**Lanarkshire Forensic Mental Health Service**

**Caird House, Beckford Lodge**
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**CONFIDENTIAL**

Dr JJ Canning
Drs Jordan & Canning
Rutherglen Primary Care Centre
130 Stonelaw Road, Rutherglen
Glasgow
G73 2PQ

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| Date Dictated: | 26/07/2023 |
| Date Typed: | 26/07/2023 |
| Our Ref: | LS/cs |
| CHI No: | 2104673933 |
| Enquiries to: | Carole Scott |
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| Email: | forensic.cmht@lanarkshire.scot.nhs.uk |

Dear Dr Canning

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|---|---|
| **NAME:** | Andrew Shaw |
| **D.O.B:** | 21/04/1967 |
| **ADDRESS:** | Flat 1, 14 Hillhead Avenue, Glasgow, G73 4NJ |

I reviewed Mr Shaw at his home address as planned on 25/07/23. He reported he has struggled over the last week with each of those days feeling like a "bad day" with negative and hostile hallucinations. Usually there is a clear stressor for such episodes but Mr Shaw struggled to identify anything. I pointed out the deterioration coincided with the days prior to and following his CPA where it was planned to begin joint working with Eastvale CMHT in preparation for transition of care to General Adult services. He was able to recognise this may be a trigger and a fear of abandonment by those he has a good rapport with. His CPA was cancelled due to poor attendance and will be rescheduled. Eastvale CMHT have requested a prolonged transition period and discussions are ongoing at this time. Mr Shaw was somewhat relieved to hear there may be a delay to his transition of care.

He has largely remained at home only leaving to visit the shops every other day. He sees his friend and his friend's wife roughly once a week when they make him dinner. He is now doing his own laundry and cooking. His diet remains poor with a mixture of ready meals and take away. He denies feeling bored and stated enjoys his own company.

A recent Verum drug screen was positive for cocaine. When asked Mr Shaw admitted taking "a couple of lines" along with a peer he met in the ward who had visited. He reported this was a "one off" and that he doesn't plan to make it a regular thing. He does like how cocaine makes him feel stating it helps him forget all his worries and feel happy. However, he is concerned that it can become addictive and lead to trouble with debts. We will continue doing random drug screens.

**MENTAL STATE EXAMINATION**

At assessment he appeared casually dressed and well kempt. He did not make good eye contact but this is not unusual. His eyes tend to dart around the room, particularly when having a bad day but again this is not new. His speech was normal in rate, tone and volume. He reported his mood as "not good" but objectively was reactive in affect. He denied any thoughts of suicide or of driving cars. He had no planning or intent. He is sleeping well overnight mostly and is eating plenty although as mentioned his diet could be better.

There was no evidence of formal thought disorder. He described hallucinatory experiences, mainly auditory but can be visual. These seem to be largely pseudo-hallucinations. He has always reported them to be difficult to ignore and often feels pressured to act on what they say. He has learnt over the years how to avoid doing things that may hurt himself or others and often bargains to do more menial things. He has described how he is not sure he would like the hallucinations to disappear completely as this is his "normal". He denied any passivity of thought or action and denied ideas of reference. He does have good insight to his difficulties but is poor at identifying stressors and relies on PRN medication where he is this but with reminding he can draw on learnt coping skills particularly listening to white noise especially of car noises and rose scented oil.

**PLAN**

Given the recent mild deterioration in mental state I would be grateful if you would prescribe him CHLORPROMAZINE 25mg oral tablets x 7 tablets to see if this is of benefit as a trial. He has identified this medication was in his mind most beneficial in the past.

I intend to review him again in 2 weeks' time. We will arrange a joint outpatient appointment with Dr MacMillan from Eastvale CMHT and his FCPN Maxine MacDougall intends to liaise with his new CPN. We will hold a re-arranged CPA in the near future. In the meantime, I would be grateful if you could issue him with his monthly Paliperidone intramuscular injection for his FCPN to administer.

1. Review in 2 weeks
2. Arrange joint RMO & FCPN/CPN reviews
3. Re-arrange CPA
4. Please issue Paliperidone intramuscular depot
5. **Please issue urgent prescription of CHLORPROMAZINE 25mg oral tablets x 7 tablets for use PRN**

Yours sincerely,

Authorised on 26/07/2023 13:41:50 by Laura Steven.

**Dr Laura Steven**
**Consultant Forensic Psychiatrist**

(P) FCPN Maxine MacDougall
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