

Phone conversation with Simon. I explained I had been asked to call him. Simon expressed unhappiness about the MHA last week and said talked about the s135 warrant being obtained under false pretences and that mental health staff had 'confessed' that he had agreed to allow access to his property, therefore a warrant was not required. I asked Simon about the word confess, as this suggested to me a response to a criminal charge or accusation. Simon gave examples of confessions but it was not possible to explore this further as I could not re-engage Simon on this subject. Simon spoke at length about plans for the future, that he is working hard to help other people. I talked about sometimes we all need help, but Simon said he has a hundred thousand friends and hundreds of family members. I said these sounded like very large numbers and asked how he made so many friends, Simon said through being nice and helpful.

I asked Simon about the records he keeps including recordings of conversations, he said it is like keeping minutes for a meeting. I asked several times if he understood how this could seem to others like the behaviours of someone with paranoid beliefs to but he did not address this.

Simon said that he had been told he is not mentally ill and that staff had cheered this at the MHA review. I tried to explain that mental ill health and health are a continuum and there is not a binary system of sickness vs. health. I tried to explain what I have been told and read that Simon did not meet thresholds for detention un MHA in terms of severity of mental illness or risk of harm to others or himself, but he did not acknowledge this. I told Simon that I thought he hadn't grasped what I was saying but regarding the MHA but he did not continue the conversation with this topic. I also said that our conversation has seemed tangential at times, Simon changing from one subject to another. He said that was to make the conversation varied.

I asked if he needed any help, he said he needed space to work, but did not want weekly assessments from mental health services, and that he'd previously agreed to the appointment today but after thinking about it, decided he didn't want to attend. Simon agreed that I can call him from time to time, but did not want to meet with me when I offered. He said he would call me if he feels he needs help in future. I asked Simon to consider having a low threshold for asking for help and not to let things get very bad if he feels he would like to contact me.

Although the content of Simon's speech was not bizarre, it did appear that he expressed paranoid thoughts at times, in addition to his behaviour of recording and monitoring of others. Simon made a clear view that he did not wish to have continued engagement with mental health services and it is my view that he has the capacity to make this decision. I will discuss the case with the clinical team and other staff/managers as appropriate regarding future action from mental health services and the EIP team in particular

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Originator Details: 10 Feb 2016 14:31 Mukesh Kripalani Medical  
Originally Entered By Details: 10 Feb 2016 14:35 Mukesh Kripalani  
Last Amended By Details: 11 Feb 2016 16:07 Mukesh Kripalani  
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Significant: Yes Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Yes  
Patient cancelled the appointment today.

The latest AMHP report states in point 4 that there was no evidence of mental disorder during the assessment.

Simon Clark (team manager) will make contact and if the client is unwilling to see services and given the AMHP report and his mother able to request support for the client when needed, a decision for discharge could be considered following the phone call, if client has capacity to refuse intervention from services.

Client seems unlikely to engage unless under the auspices of the Mental Health act or under the criminal justice route.

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Originator Details: 08 Feb 2016 12:49 Amal Pomphrey Nursing  
Originally Entered By Details: 08 Feb 2016 12:49 Amal Pomphrey  
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