

EAS/ECRHTT entry;

Joint assessment conducted together with Dr Cushion from the Enfield Assessment Services at patients home.

We could not gain entry to his flat and therefore we had to make a telephone call to his mother who we asked to give us a code for access to communal door of the property. Same given as **0123**. His mother's is called Lorraine and her phone number is **02082457454**.

Upon knocking on the door to his flat there was fierce barking of his dog from the flat. He was suspicious of people knocking on the door and asked, "Who are you?"

We calmly introduced ourselves and called out purpose for our attendance. We then asked him to put his dog away and let us in. He complied without any issues.

The front door was secured with a heavy-duty metal door and as soon as he opened the door, he instantly bombarded us with volumes of information, about who he is, he talked about what the police have done to him, explained what his neighbour is doing to him (following him about) and what he is doing to clear his name regarding his assumed criminal or police records.

This pattern continued even when we sat down to interview him. He would not allow continuous flow of conversation; he had rapid speech, he was disruptive and jumping topics. He had many volumes of files to refer to and try to prove his points and assumed mistreatment by the police and misdiagnosis by the medical professionals. However, he could be interrupted without him becoming angry. He could not facilitate conclusive dialog or interview no matter what method of interviewing we employed. We kept going around the circle without end.

He appeared to be mentally disordered and without understanding of his illness (not insightful). We advised and offered him support for his mental disorders which he declined saying that he is not ill and will not take medication. His mother reported family history of mental illness. His grandmother suffered from schizophrenia. This could be the start of his schizophrenia exacerbated by drug use.

Finally, we had to summarise purpose of our home visit. We told him that we had attended in order to address his **medical** as well as **social** issues:

Medical:

We told him that after the interview, we felt that he needed support/treatment for his mental disorders. We explained and offered him home treatment which he declined. I do not think that he would engage with the HTT.

If he continues to take drugs he will continue to deteriorate in mental state and being paranoid about harm to him from others including the police and neighbours

Social issues:

A 34-year male of mixed race, white-black (mother is white and father is black). He was known to CAMHS as a child. He accessed mental health services in 2008, 2012, 2013, 2014 and this year with no records of previous admission. He admits to using skunk cannabis daily supplied by people. He pays for drug supply with his benefits' money and support from his mother. A well-known person to police.

Relationships.

Isolated for more than two years, he said. According to Simon; he is not allowed to go out to certain areas by the police and in particular industrial places. He said that he has no friends. However, his mother has regular contact with him. She does his shopping for him.

Activity of daily living.

He told me that he can cook for himself. I checked that his kitchen was clean and there were some activity of previous cooking. There was food in the fridge.

Although his flat is full of equipment, computers, industrial printers, speakers, and others, his flat is reasonably clean and orderly. His bed room is not too bad either, has makeshift wall robe he made by himself and I could see that an attempt had been made to make the bed after night use.