

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

I understood Simon to be basically estranged from most of his family & his main source of social & emotional support is from his mother. I determine her as NR. I believe he has very little contact with father. I spoke with Lorraine Cordell and consulted with her. I informed her on phone of outcome of assessment & reasoning (content of assessment & outcome).

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 Paranoid ideas about the police eg that police officers damaged his CCTV cameras at his home, withdrawn & believes TV talking to him.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.

Client resists mental illness & refuses voluntary admission to hospital.

7. Views of others consulted

Requires letter of consent - contact.

I spoke with Maggie Corrad - AMHP informed in earlier MHA not on 15/8. She said he had been aggressive & disruptive in cell & verbally refused to engage with staff. She said she believes he would benefit from antipsychotic. 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 15/8
- HTT or other committee approach not viable given client's total rejection of any notion that he might require MH services' input.
- Client refuses to entertain idea of hospital admission.