

**Appearance and Behaviour** – Well kempt and casually dressed slim gentleman in his early thirties. Staring eye contact, remained seated throughout the interview.

**Speech** – Fast pace and very difficult to interrupt, normal volume and tone.

**Mood** – Subjectively 'happy', objectively appears quite irritable, reports sleeping well, good appetite, positive plans for the future, no plans or thoughts to harm self or others.

**Thought** – Evidence of tangentiality, struggled to stay on topic without repeated prompting. Overinclusive, spoke at length about minutiae of legal aspects of organising a festival, grandiose plans to help others across the country which were difficult to follow. Denied worries about the police, more focussed on health professionals and legal aspects of his admission to hospital and alleged wrongdoings.

**Perception** – No evidence of responding to abnormal perceptions, denied same.

**Cognition** – Alert and orientated to time place and person.

**Insight** – Mr Cordell feels he does not have a mental disorder.

## **16. Factors affecting this hearing**

- 16.1. Mr Cordell has made recordings of assessments and other interactions with health professionals and police in the past and refers to this frequently. Mr Cordell has attempted to make recordings of encounters with staff during his admission, there is a chance he may attempt to make recordings of tribunal proceedings.

## **17. Opinion and Recommendations**

### **17.1. Mr Cordell is currently suffering from a mental disorder:**

- 17.1.1. He presents with persisting psychotic symptoms of paranoid persecutory delusions involving police and mental health services, he also presents with pressured speech, and has presented as elated and irritable, which may represent a mood disturbance. Whilst Mr Cordell has indeed had several encounters with the police and has a forensic history, it is my opinion that his interpretation and experience of these encounters goes beyond reality into beliefs of a delusional nature. These beliefs have dominated Mr Cordell's life and his behaviour at the expense of his wellbeing and ability to function safely in the community.
- 17.1.2. In the past these persecutory ideas have also focused on family members and neighbours, one of his neighbours was also a service user and needed to be rehoused as a result of encounters with Mr Cordell. Mr Cordell presents with evidence of thought disorder, his speech is pressured and tangential upon interview.
- 17.2. **His mental disorder is currently of a nature or degree to justify on-going detention in hospital.**