

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

I understood Simon to be basically estranged from most of his family & 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. I spoke with Lorraine Cordell and consulted with her. I informed her on phone of nature of assessment & reasoning behind context of assessment & outcome.

6. Consultation with Assessing Doctors

Assessing doctors in agreement: client presents with features suggestive of mental illness. Paranoid ideas about the police eg that police officers damaged his CCTV cameras at his home. withdrawn & believes TV talking to him. Pressured speech. Neighbors report escalation in his antisocial behaviour, loud music & verbal aggression.

Denies mental illness & refuses informal admission to hospital.

7. Views of others consulted

Requires formal assessment - hospital.

I spoke with Maggie Corrod - AMHP involved in earlier MHA not successful. She said he had been aggressive & disruptive in cell & ultimately refused to engage with staff. She said she believed he would benefit from mental health services. Escalation in his negative behaviour ending up with 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 med recommendations for s.2.
- Arrested for allegedly making threat to kill neighbours on 15
- HTT or other committee approach not viable given doctors' total rejection of any notion that he might require MHA services' input.
- Client refuses to entertain idea of hospital admission.