

Date: 19/11/14 Time referred: 1530 Time arrived: Time seen:
(use 24 hour clock eg 18:30hrs)

Referral taken by:

Lucy

Referral from: GP ☐ A & E ☐ Medical Ward ☐ Self ☐ Police ☐
LAS ☐ Social Services ☐ Other (please specify) Mother

Service User Details:

Title: Mr Date of Birth: 26/01/81 RiO No: 1058177

Gender: Male

First Name: Simon

Ethnicity:

Surname: Cordell

Interpreter needed:

Address: 109 Bulcroft Avenue, Enfield

Language spoken:

Postcode:

Telephone Number(s):

Occupation:

EN3 7JQ

Mobile No: 0208 245 7454

Civil Status:

	Name	Address	Telephone Number(s)
GP:	<u>Nightingale House Surgery.</u>		
Main carer / Next of Kin:	<u>Mother - 0208 245 7454</u>		
Others:	<u>FATHER, BEN: 07415 388734</u>		

Accommodation: Owner ☐; Rented ☐; No fixed abode (NFA) ☐; Other (specify) ☐ Living alone? Yes ☐; No ☐

Current / recent drug use: None ☐; Alcohol ☐; Please list all others:

Safeguarding Issues: Adult ☐; Children and Families ☐

Reason for referral:

Current Diagnosis:

- Parat
- Anxio
- Has
- last assess

Analy MHA As.
REFERRED
21.11.14

Hub.
another

CRT observations (

Temp:

Patient seen at:

Discharge form RiO ☐

Date and length of assessment (date) ____/____/____ (time): ____:____

Outcome of assessment:

Taken by HTT ☐ Transfer to Harindey HTT ☐ Transfer to Barnet HT ☐ Enfield triage ☐

Discharged to GP ☐ Hospital admission ☐

Other: Not accepted - service user/referrer offered advice (specify advice on RiO)

Triage/Assessment Completed by (Please Print Name) _____

All areas of this form is to be completed and forward to Admin for statistical information

Approved Mental Health Professional Assessment FormCopy for: Service user file
Social Services records
GP

- For use when compulsory powers are being considered

Please note this form can be completed electronically or in hard copy. To complete this form electronically, please use the mouse pointer or the tab key on the keyboard to go to the next form field.**Patient's details**

Name	Simon Cordell
Address	109 Burncroft Avenue Enfield London Postcode EN37JQ
Phone no.	02082457454/07961833021

<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Age/DoB	33 / 26/01/1981
Ethnic origin (DoH coding)	Mixed UK	
Religion	None	
Preferred language	English	
Interpreter needed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Assessing AMHP	M Garrord/ I Anjaneyan	

Services involved (Please state name, address, phone no.)

Hospital	Chase Farm Hospital, The Ridgeway, Enfield, EN2 8JL
Consultant	Dr Helen Moorey, ECRHT, Ivy House, Chase Farm Hospital, The Ridgeway, Enfield, EN2 8JL Tel: 02087025060
GP	Dr. Warren, Nightingale House surgery, 1 Nightingale Road, Edmonton, N98AJ Tel: 08444778933
CMHN/CMHT	Enfield CRHT
Social worker/responsible local authority (Section 117)	London Borough of Enfield

Nearest relative

Name	Loraine Cordell
Address	23 Byron Terrace Edmonton Postcode N97DG
Phone no.	079807333545
Age/DoB	/
Relationship to patient	Mother

Informed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consulted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Objected?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Reason not informed/consulted	
Nearest relative notified of admission?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Letter sent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason why not notified	Not admitted
Nearest relative informed of their legal rights?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Names and contact information for significant others:	

Patient's rights

Was the patient made aware of his/her legal status and rights under the 1983 Mental Health Act at time of interview?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If 'No', please state date when he/she was made aware of above	

Assessment details

Date of initial referral	20/11/2014	Date of assessment	25/11/2014
Place of assessment	Patient Home		
Medical recommendations from:	Please select if Sec.12 doctor or GP		
Dr. Moorey (No med rec)	Date	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dr. Albazaz	Date	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Any delays in admission process?	Not applicable		
Time assessment:	Started	9.00	Completed 15.30

Outcome details

Date admitted/detained		Time of admission	
Admitted/detained at:	Hospital/Unit	Not admitted	
	Ward		

Legal status at time of assessment

<input checked="" type="checkbox"/> Inf.	<input type="checkbox"/> Sec.135
<input type="checkbox"/> Sec.2	<input type="checkbox"/> Sec.136
<input type="checkbox"/> Sec.3	<input type="checkbox"/> Detained by Police, not under Sec.136
<input type="checkbox"/> Sec.4	<input type="checkbox"/> CTO
<input type="checkbox"/> Sec.5(2)	<input type="checkbox"/> Other
<input type="checkbox"/> Sec.7	

Legal status at end of assessment

<input checked="" type="checkbox"/> No admission
<input type="checkbox"/> Informal admission
<input type="checkbox"/> Remains informal inpatient
<input type="checkbox"/> Detained under Sec.2
<input type="checkbox"/> Detained under Sec.3
<input type="checkbox"/> Detained under Sec.4
<input type="checkbox"/> Placed under Sec.7
<input type="checkbox"/> CTO Yes <input type="checkbox"/> No <input type="checkbox"/> Renewal <input type="checkbox"/> Revoke <input type="checkbox"/>
<input type="checkbox"/> Other

Summary of assessment

Patient's name

Simon Cordell

Date of assessment

25/11/2014

1. Referral details and any other precipitating factors

Mr Cordell was referred to the Enfield CRHT by his mother on 19/11/2014 as she was concerned that he was mentally distressed, paranoid towards her and thinking that the television was talking to him. According to his mother, he has had several incidents with the police recently and they were also worried about his well-being. Mr Cordell's mother was concerned that he was not willing to accept any help from the family. Mr Cordell's father had tried to help him on 19/11/2014 and went to his flat but Mr Cordell had asked his father to leave his house after seen his father talking to professionals from the mental health service (HUB). According to his mother, Mr Cordell had suffered years of harassment from the police due to his past offences. The police had attended the property as Mr Cordell's neighbour had complained that Mr Cordell was screaming in distress. The police had observed him holding a gas canister, which is usually used for recreation purpose and spoke with the CRHT colleague about his current situation. Mr Cordell's mother had requested the ECRHT colleagues not to see him on that day as she had feared that it might antagonise him. When the ECRHT colleague went to see Mr Cordell on 20/11/2014, they observed him being abusive towards his father and did not want to meet with the CRHT colleagues. Mr Cordell was subsequently referred for a MHA as he had refused to engage with the ECRHT.

2. Relevant social and medical history

Mr Cordell is living in a council flat on his own. He was in a long term relationship but his girlfriend had broken up with him 2 years ago. He was a victim of a large paedophile gang as a young child and was seen by CAMH and has a history of violent suicide attempts in the past. He has had many incidents from the police since in his late teens. According to his medical records, he was put in a Young Offender's Institution at the age of 16 for repeated driving offences, mainly driving without a license. Mr Cordell has an ASBO put on him due to him being aggressive when he was in the court for burglary in June 2014. The case at that time was dismissed. He has reported his ASBO is affecting his ability to do anything constructive in his life. He said that has tried to set up a business for providing party entertainment but he has not been able to do anything due to the restrictions of his bail. He was attending a youth centre in Enfield up and fought hard to keep it open with petitions etc..

He is suffering from Crohn's disease and according to his mother, he has not been taking medication for this disease.

3. Record of interview with patient (Include where it was conducted who was present and use of police if required during process)

The interview took place at Mr Cordell's home address. Those attended - M G, AMHP, I A, AMHP trainee, Dr M and Dr A S12 doctor. Mr Cordell put his dog in the back yard. The reason for the visit was explained to Mr Cordell and he was interviewed appropriately. He was very calm throughout the interview. He said he has been stressed with the fact that he had not been able to do anything in his life due to the previous bail conditions. The ASBO is affecting his business opportunities. He said he would like to build up his business and get on with his life but he is not being able to do this. He said he is spending most of the time indoors and occasionally taking his dog for a walk. He said he is working on his computer, trying to fix his website. He stated that he is getting sleep but found it being difficult for few days as he was working on his computer late at night. He denied drinking alcohol or taking any illicit drugs recently. When asked about the support he would require from the mental health service, he said that he would like to get some advice and move on with his life. He said he has no thought of harming himself or others. He was optimistic that he would go through this difficult situation and recognised that his grandmother's recent death had also contributed to his problems. He has agreed that he would contact the mental health crisis service if he needs help or he would go to the North Mddx A&E if he felt bad in the future. He said that he had contacted the crisis service in the past and he knows how to access services.

4. Assessment of risk to patient and/or to others

Mr Cordell had told the mental health professional in March 2014 that he had suicidal thoughts and he had been researching the ways to kill himself on YouTube. However, he said today that he is a strong person and he has no intention of harming himself or others. As he has not had any thought of harming himself recently, the risk remains low at present. He said that he knows how to get help if he needs any support in the future and he was given contact information about the ECRHT.

Risk of social isolation: He has stopped attending youth centre and not going out as he used to do in the past. He was advised to go out at least for a walk with his dog daily and he has agreed for this plan.

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

Mr Cordell is not married and living on his own. He has no children aged over 18 years of age. His parents are ordinarily residents in the UK. His father is the eldest of the two. However, his mother is providing significant and substantial care for him on daily basis. His father does not see him regularly and or provide any substantial care for him as his mother. Therefore, his mother is the Nearest Relative according to S26 (4) of the MHA. She described a complicated relationship with the police since he was 14 and guilty of driving stolen and other cars without a licence. More recently he has grown up and she still feels he is repeatedly targeted by the police. They often stop him to ask about his welfare and then use this to search him. She denies that he used any street drugs but then admitted he used to do this and his last assessment had been after he had attended a festival and gave in to peer pressure taking lots of drugs. She claimed he is not using drugs now but then admitted he does use (laughing gas) from time to time

6. Consultation with Assessing Doctors

Both the assessing doctors had agreed that his problems are mostly related to his early history and losses of significant others over the past 2 years. Dr Moorey was of the opinion that counselling could make matters worse and that he should be encouraged to continue to work towards his long term goals. The doctors felt that Mr Cordwell is managing his difficult situation well and said that he can call crisis service if he requires support in the future.

7. Views of others consulted

Mr Cordell is reported to saying that he did his best to help but on the whole left the caring to Simon's mother his ex partner who is heavily involved..

8. Mental Capacity Act 2005

Mr Cordell has capacity to decide on his present crisis situation. He has agreed to call the mental health service if he requires support in the future.

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

It was decided there were no grounds to admit him to hospital as the doctors who attended the Mental Health Act assessment agreed that Mr Cordell is not suffering from a mental disorder that would require a hospital admission either voluntary or compulsory.

10. If not admitted to hospital, outline immediate plans for alternative to admission and how those plans will be co-ordinated
- He has agreed that he would write to his insurance company to correct the wrong information they have on him. He has also agreed to deal with his parking penalties. He is also trying to fix his website. Today he was very calm and appropriate in his manner allowing the assessing team to descend on him without warning and ask him a lot of personal questions.

Mr Cordell seemed to have a better understanding of his current situation and attributed it to his involvement with the police and grandmother's loss. He may not benefit from a hospital admission or input from the ECRHT at this stage. His mother had spent most of Sunday with him and he had seemed much calmer now.
11. If admitted arrangements for:
- a) Dependants (including children)
- Not applicable
- b) Securing property
- Not applicable
- c) Pets
- He does have beautiful black and tan English Bull Terrier bitch.
12. Any other practical matter (including information/advice about children visiting the ward)
- Mrs Cordell was sent information about support for carers
13. Comment on any avoidable delays in the assessment and admission process
- None

Forensic History

Mr Cordell was put in a Young Offender's Institution at the age of 16 after repeated driving offences (driving without a license)

Mr Cordell says he has not been in trouble with the police for a number of years. He had stolen some trainers at a festival in 2009 and prior to that had not been in trouble since 2005. He denied any violent offences. Mr Cordell currently stands accused of burglary. He has a solicitor and the case will not be heard until July at the earliest.

Mental State Examination

Mr Cordell presented as a tall mixed race man with short dark hair and beard, dressed appropriately in trousers and coat. He sat in a relaxed manner throughout our interview making good eye contact. His speech was a little rapid, but normal in rhythm and tone. His mood was described as "anxious", objectively it was a little low with a reactive affect. There was no evidence of formal thought disorder; content focused around the problems caused by his bail conditions. He described suicidal thoughts but said he had no plan to act on the thoughts due to wanting justice first. Mr Cordell denied abnormal perceptions and was not obviously responding to any. Cognition was not formally assessed but appeared grossly intact. Mr Cordell could see that most of his problems flowed from the very difficult set of circumstances he finds himself in and that he did not think he is "crazy".

Opinion

Mr Cordell is a 33 year-old man presenting with anxiety and suicidal thoughts over the last nine months in the context of having a pending court case with no clear date or outcome yet. I would agree with Mr Cordell's own assessment that he does not have a major mental disorder. He has symptoms of anxiety in keeping with the stressful circumstances he finds himself in. He also displays a number of maladaptive psychological coping mechanisms, which likely flow from his difficult childhood with a violent father. His suicidal thoughts and acts have been a long running feature, becoming particularly acute at times of involvement with the criminal justice system.

Management

We agreed a crisis plan today should Mr Cordell feel inclined to act on his suicidal thoughts. We agreed he would either call the Crisis Team (0208 702 5060) or the Samaritans (08457 90 90 90). If these sources of support did not work out I said he could always call an ambulance in an emergency.

We agreed that he could try an antidepressant medication if he chose to, although he remained ambivalent about this at consultation. Sertraline 50mg OD increasing to 100mg OD after one week, continuing as long as necessary would be appropriate.

I also discussed psychotherapy with Mr Cordell today. He was not sure about this at present. If Mr Cordell would like psychotherapy the IAPT (Improving Access to Psychological Therapies) service would seem like an appropriate place to get this.

We have not made plans to follow Mr Cordell up. If you have any questions or concerns, please do not hesitate to contact us.

Yours sincerely

Dr. Gareth Jarvis MBChB MRCPsych
ST5 General Adult Psychiatry to
Dr. Andrews, Consultant Psychiatrist

cc: Mr Simon Cordell
Encl: Enfield IAPT Referral Form

Barnet, Enfield and Haringey 
Mental Health NHS Trust

RIO NO: 1058177
NHS NO: 4340961671

6th March 2014

Enfield Triage Team
25 Crown Lane
Southgate
London
N14 5SH

PRIVATE & CONFIDENTIAL

Mr Simon Cordell
109 Burncroft Avenue
Enfield
EN3 7JQ

TEAM NO: 0208 702 5000 Option 2
Tel: 0208 361 1770
Fax: 0208 362 0489

Dear Mr Cordell

You have been referred to our Triage Service for a **New Patient Assessment** subsequent to a recent telephone conversation, whereby a choice of appointment dates and times were discussed.

I am writing to confirm your chosen appointment, which is detailed as follows:

Date of Appointment: Monday 17th March 2014

Appointment Time: 09.30am

Doctor: Dr G Jarvis

Location: Enfield Triage, 58-60 Silver Street, Enfield EN1 3EP

You may want a member of your family or a close friend to accompany you when you attend for Assessment. The appointment will last approximately up to 1 hours.

As we are trying to provide a service to a large number of service users, it would be helpful if you could let us know if you are **NOT** able to attend your appointment.

Failure to advise us of your non-attendance may result in you being discharged back to your referrer.

Yours sincerely

Carol Campbell

CC: Dr Abidoye, Nightingale House Surgery, 1-3 Nightingale Road, London N9 8AJ

Private & Confidential

To be opened by addressee only

Dr Abidoye
Nightingale House Surgery
1-3 Nightingale Road
London
N9 8AJ

Enfield Triage Service

25 Crown Lane
Southgate
London
N14 5SH

Tel: 0208 702 5000

Fax: 0208 362 0489

GJ/r1058177

NHS No. 434 096 1671

18th March 2014

Dear Dr. Abidoye

Re: **Mr Simon CORDELL – DoB: 26 Jan 1981**
109 Burncroft Avenue, Enfield, Middlesex, EN3 7JQ

New Assessment

Dr Jarvis (ST5), Mr Cordell, Mr Cordell's mother.

Diagnosis

Adjustment reaction - predominantly anxiety

Medication

Nil

Plan

1. If Mr Cordell would like to try medication Sertraline starting at 50mg for one week then increasing up to 100mg would be a good choice.
2. Crisis plan agreed with Mr Cordell if he feels like acting on his suicidal thoughts (call Crisis Team, or Samaritans or an ambulance).
3. Discuss with team at MDT for advice around sources of support.
4. Mr Cordell to consider psychotherapy to address problems from the past.

Thank you for referring this 33 year-old man with low mood, suicidal thoughts and anxiety. He attended an appointment at the Silver Street Clinic 11.03.14 with his mother Lorraine.

Mr Cordell explained to me that he is under a lot of stress at the moment due to a pending court case. He told me he is accused of burglary, but that he had been wrongly accused and the police had falsified items on his criminal record. He said that the record had led to the judge placing restrictive bail conditions including being at home in his flat after 8 pm. This has meant Mr Cordell has not been able to work for the last nine months (as he normally works as a DJ and party host with most work going on beyond that time). The bail conditions have just been extended for a further six months. Mr Cordell feels that these restrictive conditions have made him feel "a prisoner" in his own home.

Mr Cordell describes feeling anxious most days. He says he has a poor appetite and has lost "3 stone" in weight over the last 9 months. He says he often finds his thoughts are over active and will not give him any rest. Mr Cordell says he finds it difficult to get off to sleep, sometimes not until 5am, but then will stay in bed until midday. His mother says she has noticed him become "more aggressive" and trying to isolate himself from others.

Mr Cordell says he frequently has suicidal thoughts and that he has been researching ways to kill himself "on YouTube". These have included "poisoning, over-dose, hanging". He said that he has tried to kill himself by hanging in the past. He says he has all the materials at home ready to act on his thoughts and has done so for the last nine months. He says what stops him from acting on these thoughts is a desire for justice, wanting to be proved innocent at trial. He says the police are very worried about him, saying "they know they have messed up and now I am on their most vulnerable list, I call 101 regularly, I had police officers out to my flat twice last week to check on my safety".

Mr Cordell says he feels angry with the police, that he has been victimised by them because of the colour of his skin and that he will continue to be victimised by them.

Past Psychiatric History

Mr Cordell tried to hang himself at the age of 16 when in a young offender's institution; he says he lost consciousness and needed to be resuscitated. He was moved to a high security hospital and kept in seclusion on a number of occasions, but he says he would destroy the padded cell with his teeth. He says he was seen regularly by a psychiatrist called Dr Caplin from "the safe project". He says there was a second occasion where he tried to hang himself when in a cell after he was sentenced.

He has not had contact with mental health services for the last 15 years.

Past Medical History

Nil.

Personal History

Mr Cordell was born at North Middlesex University Hospital. He has a younger brother and sister. Mr Cordell says he knows his maternal grandmother attempted suicide on a number of occasions and had had psychiatric hospital admissions. Mr Cordell's father worked as a union representative and his mother ran her own computer company.

Mr Cordell says he did not get on well with his father who was a violent man. He was violent towards Mr Cordell, Mr Cordell's mother and siblings. Mr Cordell left home at the age of fifteen and was homeless for a while. He was placed in to care after stealing a pint of milk. He was placed in a series of children's care homes around the UK, but says that each time he would steal a car and drive back to London.

Mr Cordell said he was pushed hard to achieve at school by his father and that he was "an A-star student" for most of the time. He says he was intelligent and would do the work at other times and as a result would often just "mess about" in class. He went on to college and studied engine mechanics, completing a city & guilds qualification. After leaving school he went on to get jobs in the construction industry.

Mr Cordell says he has tried to build himself up a business for providing party entertainment. At the moment he says he is not able to earn from this due to the restrictions of his bail.

Mr Cordell has had one long term relationship which he describes as "my first true love". This is with a woman called Diana who is currently studying physiotherapy. They were together thirteen years but he says she has moved back out of his flat in recent months. Mr Cordell thinks this is secondary to the repeated involvement of the police in their lives and the stress this has caused.

Mr Cordell lives in a one bedroom council flat. He says things have been financially difficult in recent months as his benefits were stopped and he has had to borrow from friends and relatives. His benefits have been restarted now.

Mr Cordell says he does not smoke tobacco and does not drink alcohol. He says he does occasionally smoke "skunk".

DR J S WARREN**DR J THOMAS****DR D ABIDOYE****NIGHTINGALE HOUSE SURGERY****1-3 NIGHTINGALE ROAD****EDMONTON****LONDON N9 8AJ****Tel: 0208 805 9997****Fax: 0208 805 9994****www.nightingalehousesurgery.nhs.uk**

26 February 2014

DA/KM/12444

PRIVATE & CONFIDENTIAL

Consultant Psychiatrist

Enfield Mental Health

Triage Team

Chase Farm Hospital

URGENT

Dear Doctor

Re: Mr. Simon Cordell DOB: 26-Jan-1981 NHS No: 434 096 1671**109 Burncroft Avenue, Enfield, Middlesex, EN3 7JQ Tel No: 07961833021**

Thank you for seeing this 33 year old Afro-Caribbean man. He gives a history of symptoms of anxiety and depression, which have been on-going for a few months. His symptoms have progressively got worse and he has been having some suicidal thoughts, although he has not made any concrete plans to do anything. He says that the only reason he has not acted on these suicidal thoughts is because of his ex-partner and family.

He is currently involved with the criminal justice system and is currently on probation. He is under curfew and there have been imposed restrictions on his movements. He says he is finding it very difficult to cope with the conditions of his sentence, mainly the confinement to his home. He says that his relationship with his partner appears to have broken down because of what he describes as the tough conditions of his probation. He continues to feel very low and anxious when he is confined to his home. He is having difficulty sleeping.

He has had problems with depression in the past and was referred to the psychiatric services in 2005. He has agreed to commence anti-depressant medication today in the form of Sertraline 50mg once daily. He requested some sleeping tablets and I have given him 10 tablets of Zopiclone 3.75mg 1-2 tabs nocte to be used infrequently.

NIGHTINGALE HOUSE SURGERY
1-3 NIGHTINGALE ROAD
EDMONTON
N9 8AJ
Tel No: 0208 805 9997
Fax No 0208 805 9994
www.nightingalehousesurgery.nhs.uk

FACSIMILE TRANSMISSION HEADER SHEET

TO..... MENTAL HEALTH.....

FOR ATTENTION OF.....

FROM (name of sender)..... DR. ABIDDOYE.....PAGE No..... 1 OF..... 3.....DATE..... 28.2.14.....TIME :..... 10AM.....

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MESSAGE/ADDITIONAL COMMENTS

Dr. Jonathon S. Warren Dr. Janet Thomas Dr. Dapo Abidoye

Upload on
Rio

LEVER 5 | 1300H 13



CHASE FARM, Chase Farm Hospital, EN2 8JL, Tel:

PATIENT INFORMATION

A+E Arrival: 13-AUG -2012 12:51

HOSPITAL NUMBER: 26181654

NHS NUMBER: 434-096-1671

Name: CORDELL, SIMON PAUL

Title: MR

Date of Birth: 26-JAN-1981(31 Years) Gender: Male

Ethnic Group: Mixed - Any Other Mixed

Language:

Seas Visitor (Y/N): N

Marital Status: Single

Religion: Church of England

Interpreter Required (Y/N):

A&E Attendance No. (24 Months): 1

PATIENT ADDRESS

BYRON TERRACE

HERTFORD ROAD

WIMBORNE

DON,

BN9 7DG

NEXT OF KIN

N.O.K.: CORDELL, LORAINÉ

23 BYRON TERRACE

HERTFORD ROAD

BN9 7DG

Home PHONE: 82457454

N.O.K Home Phone: 0208245 7454

Mobile PHONE:

N.O.K. Mobile Phone:

GENERAL PRACTITIONER

VARREN, JS

TINGALE HOUSE SURGERY

TINGALE ROAD

WIMBORNE

DON

GP Tel: 0844 4778933

PRESENT VISIT: New Problem/First Attendance

Referral Source: Other

Diagnosis:

Referral Method: Ambulance

Treatment:

Referral Location: Home

Disposal:

Referral For Visit: LSD SIDE EFFECTS

Discharge Date/Time:

Referral Number: 18282800

PREVIOUS A+E ENCOUNTERS (Max 5)

Date	Reason for Visit	Diagnosis	Disposal
JL-2012 01:05	2HEART PROB		Disch for GP F/Up - to Check Progre
JN-2009 15:20	INJ L HAND		Disch for GP F/Up - to Check Progre
JL-2008 10:06	PROB TESTICLE		Referral to Outpatient Clinic
JL-2008 13:10	WOUND PROB/ROOT		

Uncommitted
4x2.5x3 25 RI
0.16-150 Hz 50 Hz
1/1

Barnet and Chase Farm Hospitals NHS Trust

SEEN BY	TIME
M. SMITH	1540

Affix the
Name
Hosp
D.O.F

NHS 434 398-1671
CORDELL, Simon, P
Male
23 Byron Terrace
Hamford Road
Edmonton
London
N9 7DG

MRN 26181854
26-JAN-1981

PC / Took
LSD over weekend

At festival, took 2x paper LSD Saturday and

? & smog liquid LSD on Sunday

Also drunk ~ 1 bottle of Rum

Has taken LSD in the past.

No other drugs

As states does not normally drink any alcohol

Hallucinatory state - everything moving, can see different colours.

Feels like he has been deceived

Feels agitated

was under care & medical at festival

Had multiple episodes of vomiting prior, none whilst in A&E

States he has had mental health contact in past - not to

became concerned about
- Brought in by police - under arrest for other crimes - can be violent.
PMH Graham

SH to admit

Needs - nil

NHDA

Barnet and Chase Farm Hospitals NHS Trust

General appearance: *Alert**g**g pulse reg**HS 1+1+0**AS -> chest clear**set, not tender*

Affix name label

Name

Hos...

[

NHS 434-08-1671

CORDELL
Male

MRN 26181654



26-JAN-1981

Simon, P
23 Byron Terrace
Hertford Road
Edmonton
London
N9 7DG

Pulse

63

BP

134/93

Resp

Temp

*36.8*O₂sat*98%*

Gluc

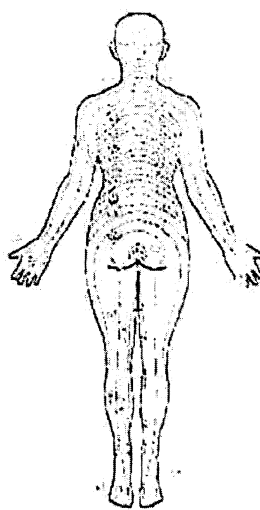
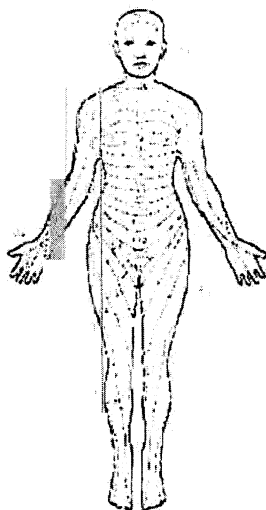
GCS	Eyes <i>4</i> /4	Verba <i>5</i> /5	Motor <i>6</i> /6	Total <i>15</i>
-----	------------------	-------------------	-------------------	-----------------

Cranial Nerves

	I	II visual acuity	III visual fields	IV inattention	V tundi	III/IV/VI	VII	VIII	IX	X	XI	XII
R	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>		<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>
L	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>		<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>

Motor

	R		L	
	UL	LL	UL	LL
Tone	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>
Power	<i>5/5</i>	<i>5/5</i>	<i>5/5</i>	<i>5/5</i>
Reflex	<i>N</i>	<i>N</i>	<i>N</i>	<i>N</i>
Plantars	<i>↓</i>	<i>↓</i>	<i>↓</i>	<i>↓</i>



Cerebellar signs:

AMTS

Name	
DOB	
Time	
Date	
Year	
Place	
Two People	
WWI	
Recall Address	
20-1	
Total	

rnet and Chase Farm Hospitals NHS Trust

A N H D	NHS 434-096-1671	MRN 26181654
	CORDELL, Simon, P	26-JAN-1981
	Male 23 Byron Terrace Hertford Road Edmonton London N9 7DG	

Initial Impression / Diagnosis Date:

Time:

Signature:

1 ASD information → ~~delusional~~ acute psychosis

2

3

Patients being Admitted must have a VTE Assessment

Initial Management / Plan

- Medically fit
- For 4 Review
- (NB is ↓ arrest police arrest)

Time: 1545.....

Signature:.....

&E Pre-discharge check list on next page



Barnet and Chase Farm Hospitals NHS Trust

Results

Verbal results received Date:

Time:

Signature

Affix name label

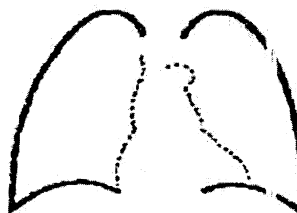
Name

Hosp no.

D.O.B

Date	13/8/12
Na	139
K	4.3
Urea	
Creat	23
Bili	18
Alp	22
Alt	22
Tot Prot	
Alb	44
Amylase	
CRP	6
Total Ca	
Corr Ca	
Phos	
Mg	
Troponin... hrs	
Troponin... hrs	
Hb	15.5
WCC	7
Platelets	254
MCV	90.6
ESR	
Fib	
PT	
INR	
APTT	
D-Dimer	
Other	
Glucose	
Paracetamol	4
Salicylate	250
Alcohol	
CK	
Blood HCG	
Malaria screen	
Sickle cell	
T3	
T4	
TSH	

CXR



Arterial blood gas results

Sample	1	2	3	4
Time				
FiO ₂				
pH				
pO ₂				
pCO ₂				
HCO ₃				
BE				
Lactate				

Record and sample arterial blood gas results here (Document FiO₂)

Other imaging

Other imaging

ECG 1

ECG 2

Urine / B-HCG Result
(stick here)

Crystal Simon

13 08 2017 15:34:57

Debut:

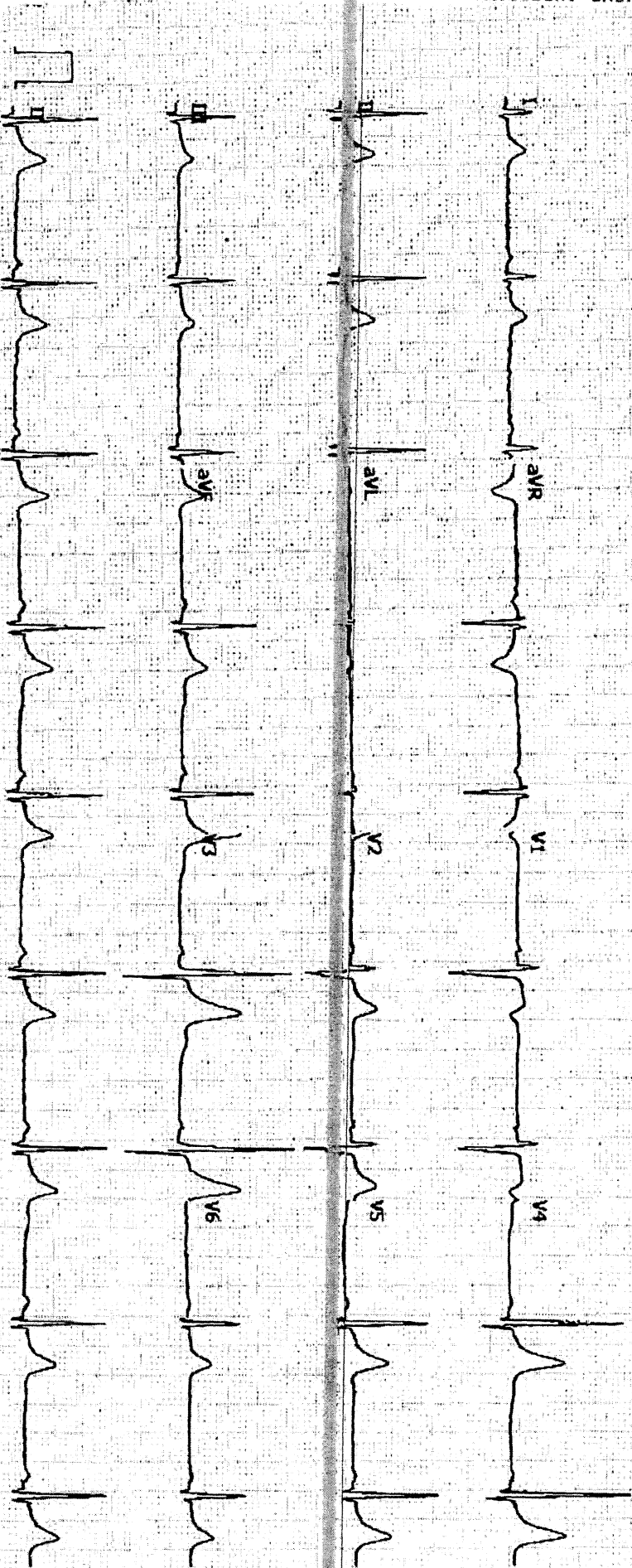
51 bpm

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS	90 ms	Sinus bradycardia
QT/QTc	418/385 ms	Otherwise normal ECG
PR	148 ms	
P	100 ms	
RR/PP	1176/1176 ms	
P/QRST	49/71/61 degrees	

Location:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

Diary
Sund 11/20/11
Hiburn



THE MORTGAGE

17C114 v730

25 mm/s 10 mm/mV

0.16-150 Hz 50 Hz

Unconfirmed
4x2.5x3 25 R1
4/1

Alcohol abuse

Yes ☒ No ☐

Drug abuse

Y ☐ N ☐

Previous mental health contact

Y ☐ N ☐

Previous mental health diagnosis

Y ☐ N ☐

Previous deliberate self harm

Y ☐ N ☐

Ongoing treatment

Y ☐ N ☐

Psychotropic medication

Y ☐ N ☐

Pt CPH

MENTAL STATE ASSESSMENTCan I get an adequate history?
If no, specify reasonY ☐ N ☐Orientation Time:
Place:
Person:

} Yes

Glasgow Coma Score:

15 / 15

Evidence of self neglect

Y ☐ N ☐

Behaviour:

Bizarre Aggressive Psychomotor retarded

Mood

Hallucinations

Y ☐ N ☐

Delusions

Y ☐ N ☐

Disordered thinking

Y ☐ N ☐

Ongoing suicidal ideation

Y ☐ N ☐

PLEASE USE BOXES FOR SUPPLEMENTARY INFORMATION

Date

13/8/12

Time

15.35

Signature

N. Smith

NH: 434-096-1671

MRN 26181854



CC: ROELL, Simon, P
Mile 23 Byron Terrace
Hemford Road
Edmonton
London
N9 7DG

26-JAN-1981

Psycho-social assessment form
Emergency Department-Chase Farm Hospital

NHS 434-096-1671

MRN 2618 354

CORDELL, Simon, P
Male

26-JAN-1981

23 Byron Terrace
Hertford Road
Edmonton
London
N9 7DG

To contact Mental Health Unit Emergency Assessment Centre:
 phone (1122)/ fax (0208 357 9785)

High risk groups

Age > 65 years

31

Age 16-18 years

Learning disability

EVENT

Nature of self harm (circle as appropriate)

Self-poisoning Self-injury

Other (specify)

Timing

Who alerted service? (circle as appropriate)

Self Colleague Friend/relative Found accidentally

+ police

Event trigger (circle as appropriate)

Bereavement Financial loss Relationship problems

Legal problems

Other (specify)

Planning for event (circle as appropriate)

Planned

Impulsive

Alcohol ingestion at time of event, specify

Attempts to prevent discovery: specify

Final act (circle as appropriate)

Suicide note Will make

Attitude to attempt (circle as appropriate)

Regrets discovery

Regrets attempt

DETAILS

LSD

Saturday - 2 small white paper tablets
 Sunday - ? Mcg liquid tablet

Arrested by police today

At funeral, took LSD sat +
 SA
 Has taken prev.

N/A

N/A

Crisis Resolution and Home Treatment • Triage Service Telephone Screening Tool

MENTAL HEALTH ASSESSMENT FORM

Patient Name:	Simon Cordell		
Date of Birth:	26/01/1981	Number:	11214451
Name of Assessor(s):	Jack Hallett		
Date:	27/11/2015	Time:	

Factors to be considered when undertaking an initial assessment of a person with a suspected mental health problem:

- Is the caller or referrer reporting Crisis?
- Is the patient currently known to mental health services?
- Has drug and/or alcohol intoxication been ruled out as a cause?
- If the person has a known mental health history, always check RIO note before undertaking any new assessment for previous risk history?

ASSESSMENT CATEGORIES

	YES	NO
1. Background history of the current Crisis		
• Is the person currently aggressive and/or threatening?		No
• Does the person pose an immediate risk to self, you or others?		No
• Does he/she have specific ideas or plans to harm anyone else?		No
• Does the person have any <i>immediate</i> (ie: within the next few minutes or hours) plans to harm self?		No
• Does he/she have a history of violence?		No
• Has the person got a history of self-harm?		No
• Does the person have a history of mental health problems or psychiatric illness?	Yes	
• Does the person appear to be experiencing any delusions or hallucinations?	Yes	
• Does the person feel controlled or influenced by external forces?		No
If yes to any of the above, record details below:		
Told his mother that the TV was talking about him, that voices coming from TV was directed to him. He says people are laughing and talking about him, and accusers people of setting him up		
2. Current Presentation		
• Is the person obviously distressed, markedly anxious or highly aroused?	Yes	
• Is the person behaving inappropriately to the situation?		No
• Is the person quiet and withdrawn?		No
• Is the person attentive and co-operative?		No

If yes to any of the above, record details below:

All the information was given to us by his mother. She does not want him to know that she made referral. She is afraid it may damage their relationship should he get to know. He is upset that the police still keep an eye on him. He has told his mother when he has cleared his name with the police he will kill himself.

3. What are the precipitating factors/Trigger factors for this presentation?

• *Why is the person presenting now? Give details below:*

His mother says he has always been unwell and that he covers up when seeing professionals from the MH service

• *What recent event(s) precipitated or triggered this presentation? Give details below:*

She went to the GP and phoned other sources for help but says no one wanted to help.

• *What is the person's level of social support and status (ie: employment and housing status, partner/significant other, family members, friends)? Give brief details below:*

Mother remains sole family member to give him support.

4. Suicide risk screen - greater number of positive responses suggests greater level of risk

	Yes	No	D/K		Yes	No	D/K
Previous self-harm		No		Family history of suicide		No	
Previous use of violent methods		No		Unemployed/retired	Yes		
Suicide plan/expressed intent		No		Male gender	Yes		
Current suicidal thoughts/ideation		No		Separated/widowed/divorced		No	
Hopelessness/helplessness		No		Lack of social support		No	
Depression		No		Family concerned about risk		No	
Evidence of psychosis	Yes			Disengaged from services		No	
Alcohol and/or drug misuse	Yes			Poor adherence to psychiatric Tx		No	
Chronic physical illness/pain	Yes			Access to lethal means of harm		No	

If yes to any of the above, record details below:

Said to be hallucinating, TV speaking to him, paranoid, says people are laughing and talking about him. He smokes cannabis, mother says not a lot. He has Chrohn's disease

Formulation of assessment

Refer to the risk assessment matrix below and summarise:

- What is the key problem?
- What is the level of risk – eg: low, medium, high, very high? Refer to matrix

Summary of assessment and initial risk screen:

He is known to mental health, a year ago a mental health act was carried out, not seen to be Sectionable then. Mother reports deteriorating mental state with paranoid thoughts and hallucinations

Low What category of overall risk do you think most applies to this patient
Medium

Medium

Very High

Action plan and outcomes:

Signed: Jack Hallett **Designation:** Nurse

Print Name: Jack Hallett **Date:** 27/11/2015

MENTAL HEALTH ASSESSMENT RISK ASSESSMENT MATRIX

Level of risk	Key risk factors	Action	Timescale
Low Risk Triage Non-Urgent	<ul style="list-style-type: none"> • Minor mental health problems may be present but no thoughts or plans regarding risk behaviours to self or others, or unlikely to act upon them; • No evidence of immediate or short term risk Vulnerability. 	<ul style="list-style-type: none"> • Treatment and follow up arrangements managed by Triage • Possible referral to primary care services e.g. GP or practice nurse; • May benefit from mental health advice e.g. safe alcohol consumption or non statutory counselling Services. 	<p>Refer to Triage as a routine non urgent appointment within 3 weeks</p> <p>Consider a referral to other service such HAGA, DASH, IAPT, one support, Mind depending on resources available in your area.</p>

<p>Medium Risk Triage assessment within 5 working days (excluding suicidal patients)</p>	<ul style="list-style-type: none"> • Mental health problems present and/or has non specific ideas or plans regarding risk behaviours to self or others but not high. • Has no plan or intent expressed • Potentially vulnerable in certain circumstances 	<ul style="list-style-type: none"> • Should have specialist mental health assessment but no further action required if patient doesn't wish to engage. • Should be advised to seek further help if necessary e.g. from GP. • Referrers or GP to be informed as well as mental health services if already known. 	<p>Medium risk referral to Triage to be seen working days by triage service if agrees.</p>
<p>High Risk CRHT</p>	<ul style="list-style-type: none"> • Serious mental health problems present, including possible psychotic features; • And/or has clear ideas or plans regarding risk behaviours to self or others. • May have already self harmed. • Mental state may deteriorate if left untreated and potentially vulnerable. 	<ul style="list-style-type: none"> • Urgent mental health assessment required and an action plan to be drawn up to address immediate and short term risk factors. • Key clinicians/others likely to be involved should be informed via a CRHT referral. 	<p>Urgent referral to CRHT so to enable the to be seen within 4 hours in accordance v CRHT policy.</p>

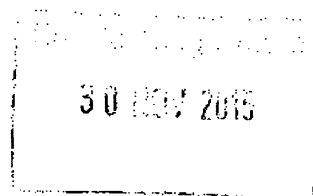
triage S C 27.11.15 (Rio 11214451)

Hallet Jack [Jack.Hallett@beh-mht.nhs.uk]

Sent: 27 November 2015 21:27

To: Enfield Assessmentservice (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)

Attachments: triage S C 27.11.15.docx (171 KB)



Dear colleagues

Please accept the attached referral For Rio 11214451

Kind regards

Jack Hallett (HUB)

This communication is sent for and on behalf of Barnet, Enfield and Haringey Mental Health NHS Trust. However the views expressed within it are not necessarily the views or policies of the Trust. The unauthorised use, disclosure, copying or alteration of this communication and any attachments is forbidden. This communication and any attachments are intended for the addressee only and may be confidential. If this email has come to you in error you should immediately and permanently destroy it. You should take no action based on it or copy or show it to anyone else. You should contact Information Governance at information.governance@beh-mht.nhs.uk or use any other number provided in the communication. Please note that electronic communication is not considered a secure medium for sending information and therefore maybe at risk. We advise that you understand and accept this lack of security when using this form of communication with us. Although we have taken steps to ensure that this email and any attachments are free from any virus, we advise that in keeping with good computing practice the recipient(s) should ensure they are actually virus free and should run current anti-virus software. Please note that email may be monitored and checked to safeguard the Trust's network from viruses, hoax messages or abuse of the Trust's systems. Action may be taken against any malicious and deliberate attempts to infect the Trust's network. The information contained in this email maybe subject to public disclosure under the Freedom of Information Act 2000. Unless the information is legally exempt from disclosure the confidentiality of this email and your reply cannot be guaranteed.

Private and Confidential to be opened by addressee

To: Dr Chong Y
NIGHTINGALE HOUSE SURGERY
1 NIGHTINGALE ROAD
EDMONTON
N9 8AJ

Service Line:
Service: Enfield Triage Service
Tel: 0208 361 1770

Date: 8th December 2015

Dear Dr Chong Y

Change of assessment / care plan / medication for:

Mr Simon P CORDELL - D.O.B.: 26 Jan 1981 - NHS: 434 096 1671
109 Burncroft Avenue, Enfield, Middlesex, EN3 7JQ

LETTER TO FOLLOW

Seen at home visit today after reports of gradual deterioration in mental health over last year.

Diagnosis : First Episode Psychosis with some paranoid and grandiose symptoms, history of several months

FH major mental illness

Risks: good self-care: has withdrawn socially: potential risk of self-neglect if mother withdraws her daily support: he engaged with us well ambivalent about contact with services but willing to engage with EIS.

No current thoughts intent or plan to harm self or others.

Plan

Would not meet criteria for detention under the MHAA.

Referred promptly to Early Intervention in Psychosis service for assertive approach to management.

Given number given 0208 702 3800.

We will then close to EAS.

Reason for change

Additional Comments

Thank you for ensuring this information is updated in your records.

Yours sincerely

Electronically Signed

Practitioner:

Dr Jane Cushion
Consultant Psychiatrist

Ref: JC/Is

Private & Confidential

To be opened by addressee only

9th December 2015

Dr Y Chong
Nightingale House Surgery
1-3 Nightingale Road
London N9 8AJ

Enfield Assessment Service
Barnet, Enfield & Haringey Mental Health Trust
Crown Lane Clinic
25 Crown Lane
Southgate
London
N14 5SH

Tel: 020 8702 5000/8361 1770
Fax: 020 8362 0489

NHS Number: 434 096 1671
Hospital Number: 11214451

Dear Dr Chong,

Re: Simon CORDELL – D.O.B: 26.01.1981
109 Burncroft Avenue, Enfield, Middlesex EN3 7JQ

Jameson Simwanza, Social Worker in Enfield Assessment Service/Crisis Resolution and Home Treatment Team and I saw Mr Cordell at home today after reports of a gradual deterioration in his mental health over the last year.

Mr Cordell's presentation today was congruent with a First Episode Psychosis with symptoms beginning several months ago. His main preoccupations and paranoid delusions relate to the police and with the woman, who lives upstairs although we understand she has moved out. His mother has been supporting him and has been calling on him almost daily for the past year as he has become more socially withdrawn.

Today Simon was well nourished and cared for and his flat although cluttered was clean. He keen to relate his experiences to us but resisted the idea he had a mental health problem.

Risks:

1. He made 1-2 serious self-harm attempts as a teenager with contact with the criminal justice system. Today he said he had attended North Middlesex University Hospital Accident and Emergency department last year after drinking liquid nitrous oxide with intent to self-harm. Currently he has no thoughts intent or plan to harm himself or anyone else although he said today he would kill himself ***“when I eventually clear my name”*** – this is not linked to any particular date.



Trust Chairman: Michael Fox
Trust Chief Executive: Maria Kane

Would you (or someone you know) like help to stop smoking? Enfield stop smoking service includes a specialist pregnancy advisor and Turkish speaking advisor tel Freephone 0800 652 8405 www.quitsmoking.uk.com

Would you like information on medication for a mental health problem? (available in translation) www.beh-mht.nhs.uk/cm

In a mental health emergency you can call the crisis team on 020 8702 3800 (answered 24/7)

2. He looked well-nourished and clean, engaged well: there is a potential risk of self-neglect if mother withdraws practical support.
3. Some Cannabis use, but likely to be insufficient to account for today's presentation.

Plan:

I did not think his presentation today would meet criteria for detention under the Mental Health Act and Simon is willing to engage with services although not to take medication at the moment. He declined contact with the Crisis Resolution Home Treatment Team team as he does not feel he is in crisis, but took the crisis number 020 8702 3800. We have referred him to the Early Intervention in Psychosis service for an assertive and consistent approach to his on-going management consistent with a least restrictive and proportionate response to his symptoms.

When his case is accepted by the Early Intervention Service we will then close the case to this service.

Yours sincerely,

ELECTRONICALLY SIGNED

Dr. Jane Cushion
Consultant Psychiatrist
Enfield Assessment Service

PRIVATE & CONFIDENTIAL

**Dr CHONG
NIGHTINGALE HOUSE SURGERY
1 NIGHTINGALE ROAD
EDMONTON N9 8AJ**

Enfield Directorate
Barnet, Enfield and Haringey Mental Health Trust
Enfield Early Intervention Service
Lucas House
305-309 Fore Street
Edmonton
London
N9 OPD

Tel: 020 8702 3100

Fax: 020 8345 6950

17th December 2015Dear Dr **CHONG**

Re: Mr Simon CORDELL D.O.B: 26 January 1981 NHS No: 434 096 1671
109 Burncroft Avenue, Enfield, Middlesex, EN3 7JQ

I write to inform you that the above named gentleman has been accepted onto the caseload of the Enfield Early Intervention in Psychosis Service (EIS), and I am his Care Coordinator.

The EIS work with service users and their families for up to three years for those aged between 18-35 years of age, experiencing their first episode of psychosis, or those who are in the first three years of psychotic illness, living in Enfield.

The EIS offers treatment including:

- Administration of anti-psychotic medicines
- Psychological interventions including Cognitive Behaviour Therapy for psychosis and emotional problems, such as depression and anxiety
- Family interventions
- Vocational recovery
- Relapse prevention & management
- A harm minimisation approach to substance misuse
- Care Coordination
- Social recovery activities

New service users are usually seen weekly to assist with engagement with the service and to help formulate care plans. The frequency of contact may extend over time depending on the service user's needs, the nature of their illness and other factors such as work and studies.

We are required by the Care Quality Commission (CQC) to maintain a record of health care checks made by GP's of mentally ill patients on their register.

Mentally ill people have increased morbidity and mortality compared with the general population. Many of them have unhealthy lifestyles resulting in poor physical health and increased mortality due to common life-threatening conditions and physical ill health. Risk factors, particularly Cardiovascular Disease, Chronic Obstructive Pulmonary Disease and diabetes should be identified and managed according to the relevant guidance through primary care settings.

We would be very grateful if you could provide us with details of health checks you have carried out for this patient within the last twelve months with regards to:

- Cardiovascular Disease
- Chronic Obstructive Pulmonary Disease
- Diabetes
- Height & Weight
- Blood test results

It would be very helpful if you could also provide details of any other significant physical health conditions the client has been diagnosed with, or is being investigated.

We will update you routinely and following reviews and I look forward to working with you to support **Mr Simon CORDELL** with his mental health problems.

Please feel welcome to contact me if you wish to discuss anything to do with **Mr Simon CORDELL's** care.

Yours Sincerely

Goodie Adama

**Care Coordinator
Enfield Early Intervention Service**

"If you want help to give up smoking, advice and support is available free on 0800 652 8405"

**Private and Confidential to be opened
by addressee**

Mr Simon P CORDELL
109 Burncroft Avenue
Enfield
Middlesex
EN3 7JQ

The Lucas House
West CSRT
305-309 Fore Street
Edmonton
London
N9 0PD
Tel: 0208 702 3100
Fax: 0208 345 6950

Date: 4 Feb 2016

NHS Number: 434 096 1671

Date of birth: 26 Jan 1981

Dear Mr Simon P CORDELL,

I am pleased to inform you that an appointment has been made for you to be seen on
10 Feb 2016 at 14:00 at:

Enfield Early Intervention Psychosis

305-309 Fore Street
Edmonton
N9 0PD

If you are unable to keep this appointment please telephone the clinic between 9am
and 5pm on **020 8702 3100** at your earliest opportunity to rearrange. This will allow
us to give your appointment to someone else and help us to keep the waiting time to
a minimum.

Please bring this letter with you to your appointment.

Yours sincerely

Nicola Wheeler

Approved Mental Health Professional Assessment Form

- For use when compulsory powers are being considered

SSM1

Barnet, Enfield and
Haringey RIO
number: 11214451Copy for: Service user file
Social Services
records
GP

Please note this form can be completed electronically or in hard copy. To complete this form electronically, please use the mouse pointer or the tab key on the keyboard to go to the next form field.

Patient's details

Name	Simon Cordell
Address	109 Burncroft Avenue, Enfield, Middlesex Post Code EN3 7JQ
Phone no.	07961833021

<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Age/DoB	26 Jan 1981 (35 years old)
Ethnic origin (DoH coding)	Dual heritage, white & black Caribbean	
Religion	Not discussed during assessment	
Preferred language	English	
Interpreter needed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Assessing AMHP	Sam Curtis	

Services involved (Please state name, address, phone no.)

Hospital	Not applicable
Consultant	Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 0PD, Tel: 020 8702 3100
GP	Nightingale House Surgery, 1 Nightingale Road, N9 8AJ Tel: 020 88059997
/CMHN / CMHT	Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 0PD, Tel: 020 8702 3100
Social worker/responsible local authority (Section 117)	None

Nearest relative

Name	Lorraine Cordell
Address	23 Bryon Terrace, Edmonton Postcode N9 7DG
Age/DoB	Over 18
Relationship to patient	Mother

Informed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consulted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Objected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason not informed/consulted	n/a
Nearest relative notified of admission?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Letter sent?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Reason why not notified	
Nearest relative informed of their legal rights?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Names and contact information for significant others:	

Patient's rights

Was the patient made aware of his/her legal status and rights under the 1983 Mental Health Act at time of interview? ☒ Yes ☐ No

If 'No', please state date when he/she was made aware of above

Assessment details

Date of initial referral	21.01.16	Date of assessment	03.02.16
Place of assessment	Patient's Home		
Medical recommendations from:	Please select if Sec.12 doctor or GP		
No recommendations	Date		<input type="checkbox"/>
completed	Date		<input type="checkbox"/>
Any delays in admission process?	Not admitted		
Time assessment:	Started	10:40hrs	Completed 14:00hrs

Legal status at time of assessment

<input checked="" type="checkbox"/> Inf.	<input type="checkbox"/> Sec.135
<input type="checkbox"/> Sec.2	<input type="checkbox"/> Sec.136
<input type="checkbox"/> Sec.3	<input type="checkbox"/> Detained by Police, not under Sec.136
<input type="checkbox"/> Sec.4	<input type="checkbox"/> CTO
<input type="checkbox"/> Sec.5(2)	<input type="checkbox"/> Other
<input type="checkbox"/> Sec.7	

Legal status at end of assessment

<input checked="" type="checkbox"/> No admission
<input type="checkbox"/> Informal admission
<input type="checkbox"/> Remains informal inpatient
<input type="checkbox"/> Detained under Sec.2
<input type="checkbox"/> Detained under Sec.3
<input type="checkbox"/> Detained under Sec.4
<input type="checkbox"/> Placed under Sec.7
<input type="checkbox"/> CTO Yes <input type="checkbox"/> No <input type="checkbox"/> Renewal <input type="checkbox"/> Revoke <input type="checkbox"/>
<input type="checkbox"/> Other

Outcome details

N/A	Time of admission	n/a
Admitted/detained at: Hospital/Unit	Not applicable	
Ward		

October 2009

Summary of assessment

Patient's name	Simon Cordell	Date of assessment	03.02.16
----------------	---------------	--------------------	----------

1. Referral details and any other precipitating factors

On 27.11.15 Mr Cordell's mother contacted the Enfield HUB, mental health referral centre. She reported that Mr Cordell was not eating, not sleeping and that he was experiencing persecutory ideas, thinking that people are laughing at him and talking about him. His mother said that Mr Cordell believed that the government were advertising information about him and that the television was talking about him or to him. She stated that Mr Cordell was smoking significant amounts of cannabis and he was not taking the anti depressant medication that as prescribed in March 2014. On 01.12.15 Mr Cordell's mother again contacted the Enfield assessment mental health team and reported that Mr Cordell had locked himself in his room and believed that his television was talking to him. She reported that Mr Cordell was eating but not as regularly as previously. She said that Mr Cordell sometimes believes that his mother's body language is sending him messages. She reported that he had not had any recent contact with his friends but does go out on a scramble bike and had injured his hands.

On 01.12.15 a worker from the Enfield assessment team phoned Dawn Allan, estate officer, who reported that he had threatened to strangle his neighbour who had been moved as a result. Mr Cordell had accused his neighbour of deliberately causing noise disturbance.

On 01.12.15 an assessment team worker phoned Mr Cordell and reported that she had received text messages from Mr Cordell saying that he will commit suicide once a court case is finished.

Mr Cordell was assessed by Dr Cushion, psychiatrist based at the Home Treatment Team, on 08.12.15. There was no concerns identified concerning his personal care. He said that he hasn't gone out for months and his mother does all the shopping. He spoke about a conspiracy to destroy his good name and send subliminal messages to him via the television.

Mr Cordell said that the woman in the flat upstairs had been "stalking him" he elaborated and said that she stamps on the floor when she hears him moving around his flat or taking off his clothes. He spoke about his plans to start a global business for children. He said that he had about having thoughts of killing himself when he eventually clears his name. He did not accept that he had a mental disorder during the assessment.

On 10.12.15 Mr Cordell was contacted by Goodie Adama, early intervention team worker. He said that he was not interested in meeting with mental health services. He spoke about being victimised by the police. On

and there was no evidence thought disorder or psychotic symptoms on the telephone. He said that he didn't feel safe leaving the flat which appeared to be due concerns about police harassment. He said that complaint that he had made about a police officer had led to that police officer being arrested.

On 08.01.16 Goodie received a telephone call from Mr Cordell's mother. She said that she was concerned about Mr Cordell and said that she had been concerned about him for over a year but would not specify what her concerns were. Goodie phoned Mr Cordell the same day he spoke about conspiracies involving the police and appeared thought disordered and thought about conspiracies.

On 13.01.16 Goodie spoke to Mr Cordell to see if he would agree to a home visit that day but said that it was not a convenient time but he was prepared to have a visit at another time. On 15.01.16 he agreed to have home visit during a further telephone conversation with Goodie.

On 19.01.16 he was visited at home by Goodie and Sandra Muschett, senior practitioner. He was noted to be paranoid, grandiose and not eating well. He denied any suicidal thoughts.

On 21.01.16 Sandra Muschet had a telephone conversation with Mr Cordell's mother. She said that Mr Cordell had been harassed by the police for a number of years and that his preoccupation with the police was based on reality. She reported that Mr Cordell is not eating, not going out and has poor self-care.

On 22.01.16 an attempt was made to assess Mr Cordell under the Mental Health Act. Mr Cordell was angry that he had an unannounced assessment. He spoke about feeling targeted by the police. He spoke about being arrested numerous times and had a curfew from the police. He refused to give the assessing team access. He initially spoke rapidly but more slowly as the meeting went on.

On 22.01.16 Mr Cordell phoned Amal Pomphrey, early intervention worker covering for Goodie, and said that he had felt threatened by the Mental Health Act assessment that had taken place. He spoke about being arrested over a thousand times by the police and being subject to a curfew.

On 26.01.16 Mr Cordell phoned Amal Pomphrey, early intervention worker. He said that he had been contacted by a housing officer who had "threatened to get the mental health team out to see him".

On 02.02.16 Mr Cordell phoned Amal Pomphrey and advised that he had been told that a warrant had been granted. He was clearly aware of the planned Mental Health Act assessment.

2. Relevant social and medical history

Information obtained from reports from Mr Cordell and his family to mental health services. Not independently verified.

Social: Mr Cordell was the victim of abuse by a paedophile ring and this led to him having contact with CAMHS Safe project for a number of years. he has not spoken about the abuse for many years. Mr Cordell's father was violent towards him. He was placed in care as a teenager. He separated from his girlfriend in 2014.

Mr Cordell mother has regular contact with and helps with shopping. Mr Cordell's grandmother was diagnosed with bi polar affective disorder and schizophrenia, she was treated with Schizophrenia. She died from cancer in August 2014.

In 2014 he was bailed for burglary. In 2015 he was made subject to a 5 year Anti Social Behaviour Order for organising illegal raves. He not allowed to enter industrial or disused premises between 10pm and 7 am. He has reported that he has a long history police contact since he was juvenile. His contact with the police mostly related to theft and driving offences.

He lives in a one bedroom council flat and is in receipt of Employment Support.

Psychiatric History: Mr Cordell tried to hang himself at the age of 16 when in a young offender's institution and needed to be resuscitated. He was moved to a secure hospital and kept in seclusion on a number of occasions. He has reported that he was regularly by a psychiatrist called Dr Caplin from CAMHS "the safe project". Mr Cordell reports there was a second occasion where he tried to hang himself when in a cell after he was sentenced. He attended the Accident and Emergency Department at the North Middlesex Hospital after drinking liquid nitrous oxide with an intent to die.

hallucinating after taking LSD. He was not followed up by mental health services.

He was assessed by Dr Jarvis from the Enfield triage team on 11.03.14 due concerns about suicidal thoughts and anxiety. He was prescribed Sertraline anti-depressant. He was stressed about a pending court case as he was accused of burglary. He described experiencing poor sleep and weight loss.

On 19.11.14 Mr Cordell's mother phoned the hub (triage team) and reported that he was paranoid towards her and towards the police. In response the home treatment visited the same day. When home treatment workers arrived the same day the police were present and reported that Mr Cordell had been screaming in distress. The police said that they had found Mr Cordell using a gas canister and thought that he was using nitrous oxide. He was referred for a Mental Health Act assessment.

On 21.11.14 the duty AMHP made contact with Mr Cordell's mother and father. The duty AMHP was told that Mr Cordell was subject to an anti-social behaviour order and that he is on the police at risk register for suicide. The duty AMHP advised that he broke up with his girlfriend and grandmother died. He had stopped taking his medication for chromes disease four weeks and had been admitted to the North Middlesex Hospital.

Mr Cordell was assessed under the MHA act on 24.11.15 but he was not detained.

3. Record of interview with patient (Include where it was conducted who was present and use of police if required during process)

Mr Cordell was assessed under the Mental Health Act at around 10:40hrs on 03.02.16. Dr Al-Allaq (independent s 12 Doctor), Dr Albazaz (independent s12 Doctor), CJ and Nellie (Home Treatment Team workers), Amal Pomphrey (Community Mental Health Nurse based at Enfield Early Intervention Team) all attended. A s135(1) warrant was obtained but not executed as Mr Cordell gave access. A lock smith was present but there services were not required as Mr Cordell opened the door. The police were present but remained outside the property.

Mr Cordell's home was somewhat cluttered with a large printer by the door. However, it was clean and organised. He had food in the kitchen.

His mother and a female friend were present. Mr Cordell was expecting the assessment to take place. He was appropriately groomed and dressed. He had put his dog in the garden. Mr Cordell expressed his unhappiness about the warrant being obtained. He said that if he had been sent an appointment letter he would give professionals access.

He mentioned on going issues with the police and that he had a court case in February. His speech was somewhat rapid at the start of the interview but this appeared to be due to anxiety rather than thought disorder. His speech slowed as the interview went on. Mr Cordell did change topic of conversation a number of times as there was particular information that he wanted to share with the team. He spoke a project to start a community internet site and showed those present a business plan that was on his computer. He showed us documents which he said were related to his court case. He pointed out a line in the document that said that all the suspects were white and said that this was part of his legal challenge to his Anti Social Behaviour Order.

He denied any symptoms of mental illness when asked about a variety of psychotic symptoms. He denied suicidal ideation. He spoke about difficulties he had with his upstairs neighbour relating to noise disturbance. He showed us some letters which said that his neighbour had written to him. He said that his neighbour has an alcohol problem and a learning disability.

There was no evidence of distraction, confusion or that he was responding to internal stimuli.

It is my view that Mr Cordell's detention was not in the interests of his health as I did not identify evidence of mental disorder during the visit. I did not believe that Mr Cordell's detention was necessary for his safety, Mr Cordell denied experiencing any suicidal ideation and could I not identify other risks to safety apart from possible substance misuse which could not be used as the basis of detention without clear evidence of a mental disorder associated with the substance misuse issues. I also did not think that the threshold for detention on the basis of safety was met, he was having conflict with neighbour this conflict did not appear to be driven by any mental disorder.

Patient's
name

Simon Cordell

Date of assessment 03.02.16

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

I identified Mr Cordell's Nearest Relative as his mother Loraine Cordell. Mr Cordell lives alone and is single. As far as I could ascertain he did not have any children and was not in relationship. His father was the older of his parents but when I phoned his mother on 03.02.16 she informed me that he was in regular contact with Mr Cordell and did his shopping for him. I therefore formed the view that she provided care and was the Nearest Relative.

I phoned Loraine at around 09:30hrs on 09.02.16 and she advised that in her view use of a warrant and the Mental Health Act assessment were unnecessary as he would give professionals access if he had received an appointment letter. She said that he had a court case in February but would not elaborate on this. Loraine said that she thought that the involvement of mental health services was unnecessary as Mr Cordell was not in her view experiencing any mental health difficulties and had not experienced any mental health difficulties for a number of months.

I was surprised that Loraine stated that she did not think that Mr Cordell as the recent referral to mental health services had been triggered by a referral that she had made.

6. Consultation with Assessing Doctors

Both assessing Doctors declined to make medical recommendations and were in agreement that there was no clear evidence of any mental disorder during the assessing.

7. Views of others consulted

Prior to the assessment the police present advised me that were aware of conflict between Mr Cordell and his neighbour. They advised that the soundproofing between the two properties was poor. The police officers advised me that they were aware that on one occasion Mr Cordell had threatened to strangle his neighbour.

8. Mental Capacity Act 2005

No Capacity Act issues identified during the assessment.

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

Given that Mr Cordell's diagnosis and treatment plan were not clear at the time of the assessment the assessment was for possible detention on section 2. It was my view that Mr Cordell did not meet the statutory criteria for detention. It was not clear that he was suffering from a mental disorder of a nature because at the time of the assessment it was unclear if whether or not he had a mental disorder. He did not meet the criteria for degree as there was no clear evidence that he was experiencing symptoms of mental disorder.

Patient's name Simon Cordell

Date of assessment 03.02.16

10. If not admitted to hospital, outline immediate plans for alternative to admission and how those plans will be co-ordinated

Early Intervention Team to offer Mr Cordell an appointment with a psychiatrist in there team for a psychiatric assessment.

11. If admitted arrangements for:

a) Dependants (including children)

None

b) Securing property

Not applicable.

c) Pets

Mr Cordell has a dog but no arrangements needed to be made as for looking after the dog as Mr Cordell was not detained.

12. Any other practical matter (including information/advice about children visiting the ward)

None

13. Comment on any avoidable delays in the assessment and admission process

None.

AMHP Signature

S.J. Curtis

Print details

Sam Curtis

Contact details

North London Forensic Service,
Camlet 1, Chase Farm Hospital, The
Ridgeway, London

EN2 8JL

Tel: 0208 7026108

Date

09.02.16

**DR D ABIDOYE
DR J THOMAS
DR Y CHONG**

**NIGHTINGALE HOUSE SURGERY
1-3 NIGHTINGALE ROAD
EDMONTON
LONDON N9 8AJ
Tel: 0208 805 9997
Fax: 0208 805 9994
www.nightingalehousesurgery.nhs.uk**

15 January 2016

YC/KM

PRIVATE & CONFIDENTIAL

Goodie Adama
Care Coordinator
Enfield Early Intervention Service
Lucas House
305-309 Fore Street
London
N9 0PD

Dear Goodie Adama

**Re: Mr. Simon Cordell dob 26-Jan-1981 NHS No: 434 096 1671
109 Burncroft Avenue, Enfield, Middlesex, EN3 7JQ**

Thank you for your letter dated 17th December 2015 requesting for any information regarding any health checks done for the above patient within the last twelve months.

Unfortunately this patient has not been seen in the surgery for more than one year. One of our doctors actually called him but he did not want to speak to us and through the mother we have invited the ^{patient} mother to come in for his health checks and medical reviews but he has not responded, so we are unable to provide you with any up-to-date details of his current physical status.

Yours sincerely



Dr. Y. Chong MB BS DRCOG

Date: 21/02/13 Time referred: 17:40 Time arrived: Time seen: Referral taken by:

Referral from: GP ☐ A+E ☐ Self ☐ Police ☐ Hub ☐ LAS ☐ Social Services ☐ Psych Ward ☐

Other (please specify)

Tel: 0702 6108

Service User Details:

Title: Mr Date of Birth: 26/01/1981 RiO No: 11214451

First Name: E. Simon Surname: Cordell

Address: 109 Burncroft Avenue

Post Code: EN3 7JQ

Telephone Number (s): 07763043933

Mobile No:

Ethnicity:	Interpreter needed: Y / N	Language spoken:
GP Surgery & Contact		Telephone number
Main Carer / N.O.K		
Community Team		
Accommodation: Owner Y / N Rented Y / N No fixed Abode Y / N Other (specify)		Living alone? Y / N

Reason for Referral: MHA

Current Diagnosis:

@ 10:00am 03/02/16

PLEASE COMPLETE BEFORE FOLLOWING UP:-

Care Plan: ☐ Risk Assessment ☐ Crisis Plan ☐ Core Assessment ☐ GP Letter ☐

Patient seen at: Home <input type="checkbox"/> A+E <input type="checkbox"/>	Referral on RiO: <input type="checkbox"/> Appointment in Diary: <input type="checkbox"/>	Other
---	---	-------

Date and length of assessment Time

Outcome: Taken by CRHTT ☐ Transfer to HCRHTT ☐ Transfer to BCRHTT ☐

Enfield Triage ☐ Hospital Admission ☐ Discharged to GP ☐

NOT FOR HTT

Form completed by (Print Name) Approved by Manager:

All areas of this form is to be completed and forward to ADMIN for uploading and Statistical Information

PRIVATE & CONFIDENTIAL

**Mr Simon CORDELL
109 Burncroft Avenue
Enfield
Middlesex
EN3 7JQ**

Enfield Directorate
Barnet, Enfield and Haringey Mental Health Trust
Enfield Early Intervention Service
Lucas House
305-309 Fore Street
Edmonton
London
N9 0PD

Tel: 020 8702 3100

Fax: 020 8345 6950

2nd March 2016

Dear Simon

It was good to speak to you today. Thanks for taking the time to do this and for sharing your thoughts and views with me.

From our conversations and one that you had previously with my Manager Simon Clark, I understand that you do not wish to remain in contact with us. It is our view, however, that you may be experiencing symptoms of some form of mental illness. We call it psychosis, but this does not appear to be affecting your capacity to make certain decisions, including whether you wish to have contact with the Enfield Early Intervention Team or not. We are however, happy to continue to offer you support but understand that at present this is not something you would like to do.

You know what my Team stands for and you know me, so if in the future you think either the Team or I will be of any help to you, please do not hesitate to call.

I must say it was my pleasure having all those phone conversations with you.

I wish you all the best.

Yours Sincerely

Goodie

Goodie Adama
Care Coordinator, Enfield Early Intervention Service

Cc: Dr Y CHONG, NIGHTINGALE HOUSE SURGERY, 1 NIGHTINGALE ROAD ,N9 8AJ

Approved Mental Health Professional Assessment Form

- For use when compulsory powers are being considered

Copy for: Service user file
Social Services records
GP**Please note this form can be completed electronically or in hard copy. To complete this form electronically, please use the mouse pointer or the tab key on the keyboard to go to the next form field.****Patient's details**

Name	Simon Cordell		
Address	109 Burncroft ave Enfield Middx Postcode EN3 7JQ		
Phone no.	07763043933		

<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Age/DoB	35 / 26/01/1981
Ethnic origin (DoH coding)	Black British Mixed Race	
Religion	Not disclosed	
Preferred language	English	
Interpreter needed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Assessing AMHP	Margaret Garrod	

Services involved (Please state name, address, phone no.)

Hospital	
Consultant	Discharged from EIS in March 2016
GP	Dr Chong Nightingale House Sgy 1 Nightingale Road N9 8AJ 0208 805 9997
CMHN/CMHT	Formerley Early Intervention Service
Social worker/responsible local authority (Section 117)	London Borough of Enfield

Nearest relative

Name	Mrs Lorraine Cordell		
Address	23 Byron Terrace Edmonton London Postcode N9 7DG		
Phone no.	02082457454		
Age/DoB	/		
Relationship to patient	Mother		

Informed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consulted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Objected?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Reason not informed/consulted

Nearest relative notified of admission?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Letter sent?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Reason why not notified

Nearest relative informed of their legal rights?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

Names and contact information for significant others:

Patient's rightsWas the patient made aware of his/her legal status and rights under the 1983 Mental Health Act at time of interview? ☐ Yes ☒ No

If 'No', please state date when he/she was made aware of above

Assessment details

Date of initial referral	15/08/2016	Date of assessment	15/08/2016
Place of assessment	Wood Green Police Station		
Medical recommendations from:	Please select if Sec.12 doctor or GP		
Dr. Albazaz	Date 15/08/2016	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dr. Amin	Date 15/08/2016	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Any delays in admission process?	N/A		
Time assessment:	Started 12:30 PM	Completed 4:40 PM	

Outcome details

Date admitted/detained	16/08/2016	Time of admission	4:30 AM
Admitted/detained at:	Hospital/Unit St Ann's Hospital		
	Ward Haringey Assessment Ward		

Legal status at time of assessment

<input type="checkbox"/> Inf.	<input type="checkbox"/> Sec.135
<input type="checkbox"/> Sec.2	<input type="checkbox"/> Sec.136
<input type="checkbox"/> Sec.3	<input checked="" type="checkbox"/> Detained by Police, not under Sec.136
<input type="checkbox"/> Sec.4	<input type="checkbox"/> CTO
<input type="checkbox"/> Sec.5(2)	<input type="checkbox"/> Other
<input type="checkbox"/> Sec.7	

Legal status at end of assessment

<input type="checkbox"/> No admission
<input type="checkbox"/> Informal admission
<input type="checkbox"/> Remains informal inpatient
<input checked="" type="checkbox"/> Detained under Sec.2
<input type="checkbox"/> Detained under Sec.3
<input type="checkbox"/> Detained under Sec.4
<input type="checkbox"/> Placed under Sec.7
<input type="checkbox"/> CTO Yes <input type="checkbox"/> No <input type="checkbox"/> Renewal <input type="checkbox"/> Revoke <input type="checkbox"/>
<input type="checkbox"/> Other

Summary of assessment

Patient's name

Simon Cordell

Date of assessment

15/08/2016

1. Referral details and any other precipitating factors

Sgt Ahmed from Wood Green Police Station referred Mr Cordell for a Mental Health Act Assessment after he had been seen by the FME following his arrest.

It seems that on 14.8.2016 at approximately 17.00hours he was playing music loudly in his garden when the victim looked out the window. On seeing the victim Mr Cordell is alleged to have shouted "What the fuck are you looking at? I am going to kill you and your kids. another elderly witness is reported to have complained that he rarely goes out, nor does his family visit as he is afraid of meeting Mr Cornell and being abused by him. the police understand that numerous complaints have been made to the Housing Services about his behaviour and he had previously been subject to an ASBO Order for one year.

2. Relevant social and medical history

Mr Cordell was a victim of sexual abuse as a child and attended SAFE under Dr Caplan for a long time. He was arrested for burglary as a young man and was remanded in custody in a Young offenders institution for a prolonged period. During this period he was discovered making preparation to kill himself by hanging. It is recorded that he has used laughing gas and LSD.

He was arrested for organizing illegal raves It seems that he may base his complaints for Police Harrassment as he believes they have obstructed his ability to run this business. It is reported that he was made the subject of an ASBO, required to wear a tag and believed he could not go out at all for about a year. He was banned from visiting barns derelict buildings and factories and had a curfew. Medical: Mr Cordell suffers from Crohn's disease but does not eat properly to manage his symptoms and will not seek medical advice for this. In 2014 there were many deaths in the family from natural causes especially his grand mother to whom he was very close. He was assessed for admission in November 2104 but not detained.

During this period he spent many hours in doors his mother kept smelling gas but no leak was detected despite repeated complaints. He felt very ill and spent some days in hospital. Some time later it was discovered the gas and carbonmonioxide meters were incorrectly installed and he was without heating or hot water for 6 weeks.

3. Record of interview with patient (Include where it was conducted who was present and use of police if required during process)

Seen at Wood Green Police Station and interviewed through the wicket with Dr Albazaz, Dr Amin and the investigating officer Initially Mr Cordell refused to speak to us lying on the mattress covered in a blanket. He then jumped up and began to speak to us in a very rapid manner being very agitated and speaking right up to the wicket. He explained that he did not trust anyone and that the police had been doing what they could to ruin his business and find ways to arrest him. He said he had been framed by the police and had won one case against them and had one case pending. He said he taped evething that was said to him as he may need the evidence later. He talked about hiring large quantities of equipment for his raves that he has in storage even though there is no prospect of being able to use it at present He said the police had arrived at his home 15 strong and had ripped out his close circuit TV in front of his flat. He said he had been dragged off 2 weeks before for an injection but advised that he does not have mental illness. He said that 2 weeks ago the Police had arrived with a warrant and assessed for being Sectioned but that he was able to demonstrate that the evidence against him was false and that he was declared to be mentally well. He denied using alcohol or any illegal or street drugs. He said he would not consider admission to hospital as he is not ill. He claimed he is not able to leave his home and yet he is being charged with offences and that the police had doctored evidence against him.

4. Assessment of risk to patient and/or to others

Mr Cordell seems to have a history of deteriorating behaviour and feelings of persecution and since 2014 after the deaths in his family and the carbon monoxide poisoning. He has been taping everything and has Closed circuit TV outside his flat. It is reported that he believes the TV is talking about him. He hs been depressed in the past and attempted to take his own life. He seems to have some very grandiose plans to run Raves but no evidence that he has any funds for it.

It is not clear whether he has been taking other substances, has a mental illness or is a person who will constantly find himself at risk of repeatedly breaking the law and feeling harrassed as a result.

He also seems preoccupied by his rights to do what he wants to do without seeming to understand the effect his actions might have on other people.

He is putting his tenancy at risk.

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

Lorraine Cordell his mother is one of the few people he still trusts to support him. He has become dependent on her to do his grocery shopping or care for his dog. He has no regular partner or child over 18 years. I deem his mother to be Nearest Relative. she believes there has been a difference in him since he suffered carbon monoxide poisoning in 2014. At the same time she has been trying to help him with his complaints and appeals about the behaviour of the police towards and him. She told me that she can demonstrate that computer evidence has been changed.

6. Consultation with Assessing Doctors

Both Doctors were of the opinion that his pressure of speech and very challenging behaviour could be the result of drug use, mental illness or personality. Even though he has been known to services for up to 2 years there is still no clear diagnosis.

7. Views of others consulted

FME advised that Mr Cordell had refused to see the Drug worker and himself. He had seemed very agitated and confrontational and had advised he be interviewed through the wicket

8. Mental Capacity Act 2005

Mr Cordell seemed to want to demonstrate his innocence and evidence that he was being unreasonably harassed. He had no concept that his behaviour would be seen as unacceptable and was in fact putting his tenancy at risk.

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

Mr Cordell seemed to want to demonstrate his innocence and evidence that he was being unreasonably harassed. He had no concept that his behaviour would be seen as unacceptable and was in fact putting his tenancy at risk. It seems that he is entitled to an Assessment that has not been possible in the community.

Patient's name

Simon Cordell

Date of assessment

15/08/2016

10. If not admitted to hospital, outline immediate plans for alternative to admission and how those plans will be co-ordinated

Detained

11. If admitted arrangements for:

- a) Dependants (including children)

None

- b) Securing property

N/A

- c) Pets

He has a dog Lady, which will need care. His mother has agreed to care for her

12. Any other practical matter (including information/advice about children visiting the ward)

He has been bailed to return to Edmonton Police Station on 4.10.2016

13. Comment on any avoidable delays in the assessment and admission process

Although the referral was made to the AMHP office at 12.12 on 15.2016 and the assessment was arranged for 3.00pm that day when the assessment was completed at 4.30pm there was no bed available and the matter could not be concluded at this time.

AMHP Signature

MARGARET GARROD

Print details

Contact details

MARGARET GARROD

65C PARK AVENUE, BUSH HILL,
ENFIELD, EN1 2HL.

0208 364 1844

Date

15/08/2016

IN-PATIENT PRESCRIPTION CHART

MEDICATION Chart No.1..... of11....

INSTRUCTIONS FOR USE OF CHART**Notes for Prescriber**

- Write clearly in BLOCK CAPITALS using **BLACK** indelible ink
- Use **APPROVED NAME** and **METRIC UNITS**
- Sign your name with **FULL signature** and date for prescription to be valid
20/09/2006
- Discontinue drugs thus: **RISPERIDONE** and draw a similar line through recording panels *ASignature*
- No prescription should be altered. A new prescription must be written.
- When all sections have been completed, start a new prescription chart and file the completed chart in patient's notes.
- All current prescriptions should be entered on the new chart, so that only one chart is in use.
- Prescriptions are valid for **FOUR WEEKS ONLY** and **MUST BE REWRITTEN BY A VALID PRESCRIBER**.
- All prescribers **circle administration times**. Please see key below:

ADMINISTRATION TIMES

Morn	(Morning)	8:00a.m – 9:30a.m
Lunch	(Lunch Time)	12:00p.m – 1:30p.m
Eve	(Evening)	5:00p.m – 6:30p.m

Date 30/8/2016 p.m.Sign: *D. Deane***SUPERVISED MEDICATION**

- All Medications: ☐
- Psychiatric Medications Only: ☐
- All Doses: ☐
- Morning/Evening Only ☐
- (delete as appropriate)

RIO/ NHS No:	11214451
Surname:	CORDELL
Forename:	SIMON
M/F: <u>M</u>	DOB: <u>26/1/81</u>
Start Date: <u>16/8/16</u>	
Weight:	Height:
Ward: <u>HAW</u>	Change of ward: <u>SECRET (X1)</u>
Consultant: <u>Dr. Cranitch</u>	
Bleep / Contact No:	

ALLERGIES & ADVERSE REACTIONS

Drug	Reaction Type	Initial/ Date
<input type="checkbox"/> Nil Known	<input checked="" type="checkbox"/> Unknown	<u>MC 16/8/16</u>

For Section Patients Only (Please tick if complete)

Form T2	Attached	<input type="checkbox"/>
Form T3	Attached	<input type="checkbox"/>

Notes for Nursing Staff on Administration

- Check entries in every section to avoid omissions.
- Patient identity matches prescription chart.
- A Registered Nurse should initial each administration in the appropriate box.
- In the event of non-administration, record all missed doses and indicate reasons using the appropriate code:

*** Clarify in patient's note. Codes must be circled**

Patient away from ward	1
Drug not available*	2
Patient refused drug	3
Drug Omitted*	4
Patient self-medicating	5
Other*	6

ONCE ONLY AND PREMEDICATION DRUGS

DATE PRESCRIBED	DRUG	DOSE	ROUTE	SIGNATURE	GIVEN BY	TIME	PHARM.

WARD:

1 Patient away from ward 2 Drug not available 3 Patient refused drug 4 Drug Omitted 5 Patient self-medicating
6 Other

Page 2 of 6

REGULAR DRUGS

NAME:

WARD:

In the event of non-administration indicate reason using appropriate code:

- 1 Patient away from ward 2 Drug not available 3 Patient refused drug 4 Drug Omitted 5 Patient self-medicating
6 Other

Date ▶	29/8	30/8	31/8	1/9	2/9	3/9	4/9	5/9	6/9										
Time ▼																			
Morn																			
Lunch																			
Eve																			
Night																			
Morn																			
Lunch																			
Eve																			
Night																			
Morn																			
Lunch																			
Eve																			
Night	SVK	KH	15	SVK	SE	5	KH	SVK	3RD	6/4									
Morn																			
Lunch																			
Eve																			
Night	SVK	KH	15	SVK	SE	5	KH	SVK	3RD	6/4									
Morn																			
Lunch																			
Eve																			
Night																			
Morn																			
Lunch																			
Eve																			
Night																			
Morn																			
Lunch																			
Eve																			
Night																			

As Required Drugs

NAME:

WARD:

Drug (approved name and form) Lorazepam			Also see regular		Date														
Dose	Route	Frequency and indication for use	Dose		Time														
1-2mg	PO	max 4mg/24 ^h	Dose																
Prescriber (Sign and PRINT Name) <i>M. Cheema</i>			Date	16/8/16	Pharmacy	WR 16/8/16	Sign												
Drug (approved name and form) Lopidone			Short term only		Date														
Dose	Route	Frequency and indication for use	Dose		Time														
2.5mg	PO	ON	Dose																
Prescriber (Sign and PRINT Name) <i>M. Cheema</i>			Date	6/8/16	Pharmacy	WR 16/8/16	Sign												
Drug (approved name and form) LORAZEPAM			Date																
Dose	Route	Frequency and indication for use	Dose																
1-2mg	IM	MAX 4mg/24 ^h	Dose																
Prescriber (Sign and PRINT Name) <i>M. Cheema</i>			Date	16/8/16	Pharmacy	WR 16/8/16	Sign												
Drug (approved name and form) Paracetamol			Date																
Dose	Route	Frequency and indication for use	Dose																
1g	PO	every 4-6hrs	Dose																
Prescriber (Sign and PRINT Name) <i>M. Cheema</i>			Date	16/8	Pharmacy	WR 16/8/16	Sign												
Drug (approved name and form) ARIPIRAZOLE			Date																
Dose	Route	Frequency and indication for use	Dose																
5-10mg	PO	MAX 15mg	Dose																
Prescriber (Sign and PRINT Name) <i>M. Cheema</i>			Date	16/8/16	Pharmacy	WR 16/8/16	Sign												
Drug (approved name and form) ARIPIRAZOLE			Date																
Dose	Route	Frequency and indication for use	Dose																
9.75mg	IM	MAX OD	Dose																
Prescriber (Sign and PRINT Name) <i>M. Cheema</i>			Date	19/8/16	Pharmacy	WR 19/8/16	Sign												
Drug (approved name and form) Codeine			Date																
Dose	Route	Frequency and indication for use	Dose																
30-60mg	PO	3-60mg in 24 ^h	Dose																
Prescriber (Sign and PRINT Name) <i>Seehra</i>			Date	19/8	Pharmacy	WR 22/8/16	Sign												

DRUGS TO TAKE HOME (including weekend leave)

Maximum supply - 28 days unless specially requested

NHS no 4340961671


SCHTT(XC)

Simon Cordell
DOB 26/1/81

screened

DATE	DRUGS (Approved name) and FORM	DOSE	FREQUENCY	QUANTITY OR DURATION	SIGNATURE	PHARMACY
27/8	* LORAZEPAM	1mg	ON	14 days	[Signature]	given + dispensed by CRHTT 1mg x 7 + 14 days ordinary formulation. 57 x 14 + 14 days
	* OLANZAPINE	5mg	ON	14 days	[Signature]	57 x 14 + 14 days
<p>pt to be seen by CRHTT. Trust policy not to discharge pts on antidepressant tablets unless patient preference or swallowing issues. Also reduced lorazepam TIA to 7 days from 14 days - Trust policy not to discharge patient on regular benzodiazepines. CRHTT to review above as appropriate. JM 29/8/16</p>						
31/8	Olanzapine orodispersible	5mg	ON	7/52	[Signature] Adeem	} faxed 31/8
<p>→ please request + return ordinary formulation to pharmacy</p> <p>Screened by Andrew 31/8</p>						
7/8	TIA's 21 x Olanzapine	5mg	1/1		[Signature]	
20/9/16	OLANZAPINE	5mg	ON	2/52	[Signature] MIELNIK	} faxed 20/9
<p>Screened by Andrew 20/9</p>						
22/9	Client refused TIA's. \$.					

IN-PATIENT PRESCRIPTION CHART**INSTRUCTIONS FOR USE OF CHART****Notes for Prescriber**

- Write clearly in BLOCK CAPITALS using BLACK indelible ink
- Use APPROVED NAME and METRIC UNITS
- Sign your name with FULL signature and date for prescription to be valid
20/09/2006
- Discontinue drugs thus: RISPERIDONE  and draw a similar line through recording panels
- No prescription should be altered. A new prescription must be written.
- When all sections have been completed, start a new prescription chart and file the completed chart in patient's notes.
- All current prescriptions should be entered on the new chart, so that only one chart is in use.
- Prescriptions are valid for **FOUR WEEKS ONLY** and **MUST BE REWRITTEN BY A VALID PRESCRIBER.**
- All prescribers **circle administration times.**
Please see key below:

ADMINISTRATION TIMES

Morn	(Morning)	8:00a.m – 9:30a.m
Lunch	(Lunch Time)	12:00p.m – 1:30p.m
Eve	(Evening)	5:00p.m – 6:30p.m
Night	(Night Time)	8:00p.m – 10:00p.m
Blank	Please state other time	

MEDICATION Chart No.11.... of ...11....

RIO/ NHS No:	11214451		
Surname:	CORDELL		
Forename:	SIMON		
M/F: M	DOB:	26/1/81	
Start Date:			
Weight:	Height:	Ward:	Change of Ward:
		HAW	
Consultant:	DR CRANITH		
Bleep / Contact No:			

ALLERGIES & ADVERSE REACTIONS

Drug	Reaction Type	Initial/ Date
<input type="checkbox"/> Nil Known	<input checked="" type="checkbox"/> Unknown	W 22/5
	As per previous chart	

For Section Patients Only (Please tick if complete)

Form T2	Attached	<input type="checkbox"/>
Form T3	Attached	<input type="checkbox"/>

Notes for Nursing Staff on Administration

- Check entries in every section to avoid omissions.
- Patient identity matches prescription chart.
- A Registered Nurse should initial each administration in the appropriate box.
- In the event of non-administration, record all missed doses and indicate reasons using the appropriate code:

*** Clarify in patient's note. Codes must be circled**

Patient away from ward	1
Drug not available*	2
Patient refused drug	3
Drug Omitted*	4
Patient self-medicating	5
Other*	6

ONCE ONLY AND PREMEDICATION DRUGS

DATE PRESCRIBED	DRUG	DOSE	ROUTE	SIGNATURE	GIVEN BY	TIME	PHARM.

As Required Drugs

NAME:

WARD:

Drug (approved name and form)			Date	17/8/18															
IBUPROFEN			Time	18:20	1530														
Dose	Route	Frequency and indication for use	Dose	400mg	400														
200-400mg	PO	PRN 4-6 max 1200mg	Route	PO	PO														
Prescriber (Sign and PRINT Name)			Date	11/8															
SEEHER			Pharmacy	WELSH	(S)														
Drug (approved name and form)			Date																
			Time																
Dose	Route	Frequency and indication for use	Dose																
			Route																
Prescriber (Sign and PRINT Name)			Sign																
Drug (approved name and form)			Date																
			Time																
Dose	Route	Frequency and indication for use	Dose																
			Route																
Prescriber (Sign and PRINT Name)			Sign																
Drug (approved name and form)			Date																
			Time																
Dose	Route	Frequency and indication for use	Dose																
			Route																
Prescriber (Sign and PRINT Name)			Sign																
Drug (approved name and form)			Date																
			Time																
Dose	Route	Frequency and indication for use	Dose																
			Route																
Prescriber (Sign and PRINT Name)			Sign																
Drug (approved name and form)			Date																
			Time																
Dose	Route	Frequency and indication for use	Dose																
			Route																
Prescriber (Sign and PRINT Name)			Sign																
Drug (approved name and form)			Date																
			Time																
Dose	Route	Frequency and indication for use	Dose																
			Route																
Prescriber (Sign and PRINT Name)			Sign																
Drug (approved name and form)			Date																
			Time																
Dose	Route	Frequency and indication for use	Dose																
			Route																
Prescriber (Sign and PRINT Name)			Sign																

Approved Mental Health Professional Assessment Form

Copy for: Service user file
Social Services record
GP

For use when compulsory powers are being considered

Please note this form can be completed electronically or in hard copy. To complete this form electronically, please use the mouse pointer or the tab key on the keyboard to go to the next form field.

Patient's details

Name Simon Cordell
 Address 109 Bomcroft Avenue
Enfield Postcode EN3 7JQ
 Phone no. _____

☒ Male ☐ Female Age/DoB 35/ 26/1/8
 Ethnic origin (DoH coding) WUK Mixed
 Religion N/A
 Preferred language English
 Interpreter needed? ☐ Yes ☒ No
 Assessing AMHP HBRISCOE

Services involved (Please state name, address, phone no.)

Hospital St Ann's
 Consultant _____
 GP _____
 CMI IN/CMHT _____
 Social worker/responsible local authority (Section 117) LB Enfield

Nearest relative

Name Lorraine Cordell
 Address 23 Ryper Terrace
Edmonton Postcode N9 7DA
 Phone no. 0208 245 7454 / 07415 388734
 Age/DoB 1
 Relationship to patient Mother

Informed? ☒ Yes ☐ No
 Consulted? ☒ Yes ☐ No
 Objected? ☐ Yes ☐ No
 Reason not informed/consulted _____
 Nearest relative notified of admission? ☒ Yes ☐ No
 Letter sent? ☐ Yes ☒ No
 Reason why not notified _____
 Nearest relative informed of their legal rights? ☒ Yes ☐ No
 Names and contact information for significant others.
father NIK.

Patient's rights

Was the patient made aware of his/her legal status and rights under the 1983 Mental Health Act at time of interview? ☒ Yes ☐ No
 If 'No', please state date when he/she was made aware of above _____

Assessment details

Date of initial referral 15/8/16 Date of assessment 15/8/16
 Place of assessment Wood Green Police Stn.
 Medical recommendations from:
 Dr. Albaza Date 15/8/16 ☒ ☐
 Dr. Anin Date 15/8/16 ☒ ☐

Any delays in admission process? wait for bed.
 Time assessment: Started 02.15 Completed 03.05

Outcome details

Date admitted/detained 16/8/16 Time of admission _____
 Admitted/detained at: Hospital/Unit St Ann's
 Ward Haringey

Legal status at time of assessment

☐ Inf. ☐ Sec.135
☐ Sec.2 ☐ Sec.136
☐ Sec.3 ☒ Detained by Police, not
☐ Sec.4 under Sec.136
☐ Sec.5(2) ☐ CTO
☐ Sec.7 ☐ Other

Legal status at end of assessment

☐ No admission
☐ Informal admission
☐ Remains informal inpatient
☒ Detained under Sec.2
☐ Detained under Sec.3
☐ Detained under Sec.4
☐ Placed under Sec.7
☐ CTO Yes ☐ No ☐ Renewal ☐ Revoke
☐ Other

Summary of assessment

Patient's name

Simon Cordell

Date of assessment

16/8/16

1 Referral details and any other precipitating factors

Simon arrested on 15/8 on suspicion of threatening to kill his neighbour and, reportedly, children. He was seen by FME at Wood Green PS who requested MHA mtr. He was assessed by two psy'd & AMHP on 15/8 - two med. recs. completed but AMHP unable to complete application as no bed available, at the time.

2 Relevant social and medical history

Some years back an informal admission to p.s.d. hosp. More recently involvement with EIS but seems not to have been successful in gaining direct engagement. MHA mtr in Jan 16 & Feb 16 - no admission. Lives alone with dog. Supported by mother. Has other family also living locally.

3 Record of interview with patient (Include where it was conducted who was present and use of police if required during process)

Client seen in interview room at Wood Green PS. Police Officer stood outside the door. He was polite & cooperative throughout. He spoke quickly about a wide range of subjects and topics - mainly focusing on his plans & activities, as well as past achievements eg in organizing raves/gatherings. Some of what he said seemed quite unrealistic at times but I was able to say this to him & although he seemed

4 Assessment of risk to patient and/or to others

Although Simon denies incident, police have arrested him for threatening to kill neighbour on 15/8.

disappointed was not angry or aggressive. He spoke in what I felt was a persecutory way about how he had been harassed & "set up" by police. He denied making any threat against neighbour. Other things he said indicated he has negative feelings towards neighbour & would try to wind him up by playing loud music.

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

I understand 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 has very little contact with father. I spoke with Lorraine Carlo and consulted with her. I informed her on phase 1 notes of assessment & reasoning, contacted a parent & estranged

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. Neighbors report escalation in his antisocial behaviour, loud music & verbal aggression.

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

Views of others consulted

I spoke with Maggie Corrad - AMHP involved in earlier MHA not s136. 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 MHA services' input.
- Client refuses to entertain idea of hospital admission.

Patient's name

Simon Cordell

Date of assessment

16/8/16

10. If not admitted to hospital, outline immediate plans for alternative to admission and how those plans will be co-ordinated

N/A

11. If admitted arrangements for:

a) Dependants (including children)

None

b) Securing property

N/A

c) Pets

Dog - sister has agreed to come for dog if/when client admitted.

12. Any other practical matter (including information/advice about children visiting the ward)

—

13. Comment on any avoidable delays in the assessment and admission process

Wait for a bed.

Bed identified on Hanger ward 23.40 on 15/8.

MHA note carried out by AMHP at WGH 02.10-03 on 16/8.

AMHP Signature

HAB

Date

16/8/16

Print details

Contact details

HUGH BRUNNE

LB Enfield

EDT

0208 379 1000

Approved Mental Health Professional Assessment Form

Copy for: Service user file
Social Services records
GP

For use when compulsory powers are being considered

Please note this form can be completed electronically or in hard copy. To complete this form electronically, please use the mouse pointer or the tab key on the keyboard to go to the next form field.

Patient's details

Name: Simon Cordell
Address: 109 Bomcroft Avenue
Enfield Postcode: EN3 7JQ
Phone no.:

☒ Male ☐ Female

Age/DoB: 35/26/1/81

Ethnic origin (DfH coding): Wuk Mixed UK

Religion: N/A

Preferred language: English

Interpreter needed? ☐ Yes ☒ No

Assessing AMHP: HBRISCOE

Services Involved (Please state name, address, phone no.)

Hospital: St Ann's
Consultant:
GP:
CMH/CMHT:
Social worker/responsible local authority (Section 117): LB Enfield

Nearest relative

Name: Lorraine Cordell
Address: 23 Byron Terrace
Edmonton Postcode: N9 7DE
Phone no.: 0208 245 7454 / 07415 388734
Age/DoB: 1
Relationship to patient: Mother

Informed? ☒ Yes ☐ NoConsulted? ☒ Yes ☐ NoObjected? ☐ Yes ☐ No

Reason not informed/consulted:

Nearest relative notified of admission? ☒ Yes ☐ NoLetter sent? ☐ Yes ☒ No

Reason why not notified:

Nearest relative informed of their legal rights? ☒ Yes ☐ No

Names and contact information for significant others:

Father N/A.

Patient's rights

Was the patient made aware of his/her legal status and rights under the 1983 Mental Health Act at time of interview? ☒ Yes ☐ No

If 'No', please state date when he/she was made aware of above:

Assessment details

Date of initial referral: 15/8/16 Date of assessment: 15/8/16
Place of assessment: Wood Green Police Stn.
Medical recommendations from:
Dr. Albazaz Date: 15/8/16 ☒ ☐
Dr. Amin Date: 15/8/16 ☒ ☐

Any delays in admission process? Wait for bed

Time assessment: Started: 02.15 Completed: 03.05

Outcome details

Date admitted/detained: 16/8/16 Time of admission:
Admitted/detained at: Hospital/Unit: St Ann's
Ward: Haringey

Legal status at time of assessment

☐ Inf. ☐ Sec.135
☐ Sec.2 ☐ Sec.136
☐ Sec.3 ☒ Detained by Police, not under Sec.136
☐ Sec.4
☐ Sec.5(2) ☐ CTO
☐ Sec.7 ☐ Other

Legal status at end of assessment

☐ No admission
☐ Informal admission
☐ Remains informal inpatient
☒ Detained under Sec.2
☐ Detained under Sec.3
☐ Detained under Sec.4
☐ Placed under Sec.7
☐ CTO Yes ☐ No ☐ Renewal ☐ Revoke ☐
☐ Other

October 2005

Summary of assessment

Patient's name

Simon Cordell

Date of assessment

16/8/16

1 Referral details and any other precipitating factors

Simon arrested on 15/8 on suspicion of threatening to kill his neighbour and, reportedly, children. He was seen by FME at Wood Green PS who requested MHA mtr. He was assessed by two psys. & AMHP on 15/8 - two med. recs. completed but AMHP unable to complete application as no bed available, at the time.

2 Relevant social and medical history

Some years back an informal admission to psys. hosp. More recently involvement with EIS but seems not to have been successful in gaining direct engagement.

MHA mtr in Jan 16 & Feb 16 - no admission.

Lives alone with dog. Supported by mother. Has other family also living locally.

3 Record of interview with patient (Include where it was conducted who was present and use of police if required during process)

Client seen in interview room at Wood Green PS. Police Officer stood outside the door. He was polite & cooperative throughout. He spoke quickly about a wide range of subjects and topics - mainly focusing on his plans & activities, as well as past achievements eg in organising raves/gatherings. Some of what he said seemed quite unrealistic at times but I was able to say this to him & although he seemed

4 Assessment of risk to patient and/or to others

Although Simon denies incident, police have arrested him for threatening to kill neighbour on 15/8.

disappointed was not angry or aggressive. He spoke in what I felt was a persecutory way about how he feels harassed & "set up" by police. He denied making any threat against neighbour. Other things he said indicate he has negative feelings towards neighbour & would try to wind him up by playing loud music.

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 phase 1 outcome of assessment & reasoning (containing a dissent & outcome).

6. Consultation with Assessing Doctors

Assessing doctors in agreement: client presents with features suggestive of mental illness. Paranoia 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.

Views of others consulted

Requires little consent - hospital.

I spoke with Maggie Corrad - AMHP involved in earlier MHA not on 15/8. She said he had been aggressive & disruptive in cell & initially refused to engage with staff. She said she believed 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.

Patient's name

Simon Cordell

Date of assessment

16/8/16

10. If not admitted to hospital, outline immediate plans for alternative to admission and how those plans will be co-ordinated

N/A

11. If admitted arrangements for:

a) Dependants (including children)

None

b) Securing property

N/A.

c) Pets

Dog - N/A has agreed to come for dog if/when client admitted.

12. Any other practical matter (including information/advice about children visiting the ward)

—

13. Comment on any avoidable delays in the assessment and admission process

Wait for a bed.

Bed identified at Hanger ward 23.40 on 15/8.

MHA antb carried out by AMHP at W&PS 02.10-03.05 on 16/8.

AMHP Signature

HNB

Date

16/8/16

Print details

Contact details

HUGH BRUNNE

LB Enfield

EDT

0208 379 1000

Section 132 Informing Patients of their Rights Under the Mental Health Act 1983

Patient's Name: CORDELL SIMON Date of Birth: 26/01/81
 Ward: HARINGEY ASSESSMENT Section: 2 RiO Number: 11214451
 Consultant: DR CRAMITCH Named Nurse/Primary Nurse: PHILIP

The patient has indicated that s/he
 (please circle one that applies)

1) Understands

or

2) does not understand

If patient does not understand please state the reason: -

Please record repeated efforts below.

First repeat date:	Understood:	Yes / No
Second repeat date:	Understood:	Yes / No
Third repeat date:	Understood:	Yes / No

Would the patient like to see a representative from the Independent Mental Health Advocacy (IMHA) Service? This is in addition to any legal representative they may wish to have.

Yes/No ☒

Does the patient wish their nearest relative to be informed of this admission & detention?

Yes/No ☒

Is there anyone else they would like to have informed of their admission?

If yes, please give name and address of nearest relative or relative:

Name : Relationship.....

Address..... P/Code.....

The Patients nearest relative is not known []

The Patients nearest relative is not communicating []

I hereby confirm that the above patient was and has been informed of his/her legal Rights as defined by Section 132 of the Mental Health Act 1983 both written and verbal communication.

Name of Nurse CAROLINE ACOLATSE Date and time Rights given 16/8/16 @ 05:00hrs
 (PRINT NAME IN BLOCK CAPITALS)

Signature of Nurse [Signature] Patient signature [Signature]

Please send this completed form to the Mental Health Act Office. A copy will be furnished to you. A new form should be completed if a new section is implemented or following transfer from hospital or at the renewal of a section.

Record of detention in hospital

Form H3

Mental Health Act 1983
Sections 2, 3 and 4
Regulation 4(4) and (5)

(To be attached to the application for admission)

PART 1

(name and address
of hospital)

Barnet, Enfield and Haringey Mental Health NHS Trust
St. Ann's Hospital, St. Ann's Road, Tottenham, London N15 3TH

(PRINT full name of patient)

Simon Cordell


Complete (a) if the patient is not already an in-patient in the hospital.

Complete (b) if the patient is already an in-patient.

(Delete the one which
does not apply)

(a) The above named patient was admitted to this hospital on (date of admission to hospital) 16/8/2016 at (time) 0445 hrs. in pursuance of an application for admission under section (state section) of the Mental Health Act 1983.

(b) An application for the admission of the above named patient (who had already been admitted to this hospital) under section (state section) of the Mental Health Act 1983 was received by me on behalf of the hospital managers on (date) at (time) and the patient was accordingly treated as admitted for the purposes of the Act from that time.

Signed  on behalf of the hospital managers

PRINT NAME Paul Smith

Date 16/8/2016

PART 2

(To be completed only if the patient was admitted in pursuance of an emergency application under section 4 of the Act)

On (date) at (time) I received, on behalf of the hospital managers, the second medical recommendation in support of the application for the admission of the above named patient.

Signed on behalf of the hospital managers

PRINT NAME

Date

NOTE: IF THE PATIENT IS BEING DETAINED AS A RESULT OF A TRANSFER FROM GUARDIANSHIP, THE PATIENT'S ADMISSION SHOULD BE RECORDED IN PART 2 OF THE FORM G8 WHICH AUTHORISED THE TRANSFER.

Application by an Approved Mental Health
Professional for Admission for Assessment

Form A2

Mental Health Act 1983
Section 2
Regulation 4(1)(a)(ii)

To the Managers of

(name and address of hospital) Barnet Enfield and Haringey Mental Health NHS
St. Ann's Hospital, St. Ann's Road, Trunk.
Tottenham, London N15 3TH

(PRINT your full name) I HUGH BRISQW

(PRINT your address) of 65c Park Avenue
Enfield EN1 2HL

apply for the admission of

(PRINT full name of patient) Simon Cordell

(PRINT address of patient) 109 Boreholt Avenue,
Enfield EN3 7JQ

for assessment in accordance with Part 2 of the Mental Health Act 1983.

I am acting on behalf of

(PRINT name of local social services authority) London Borough of Enfield

and am approved to act as an approved mental health professional for the purposes of the Act by

delete as appropriate [that authority]

name of local social services authority that approved you, if different

Complete the following if you know who the nearest relative is.

Complete (a) or (b) as applicable and delete the other

[(a) To the best of my knowledge and belief

(PRINT full name and address) Lorraine Cordell
23 Byron Terrace, Edmonton, N9 7DE

is the patient's nearest relative within the meaning of the Act.]

[(b) I understand that

(PRINT full name and address)

*delete phrase which does not apply

has been authorised by a county court/the patient's nearest relative* to exercise the functions under the Act of the patient's nearest relative.]

I have/have not yet* informed that person that this application is to be made and of the nearest relative's power to order the discharge of the patient.

CONTINUED

Complete the following if you do not know who the nearest relative is.

Delete (a) or (b)

[(a) I have been unable to ascertain who is the patient's nearest relative within the meaning of the Act.]

[(b) To the best of my knowledge and belief this patient has no nearest relative within the meaning of the Act.]

The remainder of the form must be completed in all cases.

(date) I last saw the patient on 16/8/16 which was within the period of 14 days ending on the day this application is completed.

I have interviewed the patient and I am satisfied that detention in a hospital is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient:-

(If you need to continue on a separate sheet please indicate here sheet to this form.)

☐ and attach that

Signed



Date

16/8/16

Medical Recommendation for
Admission for Assessment

Form A4

Mental Health Act 1983

Section 2

Regulation 4(1)(b)(ii)

(PRINT full name and
address of medical
practitioner)

Dr. ATEF AMIN
18 Lavender Drive
Enfield EN2 7JN

a registered medical practitioner, recommend that

(PRINT full name and
address of patient)

Simon Cordell
109 ~~Barn~~ Burncroft Avenue EN3 7JQ

be admitted to a hospital for assessment in accordance with Part 2 of the Mental Health Act 1983.

I last examined this patient on

(date)

15/8/2016

*Delete if not applicable

~~*I had previous acquaintance with the patient before I conducted that examination.~~

*I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

In my opinion

(a) this patient is suffering from mental disorder of a nature or degree which warrants the detention of the patient in hospital for assessment (or for assessment followed by medical treatment) for at least a limited period,

AND

(b) ought to be so detained

(Delete the indents not
applicable)

(i) in the interests of the patient's own health

(ii) in the interests of the patient's own safety

(iii) with a view to the protection of other persons

My reasons for these opinions are:

(Your reasons should cover both (a) and (b) above. As part of them: describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; explain why the patient ought to be admitted to hospital and why informal admission is not appropriate.)

seen in Wood Green police custody having been arrested for making threats to kill neighbours. He has had previous contact with psychiatric services. He used to be under early intervention service (EIS). He presents with features suggestive

(If you need to continue on a separate sheet please indicate here
sheet to this form.)

☐ and attach that

Signed

ATEF AMIN

Date

15/8/2016

of mental illness. He expresses paranoid ideas about the police. He believes police officers ripped off CCTV cameras at his premises. His mother stated his mental state has deteriorated recently. She said he has been withdrawn and he believes the television is talking about him. He has pressured speech. His neighbours have expressed concerns about escalation of his anti social behaviour playing loud music and becoming verbally aggressive. He denies mental illness and declines informal admission. He requires further assessment in hospital.

Ref Amin
15/8/2016

Medical Recommendation for Admission for Assessment

Form A4

Mental Health Act 1983

Section 2

Regulation 4(1)(b)(ii)

(PRINT full name and
address of medical
practitioner)

Dr Ali Alhazaz
PO Box 49782
London NW2 2AY

a registered medical practitioner, recommend that

(PRINT full name and
address of patient)

Simon Condeell
109 Burncroft Avenue, Enfield,
AA. ~~London~~ EN3 7UQ

be admitted to a hospital for assessment in accordance with Part 2 of the Mental Health act 1983.

I last examined this patient on

(date)

15/08/2016

*Delete if not applicable

*I had previous acquaintance with the patient before I conducted that examination.

*I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

In my opinion

(a) this patient is suffering from mental disorder of a nature or degree which warrants the detention of the patient in hospital for assessment (or for assessment followed by medical treatment) for at least a limited period,

AND

(b) ought to be so detained

(Delete the indents not
applicable)

(i) in the interests of the patient's own health

(ii) in the interests of the patient's own safety

(iii) with a view to the protection of other persons

My reasons for these opinions are:

(Your reasons should cover both (a) and (b) above. As part of them: describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; explain why the patient ought to be admitted to hospital and why informal admission is not appropriate.)

He was arrested by the police charged with threatening to kill his neighbours. He has history of mental health problems with suicidal feelings & thoughts in the past. He has history of being sexually abused & has attempted to kill himself in the past. He has forensic history & he feels being harassed by the police due to regular contact with them. His mother reported that

(If you need to continue on a separate sheet please indicate here ☐ and attach that sheet to this form.) (PRO)


Signed

Date

15/08/2016

cont: he has been talking about the TV talking about him & to him & that he has been expressing paranoid thoughts about his mother. She believes he has used illicit substances namely "laughing gas".

Simon was assessed in his cell & he initially refused to talk to us saying "I don't trust you". He then started to talk to us & was preoccupied with speech, expressing paranoid & angry feelings & thoughts about the police & denied the charges against him. He was generally guarded & denied having any mental health problems or using illicit substances. He has impaired insight about his condition & he requires a further assessment in hospital & has refused hospital admission.


15/10/16

CORDELL, Simon (Mr.)
Date of Birth: 26-Jan-1981

Nightingale House Surgery
NHS Number: 434 096 1671

CORDELL, Simon (Mr.)

Date of Birth: **26-Jan-1981 (35y)**

Report Path: Local Record

109 Burncroft Avenue, Enfield, Middlesex, EN3 7JQ

NHS Number: 434 096 1671

Home Tel: 07961833021

Usual GP: ABIDO YE, Dapo (Dr.)

Work Tel: 07961833021

Patient Type: Regular

Mobile Tel: 02082457454

Registered 08-Feb-1999

email

Problems

Active

09-Dec-2015 [X]Psychosis NOS
28-Jun-2011 Administration
13-Jan-2008 Reduction of fracture of mandible
31-Jul-2005 Fracture of scaphoid
13-Jul-2004 Lloyd George celled+summarised
20-Nov-1997 Fracture of scaphoid
23-Jun-1997 Overdose of drug
26-Jan-1981 Asthma

SUMMARY=Y
(IL) SUMMARY=Y
SUMMARY=Y
LATERALITY - Left SUMMARY=Y
SUMMARY=Y
SUMMARY=Y

Significant Past

Medication

No current medication

Allergies

No allergies recorded.

Health Status

04-Feb-2016	Non-smoker of cigarettes -		
07-Nov-2011	O/E - weight	79	kg
07-Nov-2011	O/E - height	177	cm
07-Nov-2011	Body Mass Index	25.21	kg/m2
04-Aug-2005	Notes summary on computer		
05-Feb-1999	Current Drinker (Advised)	40	units/week
20-Dec-1998	O/E Blood Pressure Reading	110/70	mm Hg

Planned Events

16-Aug-2016 Risk Stratification - lifestyle data
16-Aug-2016 Seasonal Influenza Vaccination recommended
16-Aug-2016 No BP recorded in past 5 years
16-Aug-2016 Mental Health Care Plan Outstanding
16-Aug-2016 Alcohol Consumption recording
16-Aug-2016 Named GP not informed
16-Aug-2016 Patient on QOF Registers

Last 3 Consultations

26-Feb-2016	Nightingale House Surgery. MARTIN, Kim (Mrs.)
Document	Letter encounter @ Letter outside agency - to whom

CORDELL, Simon (Mr.)
Date of Birth: 26-Jan-1981

Nightingale House Surgery
NHS Number: 434 096 1671

25-Feb-2016 Docman: DOCMAN, PCTI (Mr)
Additional Attachment @ Admin Letter Letter from Patient Administration

04-Feb-2016 Telephone call to relative/carer (Nightingale House Surgery) RODRIGUEZ, Martha (Ms.)
Comment Failed encounter - message left with household member - mother- I could not contact him on mobile - mother advised to book apt. to come and check b/p
Social Non-smoker of cigarettes -

Values and Investigations (Latest Value)

05-May-2016	Qcancer Risk Calculator	0.09	%	
	Added via Batch Data Management			
	Prostate Cancer Risk	0	%	
	Blood Cancer Risk	0.02	%	
	Testicular Cancer Risk	0.02	%	
	Colorectal Cancer Risk	0.01	%	
	Gastric-Oesophageal Cancer Risk	0	%	
	Pancreatic Cancer Risk	0	%	
	Lung Cancer Risk	0	%	
	Renal Tract Cancer Risk	0	%	
30-Sep-2013	Serum vitamin D - (drdapo) - Make a routine appointment	27	nmol/L	
	Vitamin D guidelines:			
	Deficient:	<20 nmol/L		
	Insufficient:	21 - 50 nmol/L		
	Sub-optimal:	51 - 75 nmol/L		
	Optimal concentration:	76 - 200 nmol/L		
	Possible Toxicity:	>250 nmol/L		
30-Sep-2013	Tissue transglutaminase IgA lev	1	U/ml	<10.00U/ml
30-Sep-2013	Thyroid function test			
	Serum TSH level	0.99	mU/l	0.35 - 5.50mU/l
	Serum free T4 level	12.7	pmol/l	10.00 - 22.70pmol/l
30-Sep-2013	IgA	3.22	g/l	0.80 - 3.90g/l
30-Sep-2013	Routine blood Chemistry			
	Serum ALT level	22	u/L	10.00 - 37.00u/L
	GFR calculated abbreviated MDRD	84	mL/min/1.73sqm	
	The derived eGFR should be multiplied by 1.212 for Afro Caribbeans. If <30 consult the Renal Drug Handbook for prescribing advice, available via the link on the WebBNF page on the intranet. It is not applicable in ARF, pregnancy, amputees or extremes of body weight.			
	Serum C reactive protein level	2	mg/l	<6.00mg/l
	NI:CRP assay sensitivity is now 0.2 mg/l			
30-Sep-2013	Liver function test			
	Serum alkaline phosphatase	68	u/L	40.00 - 129.00u/L
	Serum total bilirubin level	15	umol/l	<15.00umol/l
	Serum total protein	77	g/l	62.00 - 82.00g/l
	Serum albumin	48	g/L	35.00 - 50.00g/L
30-Sep-2013	Urea and electrolytes			
	Serum sodium	138	mmol/l	135.00 - 145.00mmol/l
	Serum potassium	4.6	mmol/L	3.50 - 5.50mmol/L
	Serum urea level	4.5	mmol/l	1.70 - 8.30mmol/l
	Serum creatinine	90	umol/l	42.00 - 102.00umol/l
30-Sep-2013	Erythrocyte sedimentation rate	2	mm/hr	2.00 - 15.00mm/hr
30-Sep-2013	Full blood count - FBC			
	Please note: The units for Hb and MCHC have changed from g/dl to g/L in line with national guidelines.			
	Haemoglobin estimation	148	g/L	135.00 - 165.00g/L
	Total white blood count	9.1	x10 ⁹ /l	4.00 - 11.00x10 ⁹ /l
	Platelet count	233	x10 ⁹ /l	135.00 - 420.00x10 ⁹ /l

CORDELL, Simon (Mr.)
Date of Birth: 26-Jan-1981

Nightingale House Surgery
NHS Number: 434 095 1671

	Red blood cell (RBC) count	4.53	x10 ¹² /l	4.50 - 6.00x10 ¹² /l
	Packed cell volume	0.44	l/l	0.40 - 0.52/l
	! Mean corpuscular volume (MCV)	97.7	fl	76.00 - 96.00fl
	! Mean corpusc. haemoglobin(MCH)	32.7	pg	27.00 - 32.00pg
	Mean corpusc. Hb. conc. (MCHC)	335	g/L	315.00 - 365.00g/L
	Neutrophil count	6.1	x10 ⁹ /l	2.00 - 7.50x10 ⁹ /l
	Percentage result: 67.03%			
	Lymphocyte count	2.2	x10 ⁹ /l	1.00 - 4.00x10 ⁹ /l
	Percentage result: 24.18%			
	Monocyte count	0.6	x10 ⁹ /l	0.20 - 1.00x10 ⁹ /l
	Percentage result: 6.59%			
	Eosinophil count	0.1	x10 ⁹ /l	0.04 - 0.40x10 ⁹ /l
	Percentage result: 1.10%			
	Basophil count	0.1	x10 ⁹ /l	0.02 - 0.10x10 ⁹ /l
	Percentage result: 1.10%			
07-Nov-2011	O/E - weight	79	kg	
07-Nov-2011	O/E - height	177	cm	
07-Nov-2011	Body Mass Index	25.21	kg/m2	
10-Oct-2011	Serum vitamin D	32	nmol/L	
	.viewed by: YC			
10-Oct-2011	Serum ferritin	66	ng/ml	15 - 300 ng/ml
	.viewed by:			
10-Oct-2011	Serum folate	4.5	ug/L	2 - 14.5 ug/L
	.viewed by: YC			
10-Oct-2011	! Serum vitamin B12	164	ng/L	190 - 900 ng/L
	.viewed by: YC .gp comment: Make Routine Appointment			
10-Oct-2011	Full Blood Count			
	.viewed by:			
10-Oct-2011	Total cholesterol:HDL ratio	3.4	UNKNOWN UNITS	
	.viewed by:			
10-Oct-2011	AST serum level	24	u/L	10 - 37 u/L
10-Oct-2011	IgA	3.22	g/l	0.8 - 3.9 g/l
	.viewed by:			
10-Oct-2011	Serum glucose level	4.5	mmol/l	3 - 6 mmol/l
	.viewed by:			
10-Oct-2011	Serum HDL cholesterol level	1.2	mmol/l	
10-Oct-2011	Serum LDL cholesterol level	2.8	mmol/l	2.5 - 3.9 mmol/l
10-Oct-2011	Serum triglycerides	0.7	mmol/l	
10-Oct-2011	Serum cholesterol	4.1	mmol/l	3.8 - 5.2 mmol/l
10-Oct-2011	Serum inorganic phosphate	0.97	mmol/L	0.8 - 1.4 mmol/L
10-Oct-2011	Serum calcium	2.31	mmol/L	2.1 - 2.6 mmol/L
10-Oct-2011	Corrected serum calcium level	2.26	mmol/L	2.1 - 2.6 mmol/L
10-Oct-2011	Tissue transglutaminase IgA lev	1	U/ml	
	.viewed by: YC PATH LAB RESULTS OF 10.10.11 GIVEN ON 2.11.11 CH			
10-Oct-2011	Serum lipids			
	.viewed by:			
	Serum cholesterol	4.1	mmol/l	3.8 - 5.2 mmol/l
	Serum triglycerides	0.7	mmol/l	
10-Oct-2011	Thyroid function test			
	.viewed by: YC			
10-Oct-2011	Bone profile			
	.viewed by: YC .gp comment: Make Routine Appointment			
01-Jun-2009	Cigarette smoker	2	per day	
	(Advised)			
05-Feb-1999	Current Drinker	40	units/week	
	(Advised)			
05-Feb-1999	Non-smoker	0	a day	
20-Dec-1996	O/E Blood Pressure Reading	110/70	mm Hg	
20-Dec-1996	O/E - blood pressure reading			

Patient Observation Records

Patients Name: CORDELL SIMON RIO Number: 11214451

Consultant: Dr Granitch Primary Nurse:

Observation Level: 15 mins

Reason for observation: New Admission

Date & Time Observation Commenced: 16-08-16

All sections and instructions on this observation record sheet must be completed and completed with failure to comply and complete accurately is a breach of Barnet, Enfield and Haringey Records Policy and may be subject to disciplinary action.

Date	Time (24hrs)	Record of Events	Allocated Nurses name (PRINT)	Signature
16	04 :00			
16	:15			
16	:30	In the day area.	MARY	✓
16	:45	In the day area.	MARY	✓
Hourly Summary: To include all observations and mental state presentations. Appears fairly calm. Baseline observations done. Orientated to the ward. — MARY ✓				
16	05 :00	In the dining area.	MARY	✓
16	:15	In the dining area.	MARY	✓
16	:30	With the duty doctor.	MARY	✓
16	:45	With the duty doctor.	MARY	✓
Hourly Summary: To include all observations and mental state presentations. <u>Two hourly summary entries must also be documented on RIO</u> Fairly calm but unpredictable — MARY ✓				
16	06 :00	In the dining area	MARY	✓
16	:15	In the TV lounge	REM-ALAN	✓
16	:30	In the TV lounge.	REM-ALAN	✓
16	:45	In the TV lounge.	REM-ALAN	✓
Hourly Summary: To include all observations and mental state presentations. Appears fairly settled, observed to be very cheerful — REM ✓				

CORDELL SIMON

Date	Time (24hrs)	Record of Events	Allocated Nurses name (PRINT)	Signature
16-08-16	07:00	In the TV lounge	REMI-ALAO	CL
	:15	Pacing the TV lounge	REMI-ALAO	CL
	:30	In the TV lounge.	REMI-ALAO	CL
	:45	In the TV lounge	Caroline	COA
Hourly Summary: To include all observations and mental state presentations. <i>Two hourly summary entries must also be documented on RIO</i> Relatively settled in his presentation, however he is unpredictable				COA
16-08-16	08:00	In the TV lounge	Caroline	COA
	:15	In his bedroom area	Caroline	COA
	:30	In his bedroom area	Caroline	COA
	:45	Bedroom awake	Caroline	COA
Hourly Summary: To include all observations and mental state presentations. He stayed in his bedroom area, calm and stable				COA
16-08-16	09:00	In bedroom area	Caroline	COA
	:15	Bedroom awake	Caroline	COA
	:30	Bedroom awake	Caroline	COA
	:45	Appears asleep	Caroline	COA
Hourly Summary: To include all observations and mental state presentations. <i>Two hourly summary entries must also be documented on RIO</i> Appears relatively settled, remain in his bedroom.				COA
16/08/16	10:00	In his bedroom asleep	COA	11
	:15	In his bedroom asleep	COA	11
	:30	In his bedroom asleep	COA	11
	:45	Appears asleep	COA	11
Hourly Summary: To include all observations and mental state presentations. Appeared asleep, breathing observed.				M
Date	Time (24hrs)	Record of Events	Allocated Nurses name	Signature

CORDON SIMON

16/8/16	11:00	Appears asleep	(PRINT) <i>Alan</i>	<i>✓</i>
	:15	Appears asleep	<i>Alan</i>	<i>✓</i>
	:30	Appears asleep	<i>Alan</i>	<i>✓</i>
	:45	Appears asleep	<i>Alan</i>	<i>✓</i>
Hourly Summary: To include all observations and mental state presentations. <u>Two hourly summary entries must also be documented on RIO</u> Appeared asleep, movement and breathing observed				<i>ff</i>
16/8/16	12:00	In his bedroom area	Caroline	cont
	:15	Having his meals	Caroline	cont
	:30	Having his meals	Caroline	cont
	:45	Seen in the Corridor	Caroline	
Hourly Summary: To include all observations and mental state presentations.				cont
16/8/16	13:00	Bedroom area	Caroline	cont
	:15	Bedroom area	Caroline	cont
	:30	Bedroom area	Caroline	cont
	:45	Bedroom area	Caroline	cont
Hourly Summary: To include all observations and mental state presentations. <u>Two hourly summary entries must also be documented on RIO</u> Spent this period in his bedroom area, remain settled in his presentation				cont
16/8/16	14:00	In his room awake	<i>Chidi</i>	<i>✓</i>
	:15	In his bed area	<i>Chidi</i>	<i>✓</i>
	:30	In his bed area	<i>Chidi</i>	<i>✓</i>
	:45	In his bed area	<i>Chidi</i>	<i>✓</i>
Hourly Summary: To include all observations and mental state presentations. In his bed area awake				

Date	Time (24hrs)	Record of Events	Allocated Nurses name (PRINT)	Signature
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Simon

16/8/16	15:00	In the TV lounge	Chidi	<input checked="" type="checkbox"/>
	:15	Sitting in the lounge	Chidi	<input checked="" type="checkbox"/>
	:30	In his bed area	Chidi	<input checked="" type="checkbox"/>
	:45	In his bed area	Chidi	<input checked="" type="checkbox"/>

Hourly Summary: To include all observations and mental state presentations. Two hourly summary entries must also be documented on RIO

Appears awake but lying on bed in his room

16/8/16	16:00	Lying in bed relaxing	Vincent	<input checked="" type="checkbox"/>
	:15	In his bed room	Vincent	<input checked="" type="checkbox"/>
	:30	In his bed room	Vincent	<input checked="" type="checkbox"/>
	:45	Lying in bed relaxing	Vincent	<input checked="" type="checkbox"/>

Hourly Summary: To include all observations and mental state presentations.

Appears settled and also calm in mood.

16/8/16	17:00	In the dining hall	Vincent	<input checked="" type="checkbox"/>
	:15	Having his Supper	Vincent	<input checked="" type="checkbox"/>
	:30	Supper in the dining hall	Vincent	<input checked="" type="checkbox"/>
	:45	Finishing his Supper	Vincent	<input checked="" type="checkbox"/>

Hourly Summary: To include all observations and mental state presentations. Two hourly summary entries must also be documented on RIO

Eating and drinking well at supper time.

16/8/16	18:00	In the day area	Vincent	<input checked="" type="checkbox"/>
	:15	Has had two visitors	Vincent	<input checked="" type="checkbox"/>
	:30	With his visitors	Vincent	<input checked="" type="checkbox"/>
	:45	With his visitors	Vincent	<input checked="" type="checkbox"/>

Hourly Summary: To include all observations and mental state presentations.

Relating well with the visitors; and remains calm in presentation

Date	Time (24hrs)	Record of Events	Allocated Nurses name (PRINT)	Signature
16/8/16	19:00	With his visitors in the day area	Vincent	<input checked="" type="checkbox"/>

Simon.

Simon.

15/08/16	19:15	In his bed room	Vincent	✓
	:30	Using his lap top	Vincent	✓
	:45	In his bed room	Vincent	✓

Hourly Summary: To include all observations and mental state presentations. Two hourly summary entries must also be documented on RIO

16/08/16	20:00	Talking to one on his phone	Caroline F	✓
	:15	In his bed area	Caroline F	✓
	:30	In his room	Caroline F	✓
	:45	In his room	Caroline F	✓

Hourly Summary: To include all observations and mental state presentations.

Awake in bed area

	21:00			
	:15			
	:30			
	:45			

Hourly Summary: To include all observations and mental state presentations. Two hourly summary entries must be recorded on Rio progress notes

	22:00	Bed awake	ASHLEY	✓
	:15	Bed awake	ASHLEY	✓
	:30	Bed awake	ASHLEY	✓
	:45	Bed awake	ASHLEY	✓

Hourly Summary: To include all observations and mental state presentations.

Calm in mood, spent most of the time (hours) with his room.

Date	Time (24hrs)	Record of Events	Allocated Nurses name (PRINT)	Signature
16/8/16	23:00	Bed awake	ASHLEY	✓
	:15	Bed awake	ASHLEY	✓

Simon.

Corbett RM1

16/8	23:30	Bed awake	Corbett	n
	:45	Appears asleep	Corbett	n

Hourly Summary: To include all observations and mental state presentations. Two hourly summary entries must also be documented on RIO progress notes

Remains room based.

17/8/16	00:00	Resting in bed	Rm	n
	:15	Resting in bed	Rm	n
	:30	Resting in bed	Rm	n
	:45	Asleep	Rm	n

Hourly Summary: To include all observations and mental state presentations.

Has been settled in the room

Rm

0

17/8/16	07:00	Asleep	Rm	no
	:15	Asleep	Rm	no
	:30	Asleep	Rm	no
	:45	Asleep	Rm	0

Hourly Summary: To include all observations and mental state presentations. Two hourly summary entries must also be documented on RIO

Appears asleep in bed & breathing normal

17/8/16	02:00	Asleep	Caroline F	CF
	:15	Asleep	Caroline F	CF
	:30	Asleep	Caroline F	CF
	:45	Asleep	Caroline F	CF

Hourly Summary: To include all observations and mental state presentations.

Appears asleep in bed & breathing normal

Date	Time (24hrs)	Record of Events	Allocated Nurses name (PRINT)	Signature
17/8/16	03:00	Asleep in bed	Caroline F	CF
	:15	Appears asleep	Caroline F	CF
	:30	Asleep	Caroline F	CF

Simon Cordell

Rm 1.

17/8/16	:45	Asleep	Caroline F	CB
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Hourly Summary: To include all observations and mental state presentations. Two hourly summary entries must also be documented on RIO

Remains asleep in bed & breathing normal.

04	:00	Appears asleep	ASUCAT	—
	:15	Asleep	ASUCAT	—
	:30	Asleep	ASUCAT	—
	:45	Appears asleep	ASUCAT	—

Hourly Summary: To include all observations and mental state presentations.

Appears asleep in bed —
Breathing OK — — — — — Armas —

05	:00	Asleep	ASUCAT	—
	:15	Asleep	ASUCAT	—
	:30	Asleep	ASUCAT	—
	:45	Asleep	ASUCAT	—

Hourly Summary: To include all observations and mental state presentations. Two hourly summary entries must also be documented on RIO

Asleep and Breathing OK

17/08/16	06 :00	ASLEEP.	CHARMS	✓
	:15	ASLEEP.	CHARMS	✓
	:30	ASLEEP.	CHARMS.	✓
	:45	ASLEEP.	CHARMS	✓

Hourly Summary: To include all observations and mental state presentations.

APPEARS ASLEEP. BREATHING IS NORMAL.

Date	Time (24hrs)	Record of Events	Allocated Nurses name (PRINT)	Signature
17/08/16	07:00	ASLEEP.	CHARMS.	✓
	:15	ASLEEP.	CHARMS.	✓
	:30	In bed sleeping	THO	✓
	:45	In bed sleeping	THO	✓

SIMON CORDELL

Hourly Summary: To include all observations and mental state presentations. *Two hourly summary entries must also be documented on RIO*


Mental State could not be fully assessed as in bed sleeping.

:00

:15

:30

:45

DB Continued


Hourly Summary: To include all observations and mental state presentations.

:00

:15

:30

:45

Hourly Summary: To include all observations and mental state presentations. *Two hourly summary entries must also be documented on Rio*

:00

:15

:30

:45

Hourly Summary: To include all observations and mental state presentations.

Date	Time (24hrs)	Record of Events	Allocated Nurses name (PRINT)	Signature
	:00			
	:15			
	:30			
	:45			
Hourly Summary: To include all observations and mental state presentations. <i>Two hourly summary entries must also be documented on RIO</i>				

BARNET, ENFIELD & HARINGEY MH NHS TRUST**DISCLAIMER OF RESPONSIBILITY**

You are advised to restrict to a minimum the amount of property including cash brought into the hospital and to hand to the nursing staff, as soon as possible, any articles you wish to be kept in safe custody for which a receipt will be given to you. You are responsible for property including cash not handed in for safe custody. Barnet, Enfield and Haringey MH NHS Trust accepts no responsibility for the loss of or damage to personal property of any kind in whatever way the loss or damage may occur unless deposited for safe custody.

The above statement has been explained to me and I accept and understand its contents.

Signature of
Patient.....

x 

Date.....

16/8/16

Signature of
Staff member.....



Date.....

16/8/16

SIMON
CARDWELL

ADMISSION CHECKLIST

Patient's name: CONNELL Simon Date of Admission 16/8/16

Documentation and actions before admission	Initials	Date
Named Nurse allocated	<u>C.D.</u>	<u>16/8/16</u>
SHO or doctor on call informed about admission and time agreed to see patient, clerk Admission and do Medical Examination and paper work.	<u>✓</u>	<u>✓</u>
Consultant/CMHN informed about admission		

Admission	Initials	Date
Patient/Relative welcomed and oriented on ward. Informed on visiting, Protective Engagement and meal times	<u>✓</u>	<u>✓</u>
Patient shown to room, advised on fire procedure, information leaflets and recovery pack.	<u>✓</u>	<u>✓</u>
Patient risk assessed and level of Observation determined. Update risk assessment	<u>✓</u>	<u>✓</u>
Inform nearest relative		
Check/record valuables and contraband	<u>✓</u>	<u>✓</u>

Actions following admission	Initials	Date
Named Nurse board completed	<u>✓</u>	<u>✓</u>
White board completed:	<u>✓</u>	<u>✓</u>
Name/D.o.A./Section status/ Observation status		
Valuables recorded and taken to General Office	<u>✓</u>	<u>✓</u>
Physical observations at admission completed in RiO Core Assessment: BP, P. Temp, BM, BMI, Hearing, Sight, Teeth, Smoking, nutritional screen and special diet requests	<u>✓</u>	<u>✓</u>
If patient is admitted under MHA 1983: <input type="checkbox"/> Sec 132 form explained/ completed <input type="checkbox"/> Section papers sent to MHA office	<u>✓</u>	<u>✓</u>

Documentation following admission	Initials	Date
Patient's details completed in Admission book	<u>✓</u>	<u>✓</u>
Patient admitted on bed view page of RiO	<u>✓</u>	<u>✓</u>
Personal details checked/completed on RiO, including contact details Next of Kin/relevant friends/family members/other dependents.	<u>✓</u>	<u>✓</u>
Patient's GP details checked/recorded on RiO	<u>✓</u>	<u>✓</u>
Complete Social inclusion		
Complete New HONO's		
Patient registered on ward 'Hourly Rounds Checklist'	<u>✓</u>	<u>✓</u>
Admission Care plan completed and agreed with service user. Service user sign and given copy.	<u>✓</u>	<u>✓</u>
Risk assessment reviewed on RiO	<u>✓</u>	<u>✓</u>
Consent form completed on RiO and signed by patient. 'Traffic Light' amended.		
Ethnicity put on RiO. If on section Ethnicity form sent to MHA office.		
Core Assessment:		
Is social history/ Care management current ? Yes/No <input type="checkbox"/> Care management 'accommodation/housing', 'activities of daily living' and 'finance'		
Welfare checklist to be completed Scan and up loading on RiO		

This form is to be handed over to shift lead after every shift until completed. Once completed to be scanned on RiO.

(Welfare checklist will be copied on other side of admission checklist)

ADMISSION CHECKLIST (HARINGEY ASSESSMENT WARD)

Patient's Name: CORDELL SIMON

Rio No

Admission Date: 16/8/16

AREAS	TASKS	CHECK	PATIENT SIGNATURE
Welcome & Orientation	Patient and relatives welcomed to the ward Patient Shown around the ward by staff Patient/relatives informed of visiting time, Protective Engagement time, meal times and any other valuable information. Ward and patients' phone numbers given to patients/carers. Patient information leaflet, welcome pack and Folder given. On call psychiatrist or ward SHO asked to see patient.	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
Data and Documentation	Inpatient Identification form completed fully or if partially done, hand over to incoming staff. Initial Assessment Forms completed (Admission Pack). New Risk Assessment, Clustering Form and Social Inclusion completed. Baseline blood pressure, temperature, pulse, SpO2 on air, weight, BMI, Waist, and Nutritional risk assessment done. Admission entered in Ward's Admission book: <ul style="list-style-type: none"> • Consultant's, GP, Next of kin, named nurse ,etc list. • Staff allocation board. • Visual Control Board. • Ward Diary. 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
Nursing Care Plan	Nursing 72hr Care Plan formulated and discussed with patient Care Plan agreed upon and signed by patient and copy given. <ul style="list-style-type: none"> • Named-nurse allocated and patient informed. 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
Patient's property	Disclaimer Book signed by patient. Items given for safekeeping are dealt with in line with Trust policy. Patient orientated to use of personal locker/safe.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Sectioned Patient	Rights Leaflet given, explained and Section 132 form signed. Section entered in Sectioned Patients' List.	<input checked="" type="checkbox"/> <input type="checkbox"/>	
Miscellaneous	Next of Kin informed. Admission recorded in the 24-Hour Report. Special Diet requested (if applicable). Patient's observation level discussed and form signed: Patient's entered on Ward's Bed Board Patient, named nurse and RMO names type and put on patient's room notice board:	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Handing Over	New patient is handed over to incoming staff and uncompleted tasks identified.	<input checked="" type="checkbox"/>	
Admission Completed by		Signature:	(Haringey ward -April16)

SIMON CORDWELL
RID: 11214451

Appendix A

BARNET, ENFIELD & HARINGEY MH NHS TRUST

DISCLAIMER OF RESPONSIBILITY

You are advised to restrict to a minimum the amount of property including cash brought into the hospital and to hand to the nursing staff, as soon as possible, any articles you wish to be kept in safe custody for which a receipt will be given to you. You are responsible for property including cash not handed in for safe custody. Barnet, Enfield and Haringey MH NHS Trust accepts no responsibility for the loss of or damage to personal property of any kind in whatever way the loss or damage may occur unless deposited for safe custody.

The above statement has been explained to me and I accept and understand its contents.


Signature of
Patient.....



Date.....

16/8/16

Signature of
Staff member.....



Date.....

16/8/16

2nd SIGNATURE,

FOR KEEPING HIS LAPTOP,



About you and your health – for adult service users

Please help us to make sure we are treating all types of people fairly by completing this questionnaire about yourself and the people who support you. Please tick or write in your answers. We promise to keep this information confidential and secure. There are some pieces of information we require in order to identify you and keep an accurate record of your care. There are other things about you which may help us in your care and treatment and which will help ensure we are treating everyone fairly. You have the option not to disclose this information to us.

About You			
CORDELL			
SIMON		dd 26	mm 01 yy 81
109 BURNCROFT AVENUE, ENFIELD, MIDDLESEX			
re-wired@yahoo.com		EN3 7JQ	
re-wired@yahoo.com			
0208 245 7454			

Your housing and employment status			
In full time employment	<input checked="" type="checkbox"/>	In a permanent home	<input checked="" type="checkbox"/>
In part time employment		In a temporary home	
Unemployed		Of no fixed abode/homeless	
In full time education		Supported housing/ a Residential Care Home	

Please tick the answer which applies or use the free text box.

Male	<input checked="" type="checkbox"/>	Female	<input type="checkbox"/>
Christian (please give denomination)	<input checked="" type="checkbox"/>		
Muslim	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>
Jain	<input type="checkbox"/>	Other, please state	<input type="checkbox"/>
Humanist/Atheist	<input type="checkbox"/>	I do not wish to disclose	

Asian or Asian British	Black or Black British	White	Mixed
Bangladeshi	African	British	White and Asian
Chinese	African-Caribbean	Irish	White and Black African
Indian	Any other Black background	Any other White background	White and Black Caribbean
Pakistani			Any other mixed background
Any other Asian background			
Any other ethnic background			I do not wish to disclose

BRITISH	Interpreting required?	Yes	No	<input checked="" type="checkbox"/>
	If yes, what language			

Yes	No	<input checked="" type="checkbox"/>	I do not wish to disclose
If yes which of the following types			
Physical/mobility	Sensory/ communications	Mental health/ learning disability	

Heterosexual	<input checked="" type="checkbox"/>	Lesbian	<input type="checkbox"/>	Gay	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>	I do not wish to disclose			
Trans	<input type="checkbox"/>	Intersex/neuter-gender	<input type="checkbox"/>	I do not wish to disclose	
	Yes	<input type="checkbox"/>	If 'yes' do you agree to your full medical history being shared with all the staff directly caring for you?		Yes
	No	<input type="checkbox"/>			No
Single	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Divorced	<input type="checkbox"/>
Widowed	<input type="checkbox"/>	Surviving civil partner	<input type="checkbox"/>	Married	<input type="checkbox"/>
Civil partnership	<input checked="" type="checkbox"/>	Co-habiting	<input type="checkbox"/>	Do not wish to disclose	

About your health/lifestyle

Please tick this box if you smoke	<input type="checkbox"/>	Please tick this box if you would like help to quit smoking	<input type="checkbox"/>
Please tick this box if you regularly drink alcohol	<input type="checkbox"/>	Please tick this box if you would like information and support on reducing the amount of alcohol you drink?	<input type="checkbox"/>

About your next of kin (Please tell us about the adult closest to you)

Mother			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lorraine Cordell		dd	mm yy
23 Byron Terrace			
London - Enfield		N9 7JG	

About your GP

Dr Warren	
12 Nightingale Road	
Enfield	
N9	

I agree to my personal information being seen by those staff involved in my care. I agree that if the Trust removes my name and address, they can use this information to monitor how well it is treating people from different backgrounds.

Signed

M. Cordell

Date

17/10/15

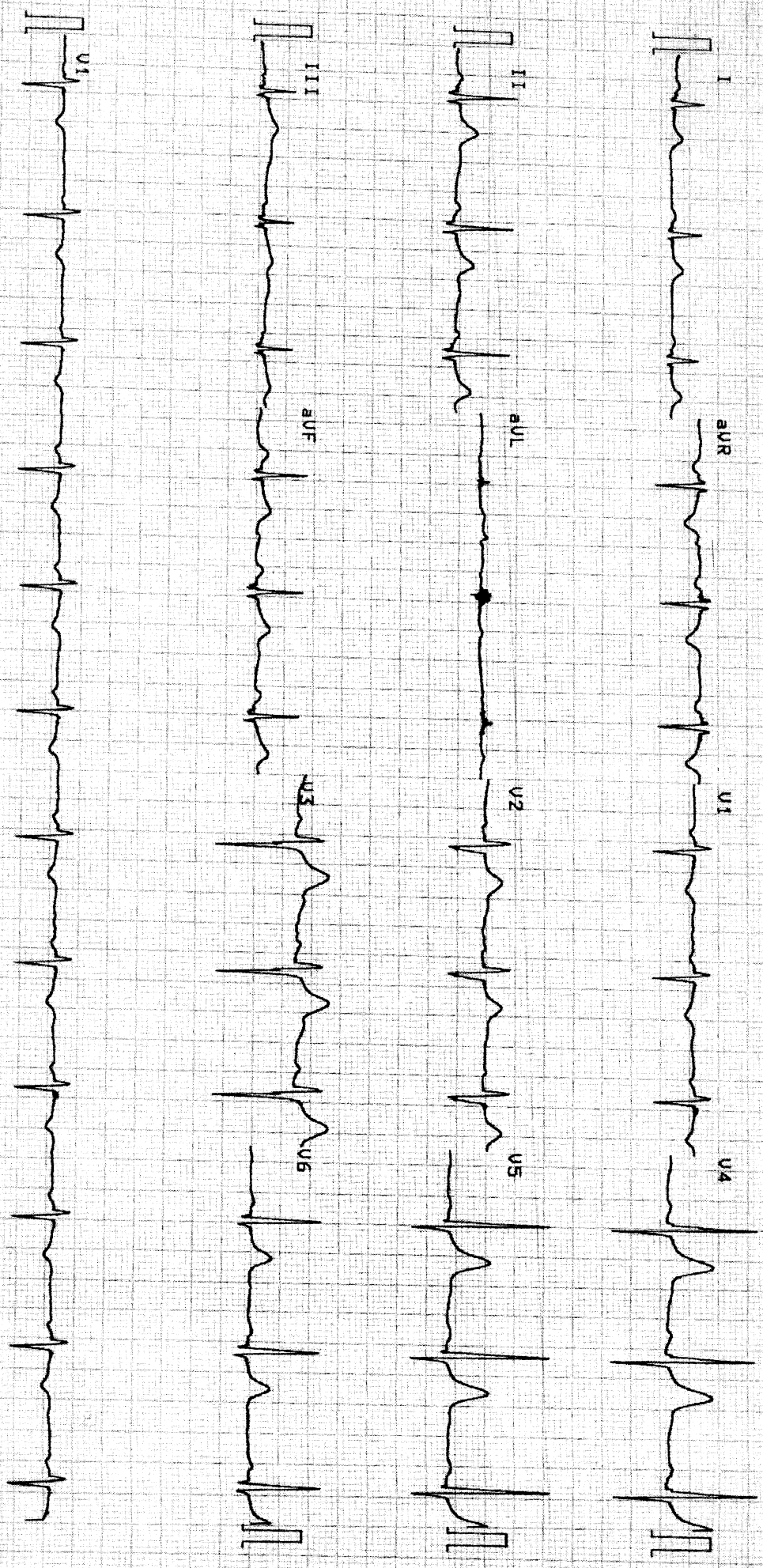
26/11/81 (35 y/o)
 64.6 kg
 16.71

HR	71/min	Axis:	P 61°	SINUS RHYTHM
Intervals:		QRS	54°	NORMAL ECG
RR	847 ms	T	52°	5.79
P	114 ms			
PR	146 ms	P (II)	0.12 mV	
QRS	98 ms	S (V1)	-0.71 mV	
QT	380 ms	R (V5)	1.72 mV	
QTc	413 ms	Sokol.	2.42 mV	

UNCONFIRMED REPORT

10 mm/mV

10 mm/mV



[Signature]
 [Signature]

NSR

10 mm/mV
 25 mm/s

FS0 55F 585 Th 18-RUG-16 11:03:14

Art No. 2.157 025

Printed in UK

01-100

Mr Simon Cordell
109 Burncroft Ave
Enfield
Middlesex
EN3 7JQ
23/08/2016

To whom it may concern:

I am writing this letter after speaking to Dr J Cranitch today 23/08/2016, I Believe that she is still under the impression that I have been charged at the police station on the 15/08/2016 for threats to kill and I have a court date of the 04/10/2016. My mother has contacted my solicitor to ask for them to write a letter to confirm that I have not been charged, which they will do and this will be ready by Friday.

This is not the case as I told Dr Humphries on the 17/08/2016 I have not been interviewed by the police for this as of yet and have not been charged for anything by the police, the police was told when I was being held at the police station that I have CCTV which will prove this, as I did not leave my home on this day.

In fact when the police attended my home before I walked out of my flat the police realised that they were being recorded and ripped the wires out from my CCTV which there was no need to do if they did not have anything to hide. Also when my mother and uncle came they also recorded everything the police were doing.

I did explain to Dr Humphries this and what went on in the police station there after when I was arrested. When at the police station I was not a risk to myself and never said anything that would have made the police think I was a risk to myself. I was left in my cell with all my clothing and shoes which included laces, if the police had any concerns of my welfare these would have been removed.

As anyone would be I was upset at being arrested for something I did not do when the mental health team came to my cell I had been in the police station around 20+ hours. And all I wanted was to have my interview and be released so when I saw the mental health team and they asked me if I would talk to them I did not understand why they were there and said no due to just wanting my interview, my solicitor was there at this time.

When talking to Dr J Cranitch she wanted me to agree to take my tablets which I agreed to do and work with them.

When Dr J Cranitch asked me if I won my court tribunal would I be willing to stay in hospital voluntary. I was happy to say I was willing to work with the doctors.

Since 2014 when I had contact with the mental health team I have never said I would hurt anyone or myself. I was only discharged from the early intervention team 3 months ago and if they had any concerns I would not have been discharged.

Regards

Mr Pickard

Simon Cordell

25/08/2016
Received from Simon Cordell
✓ Goodie
Goodie Adult
Care Co-ordinator

PRIVATE & CONFIDENTIAL

**Dr CHONG
NIGHTINGALE HOUSE SURGERY
1 NIGHTINGALE ROAD
EDMONTON N9 8AJ**

Enfield Directorate
Barnet, Enfield and Haringey Mental Health Trust
Enfield Early Intervention Service
Lucas House
305-309 Fore Street
Edmonton
London
N9 OPD

24th August 2016

Tel: 020 8702 3100
Fax: 020 8345 6950

Dear Dr **CHONG**

Re: Mr Simon CORDELL D.O.B: 26 January 1981 NHS No: 434 096 1671
109 Burncroft Avenue, Enfield, Middlesex, EN3 7JQ

I write to inform you that the above named gentleman has been accepted onto the caseload of the Enfield Early Intervention in Psychosis Service (EIS), and I am his Care Coordinator.

The EIS work with service users and their families for up to three years for those aged between 18-35 years of age, experiencing their first episode of psychosis, or those who are in the first three years of psychotic illness, living in Enfield.

The EIS offers treatment including:

- Administration of anti-psychotic medicines
- Psychological interventions including Cognitive Behaviour Therapy for psychosis and emotional problems, such as depression and anxiety
- Family interventions
- Vocational recovery
- Relapse prevention & management
- A harm minimisation approach to substance misuse
- Care Coordination
- Social recovery activities

New service users are usually seen weekly to assist with engagement with the service and to help formulate care plans. The frequency of contact may extend over time depending on the service user's needs, the nature of their illness and other factors such as work and studies.

We are required by the Care Quality Commission (CQC) to maintain a record of health care checks made by GP's of mentally ill patients on their register.

Mentally ill people have increased morbidity and mortality compared with the general population. Many of them have unhealthy lifestyles resulting in poor physical health and increased mortality due to common life-threatening conditions and physical ill health. Risk factors, particularly Cardiovascular Disease, Chronic Obstructive Pulmonary Disease and diabetes should be identified and managed according to the relevant guidance through primary care settings.

We would be very grateful if you could provide us with details of health checks you have carried out for this patient within the last twelve months with regards to:

- Cardiovascular Disease
- Chronic Obstructive Pulmonary Disease
- Diabetes
- Height & Weight
- Blood test results

It would be very helpful if you could also provide details of any other significant physical health conditions the client has been diagnosed with, or is being investigated.

We will update you routinely and following reviews and I look forward to working with you to support **Mr Simon CORDELL** with his mental health problems.

Please feel welcome to contact me if you wish to discuss anything to do with **Mr Simon CORDELL's** care.

Yours Sincerely

Goodie Adama

**Care Coordinator
Enfield Early Intervention Service**

"If you want help to give up smoking, advice and support is available free on 0800 652 8405"

**SOCIAL CIRCUMSTANCE REPORT FOR MENTAL HEALTH ACT TRIBUNAL
HEARING**

Name of Patient: Mr Simon CORDELL

Date of Birth: 26 January 1981

Hospital Number: 11214451

NHS Number: 434 096 1671

Address: Permanent: 109 Burncroft Avenue, Enfield. EN3 7JQ

Current: Haringey Assessment Ward, St Anns Hospital, Tottenham. N15

Status: Section 2

GP: Dr Y Chong, Nightingale Hse Surgery, 1 Nightingale Road N9 8AJ

Responsible Clinician: Dr Julia Cranitch, Haringey Assessment Ward, St Anns Hospital.

Report Author: Goodie Adama
Locum Community Mental Health Nurse
Early Intervention *for* Psychosis
Lucas House 305-309 Fore Street London. N9

Date of Report: 25 August 2016

I am a Locum Community Mental Health Nurse and allocated care co-ordinator to Mr Simon Cordell. I work for the Enfield Mental Health NHS Trust in partnership with the London Borough of Enfield, the local Social Services Authority that has statutory responsibility for providing after care to Mr Cordell under Section 117 when he leaves hospital.

In preparing this report I had access to previous reports, nursing and medical notes on electronic data base – RiO. I had the opportunity to speak with Mr Cordell as his care co-ordinator. And with his consent, I spoke with his mother Mrs Loraine Cordell by telephone. Mr Simon Cordell prefers to be called by his first name, Simon.

CIRCUMSTANCES LEADING TO ADMISSION

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, then referred for MHA.

CURRENT MEDICATION

Olanzapine 5mg

PERSONAL & FAMILY HISTORY

Mr Cordell was born at North Middlesex University Hospital. He has a younger brother and sister. Mr Cordell says he knows his maternal grandmother attempted suicide on a number of occasions and had had admissions to mental hospital. Mr Cordell's father worked as a union representative and his mother ran her own computer company.

Mr Cordell says he did not get on well with his father who was a violent man. He was violent towards Mr Cordell, Mr Cordell's mother and siblings. Mr Cordell left home at the age of fifteen and was homeless for a while. He was placed in to care after stealing a pint of milk. He was placed in a series of children's care homes around the UK, but says that each time he would steal a car and drive back to London.

Mr Cordell said he was pushed hard to achieve at school by his father and that he was "an A-star student" for most of the time. He says he was intelligent and would do the work at other times and as a result would often just "mess about" in class. He went on to college and studied engine mechanics, completing a city & guilds qualification. After leaving school he went on to get jobs in the construction industry.

Mr Cordell says he has tried to build himself up a business for providing party entertainment. At the moment he says he is not able to earn from this due to the restrictions of his bail.

Mr Cordell has had one long term relationship which he describes as "my first true love". This is with a woman called Diana who is currently studying physiotherapy. They were together thirteen years but he says she has moved back out of his flat in recent months. Mr Cordell thinks this is

secondary to the repeated involvement of the police in their lives and the stress this has caused.

Mr Cordell says he does not smoke tobacco and does not drink alcohol.

Grandmother (? maternal) had BPAD and/or schizophrenia

PSYCHIATRIC HISTORY in brief

-Has previously been open to Enfield EIS, discharged in March 2016 due to non-engagement

-Has been assessed under the MHA in 2014 and early 2016 but was not detained as there was not sufficient evidence of a mental disorder

FORENSIC HISTORY

Mr Cordell was put in a Young Offender's Institution at the age of 16 after repeated driving offences (driving without a license)

Mr Cordell says he has not been in trouble with the police for a number of years. He had stolen some trainers at a festival in 2009 and prior to that had not been in trouble since 2005.

He denied any violent offences.

Mr Cordell currently stands accused of burglary. He has a solicitor and the case will not be heard until July at the earliest.

MEDICAL HISTORY

Simon said he had Crohn's disease as a child. He denied any other physical health problems.

DRUGS AND ALCOHOL

He said he only got drunk once a teenager and has since not taken alcohol or drugs. He denied current use

FINANCE

Simon receives £200 Income Support every fortnight

VIEWS OF THE NEAREST RELATIVE

With Simon's consent I spoke with his mother Mrs Loraine Cordell. Mrs Cordell's views were that "I don't think he [Simon] needs to be on section; he is not a danger to himself or other people" Mrs

Cordell said as far as she knows Simon is willing to work with the doctors and take his medication. Mrs Cordell would not say her views if Simon changes his mind and her response summed up as "we cross the bridge when we get there".

VIEWS OF THE PATIENT

Simon is willing to co-operative with mental health services. He said he is willing to take his medication.

He gave me a letter he wrote to indicate his commitment to treatment and willingness to engage. I attach it for your information.

POSITIVE ASPECTS OF PATIENT

Simon was able to access community resources independently and had the ability and capacity to make some choices. He is competent in his activities of daily living skills.

He plans to register a charity to raise funds to support causes dear to his heart. One of such causes is towards premature babies. He said his sister was born premature. The other is to help homeless people.

AFTERCARE

Simon lives on his own in a one bedroom ground floor flat in Enfield. His mother is supportive and in constant contact with him.

Enfield Council will have section 117 responsibilities and will provide the appropriate housing and care in the community.

Simon will also have the support of an allocated care co-ordinator who will regularly monitor his mental state and concordance with medication. The team will offer Simon psychology assessment and or input; he will be seen and reviewed by psychiatrist regularly i.e. every 2 – 3 months or sooner if required. He will be offered interventions around concordance to medication, identifying triggers and relapse preventions. A referral to dual diagnosis worker will be offered. Simon will have access to groups such as social recovery and mental well-being and specialist services for vocational/occupation recovery.

RECOMMENDATION

I met with Simon today on the ward and assessed him in preparation of the report. Simon recognised me immediately. He was warm, welcoming, polite and co-operative throughout the meeting. He stated about half a dozen times that he is willing to work with the services and also willing to accept medication.

It would be helpful if Simon will agree to stay in hospital to continue treatment as he appeared to have made good progress since admission. As part of the medical and nursing team I believe that Simon will benefit from staying in hospital for further assessment and continue treatment.

Goodie Adama**Locum CMHN****Early Intervention *for* Psychosis**

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109 Burncroft Ave
Enfield
Middlesex
EN3 7JQ
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Simon Cordell

25/08/2016
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✓ Goodie
Goodie Adult
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He denied any violent offences.

In 2013 Mr Cordell stood accused of burglary; after a year the case was dismissed, according to Simon and his mother Loraine.

MEDICAL HISTORY

Simon said he had Crohn's disease as a child. He denied any other physical health problems.

DRUGS AND ALCOHOL

He said he only got drunk once as a teenager and has since not taken alcohol or drugs. He denied current use

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Simon lives on his own in a one bedroom ground floor flat in Enfield. His mother is supportive and in constant contact with him.

Enfield Council will have section 117 responsibilities and will provide the appropriate housing and care in the community.

Simon will also have the support of an allocated care co-ordinator who will regularly monitor his mental state and concordance with medication. The team will offer Simon psychology assessment and or input; he will be seen and reviewed by psychiatrist regularly i.e. every 2 – 3 months or sooner if required. He will be offered interventions around concordance to medication, identifying triggers and relapse preventions. A referral to dual diagnosis worker will be offered. Simon will have access to groups such as social recovery and mental well-being and specialist services for vocational/occupation recovery.

RECOMMENDATION

I met with Simon today on the ward and assessed him in preparation of the report. Simon recognised me immediately. He was warm, welcoming, polite and co-operative throughout the meeting. He stated about half a dozen times that he is willing to work with the services and also willing to accept medication.

It would be helpful if Simon will agree to stay in hospital to continue treatment as he appeared to have made good progress since admission. As part of the medical and nursing team I believe that Simon will benefit from staying in hospital for further assessment and continue treatment.

Goodie Adama**Locum CMHN****Early Intervention *for* Psychosis**



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/2016/21956

Date of Application: 18-8-16

Patient: Mr Simon Cordell (born 26-1-81)

A patient now liable to be detained under Section 2 of the Act

Responsible Authority: Barnet, Enfield & Haringey MH NHS Trust

Hospital: St Ann's Hospital

Before

Susan Rees (Judge)

Dr E Kamel (Medical Member)

Mr C Lee (Specialist Lay Member)

Sitting at St Ann's Hospital on 26-8-16

Decision

The patient shall be discharged immediately from liability to be detained.

Recommendation pursuant to section 72(3)(a)

The tribunal does not make a recommendation.

Representation

Patient: Ms Parmar of Duncan Lewis & Co Sols

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 the day

The Tribunal considered:

Oral evidence from Dr Mills, ST4, Mr Ahmed, SN, Mr Adama, C-C, Mr Cordell, Mrs Cordell, mother
Written evidence from Dr Mills, ST4, 24-8-16, A Burahee, SN, 24-8-16, Goodie Adama, Locum CMHN, 25-8-16 which included a letter from Mr Cordell.
Other material, namely Responsible Authority Statement of Information,

Jurisdiction, Preliminary and Procedural Matters

- | |
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| 1. The tribunal is satisfied that it has jurisdiction to consider this application. |
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Grounds for the Decision

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| <ol style="list-style-type: none">1. The tribunal is not 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 not 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. |
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Reasons

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| <ol style="list-style-type: none">1. Mr Cordell is 35 years old. He lives alone in a one bedroom flat. His mother is supportive and attended the hearing. Mr Cordell had a troubled adolescence with periods spent in care and was homeless for a while. Mr Cordell is not currently in paid employment but he has ambitious plans to set up a company and a charitable organisation. He has a conviction for setting up illegal raves and is currently subject to an ASBO.2. He has been known to psychiatric services since 2014 and has undergone a number of assessments of his mental health but these have found that he was not detainable. He was discharged by services after non engagement in February 2016. He has expressed persecutory beliefs about a neighbour, the police and, at times, his mother. In the context of these beliefs he has put CCTV cameras outside his flat and it appears that a neighbour was rehoused after a disagreement with him but the exact circumstances were not clear. He has misused substances in the past.3. The factual details of the circumstances of the admission were not clear from the reports and the clinical team were not able to tell us whether or not he is on bail. It was Mr Cordell who furnished us with a notice from the police that he is on bail for an offence of threats to kill. He is not due to be interviewed until October. It is unclear who the alleged victim of the complaint is. He is adamant that he is not guilty of this charge. Further, the report from the care co-ordinator stated it was his mother who called the police but this was adamantly denied by Mrs Cordell. The care co-ordinator corrected his report to clarify that Mr Cordell is not awaiting trial for burglary.4. Mr Cordell thinks he was arrested and taken to the police station because of concerns expressed about the loud music he was playing. He was seen in custody and admitted to hospital. |
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5. He has been in hospital since 16-8-16.
6. He was assessed in the absence of medication and was prescribed medication on 19-8-16 but refused it until 23-8-16. He has been compliant since that time. He wanted to research the side effects of the medication. Mr Cordell is concerned that procedures are followed correctly.

Issues and submissions

7. He requested immediate discharge from section. He would stay voluntarily and he is happy to continue with treatment and to see the team in the community. He does not accept a diagnosis of mental disorder but has stated that he will take treatment on the advice of the team. His mother thought that he has reacted to stress in the past and that he has been working very hard on his project.
8. The clinical team were not unanimous in their view. Dr Mills suggested that there had been a possibility that Dr Cranitch, RC, had considered discharging him prior to the tribunal but on balance had decided not to. Dr Mills, having spoken to the RC, was of the view that detention was warranted given the degree of the disorder which is in their view a first episode psychosis. Mr Ahmed, a staff nurse on the ward, was of the view that it was the nature of the disorder that warranted detention. The care co-ordinator, Mr Adama, was of the view that the section should be discharged as Mr Cordell had been adamant that he would engage with services. Dr Mills and Mr Ahmed were concerned about his insight and the risk of non-compliance and deterioration.

Tribunal's conclusions with reasons

9. The tribunal is satisfied that Mr Cordell is suffering from a mental disorder. This is consistent with the signs and symptoms he has displayed which include a preoccupation with a business plan which is so ambitious and far reaching that it can be described as grandiose thinking. He has been working unceasingly on these plans and is in all likelihood suffering from a stress reaction. He has very limited insight. Over a period of two years Mr Cordell has expressed beliefs about police and neighbours which may have some factual basis but in all likelihood are overvalued.
10. The tribunal is not satisfied that the nature of the disorder warrants detention. Mr Cordell has never accepted treatment. We were unable to find that the signs or symptoms have responded to treatment or that they had deteriorated in the absence of treatment. Any problems that he has had with neighbours and his beliefs about persecution at the hands of the police appear to be longstanding. Despite these beliefs he has lived in the same place for 11 years. He has convictions but these do not relate to violence and are in connection with driving offences as a youth and with organising an illegal rave. He has been assessed before and not been found to be detainable.
11. The tribunal is not satisfied that the degree of the disorder warrants detention. He was thought disordered on admission but these symptoms have settled. He poses no management problems. He is compliant with treatment and he gets on well with staff and patients. He was angry with his mother but she is visiting and supports his discharge. He may not accept that he has a mental disorder but states that he is willing to engage with the assessment. He has stated that if the procedures are carried out properly he will abide by them. We accepted his evidence.
12. The tribunal's decision on the first limb of the act meant that we were not bound to consider the risks other than as to how they related to the current degree of the disorder. We are satisfied that it is at least likely that he will continue to comply with treatment either as a voluntary patient or in the community. In any event he has never accepted treatment in the past and until recently has found not to be detainable. It was not clear that there had been a deterioration. He is on bail but the police are not due to interview him until October 2016. We had his forensic history. We were not informed that he has any history of physical violence.

Judge Susan Rees

Date 26-8-16

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.