The Mental Health (Care and Treatment) (Scotland) Act 2003 (the Act)

MHO – Further Information where CTO or CO is Extended

Section 87A/Section 153A

CTO3c	Part A Application

Instructions

v7.0

The following form is to be used:
to provide further information when a Mental Health Officer receives notice of a determ nation to extend a CTO (under Section 86 of the Act), or a determination to extend a CO (undern Section 152 of the Act), from a patient's responsible Medical Officer (RMO);
and
the Tribunal is required to review the determination under s101(2)(a) or s165(2)(a) respectively.

There is no statutory requirement that you use this form, but you are strongly recommended that you do so.
This form draws attention to some procedural requirements under the Mental Health (Care and Treatment) (Scotland) 2003.
Failure to observe procedural requirements may invalidate the review.

Where not completing this form electronically, to ensure accuracy of information, pleas∋ observe the following conventions:

Write clearly within the boxes in BLOCK CAPITALS and in BLACK or BLUE ink

For example

2	5		M	A	R	K	E	T		S	T

Where a text box has a number to the left, you can extend your response on plain paper where there is insufficient space in the box. Extension sheet(s) should be clearly labelled with Patien:'s name and CHI number, and each extended response should be labelled with the appropriate text box reference number.

Patient Status

This determination is in respect of a:

☐ Compulsory Treatment

☒ Compulsion Order

Patient Details

CHI Number: 2104673933
Surname: Shaw
First name(s): Andrew Martin
Other/Known as:

'Other/Known As' could include any name/alias that the patient would prefer to be known as

Title: Mr

Gender: ☒ Male ☐ Female

DoB dd/ mm/ yyyy: 21 / 04 / 1967

Patient's Home address:
Flat 0/1
14 Hillhead Avenue
Rutherglen
Glasgow

Postcode: G73 4NJ

Correspondence address for the patient is:

☒ Home address noted above
☐ Detention hospital/ward (enter in text box)
☐ Other address (enter in text box)

Part 1: Application Details

To be completed by MHO

MHO Details:

Surname	Roy
First name(s)	Sean
Title	Mr
Address	Eastvale Resource Centre, 130a Stonelaw Road, Rutherglen
Postcode	G73 2PQ
Telephone No.	07741608573
e-mail address	Sean.roy@southlanarkshire.gov.uk
Local Authority	South Lanarkshire

Named Person Details

☒ The patient does not have a Named Person

☐ The patient does have a Named Person – details below

Surname	
First name(s)	
Title	
Address	
Postcode	

Primary Carer Details (if the patient has one)

Surname	
First name(s)	
Title	
Address	
Postcode	

To be completed by MHO

MHO Duties Under Section 85 (CTO)/Section 151 (CO)

☒ I interviewed the patient

☐ It was impracticable to interview the patient

If it was impractical to interview the patient, why was it impractical?

I informed the patient

☒ that their RMO was proposing to make a determination to extend the Order and of the period of that extension

☒ of their rights in relation to the determination,

☒ of the availability of independent advocacy services

I took the following steps to ensure the patient had the opportunity to make use of independent advocacy services

The writer informed Mr Shaw of the availability of independent advocacy services and ensured his understanding of their role – Mr Shaw does not wish this support at this time. Mr Shaw feels able to communicate with his care team and does not see any benefit in the addition of another individual to his care at this time. This will be revisited with Mr Shaw as applicable.

I informed the RMO that I

☒ agreed with the determination to extend the Order

☐ disagreed with the determination to extend the Order and provided reasons why that was the case.

Reasons provided to RMO for disagreeing with determination to extend

(If applicable) I informed the RMO of the following matters which I considered relevant to the determination

To be completed by MHO

Advance Statement

Please provide details of any statement made and not withdrawn by the patient, if known and where relevant to the extension of the Order

Mr Shaw does not have an Advanced Statement in place. The writer and his current RMO Dr Steven have spoken to him regarding this matter. He advised he would consider this. The writer will support Mr Shaw to have one put in place should he wish to do so in the future.

Patient's Personal Circumstances

Please provide details of the patient's personal circumstances so far as relevant to the extension of the Order

Background History

The writer has recently taken over as designated Mental Health Officer for Mr Shaw. The writer has reviewed available reports and discussed this with Mr Shaw to obtain relevant history for this report. There is a more robust history regarding Mr Shaw available; however, the following is a summary of key elements relevant to extension of the Order.

Reports reflect that Mr Shaw was born and raised in the Hamilton area of South Lanarkshire and is the youngest of four brothers. Mr Shaw witnessed his mother die of a heart attack in 1979 when he was around 8 years old. Mr Shaw's father was reported to have significant difficulties with alcohol further impacting on Mr Shaw. Mr Shaw has also disclosed he was sexually abused as a child resulting in accommodation in residential children's home. Existing records allude to this traumatic experience having impacted negatively on Mr Shaw's ability to cope with stressful situations. Clinical records reflect that Mr Shaw has experienced Post Traumatic Stress Disorder as a result of his childhood experiences that have resulted in maladaptive coping strategies in adulthood.

There is little information regarding Mr Shaw's educational history, it is reported that he attended Glenlee Primary in Burnbank, Hamilton before transferring to Geilsland, a residential school, around the age of twelve. Mr Shaw left school aged sixteen with no formal qualifications. Mr Shaw advised he had some short-term employment working with cars. However, due to his mental health and social difficulties, has been unable to sustain employment. Mr Shaw is currently dependent on state benefits; however, has a property in London and a significant capital that is managed by his brother in Northern Ireland with Mr Shaw's compliance.

Mr Shaw's father died in 2003 which he found very challenging and resulted in further trauma. Mr Shaw has a troubled relationship with most family members, however, maintains a good relationship with his brother and sister-in-law in Northern Ireland. Two of Mr Shaw's brothers are now deceased. Mr Shaw is not currently in a relationship and does not have any children. Mr Shaw has been divorced from his ex-wife for several years and has no active contact with this individual. Mr Shaw has friendships within his local community including an individual he met during his detention in hospital. Although this provides Mr Shaw with good social contacts, this individual is known to use substances and Mr Shaw has disclosed to the writer he will visit this individual to use cocaine.

Mr Shaw has an extensive history of contact with Psychiatric Services, dating back to 1997, when Mr Shaw was transferred from HMP Barlinnie to NHS Hartwoodhill Hospital. Mr Shaw has had several periods of incarceration for vehicle related offences. Mr Shaw has had several in-patient stays within psychiatric hospital for care and treatment relating to his mental health both as a formal and informal patient. Initial presentation included level of paranoid ideation, anxiety, refusal to engage, auditory and visual hallucinations, poor sleep and low mood. Shaw's engagement has been described as erratic which often led to significant decline in his presentation and increased offending behaviour. Mr Shaw found driving cars at high speed helped rid him of his hallucinations, this led to a significant number of convictions and custodial sentences.

Reports indicate prison staff were concerned as Mr Shaw had become withdrawn, paranoid and was refusing to eat. He was experiencing delusions and believed that his meals had been poisoned. Mr Shaw's engagement historically with community services has been highly variable. With extended periods of several years at a time with no engagement, only coming back to the attention of services whilst in crisis. Mr Shaw's diagnosis has evolved over the years, with initial views reflecting Post Traumatic Stress Disorder being the primary factor. With repeated periods of 'psychosis' Mr Shaw was later diagnosed with Schizophrenia.

Prior to admission to Beckford Lodge Mr Shaw had been residing in the East Kilbride area of South Lanarkshire having moved there around 2016 from Glasgow. Mr Shaw advised that during his time there he became a target for people seeking to exploit his mental health. He advised he regularly used drugs and continued to participate in criminal activity. On leaving hospital in 2023, Mr Shaw did not wish to return to this area and opted to move to the Rutherglen area of South Lanarkshire. Mr Shaw advised he has deliberately isolated himself to avoid temptation to commit further offences.

History of substance misuse

Mr Shaw advised that writer that he does not drink alcohol, and that this has not been a factor in his life. Available records reflect that Mr Shaw has disclosed previous use of narcotics and benzodiazepines. Mr Shaw was open to the writer that he will utilise cocaine as a method of self-medication. Mr Shaw advised that he will use cocaine most months and has had periods where this has become more problematic. In the past Mr Shaw disclosed he had been utilising around £300 worth of cocaine daily. At present he advised he will take this once or twice a month, most recently disclosed to have taken this on the 24th of April 2024. Mr Shaw does not believe he currently has a problem with illicit substance use. He is aware of the detrimental impact on his mental health. Dr Steven, current RMO, advised that Mr Shaw has always been open with his team around his use of such substances.

Offending History

Mr Shaw became involved with the Criminal Justice System in adolescence. Since initial contact in 1997, he has been charged with a number of offences under the Road Traffic Act 1988. Mr Shaw has been incarcerated on multiple occasions due to offending behaviour in the community which appears to correlate with a decline in his mental state. It is noteworthy to add that Mr Shaw absconded from Beckford Lodge in June 2021 and accrued further police charges relating to motoring offences which is ongoing. Mr Shaw instructed a solicitor to represent him in these proceedings. Mr Shaw was recently arrested on an outstanding warrant on the 28th of April 2024

and appeared before Sheriff at Glasgow Sheriff Court for offences dating from 2021, unknown at this time the specifics; however, these appear to be further offences relating to vehicles.

Events leading to current Order

Mr Shaw was charged with various offences under the Road Traffic Act 1988, Criminal Justice and Licensing (Scot) Act 2010 and Vehicle Excise and Registration Act 1994, including theft of a vehicle, driving without insurance, fraudulent alteration of a vehicle number plate, dangerous driving, failure to stop and assault to endangerment to life. Mr Shaw was remanded in HMP Barlinnie on 23 November 2020 and later convicted of the above offences at Glasgow Sheriff Court on 1 December 2021.

Mr Shaw was noted by medical staff at HMP Barlinnie as presenting with suicidal ideation, paranoia (believing his food was being poisoned) and refused to leave his cell. Mr Shaw was initially assessed on 8 December 2020 by Forensic Psychiatrist, Dr Melanie Baker and was noted to appear distracted, expressing persecutory delusions of being poisoned and refusal to accept medication. At that juncture it was noted by Dr Baker that Mr Shaw did not present with suicidal intent and so arranged to review him the following week. On 11 December, Mr Shaw made a suicide attempt by use of a ligature. Following on, Mr Shaw was subject to Talk to Me legislation and was reviewed on a thirty-minute rotation to ensure his safety. Dr Baker assessed Mr Shaw as requiring transfer to a hospital environment due to his declining mental state, however, the transition was delayed due to an outbreak of positive Covid-19 cases on the wards within NHS Beckford Lodge. Dr Baker continued to review Mr Shaw's presentation regularly whilst he awaited transfer to the low secure hospital.

An Assessment Order was made by Scottish Ministers in accordance with section 52C of the Criminal Procedures (Scotland) Act 1995 following consideration of the written report by Dr Baker. Mr Shaw was subsequently transferred to NHS Beckford Lodge low secure hospital on 25 January 2021. Mr Shaw was made subject to a Treatment Order soon after authorising his continued detention within Beckford Lodge low secure hospital. A Compulsion Order was disposed by the Court in May 2021.

Current circumstances

Records reflect that Mr Shaw has made positive progress in regard to his treatment over the period of his detention and subsequent discharge to the community. However, Mr Shaw's mental state can fluctuate, and he continues to experience auditory hallucinations. These are command in nature and can cause a high level of distress to Mr Shaw. If he 'ignores' these then the voices are noted to become more prominent and instruct him to become violent. Mr Shaw will often shut himself out by closing his curtains and not leave is living room. During these times Mr Shaw requires increased support from his care team to ensure no escalation of mental health resulting in further offence.

Previous MHO report reflected that Mr Shaw had engaged on a meaningful level with Psychology. This is the first time that Mr Shaw has agreed to do so with a focus on psychoeducation and development of self-coping skills. Mr Shaw benefits from the use of 'white noise' particularly cars which he finds soothing. Mr Shaw has also benefited from the use of 'rose oil' for a similar benefit.

Mr Shaw was provided with a tenancy in the Rutherglen area of South Lanarkshire in March 2023 and received a community care grant to furnish the home. Mr Shaw is supported by Social Work Resources, Occupational Therapy, and the Forensic Community Mental Health Team in the community. Thus far, Mr Shaw's mental health has remained relatively stable, and he continues to adhere to his treatment plan as prescribed. Mr Shaw maintains his tenancy to a high standard, there are no concerns regarding his ability to safeguard his property, well-being or finances. Mr Shaw has limited interaction with the wider community and is reluctant to engage in any suggested support groups or activities. He opts to spend most of his time in his home although does visit friends locally on occasion. Although this provides a social outlet for Mr Shaw, one acquaintance is known to encourage use of cocaine which has the potential to destabilise Mr Shaw's mental health. His use of cocaine was last noted to be problematic late 2023; however, over the past few months he has considerably lessened his use of same. Mr Shaw is able to demonstrate limited insight into the negative correlation with such use and a deterioration in his mental health with increased risk of criminal behaviour. Despite this insight, he continues to use cocaine which leads the writer to form the view his insight remains impaired. Although not a criteria for the current Order, it is appropriate to note this at this time.

Mr Shaw appears to have some insight into his mental disorder in that he accepts that he is unwell, however, his presentation can fluctuate, and he reacts impulsively. As previously mentioned, during such times Mr Shaw is more likely to disengage and use maladaptive means of managing his symptoms. However, Mr Shaw does accept that he requires continued care and treatment in order to alleviate his symptoms and is accepting of such. Mr Shaw advised the writer he believes the Compulsion Order is appropriate and helpful in maintaining his engagement and containing his symptoms to avoid a crisis in his mental health. Mr Shaw feels able to talk openly about his mental health and any temptation around further criminal activity.

Mr Shaw is currently furnished with a robust care and treatment plan as devised by the multi-disciplinary team. At present Dr Steven from the community forensic mental health team continues to review the care plan with a plan to transfer his care to Eastvale Resource Centre. At present Mr Shaw is open to Community Psychiatric Nurse Mark Hume based at Eastvale where he attends for his depot.

During visit with the writer on the 30th of April 2024, Mr Shaw was open to ongoing engagement with his care plan. He advised he sees the benefit and does not wish to become unwell again requiring further care and treatment within hospital. Mr Shaw was open about ongoing temptation to engage in criminal activity; however, has thus far been able to avoid further offending since discharge from hospital. Given his ongoing anxiety around this, the writer believes the current Order remains appropriate to ensure statutory basis for h s care provision.

Mr Shaw was recently picked up by the police on an outstanding warrant from November 2023. He spent an overnight in police custody before appearing at Glasgow Sheriff Court. Mr Shaw advised he found this very stressful, and this has impacted on his mental health. He has maintained communication with his care team around this and was accepting of advice and support from the writer and Dr Steven, RMO, on the 30th of April 2024 during home visit. This requires close monitoring to ensure no adverse impact on his mental health and engagement with care plan.

Current care plan:

- Regular review of Mr Shaw's mental health presentation by Responsible Medical Officer with regular feedback to wider multi-disciplinary team as required.
- Treatment to continue as per recommendation with anti-psychotic medication (including provision of monthly depot) and access to 'as required' medication including Lorazepam and Haloperidol. This requires close monitoring as Mr Shaw will often use this to excess and run out of supply requiring emergency prescriptions at times of increased agitation and distress.
- Medication shall be monitored in regard to related side effects and the impact of such on Mr Shaw's physical health. Mr Shaw's physical health needs shall be fully met though regular reviews including routine bloods and provision of ECG.
- Mr Shaw will continue to be offered support by social work as applicable regarding community support and local resources to supplement his care and treatment.
- Ongoing review of the need for compulsory measures as afforded by the current Order to determine whether the criteria continue to be met and that this is of benefit to Mr Shaw.
- Regular contact with allocated Community Psychiatric Nurse who will feedback to relevant others when required to do so.
- Continued support from MHO with review of current Order, care plan and any assessment of need as required.
- Ongoing support regarding court proceedings relating to past offences. Mr Shaw is supported by his solicitor with supplementary support provided by his multi-disciplinary team regarding the impact on his mental health.

To be completed by MHO

Views on the Extension of the Order

Please provide your views on the extension of the Order

In consideration of the above, the writer agrees with the views of RMO, Dr Steven, that the Order continues to be required for ongoing community based Compulsion Order under S57A of the Criminal Procedures (Scotland) Act 1995 and that the criteria for such are fully met as follows:

(i) **Mental Disorder:** Mr Shaw has a diagnosed mental disorder, mainly paranoid Schizophrenia, and Emotionally Unstable Personality Disorder (EUPD). Mr Shaw also has significant levels of anxiety and distress secondary to Post Traumatic Stress Disorder (PTSD). Mr Shaw presents with chronic pseudo-hallucinations that can fluctuate and are worsened in times of stress. Mr Shaw will utilise his 'as required' medication and seek support in times of need. However, he has disengaged in the past and until recently struggled to accept his primary diagnosis.

(ii) **Treatment:** There is treatment available to effectively manage his symptoms namely, antipsychotic medication (depot and oral), access to 'as required' medication (Haloperidol and Lorazepam), antidepressants (Venlafaxine), nigh time sedative medication to aid with sleep (Zopiclone) and nursing support in the community. Mr Shaw currently on Paliperidone intra-muscular depot and oral Aripiprazole as primary treatment for psychosis. Mr Shaw benefits from regular reviews to identify and respond to any developing symptoms associated with his diagnosis. Without this treatment

there is a significant risk of mental disorder worsening, and the writer believes that treatment is of benefit to alleviate symptoms of same.

(iii) **Risk:** There is significant risk of further decline if Mr Shaw does not receive the necessary care and treatment. When his mental state deteriorates, Mr Shaw experiences low mood, thoughts of suicide, psychotic symptoms and has used ligatures in the past as a means of self-harm. Furthermore, Mr Shaw often acts out on his hallucinations putting both he and others at risk of harm. Mr Shaw will isolate himself and not attend to his personal care needs whilst unwell, driven by the psychosis he experiences. In addition, there would be a significant risk of further criminal behaviour resulting in charges which would be detrimental to Mr Shaw's mental health and well-being. Mr Shaw has an extensive forensic history relating to motor offences and has required to be cared for in secure forensic settings as a consequence of this.

(iv) **Necessity:** Mr Shaw has an extensive history of non-engagement with treatment plans, this is mainly due to his limited insight into the need for ongoing treatment. Without the Order in place Mr Shaw is more likely to disengage putting him at risk of further decline in regard to his mental health, during which time Mr Shaw is at risk of harm to both himself and others due to nature of his offences. The writer therefore believes the Order is necessary to ensure efficacy and consistency of current care plan.

Other Information

Please provide any other information you consider relevant to the extension of the Order

The writer has discussed this fully with Mr Shaw on the 10th and 30th of April 2024 to ensure his understanding of same. Mr Shaw has been clear he does not oppose the granting of this extension and himself identify the benefit in this remaining in place. Mr Shaw is happy with his current care and treatment plan and will continue to engage with same and all relevant parties to the provision of this.

To be completed by MHO

Submission to Tribunal

☒ I confirm that I will submit a copy of this form to the Mental Health Tribunal

Copy to Patient

Complete A or B as appropriate

A	☒ I will send the patient a copy of this form.

OR

B	☐ I will NOT send the patient a copy of this form as I believe there would be a risk of significant harm to the patient, or to others, if a copy were sent to him/her. My reasons for believing this are:

Copy to Others

I will send the following a copy of this form.

☐ The patient's Named Person (if any)

☒ The patient's RMO

☒ The Mental Welfare Commission

Signature/Date

Signed
(by MHO providing information)

Date 03 / 05 / 2024