Lanarkshire Forensic Mental Health Service

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CONFIDENTIAL

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

Date Dictated:	27/11/2024
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Our Ref:	LS/cs
CHI No:	2104673933
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Dear Dr Canning

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 15/11/25. He reported he had been struggling for a few days with increased voices. He was unable to identify a particular stressor but on further discussion it became apparent that housing was visiting later the same day which was causing him some anxiety. Housing had received reports from neighbours there had been other people coming and going from Mr Shaw's tenancy and there had been accusations he was not living there and was instead renting his tenancy out. He does have a female lodger who is a family friend staying with her dog short term until they are allocated a tenancy. He has been advised he must complete a form for housing in order to have other stay in his tenancy even short term. He also had unwelcome guests at his door on several occasions after he had made acquaintance with a male in a flat above him. After this male moved on his acquaintances would come to Mr Shaw’s door at all hours of the night and he had to tell them to stop. This has since stopped. Housing had contacted me to enquire about Mr Shaw's circumstances in his tenancy and to confirm his contact with mental health services. I offered reassurance that whilst there may be others coming and going he is definitely living there.

Otherwise, he suffered a viral infection around a week prior to my visit and had felt lower in mood and had shortness of breath, a sore throat and a cough. This has since resolved. He also reported the odd dizzy spell and has had two falls one of which resulted in him landing on his TV breaking it. His voices are largely much better controlled day to day than they have been in the past. This appears to have been since the introduction of regular benzodiazepines. He is taking 2 x 5mg diazepam per day but recently he has been using more on difficult days as he is getting a month’s supply at a time.

He continues to use lorazepam PRN for breakthrough symptoms and agitation but had stopped using haloperidol at my request to assess if this could be discontinued. He has not noticed its absence therefore I am keen this is stopped.

He has remained complaint with his other medications and receives his depot monthly administered by his CPN. He also has regular contact with a Clinical Support Worker Heather who has been encouraging him to walk. He has lost some weight and is finding he experiences less pain in his legs afterwards. He looks generally healthier. He has intermittent contact, mainly by telephone, with his family friend Gerry and daily contact over the telephone with his Brother in Ireland. His Brother continues to put pressure on Mr Shaw to sell his flat in London however he remains reluctant to do so. This pressure can be a source of stress for Mr Shaw. He has no further outstanding court cases or police charges.

His drug use remains minimal with him reporting to having used cocaine over a month ago with a peer he met in the inpatient unit at Beckford Lodge (PG). He spends £300 on cocaine at these times which is shared with his peer. He appears to have good insight to the limited relief it offers, the associated risks of using cocaine and recognises it often leads to him feeling worse for a couple of days afterwards.

Lastly, he appears to have a dry, red and itchy right ear canal. There does not appear to be any pus or signs of infection but he has been using cotton buds to scratch this. I wondered if it would be possible to prescribe him some ear drops to treat this?

His care will now transfer to Eastvale CMHT entirely as of end December 2024 under the care of Dr Graham McMillan.

PLAN

1. Please discontinue PRN Haloperidol altogether
2. Please dispense regular diazepam 5mg bd weekly as opposed to monthly
3. Please consider prescribing ear drops for otitis externa
4. His care will now formally transfer to Eastvale CMHT under the care of Dr McMillan.

Update:

Since my review his MHO Sean Roy had visited him 28/10/24 and reported that a male upstairs neighbour was in the tenancy. Mr Shaw reported this neighbour visits frequently and often asks him for his medication, appearing at times of delivery. Mr Shaw denied this is a problem and has not given this male any of his medication. This has clearly had an impact on Mr Shaw's anxiety and may also account for the increased auditory hallucinations at present.

Yours sincerely,

Authorised on 17/12/2024 11:40:53 by Laura Steven.

Dr Laura Steven
Consultant Forensic Psychiatrist