

## 5. Consultation with Nearest Relative and process of identifying the Nearest Relative

I understood Simon to be basically estranged from both his family & his main source of social & emotional support is from his mother. I determine her as NR. I believe he very little contact with father. I spoke with Lorraine Carlo and consulted with her. I informed her on phase 1 notes of assessment & reasoning (noted a consent & estrangement).

## 6. Consultation with Assessing Doctors

Assessing doctors in agreement: client presents with features suggestive of mental illness. Paranoid ideas about the police eg that police officers damaged his CCTV cameras at his home. withdrawn & believes TV talking to him. Pressured speech. Neighbours report escalation in his antisocial behaviour, loud music & verbal aggression.

Denies mental illness & refuses informal admission to hospital. Requires letter assessment - hospital.

## 7. Views of others consulted

I spoke with Maggie Corrod - AMHP involved in earlier MHA not successful. She said he had been aggressive & disruptive in cell & initially refused to engage with staff. She said she believed he would benefit from admission to hospital. Escalation in his negative behaviour ending up with being arrested by police.

## 8. Mental Capacity Act 2005

No evidence to determine that client lacks capacity to make decisions regarding his mental health.

MCA not applicable.

MHA applicable.

## 9. Reason for decision to make the application (including choice of Section)

- Two clear independent med. recommendations for s.2.
- Arrested for allegedly making threat to kill neighbours on 15
- HTT or other committee approach not viable given doctors total rejection of any notion that he might require MH services' input.
- Client refuses to entertain idea of hospital admission.