From:	Lorraine Cordell <lorraine32@blueyonder.co.uk>
Sent time:	03/09/2016 10:46:31 AM
To:	Rewired Rewired <re_wired@ymail.com>
Subject:	RE: Here
Attachments:	julia_report.pdf Goodie_Full.pdf

I added files so they are in one see attached

From: Rewired Rewired [mailto:re_wired@ymail.com]
Sent: 02 September 2016 20:46
To: Lorraine Cordell
Subject: files

This is the reports from the hospital including a reply i am up to my statement at the end.

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Barnet, Enfield and Haringey
Mental Health NHS Trust

Haringey Assessment Ward
St Ann's Hospital
St Ann's Road
N15 3TH
Telephone No: 020 8702 6120

25/08/16

Inpatient Psychiatric Report
For Mental Health Tribunal on 26/08/16

Name:	Mr Simon Cordell
Home address:	109 Burncroft Avenue, Enfield, Middlesex
Date of birth:	26 Jan 1981
Hospital:	St Ann's Hospital, St Ann's Road, London, N15 3TH
MHA status:	Section 2
Responsible Clinician:	Dr Julia Cranitch
Date admitted:	16 August 2016

1. Preamble

1.1. I am preparing this report for Simon Cordell's Mental Health Act Tribunal in my function as the ST4 doctor working at the Haringey Assessment Ward under the supervision of Dr Cranitch (Consultant Psychiatrist in General Adult Psychiatry). I am a full member of the Royal College of Psychiatrists since 2015.

1.2. This report has been prepared for the Mental Health Tribunal hearing on 26th August 2016. In preparing this report I have had access to Mr Cordell's electronic patient records on RIO and I have had personal knowledge of Mr Cordell since 22nd August 2016.

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2. History of Presenting circumstances

2.1 15/8/16 Mr Cordell was arrested by police at his home after allegations that he had made threats to harm his neighbour and her children. The forensic medical examiner requested a mental health act assessment due to concerns about Mr Cordell's mental state.

2.2 Assessing doctors felt that Mr Cordell presented with features suggestive of mental illness. in particular paranoid persecutory ideas about the police and his mother. Collateral history suggested deterioration in Mr Cordell's mental state: that he has been withdrawn and expressed beliefs that the television is talking about him and paranoid ideas about his mother alongside recreational use of 'laughing gas'. Neighbours had reported verbal aggression, playing loud music. Mr Cordell presented with pressure of speech, angry and paranoid ideas about the police and the assessing doctors felt that Mr Cordell had impaired insight about his condition and required further assessment in hospital.

3. Mental State Examination on admission

3.1. "Appearance and Behaviour: medium height, slim mixed race gentleman. Slightly dishevelled, dressed in black tracksuit, noted to be missing several teeth. Initially good rapport but became quite irritable at times
Speech: Fast rate, pressured speech. Tangential.
Mood: subjectively 'I'm really good', objectively appears elevated
Thoughts: no formal thought disorder. Denied thoughts to harm him or others.
Perceptions: denied hallucinations
Insight: limited. Aware of reasons for admission but does not agree that he may have a mental illness"

3.2. "Simon stated that he has been very busy setting up his company recently. Spoke about working very hard and spending years 'studying'. He spoke in grandiose terms, describing his company as managing mental health services and working in the entertainment industry. He spoke about buying speakers for £50,000 each and hiring out equipment to Glastonbury and Isle of Wight festivals. Simon stated that he owns a 'city' and it is his job to understand the various roles that people have in society so that he can 'look after people'. When asked how he was able to fund these projects he described a system of fundraising using 'charity bars' and websites".

4. Physical Examination on admission

4.1. Physical exam, ECG and routine blood tests were initially refused by Mr Cordell, however he consented for this to be completed on 18th August 2016 results as follows:

4.2. ECG: Normal sinus rhythm

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4.3. Physical examination: pulse 76bpm, warm and well perfused, cap refill <2 secs. No signs of anaemia, no central or peripheral cyanosis. Heart sounds normal, no added sounds. Chest clear. Abdo soft non-tender No calf swelling or tenderness. Neurology not formally assessed but grossly intact.

4.4. Blood tests have been within normal range.

5. Psychiatric History

Mr Cordell has received previous diagnoses of Unspecified nonorganic psychosis F29 in 2015 and Adjustment disorder F34.2 in 2014.

5.2. 11/3/2014 – Mr Cordell was assessed by Dr Jarvis of Enfield Triage Team after a referral by GP with a history of 9 months of anxiety symptoms which were exacerbated by an upcoming court date. Diagnosed as Adjustment reaction. Dr Jarvis suggested IAPT, gave option of sertraline, crisis plan and contacts given.

5.3 19/11/14 Mr Cordell was referred to the Home treatment team due to concerns about his mental state, had become paranoid about his mother. Police also attended the house due to Mr Cordell screaming out in distress, continued to present as verbally abusive and paranoid. Assessment terminated as not safe to enter the premises

5.4. 25/11/14 MHA assessment completed, found to be much calmer, not legally detainable under the MHA, given crisis contacts.

5.5. 8/12/15 Referred to Early intervention services, Mr Cordell presented as unwell, rapid speech, thought disordered, spoke mostly about misdiagnosis and mistreatment by police, paranoid persecutory delusions regarding conspiracies to damage his reputation and to kill him organised by a global agency called 'Storm', referred to subliminal messages through his TV. Believed that upstairs neighbour was stalking him. she has since moved and he felt that she was still harassing him and had CCTV of this.

5.6. 19/1/16 Referred for MHA due to concerns by early intervention service - "He appeared paranoid about people, police especially and had grandiose delusions. Not eating well. No apparent evidence of self-harm or harm to others".

5.7. 22/1/16 "Simon presented as paranoid, suspicious, and grandiose with flights of ideas, clear evidence that he is suffering from a mental disorder" Section 135 applied for as Mr Cordell not allowing access to his property.

5.8. 2/2/16 MHA assessment completed, assessed as not detainable, plan made for follow up with Early Intervention Service.

5.9. 29/2/16 Mr Cordell was discharged from EIS as he was not willing to engage with the team and did not feel that he had a mental illness.

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6. Past Medical History

6.1. Electronic notes state that Mr Cordell has Crohn's disease; however this is elsewhere described as irritable bowel syndrome.

6.2. Mr Cordell currently has an injury to his left 5th finger which is under review by ward doctors.

7. Medication prior to admission

7.1. None

8. Family History

8.1. Mr Cordells maternal grandmother suffered from a mental illness, most likely schizophrenia, for which she received clozapine treatment and had admissions to hospital.

9. Personal History

9.1. Mr Cordell was born at North Middlesex University Hospital. He has a younger brother and sister. Mr Cordell's father worked as a union representative and his mother ran her own computer company.

9.2. 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.

9.3. 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.

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

10. Forensic History

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

10.2. 2015 Received a 5 year ASBO for organising illegal raves- not allowed to enter industrial or disused premises between 10pm and 7 am.

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10.3. Mr Cordell has stated that he is currently on bail for making threats to harm his neighbours; he has a court date relating to this on 8th October 2016.

11. Drug and Alcohol History

11.1.1. Documented on RiO notes in December 2015 to have been using cannabis 'skunk' on a daily basis at that time.

11.1.2. Admitted to A+E in 2012 for assessment after allegedly using LSD and drinking a bottle of rum at a festival.

11.1.3. Mr Cordell reports that he has not taken any illicit substances recently, has used cannabis occasionally in the past 'recreationally'. Mr Cordell denies alcohol consumption or any drug use recently.

11.1.4. Unfortunately I have been unable to find record of a urine drug screen since admission to hospital.

12. Social History

12.1. Mr Cordell lives alone in a 1 bedroom flat which he says he owns outright. Mrs Cordell lives nearby and provides support to Mr Cordell. There are also siblings and other extended family that live in the local area.

13. Progress on the ward

13.1. 15/8/16 Upon admission to Haringey assessment ward, Mr Cordell was clerked in by the SHO, who documented that Mr Cordell presented as irritable, with pressured speech, tangential thought patterns, appeared elated and spoke of several projects of a grandiose nature including his business in the entertainment industry, buying speakers for £50,000 and hiring them to Glastonbury. Mr Cordell described owning a 'city' and that it is 'his job to understand the various roles people have in society so that he can look after people.

13.2. 16/8/16 Mr Cordell refused routine blood tests, physical exam and ECG on the ground that he treats his body like a temple. Mr Cordell was documented as appearing settled and calm on the ward, eating and drinking well.

13.3. 17/8/16 72 hour CPA review – Mr Cordell presented with rapid speech, often talking about unrelated themes and stated he felt he was being persecuted. Mr Cordell became irate shouting at his mother, angry that she has not appealed his section. Mr Cordell presented with paranoid persecutory and grandiose delusions with tangential thought pattern, no insight in to mental health. It was agreed by the team to commence regular 1mg lorazepam bd.

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13.4. 18/8/16 little change in presentation, generally calm on the ward however quick to become agitated during interaction with staff, can be unpredictable. Refused prescribed lorazepam. Consented to physical exam, bloods and ECG by SHO who also reviewed injury to 5th finger.

13.5. 19/8/16 Presented as fairly settled and calm in mood, continued to refuse medication as prescribed. Discussed this with Dr Humphries and agreed to take night time dose of lorazepam, which he subsequently did with lots of reassurance from staff.

13.6. 20/8/18 Presented as calm in mood, polite and appropriate with peers, spent the day playing music on laptop with peers. Ate and drank well, attended to personal care.

13.7. 21/8/16 Calm, slept well, accepted lorazepam as prescribed at night, however refused olanzapine 5mg. Further discussion with nursing staff to explore his feelings about this, however Mr Cordell told staff that he had been recording the interaction on his phone and taking pictures. Complained of painful finger, accepted PRN ibuprofen.

13.8. 22/8/16 Nursing notes describe Mr Cordell as quite settled however remains consumed with same preoccupations which he relates with pressured, uninterruptible speech, preoccupied with proving that he was wrongfully admitted to hospital. Otherwise interacting with peers appropriately, accepted 1mg lorazepam as prescribed, refused olanzapine.

13.9. 23/8/16 Consultant review by Dr Cranitch and MDT, during the interview Mr Cordell spoke with pressure of speech, in an over inclusive and tangential fashion, largely preoccupied with injustices in the past particularly by the police which made it difficult for him to focus on the present. He also expressed rather grandiose plans about his business and his ability to help others in the world. Mr Cordell denied any thoughts or threats to harm others and stated that he did not feel he was mentally unwell at present. Mr Cordell however agreed to trial a small dose of olanzapine 5mg at night as recommended by Dr Cranitch for psychotic symptoms.

13.10. 24/8/16 Mr Cordell has accepted his prescribed medication overnight and slept well.

14. **Current Medication**

14.1. Lorazepam 1mg nocte

14.2. Olanzapine 5mg nocte

15. **Most Recent Mental State Examination (24/08/16)**

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Appearance and Behaviour – Well kempt and casually dressed slim gentleman in his early thirties. Staring eye contact, remained seated throughout the interview.

Speech – Fast pace and very difficult to interrupt, normal volume and tone.

Mood – Subjectively 'happy', objectively appears quite irritable, reports sleeping well, good appetite, positive plans for the future, no plans or thoughts to harm self or others.

Thought – Evidence of tangentiality, struggled to stay on topic without repeated prompting. Overinclusive, spoke at length about minutiae of legal aspects of organising a festival, grandiose plans to help others across the country which were difficult to follow. Denied worries about the police, more focussed on health professionals and legal aspects of his admission to hospital and alleged wrongdoings.

Perception – No evidence of responding to abnormal perceptions, denied same.

Cognition – Alert and orientated to time place and person.

Insight – Mr Cordell feels he does not have a mental disorder.

16. Factors affecting this hearing

16.1. Mr Cordell has made recordings of assessments and other interactions with health professionals and police in the past and refers to this frequently. Mr Cordell has attempted to make recordings of encounters with staff during his admission, there is a chance he may attempt to make recordings of tribunal proceedings.

17. Opinion and Recommendations

17.1. Mr Cordell is currently suffering from a mental disorder:

17.1.1. He presents with persisting psychotic symptoms of paranoid persecutory delusions involving police and mental health services, he also presents with pressured speech, and has presented as elated and irritable, which may represent a mood disturbance. Whilst Mr Cordell has indeed had several encounters with the police and has a forensic history, it is my opinion that his interpretation and experience of these encounters goes beyond reality into beliefs of a delusional nature. These beliefs have dominated Mr Cordell's life and his behaviour at the expense of his wellbeing and ability to function safely in the community.

17.1.2. In the past these persecutory ideas have also focused on family members and neighbours, one of his neighbours was also a service user and needed to be rehoused as a result of encounters with Mr Cordell. Mr Cordell presents with evidence of thought disorder, his speech is pressured and tangential upon interview.

17.2. **His mental disorder is currently of a nature or degree to justify on-going detention in hospital.**

22. If he insisted on leaving the ward we would ask our home treatment team to monitor him at home and offer him medication – historically Mr Cordell has not engaged well with community services due to his lack of insight.

22.1. **If Mr Cordell is NOT discharged from his Section:**

23. We would encourage Mr Cordell to take antipsychotic medication, starting with a low dose and monitoring closely for response and any side effects.
24. We would titrate the dose antipsychotic medication according to his mental state and side effect profile.
25. Once regularly taking antipsychotic medication and stabilised in mental state we would start to introduce some leave from the ward initially escorted before moving to longer periods of unescorted leave.
26. Once deemed stable in mental state we would look at discharge to his home with Home treatment team support and referral to community team.

27. Signed: Dr Rosemary Mills ST4 to Dr Julia Cranitch, Consultant Psychiatrist

28. Dated: 24th August 2016

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SOCIAL CIRCUMSTANCE REPORT FOR MENTAL HEALTH ACT TRIBUNAL HEARING

Name of Patient: **Mr Simon CORDELL**

Date of Birth: **26 January 1981**

Hospital Number: **11214451**

NHS Number: **434 096 1671**

Address: Permanent: **109 Burncroft Avenue, Enfield. EN3 7JQ**

Current: **Haringey Assessment Ward, St Anns Hospital, Tottenham. N15**

Status: **Section 2**

GP: **Dr Y Chong, Nightingale Hse Surgery, 1 Nightingale Road N9 8AJ**

Responsible Clinician: **Dr Julia Cranitch, Haringey Assessment Ward, St Anns Hospital.**

Report Author: **Goodie Adama**
Locum Community Mental Health Nurse
Early Intervention *for* Psychosis
Lucas House 305-309 Fore Street London. N9

Date of Report: **25 August 2016**

I am a Locum Community Mental Health Nurse and allocated care co-ordinator to Mr Simon Cordell. I work for the Enfield Mental Health NHS Trust in partnership with the London Borough of Enfield, the local Social Services Authority that has statutory responsibility for providing after care to Mr Cordell under Section117 when he leaves hospital.

In preparing this report I had access to previous reports, nursing and medical notes on electronic data base – RiO. I had the opportunity to speak with Mr Cordell as his care co-ordinator. And with his consent, I spoke with his mother Mrs Loraine Cordell by telephone. Mr Simon Cordell prefers to be called by his first name, Simon.

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CIRCUMSTANCES LEADING TO ADMISSION

Arrested at his home address after his mother raised concerns about his mental state - he was allegedly verbally threatening towards his neighbour and (?) neighbour's children. Simon's mother called police who arrested him. He was seen by the FME at Wood Green police station, then referred for MHA.

CURRENT MEDICATION

Olanzapine 5mg

PERSONAL & FAMILY 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 admissions to mental hospital. 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

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secondary to the repeated involvement of the police in their lives and the stress this has caused.

Mr Cordell says he does not smoke tobacco and does not drink alcohol.

Grandmother (? maternal) had BPAD and/or schizophrenia

PSYCHIATRIC HISTORY in brief

-Has previously been open to Enfield EIS, discharged in March 2016 due to non-engagement
-Has been assessed under the MHA in 2014 and early 2016 but was not detained as there was not sufficient evidence of a mental disorder

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.

MEDICAL HISTORY

Simon said he had Crohn's disease as a child. He denied any other physical health problems.

DRUGS AND ALCOHOL

He said he only got drunk once a teenager and has since not taken alcohol or drugs. He denied current use

FINANCE

Simon receives £200 Income Support every fortnight

VIEWS OF THE NEAREST RELATIVE

With Simon's consent I spoke with his mother Mrs Loraine Cordell. Mrs Cordell's views were that "I don't think he [Simon] needs to be on section; he is not a danger to himself or other people" Mrs

Cordell said as far as she knows Simon is willing to work with the doctors and take his medication. Mrs Cordell would not say her views if Simon changes his mind and her response summed up as "we cross the bridge when we get there".

VIEWS OF THE PATIENT

Simon is willing to co-operative with mental health services. He said he is willing to take his medication.

He gave me a letter he wrote to indicate his commitment to treatment and willingness to engage. I attach it for your information.

POSITIVE ASPECTS OF PATIENT

Simon was able to access community resources independently and had the ability and capacity to make some choices. He is competent in his activities of daily living skills.

He plans to register a charity to raise funds to support causes dear to his heart. One of such causes is towards premature babies. He said his sister was born premature. The other is to help homeless people.

AFTERCARE

Simon lives on his own in a one bedroom ground floor flat in Enfield. His mother is supportive and in constant contact with him.

Enfield Council will have section 117 responsibilities and will provide the appropriate housing and care in the community.

Simon will also have the support of an allocated care co-ordinator who will regularly monitor his mental state and concordance with medication. The team will offer Simon psychology assessment and or input; he will be seen and reviewed by psychiatrist regularly i.e. every 2 – 3 months or sooner if required. He will be offered interventions around concordance to medication, identifying triggers and relapse preventions. A referral to dual diagnosis worker will be offered. Simon will have access to groups such as social recovery and mental well-being and specialist services for vocational/occupation recovery.

RECOMMENDATION

I met with Simon today on the ward and assessed him in preparation of the report. Simon recognised me immediately. He was warm, welcoming, polite and co-operative throughout the meeting. He stated about half a dozen times that he is willing to work with the services and also willing to accept medication.

It would be helpful if Simon will agree to stay in hospital to continue treatment as he appeared to have made good progress since admission. As part of the medical and nursing team I believe that Simon will benefit from staying in hospital for further assessment and continue treatment.

Goodie Adama
Locum CMHN
Early Intervention *for* Psychosis

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