

particular neighbours bang on the water pipes, stamps on the floor (this echo through the flat between) - this happens first thing in the morning and goes on through the day.

Mr Cordell believes his neighbours sit in their flat eavesdropping on Mr Cordell's whereabouts. When he enters the bathroom, they enter their bathroom and flush the toilet a lot. Simon has Video and Audio recordings throughout his flat in order to prove his innocence. There is a husband and wife living there as well as a new born baby. Mr Cordell reports he can hear this family talking but he can't make out what they are saying - he denies them saying anything negative about him "they've never spoke to me".

Simon has personal information about his neighbour which he feels is proof of? tax evasion - he reports the family own 50 houses in the UK. The neighbour has changed their surname in order to accommodate some scheme to avoid? tax - Mr Cordell reports he has "100% evidence" that this is true and feels it is relevant to him because of how they are treating him. Mr Cordell believes what the neighbours are doing is a hate crime.

Mr Cordell denies ever having felt like the TV was talking to him or that the council was advertising his information. Mr Cordell does feel his personal information is being advertised somehow - friends have approached him and have information about him he believes can only have come from secure computer systems.

Mr Cordell is not concerned about his tenancy at the moment - he states he has recordings that prove his innocence. Simon is aware the council has told him to stay away from his neighbours - since this time he states he hasn't approached his neighbours. He wants to publish a book about what has been going on. Simon does not appear to accept that he has become fixated on this issue.

Mr Cordell does not think his problems with his neighbours are in any way due to him having a mental health problem. Mr Cordell wouldn't like to take medication as he doesn't feel he needs it and is concerned medication may impact his ability work. He is particularly concerned that the medication will "dope him out".

Mr Cordell states he has a good family support network. He is happy to see the ward psychologist.

Mr Cordell has been informed that a referral to a forensic psychiatrist who may want to visit him on the ward.

Impression was that he presented with persecutory delusions and poor insight into his condition. Not currently deemed to be a risk to himself or others. He could be at high risk of losing accommodation if continues untreated. Plan was:

1. For Section 17 leave
  2. No medication at present
  3. Refer to ward Psychologist - Dr Patkas
- . He has terrorised our patient (who lives above him) including one occasion taking him by the throat and left our patient feeling unable to walk around on the floor or even flush his toilet chain for fear of sparking another altercation (with no basis) about excessive noise.