

2. The Responsible Authority's case

The clinical case argued that the patient has a chronic and enduring mental illness. It is unclear whether the mental disorder responds to treatment as the patient has not engaged consistently with treatment. Currently, the patient has been assessed without medication as Mr Cordell does not accept that he requires psychotropic medication. Mr Cordell presents with a number of persecutory, paranoid thoughts in relation to his beliefs that the police and his neighbours are in some way targeting him. Mr Cordell also exhibits thought disorder and some tangentiality in his response to questions posed. The professional evidence argued that the nature and degree of the mental disorder warranted the patient's continued detention of assessment which is justified in the interests of the patient's health, safety and the protection of others.

3. The patient's view

Mr Cordell was polite and courteous towards the panel. He told the panel that he did not accept that he has a mental illness or any need for medication. He said he experienced anxiety and distress at his accommodation. He indicated that the 48 allegations between 6.7.2016 and 2.10.2018 set out in the medical report from an Enfield Council Report regarding concerns and breaches of his tenancy agreement were all fabricated. He did not accept that he was in any way at fault. He repeated on several occasions that his neighbours had submitted a litany of complaints to council officials about him in order to undermine his occupation of the premises. He said that he has been stopped from organising festivals and had set up a website to air his frustrations about his perception of the injustice of his treatment. He told the panel that he would remain as a voluntary patient

4. The nature and degree of the mental disorder

As to the nature of the mental disorder, the patient's illness appears to be a chronic illness which has persisted for some time. It is unclear as to the patient's response to treatment as yet. Mr Cordell told the panel that he did not take the psychotropic medication prescribed following his last discharge in 2016. The clinical team have sought the first recommendation for Section 3 and intend to commence treatment with psychotropic medication in due course. Mr Cordell displayed no insight into his mental health difficulties and sought to minimise his actions prior to the current admission.

As to the degree of the mental disorder, the patient's evidence was tangential, guarded and there was clear thought disorder. Dr Greensides told the panel that he had looked at Mr Cordell's website which indicated the presence of thought disorder. The panel asked Mr Cordell about a telephone conversation with Mr Appadoo which is detailed in the social circumstances report; the patient is alleged to have used foul and threatening language throughout the conversation. Mr Cordell did not dispute the telephone conversation and sought to minimise his actions stating that the content was out of context. He was unable to contain his thoughts on the question posed as to whether, reflecting on the matter now, he thought his response was inappropriate.

The nursing evidence in contrast to the panel's observation, indicated that the patient has not exhibited any psychotic symptoms. On a positive note there has been some improvement in the patient's presentation overall as he is no longer challenging, irritable or confrontational.

5. The detention is justified in the interests of the patient's health, safety and the protection of others

As to the patient's health, the professional evidence indicated that psychotropic medication is to be commenced and the patient's response to treatment is to be monitored. The clinical view is that a period of treatment is now required to address the patient's psychotic symptoms. The clinical view is that the patient is unlikely to engage as an informal patient and a previous attempt at treating the patient in the community was unsuccessful.