

5. He has been in hospital since 16-8-16.
6. He was assessed in the absence of medication and was prescribed medication on 19-8-16 but refused it until 23-8-16. He has been compliant since that time. He wanted to research the side effects of the medication. Mr Cordell is concerned that procedures are followed correctly.

### **Issues and submissions**

7. He requested immediate discharge from section. He would stay voluntarily and he is happy to continue with treatment and to see the team in the community. He does not accept a diagnosis of mental disorder but has stated that he will take treatment on the advice of the team. His mother thought that he has reacted to stress in the past and that he has been working very hard on his project.
8. The clinical team were not unanimous in their view. Dr Mills suggested that there had been a possibility that Dr Cranitch, RC, had considered discharging him prior to the tribunal but on balance had decided not to. Dr Mills, having spoken to the RC, was of the view that detention was warranted given the degree of the disorder which is in their view a first episode psychosis. Mr Ahmed, a staff nurse on the ward, was of the view that it was the nature of the disorder that warranted detention. The care co-ordinator, Mr Adama, was of the view that the section should be discharged as Mr Cordell had been adamant that he would engage with services. Dr Mills and Mr Ahmed were concerned about his insight and the risk of non-compliance and deterioration.

### **Tribunal's conclusions with reasons**

9. The tribunal is satisfied that Mr Cordell is suffering from a mental disorder. This is consistent with the signs and symptoms he has displayed which include a preoccupation with a business plan which is so ambitious and far reaching that it can be described as grandiose thinking. He has been working unceasingly on these plans and is in all likelihood suffering from a stress reaction. He has very limited insight. Over a period of two years Mr Cordell has expressed beliefs about police and neighbours which may have some factual basis but in all likelihood are overvalued.
10. The tribunal is not satisfied that the nature of the disorder warrants detention. Mr Cordell has never accepted treatment. We were unable to find that the signs or symptoms have responded to treatment or that they had deteriorated in the absence of treatment. Any problems that he has had with neighbours and his beliefs about persecution at the hands of the police appear to be longstanding. Despite these beliefs he has lived in the same place for 11 years. He has convictions but these do not relate to violence and are in connection with driving offences as a youth and with organising an illegal rave. He has been assessed before and not been found to be detainable.
11. The tribunal is not satisfied that the degree of the disorder warrants detention. He was thought disordered on admission but these symptoms have settled. He poses no management problems. He is compliant with treatment and he gets on well with staff and patients. He was angry with his mother but she is visiting and supports his discharge. He may not accept that he has a mental disorder but states that he is willing to engage with the assessment. He has stated that if the procedures are carried out properly he will abide by them. We accepted his evidence.
12. The tribunal's decision on the first limb of the act meant that we were not bound to consider the risks other than as to how they related to the current degree of the disorder. We are satisfied that it is at least likely that he will continue to comply with treatment either as a voluntary patient or in the community. In any event he has never accepted treatment in the past and until recently has found not to be detainable. It was not clear that there had been a deterioration. He is on bail but the police are not due to interview him until October 2016. We had his forensic history. We were not informed that he has any history of physical violence.