

IONA WARD - BECKFORD LODGE

DETENTION NOTIFICATION SLIP

PATIENT:	ANDREW MARTIN SHAW
DOB / CHI NO:	2104673933
PIMS NO:	P1518904
NAMED PERSON:	TBC
MHO:	ANN MARIE CAIN
RMO:	DR REGAN JONATHAN

SECTION APPLIED

Mental Health (Care and Treatment) (Scotland) Act 2003		
Emergency Detention Certificate:	EDC	
Short Term Detention Certificate:	STDC	
Interim Compulsory Treatment Order:	ICTO	
Compulsory Treatment	Community Based CTO	
Order: CTO	Hospital Based CTO	

Criminal Procedure (Scotland) Act 1995		
Assessment Order:	AO	✓
Treatment Order:	TO	
Temporary Compulsion Order:	TCO	
Interim Compulsion Order:	ICO	
Compulsion Order:	CO	
Compulsion Order / Restriction Order:	CORO	
Transfer for Treatment - Section 136		

Effective From:	03/02/16
Expires:	01/03/16
2nd 6 Months Expires:	ALLOWED TO EXPIRE / REVOKED BY COURT 01/03/16
Annual Expiry Date:	

T2 / T3 Expires:	T2 Expires 08/02/19
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Specified Person (RES1) Expires:	08/08/16
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Advance Statement Dated:	NONE
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PLEASE DISPLAY PROMINENTLY AT FRONT OF PATIENT RECORD

ANDREW SHAW
DOB. 21/04/67
CHI NO: 2104673933

MDT – 09/02/16

Legal / obs:

Assessment Order 52D Effective from 3/2/16 Expires 1/3/16
T2 or T3 expires on: T4 still to be signed by Dr Jonathan
RES1 expires: TBC
Last DOA sample obtained: 5/2/16
Next due: TBC
Personal search last carried out: On Admission
Last CPA date: N/A
Next CPA date: TBC
Observation status: General
Is patient subject to AWI: No
Benefits: ESA & DLA

Risk Assessment:

Initial Risk Assessment completed on: 4/2/16 to be signed off at MDT
Risk review completed on:
Next Due: 4/5/16 unless there are any changes

Current Mental State:

Andrew was admitted to Iona Ward on 4/2/16 from Low Moss Prison where he was awaiting trial or sentence for motoring offences. Andrew presented with psychotic symptoms during interventions with staff on arrival as he disclosed that he currently experiences auditory hallucinations but did not want to expand on same as he was worried staff would be harmed if he "grassed" and stated that Dr Campbell was killed due him disclosing same to her. Andrew explained that "the people have placed a chip in his brain and they tamper with his medication" Andrew was tearful and agitated with poor eye contact during interview and questioned if it was ok to drink his tea or was there anything in it. Admitted to drug abuse in the past, mostly cocaine and advised staff that he has been treated in Hartwood, Leverdale and Dykebar Hospitals in the past for mental health problems. Andrew denied any thoughts of self harm, suicidal ideation or feelings of aggression. Presentation over the last few days has been Andrew maintaining a low profile with good diet accepted, enjoyed and shared a take away meal with a fellow patient, good sleep pattern noted but appears anxious, pre occupied and appears to be responding to internal stimuli when awake i.e. gesturing. Andrew continues to complain of auditory hallucinations which are more than one voice and are different genders telling him not to accept medication or food. Andrew has requested and been given PRN Lorazepam 1mg on two occasions over the last few days (5/2/16 and 6/2/16) for complaints of agitation and appeared to benefit from same. Andrew received a visit from his female Landlord on 5/2/16 at his request. During supervised visit it was noted that Andrew was appropriate throughout with good eye contact. Visitor enquired why Andrew was looking from side to side and Andrew explained calmly that it was a symptom of his schizophrenia. Visitor told Andrew that she was not pleased with him as he had been untruthful with her and accused him of selling something from her property which he denied. She also told him that people had been at the property looking for him and Andrew gave permission for them to tell them where he was.

Andrew has told staff he is happy to remain in hospital for assessment. He continues to deny any thoughts of self harm and has mostly rated his mood 5/10.

07/02/16 1;1 intervention with Andrew. Andrew continues to hear voices, he denies any command voices at this time although he reports the voices used to tell him to fight and argue with friends and family. Andrew denies any thoughts of self harm or harm to others. Andrew reports having thoughts of suicide but what would be the point" he denies having any plan or intent. Mood rated as 3/10. Andrew reports he has heard voices for over 30 years but he has denied this as he did not trust the doctors. During intervention, Andrews's anxiety increased with involuntary hand movement increasing and poor eye contact, 1mg Lorazepam given as per kardex for relief of same.

Prescribed Medication:

ALLERGIC TO PENICILLIN

Physical Health:

Annual health check completed on: Physical health check carried out on admission, bloods obtained on 5/2/16
Patient is subject to monitoring as follows:
High dose monitoring: No
% of anti-psychotic medication: Nil
Clozapine monitoring: No

Lithium monitoring: No

Activities:

To be arranged.

Time Out of Ward:

No time out at present.

Other Input:

TBC. MHO has been requested on 05/02/2016.

Psychology Input:

No psychology input at present.

Family/Carer Input:

Visited by Landlord on 5/2/16.

Andrew is expecting a male visitor on evening of 7/2/16 who will bring him clothes.

Andrew has given his daughters name and address but doesn't want her contacted at present

Patient Input:

Nil documented.

Outcome/plan:

Andy states he was arrested 4 weeks ago in Glasgow. He states he was not prescribed medication prior to his arrest. Last psychiatric hospital admission was 8 years ago to Leverndale Hospital. He states he has been hearing voices for 30 years and these are no different at present. Andy states that the voices tell him not to say anything. He states he last used drugs (cocaine) a month ago. Andy made reference to a "chip" he believes is in his head which causes him to take medication. Lindsay suggested to Andy that some people find benefit in psychological therapies, as he has not been keen to accept medication in the past. Andy gave permission for Dr. Jonathan to speak to his landlady who obviously knows him well. He states he "doesn't know" if it is O.K. for the doctor to speak to his daughter. Continue to assess his mental state and personality issues.

Dr. Jonathan will see Andy on a 1:1 basis. Dr Jonathan to discuss medication and completed T2 Consent to Treatment.

MDT – 15/02/16

Legal / obs:

Assessment Order 52D - effective from 03/02/16 - expires 01/03/16

T2/ T3: T2 expires 08/02/19

RES1 expires: TBC

Last DOA sample obtained: 05/02/16 – results awaited – next due: random

Last room search carried out: TBC

Last personal search carried out: On Admission

Next CPA date: TBC

Observation status: General

Is patient subject to AWI: No

Advance Statement: No

Benefits: ESA & DLA

Risk Assessment:

Initial Risk Assessment completed on: 04/02/16 to be signed off at MDT

Risk review completed on: TBC

Next Due: 04/05/16 unless there are any changes

Current Mental State:

Andrew has maintained a low profile around the ward environment. Andrew reports that he is anxious and can't relax around people and he has been hearing voices for 22 years. He states he only trusts his old psychiatrists but the voices have told him to kill her. He states he is willing to get help now as he can't keep pretending everything is OK? He disclosed that he hears voices regularly, although cannot give a description to staff of the content of what the voices are saying to him. Objectively no overt symptoms of psychosis are evident and he maintains good eye contact and speech content during interactions. His appetite has been varied, stating at times that he feels too anxious to walk to the dining room, although again staff noted no overt signs to suggest this. He did return to the dining room after reassurances from staff. He states he benefits from time out in his room and likes to be by himself.

Prescribed Medication:

TBC

Physical Health:**ALLERGIC TO PENICILLIN**

Annual health check completed on: 05/02/16 and bloods also obtained.

Patient is subject to monitoring as follows:

High dose monitoring: No

% of anti-psychotic medication: Nil

Clozapine monitoring: No

Lithium monitoring: No

Activities:

To be arranged.

Time Out of Ward:

No time out at present.

Other Input:

Phone call from Ann Marie Cain, MHO, to advise she was writing a report in relation to Andrew's assessment. Ann Marie advised that Andrew owns several properties and that the neighbour that advised staff she had only known him for 8 months, has in fact been in his life since 2005. Ann Marie was given this information from Andrew's previous MHO. Ann Marie is under the impression that together with the lady that Andrew and her own several properties found Glasgow. The MHO is of the opinion that Andrew has presented in the same way he has previously when given a sentence for a road traffic offence.

Psychology Input:

No psychology input at present.

Family/Carer Input:

Andrew has given his daughter's name and address but doesn't want her contacted at present

Patient Input:

Nil documented.

Nursing Staff Input:

There is conflicting reports from nursing staff regarding Andrew's mental health. Some staff are reporting that he is showing signs of agitation such as wringing hands and other state objectively there is no evidence of agitation. None of the staff that have reported during the week has stated they have seen symptoms of responding to unseen stimuli.

Outcome/plan:

Andy states that he has "not been too good the past couple of days". He stated that he was having nightmares and is feeling restless. Dr. Jonathan advised that his medication could take a couple of weeks to become effective. Andy stated that he came out of his doctor's and the police arrested him and told him he was going too fast through a red light. Dr. Jonathan questioned Andy about how many properties he owned. Andy was vague in answering. He began shouting that everyone was trying to take everything from him because they think he's "bonkers". He says that gangsters send him 26 texts per day and said that he is "not a grass". He states that he has 30 cars, 10 private number plates and people are taking things off him. He stated that he's happy being lonely and only cares about his mum, dad, daughter, Dr. Campbell and partner. Sulpiride will be increased to 200 mg t.i.d.

MDT – 22/02/16**Legal / obs:**

Assessment Order 52D - effective from 03/02/16 - expires 01/03/16

T2/ T3: T2 expires 08/02/19

RES1 expires: TBC

Last DOA sample obtained: 19/02/16 – results awaited – next due: random

Last room search carried out: 19/02/16 – nil found – next due: random

Last personal search carried out: 19/02/16 – nil found – next due: random

Next CPA date: TBC

Observation status: General

Is patient subject to AWI: No

Advance Statement: No

Benefits: ESA & DLA

Risk Assessment:

Initial Risk Assessment completed: 04/02/16

Risk review completed on: TBC

Next Due: 04/05/16 unless there are any changes

Current Mental State:

16/02/16 - Andrew requiring encouragement to rise. Andrew sleeping on and off in the dayroom for most of the duty. No signs of anxiety and no evidence of psychotic symptoms. Andrew remained quiet in presentation in the afternoon. He enjoyed a visit from a female friend during which Andrew's speech was appropriate. Andrew attended to his laundry.

17/02/16 - phone call received from Ann Marie Cain, MHO, to inform that she had contacted Kelly Anne Fulton, who Andrew claims is his daughter. Kelly Anne reports that Andrew is not her father but was a friend of her late father and Andrew would have been ten years old when she was born. Kelly Anne states that Andrew uses her address to get his benefits and she has not seen him for several months. Ann Marie Cain is under the impression that Kelly Anne has learning disabilities and may be a vulnerable adult. Ann Marie will get further information about Kelly Anne and will file for adult support and protection if necessary. Ann Marie also advised that her report was complete. 1:1 interaction carried out with Andrew, which he interacted well at first then he appeared agitated stating he came into the room to get peace. When asked what he meant by this, Andrew stated his voices were worse when he was surrounded by people. When asked what the voices were saying, Andrew appeared reluctant to disclose, although he eventually stated they were calling him a "fat bastard" and not to talk to staff. When staff spoke about Andrew's interest in cars, he communicated clearly and showed no signs of agitation, anxiety or psychosis. He spoke passionately while discussing this subject. Andrew disclosed that he felt he was self medicating with Valium and Cocaine, as he was taking these drugs regularly. He denies being in debt. He reports that he has friends who gave him drugs. Andrew stopped talking and refused to disclose any more information. Andrew advised to seek out staff to talk about his feelings rather than self isolating in his room. Andrew agreed to same. Andrew continues to request PRN medications at times but manages without same. Andrew noted to be interacting well with fellow peers on unobtrusive observation and no evidence of mental illness during these times, although Andrew continues to complain of hearing voices. Andrew was observed to be laughing and joking with fellow peers before approaching staff to complain of feeling anxious and unsettled and requesting PRN medication. Same denied and Andrew was advised to utilise time out in his room. Andrew displaying strange hand gestures and facial movements when he knows he is being watched but no evidence of same on unobtrusive observations.

18/02/16 - no concerns raised. Andrew spent the morning asleep in the dayroom. Andrew made phone call to the DWP to sort his benefits and coped well with same. No evidence of distress or anxiety. Shortly after supper and nocte medications, Andrew approached staff stating that approximately ten days ago and the day after he was admitted to Iona Ward, one of the other patients sold him a Pregabalin 300mg tablet for £1. Andrew denied taking same and produced a Pregabalin 300mg capsule. Andrew stated he believes said patient got this from the patients brother or from another patient in Gigha Ward. Andrew could not name said patient. Andrew stated he had not witnessed anymore evidence of drug selling or taking since. Andrew then admitted he did not know what planet he was on during his admission. Room search and personal search carried out and nil found. Andrew also stated he believes fellow patient GR was being bullied by patient TF. Staff gave Andrew reassurance but noted Andrew to be inconsistent during conversation.

19/02/16 - Andrew again requiring lots of prompting and encouragement to rise. Andrew appeared agitated upon occasion when in the company of staff, by demonstrating what appeared to be dyskinesia, however he appeared asymptomatic when witnessed via unobtrusive observations. Andrew received a call from DWP regarding his ESA benefits, Andrew coped well with the conversation and did not appear distressed by any psychotic symptoms. Andrew was visited by his friend this evening. He engaged well in conversation, maintaining good eye contact and conversing appropriately. He appeared lucid with no evidence of responding to auditory hallucinations. Andrew became tearful when discussing acquaintances from his past, however no distress evident.

20/02/16 - Andrew continues to require prompting and encouragement to get out of bed in the mornings. No complaints offered and no concerns raised, Andrew spent a quiet duty opting to utilise his free time within his bedroom. No evidence of anxiety or distress.

Prescribed Medication:Regular

Sulpiride 200mg tds

PRN

Lorazepam 1mg oral as required

Physical Health:ALLERGIC TO PENICILLIN

Annual health check completed on: 05/02/16 and bloods also obtained.

Patient is subject to monitoring as follows:

High dose monitoring: No

% of anti-psychotic medication: Nil

Clozapine monitoring: No
Lithium monitoring: No

Activities:

To be arranged.

Time Out of Ward:

No time out at present.

Other Input:

17/02/16 - phone call received from Ann Marie Cain, MHO, to inform that she had contacted Kelly Anne Fulton, who Andrew claims is his daughter. Kelly Anne reports that Andrew is not her father but was a friend of her late father and Andrew would have been ten years old when she was born. Kelly Anne states that Andrew uses her address to get his benefits and she has not seen him for several months. Ann Marie Cain is under the impression that Kelly Anne has learning disabilities and may be a vulnerable adult. Ann Marie will get further information about Kelly Anne and will file for adult support and protection if necessary. Ann Marie also advised that her report was complete.

Psychology Input:

No psychology input at present.

Family/Carer Input:

19/02/16 – visited by his friend / landlady.

19/02/16 – phone call from DWP regarding Andrew's ESA benefits.

Patient Input:

Nil documented.

Nursing Staff Input:

Nursing staff to continue to monitor mental health.

Outcome/plan:

Andy attended the MDT Meeting.

Ann Marie Cain has some concern about a young woman Andre stated was his "daughter". This girl is not his daughter and Adult Support and Protection is being discuss as she has a learning difficulty.

Andrew's presentation changes reported to Dr Jonathan. His presentation changes when he is aware of staff's observations. Mental distress and bizarre eye movements are not evident during unobtrusive observations. However, when in staff presence, he appears to be responding to non evident stimuli.

Andrew reports this week to be "not good". He states voices say bad things to him "all the time" and they say medication is "poisoned". He spoke about medication making no difference to his symptoms and refereed to the "chip" in his brain. Andrew agrees that he usually discontinues any prescribed anti-psychotic medication. He agreed to accept a depot injection. States that he has been prescribed Chlorpromazine, Depixol and Risperdal in the past.

Andrew as asked to discuss the index offence. He states that he came out of his house and the police tried to stop him in his car. He states he tried to get away from them. Tearful during conversation. Dr Jonathan will speak to Andrew later in a 1:1 meeting. Andrew's behaviour following the index offence was very organised. He was attempting to evade capture by telling untruths to others. Stop Sulpiride due to oral compliance issues.

Assessment for next week to conclude whether Andrew s fit to plead at court.

Andrew prescribed oral Risperidone and depot Risperdal Consta to be given on Friday 26/02/16.

MDT – 29/02/2016

Legal / obs:

Assessment Order 52D - effective from 03/02/16 - expires 01/03/16

T2/ T3: T2 expires 08/02/19

RES1 expires: 08/08/16

Last DOA sample obtained: 19/02/16 – results awaited – next due: random

Last room search carried out: 19/02/16

Last personal search carried out: 19/02/16

Next CPA date: TBC

Observation status: General

Is patient subject to AWI: No

Advance Statement: No

Benefits: ESA & DLA

Risk Assessment:

Initial Risk Assessment completed on: 4/2/16.
Risk review completed on:
Next Due: 4/5/16 unless there are any changes

Current Mental State:

Over the course of this week Andrew has shown no overt signs of psychosis and appears asymptomatic, with no signs of anxiety or agitation noted. Andrew has appeared bright in mood and manner since last week's MDT meeting. However, Andrew continues to state that voices are troubling him and that he has high anxiety and low mood. However, Andrew cannot elaborate on content of voices nor has staff observed any response to unseen stimuli. Andrew did repeatedly ask staff administering depot if there was poison in syringe, however, did not appear alarmed by same. Staff offered reassurances during this time. Andrew also states he has shaky legs and that his new medication is keeping him up all night. However, staff have observed Andrew to have an appropriate pattern of sleep. Although on 23rd Andrew did waken at 01:00 hours complaining of uncontrollable leg movements with him requesting Lorazepam for same. However, staff explained to Andrew that the "blue tablet" he was requesting was not used for this purpose. Andrew requesting to be prescribed Procyclidine for involuntary leg movements.

23rd – Andrew enjoyed a visit from his friend/landlady and was appropriate throughout with good eye contact and concentration evident. Speech content centred around properties and moving money to different bank accounts.

25th – Telephone call to staff from a gentleman who was enquiring about a message which had been left from Iona Wards telephone. The gentleman had said that the call was most likely from Andrew and stated that Andrew had been abrupt and rude. Andrew denied he had made the call, however, did rhyme off various other people he had contacted. However, on further questioning, Andrew did admit to phoning the gentleman although denied being rude. In the presence of staff, Andrew phoned the gentleman to apologise although the gentleman was unavailable at this time.

26th – BPRS carried out with Andrew who scored 35, with Andrew claiming to have various different mental health symptoms such as anxiety, low mood, as well as auditory hallucinations.

26th – LUNBERS completed with Andrew who scored 56, which is in the medium category. Andrew again cited that his main physical concerns were restlessness and shakiness. Andrew also identified red herrings during the survey which included his urine being darker than usual and also flushing of the face.

Prescribed Medication:

Regular

Risperidone 4mg – daily

Risperdal Consta 25mg – two weekly, last given 26th February. Next due 11th March 2016

Physical Health:

ALLERGIC TO PENICILLIN

Annual health check completed on: Physical health check carried out on admission, bloods obtained on 5/2/16

Patient is subject to monitoring as follows:

High dose monitoring: No (75%)

% of anti-psychotic medication: Nil

Clozapine monitoring: No

Lithium monitoring: No

Activities:

To be arranged.

Time Out of Ward:

Nil at present.

Psychology Input:

No psychology input at present.

Other Input:

22/02/16 – Telephone call from Ann Marie Cain MHO to advise that she will attend this week's MDT meeting.

Family/Carer Input:

23/02/16 – Andrew enjoyed a visit from his friend/landlady.

Patient Input:

No issues raised.

Nursing Input:

To continue to monitor mental health and offer support and reassurance were appropriate

Outcome/plan:

DISCHARGED FROM IONA WARD FOLLOWING COURT APPEARANCE ON 01/03/16

SURNAME	SHAW	CONTINUATION AND PROGRESS
FORENAMES	ANDREW	
DATE		
3/3/16	Saw Andrew in follow up Clinic today. He was neatly presented & had a new haircut. His cousin's son had brought him in by car. Andrew c/o ongoing constant voices making derogatory comments about him, as well as trouble sleeping but he could not identify the reason. He said he was spending his time in his room, not socialising with anyone. He said he has changed his mobile no and former associates therefore unable to contact him. He said only contact he had was with landlady. He denied any thoughts of harm to self or other, or of suicidal thoughts. He is due back in court in April, and is currently on bail. <u>MSE</u> Neatly dressed. Still very avoidant of eye contact. Far less agitated. Mood more stable. No tension. Seem bit low in mood. Affect restricted. No objective signs of psychosis. Ⓐ Currently stable. I explained that 1st diagnosis is Personality disorder due to childhood experiences and that I am referring him to Adult services for further psychology.	

DATE	NOTES
	Andrew was happy to this and to continue to medication.
	① Refer psychology Cont Risperdal Consta 25mg 2 wks
21/3/16	DAA
	Appointment to be offered in 2/5/2 again
4/4/16	Attended today. Andrew said he wasn't aware of appointment on 21/3/16. He also missed his depot Risperdal. He appeared agitated and avoidant of eye contact, shifting in his seat continuously and rubbing hands together. At one time appeared almost tearful. Flicking his fingers constantly. Andrew did not have much to report. He said the voices have resumed. He denied any thoughts of harm to self or others. He reported spending most of his time by himself. He denied any association with previous associates or involvement in criminal activity. He was happy to wait for response by psychology. <u>MSE</u> mood - slightly agitated avoids eye contact. Quite peculiar presentation No objective signs psychosis ② Seems to be more agitated today. 2 due to missed depot ③ Resume depot Risperdal 25mg 2/5/2

KHJ
Jomattap

SURNAME	SHAW	CONTINUATION AND PROGRESS
FORENAMES	ANDREW	
DATE		
	await response by psychology RMJ	
2-5-16	DNA - for some reason was in Edinburgh. Called to say he couldn't make the appointment.	
27.5.16	Dr Jonathan / Beckford Lodge # HRP R 25mg Consta 2/52	
	Andrew reported that he was well. He said the voices were still present but he was able to ignore it. He said that he spent most of his time at home or out with a "pal". He denied any contact with any antisocial / criminal associates. He said that he had some contact from psychology but was still waiting on an appointment date. His mood was fine MSE engaging, reasonable report. Quite unsettled whilst seating: shifting legs repeatedly, touch/pulling his fingers, avoiding eye contact, appeared somewhat anxious, sweating. No overt psychotic signs Affect mood congruent. Affect reactive. Conversation appropriate.	
	(R) Mental state settled. Court case has been resolved according to Andrew - no conviction.	
	(P) Cont R await appointment - Psychol - Adult Team then refer to Gen Adult Psych. for P/H.	

DATE	NOTES
4/7/16	Was in contact with Procurator Fiscal a week ago. Police are looking for Andrew Shaw. There is outstanding warrant for his arrest from October 2015.
	Andrew did not attend. He did contact CMC to inform them.
12/8/16.	T saw Andrew today @ Hamilton Court after he was arrested for driving whilst disqualified, without valid MOT & without insurance. This was done at the request of the Court. Andrew said that he was increasingly distressed & decided to drive because the voices were telling him to do it. He was then stopped by police shortly afterwards. Voices had been telling him to do various things over past few & had got more intense "kill yourself" "come i me" "drive that motor". He said that he had resisted the voices and had tried to contact me, but I had been on leave. He alleged that he took an overdose of Valium (240mg) but that he had only slept for 2 days. He denied current suicidal intent. Andrew would not admit that he ignored previous instructions to drive, because it would be an offence. He then said that he "went blank" for 3 days and couldn't remember. This was after he had given me coherent account of events. Andrew's last depot was 30/6/16. He said that he stopped the depot because "there is something in it"

Lanarkshire Forensic Mental Health
Service

Carluke Community Health Centre,
Chapel Street,
CARLUKE,
ML8 4BA

PRIVATE & CONFIDENTIAL

Dr Mavor
Mavor Medical Practice,
Hunter Health Centre,
Andrew Street,
East Kilbride,
Glasgow,
G74 1AD

Date dictated: 27/05/2016
Date typed: 28/06/2016
CHI: 2104673933
Our Ref: RJ/AR
Your Ref: -----

Enquiries to: Secretary
Direct Line: 01555 777 481
Facsimile: 01555 777 482

Dear Dr Mavor

RE: Andrew Shaw
DOB: 21/04/67
Address: 30 Douglas Drive, East Kilbride, G75 8JS

I saw Mr Shaw on 27/05/2016 at Beckford Lodge. He reported that he was well and he had no concerns. He said the voices were still present but that he was able to ignore it. He said that he spent most of his free time at home or with his friend; he denied any contact with any criminal associate. He said that he had some contact from Psychology but that he was still awaiting an appointment to date.

Mr Shaw presented as engaging with reasonable rapport established. As before, he was habitually shifting about in his seat, avoiding eye contact and touching and pulling his fingers. He also appeared somewhat anxious and was sweating. His affect was mood congruent and reactive. His mood was euthymic.

Mr Shaw presented as settled though appearing quite socially anxious during the session. I had no concerns about his mental state.

Further plans are to continue with the Risperdal Consta 25mgs every 2 weeks; the General Adult Psychology Team will contact Mr Shaw with an appointment date; I will refer Mr Shaw to the General Adult Psychiatric Service, most likely after commencement of his Psychology.

Yours sincerely


Dr Regan Jonathan
Locum Consultant Forensic Psychiatrist

Psychological Therapies Team
East Kilbride Locality

Dr R Jonathan
Locum Forensic Consultant Psychiatrist
Iona Ward
Beckford Lodge
Caird House
Hamilton
ML3 0AL

Hunter Community Health
Centre
4th Floor
Andrew Street
East Kilbride
G74 1AB

Date: 27 June 2016
Dictated: 21 June 2016
Our Ref: DG/CS
Your Ref:

Enquiries to: Dr D Graham

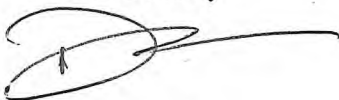
Tel No: 01355 597 454
Fax: 01355 597 491

Dear Dr Jonathan

Re: Andrew Shaw: DOB: 21.04.1967: DOB: 2104673933
30 Douglas Drive, East Kilbride, G75 8JS

Thank you for your referral of the above named client. I am writing to make you aware that I have met with Mr Shaw for an initial assessment on 20 June 2016. I shall be in contact in due course to keep you updated of our progress, but please do not hesitate to contact me in the meantime with any further queries.

Yours sincerely



Dr Deby Graham
Counselling Psychologist

RECEIVED 13 JUL 2016

cc: Dr F Wylie, Mavor Medical Practice, HCHC, Andrew Street, East Kilbride, G74 1AB

Lanarkshire Forensic Mental Health Service

Carluke Community Health Centre
40 Chapel Street
Carluke
ML8 4BA
www.nhslanarkshire.co.uk

COPY

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Andrew Shaw
30 Douglas Drive
East Kilbride
GLASGOW
G75 8JS

Date Typed: 21st June 2016

Our Ref: RJ/MM

CHI No: 210 467 3933

Enquiries to: Marie Magunnigal

Direct Line: 01555 777 481

Fax: 01555 777 482

Dear Mr Shaw

I would like to offer you an out-patient appointment to see me on **Monday 4th July 2016 at 2.00pm** in **Seminar Room, Beckford Lodge, Caird Street, Hamilton**. Please report to the Reception upon arrival.

Should you be unable to attend for this appointment please contact my secretary on the above telephone number. *(Please note it costs the NHS £136 for every missed appointment).*

Yours sincerely,

p.p. M. Magunnigal

Dr Regan Jonathan
Consultant Forensic Psychiatrist (Locum)

Mavor Medical Practice

HUNTER COMMUNITY HEALTH CENTRE
ANDREW STREET
EAST KILBRIDE
G74 1AD

Tel: 01355 573790 Fax: 01355 597488
www.mavormedicalpractice.co.uk

FW/SS

13th May 2016

Dr R Jonathan
Locum Consultant Forensic Psychiatrist
Carluke Community Health Centre
Chapel Street
Carluke
ML8 4BA

Dear Dr Jonathan,

Re: Andrew Shaw 30 Douglas Drive East Kilbride G75 8JS
DOB: 21/04/1967 CHI: 2104673933

The above named patient joined our Practice list in the middle of March, I believe he has been known to you for some time and certainly when I saw him he told me he was getting his Risperdal Depot 25 mg every 2 weeks. I am sorry to learn from your recent letter that in fact he has missed a dose and that you had asked if our Practice Nurse would be happy to administer this injection to him 2 weekly. Having discussed this with our Practice Nurse, she has never previously given any mental health patients Depot injections, this has usually been the practice of the CPN's and has asked that I ask you to arrange for this to be done in this way. I have tried to contact you by phone via your Secretary but unfortunately I have been unable to catch you when you have been in.

Many thanks in advance for sorting this out.

Kind regards.

Yours sincerely,



DR FRASER WYLLIE

PS I should point out that since registering with our Practice on 16th March, no prescriptions for Risperdal Depot have been requested or issued.

Lanarkshire Forensic Service

**IONA WARD
BECKFORD LODGE
CAIRD STREET
HAMILTON
ML3 0AL**

Date: 8/3/2016
Our Ref: RJ/AR
CHI No: 2104673933
Your Ref: -----
Enquiries to: Angela Rae
Direct Line: 01698 456215
Facsimile: 01698 456217

Psychological Therapies
Atholl House
Churchill Avenue
East Kilbride
G74 1LU

Dear Colleague

RE: Andrew Shaw
DOB: 01-04-1967
Address: 30 Douglas Drive, East Kilbride, G75 8JS

I would like to refer Mr Shaw for assessment for psychological intervention.

He is a 48 year old man with long history of contact with mental health services. He has a complex presentation which involves auditory hallucinations and episodes of emotional decompensation which results in repeat offences involving motor vehicles and traffic violations. He has been diagnosed with schizophrenia in the past but there was little evidence of this on his recent admission to Iona Ward. The diagnosis is more likely to personality disorder stemming from childhood sexual abuse from his older sibling, parental alcohol misuse and domestic violence, witnessed death of mother at age of 8 years due to heart attack, fostering and emotional neglect.

In the past, he has had difficulty establishing therapeutic relationships with his care providers due to trust issues, and as a result has frequently disengaged from services.

Nevertheless he now indicates a new willingness to attend regularly

Circumstances leading to admission on 28th January 2016

Mr Shaw was admitted to Iona ward for assessment following his arrest for a series of traffic violations. There was concern for his mental state due to his bizarre presentation. He was arrested for dangerous driving. He was subsequently charged with:

- o Failing to stop at traffic light
- o Speeding and dangerous driving
- o Driving whilst disqualified
- o Driving without insurance
- o Resetting of motor vehicle

Psychiatric history

Mr Shaw has had extensive contact with mental health services from a young age since 1995 and has held various diagnoses which have included psychogenic psychosis, paranoid schizophrenia, personality disorder and post traumatic stress disorder.

It was felt that childhood sexual abuse played a significant part in the genesis of his dysfunctional behaviour and the repeat offending related to motor vehicles. The repeat stealing of motor vehicles and other driving offences provided a sense of emotional comfort to Mr Shaw in times of distress. He has had previous court disposals to hospital following driving offences and was followed up by the Lanarkshire forensic team for many years, and in particular by Dr Campbell. His engagement with mental health services broke down when Dr Campbell changed employment.

He has also been under the care of Glasgow forensic services and Lanarkshire Adult Psychiatry services, but engagement with him proved difficult and he was frequently non-compliant with treatment.

He has previous admissions to hospital where has presented in similar distress. He also has one previous overdose.

He describes a number of voices consist which make derogatory comments and he reports that they are present all the time. This includes the voice of his mother.

Personal and background history

Mr Shaw reports that he was resident at his current address for the past 9 months because he wanted to escape from previous associates and friends who were harassing him. He has never been married and has no children and has very limited social support. He is in receipt of social benefits and reports that he also sells cars for friends and other associates from time to time. He reported that he has been in a long term relationship with a Moira Duggan for the past 35 years, but that they have never lived together. He initially told me that he has a 28 year old daughter but it later transpired that this woman was the daughter of a friend who has since died. The woman reported that he often makes unsolicited contact with her.

He was born in Bellshill and raised in Hamilton by his parents. He had 3 older brothers who were 15, 17 and 18 years older than him. He reported good relationships with all except with brother Duncan (15 years older) who he said sexually and physically abused him. He refused to give any details. He said that his father drank a lot and was abusive to his mother but that he was "not a bad man" and that they had a happy marriage. He was also blamed by his older brother for the death of his mother.

His mother was a cleaner and his father worked in the steelworks. He was very close to his mother. She died at the age of 45 years when he was 8. He said that he was neglected by his father who was frequently intoxicated after this. At the age of 12 years, he was placed in Geilsland list D school. He denied any abuse. He said that they were occupied with many activities and did not receive any schooling. This is where he was allowed to learn to drive motor cars, after learning on tractors on a big estate. It appears that the school encouraged this behaviour as it brought on emotional stability.

He came into contact with police and social services from a young age due to his criminal behaviour which including truancy, stealing and car related offences. He claimed that the first car he stole was his brother's and that this was in retaliation for abusing him.

His father died from lung cancer. Mr Shaw previously had good contact with his close and extended family. This seems to have dissipated over the years to the present where he has no contact with any family members.

In the past few years he appears to have led an itinerant lifestyle staying with various family members and friends for varying periods.

He has been in prison for large parts of his adult life and has never had any long term employment. He was a car salesman for a brief period. He is in receipt of social benefits and is appears to quite able to maintain his social welfare through occasionally selling cars for associates and friends.

Alcohol and drugs

He reported that he uses illicit drugs to try and block the voices. Previous to his admission he was using cocaine 3 to 4 times per week, as well as valium.

Forensic history

He has numerous charges mostly related to motor car offences. In all he has had about 39 court appearances. Charges have included, housebreaking, theft, theft of motor vehicle, resetting of motor vehicles, motor traffic offences, breach of bail, fraud, attempts to pervert the course of justice, assault, assault to injury and permanent disfigurement, forgery and counterfeit. He does not appear to have any offences related to weapons.

He has spent several custodial periods, a large part of his adult life, in prison. His motor vehicle offending is related to his mental illness and emotional distress and serves as means relieving the stress around these. His last conviction was in June 2013 for road traffic offences and he was released in December 2014.

Admission to Iona Ward

There was never any objective evidence of psychosis observed on the ward by nursing staff. Reports were that his interaction with other patients and visitors, whilst unobtrusively observed, were appropriate. When discussing his symptoms with staff, he would become distressed, tearful and agitated, sometimes rocking to and fro in a regressive manner whilst talking. He would talk about his delusional beliefs relating to aliens, voices and various people and Police armies pursuing him with harmful intent. He made frequent references to the "chip" implanted in his brain.

He declined to engage with staff and other patients in activities on the ward and tended to isolate himself from others in his room.

This pattern of engagement continued throughout the assessment period.

He reported the following at varied times throughout his admission. He said that he has suffered from voices from a young age and that they (the voices) were responsible for the deaths of his parents, his friend and Dr Campbell his previous consultant. He believed that Dr Campbell was killed [by the voices] because he had revealed too much to her. He said that his interaction with visitors and other patients appeared to be normal because he wasn't prepared to talk to them about anything substantive and that this was left to staff who asked him tougher questions.

He referred to police as the "Police soldiers" and believed that they acted at the behest of his voices. He reported delusions of reference from the television and radio and believed that his thoughts could be read and altered. He reported numerous paranoid delusions and he continued to report auditory hallucinations in the 2nd and 3rd person.

He reported that he had been experiencing voices for many years and that he wanted to get rid of it, as well as of the chip that was in his head. He believed that it had been inserted into his head so as to control him. He asked me numerous times to remove it from his head.

He said that he had moved to his current accommodation to get away from his criminal friends who were always wanting something from him. He complained about his landlady, who he appeared to find meddlesome and interfering. He said that he was happy where he was away from other people.

His engagement and general presentation improved towards the end of the assessment period. Subjectively he said that he felt more relaxed. He was less tearful, more coherent and was able to provide a more coherent account of himself. His account of events on the day of his arrest was still vague.

He said that he has been unable to trust people and doctors and therefore found it difficult to engage consistently and comply with his medication.

Mental state examination

Mr Shaw's presentation changed over the course of his admission. Initially, he was extremely distressed and tearful and was unable to provide a coherent account of himself. This improved somewhat towards the end of his admission. He avoided any consistent eye contact with his gaze never fixed but wandering around the room. It did not appear that he was experiencing any hallucinations. He was otherwise reasonably kempt.

His affect was reactive and congruent. His mood was generally labile and low during interviews. He had frequent bouts of tearfulness. He was not clinically depressed. His speech was normal rate and

volume. He tended to ramble and digress and but when pressed, was able to provide a more coherent account of himself. He was not thought disordered. He was preoccupied with his account of his voices and paranoid beliefs and would provide long accounts of these. He described having a few voices, both male and female in the 2nd and 3rd person, ie talking to him and talking about him. He said that they would make derogatory comments and give instructions to hurt himself and others; he said that he had no intentions to act on these. He did not believe that there was any other person responsible for the voices, other than the voices. He referred to one voice as "the gaffer", also called Steven Murdoch. He did not have any thoughts of harm to himself or others.

He expressed paranoid delusions and felt pursued by the voices. He also felt the Police were part of the "army" that was in pursuit of him. He also had delusions of reference from the television and radio, as well as bizarre beliefs that there was a chip implanted in his head which he wanted to have removed, and the presence of aliens amongst us.

He had partial insight into his mental illness.

Summary

Based on his significant history of childhood sexual abuse, dysfunctional parenting and poor attachment experiences, and observation on the ward showing no signs of psychosis, Mr Shaw most likely has a primary personality disorder, significant emotionally unstable personality disorder with psychotic features.

Plan

I am planning to offer Mr Shaw a brief follow up at my clinic before referring him to an appropriate service.

Yours sincerely

Dr Regan Jonathan

Locum Forensic Consultant Psychiatrist

Lanarkshire Forensic Service

**IONA WARD
BECKFORD LODGE
CAIRD STREET
HAMILTON
ML3 0AL**

Date: 3/3/2016
Our Ref:
CHI No: 2104673933
Your Ref:
Enquiries to:
Direct Line: 01698 456215
Facsimile: 01698 456217

Dr Cameron
Kingsway Medical Practice
12 Kingsway court
Glasgow
G14 9SS

**Re Andre Shaw DOB 01-04-1967
30 Douglas Drive, East Kilbride, G75 8JS**

Consultant:	Dr. Regan Jonathan
Admission date :	28/01/2015
Discharge date:	01/03/2016
Diagnosis:	Personality disorder
Legal status:	Section 52(D)
Psych medication on discharge :	Risperdal Consta 25mg 2 weekly

Dear Dr Cameron

DISCHARGE LETTER

I understand that Mr Shaw is still registered at your practice despite living in East Kilbride. I am therefore providing you with a discharge summary from his recent admission to Iona Low Forensic ward at Beckford Lodge in Hamilton.

Circumstances of the Index Offence

Mr Shaw was admitted to Iona ward for assessment following his arrest for a series of traffic violations. There was concern for his mental state due to his bizarre presentation. He was arrested for dangerous driving. He was subsequently charged with:

- o Failing to stop at traffic light
- o Speeding and dangerous driving
- o Driving whilst disqualified
- o Driving without insurance
- o Resetting of motor vehicle

Psychiatric history

Mr Shaw has had extensive contact with mental health services from a young age since 1995 and has held various diagnoses which have included psychogenic psychosis, paranoid schizophrenia, personality disorder and post traumatic stress disorder.

It was felt that childhood sexual abuse played a significant part in the genesis of his dysfunctional behaviour and the repeat offending related to motor vehicles. The repeat stealing of motor vehicles and other driving offences provided a sense of emotional comfort to Mr Shaw in times of distress. He has had previous court disposals to hospital following driving offences and was followed up by the Lanarkshire forensic team for many years, and in particular by Dr Campbell. His engagement with mental health services broke down when Dr Campbell changed employment.

He has also been under the care of Glasgow forensic services and Lanarkshire Adult Psychiatry services, but engagement with him proved difficult and he was frequently non-compliant with treatment.

He has previous admissions to hospital where has presented in similar distress. He also has one previous overdose.

Personal and background history

Mr Shaw reports that he was resident at his current address for the past 9 months because he wanted to escape from previous associates and friends who were harassing him. He has never been married and has no children. He is in receipt of social benefits and reports that he also sells cars for friends and other associates from time to time. He reported that he has been in a long term relationship with a Moira Duggan for the past 35 years, but that they have never lived together. He initially told me that he has a 28 year old daughter but it later transpired that this woman was the daughter of a friend who has since died. The woman reported that he often makes unsolicited contact with her.

He was born in Bellshill and raised in Hamilton by his parents. He had 3 older brothers who were 15, 17 and 18 years older than him. He reported good relationships with all except with brother Duncan (15 years older) who he said sexually and physically abused him. He refused to give any details. He said that his father drank a lot and was abusive to his mother but that he was "not a bad man" and that they had a happy marriage. He was also blamed by his older brother for the death of his mother.

His mother was a cleaner and his father worked in the steelworks. He was very close to his mother. She died at the age of 45 years when he was 8. He said that he was neglected by his father who was frequently intoxicated after this. At the age of 12 years, he was placed in Geilsland list D school. He denied any abuse but reported that he was felt afraid for his safety from the other boys. He said that they were occupied with many activities and did not receive any schooling. This is where he was allowed to learn to drive motor cars, after learning on tractors on a big estate.

He came into contact with police and social services from a young age due to his criminal behavior which including truancy, stealing and car related offences. He claimed that the first car he stole was his brother's and that this was in retaliation for abusing him.

His father died from lung cancer. Mr Shaw previously had good contact with his close and extended family. This seems to have dissipated over the years to the present where he has no contact with any family members.

In the past few years he appears to have led an itinerant lifestyle staying with various family members and friends for varying periods.

Alcohol and drugs

He reported that he uses illicit drugs to try and block the voices. Previous to his admission he was using cocaine 3 to 4 times per week, as well as valium but does not believe that the valium was effective.

Forensic history

He has numerous charges mostly related to motor car offences. In all he has had about 39 court appearances. Charges have included, housebreaking, theft, theft of motor vehicle, resetting of motor vehicles, motor traffic offences, breach of bail, fraud, attempts to pervert the course of justice, assault, assault to injury and permanent disfigurement, forgery and counterfeit. He does not appear to have any offences related to weapons.

He has spent several custodial periods, a large part of his adult life, in prison. His motor vehicle offending is related to his mental illness and emotional distress and serves as means relieving the stress around these. His last conviction was in June 2013 for road traffic offences and he was released in December 2014.

Admission to Iona Ward

There was never any objective evidence of psychosis observed on the ward by nursing staff. Reports were that his interaction with other patients and visitors, whilst unobtrusively observed, were appropriate. When discussing his symptoms with staff, he would become distressed, tearful and agitated, sometimes rocking to and fro in a regressive manner whilst talking. He would talk about his delusional beliefs relating to aliens, voices and various people and armies pursuing him with harmful intent. He made frequent references to the "chip" implanted in his brain.

He declined to engage with staff and other patients in activities on the ward and tended to isolate himself from others in his room.

This pattern of engagement continued throughout the assessment period.

He reported the following at varied times throughout his admission. He said that he has suffered from voices from a young age and that they (the voices) were responsible for the deaths of his parents, his friend and Dr Campbell his previous consultant. He believed that Dr Campbell was killed [by the voices] because he had revealed too much to her. He said that his interaction with visitors and other patients appeared to be normal because he wasn't prepared to talk to them about anything substantive and that this was left to staff who asked him tougher questions.

He referred to police as the "Police soldiers" and believed that they acted at the behest of his voices. He reported delusions of reference from the television and radio and believed that his thoughts could be read and altered. He reported numerous paranoid delusions and he continued to report auditory hallucinations in the 2nd and 3rd person.

He reported that he had been experiencing voices for many years and that he wanted to get rid of it, as well as of the chip that was in his head. He believed that it had been inserted into his head so as to control him. He asked me numerous times to remove it from his head.

He said that he had moved to his current accommodation to get away from his criminal friends who were always wanting something from him. He complained about his landlady, who he appeared to find meddlesome and interfering. He said that he was happy where he was away from other people.

His engagement and general presentation improved towards the end of the assessment period. Subjectively he said that he felt more relaxed. He was less tearful, more coherent and was able to provide a more coherent account of himself. His account of events on the day of his arrest was still vague.

He said that he has been unable to trust people and doctors and therefore found it difficult to engage consistently and comply with his medication.

Mental state examination

Mr Shaw's presentation changed over the course of his admission. Initially, he was extremely distressed and tearful and was unable to provide a coherent account of himself. This improved somewhat towards the end of his admission. He avoided any consistent eye contact with his gaze never fixed but wandering around the room. It did not appear that he was experiencing any hallucinations. He was otherwise reasonably kempt.

His affect was reactive and congruent. His mood was generally labile and low during interviews. He had frequent bouts of tearfulness. He was not clinically depressed. His speech was normal rate and volume. He tended to ramble and digress and but when pressed, was able to provide a more coherent account of himself. He was not thought disordered. He was preoccupied with his account of his voices and paranoid beliefs and would provide long accounts of these. He described having a few voices, both male and female in the 2nd and 3rd person, ie talking to him and talking about him. He said that they would make derogatory comments and give instructions to hurt himself and others; he said that he had no intentions to act on these. He did not believe that there was any other person responsible for the voices, other than the voices. He referred to one voice as "the gaffer", also called Steven Murdoch. He did not have any thoughts of harm to himself or others.

He expressed paranoid delusions and felt pursued by the voices. He also felt the Police were part of the "army" that was in pursuit of him. He also had delusions of reference from the television and radio, as well as bizarre beliefs that there was a chip implanted in his head which he wanted to have removed, and the presence of aliens amongst us.

He had partial insight into his mental illness.

Summary

Based on his significant history of childhood sexual abuse, dysfunctional parenting and poor attachment experiences, and observation on the ward showing no signs of psychosis, Mr Shaw most likely has a primary personality disorder, significant emotionally unstable personality disorder with psychotic features.

Plan

I am planning to offer Mr Shaw a brief follow up at my clinic before referring him to an appropriate service.

Yours sincerely

Dr Regan Jonathan

Locum Forensic Consultant Psychiatrist

Lanarkshire Forensic Mental Health Service

Carluke Community Health Centre
40 Chapel Street
Carluke
ML8 4BA
www.nhslanarkshire.co.uk

COPY

CONFIDENTIAL

Andrew Shaw
30 Douglas Drive
East Kilbride
GLASGOW
G75 8JS

Date Typed: 18th May 2016

Our Ref: RJ/MM

CHI No: 210 467 3933

Enquiries to: Marie Magunnigal

Direct Line: 01555 777 481

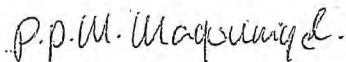
Fax: 01555 777 482

Dear Mr Shaw

I would like to offer you an out-patient appointment to see me on **Friday 27th May 2016** at **12.30pm** in **Beckford Lodge, Caird Street, Hamilton**. Please report to the Reception upon arrival.

Should you be unable to attend for this appointment please contact my secretary on the above telephone number. *(Please note it costs the NHS £136 for every missed appointment).*

Yours sincerely,



Dr Regan Jonathan
Consultant Forensic Psychiatrist (Locum)

Lanarkshire Forensic Mental Health Service

Carluke Community Health Centre
40 Chapel Street
Carluke
ML8 4BA
www.nhslanarkshire.co.uk

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COPY

Andrew Shaw
30 Douglas Drive
East Kilbride
GLASGOW
G75 8JS

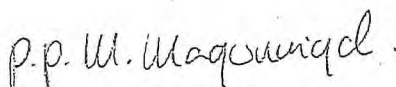
Date Typed: 4th May 2016
Our Ref: RJ/MM
CHI No: 210 467 3933
Enquiries to: Marie Magunnigal
Direct Line: 01555 777 481
Fax: 01555 777 482

Dear Mr Shaw

I would like to offer you an out-patient appointment to see me on **Tuesday 17th May 2016** at **9.30am** in **Beckford Lodge, Hamilton**. Please report to the Reception upon arrival.

Should you be unable to attend for this appointment please contact my secretary on the above telephone number. *(Please note it costs the NHS £136 for every missed appointment).*

Yours sincerely,



Dr Regan Jonathan
Consultant Forensic Psychiatrist (Locum)

Lanarkshire Forensic Mental Health
Service

Carluke Community Health Centre
Chapel Street
CARLUKE
ML8 4BA



Date: 27th April 2016
Our Ref: RJ/MM
CHI No: 210 467 3933
Your Ref: - -

Enquiries to: Marie Magunnigal
Direct Line: 01555 777 481
Facsimile: 01555 777 482

Andrew Shaw
30 Douglas Drive
East Kilbride
GLASGOW
G75 8JS

COPY

Dear Mr Shaw

I would like to offer you an out-patient appointment for **Monday 2nd May 2016 at 2.00pm in Beckford Lodge, Caird Street, Hamilton, ML3 0AL**. Please report to reception on your arrival.

Should you be unable to attend for this appointment please contact my secretary on the above number.

Yours sincerely,

p.p. M. Magunnigal

Dr Regan Jonathan
Consultant Forensic Psychiatrist (Locum)

Lanarkshire Forensic Mental Health
Service

Carluke Community Health Centre,
Chapel Street,
CARLUKE,
ML8 4BA

COPY

PRIVATE & CONFIDENTIAL

Dr Wylie
Mavor Medical Practice,
Hunter Health Centre,
Andrew Street,
East Kilbride,
G74 1AD

Date dictated: 04/04/2016
Date typed: 20/04/2016
CHI: 2104673933
Our Ref: RJ/AR
Your Ref: -----

Enquiries to: Secretary
Direct Line: 01555 777 481
Facsimile: 01555 777 482

Dear Dr Wylie,

RE: Andrew Shaw
DOB: 21-04-1967
Address: 30 Douglas Drive, East Kilbride, G75 8JS

Mr Shaw attended the outpatient clinic today on 04/04/2016. He appeared agitated and avoided eye contact throughout the visit. He shifted about continuously in his seat, flicking his fingers. At one time he appeared almost tearful when he mentioned that the voices had returned. He did not have much else to report. He denied any thoughts of harm to himself or others. He reported spending most of his time by himself and denied any association with previous friends or involvement in criminal activities.

I informed him of my referral to Psychology and he was content to await their response. With regard to the previous appointment on 21/03/2016 which he had missed, he said he was unaware of the appointment. He had also missed a dose of Risperdal Depot and was happy to resume the 25mgs two weekly. This should resume on 06/04/2016.

I would like to kindly request if this could be facilitated by your practice nurse in the future please.

Yours sincerely


Dr Regan Jonathan
Locum Consultant Forensic Psychiatrist

Copy to: Dr Cameron, Kingsway Medical Practice, 12 Kingsway court, Glasgow, G14 9SS

file

TRANSMISSION VERIFICATION REPORT

TIME : 13/04/2016 12:21
NAME : FORENSIC SERVICE
FAX : 01555777482
TEL :
SER.# : 0A5628720241

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

13/04 12:20
901418495937
00:00:52
03
OK
STANDARD
ECM

Lanarkshire Forensic Mental Health
Service

Carluke Community Health Centre
Chapel Street
CARLUKE
ML8 4BA



Tel: 01555 777480 / 777481
Fax: 01555 777482

FAX COVER SHEET

TO:	MS F HOLLIGAN	FAX NO:	0141 8495937
ATTN:		DATE:	13/4/16
FROM:	Dr R JONATHAN	PAGE(S):	3 (INCLUDING THIS PAGE)

**Lanarkshire Forensic Mental Health
Service**

Carluke Community Health Centre
Chapel Street
CARLUKE
ML8 4BA



Tel: 01555 777480 / 777481
Fax: 01555 777482

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TO:	MS F HOLLIGAN	FAX NO:	0141 8495937
ATTN:		DATE:	13/4/16
FROM:	Dr R JONATHAN	PAGE(S):	3 (INCLUDING THIS PAGE)

CONFIDENTIALITY NOTICE:

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Lanarkshire Forensic Mental Health Service

Carluke Community Health Centre
40 Chapel Street
Carluke
ML8 4BA
www.nhslanarkshire.co.uk

CONFIDENTIAL

Ms F. Holligan
Principle Procurator Fiscal Depute
Procurator Fiscal Office
1, Love Street
PAISLEY
PA3 2DA

Date Dictated: 13th April 2016
Date Typed: 13th April 2016

Our Ref: RJ/CS

CHI No: 010 467 3933

Enquiries to: Carole Scott
Direct Line: 01555 777 480
Fax: 01555 777 482

Dear Ms Holligan,

Name: Andrew Shaw
DoB: 01-04-67
Address: 30, Douglas Drive, EAST KILBRIDE, G75 8JS

Thank you for your letter dated 1 April 2016. I have reviewed the case in question and amended my recommendations:

It is my understanding that he is facing a number of charges which include:

1. Failing to stop at traffic light
2. Speeding and dangerous driving
3. Driving whilst disqualified
4. Driving without insurance
5. Resetting of motor vehicle

It was my original opinion at the time that *"Mr Shaw was suffering from psychotic episode at the time of the index offence and that he was acting in response to delusional beliefs and was under severe psychological stress which was affecting his judgement and insight as to the consequences of his actions. I therefore do not feel that he can be held criminally responsible for his actions relating to the charges"*.

In reviewing my recommendations, I have applied the test of criminal responsibility to each of the charges.

In relation to the charges of (1) Failing to stop at traffic light, (2) Speeding and dangerous driving, (3) Driving whilst disqualified and (4) Driving without insurance, it remains my opinion that Mr Shaw was suffering from a psychotic episode at the time of *these* offences and that he was acting in response to delusional beliefs and was under severe psychological stress which was affecting his judgement and insight as to the consequences of his actions. I therefore believe that he does meet the test of *not criminally responsible*, as he was unable to appreciate the wrongfulness of his actions.

However, in relation to the charge of (5) Resetting of motor vehicle, I do not believe that Mr Shaw was mentally unwell at the time, and therefore unable to understand the nature or wrongfulness of his action. He therefore does not meet the test of *not criminally responsible*.

This report is given on soul and conscience. I am not related to the accused and have no pecuniary interest in the disposal by the court. I am a registered medical practitioner approved by NHS Grampian under the terms of Section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003 as having special experience in the diagnosis or treatment of mental disorder.

Yours sincerely,



Dr Regan Jonathan
Locum Consultant Forensic Psychiatrist

**Lanarkshire Forensic Mental Health
Service**

Carluke Community Health Centre
Chapel Street
CARLUKE
ML8 4BA



Date: 22nd March 2016
Our Ref: RJ/MM
CHI No: 210 467 3933
Your Ref: --

Enquiries to: Marie Magunnigal
Direct Line: 01555 777 481
Facsimile: 01555 777 482

Andrew Shaw
30 Douglas Drive
East Kilbride
GLASGOW
G75 8JS

COPY

Dear Mr Shaw

I would like to offer you an out-patient appointment for **Monday 4th April 2016 at 1.00pm in Beckford Lodge, Hamilton.** Please report to reception on your arrival.

Should you be unable to attend for this appointment please contact my secretary on the above number.

Yours sincerely,

p.p. M. Magunnigal

Dr Regan Jonathan
Consultant Forensic Psychiatrist (Locum)

Lanarkshire Forensic Service

IONA WARD
BECKFORD LODGE
CAIRD STREET
HAMILTON
ML3 0AL

Date: 8/3/2016
Our Ref: RJ/AR
CHI No: 2104673933
Your Ref: _____
Enquiries to: Angela Rae
Direct Line: 01698 456215
Facsimile: 01698 456217

Psychological Therapies
Atholl House
Churchill Avenue
East Kilbride
G74 1LU

Dear Colleague

RE: Andrew Shaw
DOB: 01-04-1967
Address: 30 Douglas Drive, East Kilbride, G75 8JS

I would like to refer Mr Shaw for assessment for psychological intervention.

He is a 48 year old man with long history of contact with mental health services. He has a complex presentation which involves auditory hallucinations and episodes of emotional decompensation which results in repeat offences involving motor vehicles and traffic violations. He has been diagnosed with schizophrenia in the past but there was little evidence of this on his recent admission to Iona Ward. The diagnosis is more likely to personality disorder stemming from childhood sexual abuse from his older sibling, parental alcohol misuse and domestic violence, witnessed death of mother at age of 8 years due to heart attack, fostering and emotional neglect.

In the past, he has had difficulty establishing therapeutic relationships with his care providers due to trust issues, and as a result has frequently disengaged from services.

Nevertheless he now indicates a new willingness to attend regularly

Circumstances leading to admission on 28th January 2016

Mr Shaw was admitted to Iona ward for assessment following his arrest for a series of traffic violations. There was concern for his mental state due to his bizarre presentation. He was arrested for dangerous driving. He was subsequently charged with:

- o Failing to stop at traffic light
- o Speeding and dangerous driving
- o Driving whilst disqualified
- o Driving without insurance
- o Resetting of motor vehicle

Psychiatric history

Mr Shaw has had extensive contact with mental health services from a young age since 1995 and has held various diagnoses which have included psychogenic psychosis, paranoid schizophrenia, personality disorder and post traumatic stress disorder.

It was felt that childhood sexual abuse played a significant part in the genesis of his dysfunctional behaviour and the repeat offending related to motor vehicles. The repeat stealing of motor vehicles and other driving offences provided a sense of emotional comfort to Mr Shaw in times of distress. He has had previous court disposals to hospital following driving offences and was followed up by the Lanarkshire forensic team for many years, and in particular by Dr Campbell. His engagement with mental health services broke down when Dr Campbell changed employment.

He has also been under the care of Glasgow forensic services and Lanarkshire Adult Psychiatry services, but engagement with him proved difficult and he was frequently non-compliant with treatment.

He has previous admissions to hospital where has presented in similar distress. He also has one previous overdose.

He describes a number of voices consist which make derogatory comments and he reports that they are present all the time. This includes the voice of his mother.

Personal and background history

Mr Shaw reports that he was resident at his current address for the past 9 months because he wanted to escape from previous associates and friends who were harassing him. He has never been married and has no children and has very limited social support. He is in receipt of social benefits and reports that he also sells cars for friends and other associates from time to time. He reported that he has been in a long term relationship with a Moira Duggan for the past 35 years, but that they have never lived together. He initially told me that he has a 28 year old daughter but it later transpired that this woman was the daughter of a friend who has since died. The woman reported that he often makes unsolicited contact with her.

He was born in Bellshill and raised in Hamilton by his parents. He had 3 older brothers who were 15, 17 and 18 years older than him. He reported good relationships with all except with brother Duncan (15 years older) who he said sexually and physically abused him. He refused to give any details. He said that his father drank a lot and was abusive to his mother but that he was "not a bad man" and that they had a happy marriage. He was also blamed by his older brother for the death of his mother.

His mother was a cleaner and his father worked in the steelworks. He was very close to his mother. She died at the age of 45 years when he was 8. He said that he was neglected by his father who was frequently intoxicated after this. At the age of 12 years, he was placed in Geilsland list D school. He denied any abuse. He said that they were occupied with many activities and did not receive any schooling. This is where he was allowed to learn to drive motor cars, after learning on tractors on a big estate. It appears that the school encouraged this behaviour as it brought on emotional stability.

He came into contact with police and social services from a young age due to his criminal behaviour which including truanting, stealing and car related offences. He claimed that the first car he stole was his brother's and that this was in retaliation for abusing him.

His father died from lung cancer. Mr Shaw previously had good contact with his close and extended family. This seems to have dissipated over the years to the present where he has no contact with any family members.

In the past few years he appears to have led an itinerant lifestyle staying with various family members and friends for varying periods.

He has been in prison for large parts of his adult life and has never had any long term employment. He was a car salesman for a brief period. He is in receipt of social benefits and is appears to quite able to maintain his social welfare through occasionally selling cars for associates and friends.

Alcohol and drugs

He reported that he uses illicit drugs to try and block the voices. Previous to his admission he was using cocaine 3 to 4 times per week, as well as valium.

Forensic history

He has numerous charges mostly related to motor car offences. In all he has had about 39 court appearances. Charges have included, housebreaking, theft, theft of motor vehicle, resetting of motor vehicles, motor traffic offences, breach of bail, fraud, attempts to pervert the course of justice, assault, assault to injury and permanent disfigurement, forgery and counterfeit. He does not appear to have any offences related to weapons.

He has spent several custodial periods, a large part of his adult life, in prison. His motor vehicle offending is related to his mental illness and emotional distress and serves as means relieving the stress around these. His last conviction was in June 2013 for road traffic offences and he was released in December 2014.

Admission to Iona Ward

There was never any objective evidence of psychosis observed on the ward by nursing staff. Reports were that his interaction with other patients and visitors, whilst unobtrusively observed, were appropriate. When discussing his symptoms with staff, he would become distressed, tearful and agitated, sometimes rocking to and fro in a regressive manner whilst talking. He would talk about his delusional beliefs relating to aliens, voices and various people and Police armies pursuing him with harmful intent. He made frequent references to the "chip" implanted in his brain.

He declined to engage with staff and other patients in activities on the ward and tended to isolate himself from others in his room.

This pattern of engagement continued throughout the assessment period.

He reported the following at varied times throughout his admission. He said that he has suffered from voices from a young age and that they (the voices) were responsible for the deaths of his parents, his friend and Dr Campbell his previous consultant. He believed that Dr Campbell was killed [by the voices] because he had revealed too much to her. He said that his interaction with visitors and other patients appeared to be normal because he wasn't prepared to talk to them about anything substantive and that this was left to staff who asked him tougher questions.

He referred to police as the "Police soldiers" and believed that they acted at the behest of his voices. He reported delusions of reference from the television and radio and believed that his thoughts could be read and altered. He reported numerous paranoid delusions and he continued to report auditory hallucinations in the 2nd and 3rd person.

He reported that he had been experiencing voices for many years and that he wanted to get rid of it, as well as of the chip that was in his head. He believed that it had been inserted into his head so as to control him. He asked me numerous times to remove it from his head.

He said that he had moved to his current accommodation to get away from his criminal friends who were always wanting something from him. He complained about his landlady, who he appeared to find meddlesome and interfering. He said that he was happy where he was away from other people.

His engagement and general presentation improved towards the end of the assessment period. Subjectively he said that he felt more relaxed. He was less tearful, more coherent and was able to provide a more coherent account of himself. His account of events on the day of his arrest was still vague.

He said that he has been unable to trust people and doctors and therefore found it difficult to engage consistently and comply with his medication.

Mental state examination

Mr Shaw's presentation changed over the course of his admission. Initially, he was extremely distressed and tearful, and was unable to provide a coherent account of himself. This improved somewhat towards the end of his admission. He avoided any consistent eye contact with his gaze never fixed but wandering around the room. It did not appear that he was experiencing any hallucinations. He was otherwise reasonably kempt.

His affect was reactive and congruent. His mood was generally labile and low during interviews. He had frequent bouts of tearfulness. He was not clinically depressed. His speech was normal rate and

volume. He tended to ramble and digress and but when pressed, was able to provide a more coherent account of himself. He was not thought disordered. He was preoccupied with his account of his voices and paranoid beliefs and would provide long accounts of these. He described having a few voices, both male and female in the 2nd and 3rd person, ie talking to him and talking about him. He said that they would make derogatory comments and give instructions to hurt himself and others; he said that he had no intentions to act on these. He did not believe that there was any other person responsible for the voices, other than the voices. He referred to one voice as "the gaffer", also called Steven Murdoch. He did not have any thoughts of harm to himself or others.

He expressed paranoid delusions and felt pursued by the voices. He also felt the Police were part of the "army" that was in pursuit of him. He also had delusions of reference from the television and radio, as well as bizarre beliefs that there was a chip implanted in his head which he wanted to have removed, and the presence of aliens amongst us.

He had partial insight into his mental illness.

Summary

Based on his significant history of childhood sexual abuse, dysfunctional parenting and poor attachment experiences, and observation on the ward showing no signs of psychosis, Mr Shaw most likely has a primary personality disorder, significant emotionally unstable personality disorder with psychotic features.

Plan

I am planning to offer Mr Shaw a brief follow up at my clinic before referring him to an appropriate service.

Yours sincerely



Dr Regan Jonathan
Locum Forensic Consultant Psychiatrist

Lanarkshire Forensic Mental Health
Service

Carluke Community Health Centre
Chapel Street
CARLUKE
ML8 4BA



Date: 7th March 2016
Our Ref: RJ/MM
CHI No: 210 467 3933
Your Ref: --

Enquiries to: Marie Magunnigal
Direct Line: 01555 777 481
Facsimile: 01555 777 482

Andrew Shaw
30 Douglas Drive
East Kilbride
GLASGOW
G75 8JS

COPY

Dear Mr Shaw

I would like to offer you an out-patient appointment for **Monday 21st March 2016** at **1.00pm** in **Beckford Lodge, Caird Street, Hamilton, ML3 0AL**. Please report to reception on your arrival.

Should you be unable to attend for this appointment please contact my secretary on the above number.

Yours sincerely,

p.p. M. Magunnigal

Dr Regan Jonathan
Consultant Forensic Psychiatrist (Locum)

Lanarkshire Forensic Service

IONA WARD
BECKFORD LODGE
CAIRD STREET
HAMILTON
ML3 0AL

Date: 3/3/2016
Our Ref: RJ/MR
CHI No: 2104673933
Your Ref:
Enquiries to:
Direct Line: 01698 456215
Facsimile: 01698 456217

Dr Cameron
Kingsway Medical Practice
12 Kingsway court
Glasgow
G14 9SS

Re Andrew Shaw DOB 01-04-1967
30 Douglas Drive, East Kilbride, G75 8JS

Consultant:	Dr. Regan Jonathan
Admission date :	
Discharge date:	01/03/2016
Diagnosis:	Personality disorder
Legal status:	Section 52(D)
Psych medication on discharge :	Risperdal Consta 25mg 2 weekly

Dear Dr Cameron

DISCHARGE LETTER

I understand that Mr Shaw is still registered at your practice despite living in East Kilbride. I am therefore providing you with a discharge summary from his recent admission to Iona Low SForensic ward at Beckford Lodge in Hamilton.

Circumstances of the Index Offence

Mr Shaw was admitted to Iona ward for assessment following his arrest for a series of traffic violations. There was concern for his mental state due to his bizarre presentation. He was arrested for dangerous driving. He was subsequently charged with:

- Failing to stop at traffic light
- Speeding and dangerous driving
- Driving whilst disqualified
- Driving without insurance
- Resetting of motor vehicle

Psychiatric history

Mr Shaw has had extensive contact with mental health services from a young age since 1995 and has held various diagnoses which have included psychogenic psychosis, paranoid schizophrenia, personality disorder and post traumatic stress disorder.

It was felt that childhood sexual abuse played a significant part in the genesis of his dysfunctional behaviour and the repeat offending related to motor vehicles. The repeat stealing of motor vehicles and other driving offences provided a sense of emotional comfort to Mr Shaw in times of distress. He has had previous court disposals to hospital following driving offences and was followed up by the Lanarkshire forensic team for many years, and in particular by Dr Campbell. His engagement with mental health services broke down when Dr Campbell changed employment.

He has also been under the care of Glasgow forensic services and Lanarkshire Adult Psychiatry services, but engagement with him proved difficult and he was frequently non-compliant with treatment.

He has previous admissions to hospital where has presented in similar distress. He also has one previous overdose.

Personal and background history

Mr Shaw reports that he was resident at his current address for the past 9 months because he wanted to escape from previous associates and friends who were harassing him. He has never been married and has no children. He is in receipt of social benefits and reports that he also sells cars for friends and other associates from time to time. He reported that he has been in a long term relationship with a Moira Duggan for the past 35 years, but that they have never lived together. He initially told me that he has a 28 year old daughter but it later transpired that this woman was the daughter of a friend who has since died. The woman reported that he often makes unsolicited contact with her.

He was born in Bellshill and raised in Hamilton by his parents. He had 3 older brothers who were 15, 17 and 18 years older than him. He reported good relationships with all except with brother Duncan (15 years older) who he said sexually and physically abused him. He refused to give any details. He said that his father drank a lot and was abusive to his mother but that he was "not a bad man" and that they had a happy marriage. He was also blamed by his older brother for the death of his mother.

His mother was a cleaner and his father worked in the steelworks. He was very close to his mother. She died at the age of 45 years when he was 8. He said that he was neglected by his father who was frequently intoxicated after this. At the age of 12 years, he was placed in Geilsland list D school. He denied any abuse but reported that he was felt afraid for his safety from the other boys. He said that they were occupied with many activities and did not receive any schooling. This is where he was allowed to learn to drive motor cars, after learning on tractors on a big estate.

He came into contact with police and social services from a young age due to his criminal behavior which including truancy, stealing and car related offences. He claimed that the first car he stole was his brother's and that this was in retaliation for abusing him.

His father died from lung cancer. Mr Shaw previously had good contact with his close and extended family. This seems to have dissipated over the years to the present where he has no contact with any family members.

In the past few years he appears to have led an itinerant lifestyle staying with various family members and friends for varying periods.

Alcohol and drugs

He reported that he uses illicit drugs to try and block the voices. Previous to his admission he was using cocaine 3 to 4 times per week, as well as valium but does not believe that the valium was effective.

Forensic history

He has numerous charges mostly related to motor car offences. In all he has had about 39 court appearances. Charges have included, housebreaking, theft, theft of motor vehicle, resetting of motor vehicles, motor traffic offences, breach of bail, fraud, attempts to pervert the course of justice, assault, assault to injury and permanent disfigurement, forgery and counterfeit. He does not appear to have any offences related to weapons.

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Admission to Iona Ward

There was never any objective evidence of psychosis observed on the ward by nursing staff. Reports were that his interaction with other patients and visitors, whilst unobtrusively observed, were appropriate. When discussing his symptoms with staff, he would become distressed, tearful and agitated, sometimes rocking to and fro in a regressive manner whilst talking. He would talk about his delusional beliefs relating to aliens, voices and various people and armies pursuing him with harmful intent. He made frequent references to the "chip" implanted in his brain.

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This pattern of engagement continued throughout the assessment period.

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He reported that he had been experiencing voices for many years and that he wanted to get rid of it, as well as of the chip that was in his head. He believed that it had been inserted into his head so as to control him. He asked me numerous times to remove it from his head.

He said that he had moved to his current accommodation to get away from his criminal friends who were always wanting something from him. He complained about his landlady, who he appeared to find meddlesome and interfering. He said that he was happy where he was away from other people.

His engagement and general presentation improved towards the end of the assessment period. Subjectively he said that he felt more relaxed. He was less tearful, more coherent and was able to provide a more coherent account of himself. His account of events on the day of his arrest was still vague.

He said that he has been unable to trust people and doctors and therefore found it difficult to engage consistently and comply with his medication.

Mental state examination

Mr Shaw's presentation changed over the course of his admission. Initially, he was extremely distressed and tearful and was unable to provide a coherent account of himself. This improved somewhat towards the end of his admission. He avoided any consistent eye contact with his gaze never fixed but wandering around the room. It did not appear that he was experiencing any hallucinations. He was otherwise reasonably kempt.

His affect was reactive and congruent. His mood was generally labile and low during interviews. He had frequent bouts of tearfulness. He was not clinically depressed. His speech was normal rate and volume. He tended to ramble and digress and but when pressed, was able to provide a more coherent account of himself. He was not thought disordered. He was preoccupied with his account of his voices and paranoid beliefs and would provide long accounts of these. He described having a few voices, both male and female in the 2nd and 3rd person, ie talking to him and talking about him. He said that they would make derogatory comments and give instructions to hurt himself and others; he said that he had no intentions to act on these. He did not believe that there was any other person responsible for the voices, other than the voices. He referred to one voice as "the gaffer", also called Steven Murdoch. He did not have any thoughts of harm to himself or others.

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Summary

Based on his significant history of childhood sexual abuse, dysfunctional parenting and poor attachment experiences, and observation on the ward showing no signs of psychosis, Mr Shaw most likely has a primary personality disorder, significant emotionally unstable personality disorder with psychotic features.

Plan

I am planning to offer Mr Shaw a brief follow up at my clinic before referring him to an appropriate service.

Yours sincerely



Dr Regan Jonathan

Locum Forensic Consultant Psychiatrist

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Report on Andrew Shaw due in
court today

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**Lanarkshire Forensic Mental
Health Service**

**IONA WARD
BECKFORD LODGE
CAIRD STREET
HAMILTON
ML3 0AL**

Date: 29/02/2016
Our Ref: 2104673933
CHI No:
Your Ref:
Enquiries to:
Direct Line: 01698 456215
Fax. No.: 01698 456217

Procurator Fiscal Depute
Crown Office & Procurator Fiscal
1 Love Street
PAISLEY
PA3 2DA

COURT REPORT FOR ANDREW SHAW

**Andrew Shaw DOB 01-04-1967
30 Douglas Drive, East Kilbride, G75 8JS**

This report is prepared for the purpose of the Section 52(D) Assessment for the above named person who is due to appear in Sheriff Court on 1/3/2016.

Mr Shaw is currently an inpatient in Iona Ward, Beckford Lodge, detained under Section 52D of the (Criminal Procedures) (Scotland) Act 1995 as amended by the Mental Health (Care and Treatment) (Scotland) Act 2003.

He is facing a number of motor related charges. These include:

- Failing to stop at traffic light
- Speeding and dangerous driving
- Driving whilst disqualified
- Driving without insurance
- Resetting of motor vehicle

In preparation of this report, I have had access to the following:

1. Mr Shaw's clinical psychiatric notes from NHS Lanarkshire
2. A copy of the Prosecution report and Summary of Evidence
3. Interviews with Mr Shaw in Iona Ward, Hamilton
4. Discussion with his current Mental Health Officer, Ann-Marie Cain

Mr Shaw is aware that I am preparing this report for the court. He appears to understand this and has consented to the preparation of this report.

PERSONAL AND HISTORY

Mr Shaw reports that he was resident at his current address for the past 9 months because he wanted to escape from previous associates and friends who were harassing him. He has never been married and has no children. He is in receipt of social benefits and reports that he also sells cars for friends and other associates from time to time. He reported that he has been in a long term relationship with a Moira Duggan for the past 35 years, but that they have never lived together. He initially told me that he has a 28 year old daughter but it later transpired that this woman was the daughter of a friend who has since died. The woman reported that he often makes unsolicited contact with her.

He was born in Bellshill and raised in Hamilton by his parents. He had 3 older brothers who were 15, 17 and 18 years older than him. He reported good relationships with all except with brother Duncan (15 years older) who he said sexually and physically abused him. He refused to give any details. He said that his father drank a lot and was abusive to his mother but that he was "not a bad man" and that they had a happy marriage. He was also blamed by his older brother for the death of his mother.

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PSYCHIATRIC HISTORY

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It was felt that childhood sexual abuse played a significant part in the genesis of his dysfunctional behaviour and the repeat offending related to motor vehicles. The repeat stealing of motor vehicles and other driving offences provided a sense of emotional comfort to Mr Shaw in times of distress. He has had previous court disposals to hospital following driving offences and was followed up by the Lanarkshire forensic team for many years, and in particular by Dr Campbell. His engagement with mental health services broke down when Dr Campbell changed employment.

He has also been under the care of Glasgow forensic services and Lanarkshire Adult Psychiatry services, but engagement with him proved difficult and he was frequently non-compliant with treatment.

He has previous admissions to hospital where has presented in similar distress. He also has one previous overdose.

FORENSIC HISTORY

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DRUG AND ALCOHOL HISTORY

He reported that he uses illicit drugs to try and block the voices. Previous to his admission he was using cocaine 3 to 4 times per week, as well as valium but does not believe that the valium was effective.

ACCOUNT OF CHARGES AND PROGRESS IN IONA WARD, BECKFORD LODGE

There was never any objective evidence of psychosis observed on the ward by nursing staff. Reports were that his interaction with other patients and visitors, whilst unobtrusively observed, were appropriate. When discussing his symptoms with staff, he would become distressed, tearful and agitated, sometimes rocking to and fro in a regressive manner whilst talking. He would talk about his delusional beliefs relating to aliens, voices and various people and armies pursuing him with harmful intent. He made frequent references to the "chip" implanted in his brain.

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He said that he has been unable to trust people and doctors and therefore found it difficult to engage consistently and comply with his medication.

CHARGES

He generally maintained that he was unaware that the vehicle he was driving was stolen. He alleged that it was given to him by a friend to sell. He said that driving was the only means of relief from the voices because they can't get to him or control him when he is a vehicle. He spoke about trying to get away from the voices, ie driving away from the voices which he described as constant harassment. He denied speeding and dangerous driving, saying that it is something he wouldn't do.

He realised that he had a life-long driving ban but said that he felt compelled to drive, that he "needed to do" to get relief and that it was not just a "want".

He alleged that he was not aware of the presence of the Police, and that they were in pursuit of him. The first time that he became aware of them was when he exited from the doctor's practice. He claimed not to remember leaving the car after the police were chasing him. He could recall going to the jewellers. He said that he went