

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

I understood Simon to be basically estranged from both of his father & 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 & spoke with Lorraine Corlett and consulted with her. I advised her in phase 1 outcome A - assess & review contact & consent & outcome.

## 6. Consultation with Assessing Doctors

Assessing doctors i agree: client presents with features suggestive of mental illness. Paranoid idea about the police eg that police officers delayed his CCTV cameras at his home. withdraw a belief TV talking to him.

Pressured speech. Neighbors report escalation in his anti-social behaviour, had noise & verbal aggression.

Refused others' advice. Reluctant to meet with the hospital. Views of others consulted Requires little assessment - hospital.

I spoke with Major Corlett - AMHP in charge MHA not s15/8. She said he had been aggressive & domineering in cell & verbally refused to engage with staff. She said she believes he would benefit from acute hospital care. Escalation in his negative behaviour ending up M 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 medical recommendations for s2.
- Arrested for allegedly making threat to tell neighbours on 15/8
- H/T or D/H committee approach not viable given client's total rejection of any action that he might require MHA section 2 part.
- Client refuses to entertain idea of hospital admission.