Lanarkshire Mental Health Services

Beckford Lodge
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Date Dictated:	21/12/2020
Date Typed:	23/12/2020
Ref:	100891
Letter Ref:	SD/RW
CHI:	2104673933

Dear Dr Baker

Andrew Shaw
21/04/1967
30 Douglas Drive, East Kilbride, Glasgow, G75 8JS

Many thanks for referring this 53-year-old gentleman for consideration of admission to Low Security at Beckford Lodge. From your referral letter you indicate that Mr Shaw is currently a fully committed prisoner at HMP Barlinnie. He has been charged with several offences related to the Road Traffic Act. You had concerns with regards to his distressed and suicidal presentation in custody, where he appears to be experiencing symptoms that may be consistent with an affective and/or psychotic illness, and that he would require further assessment in an inpatient setting.

Mr Shaw has been known to Forensic Services in NHS Lanarkshire previously. He has attracted a diagnosis of emotionally unstable personality disorder in the context of complex trauma. He has attracted other diagnoses in the past, including dissocial personality disorder and paranoid schizophrenia. He has previously been treated on a Risperidone depot. He often disengages from services or will be lost to follow up, due to the recidivistic nature of his offending.

Background:
In terms of Mr Shaw's background, he was born in Bellshill and raised in Hamilton. He had three older brothers who were at least fifteen years older than him. His father worked in a steel works and his mother as a cleaner. His father was described as having alcohol dependence syndrome and was repeatedly domestically violent towards Mr Shaw's mother. His mother died from a myocardial infarction when Mr Shaw was eight years old. His father was described as neglectful due to further increased consumption of alcohol in the aftermath of his mother's death. Mr Shaw required care in foster settings. His eldest brother subjected Mr Shaw to years of childhood sexual abuse. This started in 1976 and continued throughout his childhood. His father later died from lung cancer when Mr Shaw was an adult.

Mr Shaw attended a List D school aged twelve years. He had police contact from a young age due to consuming alcohol as a minor, theft and motor vehicle offences. He has had limited contact with friends and family as an adult and has instead preferred to be isolative in the community. He has never married nor does he have any children. He has in the past reportedly been in a long term, heterosexual, intimate relationship for approximately thirty years. He had however never lived together with his partner. He has never had long term employment and has therefore been in receipt of state welfare.

At the time of a referral letter in 2017, Mr Shaw had accrued approximately thirty-nine court appearances. This included a history of recidivistic motor vehicle crime and related offending. This includes one conviction

for assault and another for assault to severe injury with permanent disfigurement. The context of the violent offending is unknown. There are no offences related to weapon use. He has been repeatedly sentenced to custody. Mr Shaw has a history of street Valium and cocaine use. It is unclear how this fits with his offending behaviour but this was related to his most recent admission to hospital.

Mr Shaw has been well known to psychiatric services in NHS Lanarkshire and NHS Greater Glasgow & Clyde throughout his adult life. He first came to the attention of psychiatric services aged 18 years. He had a prolonged admission to IPCU, Hartwoodhill Hospital. He was under the care of Dr Campbell, Consultant Forensic Psychiatrist. Mr Shaw had a brief admission to GRH (Gartnavel Royal Hospital) in 2005. He received a diagnosis of personality disorder. He was seen by Dr Tuddenham in 2005, who also viewed him as suffering from a personality disorder. Mr Shaw was reviewed by Dr Culshaw, Consultant Forensic Psychiatrist in custody in 2006, who diagnosed emotionally unstable personality disorder. He had two further admissions to GRH in 2006 over a three month period. He was commenced on depot antipsychotic medication. He had a further admission to GRH in 2007. Mr Shaw was transferred from custody under the auspices of a Treatment Order to GRH in 2010. He was reviewed in custody by yourself in 2011 and was thereafter subject to your care as an outpatient. He subsequently moved to the Lanarkshire area and his care was transferred to the local FCMHT. He had been under the care of Dr Campbell and the FCMHT however disengaged when she left the service. He was again taken into custody and was reviewed by Dr Sankey, Consultant Forensic Psychiatrist in 2013. He was prescribed oral Risperidone. In 2014, he appeared to have some sporadic contact with clinical psychology in the prison.

Mr Shaw was last assessed by Forensic Services in NHS Lanarkshire at the beginning of 2016. This was an inpatient assessment, having been charged with several road traffic offences. During this admission, Mr Shaw described experiencing various voices, with running commentary and commands. The content of these voices were persecutory in nature and commanded him to self-harm. He reported the onset of the voices from 1976, when he was sexually abused by his brother. He made frequent comments about aliens and police armies, again of a persecutory nature. He repeatedly stated having a chip in his brain. Mr Shaw had stated that the voices had killed his friend's family and Dr Campbell. He elaborated by stating that this was because he told Dr Campbell too much. He also reported thought alienation phenomena and ideas of reference. Despite reportedly experiencing these symptoms, he appeared able to function and interact appropriately with peers. Finally he reported experiencing flashbacks and avoidance behaviour in the context of his past childhood sexual abuse.

During this last admission to Forensic Services, Mr Shaw was under the care of Dr Regan Jonathan, Locum Consultant Psychiatrist. It was Dr Jonathan's opinion that Mr Shaw did not appear to be presenting with a severe mental illness. He was however considered not to be criminally responsible for his offending, in the context of his quasi-psychotic beliefs. He was prescribed Risperidone depot. His recidivistic motor vehicle offending was considered to have a soothing effect in the context of his past trauma. Mr Shaw engaged in further motor vehicle related offending with other antisocial peers after this discharge and was again remanded in custody in June 2016. He was assessed by Dr Kathleen Travers, Consultant Forensic Psychiatrist on two occasions while he was remanded in HMP Addiewell. There were concerns of his risk of harm to self which required him to be managed under ACT 2. She was not of the opinion that he suffered from a severe mental illness nor that he required admission to hospital. His presentation reportedly spontaneously improved, however from his SPS records it would appear that he was re-commenced on Risperidone depot, which was titrated to the maximum dose. He was referred to East Kilbride Community Mental Health Team in May 2017, and was advised to engage with trauma based therapy. He did not appear to engage with their services or alternatively he may have instead returned to custody.

Mr Shaw's most recent contact with psychiatric services was an informal admission to University Hospital Hairmyres on 25th August 2020. The diagnosis on his discharge letter was of a trauma reaction, secondary to psychosocial stressors and chronic substance misuse. He had been discharged on Sertraline 100mg OD, Aripiprazole 10mg OD, Promethazine 50mg nocte and Propranolol 20mg BD. No follow up was

recommended although he would be considered for a psychology referral if he chose to settle in a specific area.

The circumstances of this admission were that Mr Shaw was admitted to Queen Elizabeth University Hospital Glasgow on 11th August 2020 with a fractured foot. Prior to this he had been charged and arrested with dangerous driving. He had been reviewed by Liaison Psychiatry on a few occasions due to his experience of abnormal auditory and visual perception, in addition to thought disorder. He admitted to recent cocaine and street Valium use. He was treated for withdrawal from these substances. His symptoms did not appear to settle. He was discharged however was later assessed by the Court Liaison Service. They were of the opinion that Mr Shaw was psychotic and an informal admission to hospital was arranged. His urine drug screen was noted to be positive for amphetamines, meth-amphetamines, cocaine and opioids on admission. There were reports that he was heavily intoxicated at the time of the road traffic accident.

During admission, Mr Shaw initially appeared distracted and reported hearing voices. This was in keeping with previous assessments which suggested him hearing and seeing his deceased mother on a daily basis. He spoke about God not willing to "save his soul" as he had mixed with "Allah and Asians" when buying drugs. Over the course of the month, there was no objective evidence of Mr Shaw presenting with psychosis or low mood. He however continued to elaborate that he experienced up to twenty different voices at a time. He absconded on the final day of his admission and was discharged against medical advice on 29th September 2020, following a police check on his welfare.

Mr Shaw was readmitted to prison in November 2020. He has been managed on Talk To Me with fifteen minute observations since this admission, due to concerns around his risk of harm to self. He was discovered with a shoelace around his neck on 11th December 2020. He has since remained on fifteen minute observations, with the addition of a safer cell and strong clothing. He has been refusing oral fluids and diet, stating that he believes this has been poisoned. His Talk To Me documentation states that he is sleeping appropriately but continues to voice delusional ideas, appear distressed and pace his cell. It was unclear whether his dietary and fluid intake was being observed.

Mr Shaw was assessed by Dr Morrow, Consultant Forensic Psychiatrist and myself. Mr Shaw was a difficult historian, appearing tearful, distressed and agitated throughout the consultation. He initially stated that he had been in HMP Barlinnie for "years" and this was related to him killing his mother. He was very difficult to pin down on this statement and made a series of short statements "God doesn't come anymore… (my) brother comes at night… stays with the fallen one… God banished me… comes to punish me… comes every night now… the two of them… because I told". This appears to be in the context of Mr Shaw previously having an experience of speaking with God, but now he instead is visited by his older brother and the Devil on a regular basis. These voices converse with each other and make persecutory comments towards him. He stated that "Dr Campbell left me a long time ago… everyone leaves because of me". He believed that he had divulged too much information to Dr Campbell and this is why she had stopped caring for him. He stated that he "betrayed Jesus for three bits of silver" and that "(I) want God to give me my mum back". He did not spontaneously voice any delusions of love towards Dr Campbell.

Mr Shaw reported that there are "disciples" that work in the prison. It was unclear whether they were prison officers, other prisoners or both. He states that he is not consuming food as this has been "poisoned" by the "disciples". Although he states that God has been a comfort to him and that he previously had regular communication with God, Mr Shaw reported that he had "sinned" by attempting to hang himself. He stated that he was saved by the "disciples" (prison officers) from completing suicide. Contrary to this, Mr Shaw indicated that God intended to "find me" and that God would tell him to harm himself again so that he could "be with God and my mum". This appeared at odds with his earlier statement. He described his mood as "sad" most of the time and has been the case for years. He has not had any meaningful routine since being fully committed into custody and has no interaction with other prisoners. Mr Shaw reports that he is "afraid to sleep" due to the "disciples", however this is not consistent with reports from his Talk To Me

documentation. Although he intends to harm himself again, he does not have any current plans and is waiting on instruction from God.

Mental State Examination:

Mr Shaw presents as a 53-year-old Caucasian gentlemen of short height and obese frame. He has short, dark, greying hair and an unshaven beard. He was dressed in regular prison clothing having changed from strong clothing for the interview. It was difficult to establish meaningful rapport with Mr Shaw and he gave poor eye contact throughout. He was polite in manner but did not speak with a clear narrative, making inconsistent statements and at times, appearing deliberately evasive or guarded towards elaborating on the same. He appeared agitated, rubbing both of his hands repeatedly and crying during the interview. There was no evidence of involuntary movements, nor was he observed to be distracted by or responding to abnormal stimuli. There was increased speech latency. He spoke quietly but retained fluency. Objectively, Mr Shaw appeared distressed in mood with a reactive affect.

There was no abnormality of thought stream or form. Mr Shaw denied any thought alienation or passivity phenomena. He appeared to have paranoid, religious-based ideas of a persecutory nature following familiar themes of God, the Devil and disciples. It was difficult to ascertain the exact phenomenology, however he appeared to be experiencing abnormal auditory perception in his communication with God, the Devil and his brother. He stated that his communication with God is a two-way system, heard in the external space. Prior to the last couple of weeks he spoke with God on a regular basis. Conversely, his brother and the Devil speak to him at night in a one-way system and have done so for many years. Their content is persecutory and relates to Mr Shaw's own childhood sexual abuse. They also discuss him in the third person. He states that the reason for this was because he had killed his mother. It was difficult to ascertain Mr Shaw's orientation to time, place and person. He recognised that he was in HMP Barlinnie, however stated that he was 57 rather than 53 years old. Mr Shaw also appeared to indicate that he had been in prison for much longer than was true in reality, even when this was brought to his attention.

Mr Shaw does not believe that he has benefited from the input of psychiatric services in the past, although later indicated that he found working with Dr Campbell to be helpful. He denied that medication has been helpful for his symptoms, and it was unclear whether he believed he would benefit from admission to hospital.

Opinion:

Mr Shaw is a 53 year old gentleman with a background of significant trauma and adverse childhood experiences. Perhaps the most impactful of these experiences was being a victim of childhood sexual abuse perpetrated by his eldest brother. In adulthood, Mr Shaw has a history of recidivistic motor vehicle related offending, despite being subject to a lifelong driving ban and has served numerous custodial sentences for the same. He is currently fully committed into custody for several offences related to the Road Traffic Act.

Mr Shaw has been diagnosed as suffering from a personality disorder by several consultant forensic psychiatrists and has been known to Forensic Services in NHS Lanarkshire and NHS Greater Glasgow & Clyde. There is an impression that he tends to decompensate with quasi-psychotic phenomena, namely abnormal auditory and visual perception, but also other experiences that mimic first rank symptoms. He appears to have responded to Risperidone depot in the past.

At this current time, Mr Shaw appears to have again decompensated in a custodial setting. He is being managed by restrictive measures to manage his risk of harm to self. He is currently presenting with paranoid, religious-based ideas of a persecutory nature and abnormal auditory perception, which includes commands and voices discussing him between each other. He presents with poor insight into his mental state and need for treatment. He is not currently compliant with antipsychotic medication.

Recommendations:

I would agree that in the current circumstances of Mr Shaw being an untried prisoner, significant concerns that he is presenting with mental disorder, and difficulties managing his risk of harm to self in a prison environment, he would benefit from an inpatient assessment. This can be provided in conditions of Low Security at Beckford Lodge and I will arrange for him to be diverted under the auspices of an Assessment Order.

Yours sincerely

Dr Stephen Davidson

Authorised on 30/12/2020 14:55:49 by Dr Stephen Davidson.