From previous notes

-Tried to hang himself at the age of 16 when in a young offenders institution and needed to be resuscitated. He was moved to a high security hospital and kept in seclusion on a number of occasions. He says he was seen regularly by a psychiatrist called Dr Caplin from "the safe project" (, proibably CAMHS.
-He says there was a second occasion where he tried to hang himself when in a cell after he was sentenced

Said attended NMUH A and E 2014 after drinking liquid nitrous oxide with intent to die

Forensic history

Long history police contact from juvenile, mostly connected with driving, theft- ? in prison on remand in past

Smokes 1-2 spliffs most days, no other drugs, alcohol or tobacco

SH

1 bed council flat, no debts, ESA, food in fridge, flat cluttered but clean

MSE

Clean, open manner, engaged well, incongruently cheerful, very polite

Appeared euthymic- did not appear particularly elated: idea of harming self "when name is eventually cleared" but currently has no thoughts of self harm or harming anyone else

Pressure of speech but able to repeatedly interrupt without irritability

Thought disordered: Tangential , circumstantial, preoccupied

Paranoid delusions relating mainly to police and woman upstairs: delusions of reference

His comments about hearing having police talking about him on tapes may be elaboration of auditory hallucinations

No evidence commands or passivity

Insight: articulate : does not think he has a mental health problem: Said he'd had all these problems for the last year, especially in the last few months but felt they were getting worse. He has withdrawn from all social contact except with his mother.

Impression

FEP, possibly with mood element history at least several months

Strengths: Significant part of personality intact at present, was willing to engage with us today

Maternal support

Risks: isolation, self neglectif mother withdraws support, potential risk harm to self but trigger factors not clear (past self harm attempts as teenager appear to have related to court appearances)

Plan

Declined medication and engagement with CRHTT (as he didnt'want to given his story again)

We talked about referral to EIS and my view that he would find seeing someone reguarly helpful: he said if I made the referral he would engage- saying he would be too polite to refuse.

He seemed to find our conversation today a relief and thanked us for coming.

I did not feel he would meet criteria for detention today under the MHA and that I would refer for assertive approach from EIS as a more proportionate response.

Referral via email to Simon Clark