

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

Mr Cordell is not married and living on his own. He has no children aged over 18 years of age. His parents are ordinarily residents in the UK. His father is the eldest of the two. However, his mother is providing significant and substantial care for him on daily basis. His father does not see him regularly and or provide any substantial care for him as his mother. Therefore, his mother is the Nearest Relative according to S26 (4) of the MHA. She described a complicated relationship with the police since he was 14 and guilty of driving stolen and other cars without a licence. More recently he has grown up and she still feels he is repeatedly targeted by the police. They often stop him to ask about his welfare and then use this to search him. She denies that he used any street drugs but then admitted he used to do this and his last assessment had been after he had attended a festival and gave in to peer pressure taking lots of drugs. She claimed he is not using drugs now but then admitted he does use (laughing gas) from time to time

6. Consultation with Assessing Doctors

Both the assessing doctors had agreed that his problems are mostly related to his early history and losses of significant others over the past 2 years. Dr Moorey was of the opinion that counselling could make matters worse and that he should be encouraged to continue to work towards his long-term goals. The doctors felt that Mr Cordell is managing his difficult situation well and said that he can call crisis service if he requires support in the future.

7. Views of others consulted

Mr Cordell is reported to saying that he did his best to help but, on the whole, left the caring to Simon's mother his ex-partner who is heavily involved.

8. Mental Capacity Act 2005

Mr Cordell has capacity to decide on his present crisis situation. He has agreed to call the mental health service if he requires support in the future.

9. Reason for decision to make the application (including choice of Section)

It was decided there were no grounds to admit him to hospital as the doctors who attended the Mental Health Act assessment agreed that Mr Cordell is not suffering from a mental disorder that would require a hospital admission either voluntary or compulsory.

10. If not admitted to hospital, outline immediate plans for alternative to admission and how those plans will be co-ordinated \_\_\_\_\_  
 He has agreed that he would write to his insurance company to correct the wrong information they have on him. He has also agreed to deal with his parking penalties. He is also trying to fix his website. Today he was very calm and appropriate in his manner allowing the assessing team to descend on him without warning and ask him a lot of personal questions.

Mr Cordell seemed to have a better understanding of his current situation and attributed it to his involvement with the police and grandmother's loss. He may not benefit from a hospital admission or input from the ECRHT at this stage, his mother had spent most of Sunday with him and he had seemed much calmer now.

11. If admitted arrangements for:

a) Dependants (including children) **Not applicable**

b) Securing property **Not**

c) Pets \_\_\_\_\_  
 He does have beautiful black and tan English Bull Terrier bitch.

12. Any other practical matter (including information/advice about children visiting the ward)  
**Mrs Cordell was sent information about support for carers**

13. Comment on any avoidable delays in the assessment and admission process  
**None**

AMHP Signature

Margaret Garrord

Date

25/11/2014

Print details

Contact details

Enfield AMHP Service

1<sup>st</sup> Floor, 65 C Park Avenue

Bush Hill Park

EN12HL (02083793977 / 07903 970401)

### **Forensic History**

Mr Cordell was put in a Young Offender's Institution at the age of 16 after repeated driving offences (driving without a license)

Mr Cordell says he has not been in trouble with the police for a number of years. He had stolen some trainers at a festival in 2009 and prior to that had not been in trouble since 2005. He denied any violent offences. Mr Cordell currently stands accused of burglary. He has a solicitor and the case will not be heard until July at the earliest.

### **Mental State Examination**

Mr Cordell presented as a tall mixed-race man with short dark hair and beard, dressed appropriately in trousers and coat. He sat in a relaxed manner throughout our interview making good eye contact. His speech was a little rapid, but normal in rhythm and tone. His mood was described as "anxious", objectively it was a little low with a reactive affect. There was no evidence of formal thought disorder; content focused around the problems caused by his bail conditions.

He described suicidal thoughts but said he had no plan to act on the thoughts due to wanting justice first. Mr Cordell denied abnormal perceptions and was not obviously responding to any. Cognition was not formally assessed but appeared grossly intact. Mr Cordell could see that most of his problems flowed from the very difficult set of circumstances he finds himself in and that he did not think he is "crazy".

### **Opinion**

Mr Cordell is a 33-year-old man presenting with anxiety and suicidal thoughts over the last nine months in the context of having a pending court case with no clear date or outcome yet. I would agree with Mr Cordell's own assessment that he does not have a major mental disorder. He has symptoms of anxiety in keeping with the stressful circumstances he finds himself in. He also displays a number of maladaptive psychological coping mechanisms, which likely flow from his difficult childhood with a violent father. His suicidal thoughts and acts have been a long running feature, becoming particularly acute at times of involvement with the criminal justice system.

### **Management**

We agreed a crisis plan today should Mr Cordell feel inclined to act on his suicidal thoughts. We agreed he would either call the Crisis Team (0208 702 5060) or the Samaritans (08457 90 90 90). If these sources of support did not work out I said he could always call an ambulance in an emergency.

We agreed that he could try an antidepressant medication if he chose to, although he remained ambivalent about this at consultation. Sertraline 50mg OD increasing to 100mg OD after one week, continuing as long as necessary would be appropriate.

I also discussed psychotherapy with Mr Cordell today. He was not sure about this at present. If Mr Cordell would like psychotherapy the IAPT (Improving Access to Psychological Therapies) service would seem like an appropriate place to get this.

We have not made plans to follow Mr Cordell up. If you have any questions or concerns, please do not hesitate to contact us.

Yours sincerely

**Dr. Gareth Jarvis MBChB MRC Psych ST5 General Adult Psychiatry to Dr. Andrews,  
Consultant Psychiatrist**

cc: Mr Simon Cordell  
Encl: Enfield IAPT Referral Form

## Barnet, Enfield and Haringey



Mental Health NHS Trust

RIO NO: 1058177 NHS

NO: 4340961671

6<sup>th</sup> March 2014

Enfield Triage Team  
25 Crown Lane  
Southgate London  
N14 5SH

### PRIVATE & CONFIDENTIAL

Mr Simon Cordell  
109 Burncroft Avenue  
Enfield EN3 7JQ

TEAM NO: 0208 702 5000 Option 2

Tel: 0208 361 1770

Fax: 0208 362 0489

Dear Mr Cordell

You have been referred to our Triage Service for a **New Patient Assessment** subsequent to a recent telephone conversation, whereby a choice of appointment dates and times were discussed.

I am writing to confirm your chosen appointment, which is detailed as follows:

**Date of Appointment:** Monday 17<sup>th</sup> March 2014

**Appointment Time:** 09.30am

**Doctor:** Dr G Jarvis

**Location:** Enfield Triage, 58-60 Silver Street, Enfield EN1 3EP

You may want a member of your family or a close friend to accompany you when you attend for Assessment. The appointment will last approximately up to 1 hours.

As we are trying to provide a service to a large number of service users, it would be helpful if you could let us know if you are **NOT** able to attend your appointment.

**Failure to advise us of your non-attendance may result in you being discharged back to your referrer.**

Yours sincerely Carol Campbell

CC: Dr Abidoye, Nightingale House Surgery, 1-3 Nightingale Road, London N9 8AJ



**Private & Confidential**

***To be opened by addressee only***

Dr Abidoye  
Nightingale House Surgery 1-3  
Nightingale Road London N9 8AJ

**Enfield Triage Service**

25 Crown Lane  
Southgate  
London  
N14 5SH

Tel: 0208 702 5000

Fax: 0208 362 0489

GJ/r1058177

NHS No. 434 096 1671

18<sup>th</sup> March 2014

Dear Dr. Abidoye

Re: **Mr Simon CORDELL-DOB: 26 Jan 1981**  
109 Burncroft Avenue, Enfield, Middlesex, EN3 7JQ

**New Assessment**

Dr Jarvis (ST5), Mr Cordell, Mr Cordell's mother.

**Diagnosis**

Adjustment reaction - predominantly anxiety

**Medication**

Nil

**Plan**

1. If Mr Cordell would like to try medication Sertraline starting at 50mg for one week then increasing up to 100mg would be a good choice.
2. Crisis plan agreed with Mr Cordell if he feels like acting on his suicidal thoughts (call Crisis Team, or Samaritans or an ambulance).
3. Discuss with team at MDT for advice around sources of support.
4. Mr Cordell to consider psychotherapy to address problems from the past.

Thank you for referring this 33-year-old man with low mood, suicidal thoughts and anxiety. He attended an appointment at the Silver Street Clinic 11.03.14 with his mother Lorraine.

Mr Cordell explained to me that he is under a lot of stress at the moment due to a pending court case. He told me he is accused of burglary, but that he had been wrongly accused and the police had falsified items on his criminal record. He said that the record had led to the judge placing restrictive bail conditions including being at home in his flat after 8 pm. This has meant Mr Cordell has not been able to work for the last nine months (as he normally works as a DJ and party host with most work going on beyond that time). The bail conditions have just been extended for a further six months. Mr Cordell feels that these restrictive conditions have made him feel "a prisoner" in his own home.

Mr Cordell describes feeling anxious most days. He says he has a poor appetite and has lost "3 stone" in weight over the last 9 months. He says he often finds his thoughts are over active and will not give him any rest. Mr Cordell says he finds it difficult to get off to sleep, sometimes not until 5am, but then will stay in bed until midday. His mother says she has noticed him become "more aggressive" and trying to isolate himself from others.

Mr Cordell says he frequently has suicidal thoughts and that he has been researching ways to kill himself "on YouTube". These have included "poisoning, over-dose, hanging". He said that he has tried to kill himself by hanging in the past. He says he has all the materials at home ready to act on his thoughts and has done so for the last nine months. He says what stops him from acting on these thoughts is a desire for justice, wanting to be proved innocent at trial. He says the police are very worried about him, saying "they know they have messed up and now I am on their most vulnerable list, I call 101 regularly, I had police officers out to my flat twice last week to check on my safety".

Mr Cordell says he feels angry with the police, that he has been victimised by them because of the colour of his skin and that he will continue to be victimised by them.

### **Past Psychiatric History**

Mr Cordell tried to hang himself at the age of 16 when in a young offender's institution; he says he lost consciousness and needed to be resuscitated. He was moved to a high security hospital and kept in seclusion on a number of occasions, but he says he would destroy the padded cell with his teeth. He says he was seen regularly by a psychiatrist called Dr Caplin from "the safe project". He says there was a second occasion where he tried to hang himself when in a cell after he was sentenced.

He has not had contact with mental health services for the last 15 years.

### **Past Medical History**

Nil.

### **Personal History**

Mr Cordell was born at North Middlesex University Hospital. He has a younger brother and sister. Mr Cordell says he knows his maternal grandmother attempted suicide on a number of occasions and had had psychiatric hospital admissions. Mr Cordell's father worked as a union representative and his mother ran her own computer company.

Mr Cordell says he did not get on well with his father who was a violent man. He was violent towards Mr Cordell, Mr Cordell's mother and siblings. Mr Cordell left home at the age of fifteen and was homeless for a while. He was placed in to care after stealing a pint of milk. He was placed in a series of children's care homes around the UK, but says that each time he would steal a car and drive back to London.

Mr Cordell said he was pushed hard to achieve at school by his father and that he was "an A-star student" for most of the time. He says he was intelligent and would do the work at other times and as a result would often just "mess about" in class. He went on to college and studied engine mechanics, completing a city & guilds qualification. After leaving school he went on to get jobs in the construction industry.

Mr Cordell says he has tried to build himself up a business for providing party entertainment. At the moment he says he is not able to earn from this due to the restrictions of his bail.

Mr Cordell has had one long term relationship which he describes as "my first true love". This is with a woman called Diana who is currently studying physiotherapy. They were together thirteen years but he says she has moved back out of his flat in recent months. Mr Cordell thinks this is secondary to the repeated involvement of the police in their lives and the stress this has caused.

Mr Cordell lives in a one-bedroom council flat. He says things have been financially difficult in recent months as his benefits were stopped and he has had to borrow from friends and relatives. His benefits have been restarted now.

Mr Cordell says he does not smoke tobacco and does not drink alcohol. He says he does occasionally smoke "skunk".

JJR JS WARREN  
DRJTHOMAS  
DRDABIDOYE

NIGHTINGALE HOUSE SURGERY  
1-3 NIGHTINGALE ROAD  
EDMONTON  
LONDON N9 6AI  
Tel: 0208 805 9997  
Fax: 0208805 9994  
[www.nightingalehousesurgery.nhs.uk](http://www.nightingalehousesurgery.nhs.uk)

26 February 2014

DA/KM/12444

PRIVATE & CONFIDENTIAL

Consultant Psychiatrist  
Enfield Mental Health  
Triage Team

Chase Farm Hospital

URGENT

Dear Doctor

Re: Mr. Simon Cordell DOB: 26-Jan.,1981 NHS No: 434 0961671  
109 Burncroft Avenue, Enfield. Middlesex. EN3 7JQ Tel No: 07961833021

Thank you for seeing this 33-year-old Afro-Caribbean man. He gives a history of symptoms of anxiety and depression, which have been on-going for a few months. His symptoms have progressively got worse and he has been having some suicidal thoughts, although he has not made any concrete plans to do anything. He says that the only reason he has not acted on these suicidal thoughts is because of his ex- patient and family.

He is currently involved with the criminal justice system and is -currently - on probation. He is under curfew and there have been imposed- restrictions on his movements. He says he is finding it very difficult to cope with the conditions of his - sentence, mainly the confinement t, his home. He says that his relationship with is partner appears to have broken down because of what he describes as the tough - conditions of his probation. He continues to feel very low and anxious when he is confined- to his home. - He is having difficulty sleeping.

He has had problems with depression in the past and was referred to the psychiatric services in 2011s. He has agreed to commence anti-depressant medication today in the form of Sertraline 50mg once daily. He requested some sleeping tablets and I have given him 10 tablets! of Zopiclone 3.75mg 1-2 tabs nocte to be used Infrequently.

NIGHTINGALE HOUSE SURGERY 1-3  
NIGHTINGALE ROAD EDMONTON N9 8AJ

TEL NO: 0208 805 9997

FAX NO 0208 805 9994

WWW.nightingalehousesurgery.nhs.uk

FACSIMILE TRANSMISSION HEADER SHEET

TO..... MENTAL HEALTH.....

FOR ATTENTION OF.....

FROM (name of sender)..... DR. ABIDDOYE.....

PAGE No..... 1..... OF..... 3.....

DATE..... 28.2.14.....

TIME :..... 10AM.....

~~Note: This facsimile transmission is strictly confidential and intended only for the use of the addressee. It may contain privileged and confidential information. If you are not the person for whom it is intended you must not copy, distribute or take any action in reliance on it. If you have received this fax in error, please notify us immediately by telephone.~~

MESSAGE/ADDITIONAL COMMENTS

Dr. Jonathan S. Warren    Dr. Jazel Thomas    Dr. Dapo Abidoye

13.AUG.2012 16:00 02083752036

ACCIDENT EMERGENCY

#2664 P.003 /006

*Upload on Rio*

LEVELS! 1300H ☒



CHASE FARM, Chase Farm Hospital, EN2 8JL, Tel:

**PATIENT INFORMATION**

**A+E Arrival: 13-AUG -2012 12:51**

**HOSPITAL NUMBER: 26181654**

**NHS NUMBER: 434-096-1671**

**Name: CORDELL, SIMON PAUL**

**Title: MR**

**Date of Birth: 26-JAN-1981( 31 Years )Gender: Male**

**Ethnic Group: Mixed - Any Other Mixed**  
**Language:**  
**Regular Visitor (Y/N): N**

**Marital Status: Single**  
**Religion: Church of England**  
**Interpreter Required (Y/N):**  
**A&E Attendance No. (24 Months): 1**

**PATIENT ADDRESS**

**BYRON TERRACE**  
**HERTFORD ROAD**  
**WIMBORNE**  
**DORSET,**  
**DT9 7DG**

**NEXT OF KIN**

**N.O.K.: CORDELL, LORRAINE**  
**23 BYRON TERRACE**  
**HERTFORD ROAD**  
**WIMBORNE DT9 7DG**

**HOME PHONE: 82457454**

**N.O.K Home Phone: 0208245 7454**

**MOBILE PHONE:**

**N.O.K. Mobile Phone:**

**GENERAL PRACTITIONER**

**WARREN, JS**  
**WIMBORNE HOUSE SURGERY**  
**WIMBORNE ROAD**  
**WIMBORNE**  
**DORSET**

**GP Tel: 0844 4778933**

**PRESENT VISIT: New Problem/First Attendance**

**Referral Source: Other**

**Diagnosis:**

**Referral Method: Ambulance**

**Treatment:**

Unconfirmed  
4x2.5x3\_25\_R1  
1/1

0.16-150 Hz 50 Hz

Barnet and Chase Farm Hospitals NHS Trust

SEEN BY	TIME
M. SMITH	15 40

Affix of  
Name  
Hosp  
D.O.F

NHS 434 398-1871  
CORDELL, Simon, P  
Male  
23 Byron Terrace  
Hertford Road  
Edmonton  
London  
N9 7DG

MRN 26181854  
26-JAN-1981

PC / <sup>took</sup> LSD over weekend

At festival, took 2x paper LSD Saturday and

? & smug liquid LSD on Sunday

Now drunk in 1 bottle of Rum

Has taken LSD in the past.

No other drugs

States does not normally drink any alcohol

Hallucinatory seen - everything moving, can see different colours.

Feels like he has been deceived

Feels agitated

was under care of medical at festival

Had multiple episodes of vomiting prior, none whilst in A&E

States he has had mental health contact in past - not he

became concerned about  
- Brought in by police - under arrest for other crimes - can be violent.

PMH (Cobra)

SH is about

needs - nil

NHDA

## Barnet and Chase Farm Hospitals NHS Trust

General appearance: Alert

♀

♀ pulse reg

HS 1+1+1+0

C/S → Chest clear



Satt, No heeler

Affix name label

Name

Home

[

NHS 434-081-1571

CORDELL, Simon, P

Male

23 Byron Terrace  
Hertford Road  
Edmonton  
London  
N9 7DG

MAN 26181654

26-JAN-1981

Pulse

63

BP

134/93

Resp

Temp

36.8

O<sub>2</sub>sat

98%

Gluc

GCS	Eyes 4/4	Verba 5/5	Motor 6/6	Total 15
-----	----------	-----------	-----------	----------

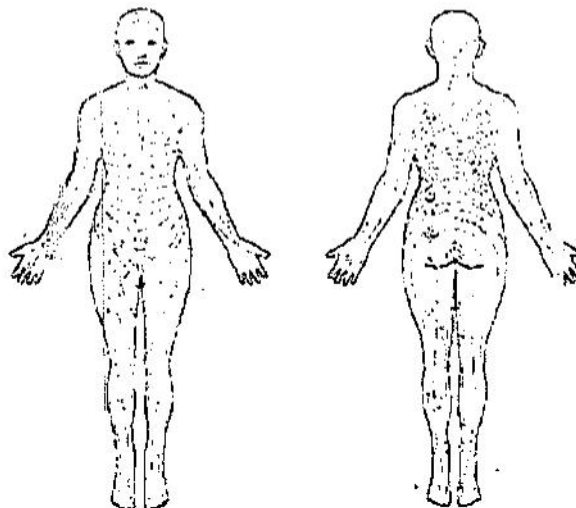
## Cranial Nerves

	I	II visual acuity	II visual fields	III visual inattention	IV undi	VIII/VI	VII	VIII	IX	X	XI	XII
R	N	N	N	N		N	N	N	N	N	N	N
L	N	N	N	N		N	N	N	N	N	N	N

## Motor

	R		L	
	UL	LL	UL	LL
Tone	N	N	N	N
Power	5/5	5/5	5/5	5/5
Reflex	N	N	N	N
Plantars	↓	↓	↓	↓

Cerebellar signs:



## AMTS

Name	
DOB	
Time	
Date	
Year	
Place	
Two People	
WVI	
Recall Address	
20-1	
Total	

rnet and Chase Farm Hospitals NHS Trust

A N H D	NHS 434-086-1671	MRN 26181654
	CORDELL, Simon, P	26-JAN-1981
	Male	23 Byron Terrace Hertford Edmonte London N9 7DG

Initial Impression / Diagnosis Date:

Time:

Signature:

1 ASD information → ~~history~~ of acute psychosis

2

3

Patients being Admitted must have a VTE Assessment

Initial Management / Plan

- Medically fit
- For 4 Review
- (NB is ↓ arrest police arrest)

Time: 1545

Signature:

&amp;E Pre-discharge check list on next page





## Barnet and Chase Farm Hospitals NHS Trust

## Results

Verbal results received Date:

Time:

Signature

Affix name label

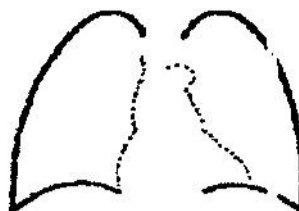
Name

Hosp no.

D.O.B

Date	13/8/12
Na	134
K	4.3
Urea	
Creat	73
Bili	12
Alp	72
Alt	22
Tot Prot	
Alb	44
Amylase	
CRP	6
Total Ca	
Corr Ca	
Phos	
Mg	
Troponin... hrs	
Troponin... hrs	
Hb	15.5
WCC	7
Platelets	254
MCV	90.6
ESR	
Fib	
PT	
INR	
APTT	
D-Dimer	
Other	
Glucose	
Paracetamol	4
Salicylate	<50
Alcohol	
CK	
Blood HCG	
Malaria screen	
Sickle cell	
T3	
T4	
TSH	

## CXR



## Arterial blood gas results

Sample	1	2	3	4
Time				
FiO <sub>2</sub>				
pH				
pO <sub>2</sub>				
pCO <sub>2</sub>				
HCO <sub>3</sub>				
BE				
Lactate				

Record and sample arterial blood gas results here (Document FiO<sub>2</sub>)

Other imaging

Other imaging

ECG 1

ECG 2

Urine / B-HCG Result  
(stick here)

Cordell, Simon

13.08.2012 15:34:57

Location:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Room:

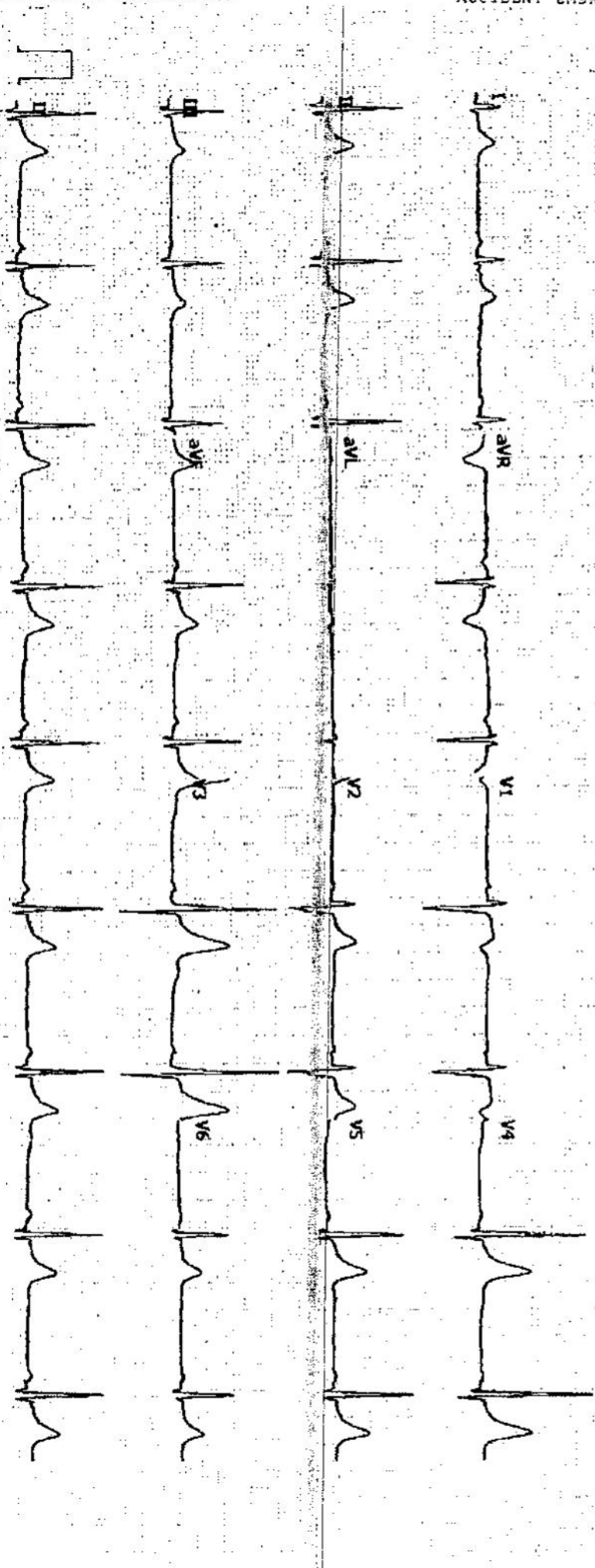
51 bpm  
- / - mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 90 ms  
QT / QTc Baz : 418 / 385 ms  
PR : 148 ms  
P : 100 ms  
RR / PP : 1176 / 1176 ms  
P / QRS / T : 49 / 71 / 61 degrees

Sinus bradycardia  
Otherwise normal ECG

*Sinus bradycardia  
Normal*



75 mm/s 10 mm/mV

0.16-150 Hz 50 Hz

Unconfirmed  
4x2.5x3 25\_R1 1/1

Alcohol abuse

Yes ☒ No ☐

Drug abuse

Y/N ☐

Previous mental health contact

Y/N ☐

Previous mental health diagnosis

Y/N ☐

Previous deliberate self harm

Y/N ☐

Ongoing treatment

Y/N ☐

Psychotropic medication

Y/N ☐

p 1st CPH

**MENTAL STATE ASSESSMENT**Can I get an adequate history?  
If no. specify reasonY/N ☐Orientation Time:  
Place:  
Person:

} Yes

Glasgow Coma Score:

15 / 15

Evidence of self neglect

Y/N ☐

Behaviour:

Bizarre Aggressive Psychomotor retarded

Mood

Hallucinations

Y/N ☐

Delusions

Y/N ☐

Disordered thinking

Y/N ☐

Ongoing suicidal ideation:

Y/N ☐

PLEASE USE BOXES FOR SUPPLEMENTARY INFORMATION

Date 13/8/12

Time 15.35

Signature

N. M. M.

NH: 434-096-1671



MRN 26181654

CC. ROELL, Simon, P  
Mire

26-JAN-1981

23 Byron Terrace  
Hartford Road  
Edmonton  
London  
N9 7DG

**Psycho-social assessment form**  
**Emergency Department-Chase Farm Hospital**

NHS 434-096-1671 MRN 2618-354  
   
 CORDELL, Simon, P 26-JAN-1961  
 Male 23 Byron Terrace  
 Hemford Road  
 Edmonton  
 London  
 N9 7DG

To contact Mental Health Unit Emergency Assessment Centre:  
 phone (1122)/ fax (0208 367 9785)

**High risk groups**

Age > 65 years 31

Age 16-18 years

Learning disability

**EVENT**

**Nature of self harm** (circle as appropriate)

Self-poisoning Self-injury

Other (specify)

**Timing**

**Who alerted service?** (circle as appropriate)

Self Colleague Friend/relative Found accidentally

Police

**Event trigger** (circle as appropriate)

Bereavement Financial loss Relationship problems

Legal problems

Other (specify)

**Planning for event** (circle as appropriate)

Planned

Impulsive

**Alcohol ingestion at time of event, specify**

**Attempts to prevent discovery: specify**

**Final act** (circle as appropriate)

Suicide note Will make

**Attitude to attempt** (circle as appropriate)

Regrets discovery

Regrets attempt

**DETAILS**

LSD

Saturday - 2 sachets paper tablets  
 Sunday - ? 100mg liquid tablets

Arrested by police today

At funeral, took LSD sat +  
 SA  
 Has taken prev.

KN

NA

Crisis Resolution and Home treatment \* Triage Service Telephone Screening Tool

**MENTAL HEALTH ASSESSMENT FORM**

Patient Name:	Simon Cordell		
Date of Birth:	26/01/1981	Number:	11214451
Name of Assessor(s): Jack Hallett			
Date:	27/11/2015	Time:	

**Factors to be considered when undertaking an initial assessment of a person with a suspected mental health problem:**

- Is the caller or referrer reporting Crisis?
- Is the patient currently known to mental health services?
- Has drug and/or alcohol intoxication been ruled out as a cause?
- If the person has a known mental health history, always check RIO note before undertaking any new assessment for previous risk history?

ASSESSMENT CATEGORIES		
	YES	NO
<b>1. Background history of the current Crisis</b>		
• Is the person currently aggressive and/or threatening?		No
• Does the person pose an immediate risk to self, you or others?		No
• Does he/she have specific ideas or plans to harm anyone else?		No
• Does the person have any <i>immediate</i> (ie: within the next few minutes or hours) plans to harm self?		No
• Does he/she have a history of violence?		No
- Has the person got a history of self-harm?		No
* Does the person have a history of mental health problems or psychiatric illness?	Yes	
* Does the person appear to be experiencing any delusions or hallucinations?	Yes	
• Does the person feel controlled or influenced by external forces?		No
If yes to any of the above, record details below:		
Told his mother that the TV was talking about him, that voices coming from TV was directed to him. He says people are laughing and talking about him, and accuses people of setting him up		
<b>2. Current Presentation</b>	YES	NO
• Is the person obviously distressed, markedly anxious or highly aroused?	Yes	
* Is the person behaving inappropriately to the situation?		No
• Is the person quiet and withdrawn?		No
Is the person attentive and co-operative?		No

If yes to any of the above, record details below:

**All the information was given to us by his mother. She does not want him to know that she made referral.** She is afraid it may damage their relationship should he get to know.

He is upset that the police still keep an eye on him. He has told his mother when he has cleared his name with the police, he will kill himself.

3. What are the precipitating factors / trigger factors for this presentation?

• *Why is the person presenting now? Give details below:*

His mother says he has always been unwell and that he covers up when seeing professionals from the MH service

• *What recent event(s) precipitated or triggered this presentation? Give details below:*

She went to the GP and phoned other sources for help but says no one wanted to help.

• *What is the person's level of social support and status (i.e.: employment and housing status, partner/significant other, family members, friends)? Give brief details below:*

Mother remains sole family member to give him support.

#### 4. Suicide risk screen - greater number of positive responses suggests greater level of risk

	Yes	No	DK		Yes	No	DK
Previous self-harm		No		Family history of suicide		No	
Previous use of violent methods		No		Unemployed/retired	Yes		
Suicide plan/expressed intent		No		Male gender	Yes		
Current suicidal thoughts/ideation		No		Separated widowed/divorced		No	
Hopelessness/helplessness		No		Lack of social support		No	
Depression		No		Family concerned about risk		No	
Evidence of psychosis	Yes			Disengaged from services		No	
Alcohol and/or drug misuse	Yes			Poor adherence to psychiatric Tx		No	
Chronic physical illness/pain	Yes			Access to lethal means of harm		No	

If yes to any of the above, record details below: \_\_\_\_\_

Said to be hallucinating, TV speaking to him, paranoid, says people are laughing and talking about him. He smokes cannabis, mother says not a lot. He has Chrohn's disease

### Formulation of assessment

Refer to the risk assessment matrix below and summarise:

What is the key problem?

What is the level of risk - e.g.: low, medium, high, very high? Refer to matrix

Summary of assessment and initial risk screen:

He is known to mental health, a year ago a mental health act was carried out, not seen to be Section-able then. Mother reports deteriorating mental state with paranoid thoughts and hallucinations



What category of overall risk do you think most applies to this patient  
Medium?

Medium



### Action plan and outcomes:

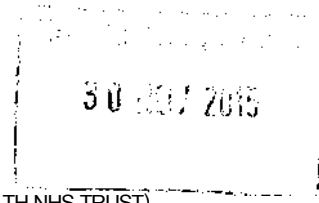
<b>Signed:</b>	<b>Jack Hallett</b>	<b>Designation:</b>	<b>Nurse</b>
<b>Print Name:</b>	<b>Jack Hallett</b>	<b>Date:</b>	<b>27/11/2015</b>

MENTAL HEALTH ASSESSMENT RISK ASSESSMENT MATRIX			
Level of risk	Key risk factors	Action	Timescale
	<ul style="list-style-type: none"><li>Minor mental health problems may be present but no thoughts or plans regarding risk behaviours to self or others, or unlikely to act upon them;</li><li>No evidence of immediate or short-term risk Vulnerability.</li></ul>	<ul style="list-style-type: none"><li>Treatment and follow up arrangements managed by Triage</li><li>Possible referral to primary care services e.g. GP or practice nurse;</li><li>May benefit from mental health advice e.g. safe alcohol consumption or non-statutory counselling Services.</li></ul>	<p>Refer to Triage as a routine non-urgent appointment within 3 weeks</p> <p>Consider a referral to other service such HAGA, DASH, I APT, one support, Mind depending on resources available in your area.</p>

Medium Risk
Triage assessment within 5 working days (excluding suicidal patients)

<p>Mental health problems present and/or has nonspecific ideas or plans regarding risk behaviours to self or others but not high.</p> <ul style="list-style-type: none"> <li>Has no plan or intent expressed</li> </ul> <p>Potentially vulnerable in certain circumstances</p>	<p>Should have specialist mental health assessment but no further action required if patient doesn't wish to engage.</p> <p>Should be advised to seek further help if necessary, e.g. from GP.</p> <p>Referrers or GP to be informed as well as mental health services if already known.</p>	<p>Medium risk referral 10 Tr working days by triage se</p>
<p>Serious mental health problems present, including possible psychotic features;</p> <ul style="list-style-type: none"> <li>And/or has clear ideas or plans regarding risk behaviours to self or others.</li> </ul> <p>May have already self-harmed. Mental state may deteriorate if left untreated and potentially vulnerable.</p>	<p>Urgent mental health assessment required and an action plan to be drawn up to address immediate and short-term risk factors.</p> <p>Key clinicians/others likely to be involved should be informed via a CRHT referral.</p>	<p>Urgent referral to CRHT s to be seen within 4 hours CRHT policy.</p>



**triage S C 27.11.15 (Rio 11214451)****Hallett Jack [Jack.Hallett@beh-mht.nhs.uk]****Sent:** 27 November 2015 21:27**To:** Enfield Assessment service (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)**Attachments:** triage S C 27.11.15.docx (171 KB)**Dear colleagues****Please accept the attached referral For Rio 11214451****Kind regards Jack Hallett (HUB)**

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To: Dr Chong Y  
NIGHTINGALE HOUSE SURGERY 1  
NIGHTINGALE ROAD EDMONTON  
N9 8AJ

**Service Line:**  
**Service:** Enfield Triage Service  
**Tel:** 0208 361 1770

Dear Dr Chong Y

**Date:** 8<sup>th</sup> December 2015

**Change of assessment / care plan / medication for:**

**Mr Simon P CORDELL - D.O.B.: 26 Jan 1981 - NHS: 434 096 1671**  
109 Burncroft Avenue, Enfield, Middlesex, EN3 7JQ

**LETTER TO FOLLOW**

Seen at home visit today after reports of gradual deterioration in mental health over last year.

Diagnosis: First Episode Psychosis with some paranoid and grandiose symptoms, history of several months

FH major mental illness

Risks: good self-care: has withdrawn socially: potential risk of self-neglect if mother withdraws her daily support: he engaged with us well ambivalent about contact with services but willing to engage with EIS.

No current thoughts intent or plan to harm self or others.

**Plan**

Would not meet criteria for detention under the MHAA.

Referred promptly to Early Intervention in Psychosis service for assertive approach to management.

Given number given 0208 702 3800.

We will then close to EAS.

**Reason for change Additional Comments**

Thank you for ensuring this information is updated in your records.

Yours sincerely *Electronically Signed*

**Practitioner:**

Dr Jane Cushion Consultant Psychiatrist

Ref: JC/Is

Private & Confidential

*To be opened by addressee only*

9<sup>th</sup> December 2015

Dr Y Chong  
Nightingale House Surgery 1-3  
Nightingale Road London N9 8AJ

Enfield Assessment Service  
Barnet, Enfield & Haringey Mental Health Trust  
Crown Lane Clinic  
25 Crown Lane  
Southgate  
London  
N14 5SH

Tel: 020 8702 5000/8361 1770

Fax: 020 8362 0489

NHS Number: 434 096 1671

Hospital Number: 11214451

Dear Dr Chong,

Re: **Simon CORDELL - D.O.B: 26.01.1981**  
**109 Burncroft Avenue, Enfield, Middlesex EN3 7JQ**

Jameson Simwanza, Social Worker in Enfield Assessment Service/Crisis Resolution and Home Treatment Team and I saw Mr Cordell at home today after reports of a gradual deterioration in his mental health over the last year.

Mr Cordell's presentation today was congruent with a First Episode Psychosis with symptoms beginning several months ago. His main preoccupations and paranoid delusions relate to the police and with the woman, who lives upstairs although we understand she has moved out. His mother has been supporting him and has been calling on him almost daily for the past year as he has become more socially withdrawn.

Today Simon was well nourished and cared for and his flat although cluttered was clean. He keen to relate his experiences to us but resisted the idea he had a mental health problem.

**Risks:**

1. He made 1-2 serious self-harm attempts as a teenager with contact with the criminal justice system. Today he said he had attended North Middlesex University Hospital Accident and Emergency department last year after drinking liquid nitrous oxide with intent to self-harm. Currently he has no thoughts intent or plan to harm himself or anyone else although he said today, he would kill himself **"when I eventually clear my name"** - this is not linked to any particular date.



Trust Chairman: Michael Fox Trust  
Chief Executive: Maria Kane

Would you (or someone you know) like help to stop smoking? Enfield stop smoking service includes a specialist pregnancy advisor and Turkish speaking advisor tel Freephone 0800 652 8405 [www.quitsmoking.uk.com](http://www.quitsmoking.uk.com)

Would you like information on medication for a mental health problem? (available in translation) [www.beh-mht.nhs.uk/cm](http://www.beh-mht.nhs.uk/cm)

2. He looked well-nourished and clean, engaged well: there is a potential risk of self-neglect if mother withdraws practical support.
3. Some Cannabis use, but likely to be insufficient to account for today's presentation.

**Plan:**

I did not think his presentation today would meet criteria for detention under the Mental Health Act and Simon is willing to engage with services although not to take medication at the moment. He declined contact with the Crisis Resolution Home Treatment Team team as he does not feel he is in crisis, but took the crisis number 020 8702 3800. We have referred him to the Early Intervention in Psychosis service for an assertive and consistent approach to his on-going management consistent with a least restrictive and proportionate response to his symptoms.

When his case is accepted by the Early Intervention Service we will then close the case to this service.

Yours sincerely,

**ELECTRONICALLY SIGNED**

**Dr. Jane Cushion Consultant  
Psychiatrist Enfield  
Assessment Service**

**PRIVATE & CONFIDENTIAL**

**Dr CHONG  
NIGHTINGALE HOUSE SURGERY  
1 NIGHTINGALE ROAD  
EDMONTON N9 8AJ**

**Enfield Directorate  
Barnet, Enfield and Haringey Mental Health Trust  
Enfield Early Intervention Service  
Lucas House  
305-309 Fore Street  
Edmonton  
London  
N9 0PD**

17<sup>th</sup> December 2015

**Tel: 020 8702 3100  
Fax: 020 8345 6950**

Dear Dr **CHONG**

**Re: Mr Simon CORDELL                      D.O.B: 26 January 1981 NHS No: 434 096 1671  
109 Burncroft Avenue, Enfield, Middlesex, EN3 7JQ**

I write to inform you that the above-named gentleman has been accepted onto the caseload of the Enfield Early Intervention in Psychosis Service (EIS), and I am his Care Coordinator.

The EIS work with service users and their families for up to three years for those aged between 18- 35 years of age, experiencing their first episode of psychosis, or those who are in the first three years of psychotic illness, living in Enfield.

The EIS offers treatment including:

- Administration of anti-psychotic medicines
- Psychological interventions including Cognitive Behaviour Therapy for psychosis and emotional problems, such as depression and anxiety
- Family interventions
- Vocational recovery
- Relapse prevention & management
- A harm minimisation approach to substance misuse
- Care Coordination
- Social recovery activities

New service users are usually seen weekly to assist with engagement with the service and to help formulate care plans. The frequency of contact may extend over time depending on the service user's needs, the nature of their illness and other factors such as work and studies.

We are required by the Care Quality Commission (CQC) to maintain a record of health care checks made by GP's of mentally ill patients on their register.

Mentally ill people have increased morbidity and mortality compared with the general population. Many of them have unhealthy lifestyles resulting in poor physical health and increased mortality due to common life-threatening conditions and physical ill health. Risk factors, particularly Cardiovascular Disease, Chronic Obstructive Pulmonary Disease and diabetes should be identified and managed according to the relevant guidance through primary care settings.

We would be very grateful if you could provide us with details of health checks you have carried out for this patient within the last twelve months with regards to:

Cardiovascular Disease  
Chronic Obstructive Pulmonary Disease  
Diabetes  
Height & Weight  
Blood test results

It would be very helpful if you could also provide details of any other significant physical health conditions the client has been diagnosed with, or is being investigated.

We will update you routinely and following reviews and I look forward to working with you to support **Mr Simon CORDELL** with his mental health problems.

Please feel welcome to contact me if you wish to discuss anything to do with **Mr Simon CORDELL'S** care.

**Yours Sincerely**

Goodie Adama

**Care Coordinator  
Enfield Early Intervention Service**

*“If you want help to give up smoking, advice and support is available free on 0800 652 8405”*



**Private and Confidential to be opened  
by addressee**

**Mr Simon P CORDELL  
109 Burncroft Avenue  
Enfield  
Middlesex  
EN3 7JQ**

**The Lucas House West  
CSRT 305-309 Fore Street  
Edmonton London N9  
OPD Tel: 0208 702 3100  
Fax: 0208 345 6950**

**Date: 4 Feb 2016**

**NHS Number: 434 096 1671 Date of birth: 26 Jan 1981 Dear Mr Simon P CORDELL,  
I am pleased to inform you that an appointment has been made for you to be seen on 10 Feb  
2016 at 14:00 at:**

**Enfield Early Intervention Psychosis  
305-309 Fore Street Edmonton N9 OPD**

**If you are unable to keep this appointment please telephone the clinic between 9am and 5pm on  
020 8702 3100 at your earliest opportunity to rearrange. This will allow us to give your  
appointment to someone else and help us to keep the waiting time to a minimum.**

**Please bring this letter with you to your appointment.**

**Yours sincerely**

**Nicola Wheeler**

# Approved Mental Health Professional Assessment Form

- For use when compulsory powers are being considered

SSM1

Barnet, Enfield and  
Haringey RIO  
number: 11214451Copy for: Service user file  
Social Services  
records  
GP

Please note this form can be completed electronically or in hard copy. To complete this form electronically, please use the mouse pointer or the tab key on the keyboard to go to the next form field.

## Patient's details

Name	Simon Cordell
Address	109 Burncroft Avenue, Enfield, Middlesex Post Code EN3 7JQ
Phone no.	07961833021

<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Age/DoB	26 Jan 1981 (35 years old)
Ethnic origin (DoH coding)	Dual heritage, white & black Caribbean	
Religion	Not discussed during assessment	
Preferred language	English	
Interpreter needed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Assessing AMHP	Sam Curtis	

## Services involved (Please state name, address, phone no.)

Hospital	Not applicable
Consultant	Dr Kripalani, Consultant Psychiatrist, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 0PD, Tel: 020 8702 3100
GP	Nightingale House Surgery, 1 Nightingale Road, N9 8AJ Tel: 020 88059997
/CMHN / CMHT	Goodie Adama, Care Coordinator and Community Mental Health Nurse, Lucas House, 305 - 309 Fore Street, Edmonton, London, N9 0PD, Tel: 020 8702 3100
Social worker/responsible local authority (Section 117)	None

## Nearest relative

Name	Lorraine Cordell
Address	23 Bryon Terrace, Edmonton  Postcode N9 7DG
Age/DoB	Over 18
Relationship to patient	Mother

Informed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consulted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Objected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason not informed/consulted	n/a
Nearest relative notified of admission?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Letter sent?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Reason why not notified	
Nearest relative informed of their legal rights?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Names and contact information for significant others:	

## Patient's rights

Was the patient made aware of his/her legal status and rights under the 1983 Mental Health Act at time of interview? ☒ Yes ☐ No

If 'No', please state date when he/she was made aware of above





## Assessment details

Date of initial referral	21.01.16	Date of assessment	03.02.16
Place of assessment	Patient's Home		
Medical recommendations from:	Please select if Sec.12 doctor or GP		
No recommendations completed	Date		<input type="checkbox"/>
	Date		<input type="checkbox"/>
Any delays in admission process?	Not admitted		
Time assessment:	Started	10:40hrs	Completed 14:00hrs

## Outcome details

N/A	Time of admission	n/a
Admitted/detained at: Hospital/Unit	Not applicable	
Ward		

## Summary of assessment

Patient's name	Simon Cordell	Date of assessment	03.02.16
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### 1. Referral details and any other precipitating factors

On 27.11.15 Mr Cordell's mother contacted the Enfield HUB, mental health referral centre. She reported that Mr Cordell was not eating, not sleeping and that he was experiencing persecutory ideas, thinking that people are laughing at him and talking about him. His mother said that Mr Cordell believed that the government were advertising information about him and that the television was talking about him or to him. She stated that Mr Cordell was smoking significant amounts of cannabis and he was not taking the anti-depressant medication that as prescribed in March 2014. On 01.12.15 Mr Cordell's mother again contacted the Enfield assessment mental health team and reported that Mr Cordell had locked himself in his room and believed that his television was talking to him. She reported that Mr Cordell was eating but not as regularly as previously. She said that Mr Cordell sometimes believes that his mother's body language is sending him messages. She reported that he had not had any recent contact with his friends but does go out on a scramble bike and had injured his hands.

On 01.12.15 a worker from the Enfield assessment team phoned Dawn Allan, estate officer, who reported that he had threatened to strangle his neighbour who had been moved as a result. Mr Cordell had accused his neighbour of deliberately causing noise disturbance.

On 01.12.15 an assessment team worker phoned Mr Cordell and reported that she had received text messages from Mr Cordell saying that he will commit suicide once a court case is finished.

Mr Cordell was assessed by Dr Cushion, psychiatrist based at the Home Treatment Team, on 08.12.15. There was no concerns identified concerning his personal care. He said that he hasn't gone out for months and his mother does all the shopping. He spoke about a conspiracy to destroy his good name and send subliminal messages to him via the television.

Mr Cordell said that the woman in the flat upstairs had been "stalking him" he elaborated and said that she stamps on the floor when she hears him moving around his flat or taking off his clothes. He spoke about his plans to start a global business for children. He said that he had about having thoughts of killing himself when he eventually clears his name. He did not accept that he had a mental disorder during the assessment.

On 10.12.15 Mr Cordell was contacted by Goodie Adama, early intervention team worker. He said that he was not interested in meeting with mental health services. He spoke about being victimised by the police. On

## Legal status at time of assessment

<input checked="" type="checkbox"/> Inf.	<input type="checkbox"/> Sec.135
<input type="checkbox"/> Sec.2	<input type="checkbox"/> Sec.136
<input type="checkbox"/> Sec.3	<input type="checkbox"/> Detained by Police, not under Sec.136
<input type="checkbox"/> Sec.4	<input type="checkbox"/> CTO
<input type="checkbox"/> Sec.5(2)	<input type="checkbox"/> Other
<input type="checkbox"/> Sec.7	

## Legal status at end of assessment

<input checked="" type="checkbox"/> No admission
<input type="checkbox"/> Informal admission
<input type="checkbox"/> Remains informal inpatient
<input type="checkbox"/> Detained under Sec.2
<input type="checkbox"/> Detained under Sec.3
<input type="checkbox"/> Detained under Sec.4
<input type="checkbox"/> Placed under Sec.7
<input type="checkbox"/> CTO Yes <input type="checkbox"/> No <input type="checkbox"/> Renewal <input type="checkbox"/> Revoke <input type="checkbox"/>
<input type="checkbox"/> Other

October 2009

and there was no evidence thought disorder or psychotic symptoms on the telephone. He said that he didn't feel safe leaving the flat which appeared to be due concerns about police harassment. He said that complaint that he had made about a police officer had led to that police officer being arrested.

On 08.01.16 Goodie received a telephone call from Mr Cordell's mother. She said that she was concerned about Mr Cordell and said that she had been concerned about him for over a year but would not specify what her concerns were. Goodie phoned Mr Cordell the same day he spoke about conspiracies involving the police and appeared thought disordered and thought about conspiracies.

On 13.01.16 Goodie spoke to Mr Cordell to see if he would agree to a home visit that day but said that it was not a convenient time but he was prepared to have a visit at another time. On 15.01.16 he agreed to have home visit during a further telephone conversation with Goodie.

On 19.01.16 he was visited at home by Goodie and Sandra Muschett, senior practitioner. He was noted to be paranoid, grandiose and not eating well. He denied any suicidal thoughts.

On 21.01.16 Sandra Muschet had a telephone conversation with Mr Cordell's mother. She said that Mr Cordell had been harassed by the police for a number of years and that his preoccupation with the police was based on reality. She reported that Mr Cordell is not eating, not going out and has poor self-care.

On 22.01.16 an attempt was made to assess Mr Cordell under the Mental Health Act. Mr Cordell was angry that he had an unannounced assessment. He spoke about feeling targeted by the police. He spoke about being arrested numerous times and had a curfew from the police. He refused to give the assessing team access. He initially spoke rapidly but more slowly as the meeting went on.

On 22.01.16 Mr Cordell phoned Amal Pomphrey, early intervention worker covering for Goodie, and said that he had felt threatened by the Mental Health Act assessment that had taken place. He spoke about being arrested over a thousand times by the police and being subject to a curfew.

On 26.01.16 Mr Cordell phoned Amal Pomphrey, early intervention worker. He said that he had been contacted by a housing officer who had "threatened to get the mental health team out to see him".

On 02.02.16 Mr Cordell phoned Amal Pomphrey and advised that he had been told that a warrant had been granted. He was clearly aware of the planned Mental Health Act assessment.

## 2. Relevant social and medical history

### **Information obtained from reports from Mr Cordell and his family to mental health services. Not independently verified.**

**Social:** Mr Cordell was the victim of abuse by a paedophile ring and this led to him having contact with CAMHS Safe project for a number of years, he has not spoken about the abuse for many years. Mr Cordell's father was violent towards him. He was placed in care as a teenager. He separated from his girlfriend in 2014.

Mr Cordell mother has regular contact with and helps with shopping. Mr Cordell's grandmother was diagnosed with bi polar affective disorder and schizophrenia, she was treated with Schizophrenia. She died from cancer in August 2014.

In 2014 he was bailed for burglary. In 2015 he was made subject to a 5-year Anti-Social Behaviour Order for organising illegal raves. He not allowed to enter industrial or disused premises between 10pm and 7 am. He has reported that he has a long history police contact since he was juvenile. His contact with the police mostly related to theft and driving offences.

He lives in a one-bedroom council flat and is in receipt of Employment Support.

**Psychiatric History:** Mr Cordell tried to hang himself at the age of 16 when in a young offender's institution and needed to be resuscitated. He was moved to a secure hospital and kept in seclusion on a number of occasions. He has reported that he was regularly by a psychiatrist called Dr Caplin from CAMHS "the safe project". Mr Cordell reports there was a second occasion where he tried to hang himself when in a cell after he was sentenced. He attended the Accident and Emergency Department at the North Middlesex Hospital after drinking liquid nitrous oxide with an intent to die.

hallucinating after taking LSD. He was not followed up by mental health services.

He was assessed by Dr Jarvis from the Enfield triage team on 11.03.14 due concerns about suicidal thoughts and anxiety. He was prescribed Sertraline anti-depressant. He was stressed about a pending court case as he was accused of burglary. He described experiencing poor sleep and weight loss.

On 19.11.14 Mr Cordell's mother phoned the hub (triage team) and reported that he was paranoid towards her and towards the police. In response the home treatment visited the same day. When home treatment workers arrived the same day, the police were present and reported that Mr Cordell had been screaming in distress. The police said that they had found Mr Cordell using a gas canister and thought that he was using nitrous oxide. He was referred for a Mental Health Act assessment.

On 21.11.14 the duty AMHP made contact with Mr Cordell's mother and father. The duty AMHP was told that Mr Cordell was subject to an anti-social behaviour order and that he is on the police at risk register for suicide. The duty AMHP advised that he broke up with his girlfriend and grandmother died. He had stopped taking his medication for chromes disease four weeks and had been admitted to the North Middlesex Hospital.

Mr Cordell was assessed under the MHA act on 24.11.15 but he was not detained.

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3. Record of interview with patient (Include where it was conducted who was present and use of police if required during process) \_\_\_\_\_

Mr Cordell was assessed under the Mental Health Act at around 10:40hrs on 03.02.16. Dr Al-Allaq (independent s12 Doctor), Dr Albazaz (independent s12 Doctor), CJ and Nellie (Home Treatment Team workers), Amal Pomphrey (Community Mental Health Nurse based at Enfield Early Intervention Team) all attended. A s135(1) warrant was obtained but not executed as Mr Cordell gave access. A lock smith was present but their services were not required as Mr Cordell opened the door. The police were present but remained outside the property.

Mr Cordell's home was somewhat cluttered with a large printer by the door. However, it was clean and organised. He had food in the kitchen.

His mother and a female friend were present. Mr Cordell was expecting the assessment to take place. He was appropriately groomed and dressed. He had put his dog in the garden. Mr Cordell expressed his unhappiness about the warrant being obtained. He said that if he had been sent an appointment letter, he would give professionals access.

He mentioned on going issues with the police and that he had a court case in February. His speech was somewhat rapid at the start of the interview but this appeared to be due to anxiety rather than thought disorder. His speech slowed as the interview went on. Mr Cordell did change topic of conversation a number of times as there was particular information that he wanted to share with the team. He spoke a project to start a community internet site and showed those present a business plan that was on his computer. He showed us documents which he said were related to his court case. He pointed out a line in the document that said that all the suspects were white and said that this was part of his legal challenge to his Anti-Social Behaviour Order.

He denied any symptoms of mental illness when asked about a variety of psychotic symptoms. He denied suicidal ideation. He spoke about difficulties he had with his upstairs neighbour relating to noise disturbance. He showed us some letters which said that his neighbour had written to him. He said that his neighbour has an alcohol problem and a learning disability.

There was no evidence of distraction, confusion or that he was responding to internal stimuli.

It is my view that Mr Cordell's detention was not in the interests of his health as I did not identify evidence of mental disorder during the visit. I did not believe that Mr Cordell's detention was necessary for his safety, Mr Cordell denied experiencing any suicidal ideation and could I not identify other risks to safety apart from possible substance misuse which could not be used as the basis of detention without clear evidence of a mental disorder associated with the substance misuse issues. I also did not think that the threshold for detention on the basis of safety was met, he was having conflict with neighbour this conflict did not appear to be driven by any mental disorder.

Patient's  
name

Simon Cordell

Date of assessment 03.02.16

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

I identified Mr Cordell's Nearest Relative as his mother Lorraine Cordell. Mr Cordell lives alone and is single. As far as I could ascertain he did not have any children and was not in relationship. His father was the older of his parents but when I phoned his mother on 03.02.16 she informed me that he was in regular contact with Mr Cordell and did his shopping for him. I therefore formed the view that she provided care and was the Nearest Relative.

I phoned Lorraine at around 09:30hrs on 09.02.16 and she advised that in her view use of a warrant and the Mental Health Act assessment were unnecessary as he would give professionals access if he had received an appointment letter. She said that he had a court case in February but would not elaborate on this. Lorraine said that she thought that the involvement of mental health services was unnecessary as Mr Cordell was not in her view experiencing any mental health difficulties and had not experienced any mental health difficulties for a number of months.

I was surprised that Lorraine stated that she did not think that Mr Cordell as the recent referral to mental health services had been triggered by a referral that she had made.

6. Consultation with Assessing Doctors

Both assessing Doctors declined to make medical recommendations and were in agreement that there was no clear evidence of any mental disorder during the assessing.

7 Views of others consulted

Prior to the assessment the police present advised me that were aware of conflict between Mr Cordell and his neighbour. They advised that the soundproofing between the two properties was poor. The police officers advised me that they were aware that on one occasion Mr Cordell had threatened to strangle his neighbour.

8. Mental Capacity Act 2005

No Capacity Act issues identified during the assessment.

9. Reason for decision to make the application (including choice of Section)

Given that Mr Cordell's diagnosis and treatment plan were not clear at the time of the assessment the assessment was for possible detention on section 2. It was my view that Mr Cordell did not meet the statutory criteria for detention. It was not clear that he was suffering from a mental disorder of a nature because at the time of the assessment it was unclear if whether or not he had a mental disorder. He did not meet the criteria for degree as there was no clear evidence that he was experiencing symptoms **of mental disorder.**

Patient's name **Simon Cordell**

Date of assessment **03.02.16**

10. If not admitted to hospital, outline immediate plans for alternative to admission and how those plans will be co-ordinated

**Early Intervention Team to offer Mr Cordell an appointment with a psychiatrist in there team for a psychiatric assessment.**

11. If admitted arrangements for:

a) Dependents (including children)

None

b) Securing property

Not applicable.

c) Pets

Mr Cordell has a dog but no arrangements needed to be made as for looking after the dog as Mr Cordell was not detained.

12. Any other practical matter (including information/advice about children visiting the ward)

None

13. Comment on any avoidable delays in the assessment and admission process

None.

AMHP Signature

S.J. Curtis

Print details

Sam Curtis

Contact details

North London Forensic Service,  
Camlet 1, Chase Farm Hospital, The  
Ridgeway, London

EN2 8JL

Tel: 0208 7026108

Date

09.02.16

**DR D ABIDOYE  
DR J THOMAS  
DR Y CHONG**

**NIGHTINGALE HOUSE SURGERY  
1-3 NIGHTINGALE ROAD  
EDMONTON  
LONDON N9 5AJ  
Tel: 0208 805 9997 Fax: 0208 805 9994  
[www.nightingalehousesurgery.nhs.uk](http://www.nightingalehousesurgery.nhs.uk)**

15 January 2016 YC/KM

**PRIVATE & CONFIDENTIAL**

Goodie Adama  
Care Coordinator  
Enfield Early intervention Service  
Lucas House  
S05-309 Fore Street  
London  
N9 0PD

Dear Goodie Adama

Re: **Mr. Simon Cordell** dob 26-Jan-1981 NHS No: 434096 1671 109  
Burncroft Avenue, Enfield, Middlesex. EN3 7JQ

Thank you for your letter dated 17<sup>th</sup> December 2015 requesting for any information regarding any health checks done for the above patient within the last twelve months.

Unfortunately this patient has not been seen in the surgery for more than one year. One of our doctors actually called him but he did not want to speak to us and through the mother we have invited the mother to come in for his health checks and medical reviews but he has not responded, so we are unable to provide you with any up-to-date details of his current physical status.

Yours Sincerely



Dr. Y Chong MB BS DRCOG

## REFERRAL FORM – Enfield Crisis Resolution &amp; Home Treatment Team

Date: 2/02/13 Time referred: 17:40 Time arrived: ..... Time seen: ..... Referral taken by: .....

Referral from: GP ☐ A+E ☐ Self ☐ Police ☐ Hub ☐ LAS ☐ Social Services ☐ Psych Ward ☐

Other (please specify) .....

Tel: 8702 6108

## Service User Details:

Title: Mr Date of Birth: 26/01/1981 RiO No: 11214451

First Name: E. Simon Surname: Cordell

Address: 109 Burncroft Avenue

Post Code: EN3 7JR

Telephone Number (s): 07763043533 Mobile No: .....

Ethnicity:	Interpreter needed: Y/N	Language spoken:
GP Surgery & Contact		Telephone number
Main Carer / N.O.K		
Community Team		
Accommodation: Owner Y/N Rented Y/N No fixed Abode Y/N Other (specify)		Living alone? Y/N

Reason for Referral: MHA Current Diagnosis: .....

@ 10:00am 03/02/16

## PLEASE COMPLETE BEFORE FOLLOWING UP:-

Care Plan: ☐ Risk Assessment ☐ Crisis Plan ☐ Core Assessment ☐ GP Letter ☐

Patient seen at: Home ☐ A+E ☐ Referral on RiO: ☐ Appointment in Diary: ☐ Other

Date and length of assessment ..... Time .....

Outcome: Taken by CRHTT ☐ Transfer to HCRHTT ☐ Transfer to BCRHTT ☐

Enfield Triage ☐ Hospital Admission ☐ Discharged to GP ☐

**NOT FOR HTA**

Form completed by (Print Name) ..... Approved by Manager: .....

All areas of this form is to be completed and forward to ADMIN for uploading and Statistical Information

**PRIVATE & CONFIDENTIAL**

**Mr Simon CORDELL  
109 Burncroft Avenue  
Enfield  
Middlesex  
EN3 7JQ**

**Enfield Directorate Barnet, Enfield and Haringey  
Mental Health Trust Enfield Early Intervention  
Service Lucas House 305-309 Fore Street**

**Edmonton  
London N9  
OPD**

2<sup>nd</sup> March 2016

**Tel: 020 8702 3100  
Fax: 020 8345 6950**

Dear Simon

It was good to speak to you today. Thanks for taking the time to do this and for sharing your thoughts and views with me.

From our conversations and one that you had previously with my Manager Simon Clark, I understand that you do not wish to remain in contact with us. It is our view, however, that you may be experiencing symptoms of some form of mental illness. We call it psychosis, but this does not appear to be affecting your capacity to make certain decisions, including whether you wish to have contact with the Enfield Early Intervention Team or not. We are however, happy to continue to offer you support but understand that at present this is not something you would like to do.

You know what my Team stands for and you know me, so if in the future you think either the Team or I will be of any help to you, please do not hesitate to call.

I must say it was my pleasure having all those phone conversations with you.

I wish you all the best.

Yours Sincerely

*Goodie*

Goodie Adama  
Care Coordinator, Enfield Early Intervention Service

**Cc: Dr Y CHONG, NIGHTINGALE HOUSE SURGERY, 1 NIGHTINGALE ROAD ,N9 8AJ**



**Chairman: Michael Fox  
Chief Executive: Maria Kane**



**Approved Mental Health Professional Assessment Form**

- For use when compulsory powers are being considered

Copy for: Service user file  
Social Services records  
GP

Please note this form can be completed electronically or in hard copy. To complete this form electronically, please use the mouse pointer or the tab key on the keyboard to go to the next form field.

**Patient's details**

Name: Simon Cordell  
 Address: 109 Burncroft ave  
 Enfield  
 Middx Postcode EN3 7JQ  
 Phone no.: 07763043933

☒ Male ☐ Female Age/DoB: 35 / 26/01/1981  
 Ethnic origin (DoH coding): Black British Mixed Race  
 Religion: Not disclosed  
 Preferred language: English  
 Interpreter needed? ☐ Yes ☒ No  
 Assessing AMHP: Margaret Garrod

**Services involved (Please state name, address, phone no.)**

Hospital:   
 Consultant: Discharged from EIS in March 2016  
 GP: Dr Chong Nightingale House Sgy 1 Nightingale Road N9 8AJ 0208 805 9997  
 CMHN/CMHT: Formerley Early Intervention Service  
 Social worker/responsible local authority (Section 117): London Borough of Enfield

**Nearest relative**

Name: Mrs Lorraine Cordell  
 Address: 23 Byron Terrace  
 Edmonton  
 London Postcode N9 7DG  
 Phone no.: 02082457454  
 Age/DoB: /  
 Relationship to patient: Mother

Informed? ☒ Yes ☐ No  
 Consulted? ☒ Yes ☐ No  
 Objected? ☐ Yes ☒ No  
 Reason not informed/consulted:   
 Nearest relative notified of admission? ☒ Yes ☐ No  
 Letter sent? ☐ Yes ☒ No  
 Reason why not notified:   
 Nearest relative informed of their legal rights? ☒ Yes ☐ No  
 Names and contact information for significant others:

**Patient's rights**

Was the patient made aware of his/her legal status and rights under the 1983 Mental Health Act at time of interview? ☐ Yes ☒ No  
 If 'No', please state date when he/she was made aware of above:

**Assessment details**

Date of initial referral: 15/08/2016 Date of assessment: 15/08/2016  
 Place of assessment: Wood Green Police Station  
 Medical recommendations from: Please select if Sec.12 doctor or GP  
 Dr. Albazaz Date: 15/08/2016 ☒ ☐  
 Dr. Amin Date: 15/08/2016 ☒ ☐  
 Any delays in admission process? N/A  
 Time assessment: Started 12:30 PM Completed 4:40 PM

**Legal status at time of assessment**

☐ Inf. ☐ Sec.135  
☐ Sec.2 ☐ Sec.136  
☐ Sec.3 ☒ Detained by Police, not under Sec.136  
☐ Sec.4 ☐ CTO  
☐ Sec.5(2) ☐ Other  
☐ Sec.7

**Legal status at end of assessment**

☐ No admission  
☐ Informal admission  
☐ Remains informal inpatient  
☒ Detained under Sec.2  
☐ Detained under Sec.3  
☐ Detained under Sec.4  
☐ Placed under Sec.7  
☐ CTO Yes ☐ No ☐ Renewal ☐ Revoke ☐  
☐ Other

**Outcome details**

Date admitted/detained: 16/08/2016 Time of admission: 4:30 AM  
 Admitted/detained at: Hospital/Unit: St Ann's Hospital  
 Ward: Haringey Assessment Ward

## Summary of assessment

Patient's name Simon Cordell

Date of assessment 15/08/2016

### 1. Referral details and any other precipitating factors

Sgt Ahmed from Wood Green Police Station referred Mr Cordell for a Mental Health Act Assessment after he had been seen by the FME following his arrest.

It seems that on 14.8.2016 at approximately 17.00hours he was playing music loudly in his garden when the victim looked out the window. On seeing the victim Mr Cordell is alleged to have shouted "What the fuck are you looking at? I am going to kill you and your kids. another elderly witness is reported to have complained that he rarely goes out, nor does his family visit as he is afraid of meeting Mr Cordell and being abused by him. the police understand that numerous complaints have been made to the Housing Services about his behaviour and he had previously been subject to an ASBO Order for one year.

### 2. Relevant social and medical history

Mr Cordell was a victim of sexual abuse as a child and attended SAFE under Dr Caplan for a long time. He was arrested for burglary as a young man and was remanded in custody in a Young offender's institution for a prolonged period. During this period, he was discovered making preparation to kill himself by hanging. It is recorded that he has used laughing gas and LSD.

He was arrested for organizing illegal raves It seems that he may base his complaints for Police Harassment as he believes they have obstructed his ability to run this business. It is reported that he was made the subject of an ASBO, required to wear a tag and believed he could not go out at all for about a year. He was banned from visiting bars derelict buildings and factories and had a curfew. Medical: Mr Cordell suffers from Crohn's disease but does not eat properly to manage his symptoms and will not seek medical advice for this. In 2014 there were many deaths in the family from natural causes especially his grandmother to whom he was very close. He was assessed for admission in November 2014 but not detained.

During this period, he spent many hours in doors his mother kept smelling gas but no leak was detected despite repeated complaints. He felt very ill and spent some days in hospital. Sometime later it was discovered the gas and carbonmonoxy meters were incorrectly installed and he was without heating or hot water for 6 weeks.

### 3. Record of interview with patient (Include where it was conducted who was present and use of police if required during process) Seen at

Wood Green Police Station and interviewed through the wicket with Dr Albazaz, Dr Amin and the investigating officer Initially Mr Cordell refused to speak to us lying on the mattress covered in a blanket. He then jumped up and began to speak to us in a very rapid manner being very agitated and speaking right up to the wicket. He explained that he did not trust anyone and that the police had been doing what they could to ruin his business and find ways to arrest him. He said he had been framed by the police and had won one case against them and had one case pending. He said he taped everything that was said to him as he may need the evidence later. He talked about hiring large quantities of equipment for his raves that he has in storage even though there is no prospect of being able to use it at present He said the police had arrived at his home 15 strong and had ripped out his close circuit TV in front of his flat. He said he had been dragged off 2 weeks before for an injection but advised that he does not have mental illness. He said that 2 weeks ago the Police had arrived with a warrant and assessed for being Sectioned but that he was able to demonstrate that the evidence against him was false and that he was declared to be mentally well. He denied using alcohol or any illegal or street drugs. He said he would not consider admission to hospital as he is not ill. He claimed he is not able to leave his home and yet he is being charged with offences and that the police had doctored evidence against him.

### 4. Assessment of risk to patient and/or to others

Mr Cordell seems to have a history of deteriorating behaviour and feelings of persecution and since 2014 after the deaths in his family and the carbon monoxide poisoning. He has been taping everything and has Closed circuit TV outside his flat. It is reported that he believes the TV is talking about him. He has been depressed in the past and attempted to take his own life. He seems to have some very grandiose plans to run Raves but no evidence that he has any funds for it.

It is not clear whether he has been taking other substances, has a mental illness or is a person who will constantly find himself at risk of repeatedly breaking the law and feeling harassed as a result.

He also seems preoccupied by his rights to do what he wants to do without seeming to understand the effect his actions might have on other people.

He is putting his tenancy at risk.

5. Consultation with Nearest Relative and process of identifying the Nearest Relative
- Lorraine Cordell his mother is one of the few people he still trusts to support him. He has become dependent on her to do his grocery shopping or care for his dog. He has no regular partner or child over 18 years. I deem his mother to be Nearest Relative, she believes there has been a difference in him since he suffered carbonmonoxy poisoning in 2014.
- At the same time she has been trying to help him with his complaints and appeals about the behaviour of the police towards and him. She told me that she can demonstrate that computer evidence has been changed.
6. Consultation with Assessing Doctors
- Both Doctors were of the opinion that his pressure of speech and very challenging behaviour could be the result of drug use, mental illness or personality.
- Even though he has been known to services for up to 2 years there is still no clear diagnosis.
7. Views of others consulted
- FME advised that Mr Cordell had refused to see the Drug worker and himself. He had seemed very agitated and confrontational and had advised he be interviewed through the wicket
8. Mental Capacity Act 2005
- Mr Cordell seemed to want to demonstrate his innocence and evidence that he was being unreasonably harassed. He had no concept that his behaviour would be seen as unacceptable and was in fact putting his tenancy at risk.
9. Reason for decision to make the application (including choice of Section)
- Mr Cordell seemed to want to demonstrate his innocence and evidence that he was being unreasonably harassed. He had no concept that his behaviour would be seen as unacceptable and was in fact putting his tenancy at risk It seems that he is entitled to an Assessment that has not been possible in the community.

10. If not admitted to hospital, outline immediate plans for alternative to admission and how those plans will be co-ordinated

Detained
----------

11. If admitted arrangements for:

a) Dependants (including children)  
**None**

b) Securing property  
**N/A**

c) Pets  
He has a dog Lady, which will need care. His mother has agreed to care for her

12. Any other practical matter (including information/advice about children visiting the ward) **He has been bailed to return to Edmonton Police Station on 4.10.2016**

13. Comment on any avoidable delays in the assessment and admission process  
Although the referral was made to the AMHP office at 12.12 on 15.2016 and the assessment was arranged for 3.00pm that day when the assessment was completed at 4.30pm there was no bed available and the matter could not be concluded at this time.

AMHP Signature

MARGARET GARROD
15/08/2016

Print details

Contact details

MARGARET GARROD
65C PARK AVENUE, BUSH HILL,
ENFIELD, EN1 2HL.
0208 364 1844

Date

**IN-PATIENT PRESCRIPTION CHART**

MEDICATION Chart No. 1 of 11

**INSTRUCTIONS FOR USE OF CHART****Notes for Prescriber**

- Write clearly in BLOCK CAPITALS using BLACK indelible ink
- Use APPROVED NAME and METRIC UNITS
- Sign your name with FULL signature and date for prescription to be valid  
20/09/2006
- Discontinue drugs thus: RISPERIDONE and draw a similar line through recording panels *AS signature*
- No prescription should be altered. A new prescription must be written.
- When all sections have been completed, start a new prescription chart and file the completed chart in patient's notes.
- All current prescriptions should be entered on the new chart, so that only one chart is in use.
- Prescriptions are valid for **FOUR WEEKS ONLY** and **MUST BE REWRITTEN BY A VALID PRESCRIBER.**
- All prescribers circle administration times.  
Please see key below:

**ADMINISTRATION TIMES**

Morn	(Morning)	8:00a.m – 9:30a.m
Lunch	(Lunch Time)	12:00p.m – 1:30p.m
Eve	(Evening)	6:00p.m – 6:30p.m

Date 30/8/16

Sign: *D. Dean***SUPERVISED MEDICATION**

- All Medications: ☐
- Psychiatric Medications Only: ☐
- All Doses: ☐
- Morning/Evening Only: ☐
- (delete as appropriate)

RIO/ NHS No:

11214451

Surname:

CORDELL

Forename:

SIMON

M/F:

M

DOB:

26/1/81

Start Date:

16/8/16

Weight:

Height:

Ward:

HAW

Change of Ward:

SCOTT (X1)

Consultant:

Dr. Cranitch

Bleep / Contact No:

**ALLERGIES & ADVERSE REACTIONS**

Drug	Reaction Type	Initial/ Date
<input type="checkbox"/> Nil Known	<input checked="" type="checkbox"/> Unknown	MC 16/8/16

**For Section Patients Only (Please tick if complete)**

Form T2	Attached	<input type="checkbox"/>
Form T3	Attached	<input type="checkbox"/>

**Notes for Nursing Staff on Administration**

- Check entries in every section to avoid omissions.
- Patient identity matches prescription chart.
- A Registered Nurse should initial each administration in the appropriate box.
- In the event of non-administration, record all missed doses and indicate reasons using the appropriate code:

\* Clarify in patient's note. Codes must be circled

Patient away from ward	1
Drug not available*	2
Patient refused drug	3
Drug Omitted*	4
Patient self-medicating	5
Other*	6

**ONCE ONLY AND PREMEDICATION DRUGS**

DATE PRESCRIBED	DRUG	DOSE	ROUTE	SIGNATURE	GIVEN BY	TIME	PHARM.

# REGULAR DRUGS

NAME:

WARD:

In the event of non-administration indicate reason using appropriate code:

- 1 Patient away from ward 2 Drug not available 3 Patient refused drug 4 Drug Omitted 5 Patient self-medicating  
6 Other

DATE AND MONTH					17/8	18/8	19/8	20/8	21/8	22/8	23/8	24/8	25/8	26/8	27/8	28/8
TIME																
Drug (approved name and form)				Morn												
LORAZEPAM				Lunch												
Dose	Route	Frequency	Date	Eve												
1mg	PO	BD	17/8/16	Night												
Sign and Print Name																
Pharmacy																
Drug (approved name and form)				Morn												
Clonazepam				Lunch												
Dose	Route	Frequency	Date	Eve												
1mg	PO	ON	18/8/16	Night												
Sign and Print Name																
Pharmacy																
Drug (approved name and form)				Morn												
LORAZEPAM				Lunch												
Dose	Route	Frequency	Date	Eve												
1mg	PO	ON	17/8/16	Night												
Sign and Print Name																
Pharmacy																
Drug (approved name and form)				Morn												
OLANZAPINE ORODISPERABLE				Lunch												
Dose	Route	Frequency	Date	Eve												
5mg	PO	ON	17/8/16	Night												
Sign and Print Name																
Pharmacy																
Drug (approved name and form)				Morn												
				Lunch												
Dose	Route	Frequency	Date	Eve												
				Night												
Sign and Print Name																
Pharmacy																
Drug (approved name and form)				Morn												
				Lunch												
Dose	Route	Frequency	Date	Eve												
				Night												
Sign and Print Name																
Pharmacy																
Drug (approved name and form)				Morn												
				Lunch												
Dose	Route	Frequency	Date	Eve												
				Night												
Sign and Print Name																
Pharmacy																



# REGULAR DRUGS

NAME:

WARD:

In the event of non-administration indicate reason using appropriate code:

- 1 Patient away from ward 2 Drug not available 3 Patient refused drug 4 Drug Omitted 5 Patient self-medicating  
6 Other

Date ▶	29/8	30/8	31/8	1/9	2/9	3/9	4/9	5/9	6/9										
Time ▼																			
Morn																			
Lunch																			
Eve																			
Night																			
Morn																			
Lunch																			
Eve																			
Night																			
Morn																			
Lunch																			
Eve																			
Night	SVK	KA	10	SVK	SE	5	SVK	3	SE										
Morn																			
Lunch																			
Eve																			
Night	SVK	KA	10	SVK	SE	5	SVK	3	SE										
Morn																			
Lunch																			
Eve																			
Night																			
Morn																			
Lunch																			
Eve																			
Night																			
Morn																			
Lunch																			
Eve																			
Night																			

**WARD:**

Page 4 of 6



# DRUGS TO TAKE HOME (including weekend leave)

Maximum supply - 28 days unless specially requested

NHS no 4340961671

SCOTT(XC)

Simon Cordell  
DOB 26/1/81

screened

DATE	DRUGS (Approved name) and FORM	DOSE	FREQUENCY	QUANTITY OR DURATION	SIGNATURE	PHARMACY
27/8	* LORAZEPAM	1mg	ON	14 days	[Signature]	to given + drugs going to CRFTT 24 x 7 + P.I.L
	* OLANZAPINE	5mg	ON	14 days	[Signature]	ordinary formulation 57 x 14 + P.I.L US 27/8/16
<p>pt to be seen by CRFTT. Trust policy not to discharge pts on antidepressant tablets unless patient preference or secondary vs up to also reduced. lorazepam TIA to 7 days from 14 days - Trust policy not to discharge patient on regular benzodiazepines. CRFTT to review above as appropriate. JM 29/8/16</p>						
31/8	Olanzapine	5mg	ON	7/52	[Signature]	Adams } fed
	orodispersible	→ please request + return ordinary formulation				
		pharmacy				
					Screened by	
					Andrew	3/18
7/9	TIAS 21 x Olanzapine	5mg	1/1		[Signature]	
21/9/16	OLANZAPINE	5mg	ON	2/52	MIELNIK	faxed 20/9
					Screened by	
					Dr. Chet	26/9
22/9	Client refused TIAS. Ⓟ.					

**IN-PATIENT PRESCRIPTION CHART****INSTRUCTIONS FOR USE OF CHART****Notes for Prescriber**

1. Write clearly in BLOCK CAPITALS using **BLACK** indelible ink
2. Use **APPROVED NAME** and **METRIC UNITS**
3. Sign your name with **FULL** signature and date for prescription to be valid  
20/09/2006
4. Discontinue drugs thus: **RISPERIDONE** *AS signature*  
and draw a similar line through recording panels
5. No prescription should be altered. A new prescription must be written.
6. When all sections have been completed, start a new prescription chart and file the completed chart in patient's notes.
7. All current prescriptions should be entered on the new chart, so that only one chart is in use.
8. Prescriptions are valid for **FOUR WEEKS ONLY** and **MUST BE REWRITTEN BY A VALID PRESCRIBER**.
9. All prescribers **circle administration times**.  
Please see key below:

**ADMINISTRATION TIMES**

Morn	(Morning)	8:00a.m – 9:30a.m
Lunch	(Lunch Time)	12:00p.m – 1:30p.m
Eve	(Evening)	5:00p.m – 6:30p.m
Night	(Night Time)	8:00p.m – 10:00p.m
Blank	Please state other time	

MEDICATION Chart No. 11 of 11

RIO/ NHS No: 11214457  
 Surname: COBDELL  
 Forename: SIMON  
 M/F: M DOB: 26/1/81

Start Date:  
 Weight: Height: Ward: HAW Change of ward:  
 Consultant: DR CRANITH  
 Bleep / Contact No:

**ALLERGIES & ADVERSE REACTIONS**

Drug	Reaction Type	Initial/ Date
<input type="checkbox"/> Nil Known	<input checked="" type="checkbox"/> Unknown	<u>W 22/8</u>
	<u>As per previous</u>	
	<u>chart</u>	

**For Section Patients Only (Please tick if complete)**

Form T2	Attached <input type="checkbox"/>
Form T3	Attached <input type="checkbox"/>

**Notes for Nursing Staff on Administration**

1. Check entries in every section to avoid omissions.
2. Patient identity matches prescription chart.
3. A Registered Nurse should initial each administration in the appropriate box.
4. In the event of non-administration, record all missed doses and indicate reasons using the appropriate code:

**\* Clarify in patient's note. Codes must be circled**

Patient away from ward	1
Drug not available*	2
Patient refused drug	3
Drug Omitted*	4
Patient self-medicating	5
Other*	6

**ONCE ONLY AND PREMEDICATION DRUGS**

DATE PRESCRIBED	DRUG	DOSE	ROUTE	SIGNATURE	GIVEN BY	TIME	PHARM.

## As Required Drugs

NAME:

WARD:

Drug (approved name and form)			Date	17/8/21															
1842020FEN			Time	18:20	15:30														
Dose	Route	Frequency and indication for use	Dose																
200-400mg	PO	PRN 4-6 max 1200mg	400mg																
Prescriber (Sign and PRINT Name)		Date	Pharmacy	Route															
SEEHER		11/8	W121110	PO															
Drug (approved name and form)			Sign	TB															
			Date																
			Time																
Dose	Route	Frequency and indication for use	Dose																
Prescriber (Sign and PRINT Name)		Date	Pharmacy	Route															
				Sign															
Drug (approved name and form)			Date																
			Time																
Dose	Route	Frequency and indication for use	Dose																
Prescriber (Sign and PRINT Name)		Date	Pharmacy	Route															
				Sign															
Drug (approved name and form)			Date																
			Time																
Dose	Route	Frequency and indication for use	Dose																
Prescriber (Sign and PRINT Name)		Date	Pharmacy	Route															
				Sign															
Drug (approved name and form)			Date																
			Time																
Dose	Route	Frequency and indication for use	Dose																
Prescriber (Sign and PRINT Name)		Date	Pharmacy	Route															
				Sign															
Drug (approved name and form)			Date																
			Time																
Dose	Route	Frequency and indication for use	Dose																
Prescriber (Sign and PRINT Name)		Date	Pharmacy	Route															
				Sign															
Drug (approved name and form)			Date																
			Time																
Dose	Route	Frequency and indication for use	Dose																
Prescriber (Sign and PRINT Name)		Date	Pharmacy	Route															
				Sign															
Drug (approved name and form)			Date																
			Time																
Dose	Route	Frequency and indication for use	Dose																
Prescriber (Sign and PRINT Name)		Date	Pharmacy	Route															
				Sign															

## Approved Mental Health Professional Assessment Form

Copy for Service user file  
Social Services record  
GP

For use when compulsory powers are being considered

Please note this form can be completed electronically or in hard copy. To complete this form electronically, please use the mouse pointer or the tab key on the keyboard to go to the next form field.

## Patient's details

Name: Simon Cordell  
Address: 109 Bomcollt Avenue  
Enfield Postcode EN3 7JQ  
Phone no.

☒ Male ☐ Female Age/DoB 35, 26/1/8  
Ethnic origin (DoH coding) WUK Mixed  
Religion NR to do with  
Preferred language English  
Interpreter needed? ☐ Yes ☒ No  
Assessing AMHP HBRISCOE

## Services Involved (Please state name, address, phone no.)

Hospital: St Ann's  
Consultant:  
GP:  
CMH IN/CMH FT:  
Social worker/responsible local authority (Section 117) LB Enfield

## Nearest relative

Name: Lorraine Cordell  
Address: 23 Byron Terrace  
Edmonton Postcode N9 7DA  
Phone no. 0208 245 7454 / 07445 388734  
Age/DoB 1  
Relationship to patient Mother

Informed? ☒ Yes ☐ No  
Consulted? ☒ Yes ☐ No  
Objected? ☐ Yes ☐ No  
Reason not informed/consulted  
Nearest relative notified of admission? ☒ Yes ☐ No  
Letter sent? ☐ Yes ☒ No  
Reason why not notified  
Nearest relative informed of their legal rights? ☒ Yes ☐ No  
Names and contact information for significant others:  
Father NIK.

## Patient's rights

Was the patient made aware of his/her legal status and rights under the 1983 Mental Health Act at time of interview? ☒ Yes ☐ No  
If 'No', please state date when he/she was made aware of above

## Assessment details

Date of initial referral 15/8/16 Date of assessment 15/8/16  
Place of assessment Wood Green Police Stn.  
Medical recommendations from: Please select if Sec.12 doctor or GP  
Dr. Albazaz Date 15/8/16 ☒ ☐  
Dr. Amin Date 15/8/16 ☒ ☐  
Any delays in admission process? Wait for bed  
Time assessment: Started 02.15 Completed 03.05

## Legal status at time of assessment

☐ Inf. ☐ Sec.135  
☐ Sec.2 ☐ Sec.136  
☐ Sec.3 ☒ Detained by Police, not under Sec.136  
☐ Sec.4  
☐ Sec.5(2) ☐ CTO  
☐ Sec.7 ☐ Other

## Legal status at end of assessment

☐ No admission  
☐ Informal admission  
☐ Remains informal inpatient  
☒ Detained under Sec.2  
☐ Detained under Sec.3  
☐ Detained under Sec.4  
☐ Placed under Sec.7  
☐ CTO Yes ☐ No ☐ Renewal ☐ Revoke  
☐ Other

## Outcome details

Date admitted/detained 16/8/16 Time of admission  
Admitted/detained at: Hospital/Unit St Ann's  
Ward Haringey

## Summary of assessment

Patient's name

Simon Cordell

Date of assessment

16/8/16

### 1 Referral details and any other precipitating factors

Simon arrested on 15/8 on suspicion of threatening to kill his neighbour and, reportedly, children. He was seen by FME at Wood Green PS who requested MHA mtr. He was assessed by two psyd & AMHP on 15/8 - two med. recs. completed but AMHP unable to complete application as no bed available, at the time.

### 2 Relevant social and medical history

Some years back an informal admission to psych hosp. More recently involvement been EIS but seems not to have been successful in gaining direct engagement. MHA mtr in Jan 16 & Feb 16 - no admission. Lives alone with dog. Supported by mother. Has other family also living locally.

### 3 Record of interview with patient (Include where it was conducted who was present and use of police if required during process)

Client seen in interview room at Wood Green PS. Police Officer stood outside the door. He was polite & cooperative throughout. He spoke quickly about a wide range of subjects and topics - mainly focusing on his plans & ambitions, as well as past achievements eg in organising raves/gatherings. Some of what he said seemed quite unrealistic at times but I was able to say this to him & although he seemed

### 4 Assessment of risk to patient and/or to others

Although Simon denies incident, police have arrested him for threatening to kill neighbour on 15/8.

disappointed was not angry or aggressive. He spoke in what I felt was a persecutory way about how he had been harassed & "set up" by police. He denied making any threat against neighbour. Other things he said indicated he has negative feelings towards neighbour & would try to wind him up by playing loud music.



## 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.

Patient's name Simon Cardell

Date of assessment 16/8/16

10. If not admitted to hospital, outline immediate plans for alternative to admission and how those plans will be co-ordinated

N/A

11. If admitted arrangements for:

a) Dependents (including children)

None

b) Securing property

N/A

c) Pets

Dog - MStk has agreed to come for dog if/when client admitted.

12. Any other practical matter (including information/advice about children visiting the ward)

—

13. Comment on any avoidable delays in the assessment and admission process

Wait for a bed.

Bed identified on Hanger ward 23.40 on 15/8.

MHA note carried out by AMHP at WGP5 02.10-03 on 16/8.

AMHP Signature

H/B

Date

16/8/16

Print details

Contact details

H/DH BRUNNE

LB Enfield

EDT

0208 379 1000

## Approved Mental Health Professional Assessment Form

Copy for: Service user file  
Social Services record  
GP

For use when compulsory powers are being considered

Please note this form can be completed electronically or in hard copy. To complete this form electronically, please use the mouse pointer or the tab key on the keyboard to go to the next form field.

## Patient's details

Name: Simon Cordell  
Address: 109 Boncroft Avenue  
Enfield Postcode: EN3 7JX  
Phone no.:

☒ Male ☐ Female Age/DoB: 35, 26/1/81  
Ethnic origin (DoH coding): Wk Mixed UK  
Religion: Not disclosed  
Preferred language: English  
Interpreter needed? ☐ Yes ☒ No  
Assessing AMHP: HBRISCE

## Services involved (Please state name, address, phone no.)

Hospital: St Ann's  
Consultant:  
GP:  
CMHN/CMHT:  
Social worker/responsible local authority (Section 117): LB Enfield

## Nearest relative

Name: Lorraine Cordell  
Address: 23 Byron Terrace  
Edmonton Postcode: N9 7DA  
Phone no.: 0208 245 7454 / 07445 388 734  
Age/DoB: 1  
Relationship to patient: Mother

Informed? ☒ Yes ☐ No  
Consulted? ☒ Yes ☐ No  
Objected? ☐ Yes ☐ No  
Reason not informed/consulted:  
Nearest relative notified of admission? ☒ Yes ☐ No  
Letter sent? ☐ Yes ☒ No  
Reason why not notified:  
Nearest relative informed of their legal rights? ☒ Yes ☐ No  
Names and contact information for significant others:  
Father N/A.

## Patient's rights

Was the patient made aware of his/her legal status and rights under the 1983 Mental Health Act at time of interview? ☒ Yes ☐ No  
If 'No', please state date when he/she was made aware of above:

## Assessment details

Date of initial referral: 15/8/16 Date of assessment: 16/8/16  
Place of assessment: Wood Green Police Stn.  
Medical recommendations from: Please select if Sec. 12 doctor or GP  
Dr. Albazaz Date: 15/8/16 ☒ ☐  
Dr. Amin Date: 15/8/16 ☒ ☐  
Any delays in admission process? Wait for bed  
Time assessment: Started: 02.15 Completed: 03.05

## Legal status at time of assessment

☐ Inf ☐ Sec. 135  
☐ Sec. 2 ☐ Sec. 136  
☐ Sec. 3 ☒ Detained by Police, not  
under Sec. 136  
☐ Sec. 4  
☐ Sec. 5(2) ☐ CTO  
☐ Sec. 7 ☐ Other

## Legal status at end of assessment

☐ No admission  
☐ Informal admission  
☐ Remains informal inpatient  
☒ Detained under Sec. 2  
☐ Detained under Sec. 3  
☐ Detained under Sec. 4  
☐ Placed under Sec. 7  
☐ CTO Yes ☐ No ☐ Renewal ☐ Revoke ☐  
☐ Other

## Outcome details

Date admitted/detained: 16/8/16 Time of admission:  
Admitted/detained at: Hospital/Unit: St Ann's  
Ward: Havering



# Summary of assessment

Patient's name Simon Cordell

Date of assessment 16/8/16

## 1. Referral details and any other precipitating factors

Simon arrested on 15/8 on suspicion of threatening to kill his neighbour and, reportedly, children. He was seen by FME at Wood Green PS who requested MHA mtr. He was arrested by two police & AMHP on 15/8 - two med. recs. completed but AMHP unable to complete application as no bed available, at the time.

## 2. Relevant social and medical history

Some years back an internal admission to psych. hosp. More recently involvement with EIS but seems not to have been successful in gaining client's engagement.

MHA mtr in Jan 16 & Feb 16 - no admission. Lives alone with dog. Supported by mother. Has other family also living locally.

## 3. Record of interview with patient (include where it was conducted who was present and use of police if required during process)

Client seen in interview room at Wood Green PS. Police Officer stood outside the door. He was polite & cooperative throughout. He spoke quickly about a wide range of subjects and topics - mainly focusing on his plans & activities, as well as past achievements eg in organising raves/gatherings. Some of what he said seemed quite unrealistic at times but I was able to say this to him & although he seemed

## 4. Assessment of risk to patient and/or to others

Although Simon denies incident, police have arrested him for threatening to kill neighbour on 15/8.

disappointed was not angry or aggressive. He spoke in what I felt was a persecutory way about how he feels harassed & "set up" by police. He denied making any threat against neighbour. Other things he said indicate he has negative feelings towards neighbour & would try to wind him up by playing loud music.

Patient's name

Simon Cordell

Date of assessment

16/8/16

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 & spoke with Lorraine Cordell and consulted with her. I informed her in phone of outcome of assessment & reasoning behind context of assessment & outcome.

6. Consultation with Assessing Doctors

Assessing doctors & a parent: chief presents with features suggestive of mental illness. P. varred. Idea about the police of 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.

Referred mental illness & referred to hospital admission to hospital.

Views of others consulted

Requies to be assessed - hospital.

I spoke with Maggie Corrad - AMHP involved in earlier MHA on 15/8. She said he had been aggressive & disruptive in cell & initially refused to engage with staff. She said she believes he would benefit from mental health treatment & his negative behaviour ending up with being arrested by police.

8. Mental Capacity Act 2005

No evidence to determine that chief 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 15/8.
- HTT or other community approach not viable given chief's total rejection of any notion that he might require MH services' input.
- Chief refuses to entertain idea of hospital admission.

Patient's name

Simon Cordell

Date of assessment

16/8/16

10. If not admitted to hospital, outline immediate plans for alternative to admission and how those plans will be co-ordinated:

N/A

11. If admitted arrangements for:

a) Dependants (including children)

None

b) Securing property

N/A

c) Pets

Dog - sister has agreed to come her dog if/when client admitted.

12. Any other practical matter (including information/advice about children visiting the ward):

—

13. Comment on any avoidable delays in the assessment and admission process:

Wait for a bed.

Bed identified at Hangerford 23.40 on 15/8.

MHA not carried out by AMHP at WGPS 02.10 - 03.05 on 16/8.

AMHP Signature

HNB

Print details

Contact details

H24 B212E

LB Enfield

EDT

0208 379 1000

Date

16/8/16

## Section 132 Informing Patients of their Rights Under the Mental Health Act 1983

Patient's Name: CORDILL Simon Date of Birth: 26/01/81  
 Ward: HARINGEY ASSESSMENT Section: 2 RIO Number: 11214451  
 Consultant: DR. CRAMITCH Named Nurse/Primary Nurse: PHILIP

The patient has indicated that s/he (please circle one that applies) 1) Understands or 2) does not understand

If patient does not understand please state the reason: -

Please record repeated efforts below.

First repeat date:	Understood:	Yes / No
Second repeat date:	Understood:	Yes / No
Third repeat date:	Understood:	Yes / No

Would the patient like to see a representative from the Independent Mental Health Advocacy (IMHA) Service? This is in addition to any legal representative they may wish to have. Yes/No

Does the patient wish their nearest relative to be informed of this admission & detention? Yes/No

Is there anyone else they would like to have informed of their admission?  
 If yes, please give name and address of nearest relative or relative:

Name ..... : Relationship.....

Address..... P/Code.....

The Patients nearest relative is not known [ ]

The Patients nearest relative is not communicating [ ]

I hereby confirm that the above patient was and has been informed of his/her legal Rights as defined by Section 132 of the Mental Health Act 1983 both written and verbal communication.

Name of Nurse CAROLINE ACOLATSE Date and time Rights given 16/8/16 @ 05:00pm  
 (PRINT NAME IN BLOCK CAPITALS)

Signature of Nurse [Signature] Patient signature [Signature]

Please send this completed form to the Mental Health Act Office. A copy will be furnished to you. A new form should be completed if a new section is implemented or following transfer from hospital or at the renewal of a section.

# Record of detention in hospital

Form H5

Mental Health Act 1983  
Sections 2, 3 and 4  
Regulation 4(4) and (5)

(To be attached to the application for admission)

## PART 1

(name and address  
of hospital)

Barnet, Enfield and Haringey Mental Health NHS Trust  
St. Ann's Hospital, St. Ann's Road, Tottenham, London N15 3TH

(PRINT full name of patient)

Simon Cordell

Complete (a) if the patient is not already an in-patient in the hospital.

Complete (b) if the patient is already an in-patient.

(Delete the one which  
does not apply)

- (a) The above named patient was admitted to this hospital on (date of admission to hospital) 16/8/2016 at (time) 0445 hrs. in pursuance of an application for admission under section (state section) of the Mental Health Act 1983.
- (b) An application for the admission of the above named patient (who had already been admitted to this hospital) under section (state section) of the Mental Health Act 1983 was received by me on behalf of the hospital managers on (date) at (time) and the patient was accordingly treated as admitted for the purposes of the Act from that time.

Signed

on behalf of the hospital managers

PRINT NAME

Date

## PART 2

(To be completed only if the patient was admitted in pursuance of an emergency application under section 4 of the Act)

On (date)

at (time)

I received, on

behalf of the hospital managers, the second medical recommendation in support of the application for the admission of the above named patient.

Signed

on behalf of the hospital managers

PRINT NAME

Date

NOTE: IF THE PATIENT IS BEING DETAINED AS A RESULT OF A TRANSFER FROM GUARDIANSHIP, THE PATIENT'S ADMISSION SHOULD BE RECORDED IN PART 2 OF THE FORM G8 WHICH AUTHORISED THE TRANSFER.



Application by an Approved Mental Health  
Professional for Admission for Assessment

Form A2

Mental Health Act 1983  
Section 2  
Regulation 4(1)(a)(ii)

(name and address  
of hospital) To the Managers of  
**Barnet Enfield and Haringey Mental Health NHS  
St. Ann's Hospital, St. Ann's Road, Trunk.  
Tottenham, London N15 3TH**

(PRINT your full name) I **HUGH BRISCOE**

(PRINT your address) of **65c Park Avenue  
Enfield EN1 2HL**

(PRINT full name of patient) apply for the admission of  
**Simon Cordell**

(PRINT address of  
patient) **109 Burncroft Avenue,  
Enfield EN3 7JQ**

for assessment in accordance with Part 2 of the Mental Health Act 1983.

(PRINT name of local social  
services authority) I am acting on behalf of  
**London Borough of Enfield**

and am approved to act as an approved mental health professional for the purposes of  
the Act by  
delete as appropriate [that authority]  
**[redacted]**

name of local social services authority that approved you, if different

Complete the following if you know who the nearest relative is.

Complete (a) or (b) as applicable and delete the other

[(a) To the best of my knowledge and belief

(PRINT full name  
and address) **Lorraine Cordell  
23 Byron Terrace, Edmonton, N9 7DE**

is the patient's nearest relative within the meaning of the Act.]

[(b) I understand that

(PRINT full name  
and address) **[redacted]**

\*delete phrase which  
does not apply

has been authorised by a county court/the patient's nearest relative\* to exercise the  
functions under the Act of the patient's nearest relative.]

I have/~~have not yet~~ informed that person that this application is to be made and of  
the nearest relative's power to order the discharge of the patient.

CONTINUED

*Complete the following if you do not know who the nearest relative is.*

*Delete (a) or (b)*

[(a) I have been unable to ascertain who is the patient's nearest relative within the meaning of the Act.]

[(b) To the best of my knowledge and belief this patient has no nearest relative within the meaning of the Act.]

*The remainder of the form must be completed in all cases.*

(date) I last saw the patient on 16/8/16 which was within the period of 14 days ending on the day this application is completed.

I have interviewed the patient and I am satisfied that detention in a hospital is in all the circumstances of the case the most appropriate way of providing the care and medical treatment of which the patient stands in need.

This application is founded on two medical recommendations in the prescribed form.

If neither of the medical practitioners had previous acquaintance with the patient before making their recommendations, please explain why you could not get a recommendation from a medical practitioner who did have previous acquaintance with the patient:-

(If you need to continue on a separate sheet please indicate here sheet to this form.)

☐ and attach that

Signed



Date

16/8/16



Medical Recommendation for  
Admission for Assessment

Form A4

Mental Health Act 1983  
Section 2  
Regulation 4(1)(b)(ii)

(PRINT full name and  
address of medical  
practitioner)

Dr. ATEF AMIN  
18 Lawther Drive  
Enfield EN2 7JN

a registered medical practitioner, recommend that

(PRINT full name and  
address of patient)

Simon Cordell  
109 Burncroft Avenue EN3 7JQ Enfield

be admitted to a hospital for assessment in accordance with Part 2 of the Mental Health Act 1983.

I last examined this patient on

(date)

15/8/2016

\*Delete if not applicable

~~I had previous acquaintance with the patient before I conducted that examination.~~

\*I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

In my opinion

(a) this patient is suffering from mental disorder of a nature or degree which warrants the detention of the patient in hospital for assessment (or for assessment followed by medical treatment) for at least a limited period,

AND

(b) ought to be so detained

(Delete the indents not  
applicable)

(i) in the interests of the patient's own health

(ii) in the interests of the patient's own safety

(iii) with a view to the protection of other persons

My reasons for these opinions are:

(Your reasons should cover both (a) and (b) above. As part of them: describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; explain why the patient ought to be admitted to hospital and why informal admission is not appropriate.)

seen in Wood Green police custody having been arrested for making threats to kill neighbours. He has had previous contact with psychiatric services. He used to be under early intervention service (EIS). He presents with features suggestive

(If you need to continue on a separate sheet please indicate here  
sheet to this form.)

☐ and attach that

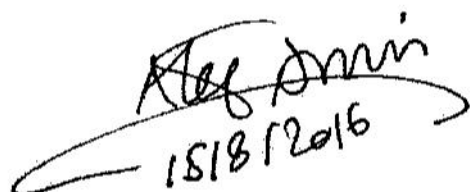
Signed

ATEF AMIN

Date

15/8/2016

of mental illness. He expresses paranoid ideas about the police. He believes police officers ripped off CCTV cameras at his premises. His mother stated his mental state has deteriorated recently. She said he has been withdrawn and he believes the television is talking about him. He has pressured speech. His neighbours have expressed concerns about escalation of his anti-social behaviour playing loud music and becoming verbally aggressive. He denies mental illness and declines informal admission. He requires further assessment in hospital.

  
15/8/2016

Medical Recommendation for  
Admission for Assessment

Form A4

Mental Health Act 1983  
Section 2  
Regulation 4(1)(b)(ii)

(PRINT full name and  
address of medical  
practitioner)

Dr Ali Alboza  
PO Box 49792  
London NW2 2AY

a registered medical practitioner, recommend that

(PRINT full name and  
address of patient)

Simon Condell  
109 Burncroft Avenue, Enfield,  
AA. ~~London~~ EN3 7JQ

be admitted to a hospital for assessment in accordance with Part 2 of the Mental Health Act 1983.

I last examined this patient on

(date)

15/08/2016

\*Delete if not applicable

\*I had previous acquaintance with the patient before I conducted that examination.

\*I am approved under section 12 of the Act as having special experience in the diagnosis or treatment of mental disorder.

In my opinion

(a) this patient is suffering from mental disorder of a nature or degree which warrants the detention of the patient in hospital for assessment (or for assessment followed by medical treatment) for at least a limited period,

AND

(b) ought to be so detained

(Delete the indents not  
applicable)

(i) in the interests of the patient's own health

(ii) in the interests of the patient's own safety

(iii) with a view to the protection of other persons

My reasons for these opinions are:

(Your reasons should cover both (a) and (b) above. As part of them: describe the patient's symptoms and behaviour and explain how those symptoms and behaviour lead you to your opinion; explain why the patient ought to be admitted to hospital and why informal admission is not appropriate.)

He was arrested by the police charged with threatening to kill his neighbour. He has history of mental health problems with suicidal feelings & thoughts in the past. He has history of being sexually abused & has attempted to kill himself in the past. He has former history & he feels being harassed by the police due to regular contact with them. His mother reported that

(If you need to continue on a separate sheet please indicate here  
sheet to this form.)

☐

and attach that (PTO)

Signed

Date

15/08/2016

cont: he has been talking about the TV talking about him & to him & that he has been expressing paranoid thoughts about his mother. She believes he has used illicit substances namely "laughing gas".

Simon was assessed in his cell & he initially refused to talk to us saying "I don't trust you". He then started to talk to us & was preoccupied with speech, expressing paranoid & angry feelings & thoughts about the police & denied the charges against him. He was generally guarded & denied having any mental health problems or using illicit substances. He has impaired insight about his condition & he requires a further assessment in hospital & has refused hospital admission.

*[Signature]*  
15/12/16

CORDELL, Simon (Mr.)  
Date of Birth: 26-Jan-1981

Nightingale House Surgery  
NHS Number: 434 096 1671

**CORDELL, Simon (Mr.)** Date of Birth: **26-Jan-1981 (35y)**

Report Path: Local Record

109 BURNCROFT Avenue, Enfield, Middlesex, EK3 7JQ

NHS Number:	434 09<51671	Home Tel:	07961833021
Usual GP:	ABIDOYE, Dapo (Dr.)	Work Tel ;	07961833021
Patient Type:	Regular*	Mobile Tel:	02082457454
Registered	OS-Feb-1899	email	

#### Problems

Active

09-Dec-2018	[X]Psychosis NOS	SUMMARY*Y
28-Jtm-2011	Administer of	(IL) SUMMARY=Y
13-Jan-2008	Reduction of fracture of mandible	SUMMARY=Y
31 -Jul-2005	Fracture t f scaphoid	LATERALITY - Left SUMMARY "Y
13-Jul-2004	Lloyd George cidled+summarfeed	SUMMARY=Y
20-Nov-1907	Fracture of scaphoid	SUMMARY=Y
23-Jun-1997	Overdose of drug	SUMMARY=Y
26-Jan-1981	Asthma	SUMMARY=Y

#### Significant Past

##### Medication

No current medication

##### Allergies

No allergies recorded.

##### Health Status

04-Feb-2016 Non-smoker of  
cigarettes -

07-NOV-2011	O/E-weight	79	kg
07-Nov-2011	O/E - height	177	cm
07-NOV-201 1	Body Mass Index	25.21	kg/m2
4- Aug-20G5	Notes summary oncomputer		
5- Feb'1S9S	Current Drinker (Advised)	40	units/week

20-Dec-1096	O/E Blood Pressure Reading	110/70	mm Hg
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#### Planned Events

16-Aug-2016 Risk Stratification - lifestyle data  
16-Aug-2016 Seasonal Influenza Vaccination recommended  
16-Aug-2016 No BP recorded in past 5 years  
16-Aug-2016 Mental Health Cere Han Outstanding  
16-Aug\*2016 Alcohol Consumption recording  
16-Aug-2016 Named GP not informed  
16-Aug-2016 Patent on QOF Registers

#### Last 3 Consultations

26-Feb-201@ Nightingale House Surgery MARTIN. Kim (Mra)  
Document Letter encounter 15 Letter outside agency \* to whom

CORDELL, Simon (Mr.)  
Date of Birth: 26-Jan-1981

Nightingale House Surgery  
NHS Number: 434 096 1671

26-Feb-2016 Docman: DOCKMAN, PCTI (Mr.)  
Additional Attachment @ Admin Letter Letter from Patient Administration  
04-Feb-2016 Telephone call to relative/carer (Nightingale House Surgery): RODRIGUEZ, Martha (Ms.)  
Comment Failed encounter - message left with household member - mother- I could not contact him on mobile - mother advised to book apt. to come and check b/p  
Social Non-smoker of cigarettes -

#### Values and Investigations (Latest Value)

05-May-2016	QCancer Risk Calculator	0.09	%	
	Added via Batch Data Management			
	Prostate Cancer Risk	0	%	
	Blood Cancer Risk	0.02	%	
	Testicular Cancer Risk	0.02	%	
	Colorectal Cancer Risk	0.01	%	
	Gastric-Oesophageal Cancer Risk	0	%	
	Pancreatic Cancer Risk	0	%	
	Lung Cancer Risk	0	%	
	Renal Tract Cancer Risk	0	%	
30-Sep-2013	Serum vitamin D - (drdapo) - Make a routine appointment	27	nmol/L	
	Vitamin D guidelines:			
	Deficient:	<20 nmol/L		
	Insufficient:	21 - 50 nmol/L		
	Sub-optimal:	51 - 75 nmol/L		
	Optimal concentration:	76 - 200 nmol/L		
	Possible Toxicity:	>250 nmol/L		
30-Sep-2013	Tissue transglutaminase IgA lev	1	U/ml	<10.00U/ml
30-Sep-2013	Thyroid function test			
	Serum TSH level	0.99	mU/l	0.35 - 5.50mU/l
	Serum free T4 level	12.7	pmol/l	10.00 - 22.70pmol/l
30-Sep-2013	IgA	3.22	g/l	0.80 - 3.90g/l
30-Sep-2013	Routine blood Chemistry			
	Serum ALT level	22	u/L	10.00 - 37.00u/L
	GFR -calculated abbreviated MDRD	84	mL/min/1.73sqm	
	The derived eGFR should be multiplied by 1.212 for Afro Caribbeans. If <30 consult the Renal Drug Handbook for prescribing advice, available via the link on the WeBNF page on the intranet. It is not applicable in ARF, pregnancy, amputees or extremes of body weight.			
	Serum C reactive protein level	2	mg/l	<6.00mg/l
	NI:CRP assay sensitivity is now 0.2 mg/l			
30-Sep-2013	Liver function test			
	Serum alkaline phosphatase	68	u/L	40.00 - 129.00u/L
	Serum total bilirubin level	15	umol/l	<15.00umol/l
	Serum total protein	77	g/l	62.00 - 82.00g/l
	Serum albumin	48	g/L	35.00 - 50.00g/L
30-Sep-2013	Urea and electrolytes			
	Serum sodium	138	mmol/l	135.00 - 145.00mmol/l
	Serum potassium	4.6	mmol/L	3.50 - 5.50mmol/L
	Serum urea level	4.6	mmol/l	1.70 - 8.30mmol/l
	Serum creatinine	90	umol/l	42.00 - 102.00umol/l
30-Sep-2013	Erythrocyte sedimentation rate	2	mm/hr	2.00 - 15.00mm/hr
30-Sep-2013	Full blood count - FBC			
	Please note: The units for Hb and MCHC have changed from g/dl to g/L in line with national guidelines.			
	Haemoglobin estimation	148	g/L	135.00 - 165.00g/L
	Total white blood count	9.1	x10 <sup>9</sup> /l	4.00 - 11.00x10 <sup>9</sup> /l
	Platelet count	233	x10 <sup>9</sup> /l	135.00 - 420.00x10 <sup>9</sup> /l

CORDELL, Simon (Mr.) Date of  
Birth: 26-Jan-1981

	Red blood cell (RBC) count	4.53	x10 <sup>12</sup> /l	4.50 - 6.00x10 <sup>12</sup> /l
	Packed cell volume	0.44	l/l	0.40 - 0.52l/l
	! Mean corpuscular volume (MCV)	97.7	fl	76.00 - 96.00fl
	! Mean corpusc. haemoglobin(MCH)	32.7	pg	27.00 - 32.00pg
	Mean corpusc. Hb. conc. (MCHC)	335	g/L	315.00 - 365.00g/L
	Neutrophil count	6.1	x10 <sup>9</sup> /l	2.00 - 7.50x10 <sup>9</sup> /l
	Percentage result: 67.03%			
	Lymphocyte count	2.2	x10 <sup>9</sup> /l	1.00 - 4.00x10 <sup>9</sup> /l
	Percentage result: 24.18%			
	Monocyte count	0.6	x10 <sup>9</sup> /l	0.20 - 1.00x10 <sup>9</sup> /l
	Percentage result: 6.59%			
	Eosinophil count	0.1	x10 <sup>9</sup> /l	0.04 - 0.40x10 <sup>9</sup> /l
	Percentage result: 1.10%			
	Basophil count	0.1	x10 <sup>9</sup> /l	0.02 - 0.10x10 <sup>9</sup> /l
	Percentage result: 1.10%			
07-Nov-2011	O/E - weight	79	kg	
07-Nov-2011	O/E - height	177	cm	
07-Nov-2011	Body Mass Index	25.21	kg/m2	
10-Oct-2011	Serum vitamin D	32	nmol/L	
	.viewed by: YC			
10-Oct-2011	Serum ferritin	66	ng/ml	15 - 300 ng/ml
	.viewed by:			
10-Oct-2011	Serum folate	4.5	ug/L	2 - 14.5 ug/L
	.viewed by: YC			
10-Oct-2011	! Serum vitamin B12	164	ng/L	190 - 900 ng/L
	.viewed by: YC gp comment: Make Routine Appointment			
10-Oct-2011	Full Blood Count			
	.viewed by:			
10-Oct-2011	Total cholesterol:HDL ratio	3.4	UNKNOWN UNITS	
	.viewed by:			
10-Oct-2011	AST serum level	24	u/L	10 - 37 u/L
10-Oct-2011	IgA	3.22	g/l	0.8 - 3.9 g/l
	.viewed by:			
10-Oct-2011	Serum glucose level	4.5	mmol/l	3 - 6 mmol/l
	.viewed by:			
10-Oct-2011	Serum HDL cholesterol level	1.2	mmol/l	
10-Oct-2011	Serum LDL cholesterol level	2.8	mmol/l	2.5 - 3.9 mmol/l
10-Oct-2011	Serum triglycerides	0.7	mmol/l	
10-Oct-2011	Serum cholesterol	4.1	mmol/l	3.8 - 5.2 mmol/l
10-Oct-2011	Serum inorganic phosphate	0.97	mmol/L	0.8 - 1.4 mmol/L
10-Oct-2011	Serum calcium	2.31	mmol/L	2.1 - 2.6 mmol/L
10-Oct-2011	Corrected serum calcium level	2.26	mmol/L	2.1 - 2.6 mmol/L
10-Oct-2011	Tissue transglutaminase IgA lev	1	U/ml	
	.viewed by: YC PATH LAB RESULTS OF 10.10.11 GIVEN ON 2.11.11 CH			
10-Oct-2011	Serum lipids			
	.viewed by:			
	Serum cholesterol	4.1	mmol/l	3.8 - 5.2 mmol/l
	Serum triglycerides	0.7	mmol/l	
10-Oct-2011	Thyroid function test			
	.viewed by: YC			
10-Oct-2011	Bone profile			
	.viewed by: YC gp comment: Make Routine Appointment			
01-Jun-2009	Cigarette smoker	2	per day	
	(Advised)			
05-Feb-1999	Current Drinker	40	units/week	
	(Advised)			
05-Feb-1999	Non-smoker	0	a day	
20-Dec-1996	O/E Blood Pressure Reading	110/70	mm Hg	
20-Dec-1996	O/E - blood pressure reading			



## Patient Observation Records

Patients Name: CORDELL SIMONRIO Number 11214451Consultant Dr Cranitch

Primary Nurse.....

Observation Level 15 minsReason for observation New AdmissionDate & Time Observation Commenced 16-08-16

All staff must be trained in the use of this form and must be competent to use it. The form must be completed in full and the patient must be observed for the full period of the observation. The form must be completed in full and the patient must be observed for the full period of the observation.

Date	Time (24hrs)	Record of Events	Allocated Nurses name (PRINT)	Signature
16	04 :00			
	:15			
16-08	:30	In the day area.	MARY	✓
16	:45	In the day area.	MARY	✓
Hourly Summary: To include all observations and mental state presentations. Appears fairly calm. Baseline observations done. Orientated to the ward. — MARY ✓				
16	05 :00	In the dining area.	MARY	✓
	:15	In the dining area.	MARY	✓
08	:30	With the duty doctor.	MARY	✓
16	:45	With the duty doctor.	MARY	✓
Hourly Summary: To include all observations and mental state presentations. Two hourly summary entries must also be documented on RIO Fairly calm but unpredictable — MARY ✓				
16	06 :00	In the <del>day</del> dining area	MARY	✓
	:15	In the TV lounge	REMI-ALAN	✓
08	:30	In the TV lounge.	REMI-ALAN	✓
16	:45	In the TV lounge.	REMI-ALAN	✓
Hourly Summary: To include all observations and mental state presentations. Appears fairly settled, observed to be very cheerful — REMI ✓				



# CORDELL SIMON

Date	Time (24hrs)	Record of Events	Allocated Nurses name (PRINT)	Signature
16-08-16	07:00	In the TV lounge	REMI-ALAN	CL
	:15	Passing the TV lounge	REMI-ALAN	CL
	:30	In the TV lounge.	REMI-ALAN	CL
	:45	In the TV lounge	Caroline	COA
<b>Hourly Summary:</b> To include all observations and mental state presentations. <i>Two hourly summary entries must also be documented on RIO</i> Relatively settled in his presentation, however he is unpredictable				COA
16-08-16	08:00	In the TV lounge	Caroline	COA
	:15	In his bedroom area	Caroline	COA
	:30	In his bedroom area	Caroline	COA
	:45	Bedroom awake	Caroline	COA
<b>Hourly Summary:</b> To include all observations and mental state presentations. He stayed in his bedroom area, calm and stable				COA
16-08-16	09:00	In bedroom area	Caroline	COA
	:15	Bedroom awake	Caroline	COA
	:30	Bedroom awake	Caroline	COA
	:45	Appears asleep	Caroline	COA
<b>Hourly Summary:</b> To include all observations and mental state presentations. <i>Two hourly summary entries must also be documented on RIO</i> Appears relatively settled, remain in his bedroom.				COA
16/08/16	10:00	In his bedroom asleep	Caroline	CL
	:15	In his bedroom asleep	Caroline	CL
	:30	In his bedroom asleep	Caroline	CL
	:45	Appears asleep	Caroline	CL
<b>Hourly Summary:</b> To include all observations and mental state presentations. Appeared asleep, breathing observed.				M
Date	Time (24hrs)	Record of Events	Allocated Nurses name	Signature

# CORDON SIMON

Date	Time	Record of Events	Allocated Nurses name (PRINT)	Signature
16/8/16	11:00	Appears asleep	Flora	[Signature]
	11:15	Appears asleep	Flora	
	11:30	Appears asleep	Flora	
	11:45	Appears asleep	Flora	
<b>Hourly Summary:</b> To include all observations and mental state presentations. <i>Two hourly summary entries must also be documented on RIO</i> Appeared asleep, movement and breathing observed				
16/8/16	12:00	In his bedroom area	Caroline	Corr
	12:15	Having his meals	Caroline	Corr
	12:30	Having his meals	Caroline	Corr
	12:45	Seen in the Corridor	Caroline	
<b>Hourly Summary:</b> To include all observations and mental state presentations. <div style="text-align: right;">Corr</div>				
16/8/16	13:00	Bedroom area	Caroline	Corr
	13:15	Bedroom area	Caroline	Corr
	13:30	Bedroom area	Caroline	Corr
	13:45	Bedroom area	Caroline	Corr
<b>Hourly Summary:</b> To include all observations and mental state presentations. <i>Two hourly summary entries must also be documented on RIO</i> Spent this period in his bedroom area, remain settled in his presentation				
16/8/16	14:00	In his room awake	Chidi	[Signature]
	14:15	In his bed area	Chidi	[Signature]
	14:30	In his bed area	Chidi	[Signature]
	14:45	In his bed area	Chidi	[Signature]
<b>Hourly Summary:</b> To include all observations and mental state presentations. In his bed area awake				

Date	Time (24hrs)	Record of Events	Allocated Nurses name (PRINT)	Signature
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Simon

16/8/16	15:00	In the TV lounge	Chidi	
	:15	Sitting in the lounge	Chidi	
	:30	In his bed area	Chidi	
	:45	In his bed area	Chidi	
<b>Hourly Summary:</b> To include all observations and mental state presentations. Two hourly summary entries must also be documented on RIO Appears awake but lying on bed in his room				
16/8/16	16:00	Lying in bed relaxing	Vincent	
	:15	In his bed room	Vincent	
	:30	In his bed room	Vincent	
	:45	Lying in bed relaxing	Vincent	
<b>Hourly Summary:</b> To include all observations and mental state presentations. Appears settled and also calm in mood.				
16/8/16	17:00	In the dining hall	Vincent	
	:15	Having his supper	Vincent	
	:30	Supper in the dining hall	Vincent	
	:45	Finishing his supper	Vincent	
<b>Hourly Summary:</b> To include all observations and mental state presentations. Two hourly summary entries must also be documented on RIO Eating and drinking well at supper time				
16/8/16	18:00	In the day area	Vincent	
	:15	Having two visitors	Vincent	
	:30	With his visitors	Vincent	
	:45	With his visitors	Vincent	
<b>Hourly Summary:</b> To include all observations and mental state presentations. Relating well with the visitors; and remains calm in presentation				

Date	Time (24hrs)	Record of Events	Allocated Nurses name (PRINT)	Signature
16/8/16	19:00	With his visitors in the day area	Vincent	

SIMON.

Simon.

14/08/16	19:15	in his bed room	Vincent	<input checked="" type="checkbox"/>
	:30	Using his laptop	Vincent	<input checked="" type="checkbox"/>
	:45	in his bed room	Vincent	<input checked="" type="checkbox"/>

Hourly Summary: To include all observations and mental state presentations. Two hourly summary entries must also be documented on RIO

16/08/16	20:00	Talking to one on his phone	Caroline F	<input checked="" type="checkbox"/>
	:15	in his bed area	Caroline F	<input checked="" type="checkbox"/>
	:30	in his room	Caroline F	<input checked="" type="checkbox"/>
	:45	in his room	Caroline F	<input checked="" type="checkbox"/>

Hourly Summary: To include all observations and mental state presentations.

Awake in bed area

	21:00			
	:15			
	:30			
	:45			

Hourly Summary: To include all observations and mental state presentations. Two hourly summary entries must be recorded on Rio progress notes

	22:00	Bed awake	ASHLEY	-
	:15	Bed awake	ASHLEY	-
	:30	Bed awake	ASHLEY	-
	:45	Bed awake	ASHLEY	-

Hourly Summary: To include all observations and mental state presentations.

Calm in mood, spent most of the time (hours) within his room.

Date	Time (24hrs)	Record of Events	Allocated Nurses name (PRINT)	Signature
16/8/16	23:00	Bed awake	ASHLEY	-
	:15	Bed awake	ASHLEY	-

Simon.