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To: re_wired@ymail.com
Subject: RE: Appeal-Section-2-outcome
Attachments: Appeal-section-2-Outcome-14-11-2018.pdf

please see attached

Barnet, Enfield and Haringey

Mental Health NHS Trust

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14/11/2018

Mr Simon Cordell
Dorset Ward
Chase Farm Hospital
The Ridgeway
EN2 8JL

Dear Mr Cordell

Please find attached a copy of the written decision from your recent Mental Health Tribunal hearing.

Please don't hesitate to get in touch with me at the number above if you have any questions or concerns.

Yours sincerely,



Karmen Kyprianou
Mental Health Act Officer



2. Non-RPP
S.2

The First-tier Tribunal (Health, Education and Social Care Chamber) Mental Health

Mental Health Act 1983 (as amended)
The Tribunal Procedure (First-tier Tribunal) (Health, Education and Social Care Chamber) Rules 2008

Case Number: MP/2018/29087
Date of Application: 1.11.2018

Patient: Mr Simon Cordell (born 26.1.1981)
A patient now liable to be detained under Section 2 of the Act

Responsible Authority: BEH Mental Health NHS Trust
Hospital: Chase Farm Hospital

Before

Ms K. Hyman (Judge)
Dr G. Luyombya (Medical Member)
Mrs K. Charlwood (Specialist Lay Member)

Sitting at Chase Farm Hospital on 8th November, 2018

Decision

The patient shall not be discharged from liability to be detained.

Recommendation pursuant to section 72(3)(a)

The tribunal does not make a recommendation.

Representation

Patient: Ms R. Caswell, Duncan Lewis Solicitors
Responsible Authority: Not Represented.

Attendance by Patient

The Patient attended the hearing.

Announcement of Decision

The decision was announced at the end of the hearing.
The patient was present for the announcement.
The patient's representative was present for the announcement.

Pre-Hearing Medical Examination of the Patient

A pre-hearing examination of the patient was indicated under the Rules. The interview with the patient took place on 8th November, 2018.

The Tribunal considered:

Oral evidence from Dr J. Greensides, RC; Nurse Thembi Magodlela; Mr Soobah Appadoo, CPN; Mr Simon Cordell, patient and Mrs Cordell, patient’s mother.

Written evidence from Dr M. Elia, ST6; Nurse Bibi Khodabux; Mr Soobah Appadoo, CPN

Other material, namely Responsible Authority Statement of Information,

Observers: Mrs Fiona Bateman, (Judicial Shadowing Scheme) and Student Nurse Skubik

Jurisdiction, Preliminary and Procedural Matters

1. The tribunal is satisfied that it has jurisdiction to consider this application.
2. The solicitor for the patient sought permission to submit a 6 page document from Mrs Cordell, the nearest relative. The solicitor indicated that the document expressed the nearest relative’s views and those of a cousin. The panel considered the request and noted that Mrs Cordell’s views as regards her son’s detention and the housing problems he has experienced were fully reflected in the social circumstances report provided. The panel would also allow her to speak at the tribunal hearing if she wished to do so. In those circumstances, we did not accept the submission of the document.

Grounds for the Decision

1. The tribunal is satisfied that the patient is suffering from mental disorder or from mental disorder of a nature or degree which warrants the patient’s detention in a hospital for assessment (or for assessment followed by medical treatment) for at least a limited period.
2. The tribunal is satisfied that the patient’s detention as aforesaid is justified in the interests of the patient’s own health or safety, or with a view to the protection of other persons.
3. The tribunal does not consider that it is appropriate to discharge the patient under its discretionary powers.

Reasons

1. Background

Mr Simon Cordell is aged 37 and is single and resides in council accommodation in the community. There is a longstanding history of difficulties with neighbours at his accommodation which was detailed in the reports. His background and history was documented in the statutory reports provided to the panel. He has been known to Adult Mental Health Services since 2014. He has had varied diagnoses in the past and has been found not to require section under the Mental Health Act in 2014 and 2015. He was however detained subject to Section 2 in August, 2016 and was subsequently discharged by a Tribunal. The history indicated that he was discharged on prescribed medication and followed up by EIS. He reportedly did not engage with services or medication and was thereafter discharged from EIS. He has a current working diagnosis of schizophrenia.

The current admission follows an incident in October, 2018 which led to safeguarding concerns and the Enfield Adult North Locality Team’s decision to arrange an MHA assessment. Mr Cordell was detained subject to Section 2 on the 25.11.2018.

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.

As to the patient's safety, there is historical information that Mr Cordell has attempted to self-harm in the past. This is not a current concern. Mr Cordell's difficulties at his accommodation may pose a risk of eviction. However, further clarification is required during the period of the assessment on this point. There is a potential risk of retaliation from others when he is behaving aggressively towards others.

As regards the protection of others, Mr Cordell has entrenched and longstanding views and there have been incidents of aggression involving his neighbours, council officials, and the police prior to admission. He showed little capacity for self-reflection or remorse during his evidence when he was questioned about his telephone interaction with Mr Appadoo. We note that the allegations of physical and verbal altercations with his neighbours were relied upon to obtain an order for an injunction as recently as the 9.1.2018 which was later discharged in July 2018 due to the patient's lack of capacity to understand the conditions of the injunction due to his psychotic illness.

6. Our conclusions

We accept the clinical evidence as to the nature and degree of the mental disorder. We have no doubt that there is some element of neighbour dispute; however Mr Cordell's response to such triggers appear to be rooted in a mental disorder which will need to be assessed during this admission. We also accept that the detention is justified in the interests of the patient's health, safety and the protection of others for the reasons set out above.

7. Exercise of discretion

There were no special features of this case which persuaded us to exercise our discretion to discharge.

8. Statutory criteria

The grounds and statutory criteria are satisfied. The section is upheld

Judge Hyman

Date 8th November, 2018

Notice

A person seeking permission to appeal must make a written application to the tribunal for permission to appeal. An application for permission must:

- a. identify the decision of the tribunal to which it relates;
- b. identify the alleged error or errors of law in the decision; and
- c. state the result the party making the application is seeking.

An application for permission must be sent or delivered to the tribunal so that it is received no later than 28 days after the latest of the dates that the tribunal sends to the person making the application:

- a. written reasons for the decision;
- b. notification of amended reasons for, or correction of, the decision following a review; or
- c. notification that an application for the decision to be set aside has been unsuccessful. (Note: This date only applies if the application for the decision to be set aside was made within the initial 28 day time limit, or any extension of that time previously granted by the tribunal.)

If the person seeking permission to appeal sends or delivers the application to the tribunal later than the time required then:

- a. the application must include a request that the tribunal extends the time limit

under Rule 5(3)(a), and give the reason(s) why the application was not provided in time; and

- b. unless the tribunal extends time for the application to be made, a late application cannot be admitted.