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

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

LEGAL STATUS

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

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

CARE AND TREATMENT PLAN
Compulsory measures: 1. Medical treatment in accordance with Part 16 of the Mental Health (Care and Treatment) (Scotland) Act 2003. 2. Detention in Iona/Gigha Ward, Beckford Lodge, Hamilton
Date of Certificate T2/T3? T3 EXPIRES 29/07/24
RECORDED MATTERS AS DETERMINED BY THE TRIBUNAL: N/A

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

STRENGTHS:
1. Degree of resilience
2. Current openness for engagement and support
3. Motivated to change
4. Retention of information from psychological sessions
5. Willingness to practice grounding strategies
6. Warm and compassionate personality when engaging with fellow peers and staff. Able to build relationships with peers and staff.
7. Seeks support from staff

CARE AND TREATMENT PLAN OBJECTIVES

*** = Violence Risk Factor**

Issue/Problem	* Y/ N	Intervention (or management strategies required) and date it was originally set	Name of staff responsible
Objective 1: Address mental health issues			
Psychotic Illness	Y	Management of medication and monitoring of symptoms and side effects	MDT
Mood disorder	Y	Ongoing assessment of possible mood disorder and any appropriate medication and psychological strategies.	MDT
Trauma	Y	CBT for psychosis with a trauma informed approach to be considered if and when appropriate. Grounding strategies and psycho-education will be focus initially.	Psychology
Substance Misuse Problems	Y	Input to be considered when felt appropriate	Psychology
Objective 2: Address physical health and health promotion issues			
Morbid Obesity	N	BMI currently 50.5 - Refer to a Dietician for nutritional advice in an attempt to help to lose weight when appropriate..	MDT
	N	Annual physical health checks and other physical health monitoring as required	MDT
	N	Gradual encouragement of gentle movement to increase level of fitness	MDT / OT
Objective 3: Address any cultural, spiritual or diversity issues (including disability access if relevant)			
Religion	N	No known religious beliefs	Nursing Staff
Objective 4: Address offence-related therapeutic issues			
Maladaptive coping strategies	Y	Work to be undertaken to consider triggers to offending and offence related maladaptive coping strategies	Psychology
Risk Assessment	Y	HCR20 Risk Assessment to be completed and updated annually	MDT
Financial Management	Y	Ongoing review of necessity for Appointeeship for finances. Minimise the risk of further offending.	MDT
Objective 5: Address Forensic Rehabilitation			
Structured Activities	N	Encourage participation to provide structure to daily routine and diversion from psychotic phenomena.	OT
Functional Skills	N	AMPS to be carried out – good level of self-care noted	OT

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

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

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

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

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

RECORD OF PATIENT VIEW OF OBJECTIVES

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

Dr Laura Steven
Consultant Forensic Psychiatrist