Patient's Name ANDREW MARTIN SHAW CHI Number 2104673933

To be completed by the DMP

Details of Treatment

If the treatment specified is ***other medication*** beyond 2 months, record the date any medication for mental disorder was first given in this period of detention. Note that this is required only for the first T2 or T3 form for medication issued, not for subsequent forms.

☐☐ / ☐☐ / ☐☐☐☐

Note: The period here includes any prior EDC, STDC, ICTO, CTO, TTD or orders under the Criminal Procedure (Scotland) Act 1995 which relate only to a single period of detention

Description of the treatment(s) including frequency and duration of treatment

2

REGULAR MEDICATIONS

1. One regular oral antipsychotic medication - to include Clozapine and associated monitoring

2. One additional regular oral antipsychotic medication prescribed as adjunct to above or on a short term basis to cover a period of cross titration

3. One regular antidepressant medication ✓

4. One regular oral anxiolytic medication ✓

5. One regular oral hypnotic medication

AS REQUIRED MEDICATIONS

6. One oral anxiolytic medication as required to manage agitation / distress

7. One oral antipsychotic medication as required to manage agitation / distress

All of the above to be prescribed within recommended BNF dosage limits and frequency of administration

UPDATED JAN 2022

Treatment can be authorised by this certificate until (date) 29 / 07 / 2024

Note: - *for certificates authorising nutrition by artificial means, duration of treatment should also be recorded in the description of treatment above,*
- *for certificates authorising medication, the potential period of treatment authorised should be no longer than three years in line with Mental Welfare Commission for Scotland recommendations*

Signature

Signed by the DMP

Date dd / mm / yyyy 29 / 07 / 2021

A copy of this form must be sent to the Mental Welfare Commission within seven days of issuing the certificate

Patient's Name ANDREW MARTIN SHAW CHI Number 2104673933

Advance Statement (not part of the prescribed form) **To be completed by the DMP**

Complete A, 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B ○ As far as is practicable to ascertain: the patient has made and not withdrawn an advance statement under S275 of the Act; and all decisions to authorise or not authorise treatment I have made are NOT in conflict with any wishes specified in that advance statement.

OR

C ○ Decision(s) I have made to authorise or not authorise treatment ARE in conflict with wishes specified in an advance statement made by the patient under S275 of the Act and not withdrawn. Please record in the box below:

- The date of the advance statement(s).
- Details of all treatment(s) authorised that are in conflict with the advance statement and how.
- Where a decision that conflicts with the advance statement is a decision not to authorise treatment, please provide details of this,
- Your reasons for authorising/not authorising these treatment(s), despite the conflict with the advance statement, with reference to your consideration of the Principles of the Act.

2

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 this form and any other record which has been sent to the patient/ others)

Consultation (not part of the prescribed form) **To be completed by the DMP**

Prior to the issuing of this certificate I have consulted with -

● (a) the patient; and

○ (b) the patient's named person (if they have one); and

○ (c) any guardian of the patient; and

○ (d) any welfare attorney of the patient; and

● (e) such person or persons as appear to be principally concerned with the patient's medical treatment (listed below)

3 RMO - Dr Steven
Ward Nursing Staff

It was impracticable to consult any person mentioned in (a),(b), (c) and (d) above for the following reasons:

4 No Named Person / POA / Guardian

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

Extend a Compulsion Order

Following first mandatory review

CO1 | Part A Application

This box is for the use of the Mental Health Tribunal for Scotland only

Instructions

v7.0

The following form is to be used:

where the RMO has undertaken the ***FIRST*** review of a compulsion order and considers that it should be extended without variation. For subsequent reviews, form CTO3a should be used to extend the order without variation.

Where the RMO wishes to extend ***AND*** vary the order, form CTO4 should be used.

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: ANDY

'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

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: Record of First 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.: 01698456215

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

Approved under section 22 of the Act by:

Health Board: NHS FORTH VALLEY

Part 1: Record of First Review(cont)

To be completed by RMO

Compulsion Order Details

The 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 / 11 / 2021

The patient is detained in / under the care of:

Hospital: BECKFORD LODGE

Ward: IONA WARD

Examination Details

The patient was examined on - Date 26 / 10 / 2021

Complete A or B as appropriate

A ● I, the RMO named above, examined the patient as part of the first 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 the first mandatory review.. The patient was examined by -

Surname

First Name

GMC Number

Hospital

Ward / Clinic

Health Board

Part 1: Record of First Review (cont) — **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	F20.00
Personality disorder	● Yes	○ No	F60.03
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.

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.

2	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.

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

3	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 ahllucinatory 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 believe, for the reasons stated below, that compulsory powers continue to be required, and that the patient cannot be treated on a voluntary basis

4	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.

Part 1: Record of First Review (cont)

To be completed by RMO

Measures currently authorised

Please indicate which compulsory measures were authorised within the original compulsion order

- ● (a) The patient's detention in a specified hospital.
- ● (b) Giving the patient medical treatment in accordance with Part 16 of Act.
- ○ (c) Requiring the patient to attend on: specified or directed dates; or at specified or directed intervals, specified or directed places with a view to receiving medical treatment (including associated travel where appropriate).
- ○ (d) Requiring the patient to attend on: specified or directed dates; or at specified or directed intervals, specified or directed places with a view to receiving community care services, relevant services or any treatment care or service (including associated travel where appropriate).
- ○ (e) Requiring the patient to reside at a specified place.
- ○ (f) Requiring the patient to allow any of the following parties to visit the patient in the place where the patient resides. Those parties are; the patient's MHO, the patient's RMO, or any person responsible for providing medical treatment, community care services, relevant services or any treatment, care or services to the patient who is authorised for this purpose by the patient's RMO.
- ○ (g) Requiring the patient to obtain the approval of the MHO to any proposed change of address.
- ○ (h) Requiring the patient to inform the mental health officer of any change of address before the change of address takes effect.

Other Relevant Information

Any other information relevant to this section 149 application

5	

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: Claire.McCarrison@southlanarkshire.gov.u

Local Authority: SOUTH LANARKSHIRE

eg Glasgow City, City of Edinburgh, Highland, Scottish Borders, etc (the word "council" can be omitted)

Before making this application to extend the order, I gave notice to the patient's MHO of my intention to make this application on:

Date: 26 / 10 / 2021

To be completed by RMO

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

The MHO should complete A before the RMO signs page 13 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 aforementioned MHO,

● agree with this application to extend the order

○ disagree with this application to extend for the following reasons:

6	

Signed by MHO

Date dd / mm / yyyy 04 / 11 / 2021

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

The aforementioned MHO,

● agrees with this application to extend the order

○ disagrees with this application to extend for the following reasons:

6a	

OR

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

To be completed by RMO

Consultation With Other Persons

In advance of making the section 149 application, I have consulted with, and considered the views of, certain persons with respect to the application. These persons are:

- ◉ the patient's MHO and, (if applicable), others I consider 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 service of the kind set out in the patient's care plan
- ○ other persons I considered appropriate, as detailed below:

7	

Named Person Details

- ◉ The patient does not have a named person
- ○ The patient does have a named person - detailed below

Surname

First Name

Title

Address

Postcode

Telephone

Advance Statement

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

If the patient has an advance statement, please ensure it is enclosed with this application.

To be completed by RMO

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.

"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 Others Relevant to the Application

Please provide the names and addresses of others who may be relevant to this application, 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 the hearing.

To be completed by RMO

Primary Carer, Advocacy Worker, Welfare Attorney, Welfare Guardian

Curator Ad Litem

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

Signature / Date

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, 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 compulsory measures specified in the order.

I hereby confirm that I am making an application to extend this compulsion order by 6 months.

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

Signed
by patient's RMO

Date
dd / mm / yyyy 04 / 11 / 2021

Name, address, telephone number and email address of contact at Medical Records

Admin Department, Beckford Lodge, Caird Street, Hamilton, ML3 0AL. Tel: 01698 456215.
Email: admin.beckfordlodge@lanarkshire.scot.nhs.uk

DATE: 14/09/21	CARE AND TREATMENT PLAN	REVIEW DATE: MARCH 2022

Patient's Name: Andrew Shaw	CHI No: 2104673933	Advance Statement: N/A
Address: No Fixed Abode	Matters mentioned in Advance Statement: N/A	
Ethnic Origin: White Scottish	First Language (if not English):	Named Person: N/A
Hospital: BECKFORD LODGE	Ward: IONA WARD	

LEGAL STATUS

Offence(s): Road Traffic Offences		
Section: Compulsion Order	Date Order began: 19/05/21	Date due for renewal or review: 18/11/21

Responsible Medical Officer: Dr Laura Steven
Mental Health Officer: Claire McCarrison

The information contained within this document is private and confidential and should not be disclosed, amended or copied to a third party without consultation with, and consent of, the author or deputy / head of department

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 Iona/Gigha Ward, Beckford Lodge, Hamilton
Date of Certificate T2/T3? T3 EXPIRES 29/07/24
RECORDED MATTERS AS DETERMINED BY THE TRIBUNAL: N/A

PROBLEMS / NEEDS:
1. Paranoid Schizophrenia
2. History of childhood trauma, including childhood sexual abuse
3. History of potentially life threatening suicide attempts
4. Long history of institutional care
5. History of benzodiazepine dependence
6. History of disengagement from mental health services
7. Three outstanding court cases
8. Poor diet associated with morbid obesity
9. Financial Management
10. Risk of repeat offending, particularly road traffic offences

STRENGTHS:
1. Degree of resilience
2. Current openness for engagement and support
3. Motivated to change
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. Able to build relationships with peers and staff.
7. Seeks support from staff

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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
Mood disorder	Y	Ongoing assessment of possible mood disorder and any appropriate medication and psychological strategies.	MDT
Trauma	Y	CBT for psychosis with a trauma informed approach to be considered if and when appropriate. Grounding strategies and psycho-education will be focus initially.	Psychology
Substance Misuse Problems	Y	Input to be considered when felt appropriate	Psychology
Objective 2: Address physical health and health promotion issues			
Morbid Obesity	N	BMI currently 50.5 - Refer to a Dietician for nutritional advice in an attempt to help to lose weight when appropriate..	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)			
Religion	N	No known religious beliefs	Nursing Staff
Objective 4: Address offence-related therapeutic issues			
Maladaptive coping strategies	Y	Work to be undertaken to consider triggers to offending and offence related maladaptive coping strategies	Psychology
Risk Assessment	Y	HCR20 Risk Assessment to be completed and updated annually	MDT
Financial Management	Y	Ongoing review of necessity for Appointeeship for finances. Minimise the risk of further offending.	MDT
Objective 5: Address Forensic Rehabilitation			
Structured Activities	N	Encourage participation to provide structure to daily routine and diversion from psychotic phenomena.	OT
Functional Skills	N	AMPS to be carried out – good level of self-care noted	OT

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Leisure Pursuits	N	To explore what activities may be of interest and alternative to cars.	OT / Nursing
CAT Formulation	Y	Completed in February 2021, to be reviewed and updated as treatment continues.	MDT
RES3 Status	Y	Supervised access to phone use to be reviewed on an ongoing basis.	MDT

Objective 6: Address any family issues			
Family Contact	N	Encourage contact with family and friends – continue to monitor family interactions	MDT
Named Person	N	MHO will continue to discuss him nominating a named person.	MHO

Objective 7: Address other social care issues			
Housing	N	Not applicable at the current time	
Benefits	N	Ensure correct benefits are being received	MHO
Community Supports	N	Not applicable at the current time	

Objective 8: Address daily living functions			
Routine and activities	N	Ongoing assessment with regards to structured daytime activities, leisure activities and level of functioning	MDT

Objective 9: Develop / review future plans			
Legal Status	Y	Currently appropriately detained under a Compulsion Order to be reviewed at appropriate junctures.	RMO / MHO
Court	N	To be offered support to attend Court if appropriate.	RMO

RECORD OF PATIENT VIEW OF OBJECTIVES

Mr Shaw is currently in agreement with his admission to hospital and is willing to accept care and treatment. He is keen to engage in anything deemed to help him in reducing or managing his symptoms. He is reluctant to have his financial management taken over by the hospital and believes he is capable of doing this himself supported by his Sister-in-law. At the same time he accepts the risk of his attempting to purchase more cars remains relevant especially given he still has auditory hallucinations that can be command in nature. He has stated this is not his intention going forward but acknowledges he has struggled with this in the past.

Dr Laura Steven
Consultant Forensic Psychiatrist

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Under the Criminal Procedure (Scotland) Act, 1995
Section 57(2)(a)

Sheriff Court: GLASGOW
Sheriff:Gerard Considine
DATE: 19th May 2021
ACCUSED: ANDREW MARTIN SHAW
DATE OF BIRTH: 21/04/1967
OFFENCE(S)

SCS NO: SCS/2021-007035
LOCAL CASE NO: GLW/2021-000918
PF REF: GG20009905-003
POLICE REF: PSPGE02151120
SCRO NO: S539430/84J

1 -RTA0198801031B00-ROAD TRAFFIC ACT 1988 S103(1)(B)
2 -RTA0198801430105-ROAD TRAFFIC ACT 1988 S143(1)& (2)
3 -RTA0198801031B00-ROAD TRAFFIC ACT 1988 S103(1)(B)
4 -RTA0198801430105-ROAD TRAFFIC ACT 1988 S143(1)& (2)

The Court having Acquitted the accused from the charge(s) libelled and Stated that the acquittal is by reason of the special defence set out in terms of section 51A, all in terms of section 53E of the Criminal Procedure (Scotland) Act 1995,

THE COURT being satisfied on the written evidence of Dr Ayesha Raja a registered medical practitioner approved for the purpose by the NHS Lanarshire Health Board and Dr Isobel Campbell a registered medical practitioner employed at Beckford Lodge that both agree the accused has a mental disorder in the form:
Mental Illness, in terms of para. 328(1)(a)

of the Mental Health (Care and Treatment)(Scotland) Act 2003 and being satisfied that the conditions mentioned in section 57A(3) and 57A(5) of the Criminal Procedure (Scotland) Act 1995 are met, and that, having regard to the matters mentioned in Sections 57A(4) of the Criminal Procedure (Scotland) Act 1995, and having considered the Mental Health Officers Report produced in terms of section, it is appropriate:

Made a Compulsion Order in terms of Section 57A(2)(a) of the Criminal Procedure (Scotland) Act 1995, for a period of **6 months** from this date and in terms of thereof:

Ordered the detention of the accused in Beckford Lodge .
Granted Warrant to Officers of Law to convey the accused to said Hospital forthwith and authorised the giving of medical treatment to the Accused in accordance with Part 16 of the Mental Health (Care and Treatment) (Scotland) Act 2003.

Amanda Park
Clerk of Court

Copy Previous convictions/Social Enquiry/ Community Service/Psychiatric/Mental Health Officer's/Medical Reports and Copy Sex Offenders Notification of Registration Attached

Copy of Order and all related reports and documents to be scanned and sent by e–mail to RestrictedPatient@gov.scot marked 'Restricted– Medical'

Under the Criminal Procedure (Scotland) Act. 1995
Section 57(2)(a)

Sheriff Court: GLASGOW
Sheriff:Gerard Considine
DATE: 19th May 2021
ACCUSED: ANDREW MARTIN SHAW
DATE OF BIRTH: 21/04/1967
OFFENCE(S)

SCS NO: SCS/2021-007034
LOCAL CASE NO: GLW/2021-000917
PF REF: GG20009905-002
POLICE REF: PSPGE02151120
SCRO NO: S539430/84J

1 -0FRD000000000000-FRAUD
2 -RTA0198800040100-ROAD TRAFFIC ACT 1988 S4(1)
3 -RTA0198800020000-ROAD TRAFFIC ACT 1988 S2
4 -RTA0198801700201-ROAD TRAFFIC ACT 1988 S 170(2)& (4)
5 -RTA0198801700301-ROAD TRAFFIC ACT 1988 S 170(3)& (4)
6 -0TMV000000000000-THEFT OF MOTOR VEHICLE
7 -CJLA201000380100-CRIMINAL JUSTICE AND LICENSING (SCOTLAND) ACT 2010 S38(1)
8 -RTA0198800020000-ROAD TRAFFIC ACT 1988 S2
9 -RTA0198801630100-ROAD TRAFFIC ACT 1988 S163(1)& (3)
10 -VEHX199400440101-VEHICLE EXCISE & REGISTRATION ACT 1994 S44(1)

The Court having Acquitted the accused from the charge(s) libelled and Stated that the acquittal is by reason of the special defence set out in terms of section 51A, all in terms of section 53E of the Criminal Procedure (Scotland) Act 1995,

THE COURT being satisfied on the written evidence of Dr Ayesha Raja a registered medical practitioner approved for the purpose by the NHS Lanarshire Health Board and Dr Isobel Campbell a registered medical practitioner employed at Beckford Lodge that both agree the accused has a mental disorder in the form:
Mental Illness, in terms of para. 328(1)(a)

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Amanda Park
Clerk of Court

Copy Previous convictions/Social Enquiry/ Community Service/Psychiatric/Mental Health Officer's/Medical Reports and Copy Sex Offenders Notification of Registration Attached

Copy of Order and all related reports and documents to be scanned and sent by e–mail to RestrictedPatient@gov.scot marked 'Restricted– Medical'

Community Mental Health

Caird House, Beckford Lodge
Caird Street
Hamilton
ML3 0AL

NHS Lanarkshire

Glasgow Sherriff Court
Glasgow Procurator Fiscals Office
10 Ballater Street
Glasgow
G5 9PS

Date Dictated: 06/05/2021
Date Typed: 07/05/2021
Ref: 119026
Letter Ref: MS/AR
CHI: 2104673933

Dear

Name: ***Andrew Martin Shaw***
DOB: ***21/04/1967***
Address: ***c/o Iona Ward, Beckford Lodge, Caird Street, Hamilton ML3 0AL***
SCS Case No: ***SCS/2020-097347***
Local Case No: ***GLW-2020-013310***
Legal Status: Section 52M Criminal Procedures (Scotland) Act 1995 as amended by Mental Health (Care and Treatment) (Scotland) Act 2003.
Next court date : 12th May 2021

STATUTORY PSYCHIATRIC COURT REPORT

I, Dr Ayesha Raja, Bachelor of Medicine & Surgery, Member of the Royal College of Psychiatrists, Consultant Forensic Psychiatrist employed by NHS Lanarkshire (whose name appears in the Forensic Psychiatry Specialist Register of the General Medical Council), recognised by NHS Lothian under Section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003, as having specialist experience in the diagnosis and treatment of mental disorders, do hereby certify on soul and conscience, that this is a true report on Mr Shaw. I can confirm that I am in no way related to Mr Shaw and I have no pecuniary interest in his disposal by the court.

I am providing a psychiatric court report on Mr Andrew Shaw for the Procurator Fiscal.

Mr Shaw has been an inpatient on Iona ward, Beckford Lodge for a number of months with his next court appearance on 12/05/2021. Dr Isobel Campbell, Consultant Forensic Psychiatrist and his RMO had requested for a second medical report with recommendation for final disposal by the court. I would be grateful if the courts can take into consideration my previous psychiatric court report dated 04/02/21 which details Mr Shaw's background and past psychiatric history.

An interview with Mr Shaw was conducted in an interview room on Iona ward on 06/05/2021. I was accompanied by an FY2 Doctor, Dr Stacey Chen. The interview lasted for approximately 45 minutes. Prior to the interview, I spoke

with a nursing staff member Stacey Stewart and Dr Campbell and later had a chance to look at the written information provided by the RMO.

Report from Dr Isabel Campbell
Dr Campbell explained that Mr Shaw had settled on ward well, he was working with the psychologist and completed initial work with good engagement. He was commenced on antipsychotic medication and although his symptoms were less intense, he continued to present as mentally unwell with ongoing auditory olfactory and tactile hallucinations. Dr Campbell advised that with less marked symptoms (mainly flashbacks) of Post-Traumatic Stress Disorder, Mr Shaw had showed some improved functioning on the ward, but he presented as odd with fragile mental health. His compliance with care and treatment plan was good with no management issue on the ward. As treatment has been slow in effectiveness Dr Campbell continues to optimize his treatment.

Report from Stacey Stewart Staff Nurse.
Staff nurse Stacey Stewart spoke of Mr Shaw's presentation on the ward, he kept himself to himself and remained isolatory, although did maintain a relationship with one fellow peer. He was not a management problem with general nursing observation but remained pre-occupied by his past experiences. He has been in contact with two of his friend's out-with the ward but otherwise there has been no family contact.

Interview with Mr Shaw
During the interview Mr Shaw appeared less guarded. He was cooperative and engaged in the interview, his demeanour was unchanged from when I last saw him, in that he was preoccupied, gazed around the room and repeatedly flicked his fingers. He spoke coherently with speech consisting of short, brief responses thus requiring lot of prompting and direct questioning so he could elaborate on his responses. Although he still appeared preoccupied but was not too distressed or upset when talking about himself.

Mr Shaw advised that his mood has been "up and down". On prompting he explained that mostly he felt bad and rated his mood as 4/10, he continued to hear voices both in the internal and external space. The voices spoke about everything and called him derogatory names which was distressing and he wanted some peace from them. He explained that when speaking to nursing staff, the voices also attempted to imitate the voice of staff members. I enquired if he was able to hear the staff and he informed it depended upon how fast the nursing staff members spoke. He identified the voices as of mixed gender, belonging to his brother, mother and other people. His mother's voice had a more peaceful and calming effect on him and if he heard the voice early in the morning he was certain to have a better day.

However his brother's voice addressed him negatively and instructed him to harm self, subsequent to the disclosure of abuse by him to his RMO. He reported the beneficial effect of the discretionary antipsychotic medication as Chlorpromazine on his mental health with reduction in his distress. He felt medications had quietened down the voices and taken the edge away. Mr Shaw was content with the care plan devised by his clinical team.

Mr Shaw reported hearing voices screaming and shouting at him at night and he would respond by talking back. Although he felt safe on the ward, it was during the night in his bedroom that he saw silhouettes of people dressed in black clothes, with one being his brother, who spoke of the devil. He reported the smell of dampness in his bed room, which reminded him of the past alleged sexual abuse in woodlands. With reports of flashbacks of the abuse and associated nightmares, he complained of disturbed sleep pattern. During the day Mr Shaw found it difficult to concentrate on any activities on the ward and he spent time watching the traffic go by from the ward window. This he felt caused him much relief from his past, and it reminded him of the time when he could drive cars. Mr Shaw added on that for some car journeys he had undertaken in the past he had no recollection.

Charges
When charges were discussed with Mr Shaw he appeared puzzled and could not recall these events.

In terms of the charges from August 2020, Mr Shaw struggled to recall the events as he felt the offences occurred some time ago. He explained that he had been feeling "mad and distressed" for a considerable period and had prayed to God to ease his pain but he could not remember driving these cars. He provided the rationale behind driving cars was to relieve the distress and pressure of the past trauma.

(Dr Campbell letter- *From records there is documentation regarding Mr Shaw presenting as psychotic on ward at Queen Elizabeth Hospital when he had been injured with an ankle fracture that he could not attend the court as a result*).

In relation to the charges on 6th November 2020 Mr Shaw reported he would never behave in manner where he would shout at a woman stating "I would never physically assault any woman" and that he was not a violent man.

In relation to the charges on 15th November 2020, he reported being in the hospital with little recollection of any of the driving offences.

(From Dr Campbell's letter-*Mr Shaw experienced auditory hallucinations and that consumption of illicit substances was considered as a contributory factor to his psychotic symptoms but given the length of time he was incarcerated for followed by admission to the hospital, this was considered unlikely*.

Mr Shaw struggled to respond to the questions put across and appeared pre-occupied. His level of concentration had somewhat improved over the last few months ago, but this was not fully present. When enquired about his care plan, he informed undertaking helpful work with psychology on learning coping and grounding techniques to help reduce acute distress. When discussing the risks to others and self during various car journey, driving when disqualified and with police chasing, he acknowledged these risks but stated having no recollection of these incidents.

Mental State Examination
Mr Shaw is an obese gentleman, he was casually dressed in a T-shirt and shorts. At times he appeared anxious and distressed and repeatedly rubbed fingers or scratched his legs. He often gazed around the room and maintained limited eye contact. He was preoccupied and needed prompting to elaborate on answers. His speech was superficial with brief short but coherent responses.

Mood: Subjectively Mr Shaw described his mood as 4/10 and appeared tearful, Objectively he had a restricted affect. There was disturbance in his sleep pattern due to nightmares with other symptoms of avoidance guilt with distress on the reminders of trauma. He tends to eat excessively to combat stress,

In regards to his thought processes there was no evidence of formal thought disorder. Mr Shaw described having vivid flashbacks of his childhood abuse, especially when people around him talked about abuse. He voiced distress towards his frequent auditory hallucinations. There were features of Post-Traumatic Stress Disorder with nightmares intrusive thoughts of past trauma and associated symptoms

He described auditory hallucinations as voices which occurred both day and night. Multiple voices would "say bad things", called him names and interrupted when he was having conversation with staff. Voices belonged to his mother, who would say to "come to me", and his older brother stated you will "never get peace". Voices "screamed and shouted" at night. He described visual hallucinations at night where old, haggard people came into his room. They had the faces of his brother and "Gabriel" (the devil). He described olfactory hallucinations as smell "damp", which reminded him of the woods (where some of the past sexual abuse took place) and tactile (touch) hallucinations.

He described having dissociative experiences especially when triggers reminded him of the past significant trauma, this resulted in him engaging in behaviours as driving cars to avoid experiencing distressing thoughts.

Mr Shaw denied having any self-harm thoughts and further denied any thoughts of harm towards others. He was aware of his surroundings appeared lucid but displayed variable concentration during the interview. Regarding his insight, Mr Shaw displayed display some insight and recognized that he had been mentally unwell for some time.

My Impression
Mr Shaw has a long history of contact with psychiatric services, currently he is subject to Section 52M Criminal Procedures (Scotland) Act 1995 as amended by (Care and Treatment) (Scotland) Act 2003.

He is suffering from symptoms of Post Traumatic Stress disorder with complex trauma in the form of flashbacks, nightmares, agitation, anxiety secondary to physical emotional and sexual abuse in formative years. He exhibits dissociative experiences and coped by driving cars as a means of escapism and this coincided with his account of hiding in his brother's car to escape from alleged sexual abuse when he was very young. He exhibits features of Emotionally

Unstable Personality Disorder with psychotic symptoms in the form of auditory olfactory, visual and tactile hallucinations and feelings of paranoia. I believe the psychotic symptoms when less pronounced allows him to function to a reasonable degree in the community but when acutely distressed with symptoms of trauma, the symptoms take on the shape of acute psychosis.

Fitness to Stand Trial

Mr Shaw has some understanding of the charges but he still remains preoccupied with his past abuse and continues to experience symptoms of mental illness. He struggled to process the information during the interview and often required prompting and repetition of questions to aid his understanding. His concentration and attention though improved still showed substantial deficits as he remained troubled by his past.

Mr Shaw continues to require care and treatment in a hospital setting and I am of the view, that over the five months since his admission, there has been some improvement in his mental health. Mr Shaw can communicate in interviews I am of the view that he can instruct his lawyer but has difficulties in concentration, processing information, preoccupation and symptoms of PTSD and hallucinations meant that he is not able to follow or participate effectively in the court proceedings. In my opinion Mr Shaw is unfit to stand trial at this stage.

I respectfully recommend to the Court to proceed with the Examination Of Facts in his absence and establish their findings as a result.

Criminal Responsibility

It is very likely that around the time of the index offences, Mr Shaw had dissociative experiences secondary to PTSD and found escapism from the past trauma by driving cars despite being disqualified. Following the reports from nursing staff, his RMO Dr Campbell and interviews with him, it has become clearer that Mr Shaw appeared mentally unwell with symptoms of PTSD around the time of the offences, also evident by medical records from hospitals. As explained when younger he hid in cars to escape from the alleged sexual abuse, and later drove cars to reduce distress associated with flashbacks and trauma. In my opinion, and on balance of probabilities, Mr Shaw was not criminally responsible for these offences as he was unable to appreciate the nature and wrongfulness of his conduct around the time of offences.

Conclusions and Recommendations

1. Mr Shaw's suffers from a mental disorder as defined by the Mental Health (Care and Treatment) (Scotland) Act 2003. His main diagnosis is complex trauma as Post traumatic Stress disorder with flashbacks, nightmares and olfactory hallucinations along with dissociative experience. He has an established diagnosis of emotionally unstable personality disorder with quasi psychotic experiences, emotional dysregulation low mood, feelings of abandonment, rejection and worthlessness along with self-harm thoughts. He is of normal intellect although an IQ was not formally undertaken.

2. Medical treatment is likely to elevate the symptoms and effects of the disorder and prevent the worsening of mental disorder, Mr Shaw has been commenced on oral psychotic medications and additionally he has required discretionary anti-psychotic medications to help reduce his distress. His medications are getting optimized and further changes are likely according to the response. He is managed by the skilled nursing staff who keep him safe and give him reassurance on the ward.

   He has embarked on psychological treatment and is in the early stages of psychological intervention which he has found beneficial. In the longer term this substantial piece of work would continue as psychoeducation, CBT for psychosis and further trauma informed work, on ward and additionally there will be input from Occupational therapist and social worker as he progresses in his care plan.

3. If Mr Shaw was not provided with medical treatment there would be a significant risk to his health, safety and welfare and to the safety of others.

   Mr Shaw has accrued numerous motoring offences, some of which seem serious, he had driven cars when he was disqualified, been involved in driving accidents and has engaged in reckless behaviour which could have put others at risk due to his dangerous driving. The risk seems to be directly related to his deteriorating mental health, in addition in the past and more recently in prison setting, Mr Shaw had made numerous self-harm attempts and attempted suicide. It is my view that medical treatment would reduce the significant risk to his health and safety and to the safety of others.

4. I respectfully recommend to the court that Mr Shaw be made subject to a Hospital based Compulsion Order 57 (A)under The Criminal Procedures (Scotland) Act 1995 as by Care and Treatment (Scotland) Act 2003. The legal tests are met above. This is necessary at this stage, Mr Shaw requires ongoing detention in a hospital setting to manage his risks. He requires medical treatment for a considerable period of time in an inpatient setting given that he has only responded slightly to treatment. A bed remains available for Mr Shaw at Beckford Lodge while Dr Isobel Campbell Consultant Forensic Psychiatrist will remain his RMO and will continue to provide treatment.

5. Mr Shaw does not require treatment in a high secure hospital. Mr Shaw lacks criminal responsibility for his offences. Please refer to the section above with this heading

Please do not hesitate to contact me should you require any further information.

Yours sincerely

Dr Ayesha Raja
Consultant Forensic Psychiatrist

NHS Lanarkshire

Lanarkshire Forensic Mental Health Service

Iona / Gigha Wards
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Date Dictated: 06/05/2021
Date Typed: 07/05/2021
Ref: IC/GG
CHI: 2104673933

Ms C Wallace
Procurator Fiscal Depute
Glasgow Procurator Fiscals Office
10 Ballater Street
Glasgow
G5 9PS

Dear Ms Wallace

Name: **Andrew Martin Shaw**
DOB: **21/04/1967**
Address: **c/o Iona Ward, Beckford Lodge, Caird Street, Hamilton, ML3 0LA**
SCS Case No: **SCS/2020-097347**
Local Case No: **GLW-2020-013310**
Incitement Ref: **GG2000-9905**

SUPPLEMENTARY PSYCHIATRIC REPORT FOLLLOWING THE MAKING OF A SECTION 52(M)TREATMENT ORDER

State of Mind at the Time of the Alleged Offences

Mr Shaw has consistently indicated that he has no memory of the events of 10/08/2020. However, from the information available in the summary of evidence and from the discharge letter of 01/10/2020 by Dr Henderson I am satisfied that Mr Shaw has a Section 51(A) defence.

He was admitted to Queen Elizabeth University Hospital following the accident because he had fractured his ankle. He was floridly psychotic. He was treated with appropriate drugs for withdrawal symptoms but his psychotic symptoms were not alleviated. He was assessed as too psychotic to participate in a court appearance 25/08/2020 and subsequently was admitted to Hairmyres Psychiatric unit where he again presented as psychotic.

He had voluntarily taken substances, but this in my professional opinion was a maladaptive coping strategy to deal with his overwhelming and very distressing psychotic symptoms.

NHS Lanarkshire

Regarding the alleged offences of 15/11/2021, I unfortunately have a page missing from the summary of evidence. However, I have now obtained information regarding his presentation in Queen Elizabeth University Hospital on 15/11/2020. He was admitted because of what is termed, "Mod mental Retardation Signif impairment of Behav Req Attention/treatment ". The very brief discharge letter refers to hallucinations in the form of voices telling him to hurt himself or staff. The police summary indicates he was aggressive. He was assessed by addiction liaison services and by psychiatry services. Urine toxicology was positive for alcohol and cocaine. CT of head was normal.

He was prescribed Dihydrocodeine for pain and a small dose of Diazepam. The diagnosis was that his symptoms were likely due to drug withdrawal but follow up was recommended by community mental health services. This was communicated to his GP. He remained in hospital until 21/11/2020 and was remanded in custody on 23/11/2020. He attempted to hang himself on 11/12/2020 and when assessed by Dr Melanie Baker Consultant Forensic Psychiatrist on 15/12/2020, he appeared floridly psychotic.

He remained overwhelmed by hallucinations at the time of his admission to Beckford Lodge on 25/01/2021. He had been subject to Special Observations in HMP Barlinnie, and therefore would not have been able to access substances there.

During his stay in Beckford lodge, he has continued to experience abnormal perceptions despite regular antipsychotic medication and psychological treatment. Mr Shaw himself has consistently indicated that he cannot remember the events of 15/11/2020. On balance of probability it therefore appears likely that his mental state at the time of the alleged offences of November 2020 was such that a Section 51(A) defence is available to him.

Conclusions and Recommendations

1. Andrew Shaw is suffering from mental disorder as defined in the Mental Health (Care and Treatment) (Scotland) Act 2003. He has a very significant trauma history and his presentation is best understood in that context. He suffers from emotionally unstable personality disorder but throughout his adult life, has experienced abnormal perceptions in the form of auditory, visual and tactile hallucinations. The auditory hallucinations are always present but when he is under pressure or his mood is low he becomes floridly psychotic and is overwhelmed by these experiences. Presently he continues to display clear symptoms of psychosis. He suffers from both mental illness and personality disorder.

2. Medical treatment is available which is likely to alleviate symptoms or effects of the disorder, or prevent a worsening of the mental disorder. Antipsychotic medication, careful nursing supervision and input from the Clinical Psychologist in the multi-disciplinary team have already lessened the severity of the symptoms and effects of Mr Shaw's mental disorder. However, he remains significantly unwell and further treatment is necessary to decrease his distressing symptoms and lessen the effects of his mental disorder.

NHS Lanarkshire

3. In my professional opinion there would be a significant risk to his health, safety or welfare, or to the safety of others if treatment were not provided. Andrew Shaw has a history of serious suicide attempts in the past, which have been potentially lethal. The most recent was an attempted hanging on 11/12/20. There is a link between these suicide attempts and his mental disorder. He has a history of non-compliance with medical treatment in the community with an adverse effect on his mental health. He is currently charged with serious road traffic offences and there is a clear link between these and his current mental health problems.

4. Mr Shaw in my professional opinion remains medically unfit to stand trial. His mental state overall is more stable and he is now capable of instructing his solicitor. However, he would struggle to attend and concentrate during a trial process. When he becomes stressed he is likely to become extremely agitated, and overwhelmed by hallucinations. He also sees peoples' faces change and voices change to become demonic. He believes that "THEY" i.e. the sources of his hallucinatory voices (who he is convinced are real) cause these alterations in peoples' appearance and voices. In that state he would be unable to follow a trial process.

5. I therefore respectfully recommend that the Court considers proceeding to an Examination of Facts and imposing a Temporary Compulsion Order in terms of Section 54 (1)(c). I confirm a bed will remain available for Mr Shaw in Iona Ward.

6. If, following an EOF the Court is satisfied that Mr Shaw carried out the alleged offences (albeit while in a highly abnormal state of mind) I respectfully recommend that a Compulsion Order is imposed. In my professional opinion the complex package of mental health treatment proposed represents the best opportunity to reduce the risk of Mr Shaw's future reoffending. As indicated in the report of 26/04/2021 driving for him represents a maladaptive coping mechanism. In his own description he describes the relief he obtains from being in a car, and in particular how the voices, which otherwise torment him, cease. I have with his permission attached the Psychological Report from Dr Caroline Brodie Clinical Psychologist which explains in detail the links between his mental disorder and his offending.

7. I therefore respectfully recommend to the Court a Compulsion Order in terms of Section 57(A) of the Criminal Procedure (Scotland) Act as amended is imposed. There is no viable alternative to enable the giving of the complex package of care Mr Shaw requires to address his severe and long standing mental health problems. Therefore, treatment under a Compulsion Order is necessary. He has not cooperated with mental health services in the community when an informal patient.

8. The package of medical treatment proposed for Mr Shaw includes antipsychotic medication, intensive nursing care and psychological treatment. He has successfully engaged in Safety and Stabilisation sessions and the next stage of psychological input will be Psychoeducation to help him understand and better manage his hallucinatory experiences. If he successfully copes with that without any decompensation in his mental health, Dr Caroline Brodie the Clinical Psychologist in Beckford Lodge would then start on trauma informed CBT for psychosis treatment. This psychological work is likely to be challenging for Mr Shaw and could most safely be delivered while he is an inpatient and has the support of the clinical team readily accessible.

NHS Lanarkshire

9. In the event that Mr Shaw is made subject to a Temporary Compulsion Order or a Compulsion Order, I can confirm that a bed will be made available for him in Iona Ward, Beckford Lodge. I will remain his Responsible Medical Officer. Dr Ayesha Raja, Consultant Forensic Psychiatrist has kindly agreed to provide the second medical report. I have consulted with his MHO Claire McCarrison who supports the recommendation for a Compulsion Order.

I am not related to Andrew Shaw, nor do I have any pecuniary interest in the outcome of his case. I declare on soul and conscience that this is a true report.

Yours faithfully

Isobel Campbell.

Dr Isobel H. Campbell
Locum Consultant Forensic Psychiatrist
MBChB., MPhil., FRCPsych.

Social Circumstances Report
Mr Andrew Martin Shaw
DOB: 21 April 1967
CHI: 2104673933

SOCIAL CIRCUMSTANCES REPORT IN RESPECT OF MR ANDEW M SHAW UNDER SECTION 52D OF THE CRIMINAL PROCEDURE (SCOT) ACT 1995.

The purpose of this report is in relation to statutory duties in respect of Mr Andrew Shaw. Mr Shaw is currently subject to an Assessment Order under the above legislation and currently resides in NHS Beckford Lodge.

Basis of report

This report is based on the following:

- Interview with patient, Mr Shaw, on 5 February 2021.
- Discussion with Responsible Medical Officer, Dr. Isobel Campbell on 5 February 2021.
- Consultation of existing social work records.
- Discussion with nursing staff at Iona Ward, Beckford Lodge on 5 and 12 February 2021.
- Consultation of medical records held at NHS Beckford Lodge.
- Liaison with medical staff at HMP Barlinnie on 4 February 2021.

Circumstances leading to Assessment Order

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 2023 and later convicted of the above offences at Glasgow Sheriff Court on 1 December 2020.

Mr Shaw was noted by medical staff at HMP Barlinnie as presenting with suicidality, paranoia (believing his food was being poisoned) and refused to leave his cell. Mr Shaw was initially assessed on 8 December 2020 by Forensic Psychiatrist, Dr Melanie Baker and was noted to appear distracted, expressing persecutory delusions of being poisoned and refusal to accept medication. At that juncture it was noted by Dr Baker that Mr Shaw did not present with suicidal intent and so arranged to review him the following week. On 11 December, Mr Shaw made a suicide attempt by use of a ligature. Following on, Mr Shaw was subject to Talk to Me legislation and was reviewed on a thirty-minute rotation to ensure his safety. Dr

Baker assessed Mr Shaw as requiring transfer to a hospital environment due to his declining mental state, however, the transition was delayed due to an outbreak of positive Covid-19 cases on the wards within NHS Beckford Lodge. Dr Baker continued to review Mr Shaw's presentation regularly whilst he awaited transfer to the low secure hospital.

The Assessment Order was made by the 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.

Mr Shaw's views regarding the Assessment Order

The writer met with Mr Shaw at NHS Beckford Lodge on 5 February 2021. Mr Shaw advised that he wanted to get better having been affected by poor mental health most of his life and felt that this would be his last opportunity to do so as his Responsible Medical Officer, Dr Campbell would be leaving again soon. Mr Shaw appeared to hold Dr Campbell in high regard and advised the writer that he trusted that she knew him well and would therefore know the correct treatment plan for him. Mr Shaw appeared to have some level of understanding that he is subject to the above legislation and how this was implemented to transfer him to hospital.

Mr Shaw has been made aware of his right to advocacy and legal services. Mr Shaw has instructed his solicitor to act on his behalf and maintains a good level of contact. At the time of writing, Mr Shaw has not nominated a named person nor completed an advanced statement.

Personal history

Mr Shaw presented as very anxious and advised the writer that he found it difficult to meet and talk to new people. However, Mr Shaw agreed to answer the writer's questions. Mr Shaw advised that he has been unwell for a number of years and wanted to get better, he made gestures with his hands at each ear to imply he heard talking whilst stating that he had 'had enough' of hearing the voices and wanted it to stop. Mr Shaw became very distressed and tearful throughout the discussion and expressed that he found living with his symptoms too difficult to endure at times.

Mr Shaw was very withdrawn and stated it was difficult to recall aspects of his personal history, and so much of the following information is derived from existing social work reports.

Reports indicate Mr Shaw was born and raised in the Hamilton area of South Lanarkshire and is the youngest of four brothers. Mr Shaw witnessed his mother die of a heart attack in 1979,

when he was around 8 years old. Mr Shaw previously reported to Mental Health Officer, Ms Ann Marie Cain that his father was unable to cope with the death of his wife and resorted to alcohol misuse. Existing records allude to this traumatic experience having impacted negatively on Mr Shaw's ability to cope with stressful situations.

Records held by South Lanarkshire and Glasgow City Council indicate that Mr Shaw was sexually abused by one of his elder brothers and was subsequently referred to the Children's Hearing system and placed in care of a Church of Scotland residential home. There is little information regarding Mr Shaw's educational history, it is reported that he attended Glenlee Primary in Burnbank, Hamilton before transferring to Geilsland, a residential school, around the age of twelve. Mr Shaw left school aged sixteen with no formal qualifications.

Reports highlight that Mr Shaw's father experienced a brain haemorrhage in 1990. It is reported that Mr Shaw found his father at home lying in an unconscious state. Mr Shaw's father was left paralyzed and unable to communicate. Mr Shaw senior died in 2003 and this is alleged to have had a further traumatic effect on Mr Shaw's ability to cope in the community.

Mr Shaw advised that writer that he has limited contact with his family, he advised that he previously travelled to Belfast to visit one of his brother's, however, was very vague in terms of details of said trip and did not identify which brother. Mr Shaw further advised that he has friends, specifically, Gerry, but does not have regular contact as he does not like to talk, and so he tends to lose contact with friends.

Mr Shaw further advised that he resides in the East Kilbride area of South Lanarkshire having moved there around 2016 from Glasgow.

Offending history

Mr Shaw has an extensive forensic history of upward of fifty charges relating to recidivistic motor vehicle crime and associated offending. In addition, Mr Shaw has two separate convictions of assault, one to sever injury and permanent disfigurement.

The majority of these offences are Road Traffic related; theft of motor vehicles, driving without a license or insurance, driving whilst banned, forgery and counterfeiting, attempts to pervert the course of justice, reset, breach of the peace, fraud, breach of bail and criminal law consolidation 1995 offences. In addition, Mr Shaw has charges of house breaking and theft by opening lock-fast places. All of the above relates to Mr Shaw's convictions as an adult, however, historical records indicate Mr Shaw was involved in car theft dating back to when he was eleven years old.

Social Circumstances Report
Mr Andrew Martin Shaw
DOB: 21 April 1967
CHI: 2104673933

It is noted within existing social work reports compiled by Mental Health Officer, Ms Anne Marie Cain, that Mr Shaw reported he felt compelled to steal cars and found some comfort and control when he did so. A previously allocated Mental Health Officer, Mr John Romano from Glasgow City Council Social Work, reported in 2010 that the then multi-disciplinary team considered that in times of stress, Mr Shaw would act impulsively, stealing cars and drive around in them. Mr Shaw advised the writer that he does not know why he commits such offences and does not understand what purpose it serves.

Current mental health

Mr Shaw was transferred to NHS Beckford Lodge on 25 January 2021. Nursing staff in the Iona ward report that Mr Shaw presents with voiced paranoid ideation of a persecutory nature and abnormal auditory perception and is assessed as potentially posing to a risk to himself and others. Mr Shaw can present as both withdrawn and hypervigilant and appears to seek the support of specific nursing staff members to have his needs met. Initially after transfer, Mr Shaw expressed paranoid ideation in regard to food and medication, however, this has waned, and he is more receptive to support and care. Mr Shaw is prescribed 2 ml of Risperidone and 1-2ml of Lorazepam daily.

RMO, Dr Campbell advised the writer that she has manged Mr Shaw's care in the past and therefore has a good level of understanding of his mental state and current circumstances. Dr Campbell reports that Mr Shaw presents with psychosis, and religious delusions about experiencing stigmata and that God has spoken to him advising that Dr Campbell would return to help him. Dr Campbell acknowledged that Mr Shaw has an idealised view of her and associates this to his above noted symptoms.

An update was provided by nursing staff in Iona ward on 12 February 2021. Mr Shaw remains on 1:1 enhanced observation due to continued concerns regarding his impulsivity and possible suicidality. However, Mr Shaw appears more settled and is accepting of continued care and treatment.

Mr Shaw requires to remain under the care of Dr Campbell in an acute psychiatric low secure hospital to receive appropriate care and treatment. Whilst Mr Shaw is agreement with his current care plan, there is a history of non-concurrence and he lacks insight into his mental health needs at this time.

Psychiatric history

Mr Shaw has an extensive history of contact with Psychiatric Services, dating back to 1997, when Mr Shaw was transferred from HMP Barlinnie to NHS Hartwoodhill Hospital. Reports

indicate prison staff were concerned as Mr Shaw had become withdrawn, paranoid and was refusing to eat. He was experiencing delusions and believed that his meals had been poisoned.

Mr Shaw remained in Hartwoodhill Hospital for a period of eight months prior to discharge with out-patient contact following at Dykebar Hospital, Paisley. Consultant Forensic Psychiatrist, Dr Campbell, oversaw Mr Shaw's care until 2002. Dr. Campbell took the role of Consultant Psychiatrist at the State Hospital, Carstairs at that juncture.

Historical reports dating back to this period indicate that no formal diagnosis was provided in respect of Mr Shaw, however, note that trauma and wider environmental factors were the main cause of Mr Shaw's mental health issues. It was further noted that Mr Shaw had a general mistrust of other people. Historical reports indicate that Mr Shaw failed to attend out-patient appointments following Dr Campbell's departure; Mr Shaw reportedly evaded Psychiatry Services until 2005.

In 2005, Mr Shaw again came to the attention of Psychiatric Services. Mr Shaw was serving a fifteen-month sentence for vehicle related offences at HMP Barlinnie. Mr Shaw was assessed by the visiting psychiatrist after complaining of poor sleep, low mood, and hearing voices. He was prescribed anti-depressant medication, Mirtazapine and Venlafaxine. Records indicate that these medicines had no apparent therapeutic effect.

It was later reported that Mr Shaw was released from HMP Barlinnie in June 2006 with an offer of following appointments with Forensic Services. On release from prison, Mr Shaw was referred to Dr Baker in August 2006. Records indicate that Dr Baker was of the opinion that Mr Shaw may have been experiencing psychotic symptoms. Mr Shaw had not been compliant with his medication and his mental health was noted to be deteriorating. Mr Shaw was advised that admission into Gartnavel Hospital for a full assessment would be in his best interest, however, he did not attend the hospital as arranged. Following on, Mr Shaw was seen by a Mental Health Officer with a view to a detention in hospital, however, it was considered that Mr Shaw was not detainable at that time.

Between 2006 and 2007, Mr Shaw attended Dr Baker's clinic. Due to poor compliance with oral medication, Mr Shaw was commenced on a depo injection of Risperdal Consta; he showed a slight improvement when the dosage was increased. Records noted that in 2007, Mr Shaw continued to complain of auditory hallucinations and stated that his medication was having very little effect. Mr Shaw's attendance at the out-patient clinic was noted to be erratic. In May 2007, Mr Shaw was reviewed by Dr Lawrence Tuddenham, a specialist registrar in Forensic Psychiatry. Mr Shaw reported that his medication was ineffectual, and so Dr Tuddenham agreed to a change to Flupentixol Decanoate depot injection. Mr Shaw was also offered a prescription of Propranolol in order to help alleviate the symptoms of anxiety. Mr Shaw accepted his prescribed depo injection, however refused the medication to deal with his anxiety.

Social Circumstances Report
Mr Andrew Martin Shaw
DOB: 21 April 1967
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Follow-up appointments were offered to Mr Shaw at Douglas Inch Clinic in Glasgow under the care of, Consultant Forensic Psychiatrist, Dr John Baird. The working diagnosis at that juncture was described as post-traumatic stress disorder. Mr Shaw continued with his medical appointments with Dr Baird until February 2008. In February 2008, Mr Shaw was returned to HMP Barlinnie for a six-month period resulting from further Road Traffic offences. Reviews by visiting Psychiatrists at the prison and records, indicate that his mental health remained stable throughout this period of incarceration.

Mr Shaw was released from HMP Barlinnie in April 2008 and moved to Darnley Road, Cumbernauld where he resided with a family member. During his period in Cumbernauld, Mr Shaw was supported by Community Psychiatric Nurses until October 2008 when the house in Cumbernauld was found to be vacant. Mr Shaw was traced to his home in Thornwood Crescent, Partick and he was visited at his home. Mr Shaw failed to engage with Psychiatric Services, and he was discharged from the service at the end of January 2009.

Existing records show that it has proven difficult to gain an accurate diagnosis in respect of Mr Shaw's symptoms and presentation. There was a consensus that Mr Shaw had a borderline personality disorder with emotionally unstable traits and periods when psychotic elements have been evident. Such psychotic episodes were short lived and was highlighted to possibly be as a result of illicit drug misuse. During previous interviews with professionals, Mr Shaw has alluded to illicit drug use.

Mr Shaw has at times been diagnosed with depression and has been treated with appropriate medication. Dr Baird had diagnosed Mr Shaw with post-traumatic stress disorder and also identified mental instability. Historical medical notes express the opinion that Mr Shaw's behaviour and car related offences may have a link to post-traumatic life events.

Physical health

Mr Shaw is deemed pre-diabetic given his level of obesity. Whilst in NHS Beckford Lodge, Mr Shaw was assessed by a dentist and found to have a fractured tooth, he accepted treatment and does not have any further dental pain. Notwithstanding the above, Mr Shaw presents in good overall health with no enduring physical conditions that require ongoing treatment.

History of substance misuse

Mr Shaw advised that writer that he does not drink alcohol nor use illicit substances. However, historical records indicate Mr Shaw has disclosed previous use of narcotics and benzodiazepines.

Social Circumstances Report
Mr Andrew Martin Shaw
DOB: 21 April 1967
CHI: 2104673933

Summary

Mr Shaw is a fifty-three-year-old man who has experienced significant trauma and loss throughout his childhood years and resided within both a Church of Scotland home and residential school until the age of sixteen. Mr Shaw has a long history of recidivistic motor vehicle crime and associated offending which is believed to have begun when he was as young as eleven-years-old.

Mr Shaw was historically diagnosed with post-traumatic stress disorder and borderline personality disorder and at different stages has presented with symptoms associated with psychosis. Over the years, Mr Shaw has been admitted to psychiatric wards for assessment and treatment and prescribed anti-psychotic medication in the form of a depot injection. In addition to this, Mr Shaw has been prescribed anti-depressants and mood stabilizers. Mr Shaw has a history of non-compliance with his care plan and has previously ceased taking medication via depot injection, despite necessitating the prescription. Thus, resulting in a deterioration of his mental health. It is noteworthy to add that there appears to be a correlation between Mr Shaw's periods of mental instability and an increase in re-offending.

Mr Shaw was transferred to NHS Beckford Lodge on 25 January 2021 under Section 52D of the Criminal Justice (Scotland) Act 1995 following assessment by Dr Baker. Mr Shaw was presenting with suicidality and psychosis whilst imprisoned in HMP Barlinnie and made a suicide attempt by use of a ligature. Following transfer to NHS Beckford Lodge, Mr Shaw has voiced paranoid ideation of a persecutory nature and abnormal auditory perception and is assessed as potentially posing to a risk to himself and others.

The writer is satisfied that the transfer to hospital under the above legislation was appropriate. Mr Shaw has a long history of psychiatric involvement and his current presentation of mental illness appears credible. Mr Shaw will benefit from the period of assessment in hospital where his mental state can be fully assessed.

Claire McCarrison
Mental Health Officer

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

Extend a Compulsion Order

Following first mandatory review

CO1 | **Part A Application**

This box is for the use of the Mental Health Tribunal for Scotland only

Instructions

v7.0

The following form is to be used:

where the RMO has undertaken the ***FIRST*** review of a compulsion order and considers that it should be extended without variation. For subsequent reviews, form CTO3a should be used to extend the order without variation.

Where the RMO wishes to extend ***AND*** vary the order, form CTO4 should be used.

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

2	5		M	A	R	K	E	T		S	T

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: 2 1 0 4 6 7 3 9 3 3

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
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: Record of First 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.: 01698456215

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

Approved under section 22 of the Act by:

Health Board: **NHS** FORTH VALLEY

Part 1: Record of First Review(cont) **To be completed by RMO**

Compulsion Order Details

The 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 / 11 / 2021

The patient is detained in / under the care of:

Hospital: BECKFORD LODGE

Ward: IONA WARD

Examination Details

The patient was examined on - Date 26 / 10 / 2021

Complete A or B as appropriate

A ● I, the RMO named above, examined the patient as part of the first 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 the first mandatory review.. The patient was examined by -

Surname

First Name

GMC Number

Hospital

Ward / Clinic

Health Board

Part 1: Record of First Review (cont) — **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.

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.

2	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.

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

3	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 ahllucinatory 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 believe, for the reasons stated below, that compulsory powers continue to be required, and that the patient cannot be treated on a voluntary basis

4	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.

Part 1: Record of First Review (cont)

To be completed by RMO

Measures currently authorised

Please indicate which compulsory measures were authorised within the original compulsion order

- (a) The patient's detention in a specified hospital.
- (b) Giving the patient medical treatment in accordance with Part 16 of Act.
- (c) Requiring the patient to attend on: specified or directed dates; or at specified or directed intervals, specified or directed places with a view to receiving medical treatment (including associated travel where appropriate).
- (d) Requiring the patient to attend on: specified or directed dates; or at specified or directed intervals, specified or directed places with a view to receiving community care services, relevant services or any treatment care or service (including associated travel where appropriate).
- (e) Requiring the patient to reside at a specified place.
- (f) Requiring the patient to allow any of the following parties to visit the patient in the place where the patient resides. Those parties are; the patient's MHO, the patient's RMO, or any person responsible for providing medical treatment, community care services, relevant services or any treatment, care or services to the patient who is authorised for this purpose by the patient's RMO.
- (g) Requiring the patient to obtain the approval of the MHO to any proposed change of address.
- (h) Requiring the patient to inform the mental health officer of any change of address before the change of address takes effect.

Other Relevant Information

Any other information relevant to this section 149 application

5	

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: Claire.McCarrison@southlanarkshire.gov.uk

Local Authority: SOUTH LANARKSHIRE

eg Glasgow City, City of Edinburgh, Highland, Scottish Borders, etc (the word "council" can be omitted)

Before making this application to extend the order, I gave notice to the patient's MHO of my intention to make this application on:

Date 26 / 10 / 2021

To be completed by RMO

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

The MHO should complete A before the RMO signs page 13 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 aforementioned MHO,

- ◉ agree with this application to extend the order
- ○ disagree with this application to extend for the following reasons:

6	

Signed by MHO: O Mclaren

Date dd / mm / yyyy: 04 / 11 / 2021

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

The aforementioned MHO,

- ◉ agrees with this application to extend the order
- ○ disagrees with this application to extend for the following reasons:

6a	

OR

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

To be completed by RMO

Consultation With Other Persons

In advance of making the section 149 application, I have consulted with, and considered the views of, certain persons with respect to the application. These persons are:

- ◉ the patient's MHO and, (if applicable), others I consider 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 service of the kind set out in the patient's care plan
- ○ other persons I considered appropriate, as detailed below:

7	

Named Person Details

- ◉ The patient does not have a named person
- ○ The patient does have a named person - detailed below

Surname

First Name

Title

Address

Postcode

Telephone

Advance Statement

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

If the patient has an advance statement, please ensure it is enclosed with this application.

To be completed by RMO

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.

"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 Others Relevant to the Application

Please provide the names and addresses of others who may be relevant to this application, 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 the hearing.

To be completed by RMO

Primary Carer, Advocacy Worker, Welfare Attorney, Welfare Guardian

Curator Ad Litem

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

Signature / Date

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, 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 compulsory measures specified in the order.

I hereby confirm that I am making an application to extend this compulsion order by 6 months.

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

Signed
by patient's RMO

Date
dd / mm / yyyy 04 / 11 / 2021

Name, address, telephone number and email address of contact at Medical Records

Admin Department, Beckford Lodge, Caird Street, Hamilton, ML3 0AL. Tel: 01698 456215.
Email: admin.beckfordlodge@lanarkshire.scot.nhs.uk

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

Determination to Extend a CTO or CO

Section 86 / Section 152 determination following mandatory review

FILE COPY

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

Gender ● Male ○ Female

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

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.: 01698456215

e-mail address:

Approved under section 22 of the Act by:

Health Board: **NHS** FORTH VALLEY

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 / 11 / 2021

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 26 / 10 / 2021

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 20 • 00
Personality disorder	◉ Yes	○ No	F 60 • 03
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 acutley 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 treartment resistance and a failed attempt to stabilise him on clozapine. He is currently on risperidal consta intra-muscular depot and oral haloperidol. 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 has 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 occupational therapy but has so far declined this due to being too unwell and 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 of physical health complications as a result of his poor self-care and neglect. Additionally 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 due to dangerous driving. He was placed on his Compulsion Order as a result of these charges and has absconded from the ward to commit similar offences which are still in process at present. This behaviour if left untreated could lead to serious 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 engagment 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 Sahw would abscond, disengage and comit 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: Claire.McCarrison@southlanarkshire.gov.

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: 26 / 10 / 2021

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: C M'Lamm

Date dd / mm / yyyy: 29 / 10 / 2021

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

○ 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 29 / 10 / 2021

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

Implementation of measures to restrict the use of telephones

RES 3

Instructions

The following form is to be used:

where the patient's RMO has restricted or prohibited the patient's use of a telephone under section 284 of the Act.

Note: this notification will supersede ALL previous telephone restriction notifications relating to the patient detailed below

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

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

Other / Known As:

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

Title: MR

DoB: 21 / 04 / 1967

Gender: ◉ Male ○ Female

I confirm that the patient is detained under the care of:

Hospital: BECKFORD LODGE

Ward / Clinic: IONA WARD

RMO Details

Surname: STEVEN

First Name: LAURA

Title: DOCTOR

Hospital: BECKFORD LODGE

Ward / Clinic (If appropriate): IONA

Telephone No.: 01698456215

e-mail address:

Approved under section 22 of the Act by:

Health Board: NHS LANARKSHIRE

To be completed by the Hospital Managers

Notifications

Notification to patient *(shade as appropriate)*

◉ I informed the patient of the prohibition or restriction of the use of telephones, OR

○ I did not inform the patient as the RMO believed it would be prejudicial to the patient's health or treatment

Notification to others

Regulations require that the patient's named person and the Mental Welfare Commission be informed of the prohibition or restriction of the use of telephones

Completed by:

Surname	GEMMELL
First Name	GILLIAN
Job Title	MEDICAL SECRETARY
Signature	G. Gemmell
Date	09 / 08 / 2021

NHS Lanarkshire

Lanarkshire Forensic Mental Health Service

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

Date:	23rd July 2021
Our Ref:	LS/RW
CHI No:	2104673933
Enquiries to:	Admin. Staff
Direct Line:	01698 456215
Fax No:	01698 456217

Mental Welfare Commission for Scotland
Thistle House
91 Haymarket Terrace
EDINBURGH
EH12 5HE

To Whom It May Concern

Dear Sir / Madam

ANDREW SHAW, C/O IONA WARD, BECKFORD LODGE, HAMILTON
DOB: 21/04/67

It is important that the above named patient is made subject to the measures outlined in the RES1 form, namely safety and security in hospitals, for the following reasons.

- Mr Shaw has recently tried to commit suicide and he is still deemed to be a suicide risk.
- Mr Shaw has a past history of violence.

The patient has been advised of his right to appeal against these measures, and also his right to seek legal representation in relation to being deemed to be a Specified Person in terms of the Mental Health (Care and Treatment) (Scotland) Act 2003.

Yours sincerely

Dr Laura Steven
Consultant Forensic Psychiatrist

Health & Social Care North Lanarkshire

NORTH LANARKSHIRE COUNCIL

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

Notification to the Mental Welfare Commission of the designation of a specified person

RES 1

Instructions

The following form is to be used:

to notify the Mental Welfare Commission of the designation of a specified person, in relation to restriction of correspondence, telephones, or other measures taken to ensure safety and security in hospitals. This notification is NOT required for patients in the State Hospital or the Orchard Clinic in relation to the implementation of safety and security measures.

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 -> ⊗ ✓

Patient Details

CHI Number: 2104673933

Surname: SHAW

First Name(s): ANDREW

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

The patient is detained under the care of:

Hospital: BECKFORD LODGE

Ward / Clinic: IONA WARD

RMO Details

The patient's RMO is:

Surname: STEVEN

First Name: LAURA

Title: DOCTOR

GMC Number: 6157078

Hospital: BECKFORD LODGE

Ward / Clininc (if appropriate): IONA WARD

Approved under section 22 of the Act by:

Health Board: NHS FORTH VALLEY

Declaration of Specified Person

The patient's RMO designated the patient as a specified person on: Date dd / mm / yyyy 23 / 07 / 2021

The designation as a specified person is in relation to:

- ○ Correspondence
- ○ Use of Telephones
- ◉ Safety and Security in Hospitals

◉ The patient has been notified that s/he has been designated as a specified person; or

○ it was the opinion of the RMO that it would be prejudicial to the patient's health or treatment to notify the patient that s/he has been designated as a specified person.

Personal Details

Notification completed by:

Surname: WRATTEN

First Name: RHONA

Job Title: MEDICAL SECRETARY

Signed: Rhona Wratten

Date dd / mm / yyyy: 23 / 07 / 2021

The Mental Health (Care and Treatment) (Scotland) Act 2003 / The Criminal Procedure (Scotland) Act 1995

Admission of Part 8 / Part 11 Patient

ADM1

Instructions

v7.0

The following form is to be used:

where a patient is admitted to the care of a hospital following the making of an assessment order, a treatment order, an interim compulsion order, a compulsion order, a compulsion order and a restriction order, a hospital direction, a transfer for treatment direction or a community payback order with a mental health treatment requirement.

Do not use this form:

following a transfer of a patient from another hospital where previously admitted under any of the above orders

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 record.

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 -> ⊗ ✓

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

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

Admission Details

Admission/Status Change date: 19 / 05 / 2021 from court / prison / hospital to the care of:

Hospital: BECKFORD LODGE

Ward / Clinic: IONA WARD

○ This is NOT the hospital specified within the order/direction

● The patient is being detained in the above named hospital

○ The patient is being treated in the community

The hospital named above is situated within:

Local Authority: SOUTH LANARKSHIRE

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

To be completed by the Hospital Managers

Order / Direction Details

The statutory provision under which the order or direction was made, is:

Patients with 'restricted' status although not subject to a restriction order

- ○ Assessment order (section 52D of the 1995 Act)
- ○ Extension to assessment order (section 52G of the 1995 Act)
- ○ Treatment order (section 52M of the 1995 Act)
- ○ Interim compulsion order (section 53(2) of the 1995 Act)
- ○ Extension to Interim compulsion order (Section 53B of the 1995 Act)
- ○ Hospital direction (section 59A of the 1995 Act)
- ○ Transfer for treatment direction (section 136 of the 2003 Act)

Patients subject to a restriction order

- ○ Compulsion order (section 57A (2)) and a restriction order (section 59 of the 1995 Act)
- ○ Compulsion order (section 57(2)(a)) and a restriction order (section 57(2)(b) of the 1995 Act)

Non-restricted patients

- ○ Committal to hospital (section 200 of the 1995 Act)
- ○ Temporary compulsion order (section 54(1)(c) of the 1995 Act)
- ○ Compulsion order (section 57(2)(a) of the 1995 Act)
- ● Compulsion order (section 57A (2) of the 1995 Act)
- ○ Community payback order (section 227A of the 1995 Act)

RMO Details

Surname: GIBB

First Name: ROBERT

Title: DOCTOR GMC No. 3121788

Hospital: BECKFORD LODGE

Ward / Clinic (If appropriate): IONA WARD

Telephone No.: 01698456215

e-mail address:

Approved under section 22 of the Act by:

Health Board **NHS** LANARKSHIRE

Signature / Date

● The hospital managers have fulfilled their obligations under section 260 of the Act.

Completed by: RHONA WRATTEN

Job Title: MEDICAL SECRETARY

Signed: Rhona Wratten

Date: 20 / 05 / 2021

A copy of this form **and the relevant order/direction** should be sent to the Mental Welfare Commission
Copies should also be sent to the Scottish Ministers for patients subject to a restriction order, or with restricted status

Under the Criminal Procedure (Scotland) Act, 1995
Section 57(2)(a)

Sheriff Court: GLASGOW
Sheriff:Gerard Considine
DATE: 19th May 2021
ACCUSED: ANDREW MARTIN SHAW
DATE OF BIRTH: 21/04/1967
OFFENCE(S)

SCS NO: SCS/2021-007035
LOCAL CASE NO: GLW/2021-000918
PF REF: GG20009905-003
POLICE REF: PSPGE02151120
SCRO NO: S539430/84J

1 -RTA0198801031B00-ROAD TRAFFIC ACT 1988 S103(1)(B)
2 -RTA0198801430105-ROAD TRAFFIC ACT 1988 S143(1)& (2)
3 -RTA0198801031B00-ROAD TRAFFIC ACT 1988 S103(1)(B)
4 -RTA0198801430105-ROAD TRAFFIC ACT 1988 S143(1)& (2)

The Court having Acquitted the accused from the charge(s) libelled and Stated that the acquittal is by reason of the special defence set out in terms of section 51A, all in terms of section 53E of the Criminal Procedure (Scotland) Act 1995,

THE COURT being satisfied on the written evidence of Dr Ayesha Raja a registered medical practitioner approved for the purpose by the NHS Lanarshire Health Board and Dr Isobel Campbell a registered medical practitioner employed at Beckford Lodge that both agree the accused has a mental disorder in the form:
Mental Illness, in terms of para. 328(1)(a)

of the Mental Health (Care and Treatment)(Scotland) Act 2003 and being satisfied that the conditions mentioned in section 57A(3) and 57A(5) of the Criminal Procedure (Scotland) Act 1995 are met, and that, having regard to the matters mentioned in Sections 57A(4) of the Criminal Procedure (Scotland) Act 1995, and having considered the Mental Health Officers Report produced in terms of section, it is appropriate:

Made a Compulsion Order in terms of Section 57A(2)(a) of the Criminal Procedure (Scotland) Act 1995, for a period of **6 months** from this date and in terms of thereof:

Ordered the detention of the accused in Beckford Lodge .
Granted Warrant to Officers of Law to convey the accused to said Hospital forthwith and authorised the giving of medical treatment to the Accused in accordance with Part 16 of the Mental Health (Care and Treatment) (Scotland) Act 2003.

Amanda Park
Clerk of Court

Copy Previous convictions/Social Enquiry/ Community Service/Psychiatric/Mental Health Officer's/Medical Reports and Copy Sex Offenders Notification of Registration Attached

Copy of Order and all related reports and documents to be scanned and sent by e-mail to RestrictedPatient@gov.scot marked 'Restricted– Medical'

Under the Criminal Procedure (Scotland) Act, 1995
Section 57(2)(a)

Sheriff Court: GLASGOW
Sheriff:Gerard Considine
DATE: 19th May 2021
ACCUSED: ANDREW MARTIN SHAW
DATE OF BIRTH: 21/04/1967
OFFENCE(S)

SCS NO: SCS/2021-007034
LOCAL CASE NO: GLW/2021-000917
PF REF: GG20009905-002
POLICE REF: PSPGE02151120
SCRO NO: S539430/84J

1 -0FRD000000000000-FRAUD
2 -RTA0198800040100-ROAD TRAFFIC ACT 1988 S4(1)
3 -RTA0198800020000-ROAD TRAFFIC ACT 1988 S2
4 -RTA0198801700201-ROAD TRAFFIC ACT 1988 S 170(2)& (4)
5 -RTA0198801700301-ROAD TRAFFIC ACT 1988 S 170(3)& (4)
6 -0TMV000000000000-THEFT OF MOTOR VEHICLE
7 -CJLA201000380100-CRIMINAL JUSTICE AND LICENSING (SCOTLAND) ACT 2010 S38(1)
8 -RTA0198800020000-ROAD TRAFFIC ACT 1988 S2
9 -RTA0198801630100-ROAD TRAFFIC ACT 1988 S163(1)& (3)
10 -VEHX199400440101-VEHICLE EXCISE & REGISTRATION ACT 1994 S44(1)

The Court having Acquitted the accused from the charge(s) libelled and Stated that the acquittal is by reason of the special defence set out in terms of section 51A, all in terms of section 53E of the Criminal Procedure (Scotland) Act 1995,

THE COURT being satisfied on the written evidence of Dr Ayesha Raja a registered medical practitioner approved for the purpose by the NHS Lanarshire Health Board and Dr Isobel Campbell a registered medical practitioner employed at Beckford Lodge that both agree the accused has a mental disorder in the form:
Mental Illness, in terms of para. 328(1)(a)

of the Mental Health (Care and Treatment)(Scotland) Act 2003 and being satisfied that the conditions mentioned in section 57A(3) and 57A(5) of the Criminal Procedure (Scotland) Act 1995 are met, and that, having regard to the matters mentioned in Sections 57A(4) of the Criminal Procedure (Scotland) Act 1995, and having considered the Mental Health Officers Report produced in terms of section, it is appropriate:

Made a Compulsion Order in terms of Section 57A(2)(a) of the Criminal Procedure (Scotland) Act 1995, for a period of **6 months** from this date and in terms of thereof:

Ordered the detention of the accused in Beckford Lodge .
Granted Warrant to Officers of Law to convey the accused to said Hospital forthwith and authorised the giving of medical treatment to the Accused in accordance with Part 16 of the Mental Health (Care and Treatment) (Scotland) Act 2003.

Amanda Park
Clerk of Court

Copy Previous convictions/Social Enquiry/ Community Service/Psychiatric/Mental Health Officer's/Medical Reports and Copy Sex Offenders Notification of Registration Attached

Copy of Order and all related reports and documents to be scanned and sent by e–mail to RestrictedPatient@gov.scot marked 'Restricted– Medical'

The Mental Health (Care and Treatment) (Scotland) Act 2003 / The Criminal Procedure (Scotland) Act 1995

Revocation / Termination

of pre-disposal court orders, restricted patients and patients with restricted status

REV5

Instructions v7.0

The following form is to be used:

as a record of termination for the following order types:

commitals
assessment orders,
treatment orders,
interim compulsion orders,
temporary compulsion orders;
compulsion order and a restriction orders (CORO),
hospital directions,
transfer for treatment directions
community payback order with a mental health treatment requirement

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 record.

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

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

For example

2	5		M	A	R	K	E	T		S	T

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: 2 1 0 4 6 7 3 9 3 3

Surname: S H A W

First Name(s): A N D R E W M A R T I N

Other / Known As:

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

Title: M R

DoB (dd / mm / yyyy): 2 1 / 0 4 / 1 9 6 7

Gender: ● Male ○ Female

Patient's Detention Status

The patient was detained in:

Hospital: B E C K F O R D L O D G E

Under the following order / direction: ASSESSMENT ORDER

which was due to expire on: 1 8 / 0 2 / 2 0 2 1

To be completed by the Hospital Managers

Termination of Order

The order / direction noted on page 1 was terminated on Date 18 / 02 / 2021

for the following reason *(shade one only)*:

○ Expiry without authority to detain (covers EDL for Transfer for Treatment Direction)

○ Unauthorised absence

○ Death of patient

○ Revocation by court

only applicable to: assessment orders; treatment orders and interim / temporary compulsion orders

◉ Revocation by the court and a subsequent order made TREATMENT ORDER

○ Revocation by the Scottish Ministers

only applicable to: hospital directions; transfer for treatment directions

○ Revocation by the Scottish Ministers upon the direction of the Mental Health Tribunal of Scotland

○ Revocation by the Mental Health Tribunal of Scotland

only applicable to: compulsion order and restriction orders (CORO)

○ Termination for other reasons (detail below)

1	

Signature / Date

Form completed by -

Surname WRATTEN

First Name RHONA

Job Title MEDICAL SECRETARY

Signed R Wratten

Date dd / mm / yyyy 23 / 02 / 2021

A copy of this form should be sent to the Mental Welfare Commission

The Mental Health (Care and Treatment) (Scotland) Act 2003 / The Criminal Procedure (Scotland) Act 1995

Admission of Part 8 / Part 11 Patient

ADM1

Instructions v7.0

The following form is to be used:

where a patient is admitted to the care of a hospital following the making of an assessment order, a treatment order, an interim compulsion order, a compulsion order, a compulsion order and a restriction order, a hospital direction, a transfer for treatment direction or a commmunity payback order with a mental health treatment requirement.

Do not use this form:

following a transfer of a patient from another hospital where previously admitted under any of the above orders

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 record.

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For example: 25 MARKET ST

Shade circles like this -> ●

Not like this -> ⊗ ✓

Patient Details

CHI Number: 2104673933

Surname: SHAW

t 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
CAIRD STREET
HAMILTON

Postcode: ML3 0AL

Admission Details

Admission/Status Change date: 18 / 02 / 2021 from court / prison / hospital to the care of:

Hospital: BECKFORD LODGE

Ward / Clinic: IONA WARD

○ This is NOT the hospital specified within the order/direction

● The patient is being detained in the above named hospital

○ The patient is being treated in the community

The hospital named above is situated within:

Local Authority: SOUTH LANARKSHIRE

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

To be completed by the Hospital Managers

Order / Direction Details

The statutory provision under which the order or direction was made, is:

Patients with 'restricted' status although not subject to a restriction order

- ○ Assessment order (section 52D of the 1995 Act)
- ○ Extension to assessment order (section 52G of the 1995 Act)
- ◉ Treatment order (section 52M of the 1995 Act)
- ○ Interim compulsion order (section 53(2) of the 1995 Act)
- ○ Extension to Interim compulsion order (Section 53B of the 1995 Act)
- ○ Hospital direction (section 59A of the 1995 Act)
- ○ Transfer for treatment direction (section 136 of the 2003 Act)

Patients subject to a restriction order

- ○ Compulsion order (section 57A (2)) and a restriction order (section 59 of the 1995 Act)
- ○ Compulsion order (section 57(2)(a)) and a restriction order (section 57(2)(b) of the 1995 Act)

Non-restricted patients

- ○ Committal to hospital (section 200 of the 1995 Act)
- ○ Temporary compulsion order (section 54(1)(c) of the 1995 Act)
- ○ Compulsion order (section 57(2)(a) of the 1995 Act)
- ○ Compulsion order (section 57A (2) of the 1995 Act)
- ○ Community payback order (section 227A of the 1995 Act)

RMO Details

Surname: GIBB

First Name: ROBERT

Title: DOCTOR

GMC No.: 3121788

Hospital: BECKFORD LODGE

Ward / Clinic (If appropriate): IONA WARD

Telephone No.: 01698456215

e-mail address:

Approved under section 22 of the Act by:

Health Board **NHS** LANARKSHIRE

Signature / Date

◉ The hospital managers have fulfilled their obligations under section 260 of the Act.

Completed by: RHONA WRATTEN

Job Title: MEDICAL SECRETARY

Signed: R Wratten

Date: 23 / 02 / 2021

A copy of this form **and the relevant order/direction** should be sent to the Mental Welfare Commission
Copies should also be sent to the Scottish Ministers for patients subject to a restriction order, or with restricted status