

weight, LFTs, prolactin etc.

17 Oct - referred for MHA due to history of physical and verbal aggression towards his neighbours. EANLT MDT agreed that he is a risk to others and his behaviour could also put him at risk from others. Simon refused to engage with MHA. Application for 135(1) was made - Judge found insufficient evidence for 136. Forensic referral sent on 17/10

25 Oct - Simon was arrested as the police called to his flat re him breaking a harassment order and he assaulted the police who attended. He was taken to Wood Green police station. Found to be him thought disordered, hypomanic with flight of speech and grandiose delusions. Detained under MHA.

On initial review he had pressured speech, difficulty interrupting, appeared elated in mood, and had grandiose beliefs e.g. started talking about owning a couple of local festivals and engaging in multiple charities involving children. At the time he has limited insight; he does not want any medication, and has never believed he has a mental health disorder.

His UDS was positive to THC.

He immediately appealed his section. The tribunal was done on 8/11/18 which he lost.

On 5/11/18, Dr Greensides reviewed the patient and made an application for Section 3 as there are risks to his health and to others. It was felt that it would not be beneficial to take against his will unless he is subsequently detained on a section 3. However, there was a delay in the assessment so he was started on Risperidone 2mg ON which he refused to take.

He had a MHAA for a Section 3 on 14/11/18; it was felt that there was no evidence of Simon posing a risk of harm/safety to himself or others and there was no obvious risk of neglect. As a result he was not sectioned.

It was decided that as a result of this, there was no reason for Simon to remain on an acute psychiatric ward as we are unable to treat him. He was discharged as a result, with Dr Greensides emailing his CC about arranging an O/P consultant review and emailed the forensic consultant regarding an O/P forensic opinion.

Thank you for your continued care.

Here is his MSE on admission:

Simon is a 37 year old male, who was appropriately dressed. He engaged in conversation and made eye contact throughout. Calm and polite, no aggression but did become mildly restless at points.

Pressurised speech, difficult to interrupt. Flight of ideas noted.

Described mood as good. High levels of energy and labile mood.

Paranoid delusions about the police and MH services and some grandiose delusions noted.

Admission Summary