

Second Opinion Request**Instructions**

v7.0

The following form is to be used to request the Mental Welfare Commission to arrange a second opinion visit:

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

DoB

dd / mm / yyyy

2 1 / 0 4 / 1 9 6 7

If under 18, is the RMO a child specialist? ☐ Yes ☒ NoDoes patient have learning disabilities: ☐ Yes ☒ No

Current order (e.g. STDC or CTO)

COMPULSION ORDER

'Date of the first order in this episode (eg STDC)

1 9 / 0 5 / 2 0 2 1

Hospital

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

Ward / Clinic

I O N A W A R D

Details of visit location if not a hospital e.g. clinic/ resource centre

N/A

CPN name and contact details (if applicable)

N/A

Where are the patient's notes located?

MDT Room and Admin Office, Iona Ward, Beckford Lodge

Any specific visit requests/ information, e.g. gender preference, time of visit, risk issues (eg CPN should accompany)?

Timescale for visit

☒ 2 weeks (Meds)☐ 7 - 10 days (ECT or NG)**Treatment**For medication? ☒ Yes ☐ NoIs Clozapine one of the treatments? ☐ Yes ☐ No If yes, what route is it to be given?For ECT? ☐ Yes ☒ No If ECT is it for "maintenance ECT"? ☐ Yes ☐ NoNG feeding? ☐ Yes ☒ No

If med, when was it first administered during STDC/CTO or equivalent?

Report by RMO for Designated Medical Practitioner - Appendix E

Report date

dd / mm / yyyy

/ /

Name and contact details of any Named Person

N/A

Does patient have an Advance Statement? ☐ Yes ☒ No

Date of Advance Statement

/ /

Location of any Advance Statement

Please confirm that case notes, prescription sheet, current treatment certificate (if there is one) and MHA documentation is available for the DMP

☒ Yes ☐ No

What action has been taken to confirm this?

Admin and nursing staff have been informed.

Clinical Summary

Background and Psychiatric History

Mr Shaw presents with a psychotic illness which takes the form of auditory, visual and tactile hallucinations. He has a history of self-harm including suicidal ideation. He reports having experienced hallucinations since the age of eight, when his mother passed away. It appears that his psychosis is directly related to his experience of significant childhood trauma, developed in order to protect himself from these traumatic experiences and maintained by the beliefs that he holds - that his voices would not abandon him, like people in his life did.

Mr Shaw holds fixed beliefs that his voices are external to himself and has paranoid thoughts that the voices know information about him. He reports continuous, intense and distressing auditory hallucinations, which will most often be derogatory and persecutory in nature. He notes that they intensify when he is distressed, at night and if he is with people he does not trust. He describes having 10-20 voices and they may all be speaking to him at once, which can be overwhelming and he has to work hard to manage. He has experienced command hallucinations including commands which led to him attempting to take his own life when in prison.

He also presents with fluctuating low mood and agitation, which he relates to the voices; when his voices are more intense, this impacts his mood, but equally, when his mood is low, he finds it more difficult to cope with the hallucinations. His presentation is further underpinned by his difficulties developing trusting relationships. His physical health is also of note and he is morbidly overweight, describing his diet as a result of eating for comfort, to reduce distress.

He is currently on a Compulsion Order having been charged with road traffic offences.

Current Mental State:

Distressed by persecutory and religious delusional beliefs and auditory and visual hallucinations. Eats junk food in room and no issues with sleep. Self isolates and avoids interactions with others unless approached. Needs a lot of motivation to leave room to go for escorted time out and attend dining room for meals.

Diagnosis

Paranoid Schizophrenia

EUPD

PTSD

Report by RMO for Designated Medical Practitioner - Appendix E (cont.)

Does the treatment plan include high dose or off-licence prescribing? ☒ Yes ☐ No

If yes, please provide treatment review or summary

Dual therapy for resistant psychotic symptoms. Paliperidone Depot 150mg monthly and Haloperidol 10mg BD.

Date treatment first given (if this is the first treatment certificate):

Treatment Plan (Please only record treatment to be authorised by DMP under Part 16):

One intramuscular Depot given as a regular prescription as per BNF guidelines.
One oral antipsychotic given as a regular prescription as per BNF guidelines.
One antidepressant given as a regular prescription as per BNF guidelines.
One oral anxiolytic given as a regular prescription as per BNF guidelines.
One oral Benzodiazepine given as required as per BNF guidelines.

RMO Details

Surname

S T E V E N

First Name

L A U R A

Telephone No.

0 1 6 9 8 4 5 6 2 1 5

Email address

admin.beckfordlodge@lanarkshire.scot.nhs.uk

