Patient Details	
Name	Andrew Shaw
Date of Birth	21/04/1967
Permanent Address	c/o Iona Ward, Beckford Lodge, Hamilton, ML3 0AL
Telephone Number	01698 456212
CHI Number	2104673933
Sex	Male
Occupation	Unemployed
Marital Status	Single
Religion	Christian
Ethnic Origin (Standard Codes)	White/Scottish
First Language	English
Communication Assistance Required? (Yes/No)	No
Hospital	Beckford Lodge
Ward	Iona Ward
Date of Admission	25/01/21
Phone Number	01698 456212
Responsible Local Authority	South Lanarkshire Council
Responsible Health Board	NHS Lanarkshire
Named Person	None
Relationship to Patient	
Address	
Phone Number	
Next of Kin	
Relationship to Patient	
Address	
Phone Number	

Useful Contacts

Designation:	Name:	Office Hours Contact Number	Out of Hours Contact Number
Key Worker/Care Coordinator	Katie Durcan	01698 456212	SEE TRAFFIC LIGHT PLAN
RMO	Dr Laura Steven	01698 456215	
MHO	Claire McCarrison	01355 597457	
General Practitioner	Dr Reddy	01698 456215	
CPA Coordinator	Admin Staff	01698 456215	
Restricted Patients Team	The Scottish Government	0131 244 2546	

Legal Details	
Legal Status & Section	Compulsion Order
Date of Conviction/Insanity Acquittal (if appropriate)	
Date order began	19/05/2021 – expires 18/11/21
Date of most recent statutory review	May 2021
Next 2-month statutory review period	18/09/21 – 18/11/21
RMO details	Dr Laura Steven Consultant Forensic Psychiatrist
MHO details	Claire McCarrison
For Determinate Sentences Liberation date/ Parole Qualifying date	N/A
For Life Sentences Punishment part	N/A
Index Offence	
Details of Index Offence	ROAD TRAFFIC OFFENCE – ROAD TRAFFIC ACT 1988 S4(1)
Brief Statement	Drove vehicle when unfit to drive through drink or drugs Drove vehicle without licence or insurance
Subject to Requirements of other Legislation	
Notifiable under part 2, Sexual Offences Act 2003 (2) Yes / No *	No
If yes to above – Detail offence(s) and period of order *	N/A
Schedule 1 Notification Yes/ No *	No
MAPPA Status	
Is patient subject to MAPPA? (Yes/ No)	MAPPA
Local Office	Hamilton
MAPPA Coordinator Name	Kenny Dewar
Contact Number	01698 455459
MAPPA Level	

Driving Licence	
Does patient hold a current driving licence	No
If yes, have DVLA been informed of current status	Yes
Specify any restrictions in place	Driving ban

Compulsory Treatment Details	
Compulsory Measures authorised under Mental Health (Care and Treatment) (Scotland) Act 2003	Detained in Iona Ward, Beckford Lodge, Hamilton, ML3 0AL. Medical treatment in accordance with Part 16 of the Act
Date of T2 / T3 Certificate	T3 29/07/2021
Description of Treatments authorised by T2 or T3 certificates	REGULAR MEDICATIONS 1. One regular oral antipsychotic medication - to include Clozapine and associated monitoring 2. One additional regular oral antipsychotic medication prescribed as adjunct to above or on a short term basis to cover a period of cross titration 3. One regular antidepressant medication 4. One regular oral anxiolytic medication 5. One regular oral hypnotic medication AS REQUIRED MEDICATIONS 6. One oral anxiolytic medication as required to manage agitation / distress 7. One oral antipsychotic medication as required to manage agitation / distress All of the above to be prescribed within recommended BNF dosage limits and frequency of administration
Conditions Set for Conditional Discharge	N/A

Safeguarding Children				
Is the patient likely to have contact with own or other children?		No		
Child Protection Liaison Officer	Name		Contact No	
Outcome of Child Protection Case Review				

Safeguarding Adults at Risk				
Is the patient likely to have contact with an adult at risk of harm?		No		
Adult Protection Coordinator	Name		Contact No	
Outcome of Adult Protection Case Conference				

Advance Statement	
Does the patient have an Advance Statement?	No

Details of those involved in CPA		
Name	**Contact Address**	**Telephone**
Dr Laura Steven	Consultant Forensic Psychiatrist, Iona Ward, Beckford Lodge, Hamilton	01698 456215
Katie Durcan	Primary Nurse, Iona Ward, Beckford Lodge, Hamilton	01698 456212
Claire McCarrison	MHO	01355 597457
Caroline Watson	Senior Charge Nurse, Iona Ward, Beckford Lodge, Hamilton	01698 456212
Dr Caroline Brodie	Psychology, Iona Ward, Beckford Lodge, Hamilton	01698 456215
Kevin Jamieson	Occupational Therapy, Iona Ward, Beckford Lodge, Hamilton	01698 456215
Restricted Patients Team	The Scottish Government	0131 244 2546
Admin Staff – Iona Ward	Iona Ward, Beckford Lodge, Hamilton	01698 456215
Offender Management Unit	Police Scotland, Motherwell	01698 483201
Gerard Smith	MAPPA Manager, Caird House, Hamilton	01698 456248

CARE AND TREATMENT PLAN
Compulsory measures: 1. Medical treatment in accordance with Part 16 of the Mental Health (Care and Treatment) (Scotland) Act 2003. 2. Detention in Iona/Gigha Ward, Beckford Lodge, Hamilton
Date of Certificate T2/T3? TO BE ARRANGED
RECORDED MATTERS AS DETERMINED BY THE TRIBUNAL: N/A

PROBLEMS / NEEDS:
1. Paranoid Schizophrenia
2. History of childhood trauma, including childhood sexual abuse
3. History of potentially life threatening suicide attempts
4. Long history of institutional care
5. History of benzodiazepine dependence
6. History of disengagement from mental health services
7. Three outstanding court cases
8. Poor diet associated with morbid obesity
9. Financial Management
10. Risk of repeat offending, particularly road traffic offences

STRENGTHS:
1. Degree of resilience
2. Current openness for engagement and support
3. Motivated to change
4. Retention of information from psychological sessions
5. Willingness to practice grounding strategies
6. Warm and compassionate personality when engaging with fellow peers and staff. Able to build relationships with peers and staff.
7. Seeks support from staff

CARE AND TREATMENT PLAN OBJECTIVES

*** = Violence Risk Factor**

Issue/Problem	* Y/ N	Intervention (or management strategies required) and date it was originally set	Name of staff responsible
Objective 1: Address mental health issues			
Psychotic Illness	Y	Management of medication and monitoring of symptoms and side effects	MDT
Mood disorder	Y	Ongoing assessment of possible mood disorder and any appropriate medication and psychological strategies.	MDT
Trauma	Y	CBT for psychosis with a trauma informed approach to be considered if and when appropriate. Grounding strategies and psycho-education will be focus initially.	Psychology
Substance Misuse Problems	Y	Input to be considered when felt appropriate	Psychology
Objective 2: Address physical health and health promotion issues			
Morbid Obesity	N	BMI currently 50.5 - Refer to a Dietician for nutritional advice in an attempt to help to lose weight when appropriate..	MDT
	N	Annual physical health checks and other physical health monitoring as required	MDT
	N	Gradual encouragement of gentle movement to increase level of fitness	MDT / OT
Objective 3: Address any cultural, spiritual or diversity issues (including disability access if relevant)			
Religion	N	No known religious beliefs	Nursing Staff
Objective 4: Address offence-related therapeutic issues			
Maladaptive coping strategies	Y	Work to be undertaken to consider triggers to offending and offence related maladaptive coping strategies	Psychology
Risk Assessment	Y	HCR20 Risk Assessment to be completed and updated annually	MDT
Financial Management	Y	Ongoing review of necessity for Appointeeship for finances. Minimise the risk of further offending.	MDT
Objective 5: Address Forensic Rehabilitation			
Structured Activities	N	Encourage participation to provide structure to daily routine and diversion from psychotic phenomena.	OT
Functional Skills	N	AMPS to be carried out – good level of self-care noted	OT

Leisure Pursuits	N	To explore what activities may be of interest and alternative to cars.	OT / Nursing
CAT Formulation	Y	Completed in February 2021, to be reviewed and updated as treatment continues.	MDT
RES3 Status	Y	Supervised access to phone use to be reviewed on an ongoing basis.	MDT

Objective 6: Address any family issues			
Family Contact	N	Encourage contact with family and friends – continue to monitor family interactions	MDT
Named Person	N	MHO will continue to discuss him nominating a named person.	MHO

Objective 7: Address other social care issues			
Housing	N	Not applicable at the current time	
Benefits	N	Ensure correct benefits are being received	MHO
Community Supports	N	Not applicable at the current time	

Objective 8: Address daily living functions			
Routine and activities	N	Ongoing assessment with regards to structured daytime activities, leisure activities and level of functioning	MDT

Objective 9: Develop / review future plans			
Legal Status	Y	Currently appropriately detained under a Compulsion Order to be reviewed at appropriate junctures.	RMO / MHO
Court	N	To be offered support to attend Court if appropriate.	RMO

RECORD OF PATIENT VIEW OF OBJECTIVES

Mr Shaw is currently in agreement with his admission to hospital and is willing to accept care and treatment. He is keen to engage in anything deemed to help him in reducing or managing his symptoms. He is reluctant to have his financial management taken over by the hospital and believes he is capable of doing this himself supported by his Sister-in-law. At the same time he accepts the risk of his attempting to purchase more cars remains relevant especially given he still has auditory hallucinations that can be command in nature. He has stated this is not his intention going forward but acknowledges he has struggled with this in the past.

Dr Laura Steven
Consultant Forensic Psychiatrist

Relevant risk factors

Diagnosis of personality disorder.
Paranoid schizophrenia and depressive illness.
History of self-harm
Past attempts of suicide,
Recent suicidal attempt/ ideation in prison.
Extensive Forensic offending history

The following CONTINGENCY ACTIONS should be followed by whoever first has it brought to their attention:

RELAPSE INDICATORS	CONTINGENCY ACTIONS
GREEN **Mental Health** • **No evidence of psychotic or depressive symptoms** • **Consistent engagement with service providers** • **No aggression or hostility evident** • **Demonstrates some insight into his mental illness** • **Positive attitude towards his recovery** • **Behaviours and interactions with others give no cause for concern** **Alcohol / Drug Misuse** • **No evidence of drugs of abuse** • **Clear drugs of abuse screens** **Violence** • **No evidence of threats or aggression** • **No thoughts of harm to self or others** **Disengagement** • **Compliant with treatment plan** • **Keeps appointments** • **Interacting appropriately with service providers** • **Remains motivated towards recovery** • **Engages well with ward based activities and OT groups** • **Engages with psychological therapies**	• **Continue current treatment** • **Inpatient status**

AMBER **Mental Health** • Prolonged periods of anxiety, suspiciousness, paranoia, withdrawal. • Voicing paranoid delusional ideation • Voicing intent to harm others • Evidence of hallucinations • Non-compliance with medication • Non-compliance with treatment programme • Elevated mood over a period of 48-72 hours • Family members expressing concern in relation to exhibiting unusual behaviour or speech **Alcohol / Drug Misuse** • Refusal to undertake drugs of abuse screen • Evidence of having consumed drugs / alcohol • Association with known substance abusers • Impaired physical coordination and slurring of speech as a result of suspected alcohol / drug consumption **Violence** • Threatening [covertly] / aggressive behaviour • Reporting command hallucinations • Breakdown in family relationships • Evidence of plans to harm others **Disengagement** • Missed appointments / isolation / non compliance / avoidance. • Persistent refusal to actively engage with care providers in assessment process **Escorted/ unescorted leave from ward.** • Failure to return from unescorted leave at agreed times. • Resistance to returning to the ward with staff when being escorted in the community. • Challenging and/or obstructive behavior. • Non compliance with agreed activity plan when on leave. • Absconding.	• Communicate to all members of clinical team & consider urgent CPA review • Inform RMO, Dr Isobel Campbell, on 01698 456215 within 24 hours • Inform MHO, Claire McCarrison, 01355 597457on within 24 hours • Contact levels with all services to be increased / decreased in response to his presentation and associated risks • Inform Senior charge nurse or charge nurse • Increase 1;1 interactions • Ensure compliance with prescribed medications • Monitor and assess general presentation and interactions with staff and peers • Follow and adhere to NHS guidelines re: PRN medication if necessary • Observation level to be increased if necessary • Risk assess visits from family members • Suspend unescorted suspension of detention until discussed with RMO/ MDT. • Consider communicating concerns to Scottish Government, Mental Health division (restricted patients) 0131 556 8400. **Escorted/ unescorted leave from ward.** • Any incidents of violence/ aggression during staff escorted leave will be immediately reported to police Scotland (999) via ward mobile then to ward base. • Where patient absconds during staff escort then escorting staff member (via ward mobile) will report this to police Scotland (999). NHS Lanarkshire missing patient protocol and individual traffic light contingency plan will be implemented thereafter. • All agencies involved in escorting patient in the community will be appraised of above contingency and ensure they have a means of communicating any issues immediately (mobile). • Any concerning reports received regarding patient's conduct while on unescorted leave should be communicated as per above within/ without office hours guidelines and/or police Scotland (999) depending upon assessment of the circumstances. • Failure to return from planned leave and/or other absconding will result in NHS Lanarkshire missing patient policy being implemented with police Scotland being (101) contacted in the first instance.

RED

Mental Health
- Persistent expression of delusional ideation
- Expression of command hallucinations to harm
- Non compliance with medication

Alcohol / Drug Misuse
- Decompensation via drug / alcohol abuse.
- Positive drug / alcohol screen
- Appears intoxicated

Violence
- Direct threats of harm / violence
- Acts of violence
- Carrying weapons

Disengagement
- Continued refusal to attend therapeutic interventions
- Refusal to allow access of / or engage with appropriate service personnel.

Escorted/ unescorted leave from ward.
- Failure to return from unescorted leave at agreed times.
- Resistance to returning to the ward with staff when being escorted in the community.
- Challenging and/or obstructive behavior while on escort.
- Non compliance with agreed activity plan when on leave.
- Absconding.

WITHIN WORKING HOURS
- Inform Scottish Government Mental Health Division within 24 hours on 0131 556 8400 and follow Memorandum of Procedure on Restricted Patients – MOP 2005
- Inform RMO, Dr Isobel Campbell, on 01698 456215 within 24 hours
- Inform MHO, Claire McCarrison on 01355 597457 within 24 hours
- Suspend suspension of detention until discussed with RMO/ MDT.
- Assess for increase in observation status.

OUTWITH WORKING HOURS:
- Contact Duty Consultant via duty rota held at Monklands Hospital on 01236 748748
- Inform Scottish Government Mental Health Division within 24 hours on 0131 556 8400 and follow Memorandum of Procedure on Restricted Patients – MOP 2005
- Contact Department of Social Work standby service for South Lanarkshire on 0800 678 3282 / or North Lanarkshire on 0800 121 4114 immediately
- Suspend suspension of detention until discussed with RMO/ MDT.
- Assess for increase in observation status.

Escorted / unescorted leave
- Refusal to return to the ward from unescorted leave will be reported to police Scotland (emergency 999) in the first instance and where necessary NHS Lanarkshire missing patients' protocol implemented thereafter.
- Any incidents of violence/ aggression during staff escorted leave will be immediately reported to police Scotland (ward mobile) then to ward base.
- Where patient absconds during staff escort then escorting staff member (via ward mobile) will report this to police Scotland (999). NHS Lanarkshire missing patient protocol and individual traffic light contingency plan will be implemented thereafter.
- All agencies involved in escorting patient in the community will be appraised of above contingency and ensure they have a means of communicating any issues immediately (mobile).
- Any concerning reports received regarding patient's conduct while on unescorted leave should be communicated as per above within/ without office hours guidelines and/or police Scotland (999) depending upon assessment of the circumstances.
- Failure to return from planned leave and/or other absconding will result in NHS Lanarkshire missing patient policy being implemented with police Scotland being (101) contacted in the first instance.

RISK SUMMARY (continued)		
Victim Considerations		
	Yes/No	**Details**
Is/are there specific person(s) whom the patient poses a risk to?	No	
Does the patient pose a potential risk to certain types of people? (e.g. children, women, vulnerable adults)	No	
Monitoring & Supervision Requirements		
In Hospital	Nursing observation level	General
	Restrictions regarding contact with staff	As per ward protocol
	Restrictions regarding access to indoor areas	As per ward protocol
	Restrictions regarding access to outdoor areas	As previously agreed with MAPPA and the Scottish Government
	Restrictions on telephone use and letters	As per ward protocol
	Room searches	As per ward protocol
	Personal searches	As per ward protocol
	Alcohol/drug testing	As per ward protocol
	Access to sharps & other utensils	As per ward protocol
	Visitors	As per ward protocol
	Other hospital requirements	None
In the Community	Escort requirements	As agreed by MAPPA and the Scottish Government
	Special considerations for staff visiting patient	Not applicable
	Special consideration for out-patient appointments	As agreed by MAPPA and the Scottish Government
	Alcohol/drug testing	As per ward protocol
	Other community requirements	Not applicable

CASE CONFERENCE / CPA MEETING TREATMENT PLAN REVIEW

Clinical Team	Present		
RMO – Dr Laura Steven	YES	Housing – N/A	NO
Staff Grade / SHO – Dr Saima Shah	YES	Social Worker / MHO – Claire McCarrison	YES
Admin Staff – Gillian Gemmell	YES	FCPN – N/A	NO
Psychologist – Dr Caroline Brodie	YES	Support Worker – N/A	**NO**
Nursing Staff – Caroline Watson	YES	Patient – Andrew Shaw	NO
Key Worker – Page Nicholls	YES	NOK / Named Person – N/A	NO
OT – Kevin Jamieson	NO	Other –	NO

REPORTS

PSYCHIATRY

Following the last CPA meeting Mr Shaw's mental state improved, he was more evident around the ward and engaged better with peers and staff. He was eventually granted some escorted time out which progressed to unescorted time out with the ward to the local shops. Unfortunately, Mr Shaw absconded in late May and failed to return from this time out. I understand he had purchased a car online and drove this despite not having a driving license or insurance and accruing further police charges. He was absent for the ward for over a week and did not take any medication during this time.

Unfortunately, on his return to the ward he was once again floridly psychotic with significant distressing symptoms. He reported that he has an urge to drive as this is the only time he is not hallucinated and distressed. He fled the ward in response to auditory command hallucinations which he was struggling to resist. He had not disclosed this to any staff.

We attempted to treat him with Clozapine on his return to the ward however he did not respond well to this with physical complications including significant over-sedation and autonomic depression. An ambulance attended the ward on one occasion due to a reduced GCS. He has since been re-commenced on Risperidone and this is administered as a depot intramuscular injection. We intend to supplement this with additional oral antipsychotics once he is stabilised on the depot. Thereafter, he will work with the ward psychologist to develop coping skills for his residual symptoms and those related to previous trauma which are very inter-mixed with his psychotic symptoms.

Over recent weeks Andrew has started to show improvements in his mental state and is taking better care of himself, appears brighter and more reactive and is once again coming out his room with considerable coaxing from staff.

NURSING

Andrew is a 53-year-old gentleman with a diagnosis of mixed personality disorder with psychotic episodes. Andrew was transferred to Iona Ward on 25/01/21 on an Assessment Order from HMP Barlinnie following concerns regarding Andrew's mental health. Andrew had been experiencing low mood and suicidal ideation as well as auditory/ visual hallucinations of a persecutory nature. These hallucinations were also noted to be of a command nature.

Andrew is now subject to a Compulsion Order under the Criminal Procedure (Scotland) Act 1995 and is also subject to Res 1 and 3 legislations under Mental Health Care and Treatment (Scotland) Act 2003- Safety and Security in Hospital due to Andrew carrying out criminal activity on his mobile phone. Res 1 legislation includes random personal/room searches and DOA samples in the form of oral fluid tests. No contraband or positive sample results noted since last review, Res 3 legislation relates to supervised telephone use. Andrew currently does not have access to a mobile phone as this is in police custody.

Since last CPA there had been a marked improvement in Andrew's mental state with noted benefit from psychology input. Andrew was seen to be evident around the ward areas engaging with peers and utilising SOD without issue. He continued to complain of hallucinations particularly auditory but noted no major distress from same and approached staff if he was struggling.

Andrews's mental health had a decline in the lead up to Dr Campbell retiring and also upon hearing that police were looking to speak with him regarding past offences. Andrew spent increased time on his mobile phone and when staff spoke with Andrew re not being able to use his mobile in his room he began to decline his prescribed medications.

Following this on 29th May Andrew left ward for SOD and did not return, missing person protocol was initiated. He contacted the ward several times to say he would return; however, he was returned to ward by police on 8th of June having been staying at guest house in Glasgow. Andrew had purchased a car prior to leaving the ward despite being aware there was a lifetime ban on driving in place for him.

Andrew's mental state was poor upon return to hospital as he had been without any medications during his unofficial time off the ward. He was commenced on Clozapine however became physically unwell and this was stopped. He is now slowly improving on current medication regime however continues to isolate himself within his side room and requires prompting to attend to self-care, though this has also improved in recent days. It is noted that Andrew stated cars are "a means of escape" for him during a 1x1 session. There have been discussions of Andrew possibly being placed under AWI as likelihood of Andrew trying to buy a car again when he is well being a high possibility.

Andrew accepts a poor diet currently declining to attend most meal times in the ward but occasionally accepts a small meal within his side room. He concords fully with his medication and is able to approach staff if he feels he needs PRN medication for his hallucinations. He sleeps well over night. He was recently commenced on Risperidol Consta 25mg depot injection and accepted same without issue, reports no major side effects. In recent days he has been escorted to the local shops by staff and enjoyed same, he is keen to continue with psychology input. Andrew has recently contacted his lawyer regarding being detained and also spoke with his sister in law and hopes to arrange a visit from her soon.

Prescribed Medications
Risperdal consta 25mg – every 2 weeks (increased this week to 37.5mg)
5mg Folic acid – 1 daily
500mg Metformin MR – 1 daily
400mg Ibuprofen – 3 daily
10mg Atorvastatin – 1 Daily
800 units Colcalciferol – 1 daily
2mg Risperidone – 1 daily (oral risperidone being reduced gradually as depot is established)
1mg Risperidone – 1 daily
100mg Sertraline – 1 daily
Capasal Shampoo
E45 Cream
Zerobase Cream

PHYSICAL HEALTH

Andrew had a period of ill health at the beginning of August where paramedics were called to the ward. He had a reduced GCS and was unresponsive to staff and appeared over-sedated due to clozapine even at low doses. Paramedics deemed Andrew fit enough to remain on the ward under nursing care, his medications were reviewed the following day. Andrew was titrated off of his clozapine as he continued to present confused, disorientated and with slurred speech, his O2 stats were low and his breathing appearing laboured. Andrew was commenced on 1:1 obs to ensure his safety, he showed improvement over a number of days with his O2 stats returning to normal levels and a marked improvement in his breathing. Andrew is now on general observations as his physical health returned to his normal parameters. Andrew's current BMI is 50.5 meaning he is considered morbidly obese; staff continue to encourage Andrew to engage in gentle exercise however he often declines this.

MHO / SOCIAL WORK

Ms McCarrison reported that she found Mr Shaw's mental state to be slowly improving since he re-started risperidone. She agreed to check with him if he wishes a named person but he was quite unwell the last time she had contact and was unable to ascertain this. She will also re-offer if he wishes to make an advanced statement. His Compulsion Order is due for renewal in November 2021. He has a few outstanding court cases and one was heard in his absence on 10/09/21. Again, this was further driving offences.

PSYCHOLOGY

Since being admitted to Iona Ward, I began meeting with Mr Shaw twice weekly from 24.02.21, in order to slowly build a therapeutic relationship, engage him in a gradual assessment process and introduce safety and stabilisation to each session to establish safety and emotional regulation early on. We then moved to longer weekly sessions and began psychoeducation, thinking about the association between trauma experiences and psychotic symptoms. He appeared to gain benefit from various coping strategies that we practised and reported a slight improvement in his mental health. He reported practising and using the grounding strategies between sessions to find relief from anxiety, overwhelm, distress and voices, as well as help with sleep, and I asked ward staff to reinforce these with him.

The aim was to then begin a CBT intervention for psychosis, from a trauma informed approach. However, this has been put on hold due to Mr Shaw's severity and frequency of auditory and visual hallucinations and related low mood and distress. There was a pause in our contact following his return to the ward due to the severity of his symptoms and side effects of his medication regimen. I met with him informally on a few occasions before beginning our sessions again. I am now continuing to meet with Mr Shaw weekly and we are focusing on building a therapeutic relationship, increasing engagement/activity levels and safety and stabilisation. He has been fairly motivated during these sessions however has noticeably been distressed, distracted and struggling with focus and concentration. We have kept our sessions short. He has also spoken about absconding from the ward and states that he has no memory of this; he said that his voices were constantly telling him to leave and he eventually gave in. He denies any thoughts or plans to harm himself; he states that the voices tell him to do this all the time however he does not want to give in as he believes the voices would follow him, and he still has hope that he will feel better.

We completed a team formulation, using a CAT approach, in February 2021 and this has been shared with the clinical team. From this, our understanding is that Mr Shaw's difficulties are underpinned and maintained by his significant trauma history and difficult attachment history. It is important for this formulation to be considered by those involved in Mr Shaw's care, and to take a biopsychosocial approach to his difficulties. The formulation can be reviewed and refreshed as we continue to work with Mr Shaw.

Mr Shaw's previous psychological input has been extremely limited, with two sessions seventeen years ago. Psychological assessment and formulation is ongoing and the main focus will continue to be establishing safety, reducing distress and psychoeducation, ensuring he is well enough to manage and respond to a CBT intervention.

With regards his level 2 risk assessment, this has been delayed due to staffing pressures and absence. The risk review meeting is arranged for 22.09.21 and will be signed off as close to that date as possible.

OCCUPATIONAL THERAPY

During this review period Mr Shaw has continues to have had minimal contact with Occupational Therapy. This is due to a variety of clinical reasons. He has previously completed an interest checklist, agreeing short terms and personally meaningful activity. Team formulation indicates that Mr Shaw finds difficulty establishing relationships with strangers, particularly males. For this reason, therapist will remain ready to offer intervention when deemed most beneficial by the clinical team.

COMMUNITY RMO / FCPN

Not applicable at the current time.

RELEVANT DISCUSSION

Introductions given.

Brief history of care provided by Dr Steven who explained an underlying illness on top of personality is suspected, namely Paranoid Schizophrenia.

Legal Status
Andrew is now subject to a Compulsion Order.

Feedback
Starting to show improvement in mental state and has become better with self-care.

Physical health discussed. Staff continue to monitor. Staff will also continue to encourage healthy eating and gentle exercise as Andrew's BMI is significantly high.

Caroline Brodie – Currently meeting with him weekly to build therapeutic relationship. Andrew has engaged well with psychology and anchoring techniques particularly help Andrew.
Psycho education work stopped when Andrew absconded. It is hoped this and planned CBT are worked on in the future.

Claire McCarrison – Improvement in mental state observed and this is the best she has seen Andrew in the last month but he does remain flat, low and unmotivated. Claire will discuss named person with Andrew.

Medication
Plan for medication is to establish him on depot and reduce oral meds gradually. Dual antipsychotic therapy will be assed in future.

Staff will continue to support Andrew during his inpatient stay.

Date and Time of Next Meeting: 14th March 2022 @ 3pm

Dr Laura Steven
Consultant Forensic Psychiatrist

PRE CPA DISCUSSION
DATE 14/09/21

Finances

There are considerable concerns relating to Mr Shaw's desire to drive cars resulting in him seeking to buy these. There are considerable risks associated with this not least he is repeatedly breaking the law and putting his life and others life at danger whilst driving when mentally unwell without a licence and insurance. Staff are concerned that he will revert to buying buys cars again as soon as the opportunity arises. Whilst mentally unwell all members of the MDT agree that he lacks capacity relating to decision making around his money. He appears able to understand the concerns and risks related to him purchasing and driving cars. The main difficulty relates to his inability to retain this when he is overwhelmed by psychotic symptoms, particularly auditory command hallucination that tell him to do it. He admitted following his absconsion that he was responding to voices telling him to run away and get the car. As he improves in mental state he will have increasing amounts of time out the ward again to test out his progress and it is a very realistic concern that he will seek to purchase and drive cars again putting his life and others lives at risk. Mr Shaw has been reluctant to talk about his benefits and has informed staff that he does not want the ward to have control over his money. He argues that he is capable of this himself and in the past he has shown that he is competent to manage his finances. At present his sister-in-law supports him. However, at the present time due to mental ill health he is highly likely to make poor decisions relating to spending his money that is being driven by his mental disorder. He will continue to have access to bank cards, bank details and runs the risk of using these details to purchase a car.

We agreed to clarify with his sister-in –law what her role is and whether these issues can be mitigated by her involvement. If not it was agreed that he would meet the criteria for Financial Appointeeship by the hospital whilst he remains as mentally unwell. Staff agree he currently does not have capacity and the potential dangers that could arise should he buy a car were discussed. It was agreed that if we do proceed to seek financial appointeeship this will be reviewed at regular intervals both at MDT's weekly and every 6 months at CPA.

Dr Steven will speak to Sister in law regarding his finances to establish what is currently in place. If this is not sufficient agreement was reached to seek financial appointeeship.

Dr Laura Steven
Consultant Forensic Psychiatrist

Patient Views (To be completed by key worker on receipt of minutes and kept in notes)	
Patient Comments on Care Plan (If no comment made – please state)	
Staff signature:	
Patients signature:	
Date of discussion:	
The Care Programme has been verbally agreed by those concerned	
Patient	Andrew Shaw
RMO	Dr Steven
MHO	Ms McCarrison
Care Coordinator (on behalf of all consulted)	
Arrangements for next CPA	
Date	14/03/2022
Time	3pm
Venue	VIA MICROSOFT TEAMS

Copy of details from **ADVANCE STATEMENT** made under the Mental Health (Care &Treatment) (Scotland) Act 2003	
Name of person making this statement:	
1. I would like to receive the following treatments:	
2. I would not like to receive the following treatments:	
3. Details of witness:	
Full name of witness:	
Address of witness:	
Designation of witness:	
The following is a list of the names of everyone who has a copy of this statement:	