

Simon presented calm, keeping a low profile on the ward, he was in his room most time of the day.

Observed eating and drinking well, he appeared kempt and no management issue regarding him.

Concordant with his medication and has been nursed on general observation level.

Telephone call received from his care coordinator regarding visiting Simon on the ward tomorrow. This message has been passed to Simon and was happy about it.

Originator Details: 24 Aug 2016 16:35 Rosemary Mills Medical
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I saw Simon in on the ward with Tamba (ward nurse) present - for the purpose of assessing his mental state and obtaining some further history about drug and alcohol use.

Simon was amenable to interview.

Simon denied any drug or alcohol use at all, stating that he 'never touched the stuff'. I clarified this with him as previous notes have described him using cannabis on a daily basis (back in Dec 2105), also mentions of him using nitrous oxide. Simon stated that cannabis was very infrequent 'just to try it' 'recreationally', minimised this significantly in his recollection. Also told me that he had only been drunk once in his life when he was 16 and hadn't been drunk since. This differs to another report in RiO where he was admitted to A+E after consuming a bottle of rum and LSD in 2012.

Unfortunately we haven't managed to complete a UDS during this admission.

Simon was well kempt, he was initially polite in that he called me 'miss', he remained seated for the interview. Quite intense eye contact. Speech rapid, difficult to interrupt, very keen to discuss his business plans and court cases, told me about showing all his business plans to the patients on the ward, unable to see that this might not be relevant to them. Spoke of several different folders that he has created in order to plan his festivals and events, told me that he has set up a charity which he intends to use to help people by benefiting beneficiaries of the UK. He has applied for lottery funding and intends to appoint 6 directors. I found it very hard to understand the activities of his charity but it seemed to involve an online noticeboard where advertising space could be sold. Simon spoke about arranging for the red arrows to attend a future festival, has downloaded their website and made a folder for this. Simon struggled to stay on topic and had to be prompted several times back to the initial question.

I explained the tribunal process to Simon and told him that I would be presenting the view of the team which is that we felt he is currently mentally unwell, and would benefit from further time in hospital and treatment with antipsychotic medication. I told him that I thought he was overly preoccupied with his court cases and police conspiracies, and that his business plans were difficult to understand and seemed a little far reaching and unrealistic. I told him that we felt that the extent to which he is preoccupied with this was a symptom of mental illness.

I asked Simon to have a think about what he would want to do should the section be ended on Friday, as he has at times said he might stay informally.

Simon reported feeling quite happy, sleeping well, eating well, happy to be sharing his plans with us and working on his businesses. Denied any abnormal perceptions or unusual experiences. Does not feel that he has a mental illness.

After the meeting, I returned to Simon to let him know about the procedure regarding him reading the reports prior to the tribunal (which he has a right to do). Mental health act office confirmed that they will provide him with the reports likely on Thursday afternoon or Friday morning. Simon was holding the phone near his ear at this point, asked me to tell him my name (which he already knows) apparently for the benefit of the phone. I asked Simon if he was recording, it turned out someone was on the phone.

Simon told me that he would like me to tell his representative (turned out to be partner, Katie) why I was detaining him in hospital. The encounter felt very confrontational, I told Simon that it wasn't appropriate for me to discuss his case with unknown others on the telephone and she is welcome to attend any future meetings if he would like. I ended the conversation at that point. Simon continued stand very close to me whilst I was unlocking the office door, and continued to hold the phone towards me, demanding that I say my name and explain why I thought he was ill (I showed him my badge and confirmed who I was) and he was quite intimidating in this respect.
