

them before, but could inform them after. We have explained that if he repeatedly refuses tablet medications we may need to consider long term injections as treatment, however we would discuss this with them first if possible, and this would depend on his mental state. Also explained that if lorazepam is not sufficient by itself we may need to consider further treatments i.e antipsychotics.

Mother reports Simon often thinks things said on the TV are about him, and if you tell him otherwise he gets very angry.

When discussed with family on their own, mother and uncle did express the view that Simon is unwell. Saying he seems 'manic'.

**Brief mental state examination:**

A - Appearance, slightly unkempt. Erratic behaviour

S - Pressured speech, rapid rate, loud volume. De-railing and tangentiality.

M - Simon is angry and frustrated at being detained. Seems hyper-aroused, shouting .

T - Thought disorder present. Paranoid delusions. Grandiose delusions.

P - No obvious abnormal perception although cannot be sure.

C - Cognition not formally assessed. Orientated to time place and person.

I - No insight into mental health

**Brief risk assessment:**

To self - Moderate (With his behaviour towards others)

To others - Moderate

Other - n/a

**Capacity to decide about suggested treatment plan:** No

**Consent to admission:** No

**Consent to treatment/medication:** No

**Current regular medication:**

None

**Physical Examination:** no

**Blood tests:** no

**ECG:** no

**UDS:** no

Crohns - Possibly last admitted due to flare Nov 2014. Do NOT give steroids due to worsening of mania.

**Plan:**

- 1) Physical, bloods and ECG
- 2) Start Lorazepam 1mg BD and PRN
- 3) Continue to monitor mental state