The Mental Health (Care and Treatment) (Scotland) Act 2003

Social Circumstances Report

RECEIVED 19 FEB 2016

SCR 1

The following form is to be used:

where a social circumstances report is required under section 231 of the Act.
Do not use for any other purpose (eg renewals of CTOs, AWI Guardianships, etc)

There is no statutory requirement that you use this form but you are strongly recommended to do so. This form draws attention to some procedural requirements under the Mental Health (Care and Treatment) (Scotland) Act 2003. Failure to observe procedural requirements may invalidate the report.

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

Write clearly within the boxes in BLOCK CAPITALS and in BLACK or BLUE ink

For example

2	5		M	A	R	K	E	T		S	T

Shade circles like this -> ●

Not like this -> ⊗ ✓

Where a text box has a reference number to the left, you can extend your response on plain paper where there is insufficient space in the box. Extension sheet(s) should be clearly labelled with Patient's name and CHI number, and each extended response should be labelled with the appropriate text box reference number.

CHI Number: 2104673933

Surname: SHAW

First Name (s): ANDREW MARTIN

Other / Known As:

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title: MR

Gender: ◉ Male ○ Female

DoB (dd / mm / yyyy): 01 / 04 / 1967

Patient's home address:

30 DOUGLAS DRIVE
EAST KILBRIDE

Postcode: G75

Social Work Reference Number (if applicable): 7002595

Surname: CAIN

First Name: ANN MARIE

Title: MS

Address:

CMHT, REGENT HOUSE
9 HIGH PATRICK STREET
HAMILTON

Postcode: ML3 7JA

Local Authority: SOUTH LANARKSHIRE

eg Glasgow City, City of Edinburgh, Highland, Scottish Borders, etc. The word "council" may be omitted

Which "relevant event" has triggered the need to consider completing an SCR?

- ○ the granting of a short-term detention certificate
- ○ the making of an interim compulsory treatment order
- ○ the making of a compulsory treatment order
- ○ the making of an assessment order
- ○ the making of a treatment order
- ○ the making of an interim compulsion order
- ○ the making of a compulsion order
- ○ the making of a hospital direction
- ◉ the making of a transfer for treatment direction

This event occurred on: Date 0 4 / 0 2 / 2 0 1 6

Note: if you are preparing an SCR for an event that is not listed above, then you should not use this form

A social circumstances report must be prepared within 21 days of any of the above relevant events occurring, unless it would serve little or no practical purpose. Have you concluded that a social circumstances report should be prepared?

- ○ Yes - an SCR following guidelines set out on page 3 is attached
- ○ No - for the reasons stated below, preparing an SCR would serve little or no purpose:

Signed by the MHO

Date 1 2 / 0 2 / 2 0 1 6

A copy of this form should be sent to the patient's RMO and the Mental Welfare Commission.

The SCR should be attached to this form. Please comment on the following factors where they are relevant and appropriate to the personal circumstances of the patient:

The reasons behind the use of the detention powers to which the patient is currently subject

The views of patient with respect to this current detention

The views of carers/family members etc on the detention

The patient's current state of mental health

The patient's current state of physical health

The patient's mental health history

Assessment of risk (to patient and to others)

Patient's detailed personal history including employment, financial and accommodation situation

Patient's family situation including children, dependents and caring responsibilities

Patient's regular social contacts: e.g. supportive friends, involvement with voluntary organisations, church attendance etc

Patient's ability to care for him/herself

Care being provided to the patient prior to the detention taking place

Matters which could prompt the local authority to inquire under section 33 of the act

Alternatives to detention which were considered and ruled out

The patient's history of offending, including any consideration of victims and/or those affected

The patient's history of substance misuse (alcohol as well as drugs)

Ethnic, cultural and religious factors

Language or other communication issues

The care planning which has been put in place to deal with any/all of the above issues

SCR Continuation – Andrew Martin Shaw
(DOB) 01-04-1967

Current Circumstances

The information gathered for this report was gained by interview with Mr Shaw in Beckford Lodge Hospital on 08-02-2016, discussion with nursing staff in the low secure unit at Beckford Lodge and discussion with the Responsible Medical Officer Dr Regan Jonathan on 08-02-2016 and 09-02-2016. Added to this I perused the available nursing and medical records. Most of the information contained in this report was obtained from Mr John Romano, Mental Health Officer, Partick, who was previously Mr Shaw's MHO in 2010. Mr Romano was able to advise that Ms Moira Dougan, who visits Mr Shaw in hospital and is described as his landlady in East Kilbride, has had a long term friendship and been a confidante for Mr Shaw for many years.

Circumstances leading to Transfer of Treatment Directive

Mr Shaw has a number of charges in January 2016 relating to a number of Road Traffic Offences including theft of a motor vehicle and an offence in relation to the Communications Act 2003. He also has a charge for reset and for breach of bail. He appeared in Paisley Sheriff on 04-02-2016 and he became subject to a Section 52D Transfer of Treatment Directive under the Criminal Justice (Scotland) Act 1995. Mr Shaw was transferred to Iona Ward, Beckford Lodge which is a low secure setting.

Mr Shaw has an extensive forensic history that is 20 pages long and the majority of these offences are Road Traffic related, thefts of motors vehicles, driving without a license and without insurance, driving whilst banned, forgery and counterfeiting, attempts to pervert the course of justice, reset, breach of the peace, fraud, breach of bail and criminal law consolidation 1995 offences. Added to this, Mr Shaw has charges of house breaking and theft by opening lock-fast places. The 20 page charge sheet is in relation to Mr Shaw's convictions as an adult but he has an extensive history of car theft dating back to when he was 11 years old. In conversation with Mr Shaw on 08-02-2016 and in my conversation with Mr John Romano, former MHO, both confirm that Mr Shaw considered that he felt compelled to steal cars and found some comfort and control when he did so. Mr Romano added that in 2010 the multi-disciplinary team considered that at times of stress, Mr Shaw would act compulsively and steal cars and drive around in them.

Records indicate that Mr Shaw has been known to Mental Health Services for over 20 years but his engagement with appointments has been poor. In interview with Mr Shaw, he advised that he considered he had been struggling with his mental health for some time and he presented as anxious, agitated and tearful during interview.

Personal History

Mr Shaw advised that he was born and raised in the Hamilton area. He is the youngest of four brothers but has no contact with his siblings. Mr Shaw advised that his mother died of a heart attack in 1979 when he was 8 years old. He was present during this event and witnessed his mother's sudden death. Records indicate that this experience had a traumatic influence on Mr Shaw's ability to cope.

Mr Romano advised that records indicated that during this period Mr Shaw's older brother had left the family home and Mr Shaw's father was unable to cope with the death of his wife and resorted to alcohol misuse.

Records indicate that there is a significant age gap between Mr Shaw and his siblings and the brother nearest to him is 15 years older. After the death of his mother, Mr Shaw had no-one to guide or support him within the family home and had to fend for himself from the age of 8 years old.

There is little information regarding Mr Shaw's educational history and he advised that he attended Glenlee Primary in Burnbank, Hamilton and he believes he was then transferred to Geilsland, a Church of Scotland home, around the age of 12 and following this he attended List D schools between the ages of 13 and 16. Mr Shaw said that he had no formal qualifications.

Mr Shaw advised that he stole his first car at the age of 11 years and this car belonged to his older brother who was in the Army.

Mr Romano advised that Mr Shaw's life was traumatic and it is alleged that he was sexually abused by a brother and he was subsequently referred to the Children's Hearing System and placed in care of the Church of Scotland.

Mr Shaw's father had poor physical health and experienced a brain hemorrhage in 1990. It is reported that Mr Shaw found his father at home lying in an unconscious state. After this, Mr Shaw's father was paralyzed and unable to communicate. Mr Shaw senior died in 2003 and this is alleged to have had a further traumatic effect on Mr Shaw's ability to cope in the community.

Employment History

Mr Shaw has, the majority of his adult life, been reliant on state benefits but he advised that he secured a 9 month period of employment in 2000. Mr Shaw went to work for a friend as salesman. Mr Romano, previous MHO, advised that Mr Shaw was a key-holder and left in charge of valuable showroom cars. Mr Shaw was unable to maintain employment.

Relationships

Mr Shaw states that he is currently single and that he has no long term girlfriend. In Beckford Lodge, Mr Shaw has identified his next of kin as his daughter Kelly Ann Fulston. Ms Fulston is recorded on social work records as living in Blantyre. Mr John Romano, Mr Shaw's previous MHO, has advised that Ms Moira Dougan has been his long term friend and confidante and he describes the ongoing relationship as platonic in nature. Ms Dougan currently visits Mr Shaw in Beckford Lodge and she is described as being his landlady.

Psychiatric History

Mr Shaw has had a long history of contact with Psychiatric Services. This contact dates back to 1997, when Mr Shaw was transferred from Barlinnie Prison to Hartwoodhill Hospital. A number of nurses in Beckford Lodge who previously worked at Hartwoodhill Hospital remember Mr Shaw from that time. In 1997 when he was transferred under Section 52D, prison staff were concerned as Mr Shaw had become withdrawn, paranoid and was refusing to eat his food. He was having delusions and believed that his meals had been poisoned.

Mr Shaw remained in Hartwoodhill Hospital for a period of 8 months and he was discharged home with an out-patient contact at Dykebar Hospital. In discussion with Mr Shaw at Beckford Lodge, he advised that whilst in Hartwoodhill, he had been a patient of Dr Isobel Campbell, Consultant Forensic Psychiatrist, and he believed that Dr Campbell had shown an interest in his case. She continued as his RMO at Dykebar and Mr Shaw was a patient of Dr Campbell until 2002. Dr Campbell became a Consultant Psychiatrist at the State Hospital, Carstairs. Mr Shaw advised that after Dr Campbell left Dykebar Hospital, he continued to attempt to phone Dr Campbell at the State Hospital, Carstairs.

Whilst under the care of Dr Campbell, no formal diagnosis was recorded but records indicate that she was of the opinion that Mr Shaw's problems were due to relationship difficulties and a general mistrust of other people. Mr John Romano, former MHO, that Mr Shaw failed to attend out-patient appointments after Dr Campbell left and he evaded Psychiatrist Services until 2005.

In interview with Mr Shaw at Beckford Lodge, he had fixed thinking that Dr Campbell was deceased and the voices and chip in his head told him not to trust any other RMO or any other mental health professional. When describing this to me, Mr Shaw presented as agitated and anxious and was extremely tearful discussing his thoughts and feelings for Dr Campbell, but at no time was he responding to any stimulus. He advised that the voices were speaking to him, telling him not to trust me and not to provide me with information. However, he continued to freely narrate.

Mr Shaw was advised that, as far as I was aware, Dr Campbell was not deceased and he said he was confused and he didn't understand why the voices would tell him that she had died and that he was responsible. I strongly advised Mr Shaw to speak to Dr Jonathan, his current RMO, and to discuss with nurses his thoughts and feelings and I strongly advised him to co-operate with his assessment.

In 2005 when Mr Shaw again came to the attention of Psychiatric Services, he was serving a 15 month sentence for car related offence at HMP Barlinnie. He was seen by visiting psychiatrist and Mr Shaw complained of poor sleep, low mood and hearing voices. He was prescribed anti-depressant medication Mirtazapine and Venlafaxine. Records indicate that these medicines had no apparent therapeutic effect.

Mr Shaw was released from HMP Barlinnie in June 2006 with an offer of following appointments with Forensic Services. He was living in Thornwood Crescent, Partick on release from prison and he was referred to Dr Melanie Baker as an out-patient in August 2006. Records indicate that Dr Baker was of the opinion that Mr Shaw may have been experiencing psychotic symptoms. He had not been compliant with his medication and his mental health was deteriorating. He was offered the opportunity for admission into Gartnavel Hospital for a full assessment but he did not attend the hospital as arranged. After this, Mr Shaw was seen by a Mental Health Officer with a view to a detention in hospital, but it was considered that Mr Shaw was not detainable at that time.

Between 2006 and 2007, Mr Shaw attended Dr Baker's clinic. Due to poor compliance with oral medication, Mr Shaw was commenced on a depo injection of Risperdol Consta and records indicate that he showed a slight sign of improvement when his medication dosage was increased.

Mr Romano, MHO advised that during the course of 2007, the case notes state that Mr Shaw continued to complain of auditory hallucinations and stated that his medication was having very little effect. His attendance at the out-patient clinic was noted to be erratic. In May 2007, Mr Shaw was seen by Dr Lawrence Tuddenham, a specialist registrar in Forensic Psychiatry. Mr Shaw reported that his medication was ineffectual and Dr Tuddenham agreed to a change to Flupentixol Decanoate depot injection. Mr Shaw was also offered a prescription of Propranolol in order to help alleviate the symptoms of anxiety. Mr Shaw accepted his prescribed depo injection but refused the medication to deal with his anxiety.

Follow-up appointments were offered to Mr Shaw at Douglas Inch Clinic in Glasgow and Mr Shaw then came under the care of Dr John Baird, Consultant Forensic Psychiatrist and the working diagnosis was then described as post-traumatic stress disorder. Mr Shaw continued with his medical appointments with Dr Baird until February 2008. In February 2008 Mr Shaw was returned to HMP Barlinnie for a 6 month period as a result of further Road Traffic offences. He was reviewed by visiting Psychiatrists at the prison and records indicate that his mental health remained stable throughout his incarceration.

Mr Shaw was released from HMP Barlinnie on 08-04-2008 and moved to Darnley Road, Cumbernauld where he resided with a cousin. He advised that he was reluctant to return to his flat in the Partick area of Glasgow as he felt depressed in his tenancy. During his period in Cumbernauld, Mr Shaw was seen by Community Psychiatric Nurses until October 2008 when the house in Cumbernauld was boarded up. Mr Shaw was traced to his home in Thornwood Crescent, Partick and he was visited at his home until January 2009.

Mr Shaw failed to engage with Psychiatric Services and he was discharged from the service at the end of January 2009.

Mr Romano, former MHO, advised that records show that Mr Shaw has proven difficult to give an accurate diagnosis. He stated that there was consensus that Mr Shaw had a borderline personality disorder with emotionally unstable traits. However, he advised that there had been periods in his life when psychotic elements have been evident. These have been short lived and possibly as a result of illicit drug misuse, especially benzodiazepines. In interview with Mr Shaw in Beckford Lodge Hospital, he advised that he continues to misuse drugs and his drug of choice was cocaine.

Mr Shaw has at times been diagnosed with depression and has been treated with appropriate medication. Dr Baird had diagnosed Mr Shaw with post-traumatic stress disorder and also identified mental instability. The medical notes from Dr Campbell who had been his RMO in Hartwoodhill and Dykebar Hospital, was of the opinion that his behaviour and car related offences may have a link to post-traumatic life events.

Drugs and alcohol

In discussion with Mr Shaw in Beckford Lodge, he informed me that he has a history of using non-prescribed benzodiazepines but his drug of choice was cocaine. Records show that there is also a history of alcohol abuse. Of note, in Mr Shaw's 20 page history of convictions, there are no alcohol or drug related charges and it is unclear when he steals and drives cars, if he is under the influence of alcohol or drugs.

Financial Situation

Mr Shaw is in receipt of state benefits, namely Income Support, Disability Living Allowance and Housing Benefit.

Discussion with Nursing Staff

The nursing staff have monitored Mr Shaw and do not report any real concerns with regards to his ability to cope nor in relation to his mental health. They have observed him on the Ward and they have observed him when he is visited by Ms Dougan. When with Ms Dougan, he is focused and engages with her throughout the visiting period with no signs of mental illness. However, he is advising nursing staff that he has voices and a chip in his head, he is very stressed and anxious at times however, they have not observed him responding to stimuli. This was my impression also and I had time to observe him with Ms Dougan, although when I saw them together, I was unaware that the 'patient' was Mr Shaw.

Previous Reports

When Mr Shaw was a patient in Glasgow, he had spoken to staff regarding his recidivism with car theft and has claimed that he feels safe within vehicles and also has a sense of control of the situation.

There was suggestion that he had driven to be apprehended by the Police and taken to hospital or custody when his life situation deteriorates. As stated previously, Mr Shaw has 20 pages of previous offences; the majority of these are road traffic offences. He does present a significant risk to other road users, and he does not appear to show any remorse or empathy to the owners of the vehicles he steals. Should he be driving under the influence of alcohol or drugs, there is a significant risk to the safety of others.

Discussion with Named Person

I have been unable to identify a Named Person. Medical records indicate that Mr Shaw has a daughter named Kelly Ann Fulston who lives in Blantyre. Social Work records indicate that this woman was born in 1979 and it is unlikely that Mr Shaw would be her father as he would have been 12 years of age at the time and from our records, he would have been living Gilsland Children's Home.

Mr Shaw is describing Ms Dougan as his current landlady who visits him regularly at Beckford Lodge. However, in discussions with Mr John Romano, the previous MHO, he advised that Mr Shaw and Ms Dougan have been in a relationship since 2005 but he had never explained if this was a platonic or intimate relationship. Mr Shaw has not provided Ms Dougan's details to nursing staff and he has not nominated her as his Named Person. It would appear from records that Ms Dougan has known Mr Shaw for many years. She previously described him as very deep person who does not disclose any information about himself.

I would agree with Ms Dougan's assertion that Mr Shaw provides very little information regarding his personal background. Mr Romano advised that in 2010 when Mr Shaw was known to the Douglas Inch Team, his mental health had been stable until he stopped accepting his fortnightly depot injection. Ms Dougan advised medical staff that Mr Shaw's presentation rapidly changed with regards to his mood and behaviour. At that time, she described him as having mood swings and being very short tempered. His SCRO records note that he was charged with a domestic incident in 2010. Ms Dougan reports that he was shouting at her aggressively at the smallest situations and she broke off her relationship with Mr Shaw. Mr Romano advised that Mr Shaw took this as a rejection, he was misusing cocaine and alcohol and following their separation, he was again charged with road traffic offences and theft of motor vehicles.

Mr Romano advised that after Mr Shaw was arrested and subsequently hospitalized, Ms Dougan recommenced contact and visited him in hospital. It may be that at times of chronic stress or relationship difficulties, Mr Shaw regains control by stealing cars and being arrested, imprisoned then hospitalized.

Interview with Mr Shaw

I met with Mr Shaw in the low secure unit in Beckford Lodge on 08-02-2016. Mr Shaw advised that he was hearing voices and had a chip inside his head that controlled him. The voice were allegedly telling him not to co-operate or to provide any information and he spoke about his mis-trust of Psychiatric Services and Social Work. He claimed that the voices had been speaking to him for a number of years and he spoke about the voices having killed his previous psychiatrist Dr Campbell and they were now telling him to refuse to engage with his current RMO Dr Jonathan and with nursing staff.

Whilst recounting this information, Mr Shaw had his left hand in his pocket and he was holding out his right arm and hand and this was trembling. At times when he was concentrating on providing information, the tremors stopped and I was under the impression that Mr Shaw could control the involuntary tremors if he wished. Mr Shaw provided me with information about his early years but I felt he was very reluctant and guarded to provide me with current information regarding his social circumstances.

When I arrived at the ward, I observed a male patient whom I did not know, speaking to a woman in the dining room. The couple were engaged in conversation and the patient seemed very focused with no signs of mental illness. I was surprised then when this man turned out to be Mr Shaw and he then advised that he was hearing voices that were commanding him not to engage with services and he presented as very vulnerable, anxious and agitated. This was not the man I observed speaking to his visitor who I understand was Ms Dougan.

My impression of Mr Shaw was that depending on the audience, he could be quite manipulative. I had no indication of any signs or symptoms of mental illness. He followed my questions, and although he was advising that he was hearing voices and had a chip inside his head, I considered that his responses were behavioural and not due to active symptoms of the auditory hallucinations he was describing.

Risk Assessment

- Mr Shaw is a recidivist offender having over 20 pages of charges, the majority of which are in relation to road traffic offences, car theft and driving whilst disqualified, without a license, whilst banned and without insurance.

- Mr Shaw has continued since the age of 11 years to steal cars and to drive without due care and consideration for other road users when he is under the influence of alcohol and drugs.

- Mr Shaw uses this as a coping mechanism and has shown no remorse or victim empathy for the owners of the vehicles he steals. He is aware of right and wrong but chooses to steal vehicles to satisfy his own needs.

- Mr Shaw at various times since 1997 has been prescribed depot medication and medication to deal with his depression. Records indicate that this medication has stabilized him in the community but the situation deteriorates when Mr Shaw dis-engages with Psychiatric Services.

- Mr Shaw has a long history of non-compliance with treatment and failing to attend for medical appointments with his RMO or CPN. Mr Shaw has a history of abuse of alcohol and drugs. He states his current drug of choice is cocaine and he has a history of misuse of benzodiazepines.

- Mr Shaw is reluctant to provide information regarding his personal history or current circumstances.

Positives

- Although Mr Shaw describes Ms Dougan as his landlady, records indicate that they have been a couple since 2005 and she is a stable factor in his life.

Housing

Mr Shaw advises that he is currently living in East Kilbride as a tenant of a private let owned by Ms Dougan. Records indicate that Mr Shaw has been itinerant for many years and at various times when he has been incarcerated or admitted to hospitals, he has had addresses in Paisley, Cumbernauld, Glasgow, Hamilton and East Kilbride.

Mr Shaw's longest known address appears to be that of his flat at 5 Thornwood Crescent, Patrick, Glasgow where he resided from 2005 till 2013 and I am unsure if he still has a link to this property. Records indicate that both Mr Shaw and Ms Dougan resided at this address.

Conclusion

Mr Shaw is a 48 year old male who has a long history of car related offences from the age of 11 years. Mr Shaw was diagnosed with a mental illness in 1997 and this has been described as post traumatic stress disorder and borderline personality disorder. Over the years, Mr Shaw has been prescribed anti-psychotic medication in the form of a depot injection and he has been prescribed and anti-depressant and mood stabilizer. A major factor in Mr Shaw's care and treatment has been his refusal to comply with his care plan and there have been times when he has stopped his depot injection which has resulted in a deterioration of his mental health and re-offending.

In interview with Mr Shaw and having observed him with his visitor, I found his presentation at interview contrary to what I had observed when he was meeting with Ms Dougan. Although Mr Shaw was advising that voices were present and instructing him not to engage, I saw no evidence of him responding to external stimuli and he was able to participate in the interview although he was very guarded. Although he was guarded, I did not consider that this was as a result of his mental illness but rather it was his normal presentation where he was reluctant to discuss his social history.

Ms Shaw was transferred to Beckford Lodge on 04-02-2016 on a Section 52D Assessment Order under the Criminal Justice (Scotland) Act 1995.

As Mental Health Officer, I am satisfied that his transfer to hospital was appropriate. He has a long history of psychiatric involvement and his presentation of mental illness may be credible, but I had no evidence of this during my interview with him. Mr Shaw will benefit from the period of assessment in hospital where his mental state can be assessed.

Ann Marie Cain
Mental Health Officer