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

Determination to Extend a CTO or CO

Section 86 / Section 152 determination following mandatory review

CTO3a

Instructions

v7.0

The following form is to be used: where the RMO wishes to extend either
a compulsory treatment order following any mandatory review, or
a compulsion order following a mandatory review other than the first such review (for ***first*** review, a CO1 form should be completed)

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

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

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

For example 25 MARKET ST

Shade circles like this -> ●
Not like this -> ⊗ ✓

Where a text box has a reference 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 Patient'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 Order**

● **Compulsion Order**

Patient Details

CHI Number: 2104673933

Surname: SHAW

First Name (s): ANDREW MARTIN

Other / Known As: ANDY

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

Title: MR

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

Gender ● Male ○ Female

Patient's home address:
C / O IONA WARD
BECKFORD LODGE
HAMILTON

Postcode: ML3 0AL

Correspondence address for the patient is:

● Home address noted above

○ Detention hospital (see page 2/3)

○ Other address (enter in text box)

Part 1: Record of Mandatory Review — **To be completed by RMO**

RMO Details

Surname: STEVEN

First Name: LAURA

Title: DOCTOR

GMC Number: 6157078

Hospital: BECKFORD LODGE

Hospital address: CAIRD STREET
HAMILTON

Postcode: ML3 0AL

Telephone No.: 01698687552

e-mail address: laura.steven@lanarkshire.scot.nhs.uk

Approved under section 22 of the Act by:

Health Board: NHS LANARKSHIRE

Part 1: Record of Mandatory Review

To be completed by RMO

CTO / CO Details

The compulsory treatment order / compulsion order was first made on: 19 / 05 / 2021

The order will cease to authorise the measures specified at midnight at the end of: 18 / 05 / 2023

The patient is detained in, or under the care / management of:

Hospital: BECKFORD LODGE

Ward/ unit/ clinic: IONA WARD

Examination Details

The patient was examined on - Date 19 / 04 / 2023

Complete A or B as appropriate

A ● I, the RMO named above, examined the patient as part of a mandatory review.

OR

B ○ I, the RMO named above, made arrangements for the patient to be examined by an approved medical practitioner as part of a mandatory review. The patient was examined by -

Surname

First Name

GMC Number

Hospital

Ward / Clinic

Health Board

To be completed by RMO

Criteria for compulsion

I am satisfied, for the reasons stated below, that the patient has the following type(s) of mental disorder -

			Primary ICD 10 Code
Mental illness	● Yes	○ No	F 2 0 • 0 0
Personality disorder	● Yes	○ No	F 6 0 • 0 3
Learning disability	○ Yes	○ No	F •

Please enter primary ICD 10 diagnosis code for each disorder present.

1	Mr Shaw has a diagnosis of paranoid Schizophrenia and Emotionally Unstable Personality Disorder on a background of complex childhood trauma. He is currently acutely psychotic, although showing some improvement in recent weeks. He suffers from auditory, visual, olfactory and tactile hallucinations, paranoid and persecutory delusional beliefs, passivity of thoughts and ideas of reference.

Complete A or B as appropriate

A ● This/these is/are the same type(s) of mental disorder as is/are most recently recorded in the patient's original order or previous mandatory review

OR

B ○ This/these is/are NOT the same type(s) of mental disorder as is/are most recently recorded in the patient's original order or previous mandatory review. The difference is:

2	

I am satisfied, for the reasons stated below, that medical treatment which would be likely to prevent the mental disorder worsening, or alleviate any of the symptoms or effects of the disorder, is available for the patient

3	Mr Shaw is in receipt of dual antipsychotic therapy due to treatment resistance and a failed attempt to stabilise him on Clozapine. He is currently on Risperidal Consta intra-muscular depot and oral Haliperidol. He also receives an antidepressant for the treatment of low mood and anxiety as well as additional as required medications for times when he is distressed. He requires daily support and care from the specialist nursing staff in Iona Ward to prompt him with self-care, to encourage him to eat a regular diet and to get out of his bedroom for fresh air. He needs regular reassurance and emotional support due to his experienced symptoms of psychosis. He is additionally had regular contact with our ward Psychologist who is working closely with him to support him in developing appropriate coping skills for his distress. He additionally has access to ward Occuptaional therapy but has so far declined due to being too unwell preferring to isolate in his bedroom.

To be completed by RMO

Criteria for compulsion (cont)

I am satisfied, for the reasons stated below, that if the patient were not provided with such medical treatment there would be a significant risk -

- to the patient's health, safety or welfare
- to the safety of any other person

4	Mr Shaw has significant difficulties caring for himself when mentally unwell. He is at risk os physical health complications as a result of poor self-care and neglect. Additionaly he has a long history of road traffic offences which are as a direct result of his psychotic beliefs and previous trauma. He finds that his hallucinatory experiences and experienced distress leaves him when he is driving a car at high speed which has put himself and others at risk diue to dangerous driving. He was placed on his Compulsion Order as a result of these charges and has absconded from the ward to commit similiar offences which are still in process at present. This behaviour if left untreated could lead to seious harm of other people.

I am satisfied, for the reasons stated below, that because of the mental disorder, the patient's ability to make decisions about the provision of such medical treatment is significantly impaired.

Only to be completed for patients subject to a Compulsory Treatment Order

5	

Detail why you believe compulsory powers continue to be required, and why the patient cannot be treated on a voluntary basis.

6	Mr Shaw has a long history of poor engagement with mental health services. He prefers to self isolate and avoids interactions with others in response to his psychotic symptoms which ultimately leads to disengagement. He struggles to manage his medications alone and would not be able to comply without support and compulsory measures to enforce this. He continues to respond to psychotic symptoms and has fluctuating levels of insight. There is a significant risk that without compulsory measures Mr Shaw would abscond, disengage and commit further serious offences.

To be completed by RMO

MHO Details

Surname	MCCARRISON
First Name	CLAIRE
Title	MRS
Address	EK CMHT HUNTER HEALTH CENTRE ANDREW STREET EAST KILBRIDE
Postcode	G74 1AB
Telephone No.	07795454814
e-mail address	clairemccarrison@southlanarkshire.gov.uk
Local Authority	SOUTH LANARKSHIRE

eg Glasgow City, City of Edinburgh, Scottish Borders, Highland, etc. The word "council" may be omitted

Before making this determination to extend the order, I gave notice to the above MHO of my intention to make this determination on

Date 19 / 04 / 2023

To be completed by RMO

MHO views on determination - Complete only A (MHO) or B (RMO), but not both

The MHO should complete A **before** the RMO signs page 10 wherever practicable. Where not practicable, A should be left blank and the RMO should complete B

A ***MHO views*** ***To be completed by MHO if practicable***

I, the above named MHO,

- ● agree with this determination
- ○ disagree with this determination for the following reasons:

7

Signed by MHO: L McCarisen

Date dd / mm / yyyy: 24 / 04 / 2023

B ***Record by RMO of MHO views*** ***To be completed by RMO where A is not practicable***

The above named MHO,

- ○ agrees with this determination
- ○ disagrees with this determination for the following reasons:

8

OR

○ The MHO has failed to comply with his/her duty to inform me whether s/he agrees or disagrees with this determination.

To be completed by RMO

Consultation with other persons

In advance of making this determination, I consulted with, and considered the views of, certain persons with respect to the determination. These persons are:

- ● the patient's MHO

  and, (if applicable), others I considered appropriate to consult:

- ● persons who provide medical treatment of the kind set out in the patient's care plan.
- ○ persons who provide community care or relevant services of the kind set out in the patient's care plan.
- ○ persons who provide other treatment, care or services of the kind set out in the patient's care plan.
- ○ other persons I considered appropriate, as detailed below:

9	

Other Relevant Information

Please provide any other information which you believe to be relevant to this determination

10	

Advance Statement

Shade A or B as appropriate

A ○ As far as I am aware, the patient has made and not withdrawn an advance statement made under the terms of section 275 of the Act.

OR

B ● As far as I am aware the patient has not made an advance statement under the terms of section 275 of the Act.

To be completed by RMO

Notification

I hereby confirm that I will send the following a copy of this record.

- ● The Mental Health Tribunal for Scotland
- ● The patient's MHO
- ● The Mental Welfare Commission
- ○ The patient's named person (if any)

Named Person Details

- ● The patient does not have a named person
- ○ The patient does have a named person - details below

Surname

First Name

Title

Address

Postcode

Telephone

Notification to Patient

Complete A or B as appropriate

A ● I hereby confirm that I have also notified the patient of this determination and have sent the patient of a copy of this record.

OR

B ○ I hereby confirm that I have notified the patient of having made this determination. I will NOT however be sending him/her a copy of this record as I believe there would be a risk of significant harm to the patient, or to others, if a copy of the record were sent to him/her. My reasons for believing this are:

11

To be completed by RMO

Where there has been a change of mental disorder, MHO disagrees or the patient is due to be reviewed by the Tribunal, please complete this page.

Primary Carer, Advocacy Worker, Welfare Attorney, Welfare Guardian

Full name and address of the patient's primary carer (if any)

Full name and address the patient's advocacy worker where applicable (including contact telephone number and email address where known)

Full name and address of the patient's welfare attorney where applicable (See note)

Full name and address of the patient's welfare guardian where applicable (See note)

Notes "Welfare attorney" means an individual authorised, by a welfare power of attorney granted under section 16 of the Adults with Incapacity (Scotland) Act 2000 (asp 4) and registered under section 19 of that Act, to act as such.

"Welfare guardian" means a person appointed as a guardian under the Adults with Incapacity (Scotland) Act 2000 (asp 4) who has power by virtue of section 64(1)(a) or (b) of that Act in relation to the personal welfare of a person.

Record of Contact Details of Other Relevant Persons

Please provide the names and addresses of others who may be relevant, where not available elsewhere on this form or the Mental Health Reports, and whom the Mental Health Tribunal for Scotland may wish to hear evidence from, for example: the patient's GP. Also record any others who should be invited to any tribunal.

Curator Ad Litem

If, in your view, the patient requires a Curator Ad Litem, please indicate this here and give your reasons.

To be completed by RMO

Determination to Extend Order

Complete where patient is subject to a Compulsory Treatment Order

As a result of this review and having complied with all the relevant duties linked to such a review, I am satisfied the patient continues to meet the conditions set out in section 64(5)(a) to (d) of the Act (see pages 3 - 5 of this form), and that it continues to be necessary for the patient to be subject to a compulsory treatment order. I do not consider it necessary to modify any of the compulsory measures or recorded matters.

I hereby confirm that I am extending this compulsory treatment order for the period of (shade as appropriate):

- ○ a) 6 months beginning with the day on which the compulsory treatment order will no longer authorise the measures specified in it, OR
- ○ b) 12 months beginning with the day on which the order as extended as a result of the immediately preceding review will no longer authorise the measures specified within it;

Complete where patient is subject to a Compulsion Order

As a result of this review and having complied with all the relevant duties linked to such a review, I am satisfied the patient continues to meet the conditions set out in section 139 (4) of the Act (see pages 4 - 6 of this form), and that it continues to be necessary for the patient to be subject to a compulsion order. I do not consider it necessary to modify any of the compulsory measures specified in the order.

I hereby confirm that I am extending this compulsion order for the period of

- ● 12 months beginning with the day on which the order as extended as a result of the immediately preceding review will no longer authorise the measures specified within it:

Signature / Date

By signing this certificate I confirm that I have no conflict of interest as defined in regulations.

Signature of RMO

Date dd / mm / yyyy 28 / 03 / 2023

Notes

Guidance on extension periods:

Compulsory Treatment Orders are extended for 6 months following first mandatory review, and for 12 months following subsequent mandatory reviews.

All Compulsion Orders should be extended for 12 months (1st mandatory review / 6 month extension should be documented using form CO1).

Guidance on dates:

An order is first made on the 22nd June 2006. The measures specified will cease to be authorised at midnight at the end of the day on the 21st December 06. The determination will then have effect from midnight at the start of the 22nd December 06, and will authorise the measures specified until midnight at the end of 21st June 07.

Similarly, an order originally granted on 4th November 2005 which had been subsequently extended, would cease to authorise the measures specified at midnight at the end of the day on the 3rd November 06. The next determination to extend would have effect from midnight at the start of the 4th November 06; and will authorise the measures specified until midnight at the end of 3rd November 07.

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 determination 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, please 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 Patient'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:
c/o Iona Ward
NHS, Beckford Lodge
105 Caird Street
Hamilton

Postcode: ML3 0AL

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	McCarrison
First name(s)	Claire
Title	Mrs
Address	CMHT Hunter Health Centre Andrew Street East Kilbride
Postcode	G74 1AD
Telephone No.	01698 753947
e-mail address	Claire.mccarrison@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.
- Ensured Mr Shaw understood the role of advocacy.
-The writer offered to make a referral to such services on Mr Shaw's behalf.

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

n/a

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

Mr Shaw experienced trauma as a child having been exposed to parental alcohol misuse and sexual abuse, he was looked after and accommodated following the death of his mother aged around eight years old. It was noted in clinical records that Mr Shaw experienced post traumatic distress disorder as a result of his childhood experiences, of which led to maladaptive coping behaviours in adulthood. Mr Shaw left education with no formal qualifications and advised he had some short-term jobs working with cars.

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. Mr Shaw is not in a relationship and does not have any children. His income is derived from state benefits.

Mr Shaw has an extensive history of contact with Psychiatric Services dating back to 1997, having been admitted to psychiatric facilities numerous times on both a formal and informal basis. Mr Shaw's engagement was 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. Mr Shaw has been previously diagnosed with depressive disorder, psychosis and post traumatic stress disorder. Currently, Mr Shaw is diagnosed with paranoid schizophrenia and emotional unstable personality disorder of which manifests in auditory, visual and olfactory hallucinations. Mr Shaw has made some improvement; however, he does require a high level of emotional support due to his ongoing symptoms.

Offending History

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. An Assessment Order was made by Scottish Ministers in accordance with section 52C of the above Act 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.

The writer was requested by the Court to complete a Social Work report under Section 52C of the above Act. 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, Mr Shaw continues to reside in NHS Beckford Lodge to date.

Mr Shaw became involved with the Criminal Justice System in adolescence. Since initial contact in 1997, he has been charged 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 of which are currently unspent. Mr Shaw has instructed a solicitor to represent him in these proceedings. The writer has contacted Police Scotland seeking information regarding such charges, however, was not given any information as investigations were ongoing.

Current circumstances

Whilst Mr Shaw has made some level of progress in regard to his treatment over the period of detention, his mental state can fluctuate, and he continues to experience auditory hallucinations. Mr Shaw engages on a meaningful level with Psychology, and it is noteworthy to add that throughout his extensive history of intervention from mental health services, this is the first point at which Mr Shaw has agreed to commence such education. Mr Shaw reports finding aspects of the work challenging, however, considers that this is an opportunity to develop a deeper understanding of his thoughts and behaviour.

Mr Shaw has recently been furnished with a tenancy in the Rutherglen area of South Lanarkshire and received a community care grant to furnish the home. Mr Shaw will be supported by Social Work Resources, Occupational Therapy, and the Forensic Community Mental Health Team as part of the transition to living in the community. Assessment of need will be ongoing to identify ongoing risk and any unmet needs. Mr Shaw has expressed some level of trepidation regarding this move, however, accepts this will take a planned approach over a period of time with ongoing support.

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, Mr Shaw during such times is apt to disengage and use maladaptive means of managing his symptoms. Therefore, the writer is of the view that Mr Shaw continues to lack insight fully into his mental state and the purpose of treatment. Mr Shaw does, however, accept that he requires continued care and treatment in order to alleviate his symptoms and is accepting of such.

Mr Shaw is currently furnished with a robust care and treatment plan within Iona ward, NHS Beckford Lodge. The care plan, as set out below:

- Regular review of Mr Shaw's mental health presentation by RMO within a Multidisciplinary remit.
- Treatment to continue as per recommendation of all relevant medical officers.

- Mr Shaw will continue to be offered support and education from Psychology services.
- Mr Shaw will continue to be offered support by Occupational therapy as part of his discharge plan.
- 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.
- Continual review of the need for compulsory measures.
- Continual review of care plan.

To be completed by MHO

Views on the Extension of the Order

Please provide your views on the extension of the Order

Issues of risk have been fully considered. Without treatment there would be significant risk of deterioration in Mr Shaw's mental state. 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. Mr Shaw acts impulsively and drives cars as a means of coping, which results in criminal charges and convictions. Mr Shaw has an extensive forensic history relating to motor offences and has required to be cared for in secure forensic settings.

There is an established pattern of non-engagement with mental health services, each time resulting in a relapse of Mr Shaw's mental state, during which Mr Shaw is at risk of harm to both himself and others due to nature of his offences. Throughout his time in NHS Beckford, Mr Shaw has made some progress, however, he continues to experience psychotic symptoms.

In consideration of the above, the writer agrees with the views of RMO, Dr Steven, that the Compulsory Treatment Order continues to be required and that the criteria for such are fully met.

(i) Mr Shaw has a diagnosed mental disorder, mainly paranoid schizophrenia, and emotionally unstable personality disorder.

(ii) There is treatment available to ameliorate his symptoms namely, antipsychotic medication (depot and oral), antidepressants and 24-hour nursing care.

(iii) There is significant risk of further decline if Mr Shaw does not receive the necessary care and treatment. Furthermore, Mr Shaw often acts out on his hallucinations putting both he and others at risk of harm.

(iv) Mr Shaw has limited insight into his mental disorder, whilst he agrees he has a mental illness, he does not consider the auditory hallucinations to be a manifestation of the disorder. Thus, his ability to make informed decisions regarding any treatment fluctuates depending on his presentation any one time.

(v) 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 apt to dis-engage putting him at risk of further decline in regard to his mental health.

Other Information

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

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)

L McLarnon

Date 25 / 04 / 2023