long term employment. He was a car salesman for a brief period. He is in receipt of social benefits and is appears to quite able to maintain his social welfare through occasionally selling cars for associates and friends.

Alcohol and drugs

He reported that he uses illicit drugs to try and block the voices. Previous to his admission he was using cocaine 3 to 4 times per week, as well as valium.

Forensic history

He has numerous charges mostly related to motor car offences. In all he has had about 39 court appearances. Charges have included, housebreaking, theft, theft of motor vehicle, resetting of motor vehicles, motor traffic offences, breach of bail, fraud, attempts to pervert the course of justice, assault, assault to injury and permanent disfigurement, forgery and counterfeit. He does not appear to have any offences related to weapons.

He has spent several custodial periods, a large part of his adult life, in prison. His motor vehicle offending is related to his mental illness and emotional distress and serves as means relieving the stress around these. His last conviction was in August 2016 and was released in January 2017. Prior to this he was convicted in June 2013 for road traffic offences and was released in December 2014.

Admission to Iona Ward February 2016

There was never any objective evidence of psychosis observed on the ward by nursing staff. Reports were that his interaction with other patients and visitors, whilst unobtrusively observed, were appropriate. When discussing his symptoms with staff, he would become distressed, tearful and agitated, sometimes rocking to and fro in a regressive manner whilst talking. He would talk about his delusional beliefs relating to aliens, voices and various people and Police armies pursuing him with harmful intent. He made frequent references to the "chip" implanted in his brain.

He declined to engage with staff and other patients in activities on the ward and tended to isolate himself from others in his room.

This pattern of engagement continued throughout the assessment period.

He reported the following at varied times throughout his admission. He said that he has suffered from voices from a young age and that they (the voices) were responsible for the deaths of his parents, his friend and Dr Campbell his previous consultant. He believed that Dr Campbell was killed [by the voices] because he had revealed too much to her. He said that his interaction with visitors and other patients appeared to be normal because he wasn't prepared to talk to them about anything substantive and that this was left to staff who asked him tougher questions.

He referred to police as the "Police soldiers" and believed that they acted at the behest of his voices. He reported delusions of reference from the television and radio and believed that his thoughts could be read and altered. He reported numerous paranoid delusions and he continued to report auditory hallucinations in the 2nd and 3rd person.

He reported that he had been experiencing voices for many years and that he wanted to get rid of it, as well as of the chip that was in his head. He believed that it had been inserted into his head so as to control him. He asked me numerous times to remove it from his head.

He said that he had moved to his current accommodation to get away from his criminal friends who were always wanting something from him. He complained about his landlady, who he appeared to find meddlesome and interfering. He said that he was happy where he was away from other people.

His engagement and general presentation improved towards the end of the assessment period. Subjectively he said that he felt more relaxed. He was less tearful, more coherent and was able to provide a more coherent account of himself. His account of events on the day of his arrest was still vague.

He said that he has been unable to trust people and doctors and therefore found it difficult to engage consistently and comply with his medication.

Mental state examination during admission

Mr Shaw's presentation changed over the course of his admission. Initially, he was extremely distressed and tearful and was unable to provide a coherent account of himself. This improved somewhat towards the end of his admission. He avoided any consistent eye contact with his gaze never fixed but wandering around the room. It did not appear that he was experiencing any hallucinations. He was otherwise reasonably kempt.

His affect was reactive and congruent. His mood was generally labile and low during interviews. He had frequent bouts of tearfulness. He was not clinically depressed. His speech was normal rate and volume. He tended to ramble and digress and but when pressed, was able to provide a more coherent account of himself. He was not thought disordered. He was preoccupied with his account of his voices and paranoid beliefs and would provide long accounts of these. He described having a few voices, both male and female in the 2nd and 3rd person, ie talking to him and talking about him. He said that they would make derogatory comments and give instructions to hurt himself and others; he said that he had no intentions to act on these. He did not believe that there was any other person responsible for the voices, other than the

voices. He referred to one voice as "the gaffer", also called Steven Murdoch. He did not have any thoughts of harm to himself or others.

He expressed paranoid delusions and felt pursued by the voices. He also felt the Police were part of the "army" that was in pursuit of him. He also had delusions of reference from the television and radio, as well as bizarre beliefs that there was a chip implanted in his head which he wanted to have removed, and the presence of aliens amongst us.

He had partial insight into his mental illness.

Please contact me if you have any queries.

Yours sincerely



Dr Regan Jonathan
Locum Forensic Consultant Psychiatrist

Copy to: Community Mental Health Team, Hunter Community Health Centre, 4th Floor, Andrew Street, East Kilbride, G74 1AB



Health & Social Care
North Lanarkshire



PRIVATE & CONFIDENTIAL

RMS
Kirklands Hospital,
Fallside Road,
BOTHWELL,
G71 8BB.

Date: 17/01/2017
Our Ref: RJ/AR
CHI No: 2104673933
Your Ref: -----
Enquiries to: Angela Rae
Direct Line: 01698 456215
Facsimile: 01698 456217

Dear Colleague

RE; Andrew Shaw
DOB: 01-04-1967
Address: 30 Douglas Drive, East Kilbride, G75 8JS

Diagnosis Emotionally unstable personality disorder
Medication 50mg Risperdal Consta 2 weekly
MHA Status Informal patient

I would like to refer Mr Shaw for follow up by the CMHT

He is a 49 year old man with long history of contact with mental health services. He has a complex presentation which involves auditory hallucinations and episodes of emotional decompensation which results in repeat offences involving motor vehicles and traffic violations. He has been diagnosed with schizophrenia in the past but there was little evidence of this during his last admission to Iona Ward in February 2016. The diagnosis is more likely to emotionally unstable personality disorder stemming from childhood sexual abuse from his older sibling, parental alcohol misuse and domestic violence, witnessed death of mother at age of 8 years due to heart attack, fostering and emotional neglect.

In the past, he has had difficulty establishing therapeutic relationships with his care providers due to trust issues, and as a result has frequently disengaged from services. He has a history of repeated offending (mostly related to motoring offences) and has spent a significant part of his adult life in prison. He has a history of violent offences but it has been many years since he has been violent.

Mr Shaw was most recently followed up Community Forensic Team from February 2016. He was again convicted in August 2016 for motoring offences and was released in January 2017. He has been re-established on his medication and will be attending psychology with Dr Deby Graham. Mr Shaw is considered low risk for any violent offending.

Events in the past year

Mr Shaw was admitted to Iona ward on 28th January 2016 for assessment following his arrest for a series of traffic violations. There was concern for his mental state due to his bizarre and paranoid presentation. He was arrested for dangerous driving. He was subsequently charged with:

- o Failing to stop at traffic light
- o Speeding and dangerous driving
- o Driving whilst disqualified (LIFE LONG DISQUALIFICATION)

- Driving without insurance
- Resetting of motor vehicle

He underwent a psychiatric assessment in February 2016 (see summary further below) during which it was felt there was no convincing evidence of mental illness. During this time he spoke about hearing voices and reported bizarre and paranoid accounts leading to his driving and subsequent arrest. I nevertheless felt that at the time of the offence he was acting under the influence of psychotic beliefs and that he was insane. He was discharged from Iona ward at the end of his assessment and there were no further court proceedings.

Mr Shaw continued to accept his depot medication and attended regularly. There appeared to be some stability in his presentation and my plan was to refer him to community psychology before referring to CMHT. In the interim he started missing his depot appointments and contact was irregular and there was a deterioration in his mental state. There may have been some social pressure from previous "associates" to involve himself in criminal activity involving motor vehicles but he denied this. (In my time with Mr Shaw, he has not always been fully truthful however.)

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Mental state examination during admission

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contact with his gaze never fixed but wandering around the room. It did not appear that he was experiencing any hallucinations. He was otherwise reasonably kempt.

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He expressed paranoid delusions and felt pursued by the voices. He also felt the Police were part of the "army" that was in pursuit of him. He also had delusions of reference from the television and radio, as well as bizarre beliefs that there was a chip implanted in his head which he wanted to have removed, and the presence of aliens amongst us.

He had partial insight into his mental illness.

I will be leaving my post in the near future. Please contact the Community Forensic Team if you have any queries.

Yours sincerely


Dr Regan Jonathan
Locum Forensic Consultant Psychiatrist

Copy to: East Kilbride CMHT, Hunter Community Health Centre. Address, 4th Floor,
Andrew Street, East Kilbride

COPY

Lanarkshire Forensic Mental Health Service

Carluke Community Health Centre
40 Chapel Street
Carluke
ML8 4BA
www.nhs.uk/lanarkshire

CONFIDENTIAL

Andrew Shaw
30 Douglas Drive
East Kilbride
GLASGOW
G75 8JS

Date Typed: 18th January 2017

Our Ref: RJ/MM

CHI No: 210 467 3933

Enquiries to: Marie Magunnigal
Direct Line: 01555 777 481
Fax: 01555 777 482

Dear Mr Shaw

I would like to offer you an out-patient appointment to see me on **Friday 27th January 2017 at 11.00am** in **Beckford Lodge, Caird Street, Hamilton, ML3 0AL**. Please report to the Reception upon arrival.

Can you please confirm if you are able to attend this appointment as your depot medication needs to be ordered?

(Please note it costs the NHS £136 for every missed appointment).

Yours sincerely,

P.P. M. Magunnigal

Dr Regan Jonathan
Consultant Forensic Psychiatrist (Locum)

COPY

Lanarkshire Forensic Mental Health Service

Carluke Community Health Centre
40 Chapel Street
Carluke
ML8 4BA
www.nhslanarkshire.co.uk

CONFIDENTIAL

Andrew Shaw
30 Douglas Drive
East Kilbride
GLASGOW
G75 8JS

Date Typed: 17th January 2017

Our Ref: RJ/MM

CHI No: 210 467 3933

Enquiries to: Marie Magunnigal

Direct Line: 01555 777 481

Fax: 01555 777 482

Dear Mr Shaw

I would like to offer you an out-patient appointment to see me on **Monday 23rd January 2017 at 4.00pm** in **Beckford Lodge, Caird Street, Hamilton, ML3 0AL**. Please report to the Reception upon arrival.

Can you please confirm if you are able to attend this appointment as your depot medication needs to be ordered? We do not have a contact number for you.

(Please note it costs the NHS £136 for every missed appointment).

Yours sincerely,

P.P. M. Magunnigal:

Dr Regan Jonathan
Consultant Forensic Psychiatrist (Locum)

CHI no. 7104673933
 First name ANDREW DOB 21/4/67
 Last name SHAW Sex: ☐ M ☒ F
 Address 30 DUNGLAS DRIVE
 WEST RIVERIDE
 G75 8JS
 or attach addressograph label here

65566

Acute Care Services



☐ Hairmyres

☐ Monklands

☐ Wishaw

Outpatient Recommendation

(To be taken to your General Practitioner and if deemed necessary will supply a prescription)
 (Please hand in this letter at your G.P.'s Surgery and call back after two working days)

Outpatient Clinic: BECKFORD LODGE
 Consultant: R. JONATHAN
 Height (cm):
 Weight (kg):

Diagnosis: EUPD

Medicine Allergies: PENICILLIN

Drug on Lanarkshire Formulary

☒ Yes ☐ No

If No, reason for prescription:

Dear Dr

This patient attended the BECKFORD LODGE clinic on 30/1/17 and I
 would ask you to consider prescribing the following additional/alternative (delete) treatment within 48 hours
 instead of

TO BE PRINTED IN BLOCK CAPITALS IN BALL POINT PEN

Recommended Medicine	Dose	Route	Times of Administration					Duration of Treatment
			0800 1000	1200 1400	1600 1800	2000 2200	OTHER TIME	
Zolpidem	10mg	PO				✓		2 weeks only
CITALOPRAM	20mg	PO	✓					30 days repeat monthly

Additional comments/reason for change of therapy/change of dose

Doctor: REGAN JONATHAN Signature: [Signature]

Date: 30/01/17 GMC: 4350307 Page No:

White Copy to G.P. - Pink Copy to Medical Records

Lanarkshire Forensic Mental Health
Service

Carluke Community Health Centre,
Chapel Street,
CARLUKE,
ML8 4BA

PRIVATE & CONFIDENTIAL

RMS
Kirklands Hospital,
Fallside Road,
BOTHWELL,
G71 8BB.

Date dictated: 23/01/2017
Date typed: 23/01/2017
CHI: 2104673933
Our Ref: RJ/AR
Your Ref: _____

Enquiries to: Secretary
Direct Line: 01555 777 481
Facsimile: 01555 777 482

Dear Colleague,

RE: **Andrew Shaw**
DOB: **21-04-1967**
Address: **30 Douglas Drive, East Kilbride, G75 8JS**

I would like to refer Mr Shaw for follow up by the CMHT

He is a 49 year old man with long history of contact with mental health services. He has a complex presentation which involves auditory hallucinations and episodes of emotional de-compensation which results in repeat offences involving motor vehicles and traffic violations. He has been diagnosed with schizophrenia in the past but there was little evidence of this during his last admission to Iona Ward in February 2016. The diagnosis is more likely to emotionally unstable personality disorder stemming from childhood sexual abuse from his older sibling, parental alcohol misuse and domestic violence, witnessed death of mother at age of 8 years due to heart attack, fostering and emotional neglect.

In the past, he has had difficulty establishing therapeutic relationships with his care providers due to trust issues, and as a result has frequently disengaged from services. He has a history of repeated offending (mostly related to motoring offences) and has spent a significant part of his adult life in prison. He has a history of violent offences but it has been many years since he has been violent.

Mr Shaw has now been released from prison following conviction in August 2016 for motoring offence. He has been re-established on his medication and will be attending psychology with Dr Deby Graham. Mr Shaw is considered low risk for any violent offending.

Events in the past year

Mr Shaw was admitted to Iona ward on 28th January 2016 for assessment following his arrest for a series of traffic violations. There was concern for his mental state due to his bizarre and paranoid presentation. He was arrested for dangerous driving. He was subsequently charged with:

- o Failing to stop at traffic light
- o Speeding and dangerous driving
- o Driving whilst disqualified (LIFE LONG DISQUALIFICATION)
- o Driving without insurance

- o Resetting of motor vehicle

He underwent a psychiatric assessment in February 2016 (see summary further below) during which it was felt there was no convincing evidence of mental illness. During this time he spoke about hearing voices and reported bizarre and paranoid accounts leading to his driving and subsequent arrest. I nevertheless felt that at the time of the offence he was acting under the influence of psychotic beliefs and that he was insane. He was discharged from Iona ward at the end of his assessment and there were no further court proceedings.

Mr Shaw continued to accept his depot medication and attended regularly. There appeared to be some stability in his presentation and my plan was to refer him to community psychology before referring to CMHT. In the interim he started missing his depot appointments and contact was irregular and there was a deterioration in his mental state. There may have been some social pressure from previous "associates" to involve himself in criminal activity involving motor vehicles but he denied this. (In my time with Mr Shaw, he has not always been fully truthful however.)

He was once again arrested for driving whilst disqualified and without insurance on the 8th August 2016. The account from the court was that it was a "routine stop" by police and that he had not brought any undue attention to himself through his driving. I assessed him and found him to be fit to stand trial and criminally responsible for his actions at the time of his offence. He was convicted and served 6 months in prison and was released in early January 2017.

He was initially sent to HMP Addiewell where there were concerns about his mental health and he was referred to Forensic services for assessment for possible admission to hospital. He was seen by Dr Travers on 2 occasions who felt he did not require hospital admission. He was eventually transferred to HMP Barlinnie where there was reportedly an improvement in his mental health.

Mr Shaw is now back at home. He was seen once by psychologist Dr Deby Graham prior to his imprisonment. She is happy to continue seeing him.

Psychiatric history

Mr Shaw has had extensive contact with mental health services from a young age since 1995 and has held various diagnoses which have included psychogenic psychosis, paranoid schizophrenia, personality disorder and post traumatic stress disorder.

It was felt that childhood sexual abuse played a significant part in the genesis of his dysfunctional behaviour and the repeat offending related to motor vehicles. The repeat stealing of motor vehicles and other driving offences provided a sense of emotional comfort to Mr Shaw in times of distress. He has had previous court disposals to hospital following driving offences and was followed up by the Lanarkshire forensic team for many years, and in particular by Dr Campbell. His engagement with mental health services broke down when Dr Campbell changed employment.

He has also been under the care of Glasgow forensic services and Lanarkshire Adult Psychiatry services, but engagement with him proved difficult and he was frequently non-compliant with treatment.

He has previous admissions to hospital where has presented in similar distress. He also has one previous overdose.

He describes a number of voices consist which make derogatory comments and he reports that they are present all the time. This includes the voice of his mother.

Personal and background history



Health & Social Care
North Lanarkshire



Mr Shaw reports that he was resident at his current address for the past 9 months because he wanted to escape from previous associates and friends who were harassing him. He has never been married and has no children and has very limited social support. He is in receipt of social benefits and reports that he also sells cars for friends and other associates from time to time. He reported that he has been in a long term relationship with a Moira Duggan for the past 35 years, but that they have never lived together. He initially told me that he has a 28 year old daughter but it later transpired that this woman was the daughter of a friend who has since died. The woman reported that he often makes unsolicited contact with her.

He was born in Bellshill and raised in Hamilton by his parents. He had 3 older brothers who were 15, 17 and 18 years older than him. He reported good relationships with all except with brother Duncan (15 years older) who he said sexually and physically abused him. He refused to give any details. He said that his father drank a lot and was abusive to his mother but that he was "not a bad man" and that they had a happy marriage. He was also blamed by his older brother for the death of his mother.

His mother was a cleaner and his father worked in the steelworks. He was very close to his mother. She died at the age of 45 years when he was 8. He said that he was neglected by his father who was frequently intoxicated after this. At the age of 12 years, he was placed in Geilsland List D school. He denied any abuse. He said that they were occupied with many activities and did not receive any schooling. This is where he was allowed to learn to drive motor cars, after learning on tractors on a big estate. It appears that the school encouraged this behaviour as it brought on emotional stability.

He came into contact with police and social services from a young age due to his criminal behaviour which including truancy, stealing and car related offences. He claimed that the first car he stole was his brother's and that this was in retaliation for abusing him.

His father died from lung cancer. Mr Shaw previously had good contact with his close and extended family. This seems to have dissipated over the years to the present where he has no contact with any family members.

In the past few years he appears to have led an itinerant lifestyle staying with various family members and friends for varying periods.

He has been in prison for large parts of his adult life and has never had any long term employment. He was a car salesman for a brief period. He is in receipt of social benefits and is appears to quite able to maintain his social welfare through occasionally selling cars for associates and friends.

Alcohol and drugs

He reported that he uses illicit drugs to try and block the voices. Previous to his admission he was using cocaine 3 to 4 times per week, as well as valium.

Forensic history

He has numerous charges mostly related to motor car offences. In all he has had about 39 court appearances. Charges have included, housebreaking, theft, theft of motor vehicle, resetting of motor vehicles, motor traffic offences, breach of bail, fraud, attempts to pervert the course of justice, assault, assault to injury and permanent disfigurement, forgery and counterfeit. He does not appear to have any offences related to weapons.

He has spent several custodial periods, a large part of his adult life, in prison. His motor vehicle offending is related to his mental illness and emotional distress and serves as means relieving the stress around these. His last conviction was in August 2016 and was released in January 2017. Prior to this he was convicted in June 2013 for road traffic offences and was released in December 2014.

Admission to Iona Ward February 2016



Health & Social Care
North Lanarkshire



North
Lanarkshire
Council

There was never any objective evidence of psychosis observed on the ward by nursing staff. Reports were that his interaction with other patients and visitors, whilst unobtrusively observed, were appropriate. When discussing his symptoms with staff, he would become distressed, tearful and agitated, sometimes rocking to and fro in a regressive manner whilst talking. He would talk about his delusional beliefs relating to aliens, voices and various people and Police armies pursuing him with harmful intent. He made frequent references to the "chip" implanted in his brain.

He declined to engage with staff and other patients in activities on the ward and tended to isolate himself from others in his room.

This pattern of engagement continued throughout the assessment period.

He reported the following at varied times throughout his admission. He said that he has suffered from voices from a young age and that they (the voices) were responsible for the deaths of his parents, his friend and Dr Campbell his previous consultant. He believed that Dr Campbell was killed [by the voices] because he had revealed too much to her. He said that his interaction with visitors and other patients appeared to be normal because he wasn't prepared to talk to them about anything substantive and that this was left to staff who asked him tougher questions.

He referred to police as the "Police soldiers" and believed that they acted at the behest of his voices. He reported delusions of reference from the television and radio and believed that his thoughts could be read and altered. He reported numerous paranoid delusions and he continued to report auditory hallucinations in the 2nd and 3rd person.

He reported that he had been experiencing voices for many years and that he wanted to get rid of it, as well as of the chip that was in his head. He believed that it had been inserted into his head so as to control him. He asked me numerous times to remove it from his head.

He said that he had moved to his current accommodation to get away from his criminal friends who were always wanting something from him. He complained about his landlady, who he appeared to find meddlesome and interfering. He said that he was happy where he was away from other people.

His engagement and general presentation improved towards the end of the assessment period. Subjectively he said that he felt more relaxed. He was less tearful, more coherent and was able to provide a more coherent account of himself. His account of events on the day of his arrest was still vague.

He said that he has been unable to trust people and doctors and therefore found it difficult to engage consistently and comply with his medication.

Mental state examination during admission

Mr Shaw's presentation changed over the course of his admission. Initially, he was extremely distressed and tearful and was unable to provide a coherent account of himself. This improved somewhat towards the end of his admission. He avoided any consistent eye contact with his gaze never fixed but wandering around the room. It did not appear that he was experiencing any hallucinations. He was otherwise reasonably kempt.

His affect was reactive and congruent. His mood was generally labile and low during interviews. He had frequent bouts of tearfulness. He was not clinically depressed. His speech was normal rate and volume. He tended to ramble and digress and but when pressed, was able to provide a more coherent account of himself. He was not thought disordered. He was preoccupied with his account of his voices and paranoid beliefs and would provide long accounts of these. He described having a few voices, both male and female in the 2nd and 3rd person, ie talking to him and talking about him. He said that they would make derogatory comments and give instructions to hurt himself and others; he said that he had no intentions to act on these. He did not believe that there was any other person responsible for the voices, other than the

voices. He referred to one voice as "the gaffer", also called Steven Murdoch. He did not have any thoughts of harm to himself or others.

He expressed paranoid delusions and felt pursued by the voices. He also felt the Police were part of the "army" that was in pursuit of him. He also had delusions of reference from the television and radio, as well as bizarre beliefs that there was a chip implanted in his head which he wanted to have removed, and the presence of aliens amongst us.

He had partial insight into his mental illness.

Please contact me if you have any queries.

Yours sincerely



Dr Regan Jonathan
Locum Forensic Consultant Psychiatrist

Copy to: Community Mental Health Team, Hunter Community Health Centre, 4th Floor, Andrew Street, East Kilbride, G74 1AB

RECEIVED 21 DEC 2016

Mental Health Services
Forensic Directorate

Leverdale Hospital
510 Crookston Road
Glasgow G53 7TU

**PRIVATE & CONFIDENTIAL**

Mental Health Co-ordinator
Barlinnie Prison
Lee Avenue
Riddrie
Glasgow G33 2QX

Date 13th December 2016
Date of Clinic 13.12.16
Our Ref MB/jl
Direct Line 0141 211 1382
E-mail Rhona.Lauder@ggc.scot.nhs.uk
r.lauder@nhs.net

Dear Colleagues

Re: **Andrew Shaw** DOB **21.04.1967** CHI **210 467 3933**
SPIN 3222
Address 71 Oxford Street, Gorbals / 30 Douglas Drive, East Kilbride
Serving 10 months for driving offences
EDL 09.01.17

Psychiatrist Dr Jonathan, Beckford Lodge

Medication Risperidone Consta 50mgs fortnightly

I write with regard to Mr Shaw. According to the officers Mr Shaw is coping in the Hall. Mr Shaw himself reported that he was struggling with the voices. He is compliant with depot medication. He denied any side effect profile.

Past Psychiatric History

Mr Shaw first came to psychiatric attention, according to himself, in 1990. He was an inpatient at Dykebar Hospital subject to a Section 18 for approximately 6 months. He was looked after by Dr Campbell. He was thereafter subject to outpatient follow up by Dr Campbell. He had numerous admissions to hospital including an assessment at the State Hospital.

Most recently Mr Shaw was an inpatient in February 2016 at Beckford Lodge. He was an inpatient for 7 weeks in terms of a Section 52D. He was transferred from prison. He was liberated from court with no psychiatric recommendation in place. He was thereafter subject to outpatient follow up at Beckford Lodge. He attended fortnightly appointments to receive his depot and for review. He has been seen in HMP Addiewell, where he has been serving his sentence. He has been reviewed by Dr Lennahan.

Family History

Mr Shaw is one of a sibship of 3, having 2 brothers. He has no children himself. His mother died when he was 8 year of age and his father when he was 35 years of age. He could not tell me the reasons for their deaths. He did not know of any family psychiatric history.

Past Forensic History

Mr Shaw has done numerous previous sentences, the vast majority of which have been for driving offences as far as he is aware. His longest previous sentence has been for 18 months.

Drug & Alcohol History

Mr Shaw has previously been in the habit of using cocaine and Diazepam. He denied using cannabis, heroin, amphetamine or legal highs. Before admission to custody he was using cocaine on a daily basis. He denied injecting substances.

Mr Shaw informed me that he had never had alcohol related difficulties. He stated that he had never been in the habit of drinking in the mornings or on a daily basis. He had not had to have an in or out patient detoxification. He had not been admitted with medical sequelae of alcohol consumption in the form of haematemesis or pancreatitis.

Current Mental State Examination

Mr Shaw presented as an obese 49 year old man. He was well kempt. He was anxious at interview repeatedly rubbing his hands. He maintained no eye contact. He appeared distracted. He was not thought disordered and was able to give a clear and coherent account of himself.

Subjectively, Mr Shaw stated that he "did not feel too good". Objectively he presented as euthymic. He did not describe biological symptoms. He did not describe suicidal thought or intent. He informed me that the voices had told him they would come with him if he killed himself, so there was absolutely no point in taking his own life.

Mr Shaw described a paranoid flavour to his thinking. He described thought insertion. He did not describe grandiose delusions or delusions of reference. He described continuous auditory hallucinations. He stated hearing numerous voices including the Devil's voice in both internal and external space. He felt unable to ignore symptomatology. He described command hallucinations which he felt intermittently obligated to obey. He informed me that the voices told him to drive one at a time. He had some insight into his presentation, believing that his medication was beneficial to him. He informed me that he had previously been worse.

Impression

Mr Shaw presented as a 49 year old man. He is well known to psychiatric services. He is currently psychotic. He has underlying personality issues. He was recently admitted to Beckford Lodge. He has been serving his sentence in HMP Addiewell where he has been reviewed by the visiting psychiatrist there, Dr Lennahan.

Plan

1. With his knowledge and consent I will copy correspondence to Dr Jonathan at Beckford Lodge.
2. I will prescribe **oral Risperidone at a dose of 2mgs at night** in addition to his prescribed depot.
3. I will review Mr Shaw in 3 weeks time, please list him for my clinic.

Yours sincerely



Dr. Melanie Baker
Consultant Forensic Psychiatrist

Cc: Dr Jonathan, Beckford Lodge, 105 Caird St, Hamilton ML3 0AL ✓

RECEIVED 14 OCT 2016

Andrew Shaw

Seg Unit 3zzz
M.P. Addiewell
9 Station Road
West Lothian
EH55 8QA.

Doctor Johnathan

I spoke to Doctor Lenahan and he said he was going to get me into hospital.

Can you come and get me as I want you to help me. I know I have been a lot of trouble in the past but I have no-one left anymore. I have managed to turn everyone against me so I don't get hurt anymore.

I wrote to the nurses and Doctor Campbell.

I know I should stop being afraid but I can't and I am sorry about that.

Sometimes I can remember the days that my Dad and me had a laugh together although it wasn't too often.

I never had much but my Dad was my best friend and I can say he did try his best for us.

Sometimes I cry just to get some of the pressure out of my head and →

2

maybe I should face the facts that I am never going to get away from these people...

A long time ago Doctor Campbell said I had Post Traumatic Stress disorder and that I should deal with it as best I could.

Then 3 years ago I was told I had Psycitophrenia so I don't know what I have done to have them both as I have not been a bad person.

He tells me that it was my own fault that the abuse started because it was me that killed my mum. He said I was the cause of everyone dying and I am sorry about that but I didn't know I was doing anything wrong to cause it to happen.

I've tried so hard to hide it for the past 42 years that I am getting so tired that I wish I could just sleep and not wake up.

I only ever told Doctor Campbell and she left me on my own to fight them all as well as everyone else.

I suppose that after all these years I should be able to accept that I am going to have to

Keep it to mysey because I dont want anyone in trouble and I dont want them to hurt my mum anymore so I dont like her screaming

When I smashed Durcos car, I was put into care. I never seen anyone until I was 16 and got to go home.

But I had started to steal cars to get to drive and I could never tell that I was doing it and would only know when someone told me.

I never know when Im driving and I know it sounds silly but I have never had an accident either, well I have not to my knowledge.

Sometimes I have woke up in a car and I have been miles away. I woke up outside my Aunt Annies house in Manchester once and I did not know how I got there and I had stopped at the garage for petrol so I had the receipt on the passenger seat.

I hear them outside my door all the time. I hear my name and some derogatory remarks, I see them when they think Im not watching.

I never look in there eyes because they can read what

4

you thinking and I would get my
mum into trouble.

I know you my friend because
you said to me that it was only
voices in my mind that made me
hear the things I hear and if you
were one of them you would have
told me to listen to them instead
of saying not too.

I used to travel from Lanarkshire
to Paisley to see Doctor Campbell. I
trusted her so much you see that I
would have travelled any where to
see her and to try and stop this
pain.

I am tortured with what's going on
in my life and I just would like some
peace.

I need some help and I am
asking you not to leave me to
fight them all on my own as I
cant do it for much longer. I
would like some peace for a while
and maybe be able to relax and
feel safe. I havent in a long time.

Im sorry I drive cars and get
into trouble, I really don't mean to
do it, I just would like you not
to leave me on my own like every-
one else does.

Andrew

RECEIVED 14 OCT 2016

Doctor J

RECEIVED 14 OCT 2016

I really need to speak to someone about my abuse because it has been kept in my head since Doctor Campbell.

I've seen Dr Lenahan once since you came and he said I should be in hospital but I haven't seen or spoke to anyone else since then.

You told me I need to talk to the Doctor here but he already knew as he said the things that happened when I was younger.

He spoke to Doctor Campbell as well. I don't know what to do as I am feeling lower & lower.

I need to speak to someone about this before it all shuts over again for another 18 years or something.

What do I do?

I just want you to help me please. I will stay away from the cars I just need help from you.

Why have you left me on my own to fight them all, just like everyone else has done all my life.

I trusted you and now that you know you don't want to help me anymore & have left me on my own like I always have been.

I try so hard to stay away from cars I try so hard to stay out of trouble and for what I do all for nothing. They have told you not to help me and leave me to listen to them all screaming in my head.

I can't take it much more and I'm sorry they have stopped you from talking to me just like Doctor Campbell.

RECEIVED 14 OCT 2016

Daughter Johnathon

Please help me. Please I will
stay away from cars but
please just help me just
now I can't take it any
longer. I never get any peace.

They are beating my mum
and I want it to stop
because she keeps screaming
for me to help and I can't
do anything to help her as
they don't listen to me.

I'm sorry that I need help
and I'm sorry I can't do it
on my own but please just
help me.



The Orchard Clinic
Royal Edinburgh Hospital
Morningside Terrace
Edinburgh
EH10 5HF

Dr Regan Jonathan
Locum Forensic Psychiatrist
NHS Lanarkshire

Date 7 October 2016
Your Ref
Our Ref FL/LS/228355
CHI 2104673222

Enquiries to Lynne Sloan
Extension 45854
Direct Line 0131 537 5854
e-mail lynnie.sloan@nhslothian.scot.nhs.uk

Dear Dr Jonathan

Re: Andrew Shaw, Dob: 21/04/67
C/O HMP Addiewell
Spin No: 3222

You will recall the above named, Mr Shaw, whom you had reviewed at the pre-sentencing stage. I was asked to see him again this week in my regular clinic in HMP Addiewell. I attach a copy of my assessment letter. In essence, he continues to present as psychotic. I appreciate that his traumatic history and personality disorder are compounding factors, however, the phenomenology seemed fairly convincing to my eyes. I have increased his risperdal consta to the maximum but feel we need to re-consider transferring him to a secure hospital setting prior to his EDL. He is currently managed in the separation/re-integration unit (informally 'the seg'). He would not currently cope in mainstream prison circulation and my view is that it would be undesirable for a prisoner to be liberated directly from the SRU to the community, particularly if their placement in the SRU was being driven by factors relating to acute mental illness.

Yours sincerely

Authenticated electronically 13/10/16

Dr Fionnbar Lenihan
Consultant Forensic Psychiatrist

4.10.16.

Andrew Shaw
Seg Unit 3222
H.M.P. Addiewell
9 Station Road
West Calder
EH55 8QA.

Dr Campbell.

I spoke to Dr Lenahan today and he said he spoke to you recently and that you are okay.

I am glad you are okay because I was getting the blame for you dying and I have been in a lot of pain and turmoil since then.

You are the only Doctor I have ever trusted enough to tell what happened to me, and then I was left on my own again to fight them all.

I just can't do it anymore. I am 50 now and that's 42 years I have fought them and I am really tired.

Driving the car is still the only thing that helps but →

Im still not allowed too.

Im sorry that I keep annoying you but Im not strong enough anymore and they are beginning to win with what they are saying to me.

Hartwood refused to take me back. They dont understand why you transferred me to Dykebar with you and I am just left fighting everything myself.

I wrote to Dr Johnathon and told him what happened because I know I need to tell someone as nobody knows except you and me.

I trusted you more than I have anyone in my whole life. I thought you could stop the voices and my mums screaming but I think it was too much for just the two of us.

I went to Castans to see you and they wouldn't let me.

There was a lot of years ago and since then they have said it was me that made them kill you because I was telling you bad things.

I haven't been able to tell anyone ever since.

I'm sorry that I've turned everyone against me. But I have too. It's better than letting them hurt me.

I know I deserve to get hurt but I think that I have had enough of it now and maybe I should be able to maybe laugh sometimes, not a lot just sometimes.

I think maybe that I should just go with my mum & dad and Duncan will leave my mum alone then.

It's my fault it all happened anyway and my fault my Mom and then my Dad died.

I've managed to turn everyone

against me now though.

My brother Hugh and William do not speak to me anymore and nor do the rest of my family.

I have tried to settle down 4 times but I can't do it as Duncan says they are his friends and they are just looking for him to beat them up like he does with my mum.

You were my best friend and I thought you were going to get him to leave me alone. I thought I would be able to sleep a full night and maybe stop the nightmares and the voices. And seeing the people whose voices I hear every where I go.

36 years in one institution or the other and I am still tormented.

I stole his car and smashed it when I was 12 and it was the best feeling I have

ever had.

I get the same feeling when
I drive even now even although
I don't know I am doing
it

I wish I could talk to you
because I really need a
friend just now. Its harder
than ever, I am just so
saddened and lonely and the
voices do not let up for 1
minute

Dr Lenahan said you are not
a Doctor anymore so I guess
I will not get talking to you
again and I will have to
fight all of them on my
own again.

I just want to say thank you
for being my friend. I can't
write anywhere now, Wish I could
talk to you
Ana. S.

Andrew Shaw
Ses Unit 3222
O.P.M.P. Addiewell
West Lothian
EH55 8QA.

Dear Staff.

I am 50 years old & have
had 42 years of torture and
heartache.

I have told 3 people in 42
years what has happened to
me & I respect the fact
you all think I have
nothing wrong with me, and
I do not blame any of you
for that because I have
lived and lived for 42 years
to escape the hell I am
in & it has just made things
worse.

I was 8 when my mum
died and I seen her die which
has probably contributed for
the most part as to why I
am the way I am with
people, but the main reason
was my brother started
abusing me.

My dad was always drunk.

P.T.O

So I had no-one as my other 2 brothers where in the Army.

He used to tell me that if I told anyone my mum would go to hell and since I was 8 I have heard her screams and crying.

I have had about 28 voices in my head all my life and sometimes when I am being spoken to I hear these voices coming from the person that is speaking to me.

The abuse went on for 5 years until I stole his car and smashed it, I was put into care after that and so the story goes.

I met Dr Isobel Campbell whilst I was in Barlinnie and for the first time I spoke about what had happened to me and it never got better, it just manifested and made me worse.

She transferred me to heartwood and I still never told anyone anything for the 6 months I was there.

When Dr Campbell was transferred to Paisley I blamed all the staff for yet another person leaving me alone and I got people into trouble for nothing which I am sorry for.

I didn't know Dr Campbell had requested that I be transferred with her until after all this was done.

I went to Dykebar in Paisley until she was transferred to Costawood and I could not see her anymore and since then I have blamed everyone especially nurses & doctors because I needed Dr Campbell just so I could survive properly.

The 4-5 different personalities I have made me act different to every person that I meet.

I do not mean to do it
it just happens and it has
cost me most of my life
and my freedom.

I was continuously raped
and urinated on and beat
up, my dad was also beat
up by my brother regularly
and after about 10 visits
to the hospital and nobody
noticing anything we just
stopped going and suffered
in silence.

I have been too scared to
have any relationship and I
am still on my own at
50.

I don't know I am driving the
cars when I do it, I never
have. It just happens when
the pressure gets too much
for me.

I've told Dr Johnathon and
the mental health nurse
Karen here in Addiswell.

I realise 42 years later I
NEED to tell people y I am
 ever going to get any help.

I know some of you don't
 like me and I can't change
 that, its my own fault
 in the first place for not
 being honest.

I've spent 38 years in one
 institution or the other and
 it has never bothered me but
 I am tired now and I have
 to many voices to listen to
 now adwell.

Since my brother died it has
 gotten worse but I am
 trying to cope as best I can.

I put on stupid faces and act
 stupid to hide the fact that
 I was abused. I told so
 many lies so nobody would
 know and all its done is
 turn people against me that
 could have helped y I
 had only been honest.

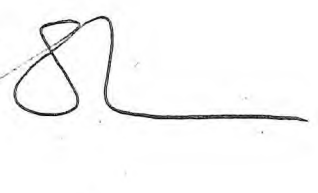
I'm sorry if you think I deceived anyone. I acted the way I always do when in danger (stupid).

Dr Campbell said I had Post traumatic stress disorder and multiple personality disorder.

I was afraid one of you would get it out of me and maybe I acted as if I was being silly, so again I apologise.

I just need & work help now before its too late and I just wanted to say sorry and be honest.

Thanks for trying to help when you didn't even know what you were helping me for.

Andy 

Jonathan, Regan

From: Jonathan, Regan
Sent: 28 September 2016 16:13
To: Graham, Deby - Counselling Psychologist
Subject: RE: Update on A.S.

Dear Deby

That seems quite reasonable. I will inform him of the plan.

When should we refer him back to you, bearing in mind how long he would have to wait for an appointment?

Regards
Regan

From: Graham, Deby - Counselling Psychologist
Sent: 28 September 2016 13:49
To: Jonathan, Regan
Subject: RE: Update on A.S.

Thank you for the update.

Yes it is unfortunate regarding his situation. I think the best plan at this current time would be for me to discharge him for the time being from my caseload and once he is released back into the community we could look at a re-referral back into our service. I would be happy to allocate Andrew to myself once again rather than him having to meet with a new clinician and therefore if you believe him to be suitable for psychological therapies upon his release, if you refer him back into our service with a note that he is to be seen by myself then I can assess him at that time.

You can let me know your thoughts regarding this.

Warm regards
Deby

Dr Deby Graham
Psychol, Counselling Psychologist

East Kilbride Psychological Therapies Team
1st Floor
Hunter Community Health Centre
Andrew Street
East Kilbride
G74 1AB
Tel: 01355 597 454

From: Jonathan, Regan
Sent: 28 September 2016 12:47
To: Graham, Deby - Counselling Psychologist
Subject: Update on A.S.

Dear Deby

Re Andrew S

Andrew is currently in HMP Addiewell. I saw him yesterday. He was still c/o voices. He is been managed by the prison mental health team and they have increased his medication. As you may be aware, there is very limited opportunity to access therapy in prison but I have encouraged him to talk to the mental health team. He has been quite reluctant to engage up till now.

His earliest date of release is 9/1/17, after which he plans to return to his current address, which his landlady will try to keep available for him.

Do you plan to keep him on your case load till then?

Regards

Regan

They told me today you not
coming to see me now. You know
I would see you and I would
not speak to you face to face
you better leave Dr Johnathon alone
if anything happens to him I
will never speak to you again I
dont care about my screaming
LEAVE HIM ALONE

RECEIVED 23 SEP 2016

Dr Johnston
Berford Lodge Hospital
Caud SF
Hammerton Lonsdale