From: Lorraine Cordell <lorraine32@blueyonder.co.uk>
Sent time: 08/11/2018 09:29:02 PM
To: re_wired@ymail.com
Subject: Re: Reports from today
Attachments: Si-Soobah-Appadoo-08-11-2018.pdf Si-Bibi-Khodabux-08-11-2018.pdf

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here the 2 reports you got today

<< address of person preparing the report>>
Dorset ward

Inpatient Nursing Report on Simon Cordell

Date of birth:	26/01/1981
Home address:	109 Burncroft Avenue Enfield
Post Code	EN3 7JQ
Hospital:	Chase Farm Hospital- The Ridgeway Enfield Middlesex EN2 8JL.
MHA status:	Section 2
Named Nurse	Bibi Khodabux
Report prepared by:	Bibi Khodabux

Sources of Information:Rio notes, observations, feedback from the team and 1:1sessions with patient.

-I am a staff nurse on Dorset ward and I have known Simon since his admission to the ward.

1) Circumstances leading to admission

Simon is a 37 year old service user admitted on 25/10/18 under section 2 of the MHA. It was reported that he had not been engaging with the services in recent years. He was arrested for spitting at a police officer after they were called about him harassing his neighbours. He also has a number of non-molestation orders against him, forbidding him contacting them.. He was taken to Wood Green police station and during Mental Health Act assessment he appeared to be thought disordered, had no insight , held several grandiose and delusional beliefs. On admission he was irritable in mood, elated and grandiose.

2) Current nursing care

Simon is nursed in a safe environment. He has been encouraged to approach staff to discuss his feelings. A therapeutic outlet has been provided for him to ventilate his feelings.
He has been offered 1:1 sessions with staff on each shift to discuss his care plan and also to gain his cooperation and to get him involved in his treatment.
He was encouraged to get involved in his care plan and discuss his views.
Staff encouraged him to gain insight so that he would engage.
Staff initiated establishing rapport with him which has gradually improved.
He has politely declined to attend occupational therapy sessions on the ward.
He is currently nursed on general observation.

3) Current medication

He is currently on no regular medication

He is on PRN Lorazepam Maximum 4 mg in 24 hours.
Paracetamol PRN 1g 4-6 hourly.
Ibuprofen 400 mg Maximum TDS in 24 hours

4) Contact with others

He interacts well with fellow patients and staff on the ward.
He has been leaving the ward to proceed on unescorted section 17 leave and he complied with it.
His mother and uncle visited him on the ward and observed to have interacted well with them.

5) Progress on the ward-

On admission he presented with challenging behaviour, intermittently agitated, hostile, argumentative, and demanding to leave the ward but did not make any physical attempt to leave. He has now calmed down but there is limited progress in his mental state.
He has no insight and complains of being wrongfully detained.
He states that there is a conspiracy by the police and mental health services that are all out to get him. He claims to have set up a website with details, videos and recordings.
During 1:1 with Simon he appears preoccupied with talking about his websites
He states he has several businesses that the police have tried to stop.
He is eating and drinking well.
He has limited insight.
He attends to his personal care which has improved.
He socialises with other patients and staff on the ward.
He engages willingly with staffs.

6) Incidents

There are no report of any incidents on the ward.

7) Risk

At present risk to self is low. He did not express any thoughts of self-harm.
He is at risk of further deterioration in his mental state if he does not comply with medication.
Risk to others is low on the ward. He did not present with any aggressive outburst during admission. Has been reported to be at risk to his neighbours in the community due to his aggressive behaviour.

8) Factors affecting this hearing

He should be able to attend this tribunal and also cope with the outcome with the help and support from staffs.

9) Opinion and recommendations
Is detention in hospital for (S2) or the provision of medical treatment in hospital justified or necessary.

It is important that Simon remains in hospital under section 2 so that his mental state can be fully assessed followed by treatment.
He has no insight and is not willing to cooperate with his treatment.
He does not believe that he needs medication.
There is a high probability that he will not cooperate and disengage from services.
He will be putting himself and his neighbours at risk due to his aggressive and confrontational behaviour.
He will be at risk of losing his accommodation.

Signed
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(Print Name) BiBi KHODABUX

Date 03/11/18.....

Enfield Adult North Locality Team
58-60 Silver Street EN1 3EP

Social Circumstances Report for S.C Rio no 11214451 on Section 2 of the MHA 1983/2007

Date of birth:	26TH January 1981
Home address:	109 Burncroft Avenue, Enfield, Middlesex EN3 7JQ
Date of Admission:	26TH October 2018
Hospital/Ward:	Chase Farm Hospital, Dorset Ward
Care Coordinator :	Soobah Appadoo- Allocated August 2018
Report prepared by:	Soobah Appadoo
Sources of Information:	Electronic Documentation on Rio
Nearest Relative:	Ms Cordell (mother)
Date of this report:	7th November 2018

Who you are and in what capacity you know the patient, how long you have worked with them: -. My name is Soobah Appadoo. I am a CPN with the above named team. I have been asked to compile this social circumstances report in support of above named patient's Mental Health Review Tribunal (MHRT) appeal against his detention under Section 2 of the Mental Health Act. Mr Cordell was admitted on section 2 on the 26th October 2018.

Mr Cordell was previously under the care of the Early Intervention Team for 3 years. The Early Intervention Team discharged him in June 2018 and at that point he was referred to our team. There is a suggestion on RIO notes that he did not engage well with that team.

I was allocated to Mr Cordell in August 2018. We offered him an appointment at his flat on the 31st August. Mr Cordell rang our office the day before and spoke to me. I informed him that I am his new Care Coordinator. He said that he had been seen for "76 days by his CC" and there was "nothing wrong with me". He said that the reason we want to see him is to "cover for missing signatures?". He said he "will ruin anyone who come to my house" and he has "recording cameras and audios" to ruin us. He said if you come to my house "I f...ing will scar you for life". He used foul languages through out this contact. He said that I "can take the f...ing referral and stick it up my a..e". He said that he does not want to see us. I could not interrupt him: very verbally aggressive with pressure in speech". I did manage to say that we are a different team from Lucas House and we want him to have a fresh start- He said "I don't f...ing care"

Further to that the MDT advised that we should assess Mr Cordell in clinic due to the potential risks. We then offered him an appointment on the 28th September which Mr Cordell did not attend.

My report is based on the information which I have extracted from RIO and my telephone conversation with Mr Cordell's mother.

Psychiatric history

On the 16th August 2016 Mr Cordell was admitted to CFH under Section 2 of the MHA. He was discharged on the 27th August 2016. According to RIO notes Mr Cordell "was arrested at his home address after his mother raised concerns about his mental state - he was allegedly verbally threatening towards his neighbour and (?) neighbour's children. Simon's mother called police who arrested him. He was seen by the FME at Wood Green police station, was then referred for MHA."

He appealed against his Section. The Mental Health Review Tribunal discharged him from Section 2 on the 26th August 2016.

Leading to current admission

As I stated above leading to this admission Mr Cordell did not attend appointments offered to him by our service. Subsequently due to the allegations made against him I was advised to attend a Safeguarding meeting for an alleged victim. In that meeting I was informed by the Council that Mr Cordell has a past and current history of physical and verbal aggression towards residents in the building. I was informed that the council has tried to work with Mr Cordell but to no avail. I was informed me that Mr Cordell was getting easily irritated even by the sound of a flushing toilet; this happened very recently and he threatened the resident concerned. The Council was of the opinion that these are signs of mental illness and suggested that BEH should proceed with a MHA. The Council argued that this is for the protection of others as well as Mr Cordell's own safety.

Subsequently the council sent us a copy of 'Anti-Social Behaviour, Tenancy concerns and breaches- pre-action letter' which contained a chronology of alleged incidents dating from 2016. These alleged incidents were in the meaning of an antisocial behaviour presentation.

On the 17th October Mr Cordell was discussed in our MDT meeting. A decision was made to conduct a MHA. A MHA was attempted on the 19th October. Mr Cordell did not cooperate and the assessment did not take place.

On the 23rd October an application for a warrant was made but was declined on the grounds "that there was insufficient recent evidence that he was being "kept under proper control" as he is living alone and "insufficient recent medical evidence that "he is unable to care for himself".

According to RIO, on the 25th October Mr Cordell was arrested for breaching a harassment order. It was alleged that he was aggressive towards the police and spat at them. He was assessed at the police station. On interview he had pressure of speech, delusions about his neighbours and the police and housing ganging up against him. He denied drug use. He said that does not have a mental disorder. The

doctors who assessed Mr Cordell found him "hypomanic, with flight of speech, grandiose and thought disordered"

Forensic history

Nil known.

Risk History

According to the Risk Assessment on RIO notes Mr Cordell had expressed suicidal thoughts in the past. This was related to stress from court cases. The date is not stated in the Risk Assessment. Around that time he said that he had researched ways of harming himself (poisoning, OD, hanging). He had said in the past that he tried to hang himself aged 16 when he was in a young offender's institute. He had said that he needed resuscitation. He tried to hang himself a second time after he was sentenced by a judge aged 20. He had said that he drank Nitrous Oxide in 2014 with intent to die.

According to his Risk Assessment he was regularly a victim or witness of his father's violent behaviour.

There are recent reports from the Council regarding alleged aggressive behaviours towards other residents. In June 2018 he was apparently involved in court case with the neighbours who he apparently threatened to harm.

Social circumstances

Personal History

Mr Cordell is single. He has a partner. He has no children. He was born in Enfield and did his schooling in Edmonton. Left school aged 16. He studied and worked in mechanics and road works, electrical and computers after he left school (mother's report)

Accommodation

Mr Cordell lives in a 1 bedroom flat on the ground floor. The flat has necessary amenities/facilities to allow independent living.

Employment

He is not currently in employment

Finances

He claims ESA and needs to make an application for PIP

Views of family

I telephoned Ms Cordell on the 7th November 2018. Ms Cordell told me that neighbours have been "terrorising" his son since 2014 in particular a neighbour on the 2nd floor. Ms Cordell told me that whilst her son is in hospital her nephew has been staying in the flat to look after the dog. The nephew has reported that the occupier on the 2nd floor have been "banging" on the floor. She said that the neighbour then realised that her son is not in the flat when they saw the nephew coming out of Mr Cordell's flat. She told me that since the 26th October the "banging" has stopped. She said that she has complained about the neighbour herself but thinks these situations are misinterpreted by the council and the mental health services and her son is then seen as the perpetrator and or being mentally unwell. Ms Cordell stated that the sound proofing is lacking and the noise is real. Other neighbours have made allegations that Mr Cordell has been aggressive towards them. She said that there is no evidence of this; police has seen CCTV and found that her son had not left the flat at the time when these incidents were alleged to have happen. Ms Cordell gave another example in 2016 where it was alleged by a neighbour that her son had made threats to kill him. She said that the police initially charged her son with making threats to kill; after seeing video evidence they charged him with a 'Public Order Offence'. She said that around the time of this alleged incident her son was in his flat with some friends. Her son was not allowed to his flat and was bailed to her flat where he stayed until December 2016. She said that the CPS after seeing evidence dismissed the case a day before the trial. She said that the council has never taken the responsibility to look at evidences; the allegations made against her son (physical assault, letting his dog on the loose) have not been proven. She said that on the 9th August in court the Judge ordered Enfield Council to move her son to a 2 bedroom flat but the Council wants/plans to evict him instead. She said that the Council has no grounds to apply for her son's eviction.

She said that her son has a one bedroom flat. She said that he does not want to live there. She said that he needs a 2 bedroom flat with the plan that his cousin could stay with him to provide emotional support. She said that her son has everything he needs in the flat. She told me that her son is very independent in activities of daily living; his personal care is extremely good; he cooks for himself, maintains the flat and takes responsibility for his bills. She told me that he has no financial difficulties/no debts.

She said that her son has a work history. In 2010 he was planning to set up a business in the entertainment industry. He has also built websites in relation to this. At present he is not in employment. He is in receipt of Employment Support Allowance but needs to make an application for Personal Independent Payment.

I asked her if she thinks her son has a mental illness; she told me that he suffers from stress and anxiety due to issues with the neighbours but does not think he has a mental illness. She said that the judged looked at evidence and did not grant a warrant in October 2018 for a mental health act to take place at her son's flat.

I asked Ms Cordell if she thinks her son could benefit from support from the community team. She said that he could do with some support but "we should stop labelling him as being delusional as he is not delusional".

After-Care

Potentially Mr Cordell care/treatment would be delivered via the Care Programme Approach. I am the allocated Care Coordinator and he will have a responsible clinician in the community.

My role would be first of all to build a relationship with Mr Cordell as I have only met him on 2 occasions. I will try to motivate him to engage with myself and the multidisciplinary team. As his Care Coordinator I will review Mr Cordell regularly independently and with the Community RC.

We have a Team Clinical Psychologist and it would be vital for Mr Cordell to have some form of talking therapy. This is on the basis of the stress and anxiety that his mother states he suffers from.

We have a Dual Diagnosis Worker in the team who could offer drug counselling if necessary.

We have an organisation called 'Remploy' which is funded by the Local Authority. Potentially they could support Mr Cordell to find work. They meet regularly with clients whilst they are in work and also liaise with employers.

I could support Mr Cordell in making an application for PIP. Alternatively he could get that support from 'Enfield Well-Being Connect'

The Mental Health Enablement Team could provide support in tenancy management as well as support to access education/training and work.

Opinion and recommendations

I have met Mr Cordell on two occasions only and I have not had the opportunity to assess him in the community. A rapport needs to be established with him.

On the basis of recent events, history of risks to self and alleged risks towards others, and taking into account the views of the MDT on the ward I think that he would benefit from a longer stay in hospital. This is in-order for the MDT to assess him comprehensively to determine if he has a severe and enduring mental illness such as schizophrenia/psychosis. If it is determined that he has a severe mental illness then this should be treated accordingly whilst he is in hospital.

Signed: Soobah Appadoo, CPN

Dated: 07/11/2018