Lanarkshire Forensic Mental Health Service

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

CASE CONFERENCE / CPA MEETING
TREATMENT PLAN REVIEW

Clinical Team	Present		Present
RMO – Dr Laura Steven	YES	Housing – James Donaghy	YES
Staff Grade / SHO –		MHO / Social Worker – Claire McCarrison	YES
Admin Staff – Rhona Wratten	YES	FCPN – N/A	
Psychologist – Robert Turton	YES	Support Worker – N/A	
Nursing Staff – Colin Stewart	YES	Patient – Mr Andrew Shaw	NO
Key Worker –		NOK / Named Person – N/A	
OT – Kevin Jamieson	YES	Other – Hugo Cheung, OT Student	YES

REPORTS

PSYCHIATRY

Mr Shaw's mental state has remained unchanged. He continues to experience episodic anxiety, particularly in social situations resulting in an avoidance of leaving the ward often. He also continues to complain of auditory hallucinations intermittently and particularly overnight. He tends to seek regular PRN medication as a result. These are considered to be pseudo-hallucinations linked to his history of complex trauma. He continues to attempt to use coping strategies learnt such as listening to the sound of traffic and rose oil scent.

It was considered that he obtained little benefit from sertraline and therefore this was switched to venlafaxine in the review period. He is currently in the process of this being titrated up in dose. There have been no concerns noted with Mr Shaw's compliance with care plan or medication regime.

Mr Shaw has advised that he would like to move to the Rutherglen area of South Lanarkshire and this request is currently being progressed by Housing Department. He awaits allocation of a tenancy so we can begin his transition back to community living. He is significantly institutionalised given his inpatient stay is approaching 3 years. He has great anxiety about community living and will require a slower transition.

NURSING

Andrew is a 53 year old gentleman with a diagnosis of complex PTSD with episodes of florid psychosis suspected to be paranoid schizophrenia. Andrew was transferred to Iona Ward on 25/01/21 on an Assessment Order from HMP Barlinnie following concerns regarding Andrew's mental health. Andrew had been experiencing low mood and suicidal ideation as well as auditory / visual hallucinations of a persecutory nature. These hallucinations were also noted to be of a command nature.

Andrew remains detained in Iona Ward subject to a Compulsion Order under the Criminal Procedure (Scotland) Act 1995 and is also subject to RES 1 legislation under Mental Health Care and Treatment (Scotland) Act 2003- RES 1 legislation includes random personal/room searches and DOA samples in the form of oral fluid tests. No contraband or positive sample results noted since last review.

Since last CPA on 11/09/22 Andrew's mood and mental state continue variable, Andrew continues to spend periods of time in his side room despite staff encouragement to engage at a therapeutic level. However, more recently Andrew will spend time with select peer in communal areas of the ward. Andrew was also signed off fit to utilise the ward gym, despite this he does not utilise the gym much. Andrew utilises his mobile phone when in his side room. Nursing staff continue to encourage Andrew to participate in some light exercise and gentle walks in the local area. Andrew has been engaging in cooking sessions with OT and appears to enjoy this. Andrew can accept a poor diet and can decline to attend some meal times in the ward but recently he has been attending more. Andrew is fully compliant with his prescribed medications and is able to approach staff if he feels he needs PRN medication for his hallucinations. Andrew continues to appear facially flat at times however he denies any current thoughts, plan or intent to harm himself, harm others and he has no suicidal ideation at this time. Andrew's sleep pattern has fluctuated as Andrew reports auditory hallucinations causing him distress during the night and he has been utilising PRN medications and distraction techniques.

The police have been in touch with the ward and report Andrew has an outstanding warrant for his arrest (vehicular). The police attended the ward in July to speak to Andrew re these charges.

Community Care needs assessment has been carried out the week commencing 24/10/22. Andrew continues to await housing and he is on the delayed discharge list, we are awaiting word from them to commence discharge process.

Andrew reports he is no further forward with regards to his business and he has still to deal with this. Dr Steven advised Andrew of the possibility of being transferred to Gigha Ward for rehabilitation, however Andrew is not keen for this, therefore he will be discharged from Iona Ward to community living.

PHYSICAL HEALTH

Current medications
Paliperidone 150mg (IM) monthly (Next due 28.07.22)
Metformin MR 500mg (O) mane
Atorvastatin 10mg (O) nocte
Cholecalciferol 800ui (O) mane
Venlafaxine 150mg (O) mane
Procyclidine 5mg (O) BD
Tamsulosin 400mg (O) mane
Aripiprazole 5mg (O) mane
Corsodyl dental gel 1-2 applications (O) BD

PRN medication

Ibuprofen 400mg (O) max dose 1.2g/24hr frequency 6hourly
Ibuprofen gel 1 application (topical) max dose 3 applications/24hrs
Lorazepam 1mg (O) max dose 1mg/24hrs
Haloperidol 5mg (O) max dose 10mg/24hrs frequency 2hourly.

SOCIAL WORK

See Pre-CPA section.

PSYCHOLOGY

Since Mr Shaw's previous CPA report, I have met with Mr Shw for an initial appointment on the 9/11/22 to review his psychology input and build rapport.

Mr Shaw engaged well in the appointment. He told me that over last few days his auditory hallucinations have been more intense. Mr Shaw said that he is coping with them by spending time in the quiet room looking outside, and listening to traffic noises. Mr Shaw said he is talking back to the distressing voices, as he said that when he ignores them they get worse. He was unsure what has triggered the voices to be more intense recently.

Mr Shaw rated his current mood as 6/10, he did not report any thoughts, intent or plans to self-harm or of suicidal ideation. He said that he is hopeful of a life without hearing voices, though also unsure of what this life would be like without the voices, as he described hearing them for over 45 years.

I spoke with Mr Shaw about the AVATAR research trail for people that hear voices. Mr Shaw said he understood about the trial and asked for time to think about whether he wishes to take part.

We agreed to meet again to continue to review psychology input, and goals. Next appointment planned for the 16/11/22

OCCUPATIONAL THERAPY

During this review period Mr Shaw has maintained regular engagement with Occupational Therapy input. He continues to select an enjoyable activity within a low stimulus environment as his primary intervention. Mr Shaw attends all scheduled sessions, now requiring no prompt or reminder. He actively participates with the goal of mastering new recipes. He requires minimal verbal direction to independently complete new complex tasks within this session. He exhibits no overt signs of psychosis and has become increasingly able to initiate and maintain social interactions. This highly effective level of functional ability has also been displayed within other tasks that require use of community based and on-line resources. A recent example has been him successfully gaining a replacement birth certificate (required for a travel pass). He demonstrates a high degree of orientation and organisation within activities he considers relevant.

During recent months Mr Shaw appears to be increasingly discussing a planned return to community living. He does not voice any marked concerns and is willing to make positive plans eg. areas for housing.

Given Mr Shaw's observed effective functional ability, and his prior years of successful independent community living it is envisaged that he would not require a particularly robust package of support. However, it has also been apparent that his functional performance can vary dependent upon his mental state and perceived efficacy. This may indicate that Mr Shaw would benefit from a time limited, tailored package of support during the period of transition.

In the event that Mr Shaw is engaging in the discharge planning process more focus will be given to how he intends to structure his pattern of occupation post discharge. Transfer to community Occupational Therapy may be made if clinically indicated.

COMMUNITY RMO / FCPN

Not relevant at this juncture.

RELEVANT DISCUSSION

Date and Time of Next Meeting:
Monday 20th February 2023 at 3pm.

Dr Laura Steven
Consultant Forensic Psychiatrist

PRE CPA DISCUSSION
14TH NOVEMBER 2022

Following a brief round of introductions, the following items were discussed:

Update for Housing:
Dr Steven provided a brief update to James Donaghy (Housing) re Mr Shaw. Mr Shaw has been an inpatient in Beckford Lodge for approximately 3 years and he is noted to be institutionalised within the care/prison setting. Once suitable accommodation has been sourced Mr Shaw will need a prolonged transition period between moving from hospital to community setting. Mr Shaw has found it very difficult to orientate to ward routine and to socialise with fellow peers. Mr Shaw continues to spend long periods of time within his side room – he was noted to prefer to isolate himself from ward environment. It was noted that for the purpose of the Community Care Assessment that Mr Shaw would not need a lot of support in place to assist with activities of daily living e.g. medication compliance or tasks of daily living. Support for Mr Shaw would be to support/encourage him to participate in activities in the local area e.g. shopping/socialising as it is felt he would be unable to cope with these stressors and behavioural activiation. Mr Shaw's coping strategies are to hide himself away from others. It was noted that Mr Shaw has a lot of residual symptoms, complex trauma leading to a diagnosis of complex PTSD and episodes of psychosis thought to be paranoid schizophrenia.

RMO Update:
It was noted that Mr Shaw's mental state is at its optimal level and that his residual difficulties are largely PTSD and anxiety driven. Mr Shaw's antidepressant medication, sertraline for anxiety has been stopped and he is now receiving Venlafaxine and it is hoped there should be an improvement in his degree of anxiety within the next few weeks.

Dr Steven advised that the police have visited the unit (w/c 07/11/22) and advised that Mr Shaw is due to be charged with more cases re fraudulently obtaining cars. (2 known new charges). No information available of any court dates. The police were also keen to speak to him to see if he has any information in relation to other investigations they are conducting.

Psychology Update:
Mr Shaw is noted to have previously had a significant amount of input from psychological services. Robert Turton advised that he has recently taken over the role of psychologist from Dr Brodie. Robert Turton has met with Mr Shaw and is currently considering what psychological input, if any, would be best suited for Mr Shaw. Mr Shaw is noted to have engaged well during their first meeting. Mr Shaw was noted to be anxious and fidgety during this session, but utilised grounding skills appropriately to help alleviate these symptoms. Mr Shaw advised that his is looking forward to moving on and appears quite optimistic about the future. Robert Turton will have a further session with Mr Shaw this week.

Robert Turton spoke about the Avatar Project and advised that this was a research project currently being carried out at Monklands Hospital. Mr Shaw has been asked if he would like to participate in this project – Robert Turton will speak to Mr Shaw again this week about this group. Robert Turton advised that this research programme is due to finish soon and new referrals may not be accepted for this course.

Update from Occupational Therapy:
Mr Shaw is noted to have good functional skills, but needs assistance to motivate himself.

Mr Shaw attends occupational therapy sessions once per week and there are no issues noted during these sessions. Kevin Jamieson (OT) advised that Mr Shaw has been advised that he needs to obtain a passport picture for his bus pass. To date Mr Shaw has not completed this task but has advised that if he does not attend shops first thing in the morning to get passport picture he would need assistance to attend shops later in the day due to degree of anxiety when busier in the shop..

Update MHO:
Claire McCarrison advised that Kevin Jamieson had forwarded OT report for inclusion in Community Care Assessment. It was noted that Mr Shaw has no functioning issues and the main areas of concern are to do with him isolating himself. It was noted that a more intense needs assessment can be

completed once Mr Shaw has settled into the community and staff have a more detailed picture of his level of functioning. It was noted that Mr Shaw will not need assistance with medication compliance in the community.

Update Housing:
James Donaghy advised that Mr Shaw has only put the Rutherglen area on his housing application. Following discussion, it was agreed that Mr Shaw may look at areas on the periphery of the Cambuslang area which are close to Rutherglen. Mr Donaghy will speak to Mr Shaw further about areas in Rutherglen and ask if he has any specific areas he would like to move to. Claire McCarrison advised that Mr Shaw had initially also put Lanark on his list, but this was dismissed due to the lack of support in this area and the issues around transportation. It was noted that Mr Shaw is not keen to move to the Whitlawburn area of Rutherglen.

James Donaghy will phone Mr Shaw after today's meeting to discuss in more detail the areas in which Mr Shaw would like to move to. Dr Steven advised that Mr Shaw likes to listen to the sound of cars. James Donaghy advised that Farm Cross may be an area to look at and will discuss this with his colleagues from the relevant Housing Department.

All were in agreement that once suitable accommodation has been sourced Mr Shaw would be ready to start progressing towards discharge.

Dr Laura Steven
Consultant Forensic Psychiatrist

DATE: 14th NOVEMBER 2022	CARE AND TREATMENT PLAN	REVIEW DATE: FEBRUARY 2023

Patient's Name: MR ANDREW SHAW	CHI No: 2104673933	Advance Statement: NO
Address: C/O IONA WARD BECKFORD LODGE	Matters mentioned in Advance Statement: NOT APPLICABLE	
Ethnic Origin: WHITE / SCOTTISH	First Language (if not English): N/A	Named Person: NO NAMED PERSON
Hospital: BECKFORD LODGE	Ward: IONA WARD	

LEGAL STATUS

Offence(s): ROAD TRAFFIC OFFENCE – ROAD TRAFFIC ACT 1988 S4(1) - drove vehicle when unfit to drive through drink or drugs		
Section: COMPULSION ORDER	Date Order began: 19/05/21	Date due for renewal or review: 18/05/23

Responsible Medical Officer: DR LAURA STEVEN
Mental Health Officer: MS CLAIRE McCARRISON

CARE AND TREATMENT PLAN

Compulsory Measures:

1. Medical Treatment in accordance with Part 16 of the Mental Health (Care and Treatment) (Scotland) Act 2003
2. Detention in Beckford Lodge, Hamilton

T2 / T3?

Date of Certificate: T3 EXPIRES 07/03/2025

RECORDED MATTERS AS DETERMINED BY THE TRIBUNAL:

N/A

PROBLEMS / NEEDS:
1. Psychotic Illness
2. History of childhood trauma
3. Long history of poor engagement with mental health services
4. History of benzodiazepine dependence
5. Extensive support network
6. Outstanding court cases
7. Poor diet associated with obesity
8. Difficulty in applying things learned in psychological sessions

STRENGTHS:
1. Degree of resilience
2. Current openness for engagement and support
3. More motivated to seek help and engage
4. Retention of information from psychological sessions
5. Willingness to practice grounding strategies
6. Warm and compassionate personality when engaging with fellow peers and staff
7. Seeks support and able to have relationships with peers

CARE AND TREATMENT PLAN OBJECTIVES

*** = Violence Risk Factor**

Issue/Problem	* Y/ N	Intervention (or management strategies required) and date it was originally set	Name of staff responsible
Objective 1: Address mental health issues			
Psychotic Illness	Y	Management of medication and monitoring of symptoms and side effects	MDT
Social Anxiety	Y	Management of medication and monitoring of symptoms and side effects	MDT
Complex Trauma (and complex PTSD)	Y	CBT for trauma informed approach with grounding strategies and psychological education recently completed	Psychology
Substance Misuse Problems	Y	Input to be considered if felt appropriate. Continue to offer advice and guidance.	Psychology
Objective 2: Address physical health and health promotion issues			
Morbid Obesity	Y	BMI currently 41.8 - Refer to a Dietician for nutritional advice in an attempt to help to lose weight	MDT
	N	Annual physical health checks and other physical health monitoring as required	MDT
	N	Gradual encouragement of gentle movement to increase level of fitness	MDT / OT
Objective 3: Address any cultural, spiritual or diversity issues (including disability access if relevant)			
None known	N		Nursing Staff
Objective 4: Address offence-related therapeutic issues			
Maladaptive coping strategies	Y	Work recently completed with psychology to develop pro-social coping strategies	Psychology
Risk Assessment	Y	HCR20 Risk Assessment to be updated annually	MDT
Offences related to cars	Y	Continue to address and support avoidance of any involvement with fraudulent activity and cars.	Clinical Team
Property management	Y	Support Mr Shaw to sell properties as maintenance and business management is a significant stressor.	Clinical Team
Objective 5: Address Forensic Rehabilitation			
Structured Activities	Y	Encourage participation to provide structure to daily routine	OT

Functional Skills	N	AMPS completed and shared with MHO for Community care assessment. Community Care Assessment completed. Will have a package of care for behavioural activation and support with motivation and isolation.	OT
Leisure Pursuits	N	To explore interests in what leisure activities may be of interest	OT / Nursing

Objective 6: Address any family issues			
Family Contact	N	Encourage contact with family and friends – continue to monitor family interactions	MDT

Objective 7: Address other social care issues			
Housing	Y	Tenancy being sought in Rutherglen	Housing
Benefits	Y	Ensure correct benefits are being received	MHO
Community Supports	Y	Community care assessment completed and funding to be agreed. Andy will need a care package on discharge.	MHO/SW

Objective 8: Address daily living functions			
Ongoing assessment	Y	Ongoing assessment with regards to daily structure, leisure activities and level of functioning	MDT
Grounding	Y	Support Mr Shaw to utilise grounding techniques on a daily basis as needed. To consider obtaining sound of road/cars in preparation for community living in case is not placed in a tenancy near a road.	

Objective 9: Develop / review future plans			
Legal Status	Y	Currently appropriately detained on a Compulsion Order – to be reviewed at appropriate junctures.	RMO / MHO

RECORD OF PATIENT VIEW OF OBJECTIVES

Dr Laura Steven
Consultant Forensic Psychiatrist