Lanarkshire Forensic Mental Health Service

GIGHA WARD / IONA WARD
BECKFORD LODGE
CAIRD STREET
HAMILTON
ML3 0AL

CASE CONFERENCE / CPA MEETING
TREATMENT PLAN REVIEW

Clinical Team	Present		Present
RMO – Dr Laura Steven	Y	Housing – James Donaghy	Y
Staff Grade / SHO –		MHO – Claire McCarrison	Y
Admin Staff – Rhona Wratten	Y	FCPN – N/A	
Psychologist – Robert Turton	Y	Support Worker – N/A	
Nursing – Caroline Watson (SCN)	Y	Patient – Mr Andrew Shaw	N
Nursing – Shannon Higgins (Student)	Y	NOK / Named Person – N/A	
OT – Kevin Jamieson	Y	Social Work: Michael Duggan	Y

REPORTS

PSYCHIATRY

Mr Shaw's mental state has remained reasonably stable in the review period. He has fluctuations in his mood, anxiety and hallucinations depending on his current stress levels. He will at times self-isolate and report he is struggling but this often resolves over the coming days. These fluctuations appear to be chronic. Following the last CPA meeting Mr Shaw was commenced on a 12 week transition plan to transfer to his tenancy. Currently he is on week 8 of this plan. Mr Shaw has shown some apprehension and anxiety about moving on from the hospital setting as he feels very safe and secure here. He has at times slowed progress in his tenancy with appointments for getting deliveries or utilities fixed but in the end has engaged with these things and has succeeded in having some passes. Mr Shaw is now noted to be moving in the right direction towards discharge on 12/06/23. Andrew will have 5 overnight passes to his tenancy this week and this will increase to 7 overnights from 22/05/23.

NURSING

Andrew is a 53 year old gentleman with a diagnosis of complex PTSD and paranoid schizophrenia. He was transferred to Iona Ward on 25/01/21 on an Assessment Order from HMP Barlinnie following concerns regarding Andrew's mental health. He 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 remains detained in Iona Ward subject to a Compulsion Order under the Criminal Procedure (Scotland) Act 1995 and is also subject to RES 1 legislation under Mental Health Care and Treatment (Scotland) Act 2003 - 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.

Since last CPA on 20/02/23 Andrew's mood and mental state has improved. He continues to report experiencing auditory hallucinations of a derogatory nature. He has been utilising PRN Haloperidol 5mg and Lorazepam 1mg to relieve symptoms with good effect. Despite this, he has appeared to manage these symptoms more effectively and has not presented as overtly distressed. He continues to appear subdued at times and can maintain a low profile around the ward however he denies any current thoughts, plan or intent to harm himself.

Nursing staff continue to encourage Andrew to participate in some light exercise and gentle walks in the local area and he has been noted to be utilising his time more effectively in recent months. He has been engaging in cooking sessions with OT, spending more time at his tenancy and using time in the local area.

Andrew is fully compliant with his prescribed medications however there have been times where he has admitted forgetting to take medication when on pass. He has been counselled on importance of medication concordance and is agreeable to taking medication. Andrew is able to approach staff if he feels he needs PRN medication. Andrew's sleep pattern continues to fluctuate due to the prevalence of his auditory hallucinations at night.

Andrew has accepted a tenancy in the Rutherglen area. He has visited with nursing and OT staff to prepare the tenancy for discharge before commencing day and overnight passes. He has been working through a transition plan and is now able to use two day passes and three overnight passes. Despite requiring some encouragement, he has coped well with the transition and appears positive about his future. A Community Care package was granted by CCA and 6 hours care per week provided.

Current medications:
Paliperidone 150mg (IM) monthly
Metformin MR 2000mg (O) mane
Atorvastatin 10mg (O) nocte
Cholecalciferol 800ui (O) mane
Venlafaxine 225mg (O) mane
Procyclidine 5mg (O) BD
Tamsulosin 400mg (O) mane
Aripiprazole 5mg (O) mane
Corsodyl dental gel 1-2 applications (O) BD

PRN medication:
Ibuprofen 400mg (O) max dose 1.2g/24hr frequency 6hourly
Paracetamol 500mg (O) max dose 4g/24hrs
Lorazepam 1mg (O) max dose 1mg/24hrs
Haloperidol 5mg (O) max dose 10mg/24hrs frequency 2hourly.

PHYSICAL HEALTH

Andrew continues as morbidly obese. Nursing staff continue to encourage Andrew to participate in light exercises, going for short walks, utilising the ward gym and attending the local shopping area.

SOCIAL WORK

Mr Shaw will continue to be reviewed for renewal of his Compulsion Order.

PSYCHOLOGY

Since the last CPA meeting I have continued to meet with Andrew for fortnightly psychology appointments. These sessions have focused on supporting his transition to the community as he progresses with passes to his tenancy. This psychology input has involved continuing to support Andrew with implementing his staying well plan.

Andrew's HCR-20 risk assessment is due an update. I have recently met with Andrew to complete a risk interview, which he engaged well in. I am currently updating the file review and a risk review meeting is scheduled for the 7th of June to review the HCR-20 risk assessment.

OCCUPATIONAL THERAPY

This review period has been characterised by discharge planning. Regular meal preparation sessions have continued but additional sessions have focused upon work within Andrew's new tenancy. With assistance Andrew now has his tenancy fit for habitation. Whilst the ground floor flat is sparsely furnished it is secure and has the required items for community living. The exception being that the fridge/freezer and washing machine provided are no longer present. Andrew has stated that these items are temporarily at a friend's house and will shortly be returned.

Andrew has demonstrated the functional ability to prepare meals for himself. However, he states that the same friend will cook for him in the evenings. Andrew has also demonstrated a highly effective level of organisation, evident in organisation of benefits, although he reports that he can be impulsive when spending money. He currently receives help from his brother to manage his finances.

On 05/05/23 Andrew used his new national entitlement travel pass for the first time. At his request, due to worries over anxiety, therapist accompanied him from the hospital to his tenancy. This journey lasts approximately one hour, consisting of two buses and three short walks. Andrew exhibited effective orientation to the environment and use of buses. He also managed the walks without difficulty. He stated that his anxiety was not as bad as feared due to the buses being quiet. He noted the bus times when this is likely to be the case.

Given Andrew's observed effective functional ability, and his prior years of successful independent community living it is envisaged that he would not require a particularly robust package of support. However, it has also been apparent that his functional performance can vary dependent upon his mental state and perceived efficacy. This may indicate that Andrew would benefit from a time limited, tailored package of support during the period of transition.

Thus far Andrew has reported no difficulties during overnight passes to his tenancy. Occupational Therapy will remain involved to offer support as required until discharge. Shortly after this a review will be conducted to assess if further input is required.

COMMUNITY RMO / FCPN

Not relevant at this juncture.

RELEVANT DISCUSSION

Legal Status:
Currently appropriately detained on a Compulsion Order.

Date and Time of Next Meeting:
Meeting will be arranged post-discharge by Community Mental Health Team.

Dr Laura Steven
Consultant Forensic Psychiatrist

PRE CPA DISCUSSION
10th MAY 2023

Today's meeting was held via MS Teams as Andrew did not wish to attend. Following a brief round of introductions, the following matters were discussed:

RMO advised that today's meeting would be Andrew's discharge CPA meeting and it is planned for his discharge 12/06/23.

All reports above were read out and no additional information added to these reports.

Update RMO:
Dr Steven (RMO) advised that there had been a slight dip in Andrew's mood since his last CPA meeting, this was noted to have partly been caused by stressors around family bereavement and family dynamics. RMO also advised that Andrew's antidepressant medication (Venlafaxine) was reduced and stopped around the same time as it was not clear if this was of benefit as he continued to complain of anxiety. Andrew was noted to become withdrawn and self-isolating. Due to these issues Andrew's Venlafaxine was re-titrated back to full dose and improvement in mood. Anxiety and engagement with staff and peers was noted. Andrew's mental state is noted to currently be at its optimal level.

Following last CPA meeting Andrew was commenced on a 12 week transition plan to transfer to his tenancy. Currently Andrew is on week 8 of this plan. Andrew has appeared apprehensive about discharge and does tend to try and slow progress in many ways. He requires encouragement and support to keep things moving in the right direction. Andrew is now noted to be moving in the right direction towards discharge. Andrew will have 5 overnight passes to his tenancy this week and this will increase to 7 overnights from 22nd May 2023.

RMO advised that Maxine MacDougall has been engaging with Andrew until Eastvale CMHT have been able to meet him. Andrew has been advised that once discharged to the community his RMO will change – no Community RMO yet identified. CMHT will be advised that Andrew struggles with change and that he will need support to navigate this change in RMO and nursing team. The formulation and risk assessment will be shared with Eastvale CMHT.

Update MHO:
Claire McCarrison (MHO) and Michael Duggan (Social Worker) escorted Andrew to his flat last week. It was noted during this visit that some items were missing from his flat e.g. fridge and washing machine (see OT report re these items). MHO advised that she has had difficulty in obtaining background information from Andrew – she noted that Andrew had never disclosed that he had a wife (seems to be a common law wife). He is currently going through a divorce and once this is settled he wants to move to Ireland to be nearer family. Andrew has advised that he does not intend to stay in this flat and that his preference is to move to Ireland – Andrew has been advised that he will be supported to move to Ireland when the time comes. MHO also advised that Andrew's current tenancy is noted to be in an area with no antisocial behaviour, noise or chaos. MHO and social worker will support Andrew with his transfer to the community.

Update Social Work:
Social Worker advised that he is only involved in Andrew's care until his transition to Eastvale CMHT is finalised.

Update Senior Charge Nurse:
Caroline Watson advised that she has known Andrew for a long time and that his mental state is currently as good as it has ever been.

Update Housing:
James spoke to Andrew about 10 days ago and Andrew advised that everything was going fine. Andrew has been given James' phone number and email address and advised to contact him if he needs support with his tenancy.

Referral to Eastvale CMHT:
RMO has completed and forwarded referral to Eastvale CMHT for Andrew. To date no update has been received re this referral. **Action: RMO to contact Eastvale CMHT**

HCR 20:
Psychology advised that HCR20 is currently being updated and a Risk Review meeting has been arranged for Wednesday 7th June 2023. Draft HCR20 will be sent out prior to this meeting. **Action: Robert Turton**

Occupational Therapy:
Noted that Andrew used his bus pass last week and that there were no issues during this outing. Occupational Therapy will offer Andrew support post discharge.

Future Plans:
RMO advised that Andrew has stated that he has no intention of staying in his tenancy long term. Hence he has given away household items. Andrew has stated that he wants to move back to Ireland to be nearer his family. It was noted that his brother in Ireland currently manages Andrew's finances. Andrew has been advised that he would be supported to move to Ireland if this continues to be his wish. Relevant community team would liaise with mental health services in Ireland re this transfer.

All were advised to contact RMO if they had any concerns or issues prior to Andrew's transfer to Eastvale CMHT.

Family Issues:
RMO advised that Andrew does not wish his family to know where his tenancy is located. Andrew is noted to be very secretive about his personal and business issues.

Andrew has advised that he is currently in the process of divorcing his wife. Andrew has stated that this is his common-in-law wife and that she is still entitled to ½ of what he has earned since he met her – Andrew has no paperwork to prove what he has earned. MHO advised that Andrew has not shared this information with her. MHO is interested to see what legal advice has been given to Andrew. Kevin Jamieson (OT) advised that Andrew does have a lawyer. There is no further information on this issue.

Discharge Date:
Discharge date has been set for 12th June 2023.

Dr Laura Steven
Consultant Forensic Psychiatrist

DATE: 10TH MAY 2023	CARE AND TREATMENT PLAN	REVIEW DATE: NOVEMBER 2023

Patient's Name: MR ANDREW SHAW	CHI No: 2104673933	Advance Statement: NO
Address: C/O IONA WARD BECKFORD LODGE	Matters mentioned in Advance Statement: NOT APPLICABLE	
Ethnic Origin: WHITE / SCOTTISH	First Language (if not English): N/A	Named Person: NO NAMED PERSON
Hospital: BECKFORD LODGE	Ward: IONA WARD	

LEGAL STATUS

Offence(s): ROAD TRAFFIC OFFENCE – ROAD TRAFFIC ACT 1988 S4(1) - drove vehicle when unfit to drive through drink or drugs		
Section: COMPULSION ORDER	Date Order began: 19/05/21	Date due for renewal or review: 18/05/24

Responsible Medical Officer: DR LAURA STEVEN
Mental Health Officer: MS CLAIRE McCARRISON

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 Beckford Lodge, Hamilton

T2 / T3?

Date of Certificate: T3 EXPIRES 07/03/2025

RECORDED MATTERS AS DETERMINED BY THE TRIBUNAL:

N/A

PROBLEMS / NEEDS:
1. Psychotic Illness
2. History of childhood trauma
3. Long history of poor engagement with mental health services
4. History of benzodiazepine dependence
5. Extensive support network
6. Outstanding court cases
7. Poor diet associated with obesity
8. Difficulty in applying things learned in psychological sessions

STRENGTHS:
1. Degree of resilience
2. Current openness for engagement and support
3. More motivated to seek help and engage
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
7. Seeks support and able to have relationships with peers

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
Social Anxiety	Y	Management of medication and monitoring of symptoms and side effects	MDT
Complex Trauma (and complex PTSD)	Y	CBT for trauma informed approach with grounding strategies and psychological education recently completed	Psychology
Substance Misuse Problems	Y	Input to be considered if felt appropriate. Continue to offer advice and guidance.	Psychology
Objective 2: Address physical health and health promotion issues			
Morbid Obesity	Y	BMI currently 41.8 - Refer to a Dietician for nutritional advice in an attempt to help to lose weight	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)			
None known	N		Nursing Staff
Objective 4: Address offence-related therapeutic issues			
Maladaptive coping strategies	Y	Work recently completed with psychology to develop pro-social coping strategies	Psychology
Risk Assessment	Y	HCR20 Risk Assessment to be updated annually	MDT
Offences related to cars	Y	Continue to address and support avoidance of any involvement with fraudulent activity and cars.	Clinical Team
Property management	Y	Support Mr Shaw to sell properties as maintenance and business management is a significant stressor.	Clinical Team
Objective 5: Address Forensic Rehabilitation			
Structured Activities	Y	Encourage participation to provide structure to daily routine	OT

Functional Skills	N	AMPS completed and shared with MHO for Community care assessment. Community Care Assessment completed. Will have support needs monitored once in the community and supports identified if needed.	OT
Leisure Pursuits	N	To continue to encourage involvement in activity, structure and routine.	OT / Nursing

Objective 6: Address any family issues			
Family Contact	N	Encourage contact with family and friends – continue to monitor family interactions	MDT

Objective 7: Address other social care issues			
Housing	Y	Tenancy in the Rutherglen area.	Housing
Benefits	Y	Benefits all maximised. Will need DLA activated on discharge.	MHO
Community Supports	Y	Community care assessment completed and agreed that support needs will be monitored on an ongoing basis as is currently independent. Main issue may be with self-isolatory behaviour.	MHO/SW

Objective 8: Address daily living functions			
Ongoing assessment	Y	Ongoing assessment with regards to daily structure, leisure activities and level of functioning	MDT
Grounding	Y	Support Mr Shaw to utilise grounding techniques on a daily basis as needed. To consider obtaining sound of road/cars in preparation for community living in case is not placed in a tenancy near a road.	

Objective 9: Develop / review future plans			
Legal Status	Y	Currently appropriately detained on a Compulsion Order – to be reviewed at appropriate junctures.	RMO / MHO

RECORD OF PATIENT VIEW OF OBJECTIVES

Patient did not wish to attend today's meeting. RMO and nursing staff will advise outcome of today's meeting with Andrew.

Dr Laura Steven
Consultant Forensic Psychiatrist