Mental Health Tribunal for Scotland

Date : 18th November 2021

Case Number : MHTS/1/21/11/06887/S149

Mental Health (Care and Treatment)(Scotland) Act 2003
Full Findings and Reasons

Decision Under Section

At a Hearing to consider the following case

Application for extension of compulsion order in respect of Mr Andrew Martin Shaw

Before

Convener	Ms Moira MacKenzie
Medical Member	Dr Richard Athawes
General Member	Miss Wendy Buchan

At

Venue	Teleconference

On

Date	18th November 2021

Concerning parties

Patient	Mr Andrew Martin Shaw
Other Party	Dr Laura Steven – Responsible Medical Officer

Mental Health Tribunal for Scotland

Date : 18th November 2021 Case Number : MHTS/1/21/11/06887/S149

Representation

For the Patient	
For the other party	

Full Findings and Reasons

Decision

The Tribunal grants the application by the RMO to extend a Compulsion Order.

Background

This is an application by the RMO in terms of the Mental Health (Care and Treatment) (Scotland) Act 2003 to extend a Compulsion Order, which was granted on 19th May 2021.

Documentation

The tribunal had before it the following documentary evidence: -

(a) CO1, dated 4th November 2021
(b) Care and treatment plan, dated 4th September 2021
(c) Compulsion Order x 2 (Glasgow Sheriff Court), dated 19th May 2021
(d) Statutory psychiatric court report by Dr Ayesha Raja, dated 6th May 2021
(e) Supplementary psychiatric report by Dr Isobel Campbell, dated 6th May 2021
(f) Social circumstances report by Claire McCarrison (MHO), undated

The Hearing

The following persons attended today's hearing:

(i) The patient
(ii) Dr Laura Steven, RMO
(iii) Mrs Claire McCarrison, Mental Health Officer (MHO)

Advance statement

The patient has not made an advance statement in terms of section 275 of the Act.

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Preliminary matters

The patient confirmed that he did not want to instruct legal representation or to seek assistance from advocacy services. The RMO informed the tribunal that she is satisfied that the patient has capacity to instruct a solicitor if he wished to do so. The MHO also confirmed that she had discussed the application with the patient in advance of the hearing and had explained to him his right to have representation. The patient had advised the MHO that he did not want to instruct representation.

The patient's position

The patient confirmed to the tribunal that he agreed with the evidence of the MHO and did not oppose the application to extend the order.

Evidence at the hearing

The Tribunal heard evidence from the MHO and RMO in respect of the statutory criteria.

Findings in Fact

Based upon a detailed consideration of the written evidence before the tribunal and the oral evidence heard at the hearing, we made the following findings in fact:

1. The patient has a diagnosis of paranoid schizophrenia and emotionally unstable personality disorder. He has an extensive history of contact with psychiatric services, dating back to 1997.

2. There is treatment available for the patient, which would be likely either to prevent the mental disorder worsening or to alleviate the symptoms and effects of the mental disorder. The patient is presently in receipt of dual antipsychotic therapy due to treatment resistance and a failed response to stabilise him on clozapine. He requires intensive daily support from specialist nursing staff. The patient has regular contact with a ward psychologist and has access to support from occupational therapy.

3. If the patient were not provided with the treatment referred to in the medical evidence there would be a significant risk to his health, safety and welfare and also to the safety of others. The patient has significant difficulties caring for himself when he is unwell and is at risk of physical health complications as a result of poor self-care and neglect. He has found that his symptoms of hallucinatory experiences diminish when he is driving a motor vehicle at high speed, placing him and others at risk. Although he has over 50 previous convictions for road traffic offences and presently does not have a driving licence, he still feels compelled to drive at high speed to alleviate his symptoms.

4. The Compulsion Order with measures for treatment in hospital in respect of the patient is necessary. The patient has a long history of poor engagement with mental health services, preferring to self-isolate. Although there have been recent

improvements in terms of his engagement, he continues to respond to psychotic symptoms and has fluctuating levels of insight. He has previously absconded from hospital and committed serious road traffic offences. There is a significant risk that without compulsory measures the patient would again disengage and abscond.

5. The Compulsion Order with attached hospital-based measures is the least restrictive measure in the circumstances. The patient cannot, at present, be safely managed either in the community or as an informal patient.

Reasons

The tribunal considered all of the evidence before it in light of the principles contained in section 1 of the 2003 Act and the overriding objective in terms of the tribunal rules to deal with matters fairly, efficiently and expeditiously.

We have given careful consideration to the views of the patient. We concluded that the statutory criteria for the imposition of a Compulsion Order remained in place. We did not find that it was appropriate that the patient be cared for in the community or a less secure setting at the present time.

Signed

Date 18th November 2021

Ms Moira MacKenzie
Convener

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

Extend a Compulsion Order

Following first mandatory review

CO1 | **Part B Determination**

This box is for the use of the Mental Health Tribunal for Scotland only: MHTS/1/21/11/06887/S149

Instructions v7.0

The following form is to be used by the Mental Health Tribunal for Scotland:
to record the determination of the FIRST review of a compulsion order and where the RMO considers that it should be extended without variation.

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 application.

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 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
BECKFORD LODGE
CAIRD STREET
HAMILTON

Postcode: ML3 0AL

To be completed by Mental Health Tribunal for Scotland

Application Details

This section 149 application was received by the Mental Health Tribunal for Scotland on: Date 04 / 11 / 2021

Hearing Details

A hearing to consider the above application was heard on Date 18 / 11 / 2021

Before the following Tribunal members -

Convener	MS MOIRA MACKENZIE
Medical	DR RICHARD ATHAWES
General	MISS WENDY BUCHAN

The hearing took place at:

Address: TRIBUNAL CONDUCTED VIA TELEPHONE CONFERENCE

Postcode:

Before determining the application, the Mental Health Tribunal for Scotland afforded the persons mentioned in section 166 (3) of the Act the opportunity to: make representations (whether orally or in writing); and leading, or producing evidence. Evidence was provided by:

- ● Patient
- ○ Patient's Named Person
- ○ Guardian of the patient
- ○ Welfare Attorney of patient
- ● Patient's MHO
- ● Patient's RMO
- ○ Patient's primary carer
- ○ Curator Ad Litem
- ○ Any other person appearing to the Tribunal to have an interest (list below)

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To be completed by Mental Health Tribunal for Scotland

Tribunal Determination

The Mental Health Tribunal for Scotland makes an order (***shade one only***) -

◉ extending the compulsion order to which the application relates for 6 months

○ refusing the application to extend the compulsion order

○ refusing the application and revoking the compulsion order

GUIDANCE FOR MEDICAL RECORDS ON THIS DETERMINATION

Extension of order - expiry

The extension will take effect 6 months from the start of the Compulsion Order, and will run for a further 6 months. Eg: the Compulsion Order began on the 22nd June 06. The measures specified will cease to be authorised at midnight at the end of the day on the 21st December 06. The extension will be effective from the 22nd December 06 and will cease to authorise the measures specified at midnight at the end of the day on 21st June 07.

Refusal

The current order will run until it expires, at which point the patient should be discharged or other arrangements made to continue treatment. A REV2 form should be completed when the order expires.

Refusal and Revocation

The patient should be discharged as soon as practicable or arrangements made to treat the patient informally. A REV2 form should be completed.

To be completed by Mental Health Tribunal for Scotland

Advance Statement (only complete if the patient remains subject to the Order)

Complete A or B or C as appropriate

A ◉ As far as is practicable to ascertain, the patient does not have an advance statement under S275 of the Act.

OR

B ○ As far as is practicable to ascertain: the patient has made and not withdrawn an advance statement under S275 of the Act; and the patient's current/proposed care and treatment are NOT in conflict with any wishes specified in that advance statement.

OR

C ○ The patient has made and not withdrawn an advance statement under S275 of the Act. This advance statement IS in conflict with current/proposed care and treatment authorised by measures in this order. Please record in the box below:

- The date of the advance statement(s).
- Details of treatment that is in conflict with the advance statement and how.
- Where the conflict with the advance statement concerns treatment the patient specified wishes to receive, that they are not receiving, please provide details of this.
- Reasons for authorising measures that allow this treatment to be given/not given, despite the conflict with the advance statement, with reference to the Principles of the Act.

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Where the treatment is in conflict with the advance statement, a record of the above has been sent to:

○ the patient
○ the patient's welfare attorney
○ the patient's named person (if any)
○ the patient's guardian
○ the Mental Welfare Commission (a copy of the form and any other record which has been sent to the patient/ others)

Signature / Date

Signed
by Convener: Moira Mackenzie

Date
dd / mm / yyyy: 18 / 11 / 2021

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

Certificate of the Designated Medical Practitioner

T3B (S240)

Instructions

v 7.0

The following form is to be used:

where a designated medical practitioner is required to provide a certificate for medical treatment(s) where a patient is refusing consent or incapable of consenting under section 240(3) of the Act in relation to the following treatment(s):

(a) any medicine (other than the surgical implantation of hormones) given for the purpose of reducing sex drive;
(b) any other medicine given beyond a period of 2 months since the start of compulsory treatment; and
(c) provision, without consent of the patient and by artificial means, of nutrition to the patient.

This form is prescribed by regulations made under the Mental Health (Care and Treatment) (Scotland) Act 2003. The use of any other form for the purpose for which this form has been prescribed is invalid.

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 ->* ⊗ ✓

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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
DoB dd / mm / yyyy	21 / 04 / 1967

Gender ● Male ○ Female

Patient's home address	C/O IONA WARD BECKFORD LODGE CAIRD STREET HAMILTON
Postcode	ML3 0AL

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

Hospital	BECKFORD LODGE
Ward / Clinic if appropriate	IONA WARD
Patient's RMO	DR LAURA STEVEN

Where the patient is under the age of 18 -

○ The RMO is a child specialist ○ The RMO is NOT a child specialist (see notes - page 2)

Patient's Name ANDREW MARTIN SHAW CHI Number 2104673933

To be completed by the DMP

DMP Details

Surname MCALLISTER

First Name MARK

Address CHARLESTON CENTRE
49 NEILSTON ROAD
PAISLEY

Postcode PA2 6LY GMC Number 4707992

Where the patient is under the age of 18 -

○ I, the above DMP am a child specialist; or ○ I, the above DMP am NOT a child specialist (see notes below)

CERTIFICATION

The treatment covered by this certificate is:

- ○ **Medication to reduce sex drive** - any medicine (other than the surgical implantation of hormones) given for the purpose of reducing sex drive
- ● **Other medication beyond 2 months** - any other medicine given beyond 2 months since the start of compulsory treatment (e.g. antidepressants, anxiolytics, antipsychotics etc.)
- ○ **Artificial nutrition** - provision, without consent of the patient and by artificial means, of nutrition to the patient

I, the above named DMP, not being the patient's RMO certify that:

the giving of medical treatment to the patient is authorised by virtue of the Act, or the Criminal Procedure (Scotland) Act 1995; and

having regard to the likelihood of its alleviating, or preventing a deterioration in, the patient's condition, it is in the patient's best interests that the treatments should be given; and

○ the patient is capable of consenting to the treatment, but does not consent, or

● the patient is incapable of consenting to the treatment below;

If the patient is capable of consenting, but is refusing consent, complete reasons why the treatment should be given.

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Notes

Where the patient is under the age of 18, certification MUST be as follows -
where the patient's RMO is a child specialist, by a designated medical practitioner approved by the Mental Welfare Commission
where the patient's RMO is not a child specialist, by a designated medical practitioner approved by the Commission who is a child specialist

Where the patient is not in hospital the above certificate does not authorise the giving of treatment by force to the patient