

# DOCTORS + DOCTORS & GUESS WHAT MORE DOCTORS!





**HMMMMMM**

**Simon Cordell's  
INJUNCTION 1  
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# Simon Cordell's INJUNCTION 1 INDEX

Enfield Crisis Resolution and Home Treatment Team Referral Form

Revised (10/12/2013)

Date: 19/11/14 Time referred: 15:30 Time arrived: ..... Time seen: .....  
(use 24 hour clock eg 18:30hrs)

Referral taken by: Lucy

Referral from: GP ☐ A & E ☐ Medical Ward ☐ Self ☐ Police ☐  
LAS ☐ Social Services ☐ Other (please specify) Mother

Service User Details:

Title: Mr Date of Birth: 26/01/81 RIO No: 1058177

Gender: Male

First Name: Simon

Ethnicity:

Surname: Cordell

Interpreter needed:

Address: 109 Burncroft Avenue, Enfield

Language spoken:

Postcode:

Telephone Number(s):

Occupation:

EN3 7JQ

Mobile No: 0208 245 7454

Civil Status:

|                           | Name                              | Address | Telephone Number(s) |
|---------------------------|-----------------------------------|---------|---------------------|
| GP:                       | <u>Nightingale House Surgery.</u> |         |                     |
| Main carer / Next of Kin: | <u>Mother - 0208 245 7454</u>     |         |                     |
| Others:                   | <u>FATHER, BEN: 07415 388734</u>  |         |                     |

Accommodation: Owner ☐ Rented ☐ No fixed abode (NFA) ☐ Other (specify) ☐

Living alone? Yes ☐ No ☐

Current / recent drug use: None ☐ Alcohol ☐ Please list all others:

Safeguarding Issues: Adult ☐ Children and Families ☐

Reason for referral:

Current Diagnosis:

- Parai
- Anxi
- Has
- last assess

Anxiety MHA Ass.  
REFERRED

Hub.

e another

CRT observations (

Temp:

Patient seen at:

Discharge form RIO ☐

Date and length of assessment (date) \_\_\_\_/\_\_\_\_/\_\_\_\_ (time): \_\_\_\_:\_\_\_\_

Outcome of assessment:

Taken by HTT ☐ Transfer to Haringey HTT ☐ Transfer to Barnet HTT ☐ Enfield triage ☐

Discharged to GP ☐ Hospital admission ☐

Other: ..... Not accepted - service user/referrer offered advice (specify advice on RIO)

Triaged/Assessment Completed by ( Please Print Name) \_\_\_\_\_

All areas of this form is to be completed and forward to Admin for statistical information



**Approved Mental Health Professional Assessment Form**Copy for: Service user file  
Social Services records  
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 Burncroft Avenue<br>Enfield<br>London Postcode EN37JQ |  |  |
| Phone no. | 02082457454/07961833021                                   |  |  |

|  |   |                 |
|--|---|-----------------|
| <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | Age/DoB   | 33 / 26/01/1981 |
| Ethnic origin (DoH coding)   | Mixed UK  |                 |
| Religion   | None  |                 |
| Preferred language   | English   |                 |
| Interpreter needed?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                 |
| Assessing AMHP   | M Garrord/ I Anjaneyan  |                 |

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

|   |   |
|---|---|
| Hospital  | Chase Farm Hospital, The Ridgeway, Enfield, EN2 8JL   |
| Consultant  | Dr Helen Moorey, ECRHT, Ivy House, Chase Farm Hospital, The Ridgeway, Enfield, EN2 8JL Tel: 02087025060 |
| GP  | Dr. Warren, Nightingale House surgery, 1 Nightingale Road, Edmonton, N98AJ Tel: 08444778933             |
| CMHN/CMHT   | Enfield CRHT  |
| Social worker/responsible local authority (Section 117) | London Borough of Enfield   |

**Nearest relative**

|                         |  |  |  |
|-------------------------|--|--|--|
| Name                    | Loraine Cordell                                |  |  |
| Address                 | 23 Byron Terrace<br>Edmonton<br>Postcode N97DG |  |  |
| Phone no.               | 079807333545                                   |  |  |
| Age/DoB                 | /  |  |  |
| Relationship to patient | Mother   |  |  |

|   |   |
|---|---|
| Informed?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Consulted?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Objected?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Reason not informed/consulted                         |   |
| Nearest relative notified of admission?               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Letter sent?  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| Reason why not notified                               | Not admitted  |
| 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         | 20/11/2014                           | Date of assessment                  | 25/11/2014               |
| Place of assessment              | Patient Home                         |                                     |                          |
| Medical recommendations from:    | Please select if Sec.12 doctor or GP |                                     |                          |
| Dr. Moorey (No med rec)          | Date                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Dr. Albazaz                      | Date                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Any delays in admission process? | Not applicable                       |                                     |                          |
| Time assessment:                 | Started                              | 9.00                                | Completed 15.30          |

**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   |

**Outcome details**

|                        |               |                   |  |
|------------------------|---------------|-------------------|--|
| Date admitted/detained |               | Time of admission |  |
| Admitted/detained at:  | Hospital/Unit | Not admitted      |  |
|                        | Ward          |                   |  |

1. Referral details and any other precipitating factors

. Mr Cordell was referred to the Enfield CRHT by his mother on 19/11/2014 as she was concerned that he was mentally distressed, paranoid towards her and thinking that the television was talking to him. According to his mother, he has had several incidents with the police recently and they were also worried about his well-being. Mr Cordell's mother was concerned that he was not willing to accept any help from the family. Mr Cordell's father had tried to help him on 19/11/2014 and went to his flat but Mr Cordell had asked his father to leave his house after seen his father talking to professionals from the mental health service (HUB). According to his mother, Mr Cordell had suffered years of harassment from the police due to his past offences. The police had attended the property as Mr Cordell's neighbour had complained that Mr Cordell was screaming in distress. The police had observed him holding a gas canister, which is usually used for recreation purpose and spoke with the CRHT colleague about his current situation. Mr Cordell's mother had requested the ECRHT colleagues not to see him on that day as she had feared that it might antagonise him. When the ECRHT colleague went to see Mr Cordell on 20/11/2014, they observed him being abusive towards his father and did not want to meet with the CRHT colleagues. Mr Cordell was subsequently referred for a MHA as he had refused to engage with the ECRHT.

2. Relevant social and medical history

Mr Cordell is living in a council flat on his own. He was in a long-term relationship but his girlfriend had broken up with him 2 years ago. He was a victim of a large paedophile gang as a young child and was seen by CAMH and has a history of violent suicide attempts in the past. He has had many incidents from the police since in his late teens. According to his medical records, he was put in a Young Offender's Institution at the age of 16 for repeated driving offences, mainly driving without a license. Mr Cordell has an ASBO put on him due to him being aggressive when he was in the court for burglary in June 2014. The case at that time was dismissed. He has reported his ASBO is affecting his ability to do anything constructive in his life. He said that has tried to set up a business for providing party entertainment but he has not been able to do anything due to the restrictions of his bail. He was attending a youth centre in Enfield up and fought hard to keep it open with petitions etc..

He is suffering from Crohn's disease and according to his mother, he has not been taking medication for this disease.

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

The interview took place at Mr Cordell's home address. Those attended - M G, AMHP, I A, AMHP trainee, Dr M and Dr A S12 doctor. Mr Cordell put his dog in the back yard. The reason for the visit was explained to Mr Cordell and he was interviewed appropriately. He was very calm throughout the interview. He said he has been stressed with the fact that he had not been able to do anything in his life due to the previous bail conditions. The ASBO is affecting his business opportunities. He said he would like to build up his business and get on with his life but he is not being able to do this. He said he is spending most of the time indoors and occasionally taking his dog for a walk. He said he is working on his computer, trying to fix his website. He stated that he is getting sleep but found it being difficult for few days as he was working on his computer late at night. He denied drinking alcohol or taking any illicit drugs recently. When asked about the support he would require from the mental health service, he said that he would like to get some advice and move on with his life. He said he has no thought of harming himself or others. He was optimistic that he would go through this difficult situation and recognised that his grandmother's recent death had also contributed to his problems. He has agreed that he would contact the mental health crisis service if he needs help or he would go to the North Mddx A&E if he felt bad in the future. He said that he had contacted the crisis service in the past and he knows how to access services.

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

Mr Cordell had told the mental health professional in March 2014 that he had suicidal thoughts and he had been researching the ways to kill himself on YouTube. However, he said today that he is a strong person and he has no intention of harming himself or others. As he has not had any thought of harming himself recently, the risk remains low at present. He said that he knows how to get help if he needs any support in the future and he was given contact information about the ECRHT.

Risk of social isolation: He has stopped attending youth centre and not going out as he used to do in the past. He was advised to go out at least for a walk with his dog daily and he has agreed for this plan.

**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 hius 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 applicable

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

Print details

Contact details

Enfield AMHP Service

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

Bush Hill Park

EN12HL (02083793977 / 07903 970401)

Date

25/11/2014

### 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**

## 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".



JJRI S WARREN  
DRJTHOMAS  
DRD ABIDOYE

NIGHTINGALE HOUSE SURGERY  
1-3 NIGHTINGALE ROAD  
EDMONTON  
LONDON N9  
BAI Tel: 0208 805  
9997 Fax: 0208805  
[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 2011. 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 .....

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MESSAGE/ADDITIONAL COMMENTS

Dr. Jonathon S. Warren    Dr. Janet Thomas    Dr. Dapo Abidoye

Upload on  
Rio

LEVEL 5! 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:  
Overseas 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, LORAIN E  
23 BYRON TERRACE  
HERTFORD ROAD  
WIMBORNE DT9 7DG**

**HOME PHONE: 82457454**

**N.O.K Home Phone: 02082457454**

**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:**

Barnet and Chase Farm Hospitals NHS Trust

| SEEN BY  | TIME |
|----------|------|
| M. SMITH | 1540 |

Affix of  
Name  
Hosp  
D.O.F

NHS 434 398-1671  
CORDELL, Simon, P  
23 Byron Terrace  
Hamford Road  
Edmonton  
London  
N9 7DG

MRN 26181654  
26-JAN-1981

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

At festival, took 2x paper LSD Saturday and

? 1 smtg 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 saw - 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 prev, none whilst in A&E

States he has had mental health contact in past - not

became concerned about  
- brought in by police - under arrest for other crime - can be violent.  
PMH (Cobra)

SH is about

Needs - nil

NHDA

## Barnet and Chase Farm Hospitals NHS Trust

General appearance: Alert

S

p pulse reg

HR 111/10

Chest clear

Satt, No heeler

Affix name label

Name

Hos

E

NHS 434-081-1671

CORDELL, P

Male

Simon, P

23 Byron Terrace

Henford Road

Edmonton

London

N9 7DG

MRN 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 |
|-----|----------|-----------|-----------|----------|

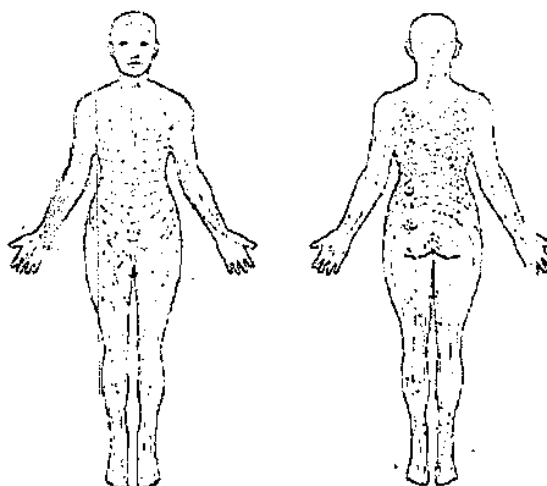
## Cranial Nerves

|   | I | II visual acuity | II visual fields | II visual inattention | III/IV/V | 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 | N   | N   | N   | N   |

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<br>N<br>H<br>D | NHS 434-086-1671  | MRN 26181654     |
|                  |                   |                  |
|                  | CORDELL, Simon, P | 26-JAH-1981      |
|                  | Male              | 23 Byron Terrace |
|                  |                   | Hertford Road    |
|                  |                   | Edmonton         |
|                  |                   | London           |
|                  |                   | N9 7DG           |

Initial Impression / Diagnosis Date:

Time:

Signature:

1 LSD intoxication → ~~delirium~~ acute psychosis

2

3

Patients being Admitted must have a VTE Assessment

Initial Management / Plan

- Medically fit
- For 4 Power
- (NB is to await police arrest)

Time: 1545

Signature:

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



# Barnet and Chase Farm Hospitals NHS Trust

Affix name label  
Name  
Hosp no.  
D.O.B

## Results

Verbal results received Date:

Time:

Signature

|                 |         |
|-----------------|---------|
| Date            | 13/8/12 |
| Na              | 139     |
| K               | 4.3     |
| Urea            |         |
| Creat           | 23      |
| Bili            | 12      |
| Alp             | 22      |
| 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      | 250     |
| 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

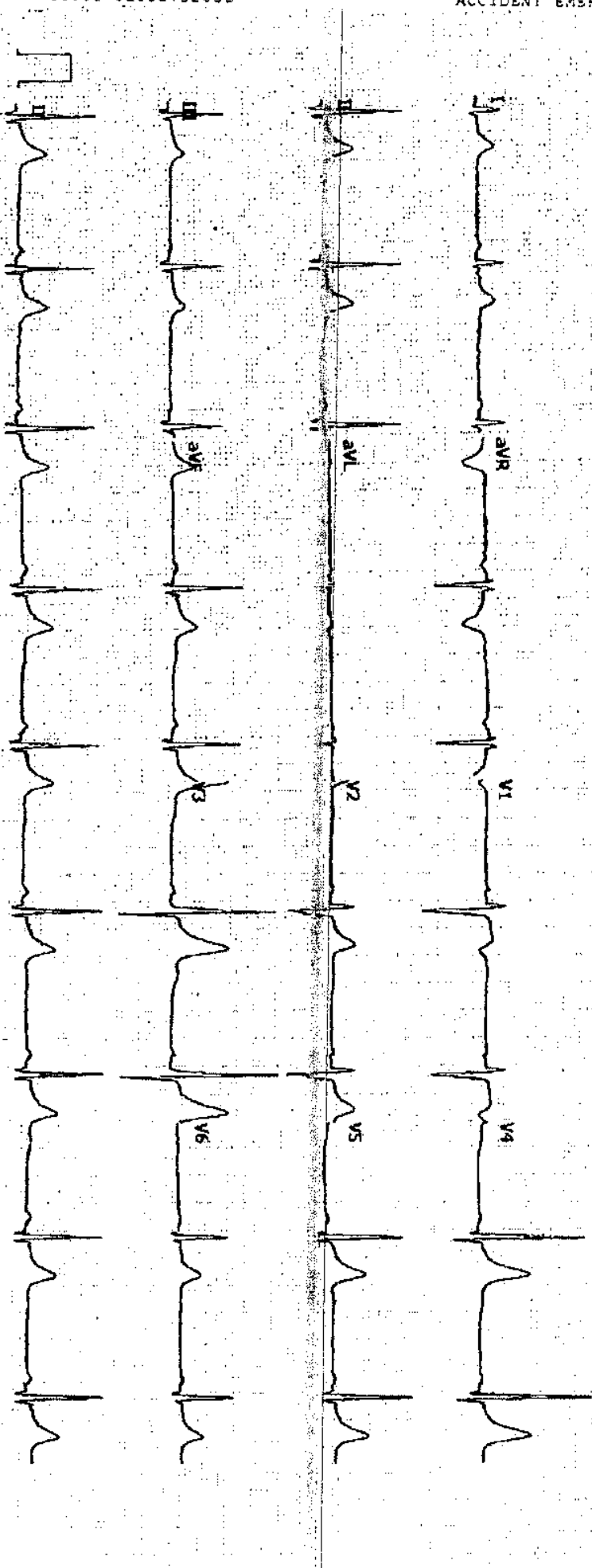
- / - mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 90 ms  
QT / QTc : 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

*Dr. [Signature]  
Sino is [unclear]  
Nifedipine*



ECG Machine: 107 120114 V230

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. 1 &amp; CFH

**MENTAL STATE ASSESSMENT**Can I get an adequate history?  
If no, specify reason

Y/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 *Monika*



NH: 434-096-1671

MRN 26181654

C. ROELL, Simon, P.  
23 Byron Terrace  
Hartford Road  
Edmonton  
London  
N9 7DG

26-JAN-1981

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

NHS 434-096-1671 MRN 2618 354  

  
 CORDELL, Simon, P 26-JAN-1981  
 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 Police Colleague Friend/relative Found accidentally

**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 table  
 Sunday - ? mcg liquid tablet

Arrested by police today

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

KN

UN

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**

| 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:<br><br>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. at.

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?

### 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> |

| <b>MENTAL HEALTH ASSESSMENT RISK ASSESSMENT MATRIX</b> |  |   |  |
|--|--|---|--|
| <b>Level of risk</b>                                   | <b>Key risk factors</b>  | <b>Action</b>   | <b>Timescale</b>   |
|  | <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> |

## 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 applicable

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

Print details

Contact details

Enfield AMHP Service

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

Bush Hill Park

EN12HL (02083793977 / 07903 970401)

Date

25/11/2014

|  |   |   |   |
|--|---|---|---|
| <p><b>Medium Risk</b><br/>Triage assessment within 8 working days (excluding suicide patients)</p> | <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. 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. May have already self-harmed. Mental state may deteriorate if left untreated and potentially vulnerable.</li> </ul> | <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> |

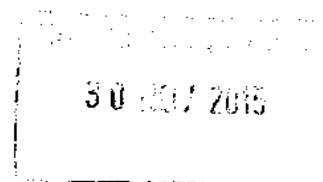
**triage S C 27.11.15 (Rio 11214451)**

**Hallet 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 lack Hallett (HUB)**

This communication is sent for and on behalf of Barnet, Enfield and Haringey Mental Health NHS Trust. However, the views expressed within it are not necessarily the views or policies of the Trust. The unauthorised use, disclosure, copying or alteration of this communication and any attachments is forbidden. This communication and any attachments are intended for the addressee only and may be confidential. If this email has come to you in error you should immediately and permanently destroy it. You should take no action based on it or copy or show it to anyone else. You should contact Information Governance at [information.governance@beh-mht.nhs.uk](mailto:information.governance@beh-mht.nhs.uk) or use any other number provided in the communication. Please note that electronic communication is not considered a secure medium for sending information and therefore maybe at risk. We advise that you understand and accept this lack of security when using this form of communication with us. Although we have taken steps to ensure that this email and any attachments are free from any virus, we advise that in keeping with good computing practice the recipient(s) should ensure they are actually virus free and should run current anti-virus software. Please note that email may be monitored and checked to safeguard the Trust's network from viruses, hoax messages or abuse of the Trust's systems. Action may be taken against any malicious and deliberate attempts to infect the Trust's network. The information contained in this email maybe subject to public disclosure under tire Freedom of Information Act 2000. Unless tire information is legally exempt from disclosure the confidentiality of this email and your reply cannot be guaranteed.



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)

In a mental health emergency, you can call the crisis team on 020 8702 3800 (answered 24/7)

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 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.



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

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"*



Chairman: Michael Fox  
Chief Executive: Maria Kane

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  
OPDTel: 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

London Borough of Enfield  
**Approved Mental Health Professional  
Assessment Form**

-For use when compulsory powers are being considered

SSM1

Barnet, Enfield and  
Haringey RIO  
number: 11214451

Copy for: Service user file  
Social Services

records  
GP

Please note this form can be completed electronically or in hardcopy. To complete this form electronically, please the use 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**

☒ Male ☐ 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?

☐ Yes ☒ 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?

☒ Yes ☐ No

Consulted?

☐ Yes ☐ No

Objected?

☐ Yes ☐ No

Reason not informed/consulted

**n/a**

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         | 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               | Date                                 |                    | <input type="checkbox"/> |
| completed                        | 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: | Not applicable    |     |
| Hospital/Unit         |                   |     |
| Ward                  |                   |     |

**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

**1 Summary of assessment**

Patient's name Simon Cordell

Date of assessment 03.02.16

1. Referral details and any other predicated 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



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 s 12 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) Dependants (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

Contact details

Sam Curtis

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 SAJ  
Tel: 0208 805 9997 Fax: 0208 805 9994  
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 & 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 7JQ

Telephone Number (s): 07763043933 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: M H A A Current Diagnosis: .....

@ 10:00am 03/02/13

PLEASE COMPLETE BEFORE FOLLOWING UP:-

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

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

Date and length of assessment \_\_\_\_\_ Time \_\_\_\_\_

Outcome: Taken by CRHT ☐ Transfer to HCRHT ☐ Transfer to BCRHT ☐

Enfield Triage ☐ Hospital Admission ☐ Discharged to GP ☐

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

**NOT FOR HTA**

**PRIVATE & CONFIDENTIAL**

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

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

Edmonton  
London N9  
OPD

Tel: 020 8702 3100  
Fax: 020 8345 6950

2<sup>nd</sup> March 2016

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  
GPPlease note this form can be completed electronically or in hard copy. To complete this form electronically, please use 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<br>Enfield<br>Middx Postcode EN3 7JQ |  |  |
| Phone no. | 07763043933  |  |  |

|  |   |                 |
|--|---|-----------------|
| <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | Age/DoB   | 35 / 26/01/1981 |
| Ethnic origin (DoH coding)   | Black British Mixed Race  |                 |
| Religion   | Not disclosed   |                 |
| Preferred language   | English   |                 |
| Interpreter needed?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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<br>Edmonton<br>London Postcode N9 7DG |  |  |
| Phone no.               | 02082457454  |  |  |
| Age/DoB                 | /  |  |  |
| Relationship to patient | Mother   |  |  |

|   |   |
|---|---|
| Informed?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Consulted?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Objected?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Reason not informed/consulted                         |   |
| Nearest relative notified of admission?               | <input checked="" type="checkbox"/> Yes <input 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         | 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                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Dr. Amin                         | Date 15/08/2016                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Any delays in admission process? | N/A                                  |                                     |                          |
| Time assessment:                 | Started 12:30 PM                     | Completed                           | 4:40 PM                  |

**Legal status at time of assessment**

|                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Inf.     | <input type="checkbox"/> Sec.135  |
| <input type="checkbox"/> Sec.2    | <input type="checkbox"/> Sec.136  |
| <input type="checkbox"/> Sec.3    | <input checked="" 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 type="checkbox"/> No admission  |
| <input type="checkbox"/> Informal admission  |
| <input type="checkbox"/> Remains informal inpatient  |
| <input checked="" 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   |

**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 Cornell 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 bams 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 2104 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.

Patient's name Simon Cordell

Date of assessment 15/08/2016

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

Date

15/08/2016

Print details

Contact details

MARGARET GARROD

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

**IN-PATIENT PRESCRIPTION CHART****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** *ASignature* and draw a similar line through recording panels
- 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)    | 5:00p.m – 6:30p.m  |  |
| Date <u>20/09/06</u> p.m. |              |                    |  |
| Sign: <i>D. Deane</i>     |              |                    |  |

**SUPERVISED MEDICATION**

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

MEDICATION Chart No.....1.....of .....11...

|                     |                 |
|---------------------|-----------------|
| RIO/ NHS No:        | 11214451        |
| Surname:            | CORDELY         |
| Forename:           | SIMON           |
| M/F:                | M               |
| DOB:                | 26/1/81         |
| Start Date:         | 16/8/16         |
| Weight:             | Height:         |
| Ward:               | Change of Ward: |
| Consultant:         | Dr. Graniter    |
| 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    |
|                                    |   |               |
|                                    |   |               |

M122 sub 17/6/16 completed

**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                |       |           |         | TIME  |  |  |  | 17/8 |  |  |  | 18/8 |  |  |  | 19/8 |  |  |  | 20/8 |  |  |  | 21/8 |  |  |  | 22/8 |  |  |  | 23/8 |  |  |  | 24/8 |  |  |  | 25/8 |  |  |  | 26/8 |  |  |  | 27/8 |  |  |  | 28/8 |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------------|-------|-----------|---------|-------|--|--|--|------|--|--|--|------|--|--|--|------|--|--|--|------|--|--|--|------|--|--|--|------|--|--|--|------|--|--|--|------|--|--|--|------|--|--|--|------|--|--|--|------|--|--|--|------|--|--|--|--|--|--|--|--|--|--|--|
| Drug (approved name and form) |       |           |         | Morn  |  |  |  | 3    |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| LORAZEPAM                     |       |           |         |       |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| Dose                          | Route | Frequency | Date    | Lunch |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| 1mg                           | PO    | BD        | 17/8/16 |       |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| Sign and Print Name           |       |           |         | Night |  |  |  | 3    |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| Pharmacy                      |       |           |         |       |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| Drug (approved name and form) |       |           |         | Morn  |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| Clonazepam                    |       |           |         |       |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| Dose                          | Route | Frequency | Date    | Lunch |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| 1mg                           | PO    | OD        | 18/8    |       |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| Sign and Print Name           |       |           |         | Night |  |  |  | 3    |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| Pharmacy                      |       |           |         |       |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| Drug (approved name and form) |       |           |         | Morn  |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| LORAZEPAM                     |       |           |         |       |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| Dose                          | Route | Frequency | Date    | Lunch |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| 1mg                           | PO    | ON        | 19/8/16 |       |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| Sign and Print Name           |       |           |         | Night |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| Pharmacy                      |       |           |         |       |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| Drug (approved name and form) |       |           |         | Morn  |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| OLANZAPINE<br>ORODISPERSABLE  |       |           |         |       |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| Dose                          | Route | Frequency | Date    | Lunch |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| 5mg                           | PO    | ON        | 19/8/16 |       |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| Sign and Print Name           |       |           |         | Night |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| Pharmacy                      |       |           |         |       |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| Drug (approved name and form) |       |           |         | Morn  |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
|                               |       |           |         |       |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| Dose                          | Route | Frequency | Date    | Lunch |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
|                               |       |           |         |       |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| Sign and Print Name           |       |           |         | Night |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| Pharmacy                      |       |           |         |       |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| Drug (approved name and form) |       |           |         | Morn  |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
|                               |       |           |         |       |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| Dose                          | Route | Frequency | Date    | Lunch |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
|                               |       |           |         |       |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| Sign and Print Name           |       |           |         | Night |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| Pharmacy                      |       |           |         |       |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| Drug (approved name and form) |       |           |         | Morn  |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
|                               |       |           |         |       |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| Dose                          | Route | Frequency | Date    | Lunch |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
|                               |       |           |         |       |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| Sign and Print Name           |       |           |         | Night |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |
| 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  | KH   | KS   | SVK | S <sub>NE</sub> | S <sub>KH</sub> | SVK | 3PM/6/5A |     |  |  |  |  |  |  |  |  |  |  |
| Morn  |      |      |      |     |                 |                 |     |          |     |  |  |  |  |  |  |  |  |  |  |
| Lunch |      |      |      |     |                 |                 |     |          |     |  |  |  |  |  |  |  |  |  |  |
| Eve   |      |      |      |     |                 |                 |     |          |     |  |  |  |  |  |  |  |  |  |  |
| Night | SVK  | KH   | KS   | SVK | S <sub>NE</sub> | S <sub>KH</sub> | SVK | 3PM/6/5A |     |  |  |  |  |  |  |  |  |  |  |
| 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 434096 1671

Scritti (xc)

Simon Cordell  
DOB 26/11/81

screened

| DATE   | DRUGS (Approved name) and FORM  | DOSE | FREQUENCY | QUANTITY OR DURATION | SIGNATURE           | PHARMACY   |
|--|---------------------------------|------|-----------|----------------------|---------------------|--|
| 27/8   | * LORAZEPAM                     | 1mg  | ON        | 14 days              | [Signature]         | given + change going to CRHTT 24 x 7 + 1 pil         |
|  | * OLANZAPINE <sup>ORODISP</sup> | 5mg  | ON        | 14 days              | [Signature]         | ordinary formulation 57 x 14 = 798 pil<br>US 27/8/16 |
| <p>pt to be seen by CRHTT. Trust policy not to discharge pts on antidepressant tablets unless patient preference or secondary SS up to also reduced. lorazepam TTA to 7 days from 14 days - Trust policy not to discharge patient on regular benzodiazepines. CRHTT to review above as appropriate. JM 29/8/16</p> |                                 |      |           |                      |                     |  |
| 31/8   | Olanzapine orodispersible       | 5mg  | ON        | 7/52                 | [Signature] Adeo    | 3/8  |
| <p>→ please review + return ordinary formulation if primary</p>  |                                 |      |           |                      |                     |  |
| Screened by Andrew 3/18  |                                 |      |           |                      |                     |  |
| 7/8  | TTAs 21 x Olanzapine            | 5mg  | 1/8       |                      | [Signature]         |  |
| 21/9/16  | OLANZAPINE                      | 5mg  | ON        | 2/52                 | [Signature] MIELNIK | faxed 2/10/16<br>Screened by Andrew 26/10            |
| 22th. Client refused TTAs. Ⓟ.  |                                 |      |           |                      |                     |  |



**IN-PATIENT PRESCRIPTION CHART****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** *AG Signature*  
and draw a similar line through recording panels
- 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)               | 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:                  | <u>112144571</u> |                |                 |
| Surname:                      | <u>CORDELL</u>   |                |                 |
| Forename:                     | <u>SIMON</u>     |                |                 |
| M/F: <u>M</u>                 | DOB:             | <u>26/1/81</u> |                 |
| Start Date:                   |                  |                |                 |
| Weight:                       | Height:          | Ward:          | Change of ward: |
|                               |                  | <u>HAW</u>     |                 |
| Consultant: <u>DR CRANITH</u> |                  |                |                 |
| 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 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**

- 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. |
|-----------------|------|------|-------|-----------|----------|------|--------|
|                 |      |      |       |           |          |      |        |
|                 |      |      |       |           |          |      |        |
|                 |      |      |       |           |          |      |        |
|                 |      |      |       |           |          |      |        |
|                 |      |      |       |           |          |      |        |
|                 |      |      |       |           |          |      |        |

## As Required Drugs

NAME:

WARD:

|                                  |       |                                  |          |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------------|-------|----------------------------------|----------|------------|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Drug (approved name and form)    |       |                                  | Date     | 17/8/18    |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16UPROFEN <i>with food</i>       |       |                                  | Time     | 18:20/1530 |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                             | Route | Frequency and indication for use | Dose     | 400mg      | 400 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 200-400mg                        | PO    | PRN 4-6 max 1200mg               | Route    | PO         | PO  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber (Sign and PRINT Name) |       |                                  | Date     | 7/8        |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SEEHER                           |       |                                  | Pharmacy | UP 211110  | (S) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug (approved name and form)    |       |                                  | Date     |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |       |                                  | Time     |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                             | Route | Frequency and indication for use | Dose     |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |       |                                  | Route    |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber (Sign and PRINT Name) |       |                                  | Date     |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |       |                                  | Pharmacy |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug (approved name and form)    |       |                                  | Date     |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |       |                                  | Time     |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                             | Route | Frequency and indication for use | Dose     |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |       |                                  | Route    |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber (Sign and PRINT Name) |       |                                  | Date     |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |       |                                  | Pharmacy |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug (approved name and form)    |       |                                  | Date     |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |       |                                  | Time     |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                             | Route | Frequency and indication for use | Dose     |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |       |                                  | Route    |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber (Sign and PRINT Name) |       |                                  | Date     |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |       |                                  | Pharmacy |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug (approved name and form)    |       |                                  | Date     |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |       |                                  | Time     |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                             | Route | Frequency and indication for use | Dose     |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |       |                                  | Route    |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber (Sign and PRINT Name) |       |                                  | Date     |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |       |                                  | Pharmacy |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug (approved name and form)    |       |                                  | Date     |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |       |                                  | Time     |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                             | Route | Frequency and indication for use | Dose     |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |       |                                  | Route    |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber (Sign and PRINT Name) |       |                                  | Date     |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |       |                                  | Pharmacy |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug (approved name and form)    |       |                                  | Date     |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |       |                                  | Time     |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                             | Route | Frequency and indication for use | Dose     |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |       |                                  | Route    |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber (Sign and PRINT Name) |       |                                  | Date     |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |       |                                  | Pharmacy |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug (approved name and form)    |       |                                  | Date     |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |       |                                  | Time     |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                             | Route | Frequency and indication for use | Dose     |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |       |                                  | Route    |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber (Sign and PRINT Name) |       |                                  | Date     |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                  |       |                                  | Pharmacy |            |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## 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 a mouse pointer or the tab key on the keyboard to go to the next form field.

## Patient's details

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

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

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

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

## Nearest relative

Name: Lorraine Cordell  
 Address: 23 Byron Terrace  
Edmonton Postcode N9 7DE  
 Phone no. 0208 245 7434 / 07415 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 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: 15/8/16  
 Place of assessment: Wood Green Police Stn.  
 Medical recommendations from: Please select if Sec.12 doctor or GP  
 Dr. Albaza 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 arrested by two psgd & 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 p & d. hosp. More recently involvement been 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 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.

October 2005

## 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 of phase 1 notes of assessment & reasoning (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. Neighbours report escalation in his antisocial behaviour, loud music & verbal aggression.

Denies mental illness & refuses informal admission to hospital.

## 7. Views of others consulted

Requires total assessment - hospital.

I spoke with Maggie Corrad - AMHP involved in earlier MHA not successful. She said he had been aggressive & disruptive in cell & initially 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 client's total rejection of any notion that he might require MH services' input.
- Client 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) Dependents (including children)

None

b) Securing property

N/A

c) Pets

Dog - MSHK 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 Haringey ward 23.40 on 15/8.

MHA sent out by AMHP at WGLS 02.10-03 on 16/8.

AMHP Signature

H/B

Date

16/8/16

Print details

Contact details

HUGH BRUNES

LB Enfield

EDT

0208 379 1000



## Approved Mental Health Professional Assessment Form copy. service user File

Social Services II;SAK:  
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 mouse pointer or the tab key on the keyboard to go to the next form field.

| Patient's details |   | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Age/DoB 35/ 26/1/81 |   |
|-------------------|---|--|---|
| Name              | Simon Cordell                                   | Ethnic origin (DoH coding)   | Wk Mixed UK   |
| Address           | 109 Boncroft Avenue<br>Enfield Postcode EN3 7JX | Religion   | N/A   |
| Phone no.         |   | Preferred language   | English   |
|                   |   | Interpreter needed?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                   |   | Assessing AMHP   | HBE:scf   |

| Services involved (Please state name, address, phone no.) |            |
|---|------------|
| Hospital  | St Ann's   |
| Consultant  |            |
| GP  |            |
| CMH/IN/CMHI   |            |
| Social worker/responsible local authority (Section 117)   | LB Enfield |

| Nearest relative        |  | Informed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Consulted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Objected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
|-------------------------|--|--|---|
| Name                    | Lorraine Cordell                             | Reason not informed/consulted  |   |
| Address                 | 23 Byron Terrace<br>Edmonton Postcode N9 7DA | Nearest relative notified of admission?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Phone no.               | 0208 245 7454 / 07415 388734                 | Letter sent?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Age/DoB                 | 1  | Reason why not notified  |   |
| Relationship to patient | Mother                                       | Nearest relative informed of their legal rights?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| If 'No', please state date when he/she was made aware of above   |   |

| Assessment details               |   | Legal status at time of assessment  |         |
|----------------------------------|---|---|---------|
| Date of initial referral         | 15/8/16   | Date of assessment  | 15/8/16 |
| Place of assessment              | Wood Green Police Stn.  | <input type="checkbox"/> Inf <input type="checkbox"/> Sec.135<br><input type="checkbox"/> Sec.2 <input type="checkbox"/> Sec.136<br><input type="checkbox"/> Sec.3 <input checked="" type="checkbox"/> Detained by Police, not under Sec.136<br><input type="checkbox"/> Sec.4 <input type="checkbox"/> CTO<br><input type="checkbox"/> Sec.5(2) <input type="checkbox"/> Other |         |
| Medical recommendations from:    | Please select if Sec.12 doctor or GP                                      |   |         |
| Dr. Albazoz                      | Date 15/8/16 <input checked="" type="checkbox"/> <input type="checkbox"/> |   |         |
| Dr. Amin                         | Date 15/8/16 <input checked="" type="checkbox"/> <input type="checkbox"/> |   |         |
| Any delays in admission process? | Wait for bed  |   |         |
| Time assessment:                 | Started 02.15 Completed 03.05   |   |         |

| Outcome details        |                        | Legal status at end of assessment  |  |
|------------------------|------------------------|--|--|
| Date admitted/detained | 16/8/16                | Time of admission  |  |
| Admitted/detained at:  | Hospital/Unit St Ann's | <input type="checkbox"/> No admission<br><input type="checkbox"/> Informal admission<br><input type="checkbox"/> Remains informal inpatient<br><input checked="" type="checkbox"/> Detained under Sec.2<br><input type="checkbox"/> Detained under Sec.3<br><input type="checkbox"/> Detained under Sec.4<br><input type="checkbox"/> Placed under Sec.7<br><input type="checkbox"/> CTO Yes <input type="checkbox"/> No <input type="checkbox"/> Renewal <input type="checkbox"/> Revoke <input type="checkbox"/> Other |  |
| 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 assessed by two psych. & 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 & activities, as well as past achievements eg in organizing raves/gatherings. Some of what he said seemed quite unrealistic at times but I was able to say this to him & although he seemed

#### 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 Cordeil

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 Cordeil and consulted with her. I informed her on phone of outcome of assessment & reasoning behind it. I assessed & reasoning behind it. I assessed & reasoning behind it.

6. Consultation with Assessing Doctors

Assessing doctors is a present: chief presents with features suggestive of mental illness. P. Varad. Idea about the police eg that police officers damaged his CCTV cameras at his home. withdrawn & believes TV talking to him. Pressured speech. Neighbours report escalation in his antisocial behaviour, heard music & verbal aggression.

Receives mental illness & refuses voluntary admission to hospital.

Views of others consulted

Requires to be admitted - hospital.

I spoke with Maggie Corrad - AMHP involved in earlier MHA not 15/8. She said he had been aggressive & disruptive in cell & initially refused to engage with staff. She said she believed he would benefit from antipsychotic medication & 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 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) Dependants (including children)

None

b) Securing property

N/A

c) Pets

Dog - sister 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 Haringey ward 23.40 on 15/8.

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

AMHP Signature

H/B

Print details

Contact details

HUGH BRUNNE

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 ☒ No

Does the patient wish their nearest relative to be informed of this admission & detention?

Yes/No ☒ 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 @ 05:00hrs  
 (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

*[Signature]*

on behalf of the hospital managers

PRINT NAME

*Paul Smith*

Date

16/8/2016

## 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.

Missing Page From NHS Computer System!

# Application by an Approved Mental Health Professional for Admission for Assessment

Form A2

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

To the Managers of

(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 your full name) **Hugh BRISQ**

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

(PRINT full name of patient) **Simon Cordell**

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

apply for the admission of

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

I am acting on behalf of

(PRINT name of local social services authority) **Hendon Borough & Enfield**

and am approved to act as an approved mental health professional for the purposes of the Act by

delete as appropriate [that authority]

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)

\*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

Cal No. MHRZ

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LEF 31157

*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 ~ and attach that sheet to this form.)

Date

Signed

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 ~~Barn~~ Burncroft Avenue 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)

15/8/2016

\*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

P.T.O.



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.

*Ref Amin*  
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 Alhazaz  
PO Box 49782  
London NW2 2AY

a registered medical practitioner, recommend that

(PRINT full name and  
address of patient)

Simon Condeall  
109 Burncroft Avenue, Enfield,  
AA. Haringey EN3 7UQ

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 (ARO)

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]*  
15/8/16

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

Nightingale House Surgery NHS  
Number: 4M 096 1071

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

Report Path: Local Record

109 BURNCROFT Avenue, Enfield, Middlesex, E9 7JQ NHS Number

43409<51671

Home Tel: 07901833021

Usual GP: ABIDOYE, Dapo (Dr.)

Work Tel: 07981833021

Patient Type: Regular\*

Mobile Tel: 02082457454

OS-Feb-1899

email

#### Problems

Active

09-Dec-2018 [X] Psychosis NOS Administered  
28-Jun-2011 Reduction of fracture of mandible  
13-Jan-2008 Fracture of scaphoid  
31-Jul-2005 Urology George did not summarize  
13-Jul-2004 Fracture of scaphoid  
20-Nov-1907 Overdose of drug  
23-Jun-1997 Asthma  
26-Jan-1981

SUMMARY\*Y (IL) SUMMARY=Y  
LATERALITY - Left SUMMARY=Y  
SUIVMARY=Y  
SUIVMARY=Y

#### Significant Past

#### Medication

No current medication

#### Allergies

No allergies recorded.

#### Health Status

04-Feb-2016 Non-smoker of

|             |                           |       |            |
|-------------|---------------------------|-------|------------|
| 07-NOV-2011 | cigarettes- O/E-weight    | 79    | kg         |
| 07-Nov-2011 | O/E-height                | 177   | cm         |
| 07-NOV-2011 | Body Mass Index           | 25.21 | kg/m2      |
| 4-Aug-2005  | Notes summary on computer |       |            |
| 5-Feb-1997  | Current Drinker (Advised) | 40    | Unit stock |

|             |                            |        |       |
|-------------|----------------------------|--------|-------|
| 20-Dec-1096 | O/E Blood Pressure Reading | 110/70 | mm Hg |
|-------------|----------------------------|--------|-------|

#### 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 Care Plan Outstanding 16-Aug-2016 Alcohol  
Consumption recording 16-Aug-2016 Named GP not informed 16-Aug-2016  
Patient on QOF Registers

#### Last 3 Consultations

26-Feb-2016

Nightingale House Surgery MARTIN, Kim (Mr)  
Document Letter encounter 15 Letter outside agency\* to whom

Printed 12:05pm 16-Aug-2016

Confidential NHS Information - Includes sensitive or personal patient data

Page 1 of 3

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

Nightingale House Surgery  
NHS Number 434 096 1671

26-Feb-2016 Additional Doc man DOCMAN, PCT1(Mr)  
Attachment B Admin 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 Added via Batch Data Management  | 0.09            | %                    |                                   |
|             | 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 factors   | 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 guideline*:  |                 |                      |                                   |
|             | Deficient:   | <20 nmol/L      |                      |                                   |
|             | Insufficient:  | 21 - 50 nmol/L  |                      |                                   |
|             | Sub-optimal;   | 51 - 75 nmol/L  |                      |                                   |
|             | Optimal concentration:   | 76 - 2QC nmol/L |                      |                                   |
|             | Possible Toxicity:   | >25C nmol/L     |                      |                                   |
| 30-Sep-2013 | Tissu transglutaminase IgA lev   | 1               | U/ml                 | <10.00u/ml                        |
| 30-Sep-2013 | Thyroid function test  |                 |                      |                                   |
|             | Serum Tsh level  | 0.9\$           | mU/l                 | 0.35-5.50m U/l                    |
|             | Serum free T4 level  | 12.7            | pmol/l               | 10.00-22.70pmol/i                 |
| 30-Sep-2013 | IgA  | 3.22            | g/l                  | 0.80 - 3 90g/l                    |
| 30-Sep-2013 | Routine Blood Chemistry  |                 |                      |                                   |
|             | Sawn ALT level   | 22              | u/L                  | 10.00 - 37.00U/L                  |
|             | GFR calculated abbreviated MDRD  | 84              | ML/min/1.73sqm       |                                   |
|             | Tba derived ECFF should be multiplied by 1.212 for Afro Caribbean's. If <30 consult the Renal Drug Handbook for prescribing advice, available vi the link on the WeBRJ? pegs on the intianet.it is netapplicable in ART. pregnancy/ amputees or extremes of body weight. |                 |                      |                                   |
|             | So, run C reactive protein level   | 2               | mg/l                 | <6.00mg/l                         |
|             | NI; CRP assay sensitivity is row - 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              | mmol/l               | <15.00umol/l                      |
|             | Serum total protein  | 77              | g/l                  | 62.00 - 82.00g/l                  |
|             | Serum ft albumin   | 48              | &L                   | 35 00 - 50.00g/L                  |
| 30-Sep-2013 | Urea and electrolytes  |                 |                      |                                   |
|             | Serum sodium   | 138             | mmol/l               | 133.00-145.00mmolA                |
|             | Serum potassium  | 4.6             | mmol/l               | 3.50- 5.50mmol/L                  |
|             | Serum urea level   | 4.6             | mmol/l               | 1.70 - 8.30mrooUI                 |
|             | Serum creatinine   | 90              | mmol/l               | 42.00 - 102.00umoi/i              |
| 30-Sep-2013 | Erythrocyte sedimentation rate   | 2               | mm/hr                | 2.00 - 15.00mm/hr                 |
| 30-Sep-2013 | I Full bio XI count - FBC  |                 |                      |                                   |
|             | Please note: The unit-9 for Hb and wCHC have changed from  |                 | g/dl                 | to g/L                            |
|             | in line with national guidelines.  |                 |                      |                                   |
|             | Haemoglobin estimation   | 148             | g/l-                 | 135.00-185.00g/L                  |
|             | Total white blood count  | 9.1             | X10 <sup>A</sup> 9/l | 4.00 - 11.00x10 <sup>A</sup> 9/l  |
|             | Platelet count   | 233             | x10 <sup>A</sup> 9/l | 135.00-420.00x10 <sup>A</sup> 9/l |



## Patient Observation Records

Patients Name: CONDELL SIMON RIO Number: 11214451

Consultant: Dr Granitch Primary Nurse: .....

Observation Level: 15 mins

Reason for observation: New Admission

Date & Time Observation Commenced: 16-08-16

*This document must remain intact - removing this document is a breach of policy. It must be kept in the patient's file. It must be kept in the patient's file. It must be kept in the patient's file.*

| Date  | Time (24hrs) | Record of Events                  | Allocated Nurses name (PRINT) | Signature |
|---|--------------|-----------------------------------|-------------------------------|-----------|
| 16  | 04:00        |                                   |                               |           |
| 16  | :15          |                                   |                               |           |
| 16  | :30          | In the day area.                  | MARY                          | ✓         |
| 16  | :45          | In the day area.                  | MARY                          | ✓         |
| Hourly Summary: To include all observations and mental state presentations.<br>Appears fairly calm. Baseline observations done. Orientated to the ward. - MARY                |              |                                   |                               |           |
| 16  | 05:00        | In the dining area.               | MARY                          | ✓         |
| 16  | :15          | In the dining area.               | MARY                          | ✓         |
| 16  | :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<br>Fairly calm but unpredictable - MARY |              |                                   |                               |           |
| 16  | 06:00        | In the <del>day</del> dining area | MARY                          | ✓         |
| 16  | :15          | In the TV lounge                  | REMI-ALAB                     | ✓         |
| 16  | :30          | In the TV lounge.                 | REMI-ALAB                     | ✓         |
| 16  | :45          | In the TV lounge.                 | REMI-ALAB                     | ✓         |
| Hourly Summary: To include all observations and mental state presentations.<br>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                     | AL        |
|   | :15          | Pacing the TV lounge  | REMI-ALAN                     | AL        |
|   | :30          | In the TV lounge.     | REMI-ALAN                     | AL        |
|   | :45          | In the TV lounge      | Caroline                      | COA       |
| <b>Hourly Summary:</b> To include all observations and mental state presentations. Two hourly summary entries must also be documented on RIO<br>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.<br>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. Two hourly summary entries must also be documented on RIO<br>Appears relatively settled, remain in his bedroom.                  |              |                       |                               | COA       |
| 16/08/16  | 10:00        | In his bedroom asleep | COA                           | AL        |
|   | :15          | In his bedroom asleep | COA                           | AL        |
|   | :30          | In his bedroom asleep | COA                           | AL        |
|   | :45          | Appears asleep        | COA                           | AL        |
| <b>Hourly Summary:</b> To include all observations and mental state presentations.<br>Appeared asleep, breathing observed.  |              |                       |                               | M         |
| Date  | Time (24hrs) | Record of Events      | Allocated Nurses name         | Signature |



# CORDON SIMON

|         |       |                |              |   |
|---------|-------|----------------|--------------|---|
| 16/8/16 | 11:00 | Appears asleep | (PRINT) Alun | ✓ |
|         | :15   | Appears asleep | Alun         | ✓ |
|         | :30   | Appears asleep | Alun         | ✓ |
|         | :45   | Appears asleep | Alun         | ✓ |

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

Appeared asleep, movement and breathing observed

|         |       |                      |          |     |
|---------|-------|----------------------|----------|-----|
| 16/8/16 | 12:00 | In his bedroom area  | Caroline | Cor |
|         | :15   | Having his meals     | Caroline | Cor |
|         | :30   | Having his meals     | Caroline | Cor |
|         | :45   | Seen in the Corridor | Caroline |     |

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

Cor

|         |       |              |          |     |
|---------|-------|--------------|----------|-----|
| 16/8/16 | 13:00 | Bedroom area | Caroline | Cor |
|         | :15   | Bedroom area | Caroline | Cor |
|         | :30   | Bedroom area | Caroline | Cor |
|         | :45   | Bedroom area | Caroline | Cor |

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

Spent this period in his bedroom area, remain settled in his presentation

Cor

|         |       |                   |       |   |
|---------|-------|-------------------|-------|---|
| 16/8/16 | 14:00 | In his room awake | Chidi | ✓ |
|         | :15   | In his bed area   | Chidi | ✓ |
|         | :30   | In his bed area   | Chidi | ✓ |
|         | :45   | In his bed area   | Chidi | ✓ |

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

In his bed area awake

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

Page 2 of 40 Entries must remain intact - removing a page is a breach of policy

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 |  |

Hourly Summary: 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 |  |

Hourly Summary: 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 |  |

Hourly Summary: 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 in room | Vincent |  |

Hourly Summary: 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 room | Vincent                       |           |

Page 4 of 10 [pages must remain intact - removing a page is a breach of policy]

SIMON.

Simon.

|          |       |                   |         |  |
|----------|-------|-------------------|---------|--|
| 16/08/16 | 19:15 | in his bed room   | Vincent |  |
|          | :30   | using his lap top | Vincent |  |
|          | :45   | in his bed room   | Vincent |  |

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 | CB |
|          | :15   | in his bed area             | Caroline F | CB |
|          | :30   | in his room                 | Caroline F | CB |
|          | :45   | in his room                 | Caroline F | CB |

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 | ASHICA | - |
|  | :15   | Bed awake | ASHICA | - |
|  | :30   | Bed awake | ASHICA | - |
|  | :45   | Bed awake | ASHICA | - |

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

Colm 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        | ASHICA                        | -         |
|         | :15          | Bed awake        | ASHICA                        | -         |

Page 5 of 10 [pages must remain intact - removing a page is a breach of policy]

Simon.

**BARNET, ENFIELD & HARINGEY MH NHS TRUST**

**DISCLAIMER OF RESPONSIBILITY**

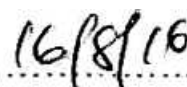
You are advised to restrict to a minimum the amount of property including cash brought into the hospital and to hand to the nursing staff, as soon as possible, any articles you wish to be kept in safe custody for which a receipt will be given to you. You are responsible for property including cash not handed in for safe custody. Barnet, Enfield and Haringey MH NHS Trust accepts no responsibility for the loss of or damage to personal property of any kind in whatever way the loss or damage may occur unless deposited for safe custody.

The above statement has been explained to me and I accept and understand its contents.

Signature of  
Patient.....

x 

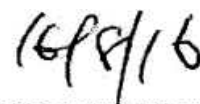
Date..

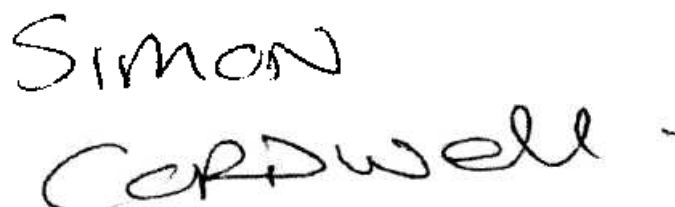


Signature of  
Staff member.....



Date





# ADMISSION CHECKLIST

Patient's name:

CONDELL SIMON

Date of Admission

16/8/16

|   | Initials | Date    |
|---|----------|---------|
| Documentation and actions before admission  | C-D      | 16/8/16 |
| Named Nurse allocated   | ✓        | ✓       |
| SHO or doctor on call informed about admission and time agreed to see patient, clerk Admission and do Medical Examination and paper work. | ✓        | ✓       |
| Consultant/CMHN informed about admission  |          |         |

| Admission  | Initials | Date |
|--|----------|------|
| Patient/Relative welcomed and oriented on ward. Informed on visiting, Protective Engagement and meal times | ✓        | ✓    |
| Patient shown to room, advised on fire procedure, information leaflets and recovery pack.                  | ✓        | ✓    |
| Patient risk assessed and level of Observation determined. Update risk assessment                          | ✓        | ✓    |
| Inform nearest relative  |          | ✓    |
| Check/record valuables and contraband  | ✓        | ✓    |

| Actions following admission   | Initials | Date |
|---|----------|------|
| Named Nurse board completed   | ✓        | ✓    |
| White board completed: Name/D.oA/Section status/ Observation status   | ✓        | ✓    |
| Valuables recorded and taken to General Office  | ✓        | ✓    |
| Physical observations at admission completed in RiO Core Assessment: BP, P. Temp, BM, BMi, Hearing, Sight, Teeth, Smoking; nutritional screen and special diet requests | ✓        | ✓    |
| If patient is admitted under MHA 1983:<br><input type="checkbox"/> Sec 132 form explained/ completed  | ✓        | ✓    |

| Documentation following admission   | Initials | Date |
|---|----------|------|
| Patient's details completed in Admission book   | ✓        | ✓    |
| Patient admitted on bed view page of RiO  | ✓        | ✓    |
| Personal details checked/completed on RiO, including contact details Next of Kin/relevant friends/family members/other dependents.  | ✓        | ✓    |
| Patient's GP details checked/recorded on RiO  | ✓        | ✓    |
| Complete Social inclusion   |          |      |
| Complete New HONO's   |          |      |
| Patient registered on ward 'Hourly Rounds Checklist'  | ✓        | ✓    |
| Admission Care plan completed and agreed with service user. Service user sign and given copy.   | ✓        |      |
| Risk assessment reviewed on RiO   | ✓        | ✓    |
| Consent form completed on RiO and signed by patient.' Traffic Light' amended.   |          |      |
| Ethnicity put on RiO. If on section Ethnicity form sent to MHA office.  |          |      |
| Core Assessment':<br>Is social history/ Care management current?<br>Yes/No<br><input type="checkbox"/> Care management<br>'accommodation/housing', 'activities of daily living' and 'finance' |          |      |
| Welfare checklist to be completed Scan and up loading on Rio  |          |      |

**This form is to be handed over to shift lead completed. Once completed to be scanned on Rio.**

**(Welfare checklist will be copied on other side of admission checklist)**



# Barnet, Enfield and Haringey

Mental Health NHS Trust

## ADMISSION CHECKLIST (HARINGEY ASSESSMENT WARD)

Patient's Name: CORDELL SIMON

Rio No

Admission Date: 16/8/16

| AREAS                             | TASKS  | CHECK  | PATIENT SIGNATURE |
|-----------------------------------|--|--|-------------------|
| Welcome & Orientation             | <p>Patient and relatives welcomed to the ward Patient Shown around the ward by staff</p> <p>Patient/relatives informed of visiting time, Protective Engagement time, meal times and any other valuable information.</p> <p>Ward and patients' phone numbers given to patients/carers. Patient information leaflet, welcome pack and Folder given.</p> <p>On call psychiatrist or ward SHO asked to see patient.</p>  | <input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/>  |                   |
| Data and Documentation            | <p>Inpatient Identification form completed fully or if partially done, hand over to incoming staff.</p> <p>Initial Assessment Forms completed (Admission Pack).</p> <p>New Risk Assessment, Clustering Form and Social Inclusion completed.</p> <p>Baseline blood pressure, temperature, pulse, SpO2 on air, weight, BMI, Waist, and Nutritional risk assessment done.</p> <p>Admission entered in Ward's Admission book:</p> <ul style="list-style-type: none"> <li>• Consultant's, GP, Next of kin, named nurse ,etc list.</li> <li>• Staff allocation board.</li> <li>• Visual Control Board.</li> <li>• Ward Diary.</li> </ul> | <input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/> |                   |
| Nursing Care Plan                 | <p>Nursing 72hr Care Plan formulated and discussed with patient Care Plan agreed upon and signed by patient and copy given. •</p> <p>Named-nurse allocated and patient informed.</p>   | <input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/>  |                   |
| Patient's property                | <p>Disclaimer Book signed by patient.</p> <p>Items given for safekeeping are dealt with in line with Trust policy.</p> <p>Patient orientated to use of personal locker/safe.</p>   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   |                   |
| Sectioned Patient                 | <p>Rights Leaflet given, explained and Section 132 form signed. Section entered in Sectioned Patients' List.</p>   | <input checked="" type="checkbox"/><br><input type="checkbox"/>  |                   |
| Miscellaneous                     | <p>Next of Kin informed.</p> <p>Admission recorded in the 24-Hour Report.</p> <p>Special Diet requested (if applicable).</p> <p>Patient's observation level discussed and form signed:</p> <p>Patient's entered on Ward's Bed Board</p> <p>Patient, named nurse and RMO names type and put on patient's room notice board:</p>   | <input type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   |                   |
| Handing Over                      | <p>New patient is handed over to incoming staff and uncompleted I tasks identified.</p>  | <input checked="" type="checkbox"/>  |                   |
| Admission Completed by Signature: |  | (Haringey ward -April16)   |                   |



SIMON CORDWELL  
RID: 11214451

Appendix A

**BARNET. ENFIELD & HARINGEY MH NHS TRUST**

**DISCLAIMER OF RESPONSIBILITY**

You are advised to restrict to a minimum the amount of property including cash brought into the hospital and to hand to the nursing staff, as soon as possible, any articles you wish to be kept in safe custody for which a receipt will be given to you. You are responsible for property including cash not handed in for safe custody. Barnet, Enfield and Haringey MH NHS Trust accepts no responsibility for the loss of or damage to personal property of any kind in whatever way the loss or damage may occur unless deposited for safe custody.

The above statement has been explained to me and I accept and understand its contents.

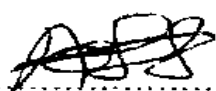
Signature of  
Patient.....



Date.....

16/8/16

Signature of  
Staff member.....



Date.....

16/8/16

2nd SIGNATURE.

FOR KEEPING HIS LAPTOP.



Please help us to make sure we are treating all types of people fairly by completing this questionnaire about yourself and the people who support you. Please tick or write in your answers. We promise to keep this information confidential and secure. There are some pieces of information we require in order to identify you and keep an accurate record of your care. There are other things about you which may help us in your care and treatment and which will help ensure we are treating everyone fairly. You have the option not to disclose this information to us.

|         |                                     |    |                                     |                         |                                     |
|---------|-------------------------------------|----|-------------------------------------|-------------------------|-------------------------------------|
| BRITISH | Indicating language                 |    | Yes                                 | No                      | <input checked="" type="checkbox"/> |
|         | If yes, what language               |    |                                     |                         |                                     |
|         | Yes                                 | No | <input checked="" type="checkbox"/> | Do not wish to disclose |                                     |
|         | If yes which of the following types |    |                                     |                         |                                     |
|         | Physical/exactly                    |    | Sensory/communications              |                         | Mental/health/learning              |

|  |  |  |  |
|--|--|--|--|
| Sexual orientation   | <input checked="" type="checkbox"/> Heterosexual | <input type="checkbox"/> Lesbian                 | <input type="checkbox"/> Gay                       |
| Gender   | <input type="checkbox"/> Male                    | <input type="checkbox"/> Female                  | <input type="checkbox"/> I do not wish to disclose |
| Intersex/neutro gender   | <input type="checkbox"/>                         | <input type="checkbox"/>                         | <input type="checkbox"/> I do not wish to disclose |
| Do you agree to your full medical history being shared with all the staff involved in your care? | Yes <input type="checkbox"/>                     | No <input type="checkbox"/>                      |  |
| Relationship status  | <input type="checkbox"/> Single                  | <input type="checkbox"/> Separated               | <input type="checkbox"/> Divorced                  |
|  | <input type="checkbox"/> Surviving civil partner | <input type="checkbox"/> Married                 |  |
| Partnership  | <input checked="" type="checkbox"/> Cohabiting   | <input type="checkbox"/> Do not wish to disclose |  |

About your health/lifestyle

|                                |   |   |                          |
|--------------------------------|---|---|--------------------------|
| Do you smoke?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | Please tick this box if you would like help to quit smoking   | <input type="checkbox"/> |
| How much alcohol do you drink? | <input type="checkbox"/> Less than 14 units a week <input type="checkbox"/> 14 or more units a week | Please tick this box if you would like information and support on reducing the amount of alcohol you drink? | <input type="checkbox"/> |

About your next of kin (for use if you are unable to contact the adult carers to you)

|              |                                   |
|--------------|-----------------------------------|
| Relationship | Mother                            |
| Name         | Lorraine Cordell                  |
| Address      | 23 Byron Terrace, London, Enfield |
| Postcode     | N9 7JG                            |

About your GP

|          |                              |
|----------|------------------------------|
| GP Name  | Dr. Warren                   |
| Address  | 10 Nightingale Road, Enfield |
| Postcode | N9                           |

I agree to my personal information being seen by those staff involved in my care. I agree that if the Trust removes my name and address, they can use this information to monitor how well it is treating people from different backgrounds.

Signed M. Cordell

Date 17/5/16



26/11/81 (35 y/o)  
 26/11/81 16:71  
 26/11/81 16:71  
 26/11/81 16:71

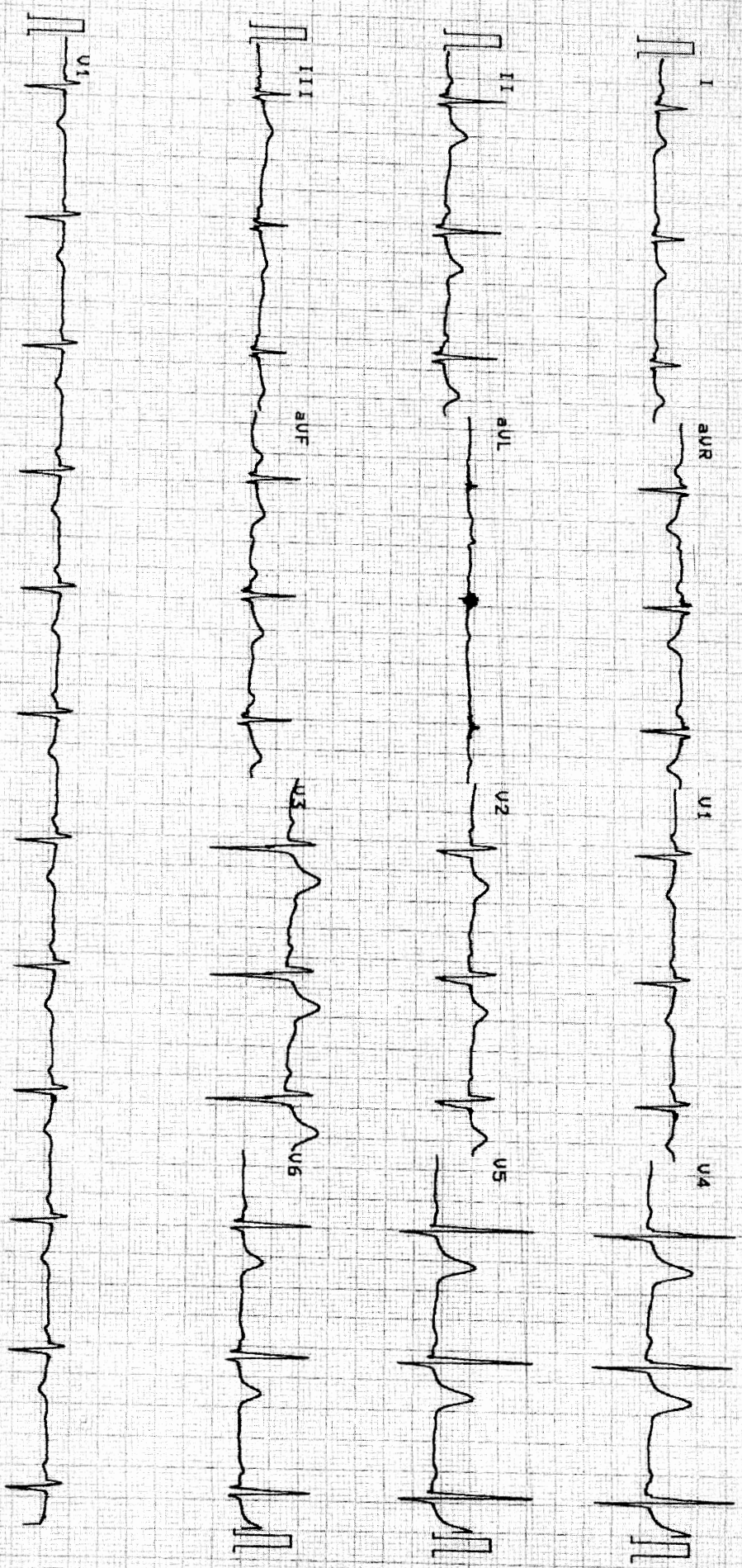
|            |        |        |          |              |
|------------|--------|--------|----------|--------------|
| HR         | 71/min | Axis:  | P 61°    | SINUS RHYTHM |
| Intervals: |        |        | QRS 54°  | NORMAL ECG   |
| RR         | 847 ms |        | T 52°    | 5.79         |
| P          | 114 ms |        |          |              |
| PR         | 146 ms |        |          |              |
| QRS        | 98 ms  | P (I)  | 0.12 mV  |              |
| QT         | 380 ms | S (V1) | -0.71 mV |              |
| QTc        | 413 ms | R (V5) | 1.72 mV  |              |
|            |        | Sokol. | 2.42 mV  |              |

10 mm/mV

10 mm/mV

UNCONFIRMED REPORT

USR  
 [Signature]  
 [Signature]



10 mm/mV

25 mm/s

FS0 SSF S85 Th 18-AUG-16 11:03:14

Art. No. 2, 157, 025

Printed in UK

OT-100



Mr Simon Cordell  
109 Burncroft Ave  
Enfield Middlesex  
EN3 7JQ  
23/08/2016

To whom it may concern:

I am writing this letter after speaking to Dr J Cranitch today 23/08/2016, I believe that she is still under the impression that I have been charged at the police station on the 15/08/2016 for threats to kill and I have a court date of the 04/10/2016, My mother has contacted my solicitor to ask for them to write a letter to confirm that I have not been charged, which they will do and this will be ready by Friday.

This is not the case as I told Dr Humphries on the 17/08/2016 I have not been interviewed by the police for this as of yet and have not been charged for anything by the police, the police was told when I was being held at the police station that I have CCTV which will prove this, as I did not leave my home on this day.

In fact when the police attended my home before I walked out of my flat the police realised that they were being recorded and ripped the wires out from my CCTV which there was no need to do if they did not have anything to hide. Also when my mother and uncle came they also recorded everything the police were doing.

I did explain to Dr Humphries this and what went on in the police station there after when I was arrested. When at the police station I was not a risk to myself and never said anything that would have made the police think I was a risk to myself. I was left in my cell with all my clothing **and** shoes which **included laces**, if the police had **any** concerns of my welfare these would have been removed.

As anyone would be I was upset at being arrested for something I did not do when the mental health team came to my cell I had been in the police station around 20+ hours. And all I wanted was to have my interview and be released so when I saw the mental health team and they asked me if I would talk to them I did not understand why they were there and said no due to just wanting my interview, my solicitor was there at this time.

When talking to Dr J Cranitch she wanted me to agree to take my tablets which I agreed to do and work with them.

When Dr J Cranitch asked me if I won my court tribunal would I be willing to stay in hospital voluntary. I was happy to say I was willing to work with the doctors.

Since 2014 when I had contact with the mental health team I have never said I would hurt anyone or myself, I was only discharged from the early intervention team 3 months ago and if they had any concerns I would not have been discharged.

Regards

*Infikard*

Simon Cordell

25/08/2016  
Received from Simon Cordell  
✓  
Goodie  
Goodie Adult  
Care Co-ordinator

**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 OPD

Tel: 020 8702 3100  
Fax: 020 8345 6950

24<sup>th</sup> August 2016

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 1835 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.



Chairman: Michael Fox  
Chief Executive: Maria Kane

*A University Teaching Trust*

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"*



**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 Section 17 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.

SIMON CORDELL

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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

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 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

**SIMON CORDELL**

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**

Mr Simon Cordell  
109 Burncroft Ave  
Enfield Middlesex  
EN3 7JQ  
23/08/2016

To whom it may concern:

I am writing this letter after speaking to Dr J Cranitch today 23/08/2016, I believe that she is still under the impression that I have been charged at the police station on the 15/08/2016 for threats to kill and I have a court date of the 04/10/2016. My mother has contacted my solicitor to ask for them to write a letter to confirm that I have not been charged, which they will do and this will be ready by Friday.

This is not the case as I told Dr Humphries on the 17/08/2016 I have not been interviewed by the police for this as of yet and have not been charged for anything by the police, the police was told when I was being held at the police station that I have CCTV which will prove this, as I did not leave my home on this day.

In fact when the police attended my home before I walked out of my flat the police realised that they were being recorded and ripped the wires out from my CCTV which there was no need to do if they did not have anything to hide. Also when my mother and uncle came they also recorded everything the police were doing.

I did explain to Dr Humphries this and what went on in the police station there after when I was arrested. When at the police station I was not a risk to myself and never said anything that would have made the police think I was a risk to myself. I was left **in** my cell **with** all my **clothing and shoes which included laces**, if **the police had any** concerns of my welfare these would have been removed.

As anyone would be I was upset at being arrested for something I did not do when the mental health team came to my cell I had been in the police station around 20+ hours. And all I wanted was to have my interview and be released so when I saw the mental health team and they asked me if I would talk to them I did not understand why they were there and said no due to just wanting my interview, my solicitor was there at this time.

When talking to Dr J Cranitch she wanted me to agree to take my tablets which I agreed to do and work with them.

When Dr J Cranitch asked me if I won my court tribunal would I be willing to stay in hospital voluntary. I Was happy to say I was willing to work with the doctors.

Since 2014 when I had contact with the mental health team I have never said I would hurt anyone or myself, I was only discharged from the early intervention team 3 months ago and if they had any concerns I would not have been discharged.

Regards

*Simon Cordell*

Simon Cordell

25/08/2016  
Received from Simon Cordell  
✓ goodie.  
Goodie Admin  
Care Co-ordinator

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

**Report Author:** Dr Julia Cranitch, Haringey Assessment Ward, St Anns Hospital.

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

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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 Section 117 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.



## **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 [Force Medical Examiner] 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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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.

In 2013 Mr Cordell stood accused of burglary; after a year the case was dismissed, according to Simon and his mother Loraine.

### **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 as a teenager and has since not taken alcohol or drugs. He denied current use

### **FINANCE**

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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

SIMON CORDELL

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".

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**Goodie Adama Locum CMHN**

**Early Intervention *for* Psychosis**



2. Non-RPP  
S.2

# **The First-tier Tribunal (Health, Education and Social Care Chamber) Mental Health**

**Mental Health Act 1983 (as amended)**

**The Tribunal Procedure (First-tier Tribunal) (Health, Education and Social Care Chamber) Rules 2008**

Case Number: MP/2016/21956 Date of

Application: 18-8-16

**Patient: Mr Simon Cordell (born 26-1-811)**

A patient now liable to be detained under Section 2 of the Act

Responsible Authority: Barnet, Enfield & Haringey MH NHS Trust

Hospital: St Ann's Hospital

Before

Susan Rees (Judge)

Dr E Kamel (Medical Member)

Mr C Lee (Specialist Lay Member)

Sitting at St Ann's Hospital on 26-8-16

Decision

The patient shall be discharged immediately from liability to be detained.

Recommendation pursuant to section 72(3)(a) The tribunal does not make a recommendation.

Representation

Patient: Ms Parmar of Duncan Lewis & Co Sols Responsible Authority: Not Represented.

Attendance by Patient

The Patient attended the hearing

Announcement of Decision

The decision was announced at the end of the hearing.

The patient was present for the announcement.

The patient's representative was present for the announcement.

Pre-Hearing Medical Examination of the Patient

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A pre-hearing examination of the patient was indicated under the Rules. The interview with the patient took place on the day

The Tribunal considered:

Oral evidence from Dr Mills, ST4, Mr Ahmed, SN, Mr Adama, C-C, Mr Cordell, Mrs Cordell, mother

Written evidence from Dr Mills, ST4, 24-8-16, A Burahee, SN, 24-8-16, Goodie Adama, Locum CMHN, 25-8-16 which included a letter from Mr Cordell.

Other material, namely Responsible Authority Statement of Information,

Jurisdiction. Preliminary and Procedural Matters

1. The tribunal is satisfied that it has jurisdiction to consider this application.

Grounds for the Decision

1. The tribunal is not satisfied that the patient is suffering from mental disorder or from mental disorder of a nature or degree which warrants the patient's detention in a hospital for assessment (or for assessment followed by medical treatment) for at least a limited period.
2. The tribunal is not satisfied that the patient's detention as aforesaid is justified in the interests of the patient's own health or safety, or with a view to the protection of other persons.
3. The tribunal does not consider that it is appropriate to discharge the patient under its discretionary powers.

Reasons

1. Mr Cordell is 35 years old. He lives alone in a one bedroom flat. His mother is supportive and attended the hearing. Mr Cordell had a troubled adolescence with periods spent in care and was homeless for a while. Mr Cordell is not currently in paid employment but he has ambitious plans to set up a company and a charitable organisation. He has a conviction for setting up illegal raves and is currently subject to an ASBO.
2. He has been known to psychiatric services since 2014 and has undergone a number of assessments of his mental health but these have found that he was not detainable. He was discharged by services after non engagement in February 2016. He has expressed persecutory beliefs about a neighbour, the police and, at times, his mother. In the context of these beliefs he has put CCTV cameras outside his flat and it appears that a neighbour was rehoused after a disagreement with him but the exact circumstances were not clear. He has misused substances in the past.
3. The factual details of the circumstances of the admission were not clear from the reports and the clinical team were not able to tell us whether or not he is on bail. It was Mr Cordell who furnished us with a notice from the police that he is on bail for an offence of threats to kill. He is not due to be interviewed until October. It is unclear who the alleged victim of the complaint is. He is adamant that he is not guilty of this charge. Further, the report from the care co-ordinator stated it was his mother who called the police but this was adamantly denied by Mrs Cordell. The care co-ordinator corrected his report to clarify that Mr Cordell is not awaiting trial for burglary.
4. Mr Cordell thinks he was arrested and taken to the police station because of concerns expressed about the loud music he was playing. He was seen in custody and admitted to hospital.

5. He has been in hospital since 16-8-16.
6. He was assessed in the absence of medication and was prescribed medication on 19-8-16 but refused it until 23-8-16. He has been compliant since that time. He wanted to research the side effects of the medication. Mr Cordell is concerned that procedures are followed correctly.

### **Issues and submissions**

7. He requested immediate discharge from section. He would stay voluntarily and he is happy to continue with treatment and to see the team in the community. He does not accept a diagnosis of mental disorder but has stated that he will take treatment on the advice of the team. His mother thought that he has reacted to stress in the past and that he has been working very hard on his project.
8. The clinical team were not unanimous in their view. Dr Mills suggested that there had been a possibility that Dr Cranitch, RC, had considered discharging him prior to the tribunal but on balance had decided not to. Dr Mills, having spoken to the RC, was of the view that detention was warranted given the degree of the disorder which is in their view a first episode psychosis. Mr Ahmed, a staff nurse on the ward, was of the view that it was the nature of the disorder that warranted detention. The care co-ordinator, Mr Adama, was of the view that the section should be discharged as Mr Cordell had been adamant that he would engage with services. Dr Mills and Mr Ahmed were concerned about his insight and the risk of non-compliance and deterioration.

### **Tribunal's conclusions with reasons**

9. The tribunal is satisfied that Mr Cordell is suffering from a mental disorder. This is consistent with the signs and symptoms he has displayed which include a preoccupation with a business plan which is so ambitious and far reaching that it can be described as grandiose thinking. He has been working unceasingly on these plans and is in all likelihood suffering from a stress reaction. He has very limited insight. Over a period of two years Mr Cordell has expressed beliefs about police and neighbours which may have some factual basis but in all likelihood are overvalued.
10. The tribunal is not satisfied that the nature of the disorder warrants detention. Mr Cordell has never accepted treatment. We were unable to find that the signs or symptoms have responded to treatment or that they had deteriorated in the absence of treatment. Any problems that he has had with neighbours and his beliefs about persecution at the hands of the police appear to be longstanding. Despite these beliefs he has lived in the same place for 11 years. He has convictions but these do not relate to violence and are in connection with driving offences as a youth and with organising an illegal rave. He has been assessed before and not been found to be detainable.
11. The tribunal is not satisfied that the degree of the disorder warrants detention. He was thought disordered on admission but these symptoms have settled. He poses no management problems. He is compliant with treatment and he gets on well with staff and patients. He was angry with his mother but she is visiting and supports his discharge. He may not accept that he has a mental disorder but states that he is willing to engage with the assessment. He has stated that if the procedures are carried out properly he will abide by them. We accepted his evidence.
12. The tribunal's decision on the first limb of the act meant that we were not bound to consider the risks other than as to how they related to the current degree of the disorder. We are satisfied that it is at least likely that he will continue to comply with treatment either as a voluntary patient or in the community. In any event he has never accepted treatment in the past and until recently has found not to be detainable. It was not clear that there had been a deterioration. He is on bail but the police are not due to interview him until October 2016. We had his forensic history. We were not informed that he has any history of physical violence.



13. We did not use our discretionary grounds for discharge.

Judge Susan Rees

Date 26-8-16

Notice

A person seeking permission to appeal must make a written application to the tribunal for permission to appeal. An application for permission must:

- a. identify the decision of the tribunal to which it relates;
- b. identify the alleged error or errors of law in the decision; and
- c. state the result the party making the application is seeking.

An application for permission must be sent or delivered to the tribunal so that it is received no later than 28 days after the latest of the dates that the tribunal sends to the person making the application:

- a. written reasons for the decision;
- b. notification of amended reasons for, or correction of, the decision following a review; or
- c. notification that an application for the decision to be set aside has been unsuccessful. (Note: This date only applies if the application for the decision to be set aside was made within the initial 28 day time limit, or any extension of that time previously granted by the tribunal.)

If the person seeking permission to appeal sends or delivers the application to the tribunal later than the time required then:

- a. the application must include a request that the tribunal extends the time limit under Rule 5(3)(a), and give the reason(s) why the application was not provided in time; and
- b. unless the tribunal extends time for the application to be made, a late application cannot be admitted.

New Book!

New Book!

New Book!

# 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  | 3    |      |      |      |      |      |      |      |      |      |      |
| LORAZEPAM                     |       |           |         | Lunch |      |      |      |      |      |      |      |      |      |      |      |
| Dose                          | Route | Frequency | Date    | Eve   |      |      |      |      |      |      |      |      |      |      |      |
| 1mg                           | PO    | BD        | 17/8/16 |       |      |      |      |      |      |      |      |      |      |      |      |
| Sign and Print Name           |       |           |         | Night | 3    |      |      |      |      |      |      |      |      |      |      |
| Pharmacy                      |       |           |         |       |      |      |      |      |      |      |      |      |      |      |      |
| Drug (approved name and form) |       |           |         | Morn  |      |      |      |      |      |      |      |      |      |      |      |
| Clonazepam                    |       |           |         | Lunch |      |      |      |      |      |      |      |      |      |      |      |
| Dose                          | Route | Frequency | Date    | Eve   |      |      |      |      |      |      |      |      |      |      |      |
| 1mg                           | R     | BD        | 18/8    |       |      |      |      |      |      |      |      |      |      |      |      |
| Sign and Print Name           |       |           |         | Night | 3    |      |      |      |      |      |      |      |      |      |      |
| Pharmacy                      |       |           |         |       |      |      |      |      |      |      |      |      |      |      |      |
| Drug (approved name and form) |       |           |         | Morn  |      |      |      |      |      |      |      |      |      |      |      |
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| Dose                          | Route | Frequency | Date    | Eve   |      |      |      |      |      |      |      |      |      |      |      |
| 1mg                           | PO    | ON        | 17/8/16 |       |      |      |      |      |      |      |      |      |      |      |      |
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| Drug (approved name and form) |       |           |         | Morn  |      |      |      |      |      |      |      |      |      |      |      |
| OLANZAPINE                    |       |           |         | Lunch |      |      |      |      |      |      |      |      |      |      |      |
| Dose                          | Route | Frequency | Date    | Eve   |      |      |      |      |      |      |      |      |      |      |      |
| 5mg                           | PO    | ON        | 17/8/16 |       |      |      |      |      |      |      |      |      |      |      |      |
| Sign and Print Name           |       |           |         | Night |      |      |      |      |      |      |      |      |      |      |      |
| Pharmacy                      |       |           |         |       |      |      |      |      |      |      |      |      |      |      |      |
| Drug (approved name and form) |       |           |         | Morn  |      |      |      |      |      |      |      |      |      |      |      |
|                               |       |           |         | Lunch |      |      |      |      |      |      |      |      |      |      |      |
| Dose                          | Route | Frequency | Date    | Eve   |      |      |      |      |      |      |      |      |      |      |      |
|                               |       |           |         |       |      |      |      |      |      |      |      |      |      |      |      |
| Sign and Print Name           |       |           |         | Night |      |      |      |      |      |      |      |      |      |      |      |
| Pharmacy                      |       |           |         |       |      |      |      |      |      |      |      |      |      |      |      |
| Drug (approved name and form) |       |           |         | Morn  |      |      |      |      |      |      |      |      |      |      |      |
|                               |       |           |         | Lunch |      |      |      |      |      |      |      |      |      |      |      |
| Dose                          | Route | Frequency | Date    | Eve   |      |      |      |      |      |      |      |      |      |      |      |
|                               |       |           |         |       |      |      |      |      |      |      |      |      |      |      |      |
| Sign and Print Name           |       |           |         | Night |      |      |      |      |      |      |      |      |      |      |      |
| Pharmacy                      |       |           |         |       |      |      |      |      |      |      |      |      |      |      |      |
| Drug (approved name and form) |       |           |         | Morn  |      |      |      |      |      |      |      |      |      |      |      |
|                               |       |           |         | Lunch |      |      |      |      |      |      |      |      |      |      |      |
| Dose                          | Route | Frequency | Date    | Eve   |      |      |      |      |      |      |      |      |      |      |      |
|                               |       |           |         |       |      |      |      |      |      |      |      |      |      |      |      |
| Sign and Print Name           |       |           |         | Night |      |      |      |      |      |      |      |      |      |      |      |
| 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 AND MONTH                |       |           |         | 17/8                      | 18/8 | 19/8 | 20/8 | 21/8 | 22/8 | 23/8 | 24/8 | 25/8 | 26/8 |
|-------------------------------|-------|-----------|---------|---------------------------|------|------|------|------|------|------|------|------|------|
| Drug (approved name and form) |       |           |         | LORAZEPAM                 |      |      |      |      |      |      |      |      |      |
| Dose                          | Route | Frequency | Date    | Morn                      |      |      |      |      |      |      |      |      |      |
| 1mg                           | PO    | BD        | 17/8/16 | Lunch                     |      |      |      |      |      |      |      |      |      |
| Sign and Print Name           |       |           |         | Eve                       |      |      |      |      |      |      |      |      |      |
| Pharmacy                      |       |           |         | Night                     |      |      |      |      |      |      |      |      |      |
| Drug (approved name and form) |       |           |         | LORAZEPAM                 |      |      |      |      |      |      |      |      |      |
| Dose                          | Route | Frequency | Date    | Morn                      |      |      |      |      |      |      |      |      |      |
| 1mg                           | PO    | BD        | 18/8    | Lunch                     |      |      |      |      |      |      |      |      |      |
| Sign and Print Name           |       |           |         | Eve                       |      |      |      |      |      |      |      |      |      |
| Pharmacy                      |       |           |         | Night                     |      |      |      |      |      |      |      |      |      |
| Drug (approved name and form) |       |           |         | LORAZEPAM                 |      |      |      |      |      |      |      |      |      |
| Dose                          | Route | Frequency | Date    | Morn                      |      |      |      |      |      |      |      |      |      |
| 1mg                           | PO    | ON        | 19/8/16 | Lunch                     |      |      |      |      |      |      |      |      |      |
| Sign and Print Name           |       |           |         | Eve                       |      |      |      |      |      |      |      |      |      |
| Pharmacy                      |       |           |         | Night                     |      |      |      |      |      |      |      |      |      |
| Drug (approved name and form) |       |           |         | OLANZAPINE DRODISPERSABLE |      |      |      |      |      |      |      |      |      |
| Dose                          | Route | Frequency | Date    | Morn                      |      |      |      |      |      |      |      |      |      |
| 5mg                           | PO    | ON        | 19/8/16 | Lunch                     |      |      |      |      |      |      |      |      |      |
| Sign and Print Name           |       |           |         | Eve                       |      |      |      |      |      |      |      |      |      |
| Pharmacy                      |       |           |         | Night                     |      |      |      |      |      |      |      |      |      |
| Drug (approved name and form) |       |           |         |                           |      |      |      |      |      |      |      |      |      |
| Dose                          | Route | Frequency | Date    | Morn                      |      |      |      |      |      |      |      |      |      |
|                               |       |           |         | Lunch                     |      |      |      |      |      |      |      |      |      |
| Sign and Print Name           |       |           |         | Eve                       |      |      |      |      |      |      |      |      |      |
| Pharmacy                      |       |           |         | Night                     |      |      |      |      |      |      |      |      |      |
| Drug (approved name and form) |       |           |         |                           |      |      |      |      |      |      |      |      |      |
| Dose                          | Route | Frequency | Date    | Morn                      |      |      |      |      |      |      |      |      |      |
|                               |       |           |         | Lunch                     |      |      |      |      |      |      |      |      |      |
| Sign and Print Name           |       |           |         | Eve                       |      |      |      |      |      |      |      |      |      |
| Pharmacy                      |       |           |         | Night                     |      |      |      |      |      |      |      |      |      |
| Drug (approved name and form) |       |           |         |                           |      |      |      |      |      |      |      |      |      |
| Dose                          | Route | Frequency | Date    | Morn                      |      |      |      |      |      |      |      |      |      |
|                               |       |           |         | Lunch                     |      |      |      |      |      |      |      |      |      |
| Sign and Print Name           |       |           |         | Eve                       |      |      |      |      |      |      |      |      |      |
| Pharmacy                      |       |           |         | Night                     |      |      |      |      |      |      |      |      |      |

As Required Drugs

NAME:

WARD:

|   |  |  |  |  |                        |       |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|------------------------|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Drug (approved name and form)<br><b>Lorazepam</b> |  |  | Also see regular   |  | Date                   |       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose<br>1-2 mg PO                                 |  |  | Frequency and indication for use<br>max 4mg/24h<br>Agitation                 |  | Dose                   |       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber (Sign and PRINT Name)<br>M. Cheema     |  |  | Date<br>16/8/16  |  | Pharmacy<br>W. 16/8/16 | Route |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug (approved name and form)<br><b>Clonidine</b> |  |  | Short term only  |  | Date                   |       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose<br>7.5 mg PO                                 |  |  | Frequency and indication for use<br>ON<br>Insomnia                           |  | Dose                   |       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber (Sign and PRINT Name)<br>M. Cheema     |  |  | Date<br>16/8/16  |  | Pharmacy<br>W. 16/8/16 | Route |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug (approved name and form)<br><b>CLONIDINE</b> |  |  |  |  | Date                   |       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose<br>1-2 mg IM                                 |  |  | Frequency and indication for use<br>MAX 4mg/24h<br>IF REFUSES PO - AGITATION |  | Dose                   |       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber (Sign and PRINT Name)<br>M. Cheema     |  |  | Date<br>16/8/16  |  | Pharmacy<br>W. 16/8/16 | Route |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug (approved name and form)<br><b>CLONIDINE</b> |  |  |  |  | Date                   |       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose<br>5-10 mg PO                                |  |  | Frequency and indication for use<br>MAX 15mg<br>AGITATION                    |  | Dose                   |       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber (Sign and PRINT Name)<br>M. Cheema     |  |  | Date<br>16/8/16  |  | Pharmacy<br>W. 16/8/16 | Route |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug (approved name and form)<br><b>CLONIDINE</b> |  |  |  |  | Date                   |       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose<br>30-60 mg PO                               |  |  | Frequency and indication for use<br>360mg in 24h<br>pain                     |  | Dose                   |       |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber (Sign and PRINT Name)<br>M. Cheema     |  |  | Date<br>16/8/16  |  | Pharmacy<br>W. 16/8/16 | Route |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug (approved name and form)<br><b>CLONIDINE</b> |  |  |  |  | Date                   |       |  |  |  |  |  |  |  |  |  |  |  |  |  |



**DRUGS TO TAKE HOME (including weekend leave)**

**Maximum supply – 28 days unless specially requested**

[illegible]



|                   |             |                      |
|-------------------|-------------|----------------------|
| Not staff         | Surname     | CORDELL              |
| Haringey Ward     | Forename(s) | SIMON                |
| St Ann's Hospital | DOB         | 26/01/1981 ( Age: 35 |
| Tottenham*        | Sex         | M                    |
| London            | Ref Lab No  |                      |
| N15 3TH           | Hospital No | UB00543393           |
| ----- .....       | NHS No.     |                      |

|             |           |                  |          |
|-------------|-----------|------------------|----------|
| Lab Number  | 46Q060004 | Sample dated     | 18/08/16 |
| Sample Type |           | Request received | 18/08/16 |

Haemoglobin Ale (%) 5.3  
haemoglobin Ale (mmol/mol) 34

% total Hb (4.0-6.0)  
mmol/mol (20-42)

|                        |                  |                        |
|------------------------|------------------|------------------------|
| Not Staff              | Surname          | CORDELL                |
| Haringey Ward          | Forename(s)      | SIMON                  |
| St Ann' Road           | DOB              | 26/01/1981 { Age: 35 } |
| Tottenham              | Sex              | M                      |
| London                 | Ref Lab No       |                        |
| N15 3TH                | Hospital No      | UB00543393             |
|                        | NHSNo.           |                        |
| Lab Number * 46Q060005 | Sample dated     | 18/08/16               |
| Sample Type            | Request received | 18/08/16               |

|                 |   |        |           |
|-----------------|---|--------|-----------|
| Sodium          | 141   | mmol/L | (135-145) |
| Potassium       | Sample unsuitable for analysis due to haemolysis* 4.0 | mmol/L |           |
| Urea            | (1.7-8.3)   |        |           |
| Creatinine      | 88  | umol/L | (66-112)  |
| Estimated HpFTR | 89  | -      |           |

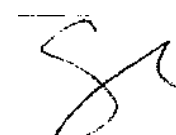
Units\*. mL/min/1.73sqm  
Multiply eGFR by 1.21 for people of African Caribbean origin. Interpret with regard to UK CKD guidelines: [www.renal.org/information-resources](http://www.renal.org/information-resources)  
Use with caution for adjusting drug dosages - contact clinical pharmacist for advice.

|                             |                 |                |                      |
|-----------------------------|-----------------|----------------|----------------------|
| Bilirubin!                  |                 |                |                      |
| Alanine ti                  | 14              | umol/L         | <<20}                |
| Alkaline fl [total)         | 23              | m/h            | (10-50)              |
| Total ProH psiminase        | 72              | IU/L           | (40-129)             |
| Albumin I psjhatase         | 77              | g/L            | (63-83)              |
| Calcium I tin               | 49              | g/L            | (34-50)              |
| Calcium (I buiin- adjusted) | 2.42            | mmol/L         | (2.20-2.60)          |
| Phosphate                   | 2.36            | mmol/L         | (2.20-2.60)          |
| Magnesium 11                | 0.84            | Lo mmol/L      | (0.87-1.45)          |
| 25-hydroxyl                 | 0.95            | mmol/L         | (0.60-1.00)          |
| Vitamin D                   | 31              | nmol/L         |                      |
|                             | Deficient if    | < 25 nmol/L    |                      |
|                             | Insufficient if | 25 - 75 nmol/L | Possible Toxicity if |
|                             |                 | > 250 nmol/L   |                      |

|                       |     |         |           |
|-----------------------|-----|---------|-----------|
| Cholesterol           | 4.6 | mmol/L  | (<5.0)    |
| Triglyceri            | 0.8 | mmol/L  | (0.4-2.3) |
| HDL Cholel            | 12  | mmol/L  | (0.9-1.5) |
| Non-HDL Cl            | 3.4 | ramoi/L |           |
| LDL Cholel            | 3.0 | mmol/L  | (<3.5)    |
| Choleste^*            | 3.8 |         |           |
| C- react ivtBprcfe in | 1.7 | mg/L    | {<5.0)    |
| Glucose               | 5.3 | mmol/L  | (3.9-5.8) |

Reference range applies to fasting samples only.

|  |      |        |                    |
|--|------|--------|--------------------|
| Vitamin BIB Serum folJB?                       | 234  | pg/mL  | (197 - 771)        |
| Sample unsuitable for analysis                 |      |        | due to haemolysis. |
| Folate result assumes no folic acid supplement |      |        |                    |
| on day of sampling.                            |      |        |                    |
| Thyroid sflmuJiating hormone                   | 1.31 | miu/L  | (0.27-4.20)        |
| Free T4  | 19.8 | pmol/L | (12.0-22.0)        |



|  |           |  |
|--|-----------|--|
| Not Staff<br>Haringey*<br>St Ann's<br>Tottenham<br>London<br>N15 3TH |           | Surname CORDELL Forename(s) SIMGN<br>DOB 26/01/1981 (Age: 35) Sex M Ref Lab No<br>Hospital NO UB00543393 NHS NO, |
| Lab Numbered!<br>Sample Type   | 46Q060004 | Sample dated 18/08/16 Request received 18/08/16  |

|                   | FULL BLOOD COUNT   |      |                      |               |
|-------------------|--------------------|------|----------------------|---------------|
| White cell Count  | 7.96               |      | x10 <sup>9</sup> /L  | (3.0 - 10.0)  |
| Red cell Count    | 4.95               |      | X10 <sup>12</sup> /L | (4.40 - 5.80) |
| Haemoglobin (g/L) | 155                |      | g/L                  | (130 - 170)   |
| HCT               | 0.451              |      | L/L                  | (0.37 - 0.50) |
| MCV               | 91.1               |      | fL                   | (80 - 99)     |
| MCH               | 31.3               |      | pg                   | (27.0 - 33.5) |
| MCHC (g/LB        | 344                |      | g/L                  | (320 - 360)   |
| ROW               | 13.3               |      | %                    | (11.5 - 15.0) |
| Platelet Count    | 14.9               | LO   | x10 <sup>9</sup> /L  | (150 - 400)   |
| MPV               | 12.2               |      | fL                   | <7 - 13)      |
| Neutrophil        | 50.1%              | 3.99 | X10 <sup>9</sup> /L  | (2.0 - 7.5)   |
| Lymphocyte        | 36.3%              | 2.89 | X10 <sup>9</sup> /L  | (1.2 - 3.65)  |
| Monocytes         | 10.3%              | 0.82 | x10 <sup>9</sup> /L  | (0.2 - 1.0)   |
| Eosinophil        | 2.5%               | 0.20 | X10 <sup>9</sup> /L  | (0.0 - 0.4)   |
| Basophils         | 0.8%               | 0.06 | X10 <sup>9</sup> /L  | (0.0 - 0.1)   |
|                   | COAGULATION SCREEN |      |                      |               |
| Prothrombin Time  | 11.9               |      | secs                 | (10.0 - 12.0) |
| INR               | 1.06               |      |                      |               |
| APTT              | 34                 |      | secs                 | (25 - 37)     |
| APTT Ratio 1      | 1.1                |      |                      | (0.8 - 1.2)   |

Authorised) By ~~~~  
This copy private<

System  
Thursday 18/08/16  
Page 1 of 1

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

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

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

Date: 21 Sep 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

11 Oct 2016 at 16:00 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

Lucas House West CSRT

305-309 Fore Street

Edmonton London N9 OPD

Tel: Tel: 0208 702 3100 Fax:

0208 345 6950

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

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

Date: 26 Sep 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  
**11 October 2016 at 4.00pm at:**

**Enfield Early Intervention Psychosis - Dr Kripalani and Dr Garraway**  
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

**Nasima Mamun**

**Team Administrator**

27 Sep 2016

Chong Y

NIGHTINGALE HOUSE SURGERY  
1 NIGHTINGALE ROAD  
EDMONTON LONDON  
N9 8AJ

**Patient Name** Mr Simon P CORDELL  
**NHS Number** 434 096 1671 11214451  
**RiO Number** 26 Jan 1981  
**Date of Birth** 27 Aug 2016  
**Referral Date** 27 Sep 2016  
**Discharge Date** Section 2 - Admission for  
**Legal Status** assessment

Transferred To EIP

## 24 Hour Discharge Notification

**Discharging Clinician Comm.** Iona Crawford  
**Consultant Care Coordinator** Dr Moorey  
Goodie Adama

Team Enfield CRHT

**Carer's Contact** [Unavailable Data]  
**Care Co. Contact** -

**Principal Diagnosis (on Discharge) and ICD10 Code**  
**Other Diagnoses (on Discharge) and ICD10 Codes**

**Care Cluster** 10 - First Episode  
Psychosis (12 months)

**Smoking Status** Non-smoker

**Physical Health** (including diabetic risk) Crohn's disease (RiO: mother confirms Crohn's disease diagnosis however Simon has denied this, is not currently receiving treatment).

**Future Management** (including actions for GP) EIP to monitor mood/mental state. EIP to encourage medication compliance. Re-referral back to ECRHTT in future if required.

| Drug Name  | Dose (mg) | Route | Frequency | Duration (weeks)                    | Prescriber on Discharge |
|------------|-----------|-------|-----------|-------------------------------------|-------------------------|
| Olanzapine | 5         | PO    | ON        | 2/52 (CLIENT REFUSED TTAs 22/09/16) | GP                      |

**ALLERGY STATUS:** Unknown 22/8

Please follow prescribing guidance on monitoring patients taking antipsychotic including weight, LFTs, prolactin etc.



**Referral received from HCRHT to followed up by ECRHT 27/08/16.**

Assessment carried out by HCRHT. Simon presented as courteous and polite on approach. Explained to HCRHT staff that he had been detained illegally and was placed in hospital without reason. Denied making threats to neighbours, denied any mental health problems. Explained that he had been put on medication and has remained concordant whilst on the ward despite not wanting to have medication, as he feels "I do not suffer with any mental health problems"

**Circumstances leading to admission to Haringey Ward:** Arrested at his home address after his mother raised concerns about his mental state - he was allegedly verbally threatening towards his neighbour and possibly neighbour's children. Simon's mother called police who arrested him. He was seen by the **Referral** FME at Wood Green police station, referred for MHA.

**Summary** History of Paranoid thoughts regarding neighbour watching/listening to him.

**First HV by ECRHTT 28/08/16.**

Simon was adamant that the Tribunal (26/09/16) had discharged him from Section and is not willing to take medication anymore. Appeared slightly elated in mood, pressured speech.

**M/R by Dr Akande 07/09/16.**

Patient complained that the olanzapine was making him feel very tired. He appeared mentally stable in spite of his talkativeness which the Dr stated he later understood to be his normal self. Simon stated that professionals have misunderstood it as a symptom of a mental illness.

**ECRHTT TPM 16/09/16.**

Patient no-longer considered to be in acute crisis. \_\_\_\_\_

**Specific Risk /  
Safeguarding  
concerns and  
specific  
management  
plans**

History of non-compliance with medication.

**Risk to self:** low

**Risk to others:** low

**Risk from others:** low

**Disengagement:** highly likely to disengage

**Substance misuse:** denied using drugs, cigarettes or alcohol

**FORENSIC Hx:** frequent contact with police from a young age. Simon reported that he has been to prison in the past. Subject to an ASBO due to playing loud music.

**Early Relapse  
Indicators /  
Management  
Plan**

Aggression towards neighbour/neighbour's children. Increased paranoia regarding neighbour.

EIP to monitor mood/mental state.

**CONTACT TELEPHONE NUMBERS:**

**To access our services in hours (9am-5pm) please contact the Care Coordinator within the relevant team.**

**For out of hours emergency response please call the Crisis Resolution and Home Treatment Teams (CRHTT):**

Barnet Crisis Resolution Home  
Treatment Team  
First Floor, Dennis Scott Unit  
Edgware Community Hospital  
Burnt Oak Broadway  
Edgware  
HA80AD

Tel No: 020 8702 4040

Enfield Crisis Resolution Home  
Treatment Team Ivy House,  
Chase Farm Hospital,  
127 The Ridgeway,  
Enfield,  
EN2 8JL

Tel No: 020 8702 3800

Haringey Crisis Resolution  
Home  
Treatment Team Lea Unit,  
St Ann's Hospital,  
St Ann's Road,  
Tottenham,  
Haringey, N15 3TH

Tel No: 020 8702 6700

Doctor:

Position:

Contact No:

**Cc Patient**  
**Cc Community Consultant**



For information on how we manage your personal data  
please visit our full processing/privacy notice on our trust  
website: <http://www.beth-nhs.uk/privacy-policy.htm> or  
email: [beth\\_information@bethnhs.uk](mailto:beth_information@bethnhs.uk)

## 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

4. Discontinue drugs thus: RISPERIDONE and draw a similar line through recording panels

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

8. **MUST BE REWRITTEN BY A**

All prescribers circle administration times.

Please see key below.

| ADMINISTRATION TIMES |              |                  |
|----------------------|--------------|------------------|
| Mom                  | (Morning)    | 8:00am - 9:30am  |
| Lunch                | (Lunch Time) | 12:00pm - 1:30pm |

Date 30/8/16 p.m.  
 Sign: [Signature]  
**SUPERVISED MEDICATION**  
 All Medications: ☐  
 Psychiatric Medications Only: ☐  
 All Doses: ☐  
 Morning/Evening Only: ☐  
 (delete as appropriate)

MEDICATION Chart No. ....1..... of ....11....

RIO/ NHS No: 11214451  
 Surname: CORDELL  
 Forename: SIMON  
 M/F: M DOB: 26/1/81  
 Start Date: 16/8/16  
 Weight: 70kg Height: 1.7m Ward: HAW Change of Ward: ECRATT (K)  
 Consultant: Dr. Cranitch  
 Bleep / Contact No: \_\_\_\_\_

| ALLERGIES & ADVERSE REACTIONS      |   |                   |
|------------------------------------|---|-------------------|
| Drug                               | Reaction Type                               | Initial/ Date     |
| <input type="checkbox"/> Nil Known | <input checked="" type="checkbox"/> Unknown | <u>MC 16/8/16</u> |
|                                    |   |                   |
|                                    |   |                   |

M/Z 2 UB 17/8/16 completed

| 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 entry's 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, |
|-----------------|------|------|-------|-----------|----------|------|--------|
|                 |      |      |       |           |          |      |        |
|                 |      |      |       |           |          |      |        |
|                 |      |      |       |           |          |      |        |
|                 |      |      |       |           |          |      |        |
|                 |      |      |       |           |          |      |        |
|                 |      |      |       |           |          |      |        |

# 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  | 3    |      |      |      |      |      |      |      |      |      |      |      |
| LORAZEPAM                     |       |           |         | Lunch |      |      |      |      |      |      |      |      |      |      |      |      |
| Dose                          | Route | Frequency | Date    | Eve   |      |      |      |      |      |      |      |      |      |      |      |      |
| 1mg                           | PO    | BD        | 17/8/16 |       |      |      |      |      |      |      |      |      |      |      |      |      |
| Sign and Print Name           |       |           |         | Night | 3    |      |      |      |      |      |      |      |      |      |      |      |
| Pharmacy                      |       |           |         |       |      |      |      |      |      |      |      |      |      |      |      |      |
| Drug (approved name and form) |       |           |         | Morn  |      |      |      |      |      |      |      |      |      |      |      |      |
| Clonazepam                    |       |           |         | Lunch |      |      |      |      |      |      |      |      |      |      |      |      |
| Dose                          | Route | Frequency | Date    | Eve   |      |      |      |      |      |      |      |      |      |      |      |      |
| 1mg                           | PO    | BD        | 18/8    |       |      |      |      |      |      |      |      |      |      |      |      |      |
| Sign and Print Name           |       |           |         | Night | 3    |      |      |      |      |      |      |      |      |      |      |      |
| Pharmacy                      |       |           |         |       |      |      |      |      |      |      |      |      |      |      |      |      |
| Drug (approved name and form) |       |           |         | Morn  |      |      |      |      |      |      |      |      |      |      |      |      |
| LORAZEPAM                     |       |           |         | Lunch |      |      |      |      |      |      |      |      |      |      |      |      |
| Dose                          | Route | Frequency | Date    | Eve   |      |      |      |      |      |      |      |      |      |      |      |      |
| 1mg                           | PO    | ON        | 17/8/16 |       |      |      |      |      |      |      |      |      |      |      |      |      |
| Sign and Print Name           |       |           |         | Night |      |      |      |      |      |      |      |      |      |      |      |      |
| Pharmacy                      |       |           |         |       |      |      |      |      |      |      |      |      |      |      |      |      |
| Drug (approved name and form) |       |           |         | Morn  |      |      |      |      |      |      |      |      |      |      |      |      |
| OLANZAPINE                    |       |           |         | Lunch |      |      |      |      |      |      |      |      |      |      |      |      |
| Dose                          | Route | Frequency | Date    | Eve   |      |      |      |      |      |      |      |      |      |      |      |      |
| 5mg                           | PO    | ON        | 17/8/16 |       |      |      |      |      |      |      |      |      |      |      |      |      |
| Sign and Print Name           |       |           |         | Night |      |      |      |      |      |      |      |      |      |      |      |      |
| Pharmacy                      |       |           |         |       |      |      |      |      |      |      |      |      |      |      |      |      |
| Drug (approved name and form) |       |           |         | Morn  |      |      |      |      |      |      |      |      |      |      |      |      |
|                               |       |           |         | Lunch |      |      |      |      |      |      |      |      |      |      |      |      |
| Dose                          | Route | Frequency | Date    | Eve   |      |      |      |      |      |      |      |      |      |      |      |      |
|                               |       |           |         |       |      |      |      |      |      |      |      |      |      |      |      |      |
| Sign and Print Name           |       |           |         | Night |      |      |      |      |      |      |      |      |      |      |      |      |
| Pharmacy                      |       |           |         |       |      |      |      |      |      |      |      |      |      |      |      |      |
| Drug (approved name and form) |       |           |         | Morn  |      |      |      |      |      |      |      |      |      |      |      |      |
|                               |       |           |         | Lunch |      |      |      |      |      |      |      |      |      |      |      |      |
| Dose                          | Route | Frequency | Date    | Eve   |      |      |      |      |      |      |      |      |      |      |      |      |
|                               |       |           |         |       |      |      |      |      |      |      |      |      |      |      |      |      |
| Sign and Print Name           |       |           |         | Night |      |      |      |      |      |      |      |      |      |      |      |      |
| Pharmacy                      |       |           |         |       |      |      |      |      |      |      |      |      |      |      |      |      |
| Drug (approved name and form) |       |           |         | Morn  |      |      |      |      |      |      |      |      |      |      |      |      |
|                               |       |           |         | Lunch |      |      |      |      |      |      |      |      |      |      |      |      |
| Dose                          | Route | Frequency | Date    | Eve   |      |      |      |      |      |      |      |      |      |      |      |      |
|                               |       |           |         |       |      |      |      |      |      |      |      |      |      |      |      |      |
| Sign and Print Name           |       |           |         | Night |      |      |      |      |      |      |      |      |      |      |      |      |
| Pharmacy                      |       |           |         |       |      |      |      |      |      |      |      |      |      |      |      |      |

asf  
\*

# REGULAR DRUGS

NAME:

WARp-

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 6 Other

5 Patient self-medicating

| 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  | KH   | NS   | SVK | SE  | SM  | SVK | 3PR | 6/SA |  |  |  |  |  |  |  |  |  |  |
| Morn   |      |      |      |     |     |     |     |     |      |  |  |  |  |  |  |  |  |  |  |
| Lunch  |      |      |      |     |     |     |     |     |      |  |  |  |  |  |  |  |  |  |  |
| Eve    |      |      |      |     |     |     |     |     |      |  |  |  |  |  |  |  |  |  |  |
| Night  | SVK  | KH   | NS   | SVK | SE  | SM  | SVK | 3PR | 6/SA |  |  |  |  |  |  |  |  |  |  |
| Morn   |      |      |      |     |     |     |     |     |      |  |  |  |  |  |  |  |  |  |  |
| Lunch  |      |      |      |     |     |     |     |     |      |  |  |  |  |  |  |  |  |  |  |
| Eve    |      |      |      |     |     |     |     |     |      |  |  |  |  |  |  |  |  |  |  |
| Night  |      |      |      |     |     |     |     |     |      |  |  |  |  |  |  |  |  |  |  |
| Morn   |      |      |      |     |     |     |     |     |      |  |  |  |  |  |  |  |  |  |  |
| Lunch  |      |      |      |     |     |     |     |     |      |  |  |  |  |  |  |  |  |  |  |
| Eve    |      |      |      |     |     |     |     |     |      |  |  |  |  |  |  |  |  |  |  |
| Night  |      |      |      |     |     |     |     |     |      |  |  |  |  |  |  |  |  |  |  |
| Morn   |      |      |      |     |     |     |     |     |      |  |  |  |  |  |  |  |  |  |  |
| Lunch  |      |      |      |     |     |     |     |     |      |  |  |  |  |  |  |  |  |  |  |
| Eve    |      |      |      |     |     |     |     |     |      |  |  |  |  |  |  |  |  |  |  |
| Night  |      |      |      |     |     |     |     |     |      |  |  |  |  |  |  |  |  |  |  |
| Morn   |      |      |      |     |     |     |     |     |      |  |  |  |  |  |  |  |  |  |  |
| Lunch  |      |      |      |     |     |     |     |     |      |  |  |  |  |  |  |  |  |  |  |
| Eve    |      |      |      |     |     |     |     |     |      |  |  |  |  |  |  |  |  |  |  |
| Night  |      |      |      |     |     |     |     |     |      |  |  |  |  |  |  |  |  |  |  |



## As Required Drugs

NAME:

WARD:

|   |  |  |                        |  |   |  |       |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|------------------------|--|---|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|
| Drug (approved name and form)<br><b>Lorazepam</b>         |  |  | Also see regular       |  | Date  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose<br><b>1-2mg</b>                                      |  |  | Route<br><b>PO</b>     |  | Frequency and indication for use<br><b>Max 4mg/24<sup>h</sup><br/>Agitation</b>                         |  | Dose  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber (Sign and PRINT Name)<br><b>m. Cheema</b>      |  |  | Date<br><b>16/8/16</b> |  | Pharmacy<br><b>UP 16/8/16</b>   |  | Route |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug (approved name and form)<br><b>Lorazepam</b>         |  |  | Short term only        |  |   |  | Sign  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose<br><b>7.5mg</b>                                      |  |  | Route<br><b>PO</b>     |  | Frequency and indication for use<br><b>ON<br/>Insomnia</b>  |  | Dose  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber (Sign and PRINT Name)<br><b>m. Cheema</b>      |  |  | Date<br><b>16/8/16</b> |  | Pharmacy<br><b>UP 16/8/16</b>   |  | Route |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug (approved name and form)<br><b>LORAZEPAM</b>         |  |  |                        |  |   |  | Sign  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose<br><b>1-2mg</b>                                      |  |  | Route<br><b>IM</b>     |  | Frequency and indication for use<br><b>MAX 4mg/24<sup>h</sup><br/>IF REFUSING PO - SEVERE AGITATION</b> |  | Dose  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber (Sign and PRINT Name)<br><b>HUMPHREYS</b>      |  |  | Date<br><b>18/8/16</b> |  | Pharmacy<br><b>UP 18/8/16</b>   |  | Route |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug (approved name and form)<br><b>Paracetamol</b>       |  |  |                        |  |   |  | Sign  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose<br><b>1g</b>   |  |  | Route<br><b>PO</b>     |  | Frequency and indication for use<br><b>every 4-6hrs<br/>Max 4g<br/>Pain</b>                             |  | Dose  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber (Sign and PRINT Name)<br><b>W. W. W. W. W.</b> |  |  | Date<br><b>18/8</b>    |  | Pharmacy<br><b>UP 18/8/16</b>   |  | Route |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug (approved name and form)<br><b>ARIPIRAZOLE</b>       |  |  |                        |  |   |  | Sign  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose<br><b>5-10mg</b>                                     |  |  | Route<br><b>PO</b>     |  | Frequency and indication for use<br><b>MAX 15mg<br/>AGITATION</b>                                       |  | Dose  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber (Sign and PRINT Name)<br><b>HUMPHREYS</b>      |  |  | Date<br><b>19/8/16</b> |  | Pharmacy<br><b>UP 19/8/16</b>   |  | Route |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug (approved name and form)<br><b>ARIPIRAZOLE</b>       |  |  |                        |  |   |  | Sign  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose<br><b>9.75mg</b>                                     |  |  | Route<br><b>IM</b>     |  | Frequency and indication for use<br><b>MAX 30mg<br/>AGITATION</b>                                       |  | Dose  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber (Sign and PRINT Name)<br><b>m. Cheema</b>      |  |  | Date<br><b>19/8/16</b> |  | Pharmacy<br><b>UP 19/8/16</b>   |  | Route |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug (approved name and form)<br><b>Codeine</b>           |  |  |                        |  |   |  | Sign  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose<br><b>30-60mg</b>                                    |  |  | Route<br><b>PO</b>     |  | Frequency and indication for use<br><b>3-6mg in 24<sup>h</sup><br/>Pain</b>                             |  | Dose  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber (Sign and PRINT Name)<br><b>Seebra</b>         |  |  | Date<br><b>21/8</b>    |  | Pharmacy<br><b>UP 22/8/16</b>   |  | Route |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug (approved name and form)<br><b>Codeine</b>           |  |  |                        |  |   |  | Sign  |  |  |  |  |  |  |  |  |  |  |  |  |



# DRUGS TO TAKE HOME (including weekend leave)

Maximum supply - 28 days unless specially requested

Simon Cordell  
DOB 26/11/81

NHS no 434 096 1671

SCOTT(XC)

screened by  
31/8

| DATE   | DRUGS (Approved name) and FORM   | DOSE | FREQUENCY | QUANTITY OR DURATION | SIGNATURE          | PHARMACY   |
|--|----------------------------------|------|-----------|----------------------|--------------------|--|
| 27/8   | * LORAZEPAM                      | 1mg  | ON        | 14 days              | [Signature]        | to given + drugs given<br>CRHTT 4 x 7 + 1 pill         |
|  | * OLANZAPINE                     | 5mg  | ON        | 14 days              | [Signature]        | ordinary formulation<br>57 x 14 + 1 pill<br>vs 27/8/16 |
| <p>pt to be seen by CRHTT. Trust policy not to discharge pts on orodispersible tablets unless patient preference or swallowing issues.</p> <p>Also reduced: lorazepam TTA to 7 days from 14 days - Trust policy not to discharge patient on regular benzodiazepines.</p> <p>CRHTT to review above as appropriate. JM 29/8/16</p> |                                  |      |           |                      |                    |  |
| 31/8   | Olanzapine orodispersible        | 5mg  | ON        | 2/52                 | [Signature] A Dean | fixed 31/8   |
| <p>→ please reinstate + return ordinary formulation to pharmacy</p> <p>Screened by Andrew 31/8</p>   |                                  |      |           |                      |                    |  |
| 7/8  | TTAs 21 x Olanzapine             | 5mg  | 1/d       |                      | [Signature]        |  |
| 10/9/16  | OLANZAPINE                       | 5mg  | ON        | 2/52                 | [Signature] MELNIK | fixed 22/9   |
| <p>Screened by Andrew 22/9</p>   |                                  |      |           |                      |                    |  |
| 22/9   | Client refused TTAs. [Signature] |      |           |                      |                    |  |



**WARD:**

2/8/66

**Police & Court Liaison and Diversion  
Screening and Assessment Form**

|   |                          |   |                             |
|---|--------------------------|---|-----------------------------|
| <b>Case ID number</b>                         |                          | <b>Date</b>                               | <b>04/10/2016</b>           |
| <b>Name</b>                                   | <b>Simon Cordell</b>     | <b>Address</b>                            | <b>109 Burncroft Avenue</b> |
| <b>Date of birth</b>                          | <b>26/01/1981</b>        | <b>Ethnicity</b>                          | <b>Mixed race</b>           |
| <b>Accommodation status</b>                   | <b>Lives with mother</b> | <b>Employment status</b>                  | <b>Self-unemployed</b>      |
| <b>Main current offence at time of charge</b> | <b>Criminal damage</b>   | <b>Fit to be interviewed</b>              | <b>Fitted by FME</b>        |
| <b>Screening Outcome</b>                      |                          | <b>Consent given to share information</b> |                             |

**Formulation**

Mr Cordell is currently arrested at Edmonton police station this afternoon. According to police reports an allegation was made by Mr Cordell neighbour that Mr Cordell went outside, dragged a moped bicycle behind a van and smashed it. Therefore he was arrested and he was also due to attend to a bail return today this afternoon.

Mr Cordell is currently under the care of Enfield early intervention team based at Lucas house and he has a care coordinator called Goodie. Mr Cordell currently has diagnoses of unspecified non organic psychosis. He was admitted to St Ann's hospital under section 2 of the MHA in August. He was discharged from hospital 2 weeks ago. He has been prescribed anti psychosis medication but has refused to comply with his medication. Mr Cordell believes that he does not suffer from mental illness.

On presentation in custody.

He was appropriate dressed with good personal hygiene. He engaged with me for over 30 minutes. He expressed some strange ideas about his neighbours are jealous of him been in a newspaper about him organising illegal parties. He also spoke lengthy about a website he built and people are using the website to advertise Their business and to raise funds for charities. He has express conspiracy theories about the police and authorities. His care coordinator told me that Mr Cordell has always expresses conspiracy theories.

Mr Cordell denied any thoughts or intentions to harm himself and others. He also denies any knowledge about the incident he is arrested for.

He denied hearing voices or seeing strange things.

Mr Cordell appears stable in his mental state and does not require any further assessment or admission at this stage.

He was interviewed by the police and was charged to Highbury court in the morning.

Plans:

To liaise with mental health practitioner at Highbury court to follow up the outcome of his case.

To contact care coordinator Goodie on 02087023100/ 02087023140 to follow up Mr Cordell in the community if he is released.

Plans, Interventions and L&D Outcomes

Reginald Massaquoi Criminal  
Justice Liaison Team  
Reginald.massaquoi@nhs.net  
**02087023567**

# Barnet, Enfield and Haringey

Mental Health NHS Trust

***A University Teaching Trust***

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

Tel: 020 8702 3100  
Fax: 020 8345 6950  
2<sup>nd</sup> December 2016

**PRIVATE & CONFIDENTIAL**

Mr Simon Cordell  
109 Burncroft Avenue  
Enfield  
Middlesex  
EN3 7JQ

2 Dec. 2016

Dear Simon I hope you are well.

I am sorry we have not seen or spoken to each other in some time. From talking to your mother, I understand that you haven't wanted to speak to or meet with me recently.

As your allocated care co-ordinator I am happy to help and support you if you would like me to but to do so I will need to see you.

If you'd like to discuss this or arrange to meet please call me on the above number. Similarly, if you'd like to request discharge from the service, please let me know.

If you'd like to talk please contact me within two weeks: by the end of the working day on 16<sup>th</sup> December 2016. If I have not heard from you by this time, I assume you do not wish to continue having contact with the Enfield Early Intervention Service and your care will therefore be transferred to your GP and your case will be closed to Enfield mental health services.

I look forward to hearing from you

Yours sincerely

**Goodie Adama Care Co-ordinator**



Chairman: Michael Fox  
Chief Executive: Maria Kane

'If you want help to give up smoking, advice and support is available free on "  
Enfield - 0800 652 8405

FW: 17PAC315194 - 11214451 [SEC = OFFICIAL]

Kevin Kamese <Kevin.Kamese@enfield.gov.uk> on behalf of  
The Mash Team <TheMashTeam@Enfield.gov.uk>

Tue 12/12/2017 14:42

To: ENFIELD, Assessment service (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)  
<assessmentservice.enfield@nhs.net>; Muriel Williams <muriel.williams@beh-mht.nhs.uk>;

0 2 attachments

Form87F\_6991812.pdf; J2\_form78\_6991812.pdf;

**Classification: OFFICIAL** Dear Team,

Please see the attached for your attention. Regards,

Kevin Kamese

MASH OSD for Health, Housing B Adult Social Care Operational Support HUB

**T 020 8379 395B**

—Original Message—

From: merlin@met.pnn.police.uk [mailto:merlin@met.pnn.police.uk]

Sent: 12 December 2017 06:59

To: The Mash Team <TheMashTeam@Enfield.gov.uk>

Subject: Ref: 17PAC315194

This email, created by [merlin@met.pnn.police.uk](mailto:merlin@met.pnn.police.uk), has been securely delivered using Egress Switch and was decrypted on Tuesday, December 12, 2017 6:59:31 AM

This is a system generated email so you cannot respond to this email address. If you wish to query any details, then please contact the unit concerned via their normal email address or telephone number.

Please find attached a MERLIN file for your attention from: Enfield PPD

Consider our environment - please do not print this email unless absolutely necessary.

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Facebook: facebook/metpoliceuk Twitter: @metpoliceuk

**Classification: OFFICIAL**

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Enfield

<http://www.enfield.gov.uk>

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This email has been scanned for viruses but we cannot guarantee that it will be free of viruses or malware. The recipient should perform their own virus checks.



# RISK ASSESSMENT (CASCADEINFO)

MERLIN Ref: 17PAC315194

URN:



## SUBJECT DETAILS

Surname: CORDELL

Forename(s): SIMON

DOB: 26/01/1981

THIS INFORMATION IS SENT IN CONFIDENCE AND IS RESTRICTED. IT MUST NOT BE PASSED ON TO A THIRD PARTY WITHOUT THE EXPRESS PERMISSION OF THE POLICE.

This case is currently being dealt with by police as a:

☐ **CRIME (CRIS)**  
NO:

This is being investigated by the officer shown here.  
Please contact to discuss.



**INCIDENT OF CONCERN:**

Referred to Social Services  
for consideration

OIC:

Telephone:

☐ **MINOR CRIME:**

After initial investigation referred to Social Services  
for consideration. No further action by police unless  
further info becomes available

## Pre-Assessment Check

|                        |   |
|------------------------|---|
| Pre-Assessment<br>Che< | Referred to other Force or external Agency  |
| Details:               | Report to be sent to ENFIELD MASH   |
|                        | Adults<br>The Care Act 2014 states there is a duty to undertake the safeguarding of adults where a local authority has reasonable cause to suspect that an adult in its area has need of care and support, or is experiencing, or is at risk of, abuse or neglect, and is unable to protect himself or herself against the abuse or neglect or the risk of it. The need to safeguard and promote the welfare; along with protecting a vulnerable subject is paramount and I believe in keeping with the directions in the Care Act 2014, the health, safety and wellbeing of the subject outweighs the public interest risk of not sharing this information |
|                        | Level 3 -Amber: when complex needs are likely to require longer term intervention from Social Services.   |

17PAC315194

Form 87F

# RISK ASSESSMENT (CASCADEINFO)

MERLIN Ref: 17PAC315194

URN:



## Checks

Originator \_\_\_\_\_ [Police]

CORDELL, SIMON, DOB:26/01/1981, Subject, 109, Burncroft Avenue, ENFIELD, Middlesex, Enfield, EN37JQ, UNITED KINGDOM

Home:  
Business:  
Mobile:  
Other:  
Email:

Preferred Method of Communication: Not Applicable

| <b>Risk Factors</b>  | <b>Yes/</b> | <b>Source / Reference</b>       |
|--|-------------|---------------------------------|
| Local Authority Trace  | No          | Refer to Research.              |
| Open Case  | No          | Refer to Research.              |
| Repeat Victim (Min 2 Times Rolling In 12 Months)             | No          | Refer to Research.              |
| Repeat Merlin (Min 2 Times Rolling 12 Months)                | No          | Refer to Research.              |
| Child Protection / Child Sexual Exploitation                 | No          | Refer to Research.              |
| Adult At Risks / Vulnerability Identified                    | No          | Refer to Research.              |
| Suicide (Atmpts / Fmly Mbrs) / Homicide/Threats To Kill Refs | No          | Refer to Research.              |
| Controlling And Jealous Behaviour Stalking And Harassment    | No          | Refer to Research.              |
| Assaults And Violent Behaviour Including Sexual              | No          | Refer to Research.              |
| Domestic Abuse   | No          | Refer to Research.              |
| Escalation Of Behaviour / Including Use Of Weapons           | No          | Refer to Research.              |
| Incidents Of Missing / Absences                              | No          | Refer to Research.              |
| Neglect/Abuse And Cruelty To Children Or Animals             | No          | Refer to Research.              |
| Factors / Triggers   | Yes         | Possible mental health concerns |
| Other Forms Of Abuse Incl. Alcohol / Substances / Financial  | No          | Refer to Research.              |

17PAC315194

Form 87F

# RISK ASSESSMENT (CASCADEINFO)

MERLIN Ref: 17PAC315194

URN:



11

## Research

Based on Information available to Police at this time I confirm I have risk assessed this as shown above.

JONES, PC \_\_\_\_\_ (Name, Rank) DATE: 12/12/2017 TIME: 06:58 Sent: DYes DNo

17PAC315194

Form 87 F

## Notification of Pre-Assessment Checklist

- All sections of this form must be completed.
- Use one form per family, per adult or per child as necessary.
- **THIS INFORMATION IS SENT IN CONFIDENCE AND IS RESTRICTED. IT MUST NOT BE PASSED ON TO A THIRD PARTY WITHOUT THE EXPRESS PERMISSION OF THE POLICE.**

### Subject's details

OCU Ref.  
17PAC315194 (ACN)

Surname: CORDELL

|  |               |                                     |
|--|---------------|-------------------------------------|
| Forename(s): SIMON   |               |                                     |
| Sex: Male/Female   | ID Code:<br>3 | Date and place of birth: 26/01/1981 |
| Home Address:<br><br>109 Burncroft Avenue<br>ENFIELD Enfield<br>Middlesex EN37JQ<br>UNITED KINGDOM<br>Tel. No. |               |                                     |
| Current Location:  |               |                                     |

**CrimInt**  
Trace ☐ No Trace ☐

**PNC Check**  
Trace ☐ No Trace ☐

Tel. No.

**PNC ID No.**

### Family and Key Roles Details

| Surname | Forename(s) | DOB/Age Now | Relationship |
|---------|-------------|-------------|--------------|
|         |             |             |              |
|         |             |             |              |
|         |             |             |              |
|         |             |             |              |

|   |  |   |  |
|---|--|---|--|
| <b>Reporting Officer (Source)</b><br><br>Signature _____ Rank _____<br><br>Name (Print) BROOKS                      OCU/Unit YE-OPS<br>Warrant No. P232479<br>Date 08/12/2017 |  | <b>Supervising Officer</b> (Certifying actions and evaluations as correct)<br><br>Signature _____ Rank _____<br><br>Name (Print) _____ OCU/Unit _____<br><br>Date _____ |  |
|---|--|---|--|

**THIS INFORMATION IS SENT IN CONFIDENCE AND IS RESTRICTED. IT MUST NOT BE PASSED ON TO A THIRD PARTY WITHOUT THE EXPRESS PERMISSION OF THE POLICE.**

|            |            |            |       |  |
|------------|------------|------------|-------|--|
| Date From: | 08/12/2017 | Time From: | 17:00 | Incident Location:<br>109 Burncroft Avenue<br>ENFIELD Enfield<br>Middlesex<br>EN37JQ |
| Date To:   | 08/12/2017 | Time To:   | 17:30 |  |

**Concerns:** Psychological / Emotional

Police were called to the location by the subject who stated that he was feeling suicidal due to ongoing issues with his upstairs neighbours and wanted to hang himself.

Upon police arrival the subject was very agitated and angry he stated that his neighbours upstairs were banging on the floor to and the building structure was collapsing, the subject did not make much sense but stated that he had lots of evidence against his neighbours and against police and wanted the neighbours arresting for the noise nuisance.

The subject was given advice and informed that the local safer neighbourhood team would be advised and they would deal with his issues.

Whilst speaking to the subject he did not mention wanting to harm himself but was acting strangle and erratically, as police left the subject was left with another female, the subject also declined LAS help.

Report to be sent to ENFIELD MASH

Risk Assessment - AMBER

This report has been assessed as AMBER, the child or young person at risk of harm, but not imminent and possibly less serious.

ACN - ADULT REPORT

Search Conducted - Deborah Batchelor YE PPD -11/12/17

Subject : Simon CORDELL, 26/01/1981

Address : 109 Burncroft Avenue, Enfield EN37JQ

CURRENT REPORT: -11/12/17 - 17PAC315194 - Police were called to the location by the subject who stated that he was feeling suicidal due to ongoing issues with his upstairs neighbours and wanted to hang himself. Upon police arrival the subject was very agitated and angry he stated that his neighbours upstairs were banging on the floor and the building structure was collapsing. Subject did not mention to police that he wanted to harm himself, he was left with a female at the address. R/A AMBER

8/03/17 - CRIS 5210999/17 - Subject's female neighbour at number 115, reports that Subject has knocking at her door, following her to her car and asks her why she has been making noises. Neighbour thinks Subject has mental health problems. 1st instance harassment warning has been issued to Subject.

08/12/16 - CRIS 5227336/16 - Report that Subject is harassing neighbour at number 117.

04/10/16 - CRIS 5221993/16 - Subject was charged with Public order and criminal damage to motor bike..

4/08/16 - CRIS 5217954/16 - Subject arrested for threats to kill, whilst in custody Subject was Sectioned under the MH Act.

06/08/16 - CRIS 5217352/16 - Subject came to police attention - First Instance harassment recorded.

22/08/15 - CRIS 5218520/15 - Subject reports that he was threatened with a firearm, he was unable to provide any description of persons or vehicle.

25/06/13 - CRIS 3018184/13 - Subject with others was Charged with attempted robbery.

No further reports.

Continued on plain paper ☒ Y ☐ N

17PAC315194 Printed for Warrant No. P207268

DATA PROTECTION ACT - DISPOSE OF AS CONFIDENTIAL WASTE

Your Ref:  
NHS Number: 434 096 1671  
Hospital Number: 11214451  
15 Dec 2017

Enfield Assessment Service  
25 Crown Lane Southgate  
London N14 5SH Tel: 0208  
702 3329 Fax: Email:

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

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

Dear Mr CORDELL

You have been referred to our Assessment Service for a New Patient Assessment. Unfortunately, I have been unable to contact you to offer you an appointment.

I am now writing to you to advise you that an appointment has been scheduled for you and the details are as follows:

**Appointment** 1  
**Clinic** Silver Street Clinic  
**Date/Time** 2 Jan 2018 09:30:00  
**Intended Duration** 60 mins **Clinician**  
Dr Jane Cushion  
**Address** 58-60 Silver Street, Enfield, Middlesex, EN1 3EP

**YOU NEED TO PHONE AND CONFIRM THIS APPOINTMENT WITHIN FIVE DAYS OF DATE ON TOP OF THIS LETTER; OTHERWISE THIS APPOINTMENT WILL BE CANCELLED. PLEASE SEE NOTE BELOW)**

*Please complete the enclosed questionnaire form, this is titled INFORMATION FORM (Consent Form) and ETHNICITY FORM and bring it with you to your appointment, TOGETHER WITH THIS APPT LETTER. 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 hour.*

**Failure to confirm your attendance will result in the above appointment being cancelled and you may be discharged back to your referrer.**

Yours sincerely

Beverley Campbell

CC: GP



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

To:  
DrY CHONG  
NIGHTINGALE HOUSE SURGERY  
1 NIGHTINGALE ROAD  
EDMONTON LONDON N9 8AJ

Service Line: Crisis & Emergency  
Service: Enfield Assessment Service  
Tel: 020 8702 3329  
Fax: 020 8702 3325  
e-mail: [assessmentservice.enfield@nhs.net](mailto:assessmentservice.enfield@nhs.net)

**Date:** 2nd January 2018

Dear Dr Chong

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

**Mr Simon P CORDELL - D.O.B.: 26 Jan 1981 - NHS: 434 096 1671 Address: 109 Burncroft**

**Avenue, Enfield, Middlesex EN3 7JQ 24 h note to GP only**

Mr Cordell was offered an appointment for joint assessment today at 9:30 with Enfield Early Intervention Service (EIS) and the Enfield Assessment Service (EAS).

He did not come and we have been unable to contact him by phone.

Given his past history of involvement and care coordination with EIS, he is being referred to that service for further follow up. We will be closing his case to the Enfield Assessment Service.

If Mr Cordell presents in crisis at any time please contact the Crisis team on 0208 702 3800.

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

Yours sincerely

Dr Jane Cushion - Consultant Psychiatrist - Enfield Assessment Service.



For information on how we manage your personal data  
please visit our full processing / privacy notice on our trust  
website: <http://www.barnet-mh-trust.nhs.uk/privacy-policy.htm> or  
email: [legal\\_information\\_governance@nhs.uk](mailto:legal_information_governance@nhs.uk)

**Power of arrest**

Name of defendant MR

SIMON CORDELL

Defendant's address 109

BURNCROFT AVENUE

ENFIELD EN37JQ

|  |                              |
|--|------------------------------|
| <b>Name of court</b><br>THE COUNTY COURT AT<br>EDMONTON                  | <b>Claim No.</b><br>E00ED049 |
| <b>Claimant's name</b> (including ref.)<br>THE LONDON BOROUGH OF ENFIELD |                              |
| <b>Defendant's name</b> (including ref.; MR<br>SIMON CORDELL             |                              |



Date order made

|    |    |      |
|----|----|------|
| 09 | 01 | 2018 |
|----|----|------|

Name of judge EMPLOYMENT JUDGE TAYLOR

Order made

The Anti-Social Behaviour, Crime and Policing Act 2014

under (insert  
statutory

This order includes a power of arrest under (insert statutory provision)

The Anti-Social Behaviour, Crime and Policing Act 2014

**The relevant paragraphs of the order to which a power of arrest has been attached are:**

(set out those paragraphs of the order to which the power of arrest is attached, if necessary, continue on a separate sheet)

Please see attached sheet

This power of arrest was ordered on

|    |    |      |
|----|----|------|
| 09 | 01 | 2018 |
|----|----|------|

and expires on the

|    |    |      |
|----|----|------|
| 09 | 01 | 2018 |
|----|----|------|

**Note to Arresting Officer**

Where the defendant is arrested under the power given by section 155 of the Housing Act 1996, or section 27 of the Police and Justice Act 2006; or section 43 of the Policing and Crime Act 2009; or section 4 of the Anti-Social Behaviour, Crime and Policing Act 2014: -

- the defendant shall be brought before the judge within the period of 24 hours beginning at the time of their arrest;
- a constable shall inform the person on whose application the injunction was granted, forthwith where the defendant is arrested under the power given by section 155 of the Housing Act 1996 or as soon as reasonably practicable where the defendant is arrested under the power given by section 27 of the Police and Justice Act 2006 or section 43 of the Policing and Crime Act 2009 or section 4 of the Anti-Social Behaviour, Crime and Policing Act 2014.

Nothing in section 155 of the Housing Act 1996 or section 27 of the Police and Justice Act 2006 or section 43 of the Policing and Crime Act 2009 or section 4 of the Anti-Social Behaviour, Crime and Policing Act 2014, shall authorise the detention of the respondent after the expiry of the period of 24 hours beginning at the time of their arrest. In calculating any period of 24 hours, no account shall be taken of Christmas Day, Good Friday or any Sunday.

**Name of Claimant**

THE LONDON BOROUGH OF ENFIELD

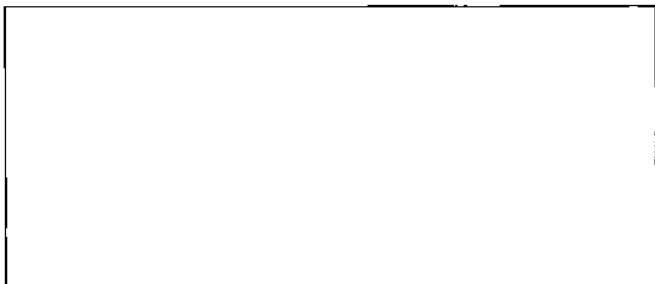
**Claimant's address**

PO BOX 50 CIVIC  
CENTRE SILVER  
STREET ENFIELD  
EN13XA

**Claimant's phone number**

## Injunction Order

Between Mr Simon Cordell, Defendant  
and The London Borough Of Enfield, Claimant



|                                    |  |
|------------------------------------|--|
| In the County Court at<br>Edmonton |  |
| Claim Number                       | E00ED049   |
| Claimant<br>(including ref.)       | The London Borough Of<br>Enfield<br>LS/C/L1/155584 |
| Defendant<br>(including ref.)      | Mr Simon Cordell                                   |

**If you, Mr Simon Cordell, do not obey this order you will be guilty of contempt of court and you may be sent to prison**

**If you, Mr Simon Cordell, disobey the order you will be guilty of contempt of court and you may be sent to prison or fined or have your asset seized. You should read this order carefully and are advised to consult a solicitor as soon as possible. You have the right to ask the court to vary or discharge this order.**

On 9th January 2018 at The County Court at Edmonton, Employment Judge Taylor, upon hearing the solicitor for the claimant and without notice to the defendant, considered an application for an injunction.

### AND IT WAS ORDERED THAT

The defendant, Mr Simon Cordell, must;

1. Permit the claimant's employees and contractors access into 109 Bumcroft Avenue, Enfield, EN3 7JQ to carry out routine maintenance inspections and necessary repairs within 48 hours of written notification.
2. Keep his dog on a lead in communal areas outside his property.

The court office at the County Court at Edmonton, 59 Fore Street, London, N18 2TN. When corresponding with the court, please address forms or letters to the Court Manager and quote the claim number. Tel: 020 8884 6500. **Check if you can issue your claim online. It will save you time and money. Go to [www.moneyclaim.gov.uk](http://www.moneyclaim.gov.uk) to find out more.**

## AND IT IS FURTHER ORDERED THAT

The defendant, Mr Simon Cordell, be forbidden (whether by himself or by instructing or encouraging or permitting any other person);

3. From engaging or threatening to engage in conduct that is likely to cause physical violence and verbal abuse to the claimant's employees, tenants and visitors to the block of flats at Bumcroft Avenue, Enfield.

4. From engaging or threatening to engage in conduct that is likely to cause intimidation, harassment, alarm and distress to the claimant's employees, tenants and visitors to the block of flats at Bumcroft Avenue, Enfield.

5. From engaging or threatening to engage in conduct that is likely to cause nuisance and annoyance to the claimant's employees, tenants and visitors to the block of flats at Bumcroft Avenue, Enfield.

6. From using his pet dog to frighten, intimidate or threaten violence to the claimant's employees, tenants and visitors of the block of flats at Bumcroft Avenue, Enfield.

7. A power of arrest is attached to paragraphs 3 to 6 above.

8. Costs in the case.

**This order shall remain in force until** 8th January 2019 at 11:59 PM unless before then it is revoked by further order of the court

## NOTICE OF FURTHER HEARING.

The court will reconsider the application and whether the order should continue at a further hearing at the County Court at Edmonton, 59 Fore Street, London, N18 2TN on 5th February 2018 at 2:00 PM

If you do not attend at the time shown the court may make an injunction order in your absence.

You are entitled to apply to the court to reconsider the order before the day.

*You may be able to get free legal aid advice. Go online at [www.gov.uk/legal-aid](http://www.gov.uk/legal-aid) for further information*

## Injunction Order

Between Mr Simon Cordell, Defendant  
and The London Borough Of Enfield, Claimant

The London Borough Of Enfield  
Legal Services  
Po Box 50  
Civic Centre  
Silver Street  
Enfield  
EN1 3XA  
90615 ENFIELD 1

|                                    |  |
|------------------------------------|--|
| In the County Court at<br>Edmonton |  |
| Claim Number                       | EOOED049   |
| Claimant<br>(including ref.)       | The London Borough Of<br>Enfield<br>LS/C/LI/155584 |
| Defendant<br>(including ref.)      | Mr Simon Cordell                                   |

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## Injunction Order

Between Mr Simon Cordell, Defendant and The  
London Borough Of Enfield, Claimant

Mr Simon Cordell 109  
BURNCROFT Avenue  
Enfield EN3 7JQ

In the County Court at

Edmonton

Claim Number

E00ED049

Claimant  
(including ref.)

The London Borough Of  
Enfield  
LS/C/L/I 55584

Defendant  
(including ref.)

Mr Simon Cordell

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## Police & Court Liaison and Diversion Screening and Assessment Form

|  |                  |                                    |   |
|--|------------------|------------------------------------|---|
| NHS NO                                 | 4340961671       | Date                               | 09/01/2018  |
| RIO NO                                 | 11214451         |                                    |   |
| Name                                   | Simon Cordell    | Address                            | 109 Burncroft Avenue<br>EN3 7JQ   |
| Date of birth                          | 26/01/1981       | Ethnicity                          | Mixed race  |
| Accommodation status                   | Lives on his own | Employment status                  | <u>Unemployed</u>   |
| Main current offence at time of charge | Murder threat    | Fitted to be interviewed           | This decision can only be made by forensic medical examiners or custody nurse practitioners employed by the Met Police. |
| Screening Outcome                      |                  | Consent given to share information |   |

## Formulation

### Reason for arrest

Mr Cordell has alleged to have contact a council worker and left a message on their phone stating he knows where the council worker lives, will kill him and his family and set fire to his house and was arrested for suspicious threats to kill.

### Background

Mr Cordell under the care of Enfield early intervention team based at Lucas house and he use has a care coordinator called Goodie. Mr Cordell currently has diagnoses of unspecified non organic psychosis. He was admitted to St Ann's hospital under section 2 of the MHA in August 2016. He was discharged from hospital after 2 weeks of admission through the mental health tribunal. He has been prescribed anti psychosis medication but has refused to comply with his medication. Mr Cordell believes that he does not suffer from mental illness; he was discharge from services due to non-engagement. He is currently under Sliver street CMHT and he not been attending his last appointment.

### Assessment in custody

I saw Mr Cordell in his cell this afternoon after he was referred to us . 1 last saw Mr Cordell at Edmonton police station 2016 two week after he was discharged from inpatient admission. At that time when 1 saw him, he was expressing some strange ideas about his neighbours are jealous of him been in a newspaper about him organising illegal parties. He also spoke lengthly about a website he built and people are using the website to advertise their business and to raise funds for charities. He has express conspiracy theories

about the police and authorities. His care coordinator at the time Goodie told me that Mr Cordell has always expresses conspiracy theories about the system including the police and the council.

Mr Cordell was pleasant on approach and he remembers seeing me previously which help to establish a rapport.

## *Appearance & behaviour:*

Mr Cordell was appropriately dressed and his personal hygiene appears relatively good

## *Speech:*

His speech appears slightly pressured and rapid, he was coherent and spontaneous, he was easily interrupted whilst talking. He has lots of ideas of some of his activities that he is involving like organising parties, setting up charities and helping people in the community.

## *Mood:*

He rated his mood fluctuating, subjectively hyperactive from school. He denied feeling low or depressed.

## *Thought:*

Mr Cordell has presented with paranoid and suspicious view about the police and the council working together to suppress him with an ASBO, preventing him to undertake his activities like parties on the park and other activities.

## *Perception:*

Mr Cordell denied hearing voices or having delusional perceptions. However, he has some paranoid and conspiracy ideas about the police and council but these are not psychotically driven. Mr Cordell seems to have an paranoid personality which can led to overvalued ideas.

## *Insight: intact*

To self: denied any thoughts or intentions of self

To others: Poses risk to authorities like the council staff due to the nature of his arrest, however, he does not pose any immediate to a members of the public.

## Impression

Mr Cordell is a 36 years mixed race male with previous contact with mental health service but his engagement with service has been poor. He has a brief admission in 2016 but was discharged on tribunal two weeks after admission and has not been engaging since then. Mr Cordell has always presented with strange ideas and conspiracy theories about authorities. At the moment in time, Mr Cordell has not presented with any acute symptoms of psychosis that will warrant further assessment in custody under the MHA.

Mr Cordell has been interviewed by the police and he was for his outcome of the interview. Officer has issued his section 18 to searched his house as he admitted I the interview to have recorded his victims whilst he has been talking t them.

## Recommendations and L&D Outcomes

### Plan

- 1)
- 2)

### DATE, NAME AND ROLE OF PROFESSIONAL

Reginald Massaquoi Criminal  
Justice Liaison Team  
Reginald.massaquoi@nhs.net  
02087023567

Mr Simon Cordell 109  
Burncroft Avenue  
Enfield Middx

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

EN3 7JQ

**11 January 2018**

Tel: 020 8702 3100  
Fax: 020 8345 6950

Dear Cordell,

I hope you are well and I also hope you remember me, Goodie. Early Intervention Service received a referral requesting we make contact with you and that you may need some support with your mental health in the community.

I have arranged appointment to see you as follows:

**Venue:** Lucas House, 305-309 Fore Street, Edmonton, N9 0PD

**Date:** Wednesday 17 January 2018

**Time:** 2pm

If this is not convenient for you, please telephone me on 0208 702 3140 in order that the appointment may be rearranged.

Yours sincerely,

*goodie*

Goodie Adama  
Care Co-ordinator  
Enfield Early Intervention Service

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

**Crisis and contingency plan:** Outside of these hours please contact the Crisis Resolution & Home Treatment Team on 0208 702 3800.

Enfield Triage To

13 APR 2018

FW: 18PAC087493 -11214451 [SEC= OFFICIAL]

Kevin Kamese <Kevin.Kamese@enfield.gov.uk> on behalf of  
The Mash Team <TheMashTeam@Enfield.gov.uk>  
Fri 13/04/2018 15:47

To: ENFIELD, Assessment service (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) <assessment.service.enfield@nhs.net>;

@1 2 attachments

Form87F\_7198036.pdf; J2\_form78\_7198036.pdf;

Classification: OFFICIAL Dear Team,

Please see the attached for your attention. Regards,

Kevin Kamese

MASH DSD Far Health, Housing B Adult Social Care Operational Support HUB

T 020 8379 3959

—Original Message—

This email, created by [merlin@met.pnn.police.uk](mailto:merlin@met.pnn.police.uk), has been securely delivered using Egress Switch and was decrypted on Friday, April 13, 2018 12:07:56 PM

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Please find attached a MERLIN file for your attention from: Enfield PPD

Consider our environment - please do not print this email unless absolutely necessary.

<https://email.nhs.net/owa/>

13/04/2018

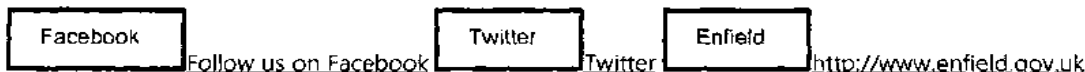
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Campaign



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# RISK ASSESSMENT (CASCADEINFO)

MERLIN Ref: 18PAC087493

URN:



## SUBJECT DETAILS

Surname: CORDELL

Forename(s): SIMON

DOB: 26/01/1981

THIS INFORMATION IS SENT IN CONFIDENCE AND IS RESTRICTED. IT MUST NOT BE PASSED ON TO A THIRD PARTY WITHOUT THE EXPRESS PERMISSION OF THE POLICE.

This case is currently being dealt with by police as a:

CRIME (CRIS)

☐

NO:

This is being investigated by the officer shown here.  
Please contact to discuss.

OIC:

Telephone:

☒

INCIDENT OF CONCERN:

Referred to Social Services  
for consideration

☐

MINOR CRIME:

After initial investigation referred to Social Services for  
consideration. No further action by police unless  
further info becomes available

## Pre-Assessment Check

|                |  |
|----------------|--|
| Pre Assessment | Referred to other Force or external Agency   |
| Details:       | Level 3 -Amber: when complex needs are likely to require longer term intervention from Social Services, Adults<br>The Care Act 2014 states there is a duty to undertake the safeguarding of adults where a local authority has<br>reasonable cause to suspect that an adult in its area has need of care and support, or is experiencing, or is at<br>risk of, abuse or neglect, and is unable to protect himself or herself against the abuse or neglect or the risk of it.<br>The need to safeguard and promote the welfare; along with protecting a vulnerable subject is paramount and I<br>believe in keeping with the directions in the Care Act 2014, the health, safety and wellbeing of the subject<br>outweighs the public interest risk of not sharing this information |

18PAC087493

Form 87F

# RISK ASSESSMENT (CASCADEINFO)

MERLIN Ref: 18PAC087493

URN:



n

## Checks

originator

|Police

~j

CORDELL, SIMON, DOB:26/01/1981, Subject, 109, BURNCROFT AVENUE, ENFIELD, MIDDLESEX, Enfield, EN37JQ, UNITED KINGDOM

Home:

Business:

Mobile:

Other:

Email:

Preferred Method of Communication: Not Applicable

| Risk Factors  No   | Yes/N Source / Reference    |
|--|-----------------------------|
| Local Authority Trace  | No  Refer to Research.      |
| Open Case  | No  Refer to Research.      |
| Repeat Victim (Min 2 Times Rolling In 12 Months)             | No  Refer to Research.      |
| Repeat Merlin (Min 2 Times Rolling 12 Months)                | No  Refer to Research.      |
| Child Protection / Child Sexual Exploitation                 | No  Refer to Research.      |
| Adult At Risks / Vulnerability Identified                    | Yes  Mental Health concerns |
| Suicide (Atmpts / Fmly Mbrs) / Homicide/Threats To Kill Refs | No  Refer to Research.      |
| Controlling And Jealous Behaviour Stalking And Harassment    | No  Refer to Research.      |
| Assaults And Violent Behaviour Including Sexual              | No  Refer to Research.      |
| Domestic Abuse   | No  Refer to Research.      |
| Escalation Of Behaviour / Including Use Of Weapons           | No  Refer to Research.      |
| Incidents Of Missing / Absences                              | No  Refer to Research.      |
| Neglect/Abuse And Cruelty To Children Or Animals             | No  Refer to Research.      |
| Factors / Triggers   | No  Refer to Research.      |
| Other Forms Of Abuse Incl. Alcohol / Substances / Financial  | No  Refer to Research.      |

18PAC087493

Form 87F

# RISK ASSESSMENT (CASCADEINFO)

MERLIN Ref: 18PAC087493

URN:



n

## Research

**Based on Information available to Police at this time** I confirm I have risk assessed this as shown above.

THOMASON, Sgt \_\_\_\_\_ (Name, Rank) DATE: 13/04/2018 TIME: 12:05 Sent: ☐ Yes ☐ No

18PAC087493

Form 87F

## Notification of Pre-Assessment Checklist

- All sections of this form must be completed.
- Use one form per family, per adult or per child as necessary.
- **THIS INFORMATION IS SENT IN CONFIDENCE AND IS RESTRICTED. IT MUST NOT BE PASSED ON TO A THIRD PARTY WITHOUT THE EXPRESS PERMISSION OF THE POLICE.**

|   |            |                                     |  |
|---|------------|-------------------------------------|--|
| <b>Subject's details</b>  |            |                                     | <b>OCU Ref.</b><br>18PAC087493 (ACN)   |
| Surname: CORDELL  |            |                                     | <b>CrimInt</b><br>Trace <input type="checkbox"/> No Trace <input type="checkbox"/>   |
| Forename(s): SIMON  |            |                                     |  |
| Sex: Male/Female  | ID Code: 3 | Date and place of birth: 26/01/1981 |  |
| Home Address:<br><br>109 BURNCROFT AVENUE<br>ENFIELD Enfield<br>MIDDLESEX<br>EN37JQ<br>UNITED KINGDOM |            |                                     | <b>PNC Check</b><br>Trace <input type="checkbox"/> No Trace <input type="checkbox"/> |
| Tel. No.  |            |                                     |  |
| Current Location:   |            |                                     | <b>PNC ID No.</b>  |
| Tel. No.  |            |                                     |  |

### Family and Key Roles Details

| Surname | Forename(s) | DOB/Age Now | Relationship |
|---------|-------------|-------------|--------------|
|         |             |             |              |
|         |             |             |              |
|         |             |             |              |
|         |             |             |              |

|   |  |  |  |
|---|--|--|--|
| <b>Reporting Officer (Source)</b><br><br>Signature _____ Rank _____<br><br>Name (Print) PALMER                      OCU/Unit YE-OPS<br>Warrant No. P234711<br><br>Date 12/04/2018 |  | <b>Supervising Officer (Certifying actions and evaluations as correct)</b><br><br>Signature _____ Rank _____<br><br>Name (Print)                                      OCU/Unit<br><br>Date _____ |  |
|---|--|--|--|

**THIS INFORMATION IS SENT IN CONFIDENCE AND IS RESTRICTED. IT MUST NOT BE PASSED ON TO A THIRD PARTY WITHOUT THE EXPRESS PERMISSION OF THE POLICE.**

|            |            |            |       |
|------------|------------|------------|-------|
| Date From: | 12/04/2018 | Time From: | 09:30 |
| Date To:   | 12/04/2018 | Time To:   | 09:38 |

Incident Location:  
109 BURNCROFT AVENUE  
ENFIELD  
EN37JH  
UNITED KINGDOM.

**Concerns:** Psychological / Emotional

The neighbours are on the top floor are doing work. They are hammering and causing noise. This caused a dispute between the subject and the builders.

have attended the subject's address to try and mediate between them to prevent further disputes. The subject went into a 15-minute rant about how he was under constant attack by everyone, and how he perceived the banging by the builder to be an assault against him.

The neighbour tried to come down and talk about when the work would finish but the subject started to shout at him. The subject stated that he has cameras set up all over his house and that he wanted the neighbour to come in and watch the footage of the aggressive hammering, when the neighbour declined, the subject started to shout about being mugged off.

The subject would benefit from a visit from social services. He appeared to be having issues with his mental health. There was nothing to suggest that he was in immediate danger, and he was within his dwelling.

Adult Research Conducted - Deborah Batchelor Enfield PPD - 13/04/2018

Subject: - Simon CORDELL, 26/01/1981

Address 109 Burncroft Avenue, Enfield EN3 7JQ

CURRENT REPORT -12/04/18 - 18PAC087493 - Police called to a neighbour dispute which is due to one of them undertaking noisy building work. Subject is very unhappy with the ongoing noise, during the time police spent with Subject, Police believe the Subject may have mental health problems and may benefit from Social Care intervention. R/A GREEN

15/03/18 - CRIS 5207374/18 - 5206249/18 - Subject and another male both arrested after fighting, criminal damage was caused to a vehicle by Subject. Ongoing investigation.

11/12/17 - 17PAC315194 - Police were called to the location by the subject who stated that he was feeling suicidal due to ongoing issues with his upstairs neighbours and wanted to hang himself. Upon police arrival the subject was very agitated and angry he stated that his neighbour's upstairs were banging on the floor and the building structure was collapsing. Subject did not mention to police that he wanted to harm himself, he was left with a female at the address. R/A AMBER Following research taken from above report

18/03/17 - CRIS 5210999/17 - Subject's female neighbour at number 115, reports that Subject has knocking at her door, following her to her car and asks her why she has been making noises. Neighbour thinks Subject has mental health problems. 1st instance harassment warning has been issued to Subject.

08/12/16 - CRIS 5227336/16 - Report that Subject is harassing neighbour at number 117.

04/10/16 - CRIS 5221993/16 - Subject was charged with Public order and criminal damage to motor bike..

14/08/16 - CRIS 5217954/16 - Subject arrested for threats to kill, whilst in custody Subject was Sectioned under the MH Act.

06/08/16 - CRIS 5217352/16 - Subject came to police attention - First Instance harassment recorded.

22/08/15 - CRIS 5218520/15 - Subject reports that he was threatened with a firearm, he was unable to provide any description of persons or vehicle.

25/06/13 - CRIS 3018184/13 - Subject with others was Charged with attempted robbery.

**Private & Confidential**  
***To be opened by addressee only***

**Enfield Early Intervention Team**  
Lucas House 305-309 Fore Street  
London N9 0PD

Mr Simon Cordell  
109 Burncroft Avenue  
Enfield  
EN3 7JQ

Tel: 0208 702 3100

20 April 2018

Dear Simon

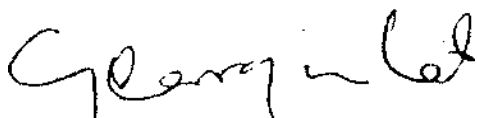
**Re: Simon Cordell D.O.B:** 26 Jan 1981  
**NHS Number:** 434 096 1671/ **Rio Number:** 11214451

We have received a police notification with concerns that you may be distressed with the building noise in your block. We are sorry to hear that this may have been a difficult time for you.

We would like to offer you an appointment to see if we can support you.  
Please contact Lucas House switchboard on 0208 702 3100, and ask to speak to Georgina.

I look forward to hearing from you within the next 10 days.  
If we have not heard from you within this time, we will assume that you do not wish to have any support at the moment.

Yours sincerely,



Georgina Lamb  
Care Coordinator / Social Worker

## **Early Intervention in Psychosis Service (EIS)**

**cc Simon Clark, EIS Team Manager**

**cc DR CHONG - GP NIGHTINGALE HOUSE SURGERY**



Before District Judge Dias **B E T W E E N**

THE LONDON BOROUGH OF ENFIELD

**Claimant**

**and**

MR SIMON CORDELL

**Defendant**

---

**ORDER**

UPON hearing Counsel for the Claimant and the Defendant not attending and upon hearing from the Defendant's mother and uncle

AND UPON the Defendant's mother and uncle informing the court that the Defendant has suffered historical mental health issues and was sectioned under the Mental Health Act 2005 in 2016

AND UPON the court having concerns regarding the Defendant's capacity to litigate and/or capacity to understand the meaning of the interim injunction

AND UPON the court being satisfied by reason of his attendance at the hearing on 05 February 2018 (subject to any issues regarding mental health) that the Defendant was aware of the terms of the interim injunction dated 09 January 2018 by at least 05 February 2018 and that it would be appropriate to dispense under CPR 81.8 with the need for personal service of the interim injunction from at 05 February 2018

AND UPON the court being asked to address the safety of the witnesses pending the production of any report concerning mental health

AND UPON the court commenting that it would expect the police to arrest the Defendant under the power of arrest if there is reasonable cause to suspect that the Defendant has breached the interim injunction dated 09 January 2018

**AND UPON** the court not being satisfied that it is appropriate at present to exclude the Defendant from Burncroft Avenue, Enfield

**AND UPON** the court noting that this is a civil matter such that the Defendant and/or his mother ought to be able to retain solicitors to represent them

**AND UPON** the Defendant's mother confirming that she has evidence and will produce all relevant documentation (including documents from the occasion on which the Defendant was sectioned) and will file the same by 4pm 01 June 2018 by email [enquiries@edmonton.countycourt.gsi.gov.uk](mailto:enquiries@edmonton.countycourt.gsi.gov.uk)

**AND UPON** the Defendant's mother confirming that she will accept service of this order on behalf of the Defendant

**IT IS ORDERED**

- (1) By 4pm on 13 June 2018 the Defendant shall undergo medical assessment by the community mental health team at an appointment to be arranged of which the Defendant shall be given at least 24 hours' notice and a report shall be prepared in relation to the Defendant's capacity to litigate and capacity to understand the meaning of the interim injunction dated 09 January 2018 and that report shall be filed at court and served on each party to the litigation.
- (2) If the report indicates that the Defendant lacks capacity then the Official Solicitor shall be invited to represent the Defendant.
- (3) In the event that the Defendant fails to engage with the community mental health team and that the Defendant's mother takes no steps as the Defendant's nearest relative to have the Defendant's mental health assessed then the Defendant shall be deemed to have capacity.
- (4) The Claimant shall, if so advised, file and serve a witness statement appending any relevant documentation dealing with the question of the Defendant's capacity to litigate and/or capacity to understand the meaning of the interim injunction dated 09 January 2018 by 4pm on 13 June 2018.
- (5) The matter will be re-listed urgently on the first open date after 20 June 2018 with a time estimate of half a day to be listed in the morning and with no other cases listed that in the same list reserved to District Judge Dias.

- (6) No earlier than seven and no later than three days prior to the relisted hearing the Claimant shall file and serve produce a paginated bundle of documents for use at the hearing.
- (7) This order will be deemed served on the Defendant if the Claimant emails a copy of the order to the Defendant's mother.
- (8) Costs reserved.

Dated 30 May 2018

FW: 18PAC130616 -11214451 [SEC=OFFICIAL]

Enfield Triage Team

01 JUN 2018

**Kevin Kamese <Kevin.Kamese@enfield.gov.uk> on behalf of  
The Mash Team <TheMashTeam@Enfield.gov.uk>**

Fri 01/06/2018 11:51

To:ENFIELD, Assessment service (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) <assessment.service.enfield@nhs.net>;

Q) 2 attachments

Form87F\_7281218.pdf; J2\_form78\_7281218.pdf;

**Classification: OFFICIAL** Dear Team,

Please see the attached for your attention. Regards,

Kevin Kamese

MASH DSD for Health, Housing B Adult Social Care Operational Support HUB

T DZDB37B335G

—Original Message—

This email, created by [merlin@met.pnn.police.uk](mailto:merlin@met.pnn.police.uk), has been securely delivered using Egress Switch and was decrypted on Friday, June 1, 2018 11:09:24 AM

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Campaign

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|----------|-----------------------|---------|---------|---------|---|

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# RISK ASSESSMENT (CASCADEINFO)

MERLIN Ref: 18PAC130616

URN:



N

## SUBJECT DETAILS

Surname: CORDELL

Forename(s): SIMON

DOB: 26/01/1981

THIS INFORMATION IS SENT IN CONFIDENCE AND IS RESTRICTED. IT MUST NOT BE PASSED ON TO A THIRD PARTY WITHOUT THE EXPRESS PERMISSION OF THE POLICE.

This case is currently being dealt with by police as a:

☐

### CRIME (CRIS) NO:

This is being investigated by the officer shown here. Please contact to discuss,

QIC:

Tel/Email:

☐

### MINOR CRIME:

After initial investigation referred to Social Services for consideration. No further action by police unless further info becomes available

☒

### INCIDENT OF CONCERN:

Referred to Social Services for consideration

## Pre-Assessment Check

|                      |   |
|----------------------|---|
| Pre Assessment Check | Referred to other Force or external Agency  |
| Details:             | REFER TO S/S *****<br><br>This report was initially braggged as Green by the PPD. The Merlin was then assessed by Adult Social Worker Shannon Miles who states police research is not required as the subject is known to Social Care or the incident does not raise safeguarding concerns which warrants information sharing. If it becomes apparent research is required, Adult Social Care are to make contact with the PPD. |

18PAC130616

Form 87F

# RISK ASSESSMENT (CASCADEINFO)

MERLIN Ref: 18PAC130616

URN:



N

## Checks

|            |        |
|------------|--------|
| Originator | Police |
|------------|--------|

CORDELL, SIMON, DOB:26/01/1981, Subject, 109, Burncroft Avenue, ENFIELD, Middlesex, Enfield, EN37JQ, UNITED KINGDOM

Home:

Business:

Mobile:

Other:

Email:

Preferred Method of Communication: Not Applicable

| Risk Factors  No   | Yes/N  Source / Reference |
|--|---------------------------|
| Local Authority Trace  | No  Refer to Research.    |
| Open Case  | No  Refer to Research.    |
| Repeat Victim (Min 2 Times Rolling In 12 Months)             | No  Refer to Research.    |
| Repeat Merlin (Min 2 Times Rolling 12 Months)                | No  Refer to Research.    |
| Child Protection / Child Sexual Exploitation                 | No  Refer to Research.    |
| Adult At Risks / Vulnerability Identified                    | Yes  Refer to Research.   |
| Suicide (Atmpts / Fmly Mbrs) / Homicide/Threats To Kill Refs | No  Refer to Research.    |
| Controlling And Jealous Behaviour Stalking And Harassment    | No  Refer to Research.    |
| Assaults And Violent Behaviour Including Sexual              | No  Refer to Research.    |
| Domestic Abuse   | No  Refer to Research.    |
| Escalation Of Behaviour / Including Use Of Weapons           | No  Refer to Research.    |
| Incidents Of Missing / Absences                              | No  Refer to Research.    |
| Neglect/Abuse And Cruelty To Children Or Animals             | No  Refer to Research.    |
| Factors / Triggers   | Yes  Refer to Research.   |
| Other Forms Of Abuse Incl. Alcohol / Substances / Financial  | No  Refer to Research.    |

18PAC130616

Form 87F



# RISK ASSESSMENT (CASCADEINFO)

MERLIN Ref: 18PAC130616

URN: N



Research

Based on Information available to Police at this time confirm I have risk assessed this as shown

WEST, PC (Name, Rank) DATE: 01/06/2018 TIME: 11:06 Sent: ☐ Yes ☐ No

18PAC130616

Form 87F

## Notification of Pre-Assessment Checklist

- All sections of this form must be completed.
- Use one form per family, per adult or per child as necessary.
- THIS INFORMATION IS SENT IN CONFIDENCE AND IS RESTRICTED. IT MUST NOT BE PASSED ON TO A THIRD PARTY WITHOUT THE EXPRESS PERMISSION OF THE POLICE.

|   |            |                                     |                                     |
|---|------------|-------------------------------------|-------------------------------------|
| <b>Subject's details</b>  |            |                                     | OCU Ref.<br>18PAC130616 (ACN)       |
| Surname: CORDELL  |            |                                     | CrimInt<br>Trace [ ] No Trace [ ]   |
| Forename(s): SIMON  |            |                                     |                                     |
|   | ID Code: 3 | Date and place of birth: 26/01/1981 |                                     |
|   |            |                                     |                                     |
| Home Address:<br><br>109 Burncroft Avenue<br>ENFIELD Enfield<br>Middlesex<br>EN37JQ<br>UNITED KINGDOM<br>Tel. No. |            |                                     | PNC Check<br>Trace [ ] No Trace [ ] |
| Current Location: Tel. No.  |            |                                     |                                     |
|   |            |                                     | PNC ID No.                          |

### Family and Key Roles Details

| Surname | Forename(s) | DOB/Age Now | Relationship |
|---------|-------------|-------------|--------------|
|         |             |             |              |
|         |             |             |              |
|         |             |             |              |
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|  |  |   |  |
|--|--|---|--|
| <b>Reporting Officer (Source)</b><br><br>Signature _____ Rank _____<br><br>Name (Print) GEORGIU      OCU/Unit YE-OPS<br>Warrant No. P241909<br>Date 31/05/2018 |  | <b>Supervising Officer (Certifying actions and evaluations as correct)</b><br><br>Signature _____ Rank _____<br><br>Name (Print) _____ OCU/Unit _____<br><br>Date _____ |  |
|--|--|---|--|

**THIS INFORMATION IS SENT IN CONFIDENCE AND IS RESTRICTED. IT MUST NOT BE PASSED ON TO A THIRD PARTY WITHOUT THE EXPRESS PERMISSION OF THE POLICE.**

Date From: 31/05/2018 Time From: 10:00 Incident Location:  
Date To: 31/05/2018 Time To: 10:07 109 Burncroft Avenue  
ENFIELD Enfield  
Middlesex  
EN37JQ  
UNITED KINGDOM

**Concerns:** Psychological / Emotional

CAD 2354/31MAY2018- PC GEORGIU 119YE AND PC STYLIANOU 485YE

Officers attended the location of Burncroft Avenue in relation to an allegation of threats to kill made towards the subject Simon CORDELL by a neighbour.

The neighbour stated to officers that on 31/05/2018 at approximately 1000Hours she was standing at her window with her two children which looks out onto the rear garden when the Simon has noticed her and shouted words to the effect of ' You fucking bitch' I'm gona fucking kill you and your children' ' iv got a bomb for you, I will get in your block and kill you'. This has alarmed viw causing distress resulting in her calling the police.

Simon is known to suffer from mental health issues. He was arrested for threats to kill and breach of injunction.

\*\*\* YE PPD \* \* \*\*

This report was initially bragged as Green by the PPD. The Merlin was then assessed by Adult Social Worker Shannon Miles who states police research is not required as the subject is known to Social Care or the incident does not raise safeguarding concerns which warrants information sharing. If it becomes apparent research is required, Adult Social Care are to make contact with the PPD.

#### Adults

The Care Act 2014 states there is a duty to undertake the safeguarding of adults where a local authority has reasonable cause to suspect that an adult in its area has need of care and support, or is experiencing, or is at risk of, abuse or neglect, and is unable to protect himself or herself against the abuse or neglect or the risk of it. The need to safeguard and promote the welfare; along with protecting a vulnerable subject is paramount and I believe in keeping with the directions in the Care Act 2014, the health, safety and wellbeing of the subject outweighs the public interest risk of not sharing this information

#### IF NO CONSENT/UNABLE TO CONSENT:

Because of the incident, I have considered the following;

1. The individuals need for care and support including mental health
2. The individuals vulnerability to abuse or neglect
3. The individuals ability to protect themselves, the impact on the individual and their wishes, and
4. The risk of repeated or increasingly serious acts involving children, this or another adult vulnerable to abuse or neglect.

The intelligence gathered has led me to the decision that I am over riding consent and share with Social care for their intervention or allocation. \_\_\_\_\_

Continued on plain paper **Y** **N**

**From:** MORGAN, Debbie (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)  
[mailto:debbie.morgan@nhs.net]

**Sent:** 05 June 2018 12:47

**To:** Kaunchita Maudhub; clare.duignan@enfield.gov.uk **Cc:** Debbie Morgan; Ludmilla Iyavoo; Lemmy Nwabuisi

**Subject:** RE: Simon Cordell, Flat 109 Burncroft Avenue, Enfield [SEC=OFFICIAL] - URGENT

— This message was sent from an email address external to NHSmail but gives the appearance of being from an NHSmail address. Verify the sender and content is legitimate before acting upon information contained within. —

Dear Kaunchita,

Thank you for bring this matter to our attention.

I will liaise with BEH Mental Health NHS colleagues regarding this matter. Upon quick review of his notes I note he has been reluctant to engage with mental health professionals.

Regards,

Debbie Morgan EAS/AMHP Services Manager 0208 702 3329 07903970387

**From:** Kaunchita Maudhub [fmailto:Kaunchita.Maudhub@enfield.aov.uk](mailto:Kaunchita.Maudhub@enfield.aov.uk)

**Sent:** 05 June 2018 12:03

**To:** [clare.duignan@enfield.aov.uk](mailto:clare.duignan@enfield.aov.uk)

**Cc:** Debbie Morgan; Ludmilla Iyavoo; Lemmy Nwabuisi

**Subject:** FW: Simon Cordell, Flat 109 Burncroft Avenue, Enfield [SEC=OFFICIAL] - URGENT **Dear**

**Clare,**

Further to my email below-just to clarify i have amended the email to read *"appointment to be arranged of which the defendant (Simon Cordell) shall be given at least 24 hours' notice"*

Simon Cordell - **D.O.B 26.01.81**

109 Burncroft Avenue

Enfield

Middx

EN3 7JQ

Kind Regards

Kaunchita Maudhub

Anti Social Behaviour - Team Leader

Community Safety Unit

Enfield Council

Civic Centre, Silver St

Enfield EN1 3XA

Tel: 020 8379-4182 [kaunchita.maudhub@enfield.aov.uk](mailto:kaunchita.maudhub@enfield.aov.uk)

Enfield Council is committed to serving the whole borough fairly, delivering excellent services and building strong communities.

**From:** Kaunchita Maudhub

**Sent:** 05 June 2018 11:40

**To:** Clare Duignan

**Cc:** Debbie Morgan; Johnson Sarah; Lemmy Nwabuisi; Ludmilla Iyavoo

**Subject:** Re: Simon Cordell, Flat 109 Burncroft Avenue, Enfield [SEC=OFFICIAL] - URGENT

Dear Clare,

Please see attached interim injunction order that the London Borough of Enfield obtained against a council housing tenant (Simon Cordell of 109 Burncroft Avenue) in January 18. We attended court on 30<sup>th</sup> May 18 as the matter was listed for the return date for the injunction and for an application for committal following incidents which we submit have breached the terms. At the hearing DJ Dias was concerned about Mr Cordell's mental health following submissions from his mother in his absence. Although we have no evidence that he does not have capacity the Judge wants to satisfy herself that there are no issues in him understanding the injunction and the proceedings. Therefore she has made an order (a draft of which is attached) including that:

***By 4pm on 13<sup>th</sup> June the Defendant shall undergo a medical assessment by the community mental health team at an appointment to be arranged of which the defendant (Simon Cordell) shall be given at least 24 hours' notice and a report shall be prepared in relation to the Defendant's capacity to litigate and capacity to understand the meaning of the interim injunction dated 9<sup>th</sup> January 18 and that report shall be filed at court and served on each party to the litigation.***

Apologies for the short timescale but could you please arrange for an appointment to be given to the defendant (Simon Cordell) as per the court order in order for these issues to be clarified.

It would also be useful for some clarification about if Mr Cordell has been known to mental health services previously including the history and assessments or any previous sections etc

Please let me know if you need any more detail or wish to discuss this further

We await your reply

Kind Regards

Kaunchita Maudhub

Anti Social Behaviour - Team Leader

Community Safety Unit

Enfield Council

Civic Centre, Silver St

Enfield EN1 3XA

Tel: 020 8379-4182 [kaunchita.maudhub@enfield.gov.uk](mailto:kaunchita.maudhub@enfield.gov.uk)

Enfield Council is committed to serving the whole borough fairly, delivering excellent services and building strong communities.

**From:** Ludmilla Iyavoo  
**Sent:** 31 May 2018 11:28  
**To:** Kaunchita Maudhub; Lemmy Nwabuisi  
**Subject:** Simon Cordell, Flat 109 Burncroft Avenue, Enfield [SEC=OFFICIAL]

Classification: OFFICIAL Dear Kaunchita,

I write further to the hearing which took place at the Edmonton County Court on 30/05/2018. The Court ordered that Simon Cordell should undergo a medical assessment by the community legal team by no later than 13<sup>th</sup> June 2018. As a result of this order an appointment will need to be arranged and a report should be prepared and filed at Court by this deadline. The report shall deal with Mr Cordell's capacity to litigate and capacity to understand the meaning of the interim injunction dated 09/01/2018.

I will be therefore grateful if you could contact the Community Mental Health Unit and arrange for an appointment to be arranged urgently. Please note that at least 24 hours' notice need to be provided to Mr Cordell.

Finally I would be grateful you could contact Community Mental Health Unit and ask them whether Mr Cordell was sectioned under the Mental Health Act and if we could have copy of the relevant documentations.

Many thanks.

Kind regards,

Ludmilla Iyavoo Solicitor Corporate Team Legal Services Enfield Council Silver Street Enfield EN1 3XY

DX 90615 Enfield 1

Telephone: 020 8379 8323 Fax: 020 8379 6492

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Classification: OFFICIAL

## IMPORTANT

**Every Enfield resident should register for an online Enfield Connected account. Enfield Connected puts many Council services in one place, speeds up your payments and saves you time. Click here to get connected.**



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This email has been scanned for viruses but we cannot guarantee that it will be free of viruses or malware. The recipient should perform their own virus checks.

This message is sent for and on behalf of Bamey, Enfield and Haringey Mental Health NHS Trust. It may contain confidential information. If you are not the intended recipient please inform the sender that you have received the message in error before deleting it. Please do not disclose, copy or distribute information in the e-mail or take any action in reliance on its contents: to do so is strictly prohibited and may be unlawful. You may also wish to contact Information Governance at [information.governance@beh-mht.nhs.uk](mailto:information.governance@beh-mht.nhs.uk). Thank you for your co-operation

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Your Ref:  
NHS Number: 434 096 1671  
Hospital Number: 11214451  
6 Jun 2018

Enfield Assessment Service  
25 Crown Lane Southgate  
London N14 5SH Tel: 0208  
702 3329 Fax: Email:

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

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

Dear Mr CORDELL

You have been referred to our Assessment Service for a New Patient Assessment. Unfortunately, I have been unable to contact you to offer you an appointment.

I am now writing to you to advise you that an appointment has been scheduled for you and the details are as follows:

|                          |   |
|--------------------------|---|
| <b>Appointment</b>       | 1   |
| <b>Clinic</b>            | Crown Lane Clinic   |
| <b>Date/Time</b>         | 15 Jun 2018 10:00:00                                      |
| <b>Intended Duration</b> | 60 mins   |
| <b>Clinicians</b>        | Angela Hague / EIS  |
| <b>Address</b>           | Crown Lane Clinic, Crown Lane, Southgate, London, N14 5SH |

**YOU NEED TO PHONE AND CONFIRM THIS APPOINTMENT WITHIN FIVE DAYS OF DATE ON TOP OF THIS LETTER; OTHERWISE THIS APPOINTMENT WILL BE CANCELLED. PLEASE SEE NOTE BELOW)**

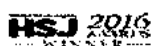
*Please complete the enclosed questionnaire form, this is titled INFORMATION FORM (Consent Form) and ETHNICITY FORM and bring it with you to your appointment, TOGETHER WITH THIS APPT LETTER. You may want a member of your family or a close friend to accompany you when you attend for Assessment. The appointment will last approximately up to 1 hour.*

**Failure to confirm your attendance will result in the above appointment being cancelled and you may be discharged back to your referrer.**

Yours sincerely

Beverley Campbell

CC: GP



For information on how we manage your personal data  
please visit our full processing / privacy notice on our trust  
website: <http://www.enfield-trust.nhs.uk/privacy-policy.htm> or  
email: [enfield-information@nhs.uk](mailto:enfield-information@nhs.uk)

From: SCURLOCK, Hilary (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)

Sent: 15 June 2018 13:08

To: 'kaunchita.maudhub@enfield.gov.uk'

Cc: HAGUE, Angela (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST); CLARK, Simon (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) (simon.clarkIO@nhs.net)

Subject: Mr S Cordell 37 yrs old

To the antisocial behaviour team at Enfield Council:

We have been trying to see Mr Cordell but he has not attended assessments offered although he has phoned the assessment team.

He is not currently receiving any mental health treatment and is not under any team.

He has had contact with various mental health teams in the (both child and adolescent and adult services) and seems (form the electronic record) to have had one brief admission on the Haringey assessment ward in August 2016.

It seems that the Court / solicitor (Ludmilla lyavoo from the legal services team at Enfield Council) would like a report to assist the Court answering specific questions outlined in Ms lyavoo's e mail.

I would suggest that such a report is commissioned from a Consultant Forensic Psychiatrist from North London Forensic Service (tel 020 8702 6004/6072)

forensic.referrals@nhs.net as this is not something we would provide

We will continue to endeavour to assess him and offer him any treatment he may need

Dr Scurlock

Consultant Psychiatrist EIP

Originator: HAGUE, Angela 15Jun 2018,14:25 [Nursing]

Telephone call from Simon, long conversation, asking about his appointment he has been offered for next week, who made the referral and why. Same discussed and remembers that the had already spoken with Iain Williams. Difficult to follow his conversation and to interrupt. Says he has been on a 10pm curfew for the past 9 years afraid to leave his house as he feels the police have set this up. Mistaken identity, reports he has read all give descriptions of different people, 4 in total, not him. All happened because of a party on Lincoln Road, he was not involved but happened because people were disturbed by the noise. Because of the curfew says he lost his relationship with his first love has or had a second girlfriend. Said he has been dialling 999 they get 15,000 calls per day, their time is going backwards on their records and do not have a RUN number.

Says he does not have a mental illness no previous contact with services has been good. Sectioned in the past human rights broken, people coming into his house, says he was giving them access. Has tape recordings and linkedin, facebook pages of all involved, has set up a web page. Discussed that they reason I had contacted him was to offer an appointment next Tuesday 11am, asking why we are coming, offered to see at Lucas House instead he declined this says prefers to be seen at home. Asked why I am not treating with dignity ad respect that he has told me all about my colleagues and their treatment of him and I have not apologised to him and investigating. Discussed that he has the right to compliant which he says he already has and knows how to make a complaint, reported that he was taping our conversation and was making a digital copy which he has made of most interactions with people. He agreed to a home visit next week. The home visit is with EIS Amal Pomphrey.

Originator. HAGUE, Angela 19Jun 2018, 13:57 [Nursing]

Telephone call from Simon's mother Lorraine Cordell. Sounded tearful on the phone, reported that she has spoken with Simon and he told her that we went to see him today, myself and Amal. Said that he told her that the appointment went well and that we had told him there is nothing mentally wrong with him, that he does not need psychiatric services and is well. Says she is finding it distressing, very worried about her son as she believes, and everyone else can see that her son is ill. Said he is struggling to cope, not leaving the house, feels persecuted by his neighbours. Not managing the court case well. Believes that the has lost trust in services and feels he needs to build trust with professionals again.

Reported that when she was in court the information that was given was that her son had PTSD and was discharged form services, believes it was inaccurate and did not know where the information came from, thought perhaps it was Iain Williams as he had around the same time called to speak to Simon about his referral.

Discussed that we would need Simons consent to discuss his case. Reported that her mother suffered with schizophrenia and she has a lot of experience around people who have mental

illness not believing they have a mental health problem and don't require treatment. Says she is happy to encourage her son to engage with services as far as possible.

Originator: HAGUE, Angela 19Jun 2018,14:33 [Nursing]

Home visit today as arranged with Amal Pomphrey from EIS. Client previously under EIS from 2015 discharged in January this year, difficult to engage. History well known so not repeated.

Simon was friendly and welcoming into his home. Put his pet dog outside in the garden, visible through patio doors. Dog appeared in good health though Simon reported that his dog is stressed about his neighbours the police and mental health services to the point it has chewed some of the fur off his front paws.

Simon stood for some time keen to talk about the evidence he has gathered against the police, and local authority, has taped and logged everything on a website. Showed his website says not live as yet, all he has to do is click a button and it will show how he has been unfairly treated by the local authority and police. Website and all written video and audio recordings linked. Showed a couple of examples CCTV inside his flat, conversation with ASBO team and written documents. Also showed us paper files that he has maintained in large ring binders, containing copies of e-mails and all correspondence. Informed us that he tapes all conversations he has with health, local authority and police staff. Has CCTV cameras placed internally and externally around his flat.

Spoke of how his issues began many years ago trouble with the police over holding illegal parties. Reported that he is currently not going out feels afraid. No restrictions placed on him regarding going out other than not allowed in Industrial areas or 24-hour venues such as MacDonald's or Tesco's. Reported recently in court with regards to his neighbour, representing himself does not feel he needs a solicitor. Recommendation is that he has an assessment with a psychiatrist. However, said he will not attend as the letter has not been properly dated and stamped and therefore believes he is not bound by it.

Mental state:

Simon was casually dressed, his hygiene appeared fair. He maintained good eye contact and rapport. His speech appeared slightly pressured difficult to interrupt but not irritable when interrupted.

Grandiose ideas around his intelligence, says he is a millionaire property from wealthy relatives who have deceased, successful businesses, earning hundreds and thousands of pounds. Paranoid about his neighbours, believes they and others have spread information that he may have had herpes. Paranoid delusions believes his neighbours are deliberately following him from room to room banging on his ceiling. Believes they want to kill him. Though he did not express any thoughts of wanting to harm anyone. Believes he is being paid to look after vulnerable people in poor situations.

Appears to be a mood element to his condition pressured speech grandiose, tangential jumping from topic to topic. However, reported that at times his mood can be depressed and upset by his neighbours. On one occasion he drank some liquid in an attempt to poison himself, found by mother and taken to A&E discharged. Denied having any current suicidal ideation or thought to harm himself.

There was no evidence of any hallucinations. Personality appears to be intact.

Simon appears to lack insight, asked if he believes he has a mental health condition denied this said he has never taken medication as he does not believe he has any mental health problem to require medication.

Impression:

37 year old male appears to have had a difficult childhood spoke about scars on his legs from beatings from his father. Wants to protect children, and vulnerable people believes it is his duty. 2015 diagnosed with psychotic illness and referred to EIS does not appear to have engaged with treatment offered, previously prescribed Olanzapine. Does not appear to require crisis team or mental health act assessment at this time. But would benefit from assertive follow up in the community. EIS state that has gone beyond EIS three-year treatment period.

Plan therefore to refer to North Locality Team Locality Team. E-mail sent.

EIS agree to liaise and advise court regarding the request for a report.

Closed to EIS.

From: CLARK, Simon (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)

Sent: 25 June 2018 14:56 To: Ludmilla Iyavoo

Subject: RE: Mr S Cordell [SEC=OFFICIAL]

Dear Ludmilla

Thanks very much for your email

Attached is a password protected document of the most recent patient record entries

Please confirm receipt and I will send the password

Thanks

Simon

Simon Clark Team

Manager

Enfield Early Intervention in Psychosis Service Barnet,

Enfield & Haringey Mental Health NHS Trust Lucas

House, 305-309 Fore Street Edmonton, N9 OPD Tel:

0208 702 3100 [simon.clark@beh-mht.nhs.uk](mailto:simon.clark@beh-mht.nhs.uk)

[simon.clark@nhs.net](mailto:simon.clark@nhs.net)

Service Manager: Rachel Yona

0208 702 6878

rachel.yona@beh-mht.nhs.uk

Website: [www.beh-mht.nhs.uk](http://www.beh-mht.nhs.uk)

Twitter: @BEHMHTNHS / Facebook: [www.fb.com/behmht](http://www.fb.com/behmht)

From: Ludmilla Iyavoo [mailto:Ludmilla.Iyavoo@enfield.gov.uk]

Sent: 25 June 2018 14:53

To: CLARK, Simon (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)

Subject: MrS Cordell [SEC=OFFICIAL]

Importance: High

Classification: OFFICIAL Dear Mr Clark,

I am a solicitor for the London Borough of Enfield. I understand that Mr Cordell was contacted by the Community Mental Health Team. I was advised by Dr Scurlock on 15th June 2018 that Mr Cordell did not attend the assessments he was offered. Can you please confirm whether this is the position?

However if he did attend, may I please have the outcome of the assessment? The matter is listed in court tomorrow and your urgent response will be appreciated.

I look forward to hearing from you.

Kind regards,

Ludmilla Iyavoo

Solicitor

Corporate

Legal Services



Enfield Council

Silver Street Enfield EN1 3XY

DX 90615 Enfield 1

Telephone: 020 8379 8323 Fax: 020 8379 6492

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Classification: OFFICIAL

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Sent: 25 June 2018 14:56 To: Ludmilla Iyavoo

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Please confirm receipt and I will send the password

Thanks

Simon

Simon Clark Team Manager

Enfield Early Intervention in Psychosis Service Barnet, Enfield & Haringey Mental Health

NHS Trust Lucas House, 305-309 Fore Street Edmonton, N9 OPD Tel: 0208 702 3100

[simon.clark@beh-mht.nhs.uk](mailto:simon.clark@beh-mht.nhs.uk)

Service Manager: Rachel Yona 0208 702 6878

rachel.yona@beh-mht.nhs.uk Website: [www.beh-mht.nhs.uk](http://www.beh-mht.nhs.uk)

Twitter: @BEHMHTNHS / Facebook: [www.fb.com/behmht](http://www.fb.com/behmht)

From: Ludmilla Iyavoo [mailto:Ludmilla.Iyavoo@enfield.gov.uk]

Sent: 25 June 2018 14:53

To: CLARK, Simon (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)

Subject: Mr S Cordell [SEC=OFFICIAL]

Importance: High

Classification: OFFICIAL Dear Mr Clark,

I am a solicitor for the London Borough of Enfield. I understand that Mr Cordell was contacted by the Community Mental Health Team. I was advised by Dr Scurlock on 15th June 2018 that Mr Cordell did not attend the assessments he was offered. Can you please confirm whether this is the position?

However if he did attend, may I please have the outcome of the assessment? The matter is listed in court tomorrow and your urgent response will be appreciated.

I look forward to hearing from you.

Kind regards,

Ludmilla Iyavoo

Solicitor

Corporate Team

Enfield Council

Silver Street Enfield EN1 3XY

DX 90615 Enfield 1

Telephone: 020 8379 8323 Fax: 020 8379 6492

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Classification: OFFICIAL

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From: Ludmilla Iyavoo [mailto:Ludmilla.Iyavoo@enfield.gov.uk]

Sent: 28 June 2018 14:48

To: SCURLOCK, Hilary (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST); CLARK, Simon (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)

Cc: Kaunchita Maudhub; Lemmy Nwabuisi

Subject: RE: Mr S Cordell 37 yrs old [SEC=OFFICIAL]

Classification: OFFICIAL Dear Dr Scurlock,

Thank you. Please note that Mr Cordell is now represented by a solicitor, Trishna Kerai of Stuart Miller Solicitors. Her email address is: Trishna@stuartmillersolicitors.co.uk. She can be contacted in relation to Mr Cordell's consent to the requested disclosure.

Please note that the consultant psychiatrists that we have approached have all requested for his medical history including his mental health. I therefore hope that the information could be provided urgently following consent.

Please do not hesitate to contact me if you have any queries.

Kind regards, Ludmilla Iyavoo Solicitor Corporate Team Legal Services Enfield Council Silver Street

Enfield EN1 3XY

DX 90615 Enfield 1

Telephone: 020 8379 8323 Fax: 020 8379 6492

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From: SCURLOCK, Hilary (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)  
[mailto:hilary.scurlock@nhs.net]

Sent: 28 June 2018 13:02

To: Ludmilla lyavoo; CLARK, Simon (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) Cc:  
Kaunchita Maudhub; Lemmy Nwabuisi Subject: RE: Mr S Cordell 37 yrs old [SEC=OFFICIAL]

Thanks

I have passed your e mail to Simon Clark the team manager

I would imagine that we would need Mr Cordell's consent to pass on this level of information I'm sure  
Simon will respond to you BW HS

From: Ludmilla lyavoo [mailto:Ludmilla.lyavoo@enfield.gov.uk]

Sent: 28 June 2018 11:09

To: SCURLOCK, Hilary (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)

Cc: Kaunchita Maudhub; Lemmy Nwabuisi Subject:

RE: Mr S Cordell 37 yrs old [SEC=OFFICIAL]

Classification: OFFICIAL Dear Dr Scurlock,

Thank you for your email. I am in the process of instructing a Consultant psychiatrist but the consultant I have contacted requires details of his medical history.

Can you please arrange for someone in your team to provide this information to me urgently or direct me to the correct department?

Thanking you in advance for your cooperation.

Kind regards,

Ludmilla Iyavoo Solicitor Corporate Team Legal Services Enfield Council Silver Street Enfield  
EN13XY

DX 90615 Enfield 1

Telephone: 020 8379 8323

Fax: 020 8379 6492

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From: SCURLOCK, Hilary (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)  
[mailto:hilary.scurlock@nhs.net]

Sent: 27 June 2018 11:51

To: Ludmilla Iyavoo

Cc: Kaunchita Maudhub; Lemmy Nwabuisi Subject: RE: Mr S Cordell 37 yrs old [SEC=OFFICIAL]

We offered him an assessment to establish if he had a current mental health problem that we could offer treatment for

Our offer to assess him was not connected to any legal matters

It might assist the Court to have an assessment from a specialist Forensic Psychiatrist who are experts in mentally disordered offenders and risk assessment and management

Best wishes

HS

From: Ludmilla Iyavoo [mailto:Ludmilla.Iyavoo@enfield.gov.uk]

Sent: 22 June 2018 11:18

To: SCURLOCK, Hilary (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) Cc: Kaunchita Maudhub; Lemmy Nwabuisi Subject: Mr S Cordell 37 yrs old [SEC=OFFICIAL]

Importance: High

Classification: OFFICIAL

Dear Dr Scurlock,

I am the solicitor in conduct of a claim for an injunction against Mr Cordell and write in response to your email to Kaunchita Maudhub on 15th June 2018.

I would need further clarification on the content of your email and hope you will be able to respond as soon as possible as a hearing has been listed on Tuesday 26th June 2018.

1) You explained that you have been trying to see Mr Cordell but he has not attended the assessments offered to him although he has phoned the assessment team.

Can you please confirm the dates of the assessments offered to Mr Cordell and details of the conversations that were held?

2) You mentioned that he had contact with various mental health teams and had one brief admission on the Haringey assessment ward in August 2016.

Will it be possible to have details of the contacts held and the assessment that was carried out. If possible we would like a detailed history of the contacts/ admissions so we could provide the information to the Court.

3) You suggested that a report is to be commissioned from a Consultant Forensic Psychiatrist from North London Forensic Service as this is not something you would provide.

Can you please confirm what would the report achieve? If this is not a service you could provide, why did you department contact Mr Cordell and offered him an assessment in the first place?

I look forward to hearing from you.

Kind regards,

Ludmilla Iyavoo

Solicitor

Corporate Team Legal Services Enfield Council Silver Street

Enfield EN1 3XY

DX 90615 Enfield 1

Telephone: 020 8379 8323 Fax: 020 8379 6492

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**New Book!**

**New Book!**

**Psychiatric Report On  
Mr Simon Cordell  
109 Burncroft Avenue  
Enfield EN3 7JQ**

**1. Introduction**

This report is prepared at the request of London Borough of Enfield, Antisocial Behaviour Team following directions from the Edmonton County Court to undertake an assessment on Mr Cordell. My instructions were received in a letter dated 5 July 2018 and outlined as below:

1. Whether the defendant has the mental capacity to litigate and give instructions in his defence.
2. Whether the defendant understands the terms of the injunction order dated 9 January 2018.

**2. Details of current proceedings**

The current proceedings relate to an interim injunction order issued against Mr Cordell, at the Edmonton County Court on 9 January 2018. This followed numerous complaints from neighbours about Mr Cordell's acts of harassment and antisocial behaviour. However it has been reported that Mr Cordell has continued to breach the order. It has been reported that a neighbour has been assaulted, harassed and has received threats from Mr Cordell. He has also made threats towards certain council employees. The local authority issued applications for committal due to Mr Cordell's breach of the injunction, however the applications could not be considered due to concerns about his mental capacity.

**3. Sources of information**

3.1 I was provided with the following information to aid in the assessment:

1. Claim form for an injunction with supporting documents
2. Order for an injunction dated 9.1.2018
3. Report of Angela Hague from the Enfield Assessment Team
4. Court order made by DJ Dias, Edmonton County Court at the hearing on 30.05.2018 and 26.6.2018.

- 3.2 I assessed Mr Cordell on 6 July 2018, at his flat 109 Burncroft Avenue, Enfield EN3 7JQ, accompanied by two officers from the Enfield Housing Team. I can confirm that prior to my assessment; I explained to Mr Cordell my role and the purpose of my visit. I also explained to him that I was acting on the instructions of the Enfield Council at the directions of the Court.

#### **4. Assessment of Mr Cordell**

- 4.1 Mr Cordell spoke to us for a few minutes outside his flat and upon explaining the purpose of the visit, he allowed us into his flat. He agreed to tie the dog outside in the garden. The flat although disorganised with papers and folders scattered around, did not appear overly cluttered. Mr Cordell presented as a young, slim built, mixed race male with reasonable hygiene. We explained our roles and the purpose of our visit. Mr Cordell informed us that he was recording our conversation.
- 4.2 Mr Cordell seemed very keen and enthusiastic to talk and we had to explain the reason of our visit several times to maintain some structure and focus. He maintained appropriate eye contact and we managed to establish a rapport after a while. His demeanour was polite and appropriate. There was evidence of psychomotor agitation as he appeared generally restless and overactive. Mr Cordell described his appetite and sleep pattern as fine. Objectively I would regard his mood as labile, rapidly fluctuating between euthymia (normal mood) and irritability.
- 4.3 Mr Cordell's comprehension of information presented to him appeared adequate. He was able to understand the queries presented to him. His responses however were very elaborate and circumstantial. His speech was very pressured, difficult to interrupt and at times frankly rambling. There was clear evidence of thought disorder with flight of ideas (rapid shift of ideas with some superficial apparent connection). Mr Cordell struggled to sustain his goal of thinking as he often derailed to themes of relevance to him, digressing away from the topic of discussion. It was very difficult to obtain a direct response to the queries posed to him and follow his thread of conversation.
- 4.4. Mr Cordell's thought content was replete with various delusional beliefs of persecutory and grandiose nature. He spoke of an elaborate conspiracy which involves the Enfield local authority and the metropolitan police, dating back since 2013, when he claimed that he was arrested for putting up a gazebo in his garden which led to him being barred from visiting

places in central London and placed on a curfew from 10 pm. Mr Cordell informed that he followed these restrictions imposed on him for about a year and returned to Court and won the case. Mr Cordell then went on to talk about Sally Gillcrest, the legal executive for the metropolitan police who he alleged set him up for a million pounds and brought on an ASBO against him, which ended with him being imposed on a nine year curfew. Mr Cordell stated that Sally Gillcrest in conjunction with the borough commander Jane Johnson and the community officer started spreading rumours that he was "*suffering from herpes and has hurt a woman*" which the neighbours in his block became aware of and started sending him messages addressing him as "*you black bof*". Mr Cordell implied that Sally Gillcrest colluded with the neighbours as she had a vested interest in getting him out of this country. He stated that the neighbours above him deliberately bang on his ceiling and have also subject him to other forms of harassment since 2014. Mr Cordell implied that the neighbours were responsible for the miscarriage suffered by his then girlfriend and also held them responsible for the separation from his previous girlfriends. He further stated that between 2014 and 2016, his mother has made numerous complaints to the council regarding the harassment he has been subject to and he has won a criminal case against his neighbours

- 4.5 Mr Cordell then went on to elaborate his grievance against Lemmi, the officer who works for the Enfield local authority. He claimed that he received an email from Lemmi threatening that he would obtain a possession order against him and asking him to attend a meeting. He then stated that the ASBO that was served against him was not valid due to lack of signature. Therefore Lemmi built a false case against him by using "*lower grade cases*" to pursue a possession order and subsequently an injunction order, by falsifying statements and using "*statements from dead cases*". According to Mr Cordell this was declared as invalid by a Judge, however Lemmi has continued to produce false orders against him in the way of a second injunction, which he claimed has never been served on him. Mr Cordell described this as "*targeted malice*" by Lemmi as he has used the injunction as a smoke screen to cover up the ASBO by providing false statements and witnesses.
- 4.6 In addition, Mr Cordell also described a number of grandiose beliefs, stating that he was building a constitution on CIC, which he explained to be Community Interest Company. He also spoke of a number of other businesses. He was keen to show us the various documents, emails and recordings he has accrued as evidence to support his case.

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 (37y)

Report Path: Local Record

109 Burncroft Avenue, Enfield, Middlesex, EN3 7JQ

NHS Number: 434 096 1671 ABIDOYE,

Home Tel:

Usual GP; Dapo (Dr.) Regular

Work Tel:

Patient Type: 08-Feb~1999

Mobile Tel: 07783158424

Registered

email

#### Problems

##### Active

09-Dec-2015 [XJ Psychosis NOS Administration  
2'8-Jun~2011 Reduction of fracture of mandible  
13-Jan-2008 Fracture of scaphoid  
31-Jul-2Q05 Lloyd George cuiled + summarised  
13-JUI-2004 Fracture of scaphoid  
20-Nov-1997 Overdose of drug  
23-Jun-1997 Asthma  
26-Jan-1981

SUMMARY=Y (IL)  
SUMMARY=Y  
LATERALITY - Left  
SUMMARY=Y  
SUMMARY=Y

#### Significant Past

#### Medication

No current medication Allergies

No allergies recorded.

#### Health Status

rui-Feb-2016

Non-smoker of cigarettes - 07-Nov-2011 O/E

- weight

|             |   |        |           |
|-------------|---|--------|-----------|
| 07-Nov-2011 | O/E - height  | 79     | kg        |
| 07-Nov-2011 | Body Mass Index                                     | 177    | cm        |
|             |   | 25.21  | kg/m2     |
| 4- Aug-2005 |   |        | units/wee |
| 5- Feb-4999 | Notes summary on computer Current Drinker (Advised) | 40     | k         |
| 20-Dec-1996 | O/E Blood Pressure Reading                          | 110/70 | mm Hg     |

#### immunisations

it9-Sep-2016 Flu vac inv 1st SMS txt msg st

No additional comment,entered

#### Planned Events

26-Oct-2018 Named GP not informed No BP recorded in  
26-Oct 2018 past 5 years Mental Health Care Plan  
26-Oct-2018 Outstanding Alcohol Consumption Recording  
26-Oct-2Q18 Risk Stratification - lifestyle data Seasonal Flu  
26-OCF2018 Vacc recommended Patient on QOF Registers  
26-Oct-2018  
26-Oct-2018



## **2. Whether Mr Cordell understands the terms of the injunction order dated 9 January 2018?**

Mr Cordell is currently suffering from symptoms of Schizoaffective Disorder and presents with florid psychotic symptoms. His thinking and behaviour are influenced by his underlying persecutory beliefs. Mr Cordell is convinced that the injunction order is a cover up by the local authority for the errors and mistakes of the ASBO and therefore did not stand up in Court. Mr Cordell is convinced that the injunction order has been falsified by certain individuals (particularly Lemmi possibly in conjunction with others). He therefore does not value the order or the contents contained within it. In my opinion Mr Cordell's capacity to process the information relevant to the order is again impacted by his delusional beliefs.



**Dr Dhara Dinakaran, MBBS, MSc, MRCPsych**  
**Consultant Psychiatrist**  
**Approved under Section 12 (2) of MHA**

08.07.2018

**Psychiatric Report On  
Mr Simon Cordell  
109 Burncroft Avenue  
Enfield EN3 7JQ**

**1. Introduction**

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1. Whether the defendant has the mental capacity to litigate and give instructions in his defence.
2. Whether the defendant understands the terms of the injunction order dated 9 January 2018.

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places in central London and placed on a curfew from 10 pm. Mr Cordell informed that he followed these restrictions imposed on him for about a year and returned to Court and won the case. Mr Cordell then went on to talk about Sally Gillcrest, the legal executive for the metropolitan police who he alleged set him up for a million pounds and brought on an ASBO against him, which ended with him being imposed on a nine year curfew. Mr Cordell stated that Sally Gillcrest in conjunction with the borough commander Jane Johnson and the community officer started spreading rumours that he was *"suffering from herpes and has hurt a woman"* which the neighbours in his block became aware of and started sending him messages addressing him as *"you black boy"*. Mr Cordell implied that Sally Gillcrest colluded with the neighbours as she had a vested interest in getting him out of this country. He stated that the neighbours above him deliberately bang on his ceiling and have also subject him to other forms of harassment since 2014. Mr Cordell implied that the neighbours were responsible for the miscarriage suffered by his then girlfriend and also held them responsible for the separation from his previous girlfriends. He further stated that between 2014 and 2016, his mother has made numerous complaints to the council regarding the harassment he has been subject to and he has won a criminal case against his neighbours

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- 4.6 In addition, Mr Cordell also described a number of grandiose beliefs, stating that he was building a constitution on CIC, which he explained to be Community Interest Company. He also spoke of a number of other businesses. He was keen to show us the various documents, emails and recordings he has accrued as evidence to support his case.

## **5. Opinion and Recommendations**

Mr Cordell is a resident at the Enfield borough, who was served an injunction on 9 January 2018, following numerous complaints by his neighbours of antisocial behaviour and harassment. Despite this, Mr Cordell has continued to breach the order with further incidents of harassment, threats and assault against the neighbours. In addition, it has been reported that some council employees have also received threats from Mr Cordell. According to available information, Mr Cordell has had sporadic contact with the mental health services and has been recently assessed by the Enfield Mental Health Assessment Service. During my assessment, Mr Cordell was preoccupied with a number of persecutory and grandiose delusional beliefs. In addition, he also presented with other symptoms such as labile mood, pressured speech, overactivity and flight of ideas. In my view, Mr Cordell's current presentation is consistent with Schizoaffective Disorder, which is recognised as an enduring mental illness.

I have received specific instructions to address the following issues:

### **1. Whether Mr Cordell has the mental capacity to litigate and give instructions to his defence?**


As highlighted above, Mr Cordell's mental state is replete with complex persecutory delusional belief system. During my assessment, Mr Cordell was convinced that the local authority and the police have been colluding alongside his neighbours to pursue false claims and allegations against him. In his view, the possession order and the injunction order were based on false statements, created against him and this did not stand up in Court and therefore an injunction was not issued against him. In my view, although there are no significant deficits in Mr Cordell's comprehension or retention of information, his ability to process information relevant to the current proceedings is likely to be influenced by his underlying delusional beliefs. During my interaction, it was evident that his interpretation of events and actions of others are influenced by his abnormal beliefs. Mr Cordell perceives himself as a victim and is aggrieved by the injustice carried out against him. In my view,

Mr Cordell's ability to weigh the information relevant to the current proceedings is impaired due to his tendency to misinterpret any information presented to him to fit into his entrenched persecutory delusional beliefs. Moreover Mr Cordell presents with significant thought disorder and it is unlikely that he will be able to give coherent instructions to the defence.

It is therefore my opinion that Mr Cordell lacks capacity to litigate and give appropriate instructions to the defence.

## **2. Whether Mr Cordell understands the terms of the injunction order dated 9 January 2018?**

Mr Cordell is currently suffering from symptoms of Schizoaffective Disorder and presents with florid psychotic symptoms. His thinking and behaviour are influenced by his underlying persecutory beliefs. Mr Cordell is convinced that the injunction order is a cover up by the local authority for the errors and mistakes of the ASBO and therefore did not stand up in Court. Mr Cordell is convinced that the injunction order has been falsified by certain individuals (particularly Lemmi possibly in conjunction with others). He therefore does not value the order or the contents contained within it. In my opinion Mr Cordell's capacity to process the information relevant to the order is again impacted by his delusional beliefs.



**Dr Dhara Dinakaran, MBBS, MSc, MRCPsych**  
**Consultant Psychiatrist**  
**Approved under Section 12 (2) of MHA**

08.07.2018

## Mental Health NHS Trust

ALL FIELDS MUST BE COMPLETED IN FULL

|  |   |          |         |
|--|---|----------|---------|
| Date of Referral:  | 3 <sup>rd</sup> October 2018  |          |         |
| Referring Consultant -   | Dr Hussain  |          |         |
| Team Referring:  | Enfield Adult North Locality Team   |          |         |
| Address of Referring Team  | 58-60 Silver Street Enfield EN1 3EP   |          |         |
| Tel No:  | 02083794142   |          |         |
| Mobile No:   |   |          |         |
| Fax No:  |   |          |         |
| Email (NHS.net if available):  | basit.hussain@nhs.net   |          |         |
| Demographic Information:   |   |          |         |
| Name of Patient:   | Simon Cordell   |          |         |
| Rio No:  | 11214451  |          |         |
| NHS Number:  | 434 096 1671  |          |         |
| Date of Birth:   | 26 <sup>th</sup> January 1981   |          |         |
| Ethnicity:   | Mixed-White & black Caribbean   |          |         |
| Address: (last known)  | 109 Burncroft Avenue, Enfield, Middlesex, EN3 7JQ   |          |         |
| Name and address of GP:  | Dr Y. Chong<br>Nightingale House Surgery Tel: 020 88059997  |          |         |
| Marital Status:  | Single  |          |         |
| CCG / GP Consortia:  | Enfield   |          |         |
| Present location of patient:   | At home   |          |         |
| Interpreter Required   | No  | Language | English |
| Mental Health Information:   |   |          |         |
| Local care co-ordinator  | Soobah Appadoo  |          |         |
| Current/recent care team or CMHT   | Enfield Adult North Locality Team   |          |         |
| Mental Health Act 1983 Status  | Not under the MHA   |          |         |
| Offending and Risk Information:  |   |          |         |
| Details of any current criminal charges (actual or likely to be pending), and court dates ( <i>attach witness statements</i> ) | <p>Had a recent court case in relation to on-going dispute about his neighbour deliberately causing him distress by making noise. The court has advised the council to rehouse him. This has not happened.</p> <p>However, Enfield Council is allegedly now planning to apply for his eviction via the courts</p> |          |         |
| Offending History ( <i>attach PNC printout</i> )   | <p>Mr Cordell has a number of convictions for driving offences and theft 8/12/15: given 5-year ASBO in 2015 for running illegal raves</p>   |          |         |

## North London Forensic Service Referral Form

Is this referral for:-

- admission to medium security (please note that cases admitted to medium security for the most part concern serious violence, such as GBH or homicide) ☐
- admission to low security ☐
- risk assessment: please specify whether this is a general assessment or refers to a specific risk (e.g. expressed homicidal intent towards a particular individual or a group, such as children) ☒
- advice on diagnosis and management. ☒
- advice about longer term secure placement (please indicate current duration of stay in locked ward environment). ☐
- instead of the patient being seen in the first instance, would you like a telephone consultation with a Consultant instead? ☐

Or for **Forensic Integrated  
Community Services (FICS)**. See FICS  
information referral guidance for more

- Training
- Consultation
- Attendance at a case review/team meetings
- Assessment
- Case assisted working
- Full case management



Please reply to: Legal Services  
PO Box 50, Civic Centre  
Silver Street,  
Enfield EN1 3XA

**Mr Simon Cordell**  
**109 Burncroft Avenue**  
**Enfield**  
**EN37JQ**

E-mail: Ludmilla, lyavoo@enfield.gov.uk  
Phone: 0208 379 8323  
DX: 90615 Enfield 1  
Fax: 0208 379 6492  
LS/C/LI/157255

My Ref: Your Ref:

Date: 15<sup>th</sup> October 2018

Dear Sirs,

**Re: Anti-Social Behaviour, Tenancy concerns and breaches- pre-action letter.**

We have received several complaints of anti-social behaviour against you and going back to 2016 for which you have been warned numerous times, verbally and formally in writing. Please see below a list of reports made against you:

- 1) On 6th July 2016, it is alleged that you approached an elderly neighbour as he came out of his flat and started to shout abuse and swear at him and threatened to burn down his flat.
- 2) Sometime in July 2016 it is alleged that you damaged the lock of a neighbour's electric cupboard and removed his fuse box resulting in no electricity to his flat.
- 3) On 6th August 2016, it is alleged that you threatened one of your neighbours and his wife and aggressively demanded money from him. It is also alleged that you repeatedly swore and shouted abuse at him and his wife and called his wife a 'bitch' and tried to stop him from going up the stairs to his flat by standing in front of him.
- 4) Sometimes in September 2016 it is alleged that you confronted an elderly neighbour outside your block of flats, 109 - 119 Burncroft Avenue as he was going to the local park with another resident and started to shout abuse and

Jeremy Chambers  
Director of Law & Governance  
Enfield Council  
Civic Centre, Silver Street  
Enfield EN13XY  
[www.enfield.gov.uk](http://www.enfield.gov.uk)



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threats at him and said to him 'I can get you over at the park, I know you go for a walk'.

5) On 27th September 2016, it is alleged that you confronted one of your neighbours as he was returned to his flat with his family and threatened and swore at him and demanded money from him. It is also alleged that you later banged on his door, shouted further abuse and swear words at him and accused him of making noises inside his flat.

6) On 28th September 2016, it is alleged that you aggressively banged on a neighbour's door and threatened and shouted verbal abuse and swearwords at them. It is also alleged that you aggressively demanded money from him.

7) On 4th October 2016, it is alleged that you aggressively banged on your ceiling and accused one of your neighbours of making noises, you then went to your neighbour's flat and started kicking and banging on his front door aggressively, accused him of banging on the floor and was swearing and shouting abuse at him. It is also alleged that you later went downstairs, dragged your neighbour's motorbike from where it was parked and started to hit it with a piece of wood.

8) On 22nd November 2016 during a telephone conversation between you, Mrs Cordell your mother and Ms Sarah Fletcher, neighbourhood officer, Ms Fletcher reported that she overheard you threatened her by saying 'I'm gonna do her over' and then 'I'm gonna take her job just for fun'.

9) On 8th December 2016, it is alleged that you aggressively banged on one of your neighbours' front door, shouted abuse and threats and accused him of making noise.

10) On 11th December 2016, it is alleged that you aggressively banged on your neighbour's door several times and accused them of banging on pipes. It is also alleged that you shouted abuse and threats at them.

11) On 14th December 2016, it is alleged that you were verbally abusive towards a woman who was visiting one of your neighbours as she knocked on your neighbour's door.

12) On 23rd December 2016, it is alleged that you banged on a neighbour's front door, shouted abuse at them and asked them to turn their tap off. You then removed their electricity fuse thereby cutting off their power supply.

13) On 26th December 2016, it is alleged that you ran up the communal stairs to the first floor and confronted one of your neighbours as he was going out with his family and started to shout abuse and threats at him and his wife and accused him of tampering with your water supply, you also attempted to stop him from leaving the block.

14) On 3rd January 2017, it is alleged that you confronted one of your neighbours as he returned to the block with his wife and two-year-old daughter and started shouting abuse and threats at them.

15) On 21st January 2017, it is alleged that you aggressively banged on your neighbour's door, swore and shouted abuse and threats at them and accused them of making noises.

16) On 31st January 2017, it is alleged that you aggressively banged on your neighbour's door, shouted abuse and threats at them and accused them of banging on the floor.

17) We received a report that on 7th February 2017 you approached the leaseholder of 117 Burncroft Avenue and his plumber outside the block as they were attempting to resolve the problem causing low water pressure in the flat. You said to the leaseholder that there were problems between you and his tenants but did not give any specific details. The leaseholder explained to you that his tenants were experiencing low water pressure in the flat and you said to him 'you will not solve the problem as I am restricting their water supply'. The leaseholder later knocked on your door and asked whether you would increase the water pressure and you stated 'I cannot do anything at the moment, I will sort it out later'.

18) On 24th February 2017 Sarah Fletcher (Neighbourhood Officer) and Steve Stirk (Maintenance Surveyor) attended your property at flat 109 Burncroft Avenue to inspect the property following reports of low water pressure from flats 113 and 117 Burncroft Avenue. While inside your flat, they observed that you have installed an iron security gate inside your front door. It also appeared to them that the wall between your kitchen and living room seemed to have been removed thereby creating an open plan effect. Much of the property was

taken up industrial type printers, boxes and folders and there were dog faeces in your back garden.

19) On 17th March 2017 Lemmy Nwabuisi, ASB Coordinator visited 109 Burncroft Avenue to post a letter through your door and as he got into his car to drive off after posting the letter, you ran after him shouting and screaming abuse. The letter requested that you attend our offices to discuss the nuisance reports being received from your neighbours. By the time he returned to the office, you had telephoned him several times. He telephoned you back and you asked whether he was the person that posted a letter through your letterbox and he said yes. You asked why he did not stop when you ran after him and he stated that he had another visit and did not have the time to stop and talk to you. You stated that you will not attend the meeting at the Civic Centre or any of the council offices as you are unable to leave your flat and that the meeting should take place in your flat. Mr Nwabuisi offered to have the meeting at a neutral venue and suggested the local library or at your mother's house but you refused saying that you have done nothing wrong and accused him of taking sides with your neighbours.

20) On 5th May 2017, it is alleged that you threatened one of your neighbours by saying that you will ruin his life and that you were going to the police to present evidence about his illegal activities.

21) On 14th May 2017, it is alleged that you aggressively banged on one of your neighbour's door, shouted abuse and threats at her and falsely accused her of making noise and coming into your flat to attack you. You later followed her to her car shouting abuse and wanting to know where she was going.

22) On 14th May 2017 it is alleged that you allowed your dog to run freely in the communal area of your block without a lead.

23) On 28th May 2017, the police issued you with a first instance Harassment letter following reports of harassment and threatening behaviour made to the police by one of your neighbours.

24.) On 9th June 2017, it is alleged that you attacked one of your neighbours in the communal hallway of your block as he returned from work late at night by grabbing him on the arm and neck thereby causing bruising to his arm and neck. You also snatched his phone from him as he tried to video-record the incident.

25) On 16th June 2017 at 11:55hrs it is alleged that you confronted one of your neighbours as she was exiting the main entrance to your building and said to her that you had her bank details and personal details such as date of birth and said to her that you wanted her and her husband to pay you some money.

26) On 18th June 2017 at 11:55hrs it is alleged that you confronted one of your neighbours as she was exiting the main entrance to your building and said to her that you knew what time she went out and what time she returned and to tell her husband that you would like to speak to him.

27) On 23rd June 2017 at 23:35hrs it is alleged that you came out of your flat with your dog without a lead and attacked one of your neighbours as he returned from work by punching him twice on the chest. You tried to push him out of the block and snatched his phone as he brought took it out of his pocket to record the incident.

28) On 28th June 2017 at 11:45hrs it is alleged that you confronted your neighbour as she was leaving the block. You swore and shouted abuse at her and accused her of making noise inside her flat. You told her that you know all her personal details and that of her husband including their full names, phone numbers, date of birth and banking details. You demanded that they pay you some money and asked her to tell her husband to come and see you.

29) On 30th June 2017 at 11:45hrs it is alleged that you confronted your neighbour as she was leaving the block and accused her of slamming the door. She denied slamming the door and called her a liar and proceeded to swear and shout abuse at her.

30) On 2nd July 2017 at 17:18hrs it is alleged that you confronted your neighbour as he was going out with his family with your dog barking and without a lead and asked him when he was going to hand over the money. It is also alleged that as they left the block, you ran after them swearing and shouting abuse at your neighbour and demanding that he must pay you some money if he wants you to leave him alone. You also said to him that you have all their personal details including their dates of birth and bank details.

31) On 12th July 2017 an Enfield Council Surveyor attended your flat to investigate reports of low water pressure to flats above yours but you refused him access. The Surveyor attended your flat again in the evening of the same

day following further reports that the water supply to the affected flats had completely ceased and you refused him access. You then followed him to his car swearing and shouting abuse at him and prevented him from entering his car. He then called the police.

32) On 11th November 2017 at 11.30am, it is alleged by one of your neighbours that you came to their front door, opened the letterbox and peeped through it to see who was inside the flat. You then started swearing and shouting abuse and banging on their front door as soon as you saw the neighbour's wife.

33) On 2nd January 2018 at 6.30pm, it is alleged that you stood outside your neighbour's property for more than twenty minutes swearing and shouting abuse. You went away and returned half an hour later, you lifted their letterbox, stuck your mobile phone through the letterbox and started to record his family while swearing and shouting abuse. This went on for about fifteen minutes.

34) On 9th January 2018 at about 12.18pm, you telephone Lemmy Nwabuisi (ASB Behaviour officer) and accused him of forging documents to get an antisocial behaviour order against him and you told him that he had made you a prisoner within your home. You also stated that you knew where he lives in Enfield and that he and his family were not safe from you. You also told him that you would watch him leave the office and you would have followed him home and he needed to watch his back. You called the ASB officer again 30 minutes later and told him that you knew he has a flat in Edmonton and also knew that one of his colleagues lives in Edmonton. You also stated that you knew where they live and they were not safe.

35) On 9th January 2018 you called Kaunchita Maudhub (ASB Behaviour officer) and left a long voicemail on her work telephone number and made threats.

36) On 26th February 2018, at around 11.45pm it is alleged that you came to one of your neighbour's front door and started making loud banging noises and rattling with their letter box. You ran away after the neighbour opened her front door.

37) On 1st March 2018 it is alleged that you knocked on one of your neighbours' door loudly, you started rattling with their letter box and started

shouting. This went on for 5 to 10 minutes but you left after you've heard that the neighbour was calling the police.

38) On 15th March 2018 it is alleged that you swore, shouted and assaulted one of your neighbours in front of his wife and his 3 years old child.

39) On 1st May 2018, you attended the Edmonton County Court as there was a hearing listed in relation to an injunction. It is alleged that you started shouting abuse, swore and make threats to two of the Claimant's employees (Lemmy Nwabuisi, ASB officer and Balbinder Kaur Geddes, lawyer) and to one of your neighbours who attended Court to give evidence. You also swore at a judge. These incidents were witnessed by members of staff working at the Court.

40) On 29th May 2018, it is alleged that you attended one of your neighbours' property; you took your dog with you and waited by their front door. It is alleged that you tried to intimidate them as they were due to attend a hearing in the Edmonton County Court to give evidence in support of a claim for an injunction issued against you.

41) On 30<sup>th</sup> May 2018, it is alleged that you made threats to kill to one of your neighbours. The matter was reported to the police. You were arrested and released on bail.

42) You assaulted one of your neighbours on the 26<sup>th</sup> August 2018 for flashing his toilet.

43) You telephoned two council officers (Lemmy Nwabuisi and Ludmilla Iyavoo) on 12<sup>th</sup> September 2018 and made threats to them over the telephone. You also accused them of fraud and of fabricating evidence to support the Council's claim for an injunction

44) On 12<sup>th</sup> September 2018 at about 3.50pm, you called one of your neighbours on his mobile phone using a private number. It is not known how you obtained his number, but he terminated the call. You called again using the same private number, but he terminated the call as soon as he heard your voice. You called repeatedly after that.

45) On 24<sup>th</sup> September 2018 at about 11.30am, one of your neighbours returned home from dropping her daughter at school and as she entered their block of flat, she noticed that the middle door on the ground floor was open as



well as your front door. As she went up the stairs to their second floor flat, your dog came out of your flat and started barking at her. The neighbour had to run up the stairs to her flat to escape from the dog. It was reported that your dog is always barking whenever they go out or return to the block and the neighbour and 4 years old daughter are terrified.

46) One of your neighbours reported that his cousin was leaving the block at about on 2<sup>nd</sup> October 2018 at 12.45pm, and as you exited the block, you followed him and suddenly grabbed his jacket from behind and tried to pull him to the ground. The cousin started shouting to attract neighbours and managed to push you off.

47) There are other reports from one of your neighbours who reported that on 30<sup>th</sup> September 2018, you attempted to break down his front door by kicking it several times only because he flashed his toilet.

48) It is reported that you continue to harass and intimidate other residents on a regular basis.

The London Borough of Enfield takes all acts of anti-social behaviour very seriously and will not tolerate such behaviour.

You have been served ample warning regarding the complaints made against you. You have breached your tenancy agreement and conditions:

### **Condition 9**

“You, the tenant, are responsible for the behaviour of anyone, including your children, living in or visiting your home. This means that you must ensure that they do not act in breach of any of these conditions. Also, you must not encourage them to act in such a way. This applies in the property, in communal and surrounding areas, any property belonging to the council and or anywhere within Enfield borough.”

### **Condition 10**

“You must not act in any way which causes, or is likely to cause, a nuisance or annoyance or is anti-social.”

### **Condition 21**



“You must not abuse, harass, make offensive comments and/or malicious allegations, use or threaten to use violence against any of our officers or agents, or against a councillor. This applies at any time and in any place. We may report the matter to the Police.”

### **Condition 31**

“You must take care not to cause damage to your property or the property of your neighbours.”

### **Condition 33**

“You must keep the inside of your property clean and in reasonable decorative order.”

### **Condition 34**

“You must not use the property in any way that may cause a health or safety hazard or encourage vermin and/or pests (for example, by hoarding items inappropriately).”

### **Condition 44**

“You must obtain our prior written permission before carrying out any alterations, improvements or structural work to the property. You may need to obtain other permissions such as planning permission or building regulations approval.”

### **Condition 53**

“You must keep the inside of the property, the fixtures and fittings and all glass in the property in good repair during the tenancy.”

### **Condition 57**

“You must allow our employees, representatives and contractors to come into your property to service any electrical and gas supplies and appliances that we are responsible for maintaining.”

**Condition 69**

"You must not interfere with the electric or gas supply."

**Condition 76**

"You have the right to keep one pet, or animal such as a cat, a dog, small bird, fish, non-poisonous insect, spider, small snake or lizard, rabbit hamster, guinea pig, mouse, gerbil or domestic rat as long as they do not cause damage to the property, or nuisance or annoyance to anyone in your locality."

**Condition 79**

"You must always keep your dog(s) on a lead in communal areas and on our land."

This letter should be considered as a pre-action letter. If further breaches of the tenancy conditions were to occur, we would reserve the right to commence possession action of 109 Burncroft Avenue, without further notice.

Please note that you are entitled to seek independent legal advice.

Yours sincerely,

*L.Iyavoo*

Ludmilla Iyavoo  
Lawyer  
For the Director of Law and Governance

Your Ref:  
NHS Number: 434 096 1671  
Hospital Number: 11214451

58-60 Silver Street  
Enfield Middlesex  
EN1 3EP

21 Sep 2018

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

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

Tel: 0208 379 4142  
Fax: Email:

Dear Mr Cordell

You have been referred to our Service. We are pleased to offer you the following appointment:

**Appointment** New referral  
**Clinic** Enfield Adults North MH Locality  
**Date/Time** 28 Sep 2018 11:00  
**Intended Duration** 60 mins **Clinician**  
Ruslan Zinchenko  
**Address** 58-60 Silver Street, Enfield, Middlesex EN1 3EP

To make sure that access to our services is fair, please:

- Contact us to confirm you can attend, or to arrange another appointment. We may not be able to offer you another appointment if you do not attend this one, or do not tell us that you cannot come.
- Arrive on time for your appointment as we may not be able to see you if you are late.

Enclosed is more information about the clinic or service you will be using, if this is appropriate. Please complete any enclosed forms prior to your visit and bring them to your appointment.

Please contact us on the above number if English is not your first language and you need help or an interpreter. Please also contact us if you have a disability and have additional requirements which you need to discuss before your appointment.

Yours sincerely

**Louiza Vassiliou**  
On Behalf of Barnet, Enfield and Haringey Mental Health Trust



For information on how we manage your personal data  
please visit our full processing / privacy notice on our trust  
website: <http://www.barnet-enfield-haringey-nhs.uk/privacy-notice>  
or email: [privacy@barnet-enfield-haringey-nhs.uk](mailto:privacy@barnet-enfield-haringey-nhs.uk)

**THIS INFORMATION IS SENT IN CONFIDENCE AND IS RESTRICTED. IT MUST NOT BE PASSED ON TO A THIRD PARTY WITHOUT THE EXPRESS PERMISSION OF THE POLICE.**

|            |            |            |       |                      |
|------------|------------|------------|-------|----------------------|
| Date From: | 19/08/2018 | Time From: | 08:12 | Incident Location:   |
| Date To:   | 19/08/2018 | Time To:   | 08:12 | 109 Burncroft Avenue |
|            |            |            |       | ENFIELD Enfield      |
|            |            |            |       | Middlesex            |
|            |            |            |       | EN37JQ               |
|            |            |            |       | UNITED KINGDOM       |

Concerns: Physical  
Psychological / Emotional

CAD - 2345/19AUG18

Officers attended 109 Burncroft avenue as neighbours from 117 called police to report the subject for knocking on their door repeatedly. On arrival it was clear to officers that the subject suffered with mental health due to his behaviour as well as repeating sentences over and over when police were tried to have a conversation him. The subject displayed agitated behaviour and did not like the presence of police officers, due to previous incidents in the past. The subject was continuously shouting at police, telling them to "fuck off" from his block and that the neighbours are the ones that are harassing him and they apparently always call police on him.

The subject's mother showed up on scene shortly after, she was able to calm down the subject. The informant was spoken to by officers and so it was established that no offences have actually taken place, as he only knocked on the door. Neighbours were advised to call back in the event where he returns to their door and starts shouting/banging.

LEVEL 2- GREEN: WHEN ADULTS NEEDS ARE NOT CLEAR OR NOT KNOWN; ADULTS' NEEDS WHICH ARE NOT KNOWN OR MAY NOT BEING MET

Continued on plain paper [Y][N]

## Notification of Pre-Assessment Checklist

- All sections of this form must be completed.
- Use one form per family, per adult or per child as necessary.
- **THIS INFORMATION IS SENT IN CONFIDENCE AND IS RESTRICTED. IT MUST NOT BE PASSED ON TO A THIRD PARTY WITHOUT THE EXPRESS PERMISSION OF THE POLICE.**

### Subject's details

OCU Ref.  
18PAC200243 (ACN)

Surname: CORDELL

|                    |            |                                     |
|--------------------|------------|-------------------------------------|
| Forename(s): SIMON |            |                                     |
| Sex: Male/Female   | ID Code: 3 | Date and place of birth: 26/01/1981 |

**CrimInt**  
Trace ☐ No Trace ☐

Home Address'

109 Burncroft Avenue  
ENFIELD Enfield  
Middlesex EN37JQ  
UNITED KINGDOM

Tel. No.

**PNC Check**  
T race ☐ No T race ☐

Current Location:

Tel. No.

**PNC ID No.**

### Family and Key Roles Details

| Surname | Forename(s) | DOB/Age Now | Relationship |
|---------|-------------|-------------|--------------|
|         |             |             |              |
|         |             |             |              |
|         |             |             |              |
|         |             |             |              |

|  |   |
|--|---|
| <b>Reporting Officer</b> (Source)<br><br><div style="display: flex; justify-content: space-between;"> <div>Signature</div> <div>Rank</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Name (Print) FISCA</div> <div>OCU/Unit YE-OPS</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Warrant No. P242041 Date</div> <div>19/08/2018</div> </div> | <b>Supervising Officer</b> (Certifying actions and evaluations as correct)<br><br><div style="display: flex; justify-content: space-between;"> <div>Signature</div> <div>Rank</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Name (Print)</div> <div>OCU/Unit</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Date</div> <div> </div> </div> |
|--|---|

18PAC200243 Printed for Warrant No. P217965

DATA PROTECTION ACT - DISPOSE OF AS CONFIDENTIAL WASTE

# RISK ASSESSMENT (CASCADEINFO)

MERLIN Ref: 18PAC200243

URN:



N

## Research

Based on Information available to Police at this time I confirm I have risk assessed this as shown above.

NILE, PC (Name, Rank) DATE: 20/08/2018 TIME: 14:18 Sent: ☐ Yes ☐ No

18PAC200243

Form 87F

# RISK ASSESSMENT (CASCADEINFO)

MERLIN Ref: 18PAC200243

URN:



N

## SUBJECT DETAILS

Surname: CORDELL

Forename(s): SIMON

DOB: 26/01/1981

THIS INFORMATION IS SENT IN CONFIDENCE AND IS RESTRICTED. IT MUST NOT BE PASSED ON TO A THIRD PARTY WITHOUT THE EXPRESS PERMISSION OF THE POLICE.

This case is currently being dealt with by police as a:

☐

CRIME (CRIS) NO:

This is being investigated by the officer shown here. Please contact to discuss.

OIC:

Tel/Email:

☐

MINOR CRIME:

After initial investigation referred to Social Services for consideration. No further action by police unless further info becomes available

☒

INCIDENT OF CONCERN:

Referred to Social Services for consideration

## Pre-Assessment Check

|                      |   |
|----------------------|---|
| Pre Assessment Check | Referred to other Force or external Agency  |
| Details:             | <p>The Care Act 2014 states there is a duty to undertake the safeguarding of adults where a local authority has a reasonable cause to suspect that an adult in its area has need of care and support, or is experiencing, or is at risk of, abuse or neglect, and is unable to protect himself or herself against the abuse or neglect or the risk of it. The need to safeguard and promote the welfare; along with protecting a vulnerable subject is paramount and I believe in keeping with the directions in the Care Act 2014, the health, safety and wellbeing of the subject outweighs the public interest risk of not sharing this information</p> <p>IF NO CONSENT/UNABLE TO CONSENT:</p> <p>Because of the incident, I have considered the following;</p> <ol style="list-style-type: none"><li>1. The individuals need for care and support including mental health</li><li>2. The individuals vulnerability to abuse or neglect</li><li>3. The individuals ability to protect themselves, the impact on the individual and their wishes, and</li><li>4. The risk of repeated or increasingly serious acts involving children, this or another adult vulnerable to abuse or neglect.</li></ol> <p>This report was initially flagged as Green by the PPD. The Merlin was then assessed by Adult Social Worker Shannon Miles who states police research is not required as the subject is known to Social Care or the incident does not raise safeguarding concerns which warrants information sharing. If it becomes apparent research is required, Adult Social Care are to make contact with the PPD.</p> <p>LEVEL 2- GREEN: WHEN ADULTS NEEDS ARE NOT CLEAR OR NOT KNOWN; ADULTS' NEEDS WHICH ARE NOT KNOWN OR MAY NOT BEING MET</p> |

8PAC200243

Form 87F

# RISK ASSESSMENT (CASCADEINFO)

MERLIN Ref: 18PAC200243

URN:



N

## Checks

Originator

Police

CORDELL, SIMON, DOB:26/01/1981, Subject, 109, Burncroft Avenue, ENFIELD, Middlesex, Enfield, EN37JQ, UNITED KINGDOM

Home:

Business:

Mobile:

Other:

Email:

Preferred Method of Communication: Not Applicable

| <b>Risk Factors</b>  | <b>No</b> | <b>Yes/N</b> | <b>Source / Reference</b> |
|--|-----------|--------------|---------------------------|
| Local Authority Trace  | No        |              | Refer to Research.        |
| Open Case  | No        |              | Refer to Research.        |
| Repeat Victim (Min 2 Times Rolling In 12 Months)             | No        |              | Refer to Research.        |
| Repeat Merlin (Min 2 Times Rolling 12 Months)                | No        |              | Refer to Research.        |
| Child Protection / Child Sexual Exploitation                 | No        |              | Refer to Research.        |
| Adult At Risks / Vulnerability Identified                    | No        |              | Refer to Research.        |
| Suicide (Atmpts / Fmly Mbrs) / Homicide/Threats To Kill Refs | No        |              | Refer to Research.        |
| Controlling And Jealous Behaviour Stalking And Harassment    | No        |              | Refer to Research.        |
| Assaults And Violent Behaviour Including Sexual              | No        |              | Refer to Research.        |
| Domestic Abuse   | No        |              | Refer to Research.        |
| Escalation Of Behaviour / Including Use Of Weapons           | No        |              | Refer to Research.        |
| Incidents Of Missing / Absences                              | No        |              | Refer to Research.        |
| Neglect/Abuse And Cruelty To Children Or Animals             | No        |              | Refer to Research.        |
| Factors / Triggers   | No        |              | Refer to Research.        |
| Other Forms Of Abuse Incl. Alcohol / Substances / Financial  | No        |              | Refer to Research.        |

18PAC200243

Form 87F



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FW: 18PAC200243 - RiO ID 11214451

Kevin Kamese <Kevin.Kamese@enfield.gov.uk> on behalf of The Mash Team  
<TheMashTeam@Enfield.gov.uk>  
Tue 21/08/2018 14:14

**To: ENFIELD, Assessment service (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)**  
**<assessmentservice.enfield@nhs.net>;**

**@j 2 attachments**

**Form87F\_7416668.pdf; J2Jorm78\_7416668.pdf;**

**Dear Team,**

**Please see the attached for your attention.**

**Regards,**

**Kevin Kamese**

**MASH DSO for Adult Social Care T D2D 8379 3959**

—Original Message—

From: merlin@met.pnn.police.uk <merlin@met.pnn.police.uk> Sent: 20 August 2018 14:21  
To: The Mash Team <TheMASHTeam@enfield.gov.uk> Subject: Ref: 18PAC200243

This email, created by [merlin@met.pnn.police.uk](mailto:merlin@met.pnn.police.uk), has been securely delivered using Egress Switch and was decrypted on Monday, August 20, 2018 2:21:03 PM

This is a system generated email so you cannot respond to this email address, If you wish to query any details, then please contact the unit concerned via their normal email address or telephone number.

Please find attached a MERLIN file for your attention from: Enfield PPD

Consider our environment - please do not print this email unless absolutely necessary.

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*A University Teaching Trust*

Your Ref:  
NHS Number: 434 096 1671  
Hospital Number: 11214451

58-60 Silver Street  
Enfield Middlesex  
EN13EP

16 Aug 2018

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

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

Tel: 0208 379 4142  
Fax: Email:

Dear Mr Cordell

You have been referred to our Service. We are pleased to offer you the following appointment:

|                          |   |
|--------------------------|---|
| <b>Appointment</b>       | New Referral                                    |
| <b>Clinic</b>            | Enfield Adult North Locality    Clinic          |
| <b>Date/Time</b>         | Friday 31 August 2018 09.30                     |
| <b>Intended Duration</b> | 60 mins   |
| <b>Clinician</b>         | Dr Ruslan Zinchenko                             |
| <b>Address</b>           | 58-60 Silver Street, Enfield, Middlesex EN1 3EP |

To make sure that access to our services is fair, please:

- Contact us to confirm you can attend, or to arrange another appointment. We may not be able to offer you another appointment if you do not attend this one, or do not tell us that you cannot come.
- Arrive on time for your appointment as we may not be able to see you if you are late.

Enclosed is more information about the clinic or service you will be using, if this is appropriate. Please complete any enclosed forms prior to your visit and bring them to your appointment.

Please contact us on the above number if English is not your first language and you need help or an interpreter. Please also contact us if you have a disability and have additional requirements which you need to discuss before your appointment.

**Louiza Vassiliou**  
**On Behalf of Barnet, Enfield and Haringey Mental Health Trust**



For information on how we manage your personal data  
please visit our full processing / privacy notice on our trust  
website: <http://www.beh-mhs.nhs.uk/privacy-policy.htm> or  
email: [beh-information@barnetandharingey.nhs.uk](mailto:beh-information@barnetandharingey.nhs.uk)

## Mental Health NHS Trust

|                                   |   |
|-----------------------------------|---|
|                                   | <p>Aug 2016 Threatened to kill his neighbour and 2 children. Mother alerted the police, was picked up and arrested. Was assessed by the Forensic Medical Examiner and felt he needs to be sectioned and admitted.</p> <p>Merlin Report 19/08/2018. Police was called by neighbours and reported that he was knocking continuously on their door. He was verbally aggressive to the police.</p> <p>Named as alleged perpetrator in SOVA alert against another service user who lives in the same building.</p> <p>On 30/9/2018 a service user known to the Forensic Mental Health Team- Enfield had reported to his CPN that Mr Cordell has threatened to break down his door.</p> |
| MAPPA Level                       | Not on MAPPA  |
| Risk Issues                       | Please refer to Risk Assessment on RIO  |
| Timescales of note, ie. EDRs etc. |   |

REFERRAL FORM – Enfield Crisis Resolution & Home Treatment Team

Date: 19/10/18 Time referred: 09.30 Time arrived:..... Time seen:..... Referral taken by: LINGLEY

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

Other (please specify) AmHP Tel:.....

Service User Details:

Title:..... Date of Birth: 26/01/81 RIO No: 11214451

First Name: Simon Surname: Cordell

Address: 109 Burncroft Av.

Enfield Post Code: EN3 7J

Telephone Number (s):..... 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:..... Current Diagnosis:.....

Request for HATT to attend MHA at 11.00 Am

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 ☐

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

**Approved Mental Health Professional Assessment Form**Copy for: Service user file  
Social Services records  
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 Burncroft ave<br>Enfield<br>Middx Postcode EN3 7JQ |  |  |
| Phone no. | 07763043933  |  |  |

|  |   |              |
|--|---|--------------|
| <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | Age/DoB   | / 26/01/1981 |
| Ethnic origin (DoH coding)   | Black British Mixed Race  |              |
| Religion   | Not disclosed   |              |
| Preferred language   | English   |              |
| Interpreter needed?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |              |
| Assessing AMHP   | anthony manning   |              |

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

|   |  |
|---|--|
| Hospital  | chase farm   |
| Consultant  | Jonathan Greensides  |
| GP  | Dr Chong Nightingale House Sgy 1 Nightingale Road N9 8AJ 0208 805 9997 |
| CMHN/CMHT   | North locality team  |
| Social worker/responsible local authority (Section 117) | London Borough of Enfield  |

**Nearest relative**

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

|   |   |
|---|---|
| Informed?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Consulted?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Objected?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Reason not informed/consulted                         |   |
| Nearest relative notified of admission?               | <input checked="" type="checkbox"/> Yes <input 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         | 25/10/2018                           | Date of assessment                  | 25/10/2018               |
| Place of assessment              | Wood Green Police Station            |                                     |                          |
| Medical recommendations from:    | Please select if Sec.12 doctor or GP |                                     |                          |
| Dr. P Keane                      | Date 25/10/2018                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Dr. S Hewitt                     | Date 25/10/2018                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Any delays in admission process? | N/A                                  |                                     |                          |
| Time assessment:                 | Started 3:30 PM                      | Completed                           | 6:30 PM                  |

**Legal status at time of assessment**

|                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Inf.     | <input type="checkbox"/> Sec.135  |
| <input type="checkbox"/> Sec.2    | <input type="checkbox"/> Sec.136  |
| <input type="checkbox"/> Sec.3    | <input checked="" 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 type="checkbox"/> No admission  |
| <input type="checkbox"/> Informal admission  |
| <input type="checkbox"/> Remains informal inpatient  |
| <input checked="" 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   |

**Outcome details**

|                        |                          |                   |         |
|------------------------|--------------------------|-------------------|---------|
| Date admitted/detained | 25/10/2018               | Time of admission | 6:30 PM |
| Admitted/detained at:  | Hospital/Unit chase farm |                   |         |
| Ward                   | Dorset                   |                   |         |

## Summary of assessment

Patient's name Simon Cordell

Date of assessment 25/10/2018

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

He was arrested today for spitting at a police officer after they were called about him harassing his neighbours. He also has a number of non-molestation orders against him, forbidding him contacting them. It was also reported that he appeared to be thoughts disorder, held a number of grandiose and delusional beliefs. Said the police were conspiring with medics and the council to silence him as he had uncovered police corruption. He also said his neighbours two floors above were controlling the neighbour below them and caused them to stamp on the floor and disturb him.

police liaison requested a mental health act assessment, recent attempted mental health assessment but he refused to engage, a report went to court but they refused a warrant to complete an assessment.

### 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 barns 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 2104 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 carbonmonoxide 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) **Mental Health Act Assessment Wood Green Police Station, Dr s Hewitt and Dr P Keane.**

section 2 application by Anthony manning. The patient seen in the police cell, he was arrested today as the police called to his flat re him breaking a harassment order, he assaulted the police who attended, and spat at them.

on interview he had pressure of speech, delusions about his neighbours and the police and housing ganging up against him. He denied drug use. He does not feel he has a mental disorder, spoke about organising st Ann's when he was admitted in the past, both doctors found him hypomanic, flight of speech, and grandiose. Said the police were conspiring with medics and the council to silence him as he had uncovered police corruption. He also said his neighbours two floors above were controlling the neighbour below them and caused them to stamp on the floor and disturb him. police liaison requested a mental health act assessment, recent attempted mental health assessment but he refused to engage, a report went to court but they refused a warrant to complete an assessment, he was also thought disordered, see medical recommendation for evidence. taking all the circumstances of the case into consideration including his human rights I made a section 2 application based on two medical recommendations. See medical recommendations for details.

### 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. this is a long running issue that has not changed since his admission in 2016.

given his presentation today he would be a risk to other if not assessed under the mental health act and then treated.

## 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 carbon monoxide poisoning in 2014. she sees no change in him but does feel he needs mental health assistance and treatment, she does feel he got detained under false pretence as we deemed him to be delusional in his thoughts about the police and his neighbours, she does feel he suffers from depression and does need treatment for this.

## 6. Consultation with Assessing Doctors \_\_\_\_\_

Both Doctors were of the opinion that he had pressure of speech and that his thought processes are delusional. they do not feel he can be treated in the community.

## 7. Views of others consulted

## 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. He does not accept that his presentation may be the result of a mental disorder and that he needs an assessment of his mental state and treatment for this, so he could not agree to an informal admission. I deemed him to lack capacity to make this decision today.

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

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. this is a long running issue that has not changed since his admission in 2016.

given his presentation today he would be a risk to other if not assessed under the mental health act and then treated.  
section 2 allows a period of assessment and or treatment for his mental disorder so this was the appropriate section to make today.



## 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

Simon has a dog his mother agreed to look after his dog while he was in hospital.

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

the police may want to still charge him with the alleged assault witch he was arrested for.

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

AMHP Signature

anthony manning

Date

25/10/2018

Print details

Contact details

anthony manning

65C PARK AVENUE, BUSH HILL,  
ENFIELD, EN1 2HL.

0208 364 1844

# Record of detention in hospital

Form H3

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<br>Chase Farm Hospital<br>127 The Ridgeway, Enfield, Middlesex EN2 8JL |
| (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) 26/10/18 at (time) 00.15 in pursuance of an application for admission under section (state section) 2 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 [Signature]  
on behalf of the hospital managers

PRINT NAME Suril Ramrecha

Date 26/10/18

## 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.

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 SARAH KATHERINE HEWITT  
NORTH LONDON FORENSIC SERVICE  
CHASE FARM HOSPITAL, THE RIDGEWAY  
ENFIELD EN2 8JL

a registered medical practitioner, recommend that

(PRINT full name and  
address of patient)

SIMON CORDELL  
109 BURNCROFT AVENUE  
ENFIELD 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)

25 October 2018

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.)

Mr Cordell is known to psychiatric services but has not engaged with them in recent years. Today he was arrested for spitting at a police officer after they were called about him harassing his neighbours. He has a number of non-molestation orders against him, forbidding him from contacting them. On examination Mr Cordell displayed a range of affective and psychotic symptoms. He spoke rapidly and was thought disordered with overinclusive and tangential speech. He held a number of graniose

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

P.T.O

Signed

Date 25/10/18

and delusional beliefs. He told us that the police were conspiring with medics and the council to silence him as he had uncovered police corruption. He said he was targeted by police as they were envious of his abilities. He told us that his neighbours two floors above were controlling the neighbour below them and caused them to stamp on the floor and disturb Mr Cordell. He did not believe that he was mentally unwell and was adamant he would not see a psychiatrist.

He lacked insight into his presentation. He was irritable and has assaulted police officers and harassed his neighbours in recent days. He poses a risk to others therefore. His behaviour places him at risk of retaliatory attacks from others and he will not accept treatment for his hypomanic symptoms. This places his health and safety at risk. There is evidence therefore that he has a mental illness of a nature and degree which warrants assessment and treatment in hospital and without this there is a risk of harm to his health and safety and the safety of others

RH  
Dr S. Hunt.

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)

I

~~Simon~~ Dr P MICKANE  
WOOD GREEN POLICE STATION  
287 HIGH ROAD WOOD GREEN LONDON N22 8HU

a registered medical practitioner, recommend that

(PRINT full name and  
address of patient)

SIMON CORDELL 109 BURN CROFT AVENUE  
SIMON CORDELL ENFIELD EN3 5TQ

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)

25-10-18

\*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.)

THIS MAN IN HYPERMANIC WITH FLIGHT OF  
SPEECH AND IDEATION. HE HAS ~~AFROID~~ DELUSIONS  
THAT THE POLICE ARE TARGETING HIM AS  
AND OTHER RESIDENTS IN HIS BLOCK OF FLATS  
HE SAYS PEOPLE IN THE STREET STARE AT HIM  
BECAUSE THEY BELIEVE HE CAME FROM HELL. HE

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

Signed

Dr P M L

Date

25/10/18



Application by an Approved Mental Health  
Professional for Admission for Assessment

Form A2

Mental Health Act 1983

Section 2

Regulation 4(1)(a)(ii)

To the Managers of  
(name and address of hospital) Barnet Enfield and Haringey NHS Mental Health Trust  
Chairman Hospital,  
127 The Ridgeway  
Enfield EN2 6JL

(PRINT your full name) I

ANTHONY MANNING

(PRINT your address) of

65 C Park Avenue  
Enfield EN1 2HL

apply for the admission of

(PRINT full name of patient)

SIMON CORDELL

(PRINT address of patient)

109 BURNEROTT AVENUE  
ENFIELD EN3 7JQ

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

I am acting on behalf of

(PRINT name of local social services authority)

Enfield Council

and am approved to act as an approved mental health professional for the purposes of the Act by

delete as appropriate

[that authority]

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)

Horiana Cordell  
23 Byron Terrace  
London N9 7DG

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

[(b) I understand that

(PRINT full name and address)

\*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 25/10/2018 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 ☐ and attach that sheet to this form.)

Signed

A. M. M.

Date

25/10/2018

WHR2

ID:  
DOB:  
Gender:

Name:

SIMON WDELL

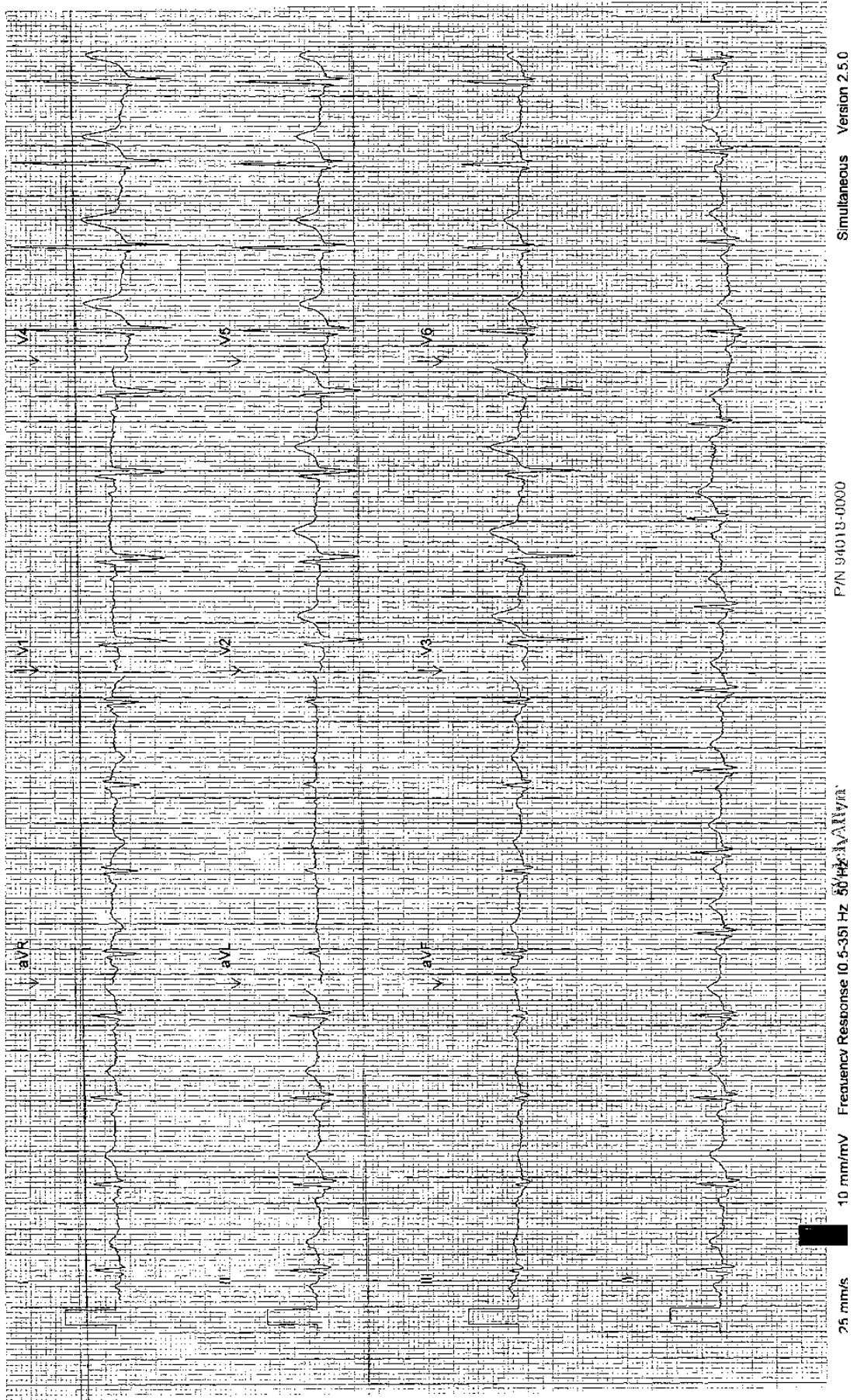
11214451

26/11/81

26/10/2018 11:31:01

P/PR: 112/142 ms  
QRS: 98 ms  
QT/QTc: 364/440 ms  
P/QRS/T Axis: 73/8/54 deg  
Heart Rate: 88 BPM

Acute changes.



25 mm/s

10 mm/mV

Frequency Response 10.5-351 Hz 50 Hz 1/1

P/N 94013-0000

Simultaneous Version 2.5.0



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 (37y)

#### Report Path: Local Record

109 Bumcroft Avenue, Enfield, Middlesex, EN3 7JQ

NHS Number: 434 096 1671

Home Tel:

Usual GP: ABIDOYE, Dapo (Dr.)

Work Tel:

Patient Type: Regular  
Registered 08-Feb-1999

Mobile Tel: 077831584194  
email

#### Active

09-Dec-2015

28-Jun-2011

13-Jan-2008

31-Jul-2005

13-JUL-2004

20-Nov-1997

23-Jun-1997

26-Jan-1981

[XJ Psychosis NOS Administration

Reduction of fracture of mandible

Fracture of scaphoid

Lloyd George culled+summarised

Fracture of scaphoid

Overdose of drug

Asthma

SUMMARY=Y (IL) SUMMARY=Y

SUMMARY=Y

LATERALITY - Left SUMMARY=Y

SUMMARY=Y

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

07-Nov-2011 O/E-height 07-Nov-2011 Body Mass Index

**4-** Aug-2005 Notes summary on computer

**5-** Feb-1999 Current Drinker

(Advised)

20-Dec-1996 O/E Blood Pressure Reading

79 kg 177 cm 25.21 kg/m2

40 units/week

110/70 mm Hg

#### Immunisations

19-Sep-2016

Flu vac inv 1st SMS txt msg st

No additional comment entered

#### Planned Events

26-Oct-2018 Named GP not informed 26-Oct-2018 No BP recorded

in past 5 years 26-Oct-2018 Mental Health Care Plan Outstanding

26-Oct-2018 Alcohol Consumption recording 26-Oct-2018 Risk

Stratification - lifestyle data 26-Oct-2018 Seasonal Flu Vacc

recommended 26-Oct-2018 Patient on QOF Registers

#### Last 3 Consultations

CORDELL, Simon (Mr.) Date  
of Birth: 26-Jan-1951

Nightingale House Surgery  
NHS Number: 434 096 1671

Comment PT NEEDS TO BE SEEN RE LETTER FOR COURT (OF JUNE 2018) Request  
HAS BEEN DESTROYED AS PT NEVER CAME BACK

Additional Attachment © Admin Letter Enfield Council LUDMILLA LYAVOO SOLICITOR Administration

Additional Attachment 0 Unscheduled Care PCT General Scanned  
document

# Values and Investigations (Latest Value)

|             |   |                 |              |                      |
|-------------|---|-----------------|--------------|----------------------|
| 17-Jan-2017 | QRISK2 cardiovascular disease 10-year risk 0.86   |                 | %            |                      |
|             | score   |                 |              |                      |
|             | Added via Batch Data Management (Estimates used as not all input data present or in range: BMI: 27.4 kg/m <sup>2</sup> ; Ethnicity: British; Cholesterol /HDL Ratio: 4.6; SBP: 127.7 mm Hg;)  |                 |              |                      |
| 05-May-2016 | QCancer Risk Calculator Added via Batch Data Management   | 0.09            | %            |                      |
|             | Prostate Cancer Risk  | 0               | %            |                      |
|             | Blood Cancer Risk   | 0.02            | %            |                      |
|             | Testicular Cancer Risk  | 0.02            | %            |                      |
|             | Colorectal Cancer Risk  | 0.01            | %            |                      |
|             | Gastro-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/1.73s |                      |
|             | The derived EGFR should be multiplied by 1.212 for Af: Ccibbean.3 - If <30 consult the Renal Drug Handbook for prescribing advice, available via the link on the WeBFTi page on the intranet. it's not applicable in *RF, pregnancy, amputees or extremes of body weight. |                 |              |                      |
|             | Serum C reactive protein level  | 2               | mg/l         |                      |
|             | NBICRP assay sensitivity is now 0.2 mg/l  |                 |              |                      |
|             |   |                 |              | <6.00ma/l            |
| 30-Sep-2013 | Liver function test   |                 |              |                      |
|             | Serum alkaline phosphatase  | 68              | u/L          | 40.0 - 129.00u/L     |
|             | Serum total bilirubin level   | 15              | umol/l       | <15.00umol/l         |
|             | Serum total protein   | 77              | g/l          | 62.0 - 82.00g/l      |
|             | Serum albumin   | 48              | g/L          | 35.0 - 50.00g/L      |
| 30-Sep-2013 | Urea and electrolytes Serum sodium  |                 |              | 135.0 - 145.00mmol/l |
|             |   | 138             | mmol/l       | 3.50 - 5.50mmol/L    |
|             | Serum potassium   | 4.6             | mmol/L       | 1.70 - 8.30mmol/l    |
|             | Serum urea level  | 4.5             | mmol/l       | 42.0 - 102.00umol/l  |
|             | Serum creatinine  | 90              | umol/l       | 2.0 - 15.00mm/hr     |
| 30-Sep-2013 | Erythrocyte sedimentation rate  | 2               | mm/hr        |                      |

CORDELL, Simon (Mr.)

Date of Birth: 26-Jan-1981

30-Sep-2013

I Full blood count - FBC

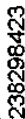
Please note: The units for Hb and MCHC have changed from i/dl to g/L in line with national guidelines.

|             |   |       |                              |                                  |
|-------------|---|-------|------------------------------|----------------------------------|
|             | 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 |
|             | Red blood cell (RBC) count  | 4.63  | 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<br>Percentage result; 67.03%   | 6.1   | x10 <sup>9</sup> /l          | 2.00 -7.50x10 <sup>9</sup> /l    |
|             | Lymphocyte count<br>Percentage result: 24.1=8%  | 2.2   | x10 <sup>9</sup> /l          | 1.00 -AG0x10 <sup>9</sup> /l     |
|             | Monocyte count<br>Percentage result: 6.59%  | 0.6   | X10 <sup>9</sup> /l          | 0.20 - 1.00x10 <sup>9</sup> /l   |
|             | Eosinophil count<br>Percentage result: 1.10%  | 0.1   | X10 <sup>9</sup> /l          | 0.04 - 0.40x10 <sup>9</sup> /l   |
|             | Basophil count<br>Percentage result: 1.10%  | 0.1   | x10 <sup>9</sup> /l          | 0.02 -0.10x10 <sup>9</sup> /l    |
| 07-NOV-2011 | O/E - weight  | 79    | hg                           |                                  |
| 07-NOV-2011 | O/E - height  | 177   | cm                           |                                  |
| 07-NOV-2011 | Body Mass Index   | 25.21 | kg/m2                        |                                  |
| 10-Oct-2011 | Serum vitamin D. viewed by: YC  | 32    | nmol/L                       |                                  |
| 10-Oct-2011 | Serum ferritin viewed by:   | 66    | ng/ml                        | 15-300 ng/ml                     |
| 10-Oct-2011 | Serum folate viewed by: YC  | 4.5   | ug/L                         | 2-14.5 ug/L                      |
| 10-Oct-2011 |   |       | ng/L                         | 190-900 ng/L                     |
| 10-Oct-2011 | I Serum vitamin B12 164 viewed by: YC .gp comment: Make Routine Appointment Full Blood Count viewed by:   |       |                              |                                  |
| 10-Oct-2011 | Total cholesterol: HDL ratio viewed by:   | 3.4   | UNKNOWN UNITS                |                                  |
| 10-Oct-2011 | AST serum level   | 24    | U/L                          | 10-37 u/L                        |
| 10-Oct-2011 | IgA viewed by:  | 3.22  | g/l                          | 0.8 - 3.9 g/l                    |
| 10-Oct-2011 | Serum glucose level viewed by:  | 4.5   | mmol/l                       | 3-6 mmol/l                       |
| 10-Oct-2011 | Serum HDL cholesterol level   | 1.2   | mmol/l                       |                                  |
| 10-Oct-2011 | Serum LDL cholesterol level   | 2.6   | 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/mt                         |                                  |
| 10-Oct-2011 | .viewed by: YC PATH LAB RERI ITS OF Serum lipids .viewed by:  |       | 10.10.11 GIVEN ON 2.11J11 CH |                                  |
| 10-Oct-2011 |   |       | mmol/l<br>mmol/l             | 3.8 - 5.2 mmol/l                 |
| 10-Oct-2011 | Serum cholesterol 4.1 Serum triglycerides 0.7 Thyroid function test .viewed by: YC Bone profile .viewed by: YC .gp comment Make Routine Appointment |       |                              |                                  |
| 01-Jun-2009 | Cigarette smoker (Advised)  | 2     | per day                      |                                  |
| 05-Feb-1999 | Current Drinker (Advised)   | 40    | units/week                   |                                  |

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

**Nightingale Surgery**  
**4HS Number, 434 096 1671**

|   |                                     |                     |              |
|---|-------------------------------------|---------------------|--------------|
| <b>05-Feb-1999 Non-smoker 20-Dec-199Q</b> | <b>O/E</b>                          | <b>0</b>            | <b>a day</b> |
| <b>Blood Pressure Reading</b>             |                                     | <b>110/70 mm Hg</b> |              |
| <b>20-Dec-1996</b>                        | <b>O/E - blood pressure reading</b> |                     |              |



**NHS**  
London  
Ambulance  
Service  
NHS Trust

# Patient Report Form (LA4)

**NHS CONFIDENTIAL**

[illegible]

| <b>Patient's details</b><br>Name _____<br>Date of birth _____ Age _____<br>Female <input type="checkbox"/> Male <input type="checkbox"/><br>Race _____<br>Postcode _____<br>Kinship _____<br>Address _____<br>At scene <input type="checkbox"/> Visited <input type="checkbox"/> Phoned <input type="checkbox"/> To visit <input type="checkbox"/> Letter <input type="checkbox"/><br>Health Team / AMHP _____<br>if H.V. Carer of School Teacher _____<br>Patient _____  |   | <b>Presenting complaint</b><br>Incident time / onset of symptoms<br>Time _____ Date _____<br>Airway<br>Clear <input type="checkbox"/> Partially obstructed <input type="checkbox"/> Obstructed <input type="checkbox"/><br>Breathing<br>Present <input type="checkbox"/> Absent <input type="checkbox"/><br>Complete a sentence in one breath <input type="checkbox"/> Unable to assess <input type="checkbox"/><br>Circulation<br>B.mucosa cyanosed <input type="checkbox"/> Peripheral cyanosis <input type="checkbox"/> Capillary refill > 2 sec <input type="checkbox"/><br>Distal pulse <input type="checkbox"/><br>Other <input type="checkbox"/><br>Sweating <input type="checkbox"/> Vomiting <input type="checkbox"/> Fitting <input type="checkbox"/><br>Number of fits _____ Burns _____ Estimated _____% |   |     |                |     |                |     |                |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |             |   |   |   |   |   |   |   |                 |   |   |   |   |   |   |   |     |   |   |   |   |   |   |  |            |  |  |  |  |  |  |  |  |  |
|---|---|--|---|-----|----------------|-----|----------------|-----|----------------|------|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|------------|--|--|--|--|--|--|--|-----------------------|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|------------|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--------|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|------|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|-------------|---|---|---|---|---|---|---|-----------------|---|---|---|---|---|---|---|-----|---|---|---|---|---|---|--|------------|--|--|--|--|--|--|--|--|--|
| <b>Observations</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Time</th> <th>:</th> <th>:</th> <th></th> <th>Air</th> <th>O<sub>2</sub></th> <th>Air</th> <th>O<sub>2</sub></th> </tr> </thead> <tbody> <tr> <td>AVPU</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Resp rate</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Resp depth</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>% O<sub>2</sub> sats</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Peak flow</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CO<sub>2</sub></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pulse rate</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pulse character</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>BP</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Colour</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>BM</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Temp</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pain 0-10</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pupils size</td> <td>R</td> <td>L</td> <td>R</td> <td>L</td> <td>R</td> <td>L</td> <td>M</td> </tr> <tr> <td>Pupils reactive</td> <td>R</td> <td>L</td> <td>R</td> <td>L</td> <td>R</td> <td>L</td> <td>M</td> </tr> <tr> <td>GCS</td> <td>E</td> <td>V</td> <td>M</td> <td>E</td> <td>V</td> <td>M</td> <td></td> </tr> <tr> <td>ECG rhythm</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |   | Time   | : | :   |                | Air | O <sub>2</sub> | Air | O <sub>2</sub> | AVPU |  |  |  |  |  |  |  | Resp rate |  |  |  |  |  |  |  | Resp depth |  |  |  |  |  |  |  | % O <sub>2</sub> sats |  |  |  |  |  |  |  | Peak flow |  |  |  |  |  |  |  | CO <sub>2</sub> |  |  |  |  |  |  |  | Pulse rate |  |  |  |  |  |  |  | Pulse character |  |  |  |  |  |  |  | BP |  |  |  |  |  |  |  | Colour |  |  |  |  |  |  |  | BM |  |  |  |  |  |  |  | Temp |  |  |  |  |  |  |  | Pain 0-10 |  |  |  |  |  |  |  | Pupils size | R | L | R | L | R | L | M | Pupils reactive | R | L | R | L | R | L | M | GCS | E | V | M | E | V | M |  | ECG rhythm |  |  |  |  |  |  |  | <b>FAST</b><br>Facial weakness Unequal smile or obvious weakness<br>Arm weakness One arm drifts down or falls<br>Speech Word finding difficulties or slurred speech<br>Unaffected side <input type="checkbox"/> Affected side <input type="checkbox"/><br>Chest pain (cardiac in origin) <input type="checkbox"/> Shortness of breath <input type="checkbox"/><br>Other symptoms / pain (cardiac in origin) <input type="checkbox"/> T-LOC <input type="checkbox"/><br>Palpitations <input type="checkbox"/> Asymptomatic <input type="checkbox"/> |  |
| Time  | : | :  |   | Air | O <sub>2</sub> | Air | O <sub>2</sub> |     |                |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |             |   |   |   |   |   |   |   |                 |   |   |   |   |   |   |   |     |   |   |   |   |   |   |  |            |  |  |  |  |  |  |  |  |  |
| AVPU  |   |  |   |     |                |     |                |     |                |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |             |   |   |   |   |   |   |   |                 |   |   |   |   |   |   |   |     |   |   |   |   |   |   |  |            |  |  |  |  |  |  |  |  |  |
| Resp rate   |   |  |   |     |                |     |                |     |                |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |             |   |   |   |   |   |   |   |                 |   |   |   |   |   |   |   |     |   |   |   |   |   |   |  |            |  |  |  |  |  |  |  |  |  |
| Resp depth  |   |  |   |     |                |     |                |     |                |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |             |   |   |   |   |   |   |   |                 |   |   |   |   |   |   |   |     |   |   |   |   |   |   |  |            |  |  |  |  |  |  |  |  |  |
| % O <sub>2</sub> sats   |   |  |   |     |                |     |                |     |                |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |             |   |   |   |   |   |   |   |                 |   |   |   |   |   |   |   |     |   |   |   |   |   |   |  |            |  |  |  |  |  |  |  |  |  |
| Peak flow   |   |  |   |     |                |     |                |     |                |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |             |   |   |   |   |   |   |   |                 |   |   |   |   |   |   |   |     |   |   |   |   |   |   |  |            |  |  |  |  |  |  |  |  |  |
| CO <sub>2</sub>   |   |  |   |     |                |     |                |     |                |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |             |   |   |   |   |   |   |   |                 |   |   |   |   |   |   |   |     |   |   |   |   |   |   |  |            |  |  |  |  |  |  |  |  |  |
| Pulse rate  |   |  |   |     |                |     |                |     |                |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |             |   |   |   |   |   |   |   |                 |   |   |   |   |   |   |   |     |   |   |   |   |   |   |  |            |  |  |  |  |  |  |  |  |  |
| Pulse character   |   |  |   |     |                |     |                |     |                |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |             |   |   |   |   |   |   |   |                 |   |   |   |   |   |   |   |     |   |   |   |   |   |   |  |            |  |  |  |  |  |  |  |  |  |
| BP  |   |  |   |     |                |     |                |     |                |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |             |   |   |   |   |   |   |   |                 |   |   |   |   |   |   |   |     |   |   |   |   |   |   |  |            |  |  |  |  |  |  |  |  |  |
| Colour  |   |  |   |     |                |     |                |     |                |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |             |   |   |   |   |   |   |   |                 |   |   |   |   |   |   |   |     |   |   |   |   |   |   |  |            |  |  |  |  |  |  |  |  |  |
| BM  |   |  |   |     |                |     |                |     |                |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |             |   |   |   |   |   |   |   |                 |   |   |   |   |   |   |   |     |   |   |   |   |   |   |  |            |  |  |  |  |  |  |  |  |  |
| Temp  |   |  |   |     |                |     |                |     |                |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |             |   |   |   |   |   |   |   |                 |   |   |   |   |   |   |   |     |   |   |   |   |   |   |  |            |  |  |  |  |  |  |  |  |  |
| Pain 0-10   |   |  |   |     |                |     |                |     |                |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |             |   |   |   |   |   |   |   |                 |   |   |   |   |   |   |   |     |   |   |   |   |   |   |  |            |  |  |  |  |  |  |  |  |  |
| Pupils size   | R | L  | R | L   | R              | L   | M              |     |                |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |             |   |   |   |   |   |   |   |                 |   |   |   |   |   |   |   |     |   |   |   |   |   |   |  |            |  |  |  |  |  |  |  |  |  |
| Pupils reactive   | R | L  | R | L   | R              | L   | M              |     |                |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |             |   |   |   |   |   |   |   |                 |   |   |   |   |   |   |   |     |   |   |   |   |   |   |  |            |  |  |  |  |  |  |  |  |  |
| GCS   | E | V  | M | E   | V              | M   |                |     |                |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |             |   |   |   |   |   |   |   |                 |   |   |   |   |   |   |   |     |   |   |   |   |   |   |  |            |  |  |  |  |  |  |  |  |  |
| ECG rhythm  |   |  |   |     |                |     |                |     |                |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |             |   |   |   |   |   |   |   |                 |   |   |   |   |   |   |   |     |   |   |   |   |   |   |  |            |  |  |  |  |  |  |  |  |  |
| <b>Allergies</b><br>Known infectious _____<br>Past medical history _____<br>Medication brought in <input type="checkbox"/> List brought in <input type="checkbox"/>   |   | <b>12 Lead ECG</b><br>Normal ECG <input type="checkbox"/><br>Inferior MI <input type="checkbox"/><br>Anterior MI <input type="checkbox"/><br>Lateral MI <input type="checkbox"/><br>Posterior MI <input type="checkbox"/><br>LBAB <input type="checkbox"/><br>ST depression <input type="checkbox"/><br>T wave changes only <input type="checkbox"/><br>Other abnormality <input type="checkbox"/><br>Inconclusive ECG <input type="checkbox"/>  |   |     |                |     |                |     |                |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |             |   |   |   |   |   |   |   |                 |   |   |   |   |   |   |   |     |   |   |   |   |   |   |  |            |  |  |  |  |  |  |  |  |  |
| <b>Cannulation</b><br>Line 1 IV <input type="checkbox"/> Size _____ g _____ Time _____<br>Successful <input type="checkbox"/> By _____ Placed in emergency conditions <input type="checkbox"/> Flush <input type="checkbox"/><br>Line 2 IV <input type="checkbox"/> Size _____ g _____ Time _____<br>Successful <input type="checkbox"/> By _____ Placed in emergency conditions <input type="checkbox"/> Flush <input type="checkbox"/>  |   | <b>Fluid and drug administration</b><br>Code _____ Name _____ Amount _____ Dose _____ Route _____ Time _____<br>Drug bag codes _____   |   |     |                |     |                |     |                |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |        |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |      |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |             |   |   |   |   |   |   |   |                 |   |   |   |   |   |   |   |     |   |   |   |   |   |   |  |            |  |  |  |  |  |  |  |  |  |

|                                |  |   |   |
|--------------------------------|--|---|---|
| <b>Arrest witnessed</b>        |  | <input type="checkbox"/> Y <input type="checkbox"/> N |   |
| <b>Cause of cardiac arrest</b> |  |   |   |
| Cardiac                        | <input type="checkbox"/>   | Trauma  | <input type="checkbox"/>                              |
| Respiratory                    | <input type="checkbox"/>   | Other   | <input type="checkbox"/>                              |
| <b>Initial arrest rhythm</b>   |  |   |   |
| VF / VT                        | <input type="checkbox"/>   | Aystole   | <input type="checkbox"/>                              |
| PEA                            | <input type="checkbox"/>   |   | <input type="checkbox"/>                              |
| <b>Pre-LAS CPR</b>             |  |   |   |
| Time started                   | <input type="checkbox"/> : <input type="checkbox"/> : <input type="checkbox"/> | Effective   | <input type="checkbox"/> Y <input type="checkbox"/> N |
| <b>LAS Defib</b>               |  |   |   |
| Time started                   | <input type="checkbox"/> : <input type="checkbox"/> : <input type="checkbox"/> | By  | <input type="checkbox"/>                              |
| <b>LAS CPR</b>                 |  |   |   |
| Time started                   | <input type="checkbox"/> : <input type="checkbox"/> : <input type="checkbox"/> | By  | <input type="checkbox"/>                              |
| <b>LAS Defib</b>               |  |   |   |
| Time of 1st LAS shock          | <input type="checkbox"/> : <input type="checkbox"/> : <input type="checkbox"/> | By  | <input type="checkbox"/>                              |
| Number of shocks               | <input type="checkbox"/>   |   | <input type="checkbox"/>                              |
| Paediatric electrodes used     | <input type="checkbox"/> Y <input type="checkbox"/> N                          |   |   |

**Witnessed**

| Recognition<br>Of Life Extinct |                          | Asys |
|--------------------------------|--------------------------|------|
| Heart sounds absent            | <input type="checkbox"/> |      |
| Apnoeic                        | <input type="checkbox"/> |      |
| Fixed dilated pupils           | <input type="checkbox"/> |      |

[illegible]

|          |  |
|----------|--|
| Continu: |  |
| Prim     |  |

illness,

|          | Patient |  |  |  |  |  |  |  |  |  | Patient not contacted / referred |  | Event |  |
|----------|---------|--|--|--|--|--|--|--|--|--|----------------------------------|--|-------|--|
| 1 Attend |         |  |  |  |  |  |  |  |  |  |                                  |  |       |  |
| 2 Driver |         |  |  |  |  |  |  |  |  |  |                                  |  |       |  |
| 3 Other  |         |  |  |  |  |  |  |  |  |  |                                  |  |       |  |
| 4 Other  |         |  |  |  |  |  |  |  |  |  |                                  |  |       |  |

Dorset ward  
Barnet, Enfield and Haringey Mental Health Trust  
The Chase Building 127 The Ridgeway Enfield EN2  
8JL Tel: 020 87024669 Fax: 020 8375 1442

### **Mental Health Tribunal Report**

**Date:**01/11/18

#### **Patient details**

Mr Simon Cordell (11214451)

Date of birth: 26 Jan 1981

Address : 109 Burncroft Avenue, Enfield Post Code

: EN3 7JQ

#### **Circumstances of admission and background**

Mr Cordell is a 37 years old man with previous diagnosis of F29X - Unspecified nonorganic psychosis. He has been known to CAMHS service in the past and to Adult Mental Health Services since 2014. However he has not been engaging with the services in recent years despite numerous attempts from mental health teams.

Mr Cordell become significantly unwell in mental health in 2014. He deteriorated significantly in mental state but he refused engage with mental health service and declined to take medication. Consequently he had to be detained under Section 2 of MHA in 2016 . He was treated with medication (Olanzapine) during the admission but soon after discharge he stopped taking his medication. He continued to be seen by Early Intervention service following a discharge but he continued to refuse any treatment for his condition. This led to further deterioration in mental health. When Mr Cordell is unwell he presents with persecutory delusions about his neighbours, council staff and the police. As a result of paranoid beliefs he becomes more aggressive and threatening especially towards neighbours. From 2016 to January 2018 there were numerous complaints from neighbours reported about Mr Cordell's acts of harassment and antisocial behaviour. This led to an interim injunction order (harassment order) to be issued against Mr Cordell, at the Edmonton County Court, in January 2018 . Mr Cordell breached the order on multiple occasions. It has been reported that his neighbours have been assaulted, harassed and have received threats from Mr Cordell. In addition, Mr Cordell disengaged with EIS.

In April 2018 further deterioration in mental health was observed when he contacted the police and complained about the neighbours making noise. EIS team was contacted and they offered to review Mr Cordell but he refused to work with them again.

On the 1<sup>st</sup> of June he was arrested for harassing his neighbours and breaching the injunction order against him. He threatened his neighbour who was at the time with her two children that he



will kill her and her children " You fucking bitch, I have a bomb for you, I will get in your block, kill you and your children At that point, EIS stated that he has gone beyond EIS three year treatment period and therefore they referred his case to Enfield North Locality Team in June 2018. During the period of next few months (from June 2018 until October 2018 - they were reported numerous account of harassment and assaults to his council on his neighbour) Mr Cordell has continued to harass his neighbours and has refused to engage with mental health services. Few neighbours already moved out from their flats due to Mr Cordell's aggressive behaviour and Enfield Council decided to seek possession of Mr Cordell's flat via the courts. In a recent court case the judge recommended that Enfield Council re-house Mr Cordell on the proviso that he engages with the MH Team. However he failed to do that.

In October 2018, Mr Cordell was physically aggressive towards another service user who lives in the same building as him. Mr Cordell took him by the throat and left him feeling unable to walk around on the floor or even flush his toilet chain for fear of sparking another altercation (with no basis) about excessive noise.

This triggered a safeguarding process and Enfield Adult North Locality Team decided to organise MHA assessment as Mr Cordell refused to engage with them.

Consequently, he was referred for MHA assessment on the 17<sup>th</sup> of October 2018. Enfield Adult North Locality Team agreed that he is at risk to others and his behaviour could also put him at risk from others. Application for 135(1) was made however a judge found insufficient evidence presented for a warrant. He was referred to a forensic sector following this event.

On the 25<sup>th</sup> of October he was arrested as the police were called to his flat regarding him breaking a harassment order and that day he allegedly assaulted the police who attended by spitting. Consequently, he was taken to Wood Green police station. He was found to be thought disordered with grandiose and persecutory delusions, hypomanic with flight of ideas and pressured speech. Therefore MHA assessment was organised. He was detained under section 2 of MHA and admitted to Dorset ward, Chase Farm Hospital on the 25<sup>th</sup> of October 2018.

Mr Cordell explained that the police were conspiring with medics and the council to silence him as he had uncovered police corruption. He also said his neighbours two floors above were controlling the neighbour below them and caused them to stamp on the floor and disturb him. It was reported that he appeared to lack insight into his presentation as he did not believe he was mentally unwell and was adamant to see a psychiatrist for treatment.

### **Mental state examination on admission**

Mr Cordell is 37 year old male, mixed origin, slim build. He was wearing casual and dirty clothes. He engaged in conversation and made eye contact throughout. He was calm and polite during the interview, no aggression was observed but did become mildly restless at points. The conversation was one sided with Mr Cordell keen to talk. He presented with pressured speech and flight of ideas. Mood , subjectively he described as "fine, a bit elated", objectively he was elated. Thoughts: He presented thought disordered with tangential thinking, grandiose and persecutory delusions. He was oriented to time, place and person. He presented with poor insight - does not want any medications, he does not believe that has a mental health disorder.

### **Risk**

**To self - high**



Immediate risk to self is low as he denies any thoughts of self-harm or suicide. There are previous reports of suicide attempt as teenager. However, he is at high risk of being evicted from his property at present due to deterioration in his mental state and behaviour and his mental and physical health could be significantly affected if he becomes homeless.

**To others - high**

He denies thoughts or plans to hurt others. He has clearly documented history of aggressive behaviour and currently elated.

**From others - high, as he can be aggressive towards others, he is at risk of retaliation from others.**

Risk of physical and verbal aggression towards others noted. This in turn, increases risk of others retaliating, therefore harm towards Mr Cordell.

**Past psychiatric history:**

Mr Cordell reportedly had disrupted childhood spending some adolescence in care. He was under CAMHS due to anxiety as a teenager.

Mr Cordell tried to hang himself at the age of 16 when in a young offenders 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".

Mr Cordell says there was a second occasion where he tried to hang himself when in a cell after he was sentenced.

Mr Cordell denies any contact with Mental Health Services between that point and 2014.

In March 2014 - He was diagnosed with Adjustment reaction "anxiety and suicidal thoughts over the last nine months in the context of having a pending court case (accused of burglary). He was offered Sertraline 50mg OD .

In November 2014 - Mr Cordell was under Home Treatment Team. He was diagnosed with Psychotic episode - not deemed sectionable under MHA. Following this episode he disengaged with mental health service.

In November 2015 - He was referred via BEH HUB to mental health services. At that time Mr Cordell was not eating, not sleeping, he was paranoid saying people were talking about him or laughing at him, believed the government was advertising things about him, the TV was talking about him and talking directly to him. He was smoking cannabis at that time. He was again found non sectionable under MHA and disengaged with the service.

In February 2016 it was applied for Warrant 135 (1) - but not sufficient evidence was presented to the judge for a warrant.

In August 2016, he was admitted under Section 2 of the MHA following custody at Wood Green station for threats to kill - section 2 reversed on appeal. He was discharged on Olanzapine 5mg and followed up by EIS. It was reported poor compliance with medication on discharge. Consequently he was discharged from EIS due to disengagement.

**Past medical history:**

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

**Current medications**

Nil.

**Personal/family history- information taken from previous assessments/reports**

Mr Cordell was born at Chase Farm 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. His parents recently divorced.

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 two long term relationships . First relationship lasted for thirteen years. Mr Cordell thinks they broke up due to the repeated involvement of the police in their lives and the stress this has caused. He is currently in a relationship with Katy and he said that they were expecting a baby.

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

Grandmother (? maternal) had BPAD and/or schizophrenia.

**Social history:**

Mr Cordell works from home currently. He says that he does 9-10 hour shifts building his website. Previously he has had multiple different jobs including working at a market and brick laying. He has a new baby on the way with Katy - due to get married soon. From Rio - "Enfield Council will be seeking possession of Mr Cordell's flat via the courts. In a recent court case the judge recommended that Enfield Council re-house Mr Cordell on the proviso that he engages with the MH Team. He failed to fulfil the requirement.

**Drug and alcohol history- information taken from previous assessments/reports**

He reported being "Clean as anything, occasionally have a puff of a cigarette". He denies drinking any alcohol. However UDS was positive for cannabis on admission.

Note on Rio previous LSD and cannabis use.

**Forensic history -information taken from previous assessments/reports**

He reported being **linked to 500 cases** but he has won every one. He says these are all linked to **driving offences**.

**From Rio - 2015- 5y ASBO for organising illegal raves-** not allowed to enter industrial or disused premises between 10pm and 7 am. Young Offender's Institution at the age of 16 after repeated driving offences (driving without a license). Taken into custody for threats to kill.

**August 2017** an injunction order was issued though this was discharged by the court in November 2017 due to a procedural error

**On the 9<sup>th</sup> of January 2018 an injunction order** was issued against him due to verbal and physical abuse towards his neighbours and council employees and antisocial behaviour. He breached the injunction order on multiple occasions. This was discharged in **July 2018**, following a forensic psychiatry assessment which deemed him to lack capacity to understand the conditions of the injunction (as a result of a psychotic illness).

**Enfield council report was issued recently regarding tenancy concerns and breaches:**

**The report says the following:**

We have received several complaints of anti-social behaviour against you and going back to 2016 for which you have been warned numerous times, verbally and formally in writing. Please see below a list of reports made against you:

- 1) On 6th July 2016, it is alleged that you approached an elderly neighbour as he came out of his flat and started to shout abuse and swear at him and threatened to burn down his flat.
- 2) Sometime in July 2016 it is alleged that you damaged the lock of a neighbour's electric cupboard and removed his fuse box resulting in no electricity to his flat.
- 3) On 6th August 2016, it is alleged that you threatened one of your neighbours and his wife and aggressively demanded money from him. It is also alleged that you repeatedly swore and shouted

abuse at him and his wife and called his wife a 'bitch' and tried to stop him from going up the stairs to his flat by standing in front of him.

4) Sometimes in September 2016 it is alleged that you confronted an elderly neighbour outside your block of flats, 109-119 Burncroft Avenue as he was going to the local park with another resident and started to shout abuse and He was arrested on the 1<sup>st</sup> of June due to breaching the injunction order.

threats at him and said to him 'I can get you over at the park, I know you go for a walk'.

5) On 27th September 2016, it is alleged that you confronted one of your neighbours as he was returned to his flat with his family and threatened and swore at him and demanded money from him. It is also alleged that you later banged on his door, shouted further abuse and swearwords at him and accused him of making noises inside his flat.

6) On 28th September 2016, it is alleged that you aggressively banged on a neighbour's door and threatened and shouted verbal abuse and swear words at them. It is also alleged that you aggressively demanded money from him.

7) On 4th October 2016, it is alleged that you aggressively banged on your ceiling and accused one of your neighbours of making noises, you then went to your neighbour's flat and started kicking and banging on his front door aggressively, accused him of banging on the floor and was swearing and shouting abuse at him. It is also alleged that you later went downstairs, dragged your neighbour's motorbike from where it was parked and started to hit it with a piece of wood.

8) On 22nd November 2016 during a telephone conversation between you, Mrs Cordell your mother and Ms Sarah Fletcher, neighbourhood officer, Ms Fletcher reported that she overheard you threatened her by saying 'I'm gonna do her over' and then 'I'm gonna take her job just for fun'.

9) On 8th December 2016, it is alleged that you aggressively banged on one of your neighbours' front door, shouted abuse and threats and accused him of making noise.

10) On 11th December 2016, it is alleged that you aggressively banged on your neighbour's door several times and accused them of banging on pipes. It is also alleged that you shouted abuse and threats at them.

11) On 14th December 2016, it is alleged that you were verbally abusive towards a woman who was visiting one of your neighbours as she knocked on your neighbour's door.

12) On 23rd December 2016, it is alleged that you banged on a neighbour's front door, shouted abuse at them and asked them to turn their tap off. You then removed their electricity fuse thereby cutting off their power supply.

13) On 26th December 2016, it is alleged that you ran up the communal stairs to the first floor and confronted one of your neighbours as he was going out with his family and started to shout abuse and threats at him and his wife and accused him of tampering with your water supply, you also attempted to stop him from leaving the block.

14) On 3rd January 2017, it is alleged that you confronted one of your neighbours as he returned to the block with his wife and two-year-old daughter and started shouting abuse and threats at them.

15) On 21st January 2017, it is alleged that you aggressively banged on your neighbour's door, swore and shouted abuse and threats at them and accused them of making noises.

16) On 31st January 2017, it is alleged that you aggressively banged on your neighbour's door, shouted abuse and threats at them and accused them of banging on the floor.

17) We received a report that on 7th February 2017 you approached the leaseholder of 117 Burncroft Avenue and his plumber outside the block as they were attempting to resolve the problem causing low water pressure in the flat. You said to the leaseholder that there were problems between you and his tenants but did not give any specific details. The leaseholder explained to you that his tenants were experiencing low water pressure in the flat and you said to him 'you will not solve the problem as I am restricting their water supply'. The leaseholder later

knocked on your door and asked whether you would increase the water pressure and you stated 'I cannot do anything at the moment, I will sort it out later'.

18) On 24th February 2017 Sarah Fletcher (Neighbourhood Officer) and Steve Stirk (Maintenance Surveyor) attended your property at flat 109 Burncroft Avenue to inspect the property following reports of low water pressure from flats 113 and 117 Burncroft Avenue. While inside your flat, they observed that you have installed an iron security gate inside your front door. It also appeared to them that the wall between your kitchen and living room seemed to have been removed thereby creating an open plan effect. Much of the property was

taken up industrial type printers, boxes and folders and there were dog faeces in your back garden.

19) On 17th March 2017 Lemmy Nwabuisi, ASB Coordinator visited 109 Burncroft Avenue to post a letter through your door and as he got into his car to drive off after posting the letter, you ran after him shouting and screaming abuse. The letter requested that you attend our offices to discuss the nuisance reports being received from your neighbours. By the time he returned to the office, you had telephoned him several times. He telephoned you back and you asked whether he was the person that posted a letter through your letterbox and he said yes. You asked why he did not stop when you ran after him and he stated that he had another visit and did not have the time to stop and talk to you. You stated that you will not attend the meeting at the Civic Centre or any of the council offices as you are unable to leave your flat and that the meeting should take place in your flat. Mr Nwabuisi offered to have the meeting at a neutral venue and suggested the local library or at your mother's house but you refused saying that you have done nothing wrong and accused him of taking sides with your neighbours.

20) On 5th May 2017, it is alleged that you threatened one of your neighbours by saying that you will ruin his life and that you were going to the police to present evidence about his illegal activities.

21) On 14th May 2017, it is alleged that you aggressively banged on one of your neighbour's door, shouted abuse and threats at her and falsely accused her of making noise and coming into your flat to attack you. You later followed her to her car shouting abuse and wanting to know where she was going.

22) On 14th May 2017 it is alleged that you allowed your dog to run freely in the communal area of your block without a lead.

23) On 28th May 2017, the police issued you with a first instance Harassment letter following reports of harassment and threatening behaviour made to the police by one of your neighbours. 24.) On 9th June 2017, it is alleged that you attacked one of your neighbours in the communal hallway of your block as he returned from work late at night by grabbing him on the arm and neck thereby causing bruising to his arm and neck. You also snatched his phone from him as he tried to video-record the incident.

25) On 16th June 2017 at 11:55hrs it is alleged that you confronted one of your neighbours as she was exiting the main entrance to your building and said to her that you had her bank details and personal details such as date of birth and said to her that you wanted her and her husband to pay you some money.

26) On 18th June 2017 at 11:55hrs it is alleged that you confronted one of your neighbours as she was exiting the main entrance to your building and said to her that you knew what time she went out and what time she returned and to tell her husband that you would like to speak to him.

27) On 23rd June 2017 at 23:35hrs it is alleged that you came out of your flat with your dog without a lead and attacked one of your neighbours as he returned from work by punching him twice on the chest. You tried to push him out of the block and snatched his phone as he brought took it out of his pocket to record the incident.

28) On 28th June 2017 at 11:45hrs it is alleged that you confronted your neighbour as she was leaving the block. You swore and shouted abuse at her and accused her of making noise inside her flat. You told her that you know all her personal details and that of her husband including their full names, phone numbers, date of birth and banking details. You demanded that they pay you some money and asked her to tell her husband to come and see you.

29) On 30th June 2017 at 11:45hrs it is alleged that you confronted your neighbour as she was

leaving the block and accused her of slamming the door. She denied slamming the door and called her a liar and proceeded to swear and shout abuse at her.

30) On 2nd July 2017 at 17:18hrs it is alleged that you confronted your neighbour as he was going out with his family with your dog barking and without a lead and asked him when he was going to hand over the money. It is also alleged that as they left the block, you ran after them swearing and shouting abuse at your neighbour and demanding that he must pay you some money if he wants you to leave him alone. You also said to him that you have all their personal details including their dates of birth and bank details.

31) On 12th July 2017 an Enfield Council Surveyor attended your flat to investigate reports of low water pressure to flats above yours but you refused him access. The Surveyor attended your flat again in the evening of the same

day following further reports that the water supply to the affected flats had completely ceased and you refused him access. You then followed him to his car swearing and shouting abuse at him and prevented him from entering his car. He then called the police.

32) On 11th November 2017 at 11.30am, it is alleged by one of your neighbours that you came to their front door, opened the letterbox and peeped through it to see who was inside the flat. You then started swearing and shouting abuse and banging on their front door as soon as you saw the neighbour's wife.

33) On 2nd January 2018 at 6.30pm, it is alleged that you stood outside your neighbour's property for more than twenty minutes swearing and shouting abuse. You went away and returned half an hour later, you lifted their letterbox, stuck your mobile phone through the letterbox and started to record his family while swearing and shouting abuse. This went on for about fifteen minutes.

34) On 9th January 2018 at about 12.18pm, you telephone Lemmy Nwabuisi (ASB Behaviour officer) and accused him of forging documents to get an anti-social behaviour order against him and you told him that he had made you a prisoner within your home. You also stated that you knew where he lives in Enfield and that he and his family were not safe from you. You also told him that you would watch him leave the office and you would have followed him home and he needed to watch his back. You called the ASB officer again 30 minutes later and told him that you knew he has a flat in Edmonton and also knew that one of his colleagues lives in Edmonton. You also stated that you knew where they live and they were not safe.

35) On 9th January 2018 you called Kaunchita Maudhub (ASB Behaviour officer) and left a long voicemail on her work telephone number and made threats.

36) On 26th February 2018, at around 11.45pm it is alleged that you came to one of your neighbour's front door and started making loud banging noises and rattling with their letter box. You ran away after the neighbour opened her front door.

37) On 1st March 2018 it is alleged that you knocked on one of your neighbours' door loudly, you started rattling with their letter box and started shouting. This went on for 5 to 10 minutes but you left after you've heard that the neighbour was calling the police.

38) On 15th March 2018 it is alleged that you swore, shouted and assaulted one of you neighbours in front of his wife and his 3 years old child.

39) On 1st May 2018, you attended the Edmonton County Court as there was a hearing listed in relation to an injunction. It is alleged that you started shouting abuse, swore and make threats to two of the Claimant's employees (Lemmy Nwabuisi, ASB officer and Balbinder Kaur Geddes, lawyer) and to one of your neighbours who attended Court to give evidence. You also swore at a judge. These incidents were witnessed by members of staff working at the Court.

40) On 29th May 2018, it is alleged that you attended one of your neighbours' property; you took your dog with you and waited by their front door. It is alleged that you tried to intimidate them as they were due to attend a hearing in the Edmonton County Court to give evidence in support of a claim for an injunction issued against you.

41) On 30th May 2018, it is alleged that you made threats to kill to one of your neighbours. The matter was reported to the police. You were arrested and released on bail.

42) You assaulted one of your neighbours on the 26th August 2018 for flashing his toilet.

43) You telephoned two council officers (Lemmy Nwabuisi and Ludmilla Iyavoo) on 12th \_\_\_\_\_



September 2018 and made threats to them over the telephone. You also accused them of fraud and of fabricating evidence to support the Council's claim for an injunction

44) On 12th September 2018 at about 3.50pm, you called one of your neighbours on his mobile phone using a private number. It is not known how you obtained his number, but he terminated the call. You called again using the same private number, but he terminated the call as soon as he heard your voice. You called repeatedly after that.

45) On 24th September 2018 at about 11.30am, one of your neighbours returned home from dropping her daughter at school and as she entered their block of flat, she noticed that the middle door on the ground floor was open as

well as your front door. As she went up the stairs to their second floor flat, your dog came out of your flat and started barking at her. The neighbour had to run up the stairs to her flat to escape from the dog. It was reported that your dog is always barking whenever they go out or return to the block and the neighbour and 4 years old daughter are terrified.

46) One of your neighbours reported that his cousin was leaving the block at about on 2nd October 2018 at 12.45pm, and as you exited the block, you followed him and suddenly grabbed his jacket from behind and tried to pull him to the ground. The cousin started shouting to attract neighbours and managed to push you off.

47) There are other reports from one of your neighbours who reported that on 30th September 2018, you attempted to break down his front door by kicking it several times only because he flashed his toilet.

48) It is reported that you continue to harass and intimidate other residents on a regular basis.

**On the 25<sup>th</sup> of October he was arrested** for breaching the injection order and spitting at the police officer on arrest.

### **Treatment and progress on the ward**

On admission to Dorset ward, Mr Cordell presented elated, mildly irritable and thought disordered. On arrival to the room he remained calm and polite. He started the conversation by asking for duty doctor's name, which he wrote down on a paper. He then stated he has been detained here illegally because they think he is grandiose. He then went onto give the duty doctor a timeline of events which were largely related to the police and his connection with mental health services. In summary, he holds paranoid ideas that the police have charged him 'in illegal ways' for an ASBO for 'organisation of illegal raves'. This has led to several on-going issues with the police who have involved mental health services and it is a conspiracy against him.

He states he wasn't assessed properly by doctors today (25/10/18) and that the doctors who saw him today(25/10/18) have previously tried to section him and 'failed' because he has 'video recordings' to prove he is innocent. He referred to multiple acts and dates which apparently are being broken by keeping him here.

He states he has several businesses that the police have tried to stop, including 'owning festivals' and his website called 'horrific corruption' and associated newsroom which he uses to expose police and doctors who are working in illegal ways. He states he has 'been wronged 78 times by the police' and will 'expose all of the doctors and police' involved.

He spoke about being a 'privileged member of the community' and has never tried to hurt anyone. He reports the police have framed him in a 'sex scandal' and caused multiple issues. He described a negative relationship with neighbours and states that they bang from above continuously. He states a previous partner was pregnant and the neighbours banging led to the

baby being lost.

He denies having a mental health illness and states he will get out of here once he has his laptop containing video graphic proof and was requesting a tribunal. During the course of the conversation he refused to acknowledge he has been sectioned and was adamant he would be able to leave but was not forceful or physically attempting to leave.

When he was seen by ward doctor on the 26<sup>th</sup> of October Mr Cordell feels he is in hospital because the police have "falsified" a report that led to him being kept on a curfew for years.

He proceeded to talk at length about circumstance that led him to be charged for handling of stolen goods and suspicion of burglary in 2013. He believes the case was handled poorly and is sure the police were conspiring against him. "The abuse of process by the civil service was unreasonable".

Following this he reports being placed on a 2-year injunction and a 5-year curfew. He feels this has led to a breakdown in a 13-year relationship he had. He also reports this affecting his company - a community interest company he started up. At one-point Mr Cordell also mentioned the police targeting him for holding large parties that he was adamant were not hosted by him.

Mr Cordell reports owning a couple of local festivals and talks about engaging with multiple charities helping children. He says he had to stop this as police were harassing him in front of the children. He alleges to own his own company, his own paper and has just bought his own book maker for 70000 pounds. He also reports having 180000 friends on Facebook due to all his free parties.

When asked about his neighbours Mr Cordell said he believes his neighbours have been making up complaints about him. "My neighbours are calling up the police after forging the paperwork." He feels that his neighbours have been attacking him and reports feeling anxious in his house. Simon says he "kept writing to the police saying please can you protect me".

He does not think he is unwell and does not think he has a mental health problem. He admits he might be elevated but he believes this is a constructive state.

Mr Cordell reports not being compliant with any of his medication at any point. He is refusing to take any medication during this admission. "I've spent thousands of pounds showing you my brain, me being alert saves lives."

Mr Cordell would like to appeal his section and feels that by keeping him in hospital we are breaching his rights. "Physical or mental suffering amount to torture"

He reports sleeping, eating and drinking well. Later he suggested this may not be the case stating "In the night time when my neighbours are asleep that's the best time for working".

Impression was that he presented with paranoid and grandiose delusions with significant mood component. In view of long-term symptoms this is most likely consistent with a Schizoaffective disorder. He does not currently have capacity for treatment or admission.

He settled in over the weekend, personal hygiene remained poor, smell of cannabis on him was noticed.

On the 29<sup>th</sup> October 2018 when he was seen by a nurse he was irritable and quite hostile. He was



on the phone to his relative, complaining about police and claimed to be falsely accused.

On the 29<sup>th</sup> of October Formulation meeting was held:

**Care coordinator 's feedback:** This is only the second time meeting Simon. There have been issues with reports he is assaulting other residents in his council accommodation.

**Nursing report:** He appears paranoid on the ward.

**Interview with patient:**

Mr Cordell appeared very agitated and vocal and was keen to put across his opinion that he had been illegally detained.

Mr Cordell reports issues with police actions in regards to not giving him the ASBO folder properly - this was left outside instead of giving it to him directly. Mr Cordell continued to explain other problems with the police's treatment of him. This includes the metropolitan police having placed a photo of Mr Cordell in a folder in regards to a party he had no involvement with. He denies being involved in any of the parties mentioned in the ASBO. Mr Cordell spoke at length about the injustices surrounding his placement on curfew and the ASBO order.

He describes how on multiple times doctors have tried to assess him under the MHA and he has explained to them at each time the situation with the police. He was once placed under a section 2 and was able to appeal his section.

Mr Cordell reports the neighbours (72 floors up) trying to deliberately disturb him by making a lot of noise and flushing the toilet multiple times. He feels they want him to get distressed and go upstairs to address them. They have been doing this over the last 4 years and are doing this throughout the day. From Mr Cordell's flat you can even hear them talking - there is apparently very poor sound proofing.

Mr Cordell has described a council official as having forged statements and falsely accusing him of threatening his life. Mr Cordell reports that he is being assaulted by his neighbours as is his partner's small child. He feels the stress from this situation may have been linked to his partner's miscarriage. Mr Cordell denies any acts of antisocial behaviour, even in retaliation. At every point where he approaches the upstairs neighbours he states he calls the police to ask them to "protect" him.

In regards to the recent arrest he reports the police attended due to a fraudulent call from the neighbours. The police tried to hand him a breach of harassment order which Mr Cordell ripped and spat on the paper. The police officer then yelled that he had spat on her. He was then arrested for assault on a police officer. This charge was dropped in the police station and he was referred for a MHA.

Mr Cordell is currently on benefits. He reports the expensive hardware he owns (eg 70000-pound bookmaker) he buys broken and second hand cheaply and fixes them. Mr Cordell works from home. He built a new model constitution - a community interest company which was a charity farm.

### **Collateral information:**

His mother and uncle would like mental health service to stop referring to Mr Cordell reporting the police as being prejudice against him as delusional - they believe this can be proved (showing

photos of his company truck and hardware).

Mr Cordell's mother is very upset that doctors have submitted reports stating that he is delusional and grandiose. They feel the AMHP report is grossly inaccurate.

Mr Cordell's uncle is also upset that the mental health team would not provide Mr Cordell with a letter to assist with his housing situation.

They explain that the reason Mr Cordell has not be prosecuted for the complaints made by the neighbours is because each time Mr Cordell is able to "prove his innocence" directly to the police.

Mr Cordell's mother believes he is very stressed due to the conditions of the ASBO and his neighbours disturbing him.

His uncle would like us to check the website that Mr Cordell has set up to highlight the injustices against him "horrificcorruption.com". (other websites mentioned by Simon include the Wayback machine and toosmooth).

Impression was that Mr Cordell was unstable in mental state and behaviour. He presented with persecutory delusions and possibly auditory hallucinations. Plan was :

1. Requires further review of notes
2. Liaise Enfield council re plans for housing - ask Rosie for input

Following the formulation meeting he presented very grandiose - showing staff and peers his website and that he has '20,000 emails and 500,000 phone contacts'. He seems elated and keen to get his message across.

Dr Timothy Rogers e-mailed Dr Greensides on the 30<sup>th</sup> of October 2018 as Mr Cordell was referred to a forensic sector prior MHAA and wrote that he has terrorised their patient (who lives above him) including one occasion taking him by the throat and left our patient feeling unable to walk around on the floor or even flush his toilet chain for fear of sparking another altercation (with no basis) about excessive noise.

Mr Cordell was reviewed on the 31<sup>st</sup> of October 2018 by Dr Greensides (Consultant psychiatrist), Dr Elia and Dr Bruce:

Mr Cordell confirms his problems began in 2013. He moved into his premises in 2013 - there was evidence of CO poisoning in the flat and all the boiler systems and alarms had to be replaced.

Mr Cordell has been held on curfew for a long time for organising a party and ?wrongly accused of damaging the premises. Also was accused of burglary and handling of stolen goods - he was found innocent on both accounts.

Mr Cordell reports having had a "relationship" with his current partner Katy for the last ?20 years. She has a son from a previous relationship.

The problems with the neighbours have been going on for 4 years now. Mr Cordell is concerned about his neighbours, in particular to how their behaviour might affect their child. 6 flats in total in his council building - the neighbours that are problematic are 2 floors above Mr Cordell's. These

particular neighbours bang on the water pipes, stamps on the floor (this echo through the flat between) - this happens first thing in the morning and goes on through the day.

Mr Cordell believes his neighbours sit in their flat eavesdropping on Mr Cordell's whereabouts. When he enters the bathroom, they enter their bathroom and flush the toilet a lot. Simon has Video and Audio recordings throughout his flat in order to prove his innocence. There is a husband and wife living there as well as a new born baby. Mr Cordell reports he can hear this family talking but he can't make out what they are saying - he denies them saying anything negative about him "they've never spoke to me".

Simon has personal information about his neighbour which he feels is proof of? tax evasion - he reports the family own 50 houses in the UK. The neighbour has changed their surname in order to accommodate some scheme to avoid? tax - Mr Cordell reports he has "100% evidence" that this is true and feels it is relevant to him because of how they are treating him. Mr Cordell believes what the neighbours are doing is a hate crime.

Mr Cordell denies ever having felt like the TV was talking to him or that the council was advertising his information. Mr Cordell does feel his personal information is being advertised somehow - friends have approached him and have information about him he believes can only have come from secure computer systems.

Mr Cordell is not concerned about his tenancy at the moment - he states he has recordings that prove his innocence. Simon is aware the council has told him to stay away from his neighbours - since this time he states he hasn't approached his neighbours. He wants to publish a book about what has been going on. Simon does not appear to accept that he has become fixated on this issue.

Mr Cordell does not think his problems with his neighbours are in any way due to him having a mental health problem. Mr Cordell wouldn't like to take medication as he doesn't feel he needs it and is concerned medication may impact his ability work. He is particularly concerned that the medication will "dope him out".

Mr Cordell states he has a good family support network. He is happy to see the ward psychologist.

Mr Cordell has been informed that a referral to a forensic psychiatrist who may want to visit him on the ward.

Impression was that he presented with persecutory delusions and poor insight into his condition. Not currently deemed to be a risk to himself or others. He could be at high risk of losing accommodation if continues untreated. Plan was:

1. For Section 17 leave
  2. No medication at present
  3. Refer to ward Psychologist - Dr Patkas
- . He has terrorised our patient (who lives above him) including one occasion taking him by the throat and left our patient feeling unable to walk around on the floor or even flush his toilet chain for fear of sparking another altercation (with no basis) about excessive noise.

### **Opinion and recommendations**

1. Mr Cordell suffers from a mental disorder, the symptoms of which at present are persecutory delusions, grandiose beliefs and attitude. In addition, he also presented thought disordered with circumstantial thinking. Probably he has been experiencing auditory hallucinations too. His condition is complicated by poor insight into his mental health illness and substance misuse.
2. This illness is currently of a nature and degree to warrant detention under section 2 of the mental health act.
3. Without this there are risks to his health, principally mental health which is likely to continue to deteriorate without intervention. He is also at high risk from being evicted from his current accommodation which could put his mental and physical health at significant risk. His safety is compromised by possible retaliation from others when he is behaving aggressively towards other people. As well as the safety of others as he was aggressive to his neighbours, council employees and police prior to admission.
4. This cannot be carried out in the community as he has limited insight and refuses intervention, tried for a number of years and failed.
5. Should he be discharged then he will be referred to the HTT, but is not likely to engage.
6. Tribunal need no special arrangements to accommodate Mr Cordell. \_\_\_\_\_

**Dr Maja Elia**

**ST6 to Dr Jonathan Greensides**

**Consultant Psychiatrist, Dorset ward**

**Enfield Adult North Locality Team**  
58-60 Silver Street EN1 3EP

**Social Circumstances Report for S.C Rio no 11214451 on Section 2 of the MHA 1983/2007**

Date of birth: 26<sup>TH</sup> January 1981  
Home address: 109 Burncroft Avenue, Enfield, Middlesex EN3 7JQ  
Date of Admission: 26<sup>TH</sup> October 2018  
Hospital/Ward: Chase Farm Hospital, Dorset Ward  
Care Coordinator: Soobah Appadoo- Allocated August 2018  
Report prepared by: Soobah Appadoo  
Sources of Information: Electronic Documentation on Rio  
Nearest Relative: Ms Cordell (mother)  
Date of this report: 7<sup>th</sup> November 2018

**Who you are and in what capacity you know the patient, how long you have worked with them:** My name is Soobah Appadoo. I am a CPN with the above-named team. I have been asked to compile this social circumstance report in support of above-named patient's Mental Health Review Tribunal (MHRT) appeal against his detention under Section 2 of the Mental Health Act. Mr Cordell was admitted on section 2 on the 26<sup>th</sup> October 2018.

Mr Cordell was previously under the care of the Early Intervention Team for 3 years. The Early Intervention Team discharged him in June 2018 and at that point he was referred to our team. There is a suggestion on RIO notes that he did not engage well with that team.

I was allocated to Mr Cordell in August 2018. We offered him an appointment at his flat on the 31<sup>st</sup> August. Mr Cordell rang our office the day before and spoke to me. I informed him that I am his new Care Coordinator. He said that he had been seen for "76 days by his CC" and there was "nothing wrong with me". He said that the reason we want to see him is to "cover for missing signatures?". He said he "will ruin anyone who come to my house" and he has "recording cameras and audios" to ruin us. He said if you come to my house "I f...ing will scar you for life". He used foul languages throughout this contact. He said that I "can take the f...ing referral and stick it up my a..e". He said that he does not want to see us. I could not interrupt him: very verbally aggressive with pressure in speech". I did manage to say that we are a different team from Lucas House and we want him to have a fresh start- He said "I don't f...ing care"

Further to that the MDT advised that we should assess Mr Cordell in clinic due to the potential risks. We then offered him an appointment on the 28<sup>th</sup> September which Mr Cordell did not attend.

My report is based on the information which I have extracted from RIO and my telephone conversation with Mr Cordell's mother.

### **Psychiatric history**

On the 16<sup>th</sup> August 2016 Mr Cordell was admitted to CFH under Section 2 of the MHA. He was discharged on the 27<sup>th</sup> August 2016. According to RIO notes Mr Cordell "was 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, was then referred for MHA."

He appealed against his Section. The Mental Health Review Tribunal discharged him from Section 2 on the 26<sup>th</sup> August 2016.

### **Leading to current admission**

As I stated above leading to this admission Mr Cordell did not attend appointments offered to him by our service. Subsequently due to the allegations made against him I was advised to attend a Safeguarding meeting for an alleged victim. In that meeting I was informed by the Council that Mr Cordell has a past and current history of physical and verbal aggression towards residents in the building. I was informed that the council has tried to work with Mr Cordell but to no avail. I was informed me that Mr Cordell was getting easily irritated even by the sound of a flushing toilet; this happened very recently and he threatened the resident concerned. The Council was of the opinion that these are signs of mental illness and suggested that BEH should proceed with a MHA. The Council argued that this is for the protection of others as well as Mr Cordell's own safety.

Subsequently the council sent us a copy of 'Anti-Social Behaviour, Tenancy concerns and breaches- pre-action letter' which contained a chronology of alleged incidents dating from 2016. These alleged incidents were in the meaning of an antisocial behaviour presentation.

On the 17<sup>th</sup> October Mr Cordell was discussed in our MDT meeting. A decision was made to conduct a MHA. A MHA was attempted on the 19<sup>th</sup> October. Mr Cordell did not cooperate and the assessment did not take place.

On the 23<sup>rd</sup> October an application for a warrant was made but was declined on the grounds "that there was insufficient recent evidence that he was being "kept under proper control" as he is living alone and "insufficient recent medical evidence that "he is unable to care for himself.

According to RIO, on the 25<sup>th</sup> October Mr Cordell was arrested for breaching a harassment order. It was alleged that he was aggressive towards the police and spat at them. He was assessed at the police station. On interview he had pressure of speech, delusions about his neighbours and the police and housing ganging up against him. He denied drug use. He said that does not have a mental disorder. The

doctors who assessed Mr Cordell found him “hypomanic, with flight of speech, grandiose and thought disordered”

## **Forensic history**

Nil known.

## **Risk History**

According to the Risk Assessment on RIO notes Mr Cordell had expressed suicidal thoughts in the past. This was related to stress from court cases. The date is not stated in the Risk Assessment. Around that time he said that he had researched ways of harming himself (poisoning, OD, hanging). He had said in the past that he tried to hang himself aged 16 when he was in a young offender’s institute. He had said that he needed resuscitation. He tried to hang himself a second time after he was sentenced by a judge aged 20. He had said that he drank Nitrous Oxide in 2014 with intent to die.

According to his Risk Assessment he was regularly a victim or witness of his father’s violent behaviour.

There are recent reports from the Council regarding alleged aggressive behaviours towards other residents. In June 2018 he was apparently involved in court case with the neighbours who he apparently threatened to harm.

## **Social circumstances**

### Personal History

Mr Cordell is single. He has a partner. He has no children. He was born in Enfield and did his schooling in Edmonton. Left school aged 16. He studied and worked in mechanics and road works, electrical and computers after he left school (mother’s report)

### Accommodation

Mr Cordell lives in a 1 bedroom flat on the ground floor. The flat has necessary amenities/facilities to allow independent living.

### Employment

He is not currently in employment

### Finances

He claims ESA and needs to make an application for PIP



## **Views of family**

I telephoned Ms Cordell on the 7<sup>th</sup> November 2018. Ms Cordell told me that neighbours have been “terrorising” his son since 2014 in particular a neighbour on the 2<sup>nd</sup> floor. Ms Cordell told me that whilst her son is in hospital her nephew has been staying in the flat to look after the dog. The nephew has reported that the occupier on the 2<sup>nd</sup> floor have been “banging” on the floor. She said that the neighbour then realised that her son is not in the flat when they saw the nephew coming out of Mr Cordell’s flat. She told me that since the 26<sup>th</sup> October the “banging” has stopped. She said that she has complained about the neighbour herself but thinks these situations are misinterpreted by the council and the mental health services and her son is then seen as the perpetrator and or being mentally unwell. Ms Cordell stated that the sound proofing is lacking and the noise is real. Other neighbours have made allegations that Mr Cordell has been aggressive towards them. She said that there is no evidence of this; police have seen CCTV and found that her son had not left the flat at the time when these incidents were alleged to have happen. Ms Cordell gave another example in 2016 where it was alleged by a neighbour that her son had made threats to kill him. She said that the police initially charged her son with making threats to kill; after seeing video evidence they charged him with a ‘Public Order Offence’. She said that around the time of this alleged incident her son was in his flat with some friends. Her son was not allowed to his flat and was bailed to her flat where he stayed until December 2016. She said that the CPS after seeing evidence dismissed the case a day before the trial. She said that the council has never taken the responsibility to look at evidences; the allegations made against her son (physical assault, letting his dog on the loose) have not been proven. She said that on the 9<sup>th</sup> August in court the Judge ordered Enfield Council to move her son to a 2-bedroom flat but the Council wants/plans to evict him instead. She said that the Council has no grounds to apply for her son’s eviction.

She said that her son has a one bedroom flat. She said that he does not want to live there. She said that he needs a 2 bedroom flat with the plan that his cousin could stay with him to provide emotional support. She said that her son has everything he needs in the flat. She told me that her son is very independent in activities of daily living; his personal care is extremely good; he cooks for himself, maintains the flat and takes responsibility for his bills. She told me that he has no financial difficulties/no debts.

She said that her son has a work history. In 2010 he was planning to set up a business in the entertainment industry. He has also built websites in relation to this. At present he is not in employment. He is in receipt of Employment Support Allowance but needs to make an application for Personal Independent Payment.

I asked her if she thinks her son has a mental illness; she told me that he suffers from stress and anxiety due to issues with the neighbours but does not think he has a mental illness. She said that the judge looked at evidence and did not grant a warrant in October 2018 for a mental health act to take place at her son’s flat.

I asked Ms Cordell if she thinks her son could benefit from support from the community team. She said that he could do with some support but “we should stop labelling him as being delusional as he is not delusional”.



## **After-Care**

Potentially Mr Cordell care/treatment would be delivered via the Care Programme Approach. I am the allocated Care Coordinator and he will have a responsible clinician in the community.

My role would be first of all to build a relationship with Mr Cordell as I have only met him on 2 occasions. I will try to motivate him to engage with myself and the multidisciplinary team. As his Care Coordinator I will review Mr Cordell regularly independently and with the Community RC.

We have a Team Clinical Psychologist and it would be vital for Mr Cordell to have some form of talking therapy. This is on the basis of the stress and anxiety that his mother states he suffers from.

We have a Dual Diagnosis Worker in the team who could offer drug counselling if necessary.

We have an organisation called 'Remploy' which is funded by the Local Authority. Potentially they could support Mr Cordell to find work. They meet regularly with clients whilst they are in work and also liaise with employers.

I could support Mr Cordell in making an application for PIP. Alternatively he could get that support from 'Enfield Well-Being Connect'

The Mental Health Enablement Team could provide support in tenancy management as well as support to access education/training and work.

## **Opinion and recommendations**

I have met Mr Cordell on two occasions only and I have not had the opportunity to assess him in the community. A rapport needs to be established with him.

On the basis of recent events, history of risks to self and alleged risks towards others, and taking into account the views of the MDT on the ward I think that he would benefit from a longer stay in hospital. This is in-order for the MDT to assess him comprehensively to determine if he has a severe and enduring mental illness such as schizophrenia/psychosis. If it is determined that he has a severe mental illness then this should be treated accordingly whilst he is in hospital.

**Signed:** Soobah Appadoo, CPN

**Dated:** 07/11/2018



**The First-tier Tribunal  
(Health, Education and Social Care Chamber)  
Mental Health**

Mental Health Act 1983 (as amended)  
The Tribunal Procedure (First-tier Tribunal) (Health, Education and Social Care Chamber) Rules 2008

Case Number: MP/2018/29087

Date of Application: 1.11.2018

**Patient: Mr Simon Cordell born 26.1.1981** }

A patient now liable to be detained under Section 2 of the Act

Responsible Authority: BEH Mental Health NHS Trust

Hospital: Chase Farm Hospital

Before

Ms K. Hyman (Judge)

Dr G. Luyombya (Medical Member)

Mrs K. Charlwood (Specialist Lay Member)

Sitting at Chase Farm Hospital on 8<sup>th</sup> November, 2018

Decision

The patient shall not be discharged from liability to be detained.

Recommendation pursuant to section 72(3)(a) The tribunal does not make a recommendation.

Representation

Patient: Ms R. Caswell, Duncan Lewis Solicitors Responsible Authority: Not Represented.

Attendance by Patient

The Patient attended the hearing.

Announcement of Decision

The decision was announced at the end of the hearing.

The patient was present for the announcement.

The patient's representative was present for the announcement.

### Pre-Hearing Medical Examination of the Patient

A pre-hearing examination of the patient was indicated under the Rules. The interview with the patient took place on 8<sup>th</sup> November, 2018.

### The Tribunal considered:

Oral evidence from Dr J. Greensides, RC; Nurse Thembi Magodlela; Mr Soobah Appadoo, CPN; Mr Simon Cordell, patient and Mrs Cordell, patient's mother.

Written evidence from Dr M. Elia, ST6; Nurse Bibi Khodabux; Mr Soobah Appadoo, CPN Other material, namely Responsible Authority Statement of Information,

Observers: Mrs Fiona Bateman, (Judicial Shadowing Scheme) and Student Nurse Skubik

### Jurisdiction. Preliminary and Procedural Matters

1. The tribunal is satisfied that it has jurisdiction to consider this application.
2. The solicitor for the patient sought permission to submit a 6 page document from Mrs Cordell, the nearest relative. The solicitor indicated that the document expressed the nearest relative's views and those of a cousin. The panel considered the request and noted that Mrs Cordell's views as regards her son's detention and the housing problems he has experienced were fully reflected in the social circumstances report provided. The panel would also allow her to speak at the tribunal hearing if she wished to do so. In those circumstances, we did not accept the submission of the document.

### Grounds for the Decision

1. The tribunal is satisfied that the patient is suffering from mental disorder or from mental disorder of a nature or degree which warrants the patient's detention in a hospital for assessment (or for assessment followed by medical treatment) for at least a limited period.
2. The tribunal is satisfied that the patient's detention as aforesaid is justified in the interests of the patient's own health or safety, or with a view to the protection of other persons.
3. The tribunal does not consider that it is appropriate to discharge the patient under its discretionary powers.

### Reasons

#### 1. Background

Mr Simon Cordell is aged 37 and is single and resides in council accommodation in the community. There is a longstanding history of difficulties with neighbours at his accommodation which was detailed in the reports. His background and history was documented in the statutory reports provided to the panel. He has been known to Adult Mental Health Services since 2014. He has had varied diagnoses in the past and has been found not to require section under the Mental Health Act in 2014 and 2015. He was however detained subject to Section 2 in August, 2016 and was subsequently discharged by a Tribunal. The history indicated that he was discharged on prescribed medication and followed up by EIS. He reportedly did not engage with services or medication and was thereafter discharged from EIS. He has a current working diagnosis of schizophrenia.

The current admission follows an incident in October, 2018 which led to safeguarding concerns and the Enfield Adult North Locality Team's decision to arrange an MHA assessment. Mr Cordell was detained subject to Section 2 on the 25.11.2018.

## 2. The Responsible Authority's case

The clinical case argued that the patient has a chronic and enduring mental illness. It is unclear whether the mental disorder responds to treatment as the patient has not engaged consistently with treatment. Currently, the patient has been assessed without medication as Mr Cordell does not accept that he requires psychotropic medication. Mr Cordell presents with a number of persecutory, paranoid thoughts in relation to his beliefs that the police and his neighbours are in some way targeting him. Mr Cordell also exhibits thought disorder and some tangentiality in his response to questions posed. The professional evidence argued that the nature and degree of the mental disorder warranted the patient's continued detention of assessment which is justified in the interests of the patient's health, safety and the protection of others.

## 3. The patient's view

Mr Cordell was polite and courteous towards the panel. He told the panel that he did not accept that he has a mental illness or any need for medication. He said he experienced anxiety and distress at his accommodation. He indicated that the 48 allegations between 6.7.2016 and 2.10.2018 set out in the medical report from an Enfield Council Report regarding concerns and breaches of his tenancy agreement were all fabricated. He did not accept that he was in any way at fault. He repeated on several occasions that his neighbours had submitted a litany of complaints to council officials about him in order to undermine his occupation of the premises. He said that he has been stopped from organising festivals and had set up a website to air his frustrations about his perception of the injustice of his treatment. He told the panel that he would remain as a voluntary patient

## 4. The nature and degree of the mental disorder

As to the nature of the mental disorder, the patient's illness appears to be a chronic illness which has persisted for some time. It is unclear as to the patient's response to treatment as yet. Mr Cordell told the panel that he did not take the psychotropic medication prescribed following his last discharge in 2016. The clinical team have sought the first recommendation for Section 3 and intend to commence treatment with psychotropic medication in due course. Mr Cordell displayed no insight into his mental health difficulties and sought to minimise his actions prior to the current admission.

As to the degree of the mental disorder, the patient's evidence was tangential, guarded and there was clear thought disorder. Dr Greensides told the panel that he had looked at Mr Cordell's website which indicated the presence of thought disorder. The panel asked Mr Cordell about a telephone conversation with Mr Appadoo which is detailed in the social circumstances report; the patient is alleged to have used foul and threatening language throughout the conversation. Mr Cordell did not dispute the telephone conversation and sought to minimise his actions stating that the content was out of context. He was unable to contain his thoughts on the question posed as to whether, reflecting on the matter now, he thought his response was inappropriate.

The nursing evidence in contrast to the panel's observation, indicated that the patient has not exhibited any psychotic symptoms. On a positive note there has been some improvement in the patient's presentation overall as he is no longer challenging, irritable or confrontational.

## 5. The detention is justified in the interests of the patient's health, safety and the protection of others

As to the patient's health, the professional evidence indicated that psychotropic medication is to be commenced and the patient's response to treatment is to be monitored. The clinical view is that a period of treatment is now required to address the patient's psychotic symptoms. The clinical view is that the patient is unlikely to engage as an informal patient and a previous attempt at treating the patient in the community was unsuccessful.

As to the patient's safety, there is historical information that Mr Cordell has attempted to self-harm in the past. This is not a current concern. Mr Cordell's difficulties at his accommodation may pose a risk of eviction. However, further clarification is required during the period of the assessment on this point. There is a potential risk of retaliation from others when he is behaving aggressively towards others.

As regards the protection of others, Mr Cordell has entrenched and longstanding views and there have been incidents of aggression involving his neighbours, council officials, and the police prior to admission. He showed little capacity for selfreflection or remorse during his evidence when he was questioned about his telephone interaction with Mr Appadoo. We note that the allegations of physical and verbal altercations with his neighbours were relied upon to obtain an order for an injunction as recently as the 9.1.2018 which was later discharged in July 2018 due to the patient's lack of capacity to understand the conditions of the injunction due to his psychotic illness.

#### 6. Our conclusions

We accept the clinical evidence as to the nature and degree of the mental disorder. We have no doubt that there is some element of neighbour dispute; however Mr Cordell's response to such triggers appear to be rooted in a mental disorder which will need to be assessed during this admission. We also accept that the detention is justified in the interests of the patient's health, safety and the protection of others for the reasons set out above.

#### 7. Exercise of discretion

There were no special features of this case which persuaded us to exercise our discretion to discharge.

#### 8. Statutory criteria

The grounds and statutory criteria are satisfied. The section is upheld

Judge Hyman

Date 8<sup>th</sup> November, 2018

#### Notice

A person seeking permission to appeal must make a written application to the tribunal for permission to appeal. An application for permission must:

- a. identify the decision of the tribunal to which it relates;
- b. identify the alleged error or errors of law in the decision; and
- c. state the result the party making the application is seeking.

An application for permission must be sent or delivered to the tribunal so that it is received no later than 28 days after the latest of the dates that the tribunal sends to the person making the application:

- a. written reasons for the decision;
- b. notification of amended reasons for, or correction of, the decision following a review; or
- c. notification that an application for the decision to be set aside has been unsuccessful. (Note: This date only applies if the application for the decision to be set aside was made within the initial 28 day time limit, or any extension of that time previously granted by the tribunal.)

If the person seeking permission to appeal sends or delivers the application to the tribunal later than the time required then:

- a. the application must include a request that the tribunal extends the time limit

under Rule 5(3)(a), and give the reason(s) why the application was not provided in time; and  
b. unless the tribunal extends time for the application to be made, a late application cannot be admitted.

Mr Simon Cordell  
109 Burncroft Ave  
Enfield Middlesex  
EN3 7JQ DOB:  
26/01/1981  
12/11/2018

RE: Letter of Authority for my mother Miss Lorraine Cordell dated 12/11/2018

To whom it may concern:

I Mr Simon Paul Cordell am writing this letter to confirm I give Barnet, Enfield and Haringey Mental Health NHS Trust authority if they need to speak or send any documents relating to me, to my mother Miss Lorraine Cordell on my behalf in relation to the subject access request I have submitted relating to obtaining all my medical health records.

Barnet, Enfield and Haringey Mental Health NHS Trust can contact my mother Miss Lorraine Cordell via the information below and may speak or send any documents to her on my behalf, once the information is collected I have asked my mother to attend and pick the information up and pay any fee needed on collecting the information. As I know it will be safer for it to be picked up in person.

Can this letter please be placed on my file so that my mother has authority?

Phone: 07807 3335454

Email: [lorraine32@bluevonder.co.uk](mailto:lorraine32@bluevonder.co.uk)

Letter: 23 Byron Terrace, Edmonton, London N9 7DG

Regards



Simon Cordell

Mr Simon Paul Cordell  
109 BURNCROFT  
Ave  
Enfield  
Middlesex  
EN3 7JQ

Health Records, Bamey, Enfield and Haringey Mental Health NHS Trust  
Medical Records Office, P2,  
St Ann's Hospital site St Ann's Road London N15 3TH

**Subject access request**

Dear Sir or Madam I Mr Simon Paul Cordell of  
109 BURNCROFT Ave, Enfield, Middlesex, EN3 7JQ, also known from 23  
Byron, Terrace, Edmonton, London N9 7DG.  
DOB: 26/01/1981 Hospital Number: 11214451 NHS Number: 434 096 1671

Please supply the data about me that I am entitled to under data protection law

1. Full copy of all my medical records
2. This would include everything that is held on Rio IT systems
3. Early Intervention Team,



4. Enfield Adult North Locality Team,
5. Any reports from Doctors I have seen Including CPN and nurses
6. Any assessments reports I may have had via the mental health, including if any body has asked for an assessment to be carried out.
7. Any other teams I may have had contract with me regarding mental health
8. This would include all data that is held about me on all IT systems that is in digital format.
9. Any third party bodies that have passed information over regarding me relating to mental health.
10. This would include police, and Enfield council and any other person or bodies that passed information relating to my mental health.
11. Any emails that have been sent regarding me or received regarding me from any body or any person.
12. Emails between 'person A' 'person B or person C' ECT
13. Copies of any statements written about me.
14. Any Audio or video or telephone calls that is being held regarding me.

I know information that is being held about me is incorrect I have tried to deal with this a number of times yet the information that is incorrect is still being used against me and is still on the systems.

If any information is being withheld I would like to know why and for what reason it is being withheld.

07807 333545 (this is my mothers phone number, please also see attached authority letter from me her email address is [lorraine32@bluevonder.co.uk](mailto:lorraine32@bluevonder.co.uk))

I have included my ID with this application for my information.

If you need any more data from me, or a fee, please let me know as soon as possible. It may be helpful for you to know that data protection law requires you to respond to a request for data within one calendar month.

If you do not normally deal with these requests, please pass this letter to your Data Protection Officer, or relevant staff member. If you need advice on dealing with this request, the Information Commissioner's Office can assist you. Its website is [ico.org.uk](http://ico.org.uk) or it can be contacted on 0303 123 1113.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Mr Simon Paul Cordell'.

Mr Simon Paul Cordell

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 (37y)

Report Path: Local Record

109 Bumcroft Avenue, Enfield, Middlesex, EN3 7JQ

NHS Number: 434 096 1671 ABIDOYE,  
Usual GP; Patient Dapo (Dr.) Regular  
Type: Registered 08-Feb~1999

Home Tel:  
Work Tel:  
Mobile Tel: 07783158424  
email

#### Problems

##### Active

09-Dec-2015 [XJ Psychosis NOS Administration  
28-Jun-2011 Reduction of fracture of mandible  
13-Jan-2008 Fracture of scaphoid  
31-Jul-2005 Lloyd George cuiled + summarised  
13-JUL-2004 Fracture of scaphoid  
20-Nov-1997 Overdose of drug  
23-Jun-1997 Asthma  
26-Jan-1981

SUMMARY=Y (IL) SUMMARY=Y  
SUMMARY=Y  
LATERALITY - Left SUMMARY-Y  
SUMMARY=Y  
SUMMARY=Y

#### Significant Past

#### Medication

No current medication

#### Allergies

No allergies recorded.

Health Status  
rui-Feb-2016

|             |                            |        |            |
|-------------|----------------------------|--------|------------|
| 07-Nov-2011 | Non-smoker of cigarettes - |        |            |
| 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      |
| 04-Aug-2005 | Notes summary on computer  |        |            |
| 05-Feb-4999 | Current Drinker            | 40     | units/week |
|             | (Advised)                  |        |            |
| 20-Dec-1996 | O/E Blood Pressure Reading | 110/70 | mm Hg      |

#### immunisations

it9-Sep-2016 Flu vac inv 1st SMS txt msg st

No additional comment, entered

#### Planned Events

26-Oct-2018 Named GP not informed No BP recorded in  
26-Oct-2018 past 5 years Mental Health Care Plan  
26-Oct-2018 Outstanding Alcohol Consumption Recording  
26-Oct-2018 Risk Stratification - lifestyle data Seasonal Flu  
26-OCF2018 Vacc recommended Patient on QOF Registers  
26-Oct-2018  
26-Oct-2018

CORDELL, Simon (Mr.) Date of  
Birth: 26-Jan-19BI

Nightingale House Surgery  
NHS Number: 434 096 1671

Comment PT NEEDS TO BE SEEN RE LETTER FOR COURT (OF JUNE 2018) REQUEST  
HAS BEEN DESTROYED AS PT NEVER CAME BACK

Additional Attachment © Admin Letter Enfield Council LUDMILLA LYAVOO SOLICITOR  
Administration

Additional **MSii**  
Attachment B Unscheduled Care PCt General  
Scanned document

#### /alues and Investigations (Latest Value}

17-Jan-2017 QRISK2 cardiovascular disease 10-year risk 0.86

%

score

Added via Batch Data Management (Estimates used as not all input data present or in range: BMI: 27.4 kg/mA<sup>2</sup>;  
Ethnicity: British; Chdiesterol /HDL Ratio: 4.5; SBP: 127.7 mm Hg;)

05-May-2016

Qcancer Risk Calculator

0.09

%

0

%

0.02

%

0.02

%

Added via Batch Data Management Prostate Cancer

0.01

%

Risk Blood Cancer Risk Testicular Cancer Risk

0

%

Colorectal Cancer Risk Gastro-Oesophageal Cancer

0

%

Risk Pancreatic Cancer Risk Lung Cancer Risk Renal

0

%

Tract Cancer Risk Serum Vitamin D - (drdapo) - Make a0

0

%

30-Sep-2013

routine

27

nmol/L

appointment

vitamin D guidelines:

Deficient: <20 JOTO I/L insufficient: 21 - 50 nmol/L

Sub-optimal: 51 - 75 nmol/L Optimal concentration: 76

- 200 nmol/L Possible Toxicity: >250 nmol/L

Tissu transglutaminase IgA lev

3Q-Sep-2013

1

U/mi

<10.0ou/ml

30-Sep-2013

Thyroid function test

Serum TSH lev!

0.99

mU/l

0.35 - 5.50mU/l

Serum free T4 level

12.7

pmoi/l

10.00 t22.70pmoi/l

30-Sep-2013

IgA

3.22

g/i

0.80 - :3.90g/l

30-Sep-2013

Routine Blood Chemistry Serum ALT level

22

u/L

10.0u r d7.00u/L

GFR calculated abbreviated MDRD 84 mL/rnin/1.73sqm

The derived EGFR should, be multiplied, by 1.212 for Afro Caribbean - If <30

consult the Renal Drug Handbook for' prescribing advice, available via the link on the

we BNF page on the intranet. it: is not applicable in AP.F, pregnancy, amputees or

extremes of body weight.

Serum C reactive protein level 2 mg/l

<6.00rhg/l

NB: CRR assay sensitivity is now 0

30-Sep-2013

Liver -function test

i. 2 mg/l 68

Serum alkaline phosphatase

u/L

40.00 j129.00u/L

Serum total bilirubin level

15

umol/i

<15.0Qumoi/I

Serum total protein

77

g/l

62.00 4 82.00g/l

Serum albumin

48

0/L

35.00 4 50.00g/L

30-Sep-2013

Urea and electrolytes Serum sodium

138

mmol/I

135.0q- 145.00mmol/l

Serum potassium

4.6

mmol/L

3.50 - 5.50mmol/L

Serum urea level

4.5

mmol/l

1.70 - 8.30mmol/l

Serum creatinine

90

umot/l

42.00-il02.00umol/i

3Q-Sep-2013

Erythrocyte sedimentation rate

2

mm/hr

2.00- 15.00mm/hr

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

|             |  |       |                      |                                   |
|-------------|--|-------|----------------------|-----------------------------------|
| 30-Sep-2013 | Full blood count - FBC   |       |                      |                                   |
|             | Please note: The units for Bb and MCHC have changed from cr/d.l to g/X 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 |
|             | 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 (MOV)  | 97.7  | fl                   | 76.00-96. OOf l                   |
|             | ! Mean corpusc. Haemoglobin (MCH)  | 32.7  | pg                   | 27.00 L 32.00pg                   |
|             | Mean corpusc. Hb. cone. (MCHC1   | 335   | g/L                  | 315.00 - 365.00g/L                |
|             | Neutrophil count   | 6,1   | X10 <sup>9</sup> /l  | 2.00 -17,50x10 <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 -j 1.00x10 <sup>9</sup> /l   |
|             | Percentage result: 6.59%   |       |                      |                                   |
|             | Eosinophil count   | 0.1   | x10 <sup>9</sup> /l  | 0.04 -i 0.40X10 <sup>9</sup> /l   |
|             | Percentage result: 1.10%   |       |                      |                                   |
|             | Basophil count   | 0.1   | x10 <sup>9</sup> /l  | 0.02 -I 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 |  | 32    | nmol/L               |                                   |
| 10-Oct-2011 | Serum vitamin D. viewed by: YC   |       |                      |                                   |
|             |  | 66    | ng/ml                | 15-300 ng/ml                      |
| 10-Oct-2011 | Serum ferritin. viewed by:   |       |                      |                                   |
|             | Serum folate   | 4.5   | ug/L                 | 2 -14.5 ug/L                      |
| 10-Oct-2011 | viewed by: YC  |       |                      |                                   |
|             | Serum vitamin B12  | 164   | ng/L                 | 190900 ng/L                       |
| 10-Oct-2011 | viewed by: YC .gp comment: Make Routine Appointment  |       |                      |                                   |
| 10-Oct-2011 | Full Blood Count. viewed by:   |       |                      |                                   |
|             | Total cholesterol HDL ratio  | 3.4   | UNKNOWN UNITS        |                                   |
| 10-Oct-2011 | viewed by:   |       |                      |                                   |
|             | AST serum level  | 24    | u/L                  | 10-37 u/L                         |
| 10-Oct-2011 |  | 3.22  | g/L                  | 0.8-8.9 g/l                       |
| 10-Oct-2011 | IgA  |       |                      |                                   |
|             | viewed by:   |       |                      |                                   |
|             | Serum glucose level  | 4.5   | mmol/l               | 3-6 mmol/l                        |
| 10-Oct-2011 | viewed by:   |       |                      |                                   |
|             | Serum HDL cholesterol level  | 1.2   | mmol/l               |                                   |
| 10-Oct-2011 | Serum LDL cholesterol level  | 2.6   | 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 fi mmol/L                   |
| 10-Oct-2011 | Tissu transglutaminase IgA lev   | 1     | U/ml                 |                                   |
| 10-Oct-2011 | .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 -j5.2 mmol/l                  |
| 10-Oct-2011 | Serum triglycerides  | 0.7   | mmol/l               |                                   |
| 10-Oct-2011 | Thyroid function test. viewed by: YC   |       |                      |                                   |
| 10-Oct-2011 | Bone profile   |       |                      |                                   |
| 01-Jun-2009 | viewed by: YC .gp comment: Make Routine Appointment  |       |                      |                                   |
|             |  | 2     | per day              |                                   |
| 05-Feb-1999 | Cigarette smoker (Advised)   |       |                      |                                   |
|             | Current Drinker  | 40    | units/week           |                                   |
|             | (Advised)  |       |                      |                                   |

|             |  |        |       |
|-------------|--|--------|-------|
| 05-Feb-1999 | Non-smoker                               | 0      | a day |
| 20-Dec-1996 | O <i>IB</i> Blood Pressure Reading O/E - | 110/70 | mm Hg |
| 20-Dec-1996 | blood pressure reading                   |        |       |

## IN PATIENT PRESCRIPTION CHART

MEDICATION Chart No\* ..... of

K

## 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
- 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)               | 5:00p.m - 6:30p.m  |
| Night | (Night Time)            | 8:00p.m - 10:00p.m |
| Blank | Please state other time |                    |

|                            |         |          |                 |
|----------------------------|---------|----------|-----------------|
| RIO/ NHS No:               |         | 11214451 |                 |
| Surname:                   |         | CORDELL  |                 |
| Forename:                  |         | SIMON    |                 |
| M/F:                       | M       | DOB:     | 26/01/1981      |
| Start Date: 25/10/18       |         |          |                 |
| Weight:                    | Height: | Ward:    | Change of ward: |
|                            |         | Dorset   |                 |
| Consultant: Dr. Greenfield |         |          |                 |
| Bleep / Contact No:        |         |          |                 |

## ALLERGIES &amp; ADVERSE REACTIONS

| Drug  | Reaction Type                    | Initial/ Date |
|---|----------------------------------|---------------|
| <input checked="" type="checkbox"/> Nil Known | <input type="checkbox"/> Unknown | 28-11-11      |
|   |                                  | as per LHO    |
|   |                                  | + SCL         |

## 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. |
|-----------------|------|------|-------|-----------|----------|------|--------|
|                 |      |      |       |           |          |      |        |
|                 |      |      |       |           |          |      |        |
|                 |      |      |       |           |          |      |        |
|                 |      |      |       |           |          |      |        |
|                 |      |      |       |           |          |      |        |



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

**WARD:**

84



**REGULAR DRUGS** **NAME:**  
*In the event of non-administration indicate reason using appropriate code:*

**WARD:**

**RESEARCH DESIGN NAME:**  
*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

85

## As Required Drugs

NAME:

WARD:

|   |             |  |       |          |       |       |             |             |             |  |  |  |  |  |  |  |  |  |  |  |
|---|-------------|--|-------|----------|-------|-------|-------------|-------------|-------------|--|--|--|--|--|--|--|--|--|--|--|
| Drug (approved name and form)<br><b>Lorazepam</b>           |             | Date   | 15/10 |          |       |       |             |             |             |  |  |  |  |  |  |  |  |  |  |  |
|   |             | Time   | 16:00 |          |       |       |             |             |             |  |  |  |  |  |  |  |  |  |  |  |
| Dose<br>1-2mg   | Route<br>PO | Frequency and indication for use<br>Agitation max 4mg/24hrs<br>not to be used with lorazepam<br>concurrently |       | Dose     | 1mg   |       |             |             |             |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber (Sign and PRINT Name)<br><i>[Signature]</i>      |             | Date   | 25/10 | Pharmacy | \$    | Route | PO          |             |             |  |  |  |  |  |  |  |  |  |  |  |
|   |             |  |       | RA       | 1/11  | Sign  | [Signature] |             |             |  |  |  |  |  |  |  |  |  |  |  |
| Drug (approved name and form)<br><b>Lorazepam</b>           |             | Date   |       |          |       |       |             |             |             |  |  |  |  |  |  |  |  |  |  |  |
|   |             | Time   |       |          |       |       |             |             |             |  |  |  |  |  |  |  |  |  |  |  |
| Dose<br>1-2mg   | Route<br>PO | Frequency and indication for use<br>Agitation max 4mg/24hrs<br>not to be used with lorazepam<br>concurrently |       | Dose     |       |       |             |             |             |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber (Sign and PRINT Name)<br><i>[Signature]</i>      |             | Date   | 25/10 | Pharmacy | \$    | Route |             |             |             |  |  |  |  |  |  |  |  |  |  |  |
|   |             |  |       | RA       | 1/11  | Sign  |             |             |             |  |  |  |  |  |  |  |  |  |  |  |
| Drug (approved name and form)<br><b>PARACETAMOL 4-6hrly</b> |             | Date   |       |          |       |       |             |             |             |  |  |  |  |  |  |  |  |  |  |  |
|   |             | Time   |       |          |       |       |             |             |             |  |  |  |  |  |  |  |  |  |  |  |
| Dose<br>1g  | Route<br>PO | Frequency and indication for use<br>Pain relief max 4g<br>in 24hrs   |       | Dose     |       |       |             |             |             |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber (Sign and PRINT Name)<br><i>[Signature]</i>      |             | Date   | 26/10 | Pharmacy | \$    | Route |             |             |             |  |  |  |  |  |  |  |  |  |  |  |
|   |             |  |       | RA       | 1/11  | Sign  |             |             |             |  |  |  |  |  |  |  |  |  |  |  |
| Drug (approved name and form)<br><b>Ibuprofen with food</b> |             | Date   | 26/10 | 27/10    | 28/10 |       |             |             |             |  |  |  |  |  |  |  |  |  |  |  |
|   |             | Time   | 16:10 | 12:50    | 02:10 |       |             |             |             |  |  |  |  |  |  |  |  |  |  |  |
| Dose<br>400mg   | Route<br>PO | Frequency and indication for use<br>Max TDS in 24h   |       | Dose     | 400mg | 400mg | 400mg       |             |             |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber (Sign and PRINT Name)<br><i>[Signature]</i>      |             | Date   | 26/10 | Pharmacy | \$    | Route | PO          | PO          | PO          |  |  |  |  |  |  |  |  |  |  |  |
|   |             |  |       | RA       | 1/11  | Sign  | [Signature] | [Signature] | [Signature] |  |  |  |  |  |  |  |  |  |  |  |
| 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  |             |             |             |  |  |  |  |  |  |  |  |  |  |  |

**DRUGS TO TAKE HOME (including weekend leave)**

**Maximum supply - 28 days unless specially requested**

[illegible]



|  |                         |                                     |                                     |                                 |  |                                   |     |
|--|-------------------------|-------------------------------------|-------------------------------------|---------------------------------|--|-----------------------------------|-----|
| NEWS key<br><b>1 1 2 1</b>   |                         | FULL NAME <u>Simon Cordell</u>      |                                     | DATE OF BIRTH <u>26-01-1981</u> |  | DATE OF ADMISSION <u>25-10-18</u> |     |
| DATE TIME <u>26/11/18</u>  |                         |                                     |                                     | DATE TIME                       |  |                                   |     |
| Respirations<br><small>Breaths per min</small>   | ≥25                     |                                     |                                     |                                 |  | ≥25                               |     |
|  | 21-24                   |                                     |                                     |                                 |  | 21-24                             |     |
|  | 18-20                   |                                     |                                     |                                 |  | 18-20                             |     |
|  | 15-17                   | <u>17</u>                           | <u>16</u>                           |                                 |  | 15-17                             |     |
|  | 12-14                   |                                     |                                     |                                 |  | 12-14                             |     |
|  | 9-11                    |                                     |                                     |                                 |  | 9-11                              |     |
|  | ≤8                      |                                     |                                     |                                 |  | ≤8                                |     |
| SpO <sub>2</sub> Scale 1<br><small>Oxygen saturation (%)</small>   | ≥96                     | <u>97</u>                           | <u>99</u>                           |                                 |  | ≥96                               |     |
|  | 94-95                   |                                     |                                     |                                 |  | 94-95                             |     |
|  | 92-93                   |                                     |                                     |                                 |  | 92-93                             |     |
|  | ≤91                     |                                     |                                     |                                 |  | ≤91                               |     |
| SpO <sub>2</sub> Scale 2<br><small>Oxygen saturation (%)</small><br><small>ONLY use Scale 2 under the direction of a qualified clinician</small> | ≥97 on O <sub>2</sub>   |                                     |                                     |                                 |  | ≥97 on O <sub>2</sub>             |     |
|  | 95-96 on O <sub>2</sub> |                                     |                                     |                                 |  | 95-96 on O <sub>2</sub>           |     |
|  | 93-94 on O <sub>2</sub> |                                     |                                     |                                 |  | 93-94 on O <sub>2</sub>           |     |
|  | ≥93 on air              |                                     |                                     |                                 |  | ≥93 on air                        |     |
|  | 88-92                   |                                     |                                     |                                 |  | 88-92                             |     |
|  | 86-87                   |                                     |                                     |                                 |  | 86-87                             |     |
|  | 84-85                   |                                     |                                     |                                 |  | 84-85                             |     |
|  | ≤83%                    |                                     |                                     |                                 |  | ≤83%                              |     |
| Air or oxygen?   | A=Air                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                 |  | A=Air                             |     |
|  | O <sub>2</sub> L/min    |                                     |                                     |                                 |  | O <sub>2</sub> L/min              |     |
|  | Device                  |                                     |                                     |                                 |  | Device                            |     |
| Blood pressure<br><small>mmHg</small><br><small>Systolic over Diastolic</small>  | ≥220                    |                                     |                                     |                                 |  | ≥220                              |     |
|  | 201-219                 |                                     |                                     |                                 |  | 201-219                           |     |
|  | 181-200                 |                                     |                                     |                                 |  | 181-200                           |     |
|  | 161-180                 |                                     |                                     |                                 |  | 161-180                           |     |
|  | 141-160                 |                                     |                                     |                                 |  | 141-160                           |     |
|  | 121-140                 | <u>130</u>                          |                                     |                                 |  | 121-140                           |     |
|  | 111-120                 | <u>120</u>                          |                                     |                                 |  | 111-120                           |     |
|  | 101-110                 |                                     |                                     |                                 |  | 101-110                           |     |
|  | 91-100                  |                                     |                                     |                                 |  | 91-100                            |     |
|  | 81-90                   |                                     |                                     |                                 |  | 81-90                             |     |
|  | 71-80                   |                                     |                                     |                                 |  | 71-80                             |     |
|  | 61-70                   |                                     |                                     |                                 |  | 61-70                             |     |
|  | 51-60                   |                                     |                                     |                                 |  | 51-60                             |     |
|  |                         | ≤50                                 |                                     |                                 |  |                                   | ≤50 |
| Pulse<br><small>Beats per min</small>  | ≥131                    |                                     |                                     |                                 |  | ≥131                              |     |
|  | 121-130                 |                                     |                                     |                                 |  | 121-130                           |     |
|  | 111-120                 |                                     |                                     |                                 |  | 111-120                           |     |
|  | 101-110                 |                                     |                                     |                                 |  | 101-110                           |     |
|  | 91-100                  |                                     |                                     |                                 |  | 91-100                            |     |
|  | 81-90                   | <u>86</u>                           |                                     |                                 |  | 81-90                             |     |
|  | 71-80                   |                                     |                                     |                                 |  | 71-80                             |     |
|  | 61-70                   | <u>66</u>                           |                                     |                                 |  | 61-70                             |     |
|  | 51-60                   |                                     |                                     |                                 |  | 51-60                             |     |
|  | 41-50                   |                                     |                                     |                                 |  | 41-50                             |     |
|  | 31-40                   |                                     |                                     |                                 |  | 31-40                             |     |
|  |                         | ≤30                                 |                                     |                                 |  |                                   | ≤30 |
| Consciousness<br><small>Score from NEWS</small><br><small>Alert, Confused, Very Confused, Unconscious</small>                                    | Alert                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                                 |  | Alert                             |     |
|  | Confusion               |                                     |                                     |                                 |  | Confusion                         |     |
|  | V                       |                                     |                                     |                                 |  | V                                 |     |
|  | P                       |                                     |                                     |                                 |  | P                                 |     |
|  | U                       |                                     |                                     |                                 |  | U                                 |     |
| Temperature<br><small>°C</small>   | ≥39.1°                  |                                     |                                     |                                 |  | ≥39.1°                            |     |
|  | 38.1-39.0°              |                                     |                                     |                                 |  | 38.1-39.0°                        |     |
|  | 37.1-38.0°              |                                     |                                     |                                 |  | 37.1-38.0°                        |     |
|  | 36.1-37.0°              | <u>36.6</u>                         |                                     |                                 |  | 36.1-37.0°                        |     |
|  | 35.1-36.0°              | <u>35.7</u>                         |                                     |                                 |  | 35.1-36.0°                        |     |
|  | ≤35.0°                  |                                     |                                     |                                 |  | ≤35.0°                            |     |
| NEWS TOTAL   |                         | <u>0</u>                            | <u>1</u>                            |                                 |  | TOTAL                             |     |
| Monitoring frequency   |                         |                                     |                                     |                                 |  | Monitoring frequency              |     |
| Examination of care / N  |                         |                                     |                                     |                                 |  | Examination of care / N           |     |
| Initials   |                         | <u>DC</u>                           | <u>00</u>                           |                                 |  | Initials                          |     |

21 Nov 2018

**Chong Y**  
NIGHTINGALE HOUSE SURGERY  
1 NIGHTINGALE ROAD  
EDMONTON  
LONDON  
N9 8AJ

**Patient Name** Mr Simon P CORDELL  
**NHS Number** 434 096 1671  
**RIO Number** 11214451 26 Jan 1981  
**Date of Birth** 26 Oct 2018 15 Nov  
**Admission Date** 2018 Section 2  
**Discharge Date** GP / CMHT / CRHT  
**Legal Status**  
Transferred To

## 24 Hour Discharge Notification

**Consultant** Dr Jonathan Greensides **Comm.**  
**Consultant**

**Ward / Hospital** Dorset

**Carer's Contact** [Unavailable Data]

**Care Coordinator** Soobah Appadoo

**Care Co. Contact**

**Principal Diagnosis (on Discharge) and ICD10 Code** F29X - Unspecified nonorganic psychosis  
**Other Diagnoses (on Discharge) and ICD10 Codes**

**Care Cluster**

**Smoking Status** No

**Physical Health**  
(including  
diabetic risk)

Normal physical health examination  
Normal ECG – NSR HR 88BPM QTc 440ms

**Future  
Management**  
(including  
actions for GP)

Nil at present

| Drug Name | Dose (mg) | Route | Frequency | Duration (weeks) | Prescriber on Discharge |
|-----------|-----------|-------|-----------|------------------|-------------------------|
| nil       |           |       |           | Continuing / New | GP/CRHT                 |
|           |           |       |           | Continuing / New | GP/CRHT                 |
|           |           |       |           | Continuing / New | GP/CRHT                 |
|           |           |       |           | Continuing / New | GP/CRHT                 |
|           |           |       |           | Continuing / New | GP/CRHT                 |

### ALLERGY STATUS:

**2 Weeks TTAs supplied, if Crisis Resolution and Home Treatment Team flu they will manage mental health medications and update GP on discharge**

**Please follow prescribing guidance on monitoring patients taking antipsychotics including**

**Admission  
Summary**

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

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

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

His UDS was positive to THC.

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

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

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

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

Thank you for your continued care.

Here is his MSE on admission:

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

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

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

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



No perceptual abnormalities noted.

Orientated to TPP

Lacks insight, does not believe he has a MH condition and not willing to engage with services historically or currently. Unlikely to take medication willingly.

**CONTACT TELEPHONE NUMBERS:**

**To access our services in hours (9am-5pm) please contact the Care Coordinator within the relevant team.**

**For out of hours emergency response please call the Crisis Resolution and Home Treatment Teams (CRHTT):**

Barnet Crisis Resolution Home  
Treatment Team  
First Floor, Dennis Scott Unit  
Edgware Community Hospital  
Burnt Oak Broadway  
Edgware  
HA8OAD

Tel No: 020 8702 4040

Enfield Crisis Resolution Home  
Treatment Team Ivy House,  
Chase Farm Hospital,  
127 The Ridgeway,  
Enfield,  
EN2 8JL

Tel No: 020 8702 3800

Haringey Crisis Resolution  
Home  
Treatment Team Lea Unit,  
St Ann's Hospital,  
St Ann's Road,  
Tottenham,  
Haringey, N15 3TH

Tel No: 020 8702 6700

Doctor: Dr D Choudhury

Position: CT1

Contact No: 02087024670

**Cc Patient**

**Cc Community Consultant**

**NHS Smoking Cessation Services Information: <http://www.nhs.uk/smokefree>**

To evaluate the effectiveness of our communication with GPs we would be grateful for your feedback on your experience. Please complete a short survey using the link below:  
[www.oc-meridian.com/beandhmht/survey/gpsurvey](http://www.oc-meridian.com/beandhmht/survey/gpsurvey)



For information on how we manage your personal data please visit our full processing/privacy notice on our trust website: <http://www.beh-mht.nhs.uk/privacy-policy.htm> or email: [beh-tr\\_information.governance@nhs.net](mailto:beh-tr_information.governance@nhs.net)

NHS Number: 434 096 1671  
Hospital Number: 11214451

29 Nov 2018

58-60 Silver Street  
Enfield Middlesex EN1  
3EP

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

Mr Simon P CORDELL  
109 Burncroft Avenue  
Enfield

Tel: 0208 379 4142  
Email:

Middlesex, EN3 7JQ

Dear Mr Cordell

We would like to offer you a follow-up appointment:

|                          |   |
|--------------------------|---|
| <b>Appointment</b>       | Review  |
| <b>Clinic</b>            | Enfield Adults North MH Locality                |
| <b>Date/Time</b>         | 4 Dec 2018 14:30                                |
| <b>Intended Duration</b> | 30 mins   |
| <b>Clinician</b>         | Saira Chowdhary and Soobah Appadoo              |
| <b>Address</b>           | 58-60 Silver Street, Enfield, Middlesex EN1 3EP |

To make sure that access to our services is fair, please:

Contact us to confirm you can attend, or to arrange another appointment.

We may not be able to offer you another appointment if you do not attend this one, or do not tell us that you cannot come.

**Please note that if you are more than 10 minutes late for your appointment, you will not be seen as the clinics are very busy.**

Arrive on time for your appointment as we may not be able to see you if you are late.

Please contact us on the above number if English is not your first language and you need help or an interpreter. Please also contact us if you have a disability and have additional requirements which you need to discuss before your appointment.

Yours sincerely,

**Louiza Vassiliou**

Team Administrator

On Behalf of Barnet, Enfield and Haringey Mental Health Trust



For information on how we manage your personal data  
please visit our full processing /privacy notice on our trust  
website: <http://www.beh-mht.nhs.uk/privacy-policy.htm> or  
email: [beh-ty-information.governance@nhs.net](mailto:beh-ty-information.governance@nhs.net)



**From:** ROGERS, Tim (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)

**Sent:** 04 January 2019 15:08

**Cc:** DINALA, Allan (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST); MURPHY, Lucy (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST); Forensic.Referrals (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)

**Subject:** Re: Simon Cordell

Lucy

Please close the referral - it would appear that we are delaying doing the work otherwise. We can always re-open a referral if a professionals meeting is requested

Dr Tim Rogers

Consultant Forensic Psychiatrist - FICS Enfield

Camlet Three | Chase Farm Hospital | The Ridgeway | Enfield EN2 8JL

Tel: 020 8702 5953 (mobile and landline)

Email: [tim.roeersl@nhs.net](mailto:tim.roeersl@nhs.net) Line Manager: Dr Mehdi Veisi, Clinical Director Line Manager Contact: 020

8702 6040 Web: [www.beh-mht.nhs.uk](http://www.beh-mht.nhs.uk)

Twitter: @BEHMHTNHS / Facebook: [www.fb.com/behmht](http://www.fb.com/behmht)

From: APPADOO, Soobah (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)

Sent: 04 January 2019 12:19

To: ROGERS, Tim (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST); BENYURE, George (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST); GREENSIDES, Jonathan (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST); HUSSAIN, Basit (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)

Cc: DINALA, Allan (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST); MURPHY, Lucy (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST); Forensic.Referrals (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)

Subject: RE: Simon Cordell

Dear Dr Rogers,

He has not engaged with us; we have not been able to review him since his discharge from hospital. We are in the process of referring SC to the Unmanaged Risk Forum and will be guided by them.

Perhaps we could have a Professionals Meeting after the Unmanaged Risk Forum and make joint decisions in that meeting.

**We will keep you posted.**

**BW**

Soobah

**From:** ROGERS, Tim (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)

**Sent:** 03 January 2019 11:18

**To:** APPADOO, Soobah (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST); BENYURE, George (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST); GREENSIDES, Jonathan (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST); HUSSAIN, Basit (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)

**Cc:** DINALA, Allan (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST); MURPHY, Lucy (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST); Forensic.Referrals (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)

**Subject:** Re: Simon Cordell

Dear all,

Happy New Year.

I wonder if I could email about Simon Cordell?

He has remained administratively open to the forensic outreach team for consultation if needed, in case it were possible to contribute to a professionals meeting about him if needed.

Where are things up to? Are we able to close his referral to us if there is no current contact with services?

Kind regards

**Dr Tim Rogers**

**Consultant Forensic Psychiatrist - FICS Enfield**

**Camlet Three | Chase Farm Hospital | The Ridgeway | Enfield EN2 8JL**

**Tel: 020 8702 5953 (mobile and landline)**

**Email: [tim.rogersl@nhs.net](mailto:tim.rogersl@nhs.net)**

**Line Manager: Dr Mehdi Veisi, Clinical Director**

**Line Manager Contact: 020 8702 6040**

**Web: [www.beh-mht.nhs.uk](http://www.beh-mht.nhs.uk)**

From: ROGERS, Tim (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)

Sent: 23 November 2018 12:26

To: APPADOO, Soobah (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST); BENYURE, George (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST); GREENSIDES, Jonathan (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST); HUSSAIN, Basit (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)

Cc: DINALA, Allan (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)

Subject: Simon Cordell

Dear Basit, Soobah,

I hope you are well.

I'm just following up on the discharge of the above. It is a shame that it was not possible to start treatment in him but I see that a concerted attempt was made.

I have put a note on RiO. I note that Simon was documented to be thought disordered and to experience delusions but to be refusing to take treatment or to see a psychiatrist in the community following not being detained under s3 MHA. He was referred for a forensic assessment but of course we have no additional powers to compel him, so it is difficult for us to add more in the immediate aftermath.

We have not closed the referral made to us. Although it seems unlikely that Simon would agree to attend a forensic assessment given the above, I wonder whether the most helpful course of action to take would be to suggest/arrange a professionals' meeting, involving Enfield Housing and also a representative from the Police (perhaps the officer in the case in relation to the assault charge) or even MAPPA (he could be referred here?). FICS would be able to attend this if helpful.

Tim

# New Book!

# New Book!

Run Time: 8 Jan 2019, 10:01 RiO Instance: LIVE (Reporting)

Logged in User: BarnuTOI  
(Augustina Barnum)

Parameters: ClientID = 11214451 (Simon P CORDELL), Date Range Criteria = Care provision time ,  
Sort Order = Descending, Start Date = 12 October 2018 13:50, End Date = 4 December 2018 14:30, Filter  
Search = N, Progress Note Type = All, Validated = All, Entered in error = No ,  
Significant = All, Third Party Information = All, Added to Risk History = All, Concealed from  
Client = All, Locked Notes = No , UserID = BarnuTOI (Augustina Barnum)

Record Count: 110 records returned

Originator Details: 29 Nov 2018 12:05 Soobah Appadoo Nursing  
Originally Entered By Details: 29 Nov 2018 12:10 Soobah Appadoo Last  
Amended By Details: 05 Dec 2018 12:47 Soobah Appadoo Validated By  
Details : 05 Dec 2018 12:47 Soobah Appadoo Significant: No Added to  
Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

**ENFIELD ADULT NORTH LOCALITY TEAM T/C to Police-PC Tom 07506 523950.**

Asked him if SC had been charged for the assault on the police. He said he is dealing specifically with this case; he said that the police needs to interview SC first before charging him for assault; he said that SC has not made himself available.

Informed him that we plan to hold a Professionals Meeting on the 19th December. He said that I should try to call 101 to ask if Police can attend. He said that he cannot attend himself and would discuss this with his superiors. I gave him my direct contact number (work mobile)

Rang 101. Police operator took some details. I relayed that SC is known to team; he does not engage and we cannot manage risks. Hence the reason for us to hold a Professionals Meeting. Police operator took my direct number and said that police will get back to me on this.

Originator Details: 29 Nov 2018 11:53 Louiza Vassiliou Administrative Originally Entered By Details: 29 Nov 2018 11:53 Louiza Vassiliou Last Amended By Details: 29 Nov 2018 11:53 Louiza Vassiliou Validated By Details: 29 Nov 2018 11:53 Louiza Vassiliou Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed **Appointment made with Dr Chowdhary and Soobah Appadoo for Tuesday 4 December 2018 at 14.30, appointment letter sent.**

Originator Details: 23 Nov 2018 12:16 Dr Timothy Rogers Medical Originally Entered By Details: 23 Nov 2018 12:21 Dr Timothy Rogers Last Amended By Details: 23 Nov 2018 12:21 Dr Timothy Rogers Validated By Details: 23 Nov 2018 12:21 Dr Timothy Rogers Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed **Enfield FICS - consultant's note**

Entries below noted. I note that Simon was documented to be thought disordered and to experience delusions but to be refusing to take treatment or to see a psychiatrist in the community following not being detained under s3 MHA.

The forensic team have no additional powers to compel Simon, of course, so it is difficult for us to add more in the immediate aftermath of this concerted attempt to treat him in hospital.

We have not closed the referral made to us. It seems unlikely that Simon would agree to attend a forensic assessment given the below but we would be happy to offer advice to his community care co-ordinator. I wonder whether the most helpful course of action to take would be to suggest/arrange a professionals' meeting, involving Enfield Housing and also a representative from the Police (perhaps the officer in the case in relation to the assault charge). FICS would be able to attend this if helpful.

Originator Details: 16 Nov 2018 15:08 Soobah Appadoo Nursing  
 Originally Entered By Details: 16 Nov 2018 15:16 Soobah Appadoo Last  
 Amended By Details: 16 Nov 2018 15:16 Soobah Appadoo Validated By  
 Details: 16 Nov 2018 15:16 Soobah Appadoo Significant: No Added to  
 Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 ENFIELD ADULT NORTH LOCALITY TEAM

16/11/2018 Lorraine (mother) left a message at reception for me to call her back.

-5^ T/C with Lorraine. She said she is not happy that Simon was discharged from hospital. I said that I did not see any value for the ward to keep him as he is adamant that he does not have a mental illness and he has constantly declined medications. She said that Simon wanted to build up a relationship with the ward? She also mentioned that I have said that I will help Simon with housing issues; I clarified that I at no point have I said this but what I said that if Simon agrees to engage with CC in the community I am more than happy to talk/listen to him. I reiterated that his housing issues does not fall under the remit of the Community Mental Health Team and that he/should liaise with the Enfield Council directly and/or challenge the eviction via the courts. She said that she plans to liaise with the Court. I said that I am happy to arrange a review with his Psychiatrist if that what he wants; she said that she will discuss this with Simon and call be next week.

From Dr Greensides RIO entry:

-He does not want to see CC

-He does not want to see Psychiatrist in the community

-He has agreed for nursing staff to call him (for 7 day follow up)

Originator Details: 15 Nov 2018 18:30 Emma Moseley Nursing  
 Originally Entered By Details: 15 Nov 2018 18:33 Emma Moseley Last  
 Amended By Details: 15 Nov 2018 18:33 Emma Moseley Validated By  
 Details: (UNVALIDATED)

Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed

Simon was discharged from the ward. He waited till his mother came to pick him up. When his mother came she expressed her concerns that he was being discharged as the situation with the flat had not been resolved. I stated that the care coordinator would be able to help with this. She stated that the discharge as "malicious". She was reassured that this was not the case.

Originator Details: 15 Nov 2018 14:11 Emma Moseley Nursing Originally Entered By Details:  
 15 Nov 2018 14:13 Emma Moseley Last Amended By Details: 15 Nov 2018 14:13 Emma Moseley  
 Validated By Details: (UNVALIDATED)

Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed

T/C received from Simons Mother, she was angry that Simon had been discharged. The reasons for discharge were stated and she stated the she was not happy that he had been discharged and that he wanted a social worker. She was informed that he had a care coordinator that would be able to help or sign post Simon on social issues in the community.

Originator Details: 15 Nov 2018 12:06 Dr Jonathan Greensides Medical Originally Entered By  
 Details: 15 Nov 2018 12:10 Dr Jonathan Greensides Last Amended By Details: 15 Nov 2018 12:10  
 Dr Jonathan Greensides Validated By Details: 15 Nov 2018 12:10 Dr Jonathan Greensides  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed

interviewed

Simon maintains that he is not in need of any mental health follow up or treatment.

he doesn't think he suffers with any kind of illness and will not accept any treatment

I asked him about the 'second opinion' he mentioned yesterday to the assessing team, he told me they had misunderstood him and that he meant he would seek a second opinion if he was detained under a section 3.

I asked him if he would see a community psychiatrist-he said that he would not

I asked if he would see his CC Soobah, he said he would not

he has agreed to the nursing staff contacting him after his discharge.

#### Plan

-discharge from section and discharge home -n/staff to carry out 7 day f/u

#### -I will inform the CC

Originator Details: 15 Nov 2018 10:04 Dr Jonathan Greensides Medical

Originally Entered By Details: 15 Nov 2018 10:07 Dr Jonathan Greensides

Last Amended By Details: 15 Nov 2018 10:07 Dr Jonathan Greensides Validated

By Details: 15 Nov 2018 10:07 Dr Jonathan Greensides Significant: No Added

to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

in the light of his not being detained on a section 3 I see no reason for him to remain on an acute psychiatric ward as we are unable to treat him.

he has requested a 'second opinion' I have no doubt that this will not change his view, he has seen many doctors over the last few years, all of whom have thought there is mental disorder, yet he still disagrees.

I have emailed his CC about arranging an outpatient consultant review

I have also emailed the forensic consultant regarding an outpatient forensic opinion

I spoke with PC Tom yesterday, 07506523950. the police intend on charging him with assault. I have told the PC that we will discharge him later today.

#### CC will need to do 7 day f/u.

Originator Details: 15 Nov 2018 09:59 Debajyoti Choudhury Medical

Originally Entered By Details: 15 Nov 2018 10:00 Debajyoti Choudhury Last

Amended By Details: 15 Nov 2018 10:00 Debajyoti Choudhury Validated By

Details: (UNVALIDATED)

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

Dorset Ward - Chase Farm Hospital

Whiteboard meeting

CORDELL, Simon P (Mr)

#### Kept low profile on ward

Not happy that he lost tribunal; however he is not going to be detained under Section 3

Appears to be thought disordered. Did not sleep well last night

#### Plan:

1. Review with a view to discharge and discuss with community team about treatment



Originator Details: 15 Nov 2018 05:00 Bibi Khodabux Nursing Originally Entered By Details: 15 Nov 2018 05:05 Bibi Khodabux Last Amended By Details: 15 Nov 2018 05:05 Bibi Khodabux Validated By Details: 15 Nov 2018 05:05 Bibi Khodabux  
Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

1:1 with Simon who looked calm and relaxed. He interacted well and said he was happy with the support of his family and pleased with the outcome of the MHA assessment yesterday. He said he will remain on the ward at present but refused to take his medication. Has slept well.

Originator Details: 14 Nov 2018 16:33 Laurence Ryan Social Worker Originally Entered By Details: 14 Nov 2018 16:36 Laurence Ryan Last Amended By Details: 15 Nov 2018 15:19 Laurence Ryan Validated By Details: (UNVALIDATED)

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed **ENFIELD AMHP SERVICE**

#### **MHAA**

Simon was assessed for further detention under S 3 in the quiet room on Dorset Ward with Dr Rao S12, Maggie Garrod AMHP, Larry Ryan Trainee AMHP, Lorraine Cordell, Mother, Jerome, Cousin.

Simon was polite and appropriate. At the outset it was noticed that Simon had a mobile phone in his hand and was asked if he was recording the assessment. I informed him that he would require our consent prior to recording. He claimed that he had a legal right to do this. I asked the other professionals present if they objected and they did not. I reinforced with Simon that consent has to be given.

Simon talked at length about his experiences of being victimised by the police when asked about reason for arrest. He reported injustices about forged statements, curfew being in place since 2014 which included any area apart from a residential area. He admitted the police believed he had spat but denied doing this. There seemed no evidence of thought disorder. There was some pressure of speech which appeared to be linked to his anxiety that he could be detained under S3 and his need to give us as comprehensive version of his situation in the shortest possible time .

No ideas expressed of intention to self-harm ideas or of suicidality. Mother backed up all of his assertions about neighbours making noise. Cousin Jerome claimed to have heard the noises in the flat which he reported stopped once he considered the neighbours in flat above saw him leaving the property and he felt they stopped making noise from then.

Denied having any mental health issues but agreed to remain in hospital as an informal patient and would consider taking medication providing, he is seen by a second opinion doctor. It is reported that a referral has been made for a Forensic Assessment by the Care Coordinator and this should be followed up.

Dr Rao did not make a recommendation for detainment under S3 as she did not feel the criteria was met as she was not in a position to refute the evidence that Simon gave. No evidence of Simon presenting a risk of harm/safety to himself or others, no obvious risk of neglect.

#### **Conclusion**

He does not accept that he has a mental illness but is willing to stay in hospital so that, in his own words, "Dr Greensides can get to know me better".

Simon will be willing to take medication if a doctor giving a second opinion can justify the need to him.

Simon was encouraged to cooperate with Dr Greenside and the community team when discharged.

#### **Outcome**

Simon is not detained under S3 but remains subject to the conditions of S2 until it's expiry unless Dr Greensides completed a S23 form to discharge him from section 2.

#### **Report to follow**

Originator Details: 14 Nov 2018 10:19 Debajyoti Choudhury Medical Originally Entered By Details: 14 Nov 2018 10:19 Debajyoti Choudhury Last Amended By Details: 14 Nov 2018 10:19 Debajyoti Choudhury Validated By Details: (UNVALIDATED)

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

Dorset Ward - Chase Farm Hospital

Whiteboard meeting CORDELL,

Simon P (Mr)

Tribunal today Keeping to himself

Plan:

#### 1. Tribunal today

Originator Details: 08 Nov 2018 09:45 Monowara Ahmed Social Worker  
Originally Entered By Details: 08 Nov 2018 09:49 Monowara Ahmed Last  
Amended By Details: 08 Nov 2018 09:49 Monowara Ahmed Validated By  
Details: 08 Nov 2018 09:49 Monowara Ahmed Significant: No Added to  
Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed **Enfield**  
**AMHP service**

Received a request for a MHA under s3 of the MHA. His current section 2 is due to expire  
on 23/11/18.

It appears Simon has a MH Tribunal tomorrow 9/11/18. The AMHP team has decided to wait for the outcome of the decisions from the tribunal.

Originator Details: 08 Nov 2018 06:39 Gladys Osunsina Nursing Originally Entered By Details:  
08 Nov 2018 06:41 Gladys Osunsina Last Amended By Details: 08 Nov 2018 06:41 Gladys Osunsina  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed **MHA STATUS: On Section 2 of the**  
**MHA of 1983**

**MENTAL STATE:** Simon has maintained a low profile . Remains relatively calm on the ward , though still lack insight into his mental state .

**SOCIAL INCLUSION:** Interacting well with other peers and staff.

**MEDICATION:-** Not on any medication and no pm medication given **PHYSICAL HEALTH:** Nil physical health concern .

**INVESTIGATION:** - Nil carried out today .

**PERSONAL CARE & ACTIVITIES:** Self caring which appears satisfactory .

**RISK AND OBSERVATION:-** Remains on general observation, no immediate risk identified .

**LEAVE STATUS :** He utilised his unescorted section 17 leave

Originator Details: 13 Nov 2018 17:50 Gifty Dadzie Nursing  
 Originally Entered By Details: 13 Nov 2018 17:50 Gifty Dadzie Last  
 Amended By Details: 13 Nov 2018 17:50 Gifty Dadzie Validated By  
 Details: 13 Nov 2018 17:50 Gifty Dadzie Significant: No Added to  
 Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 Simon kept himself occupied in his bed space, he has appeared fairly quiet on the ward. Minimal engagement with staff but pleasant on approach.

Ate and drunk adequately during meal time.

No concerns reported from Simon. Nursed on general observation.

Originator Details: 13 Nov 2018 16:00 Dr Jonathan Greensides Medical Originally Entered By  
 Details: 14 Nov 2018 12:57 Dr Jonathan Greensides Last Amended By Details: 14 Nov 2018 12:57  
 Dr Jonathan Greensides Validated By Details: 14 Nov 2018 12:57 Dr Jonathan Greensides  
 Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

section 3 form completed, previous one has lapsed

Originator Details: 13 Nov 2018 11:18 Margaret Garrod Social Worker Originally Entered By  
 Details: 13 Nov 2018 11:50 Margaret Garrod Last Amended By Details: 13 Nov 2018 11:50 Margaret  
 Garrod Validated By Details: 13 Nov 2018 11:50 Margaret Garrod Significant: No Added to Risk  
 History: No

Contains Third Party Info: Yes Conceal From Client: Not Concealed Enfield AMHP Service

T/C to Lorraine Cordell mother on 07807333545. She confirmed that she will be available tomorrow and can attend the Ward at 2.00pm.

She told me at length about her concerns that her son had been misdiagnosed and that the evidence against him that he has mental illness is based on information from Enfield Council who she considers have been supporting allegations from his neighbours, ignoring his complaints that the neighbours are causing him serious noise nuisance. She said she had attended a court hearing on 9th August when Enfield housing had been giving evidence to evict Simon from his flat. Lorraine said that the Court was impressed with her copies of her evidence that disputed the Evidence from Enfield and no Eviction notice was granted. She told me he has colour CCTV that could give documentary evidence that he was in his flat when instances occurred outside.

She also said that in the past Simon had agreed to remain in hospital but had been discharged two days later due to lack of beds.

She told me that Simon had been given leave to visit his dog who since Simon's admission was found to have cancer and has undergone major surgery. She had felt he needed time to be with the dog, to which he is devoted, and planned to take him to visit her home today.

We agreed to meet on the ward tomorrow Wed 14.11.2018 at 2.00pm Dr Rao Independent S12 agreed to meet us on the ward at 2.00pm.

Dr Greensides agreed that he would be available on the ward. Simon has been very calm on the ward until the matter of him taking medication was raised. He thought there was sufficient evidence for a new med rec for Section 3 to be completed which he will be doing.

Originator Details: 13 Nov 2018 11:00 Dr Jonathan Greensides Medical Originally Entered By  
 Details: 13 Nov 2018 11:01 Dr Jonathan Greensides Last Amended By Details: 13 Nov 2018 11:01  
 Dr Jonathan Greensides Validated By Details: 13 Nov 2018 11:01 Dr Jonathan Greensides  
 Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed I have given him leave to visit his dog that is unwell.

dog is at mothers home and not his.

Originator Details: 13 Nov 2018 10:49 Dr Jonathan Greensides Medical Originally Entered By  
 Details: 13 Nov 2018 10:57 Dr Jonathan Greensides Last Amended By Details: 13 Nov 2018 10:57  
 Dr Jonathan Greensides Validated By Details: 13 Nov 2018 10:57 Dr Jonathan Greensides  
 Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

I met with Simon

I had been informed that the section 3 assessment is delayed as the AMHP office has a number of section 2 assessments to complete & as his section 2 is not near expiring he is at the bottom of the pile.

I explained this to Simon & that in the circumstances I feel it is important that he commences treatment

he became quite angry, he said he felt the tribunal made the wrong decision & that we were relying on evidence that had been 'thrown out' as it had 'expired' (this was the list of complaints the council had compiled)

he then said he would appeal again & would complain about me and that as a result I would not be his doctor as this would be 'a conflict of interests under the 1998 act' I asked him what the 1998 act was, he wasn't able to give a clear explanation.

I told him that I felt he was confused about points of law, and that often he would refer to things incorrectly-I know this in regards to his references around the mental health act in particular

at l/v

he was thought disordered (this is apparent much more when he is confronted about his beliefs/behaviour)

he continues to express paranoid views about the council & his neighbours, these haven't changed

he was paranoid about me and felt that I was persecuting him and trying to 'euthanase him' by prescribing medication, which he told me he would refuse

I explained I would prescribe risperidone 2mg at night.

he remains insightful and whilst generally calmer his core delusional beliefs remain.

#### Plan

-risperidone 2mg nocte -d/w AMHP office

Originator Details: 13 Nov 2018 10:08 Debajyoti Choudhury Medical Originally Entered By Details: 13 Nov 2018 10:08 Debajyoti Choudhury Last Amended By Details: 13 Nov 2018 10:08 Debajyoti Choudhury Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed Dorset Ward - Chase Farm Hospital

Whiteboard meeting

**CORDELL, Simon P (Mr)**

Kept low profile on ward

Not happy that he lost tribunal

Was given leave to view dog; did not go yesterday

Plan:

1, Dr Greensides to discuss with patient with a view to start anti-psychotic \_\_\_\_\_

Originator Details: 13 Nov 2018 05:51 Gladys Osunsina Nursing Originally Entered By Details: 13 Nov 2018 05:59 Gladys Osunsina Last Amended By Details: 13 Nov 2018 05:59 Gladys Osunsina Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

MHA STATUS: -- Detained under Section 2 of the MHA

MENTAL STATE: Simon spent most of his time in his room using his computer. He only came out of his room when he wants his demand to be met. He appeared calm in mood and fairly settled in presentation. Patient approached staff that he would like to go to the petrol station in the middle of the night.

SOCIAL INCLUSION: -- Minimal interaction with both staff and peers.

INVESTIGATION: -- Nil carried out this shift

PHYSICAL HEALTH: Nil reported and observed. Good dietary and fluid taken.

MEDICATION: - Not on any medication at night

PERSONAL CARE & ACTIVITIES: Self-care appeared satisfactory. Nil activity.

RISK AND OBSERVATION LEVEL: Unpredictable behaviour. Nursed on general observation.

LEAVE STATUS - Nil Section 17 leave but can go to the garden for fresh air.

Originator Details: 12 Nov 2018 18:52 Gifty Dadzie Nursing Originally Entered By Details: 12 Nov 2018 18:52 Gifty Dadzie Last Amended By Details: 12 Nov 2018 18:52 Gifty Dadzie Validated By Details: 12 Nov 2018 18:52 Gifty Dadzie Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed Simon maintained a low profile, presented as fairly calm and relaxed in his mood and behaviour. No aggressive behaviour displayed.

No overt psychotic symptom observed. Ate and drunk well in the company of others. Simon has up to 6 hours leave to see his dog .

His mother will be visiting the ward tomorrow to see his dog.

Originator Details: 12 Nov 2018 16:33 Margaret Garrod Social Worker Originally Entered By Details: 12 Nov 2018 16:41 Margaret Garrod Last Amended By Details: 12 Nov 2018 16:41 Margaret Garrod Validated By Details: 12 Nov 2018 16:41 Margaret Garrod Significant: No Added to Risk History: No Contains Third Party Info: Yes Conceal From Client: Not Concealed Enfield AMHP Service

T/C by Gideon Ellis AMHP Trainee to Lorraine Cordell 07807 333545 mother to seek her availability for the MHAA on Wednesday 14.11.2018.

She thought she might be free but needed to consult her diary. Gideon agreed a member of the AMHP Service would ring her tomorrow at about 10.00am to confirm the time for the assessment.

Originator Details: 12 Nov 2018 11:24 Gifty Dadzie Nursing Originally Entered By Details: 12 Nov 2018 11:24 Gifty Dadzie Last Amended By Details: 12 Nov 2018 18:50 Gifty Dadzie Validated By Details: 12 Nov 2018 18:50 Gifty Dadzie Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed T/C to Enfield AMHP spoke to Maria the administration staff in regards to allocating a date and time for Simon's assessment for section 3.

She tells me Simon's section 2 expires on the 23/11 /18 until then a date/time could not be allocate for the assessment. She tells me a new recommendation for section 3 would have to be done as the current one will be invalidate when the section expires on 23/11/18.

Originator Details: 12 Nov 2018 10:09 Debajyoti Choudhury Medical Originally Entered By Details: 12 Nov 2018 10:09 Debajyoti Choudhury Last Amended By Details: 12 Nov 2018 10:09 Debajyoti Choudhury Validated By Details: (UNVALIDATED) Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed

Dorset Ward - Chase Farm Hospital

Whiteboard meeting CORDELL,

Simon P (Mr)

Kept low profile on ward Not happy

that he lost tribunal

Plan:

#### 1. Ward staff to chase AMHP - needs to assess for S3 ASAP

Originator Details: 12 Nov 2018 06:40 Bibi Khodabux Nursing  
Originally Entered By Details: 12 Nov 2018 06:40 Bibi Khodabux  
Last Amended By Details: 12 Nov 2018 06:40 Bibi Khodabux Validated  
By Details: 12 Nov 2018 06:40 Bibi Khodabux Significant: No Added  
to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Has slept well at night.

Originator Details: 12 Nov 2018 00:48 Bibi Khodabux Nursing  
Originally Entered By Details: 12 Nov 2018 01:03 Bibi Khodabux  
Last Amended By Details: 12 Nov 2018 06:40 Bibi Khodabux Validated  
By Details: 12 Nov 2018 06:40 Bibi Khodabux Significant: No Added  
to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
MHA STATUS: Detained under Section 2.

MENTAL STATE: – Attempted 1:1 with Simon who became quite distressed and declined to sit down to talk ,instead accused staff of colluding with the doctor when writing the tribunal report so that he is further detained on the ward. He was talking on the corridor and was irritable in mood and did not allow staff to explain or talk to him. He remains insightful,blaming others and not receptive to any reassurances. He is preoccupied with his website, computer and spent long hours in his room.

SOCIAL INCLUSION: . – Minimal interaction with staff and peers .

INVESTIGATION: Nil carried out during this shift.

PHYSICAL HEALTH: – He did not report any problem.

Had night snacks. .

MEDICATION: --On no medication at the moment.

PERSONAL CARE a ACTIVITIES: Good self-care maintained.

RISK AND OBSERVATION LEVEL: To self is low.

To others is moderate due to unpredictable behaviour.

Nursed on general observation .

#### LEAVE STATUS – Section 17 leave.

Originator Details: 11 Nov 2018 16:30 Daizzy Annan Nursing Originally Entered By Details:  
11 Nov 2018 16:40 Daizzy Annan Last Amended By Details: 11 Nov 2018 16:40 Daizzy Annan  
Validated By Details: 11 Nov 2018 16:40 Daizzy Annan Significant: No Added to Risk History:  
No  
Contains Third Party Info: No Conceal From Client: Not Concealed

MHA STATUS: Detained under Section 2 of the MHA

MENTAL STATE: Simon spent most of his time in his room using his computer. He only came out of his room when he wants his demand to be met. He appeared calm in mood and fairly settled in presentation. However, when conversation was initiated, he reported that he doesn't know why we are still keeping him in hospital. Explanation given but still lack insight into his mental state.

SOCIAL INCLUSION: Minimal interaction with both staff and peers .

INVESTIGATION: Nil

PHYSICAL HEALTH: Nil reported and observed. Good dietary and fluid taken.

MEDICATION: Nil medication due.

PERSONAL CARE & ACTIVITIES: Self-care appeared satisfactory. Nil activity.

RISK AND OBSERVATION LEVEL: Unpredictable behaviour. Nursed on general observation .

LEAVE STATUS - Nil Section 17 leave but can go to the garden for fresh air.

Originator Details: 11 Nov 2018 04:28 Fungai Nembaware Nursing Originally Entered By Details: 11 Nov 2018 04:34 Fungai Nembaware Last Amended By Details: 11 Nov 2018 04:34 Fungai Nembaware Validated By Details: (UNVALIDATED)

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed NOCTE

**Mental State:**

Simon appeared calm in mood and relatively settled in his mental state and calm in mood. He kept mostly to his bed space, utilising his computer. He interacted selectively with peers and although he kept a low profile mostly. He interacted appropriately with staff. Slept well after night snacks , no management issues.

**Physical Health:**

Nil reported or observed.

**Medication:**

Concordant with his prescribed medication.

**Personal Care and Activities:**

Adequate personal hygiene.

**Risks and Observation Level:**

Nil new risk identified during this shift.

**MH Status:**

Currently on S2.

**Leave:**

No S17 leave.

Originator Details: 10 Nov 2018 17:33 Akindele Ogunniyi Nursing Originally Entered By Details: 10 Nov 2018 17:43 Akindele Ogunniyi Last Amended By Details: 10 Nov 2018 17:43 Akindele Ogunniyi Validated By Details: 10 Nov 2018 17:43 Akindele Ogunniyi Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

ONE TO ONE INTERACTION WITH SIMON TODAY.

MHA STATUS: Detained under Section 2 of the MHA

MENTAL STATE: ---- One to one interaction with Simon this morning. He was seen using computer in his room and stated that all the documents he collected from hospital during this admission has been uploaded on his computer. He talked about many documents in the computer that seems not having meaning. He stated that he does not need to be in hospital because there is nothing wrong with him. Appeared quite thoughtful and lacks insight into his mental state. Though exhibited no challenging behaviour on the ward.

SOCIAL INCLUSION: Minimal interaction with staff and peers.

INVESTIGATION: Nil carried out during this shift.

PHYSICAL HEALTH: – Nil physical health concern. Eating and drinking well.

MEDICATION: – Nil on medication at the moment.

PERSONAL CARE and ACTIVITIES: Good self-care maintained.

RISK AND OBSERVATION LEVEL: Nursed on general observation.

LEAVE STATUS – Section 17 leave needs to be reviewed and updated by the team ■

Originator Details: 10 Nov 2018 07:01 Simon Tsenuokpor Nursing Originally Entered By  
Details: 10 Nov 2018 07:02 Simon Tsenuokpor Last Amended By Details: 10 Nov 2018 07:02 Simon  
Tsenuokpor Validated By Details: 10 Nov 2018 07:02 Simon Tsenuokpor Significant: No Added  
to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed MHA STATUS: On Section 2

MENTAL STATE: He Remains fairly calm and keeping to self on the ward, though still lack insight into his mental state .

SOCIAL INCLUSION: Interacting well with peers and staff.

MEDICATION: He is not on any medication at the moment

PHYSICAL HEALTH: Nil reported on the shift. He is eating and drinking well

INVESTIGATION: Nil carried out on the shift.

PERSONAL CARE and ACTIVITIES: Appears satisfactory. He did not participate in any ward base activity, but was observed watching tv in his bed room

RISK AND OBSERVATION: Nil reported to self or other. Remains on general observation.

LEAVE STATUS : He has section 17 leave

Originator Details: 09 Nov 2018 17:18 Ebenezer Nana Alabar Nursing Originally Entered By  
Details: 09 Nov 2018 17:28 Ebenezer Nana Alabar Last Amended By Details: 09 Nov 2018 17:29  
Ebenezer Nana Alabar Validated By Details: 09 Nov 2018 17:29 Ebenezer Nana Alabar  
Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed



**Mental State:** Simon appears relatively settled in his mental state and calm in mood. He kept mostly to his bed space using his computer, keeping a low profile on the ward. He interacted appropriately with staffs and his peers. He is pleasant on approach to staffs for his needs to be met. There was no management issues.

**Physical Health:** No physical health concerns raised during the shift.

**Medication/Meal:** He was concordant with his prescribed medication, and had adequate fluid and meals intake with no concerns.

**Personal Care and Activities:** His personal hygiene appeared good, and appropriately dressed for the weather. He kept mostly to his bed space.

**Risks and Observation Level:** No reported risk during the shift and he is nursed on general observations.

**MH Status:** Currently on S2.

**Leave:** No S17 leave given at the moment.

Originator Details: 09 Nov 2018 11:04 Maria Bruce Medical Originally Entered By Details: 09 Nov 2018 11:04 Maria Bruce Last Amended By Details: 04 Dec 2018 16:03 Maria Bruce Validated By Details: 04 Dec 2018 16:03 Maria Bruce Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed Dorset Ward - Chase Farm Hospital

Whiteboard meeting

CORDELL, Simon P (Mr)

Tribunal yesterday

Section 2 upheld

Due for assessment for S3

Plan:

1. Ward staff to chase AMHP - need to assess for S3 today as recommendation due to expire

Originator Details: 09 Nov 2018 07:16 Gladys Osunsina Nursing Originally Entered By Details: 09 Nov 2018 07:23 Gladys Osunsina Last Amended By Details: 09 Nov 2018 07:23 Gladys Osunsina Validated By Details: 09 Nov 2018 07:23 Gladys Osunsina Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed

ENTRY BY: Lawrence Gina

MHA STATUS: On Section 2 of the MHA of 1983

MENTAL STATE: He Remains relatively calm and settled on the ward maintaining low profile, though still lack insight into his mental state.

SOCIAL INCLUSION: Interacting well with other service users and staff.

MEDICATION: - Not on any medication at the moment

PHYSICAL HEALTH: Nil physical health concern . He was observed to have had adequate dietary and fluid intake

INVESTIGATION: - Nil carried out today .

PERSONAL CARE & ACTIVITIES: Self caring which appears satisfactory . There were no ward based activities by the OT on this shift

RISK AND OBSERVATION:-- None identify with him or other. Remains on general observation.

LEAVE STATUS :He has section 17 leave

Originator Details: 08 Nov 2018 17:48 Gifty Dadzie Nursing Originally Entered By Details: 08 Nov 2018 17:43 Gifty Dadzie Last Amended By Details: 08 Nov 2018 17:48 Gifty Dadzie Validated By Details: 08 Nov 2018 17:48 Gifty Dadzie Significant: No Added to Risk History: No

**Contains Third Party Info: No Conceal From Client: Not Concealed** MHA STATUS: Detained on section 2 of the MHA 1983 as amended 2007

MENTAL STATE:- Simon remains relatively calm on the ward . Seen interacting with staff and peers.

He did not utilise his leave, he attended his tribunal and he unfortunately lost his tribunal. Remains on section 2 of the mental health act.

SOCIAL INCLUSION: Simon did not utilise his section 17 leave,

INVESTIGATION: -Nil carried out today.

PHYSICAL HEALTH : Nil physical health concern . Ate and drunk adequately during meal times

MEDICATION: — Nil regular medication prescribed

PERSONAL CARE & ACTIVITIES: - Maintains good personal care .

RISK AND OBSERVATION LEVEL: Nursed on general observation .

LEAVE STATUS He utilised his section 17 leave and returned to the ward .

Originator Details: 08 Nov 2018 15:03 Lisa Brady Social Worker Originally Entered By Details: 08 Nov 2018 15:04 Lisa Brady Last Amended By Details: 08 Nov 2018 15:04 Lisa Brady Validated By Details: 08 Nov 2018 15:04 Lisa Brady Significant: No Added to Risk History: No

**Contains Third Party Info: No Conceal From Client: Not Concealed**

Enfield FICS

Dr Tim Rogers has contacted Dr Jonathan Greensides - await update

Originator Details: 08 Nov 2018 13:05 Maria Bruce Medical Originally Entered By Details: 08 Nov 2018 13:05 Maria Bruce Last Amended By Details: 04 Dec 2018 16:03 Maria Bruce Validated By Details: 04 Dec 2018 16:03 Maria Bruce Significant: No Added to Risk History: No

**Contains Third Party Info: No Conceal From Client: Not Concealed**

Dorset Ward - Chase Farm

Hospital Whiteboard meeting

CORDELL, Simon P (Mr)

Tribunal today Keeping to himself

Plan:

1. Tribunal today

Originator Details: 08 Nov 2018 09:45 Monowara Ahmed Social Worker Originally Entered By Details: 08 Nov 2018 09:49 Monowara Ahmed Last Amended By Details: 08 Nov 2018 09:49 Monowara Ahmed Validated By Details: 08 Nov 2018 09:49 Monowara Ahmed Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed Enfield AMHP service

Received a request for a MHA under s3 of the MHA. His current section 2 is due to expire on 23/11/18.

It appears Simon has a MH Tribunal tomorrow 9/11/18. The AMHP team has decided to wait for the outcome of the decisions from the tribunal.

Originator Details: 08 Nov 2018 06:39 Gladys Osunsina Nursing Originally Entered By Details: 08 Nov 2018 06:41 Gladys Osunsina Last Amended By Details: 08 Nov 2018 06:41 Gladys Osunsina Validated By Details: (UNVALIDATED)

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed MHA STATUS: On Section 2 of the MHA of 1983

MENTAL STATE: Simon has maintained a low profile . Remains relatively calm on the ward , though still lack insight into his mental state .

SOCIAL INCLUSION: Interacting well with other peers and staff.

MEDICATION:- Not on any medication and no pm medication given PHYSICAL HEALTH: Nil physical health concern .

INVESTIGATION: - Nil carried out today .

PERSONAL CARE & ACTIVITIES: Self caring which appears satisfactory .

RISK AND OBSERVATION:- Remains on general observation, no immediate risk identified .

LEAVE STATUS :He utilised his unescorted section 17 leave

Originator Details: 07 Nov 2018 18:22 Akindele Ogunniyi Nursing Originally Entered by Details: 07 Nov 2018 18:31 Akindele Ogunniyi Last Amended by Details: 07 Nov 2018 18:31 Akindele Ogunniyi Validated by Details: 07 Nov 2018 18:31 Akindele Ogunniyi Significant: No Added to Risk History: No Contains Third Party Info: No Conceal from Client: Not Concealed **MHA STATUS:**  
 – Detained under Section 2 of the MHA.

**MENTAL STATE:** -- appeared relatively calm on the ward. Seen interacting well with staff and peers. He utilised his section 17 leave unescorted and returned to the ward. Though remains vague in his mental state as he denied any mental health problems.

**SOCIAL INCLUSION:** -- Interacting well on the ward and utilised his section 17 leave.

**INVESTIGATION:** -Nil carried out today.

**PHYSICAL HEALTH:** Nil physical health concern. Eating and drinking well.

**MEDICATION:** – Nil regular medication prescribed

**PERSONAL CARE & ACTIVITIES:** - Appeared well kempt. He maintained his personal hygiene.

**RISK AND OBSERVATION LEVEL:** Nursed on general observation.

**LEAVE STATUS** He utilised his section 17 leave and returned to the ward ■

Originator Details: 07 Nov 2018 11:03 Maria Bruce Medical Originally Entered by Details: 07 Nov 2018 11:03 Maria Bruce Last Amended by Details: 04 Dec 2018 16:04 Maria Bruce Validated by Details: 04 Dec 2018 16:04 Maria Bruce Significant: No Added to Risk History: No Contains Third Party Info: No Conceal from Client: Not Concealed **Dorset Ward - Chase Farm Hospital**

Whiteboard meeting

CORDELL, Simon P (Mr)

Tribunal tomorrow

Occupies himself in his room on his computer No issue on the ward Plan for S3 for treatment Communications office emailed re website

Plan:

1. Await S3 assessment

2. Tribunal tomorrow

Originator Details: 07 Nov 2018 07:02 Bibi Khodabux Nursing Originally Entered by Details: 07 Nov 2018 07:14 Bibi Khodabux Last Amended by Details: 07 Nov 2018 07:30 Bibi Khodabux Validated by Details: 07 Nov 2018 07:30 Bibi Khodabux Significant: No Added to Risk History: No Contains Third Party Info: No Conceal from Client: Not Concealed

MHA STATUS: Section 2

MENTAL STATE: 1:1 with Simon who is preoccupied with his tribunal hearing. He was insisting that he is being framed for something he did not do. He said he has his mother's support. He denied being paranoid against his neighbours. He insists he is innocent and has no mental illness. He has no insight. Reassurances and support offered by staff by attempting to explain that he is being offered help, treatment for his condition and not being accused of any crime.

SOCIAL INCLUSION: Mostly on his computer in his room during the shift is INVESTIGATION: None carried out.

PHYSICAL HEALTH: He did not report any problem.

He ate and drank well.

MEDICATION: Not on regular medication.

PERSONAL CARE & ACTIVITIES: Is satisfactory, he interacted with fellow patients.

RISK AND OBSERVATION LEVEL: Of slow progress in his mental state.

To others on the ward is low.

On general observation.

LEAVE: Granted section 17 leave.

Has slept well.

Originator Details: 06 Nov 2018 17:42 Gifty Dadzie Nursing Originally Entered by Details: 06 Nov 2018 17:42 Gifty Dadzie Last Amended by Details: 06 Nov 2018 17:42 Gifty Dadzie Validated by Details: 06 Nov 2018 17:42 Gifty Dadzie Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal from Client: Not Concealed MHA STATUS: On Section 2

MENTAL STATE: Simon has maintained a low profile. Remains relatively calm on the ward, though still lack insight into his mental state. Seen interacting well with peers and staff. He utilised his leave on hospital ground.

SOCIAL INCLUSION: He utilised his section 17 leave and engaging with other peers.

MEDICATION: -

PHYSICAL HEALTH: Nil physical health concern.

INVESTIGATION: - Nil carried out today.

PERSONAL CARE & ACTIVITIES: He attending to his personal care.

RISK AND OBSERVATION: — Remains on general observation.

LEAVE STATUS: He utilised his unescorted section 17 leave.

Originator Details: 06 Nov 2018 17:42 Gifty Dadzie Nursing Originally Entered by Details: 06 Nov 2018 17:43 Gifty Dadzie Last Amended by Details: 06 Nov 2018 17:43 Gifty Dadzie Validated by Details: 06 Nov 2018 17:43 Gifty Dadzie Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal from Client: Not Concealed

Simon was seen by a solicitor today in preparation to his upcoming tribunal hearing.

Originator Details: 06 Nov 2018 12:20 Maria Bruce Medical Originally Entered by Details: 06 Nov 2018 12:20 Maria Bruce Last Amended by Details: 04 Dec 2018 16:04 Maria Bruce Validated by Details: 04 Dec 2018 16:04 Maria Bruce Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal from Client: Not Concealed

Dorset Ward - Chase Farm Hospital

Whiteboard meeting CORDELL,

Simon P (Mr)

Very preoccupied with his website, the tribunal and that a recommendation for S3 has been made

Has put MHA section paperwork on his website Limited insight

Plan:

1. Await S3 assessment

2. Inform communications office of documents online

Originator Details: 06 Nov 2018 06:29 Simon Tsenuokpor Nursing Originally Entered By Details: 06 Nov 2018 06:30 Simon Tsenuokpor Last Amended By Details: 06 Nov 2018 06:30 Simon Tsenuokpor Validated By Details: 06 Nov 2018 06:30 Simon Tsenuokpor Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed MHA Status: He is on section 2

Mental State: Simon was observed to be stable in the mood and behaviour, polite to staff and peers. He however, has no insight to his current mental state

Social Inclusion: He was observed to be interacting with staff and peers in the lounge area

Medication: He is not on any medication

Physical Health: Nil reported on the shift. Had snacks, hot drinks, take away and appeared to have slept well

Investigation: Nil done during this shift.

Personal Hygiene and Activities: Appears satisfactory and was observed watching tv in his room for a while Risk

and Observation: Nil reported or observed on the shift. He is being nursed on general observations

Leave: He did not utilise his sec 17 leave on the shift

Originator Details: 05 Nov 2018 16:04 Mr Jameson Simwanza Social Worker Originally Entered By Details: 05 Nov 2018 16:04 Mr Jameson Simwanza Last Amended By Details: 05 Nov 2018 16:15 Mr Jameson Simwanza Validated By Details: (UNVALIDATED) Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed

Enfield AMHP service entry;

Referral received from Dorset ward for a section 3 MHA assessment for Simon. Currently Simon is under section 2 of the MHA 1983/2007 which is due to expire on 23/11/18. He was detained on section 2 on 26/10/18.

Dr Greensides reviewed/examined Simon today (05/11/18) and felt that Simon is unwell and needing to start on new treatment. Dr Greensides does not wish to do this prior to any section 3 as feels that it will not be beneficial to take medication against his will unless he is subsequently detained on a section 3 (see Greensides progress notes below)

However, also, Simon has appealed his section - no confirmed date yet (see Rio entry by Dr BRUCE, Maria on 2 Nov 2018)

Furthermore; when I phoned Simon's mother who I identified to be his Nearest Relative, in order to consult with her regarding carrying out a MHA assessment for section 3, she argued that she has not been given sufficient time so that she could attend the assessment. She requested for notice or more time to enable her attend the assessment when it is set up.

Plan:

Explore above issues when considering setting up assessment

N Relative , mother, Lorraine Cordell, mobile, 07807333545 and tel 02082457454 wants sufficient notice to attend the assessment

#### Simon is appealing his section 2 detention.

Originator Details: 05 Nov 2018 14:39 Akindele Ogunniyi Nursing Originally Entered By Details: 05 Nov 2018 14:48 Akindele Ogunniyi Last Amended By Details: 05 Nov 2018 14:54 Akindele Ogunniyi Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed MHA STATUS: On Section 2 of the

MHA of 1983

MENTAL STATE: - -- Appeared relatively calm on the ward , though still lack insight into his mental state . Seen interacting well with peers and staff . He used his section 17 leave and returned to the ward .

NB - First medical recommendation for section 3 written up by Dr Greensides and AMHP office informed .

SOCIAL INCLUSION: - He utilised his section 17 leave and seen interacting well with staff and fellow patients.

MEDICATION:- He concordant with his prescribed medication

PHYSICAL HEALTH: – Nil physical health concern .

INVESTIGATION: - Nil carried out today .

PERSONAL CARE 6 ACTIVITIES: – He maintained his personal hygiene .

RISK AND OBSERVATION:- Remains on general observation .

#### LEAVE STATUS – He utilised his unescorted section 17 leave .

Originator Details: 05 Nov 2018 14:27 Ioannis Patkas Psychology Originally Entered By Details: 05 Nov 2018 14:28 Ioannis Patkas Last Amended By Details: 05 Nov 2018 14:28 Ioannis Patkas Validated By Details: 05 Nov 2018 14:28 Ioannis Patkas Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

Simon refused to be assessed earlier today. He explained that his admission was not legitimate and he was advised by his solicitor not to engage with HCPs.

Originator Details: 05 Nov 2018 12:39 Marilyn Cameron Therapy Originally Entered By Details: 05 Nov 2018 12:41 Marilyn Cameron Last Amended By Details: 05 Nov 2018 13:12 Marilyn Cameron Validated By Details: 05 Nov 2018 13:12 Marilyn Cameron Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

OT:Self

pampering

11-12noon

Simon came into the room and spoke about how unfair it was that he was in hospital. He spoke about the police conspiring against him. Simon said the police were very careful in how they handled him. Simon said the police could not prove/find him guilty of anything. Simon said he did not have a psychosis but as he was suing the police they would not put him in prison but made up the charge that he was psychotic. He said he was not grandiose and he did own and run a business. He said he was not bankrupt and despite receipts provided by his mother did not over spend. He mentioned that someone had accused him of something he'd done in his flat but it hadn't been true never the less the police had still brought him to hospital. He feels everything done to him is against his 'human rights'. Technician did try to point out /reason with him but he only reason things out according to his beliefs.

Originator Details: 05 Nov 2018 12:03 Dr Jonathan Greensides Medical  
Originally Entered By Details: 05 Nov 2018 12:23 Dr Jonathan Greensides  
Last Amended By Details: 05 Nov 2018 12:23 Dr Jonathan Greensides Validated  
By Details: 05 Nov 2018 12:23 Dr Jonathan Greensides Significant: No Added  
to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed



I had a long discussion with his mother on Friday, I was not able to write up on RIO then as it was not working

I explained that I felt Simon was unwell and that he had paranoid psychotic symptoms and I felt at times was thought disordered, and heard things.

I didn't accept that the persecution he described from his neighbour one floor up was happening as I didn't believe this was possible and I felt what was being described was paranoid psychosis. His mother does not agree and feels that this is to do with poor sound proofing & deliberate targeting by a neighbour and subsequent persecution by the authorities.

she asked me for a letter to be given to the legal dept, of Enfield council, advocating for Simon to have a two bed property so that someone can stay to provide support for him.

I told her we do not write letters of this nature but that if the dept got in touch with us we would answer any questions they had.

she gave the details as Ludmilla Lyavoo tel 02083798323 [ludmilla.lvavoo@enfield.gov.uk](mailto:ludmilla.lvavoo@enfield.gov.uk)

I explained to his mother that I intended on applying for a section 3 as I felt he needed some treatment

5/11/18

I interviewed Simon.

we went over some of the things, he maintained that the neighbour one floor above was persecuting him and was able to locate him in his flat and then bang, flush the toilet and make noise, the purpose of which was persecution.

he confirmed that this happens at all times of day and even if he changes his routine etc.

I asked him about the neighbour directly above

he said he was OK. but went on to describe one time when he 'went mad in his flat, following me round and banging on the floor like crazy' He admitted that he confronted him after this, but denied any assault etc (I have been informed that he attacked this neighbour and that he was subsequently very frightened to flush his toilet)

I explained to Simon that I felt he was unwell with a paranoid psychosis and that I felt he needed to take some treatment, he disagreed and then accused me of 'being leaned on by people above you' On closer questioning he was referring to the police.

I asked him if he smoked much cannabis, he said he used to, then said every now & then. I asked him about the smell of cannabis in his room, he said that he'd had a few visitors.

he agreed to provide a urine sample

at l/v

he is relatively well presented

his speech is rapid but not pressured, he makes frequent legal references some of which I know to be inaccurate (ie around the mental health act) and remains very preoccupied with his perceived persecution, of which this admission is part.

he is not elated or depressed in his mood

his thinking is unclear and his answers are often very circumstantial, in my view he is at times thought disordered he remains paranoid with a complex system involving his neighbour, the council, police and the NHS I suspect he suffers with auditory hallucinations he is insightful and will not accept any treatment

## IMP

-I have made an application for a section 3. he suffers with a paranoid psychosis, most likely schizophrenia and there are risks to his health (mental), safety (retaliation) and to others-he has threatened his neighbours, filmed through their letter box etc. in response to his paranoia 6 caused considerable psychological distress.

if this is upheld then we will start a trial of antipsychotic treatment, I do not wish to do this prior to any section 3 as it will not be beneficial to take medication against his will unless he is subsequently detained on a section 3.

Originator Details: 05 Nov 2018 11:17 Maria Bruce Medical Originally Entered By Details: 05 Nov 2018 11:18 Maria Bruce Last Amended By Details: 04 Dec 2018 16:04 Maria Bruce Validated By Details: 04 Dec 2018 16:04 Maria Bruce Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed Dorset Ward - Chase Farm Hospital

## Whiteboard meeting

CORDELL, Simon P (Mr)

Very preoccupied with tribunal + corruption website No change in presentation

## Plan:

1. Application for section 3

Originator Details: 05 Nov 2018 04:15 Bibi Khodabux Nursing Originally Entered By Details: 05 Nov 2018 04:24 Bibi Khodabux Last Amended By Details: 05 Nov 2018 04:27 Bibi Khodabux Validated By Details: 05 Nov 2018 04:27 Bibi Khodabux Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed MHA STATUS: Section 2

MENTAL STATE: 1:1 with Simon who was polite and engaged well. He became anxious when he started discussing the tribunal .He said he was wrongly accused by police and does not believe he is ill. He still believes his neighbours are wrong and he is not taking any responsibility for any harm towards his neighbours. He thanked staff for their help and support on the ward. He agreed to have a copy of his care plan and discussed it at length.

SOCIAL INCLUSION: Mostly on computer in his room during the shift, showing staff his writing about the tribunal.

INVESTIGATION: None carried out.

PHYSICAL HEALTH : He did not report any problem.

He ate and drank well.

MEDICATION: Not on regular medication.

PERSONAL CARE & ACTIVITIES: Is satisfactory, he interacted with fellow patients.

RISK AND OBSERVATION LEVEL: Of slow progress in his mental state due to non-compliance.

On general observation.

LEAVE: Granted section 17 leave.

Originator Details: 04 Nov 2018 18:22 Ralph Antwi Nursing Originally Entered By Details: 04 Nov 2018 18:31 Ralph Antwi Last Amended By Details: 04 Nov 2018 18:31 Ralph Antwi Validated By Details: 04 Nov 2018 18:31 Ralph Antwi Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed MHA STATUS: Sec 2

MENTAL STATE: Appeared reasonably stable in his mental state.

SOCIAL INCLUSION: Mostly on computer in his bed area during the shift, observed interacting with his peers.

INVESTIGATION: None carried out

PHYSICAL HEALTH : Nil reported or observed during this shift, eating and drinking very well.

MEDICATION: Not on regular medication.

PERSONAL CARE & ACTIVITIES: Satisfactory, did not participate on ward activities.

RISK AND OBSERVATION LEVEL: Nil, on general observation.

LEAVE: On section 17 leave.

Originator Details: 04 Nov 2018 05:46 Robert Nnubia Nursing Originally Entered By Details: 04 Nov 2018 05:46 Robert Nnubia Last Amended By Details: 04 Nov 2018 05:46 Robert Nnubia Validated By Details: 04 Nov 2018 05:46 Robert Nnubia Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed MHA Status: Sec 2

Mental State: Presented as polite, calm and stable in mental state on the shift. He was observed to be keeping to self in his bed space watching tv during most part of the shift. No paranoid ideas expressed on the shift

Social Inclusion: Minimal interaction on the ward, however pleasant on approach

Investigation: Nil on the shift

Physical Health: Nil complained or observed on the shift. Had hot drink and snack and retired to bed and appears to have slept well.

Medication: He is not on any prescribed medication

Personal Care and Activities: Appears satisfactory and did not participate in any ward base activity

Risk and observation Level: Nil observed to self or others on the shift. He is nursed on general observations.

Leave Status: He did not utilised his sec 17 leave on the shift

Originator Details: 03 Nov 2018 17:34 Gladys Osunsina Nursing Originally Entered By Details: 03 Nov 2018 17:45 Gladys Osunsina Last Amended By Details: 03 Nov 2018 17:45 Gladys Osunsina Validated By Details: (UNVALIDATED)

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

Mental state-- Simon appeared calm, pleasant and stable during the shift.

Mental status - On section 2 of the MHA of 1983 Social inclusion- Mostly in his room but coming out occasionally Medications- Not on any medication at the moment Physical Health- No physical symptoms complained of and non observed. Observation and Risk assessment - Nursed on general level of observation Leave status- Did not utilize his unescorted section 17 leave today.

Originator Details: 03 Nov 2018 07:16 Lawrence Giwa Nursing Originally Entered By Details: 03 Nov 2018 07:24 Lawrence Giwa Last Amended By Details: 03 Nov 2018 07:24 Lawrence Giwa Validated By Details: 03 Nov 2018 07:24 Lawrence Giwa Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed MHA STATUS: Sec 2

MENTAL STATE: Appears fairly calm in mood and presented as stable in mental state on the shift. Observed sitting in the lounge area with peers watching tv for a while.

SOCIAL INCLUSION: Interacting well on the ward with service user and staff

INVESTIGATION: None carried out

PHYSICAL HEALTH : Nil reported or observed during this shift MEDICATION: He was not on any medication on this shift

PERSONAL CARE & ACTIVITIES: Appears satisfactory. Hence no ward based activities by the OT on this shift

RISK AND OBSERVATION LEVEL: Nil observed or reported to self or others on the shift. He was nursed on general observation.

LEAVE: No sec 17 leave at the moment

Originator Details: 02 Nov 2018 17:39 Gladys Osunsina Nursing Originally Entered By Details: 02 Nov 2018 17:42 Gladys Osunsina Last Amended By Details: 03 Nov 2018 17:46 Gladys Osunsina Validated By Details: 03 Nov 2018 17:46 Gladys Osunsina Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed Simon appears relatively settled on the ward but has no clear insight into his mental state. He is not on any medication at the moment. Went to utilize his unescorted section 17 leave and came back to the ward with no management problem.

Originator Details: 02 Nov 2018 10:00 Maria Bruce Medical Originally Entered By Details: 05 Nov 2018 11:17 Maria Bruce Last Amended By Details: 04 Dec 2018 16:04 Maria Bruce Validated By Details: 04 Dec 2018 16:04 Maria Bruce Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

Dorset Ward - Chase Farm Hospital

Whiteboard meeting CORDELL,

Simon P (Mr)

Calm on the ward

Has appealed his section - no confirmed date yet

Plan for application for section 3

Plan:

1. Doctors to complete tribunal report

2. Application for section 3

---

Originator Details: 02 Nov 2018 06:30 John Mensah Nursing Originally Entered By Details: 02 Nov 2018 06:30 John Mensah Last Amended By Details: 02 Nov 2018 06:30 John Mensah Validated By Details: 02 Nov 2018 06:30 John Mensah Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed Simon appeared calm, pleasant and stable during the shift.

In brief 1:1 interactions, he denied experiencing any perceptual abnormality.

He acknowledged feeling fine, and appeared sociable with peers.

He had night snacks, not on any night medications.

He was approached for possible transfer to another ward to create bed for admission but declined. He informed staff that he will be having tribunal soon hence would not like to be moved

He had a settled night sleep

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Originator Details: 01 Nov 2018 12:11 Maria Bruce Medical Originally Entered By Details: 01 Nov 2018 12:11 Maria Bruce Last Amended By Details: 04 Dec 2018 16:04 Maria Bruce Validated By Details: 04 Dec 2018 16:04 Maria Bruce Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed

Dorset Ward - Chase Farm Hospital

Whiteboard meeting CORDELL,

Simon P (Mr)

Room smelled of cannabis yesterday

Polite on the ward

Has appealed his section

Plan:

1. Needs further review
2. Further information re collaterals
3. Email communications team re Simon's website
4. Search room for drugs
5. Doctors to complete tribunal report

Originator Details: 01 Nov 2018 06:13 Simon Tsenuokpor Nursing  
Originally Entered By Details: 01 Nov 2018 06:13 Simon Tsenuokpor Last  
Amended By Details: 01 Nov 2018 06:13 Simon Tsenuokpor Validated By  
Details: 01 Nov 2018 06:13 Simon Tsenuokpor Significant: No Added to  
Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed MHA  
STATUS: Sec 2

MENTAL STATE: Appears fairly calm in mood and presented as stable in metal state on the shift. Observed sitting in the lounge area with peers watching tv for a while. He ordered pizza and shared with peers

SOCIAL INCLUSION: Interacting well on the ward

INVESTIGATION: Nil carried out

PHYSICAL HEALTH AND ACTIVITIES: Nil reported or observed, had hot drink and snack snacks and retired to bed and appears to have slept well

MEDICATION: He is not on any prescribed medication on the shift

PERSONAL CARE ft ACTIVITIES: Appears satisfactory. Observed watching tv for a while

RISK AND OBSERVATION LEVEL: Nil observed or reported to self or others on the shift. He is nursed on general observation.

LEAVE: No sec 17 leave at the moment

Originator Details: 31 Oct 2018 13:21 Maria Bruce Medical Originally Entered By Details:  
31 Oct 2018 13:22 Maria Bruce Last Amended By Details: 01 Nov 2018 16:22 Maria Bruce Validated  
By Details: 01 Nov 2018 16:22 Maria Bruce Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

Dorset WardAdmission meeting

CORDELL, Simon P (Mr)

Present: Dr Greensides (consultant), Dr Elia (ST6) Dr Bruce (FY2) MHA: Section 2

Interview with Patient

Simon confirms his problems began in 2013. He moved into his premises in 2013 - there was evidence of CO poisoning in the flat and all the boiler systems and alarms had to be replaced.

Simon has been held on curfew for a long time for organising a party and ?wrongly accused of damaging the premises. Also was accused of burglary and handling of stolen goods - he was found innocent on both accounts.

Simon reports having had a "relationship" with his current partner Katy for the last ?20 years. She has a son from a previous relationship.

The problems with the neighbours have been going on for 4 years now. Simon is concerned about his neighbours, in particular to how their behaviour might affect their child. 6 flats in total in his council building - the neighbours that are problematic are 2 floors above Simons. These particular neighbours bang on the water pipes, stamps on the floor (this echoes through the flat between) - this happens first thing in the morning and goes on through the day.

Simon believes his neighbours sit in their flat eavesdropping on Simon's whereabouts. When he enters the bathroom they enter their bathroom and flush the toilet a lot. Simon has Video and Audio recordings throughout his flat in order to prove his innocence. There is a husband and wife living there as well as a new born baby. Simon reports he can hear this family talking but he cant make out what they are saying - he denies them saying anything negative about him "they've never spoke to me".

Simon has personal information about his neighbour which he feels is proof of ?tax evasion - he reports the family own 50 houses in the UK. The neighbour has changed their surname in order to accommodate some scheme to avoid ? tax - Simon reports he has "100% evidence" that this is true and feels it is relevant to him because of how they are treating him. Simon believes what the neighbours are doing is a hate crime.

Simon denies ever having felt like the TV was talking to him or that the council was advertising his information. Simon does feel his personal information is being advertised somehow - friends have approached him and have information about him he believes can only have come from secure computer systems.

Simon is not concerned about his tenancy at the moment - he states he has recordings that prove his innocence. Simon is aware the council has told him to stay away from his neighbours - since this time he states he hasn't approached his neighbours. He wants to publish a book about what has been going on. Simon does not appear to accept that he has become fixated on this issue.

Simon does not think his problems with his neighbours are in any way due to him having a mental health problem. Simon wouldn't like to take medication as he doesn't feel he needs it and is concerned medication may impact his ability work. He is particularly concerned that the medication will "dope him out".

Simon states he has a good family support network. He is happy to see the ward psychologist.

Simon has been informed that a referral to a forensic psychiatrist who may want to visit him on the ward.

Impression:

Presenting with persecutory delusions. Limited insight. Not currently deemed to be a risk to himself or others. Could be at risk of losing accommodation if continues untreated.

Plan:

1. For Section 17 leave
2. No medication at present
3. Refer to ward Psychologist - Dr Patkas

Originator Details: 31 Oct 2018 12:26 Patricia Morgan Administrative - MHA Administrator

Originally Entered By Details: 31 Oct 2018 12:29 Patricia Morgan Last Amended

By Details: 31 Oct 2018 12:29 Patricia Morgan Validated By Details: 31 Oct

2018 12:29 Patricia Morgan Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

Telephone call received from Duncan Lewis Solicitors to the MHA office, stating SC mother had requested Duncan Lewis to visit the ward to see SC. It was explained to Duncan Lewis that the MHA office and Nursing staff work for SC and to date he has not requested an appeal against his section, or to see a solicitor, he has been read his section 132 rights and has received a letter from the MHA office advising him of his rights.

Originator Details: 31 Oct 2018 10:21 Maria Bruce Medical Originally Entered By Details:

31 Oct 2018 10:21 Maria Bruce Last Amended By Details: 01 Nov 2018 16:21 Maria Bruce Validated

By Details: 01 Nov 2018 16:21 Maria Bruce Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

Dorset Ward - Chase Farm Hospital Whiteboard meeting CORDELL, Simon P (Mr)

Settle on ward Elated

Asking for leave

May need early recommendation for section 3 if evidence sufficient- if upheld then can commence for trial of treatment

Plan:

1. Needs further review

2. Further information re collaterals

3. Email communication department re website \_\_\_\_\_

Originator Details: 31 Oct 2018 06:44 Simon Tsenuokpor Nursing Originally Entered By Details:

31 Oct 2018 06:44 Simon Tsenuokpor Last Amended By Details: 31 Oct 2018 06:44 Simon Tsenuokpor

Validated By Details: 31 Oct 2018 06:44 Simon Tsenuokpor Significant: No Added to Risk

History: No

Contains Third Party Info: No Conceal From Client: Not Concealed



MHA Status: Sec 2

Mental State: Presented as polite, calm and stable in mental state. He was observed to be keeping to self in his bed space mostly watching tv

Social Inclusion: Selectively interacts with other peers and staff. His mother visited Investigation: Nil on the shift

Physical Health: Nil reported or observed on the shift. He had hot drink and snack and appeared to have slept well

Medication: Simon is not on any night medication

Personal Care and Activities: Appears satisfactory and was observed watching television.

Risk and observation Level: Nil observed to self or others on the shift. He is nursed on general observations.

Leave Status: No leave at the moment

Originator Details: 30 Oct 2018 17:21 Emma Moseley Nursing - Nursing Student

Originally Entered By Details: 30 Oct 2018 17:21 Emma Moseley

Last Amended By Details: 30 Oct 2018 17:26 Emma Moseley

Validated By Details: 30 Oct 2018 17:26 Emma Moseley

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed MHA Status: Sec 2

Mental State: Simon has spent most of the shift in his room. Preoccupied with his website and how he is being set up, by police. He stated that he was not delusional or paranoid as he had evidence to prove he wasn't.

Social Inclusion: Some interaction with selected peers, minimal with staff.

Investigation: Nil on the shift

Physical Health: No reported or observed.

Medication: *Not on medication*

Personal Care and Activities: Good personal hygiene

Risk and observation Level: Nil observed to self or others on the shift. He is nursed on general observations.

Leave Status: Not currently granted any leave.

Originator Details: 30 Oct 2018 16:42 Dr Timothy Rogers Medical Originally Entered By Details:

30 Oct 2018 16:42 Dr Timothy Rogers Last Amended By Details: 30 Oct 2018 16:42 Dr Timothy

Rogers Validated By Details: 30 Oct 2018 16:42 Dr Timothy Rogers Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

FICS Enfield - consultant's note

Simon had been referred to FICS for advice before he was detained under the MHA. I note the working diagnosis of psychosis. This would seem to be a possible explanation for some of the behaviours described and, if confirmed as a diagnosis, antipsychotic treatment might well alter the relevant risks longer term.

In terms of the inpatient assessment currently ongoing, if not already, some helpful corroborative information about Mr. Cordell's behaviour and tenancy problems might be obtained by contacting:

[Lemmy.NWABUISI@enfield.gov.uk](mailto:Lemmy.NWABUISI@enfield.gov.uk)

[Kaunchita.Maudhub@enfield.gov.uk](mailto:Kaunchita.Maudhub@enfield.gov.uk)

OR

Louise Brown

Anti Social Behaviour Team Leader Community Safety Unit Chief Executive Department London Borough of Enfield

020 8379 4467

\* [louise.brown2@enfield.gov.uk](mailto:louise.brown2@enfield.gov.uk)

Originator Details: 30 Oct 2018 15:06 Marilyn Cameron Therapy Originally Entered By Details: 30 Oct 2018 15:09 Marilyn Cameron Last Amended By Details: 30 Oct 2018 15:09 Marilyn Cameron Validated By Details: 30 Oct 2018 15:09 Marilyn Cameron Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed OT: Quiz

2-3pm

Ward staff suggested Simon might like the quiz. Simon was in his room. He answered technicians knock on the door. He was invited to attend the session...politely declined writing an appeal re his being in hospital.

Originator Details: 30 Oct 2018 13:13 Marilyn Cameron Therapy Originally Entered By Details: 30 Oct 2018 13:15 Marilyn Cameron Last Amended By Details: 30 Oct 2018 13:15 Marilyn Cameron Validated By Details: 30 Oct 2018 13:15 Marilyn Cameron Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed OT: Healthy snacks

11-12noon

Simon looked in just as the session was finished. He said he was sorry he had missed the foodstuff although he wasn't hungry.

Originator Details: 30 Oct 2018 12:00 Lisa Brady Social Worker Originally Entered By Details: 08 Nov 2018 15:07 Lisa Brady Last Amended By Details: 08 Nov 2018 15:07 Lisa Brady Validated By Details: 08 Nov 2018 15:07 Lisa Brady Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed Enfield FICS

Referral received - now known that Mr Cordell has been admitted under. S2 MHA

Originator Details: 30 Oct 2018 10:26 Maria Bruce Medical Originally Entered By Details: 30 Oct 2018 10:27 Maria Bruce Last Amended By Details: 01 Nov 2018 16:21 Maria Bruce Validated By Details: 01 Nov 2018 16:21 Maria Bruce Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed **Dorset Ward - Chase Farm Hospital**

#### Whiteboard meeting

CORDELL, Simon P (Mr)

Elated in mood

Showing his website to everyone - states proof he is not delusional

#### Plan:

1. Needs further review

2. Rosie to chase Enfield council/housing situation

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Originator Details: 30 Oct 2018 06:04 Gifty Dadzie Nursing Originally Entered By Details: 30 Oct 2018 06:04 Gifty Dadzie Last Amended By Details: 30 Oct 2018 06:04 Gifty Dadzie Validated By Details: 30 Oct 2018 06:04 Gifty Dadzie Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed **MHA Status: Sec 2**

**Mental State:** Simon presented as affable on approach. Polite when conversation is initiated. He was observed browsing on his computer. He collected his Barclays visa debit card from safe keeping.

**Social Inclusion:** Selectively interacts with other peers and staff.

**Investigation:** Nil on the shift

**Physical Health:** He had hot drink and snack and resume to bed where he remained and slept majority of the night.

**Medication:** Simon is not on any night medication

**Personal Care and Activities:** Appears satisfactory and was observed watching television.

**Risk and observation Level:** Nil observed to self or others on the shift. He is nursed on general observations.

**Leave Status: Not currently granted any leave.**

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Originator Details: 29 Oct 2018 18:11 Miss Bejal Nandha Nursing Originally Entered By Details: 29 Oct 2018 18:16 Miss Bejal Nandha Last Amended By Details: 29 Oct 2018 18:16 Miss Bejal Nandha Validated By Details: 29 Oct 2018 18:16 Miss Bejal Nandha Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed

**Day shift**

Simon had his formulation meeting today.

He presents very grandiose - showing staff and peers his website and that he has 70,000 emails and 500,000 phone contacts'. He seems elated and keen to get his message across.

Attended for his meals and seemed to eat well.

Nursed on general observation.

Originator Details: 29 Oct 2018 16:56 Maria Bruce Medical Originally Entered By Details: 29 Oct 2018 16:56 Maria Bruce Last Amended By Details: 01 Nov 2018 16:21 Maria Bruce Validated By Details: 01 Nov 2018 16:21 Maria Bruce Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed

Chase Farm - Dorset Ward

Formulation Meeting  
CORDELL, Simon P (Mr)

Present: Dr Greensides (consultant), Dr Bruce (FY2) Uncle, mother, Daizy (staff nurse), Ola (student nurse) Soobah Appadoo (CC)

MHA status: Section 2

PC from Rio:

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

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

Past Psychiatric Hx:

- Disrupted childhood, CSE in paedophile ring, violent father, adolescence in care, under CAMHS
- Self reports to have tried to hang himself twice at the age of 16 when in a young offenders institution; He was moved to a high security hospital and kept in seclusion on a number of occasions.
- Denies any contact with MHS between that point and 2014
- March 2014 - Adjustment reaction "anxiety and suicidal thoughts over the last nine months in the context of having a pending court case" offered Sertraline 50mg OD
- November 2014 - Simon's mother called the HTT. Paranoid psychosis - not deemed sectionable under MHA
- November 2015 - Simon's mother called the BEH HUB. Simon not eating, not sleeping, paranoid, saying people are talking about him or laughing at him, believes the government is advertising things about him, the TV is talking about him and talking directly to him. Smoking cannabis. Not sectionable under MHA.
- February 2016 Warrant 135 (1) - not sufficient evidence of mental illness.
- August 2016 admitted under Section 2 of the MHA following custody at Wood Green station for threats to kill - section 2 reversed on appeal. Discharged on Olanzapine 5mg and followed up by EIS. Reports non compliance on discharge. Discharged from EIS Dec 2016 due to non engagement.
- Tenancy breach pre action letter 15/10/18 from Enfield council- antisocial behaviour since 2016, 48 accounts of threatening and abusive behaviour
- July 2018 Psychiatric assessment by Dr Dinakaran "Mr Cordell is currently suffering from symptoms of Schizoaffective Disorder and presents with florid psychotic symptoms"

Past Medical Hx: Crohn's noted on Rio. Has not attended GP since 2015

Current Medications: nil

Physical examination: NAD ECG: NSR 88bpm QTc 440ms

Blood tests: WCC 14.3, Neut 10.1, CRP 13 (BG Crohns) UPS: THC positive

Care coordinator:

This is only the second time meeting Simon. There have been issues with reports he is assaulting other residents in his council accommodation.

Nursing report: Appears paranoid on the ward.

Interview with patient:

Simon appears very agitated and vocal and is keen to put across his opinion that he has been illegally detained.

Simon reports issues with police actions in regards to not giving him the ASBO folder properly - this was left outside instead of giving it to him directly. Simon continued to explain other problems with the police's treatment of him. This includes the metropolitan police having placed a photo of Simon in a folder in regards to a party he had no involvement with. He denies being involved in any of the parties mentioned in the ASBO. Simon spoke at length about the injustices surrounding his placement on curfew and the ASBO order.

He describes how on multiple times doctors have tried to assess him under the MHA and he has explained to them at each time the situation with the police. He was once placed under a section 2 and was able to appeal his section.

Simon reports the neighbours (**11** floors up) trying to deliberately disturb him by making a lot of noise and flushing the toilet multiple times. He feels they want him to get distressed and go upstairs to address them. They have been doing this over the last 4 years and are doing this throughout the day. From Simons flat you can even hear them talking - there is apparently very poor sound proofing.

Simon has described a council official as having forged statements and falsely accusing him of threatening his life. Simon reports that he is being assaulted by his neighbours as is his partner's small child. He feels the stress from this situation may have been linked to his partner's miscarriage. Simon denies any acts of antisocial behaviour, even in retaliation. At every point where he approaches the upstairs neighbours he states he calls the police to ask them to "protect" him.

In regards to the recent arrest he reports the police attended due to a fraudulent call from the neighbours. The police tried to hand him a breach of harassment order which Simon ripped and spat on the paper. The police officer then yelled that he had spat on her. He was then arrested for assault on a police officer. This charge was dropped in the police station and he was referred for a MHA.

Simon is currently on benefits. He reports the expensive hardware he owns (eg 70000 pound bookmaker) he buys broken and second hand cheaply and fixes them. Simon works from home. He built a new model constitution - a community interest company which was a charity farm.

Collateral information:

His mother and uncle would like MHS to stop referring to Simon reporting the police as being prejudice against him as delusional - they believe this can be proved (showing photos of his company truck and hardware).

Simon's mother is very upset that doctors have submitted reports stating that he is delusional and grandiose. They feel the AMHP report is grossly inaccurate.

Simon's uncle is also upset that the MH team would not provide Simon with a letter to assist with his housing situation.

They explain that the reason Simon has not be prosecuted for the complaints made by the neighbours is because each time Simon is able to "prove his innocence" directly to the police.

Simons mother believes he is very stressed due to the conditions of the ASBO and his neighbours disturbing him.

His uncle would like us to check the website that Simon has set up to highlight the injustices against him "horrificcorruption.com". (other websites mentioned by Simon include the Wayback machine and toosmooth)

Capacity to consent to treatment- RETAINS CAPACITY

Understand the information- Yes

Retain the information- Yes

Weigh up the information- Yes Communicate the decision- Yes

**Impression/Diagnosis:**

Simon appears unwell. Symptoms unclear. Paranoia - possible auditory hallucinations.

**Plan:**

**1.** Requires further review of notes

**2.** Liaise Enfield council re plans for housing - ask Rosie for input

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Originator Details: 29 Oct 2018 12:41 Marilyn Cameron Therapy  
Originally Entered By Details: 29 Oct 2018 12:45 Marilyn Cameron  
Last Amended By Details: 29 Oct 2018 12:45 Marilyn Cameron Validated  
By Details: 29 Oct 2018 12:45 Marilyn Cameron Significant: No Added  
to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

**OT: Self pampering**

**11-12noon**

Simon came into the session to introduce himself. He said he did not need to do anything as his family had brought him in what he needed.

Originator Details: 29 Oct 2018 10:18 Maria Bruce Medical Originally  
Entered By Details: 29 Oct 2018 10:18 Maria Bruce Last Amended By  
Details: 01 Nov 2018 16:21 Maria Bruce Validated By Details: 01 Nov  
2018 16:21 Maria Bruce Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
**Dorset Ward - Chase Farm Hospital**

**Whiteboard meeting**

**CORDELL, Simon P (Mr)**

**Meeting today UDS**

**positive to THC**

**Plan:**

**1. Formulation meeting today**

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Originator Details: 29 Oct 2018 04:29 Bibi Khodabux Nursing  
Originally Entered By Details: 29 Oct 2018 04:33 Bibi Khodabux Last  
Amended By Details: 29 Oct 2018 04:35 Bibi Khodabux Validated By  
Details: 29 Oct 2018 04:35 Bibi Khodabux Significant: No Added to  
Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

**1:1 with Simon who was agitated and blamed police for his admission. He was irritable and quite hostile. He was on the phone to his relative, complaining about police and claimed to be falsely accused. Staff tried to reassure him and he thanked staff for their support. He had pm ibuprofen. Has slept well at night.**

**At risk of confrontational behaviour and slow progress in his mental state due to poor compliance.**

**Nursed on general observation.**

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Originator Details: 28 Oct 2018 18:47 Emma Moseley Nursing - Nursing Student Originally Entered By Details: 28 Oct 2018 18:55 Emma Moseley Last Amended By Details: 28 Oct 2018 18:55 Emma Moseley Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed MHA Status: Sec 2

Mental State: Spent most of his time in the room. Spoke to staff in depth about his beliefs about his neighbours and previous admission in hospitals and police investigations. He stated that he believes that they are out to get him and that there is a conspiracy theory that they are all out to get him. He has set up a website with details, videos and recordings.

Social Inclusion: Some interaction with peers in the lounge area.

Investigation: Nil on the shift

Physical Health: Nil complained or observed on the shift. Observed eating and drinking adequately.

Medication: Took medication as prescribed.

Personal Care and Activities: Observed to have good personal hygiene

Risk and observation Level: Nil observed to self or others on the shift. He is nursed on general observations.

Leave Status: No leave at the moment

Originator Details: 28 Oct 2018 06:44 Simon Tsenuokpor Nursing Originally Entered By Details: 28 Oct 2018 06:43 Simon Tsenuokpor Last Amended By Details: 28 Oct 2018 06:44 Simon Tsenuokpor Validated By Details: 28 Oct 2018 06:44 Simon Tsenuokpor Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed MHA Status: Sec 2

Mental State: Presented as polite, calm and stable in mental state. He was observed to be keeping to self in his bed space. He denies any thoughts of self-harm, suicidal ideation or thoughts to harm others.

Social Inclusion: Minimal interaction with staff and peers, however pleasant on approach

Investigation: Nil on the shift

Physical Health: Nil complained or observed on the shift. Had hot drink and snack and retired to bed and appears to have slept well.

Medication: He is not on any prescribed medication on the shift

Personal Care and Activities: Appears satisfactory and was observed watching tv

Risk and observation Level: Nil observed to self or others on the shift. He is nursed on general observations.

Leave Status: No leave at the moment

Originator Details: 27 Oct 2018 06:19 Daizzy Annan Nursing Originally Entered By Details: 27 Oct 2018 06:34 Daizzy Annan Last Amended By Details: 27 Oct 2018 06:34 Daizzy Annan Validated By Details: 27 Oct 2018 06:34 Daizzy Annan Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed



MHA Status: Informal

Mental State: Simon appeared fairly settled in presentation. During my interaction with him it was difficult to follow his train of thoughts, as he was jumping from one topic to another. During the hourly check, Staff perceive a smell like cannabis in his room. When staff enquire from him he denied.

Social Inclusion: Seen in the lounge and was observed interacting with his peers.

Medication: Nil due during the shift.

Physical Health: Nil reported or observed. Had hot chocolate and toast Investigation: Nil

Personal Hygiene and Activities: Self-care appeared satisfactory. Nil activity.

Risk and Observation: Unpredictable behaviour. Nursed on general observations

Leave: Nil leave but can go to the garden for fresh air.

Originator Details: 26 Oct 2018 17:27 Miss Bejal Nandha Nursing Originally Entered By Details: 26 Oct 2018 17:27 Miss Bejal Nandha Last Amended By Details: 26 Oct 2018 17:27 Miss Bejal Nandha Validated By Details: 26 Oct 2018 17:27 Miss Bejal Nandha Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed

Simon Cordell - in the morning Simon asked for forms to complete and send for tribunal meeting. He was reminded he could appeal against his section in which case we could provide him with a list of solicitors. Simon told staff he did not need anyone to represent him, he can do this by himself, he said he knows the law inside out. He presented elated in mood and grandiose. Mother and uncle visited him. Lacks insight into his mental state.

UDS - positive to THC, negative to all other substances.

Personal hygiene is poor. Did not take part in OT group. Observed in bedroom using his electronic devices.

Nursed on general observation. Has his blood test done today.

Eating and drinking adequately.

Originator Details: 26 Oct 2018 15:09 Debajyoti Choudhury Medical Originally Entered By Details: 26 Oct 2018 15:11 Debajyoti Choudhury Last Amended By Details: 26 Oct 2018 15:11 Debajyoti Choudhury Validated By Details: (UNVALIDATED) Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed

Bloods 26/10/18

Normal U&Es; eGFR 79; Normal bone profile and LFTs CRP 13

BM 6.3 (normal)

Mean Corpuscular Haemoglobin Cone 354 g/L (320 - 360) F

Neutrophils H  $10.1 \times 10^9/L$  (2.0 - 8.0) F

White Blood Cell Count H  $14.3 \times 10^9/L$  (3.5 - 11.0) F

Eosinophils  $0.1 \times 10^9/L$  (0.0 - 0.4) F

Haemoglobin: 156 g/L (130 - 180) F

Haematocrit L 0.441 l/l (0.450 - 0.500) F

Red Cell Distribution Width 13.8 % (10.0 - 15.0) F

Monocytes H  $1.2 \times 10^9/L$  (0.2 - 1.0) F

Nuc. RBC count <  $0.2 \times 10^9/L$  F

Red Blood Cell Count  $4.99 \times 10^{12}/L$  (4.50 - 5.50) F

Mean Corpuscular Haemoglobin 31.3 pg. (27.0 - 32.0) F

Lymphocytes  $2.9 \times 10^9/L$  (1.0 - 4.0) F

Platelet Count  $298 \times 10^9/L$  (130 - 450) F

Basophils  $0.1 \times 10^9/L$  (0.0 - 0.1) F

Mean Corpuscular Volume 88.4 fL (78.0 - 100.0) F

#### Impression

Slighted raised WCC and Neuts with very minimal rise in CRP. Physical exam and observations do not show any signs of infection, however.

Noted that patient does have history of Crohn's (will not take medications for it), which would explain results.

#### Plan

1. Only for repeat bloods if patient becomes systemically unwell/appears to show any signs of infection

2. Await rest of bloods

Originator Details: 26 Oct 2018 15:02 Maria Bruce Medical Originally Entered By Details: 26 Oct 2018 15:03 Maria Bruce Last Amended By Details: 01 Nov 2018 16:21 Maria Bruce Validated By Details: 01 Nov 2018 16:21 Maria Bruce Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed

Dorset Ward Admission meeting

CORDELL, Simon P (Mr)

Present: Dr Choudhury (CT1) Dr Bruce (FY2)

MHA: Section 2

PC:

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

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

Past Psychiatric Hx:

- Disrupted childhood: CSE in paedophile ring, violent father, adolescence in care, under CAMHS
- Self reports (from Rio) to have tried to hang himself twice at the age of 16 when in a young offenders institution; He was moved to a high security hospital and kept in seclusion on a number of occasions.
- Denies any contact with MHS between that point and 2014
- March 2014 - Adjustment reaction "anxiety and suicidal thoughts over the last nine months in the context of having a pending court case" offered Sertraline 50mg OD
- November 2014 - Simon's mother called the HTT. Paranoid psychosis - not deemed sectionable under MHA
- November 2015 - Simon's mother called the BEH HUB. Simon not eating, not sleeping, paranoid, saying people are talking about him or laughing at him, believes the government is advertising things about him, the TV is talking about him and talking directly to him. Smoking cannabis. Not sectionable under MHA.
- February 2016 Warrant 135 (1) - not sufficient evidence of mental illness.
- August 2016 admitted under Section 2 of the MHA following custody at Wood Green station for threats to kill - section 2 reversed on appeal. Discharged on Olanzapine 5mg and followed up by EIS. Reports non compliance on discharge. Discharged from EIS Dec 2016 due to non engagement.
- Tenancy breach pre action letter 15/10/18 from Enfield council- antisocial behaviour since 2016, 48 accounts of threatening and abusive behaviour
- July 2018 Psychiatric assessment by Dr Dinakaran "Mr Cordell is currently suffering from symptoms of Schizoaffective Disorder and presents with florid psychotic symptoms"

Past Medical Hx: Crohn's noted on Rio. Has not attended GP since 2015Current Medications: nil on SCR, NKDA

## Interview with Patient

Simon feels he is in hospital because the police have "falsified" a report that led to him being kept on a curfew for years.

He proceeded to talk at length about circumstance that led him to be charged for handling of stolen goods and suspicion of burglary in 2013. He believes the case was handled poorly and is sure the police were conspiring against him. "The abuse of process by the civil service was unreasonable".

Following this he reports being placed on a 2 year injunction and a 5 year curfew. He feels this has led to a breakdown in a 13 year relationship he had. He also reports this affecting his company -a community interest company he started up. At one point Simon also mentioned the police targeting him for holding large parties that he was adamant were not hosted by him.

Simon reports owning a couple of local festivals and talks about engaging with multiple charities helping children. He says he had to stop this as police were harassing him in front of the children. He alleges to own his own company, his own paper and has just bought his own book maker for 70000 pounds. He also reports having 180000 friends on Facebook due to all his free parties.

When asked about his neighbours Simon said he believes his neighbours have been making up complaints about him. "My neighbours are calling up the police after forging the paperwork." He feels that his neighbours have been attacking him and reports feeling anxious in his house. Simon says he "kept writing to the police saying please can you protect me".

He does not think he is unwell and does not think he has a mental health problem. He admits he might be elevated but he believes this is a constructive state.

Simon reports not being compliant with any of his medication at any point. He is refusing to take any medication during this admission. "I've spent thousands of pounds showing you my brain, me being alert saves lives."

Simon would like to appeal his section and feels that by keeping him in hospital we are breaching his rights. "Physical or mental suffering amount to torture"

Reports sleeping, eating and drinking well. Later suggested this may not be the case stating "In the night time when my neighbours are asleep that's the best time for working".

Personal Hx: Born at Chase farm hospital (previous entry on Rio NMUH), normal delivery. Was bullied at school by a female pupil. "I have loads of qualifications. My management system is my qualification - motor trade, gas laying, paving lay, I understand the formation of companies, my English is at 92%"

Family Hx: Has one brother and sister - he is the oldest brother. Parents recently broke up. He sees his parents regularly. Denies any issues with his father. His grandmother had some psychotic problems/depression after his grandfather past away. Rio notes report his maternal grandmother had BPAD/ later changed to Schizophrenia, detained formally multiple times, responded well to Clozapine.

Social: Works from home currently. Does 9-10 hour shifts building his website. Previously has had multiple different jobs including working at a market and brick laying. Has a new baby on the way with Katy - due to get married soon. From Rio - "Enfield Council will be seeking possession of SC's flat via the courts. Lemy stated that in a recent court case the judge recommended that Enfield Council re-house SC on the proviso that he engages with the MH Team"

#### Forensic Hx:

Reports being linked to 500 cases but he has won every one. Says these are all linked to driving offences.

From Rio - 2015- 5y ASBO for organising illegal raves- not allowed to enter industrial or disused premises between 10pm and 7 am. Young Offender's Institution at the age of 16 after repeated driving offences (driving without a license). Taken into custody for threats to kill.

#### Substance Misuse Hx:

"Clean as anything"

"Occasionally have a puff of a cigarette"

Denies drinking any alcohol

Note on Rio previous LSD and cannabis use

## MSE

A6B: 37 year old male, mixed origin, slim build. He was wearing casual and dirty clothes. The conversation was one sided with Simon keen to talk.

S: Pressured speech

M: Subjectively "fine, a bit elated". Objectively elated

T: Thought disordered, tangential thinking, grandiose, persecutory delusions

C: Oriented to TPP

I: Limited insight - does not want any medications, never thinks he has had a mental health disorder

Risk

To self - low

Denies any thoughts of self-harm or suicide. Previous reports of suicide attempt as teenager.

To others - moderate

Denies thoughts or plans to hurt others. Has clearly documented history of aggressive behaviour and currently elated.

From others - low/moderate

At risk of reciprocal aggression

Physical examination:

Comfortable at rest

Nil abdo/chest/msk pain reported

HS I+11+0, pulse regular, CRT <3s

Chest clear, L=R, nil wheeze or cough

Abdomen SNT, bowel sound present

Neurology intact, normal power, normal gait

CN1-12 intact, PEARL

Obs last night BP 130/74, Temp.36.6, Sat 97% Res. 17, Pulse 86, BM. 6.0 Weight 78.4 Kg, Height 179.0cm - BMI 24.5

ECG: NSR 88bpm QTc 440ms

Impression:

Evidence of grandiose delusions and elated mood. In view of long term symptoms this is most likely consistent with a Schizoaffective disorder. Does not currently have capacity for treatment or admission.

Plan:

1. Formulation meeting on Monday 29/10
2. Review on Monday and /consider starting antipsychotics
3. Chase blood results
4. Upload ECG on Rio
5. PRN Lorazepam

Originator Details: 26 Oct 2018 13:19 Daniel Dwomoh Nursing Originally Entered By Details: 26 Oct 2018 13:52 Daniel Dwomoh Last Amended By Details: 26 Oct 2018 14:18 Daniel Dwomoh Validated By Details: 26 Oct 2018 14:18 Daniel Dwomoh Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed MEETING WITH LORRAINE CORDELL (MOTHER) AND ANDREW CORDELL (UNCLE)

I had a meeting with Simon's mother and uncle. They demanded copies of the detention papers. They were disputing the reasons for detention and more importantly the phrase that Simon is "Grandiose". They were very angry talking over each other and cutting across each other.

Lorraine said Simon has been harassed by his neighbours above him. He has reported many times to the authorities but no one is taking action but when the neighbours report of harassment about 15 police officers come to his flat.

Lorraine said the Court has ordered Enfield Council to move him to a 2 bedroom accommodation where family members can stay with him.  
She confirmed that she will appeal against the detention.

She was reminded of the formulation meeting on Monday 29th at 3pm. She indicated her willingness to attend

Originator Details: 26 Oct 2018 11:47 Prabodh Raghavan Pharmacy - Pharmacy Technician Originally Entered By Details: 26 Oct 2018 11:47 Prabodh Raghavan Last Amended By Details: 26 Oct 2018 11:47 Prabodh Raghavan Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

MR-2 completed on Dorset ward Source: GP Summary, ECRHTT Allergies 6 Adverse reactions:

No known allergies No allergies recorded Social History:

Denies drug or alcohol use (current or past)

OTC/herbal medications: no

Did patient bring in Patients own medications - No

Medication prior to admission:

GP summary

No current medications

ECRHTT

No current medication Medication on admission No current medication When required medication:

Lorazepam 1mg tablets - Take one or two tablets- when required for agitation (maximum 2mg in 24 hours including IM)

Lorazepam IM -1mg to 2mg when required for agitation (maximum 4mg in 24 hours including oral)

Paracetamol 500mg tablets- Take two tablets when required for pain (maximum 4g in 24 hours)

Comments and action including variations to be actioned:

Completed 26.102018 Prabodh R

Mental Health Pharmacy Technician Chase Farm Hospital Telephone 02087025434

Prabodh.raghavan@beh-mht.nhs.uk

Originator Details: 26 Oct 2018 11:43 Miss Bejal Nandha Nursing Originally Entered By Details: 26 Oct 2018 11:46 Miss Bejal Nandha Last Amended By Details: 26 Oct 2018 11:46 Miss Bejal Nandha Validated By Details: 26 Oct 2018 11:46 Miss Bejal Nandha Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed  
**Formulation meeting booked for Monday 29th 3pm, C/C emailed invited to attend - awaiting reply.**

**Simon said he will invite family to meeting.**

Originator Details: 26 Oct 2018 10:18 Maria Bruce Medical Originally Entered By Details: 26 Oct 2018 10:18 Maria Bruce Last Amended By Details: 01 Nov 2018 16:20 Maria Bruce Validated By Details: 01 Nov 2018 16:20 Maria Bruce Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed

**Dorset Ward - Chase Farm Hospital Whiteboard meeting CORDELL, Simon P (Mr)**

Pressure of speech Appears paranoid Known to services ?Breached molestation order Poor personal hygiene Wants to appeal

**Plan:**

1. UDS
2. Formulation meeting
3. Bloods/physical /ECG
4. Review by doctor



Originator Details: 26 Oct 2018 06:45 Gladys Osunsina Nursing  
Originally Entered by Details: 26 Oct 2018 06:54 Gladys Osunsina Last  
Amended by Details: 03 Nov 2018 17:46 Gladys Osunsina Validated by  
Details: 03 Nov 2018 17:46 Gladys Osunsina Significant: No Added to  
Risk History: No

Contains Third Party Info: No Conceal from Client: Not Concealed

**Patient appears fairly restless but manageable, he was challenging, grandiose and elated in mood. He later settled down after being seen by the doctor. He appears to have slept intermittently till mane.**

Originator Details: 26 Oct 2018 00:19 Bhavni Shah Medical Originally  
Entered by Details: 26 Oct 2018 00:40 Bhavni Shah Last Amended by  
Details: 26 Oct 2018 03:09 Bhavni Shah Validated by Details: 26 Oct  
2018 03:09 Bhavni Shah Significant: No Added to Risk History: No  
Contains Third Party Info: Yes, Conceal from Client: Not Concealed

Duty Doctor (CT1)- New ward admission Patient seen at 10.30

MHA Status: Section 2

PC: Patient was arrested due to complaints received regarding harassment of neighbours. He was taken to Wood green police station, found to have a manic presentation with grandiose delusional ideas and was detained under MHA.

Background: Patient previously given diagnosis of unspecified non-organic psychosis. He has a long-standing MH background and has been under both CAMHS and adult services in the past. Over the past few years he has engaged poorly with services and is not currently on any medications. More recently he has been reviewed by EIS/Enfield north locality team.

Simon was seen in the quiet room with nursing staff present.

Prior to entering the room, Simon started to ask a lot of questions and asked the nurses for a pen for 'the meeting'. When nursing staff stated that he should wait till we get to the room to ask questions he responded 'she is in a male role so it's only fair that I speak to her in the same way'.

On arrival to the room he remained calm and polite. He started the conversation by asking for my name, which he wrote down on a paper. He then stated he has been detained here illegally because they think he is grandiose. He then went on to give me a timeline of events which were largely related to the police and his connection with mental health services. In summary he holds paranoid ideas that the police have charged him 'in illegal ways' for an ASBO for organisation of illegal raves'. This has led to several on-going issues with the police who have involved mental health services and it is a conspiracy against him.

He states he wasn't assessed properly by doctors today and that the doctors who saw him today have previously tried to section him and 'failed' because he has 'video recordings' to prove he is innocent. He referred to multiple acts and dates which apparently are being broken by keeping him here.

He states he has several businesses that the police have tried to stop, including 'owning festivals' and a newspaper called 'horrific corruption' and associated newsroom which he uses to expose police and doctors who are working in illegal ways. He states he has 'been wronged 78 times by the police' and will 'expose all of the doctors and police' involved.

He spoke about being a 'privileged member of the community' and has never tried to hurt anyone. He reports the police have framed him in a 'sex scandal' and caused multiple issues. He described a negative relationship with neighbours and states that they bang from above continuously. He states a previous partner was pregnant and the neighbours banging led to the baby being lost.

He denies having a MH illness and states he will get out of here once he has his laptop containing videographic proof and was requesting a tribunal. During the course of the conversation he refused to acknowledge he has been sectioned and was adamant he would be able to leave but was not forceful or physically attempting to leave.

PMH: Nil

DH: Nil

NKDA

SH:

Denies drug or alcohol use (current or past)

Personal history:

Abuse as a child from father.

Mental State Examination:

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

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

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

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

No perceptual abnormalities noted.

Orientated to TPP

Lacks insight, does not believe he has a MH condition and not willing to engage with services historically or currently. Unlikely to take medication willingly.

**Risk:**

No risk to self-identified.

Risk of physical and verbal aggression towards others noted. This in turn, increases risk of others retaliating, therefore harm towards Simon.

**Impression:**

Simon is a 37-year-old who has a background of a psychotic disorder. He presents with a deterioration in his mental state, with manic and psychotic symptoms.

**Plan**

- 1) Urine drug screen
- 2) Bloods in morning
- 3) Collateral history would be beneficial

Originator Details: 25 Oct 2018 23:19 Daizzy Annan Nursing Originally Entered By Details: 25 Oct 2018 23:19 Daizzy Annan Last Amended By Details: 26 Oct 2018 03:37 Daizzy Annan Validated By Details: 26 Oct 2018 03:37 Daizzy Annan Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed

Simon is a 37 years old gentleman well known to the services. Admitted on Dorset ward on Section 2 of the MHA. It was reported that he has not been engaging with the services in recent years. He was arrested today for spitting at a police officer after they were called about him harassing his neighbours. He also has a number of non-molestation orders against him, forbidding him contacting them. It was also reported that he appeared to be thoughts disorder, held a number of grandiose and delusional beliefs. Said the police were conspiring with medics and the council to silence him as he had uncovered police corruption. He also said his neighbours two floors above were controlling the neighbour below them and caused them to stamp on the floor and disturb him. It was reported that he appeared to lack insight into his presentation as he did not believe he was mentally unwell and was adamant to see a psychiatrist for treatment.

He was brought to the ward by ambulance crew and police officers. On arrival he appeared fairly calm and was observed interacting very well with his peers on the ward. Later, he was observed talking on his mobile phone, suddenly he became very angry talking on loud tone of voice. Later, staff approach him to engage him into conversation, but he showed no interest and informed staff that he shouldn't be admitted in the hospital. Reassurance given. Settled down and had hot chocolate and some toast

He co-operate with the admission procedure.

He was welcomed to the ward and allocated a bed.

He was searched and no contraband found on him

He handed in Barclays card and a lighter for safe keeping.

Hospital toiletries were given to him.

Disclaimer form signed

He was informed of No smoking policy in the hospital to which he acknowledge. He said he smoke occasionally. He was informed of other alternative nicotine replacement therapy but said he was not interested.

Hospital pyjamas and towels were provided

Ward Doctor has been informed for clerking purpose.

Vital signs monitored and recorded as BP 130/74, Temp.36.6, Sat 97% Res. 17, Pulse 86, BM. 6.0 Weight 78.4 Kg, Height 179.0cm

Bleep holder accepted section papers

132 right under Section 2 of the Mental Health Act read to Simon, appears to have understood. He signed the document to demonstrate his understanding.

Originator Details: 25 Oct 2018 18:28 Kingsley Acquaye Nursing Originally Entered By Details: 25 Oct 2018 18:30 Kingsley Acquaye Last Amended By Details: 25 Oct 2018 18:30 Kingsley Acquaye Validated By Details: 25 Oct 2018 18:30 Kingsley Acquaye Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed ECRHTT-AX

Attended Wood Green Police Station for MHAA Simon was detained under section 2 MHA

No role for Crisis Team and referral to ECRHTT closed.

Originator Details: 25 Oct 2018 17:42 Mr Anthony Manning Social Worker - Social Worker Originally Entered By Details: 25 Oct 2018 17:52 Mr Anthony Manning Last Amended By Details: 26 Oct 2018 08:46 Mr Anthony Manning Validated By Details: 26 Oct 2018 08:46 Mr Anthony Manning Significant: No Added to Risk History: No Contains Third Party Info: No Conceal From Client: Not Concealed

MENTAL HEALTH ACT ASSESSMENT WOOD GREEN POLICE STATION, Dr s Hewitt and Dr P Kean,

section 2 application by Anthony manning.

patient seen in the police cell, he was arrested today as the police called to his flat re him breaking a harassment order, he assaulted the police who attended, and spat at them.

on interview he had pressure of speech, delusions about his neighbours and the police and housing ganging up against him. he denied drug use. he does not feel he has a mental disorder, spoke about organising st Anns when he was admitted in the past.

both doctors found him hypomanic, flight of speech, and grandiose, he was also thought disordered.

taking all the circumstances of the case into consideration including his human rights I made a section 2 application based on two medical recommendations. See medical recommendations for details.

mother identified as nearest relative, and was informed of the outcome of the assessment.

bed identified on Dorset ward chase farm hospital. LAS and police to transport.

report to follow.

Originator Details: 25 Oct 2018 17:18 Kelly Sullivan Nursing Originally Entered By Details: 25 Oct 2018 17:19 Kelly Sullivan Last Amended By Details: 25 Oct 2018 17:19 Kelly Sullivan Validated By Details: 25 Oct 2018 17:19 Kelly Sullivan Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed **Bed management:**

Bed has been identified for S2 admission on Dorset ward Dorset ward informed Enfield AMHP informed

Removed from bed allocation board

Originator Details: 23 Oct 2018 14:35 Margaret Garrod Social Worker Originally Entered By Details: 23 Oct 2018 14:42 Margaret Garrod Last Amended By Details: 23 Oct 2018 15:23 Margaret Garrod Validated By Details: 23 Oct 2018 15:23 Margaret Garrod Significant: No Added to Risk History: No

Contains Third Party Info: Yes Conceal From Client: Not Concealed

## Enfield AMHP Service

I made an application today for a Warrant under Section 135(1) of the Mental health Act 1983/2007.

The District Judge was of the opinion there was insufficient recent evidence that he was being "kept" under proper control" as he is living alone.

She further considered that there is insufficient recent medical evidence that "he is unable to care for himself" i.e particularly his mental health, has he been prescribed / has he been taking it?

It could be considered that he is not going out to avoid accusations that he is in breach of his Tenancy conditions.

There is a report dated 8.7.2018 which indicates that he may lack capacity to adhere to the conditions of an injunction against him.

The District Judge felt that there may be other legal options that could be used in preference to her issuing a S135 (1) warrant for which she considered there is insufficient evidence to consider he is unable to care for himself.

To gain the necessary evidence there needs to be a further Psychiatric assessment offered to Mr Cordell at a time when his mother might be available to facilitate the appointment as had been previously planned.

Originator Details: 19 Oct 2018 20:26 Kingsley Acquaye Nursing Originally Entered By  
Details: 19 Oct 2018 20:27 Kingsley Acquaye Last Amended By Details: 19 Oct 2018 20:27  
Kingsley Acquaye Validated By Details: 19 Oct 2018 20:27 Kingsley Acquaye Significant: No  
Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed ECRHTT-SL

## Attended MHAA

No role for HTT and referral to crisis team closed.

Originator Details: 19 Oct 2018 16:35 Laurence Ryan Social Worker Originally Entered By  
Details: 19 Oct 2018 16:37 Laurence Ryan Last Amended By Details: 19 Oct 2018 16:37 Laurence  
Ryan Validated By Details: 19 Oct 2018 16:37 Laurence Ryan Significant: No Added to Risk  
History: No

Contains Third Party Info: Yes Conceal From Client: Not Concealed

Attempted to call Lorraine Cordell (02082457454/07807333545) NR, to inform outcome of assessment, but no reply and no message service.

Originator Details: 19 Oct 2018 15:46 Michelle Butcher Nursing Originally Entered By  
Details: 19 Oct 2018 15:46 Michelle Butcher Last Amended By Details: 19 Oct 2018 15:46  
Michelle Butcher Validated By Details: 19 Oct 2018 15:46 Michelle Butcher Significant: No  
Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed ECRHTT

**Attempted MHAA assessment \*READ ENTRY PROVIDED BELOW by trainee AMPH Larry.**

## Plan:

< no HTT input required for next MHAA

Originator Details: 19 Oct 2018 13:01 Laurence Ryan Social Worker Originally Entered By  
Details: 19 Oct 2018 13:17 Laurence Ryan Last Amended By Details: 19 Oct 2018 13:43 Laurence  
Ryan Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

**Enfield AMHP Service****Attempted MHA Assessment**

Dr Keyhani (S12) Dr Albazaz (S12), Anthony Manning (AMHP) Larry Ryan (Trainee AMHP), Soobah Appadoo (Care Coordinator), Kingsley and Michelle (CRHTT).

11:15am Communal door to flat had been broken and closed with tape which opened easily. Simon's flat, 109 is on ground floor and door was closed and had a strap fastened to bottom of door as well. After knocking Simon asked who it was and when told "A social worker from Enfield Mental Health services" he said that he did not wish to see me and to go away, he talked rapidly about being subjected to 75 assaults at the hands of mental health services and that he has documented evidence and is taking action. Claimed he would make us all redundant. He warned us to leave. A dog could be heard barking behind the door.

We left the block and gathered outside on the footpath to discuss plan. Shortly after Simon came out and approached as talking with pressured speech about his long battle with the police and legal system, how he is even now subject to a Curfew which keeps him from leaving his flat after 10.30 and this is in force until 2020 he claims.

It was difficult to follow his story but appeared to all relate to the organisation of raves and club nights. He recognised Dr Albazaz from a previous assessment and said that he was there and he did not like him. Gradually a level of rapport was established and it was suggested to Simon that it might be a good idea to continue the discussion in his flat rather than in a public place. He agreed to this and I asked him to lock the dog away he said he will lock it in the back garden. Prior to entering the flat I informed Simon that I am a trainee AMHP and myself and the 2 doctors with me will be conducting a Mental Health Act assessment. We then entered the flat which was very cluttered with musical equipment and stacks of books and records. On the coffee table was a modern Apple PC. There was no obvious smell of drugs only cigarette smoke. Upon entering the living room and the mention of the 2 doctors he pointed to Dr Albazaz and said that he will not talk to him and does not want him in the flat. I explained that we could not conduct the assessment with out 2 doctors and that we would need to leave. He was very keen to show me things on his computer relating to conspiracies and torments that he perceives he is suffering but we left explain the assessment would need to happen at another time.

Plan: Apply for S135 (1) warrant in view of his unwillingness to be assessed. Would require removal to a place of safety for assessment.

**Plans to be made for care of dog if Service user is removed to POS.**

Originator Details: 19 Oct 2018 12:57 Mohammad Fohim Nursing Originally Entered By Details: 19 Oct 2018 12:57 Mohammad Fohim Last Amended By Details: 19 Oct 2018 12:57 Mohammad Fohim Validated By Details: 19 Oct 2018 12:57 Mohammad Fohim Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed **BED COORDINATOR**

Notified by Enfield AMHP office that SC MHAA will be re-scheduled - date 6 time TBC

**Name removed from our board**

Originator Details: 19 Oct 2018 12:53 Laurence Ryan Social Worker Originally Entered By Details: 19 Oct 2018 13:00 Laurence Ryan Last Amended By Details: 19 Oct 2018 13:01 Laurence Ryan Validated By Details: (UNVALIDATED)

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed **Retrospective Entry**

9:45 am T/C :o Simon's mother and nearest relative Lorraine Cordell (07807333545) she informed me that she had talked to Simon last night n the phone and sounded "like his normal self" she took fish and chips over to him 2 days previously and he was bright and cheerful she reported. I explained that we are today going to assess him under the MHA and that I wanted to consult with her. She said that he rarely leaves the flat and she visits with shopping and takes the dog for a walk. His dog currently has an abscess and the vet has prescribed anti-biotics. It was a difficult conversation as the mobile reception was poor. I agreed to call her after the assessment.

Originator Details: 19 Oct 2018 09:39 Laurence Ryan Social Worker Originally Entered By Details: 19 Oct 2018 09:41 Laurence Ryan Last Amended By Details: 19 Oct 2018 09:41 Laurence Ryan Validated By Details: 19 Oct 2018 09:41 Laurence Ryan Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed **Enfield AMHfj Office**

09:18 hrs T/t to Care Coordinator Soobah Appadoo requesting attendance at 11am MHA assessment. Message left on voice mail

Originator Details: 19 Oct 2018 09:30 Kingsley Acquaye Nursing Originally Entered By Details: 19 Oct 2018 09:31 Kingsley Acquaye Last Amended By Details: 19 Oct 2018 09:31 Kingsley Acquaye Validated By Details: 19 Oct 2018 09:31 Kingsley Acquaye Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed **ECRHTT-SL**

**Call received from the AMHP office for MHAA set for today at 11:00AM and they are asking for crisis team to attend.**

Originator Details: 18 Oct 2018 16:47 Laurence Ryan Social Worker Originally Entered By Details: 18 Oct 2018 16:48 Laurence Ryan Last Amended By Details: 19 Oct 2018 09:46 Laurence Ryan Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed **Enfield AMHP Service - Mental Health Act assessment details:**

**Date: 19/10/18 Time: 11am**

**Rendezvous point: nr 109 Burncroft Ave, EN3 7JQ**

**AMHP: Anthony Manning Mob: 020 8702 5695**

**1st Doctor: Dr Albazaz Mob:0776334034 / 07841512524**

**2nd Doctor: Dr Keyhani Mob: 07496905216**

**Interpreter? N/A**

**HTT: Will try and attend**

**Other attendees: Larry Ryan, Trainee AMHP**

**Bed manager: Aware**

**Second worker/Care Co:**

**Access? Communal entrance**

**Nearest Relative: Attempted to call mother Lorraine Cordell 020 8245 7454 / 07807333545 no reply will try tomorrow.**

**Ambulance: LAS Ref: Booked online Ref: 3380989/1 Other factors: Has big dog**

**LAS 0207 827 4597**

Originator Details: 18 Oct 2018 16:46 Laurence Ryan Social Worker Originally Entered By Details: 18 Oct 2018 16:46 Laurence Ryan Last Amended By Details: 18 Oct 2018 16:46 Laurence Ryan Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed



**From:** RYAN, Larry (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) Sent: 18 October 2018 16:45  
**To:** Bed Management (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST) Subject: SC - 11214451

Hi,

MHA assessment tomorrow at 11am for Simon Cordell likely we will need a bed, can you please put on board.

Regards

Larry

**Trainee AMHP Enfield AMHP Office**  
**020 8364 1855**

Originator Details: 18 Oct 2018 16:00 Laurence Ryan Social Worker Originally Entered By Details: 19 Oct 2018 09:44 Laurence Ryan Last Amended By Details: 19 Oct 2018 09:44 Laurence Ryan Validated By Details: (UNVALIDATED)  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed

**Enfield AMHP Office**

**T/C to GP Nightingale House Surgery, (020 8805 9997) Dr Chong on A/L, hasn't been seen since 2015. No Dr available to attend assessment.**

Originator Details: 18 Oct 2018 15:09 Sandra Muschett Social Worker Originally Entered By Details: 18 Oct 2018 15:16 Sandra Muschett Last Amended By Details: 18 Oct 2018 15:16 Sandra Muschett Validated By Details: 18 Oct 2018 15:16 Sandra Muschett Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

**ENFIELD AMHP SERVICE - MENTAL HEALTH ACT ASSESSMENT**

**Referral received from Soobah (Care Coordinator) for a mental health act assessment. On reviewing Rio risk I called Soobah and asked him to return my call.**

Originator. Details: 17 Oct 2018 15:30 Soobah Appadoo Nursing Originally Entered By Details: 17 Oct 2018 15:31 Soobah Appadoo Last Amended By Details: 17 Oct 2018 15:31 Soobah Appadoo Validated By Details: 17 Oct 2018 15:31 Soobah Appadoo Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

**ENFIELD ADULT NORTH LOCALITY TEAM**

**-Referred to Forensic Team for assessment**

Originator Details: 17 Oct 2018 15:13 Soobah Appadoo Nursing Originally Entered By Details: 17 Oct 2018 15:15 Soobah Appadoo Last Amended By Details: 17 Oct 2018 15:15 Soobah Appadoo Validated By Details: 17 Oct 2018 15:15 Soobah Appadoo Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

**ENFIELD ADULT NORTH LOCALITY TEAM**

**T/C to AMHP office. Spoke to Admin Staff-Marie who took the referral. Reasons for referral given.**

**I asked that AMHP call back by Friday if possible as I am on leave next week.**

Originator Details: 17 Oct 2018 14:22 Soobah Appadoo Nursing Originally Entered By Details: 17 Oct 2018 14:27 Soobah Appadoo Last Amended By Details: 17 Oct 2018 14:27 Soobah Appadoo Validated By Details: 17 Oct 2018 14:27 Soobah Appadoo Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

## ENFIELD ADULT NORTH LOCALITY TEAM]

Discussed in MDT on Tuesday 16th Oct. Client has allegedly been physically aggressive towards another service user who lives in the building; a few residents have moved out due to aggressive behaviour. He has assaulted more than one person. Agreed that he is a risk to others and his behaviour could also put him at risk from others.

**Plan:**

Refer for MHA-but no concrete info as yet from Lemy regarding risk log-AMHP office would ask for evidence of risks.

T/C to Lemy to ask if he could send an up-to-date risk log. Lemy said that he is seeking advice as to whether he could share info with us. He said he will get back to me later today.

Originator Details: 12 Oct 2018 13:50 Soobah Appadoo Nursing  
Originally Entered By Details: 12 Oct 2018 14:05 Soobah Appadoo Last  
Amended By Details: 12 Oct 2018 14:05 Soobah Appadoo Validated By  
Details: 12 Oct 2018 14:05 Soobah Appadoo Significant: No Added to  
Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
ENFIELD ADULT NORTH LOCALITY TEAM

On the 5th Oct I attended a meeting with Lemy Nwabuisi (Anti-Social Behaviour Coordinator, Community Safety Unit, Environmental & Community Safety, Enfield Council) and Alan Dinala, Forensic CPN. This meeting was part of the safeguarding process for Alan's client. SC has allegedly been aggressive on more than one occasion towards Alan's client.

Lemy informed me that SC has a past and current history of physical and verbal aggression towards residents in the building. Lemy informed me that the council has tried to work with him but to no avail. Lemy informed me that SC is getting easily irritated even by the sound of a flushing toilet cistern; this happened very recently and he threatened Alan's client. Lemy thinks these are signs of mental illness and that BEH should proceed with a MHA. Lemy argued that this is for the protection of others as well as SC's own safety.

I have asked Lemy to email me a list of incidents in chronological order. Lemy stated that he would need information from our team to confirm if SC is engaging or not with our service. I have advised Lemy to email his request to the Team Manager, George Benyure.

Enfield Council will be seeking possession of SC's flat via the courts. Lemy stated that in a recent court case the judge recommended that Enfield Council re-house SC on the proviso that he engages with the MH Team.

**Plan:**

Discuss in MDT Lemy to

email a risk log

**HMMMMMM**

# DOCTORS + DOCTORS & GUESS WHAT MORE DOCTORS!



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## Progress Notes

Run Time: 29 Jan 2019, 13:53 RiO Instance: LIVE (Reporting)

Logged in User: BarnuT01  
(Augustina Barnum)

Parameters: ClientID = 11214451 (Simon P CORDELL), Date Range Criteria = Care provision time , Sort Order = Descending, Start Date = 12 August 2012 18:58, End Date = 12 October 2018 13:50, Filter Search = N, Progress Note Type = All , Validated = All , Entered in error = No , Significant = All , Third Party Information = All , Added to Risk History = All , Concealed from Client = All , Locked Notes = No , UserID = BarnuT01 (Augustina Barnum)

Record Count: 273 records returned

Originator Details: 28 Sep 2018 11:12 Ruslan Zinchenko Medical  
Originally Entered By Details: 28 Sep 2018 11:13 Ruslan Zinchenko  
Last Amended By Details: 28 Sep 2018 11:13 Ruslan Zinchenko  
Validated By Details: 28 Sep 2018 11:13 Ruslan Zinchenko  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
**CT1 Zinchenko**

Mr Cordell did not attend his appointment today and I was not able to get through to him on the phone.

We will discuss his case in the MDT once again.

Originator Details: 21 Sep 2018 14:22 Soobah Appadoo Nursing  
Originally Entered By Details: 21 Sep 2018 14:25 Soobah Appadoo  
Last Amended By Details: 21 Sep 2018 14:25 Soobah Appadoo  
Validated By Details: 21 Sep 2018 14:25 Soobah Appadoo  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
**ENFIELD ADULT NORTH LOCALITY TEAM**

Discussed in Caseload Supervision with Team Manager-G.Benyure and Dr Hussain.

**Plan:**

-Refer for Forensic Assessment

-Offer appointment in clinic-SS -Appointment booked for Friday 28th Sep with Dr Zinchenko & Cpn-Soobah

Originator Details: 21 Sep 2018 13:05 Louiza Vassiliou Administrative  
Originally Entered By Details: 21 Sep 2018 13:09 Louiza Vassiliou  
Last Amended By Details: 21 Sep 2018 13:09 Louiza Vassiliou  
Validated By Details: 21 Sep 2018 13:09 Louiza Vassiliou  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Appointment made with Dr Zinchenko for Friday 28 September 2018 at 11.00, appointment letter sent. Unable to contact mother to advise of this appointment.

Originator Details: 17 Sep 2018 11:53 Augustina Barnum Administrative  
Originally Entered By Details: 17 Sep 2018 11:54 Augustina Barnum  
Last Amended By Details: 17 Sep 2018 12:20 Augustina Barnum  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Tried to make contact with the Mother of this client in order to make an appointment for Mr Cordell. Unable to make contact by telephone to arrange an appointment for Wednesday 26th September 2018 at this present time. If this date is not acceptable another appointment will be offered. Telephone call with Mother of this client. Mother not happy with the current situation in respect of her Son and his housing. George Benyure to confirm if appointment to be offered to this client. Telephone number for Mother of this patient is 07807 333545

Originator Details: 07 Sep 2018 14:06 Iain Williams Nursing  
Originally Entered By Details: 07 Sep 2018 14:07 Iain Williams  
Last Amended By Details: 07 Sep 2018 14:07 Iain Williams  
Validated By Details: 07 Sep 2018 14:07 Iain Williams  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

## EAS screening

Mr Cordell named as the alleged perpetrator in a SoVA alert for TA (1000395)

Originator Details: 30 Aug 2018 14:29 Soobah Appadoo Nursing  
 Originally Entered By Details: 30 Aug 2018 14:37 Soobah Appadoo  
 Last Amended By Details: 21 Sep 2018 14:34 Soobah Appadoo  
 Validated By Details: 21 Sep 2018 14:34 Soobah Appadoo  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 ENFIELD ADULT NORTH LOCALITY TEAM

Simon called the office and the call was passed on to me by Trish. Trish said that he sounded quite upset.

Telephone conversation with Simon. He was very verbally abusive on the phone. I introduced myself as his new CC- He said that "I don't need a f...ing Care Coordinator". He said that he had been seen for "76 days by his CC" and there was "nothing wrong with me". He said that the reason we want to see him is to "cover for missing signatures?". He said he "will ruin anyone who come to my house" and he has "recording cameras and audios" to ruin us. He said if you come to my house "I f...ing will scar you for life". He used foul languages through out this contact. He said that I "can take the f...ing referral and stick it up my a..e". He said that he does not want to see us. I could not interrupt him: very verbally aggressive with pressure in speech". I did manage to say that we are a different team from Lucas House and we want him to have a fresh start- He said "I don't f...ing care"

Originator Details: 28 Aug 2018 17:08 Augustina Barnum Administrative  
 Originally Entered By Details: 28 Aug 2018 17:09 Augustina Barnum  
 Last Amended By Details: 17 Sep 2018 11:52 Augustina Barnum  
 Validated By Details: 17 Sep 2018 11:52 Augustina Barnum  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: Yes Conceal From Client: Not Concealed

I have today spoken to the Mother of the above as I was unable to make telephone contact with the patient. I informed Mrs Cordell that two male members of staff, one a Doctor and the other a nurse would be making a home visit to her Son on Friday 31st August 2018 at 9.15am to carry out an Assessment.

Mrs Cordell informed me that she would not be present at the appointment as she herself has a hospital appointment which she had been waiting for a while to ascertain and could not cancel this.

I informed her that the Doctor and the Nurse would still attend for the appointment at the clients home address and she informed me that she would let her Son know. Mrs Cordell said that her Son may not be happy about the visit but none the less she will inform him.

Originator Details: 28 Aug 2018 15:43 Ruslan Zinchenko Medical  
 Originally Entered By Details: 28 Aug 2018 15:46 Ruslan Zinchenko  
 Last Amended By Details: 28 Aug 2018 15:46 Ruslan Zinchenko  
 Validated By Details: 28 Aug 2018 15:46 Ruslan Zinchenko  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 CT1 Zinchenko

To add to the below email:

During the consultation I will add that: 'we have reported this to the information commissioner, and are liaising with them'. ?

Any concerns about the information should be shared back to Rachel Yona and the patient and his mother should contact her with any questions.

Originator Details: 23 Aug 2018 12:38 Ruslan Zinchenko Medical  
 Originally Entered By Details: 23 Aug 2018 12:40 Ruslan Zinchenko  
 Last Amended By Details: 23 Aug 2018 12:40 Ruslan Zinchenko  
 Validated By Details: 23 Aug 2018 12:40 Ruslan Zinchenko  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed



CT1 Zinchenko

Email received from Rachel Yona:

Dear Dr Zinchenko,

"For your awareness, I am investigating an information governance breach related to this patient. Due to the complexity, we have not written to him to inform him, as it was felt this would be better done face to face. His mother who will be attending the appointment is aware, and was the one to raise the complaint.

When you see him, please could you tell him that 'some clinical information was shared by the Trust with the London Borough of Enfield, in response to a court order. We are duty bound to share information when requested in a court order. However the information we provided was not proportionate to the request. We are investigating this.'

---

**Can you let me know that you have received this email?**

---

Originator Details: 21 Aug 2018 16:00 Vincent Foutie Social Worker  
 Originally Entered By Details: 21 Aug 2018 16:00 Vincent Foutie  
 Last Amended By Details: 21 Aug 2018 16:00 Vincent Foutie  
 Validated By Details: 21 Aug 2018 16:00 Vincent Foutie  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 Enfield Assessment Service Screening Duty

Merlin Report dated 19/08/18 reference number 18PAC1200243. Crisis attended by police. Under North Locality Team at present. No role for EAS.

---

**Discharge EAS referral.**

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Originator Details: 20 Aug 2018 15:47 Mansy Jabuni Social Worker  
 Originally Entered By Details: 20 Aug 2018 15:53 Mansy Jabuni  
 Last Amended By Details: 20 Aug 2018 15:56 Mansy Jabuni  
 Validated By Details: 20 Aug 2018 15:56 Mansy Jabuni  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed

**Access**

T/C to Lorraine following call on Access. Relayed long history of issues Simon has had with Enfield Housing. Current concern appears to be that Simon may not be given a 2 bedroom flat as housing feel that this is not needed, however family disagree. Advised Lorraine that housing will have their policies/laws which they follow and mental health services can only provide supporting information that may or may not impact on final housing decision.

Lorraine said that she would be at the review meeting with Simon on the 31st, advised that she/Simon could inform how they feel housing may impact on Simon's mental health in the longer term (in terms of support that family are able to provide) this can be included in the clinic review letter however psychiatrist will need to determine whether this is having/is going to affect Simon's mental state/risk. Lorraine was happy with this plan and will provide clinic review letter to housing following appointment on the 31st August.

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Originator Details: 16 Aug 2018 10:18 Louiza Vassiliou Administrative  
 Originally Entered By Details: 16 Aug 2018 10:19 Louiza Vassiliou  
 Last Amended By Details: 16 Aug 2018 10:19 Louiza Vassiliou  
 Validated By Details: 16 Aug 2018 10:19 Louiza Vassiliou  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed

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**Appointment made with Dr Zinchenko for Friday 31 August 2018 at 9.30am, appointment letter sent.**

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Originator Details: 13 Aug 2018 17:34 Augustina Barnum Administrative  
 Originally Entered By Details: 13 Aug 2018 17:35 Augustina Barnum  
 Last Amended By Details: 13 Aug 2018 17:35 Augustina Barnum  
 Validated By Details: 13 Aug 2018 17:35 Augustina Barnum  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: Yes Conceal From Client: Not Concealed  
 Appointment booked with Dr Zinchenko for Friday 31st August 2018 at 9.30am. This is a 1 hour appointment.  
 Appointment letter to be sent.

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Originator Details: 02 Aug 2018 11:48 Simon Clark Nursing  
Originally Entered By Details: 02 Aug 2018 11:52 Simon Clark  
Last Amended By Details: 02 Aug 2018 11:52 Simon Clark  
Validated By Details: 02 Aug 2018 11:52 Simon Clark  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Entry for 25.6.18

Email and phone correspondence with:

Kind regards,

Ludmilla Iyavoo

Solicitor

Corporate Team

Legal Services

Enfield Council

Silver Street

Enfield EN1 3XY

DX 90615 Enfield 1

Telephone: 020 8379 8323

Fax: 020 8379 6492

LBE had requested psychiatric medical opinion based on assessment for Mr Cordell to participate in legal proceedings. Ms Iyavoo had approached Dr Scurlock about this and corresponded with me. I informed Ms Iyavoo that BEH mental health services were unable to offer this type of assessment and report as we are commissioned are not commissioned for this. I advised her that an independent medical assessment would be needed.

At her request I sent a summary of the recent progress note entries relating to contact between mental health services and MR Cordell in relation to his case. Copies of correspondence and note summary are uploaded as documents to Rio.

I was not informed that any correspondence shared would be subject to being shared with any other parties, I was not asked to consent to sharing this information and I did not advise that the information provided by BEH could be shared

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Originator Details: 30 Jul 2018 11:17 Angela Hague Nursing  
Originally Entered By Details: 30 Jul 2018 11:18 Angela Hague  
Last Amended By Details: 30 Jul 2018 11:23 Angela Hague  
Validated By Details: 30 Jul 2018 11:23 Angela Hague  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

Telephone call from Lorraine Cordell mother of Simon, said I sent a report to court without her or Simons consent. She read out a progress note I had written in 15th June, unhappy as she is named and her son has issues with Trust. I am unable to see on Rio that I sent any reports to Enfield council. Lorraine agreed to e-mail me what she has with the details for her to review. Reported that she wishes to make a compliant.

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Originator Details: 12 Jul 2018 11:48 Marie Antao Administrative  
Originally Entered By Details: 12 Jul 2018 11:48 Marie Antao  
Last Amended By Details: 12 Jul 2018 11:48 Marie Antao  
Validated By Details: 12 Jul 2018 11:48 Marie Antao  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
ON BEHALF OF DEBBIE MORGAN:

**From:** MORGAN, Debbie (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)  
**Sent:** 11 July 2018 15:21  
**To:** 'Giudi.A.Pell-Coggins@met.police.uk'  
**Cc:** [Jacqui.Penn@met.police.uk](mailto:Jacqui.Penn@met.police.uk)  
**Subject:** RE: Concerns for male

Hi Giudi,

SC was seen and assessed at home on 19th June. He is not currently under a community team, the service has received several referrals since 2015 pertaining concern for his mental state, however upon assessment he's not been found to be so unwell that restrictive measures have to be taken to engage him. He often presents with grandiose/paranoid ideations involving past involvement with police, and more recently involvement with the housing department and neighbour(s).

He is currently involved with court proceedings involving his neighbour/housing department arising from on-going dispute in which he alleges neighbour to be deliberating causing him distress by making noise (he appears to be noise sensitive). Housing are exploring eviction proceedings in which information has recently been provided for court regarding his mental health needs. I understand he is representing himself in court and the court has questioned his mental capacity/mental health to do so?

I also understand he has CCTV inside and outside the property and often tapes interactions with others. He also has a dog on the premises and frequently makes reference to the evidence he has gathered about the alleged wrongs done to him by police, neighbours and housing department; a full ring-binder folder was observed in his flat with this alleged evidence.

There were no significant concern regarding his mental state when recently assessed to require a more intrusive intervention, he was not deemed to be psychotic but some acknowledgement of a paranoid personality type with grandiose beliefs. He is reluctant to engage with mental health services as he does not believe he is mentally unwell and therefore does not wish to engage to explore possible treatment options. The plan following the assessment was for a referral to be made to the North Locality Community Team for further engagement to build rapport over a period of time to try and engage/encourage him for further assessments and/or support.

Regards, Debbie

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Originator Details: 19 Jun 2018 14:33 Angela Hague Nursing  
Originally Entered By Details: 19 Jun 2018 14:33 Angela Hague  
Last Amended By Details: 19 Jun 2018 16:31 Angela Hague  
Validated By Details: 19 Jun 2018 16:31 Angela Hague  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

Home visit today as arranged with Amal Pomphrey from EIS. Client previously under EIS from 2015 discharged in January this year, difficult to engage. History well known so not repeated.

Simon was friendly and welcoming into his home. Put his pet dog out side in the garden, visible through patio doors. Dog appeared in good health though Simon reported that his dog is stressed about his neighbours the police and mental health services to the point it has chewed some of the fur off his front paws.

Simon stood for sometime keen to talk about the evidence he has gathered against the police, and local authority, has taped and logged everything on a website. Showed his website says not live as yet, all he has to do is click a button and it will show how he has been unfairly treated by the local authority and police. Website and all written video and audio recordings linked. Showed a couple of examples CCTV inside his flat, conversation with ASBO team and written documents. Also showed us paper files that the has maintained in large ring binders, containing copies of e-mails and all correspondence. Informed us that he tapes all conversations he has with health, local authority and police staff. Has CCTV cameras placed internally and externally around his flat.

Spoke of how his issues began many years ago trouble with the police over holding illegal parties. Reported that he is currently not going out feels afraid. No restrictions placed on him regarding going out other than not allowed in Industrial areas or 24 hour venues such as MacDonalds or Tesco's. Reported recently in court with regards to his neighbour, representing himself does not feel he needs a solicitor. Recommendation is that he has an assessment with a psychiatrist. However said he will not attend as the letter has not been properly dated and stamped and therefore believes he is not bound by it.

#### **Mental state:**

Simon was casually dressed, his hygiene appeared fair. He maintained good eye contact and rapport. His speech appeared slightly pressured difficult to interrupt but not irritable when interrupted.

Grandiose ideas around his intelligence, says he is a millionaire properties from wealthy relatives who have deceased, successful businesses, earning hundreds and thousands of pounds. Paranoid about his neighbours, believes they and others have spread information that he may have had herpes. Paranoid delusions believes his neighbours are deliberately following him from room to room banging on his ceiling. Believes they want to kill him. Though he did not express any thoughts of wanting to harm anyone. Believes he is being paid to look after vulnerable people in poor situations.

Appears to be a mood element to his condition pressured speech grandiose, tangential jumping from topic to topic. However reported that at times his mood can be depressed and upset by his neighbours. On one occasion he drank some liquid in an attempt to poison himself, found by mother and taken to A&E discharged. Denied having any current suicidal ideation or thought to harm himself.

There was no evidence of any hallucinations. Personality appears to be intact.

Simon appears to lack insight, asked if he believes he has a mental health condition denied this said he has never taken medication as he does not believe he has any mental health problem to require medication.

#### **Impression:**

37 year old male appears to have had a difficult childhood spoke about scars on his legs from beatings from his father. Wants to protect children, and vulnerable people believes it is his duty. 2015 diagnosed with psychotic illness and referred to EIS does not appear to have engaged with treatment offered. previously prescribed Olanzapine. Does not appear to require crisis team or mental health act assessment at this time. But would benefit from assertive follow up in the community. EIS state that has gone beyond EIS three year treatment period.

Plan therefore to refer to North Locality Team Locality Team. E-mail sent.

EIS agree to liaise and advise court regarding the request for a report.

#### **Closed to EIS.**

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Originator Details: 19 Jun 2018 13:57 Angela Hague Nursing  
Originally Entered By Details: 19 Jun 2018 14:05 Angela Hague  
Last Amended By Details: 19 Jun 2018 14:05 Angela Hague  
Validated By Details: 19 Jun 2018 14:05 Angela Hague  
Significant: No Added to Risk History: No  
Contains Third Party Info: Yes Conceal From Client: Not Concealed

Missing Page From NHS Computer System!

Missing Page From NHS Computer System!

Missing Page From NHS Computer System!



Originator Details: 01 Jun 2018 16:32 Iain Williams Nursing  
Originally Entered By Details: 01 Jun 2018 16:33 Iain Williams  
Last Amended By Details: 01 Jun 2018 16:33 Iain Williams  
Validated By Details: 01 Jun 2018 16:33 Iain Williams  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Email to EIS & close to EAS

EnfieldEISreferrals (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST);

CLARK, Simon (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST);

...Cc: HAGUE, Angela (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST);

CUSHION, Jane (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST);

Dear EIS / Simon

Re: Mr Simon CORDELL (11214451)

I would be grateful if you consider re-opening this referral. This pt is well known to you. I contacted him following a police report - threatening to kill his neighbour.

On the phone he sounded thought disordered and paranoid.

He would be agreeable to see EIS. I am aware you recently close his referral following DNAs for clinic based appointments. He is probably more likely to engage if he is seen at home ( 2 workers!).

I also contacted his mother. She was angry at previous contact with mental health services because Simon has found out - she thinks this will break what little relationship they have.

She was reluctant to talk on that basis.

Regards

---

Originator Details: 01 Jun 2018 14:28 Iain Williams Nursing  
Originally Entered By Details: 01 Jun 2018 14:29 Iain Williams  
Last Amended By Details: 01 Jun 2018 16:24 Iain Williams  
Validated By Details: 01 Jun 2018 16:24 Iain Williams  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

EAS screening

Police notification received regarding contact on 31.5.18. Reported to have made threats to kill his neighbour and her children.

He was arrested for threats to kill and breach of an injunction - outcome not known.

Contacted by phone - no answer then he called me back.

Long conversation.

Mood labile- calm , polite to irritable, aroused, accusing

Difficult to follow content - sounded thought disordered

Rambling about previous contact with MH services - difficult to follow.

Legalise references , human right act. Believes his rights were breached & that he has proof of injustice / illegal treatment

Reference to being part of several companies . Health worker and government are part of different companies

Thinks he has been "set up".

" if I give you an amp I'll get 5 years"

"I've been illegally detained in my home for 9 years"

"The government is trying to push me out of the country"

"They are trying to lable me as having a disease"

"I'm not a super grass"

Neighbour upstairs has MH problems ( her name is familiar to me from previous team). He blames MH services for allowing her to live there and cause him problems.

Has placed cameras in every room to record evidence of things which happen - will use this to defend himself

States he is preparing a case for the supreme court, also has built a website to record injustices

Constantly collecting evidence

States he initially trusted Goode but felt let down when he was later assessed under MHA

Would be prepared to meet someone from EIS if they visited him at home - would like to discuss some of the evidence he has gathered.

Does not want CRHTT - thinks they acted illegally in the past " giving me medication when I was not section 117".

Plan - forward referral to EIS

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Originator Details: 09 May 2018 16:15 Simon Clark Nursing  
Originally Entered By Details: 09 May 2018 16:16 Simon Clark  
Last Amended By Details: 09 May 2018 16:16 Simon Clark  
Validated By Details: 09 May 2018 16:16 Simon Clark  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
No contact received from Simon, case closed to Enfield EIP

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Originator Details: 30 Apr 2018 16:34 Simon Clark Nursing  
Originally Entered By Details: 30 Apr 2018 16:35 Simon Clark  
Last Amended By Details: 30 Apr 2018 16:35 Simon Clark  
Validated By Details: 30 Apr 2018 16:35 Simon Clark  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

I called Simon as I received an email message from an administrator that he called and asked me to call him back. I called the number given: 02082457454

but was told he was not there and was given the following number to call: 07729 243 063. There was no reply and no personal voicemail message so I did not leave a message

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Originator Details: 20 Apr 2018 15:23 Georgina Lamb Social Worker  
Originally Entered By Details: 20 Apr 2018 15:24 Georgina Lamb  
Last Amended By Details: 20 Apr 2018 15:24 Georgina Lamb  
Validated By Details: 20 Apr 2018 15:24 Georgina Lamb  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Enfield EIS

Appointment letter sent to Simon - see uploads.

Discharge from caseload if no reply by 7.5.18.

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Originator Details: 19 Apr 2018 09:34 Aurelie Crombe Nursing  
Originally Entered By Details: 19 Apr 2018 09:40 Aurelie Crombe  
Last Amended By Details: 19 Apr 2018 09:40 Aurelie Crombe  
Validated By Details: 19 Apr 2018 09:40 Aurelie Crombe  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

Enfield Early Intervention Service

Referral discussed in team meeting

Re-referral

PLAN

write to him to let him know that we received the referral and offer that he can arrange an appointment if he would like support from EIP

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Originator Details: 13 Apr 2018 16:19 Iain Williams Nursing  
Originally Entered By Details: 13 Apr 2018 16:21 Iain Williams  
Last Amended By Details: 13 Apr 2018 16:40 Iain Williams  
Validated By Details: 13 Apr 2018 16:40 Iain Williams  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed



EAS screening

Police notification received regarding contact on 12.4.18 - unsettled by local building work. Noise had upset him  
Closed to EIS Jan 2018 due to non engagement.

Attempted to contact by phone - "number unobtainable".

Email to EIS as follows:

Amal.Pomphrey@beh-mht.nhs.uk;

EnfieldEISreferrals (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST);

HAGUE, Angela (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST);

...  
...Cc: The Mash Team ;

Dear EIS

Re: Mr Simon CORDELL (11214451)

This man was closed to your service in January of this year due to non engagement.

We received a police notification regarding contact on 12.4.18. ( see uploaded docs for details). Neighbour dispute due to noise from building work. Sounds like he is oversensitive in keeping with a persecutory outlook.

I tried to phone but his number is unavailable

RiO entries show he is fairly adamant about not being seen by mental health.

I am closing to EAS. Not sure if you want to try and make contact as Goodie may have some rapport with him.

---

Originator Details: 09 Feb 2018 10:19 Reginald Massaquoi Nursing  
Originally Entered By Details: 09 Feb 2018 10:20 Reginald Massaquoi  
Last Amended By Details: 09 Feb 2018 10:20 Ismet Mahmud  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
**Seen by the Police and Liaison service on 09.01.2018. Please see attached document for report.**

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Originator Details: 30 Jan 2018 03:55 Gregory Ishmael Nursing  
Originally Entered By Details: 30 Jan 2018 04:02 Gregory Ishmael  
Last Amended By Details: 30 Jan 2018 04:02 Gregory Ishmael  
Validated By Details: 30 Jan 2018 04:02 Gregory Ishmael  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
**Night Team- CRHTT**

TC received from Simon to say that he wants to make a complaint about how he was sectioned and generally not happy with the service that he got when he was admitted to St Anns Hospital last year.

He was asking for names of doctors and I informed him that he should call during the daytime and also gave him  
**Method of raising a complaint : [patient.experience@beh-mht.nhs.uk](mailto:patient.experience@beh-mht.nhs.uk).**  
Noted that he was recently discharged from EIS as not willing to engage as well.  
He thanked me for this and said that he will be following up on this.

---

Originator Details: 18 Jan 2018 12:50 Aurelie Crombe Nursing  
Originally Entered By Details: 18 Jan 2018 12:51 Aurelie Crombe  
Last Amended By Details: 18 Jan 2018 12:51 Aurelie Crombe  
Validated By Details: 18 Jan 2018 12:51 Aurelie Crombe  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

#### Enfield Early Intervention Service

Referral discussed in team meeting

Has refused to work with EIP

#### Referral closed

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Originator Details: 17 Jan 2018 14:40 Goodie Adama Nursing  
Originally Entered By Details: 21 Jan 2018 21:53 Goodie Adama  
Last Amended By Details: 21 Jan 2018 21:53 Goodie Adama  
Validated By Details: 21 Jan 2018 21:53 Goodie Adama  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
DNA - Simon did not attend appointment to be assessed. He called the previous day, Tuesday and did not appear happy that he was sent a letter about assessing his mental state

#### t/c to mobile and was not able to make contact

---

Originator Details: 15 Jan 2018 15:08 Goodie Adama Nursing  
Originally Entered By Details: 16 Jan 2018 16:15 Goodie Adama  
Last Amended By Details: 16 Jan 2018 16:15 Goodie Adama  
Validated By Details: 16 Jan 2018 16:15 Goodie Adama  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
t/c received from Simon

he said he got my letter inviting him for assessment

he thanked me for concern shown towards him and made it clear that he did not have mental illness [and would not attend for assessment]

he spoke a lot about his disagreement with the Police and justice system - in fact nothing new from past dealings with him

he said he did not need mental health, thanked me and wished me Happy New Year

he ended the phone call before I could ask him for current contact number

Simon was loud and appeared "paranoid" as usual however there was no apparent evidence of psychotic symptoms

plan

#### feedback to team and will recommend referral to be closed

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Originator Details: 11 Jan 2018 16:56 Goodie Adama Nursing  
Originally Entered By Details: 11 Jan 2018 16:58 Goodie Adama  
Last Amended By Details: 11 Jan 2018 16:58 Goodie Adama  
Validated By Details: 11 Jan 2018 16:58 Goodie Adama  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
t/c - I rang couple of mobile / contact numbers for Simon and all were not obtainable.

#### I sent him appointment to meet for assessment on Wednesday 17 at 2pm at Lucas House - letter sent first class

---

Originator Details: 04 Jan 2018 13:18 Aurelie Crombe Nursing  
Originally Entered By Details: 04 Jan 2018 13:21 Aurelie Crombe  
Last Amended By Details: 04 Jan 2018 13:22 Aurelie Crombe  
Validated By Details: 04 Jan 2018 13:22 Aurelie Crombe  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed



Enfield Early Intervention Service

Referral discussed in team meeting

DNA joint assessment on 2.1.18 with EAS

Closed to EAS

PLAN

offer new appointment

not home visit because of risk

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Originator Details: 02 Jan 2018 11:37 Linda Scott Administrative  
Originally Entered By Details: 02 Jan 2018 11:38 Linda Scott  
Last Amended By Details: 02 Jan 2018 11:38 Linda Scott  
Validated By Details: 02 Jan 2018 11:38 Linda Scott  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
GP 24 Hour Notification sent to the GP on behalf of Dr Cushion. Patient discharged from the EAS.

**Confirmation of delivery of email to the GP:**

**Your message has been delivered to the following recipients:**

**SURGERY, Nightingale House (NIGHTINGALE HOUSE SURGERY) (nightingalehousesurgery@nhs.net)**

**Subject: Mr Simon P CORDELL - D.O.B.: 26 Jan 1981 - NHS: 434 096 1671**

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Originator Details: 02 Jan 2018 11:00 Dr Jane Cushion Medical  
Originally Entered By Details: 02 Jan 2018 11:02 Dr Jane Cushion  
Last Amended By Details: 02 Jan 2018 11:02 Dr Jane Cushion  
Validated By Details: 02 Jan 2018 11:02 Dr Jane Cushion  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
EAS

DNA- no response to attempts to contact by phone

Has diagnosis of psychosis with admission in 2016 and care coordination from EIS late 2016

No indication for further attempted assessment in EAS, referred to EIS ( see my original note) for further follow up- done - will be discussed at EIS team meeting Thursday

Close to EAS, 24h note to GP

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Originator Details: 21 Dec 2017 12:28 Aurelie Crombe Nursing  
Originally Entered By Details: 21 Dec 2017 12:28 Aurelie Crombe  
Last Amended By Details: 21 Dec 2017 12:28 Aurelie Crombe  
Validated By Details: 21 Dec 2017 12:28 Aurelie Crombe  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

Enfield Early Intervention Service

Referral discussed in team meeting

Joint assessment with EAS on 02/01/2018 - Gareth to attend

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Originator Details: 15 Dec 2017 13:35 Beverley Campbell Administrative  
Originally Entered By Details: 15 Dec 2017 13:36 Beverley Campbell  
Last Amended By Details: 15 Dec 2017 13:36 Beverley Campbell  
Validated By Details: 15 Dec 2017 13:36 Beverley Campbell  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Appointment letter sent.

**Clinic: Silver Street Clinic, Date/Time: 2 Jan 2018 09:30:00, Clinician: Dr Jane Cushion**

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Originator Details: 15 Dec 2017 13:33 Beverley Campbell Administrative  
Originally Entered By Details: 15 Dec 2017 13:34 Beverley Campbell  
Last Amended By Details: 15 Dec 2017 13:34 Beverley Campbell  
Validated By Details: 15 Dec 2017 13:34 Beverley Campbell  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

Appointment letter sent:

Clinic: Silver Street Clinic, Date/Time: 2 Jan 2018 09:30:00, Clinician: Dr Jane Cushion

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Originator Details: 15 Dec 2017 10:40 Dr Jane Cushion Medical  
Originally Entered By Details: 15 Dec 2017 10:41 Dr Jane Cushion  
Last Amended By Details: 15 Dec 2017 10:41 Dr Jane Cushion  
Validated By Details: 15 Dec 2017 10:41 Dr Jane Cushion  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
EAS

Attempted to call Mr Cordell- mobile not recognised

Offer NP OPA any doctor, EIS do not wish to attend

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Originator Details: 14 Dec 2017 13:33 Dr Jane Cushion Medical  
Originally Entered By Details: 14 Dec 2017 13:33 Dr Jane Cushion  
Last Amended By Details: 14 Dec 2017 13:33 Dr Jane Cushion  
Validated By Details: 14 Dec 2017 13:33 Dr Jane Cushion  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
EAS

NB previous formal admission to SAH

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Originator Details: 14 Dec 2017 13:27 Dr Jane Cushion Medical  
Originally Entered By Details: 14 Dec 2017 13:30 Dr Jane Cushion  
Last Amended By Details: 14 Dec 2017 13:30 Dr Jane Cushion  
Validated By Details: 14 Dec 2017 13:30 Dr Jane Cushion  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
EAS

Consultant screening

Known to EIS to December 2016, cc Goodie Adama, discharged due non engagement

Email to EIS

Dear EIS

We have received a MERLIN regarding this man who was care coordinated in EIS to December 2016, when he was discharged due to non engagement. The report records that he is again behaving erratically and we will pass the referral to you for further action.

Thanks

---

Originator Details: 13 Dec 2017 16:45 Vincent Foutie Social Worker  
Originally Entered By Details: 13 Dec 2017 16:46 Vincent Foutie  
Last Amended By Details: 13 Dec 2017 16:46 Vincent Foutie  
Validated By Details: 13 Dec 2017 16:46 Vincent Foutie  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Enfield Assessment Service -Screening Duty

Merlin report received dated 08/12/17. Uploaded on Rio. Previously known to EIS and discharge due to poor engagement in December 2016. Police was called to the premises and he had claimed to be suicidal. It was noticed that he is behaving erratically. To discharge EAS caseload.

Put on Dr.Cushion caseload.

---

Originator Details: 19 Dec 2016 12:43 Goodie Adama CPA Review  
Originally Entered By Details: 19 Dec 2016 12:50 Goodie Adama  
Last Amended By Details: 19 Dec 2016 12:50 Goodie Adama  
Validated By Details: 19 Dec 2016 12:50 Goodie Adama  
Significant: Yes Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed



## CPA Review

Date: 19 December 2016 12:43

Review Type: Discharge

## Attendees:

\* G Adama (Care co-ordinator)

\* CORDELL, Simon (Mr) (Client)

\* Review unmet needs

wants to clear his name with the Police and legal / judicial services

## \* Client view

Simon says he has and never had psychotic symptoms and not willing to engage with mental health services

## \* Carer view

Mother, Lorraine agrees with Simon that he is not mentally ill. However she would like Simon to engage with mental health services to support him to sort himself out with the police

## \* What worked well

## \* What did not work well

## \* Other notes

Simon refuses to engage with EIP

Simon declines to have medication

EIP therefore deemed it appropriate to discharge him to GP

Simon may be referred back to mental health services in future if the need arises

Originator Details: 02 Dec 2016 17:15 Goodie Adama Nursing

Originally Entered By Details: 04 Dec 2016 21:22 Goodie Adama

Last Amended By Details: 05 Dec 2016 16:58 Goodie Adama

Validated By Details: 05 Dec 2016 16:58 Goodie Adama

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

Simon has not engaged with me or EIP and says he does not want to engage with EIP or the mental health service. I sent Simon a letter to contact with me or EIP to indicate that he wishes to remain with EIP or he will be considered for discharge.

Originator Details: 27 Nov 2016 01:33 Goodie Adama Nursing

Originally Entered By Details: 27 Nov 2016 01:34 Goodie Adama

Last Amended By Details: 27 Nov 2016 01:34 Goodie Adama

Validated By Details: 27 Nov 2016 01:34 Goodie Adama

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

Went to court on 17/11/16 and charges dropped. He is now free to return to his flat

Originator Details: 25 Nov 2016 11:55 Goodie Adama Nursing

Originally Entered By Details: 25 Nov 2016 12:07 Goodie Adama

Last Amended By Details: 25 Nov 2016 12:07 Goodie Adama

Validated By Details: 25 Nov 2016 12:07 Goodie Adama

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

t/c received from Lorraine and she reported that Simon said to her that he was willing to engage with EIP and just that he did not wish to take medication. I informed Lorraine that medication is but one of many interventions on offer from EIP. I informed Lorraine that it was important for Simon to be reviewed by doctors from time to time and I need to have contact with him to monitor his mental state and mood. I also said to Lorraine that it would be helpful if Simon called me directly and that would indicate his commitment.

Lorraine requested if appointments could be at Simon's place? I told Lorraine that it was possible to see Simon at his place but he must also be able to come to Lucas House or other designated place to be seen. I offered to book appointment to see Simon and Lorraine said he will have to speak with Simon first and contact me for appointment.

Originator Details: 23 Nov 2016 17:20 Goodie Adama Nursing

Originally Entered By Details: 23 Nov 2016 17:21 Goodie Adama

Last Amended By Details: 25 Nov 2016 12:15 Goodie Adama

Validated By Details: 25 Nov 2016 12:15 Goodie Adama

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

t/c I spoke with Simon and for the majority of the time he dominated the conversation. He spoke extensively about his cases and gripes with Police. He told me that he did not need EIP service. He said he was not willing to take medication and or work with team. I informed Simon that if that was the case he will be discharged from the team.

I then spoke with his mother Lorraine and explained that apart from medication Simon could benefit from regular contact with myself to monitor his mental health and psychiatrist for review. He could have psychology input if interested and other activities on offer from EIP.

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Originator Details: 03 Nov 2016 12:35 Goodie Adama Nursing  
 Originally Entered By Details: 03 Nov 2016 12:45 Goodie Adama  
 Last Amended By Details: 03 Nov 2016 15:45 Goodie Adama  
 Validated By Details: 03 Nov 2016 15:45 Goodie Adama  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed

t/c I spoke with Simon's mother [she is not too well with bad back] because Simon will not talk to me. Simon believes that since he met me I caused him to be in hospital. Mother informed me that Simon was working at the moment; she said he was doing his own work

Mother informed me that Simon's court case is on 17 Nov 2016. She said that Simon wants to move from current property and will require support from EIP. He believes that if he moves he will not have the kind of problems he is going through. I advised mother to ask Simon to apply to Housing and I added EIP will be willing give supporting letter.

---

Originator Details: 19 Oct 2016 11:36 Goodie Adama Nursing  
 Originally Entered By Details: 19 Oct 2016 11:43 Goodie Adama  
 Last Amended By Details: 19 Oct 2016 11:43 Goodie Adama  
 Validated By Details: 19 Oct 2016 11:43 Goodie Adama  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed

t/c to Lorraine, Simon's mother and I asked if I could speak with him. Lorraine told me that Simon was sleeping but I could clearly hear him say that he did not wish to speak with me. I asked Lorraine about Simon's court case. He was due to report to court for sentencing on 17 and Lorraine did not answer and rather asked if I could get Simon moved from his current accommodation. I said to Lorraine that Simon should contact me to discuss his housing needs. Lorraine then said that Simon agreed to call me tomorrow to discuss his housing.

I did not have time and opportunity to ask about Simon's mental state and mood. Or whether or not he is taking medication.

---

Originator Details: 11 Oct 2016 15:48 Mukesh Kripalani Medical  
 Originally Entered By Details: 11 Oct 2016 15:49 Mukesh Kripalani  
 Last Amended By Details: 11 Oct 2016 15:49 Mukesh Kripalani  
 Validated By Details: 11 Oct 2016 15:49 Mukesh Kripalani  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 Dr Kripalani Consultant Psychiatrist

Client did not attend. Given his clear reluctance to engage, we shall discuss role of future EIS involvement with the team and his GP.

---

Originator Details: 10 Oct 2016 10:19 Goodie Adama Nursing  
 Originally Entered By Details: 10 Oct 2016 10:23 Goodie Adama  
 Last Amended By Details: 10 Oct 2016 10:23 Goodie Adama  
 Validated By Details: 10 Oct 2016 10:23 Goodie Adama  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed

t/c I rang Simon's mother, Lorraine on her landline 02082457454 to speak with Simon. I could hear him very clearly in the background saying and referring to me "stay away from me; you have ruined my life". He did not wish to speak with me.

Lorraine however said that he was fine and that he has been staying with her. I said to Lorraine that I will call at another time and hope to get him in a better mood.

---

Originator Details: 07 Oct 2016 12:59 Goodie Adama Nursing  
 Originally Entered By Details: 07 Oct 2016 13:02 Goodie Adama  
 Last Amended By Details: 07 Oct 2016 13:02 Goodie Adama  
 Validated By Details: 07 Oct 2016 13:02 Goodie Adama  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed

I made 2 calls to Simon's mobile to try and speak with him about his health and Police case. I wanted to to simply offer support. There was no answer.



Originator Details: 06 Oct 2016 10:52 Reginald Massaquoi Nursing  
Originally Entered By Details: 06 Oct 2016 10:53 Reginald Massaquoi  
Last Amended By Details: 06 Oct 2016 10:53 Reginald Massaquoi  
Validated By Details: 06 Oct 2016 10:53 Reginald Massaquoi  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
**CORDELL SIMON- conditional bail (reisdence at mothers address/ non contact with victim) to return for sentence 17/10/2016 at Highbury Corner Mags**

---

Originator Details: 06 Oct 2016 10:10 Goodie Adama Nursing  
Originally Entered By Details: 07 Oct 2016 15:12 Goodie Adama  
Last Amended By Details: 07 Oct 2016 15:19 Goodie Adama  
Validated By Details: 07 Oct 2016 15:19 Goodie Adama  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
**t/c received from Reginald to informed me that Simon was given conditional bail and will back for sentencing on 17/10/16**

---

Originator Details: 05 Oct 2016 13:46 Reginald Massaquoi Nursing  
Originally Entered By Details: 05 Oct 2016 13:49 Reginald Massaquoi  
Last Amended By Details: 05 Oct 2016 13:49 Reginald Massaquoi  
Validated By Details: 05 Oct 2016 13:49 Reginald Massaquoi  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

Mr Cordell is currently arrested at Edmonton police station this afternoon. According to police reports an allegation was made by Mr Cordell neighbour that Mr Cordell went outside, dragged a moped bicycle behind a van and smashed it. Therefore he was arrested and he was also due to attend to a bail return today this afternoon.

Mr Cordell is currently under the care of Enfield early intervention team based at Lucas house and he has a care coordinator called Goodie. Mr Cordell currently has diagnoses of unspecified non organic psychosis. He was admitted to St Ann's hospital under section 2 of the MHA in August. He was discharged from hospital 2 weeks ago. He has been prescribed anti psychosis medication but has refused to comply with his medication. Mr Cordell believes that he does not suffer from mental illness.

On presentation in custody.

He was appropriate dressed with good personal hygiene. He engaged with me for over 30 minutes. He expressed some strange ideas about his neighbours are jealous of him been in a newspaper about him organising illegal parties. He also spoke lengthy about a website he built and people are using the website to advertise Their business and to raise funds for charities. He has express conspiracy theories about the police and authorities. His care coordinator told me that Mr Cordell has always expresses conspiracy theories.

Mr Cordell denied any thoughts or intentions to harm himself and others. He also denies any knowledge about the incident he is arrested for.

He denied hearing voices or seeing strange things.

Mr Cordell appears stable in his mental state and does not require any further assessment or admission at this stage.

He was interviewed by the police and was charged to Highbury court in the morning.

#### Plans:

To liaise with mental health practitioner at Highbury court to follow up the outcome of his case.

To contact care coordinator Goodie on 02087023100/ 02087023140 to follow up Mr Cordell in the community if he is released.

---

Originator Details: 04 Oct 2016 15:30 Goodie Adama Nursing  
Originally Entered By Details: 06 Oct 2016 11:50 Goodie Adama  
Last Amended By Details: 06 Oct 2016 11:50 Goodie Adama  
Validated By Details: 06 Oct 2016 11:50 Goodie Adama  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
t/c received from Reginald, Liaison CPN @ Edmonton Police Station to report that Simon has been arrested and at the Police station. Apparently Simon smashed a neighbour's motor bike.

---

Originator Details: 04 Oct 2016 15:13 Victoria Mabinuori Administrative  
Originally Entered By Details: 04 Oct 2016 15:15 Victoria Mabinuori  
Last Amended By Details: 04 Oct 2016 15:15 Victoria Mabinuori  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
HUB

Reginald (CPN Edmonton Police Station) called requesting for the care coordinator and number of pt. Gave both to Reginald

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Originator Details: 04 Oct 2016 12:01 Bianca Olizzi Administrative  
Originally Entered By Details: 24 Nov 2016 12:01 Bianca Olizzi  
Last Amended By Details: 24 Nov 2016 12:01 Bianca Olizzi  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Seen by Reginald Massaquoi on 4/10/16, see document uploads for report.

---

Originator Details: 30 Sep 2016 08:22 Natasha Spence Nursing  
Originally Entered By Details: 30 Sep 2016 08:24 Natasha Spence  
Last Amended By Details: 30 Sep 2016 08:24 Natasha Spence  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
ECRHT

TPM

Present: Vijay, Dr Moorey, Hazel

Risk: GREEN

Plan:

Declined to engage with HTT

DX back to GP

Inform EIS

---

Originator Details: 29 Sep 2016 15:47 Iona Crawford Therapy  
Originally Entered By Details: 29 Sep 2016 15:48 Iona Crawford  
Last Amended By Details: 29 Sep 2016 15:48 Iona Crawford  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
ECRHTT

Email from Gareth EIP, Simon does not want contact from EIP.

Plan:

- Discuss at next TPM, possible dx to GP?

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Originator Details: 29 Sep 2016 15:40 Iona Crawford Nursing  
Originally Entered By Details: 29 Sep 2016 15:42 Iona Crawford  
Last Amended By Details: 29 Sep 2016 15:46 Iona Crawford  
Validated By Details: 29 Sep 2016 15:46 Iona Crawford  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
**From:** Crawford Iona  
**Sent:** 29 September 2016 15:33  
**To:** Krisman Gareth  
**Cc:** Kissoon Vijay; Moorey Hellen; Horsfall Ann; Kadrass Valeri; Pomphrey Amal  
**Subject:** RE: ECRHTT TOC request SC 11214451

Hi Gareth,

Thanks for letting me know. HTT wasn't aware that Simon did not want input from EIP. I take your suggestion about leaving things until Goodie returns from leave. I'll make a note of it and discuss it with Dr Moorey.

Thanks,

Iona

*Trainee Graduate Mental Health Worker*  
**Enfield Crisis Resolution Home Treatment Team**  
**Ivy House, Chase Farm**  
Tel: 020 8375 1024

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Originator Details: 29 Sep 2016 15:34 Gareth Krisman Nursing  
Originally Entered By Details: 29 Sep 2016 15:35 Gareth Krisman  
Last Amended By Details: 29 Sep 2016 15:35 Gareth Krisman  
Validated By Details: 29 Sep 2016 15:35 Gareth Krisman  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
**EMAIL TO** :Kissoon Vijay <Vijay.Kissoon@beh-mht.nhs.uk>; Horsfall Ann <Ann.Horsfall@beh-mht.nhs.uk>; Kadras Valeri <Valeri.Kadras@beh-mht.nhs.uk>; Pomphrey Amal <Amal.Pomphrey@beh-mht.nhs.uk>Crawford Iona <Iona.Crawford@beh-mht.nhs.uk>

Hi Iona,

It seems that Simon spoke to one of our admin staff this afternoon making it quite clear that he wants nothing to do with Lucas House or EIS.

He threatened to 'sue us' and report the Trust to the Ombudsman should anyone from this team make contact with him either face to face or by phone.

I'm not sure how you would like to proceed with this one. My suggestion would be to wait until Goodie returns as he seems to get on well with him.

Thanks,

Gareth Krisman

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Originator Details: 29 Sep 2016 08:33 Iona Crawford Nursing  
Originally Entered By Details: 29 Sep 2016 08:37 Iona Crawford  
Last Amended By Details: 29 Sep 2016 15:36 Iona Crawford  
Validated By Details: 29 Sep 2016 15:36 Iona Crawford  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
ECRHTT

- Pt Dx from ECRHTT.
- Email send to EIP to request TOC.

**From:** Crawford Iona  
**Sent:** 28 September 2016 16:03  
**To:** Krisman Gareth  
**Cc:** Kissoon Vijay; Horsfall Ann; Kadras Valeri; Pomphrey Amal  
**Subject:** ECRHTT TOC request SC 11214451

Dear Gareth,

I would like to organise a date/time for a TOC for Simon Cordell (RiO - 11214451). Would you be free tomorrow or before the end of this week?

Kind regards

Iona Crawford

*Trainee Graduate Mental Health Worker*  
**Enfield Crisis Resolution Home Treatment Team**  
**Ivy House, Chase Farm**  
Tel: 020 8375 1024

Plan:

- Confirm date/time of TOC

Originator Details: 28 Sep 2016 21:32 Valeri Kadras Nursing  
 Originally Entered By Details: 28 Sep 2016 21:34 Valeri Kadras  
 Last Amended By Details: 28 Sep 2016 21:34 Valeri Kadras  
 Validated By Details: 28 Sep 2016 21:34 Valeri Kadras  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 Enfield HTT

Second home visit today to deliver medication- Simon refused to open the door and said that he does not want any medication . He asked me to leave.

---

Originator Details: 28 Sep 2016 14:18 Iona Crawford Nursing  
 Originally Entered By Details: 28 Sep 2016 14:19 Iona Crawford  
 Last Amended By Details: 28 Sep 2016 14:19 Iona Crawford  
 Validated By Details: 28 Sep 2016 14:19 Iona Crawford  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 ECRHTT

HV to Simon's flat with Val.

Simon refused to open the door, instead shouting through the door that he did not need to see HTT again. Val will attempt to go back again this evening to drop off Simon's TTA's (5mg Olanzapine).

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Originator Details: 28 Sep 2016 10:27 Sharon Wade Administrative  
 Originally Entered By Details: 28 Sep 2016 10:28 Sharon Wade  
 Last Amended By Details: 28 Sep 2016 10:28 Sharon Wade  
 Validated By Details: 28 Sep 2016 10:28 Sharon Wade  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 ECRHTT

**Your message has been delivered to the following recipients:**

**SURGERY , Nightingale House (NIGHTINGALE HOUSE SURGERY) (nightingalehousesurgery@nhs.net)**

**Subject: Discharge Notification NHS 4340961671 - Mr Simon Cordell**

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Originator Details: 28 Sep 2016 09:34 Harriet Mudekunye Nursing  
 Originally Entered By Details: 28 Sep 2016 09:42 Harriet Mudekunye  
 Last Amended By Details: 28 Sep 2016 09:42 Harriet Mudekunye  
 Validated By Details: 28 Sep 2016 09:42 Harriet Mudekunye  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed

Telephone call from Val from EHTT enquiring whether Goodie will be attending transfer of care meeting today. Informed him that Goodie was on A/L . He requested for anyone from team to attend advised him to contact Amal to confirm.

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Originator Details: 28 Sep 2016 09:18 Iona Crawford Nursing  
 Originally Entered By Details: 28 Sep 2016 09:19 Iona Crawford  
 Last Amended By Details: 28 Sep 2016 13:01 Iona Crawford  
 Validated By Details: 28 Sep 2016 13:01 Iona Crawford  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 ECRHTT

Several T/C made to Simon to confirm this morning's TOC but with no response.

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Originator Details: 27 Sep 2016 15:27 Dr Helen Moorey Medical  
 Originally Entered By Details: 27 Sep 2016 15:28 Dr Helen Moorey  
 Last Amended By Details: 27 Sep 2016 15:28 Dr Helen Moorey  
 Validated By Details: 27 Sep 2016 15:28 Dr Helen Moorey  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 TOC arranged for 28.09 at 10.30.

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Originator Details: 26 Sep 2016 08:31 Ivy Asare Nursing  
 Originally Entered By Details: 26 Sep 2016 08:31 Ivy Asare  
 Last Amended By Details: 26 Sep 2016 08:33 Ivy Asare  
 Validated By Details: (UNVALIDATED)  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed



ECRHT: Ivy Asare

Discussed at planning meeting today.

Plan:

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**No further visits, to arrange and discharge to EIP Enfield today**

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Originator Details: 23 Sep 2016 17:10 Hazel Stelzner Therapy  
 Originally Entered By Details: 23 Sep 2016 17:12 Hazel Stelzner  
 Last Amended By Details: 23 Sep 2016 17:12 Hazel Stelzner  
 Validated By Details: 23 Sep 2016 17:12 Hazel Stelzner  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 ECRHT:

Several T/Cs today - My plan was to invite him to pick his medication up at CFH because there is a risk issue with female staff.

Simon did not answer his phone.

Plan:-

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**Try again tomorrow**

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Originator Details: 23 Sep 2016 10:12 Yageswaree Jungbadoor Nursing  
 Originally Entered By Details: 23 Sep 2016 10:12 Yageswaree Jungbadoor  
 Last Amended By Details: 23 Sep 2016 10:12 Yageswaree Jungbadoor  
 Validated By Details: 23 Sep 2016 10:12 Yageswaree Jungbadoor  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed

ECRHTT

TC prior to visiting , no reply. Message left for him that I am coming to visit and will also give him his TTA's.

Arrived at him home address but still unable to get through to him. Need a code to enter the building. As I was again calling him, I saw a car who stopped and a guy came out asking me if I am a Doctor and whether I have come to no:109. Before I could reply he told me he is the person at 109. He was dressed in black suit and tie. A female driver stayed in the car. He approached me and told me he does not need to be seen by the HTT because "I am not crazy." He also added that he also won his Tribunal and only agreed to be seen by us briefly. He went on saying Dr has been prescribing him medication that he never took and the Dr claimed that he is doing well on it when in fact he is not taking any medication. "I don't need it. I am ok without the medication." Therefore refused the TTA's and requested no more visits from us and that he will call us if he needs our help.

Plan:

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**To discuss in next TPM and to discharge him back to GP or his local CMHT.**

---

Originator Details: 21 Sep 2016 12:12 Simon Clark Nursing  
 Originally Entered By Details: 21 Sep 2016 12:16 Simon Clark  
 Last Amended By Details: 21 Sep 2016 12:16 Simon Clark  
 Validated By Details: 21 Sep 2016 12:16 Simon Clark  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed

I spoke to Simon on the phone a few days ago. He called to say that his solicitor has talked to him about a psychiatric assessment re: fitness to appear in court. Simon said he has had numerous assessments, but I pointed out this one would be specific and current regarding fitness to appear rather than some of the other assessments such as for section or general mental health.

He explained that he is currently preparing for a court hearing but when this is completed he would like some help to look at training/courses to support his career ambitions. Simon said he will call in the next few weeks once the court hearing is over and we can arrange to meet to talk about what support he would like. Although Simon spoke quite quickly on a number of subjects, with a slight preoccupation of past assessments and contact with the police, the content did not appear odd or delusional

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Originator Details: 19 Sep 2016 12:44 Ann Horsfall Nursing  
 Originally Entered By Details: 19 Sep 2016 12:46 Ann Horsfall  
 Last Amended By Details: 19 Sep 2016 12:46 Ann Horsfall  
 Validated By Details: 19 Sep 2016 12:46 Ann Horsfall  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed

ECRHT

Email send to care co Goodie to arrange for TOC some times this week

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Originator Details: 18 Sep 2016 19:04 Modupe Rabi Nursing  
Originally Entered By Details: 18 Sep 2016 19:13 Modupe Rabi  
Last Amended By Details: 18 Sep 2016 19:34 Modupe Rabi  
Validated By Details: 18 Sep 2016 19:34 Modupe Rabi  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

ECRHTT

Home visit carried out this morning following T/C.

No significant change from his previous presentation.

Reported he is not mentally sick and he has not been taken any medication.

He said when he was on the ward, he hide it underneath his tongue and pretends taken it.

He said he appreciates HTT efforts but we are not supporting him in the way he wants.

When asked in what way? He said the way he was treated during the MHA and false statements in various reports about him including police reports.

He said HTT begins to lack there responsibility as in duty of care to him.

I explained to him the role of CRHTT. He said he agrees but at the same time there are more to the role.

After spending 40mins, reading part of his notes, he said he will appreciate if I can amend it on RIO.

I explained to him my own job role is to monitor mental state and risk but not to amend any legal documents on RIO.

He said he will soon stop CRHTT not to visit him again since nothing tangible regarding his court case.

Appeared settled but still elated in mood and over talkative.

No thoughts of self-neglects elicited during the visit.

No evidence of psychosis extract during the visit.

Plan

No role for CRHTT

To discuss about his discharge.

Pt. has care coordinator (Goodie) well known to Simon

---

Originator Details: 16 Sep 2016 09:06 Dr Helen Moorey Medical  
Originally Entered By Details: 16 Sep 2016 09:07 Dr Helen Moorey  
Last Amended By Details: 16 Sep 2016 09:07 Dr Helen Moorey  
Validated By Details: 16 Sep 2016 09:07 Dr Helen Moorey  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Enfield CRHT Planning Meeting.

Present; Dr Moorey, Dr Akande, Vijay, Dr Deans, Iona, Kwame, Hazel, Mo.

Not currently in acute crisis.

Arrange TOC to care co.

---

Originator Details: 14 Sep 2016 20:35 Nadia Edwards Nursing  
Originally Entered By Details: 14 Sep 2016 20:40 Nadia Edwards  
Last Amended By Details: 14 Sep 2016 20:43 Nadia Edwards  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed



ECRHTT - BANK

Patient was seen this evening.

He was very talkative, showing me folders he had compiled and paperwork

Showed me his little finger and said that when he was in hospital, that his small finger was damaged and currently cannot bend it.

Kempt, dressed appropriate for the weather in jeans and a tshirt.

Said that he has ran out of Lorazepam and would like it to be prescribed to him again, to which I explained will relay this back to the office.

He rated his mood at 6 out of 10, saying that he just wants his appeal to be sorted out at the Crown Court which should be towards the end of next week.

He was giving me compliments but was getting too familiar which was making me feel uncomfortable. I then said I had to go as I had my colleague waiting for me.

He reported no further concerns.

Plan:

To mms/risk 2/7

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Originator Details: 10 Sep 2016 20:32 Modupe Rabi Nursing  
Originally Entered By Details: 10 Sep 2016 20:43 Modupe Rabi  
Last Amended By Details: 10 Sep 2016 20:48 Modupe Rabi  
Validated By Details: 10 Sep 2016 20:48 Modupe Rabi  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
**ECRHTT**

Pt. was seen this morning following T/C.

Presented as relatively stable in mental state.

He was pre-occupied with professional's body in his care.

Expressed how they all misunderstood him and section him without any psychotic symptoms extract.

He was over talkative, showing me different videos and Emails.

He said, he is dealing with their case and lots will lose their jobs but not the Nurse's because Nurse's acts on instructions.

Re-assurance given and agreed for 2/7 in a week visit instead.

Otherwise, presentable no issues and appropriately dressed.

Pt. has no plans neither intent to himself or others during the visit.

Plan

To mms/risk 2/7

Next visit (14/09/16) Pm

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Originator Details: 09 Sep 2016 22:05 Vincent Foutie Social Worker  
Originally Entered By Details: 09 Sep 2016 22:06 Vincent Foutie  
Last Amended By Details: 09 Sep 2016 22:06 Vincent Foutie  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

Enfield Crisis Resolution and Home Treatment Team

Bank Staff Member

Simon did not answer his mobile phone and I could not get access to his flat.

Plan

Next contact tomorrow.

---

Originator Details: 08 Sep 2016 16:18 Nadia Edwards Nursing  
Originally Entered By Details: 08 Sep 2016 16:19 Nadia Edwards  
Last Amended By Details: 08 Sep 2016 16:19 Nadia Edwards  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
ECRHTT - BANK

Spoke to Simon to arrange a visit this evening.

He said he would like to have EOD visits and has enquired about the reduction in medication. I said I would speak with the doctor on return to the office to get an update.

Have spoken with Dr Imo who said to give him a call and let him know that once it has been agreed in a reduction we will contact Simon and let him know.

Plan:

HV: 09.09.16 PM - monitor mental state.

---

Originator Details: 07 Sep 2016 21:37 Hazel Stelzner Therapy  
Originally Entered By Details: 07 Sep 2016 21:46 Hazel Stelzner  
Last Amended By Details: 07 Sep 2016 21:58 Hazel Stelzner  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
ECRHT:

T/C - Simon informed me that Dr had told him he could self-medicate from now on. Dr's RiO entry did not explicitly say this although stated that he appeared stable at present, so benefit of doubt given.

Simon he said he was reluctant to take meds because he does not feel he needs it and because he has been experiencing side effects - feeling of electric shocks going through his head. He talked at length about his issues with mental health services and asked lots of questions about how things operate. Also asked me if there was anything negative written about him in his progress notes. Sounded very knowledgeable about mental health services, diagnoses and mental health law.

Eventually, he agreed to see me to be given the TTAs.

Home visit this evening - was pleasant although slightly over-familiar with me - asked me personal questions such as if I am single and asked for my phone number. Speech was slightly tangential although normal rate, tone and volume, interruptable.

TTAs delivered - 21 tablets of Olanzapine 5mg

Plan:-

Dr Imo to discuss reduction of meds with care-co

Arrange transfer of care

---

Originator Details: 07 Sep 2016 17:49 Dr Imo Akande Medical  
Originally Entered By Details: 07 Sep 2016 17:56 Dr Imo Akande  
Last Amended By Details: 18 Sep 2016 19:30 Modupe Rabi  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Enfield HTT.

Home visit today.

No concerns.

Patient complained that the olanzapine was making him feel very tired.

He appeared mentally stable inspite of his talkativeness which I later understood was his normal self. He told me that professionals have misunderstood it as a symptom of a mental illness.

He was preoccupied with how he was treated during the MHA and false statements in various reports about him including police reports.

He has spent significant amount of time putting things in correct perspective with both papers and audio-visual evidences. He has an advocate and he also talking to his lawyers.

Plan:

Full entry to follow.

Arrange TOC.

?Reducing Olanzapine to 2.5mg after discussing with his care coordinator.

Originator Details: 07 Sep 2016 13:31 Goodie Adama Nursing  
Originally Entered By Details: 07 Sep 2016 13:35 Goodie Adama  
Last Amended By Details: 07 Sep 2016 13:35 Goodie Adama  
Validated By Details: 07 Sep 2016 13:35 Goodie Adama  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
t/c I spoke with Simon and he asked me to call back in 20 mins because he was with a doctor.

Originator Details: 07 Sep 2016 13:25 Goodie Adama Nursing  
Originally Entered By Details: 07 Sep 2016 13:26 Goodie Adama  
Last Amended By Details: 07 Sep 2016 13:26 Goodie Adama  
Validated By Details: 07 Sep 2016 13:26 Goodie Adama  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
t/c to Simon's mobile with the view to arrange a home visit and there was no answer.

Originator Details: 07 Sep 2016 09:08 Hazel Stelzner Therapy  
Originally Entered By Details: 07 Sep 2016 09:09 Hazel Stelzner  
Last Amended By Details: 07 Sep 2016 09:09 Hazel Stelzner  
Validated By Details: 07 Sep 2016 09:09 Hazel Stelzner  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed



Treatment planning meeting

Present: Dr Moorey; Vijay; Liz; Florence; Nadia; Iona

RAG rating: AMBER

Plan:-

Risk rating to remain AMBER.

Medical review today

Review lorazepam

Contact care-coordinator for joint visit

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Originator Details: 06 Sep 2016 20:56 Sheik Auladin Nursing  
Originally Entered By Details: 06 Sep 2016 21:00 Sheik Auladin  
Last Amended By Details: 06 Sep 2016 21:02 Sheik Auladin  
Validated By Details: 06 Sep 2016 21:02 Sheik Auladin  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
ECRHTT

Home visit at 19.00 hrs, front door locked, unable to get in.

He did not answer his mobile.

Prior to visit, I rang him and he said he wanted to see a doctor about his medications, and was not expecting a nurse.

He said he told the nurse who last visited and was promised that his request would be looked into. He sounded annoyed, and questioned the purpose of me visiting. I have explained that I will make a request for a medical review for 07/09/16.

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Originator Details: 05 Sep 2016 20:25 Rawle Roberts Nursing  
Originally Entered By Details: 05 Sep 2016 20:29 Rawle Roberts  
Last Amended By Details: 05 Sep 2016 20:40 Rawle Roberts  
Validated By Details: 05 Sep 2016 20:40 Rawle Roberts  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

ECRHTT

Planned Home Visit

Visited Simon at his home address

Initially did not answer his phone

Left a message informing him that I would wait in the area for mins x10 then leave if her does not reply to my message.

Returned my call before I left the area.

Generally talkative and concerned about how he is being treated by mental health services.

Went onto his computer and show me a web site which he claims is his business site.

Informed me that he the medication is making him ill and he does not want take it

Said he informed colleagues on previous visits and wanted to see a doctor to discuss his medication

Informed Simon that I will discuss his case with the medical team at the next meeting.

PLAN:

Discuss in next team planning meeting regarding his compliance and medication and options available to him.

Next visit planned for the 06.09.16

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Originator Details: 03 Sep 2016 20:08 Karen Martin Nursing  
Originally Entered By Details: 03 Sep 2016 20:30 Karen Martin  
Last Amended By Details: 03 Sep 2016 20:30 Karen Martin  
Validated By Details: 03 Sep 2016 20:30 Karen Martin  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
ECRHTT

H/V

Simon invited me to sit in the lounge area this evening. He was polite, spoke a great deal about his problems with the police and was generally talkative. He also reported that 'I am not happy with the documentation about what they are saying about me and what Doctor's are saying about me'.

He was talking about 'not being happy with the effects the medications is giving him, and said 'since being prescribed the medication, I feel that it has had more of a negative impact, rather than a positive impact'. Simons also said, 'the tablets are making me over sleep and hard to live my day to day life'.

However, he said, that he is sleeping well and has been eating and drinking well and said, 'in general I am ok'.

Risk: Low

Plan:

To visit 04.09.2016

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Originator Details: 02 Sep 2016 20:40 Nadia Edwards Nursing  
Originally Entered By Details: 02 Sep 2016 20:47 Nadia Edwards  
Last Amended By Details: 02 Sep 2016 20:47 Nadia Edwards  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

ECRHTT - BANK

Saw Simon this evening. He welcomed me into the living room.

He was polite, spoke a great deal about his problems with the police and was generally talkative, then apologised for talking too much.

He was kempt and dressed appropriately for the weather wearing a tracksuit.

He said that he was doing ok, that he is taking his medication, however felt that he was not suffering for any kind of mental illness.

I left him his medication as he said he was preparing a meal and once he had finished he would take his medication.

Plan: HV: 03.09.16 PM - s/s medication and monitor mental state.

discuss at TPM monday

---

Originator Details: 01 Sep 2016 21:26 Valeri Kadras Nursing  
Originally Entered By Details: 01 Sep 2016 21:26 Valeri Kadras  
Last Amended By Details: 01 Sep 2016 21:31 Valeri Kadras  
Validated By Details: 01 Sep 2016 21:31 Valeri Kadras  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Enfield HTT

Home visit this evening.

His flat was messy but habitable.

Appeared very talkative and demanding to see Rio notes, made by HTT

Said most of notes, he got from previous teams are wrong.

Demanding me to sign his request.

Said he has solicitor who is looking into his appeal/injustice.

Deneid suffering from any kind of mental illness.

Reported no other concerns. Deneid feeling suicidal/having thoughts to self harm or harm others. Said he is eating and drinking okay.

Left medication with him, as he did not want to take it in my presence, saying "there is nothing wrong with him".

Plan: discuss at TPM tomorrow.

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Originator Details: 01 Sep 2016 15:56 Ann Horsfall Nursing  
Originally Entered By Details: 01 Sep 2016 15:57 Ann Horsfall  
Last Amended By Details: 01 Sep 2016 15:58 Ann Horsfall  
Validated By Details: 01 Sep 2016 15:58 Ann Horsfall  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
ECRHT

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Email send to Goodie Care Co. as per TPM discussion this morning to arrange TOC/ joint visit

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Originator Details: 01 Sep 2016 11:30 Goodie Adama Nursing  
Originally Entered By Details: 02 Sep 2016 08:17 Goodie Adama  
Last Amended By Details: 02 Sep 2016 08:17 Goodie Adama  
Validated By Details: 02 Sep 2016 08:17 Goodie Adama  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed



t/c I spoke with Simon. It was just to get an update on how he was getting on with HTT. Simon spoke about the Tribunal and appeared upset about the reports. Particularly he was not happy that it has been documented that he threatened his neighbour and also that it was his mother who called the Police. He said he was angry with his mother and will never talk to her. There was no malice intended while he went on about what doctors, nurses and his mother did, are doing and will continue to do.

Simon spoke on lots of topics - going from one issue to the other without finishing off the previous; had flight of ideas and speech was pressured. These appear to be normal to him.

---

Originator Details: 01 Sep 2016 11:15 Goodie Adama Nursing  
 Originally Entered By Details: 02 Sep 2016 08:21 Goodie Adama  
 Last Amended By Details: 02 Sep 2016 08:21 Goodie Adama  
 Validated By Details: 02 Sep 2016 08:21 Goodie Adama  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed

t/c I spoke with Simon's mother Loraine after I failed several times to make contact with Simon by phone. It turned out that Simon changed his number. Mother gave me the new number. Loraine said that she was pleased with the outcome of the Tribunal. Loraine reported that so far Simon has been ok.

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Originator Details: 01 Sep 2016 08:59 Kwame Addai-Gyimah Nursing  
 Originally Entered By Details: 01 Sep 2016 09:01 Kwame Addai-Gyimah  
 Last Amended By Details: 01 Sep 2016 09:04 Kwame Addai-Gyimah  
 Validated By Details: 01 Sep 2016 09:04 Kwame Addai-Gyimah  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 ECRHTT

TPM

Present - Dr. Moorey, Dr. Tomasz, Dr. Dean, Ann, Liz, Alanzo, Val

Discussed in meeting

Plan

To arrange TOC with Goodie, Care Co.

Reduce RAG rate to amber

Continue supervise medication

---

Originator Details: 31 Aug 2016 21:48 Allan Dinala Nursing  
 Originally Entered By Details: 01 Sep 2016 01:23 Allan Dinala  
 Last Amended By Details: 01 Sep 2016 01:23 Allan Dinala  
 Validated By Details: 01 Sep 2016 01:23 Allan Dinala  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed

Enfield HTT: PLEASE NOTE CONTACT NUMBERS ON RiO BELONG TO HIS MOTHER-SHE SAID NOT TO CALL HER UNLESS IT'S AN EMERGENCY AS SHE IS FADE UP OF EHTT STAFF CALLING HER EVERYDAY.

SHE GAVE ME SIMON'S CORRECT CONTACT NUMBER 07783158424.

Seen at home. Has a camera outside his flat door. Very talkative, Pleasant and polite. Has a dog, which he locked in the garden during my visit. Told me that he was recently discharged from the ward after he won his managers hearing "i was admitted on section 2" " i dont have a mental illness" " i'm seeing because a Dr told me to". He showed a small pile of his RiO notes (photocopies), said most entries are wrong and wants to appeal the section 117 after care "i don't need it" "I have done my research online, I don't need be on section 117 as I was not put on a section 3". Said he has solicitor who is looking into his appeal/injustice. Deneid suffering from any kind of mental illness.

Reported no other concerns. His flat was messy but habitable. Deneid feeling suicidal/having thoughts to self harm or harm others. Said he is eating and drinking okay.

#### Medication

Left prescribed evening medication, for tonight only, with him as he said he will take it before going to bed tonight.

Appeared relatively stable in mental state with no immediate concerns noted. Risk to self or others appeared low.

#### Plan

to continue with monitoring and supply daily meds until next EHTT review

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Originator Details: 31 Aug 2016 17:06 Dr Imo Akande Medical  
Originally Entered By Details: 31 Aug 2016 17:07 Dr Imo Akande  
Last Amended By Details: 31 Aug 2016 17:07 Dr Imo Akande  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Enfield HTT.

Home visit - patient not at home.

Several phone calls, no response.

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Originator Details: 31 Aug 2016 09:26 Dr Helen Moorey Medical  
Originally Entered By Details: 31 Aug 2016 09:26 Dr Helen Moorey  
Last Amended By Details: 31 Aug 2016 09:26 Dr Helen Moorey  
Validated By Details: 31 Aug 2016 09:26 Dr Helen Moorey  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Enfield CRHT Planning Meeting.

Present; Dr Moorey, Liz, Ann, Hazel.

Agreed to supervision of meds yesterday.

Needs current mental state examination and risk assessment.

Medical review today.

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Originator Details: 30 Aug 2016 20:24 Kwame Addai-Gyimah Nursing  
Originally Entered By Details: 30 Aug 2016 20:26 Kwame Addai-Gyimah  
Last Amended By Details: 30 Aug 2016 20:28 Kwame Addai-Gyimah  
Validated By Details: 30 Aug 2016 20:28 Kwame Addai-Gyimah  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

ECRHTT

Seen at home address this evening

Agreed to comply with nocte medication

He was busy on his laptop when I arrived

Still complaining about his treatment in hospital

Appeared pleasant in mood, seemed to interact quite well during the visit

No imminent risk identified

Plan

Continue with daily S/S medication

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**Assess mental state and risk**

Originator Details: 30 Aug 2016 09:26 Alanzo Smith Nursing  
Originally Entered By Details: 30 Aug 2016 09:29 Alanzo Smith  
Last Amended By Details: 30 Aug 2016 09:29 Alanzo Smith  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
**TEAM PLANNING MEETING:**

Patient to remain Red on RAG system:

ECRHTT to supply and supervise medication.

ECRHTT to liaise with care coordinator and arrange joint visit and assess current presentation.

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**Plan: ECRHTT to arrange discharge to Care coordinator.**

Originator Details: 29 Aug 2016 21:35 Valeri Kdras Nursing  
Originally Entered By Details: 29 Aug 2016 21:40 Valeri Kdras  
Last Amended By Details: 29 Aug 2016 21:51 Valeri Kdras  
Validated By Details: 29 Aug 2016 21:51 Valeri Kdras  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed



Enfield HTT

Home visit this morning.

Simon appeared slightly elated in mood, pressured speech,

However during the visit he was courteous and polite on approach.

Preoccupied with that his psychiatric report from 25/8/16 is not very correct.

Said that there are few paragraphs, which wrongly explain how he was detained. Said that he had been detained illegally and was placed in hospital for no reasons.

He also denied making any threats to neighbours, denied any mental health problems.

Said he has a CD as a prove, that the police was acting incorrectly.

However he said he is willing to work with HTT and will take medication.

Simon expressed delusional thoughts about running a company at home.

Second home visit this evening to supply medication - I left medication for this evening

Said he is going to take it later, as he was busy at the moment.

Plan: discuss if HTT to supply all TTA's or to supervise medication every evening.

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Originator Details: 29 Aug 2016 15:14 Amiz Burahee Nursing  
Originally Entered By Details: 29 Aug 2016 15:16 Amiz Burahee  
Last Amended By Details: 29 Aug 2016 15:16 Amiz Burahee  
Validated By Details: 29 Aug 2016 15:16 Amiz Burahee  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
**Spoke to Nelly Enfield Htt. Simon's Tta sent to her by Nursing Staff / Taxi.**

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Originator Details: 29 Aug 2016 15:14 Bank Nurse Nelia Quirante Nursing  
Originally Entered By Details: 29 Aug 2016 15:20 Bank Nurse Nelia Quirante  
Last Amended By Details: 29 Aug 2016 15:49 Bank Nurse Nelia Quirante  
Validated By Details: 29 Aug 2016 15:49 Bank Nurse Nelia Quirante  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Received a call from Ahmed Burahee HCRHTT at about 2.30pm. He attended his Tribunal and was found not detainable. On Sunday gone, he took his own discharged, and went home. He said, that EHTT kwami came to visit him yesterday morning. HTT next visits is supposed to be today, Ahmed will arrange a cab/nurse, to bring his 2 weeks TTA's in and hour's time to Ivy House, this afternoon.

Plan

will continue daily visits/to monitor mental state and compliance with his prescribed medication.

HCRHTT will bring his 2 weeks TTA's supply via a cab/Nurse this afternoon.

At about 15.45pm, Staff from HCRHTT, came to handover patient TTA'S, and was given to Val EHTT. He said, that, he came to see him this morning. Please read Val's entry.

---

Originator Details: 28 Aug 2016 15:39 Kwame Addai-Gyimah Nursing  
Originally Entered By Details: 28 Aug 2016 15:47 Kwame Addai-Gyimah  
Last Amended By Details: 28 Aug 2016 21:28 Kwame Addai-Gyimah  
Validated By Details: 28 Aug 2016 21:28 Kwame Addai-Gyimah  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
ECRHTT

T/C to Simon this morning to arrange for visit

Unannounced visit, knocked on his door, Simon was quite reluctant to door, saying it was arranged in the meeting that the visits should in the evening

Explained to see him in the evening

When I sat in my car and about to drive away, Simon approached me to come back and do the visit

Mother came to his flat to see him but immediate started arguing with the Mother

He was adamant that the Tribunal has discharged him from Section and is not willing to take medication anymore.

Appeared slightly elated in mood, pressured speech

Simon expressed delusional thoughts about running a company at home

Denied having thoughts to harm himself/others

Risk appeared to be low at the time of visit

Plan

Next visit tomorrow am, 29/08/16

Continue to assess mental state and risk

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Originator Details: 27 Aug 2016 22:03 Gabriel Daramola Nursing  
Originally Entered By Details: 27 Aug 2016 22:07 Gabriel Daramola  
Last Amended By Details: 27 Aug 2016 22:07 Gabriel Daramola  
Validated By Details: 27 Aug 2016 22:07 Gabriel Daramola  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
As requested below in the earlier entry, the Simon Medication chart has been uploaded and EHTT called and informed through their contact phone number 07701281005 at about 22:00hrs.

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Originator Details: 27 Aug 2016 20:58 Ann Horsfall Nursing  
Originally Entered By Details: 27 Aug 2016 21:17 Ann Horsfall  
Last Amended By Details: 27 Aug 2016 21:17 Ann Horsfall  
Validated By Details: 27 Aug 2016 21:17 Ann Horsfall  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed



## ECRHT

Referral received from HaringeyCRHT to followed up by ECRHT. This referral was received whilst ECRHT assessment team were in the road carrying out assessment. I my return to base. I T/C to Haringey ward and spoke with RMN Ron and nurse in charge Gabriel from Haringey ward to upload patient medication chart on Rio to enable ECRHT doctors to prescribe on Tuesday.

See HCEHT assessment documentation on Rio

## PLAN:

Referral accepted by ECRHT

To be place on white board.

Medication chart to be written on Tuesday by ECRHT doctors

Daily visit to monitor his mental state and risk assess.

Next visit 28/08/16. Phone Simon to arrange best time to visit

ECRHT to liaise with his care co on Tuesday to discuss care pathway.

Originator Details: 27 Aug 2016 17:55 Mr Marko Donatiello Nursing  
Originally Entered By Details: 27 Aug 2016 17:59 Mr Marko Donatiello  
Last Amended By Details: 27 Aug 2016 17:59 Mr Marko Donatiello  
Validated By Details: 27 Aug 2016 17:59 Mr Marko Donatiello  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

Attended Haringey Ward to carryout mental health assessment Marko & Amelia

Attended Haringey ward to meet with Simon, Simon presented as courteous and polite on approach. Explained to staff that he had been detained illegally and was placed in hospital for no reasons. Denied making any threats to neighbours, denied any mental health problems. Explained that he had been put on medication and has remained concordant whilst on the ward despite not really wanting to have medication, as he feels "I do not suffer with any mental health problems". He explained that "I will continue to take medication, but I need to speak to my Dr as I find it makes me drowsy and I'm not able to function properly".

Simon informed HTT that he had attended Tribunal and was not found detainable under the MHA and was made informal so he was able to leave the ward, as he was an informal patient. He also informed the HTT that he needed to get out of hospital and continue to set up his business venture that he had been working on for several months, to which was to organise festival and venues all over the UK.

I explained although he was found to be informal, one of the recommendations from the tribunal was to continue working with the mental health service and remain concordant with his prescribed medication. I explained that this maybe for a short period of time, normally lasting up too about 7-10days.

Simon was in agreement to meet with the HTT, but informed staff that he takes his medication late at night and would not be happy to take it early evening. I informed him that it was important to concord with medication and part of this care package was to monitor and supervise him taking medication. Simon continued to decline having his medication between 6pm-8pm but was happy to meet with HTT to MMS and check concordance with medication.

It was agreed that ward will hand over his TTA'S for the next 3 days; ECRHTT will be able to prescribe on-going medication thereafter. Prescription chart will be up-loaded on Rio.

Denied any thoughts of wanting to harm him-self or others.

Denied hallucinations, not responding to unseen stimuli.

Risk of non concordance with prescribed medication and non-engagement with HTT, however Simon has agreed to meet with HTT during the evenings and negotiate times to meet thereafter to MMS.

#### PLAN

ECRHTT to meet for H/V 28/8/16 PM to MMS and check concordance with prescribed medication.

Simon will be given 3 days' supply of TTA's. ECRHTT to prescribe thereafter.

HCRHTT to liaise with ECRHTT.

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Originator Details: 27 Aug 2016 16:50 Tracey Jordan Nursing  
Originally Entered By Details: 27 Aug 2016 16:58 Tracey Jordan  
Last Amended By Details: 27 Aug 2016 17:08 Tracey Jordan  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

Simon seen by Duty Dr following request for discharge from hospital today - pls see medical entry for details.  
Discharge granted.

Simon seen by and accepted by HTT - Simon said he would work with same in terms of monitoring his mental health, however, told HTT that he could not take his medication supervised by HTT between 6-8p.m. as same makes him drowsy, but would take same later in the evening.....said he was taking medication now because same prescribed by Dr Cranitch.....but would be seeing his GP asap to review same because of associated drowsiness and because he is not unwell or requires same.....Simon said that he wants to get back to normal, sell some records, focus on looking after himself as opposed to others as previously.....

HHTT will refer Simon to Enfield HTT for follow-up.

Simon given 2/7 tta's medication from ward stock, same given to mother who said she would ensure Simon take same. Mother will ring Haringey Ward on Monday 29.8.16 to collect 2/52 tta's.

Simon and his mother left ward together.

Risk Asst updated - Simon denied risk to self/others.

HTT to action 7 days follow-up in community.

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**DISCHARGED TODAY.**

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Originator Details: 27 Aug 2016 14:33 Angelliner Nassuna Nursing  
Originally Entered By Details: 27 Aug 2016 14:34 Angelliner Nassuna  
Last Amended By Details: 27 Aug 2016 16:50 Tracey Jordan  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Contacted HTT to refer simon, they informed me to call back in 30mins as they were out carrying out an assessment.

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Originator Details: 27 Aug 2016 13:27 Neli Avramova Medical  
Originally Entered By Details: 27 Aug 2016 13:46 Neli Avramova  
Last Amended By Details: 27 Aug 2016 13:46 Neli Avramova  
Validated By Details: 27 Aug 2016 13:46 Neli Avramova  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed



ATSP, asking to self discharge

Hx and BG noted.

Handover from ward doctor received and advised that pt is not detainable unless presentation massively changed.

Simon is keen to be discharged today, he wants to visit his civil partner, take his dog out for a walk and "get back to normal". He also intends to go to AED for ?CXR of his distal phalange of L small finger which he believes to be broken following an accident on the ward - slipped in the bathroom. Advised by staff that this was examined by duty doctor and it was felt it is unlikely to be a fracture. He admits that he has benefited from his stay on the ward but feels that no further IP stay is necessary as he would feel much more comfortable at home. He initially suggested to go home today, stay over night and return to the ward. The plan from the day team was for pt to go out on escorted leave with staff and then gradually increase his leave and let him go out alone. He refused going out with staff due to "embarrassment" of walking with staff if he is seen by his neighbours/friends .

I asked if he would be happy to be visited by HTT at home on discharge and he agreed. He confirmed he is happy to take his meds and to engage with HTT.

He denied any suicidal thoughts or thoughts of self harm, denied thoughts of harming others. Denied any hallucinatory experiences.

MSE

Looks kempt, good eye contact, rapport established

Speech - normal rate, tone, volume, coherent

Mood - euthymic, reactive affect

Thoughts - no formal thought disorder, no thoughts of harming self/others, no delusional beliefs, forward looking

Perception - denied hallucinations, not responding to unseen stimuli

Risks:

Risk of harm to self - low

Risk of harm to others - low

Risk of meds non compliance and non engagement with services- however pt confirms he will engage with HTT and take his meds and is not detainable

Plan

discharge with HTT follow up - NS to kindly arrange HTT referral

Px 2 weeks TTA

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Originator Details: 27 Aug 2016 05:55 Mary Doherty Nursing

Originally Entered By Details: 27 Aug 2016 06:07 Mary Doherty

Last Amended By Details: 27 Aug 2016 06:07 Mary Doherty

Validated By Details: 27 Aug 2016 06:07 Mary Doherty

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

CP1; Simon was in his room using his computer when the shift began, only coming out to attend to his needs. He appears pleasant and calm and interacting well with staff and peers alike.

CP2; He had his night drink.

CP5; He complied with his prescribed night medication.

He had a good night sleep and remains asleep at the time of writing this report.

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Originator Details: 26 Aug 2016 15:55 Rupesh Khade Nursing  
 Originally Entered By Details: 26 Aug 2016 15:59 Rupesh Khade  
 Last Amended By Details: 26 Aug 2016 15:59 Rupesh Khade  
 Validated By Details: (UNVALIDATED)  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 CP1: At the start of the shift Simon was in his room. He appeared calm and relatively settle in his mental state presentation. Interacting well with staff and peers. Pose no management problem.

CP2: He is eating and drinking well.

CP5: Not on day medication.

CP10: He attend his tribunal in the morning and he is now Informal patient.

Originator Details: 26 Aug 2016 15:23 Rosemary Mills Medical  
 Originally Entered By Details: 26 Aug 2016 15:31 Rosemary Mills  
 Last Amended By Details: 26 Aug 2016 15:33 Rosemary Mills  
 Validated By Details: 26 Aug 2016 15:33 Rosemary Mills  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
Dr Mills ST4 Haringey Assessment Ward.

#### TRIBUNAL + PLAN

Simons MHA Tribunal went ahead this morning - the panel decided not to uphold the Section 2, therefore Simon is now an informal patient. The judge made it clear to Simon that although they were discharging the section, they felt that he needed to work with the medical team and the nurses, and that they felt he needed support.

Simon has agreed to remain in hospital informally so that we can continue to assess him and monitor his progress with medication, his time off the ward can be negotiated with nursing staff, we would recommend that this is escorted on the first instance then if goes well can be unescorted.

Simon has also agreed to take his medication as prescribed (5mg olanzapine nocte, 1mg lorazepam nocte), he presents as calm and amenable, willing to work with health professionals, denying thoughts to harm self and others.

If Simon were to change his mind and decide to leave over the weekend, it would not be appropriate to detain him under 5(2) unless his presentation and risks changed. If Simon wishes to leave hospital and his presentation is unchanged, we would recommend that Simon be discharged with the HTT for follow up/monitoring/supervision with medication.

Originator Details: 26 Aug 2016 14:02 Amiz Burahee Nursing  
 Originally Entered By Details: 26 Aug 2016 14:03 Amiz Burahee  
 Last Amended By Details: 26 Aug 2016 14:03 Amiz Burahee  
 Validated By Details: 26 Aug 2016 14:03 Amiz Burahee  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
Attended Tribunal this morning.Taken off Section,made informal,has agreed to work with the Ward/ Htt Team.

Originator Details: 26 Aug 2016 10:30 Goodie Adama Nursing  
 Originally Entered By Details: 28 Aug 2016 11:01 Goodie Adama  
 Last Amended By Details: 28 Aug 2016 11:02 Goodie Adama  
 Validated By Details: 28 Aug 2016 11:02 Goodie Adama  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
**AM**

**MH Tribunal held at St Anns Hospital following Simon's appeal against his section.**

**PM**

**Simon's appeal was held and he was therefore discharged from sec2 and now informal patient.**

Originator Details: 26 Aug 2016 09:18 Sonya Rudra Medical  
 Originally Entered By Details: 26 Aug 2016 09:19 Sonya Rudra  
 Last Amended By Details: 09 Sep 2016 14:00 Sonya Rudra  
 Validated By Details: 09 Sep 2016 14:00 Sonya Rudra  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed



Dr Mills discussion with Simon:

He is keen to go home with HTT. He says he will take medication. He is seeing his solicitor today.

Bessie (ward manager) feedback:

Simon has said he will only take medication until friday. Family have expressed concerns.

Plan

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**Tribunal today**

Originator Details: 26 Aug 2016 09:04 Sonya Rudra Medical  
Originally Entered By Details: 26 Aug 2016 09:07 Sonya Rudra  
Last Amended By Details: 26 Aug 2016 09:07 Sonya Rudra  
Validated By Details: 26 Aug 2016 09:07 Sonya Rudra  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
WBM Haringey Ward

Present: Dr Cranitch (consultant), Dr Mills (ST4), Dr Rudra (CT1), Dr Mumford (FY1), Zoe (medical student), Dayo (ward manager), Robin (war adimin), Ahmed (nurse)

Nursing Feedback:

Has been more settled in the last few days. Taking medication. Saying he will stay in hospital.

Plan:

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**Review today with a view to working with informally**

Originator Details: 26 Aug 2016 06:28 Ronald Ossei Nursing  
Originally Entered By Details: 26 Aug 2016 06:32 Ronald Ossei  
Last Amended By Details: 26 Aug 2016 06:32 Ronald Ossei  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Simon has been showing some improvement in his mental state .

Polite on approached .Observed socializing withfellow service users .

Mum was on the ward to visit .

Ordered a take away meal during the shift and shared with fellow service users .

Was concordant with his prescribed medication .

---

**Appears asleep from midnight .**

Originator Details: 25 Aug 2016 18:26 Philip Adu Gyamfi Nursing  
Originally Entered By Details: 25 Aug 2016 18:31 Philip Adu Gyamfi  
Last Amended By Details: 25 Aug 2016 18:31 Philip Adu Gyamfi  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Simon appeared calm in mood and settled in mental state, he was pleasant on approach and was observed interacting well with selected peers and staff on the ward.

He was observed eating and drinking adequately, he took care of his personal hygeine and appeared kempt

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**He was concordant with his medication no side effect observed or reported.**

Originator Details: 25 Aug 2016 17:00 Goodie Adama Nursing  
Originally Entered By Details: 29 Aug 2016 12:52 Goodie Adama  
Last Amended By Details: 29 Aug 2016 12:52 Goodie Adama  
Validated By Details: 29 Aug 2016 12:52 Goodie Adama  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

t/c I spoke with Simon's mother Mrs Loraine Cordell with Simon's permission in preparing my report for the Tribunal. I informed her that I was preparing Tribunal report on Simon and wanted to include her views about Simon being on section and also medication.

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".

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Originator Details: 25 Aug 2016 16:04 Goodie Adama Nursing  
Originally Entered By Details: 25 Aug 2016 16:11 Goodie Adama  
Last Amended By Details: 25 Aug 2016 16:11 Goodie Adama  
Validated By Details: 25 Aug 2016 16:11 Goodie Adama  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Met with Simon this morning on Haringey Assessment ward and assessed him in preparation of my report to the tribunal.

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. He gave me a letter he wrote to indicate his views and willingness to work with doctors and staff.

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**Social circumstances report and Simon's letter uploaded on RiO.**

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Originator Details: 25 Aug 2016 09:09 Jack Mumford Medical  
Originally Entered By Details: 25 Aug 2016 09:10 Jack Mumford  
Last Amended By Details: 25 Aug 2016 09:10 Jack Mumford  
Validated By Details: 25 Aug 2016 09:10 Jack Mumford  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
WBM Haringey Ward:

Present: Dr Cranitch (consultant), Dr Rudra (CT1), Dr Mumford (FY2), Dayo (nurse in charge), Robin (ward admin), Zoe (medical student)

Nursing feedback:

Seen regarding tribunal. Seemed settled.

Plan:

1) Tribunal tomorrow

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Originator Details: 25 Aug 2016 05:51 Mojisola Bankole Nursing  
Originally Entered By Details: 25 Aug 2016 06:06 Mojisola Bankole  
Last Amended By Details: 25 Aug 2016 06:06 Mojisola Bankole  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Simon appeared fairly settled on the ward. Spent some time in the garden with other fellow patient.

Eating and drinking observed during the night snack.

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**Complied with night medication. Settled to bed around mid night, observed to be asleep all night.**

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Originator Details: 24 Aug 2016 17:52 Goodie Adama Nursing  
Originally Entered By Details: 24 Aug 2016 17:54 Goodie Adama  
Last Amended By Details: 24 Aug 2016 17:54 Goodie Adama  
Validated By Details: 24 Aug 2016 17:54 Goodie Adama  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
t/c to Haringey Assessment Ward. I spoke with nurse Folake and asked that Simon be informed that I will visit him tomorrow morning [to interview him and prepare Tribunal report]

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Originator Details: 24 Aug 2016 17:02 Folake Idowu Nursing  
Originally Entered By Details: 24 Aug 2016 17:08 Folake Idowu  
Last Amended By Details: 24 Aug 2016 17:11 Folake Idowu  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed



Simon presented calm, keeping a low profile on the ward, he was in his room most time of the day.

Observed eating and drinking well, he appeared kempt and no management issue regarding him.

Concordant with his medication and has been nursed on general observation level.

Telephone call recived from his carecoordinator regarding visiting Simon on the ward tomorrow. This message has been passec to Simon and was happy about it.

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Originator Details: 24 Aug 2016 16:35 Rosemary Mills Medical  
Originally Entered By Details: 24 Aug 2016 16:54 Rosemary Mills  
Last Amended By Details: 24 Aug 2016 16:54 Rosemary Mills  
Validated By Details: 24 Aug 2016 16:54 Rosemary Mills  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

I saw Simon in on the ward with Tamba (ward nurse) present - for the purpose of assessing his mental state and obtaining some further history about drug and alcohol use.

Simon was amenable to interview.

Simon denied any drug or alcohol use at all, stating that he 'never touched the stuff'. I clarified this with him as previous notes have described him using cannibis on a daily basis (back in dec 2105), also mentions of him using nitrous oxide. Simon stated that cannibis was very infrequent 'just to try it' 'recreationally', minimised this significantly in his recollection. Also told me that he had only been drunk once in his life when he was 16 and hadnt been drunk since. This differs to another report in RiO where he was admitted to A+E after consuming a bottle of rum and LSD in 2012.

Unfortunately we havent managed to complete a UDS during this admission.

Simon was well kempt, he was initially polite in that he called me 'miss', he remained seated for the interview. Quite intense eye contact. Speech rapid, difficult to interrupt, very keen to discuss his business plans and court cases, told me about showing all his business plans to the patients on the ward, unable to see that this might not be relevant to them. Spoke of several different folders that he has created in order to plan his festivals and events, told me that he has set up a charity which he intends to use to help people by benefiting beneficiaries of the uk. He has applied for lottery funding and intends to appoint 6 directors. I found it very hard to understand the activities of his charity but it seemed to involve an online noticeboard where advertising space could be sold. Simon spoke about arranging for the red arrows to attend a future festival, has downloaded their website and made a folder for this. Simon struggled to stay on topic and had to be prompted several times back to the initial question.

I explained the tribunal process to Simon and told him that I would be presenting the view of the team which is that we felt he is currently mentally unwell, and would benefit from further time in hospital and treatment with antipsychotic medication. I told him that I thought he was overly preoccupied with his court cases and police conspiracies, and that his business plans were difficult to understand and seemed a little far reaching and unrealistic. I told him that we felt that the extent to which he is preoccupied with this was a symptom of mental illness.

I asked Simon to have a think about what he would want to do should the section be ended on friday, as he has at times said he might stay informally.

Simon reported feeling quite happy, sleeping well, eating well, happy to be sharing his plans with us and working on his businesses. Denied any abnormal perceptions or unusual experiences. Does not feel that he has a mental illness.

After the meeting, I returned to Simon to let him know about the procedure regarding him reading the reports prior to the tribunal (which he has a right to do). Mental health act office confirmed that they will provide him with the reports likely on thursday afternoon or friday morning. Simon was holding the phone near his ear at this point, asked me to tell him my name (which he already knows) apparently for the benefit of the phone. I asked Simon if he was recording, it turned out someone was on the phone.

Simon told me that he would like me to tell his representative (turned out to be partner, Katie) why i was detaining him in hospital. The encounter felt very confrontational, I told Simon that it wasnt appropriate for me to discuss his case with unknown others on the telephone and she is welcome to attend any future meetings if he would like. I ended the conversation at that point. Simon continued stand very close to me whilst I was unlocking the office door, and continued to hold the phone towards me, demanding that I say my name and explain why I thought he was ill (I showed him my badge and confirmed who I was) and he was quite intimidating in this respect.

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Originator Details: 24 Aug 2016 15:58 Jack Mumford Medical  
Originally Entered By Details: 24 Aug 2016 16:05 Jack Mumford  
Last Amended By Details: 24 Aug 2016 16:05 Jack Mumford  
Validated By Details: 24 Aug 2016 16:05 Jack Mumford  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Contacted NMUH pathology lab for blood results from 18/8/16

Na 141

K Haemolysed

Urea

4

creat 88

eGFR 89

Adj Calcium 2.35

Phosphate 0.84

Magnesium 0.95

Bil 14

ALT 23

ALP 72

Total protein 77

Albumin 49

Vit D 31

Cholesterol 4.6

HDL 1.2

Non HDL 3.4

LDL 3

Cholesterol HDL ratio 3.8

CRP1.7

Glucose 5.3

Vit b12 234

Folate Haemolysed

TSH 131

Free T4 19.8

Originator Details: 24 Aug 2016 15:06 Dr Julia Cranitch Medical  
Originally Entered By Details: 24 Aug 2016 15:09 Dr Julia Cranitch  
Last Amended By Details: 24 Aug 2016 15:09 Dr Julia Cranitch  
Validated By Details: 24 Aug 2016 15:09 Dr Julia Cranitch  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Tried to ring Simons mother but no answer from the landline 02082457454 and the mobile 07807333545 was not receiving calls

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**I will try again another time**

Originator Details: 24 Aug 2016 09:08 Sonya Rudra Medical  
Originally Entered By Details: 24 Aug 2016 09:08 Sonya Rudra  
Last Amended By Details: 25 Aug 2016 12:43 Sonya Rudra  
Validated By Details: 25 Aug 2016 12:43 Sonya Rudra  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
WBM Haringey Assessment Ward

Present: Dr Cranitch (consultant), Dr Mills (ST4), Dr Rudra (CT1). Dr Mumford (FY2), Alan (medical student), Zoe (medical student), Tamba (nurse), Folake (nurse), Robin (ward clerk), Bessie (ward manager)

**Nursing Feedback:**

During the day he was well. Pleasant at night. Took anti-psychotic medication. Looking forward to tribunal. In his review he agreed to take his anti-psychotic and became tearful.

**Plan**

Continue current medication

Tribunal Friday

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**Dr Cranitch to contact mother today**

Originator Details: 24 Aug 2016 06:20 Gabriel Daramola Nursing  
Originally Entered By Details: 24 Aug 2016 06:28 Gabriel Daramola  
Last Amended By Details: 24 Aug 2016 06:28 Gabriel Daramola  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

**Mental state:** Simon presented to be more stable in his mental state presentation last night. He was with co-patient in the TV lounge interacting and watching another programme on his Lap top. He was very pleasant to approach and appropriate in his interaction with staff. Appeared to have slept through the night.

**Nutrition:** No concern with food and fluid intake during the shift.

**Medication:** He has changed his mind as per plan from his ward review to start complying with his prescribed anti-psychotic medication. He took his both prescribed night medication last night without any further argumentation.

Originator Details: 23 Aug 2016 18:55 Tracey Jordan Nursing  
Originally Entered By Details: 23 Aug 2016 19:02 Tracey Jordan  
Last Amended By Details: 27 Aug 2016 12:12 Tracey Jordan  
Validated By Details: 27 Aug 2016 12:12 Tracey Jordan  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed



Simon appears generally settled, remains consumed with same preoccupations which he relates with pressured, uninterruptible speech - wants to formally apply to view his medical records, says he wants to make complaint about his 'illegal assessment' whilst in police custody and his current detention under MHA 1983, refutes that he is unwell .....

Simon has spent his time between his room using his laptop and communal areas of ward sharing use of his laptop with others.

Meals attended.

Visited by his mother and sister.

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Originator Details: 23 Aug 2016 15:08 Sonya Rudra Medical  
Originally Entered By Details: 23 Aug 2016 15:09 Sonya Rudra  
Last Amended By Details: 25 Aug 2016 12:43 Sonya Rudra  
Validated By Details: 25 Aug 2016 12:43 Sonya Rudra  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Dr Rudra (CT1 Psychiatry)

Information leaflet printed for Simon about olanzapine.

Simon was with his solicitor so I have handed this to nurse Tamba to pass on to Simon.

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Originator Details: 23 Aug 2016 14:35 Rosemary Mills Medical  
Originally Entered By Details: 23 Aug 2016 14:51 Rosemary Mills  
Last Amended By Details: 24 Aug 2016 13:37 Rosemary Mills  
Validated By Details: 24 Aug 2016 13:37 Rosemary Mills  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

**Consultant Review**

**Present:** Dr Julia Cranitch (consultant), Dr Rosie Mills (ST4), Tracey (ward nurse), Zoe (medical student), Simon (patient)

**MDT discussion:**

We reviewed Simons history and events around admission on rio notes and MHA papers.

**Interview:**

Simon joined the meeting, everyone introduced.

- Simon told us that he has researched the members of staff in the meeting online and by asking people, he thought that Dr Cranitch had worked in south America with a childrens charity. We clarified this with Simon, he had obtained some incorrect information from google and linked in etc.
- We explored with Simon the events leading up to his admission, this was quite difficult to acheive coherently as Simon frequently jumped from topic to topic and also would focus on events that had happened months and years ago, required a lot of prompting and direction in order to discuss the matter at hand.
- Simon told us that he has an asbo for which he is due in court on 1st September. Spoke about some events that he had run several years ago, in 2013, organised a birthday party for someone he knew, which involved obtaining a gazebo which later turned out to be stolen property, and he was charged with this.
- Described being under bail conditions for about a year which involved a curfew and a tag and having to attend a London office on a daily basis. Started working on festivals, describes various roles working in entertainment and events. Simon spoke at length about a business he wanted to reopen, and spent a lot of time researching into the legal situation.
- Described going to gp with anxiety in the past but didn't require any follow up, then described receiving phone calls from mental health services asking how he was, then 2 professionals (one called Sandra) came to his house for an assessment, Simon felt that this went ok and that someone was going to come and see him again in a months time.
- Simon has cctv cameras up in his corridor and one inside his front door. Disagrees that this infringes anyone elses privacy despite the camera filming the communal corridor and outside the property. Told us that he likes to record himself in the flat aswell in order to document 'like a journal' what he is up to, and also appeared to refer to this several times as evidence of his innocence.

**Events around coming into hospital/progress.**

- Asked about threats to harm neighbour and her children, Simon denied this "I've been in childrens homes my whole life, I would never harm a child" "I 100% did not make a threat".
- Simon described a difficult situation with a previous neighbour "I had an altercation with another neighbour called Deborah Andrews who had a problem with alcohol". "Council moved her out of the property". She was trying to cause me problems, banging around the house and knocking on the door asking for money".
- On day of recent MHA, Simon was at home, a friend had visited him with new baby, friend left. Police arrived at the property, which Simon saw with his cameras. Police were responding to a call they had received about him making a threat against his neighbours, Simon disputes this allegation.
- Q: Why would the neighbours say that? Simon feels this is because he had been playing music.
- Simon spoke at length about the treatment he subsequently received in the police station. Simon feels strongly that the assessment was not adequate and not legal.
- Dr Cranitch explained our assessment of his progress, that he had taken antianxiety drugs for the past few days. Dr Cranitch explained that she felt that Simon was not mentally well currently and that the treatment she advises is an antipsychotic medication called olanzapine.
- Simon feels that he is able to think clearly, denied any his thoughts were being interfered with in any way. Listens to radio and tv, denied that he feels radio and tv are talking about him. Pressue of speech evident, overinclusive and rambling manner of speech, at times standing up to better express himself, difficult to interrupt, frequently referring to injustices and things done illegally against him, some of his thought content was grandiose in nature, spoke of having tens of thousands of facebook friends and that his mum had gifted him 20million emails (contacts) for his business, that his mum also owns several business, mentioned a computer game company. It was unclear as to the veracity of these statements.

**Tribunal:**

Dr Cranitch explained the tribunal process and that the tribunal may decide to end the detention under Section 2. If section 2 stopped, Simon told us that he would consider staying in hospital for a bit longer. "Whatever it takes to get out of hospital so I can go out and look after other people". If Section 2 upheld we explained that we would want Simon to remain in hospital for a while longer and take medication to treat his mental illness. REassured Simon that we want to help him get better.



**Medication:**

Discussed medication, Simon referred to lots of different information from the internet about antipsychotics, alot of which was factually incorrect. Simon agreed to trial a small dose of olanzapine 5mg - starting today.

**Plan**

- 1) Simon has agreed to take olanzapine 5mg nocte.
- 2) Glve Simon some printed patient information about olanzapine from our intranet.
- 3) Continue to assess Simons mental state
- 4) Dr Cranitch intends to contact Simons mother later today.
- 5) Tribunal on friday at 10:30am.

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Originator Details: 23 Aug 2016 09:09 Sonya Rudra Medical  
Originally Entered By Details: 23 Aug 2016 09:10 Sonya Rudra  
Last Amended By Details: 25 Aug 2016 12:43 Sonya Rudra  
Validated By Details: 25 Aug 2016 12:43 Sonya Rudra  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
WBM Haringey Assessment Ward

Present: Dr Cranitch (consultant), Rosemary (ST4), Dr Rudra (CT1), Dr Mumford (FY1), Theo (ward manager), Tracey (staff nurse), Tambe (nurse), Robin (ward admin), Bessie (ward manager)

**Nursing Feedback:**

Last night refused anti-psychotic. Phoned mother saying he is being made to take medication. Eventually settled. Taking lorazepam (for 4 days).

Bessie spoke to Simon after his mother left. Explained to him why he was detained. Reinforced about medication. He was told that he would need an injection if he refuses oral. He agreed to take medication after see by consultant.

**Plan:**

Consultant Review today

Tribunal Friday 10.30

Enfield patient - can be transferred if bed becomes available

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Originator Details: 23 Aug 2016 06:23 Gabriel Daramola Nursing  
Originally Entered By Details: 23 Aug 2016 06:28 Gabriel Daramola  
Last Amended By Details: 23 Aug 2016 06:28 Gabriel Daramola  
Validated By Details: 23 Aug 2016 06:28 Gabriel Daramola  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Mental state: Simon appeared settle and stable in his mental state presentation last night. He was with his parent visiting him at the time of taken over the shift. He was happy at their visit. Observed interacting with co-patients appropriately and appeared to have slept through the night.

Nutrition: No concern with food and fluid intake during the shift.

Medication: He continue to refuse anti-psychotic medication and takes only 1mg lorazepam.

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Originator Details: 22 Aug 2016 18:07 Ricky Jean Nursing  
Originally Entered By Details: 22 Aug 2016 18:09 Ricky Jean  
Last Amended By Details: 22 Aug 2016 18:09 Ricky Jean  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

CP1 Appears fairly settled. However seem a bit preoccupied with trying to prove he was wrongfully addmitted.

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**CP2 Good dietary/fluid intake**

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Originator Details: 22 Aug 2016 17:30 Elizabeth Laryea Nursing  
Originally Entered By Details: 23 Aug 2016 09:02 Elizabeth Laryea  
Last Amended By Details: 23 Aug 2016 09:07 Elizabeth Laryea  
Validated By Details: (UNVALIDATED)

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

Simon requested to speak with me . Had 1:1 with him to enable him ventilate his fears and anxieties. He complained about his admission as he feels it was unlawful for some of the mental health professionals who came to his house to assess him as he has already made a complaint about their attitudes and have recordings of the visits . He also informed me that there is nothing wrong with him to be in hospital and to take anti-psychotic medication. He has been told that he will be given injection if he refused his oral medication after he has been seen by the consultant. He just want to be discharge to continue with his business plan. After explaining to him about the reasons for his detention and the benefits of taking medication, also the longer he refused will prolong his stay in hospital. With a lot of reassurance he agreed comply with medication if the consultant asked him to do so.

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Originator Details: 22 Aug 2016 16:48 Jack Mumford Medical  
Originally Entered By Details: 22 Aug 2016 17:01 Jack Mumford  
Last Amended By Details: 22 Aug 2016 17:01 Jack Mumford  
Validated By Details: 22 Aug 2016 17:01 Jack Mumford

Significant: No Added to Risk History: No

Contains Third Party Info: Yes Conceal From Client: Not Concealed

Dr Mumford & Dr Mills

Conversation with Simons mother

Explained current treatment plan and mental state. Agreed Simon is taking the lorazepam however it has not made any noteable change to his mental state.

Explained that the next stage is antipsychotic medications as was stated at our first meeting. Mum says that Simon will refuses to take these and she denies that he is delusional or paranoid.

Simon continues to decline his antipsychotics as he does not think he needs them.

We have explained the signs and symptoms that Simon is exhibited warrents the use of antipsychotics to prevent further deterioration in his physical and mental health.

We have explained that if simon continues to refuse tablets the next stage would be an injection.

Simons mum asked about when or if he will be moved to another ward, we explained that this depends on simons progress and how long it takes to make a more full assessment of his needs.

Simons mum was concerned with the lack of activities on the ward and she feels this is contributing to his bad health, she says the only time there was an activity on the ward was when the solicitor on the ward and she felt these two things were linked.

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Originator Details: 22 Aug 2016 12:27 Sonya Rudra Medical  
Originally Entered By Details: 22 Aug 2016 12:31 Sonya Rudra  
Last Amended By Details: 25 Aug 2016 12:43 Sonya Rudra  
Validated By Details: 25 Aug 2016 12:43 Sonya Rudra  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed



Dr Rudra (CT1 Psychiatry)

Fingers reviewed:

Continue to complain of lack of sensation in tip of right fourth finger. Reports no active movement. Is convinced he has torn the ligaments. OE: Small laceration, clean and dry. Able to move passively.

Complaining of pain in left little finger. Movement slightly limited by pain. Finger is swollen at DIPJ. No warmth. Mildly tender to palpate. Full range of passive movement.

Imp - No improvement since Friday, however has not been wearing the finger strap. Emergency treatment not indicated currently.

Plan

Finger strapped

Simon will discuss with consultant in his next review whether he can have leave for an XR as he says it is his right

Originator Details: 22 Aug 2016 11:09 Sonya Rudra Medical  
Originally Entered By Details: 22 Aug 2016 11:09 Sonya Rudra  
Last Amended By Details: 25 Aug 2016 12:43 Sonya Rudra  
Validated By Details: 25 Aug 2016 12:43 Sonya Rudra  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
WBM Haringey

Present: Dr Cranitch (consultant), Dr Rudra (CT1), Rosemary (ST4), Dr Mumford (FY2), Fiona (psychotherapy placement), Dayo (nurse), Robin (admin), Bessie (ward manager)

Nursing feedback: Simon settled, reported some pain and was given painkillers. Last night he was making a recording of staff. Refused olanzapine and made a recording of being made to stop. It was found that he recorded multiple social workers and medical consultations.

Mother phoned to express that he does not need medication. Unhappy about him being given anti-psychotic.

He is taking his lorazepam.

Plan

Offer oral anti-psychotic, if not improving in mental state by tomorrow (following 4 days of anti-anxiolytic) and continues to refuse, then give IM from tomorrow

Needs treatment ward in Enfield

Review finger today

Originator Details: 22 Aug 2016 06:39 Gabriel Daramola Nursing  
Originally Entered By Details: 21 Aug 2016 22:50 Gabriel Daramola  
Last Amended By Details: 23 Aug 2016 06:22 Gabriel Daramola  
Validated By Details: 23 Aug 2016 06:22 Gabriel Daramola  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

Simon at about 21:35hrs was called for his prescribed night medication. He was given his 1mg Lorazepam and 5mg Olanzapine tablet as prescribed for the night. He refused the 5mg Olanzapine, with claim that ward doctor that prescribed the medication did not discuss Olanzapine with him. He also went further to contradict himself that same prescribing doctor has instructed him that he doesn't have to take any anti-psychotic medication. Nursing staff then tried to explore the reason why he doesn't want to take his medication; Perhaps due to taste or difficulty in swallowing, so that alternative route could be explored when feeding back to the MDT during white board meetings. Instead of listening to the staff talking to him, he claimed to have taken picture and recording the staff present during the interaction. At this point, the staff asked him to delete the content if he had actually did that because it's not with his consent and it's not an acceptable practice.

Instead of deleting the content of what he might have taken, he ran to his room to phone his mother, that he was being advised to take his prescribed medication against his will and that he could be given injection if he continues to refuse medication orally.

The mother then phoned the ward to inform the ward staff GD that her son, if going by the previous judgment they have got from the Supreme Court. Simon has the right to record any interaction at any public place, in which hospital is one of them. The mother went further to inform staff that she has spoken with the team doctor (no name given) about her son's medication and that it was an agreement that Simon should only be taken 1mg Lorazepam now while subsequent medication review has to be weekly. Hence, they have not done further review, no staff should encourage son to take any anti-psychotic medication prescribed on the ward. The mother claimed that the said doctor and her were of the opinion to wait and see how Simon reacts to Lorazepam before he can think of taking any other medication. In addition to the above, Simon himself played the audio recording of interactions with doctor and social workers from the previous encounter, when trying to delete the one he did tonight. He then claimed that he has not present this recording in the court because he doesn't want that social worker in the recorded content sacked. However, the shift coordinator advised the mother to work with care team in a way that could enhance the best interest of Simon. Also, to encourage son to be compliant with his treatment plan as an inpatient on the ward. Furthermore, Simon to stop recording and taking picture of caring team without their consent because, it's not part of treatment package.

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Originator Details: 21 Aug 2016 16:42 Ekundayo Okafor Nursing  
Originally Entered By Details: 21 Aug 2016 16:46 Ekundayo Okafor  
Last Amended By Details: 21 Aug 2016 16:46 Ekundayo Okafor  
Validated By Details: 21 Aug 2016 16:46 Ekundayo Okafor  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Simon's mental state appears reasonably settled. Observed to be interacting well with other service users and peers. Spent most of his time in the day area and was observed to be listening to music on his lap top.

Eating and drinking well.

Not on any day medication.

He posed no management problems.

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Originator Details: 21 Aug 2016 15:50 Tracey Jordan Nursing  
Originally Entered By Details: 21 Aug 2016 15:52 Tracey Jordan  
Last Amended By Details: 21 Aug 2016 15:52 Tracey Jordan  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Simon reported painful finger, offered and accepted prn Ibuprofen.

Simon is requesting to see his medical notes, Simon informed that he should put same in writing and forward same to Medical Records Dept, SAH.

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Originator Details: 21 Aug 2016 06:04 Gabriel Daramola Nursing  
Originally Entered By Details: 21 Aug 2016 06:11 Gabriel Daramola  
Last Amended By Details: 21 Aug 2016 06:11 Gabriel Daramola  
Validated By Details: 21 Aug 2016 06:11 Gabriel Daramola  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Mental state: Simon appeared stable in his mental state presentation during this shift. Spent quality time with co-patient in the TV lounge watching Olympic games before back to his bed room. Appeared to have slept through the night.

Nutrition: No concern with food and fluid intake.

Medication: Continue to refuse his anti-psychotic medication.

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Originator Details: 20 Aug 2016 16:23 Angelliner Nassuna Nursing  
Originally Entered By Details: 20 Aug 2016 16:37 Angelliner Nassuna  
Last Amended By Details: 20 Aug 2016 16:37 Angelliner Nassuna  
Validated By Details: 20 Aug 2016 16:37 Angelliner Nassuna  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

CP1: Simon has presented mentally stable and calm in mood throughout the shift. Polite in approach. Observed to be engaging well with fellow peers. spent the day playing music on his laptop whilst in the tv lounge with peers also playing ward based games. He reported he can not wait to go home as his missing his partner and being home. He was visited by mother and girlfriend this afternoon and they spent some time together in the quiet room.

CP2: Attended to his personal care. He ate and drank well. Utilised the garden to smoke and relax.

CP5: His not on day medication.

---

#### Phoenix Wing

Duty Dr Theresa Bacarese-Hamilton, CT3

Asked to chase blood results however the lab noted the bloods had been taken on 18/08/16 and that the results should have been requested yesterday via the results line, which does not run on the weekend.

They reported his phosphate was slightly raised at 0.84 but said all other results were within normal range.

They advised the line needed to be kept free as it is an A&E emergency line and advised us to get the results on Monday via the results line.

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Originator Details: 20 Aug 2016 06:15 Gabriel Daramola Nursing  
Originally Entered By Details: 20 Aug 2016 06:32 Gabriel Daramola  
Last Amended By Details: 21 Aug 2016 06:03 Gabriel Daramola  
Validated By Details: 21 Aug 2016 06:03 Gabriel Daramola  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

Mental state: Simon appeared calm in mental state presentation at the start of the shift. Spent quality time with others in the TV lounge and garden for fresh air.

Nutrition: No concern with food and fluid intake during the shift.

Medication: He was very difficult with compliant with his prescribed medication. He refused the 5mg Olanzapine prescribed for him at night. He accepted taken 1mg lorazepam after much persuasion but later came back to request for the names of both medication prescribed for him. Half an hour later again, he came with complaint that he might be having side effect from medication that was refused. He was reminded that he never had the medication Olanzapine and he cannot have any side effect from what he did not take. He went further to say, may be its from 1mg lorazepam but staff re-assured him that he's not having any side effect but need to calm down and relax in his bed. He eventually settled down and slept. Still sleeping at time of this entry.

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Originator Details: 19 Aug 2016 19:14 Tracey Jordan Nursing  
Originally Entered By Details: 19 Aug 2016 19:28 Tracey Jordan  
Last Amended By Details: 19 Aug 2016 19:28 Tracey Jordan  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

Simon has been generally settled.

Bessie Ward Mgr spoke with Simon's father - father reported that another family member was prescribed Clozapine which had to be immediately stopped, he is concerned that we proceed cautiously with any prescribed medication for Simon. Father earlier reported his concern that Simon's swollen finger was being neglected, I understand he spoke with Bessie about same.

Ibuprofen, 400mg, oral tablets given to Simon for painful swollen finger.

Meals attended.

Socialised with peers.

First thing this morning Simon communicated that he was unhappy about another patient M.A. being on the ward, agitating, intimidating and upsetting other patients including himself, related other patients shared his opinion that other 'aggressive' patient should not be on this ward and be moved elsewhere, said he could not guarantee not 'taking on' M.A., 'I don't want to go back to prison, I'm on an ASBO.....I will defend myself.....' I counselled Simon to maintain his distance, not to take matters into his own hands, not involve himself with M.A., to report any concerns to nursing staff for staff to manage any challenging/aggressive behaviour and in so doing maintain the welfare and safety of all persons.

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Originator Details: 19 Aug 2016 12:27 Jack Mumford Medical  
Originally Entered By Details: 19 Aug 2016 12:36 Jack Mumford  
Last Amended By Details: 19 Aug 2016 12:36 Jack Mumford  
Validated By Details: 19 Aug 2016 12:36 Jack Mumford  
Significant: No Added to Risk History: No  
Contains Third Party Info: Yes Conceal From Client: Not Concealed  
Spoke to Simons mother over the phone. Explained the changes to meds as outlined in the below entry.

Simons mum is unhappy, she said we are starting too many drugs at once. She said 'what you are trying to do is put everything in his way - so it goes against him when hes refusing medication. Now he's going to have this on his record, i feel your putting things in his path.'

I explained that the consultant feels that this medicine will be beneficial to his mental state which is why we have prescribed it.

Simons mum has also asked that we record all collateral history or mention of her in the notes as third party information as she does not want Simon to read it when he requests a copy of his notes. Please disregard all statements from his mother when providing simon with his medical notes. This has been discussed and agreed with Dr Humphreys.

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Originator Details: 19 Aug 2016 12:18 Jack Mumford Medical  
Originally Entered By Details: 19 Aug 2016 12:27 Jack Mumford  
Last Amended By Details: 19 Aug 2016 12:27 Jack Mumford  
Validated By Details: 19 Aug 2016 12:27 Jack Mumford  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Went to see Simon to explain chnages to medication.

Explained that we will prescribe lorazepam only at night for now as he does not want to take it during the day.

I have explained that the consultant Dr Cranitch would like him to be started on 5mg olanzapine. The patient was unhappy about this and said he will not take the medication as he does not think he needs it. I have explained that despite this we will still prescribe it and offer it to him if he would like to take it. I have explained that it will be beneficial to improving his mental health.

---

Originator Details: 19 Aug 2016 09:13 Sonya Rudra Medical  
Originally Entered By Details: 19 Aug 2016 09:18 Sonya Rudra  
Last Amended By Details: 25 Aug 2016 12:43 Sonya Rudra  
Validated By Details: 25 Aug 2016 12:43 Sonya Rudra  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed



WBM Haringey Ward

Dr Humphries (ST6), Dr Rudra (CT1), Dr Mumford (FY2), Theo (nurse in charge), Tracey (staff nurse), Robin (ward admin), Bessie (ward manager)

Nursing feedback:

Background reviewed. Refused clonazepam last night as wanted lorazepam.

Had his ECG yesterday.

Mother had reactions against injections.

Plan:

Prescribe lorazepam at night and PRN

Offer olanzapine 5mg at night, if not taking then review next week and consider to be given IM - inform patient

Allocation of CCO requested

Originator Details: 19 Aug 2016 06:55 Iloabuchi Chukwunweike Nursing  
Originally Entered By Details: 19 Aug 2016 07:04 Iloabuchi Chukwunweike  
Last Amended By Details: 19 Aug 2016 07:04 Iloabuchi Chukwunweike  
Validated By Details: 19 Aug 2016 07:04 Iloabuchi Chukwunweike  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Simon presented as fairly settled and calm in mood. He spent time socialising with fellow service users within the communal area, played music with his laptop and made quite a few phone calls thereafter.

He had snacks and hot drink during tea time. However, he refused his night medication as prescribed.

Retired to bed and appears to have slept from midnight.

Originator Details: 18 Aug 2016 17:51 Folake Idowu Nursing  
Originally Entered By Details: 18 Aug 2016 17:55 Folake Idowu  
Last Amended By Details: 18 Aug 2016 17:55 Folake Idowu  
Validated By Details: 18 Aug 2016 17:55 Folake Idowu  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Simon presented fairly settled on the ward. He has been eating and drinking adequately.

He appeared kept and was not on any day medication.

he has not posed any managerial issue on the ward.

Originator Details: 18 Aug 2016 17:13 Ekundayo Okafor Nursing  
Originally Entered By Details: 18 Aug 2016 17:37 Ekundayo Okafor  
Last Amended By Details: 18 Aug 2016 17:37 Ekundayo Okafor  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
1:1 Session

Simon approached me this morning stating that he wants to talk to me. I obliged him and went to his room to talk to him.

According to Simon he does not think he is ill and he now went on to say that there is a dead rat in behind his room. I asked him the exact location and he replied "just by my window". I went to investigate this and saw the rat by his window.

I reassured him stating I will immediately inform Estate and Facilities.

Logged in on Estate and facilities website. I informed him that this has been done and will be cleared ASAP. He seems happy about this.

Originator Details: 18 Aug 2016 11:34 Jack Mumford Medical  
Originally Entered By Details: 18 Aug 2016 11:54 Jack Mumford  
Last Amended By Details: 18 Aug 2016 11:54 Jack Mumford  
Validated By Details: 18 Aug 2016 11:54 Jack Mumford  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Offered a Simon bloods, physical and ECG, simon consented.

Bloods were taken aseptically and sent to NMUH

ECG showed Normal sinus rhythm

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.

On 5th finger of right hand patient has a small laceration, appears clean, no erythema or pus, probably a couple of days old, unsure how he did it. Patient concerned that he has cut through his tendons, i have reassured the patient that the cut does not appear deep enough for this to have happened and that his range of movement is limited only by pain.

On the 5th finger of his right hand, Simon has swelling over his DIP a black appearance around the cuticle which looks like dried blood. The joint is not hot to touch and there is no obvious erythema. Range of movement is slightly limited by pain during active movement however it is only mildly tender to palpate and range of movement is full during passive movement.

Reviewed by Dr Rudra - agrees with assessment. Simon reports falling on finger yesterday and has been swollen and painful since. Poor ROM (active and passive). Currently on section and new to ward, agreed to remain on ward so that mental state can be monitored. Currently not for A&E as not emergency. However, have neighbour strapped finger and consider sending for XR with section 17 leave if no improvement next week. Simon was happy with this and agreed to plan.

Imp: Likely bruised DIP

Plan:

- 1) Chase bloods
- 2) Paracetamol PRN
- 3) Neighbour strap swollen finger
- 4) Review in 5 days, if no improvement consider x-ray of the left 5th finger

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Originator Details: 18 Aug 2016 09:12 Sonya Rudra Medical  
Originally Entered By Details: 18 Aug 2016 09:12 Sonya Rudra  
Last Amended By Details: 25 Aug 2016 12:43 Sonya Rudra  
Validated By Details: 25 Aug 2016 12:43 Sonya Rudra  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

WBM Haringey Ward

Present: Dr Rudra (CT1), Dr Mumford (FY2), Folake (staff nurse), Herine (staff nurse) James (student nurse), Robin (ward admin)

No changes, still refusing lorazepam - says it will make him drowsy for his court case. Unhappy about being on the ward. Says he does not like the water. Says he has abdominal pain. Complaining about the pain.

#### Plan

Ensure he has given information about his medication

Encourage oral tablets. Consider depot

#### Physical, bloods, ECG

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Originator Details: 18 Aug 2016 06:00 Titilayo Alimi Nursing  
Originally Entered By Details: 18 Aug 2016 06:05 Titilayo Alimi  
Last Amended By Details: 18 Aug 2016 06:05 Titilayo Alimi  
Validated By Details: 18 Aug 2016 06:05 Titilayo Alimi  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
72 Hours: Nocte report:

Simon appeared fairly calm during the early part of the night shift, was observed using his laptop in his bed area and seems to be keeping to himself. He had night snacks and hot drinks during refreshment period. He refused his newly prescribed night medication and appeared to have slept fairly well through the night.

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Originator Details: 17 Aug 2016 17:41 Herine Otero Nursing  
Originally Entered By Details: 17 Aug 2016 17:41 Herine Otero  
Last Amended By Details: 17 Aug 2016 17:41 Herine Otero  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
CP1: Simon remained very agitated and unpredictable during the shift.

CP2: He ate and drank adequately during the shift.

CP3: His family came to attend his review meeting and he became very loud and argumentative.

CP5: he was not on any day medication.

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Originator Details: 17 Aug 2016 14:19 Yowhans Beyene Pharmacy  
Originally Entered By Details: 17 Aug 2016 14:19 Yowhans Beyene  
Last Amended By Details: 17 Aug 2016 14:19 Yowhans Beyene  
Validated By Details: 17 Aug 2016 14:19 Yowhans Beyene  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed



Medicines reconciliation 2 completed on Haringey assessment ward at St Ann's hospital on 17.08.2016

**Source 1: GP Fax**

No current medication

**Source : Previous notes From RiO**

Nil

**Source 3: Previous supply from St Ann's Hospital Pharmacy (JAC)**

Nil

Allergies & ADRs: no allergies recorded (GP fax)

Alcohol consumption: Nil (RiO)

Cigarettes per day: Nil (GP)

**Medication Chart on 16.08.2016**

Regular: Nil

PRN

Lorazepam 1-2mg PO max 4mg/24h

**Zopiclone 7.5mg ON**

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Originator Details: 17 Aug 2016 13:10 Jack Mumford Medical  
Originally Entered By Details: 17 Aug 2016 13:10 Jack Mumford  
Last Amended By Details: 17 Aug 2016 13:10 Jack Mumford  
Validated By Details: 17 Aug 2016 13:10 Jack Mumford  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

**Haringey Ward CPA Review Meeting**CORDELL, Simon P (Mr)**MHA Status:** Sec.2**Community Team:** Enfield Community EIP team**Present:** Dr Humphreys (SpR), Dr Mumford (F2), James (student nurse), Amal (care-cordinator), Mother**Discussion with professionals:**

Notes reviewed from admission clerking and progress on the ward. Section 2 papers reviewed.

- Amal: Went over history with us, paranoia surrounding neighbours, has been arrested with alleged threats to kill neighbours and their children

**Interview with the patient:**

Simon came into the room loud and frustrated that he is held here under section.

Simon is not engaging with questions, talking rapidly about his business ventures, lots of derailing talking about unrelated themes.

Saying he was held hostage in a call and was held illegally. Repeatedly talking of a CD he has which holds a recording proving that the warrant was illegally served.

Claims he has bought a lot of expensive equipment to start his new festival, and his new business ventures. Says he got the money from selling some of his own possessions such as scramblers and inheritance from his Nan.

Simon denies any wrongdoing categorically. Saying that he is being persecuted, says the section 2 is wrong and was conducted illegally.

Denies he was assessed under MHA. Denies that anyone spoke to him with regards to a mental health assessment.

Simon began accusing his mother of trying to get him put away because she has not written a full appeal letter. Became extremely irate, shouting at his mother saying 'is this what I mean to you, I will never speak to you again'

Admits being on bail for threats to neighbours. 8/10/16 is his court date. Claims he is being set up. Says to us he was accused of saying 'fuck you I will kill you' to neighbour but denies this ever happened. Claims the police continually changed their story regarding where he was when this incident occurred.

Asked about energy levels - reports being up every morning at 6am, says he works all the time.

Reports physical health is good. Simon has Crohn's disease.

Claims he is not a danger to himself or others.

Says the police are claiming he is other people.

When explained that he is held under section 2 and won't be released as there is an ongoing period of assessment Simon became extremely angry, stood up, pacing up and down the room, shouting loudly, does not think he is unwell.

Simon then left the room for a period of time, heard shouting in the corridor, then asked to return to room, said he would calm, he quickly started shouting at mother and uncle who also shouted back. Explained we wanted to give anti-anxiety medication called lorazepam, Simon became very irate saying we were trying to 'stich him up' we were trying to 'end his life'. Extra nurses had to be called and Simon had to be escorted from the room.

**Collateral from Mother**

Mother also claims that the police unplugged the CCTV outside his house. Claims that son is not paranoid about the police, claims they have persecuted him for over 20 years, always send 15+ police to his house when they want to speak to or arrest him. Claims there have been numerous arrests of Simon where he has been innocent but they have charged him. Claims that he should not have been found guilty of throwing an illegal party for his friend.

Reports got carbon monoxide poisoning in 2014, feels that's when his health deteriorated.

Mother does not want Simon to receive injections. We have explained we cannot guarantee this, and there may be some emergency situations we need to give injections where we will not be able to guarantee that we can inform

them before, but could inform them after. We have explained that if he repeatedly refuses tablet medications we may need to consider long term injections as treatment, however we would discuss this with them first if possible, and this would depend on his mental state. Also explained that if lorazepam is not sufficient by itself we may need to consider further treatments i.e antipsychotics.

Mother reports Simon often thinks things said on the TV are about him, and if you tell him otherwise he gets very angry.

When discussed with family on their own, mother and uncle did express the view that Simon is unwell. Saying he seems 'manic'.

**Brief mental state examination:**

A - Appearance, slightly unkempt. Erratic behaviour

S - Pressured speech, rapid rate, loud volume. De-railing and tangentiality.

M - Simon is angry and frustrated at being detained. Seems hyper-aroused, shouting .

T - Thought disorder present. Paranoid delusions. Grandiose delusions.

P - No obvious abnormal perception although cannot be sure.

C - Cognition not formally assessed. Orientated to time place and person.

I - No insight into mental health

**Brief risk assessment:**

To self - Moderate (With his behaviour towards others)

To others - Moderate

Other - n/a

**Capacity to decide about suggested treatment plan:** No

**Consent to admission:** No

**Consent to treatment/medication:** No

**Current regular medication:**

None

**Physical Examination:** no

**Blood tests:** no

**ECG:** no

**UDS:** no

Crohns - Possibly last admitted due to flare Nov 2014. Do NOT give steroids due to worsening of mania.

**Plan:**

- 1) Physical, bloods and ECG
- 2) Start Lorazepam 1mg BD and PRN
- 3) Continue to monitor mental state

- 4) If no improvement with lorazepam consider antipsychotic

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Originator Details: 17 Aug 2016 09:11 Jack Mumford Medical  
Originally Entered By Details: 17 Aug 2016 09:11 Jack Mumford  
Last Amended By Details: 17 Aug 2016 09:11 Jack Mumford  
Validated By Details: 17 Aug 2016 09:11 Jack Mumford  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Dr Humphreys (SpR), Dr Mumford (F2), Herine (Student nurse), James (Student Nurse), Dayo (Nurse), Robin (Ward admin)

Nursing feedback:

Settled last night, no issues. Yesterday unpredictable and irritable. Confrontation with MAA. MAA bothering Simon and his family in quiet room. Not fully compliant with meds.

Drs feedback:

Plan:

- 1) 72hr meeting today
- 2) Review meds
- 3) Offer physical, bloods, ECG

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Originator Details: 17 Aug 2016 06:19 Caroline Acolatse Nursing  
Originally Entered By Details: 17 Aug 2016 06:27 Caroline Acolatse  
Last Amended By Details: 17 Aug 2016 06:27 Caroline Acolatse  
Validated By Details: 17 Aug 2016 06:27 Caroline Acolatse  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
He was in his bed area at the start of the night shift. During checks he was observed at times pacing about in his room or talking to one on his phone.

He had night snack and hot drink and soon went to his bed area.

He is not on prescribed night medication.

He was observed to have had a good night sleep.

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**Haringey Assessment Ward****Duty Dr Bacarese-Hamilton, CT3**

Attended the ward to offer Simon physical, ECG and blood test.

Simon was seen in the quiet room; his girlfriend and mother were also present.

I offered him physical, ECG and blood test and explained the rationale and benefits however Simon was adamant that he did not want any of them.

He said he treats his body like a temple, does not use drugs or alcohol and he is physically well. He will not be accepting any medication so does not need an ECG.

Explained he can approach staff members if he changes his mind.

**Plan**

- Day team to offer him physical, ECG and blood test again once he is more settled.

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Originator Details: 16 Aug 2016 17:35 Lilian Oke Nursing - Nursing Student  
 Originally Entered By Details: 16 Aug 2016 17:37 Lilian Oke  
 Last Amended By Details: 16 Aug 2016 17:52 Lilian Oke  
 Validated By Details: (UNVALIDATED)  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 CP1-Simon appears settled and calm on the ward, but confuse, isolates himself with minimal interaction with patient. Spends time in bedroom area.

CP2- Simon is eating and drinking well, no physical issues with him, family came visiting.

CP5-No medication given.

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Originator Details: 16 Aug 2016 14:54 Yowhans Beyene Pharmacy  
 Originally Entered By Details: 16 Aug 2016 14:55 Yowhans Beyene  
 Last Amended By Details: 16 Aug 2016 14:55 Yowhans Beyene  
 Validated By Details: 16 Aug 2016 14:55 Yowhans Beyene  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 Medication and Medical history uploaded to Rio under clinical documentation (GP fax)

**Allergies: no allergies recorded**

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Originator Details: 16 Aug 2016 14:28 Amal Pomphrey Nursing  
 Originally Entered By Details: 16 Aug 2016 14:29 Amal Pomphrey  
 Last Amended By Details: 16 Aug 2016 14:29 Amal Pomphrey  
 Validated By Details: 16 Aug 2016 14:29 Amal Pomphrey  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 Enfield EIS

I shall attend formulation meeting tomorrow at 11am.

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Originator Details: 16 Aug 2016 11:20 Samantha Robin Administrative  
 Originally Entered By Details: 16 Aug 2016 11:21 Samantha Robin  
 Last Amended By Details: 16 Aug 2016 14:30 Samantha Robin  
 Validated By Details: (UNVALIDATED)  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
**A meeting has been arranged for 17.8.16@11.00 Amal Pomphrey will attend for EIS, Mother will also attend**

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Originator Details: 16 Aug 2016 11:18 Samantha Robin Administrative  
 Originally Entered By Details: 16 Aug 2016 11:19 Samantha Robin  
 Last Amended By Details: 16 Aug 2016 11:19 Samantha Robin  
 Validated By Details: (UNVALIDATED)  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
**Mother Lorraine: Contact details: Home 0208 245 7454, Mobile:07807333545**

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Originator Details: 16 Aug 2016 09:49 Margaret Garrod Social Worker  
Originally Entered By Details: 16 Aug 2016 09:50 Margaret Garrod  
Last Amended By Details: 16 Aug 2016 09:50 Margaret Garrod  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Enfield AMHP Service

AMHP Report uploaded.

His mother has reassured me that his dog is fine and she will be attending to its needs.

Originator Details: 16 Aug 2016 09:18 Jack Mumford Medical  
Originally Entered By Details: 16 Aug 2016 09:18 Jack Mumford  
Last Amended By Details: 16 Aug 2016 09:18 Jack Mumford  
Validated By Details: 16 Aug 2016 09:18 Jack Mumford  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Dr Humphreys (SpR), Dr Mumford (F2), Bessie (Ward manager) Theo (Charge nurse), Robin (Admin), Tracey (Nurse), Herine (Nurse)

Nursing feedback:

35M threatening to ill neighbours and children, taken to wood green station, put on section 2. No MH history. Has forensic history related to violence and aggressive. Paranoid and agitated when admitted, fully orientated when rights read. Not on any meds currently, antipsychotic naïve.

Plan:

- 1) Physical, bloods, ECG
- 2) Explore forensic background. Was he charged for this incident?
- 3) UDS
- 4) 72hr meeting 17/08 @ 11AM - invite family
- 5) 15 min obs for now

Originator Details: 16 Aug 2016 06:32 Caroline Acolatse Nursing  
Originally Entered By Details: 16 Aug 2016 05:09 Caroline Acolatse  
Last Amended By Details: 16 Aug 2016 06:34 Caroline Acolatse  
Validated By Details: 16 Aug 2016 06:34 Caroline Acolatse  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed



He is a 35 year old gentleman transferred from Woodgreen Police Station to HAW at approximately 04:30 hrs escorted by 2 ambulance crew in a secure van. It was reported that he made threats to kill his neighbour and 2 children. His mother alerted the police, who picked him up and arrested him. He is known to MH Services, known to Enfield EIS. He was referred to private service, but they declined him due to lack of information. He has paranoid, bizarre speech. Was assessed by the Forensic Medical Examiner and felt he needs to be sectioned and admitted. He was reported to be on clozapine in the past, but stopped it and relapsed, reported to be an absconding risk and during his transfer in the van he has been chatty.

On arrival he appeared paranoid saying, "This is where I heard about, it's like a prison where you lock people up" He was reassured and was informed that this is a ward and he has his own room. He was welcome and orientated to the ward setting. Was offered night snack and drink, but he only requested for a cup of water. Bleepholder was contacted to come and accept his section 2 papers. Night duty doctor was also contacted to see the patient and she also came.

His vital signs were done at 05:00 hrs and reading was

bp=150

t=36.5

p=63

bm=6.5

w=72

h=175.5

He was given a welcome and recovery pack, his section 2 rights were read to him which he understood. Section 132 form completed, ethnicity completed. He has been placed on 15 minutes observation. Since his arrival on the ward he hardly slept on his bed, rather interacting with staff and other patients. awake

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Originator Details: 16 Aug 2016 06:23 Maheera Tyler Medical  
Originally Entered By Details: 16 Aug 2016 06:26 Maheera Tyler  
Last Amended By Details: 16 Aug 2016 07:10 Maheera Tyler  
Validated By Details: 16 Aug 2016 07:10 Maheera Tyler  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

Duty Doctor CT3 M Cheema

New admission to HAW, St Ann's Hospital

Date of admission: 16/8/16

MHA Status: Section 2

**Diagnosis:**

Previous diagnoses of Unspecified nonorganic psychosis (F29) and Adjustment disorder (F432)

**Medication:**

Nil

**Allergies:**

Unknown - Simon is unsure if he has any allergies

**Background/PPHx:**

- 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
- no previous admissions to hospital
- Notes state that he was known to CAMHS and has previously attempted to end his life when he was 16 y/o (by jumping from a window)

**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.

**Interview:**

I reviewed Simon on HAW with RMN Titi.

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.

Simon denied making any threats to harm others and denied such thoughts at present. He denied any thoughts to harm himself. He categorically stated that he does not believe he has a mental illness, and that he has consistently refused to take medication in the past for this reason. He also does not take medication for physical health problems as he does not believe he needs it. Simon stated that his sleep is 'good' - sleeps for exactly 8 hours per night. Energy levels are increased.

Simon said that he has been depressed in the past but became quite irritable when asked about details of this. He denied ever taking antidepressants; he was previously given Sertraline but it is unclear if he took it.

**MSE:**

- A+B: 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 FTD. Denied thoughts to harm himself or others.
- Perceptions: denied hallucinations
- Insight: limited. Aware of reasons for admission but does not agree that he may have a mental illness

**Social and Personal Hx:**

- Lives alone in 1 bedroom flat which he says he owns outright
- Mother lives nearby and provides support
- Simon says he has siblings and other extended family in the local area as well
- In a relationship, on and off with partner for 20 years (Katie). Simon told us that Katie lives with him and is expecting his child. Declined to say when the baby is due to be born as he felt this was too personal to share.
- Says he runs his own company at the moment (see details above)
- Past history of sexual abuse (from notes)

**Family Hx:**

- grandmother (?maternal) had BPAD and/or schizophrenia



**Forensic Hx:**

- frequent contact with police from a young age, says he has been to prison in the past but was unable to say exactly when this was
- Says he is currently subject to an ASBO due to playing loud music

**Physical Health:**

- Previous notes state that Simon has Crohn's according to his mother. Simon denied this and is not currently seeing anyone for this and is not taking any medication
- Denied any other physical health problems
- Simon was not fully examined as he was becoming increasingly aroused through the interview
- Obs noted to be NAD on admission
- GCS 15/15
- Mobilising independently, normal gait

**Risk Summary:**

- to self: denied any thoughts of self-harm or suicide
- to others: denied any thoughts to harm others
- from others: vulnerable when unwell - need to explore whether he is being financially independent.
- disengagement: highly likely to disengage
- Substance misuse: denied using drugs, cigarettes or alcohol

**Plan:**

1. Admit under Section 2 of MHA
2. 15 min obs
3. UDS to be done please
4. Physical and bloods to be done by day team please
5. Medication chart written

---

Originator Details: 16 Aug 2016 04:44 Hugh Briscoe Social Worker  
Originally Entered By Details: 16 Aug 2016 04:58 Hugh Briscoe  
Last Amended By Details: 16 Aug 2016 04:58 Hugh Briscoe  
Validated By Details: 16 Aug 2016 04:58 Hugh Briscoe  
Significant: Yes Added to Risk History: No  
Contains Third Party Info: Yes Conceal From Client: Not Concealed  
following mha asmt initiated on 15/8, two meds recs complted. amhp maggie garrod unable to complt asmt because no bed available.

i was informed at 23.50 on 15/8 by bed manager david walcott that bed identified on haringey ward, st anns hospital.

i attended wood green police station at approx 02.00 this morning. i spent approx 40 minutes with simon in interview room.

i have read the s.2 med recs by dr albazaz and dr amin, and recent history on rio. i spoke with amhp maggie garrod, and i have also spoken with nearest relative mother lorraine cordell. she stated that she is simons only real social support and remains very protective of their relationship.

in all circumstances of the case i think that detention in under s.2 is the only viable way to ensure that simon receives appropriate assessment for his mental health, and that an appropriate approach might be developed to assisting him.

simon was adamant that he is not mentally unwell, and not in need of any mental health assistance. he stated that he feels that detention and admission to hospital is truly detrimental to his future, and would not entertain the notion that he might require mental health assistance.

i informed mother of outcome of mha asmt and her rights as nearest relative.

s.2 detention documents and amhp report handed to pss ambulance staff at 04.00 this morning, and they agreed to transport simon to haringey ward.

simon has been bailed by police and is in possession of the bail sheet.

**amhp report completed and uploaded.**

---

Originator Details: 15 Aug 2016 23:35 David Walcott Nursing  
Originally Entered By Details: 15 Aug 2016 23:41 David Walcott  
Last Amended By Details: 16 Aug 2016 05:49 David Walcott  
Validated By Details: 16 Aug 2016 05:49 David Walcott  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

T/c from Cygnet, referral has been declined due to lack of info. I earlier had received a call from Haringey Assessment ward that they have a male bed available, which I later again confirmed with them as they were a couple of transfers occurring & this still remains the case that 1 male bed is available.

I have contacted the Enfield Duty AMHP to inform him that the the MHAA can proceed tonight & I will allocate this bed for him on HAW. I am awaiting the on - call AMHP to contact myself with reference T1348013.

23:50hrs - T/c with the Enfield AMHP (H.B) --- He will arranged a MHAA at Woodgreen St shortly. I have informed him of where the acute bed will be available. He will inform me of the MHAA outcome. I have informed HAW of the Sec 2 MHAA & pending admission.

David Walcott

---

**Bed Manager (OOH's)**

Originator Details: 15 Aug 2016 19:47 Teeresh Bundhun Nursing  
Originally Entered By Details: 15 Aug 2016 19:51 Teeresh Bundhun  
Last Amended By Details: 15 Aug 2016 19:51 Teeresh Bundhun  
Validated By Details: 15 Aug 2016 19:51 Teeresh Bundhun  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Bed Manager

---

**I recieved a Tc from Cygnet stevenage (Susan) who informed that they are still looking at the refferal for Simon.**

Originator Details: 15 Aug 2016 18:13 Teeresh Bundhun Nursing  
Originally Entered By Details: 15 Aug 2016 18:15 Teeresh Bundhun  
Last Amended By Details: 15 Aug 2016 18:15 Teeresh Bundhun  
Validated By Details: 15 Aug 2016 18:15 Teeresh Bundhun  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Bed Manager

Authorisation was gained from the day senior manager for refferal to the private sector.

I contacted Chamberlain ward and spoke to NIC Susan.

She informed me that Chmaberlain has a vacant male bed.

I have reffered Simon to :

Chamberlain ward

Cygnet Hospital Stevenage

Graveley Road,

Stevenage

SG1 4YS

01438 342942

---

**At present i am awaiting outcome of refferal.**

Originator Details: 15 Aug 2016 16:39 Teeresh Bundhun Nursing  
Originally Entered By Details: 15 Aug 2016 16:41 Teeresh Bundhun  
Last Amended By Details: 15 Aug 2016 16:41 Teeresh Bundhun  
Validated By Details: 15 Aug 2016 16:41 Teeresh Bundhun  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed



Bed Manager

Tc recieved from AMHP Maggie G.

She informed me that following a MHAA Simon has been detained under Section 2 of the MHAA.

At present there are no male beds within BEH.

I will start to look for a Private sector bed.

---

Originator Details: 15 Aug 2016 13:49 Margaret Garrod Social Worker  
Originally Entered By Details: 15 Aug 2016 13:59 Margaret Garrod  
Last Amended By Details: 15 Aug 2016 13:59 Margaret Garrod  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Enfield AMHP Service

Request for a MHAA from Ahmed at Wood Green Police Station. Mr Cordell had been arrested for threats to kill his Neighbours and Children.

Dr Albazaz and Dr Amin available to attend at 3.00pm

Bed manager advised.

Enfield HTT unable to undertake the assessment as he is currently out of area.

Haringey HTT Crisis Team suggested the assessment to go ahead in their absence and if appropriate the Enfield CRHTT could follow up.

---

Originator Details: 15 Aug 2016 12:10 Matthew Strachan Social Worker  
Originally Entered By Details: 15 Aug 2016 12:12 Matthew Strachan  
Last Amended By Details: 15 Aug 2016 12:12 Matthew Strachan  
Validated By Details: 15 Aug 2016 12:12 Matthew Strachan  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
T/C from custody at Wood Green police station. Simon is in custody after making threats to kill. The FME believes a MHAA should be carried out.

I have checked the system (Rio) and it is clear that this gentleman is an Enfield Client - living in Enfield, GP in Enfield and known to EIS in Enfield. I passed on the details of the Duty AMHP service in Enfield.

---

Originator Details: 15 Aug 2016 11:11 Simon Clark Nursing  
Originally Entered By Details: 15 Aug 2016 11:11 Simon Clark  
Last Amended By Details: 15 Aug 2016 11:11 Simon Clark  
Validated By Details: 15 Aug 2016 11:11 Simon Clark  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Telephone call received from Lorraine Cordell, Simon's mother. She was asking questions about what happened with Simon's care after the MHA assessment. I was unable to give this information to Lorraine without Simon's consent but informed Lorraine that an application can be made for access to medical notes

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Originator Details: 15 Aug 2016 10:44 Benedicta Osei-Prempeh Nursing  
Originally Entered By Details: 15 Aug 2016 10:44 Benedicta Osei-Prempeh  
Last Amended By Details: 15 Aug 2016 10:55 Benedicta Osei-Prempeh  
Validated By Details: 15 Aug 2016 10:55 Benedicta Osei-Prempeh  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
HUB

T/c received from Mr Andrew Cordell who claimed to be Simon's uncle to say that he wants to know why Simon was discharged from service without follow up. Andrew was angry and said who did they write to discharge letters to, he asked me to tell him the name of the person that discharged Simon from service without follow up. Andrew was informed Simon was discharged from Enfield Early Intervention Service (EIS) telephone number for EIS given to Andrew to contact for assistance.

---

Originator Details: 14 Aug 2016 19:26 George Onuegbu Nursing  
Originally Entered By Details: 14 Aug 2016 19:33 George Onuegbu  
Last Amended By Details: 14 Aug 2016 19:39 George Onuegbu  
Validated By Details: 14 Aug 2016 19:39 George Onuegbu  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

T/C from Andrew - 07960470159 to say that it was reported that Simon threatened to kill his neighbour with her two children and the police was called. He stated that the police are around but Simon is refusing to open the door. He was angry that his nephew was discharged without any follow-up in the community.

---

Originator Details: 02 Mar 2016 17:15 Goodie Adama Nursing  
Originally Entered By Details: 02 Mar 2016 17:16 Goodie Adama  
Last Amended By Details: 04 Mar 2016 17:22 Goodie Adama  
Validated By Details: 04 Mar 2016 17:22 Goodie Adama  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

Letter to inform Simon of discharge from EIP sent to him and copy to his GP. Letter uploaded to RiO documents.

---

Originator Details: 01 Mar 2016 11:00 Goodie Adama Nursing  
Originally Entered By Details: 02 Mar 2016 17:01 Goodie Adama  
Last Amended By Details: 04 Mar 2016 17:21 Goodie Adama  
Validated By Details: 04 Mar 2016 17:21 Goodie Adama  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

Simon was discussed at EIP referral and case meeting. I reported that I spoke with him and he was clear that he did not want EIP input. I also reported that he appeared to have capacity in this regard and said he has come to know of EIP and me and that if he needed help he will make contact.

#### Outcome

Discharge from EIP caseload

Simon may be referred to EIP within 3 years should the need arise

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Originator Details: 29 Feb 2016 11:33 Goodie Adama Nursing  
Originally Entered By Details: 29 Feb 2016 11:44 Goodie Adama  
Last Amended By Details: 29 Feb 2016 15:31 Goodie Adama  
Validated By Details: 29 Feb 2016 15:31 Goodie Adama  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

t/c I spoke with Simon and informed him that I was back from my holidays. He told about the MHA team visiting him while I was away and tried to get him into hospital. He said he did not appreciate what happened and was glad that the doctors did not agree that he was mentally ill.

He said "I know who the team is and who you are and If I ever need help I know who to contact"

He spoke positively about Mr Clark, manager; that he is a nice person and good to speak with.

#### Plan

Discuss at EIS referral and case meeting on Tuesday

Recommend that case to be closed

---

Originator Details: 29 Feb 2016 11:00 Goodie Adama CPA Review  
Originally Entered By Details: 10 Mar 2016 18:47 Goodie Adama  
Last Amended By Details: 10 Mar 2016 18:47 Goodie Adama  
Validated By Details: 10 Mar 2016 18:47 Goodie Adama  
Significant: Yes Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed



## CPA Review

Date: 29 February 2016 11:00

Review Type: Discharge

## Attendees:

\* G Adama (Care co-ordinator)

\* CORDELL, Simon (Mr) (Client)

\* Review unmet needs

none identified

\* Client view

"I am not mentally ill and I do not need any help. I know who the team is and who you are and if I ever need help I know who to contact"

\* Carer view

not available

\* What worked well

n/a

\* What did not work well

n/a

\* Other notes

Simon not willing to engage as he believes he is not mentally ill.

Discussed at EIS referral and case meeting and case closed.

To be referred again if EIP is required and within 3 years

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Originator Details: 26 Feb 2016 17:35 Goodie Adama Nursing

Originally Entered By Details: 26 Feb 2016 17:37 Goodie Adama

Last Amended By Details: 26 Feb 2016 17:37 Goodie Adama

Validated By Details: 26 Feb 2016 17:37 Goodie Adama

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

t/c I made a couple of calls to Simon's mobile this week and this evening and did not get answered. I left him a message that I was back from holiday and wanted to catch up with him.

## Plan

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I will call him again on Monday after lunch time.

---

Originator Details: 10 Feb 2016 15:44 Simon Clark Nursing

Originally Entered By Details: 10 Feb 2016 15:55 Simon Clark

Last Amended By Details: 10 Feb 2016 16:35 Simon Clark

Validated By Details: 10 Feb 2016 16:35 Simon Clark

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

Phone conversation with Simon. I explained I had been asked to call him. Simon expressed unhappiness about the MHA last week and said talked about the s135 warrant being obtained under false pretences and that mental health staff had 'confessed' that he had agreed to allow access to his property, therefore a warrant was not required. I asked Simon about the word confess, as this suggested to me a response to a criminal charge or accusation. Simon gave examples of confessions but it was not possible to explore this further as I could not re-engage Simon on this subject. Simon spoke at length about plans for the future, that he is working hard to help other people. I talked about sometimes we all need help, but Simon said he has a hundred thousand friends and hundreds of family members. I said these sounded like very large numbers and asked how he made so many friends, Simon said through being nice and helpful.

I asked Simon about the records he keeps including recordings of conversations, he said it is like keeping minutes for a meeting. I asked several times if he understood how this could seem to others like the behaviours of someone with paranoid beliefs to but he did not address this.

Simon said that he had been told he is not mentally ill and that staff had cheered this at the MHA review. I tried to explain that mental ill health and health are a continuum and there is not a binary system of sickness vs. health. I tried to explain what I have been told and read that Simon did not meet thresholds for detention un MHA in terms of severity of mental illness or risk of harm to others or himself, but he did not acknowledge this. I told Simon that I thought he hadn't grasped what I was saying but regarding the MHA but he did not continue the conversation with this topic. I also said that our conversation has seemed tangential at times, Simon changing from one subject to another. He said that was to make the conversation varied.

I asked if he needed any help, he said he needed space to work, but did not want weekly assessments from mental health services, and that he'd previously agreed to the appointment today but after thinking about it, decided he didn't want to attend. Simon agreed that I can call him from time to time, but did not want to meet with me when I offered. He said he would call me if he feels he needs help in future. I asked Simon to consider having a low threshold for asking for help and not to let things get very bad if he feels he would like to contact me.

Although the content of Simon's speech was not bizarre, it did appear that he expressed paranoid thoughts at times, in addition to his behaviour of recording and monitoring of others. Simon made a clear view that he did not wish to have continued engagement with mental health services and it is my view that he has the capacity to make this decision. I will discuss the case with the clinical team and other staff/managers as appropriate regarding future action from mental health services and the EIP team in particular

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Originator Details: 10 Feb 2016 14:31 Mukesh Kripalani Medical  
 Originally Entered By Details: 10 Feb 2016 14:35 Mukesh Kripalani  
 Last Amended By Details: 11 Feb 2016 16:07 Mukesh Kripalani  
 Validated By Details: 11 Feb 2016 16:07 Mukesh Kripalani  
 Significant: Yes Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Yes  
 Patient cancelled the appointment today.

The latest AMHP report states in point 4 that there was no evidence of mental disorder during the assessment.

Simon Clark (team manager) will make contact and if the client is unwilling to see services and given the AMHP report and his mother able to request support for the client when needed, a decision for discharge could be considered following the phone call, if client has capacity to refuse intervention from services.

Client seems unlikely to engage unless under the auspices of the Mental Health act or under the criminal justice route.

---

Originator Details: 08 Feb 2016 12:49 Amal Pomphrey Nursing  
 Originally Entered By Details: 08 Feb 2016 12:49 Amal Pomphrey  
 Last Amended By Details: 08 Feb 2016 12:49 Amal Pomphrey  
 Validated By Details: 08 Feb 2016 12:49 Amal Pomphrey  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed

From: Pomphrey Amal  
Sent: 08 February 2016 12:49  
To: Quadri Bola  
Cc: Clark Simon; Kripalani Mukesh; Benyure George  
Subject: RE: Simon CORDELL

Spoke to Mark Aldwinckle Acting Police Sergeant 474YE will be attending SOVA meeting this Thursday at 1pm.

Tel; 0208 345 1146

Thanks,

Amal Pomphrey

---

Originator Details: 08 Feb 2016 12:41 Amal Pomphrey Nursing  
Originally Entered By Details: 08 Feb 2016 12:42 Amal Pomphrey  
Last Amended By Details: 08 Feb 2016 12:42 Amal Pomphrey  
Validated By Details: 08 Feb 2016 12:42 Amal Pomphrey  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed



From: Quadri Bola  
 Sent: 04 February 2016 10:28  
 To: Pomphrey Amal; Adama Goodie  
 Cc: Benyure George  
 Subject: Re: S.C - 11214451

Dear Amal / Goodie

I am writing in respect of your above patient who has been causing a lot of distress for my patient " D. A " 1009639, who lives on top of his flat.

S.C's behaviour and concerns about his mental state triggered the referral to your service.

There is on-going SOVA in respect of S.C's threatening and aggressive behaviour towards D.A and her Support workers, this is in addition to constant barking by his dog which has made it difficult for D.A to live in peace at the accommodation.

S.C has expressed paranoid thoughts that he was being stalked by D.A each time she moves around in her flat.

D.A stated she has become a prisoner in her home due to the fear of being attacked by S.C who was alleged in the past to have waited for her under the communal landing while she was leaving her flat, fortunately her Support worker heard her scream and rushed in following which S.C went back to his flat.

S.C was reported recently to have been verbally aggressive and threatening towards D.A's Support worker from Hospitalier with his dog in which they now feel unsafe to visit D.A at home

Enfield homes Anti-social behaviour Officer is currently involved with the case and during D.A's last SOVA meeting, there was a plan for a Management transfer, but I understand that this will take a long time to happen.

D.A is living in constant fear of S.C due to his aggressive and threatening behaviour towards her and she will not go out alone or attend clinic appointments unless accompanied by her Support worker from Hospitalier.

I'm wondering whether there is a treatment plan put in place for S.C in managing the risks he poses as I understand he can mask his presentation when meeting with professionals and he was deemed not detainable under the MHAA yesterday.

Is it possible for either you or representative to attend the SOVA Case Conference meeting next week " 11th February 2016 @ 13.00hrs " Silver Street, the Anti-social Behaviour Officer for the area will also be present, we need to discuss and formulate a plan regarding the risks S.C poses to D.A as there are concerns that he may cause actual physical harm to D.A if his behaviour continues unchecked.

Regards

**Bola Quadri**

---

**Care-coordinator / CPN / Nurse Prescriber/ Psychosis Service Line**

Originator Details: 08 Feb 2016 12:34 Elsy Duncan Social Worker  
 Originally Entered By Details: 08 Feb 2016 12:35 Elsy Duncan  
 Last Amended By Details: 08 Feb 2016 12:35 Elsy Duncan  
 Validated By Details: 08 Feb 2016 12:35 Elsy Duncan  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed

COPY OF EMAIL FROM PC MARK ALDWINCKLE

Elsy,

As discussed, I would appreciate an update after the safeguarding meeting. If they would like one of us to attend we may be able to swing it as are in on 11th.

Regards,

**Mark Aldwinckle | Acting Police Sergeant 474YE | Metropolitan Police Service  
Neighbourhood Policing Team - Enfield and North Cluster - Enfield Highway  
Internal: 721146 | Tel: 0208 3451146 | Email: mark.aldwinckle@met.pnn.police.uk  
Address: Enfield Police Station, 41 Baker Street, Enfield, EN1 3EU**

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Originator Details: 08 Feb 2016 11:58 Elsy Duncan Social Worker  
Originally Entered By Details: 08 Feb 2016 12:00 Elsy Duncan  
Last Amended By Details: 08 Feb 2016 12:00 Elsy Duncan  
Validated By Details: 08 Feb 2016 12:00 Elsy Duncan  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
T/C from PC Mark Aldwick 0208 345 1124 rang requesting information/UPDATE about Simon Cordell " case.

Rang Care Coordinator/ CPN Amal Pomphrey East Enfield Lucas House 0208 7023100 Amal informed me that there is a Strategy meeting arranged for the 11-02-2016 to discuss the allegation about harassment. Amal said that she is able to update the police officer with this case following the SECTION 42 ENQUIRY.

Rang Marck 0208 3451124 agreed that he will be sending an email to me with his request, so CC Amal can update him after the Section 42 Enquiry meeting.

---

Originator Details: 04 Feb 2016 15:08 Amal Pomphrey Nursing  
Originally Entered By Details: 04 Feb 2016 15:09 Amal Pomphrey  
Last Amended By Details: 04 Feb 2016 15:09 Amal Pomphrey  
Validated By Details: 04 Feb 2016 15:09 Amal Pomphrey  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Enfield EIS

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Appointment letter sent for Friday 12th Feb at 9.30am.

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Originator Details: 03 Feb 2016 10:40 Samuel Curtis Social Worker  
Originally Entered By Details: 04 Feb 2016 09:41 Samuel Curtis  
Last Amended By Details: 09 Feb 2016 14:18 Samuel Curtis  
Validated By Details: 09 Feb 2016 14:18 Samuel Curtis  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed



## Retrospective Entry

Entry Sam Curtis, Forensic Social Worker

Outline report. Initial entry on 03.02.16. Updated on 09.02.16.

I carried out a Mental Health Act for Simon at around 10:40hrs on 03.02.16. Dr Al-Allaq (independent s12 Doctor), Dr Albazaz (independent s12 Doctor), CJ and Nellie (HTT workers), Amal (Community Mental Health Nurse based at Enfield Early Intervention Team) all attended. A s135(1) warrant was obtained but not executed as Simon gave access. A lock smith was present but there services were not required as Simon 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. Simon was expecting the assessment. He was appropriately groomed and dressed. He had put his dog in the garden. Simon 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. Simon did change the 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 an 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 asbo.

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.

I did not feel that there was sufficient evidence of mental illness on the day of the assessment to detain Simon under the Mental Health Act. Neither Doctor made medical recommendations. Simon agreed to attend an outpatient appointment with the Early Intervention Team psychiatrist.

SSM1 report to follow.

---

Originator Details: 02 Feb 2016 21:08 Annette Tumalu Nursing  
 Originally Entered By Details: 02 Feb 2016 21:10 Annette Tumalu  
 Last Amended By Details: 03 Feb 2016 22:12 Annette Tumalu  
 Validated By Details: 03 Feb 2016 22:12 Annette Tumalu  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 ECRHTT

Assessment With Beatrice:

T/C from Margaret AMPH, MHAA at 10:00AM, HTT satf to atend;

**Please call AMPH in the morning to corfirm the meeting address below.**

**Rendezvous point: \*\*\*\*\* Shaftesbury Avenue and Green Street\*\*\***

---

Originator Details: 02 Feb 2016 18:19 Mrs Bibi Eatally Nursing  
 Originally Entered By Details: 02 Feb 2016 18:21 Mrs Bibi Eatally  
 Last Amended By Details: 02 Feb 2016 18:21 Mrs Bibi Eatally  
 Validated By Details: 02 Feb 2016 18:21 Mrs Bibi Eatally  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed

#### Bed Management

Phone call received form Enfield Duty AMHP Maggie requesting for bed. Warrant Sec135(1) to be executed tomorrow morning @ 10.00am . His name is on the bed Management board

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Originator Details: 02 Feb 2016 17:51 Margaret Garrod Social Worker  
Originally Entered By Details: 02 Feb 2016 17:57 Margaret Garrod  
Last Amended By Details: 02 Feb 2016 17:57 Margaret Garrod  
Validated By Details: 02 Feb 2016 17:57 Margaret Garrod  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Simon rang the AMHP office and it seems following a discussion and he needs confirmation of the evidence that he is less well as this was not his impression from is care co-ordinator. He may agree to allow access.

---

Originator Details: 02 Feb 2016 17:23 Margaret Garrod Social Worker  
Originally Entered By Details: 02 Feb 2016 17:25 Margaret Garrod  
Last Amended By Details: 02 Feb 2016 17:45 Margaret Garrod  
Validated By Details: 02 Feb 2016 17:36 Margaret Garrod  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Enfield AMHP Service - **Mental Health Act assessment details:**

Date: 3rd Feb 2016

Time: 10.00

Rendezvous point: \*\*\*\*\* Shaftesbury Avenue and Green Street\*\*\*

AMHP: Sam Curtis Mob 0208 702 6108

1st Doctor: Dr Al\_Allaq Mob: 07950 558455

2nd Doctor: Dr Albazaz Mob: 07726 334034

Second/co-Worker: Amal Pomphrey Mob:0208 702 3134

Estate officer Dawn Allen Mob:07506 287 139

Locksmith: With Dawn Allen

HTT: Yes aware of RVPoint

NR:Parents Tel/mob: Father Ben 07415 388 734 Mother Lorraine 0208 245 7454

Bed Manager aware? 0208 702 5550: Yes Aware

\*Ambulance: PSS Ref: Not yet booked

S135 Warrant +

Police Safer Neighbourhood team SGT Mark Auldwinkle 0208 345 1124

Please tell them of Rendezvous Point and request they bring

**Bite Back Spray for the dog**

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Originator Details: 02 Feb 2016 15:07 Amal Pomphrey Nursing  
Originally Entered By Details: 02 Feb 2016 15:07 Amal Pomphrey  
Last Amended By Details: 02 Feb 2016 15:07 Amal Pomphrey  
Validated By Details: 02 Feb 2016 15:07 Amal Pomphrey  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

**From:** Pomphrey Amal  
**Sent:** 02 February 2016 15:07  
**To:** Muschett Sandra; Antao Marie  
**Cc:** Clark Simon; Kripalani Mukesh; Morgan Debbie; Curtis Sam  
**Subject:** RE: Telephone Message  
**Importance:** High

Dear all,

He told me to take notes, told me to take down the time and date of our call.

I have had a very irate call from Simon Cordell. He says that he has been informed by his mother that a warrant has been granted to access his flat. He says the mother received a call from someone earlier today to inform her and she has told Simon.

Extremely unhappy, says he is going to come here with his solicitor - took down our address. Says he has always said he would see me (this is true). Although refused me, the doc and AMHP access the other week.

Demanding I find out the nature of the warrant and what do I know about it. Asking to see me this afternoon. He wants a call back in half an hour.

He is due for a MHA assessment tomorrow at 10am. Police are coming.

The mother has clearly disclosed details of the assessment tomorrow to Simon. We are going to walk into a very hostile situation.

I believe he may have CCTV cameras outside his flat facing the street as he mentioned to me previously that he saw someone sitting in their car (although this could be part of his paranoia).

He does have CCTV in the entrance hallway.

Could the police/assessing team please forewarned. Maybe we need to meet around the corner rather than park outside his flat.

Thanks,

Amal Pomphrey

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Originator Details: 02 Feb 2016 09:49 Sandra Muschett Social Worker  
Originally Entered By Details: 02 Feb 2016 09:50 Sandra Muschett  
Last Amended By Details: 02 Feb 2016 09:50 Sandra Muschett  
Validated By Details: 02 Feb 2016 09:50 Sandra Muschett  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

Email sent,  
Dear Jackie,

Thanks for your email regarding the above mental health act assessment which is scheduled to take place on 03/02/2016 at 10.00am.

Could you confirm that a locksmith will be present to secure the property?

The Approved Mental Health Act Professional (AMHP) will be Sam Curtis and his mobile number is 0208 702 6108 and this is a NHS Trust mobile number.

If you have any concerns please do not hesitate to contact me.

Regards

Sandra Muschett

Email received from Jackie Gubby - housing

Hi Louise

Simon Cordell Burncroft Ave

Have you been liaising with Anthony Manning on this one, can you advise on the force entry with Police presence. I understand that he has an internal metal gate installed. Looks like we have a date for the 03/02/2016 at 10am

Thank you

Jackie

Jackie

Jackie Gubby

Housing Manager

---

Originator Details: 01 Feb 2016 11:14 Hashi Nath Social Worker  
Originally Entered By Details: 01 Feb 2016 11:44 Hashi Nath  
Last Amended By Details: 05 Feb 2016 15:48 Hashi Nath  
Validated By Details: 01 Feb 2016 12:41 Hashi Nath  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Enfield AMHP office

Enfield AMHP office

T/C to Housing Officers Dawn Allan and Jackie Gubby â€œ 0208 375 8131 â€œ no answer. A message has been left for both officers to return my call.

T/C to Civic Centre to Housing estate to inform them of the MHAA for SC 3/2/16 @ 10am. Informed by admin that the line was busy and try to contact another number 0208 379 1327.

T/C using 8379 1327 which goes through to Civic Centre and not directly to Housing services.

A email has been sent to Dawn and Jackie and cc to Sandra .

---

Originator Details: 27 Jan 2016 16:04 Hugh Briscoe Social Worker  
Originally Entered By Details: 27 Jan 2016 16:07 Hugh Briscoe  
Last Amended By Details: 27 Jan 2016 16:33 Hugh Briscoe  
Validated By Details: 27 Jan 2016 16:33 Hugh Briscoe  
Significant: No Added to Risk History: No  
Contains Third Party Info: Yes Conceal From Client: Not Concealed



mha asmt set up for 10.00 on wednesday 3/2/16, at clients home address.

police snt to attend.

warrant available at amhp office.

s.12 dr al allaq & s.12 dr al bazaz to attend.

care coordinator made aware of plan and agreed to attend.

door code to block 0123.

according to sandra`s note dated 21/1, simons mother has agreed to look after dog "lady".

i spoke to mother on 020 8245 7454. she said she would be willing and able to care for dog, if simon goes into hospital.

she indicated very strongly that she believes simon is being harrassed by his upstairs neighbour, who she said has mental health problems. she said also that simon (and the whole family) have been harrassed by police for the last 20 years. she said simon suffers from stress that is exacerbated by neighbour and police actions.

i advised she speaks to cc amal regarding her concerns. she said simon is happy to engage with amal and eis. i advised of details for mha asmt so that she can be available - she said she would care for dog if simon admitted.

i advised she does not tell simon of the mha asmt plan, in case he decides to avoid seeing staff. i was not certain from her approach that she would adhere to this advice. she warned that police attending simon`s home would cause uproar.

to do:

- confirm locksmith availability via lne council jackie gubby 020 8375 8131 - message left on her answer phone.

- bed manager to be alerted.

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Originator Details: 27 Jan 2016 15:22 Hugh Briscoe Social Worker

Originally Entered By Details: 27 Jan 2016 15:30 Hugh Briscoe

Last Amended By Details: 27 Jan 2016 16:04 Hugh Briscoe

Validated By Details: 27 Jan 2016 16:04 Hugh Briscoe

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

call received from safer neighbourhood team (snt) sgt mark aldwinckle 020 8345 1124. he said police snt not available until wed 3/2/16. in discussion, we agreed that although mha asmt needs to be carried out as soon as possible, there does not seem to be anything which is escalating any risk presented by simon, at this time. we agreed that given police snt knowledge of client and ongoing quite frequent contact with him, it would be useful to have local snt staff attend to assist on the occasion of this mha asmt - rather than other police officers who are not familiar with him.

we discussed issue that simon has a dog, and that it would be possible for him to use dog as a threat against staff wishing to enter his property. sgt aldwinckle said police would equip with "bite back" spray, which they may use to calm threatening dogs.

we agreed 10.00 on wednesday 3/2/16, as date for mha asmt to set up.

---

Originator Details: 27 Jan 2016 09:49 Hugh Briscoe Social Worker

Originally Entered By Details: 27 Jan 2016 10:09 Hugh Briscoe

Last Amended By Details: 27 Jan 2016 10:09 Hugh Briscoe

Validated By Details: 27 Jan 2016 10:09 Hugh Briscoe

Significant: No Added to Risk History: No

Contains Third Party Info: No Conceal From Client: Not Concealed

amhp service sent risk asmt and court report to police on 26/1.

amhp has also received email from amal raising further concern and asking amhp service to escalate matter of arranging mha asmt.

10.00 - i spoke with pc james flesher enfield highway snt 020 8721 2903 and explained further concerns as outlined in amal's email from yesterday. he said the responsible snt officer sgt mark aldwinckle is due in at 14.00 and he will attend to the matter of identifying police availability, and contact amhp service - number provided.

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Originator Details: 26 Jan 2016 16:26 Amal Pomphrey Nursing  
 Originally Entered By Details: 26 Jan 2016 16:27 Amal Pomphrey  
 Last Amended By Details: 26 Jan 2016 16:27 Amal Pomphrey  
 Validated By Details: 26 Jan 2016 16:27 Amal Pomphrey  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed

In addition Simon said that he would be happy to meet with me to show me recordings and data. He does not want doctors or the police visiting.

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Originator Details: 26 Jan 2016 16:09 Amal Pomphrey Nursing  
 Originally Entered By Details: 26 Jan 2016 16:13 Amal Pomphrey  
 Last Amended By Details: 26 Jan 2016 16:23 Amal Pomphrey  
 Validated By Details: 26 Jan 2016 16:23 Amal Pomphrey  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 Message received to call Simon.

Called Simon on his mobile. Asks after my welfare.

He went on to say that a PC Steve E and Steve from the civic are in collaboration. He has had a call from Louise Brown (he asked me write down her name) making threats to get the MH team out to see him.

Says his neighbour is victimizing him. Doesn't want the police or MH team visiting him to say he has anxiety.

He spoke of writing constitutions, he has incriminating evidence. He has things in black and white that are being used against him.

He was pressured, thought disordered and difficult to follow. He again mentioned HIV but could i not make any sense of what he was saying as it was ramblous.

I have spoken with the AMHP office and i understand a warrant has been granted and a police risk assessment has been forwarded to the police along with the warrant and a date is now being awaited.

I shall email AMHP office to alert them to my conversation today.

---

Originator Details: 26 Jan 2016 14:36 Mr Anthony Manning Social Worker - Social Worker  
 Originally Entered By Details: 26 Jan 2016 14:38 Mr Anthony Manning  
 Last Amended By Details: 26 Jan 2016 14:38 Mr Anthony Manning  
 Validated By Details: 26 Jan 2016 14:38 Mr Anthony Manning  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 telephone contact with housing, the housing officer are Jackie Gubby and Dawn Allan 02083758131.

Dawn will need to know when the assessment is planned and they can arrange a lock smith.

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Originator Details: 22 Jan 2016 13:55 Amal Pomphrey Nursing  
 Originally Entered By Details: 22 Jan 2016 13:57 Amal Pomphrey  
 Last Amended By Details: 22 Jan 2016 13:57 Amal Pomphrey  
 Validated By Details: 22 Jan 2016 13:57 Amal Pomphrey  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed



**From:** Pomphrey Amal  
**Sent:** 22 January 2016 13:55  
**To:** Muschett Sandra  
**Cc:** Clark Simon  
**Subject:** RE: Telephone Message

I have had a very lengthy conversation with Simon.

He starts quite calm however soon descends into a conversation in that he feels persecuted and paranoid against the police, the govt. and his upstairs neighbour. He was tangential, thought disordered, grandiose and difficult to follow at times. Quoting parts of various acts and reading out letters.

Asked me what are my objectives? Who visited, the names? Concerned that the police may be coming. Who referred me to you? I haven't seen my GP for ages.

Says he has showed Goodie the true facts and he has official documents to say he has been set up by the police.

Says he has been arrested 60 times, he has all the papers. His appeal is in 2/52. He went on talk about a relationship he had and 8/12 into that relationship the woman said she had an internal problem, the clinic said she had an external problem. Said the clinic was watching him. He went on to say that he attended a sexual health clinic on the 8.5.2015 and received a letter to say he had anti-bodies and he shouldn't have sex with anyone. Says that the neighbour eavesdrops saying he has HIV and Hep B. Im really unclear about this, whether he has HIV or Hep B or this is part of his mental health problem.

Says that he is building a website and charity and educating others.

Police setting him up.

He spoke about his upstairs neighbour at length, says she is an alcoholic and has LD. Under a MH team. Says she stalks him and has written him letters. She bangs on the taps, he has digi recorded her. Neighbour can hear his friends in the flat and follows them upstairs and bangs on the taps. He has been recording her. 3 days ago says that she flooded his flat, he undone the knot on the radiator. She is trying to destroy his life. It's been going on in total for 400 days. Neighbour is deliberately ruining his property. Says neighbour needs to be analysed as does her network. He could do a citizen arrest.

Thanks,

Amal Pomphrey

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Originator Details: 22 Jan 2016 13:33 Sandra Muschett Social Worker  
Originally Entered By Details: 22 Jan 2016 13:37 Sandra Muschett  
Last Amended By Details: 22 Jan 2016 13:37 Sandra Muschett  
Validated By Details: 22 Jan 2016 13:37 Sandra Muschett  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

## ENFIELD AMHP MENTAL HEALTH ACT SERVICE

Dr Al-Allaq, Amal (EIS) and I visited Simon's home for the purpose of undertaking a Mental Health Act assessment. Simon was very angry that we had attended unannounced stating that when I last visited I did not say I would come back and that he felt he was forming a good working relationship with the team. He went on to say that he has been targeted by the police who are stopping him from working. He described organising several illegal Raves which the police shut down. He presented as manic with pressure of speech but when Dr Al-Allaq questioned him about this, he started talking slower stating that we were busy people so he was talking fast to get all the information out. He said that the police have arrested him over 1,000 times and that he is on a 10 year curfew to not leave the house after 8.00pm. He has insulted CCTV cameras outside the house and stated that he is recording our visit and will make a formal complaint and take it higher. He said that he has lost thousands of pounds in earnings due to police harassment. He said that the police have contacted the DVLA who are monitoring him. He said he has files and files of information which proves that he is being harassed and monitored by the police. He gave an account of going to court about this and has documents that prove he is being harassed and targeted by the police. He said that he has been to see a psychologist in the East Community Support and Recovery Team and that the psychiatrist said he is not mentally well. Simon refused to allow the assessing team into his property stating that we have to send him an appointment letter. He said he is recording us on CCTV and will have evidence of our conversation.

Simon presented as paranoid, suspicious, and grandiose with flights of ideas, clear evidence that he is suffering from a mental disorder.

## Plan

Obtain a Section 135 (1) warrant to enable us to gain police assistance to enter his property for the purpose of carrying out a Mental Health Act assessment (1983).

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Originator Details: 22 Jan 2016 12:58 Amal Pomphrey Nursing  
 Originally Entered By Details: 22 Jan 2016 12:58 Amal Pomphrey  
 Last Amended By Details: 22 Jan 2016 12:58 Amal Pomphrey  
 Validated By Details: 22 Jan 2016 12:58 Amal Pomphrey  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
**From:** Khatun Tahera  
**Sent:** 22 January 2016 12:41  
**To:** Pomphrey Amal  
**Subject:** Telephone Message

Simon Cordell had called raising concerns regarding an unannounced visit with two females and one male today.

He felt very threatened and intimidated and would like to make a complaint about this incident.

I mentioned that you will be calling him after your assessment this afternoon and record the conversation.

I told him that we are a service to support him and not making him any other way.

If you can please kindly give him a call back on

0208 245 7454

Thank you

**Tahera Khatun**


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Originator Details: 21 Jan 2016 18:04 Shiwajee Rama Nursing  
 Originally Entered By Details: 21 Jan 2016 18:05 Shiwajee Rama  
 Last Amended By Details: 21 Jan 2016 18:05 Shiwajee Rama  
 Validated By Details: 21 Jan 2016 18:05 Shiwajee Rama  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
Bed Management

---

Call from Enfield AMHP office of MHAA arranged for 22.01.2016 at 11am.

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Originator Details: 21 Jan 2016 11:28 Monowara Ahmed Social Worker  
 Originally Entered By Details: 21 Jan 2016 11:39 Monowara Ahmed  
 Last Amended By Details: 21 Jan 2016 16:37 Monowara Ahmed  
 Validated By Details: 21 Jan 2016 16:37 Monowara Ahmed  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
**ENFIELD AMHP SERVICE**

Entry by Monowara Ahmed (duty amhp).

Received a request for MHA assessment from the EIS.

- Arranged the assessment tomorrow 22nd January at 11 am.
- Dr Ali Al-Allaque and Dr Al Bazaz Section 12 approved Dr are attending.
- HTT - informed spoke with Sharon the Admin she took the referral, however, the duty AMHP would need to contact the HTT tomorrow morning to confirm which staff is attending from the HTT.
- Amal from the EIS is attending as a second worker.
- Bed manager Raj is informed for the bed.
- Ambulance/PSS booked for 11.30 am, the CAD number is 1839

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Originator Details: 21 Jan 2016 10:10 Sandra Muschett Social Worker  
 Originally Entered By Details: 21 Jan 2016 10:14 Sandra Muschett  
 Last Amended By Details: 21 Jan 2016 10:39 Sandra Muschett  
 Validated By Details: 21 Jan 2016 10:39 Sandra Muschett  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
**ENFIELD MENTAL HEALTH AMHP SERVICE**

Please note that Simon has a dog called Lady so arrangements will need to be put in place to ensure that the dog is cared for.

The building has a code which his mother has details of - so contact her first.

T/c to Loraine Cordell mother on 0208 245 7454 and had a long conversation. Loraine said that Simon has been unwell for many years and was assessed in 2014 but not detained. She said that his fixation with the police is factual as he has been harassed for many years. He has a history of attempted suicide when he was in young offender's prison when he was 16 years old and had to be moved to a high secure unit. Loraine said that Simon is not eating, poor self-care and is not going out. He uses cannabis and has a history of using LSD. Loraine does not object to him being detained but does not want he to know that she has been talking to us.

Door Code: 0123

Lorraine has agreed to look after Lady if Simon is detained.

PLAN

Mental Health Act assessment to be arranged for 22/01/2016

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Originator Details: 19 Jan 2016 14:16 Goodie Adama Nursing  
 Originally Entered By Details: 19 Jan 2016 14:17 Goodie Adama  
 Last Amended By Details: 20 Jan 2016 01:04 Goodie Adama  
 Validated By Details: 20 Jan 2016 01:04 Goodie Adama  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
**Unannounced home visit with Sandra, Senior Practitioner / AMHP**

Seen at on 19/1/2016 with Sandra Muschett, Snr Pract. He appeared paranoid about people, police especially and had grandiose delusions. Not eating well. No apparent evidence of self-harm or harm to others. No suicidal thoughts.

Simon has installed CCTV at his front door and inside his flat.

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**Action â€“ referred for MHA assessment â€“ Sandra accepted referral**

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Originator Details: 19 Jan 2016 12:16 Goodie Adama Nursing  
 Originally Entered By Details: 19 Jan 2016 14:16 Goodie Adama  
 Last Amended By Details: 20 Jan 2016 01:03 Goodie Adama  
 Validated By Details: 20 Jan 2016 01:03 Goodie Adama  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 t/c to Simon and there was no answer

---

**plan - I will arrange an unannounced visit this afternoon**

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Originator Details: 15 Jan 2016 16:56 Goodie Adama Nursing  
 Originally Entered By Details: 15 Jan 2016 16:58 Goodie Adama  
 Last Amended By Details: 20 Jan 2016 01:02 Goodie Adama  
 Validated By Details: 20 Jan 2016 01:02 Goodie Adama  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 Simon rang reception to make enquiries about his referral. I was called to take the call and I spoke with Simon.

He wanted to know why he has been referred to mental health services

I read to him the referral letter from his GP and he seemed to have understood and accepted my response.

Simon explained his circumstances i.e repeated all that has been documented on RiO already regarding the police and him

He appeared quite satisfied talking to me and agreed to a home visit on Monday at / after mid-day

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Originator Details: 15 Jan 2016 16:36 Goodie Adama Nursing  
 Originally Entered By Details: 15 Jan 2016 16:37 Goodie Adama  
 Last Amended By Details: 20 Jan 2016 00:57 Goodie Adama  
 Validated By Details: 20 Jan 2016 00:57 Goodie Adama  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 t/c to Simon to arrange meeting and there was no answer.

**Plan**

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**call again on Monday and discuss him on Tuesday at EIS referral meeting.**

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Originator Details: 14 Jan 2016 16:34 Goodie Adama Nursing  
 Originally Entered By Details: 15 Jan 2016 16:35 Goodie Adama  
 Last Amended By Details: 16 Jan 2016 00:47 Goodie Adama  
 Validated By Details: 16 Jan 2016 00:47 Goodie Adama  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 t/c to Simon and his mobile was not answered.

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Originator Details: 13 Jan 2016 10:43 Goodie Adama Nursing  
Originally Entered By Details: 13 Jan 2016 10:52 Goodie Adama  
Last Amended By Details: 13 Jan 2016 10:52 Goodie Adama  
Validated By Details: 13 Jan 2016 10:52 Goodie Adama  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

t/c I spoke with Simon this morning; it appeared I woke him up from sleep as he sounded sleepy. He was able to hold conversation with me and asked him if it was ok to visit him with colleague who is not a doctor today at 2pm. Simon said that it was not convenient today and asked me to call back tomorrow afternoon to discuss a visit.

---

Originator Details: 13 Jan 2016 10:21 Goodie Adama Nursing  
Originally Entered By Details: 13 Jan 2016 10:43 Goodie Adama  
Last Amended By Details: 13 Jan 2016 10:53 Goodie Adama  
Validated By Details: 13 Jan 2016 10:53 Goodie Adama  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

Sandra, senior social worker / AMHP has offered a joint visit with me to see Simon this afternoon at 2pm.

---

Originator Details: 12 Jan 2016 10:32 Goodie Adama Nursing  
Originally Entered By Details: 13 Jan 2016 10:40 Goodie Adama  
Last Amended By Details: 13 Jan 2016 10:41 Goodie Adama  
Validated By Details: 13 Jan 2016 10:41 Goodie Adama  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

Email: Briefly mentioned Simon to Sandra Muschett, Senior Social Worker / AMHP and requested if a joint home visit would be possible for second opinion.

Sandra said she was not available however offered to discuss him if needed after a visit with EIP colleague.

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Originator Details: 08 Jan 2016 16:21 Goodie Adama Nursing  
Originally Entered By Details: 08 Jan 2016 16:30 Goodie Adama  
Last Amended By Details: 08 Jan 2016 16:30 Goodie Adama  
Validated By Details: 08 Jan 2016 16:30 Goodie Adama  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

t/c I spoke with Simon immediately his mother hang up the phone with me.

Simon appeared polite and pleasant to speak with. He asked me how my Xmas and New Year breaks went. He told me that his went ok. However when I asked "what did Santa bring you" he went completely off tangent and spoke about conspiracies and difficulties with the police. He "rambled" on and appeared to be thought disordered. He also came across a paranoid with delusions about cases, 400 he intends to present to court and win.

He told me that he did not need help. He will only allow me to visit him if I came with a colleague and not a doctor. I agreed and I told him that I will call him again on Monday or Tuesday to give him date and time.

He denied self-harm or harm to others. There was no apparent evidence of suicidal thoughts.

---

Originator Details: 08 Jan 2016 15:00 Goodie Adama Nursing  
Originally Entered By Details: 08 Jan 2016 15:42 Goodie Adama  
Last Amended By Details: 08 Jan 2016 15:51 Goodie Adama  
Validated By Details: 08 Jan 2016 15:51 Goodie Adama  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

I had a telephone conversation with Simon's mother who expressed concerns about him. Mother appeared angry and frustrated that for over a year she has been seeking help for Simon and she has not been heard or listened to. I tried and failed to get what Simon's mother was concerned about. I asked what risks there were and what prompted her to call about Simon today and did not get much from her. It was difficult to speak with her as she was understandably emotional about his son not being helped. There was someone talking over Simon's mother and made the conversation difficult to follow. Mother said she will be taking the matter with his MP and hang up.

---

Originator Details: 05 Jan 2016 11:24 Goodie Adama Nursing  
Originally Entered By Details: 08 Jan 2016 15:30 Goodie Adama  
Last Amended By Details: 08 Jan 2016 15:30 Goodie Adama  
Validated By Details: 08 Jan 2016 15:30 Goodie Adama  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

**EIS case & referral meeting:**

I gave feedback on Simon. I reported that he still remained adamant that he did not require mental health services. However he is happy to speak with me.

Team discussed possible actions -

- cc to speak with GP and find out if they had any concerns
- cc to continue telephone contact with Simon
- discuss Simon again at next meeting

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Originator Details: 31 Dec 2015 14:56 Goodie Adama Nursing  
 Originally Entered By Details: 31 Dec 2015 14:57 Goodie Adama  
 Last Amended By Details: 31 Dec 2015 16:25 Goodie Adama  
 Validated By Details: 31 Dec 2015 16:25 Goodie Adama  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 t/c I rang Simon and wished him Happy New Year and asked him how he was.

He told me that he has been doing well and no problems except that he has a Court case in February to clear his name.

However he told me that he reported a police officer whom he secretly recorded for framing or setting him up. He said at the Highbury Magistrate Court the police officer was found guilty. He said he felt good about that and that he will be claiming compensation. He will also like an apology made through the news [media].

Simon informed me that he has not been going out much - "getting myself locked; i don't feel safe to walk around much" as I got a police officer arrested.

I reminded him of my or EIP offer for help i.e. talk to someone or get practical help if the need arose. Simon was quite polite, thank me for calling and the reminder and wished me and the team a Happy New Year.

**Impression**

Apart from the story about getting a police officer arrested [?delusional?], and is plausible, Simon did not appear to have psychotic symptoms. He spoke clearly, coherently and content was logical. There was no apparent evidence of thought disorder.

He appeared to not mind me calling him. I will call him again after New Year to check how things have moved on.

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Originator Details: 23 Dec 2015 14:01 Goodie Adama Nursing  
 Originally Entered By Details: 23 Dec 2015 14:02 Goodie Adama  
 Last Amended By Details: 31 Dec 2015 14:54 Goodie Adama  
 Validated By Details: 31 Dec 2015 14:54 Goodie Adama  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 t/c I spoke with Simon on **07763 043 933** and ask how he was and he told me that he was doing well. He informed me that he has been gathering necessary information / documentation to help him clear his name. He said he was waiting for the court date. I asked if there was anyway EIP could help him i.e. practical things etc. to assist him in his case. Simon thanked me for the offer and said that he was fine and did not need it.

---

Originator Details: 23 Dec 2015 13:54 Goodie Adama Nursing  
 Originally Entered By Details: 23 Dec 2015 14:01 Goodie Adama  
 Last Amended By Details: 31 Dec 2015 14:53 Goodie Adama  
 Validated By Details: 31 Dec 2015 14:53 Goodie Adama  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 t/c my first call went to mother's mobile and she could not speak because she said she was driving. Mother said she will call me back when convenient.

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Originator Details: 10 Dec 2015 14:42 Goodie Adama Nursing  
Originally Entered By Details: 10 Dec 2015 14:48 Goodie Adama  
Last Amended By Details: 11 Dec 2015 14:43 Goodie Adama  
Validated By Details: 11 Dec 2015 14:43 Goodie Adama  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
t/c I spoke with Simon at length and his final decision was that he was not interested in meeting me or having help from the mental health services.

Simon told me he was not mentally ill and did not need help. He then went on to tell me about all the problems he had or still has with the police. He said that he simply wants to clear his name and that "the truth will set me free"

His speech appeared pressure and went from topic to topic without ending one topic. He appeared to have an aggressive tone and on the other hand he appeared apologetic about refusing help.

My impression is that Simon will not co-operative with assessment and treatment in the community. There was touch of delusions or rather exaggeration to his claims about being "victimised". There are information on the net about his arrest and being placed on ASBO.

I will discuss his case at EIS case & referral meeting on Tuesday

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Originator Details: 10 Dec 2015 10:38 Goodie Adama Nursing  
Originally Entered By Details: 10 Dec 2015 10:45 Goodie Adama  
Last Amended By Details: 10 Dec 2015 10:45 Goodie Adama  
Validated By Details: 10 Dec 2015 10:45 Goodie Adama  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
t/c I rang 07961 833 021 to speak with Simon and a female answered and told me that she was his mother. She told me also that Simon was still in bed and will be upset if woken up.

I told her who I was and the team. She recognised the team immediately and willingly gave me Simon's mobile number 07763 043 933

#### Plan

Goodie to call Simon from 12pm and arrange and assessment.

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Originator Details: 09 Dec 2015 14:35 Dr Jane Cushion Medical  
Originally Entered By Details: 09 Dec 2015 14:37 Dr Jane Cushion  
Last Amended By Details: 09 Dec 2015 14:37 Dr Jane Cushion  
Validated By Details: 09 Dec 2015 14:37 Dr Jane Cushion  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
EAS

Simon Clark has notified Goodie who is managing EIS referrals this week

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Originator Details: 09 Dec 2015 10:58 Linda Scott Administrative  
Originally Entered By Details: 09 Dec 2015 10:59 Linda Scott  
Last Amended By Details: 09 Dec 2015 12:09 Linda Scott  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Assessment letter sent to the GP via email. Dr Cushion advised that she would close the referral once the EIS had taken over this patient's care.

Your message has been delivered to the following recipients:

Surgery Nightingale House (NHS ENFIELD CCG)

Subject: Mr Simon P CORDELL - D.O.B.: 26 Jan 1981 - NHS: 434 096 1671

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Originator Details: 08 Dec 2015 17:51 Mr Jameson Simwanza Social Worker  
Originally Entered By Details: 08 Dec 2015 17:54 Mr Jameson Simwanza  
Last Amended By Details: 08 Dec 2015 19:10 Mr Jameson Simwanza  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

EAS/ECRHTT entry;

Joint assessment conducted together with Dr Cushion from the Enfield Assessment Services at patients home.

We could not gain entry to his flat and therefore we had to make a telephone call to his mother who we asked to give us a code for access to communal door of the property. Same given as **0123**. His mother's is called Lorraine and her phone number is **02082457454**.

Upon knocking on the door to his flat there was fierce barking of his dog from the flat. He was suspicious of people knocking on the door and asked, "Who are you?"

We calmly introduced ourselves and called out purpose for our attendance. We then asked him to put his dog away and let us in. He complied without any issues.

The front door was secured with a heavy-duty metal door and as soon as he opened the door, he instantly bombarded us with volumes of information, about who he is, he talked about what the police have done to him, explained what his neighbour is doing to him (following him about) and what he is doing to clear his name regarding his assumed criminal or police records.

This pattern continued even when we sat down to interview him. He would not allow continuous flow of conversation; he had rapid speech, he was disruptive and jumping topics. He had many volumes of files to refer to and try to prove his points and assumed mistreatment by the police and misdiagnosis by the medical professionals. However, he could be interrupted without him becoming angry. He could not facilitate conclusive dialog or interview no matter what method of interviewing we employed. We kept going around the circle without end.

He appeared to be mentally disordered and without understanding of his illness (not insightful). We advised and offered him support for his mental disorders which he declined saying that he is not ill and will not take medication. His mother reported family history of mental illness. His grandmother suffered from schizophrenia. This could be the start of his schizophrenia exacerbated by drug use.

Finally, we had to summarise purpose of our home visit. We told him that we had attended in order to address his **medical** as well as **social** issues:

#### **Medical:**

We told him that after the interview, we felt that he needed support/treatment for his mental disorders. We explained and offered him home treatment which he declined. I do not think that he would engage with the HTT.

If he continues to take drugs he will continue to deteriorate in mental state and being paranoid about harm to him from others including the police and neighbours

#### **Social issues:**

A 34-year male of mixed race, white-black (mother is white and father is black). He was known to CAMHS as a child. He accessed mental health services in 2008, 2012, 2013, 2014 and this year with no records of previous admission. He admits to using skunk cannabis daily supplied by people. He pays for drug supply with his benefits' money and support from his mother. A well-known person to police.

#### **Relationships.**

Isolated for more than two years, he said. According to Simon; he is not allowed to go out to certain areas by the police and in particular industrial places. He said that he has no friends. However, his mother has regular contact with him. She does his shopping for him.

#### **Activity of daily living.**

He told me that he can cook for himself. I checked that his kitchen was clean and there were some activity of previous cooking. There was food in the fridge.

Although his flat is full of equipment, computers, industrial printers, speakers, and others, his flat is reasonably clean and orderly. His bed room is not too bad either, has makeshift wall robe he made by himself and I could see that an attempt had been made to make the bed after night use.



***Being appropriately clothed.***

Mr Cordell was casually dressed in a truck suit . He was cleanly shaven with no signs of self-neglect

***Accommodation.***

Lives in a one bedroomed flat provided by the council and paid through housing benefits. Denied any rent arrears.

***Finance/employment.***

Unemployed, explained that he is not allowed to venture out by police and hence he cannot go out to look for work.

He said that he is in receipt of state benefits. He told me that he earns around £70 per week EAS and receives housing benefits on top. Mother supports him with money too.

***Social inclusion.***

He does not want to work or go for training. Said that his grandparents left a lot of money for the family. He said, "I am alright"

***Factors having significant impact on Mr Cordwell's wellbeing.***

Mental health and emotional wellbeing; he continues to deteriorate in mental state as currently not under treatment and using skunk cannabis

***Conclusion/impression:***

Mr Cordell is not accepting that he is ill.

He would not engage with the HTT.

Mr Cordell need to be referred to the EIS as showing early signs of psychosis.

A referral for MHA assessment to admit him in hospital for further assessments and treatment would help reduce risk of further deterioration in mental state but Mr Cordell is not deternable in his current mental state.

No immediate social work role for now. The interview did not determin and Mr Cordell could not identify social issues having signification impact on his wellbeing.

***Plan;***

We gave him our 24-hour contact number to phone mental health services if in emergency ( 02087023800).

Originator Details: 08 Dec 2015 16:39 Dr Jane Cushion Medical  
Originally Entered By Details: 08 Dec 2015 16:40 Dr Jane Cushion  
Last Amended By Details: 08 Dec 2015 16:40 Dr Jane Cushion  
Validated By Details: 08 Dec 2015 16:40 Dr Jane Cushion  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Letter to GP to be uploaded in clin docs

cc GP only

Originator Details: 08 Dec 2015 16:14 Dr Jane Cushion Medical  
Originally Entered By Details: 08 Dec 2015 16:15 Dr Jane Cushion  
Last Amended By Details: 08 Dec 2015 16:17 Dr Jane Cushion  
Validated By Details: 08 Dec 2015 16:17 Dr Jane Cushion  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
EAS

Mother has crisis number and is in regular contact with Simon

She confirmed that he has deteriorated gradually in last year, with no self harm in last year she is aware of and no known harm to others

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Originator Details: 08 Dec 2015 15:39 Dr Jane Cushion Medical  
Originally Entered By Details: 08 Dec 2015 15:44 Dr Jane Cushion  
Last Amended By Details: 08 Dec 2015 15:44 Dr Jane Cushion  
Validated By Details: 08 Dec 2015 15:44 Dr Jane Cushion  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
EAS

T/C to Simon's mother , who is his de facto carer:

She said Simon's grandmother ( her mother) had a diagnosis of BPAD and was detained formally multiple times : later her diagnosis was changed to SCZ and she responded well to Clozapine

She is realistic about Simon's potential engagement and aware that things may not progress smoothly.

She is keen to have support for herself and a carer's assessment while Simon is under the care of EIS - I told her about Enfield Carer's Centre

She gave history that that large metal gate has gone up again recently: and that in her view Simon has been deteriorating for the past year.

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Originator Details: 08 Dec 2015 15:30 Samantha Bernard Administrative  
Originally Entered By Details: 08 Dec 2015 15:31 Samantha Bernard  
Last Amended By Details: 08 Dec 2015 15:31 Samantha Bernard  
Validated By Details: 08 Dec 2015 15:31 Samantha Bernard  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
24hour notification letter emailed to GP on behalf of Dr Cushion:

Your message has been delivered to the following recipients:

Surgery Nightingale House (NHS ENFIELD CCG)

Subject: Mr Simon P CORDELL - D.O.B.: 26 Jan 1981 - NHS: 434 096 1671

Sent by Microsoft Exchange Server 2007

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Originator Details: 08 Dec 2015 15:13 Dr Jane Cushion Medical  
Originally Entered By Details: 08 Dec 2015 15:16 Dr Jane Cushion  
Last Amended By Details: 08 Dec 2015 15:16 Dr Jane Cushion  
Validated By Details: 08 Dec 2015 15:16 Dr Jane Cushion  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
EAS

\*PLEASE NOTE\*

Mother is very keen that Simon not know she made the referral to mental health services. Since his father called the HUB they have had no contact . She is Simon's main support at the moment and has concerns that Simon knowing of her involvement would damage this relationship and negatively impact on him.

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Originator Details: 08 Dec 2015 13:26 Dr Jane Cushion Medical  
Originally Entered By Details: 08 Dec 2015 13:26 Dr Jane Cushion  
Last Amended By Details: 08 Dec 2015 14:34 Dr Jane Cushion  
Validated By Details: 08 Dec 2015 14:34 Dr Jane Cushion  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed



EAS

Joint HV with me and Jameson Simwanza SW after sending out letter

From RIO notes

Disrupted childhood: CSE in paedophile ring, violent father, adolescence in care, under CAMHS

2012 - diagnosed with anxiety related to court case for burglary

2014- had MHAA - found not to have major mental illness

2015- 5 y ASBO for organising illegal raves- not allowed to enter industrial or disused premises between 10pm and 7 am

2015- November - mother made referral via HUB- she reports gradual deterioration in mental health over the last year. Simon was angry when his father made contact with the HUB in 2014 and does not want it known she instigated the referral.

Today

Simon consented to be seen and let us in. He was clean, well nourished, well kempt and dressed casually. He put the dog in the back garden.

One bed council flat

There was a massive heavy-duty metal door like that of a prison cell (over 7 feet tall) behind his own front door, which Simon said he's made and installed recently. There were tools lying about on the floor and he has worked in construction in the past. He didn't give us a reason for making the door.

He hasn't gone out for months- mother does all shopping

History from Mr Cordell

Chaotic historian, jumping about topic to topic, but happy to talk especially about his grievances chiefly with the police and the woman upstairs.

He said there is a widespread conspiracy to destroy his good name and possibly ultimately to kill him. This is organised by the police with a policeman in Essex called Big Bad (unheard) as its source, in league with "Storm" a global agency who manage the UK's 999 calls. The police are putting things about him all over the internet (there has been local reporting of his ASBO) and are putting subliminal messages about him through his own TV and other people's.

As part of this, he says they have falsified all his records - the proof of which he gave as a list of CADs (relating to one of the illegal raves he'd arranged) which as they were not written down in sequence of their numbers, could not be a true record and thus in his view proof of a conspiracy.

He said he has evidence on tape of the police talking about him and plotting against him, which he offered to show us, although in fact there were no such sound files on his computer. He couldn't really explain how he'd heard this material.

He was keen to show us other written "evidence" from the police, which were all notes Simon had made in files on his computer.

Simon said the woman in the flat above has been stalking him, is aware of all his movements around the flat, and when he is in the bath, takes off his clothes or on the loo, begins stamping on the floorboards. The history we have is that he made threats to her and she was moved for her own safety: he still feels she is upstairs. Said he had CCTV footage from cameras in his flat of her stalking him - he could not show us any cameras.

Simon got out several boxes of papers which he said related to the conspiracy together with his plan for his own business and his plans for a global charity for children.

The flat was full of equipment for printing and other things. Simon said he had spent "a quarter of a million" on his businesses including 20,000 on each of two printers.

Has thoughts of killing himself "when I eventually clear my name."

FH of Bipolar Disorder /Schizophrenia- grandmother

PPH



From previous notes

-Tried to hang himself at the age of 16 when in a young offenders institution and needed to be resuscitated. He was moved to a high security hospital and kept in seclusion on a number of occasions. He says he was seen regularly by a psychiatrist called Dr Caplin from "the safe project" ( , probably CAMHS.

-He says there was a second occasion where he tried to hang himself when in a cell after he was sentenced

Said attended NMUH A and E 2014 after drinking liquid nitrous oxide with intent to die

Forensic history

Long history police contact from juvenile, mostly connected with driving, theft- ? in prison on remand in past

Smokes 1-2 spliffs most days, no other drugs, alcohol or tobacco

SH

1 bed council flat, no debts, ESA, food in fridge, flat cluttered but clean

MSE

Clean, open manner, engaged well, incongruently cheerful, very polite

Appeared euthymic- did not appear particularly elated: idea of harming self "when name is eventually cleared" but currently has no thoughts of self harm or harming anyone else

Pressure of speech but able to repeatedly interrupt without irritability

Thought disordered: Tangential , circumstantial, preoccupied

Paranoid delusions relating mainly to police and woman upstairs: delusions of reference

His comments about hearing having police talking about him on tapes may be elaboration of auditory hallucinations

No evidence commands or passivity

Insight: articulate : does not think he has a mental health problem: Said he'd had all these problems for the last year, especially in the last few months but felt they were getting worse. He has withdrawn from all social contact except with his mother.

Impression

FEP, possibly with mood element history at least several months

Strengths: Significant part of personality intact at present, was willing to engage with us today

Maternal support

Risks: isolation, self neglect if mother withdraws support, potential risk harm to self but trigger factors not clear ( past self harm attempts as teenager appear to have related to court appearances)

Plan

Declined medication and engagement with CRHTT (as he didn't want to give his story again)

We talked about referral to EIS and my view that he would find seeing someone regularly helpful: he said if I made the referral he would engage- saying he would be too polite to refuse.

He seemed to find our conversation today a relief and thanked us for coming.

I did not feel he would meet criteria for detention today under the MHA and that I would refer for assertive approach from EIS as a more proportionate response.

Referral via email to Simon Clark

Originator Details: 02 Dec 2015 09:20 Dr Jane Cushion Medical  
Originally Entered By Details: 02 Dec 2015 09:21 Dr Jane Cushion  
Last Amended By Details: 02 Dec 2015 09:21 Dr Jane Cushion  
Validated By Details: 02 Dec 2015 09:21 Dr Jane Cushion  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
EAS

Offer HV me and Jameson SW

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Originator Details: 01 Dec 2015 18:29 Angela Hague Nursing  
Originally Entered By Details: 01 Dec 2015 18:30 Angela Hague  
Last Amended By Details: 01 Dec 2015 18:30 Angela Hague  
Validated By Details: 01 Dec 2015 18:30 Angela Hague  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
**NB EIS notified of referral as part of trusts waiting time standard to review the referral.**

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Originator Details: 01 Dec 2015 18:17 Angela Hague Nursing  
Originally Entered By Details: 01 Dec 2015 18:18 Angela Hague  
Last Amended By Details: 01 Dec 2015 18:18 Angela Hague  
Validated By Details: 01 Dec 2015 18:18 Angela Hague  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
**NB Loraine reported that her mother suffered form bi-polar affective disorder and latter schizophrenia late onset during her menopause. Passed away last year August 2014 from cancer believes she had an overdose of chemotherapy.**

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Originator Details: 01 Dec 2015 15:36 Angela Hague Nursing  
Originally Entered By Details: 01 Dec 2015 15:37 Angela Hague  
Last Amended By Details: 01 Dec 2015 18:03 Angela Hague  
Validated By Details: 01 Dec 2015 18:03 Angela Hague  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

Telephoned and spoke to Lorraine. Advised that we will offer an non urgent appointment from EAS. Lorraine reported her concern that we would be tell her son about her reporting her son and that this would damage their relationship for good. Reported that about three years ago she called an ambulance when her son was vomiting and he he is still complaining and talking about it.

Reported that her son has been in trouble with the police since the age of 14 said he was addicted to driving. Many charges and cases over the years. Feels that the police have victimised her son and her other children because they are mixed race. Reported that they are appealing against some of the charges and his name being publicised in the papers which is due in court in February next year.

Lorraine reported that she visits her son almost every day to check on him and make sure he has food in the house. Reported that he is eating but not as regularly as before, some weight loss, has IBS but is drinking well.

Reported that he talks about the TV talking to him and also when they are out when she scratches her head or something he believes that she is sending messages and becomes paranoid that someone will harm him.

Reported that he he has lots of friends but stops no longer goes out with them and also does not have them come round his home. Reported however he does have a scrambling bike that he goes out on and has injured his ankle and wrist but refuses medical attention. Reported that he has been suspicious about doctors since his childhood and having tonsillitis.

Reported that his mood does fluctuate but most days she will get text messages from him talking about killing himself when his name is cleared in next year after the court case, no current plans or intent.

Asked if she believes her son will see professionals if they visit, sais she believes that he will shout but otherwise not aggressive, feels he will agree to be seen as a follow up following his assessment last year. Feels he needs some help and support but uncertain what her son needs.

Whilst talking to Lorraine her mobile phone rang and she spoke to the person sais it was Maggie Garrod AMHP. Said she has been phoning them and they called her back yesterday and that they have told them that she should have a carers assessment as she is finding it difficult to cope. Reported that they had also told her that her son should be seen urgently. Agreed to speak to the AMHP office.

Discussion with AMHP manager Debbie Morgan. Informed reported that Lorraine had spoken to Maggie and Lorraine had been advised about the carers centre in Enfield and also advised to go along with what ever plan there is with the assessment service.

From description from mother does not appear to be crisis, is eating and drinking and no active plans to and, gradual deterioration in mental health over the past year.

Plan to offer assessment with EAS medic and Social Worker. Patient already known to Community Safety Officer and this may be a route into the assessment given the concerns raised by other residents. Community Safety Officer already informed. EIS also informed as may be and psychotic illness.

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Originator Details: 01 Dec 2015 12:30 Kylassum Gopaulen Nursing  
Originally Entered By Details: 01 Dec 2015 12:31 Kylassum Gopaulen  
Last Amended By Details: 01 Dec 2015 13:37 Kylassum Gopaulen  
Validated By Details: 01 Dec 2015 13:37 Kylassum Gopaulen  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed



Enfield Assessment Service Referral Screening

Referral discussed with CRHTT manager V.Kisson. Advised for EAS to arrange a DV and if he is willing to engage, then HTT will take him on. A Hague informed.

Discussed with D Morgan " Telephone to Enfield Council Housing (0800 4080160)

Spoke with D Allen " Informed me they are aware of problems/issues with Mr Cordell. He recently accused another resident of purposely making noise to disturb him and he had threatened to strangle her. He appears to be very paranoid about sound.

The resident upstairs is apparently under the care of our CSRT " Bola is the care coordinator and the resident had to be moved to another accommodation for her own safety.

Mr Cordell was seen by Community Safety Unit and given a warning about his behaviour. He presents as very aggressive.

Community Safety Officer is Louise Brown " 0208 379 4467.

Plan " To organise DV jointly with EAS medical team / SW from CRHTT and Community Safety Unit

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Originator Details: 01 Dec 2015 11:02 Kylassum Gopaulen Nursing  
Originally Entered By Details: 01 Dec 2015 11:06 Kylassum Gopaulen  
Last Amended By Details: 01 Dec 2015 11:30 Kylassum Gopaulen  
Validated By Details: 01 Dec 2015 11:30 Kylassum Gopaulen  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Enfield Assessment Service Referral Screening

Discussed with A Hague.

Spoke with Mrs Cordell again. Clearly she does not want his son to know that she is requesting help.

She last saw him on Frid and spoke with him regularly on the Telephone.

She told me he is not well. He has locked himself in his room, believing TV is talking about him. He is not eating properly and talks about killing himself. Mrs Cordell became rather irate, stating 'I don't want you to tell him that I am requesting help, just leave him, I have enough problem'.

Plan - Discussed with Team - Referral to CRHTT. MHA assessment could be needed if he does not engage with HTT.

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Originator Details: 01 Dec 2015 10:43 Kylassum Gopaulen Nursing  
Originally Entered By Details: 01 Dec 2015 10:51 Kylassum Gopaulen  
Last Amended By Details: 01 Dec 2015 10:51 Kylassum Gopaulen  
Validated By Details: 01 Dec 2015 10:51 Kylassum Gopaulen  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Enfield Assessment Service Referral Screening

I had telephone contact with Simon's Mother Lorraine Cordell 0208 245 7454, today at 10.35.

She told me Simon is refusing to seek help or attend his GP's surgery. He did not take the medication that was prescribed when he saw Dr Jarvis last March 2014.

It appears that Simon is not consenting to seek help with regards to his mental health.

I have however advised Mrs Cordell that she encourages to visit his GP or she could request another assessment under the MHA 1983 if she has concern that Simon is at significant risk to himself and others. I have also advised that she could ring the police / LAS and Simon could be taken to A&E in an emergency.

---

Originator Details: 30 Nov 2015 12:01 Kylassum Gopaulen Nursing  
Originally Entered By Details: 30 Nov 2015 12:08 Kylassum Gopaulen  
Last Amended By Details: 30 Nov 2015 12:08 Kylassum Gopaulen  
Validated By Details: 30 Nov 2015 12:08 Kylassum Gopaulen  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed

Enfield Assessment Service Referral Screening

Spoke with GP Dr Abidoye - Last seen in Surgery was Feb 2014. Does not engage well.

GP is of the opinion that his mother should encourage and advise him to attend surgery.

If he visits the surgery. Dr Abidoye was advised to make a referral to EAS if psychiatric assessment is indicated.

Telephone contact - Mrs Cordell was contacted twice to no avail. I was unable to leave a message.

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Originator Details: 30 Nov 2015 11:37 Angela Hague Nursing  
 Originally Entered By Details: 30 Nov 2015 11:40 Angela Hague  
 Last Amended By Details: 30 Nov 2015 11:40 Angela Hague  
 Validated By Details: 30 Nov 2015 11:40 Angela Hague  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 Hub referral. Client not consented to the referral or to be seen. Mother does not want her son to know that she has called services. Informed by screener that they have tried to contact the mother but unable to speak to her on the number on rio. E-mail to the HUB to check if they have any other contact details for the referrer. Screener also reported that he has spoken to GP surgery and informed that he does not attend his surgery.

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Originator Details: 27 Nov 2015 19:29 John Hallett Nursing  
 Originally Entered By Details: 27 Nov 2015 19:30 John Hallett  
 Last Amended By Details: 28 Nov 2015 16:31 John Hallett  
 Validated By Details: 28 Nov 2015 16:31 John Hallett  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 BEH HUB

Referral from mother.(But she does not want him to know of it)

Patient known to mental health services was assessed under the MH Act last year but not deemed sectionable.

Mother says she has been asking for help all over but got no where. She describes her son as not eating, not sleeping, he is paranoid saying people are talking about him or laughing at him. He believes the government is advertising things about him. That the TV is talking about him and talking directly to him.

She reluctantly admits that he smokes cannabis adding "not a lot"

She is adamant that her son should not know of this referral as she is frightened to sever the fragile relationship she has with him.

Referred to E Assessment team. email sent


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Originator Details: 28 Nov 2014 12:54 Maureen Hawkins Administrative  
 Originally Entered By Details: 28 Nov 2014 12:57 Maureen Hawkins  
 Last Amended By Details: 28 Nov 2014 12:57 Maureen Hawkins  
 Validated By Details: 28 Nov 2014 12:57 Maureen Hawkins  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
**MONWARA AHMED - DUTY AMHP - ENFIELD AMHP OFFICE**

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**I had telephone contact with Simon's Mother Lorraine Cordell 0208 245 7454, today at 12.35pm. She believes the symptoms that her son is experiencing, they are all related to carbon monoxide poison. The council have turned off the gas and I advised the mother to get medical advice from the GP.**

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Originator Details: 25 Nov 2014 16:54 Margaret Garrod Social Worker  
 Originally Entered By Details: 25 Nov 2014 16:57 Margaret Garrod  
 Last Amended By Details: 25 Nov 2014 16:57 Margaret Garrod  
 Validated By Details: 25 Nov 2014 16:57 Margaret Garrod  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 AMHP Service.

Mental Health Act Assessment undertaken with Immanuel Anjanayan AMHP Trainee Dr Moorey RC for Enfield CRHT and Dr Albazaz S12. AMHP Report completed and uploaded to Rio Documents and copy sent to GP.

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Originator Details: 25 Nov 2014 12:13 Immanuel Anjaneyan Social Worker  
 Originally Entered By Details: 25 Nov 2014 12:18 Immanuel Anjaneyan  
 Last Amended By Details: 25 Nov 2014 12:18 Immanuel Anjaneyan  
 Validated By Details: 25 Nov 2014 12:18 Immanuel Anjaneyan  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed

**Enfield AMHP service:**

Completed a MHA assessment today as planned.

He talked about his current situation in a more eloquent manner. No medical recommendation from both the doctors. There is no need for any involvement from the mental health service at present. He was given information about how to contact the service if he required in the future. He seemed to be aware of the process and said that he had used crisis service in the past. AMHP report will be uploaded shortly and the bed manager was told about the decision.

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Originator Details: 25 Nov 2014 11:34 Rawle Roberts Nursing  
 Originally Entered By Details: 25 Nov 2014 11:40 Rawle Roberts  
 Last Amended By Details: 25 Nov 2014 11:40 Rawle Roberts  
 Validated By Details: 25 Nov 2014 11:40 Rawle Roberts  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed

**Bed Management**

Contacted by Emmanuel from Enfield AMHP office

Informed bed management that a bed is no longer need to accommodate the admission of Mr Cordell, was no placed on a section.

**PLAN:**

- Bed request to be removed from bed management white board.

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Originator Details: 24 Nov 2014 12:24 Chantel Williams Social Worker  
 Originally Entered By Details: 24 Nov 2014 12:26 Chantel Williams  
 Last Amended By Details: 24 Nov 2014 14:29 Chantel Williams  
 Validated By Details: (UNVALIDATED)  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
**AMHP Service:**

MHAA has been set up for 10 am tomorrow at the client's home address. Dr Moorey from HTT and Dr Albazaz (s12) will be attending.

I called the Complex Care team, to try and arrange a 2nd worker, but was informed that the Team Manager Sarah Johnson was in a meeting and will be available tomorrow.

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Originator Details: 21 Nov 2014 14:47 Sandra Muschett Social Worker  
 Originally Entered By Details: 21 Nov 2014 14:50 Sandra Muschett  
 Last Amended By Details: 21 Nov 2014 14:50 Sandra Muschett  
 Validated By Details: 21 Nov 2014 14:50 Sandra Muschett  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed



## Approved Mental Health Professional Service

## On going Progress

T/c to Lorraine Cordell) mother on 0208 245 7454, Lorraine said that Simon has been set up by the police. He was accused of burglary in June 2014 but the court threw the case out due to lack of evidence. She also alleged that Simon is being harassed by the police; monitor his flat on a daily basis. The police often stop and search him and believe that he is being targeted. She described him as a good person who recently stopped a youth centre from closing in Enfield.

Lorraine is concerned about Simon's "stopped medication and is low in vitamin D. Four weeks ago he was admitted to North Middlesex Hospital. She said that the police have him on there at risk register for suicide. Simon has been put on an ASBO due to nuisance (was unable to elaborate on this) Lorraine said that Simon called her in the night and talks about the police harassment. She thinks he needs treatment but would be unwilling to accept it. She stated that Simon called his father and apologies for his behaviour yesterday towards him and HTT. Lorraine said that his father Ben is the oldest therefore he is the nearest relative within the meaning of the mental health act (1983/2007). However, Lorraine said that she provides significant and substantial support and sees or has contact with Simon on a daily basis.

Lorraine then received a call from Simon's best friend who advised her that Simon was coming to see her. Due to this I ended the call as Simon was outside and said that I would call back later.

T/c to Ben (father) on 07415 388 734 no reply or message facility

T/c to Ben and discussed the nearest relative. Ben said he is the oldest parent but Simon's mother Lorraine provides significant and substantial support and has contact with him on a daily basis. Ben said that Simon is very depressed after experiencing the loss of his grandmother; broke up with his girlfriend, being placed on an ASBO and being harassed by the police. Ben took three days off work to stay with Simon and yesterday he seemed a lot calmer. However, he continues to state that he does not want other people such as HTT to be involved. I explained that HTT have requested that Simon be assessed under the Mental Health Act. Ben said that it might make Simon worse, so would talk to Lorraine and assess the situation. I agreed to contact Lorraine and gain her views.

T/c to Lorraine, Simon was present so she was unable to talk but replied yes or no to my questions. She agreed that he was a little calmer and that she would not want the police to be involved. I asked Lorraine to talk to Simon about seeing the HTT again as this would be the least restricted alternative to hospital. Lorraine said she felt he would be ok over the weekend and I advised her to contact the police if she felt threatened or take him to North Middlesex Hospital A&E.

## Plan

I will contact Lorraine on Monday and review the situation.

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Originator Details: 20 Nov 2014 15:58 Teeresh Bundhun Nursing  
 Originally Entered By Details: 20 Nov 2014 16:25 Teeresh Bundhun  
 Last Amended By Details: 20 Nov 2014 16:25 Teeresh Bundhun  
 Validated By Details: 20 Nov 2014 16:25 Teeresh Bundhun  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 ECRHTT

Following a discussion with team consultant it was agreed that a MHAA would be required.

T/C was made to AMHP Alex France to refer Simon for a mental health AX.

## Plan

Await MHAA from AMHP.

No further HV from HTT due to risk presented by Simon.

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Originator Details: 20 Nov 2014 15:15 Teeresh Bundhun Nursing  
 Originally Entered By Details: 20 Nov 2014 15:23 Teeresh Bundhun  
 Last Amended By Details: 20 Nov 2014 15:24 Teeresh Bundhun  
 Validated By Details: 20 Nov 2014 15:24 Teeresh Bundhun  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed

## ECRHTT

T/C was made to Simon's mother this morning to inform her that we were planning to come and Ax Simon this morning. She informed me that Simon remains very paranoid, guarded and abusive to individuals. Currently she said his father is with him .

Having arrived at Simons property i called Simons father on the phone. I asked him whether we could Axe Simon. He said at present was not good, we would aggravate Simon further. I tried to ask him how simon has been howeve he was reluctant to answer fearing simon may know who he is talking too.

Simon was heard shouting in the background.'who the fuck are you talking to? what do they want?get the fuck out of my house et out i dont want anything.'Simon continued to shout abuse at his father. He was heard to have been very paranoid and abusive. Simon's father then said we would not come back and that we should leave simon alone. He was heard trying to calm Simon down in the background.

We were unbale to Ax Simon. Given the risks posed by simon and the concerns from his family and nieghbout, Simon is not willing to engage with the HTT or be Ax. I feel that this needs to be discussed with the team consultant for ppossibel MHAA??

## PLAN

Discuss with team consultant for possible MHAA??

If simon is to have a MHAA then a warrant will be required as simon has an extensive forensic history an also at present will not allow anyone to see him.

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Originator Details: 19 Nov 2014 19:12 Colin Clancy Nursing  
Originally Entered By Details: 19 Nov 2014 19:19 Colin Clancy  
Last Amended By Details: 19 Nov 2014 20:26 Colin Clancy  
Validated By Details: 19 Nov 2014 20:26 Colin Clancy  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed



CRHT:

Mother, Lorraine: 0208 245 7454

Father, Ben: 07415 388 734

We spoke initially with mother on phone. She reiterated that Simon has suffered years of harrassment by the police for past offences. Not all true. She has spoken with him today and he has been extremely angry with her and the father. We stated to mother that we will be tactfull and say only that the family were concerned.

We attended the flat around 17.30. There were police outside. They had been attempting to enter as they had received complaints from neighbours due to Simon screaming out in distress. We spoke with the officers and explained that we were from the mental health services. They stated that they had not properly spoken with him and observed him to be holding a small gas cannister, possibly sniffing nitrous oxide for recreational purposes. We all jointly spoke with his mother and she requested that CRHT do not attempt to see him following this as it will antagonise the situation.

19.30: Spoke with lorraine. She stated that a friend is currently with him nad he is calmer. The coincidental timing of the police attending has caused him to blame Lorraine for calling police. He is convinced that she is also conspiring against her. he has stated to her that he is feeling persecuted. he is paranoid and suffereing ideas of reference from the TV constantly.

Lorraine explained that he has had an ASBO put on him due to being aggressive when in court. he has been bailed to his own address c/o a burglary accusation in June 2014.

lorraine spoke of her own mother who has been treated for BPAD and was prescribed clozaril with good effect. Mother is now deceased c/o cancer complications.

Lorraine states that Simon has suffered sexual abuse as part of a paedophile ring when younger. This is the source of his anger and subsequent treatment under CAMHS. He has refused to talk about it for years and has declined any therapy / counselling for this so far. Lorraine states that she does not want him to be asked about any sexual abuse.

I informed mother of the remit of HTT and that he may be potentially prescribed an antipsychotic for his emerging paranoid psychosis. She reiterates that he will most likely refuse all medicine interventions. He has been prescribed medicine for Crohn's disease. He does not take.

We have mutually agreed to plan:

- CRHT to call mother tomorrow am to negotiate another visit to assess

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Originator Details: 19 Nov 2014 15:50 Lucy Clitherow Administrative  
 Originally Entered By Details: 19 Nov 2014 15:53 Lucy Clitherow  
 Last Amended By Details: 19 Nov 2014 15:53 Lucy Clitherow  
 Validated By Details: (UNVALIDATED)  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 ECRHTT- Referral taken from Simon's Mother as the situation was discussed with Scott Kerr and Helen Moorey and it was decided that the team would go and assess Simon at his home address.

Simon's mother called in to say that he has kicked his father out of the house as he heard him talking with staff from the hub and is now extremely paranoid towards him. He thinks that he is teaming up with his mother against him.

Simon's mother Lorraine expressed that he is not a threat to anyone but himself. It was advised that two members of staff carry out the assessment.

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Originator Details: 19 Nov 2014 14:29 Kyieka Downie Administrative  
 Originally Entered By Details: 19 Nov 2014 14:37 Kyieka Downie  
 Last Amended By Details: 19 Nov 2014 14:39 Kyieka Downie  
 Validated By Details: (UNVALIDATED)  
 Significant: No Added to Risk History: No  
 Contains Third Party Info: No Conceal From Client: Not Concealed  
 HUB

Spoke with the mother Lorraine, Simon is not living with her and is not willing to comunicate with the mother as he deems her as evil. The mother stated he is not willing to accept any help she is also unsure whether Simon would give consent to make a referral. Mother left me with Simon father number Ben 07415 388 734. Spoke with Simon father and he explained that he needs to calm simon down and try to get his consent to accept help and will call the hub back later today.

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Originator Details: 19 Nov 2014 12:31 Lucy Clitherow Administrative  
Originally Entered By Details: 19 Nov 2014 12:33 Lucy Clitherow  
Last Amended By Details: 19 Nov 2014 12:33 Lucy Clitherow  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
ECRHTT- Telephone call received from Simon's Mother to say that he is really unwell. He is extremely paranoid towards her, he thinks the television is talking to him and is having quite a lot of trouble with the police. He is very paranoid towards them also.

I have given her the number for the Hub to make a referral for her Son.

He is currently staying with his Father as he is so paranoid towards his Mother. She said that his Father would help as much as he could but he doesn't know how Simon will react if he hears his Father talking about him.

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Originator Details: 17 Mar 2014 12:27 Dr Gareth Jarvis Medical  
Originally Entered By Details: 17 Mar 2014 12:29 Dr Gareth Jarvis  
Last Amended By Details: 17 Mar 2014 12:29 Dr Gareth Jarvis  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Telephone contact with Ms Lorraine Cordell (Mr Cordell's mother)  
Ms Cordell was wondering when a letter would be sent out as Mr Cordell would be in court tomorrow. I told Ms Cordell that a letter has now been written and would be being sent out as soon as is possible. Ms Cordell also asked if Mr Cordell would be offered counselling. I told her that Mr Cordell had been ambivalent about this in the meeting and we left it that he would choose whether to pursue this and I would send out some self referral forms about it.

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Originator Details: 11 Mar 2014 11:17 Dr Gareth Jarvis Medical  
Originally Entered By Details: 11 Mar 2014 11:19 Dr Gareth Jarvis  
Last Amended By Details: 17 Mar 2014 12:32 Dr Gareth Jarvis  
Validated By Details: (UNVALIDATED)  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed



Enfield Triage Team  
58-60 Silver Street  
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 50 mg for one week then increasing up to 100 mg 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 offenders 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".

#### 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 50 mg OD increasing to 100 mg 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 MRCPsych

ST5 General Adult Psychiatry

---

Originator Details: 10 Mar 2014 13:35 Beverley Campbell Administrative  
Originally Entered By Details: 10 Mar 2014 13:37 Beverley Campbell  
Last Amended By Details: 15 Dec 2017 13:24 Beverley Campbell  
Validated By Details: 15 Dec 2017 13:24 Beverley Campbell  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed



Patient's mum called requesting earlier appointment with Dr Jarvis. A booked appointment was made for Monday 17th March, 9.30 by Carol Campbell. Dr Jarvis was informed. Since patient's mother called Dr Jarvis and will now see patient tomorrow - Tuesday 11th March at 9.30am in Silver Street.

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Originator Details: 04 Mar 2014 09:07 Iain Williams Nursing  
Originally Entered By Details: 04 Mar 2014 09:07 Iain Williams  
Last Amended By Details: 04 Mar 2014 09:07 Iain Williams  
Validated By Details: 04 Mar 2014 09:07 Iain Williams  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Triage Screening

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#### Plan - Triage assessment

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Originator Details: 13 Aug 2012 18:58 Mohammad Fohim Nursing  
Originally Entered By Details: 13 Aug 2012 19:13 Mohammad Fohim  
Last Amended By Details: 13 Aug 2012 19:13 Mohammad Fohim  
Validated By Details: 13 Aug 2012 19:13 Mohammad Fohim  
Significant: No Added to Risk History: No  
Contains Third Party Info: No Conceal From Client: Not Concealed  
Enfield AAC

Faxed referral received from CFH A&E Dr Smith

Reported SC was under police arrest (for ?crime related offence) and four police officers brought him to CFH A&E due to effects of LSD he took over the weekend. He had about 2 x paper LSD last Saturday and ?5mcg liquid LSD on Sunday, also had about 1 bottle of rum yesterday. Had been partying over the weekend at a festival. Was under care of medics (?had first aid) at the festival. Was agitated on arrival, but calm down later. ?hallucinating, seeing different colours. No other risk or symptoms identified. Dr Smith reported that these LSD effects might last for about 48hours.

Referral triaged and advised that he did not need an emergency mental health assessment at present.

Advised for him to see his GP.

Likely would be arrested by police.

---

Missing Page From NHS Computer System!

Mr. Simon Cordell  
109 Burncroft Avenue  
Enfield EN3 7JQ

08/02/2019

Dear Simon,

I hope this letter will find you well.

It is unfortunate that you could not attend your appointment on the 4<sup>th</sup> December at Silver Street.

I understand that you have recently been served with a possession order of eviction and I was wondering how we could assist you. I can assure you that we are not advocating for you to be evicted from your flat; we are not supporting this.

I appreciate that it could be difficult for you to seek help from mental health professionals but we could try to help you if you meet with us to discuss the current issues.

I am therefore offering you an appointment to see me and your new Consultant Psychiatrist, Dr. Antonio Albanese. This appointment will be at Silver Street at the above address on **Monday the 4<sup>th</sup> March 2019 at 3.00pm.**

You may ask a family member, perhaps your mother to come with you if this is helpful for you.

I trust that this date/time is convenient for you and we look forward to seeing you.

Please do not hesitate to contact me if you need to.

Sincerely

  
Soobah Appadoo  
Care Coordinator

NHS Number: 434 096 1671

Hospital Number: 11214451

8 Apr 2019

East Enfield Support and Recovery Team  
58-60 Silver Street  
Enfield

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

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

EN1 3EP  
Tel: 0208 379 4142  
Email:

Dear Cordell,

We would like to offer you a follow-up appointment:

|                          |  |
|--------------------------|--|
| <b>Appointment</b>       | Review   |
| <b>Clinic</b>            | Enfield Adults North MH Locality                 |
| <b>Date/Time</b>         | 21 May 2019 15:00:00                             |
| <b>Intended Duration</b> | 30 mins  |
| <b>Clinician</b>         | Antonio Albanese                                 |
| <b>Address</b>           | 58-60 Silver Street, Enfield, Middlesex, EN1 3EP |

To make sure that access to our services is fair, please:  
Contact us to confirm you can attend, or to arrange another appointment.

We may not be able to offer you another appointment if you don't attend this one, or don't tell us that you can't come.

**Please note that if you are more than 10 minutes late for your appointment, you won't be seen as the clinics are very busy.**

Arrive on time for your appointment as we may not be able to see you if you are late.

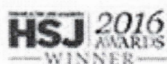
Please contact us on the above number if English is not your first language and you need help or an interpreter. Please also contact us if you have a disability and have additional requirements which you need to discuss before your appointment, e.g. transport.

Yours sincerely,

**Augustina Barnum**

Team Administrator

On Behalf of Barnet, Enfield and Haringey Mental Health Trust



For information on how we manage your personal data please visit our full processing/privacy notice on our website: <http://www.beh-mht.nhs.uk/privacy-policy>  
email: [beh-tr-information.government@nhs.net](mailto:beh-tr-information.government@nhs.net)



NHS Number: 434 096 1671  
Hospital Number: 11214451

3 Jun 2019

East Enfield Support and Recovery Team  
58-60 Silver Street  
Enfield

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

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

EN1 3EP  
Tel: 0208 379 4142  
Email:

Dear Mr Cordell,

We would like to offer you a follow-up appointment:

|                          |  |
|--------------------------|--|
| <b>Appointment</b>       | Review   |
| <b>Clinic</b>            | Enfield Adults North MH Locality                 |
| <b>Date/Time</b>         | 25 Jun 2019 15:00:00                             |
| <b>Intended Duration</b> | 30 mins  |
| <b>Clinician</b>         | Antonio Albanese                                 |
| <b>Address</b>           | 58-60 Silver Street, Enfield, Middlesex, EN1 3EP |

To make sure that access to our services is fair, please:  
Contact us to confirm you can attend, or to arrange another appointment.

We may not be able to offer you another appointment if you don't attend this one, or don't tell us that you can't come.

**Please note that if you are more than 10 minutes late for your appointment, you won't be seen as the clinics are very busy.**

Arrive on time for your appointment as we may not be able to see you if you are late.

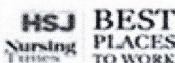
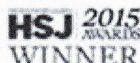
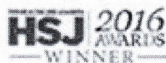
Please contact us on the above number if English is not your first language and you need help or an interpreter. Please also contact us if you have a disability and have additional requirements which you need to discuss before your appointment, e.g. transport.

Yours sincerely,

**Augustina Barnum**

Team Administrator

On Behalf of Barnet, Enfield and Haringey Mental Health Trust



For information on how we manage your personal data please visit our full processing/privacy notice on our website: <http://www.beh-mht.nhs.uk/privacy-policy>  
email: [beh-tr\\_information.governance@nhs.net](mailto:beh-tr_information.governance@nhs.net)

**PRIVATE AND CONFIDENTIAL**  
**Simon Cordell**  
**109 Burncroft Avenue**  
**Enfield**  
**Middlesex**  
**EN3 7JQ**

Enfield Directorate Barnet, Enfield and Haringey  
Mental Health Trust Enfield North Adult Locality  
Mental Health Team  
58-60 Silver Street  
Enfield EN1 3EP

Tel: 020 8379 4142  
Fax: 020 8363 9170

Date: 30.04.19

Ref: AA/sm/11214451

Re: Mr Simon Cordell

Dear Simon,

I am sorry it has not been possible for me to meet you in person. You did not attend appointments with me at Silver Street, nor did you allow me and your Care Coordinator Soobah to enter your property when we recently came to visit you.

Soobah and I would like to see you with a view to ascertain whether there is anything that our team could offer to support you. I therefore encourage you to make contact with us at the number above to book such appointment at your earliest convenience. Should you choose not to do so, we will assume you don't require our support and we will consider a discharge from our team back to the care of your GP.

In the meantime, should you feel you need it, please contact the Duty staff on the above telephone number between 9am and 5pm and the CRHTT on 0208 702 3800 between 5pm and 9am if there is a crisis.

Yours Sincerely,



**Dr. Antonio Albanese Consultant Psychiatrist**  
**Enfield North Adult Locality Mental Health Team**

**Cc Soobah Appadoo, Care Coordinator**



**PRIVATE AND CONFIDENTIAL**  
**Simon Cordell**  
**109 Burncroft Avenue**  
**Enfield**  
**Middlesex**  
**EN3 7JQ**

Enfield Directorate  
Barnet, Enfield and Haringey Mental Health Trust  
Enfield North Adult Locality Mental Health Team  
58-60 Silver Street  
Enfield EN1 3EP

Tel: 020 8379 4142  
Fax: 020 8363 9170

Date: 30.04.19

Ref: AA/sm/11214451

Re: Mr Simon Cordell

Dear Simon,

I am sorry it has not been possible for me to meet you in person. You did not attend appointments with me at Silver Street, nor did you allow me and your Care Coordinator Soobah to enter your property when we recently came to visit you.

Soobah and I would like to see you with a view to ascertain whether there is anything that our team could offer to support you. I therefore encourage you to make contact with us at the number above to book such appointment at your earliest convenience. Should you choose not to do so, we will assume you don't require our support and we will consider a discharge from our team back to the care of your GP.

In the meantime, should you feel you need it, please contact the Duty staff on the above telephone number between 9am and 5pm and the CRHTT on 0208 702 3800 between 5pm and 9am if there is a crisis.

Yours Sincerely,



**Dr. Antonio Albanese**  
**Consultant Psychiatrist**  
**Enfield North Adult Locality Mental Health Team**

**Cc Soobah Appadoo, Care Coordinator**

## Barnet, Enfield and Haringey

Mental Health NHS Trust

Mental Health Act Office  
1st Floor, The Chase Building  
Chase Farm Hospital  
The Ridgeway  
EN2 8JL

020 8702 4711 / 4712 / 4713 / 4714  
beh-tr.emhu-mha@nhs.net

Mr Simon Cordell  
Dorset Ward  
Chase Farm Hospital  
The Ridgeway  
EN2 8JL

14/11/2018

Dear Mr Cordell

Please find attached a copy of the written decision from your recent Mental Health Tribunal hearing.

Please don't hesitate to get in touch with me at the number above if you have any questions or concerns.

Yours sincerely,



Karmen Kyprianou  
Mental Health Act Officer



2. Non-RPP  
S.2

## The First-tier Tribunal (Health, Education and Social Care Chamber) Mental Health

Mental Health Act 1983 (as amended)  
The Tribunal Procedure (First-tier Tribunal) (Health, Education and Social Care Chamber) Rules 2008

Case Number: MP/2018/29087

Date of Application: 1.11.2018

**Patient: Mr Simon Cordell (born 26.1.1981 )**

A patient now liable to be detained under Section 2 of the Act

Responsible Authority: BEH Mental Health NHS Trust

Hospital: Chase Farm Hospital

### Before

Ms K. Hyman (Judge)

Dr G. Luyombya (Medical Member)

Mrs K. Charlwood (Specialist Lay Member)

Sitting at Chase Farm Hospital on 8<sup>th</sup> November, 2018

### Decision

The patient shall not be discharged from liability to be detained.

### Recommendation pursuant to section 72(3)(a)

The tribunal does not make a recommendation.

### Representation

Patient: Ms R. Caswell, Duncan Lewis Solicitors

Responsible Authority: Not Represented.

### Attendance by Patient

The Patient attended the hearing.

### Announcement of Decision

The decision was announced at the end of the hearing.

The patient was present for the announcement.

The patient's representative was present for the announcement.

#### Pre-Hearing Medical Examination of the Patient

A pre-hearing examination of the patient was indicated under the Rules.

The interview with the patient took place on 8<sup>th</sup> November, 2018.

#### The Tribunal considered:

Oral evidence from Dr J. Greensides, RC; Nurse Thembi Magodlela; Mr Soobah Appadoo, CPN; Mr Simon Cordell, patient and Mrs Cordell, patient's mother.

Written evidence from Dr M. Elia, ST6; Nurse Bibi Khodabux; Mr Soobah Appadoo, CPN

Other material, namely Responsible Authority Statement of Information,

Observers: Mrs Fiona Bateman, (Judicial Shadowing Scheme) and Student Nurse Skubik

#### Jurisdiction, Preliminary and Procedural Matters

1. The tribunal is satisfied that it has jurisdiction to consider this application.
2. The solicitor for the patient sought permission to submit a 6 page document from Mrs Cordell, the nearest relative. The solicitor indicated that the document expressed the nearest relative's views and those of a cousin. The panel considered the request and noted that Mrs Cordell's views as regards her son's detention and the housing problems he has experienced were fully reflected in the social circumstances report provided. The panel would also allow her to speak at the tribunal hearing if she wished to do so. In those circumstances, we did not accept the submission of the document.

#### Grounds for the Decision

1. The tribunal is satisfied that the patient is suffering from mental disorder or from mental disorder of a nature or degree which warrants the patient's detention in a hospital for assessment (or for assessment followed by medical treatment) for at least a limited period.
2. The tribunal is satisfied that the patient's detention as aforesaid is justified in the interests of the patient's own health or safety, or with a view to the protection of other persons.
3. The tribunal does not consider that it is appropriate to discharge the patient under its discretionary powers.

#### Reasons

##### 1. Background

Mr Simon Cordell is aged 37 and is single and resides in council accommodation in the community. There is a longstanding history of difficulties with neighbours at his accommodation which was detailed in the reports. His background and history was documented in the statutory reports provided to the panel. He has been known to Adult Mental Health Services since 2014. He has had varied diagnoses in the past and has been found not to require section under the Mental Health Act in 2014 and 2015. He was however detained subject to Section 2 in August, 2016 and was subsequently discharged by a Tribunal. The history indicated that he was discharged on prescribed medication and followed up by EIS. He reportedly did not engage with services or medication and was thereafter discharged from EIS. He has a current working diagnosis of schizophrenia.

The current admission follows an incident in October, 2018 which led to safeguarding concerns and the Enfield Adult North Locality Team's decision to arrange an MHA assessment. Mr Cordell was detained subject to Section 2 on the 25.11.2018.



## 2. The Responsible Authority's case

The clinical case argued that the patient has a chronic and enduring mental illness. It is unclear whether the mental disorder responds to treatment as the patient has not engaged consistently with treatment. Currently, the patient has been assessed without medication as Mr Cordell does not accept that he requires psychotropic medication. Mr Cordell presents with a number of persecutory, paranoid thoughts in relation to his beliefs that the police and his neighbours are in some way targeting him. Mr Cordell also exhibits thought disorder and some tangentiality in his response to questions posed. The professional evidence argued that the nature and degree of the mental disorder warranted the patient's continued detention of assessment which is justified in the interests of the patient's health, safety and the protection of others.

## 3. The patient's view

Mr Cordell was polite and courteous towards the panel. He told the panel that he did not accept that he has a mental illness or any need for medication. He said he experienced anxiety and distress at his accommodation. He indicated that the 48 allegations between 6.7.2016 and 2.10.2018 set out in the medical report from an Enfield Council Report regarding concerns and breaches of his tenancy agreement were all fabricated. He did not accept that he was in any way at fault. He repeated on several occasions that his neighbours had submitted a litany of complaints to council officials about him in order to undermine his occupation of the premises. He said that he has been stopped from organising festivals and had set up a website to air his frustrations about his perception of the injustice of his treatment. He told the panel that he would remain as a voluntary patient

## 4. The nature and degree of the mental disorder

As to the nature of the mental disorder, the patient's illness appears to be a chronic illness which has persisted for some time. It is unclear as to the patient's response to treatment as yet. Mr Cordell told the panel that he did not take the psychotropic medication prescribed following his last discharge in 2016. The clinical team have sought the first recommendation for Section 3 and intend to commence treatment with psychotropic medication in due course. Mr Cordell displayed no insight into his mental health difficulties and sought to minimise his actions prior to the current admission.

As to the degree of the mental disorder, the patient's evidence was tangential, guarded and there was clear thought disorder. Dr Greensides told the panel that he had looked at Mr Cordell's website which indicated the presence of thought disorder. The panel asked Mr Cordell about a telephone conversation with Mr Appadoo which is detailed in the social circumstances report; the patient is alleged to have used foul and threatening language throughout the conversation. Mr Cordell did not dispute the telephone conversation and sought to minimise his actions stating that the content was out of context. He was unable to contain his thoughts on the question posed as to whether, reflecting on the matter now, he thought his response was inappropriate.

The nursing evidence in contrast to the panel's observation, indicated that the patient has not exhibited any psychotic symptoms. On a positive note there has been some improvement in the patient's presentation overall as he is no longer challenging, irritable or confrontational.

## 5. The detention is justified in the interests of the patient's health, safety and the protection of others

As to the patient's health, the professional evidence indicated that psychotropic medication is to be commenced and the patient's response to treatment is to be monitored. The clinical view is that a period of treatment is now required to address the patient's psychotic symptoms. The clinical view is that the patient is unlikely to engage as an informal patient and a previous attempt at treating the patient in the community was unsuccessful.

As to the patient's safety, there is historical information that Mr Cordell has attempted to self-harm in the past. This is not a current concern. Mr Cordell's difficulties at his accommodation may pose a risk of eviction. However, further clarification is required during the period of the assessment on this point. There is a potential risk of retaliation from others when he is behaving aggressively towards others.

As regards the protection of others, Mr Cordell has entrenched and longstanding views and there have been incidents of aggression involving his neighbours, council officials, and the police prior to admission. He showed little capacity for self-reflection or remorse during his evidence when he was questioned about his telephone interaction with Mr Appadoo. We note that the allegations of physical and verbal altercations with his neighbours were relied upon to obtain an order for an injunction as recently as the 9.1.2018 which was later discharged in July 2018 due to the patient's lack of capacity to understand the conditions of the injunction due to his psychotic illness.

#### 6. Our conclusions

We accept the clinical evidence as to the nature and degree of the mental disorder. We have no doubt that there is some element of neighbour dispute; however Mr Cordell's response to such triggers appear to be rooted in a mental disorder which will need to be assessed during this admission. We also accept that the detention is justified in the interests of the patient's health, safety and the protection of others for the reasons set out above.

#### 7. Exercise of discretion

There were no special features of this case which persuaded us to exercise our discretion to discharge.

#### 8. Statutory criteria

The grounds and statutory criteria are satisfied. The section is upheld

Judge Hyman

Date 8<sup>th</sup> November, 2018

#### Notice

A person seeking permission to appeal must make a written application to the tribunal for permission to appeal. An application for permission must:

- a. identify the decision of the tribunal to which it relates;
- b. identify the alleged error or errors of law in the decision; and
- c. state the result the party making the application is seeking.

An application for permission must be sent or delivered to the tribunal so that it is received no later than 28 days after the latest of the dates that the tribunal sends to the person making the application:

- a. written reasons for the decision;
- b. notification of amended reasons for, or correction of, the decision following a review; or
- c. notification that an application for the decision to be set aside has been unsuccessful. (Note: This date only applies if the application for the decision to be set aside was made within the initial 28 day time limit, or any extension of that time previously granted by the tribunal.)

If the person seeking permission to appeal sends or delivers the application to the tribunal later than the time required then:

- a. the application must include a request that the tribunal extends the time limit



under Rule 5(3)(a), and give the reason(s) why the application was not provided in time; and

- b. unless the tribunal extends time for the application to be made, a late application cannot be admitted.

Dorset ward  
Barnet, Enfield and Haringey Mental Health Trust  
The Chase Building  
127 The Ridgeway  
Enfield  
EN2 8JL  
Tel: 020 87024669  
Fax: 020 8375 1442

**Mental Health Tribunal Report**

**Date:** 01/11/18

**Patient details**

Mr Simon Cordell (11214451)

Date of birth: 26 Jan 1981

Address : 109 Burncroft Avenue, Enfield

Post Code : EN3 7JQ

**Circumstances of admission and background**

Mr Cordell is a 37 years old man with previous diagnosis of F29X - Unspecified nonorganic psychosis. He has been known to CAMHS service in the past and to Adult Mental Health Services since 2014. However he has not been engaging with the services in recent years despite numerous attempts from mental health teams.

Mr Cordell become significantly unwell in mental health in 2014. He deteriorated significantly in mental state but he refused engage with mental health service and declined to take medication. Consequently he had to be detained under Section 2 of MHA in 2016 . He was treated with medication (Olanzapine) during the admission but soon after discharge he stopped taking his medication. He continued to be seen by Early Intervention service following a discharge but he continued to refuse any treatment for his condition. This led to further deterioration in mental health. When Mr Cordell is unwell he presents with persecutory delusions about his neighbours, council staff and the police. As a result of paranoid beliefs he becomes more aggressive and threatening especially towards neighbours. From 2016 to January 2018 there were numerous complaints from neighbours reported about Mr Cordell's acts of harassment and antisocial behaviour. This led to an interim injunction order (harassment order) to be issued against Mr Cordell, at the Edmonton County Court, in January 2018 . Mr Cordell breached the order on multiple occasions. It has been reported that his neighbours have been assaulted, harassed and have received threats from Mr Cordell. In addition, Mr Cordell disengaged with EIS.

In April 2018 further deterioration in mental health was observed when he contacted the police and complained about the neighbours making noise. EIS team was contacted and they offered to review Mr Cordell but he refused to work with them again.

On the 1<sup>st</sup> of June he was arrested for harassing his neighbours and breaching the injunction order against him. He threatened his neighbour who was at the time with her two children that he

baby being lost.

He denies having a mental health illness and states he will get out of here once he has his laptop containing videographic proof and was requesting a tribunal. During the course of the conversation he refused to acknowledge he has been sectioned and was adamant he would be able to leave but was not forceful or physically attempting to leave.

When he was seen by ward doctor on the 26<sup>th</sup> of October Mr Cordell feels he is in hospital because the police have "falsified" a report that led to him being kept on a curfew for years.

He proceeded to talk at length about circumstance that led him to be charged for handling of stolen goods and suspicion of burglary in 2013. He believes the case was handled poorly and is sure the police were conspiring against him. "The abuse of process by the civil service was unreasonable".

Following this he reports being placed on a 2 year injunction and a 5 year curfew. He feels this has led to a breakdown in a 13 year relationship he had. He also reports this affecting his company –a community interest company he started up. At one point Mr Cordell also mentioned the police targeting him for holding large parties that he was adamant were not hosted by him.

Mr Cordell reports owning a couple of local festivals and talks about engaging with multiple charities helping children. He says he had to stop this as police were harassing him in front of the children. He alleges to own his own company, his own paper and has just bought his own book maker for 70000 pounds. He also reports having 180000 friends on Facebook due to all his free parties.

When asked about his neighbours Mr Cordell said he believes his neighbours have been making up complaints about him. "My neighbours are calling up the police after forging the paperwork." He feels that his neighbours have been attacking him and reports feeling anxious in his house. Simon says he "kept writing to the police saying please can you protect me".

He does not think he is unwell and does not think he has a mental health problem. He admits he might be elevated but he believes this is a constructive state.

Mr Cordell reports not being compliant with any of his medication at any point. He is refusing to take any medication during this admission. "I've spent thousands of pounds showing you my brain, me being alert saves lives."

Mr Cordell would like to appeal his section and feels that by keeping him in hospital we are breaching his rights. "Physical or mental suffering amount to torture"

He reports sleeping, eating and drinking well. Later he suggested this may not be the case stating "In the night time when my neighbours are asleep that's the best time for working".

Impression was that he presented with paranoid and grandiose delusions with significant mood component. In view of long term symptoms this is most likely consistent with a Schizoaffective disorder. He does not currently have capacity for treatment or admission.

He settled in over the weekend, personal hygiene remained poor, smell of cannabis on him was noticed.

On the 29<sup>th</sup> October 2018 when he was seen by a nurse he was irritable and quite hostile. He was

on the phone to his relative, complaining about police and claimed to be falsely accused.

On the 29<sup>th</sup> of October Formulation meeting was held:

**Care coordinator 's feedback:** This is only the second time meeting Simon. There have been issues with reports he is assaulting other residents in his council accommodation.

**Nursing report:** He appears paranoid on the ward.

**Interview with patient:**

Mr Cordell appeared very agitated and vocal and was keen to put across his opinion that he had been illegally detained.

Mr Cordell reports issues with police actions in regards to not giving him the ASBO folder properly - this was left outside instead of giving it to him directly. Mr Cordell continued to explain other problems with the police's treatment of him. This includes the metropolitan police having placed a photo of Mr Cordell in a folder in regards to a party he had no involvement with. He denies being involved in any of the parties mentioned in the ASBO. Mr Cordell spoke at length about the injustices surrounding his placement on curfew and the ASBO order.

He describes how on multiple times doctors have tried to assess him under the MHA and he has explained to them at each time the situation with the police. He was once placed under a section 2 and was able to appeal his section.

Mr Cordell reports the neighbours (?2 floors up) trying to deliberately disturb him by making a lot of noise and flushing the toilet multiple times. He feels they want him to get distressed and go upstairs to address them. They have been doing this over the last 4 years and are doing this throughout the day. From Mr Cordell's flat you can even hear them talking - there is apparently very poor sound proofing.

Mr Cordell has described a council official as having forged statements and falsely accusing him of threatening his life. Mr Cordell reports that he is being assaulted by his neighbours as is his partner's small child. He feels the stress from this situation may have been linked to his partner's miscarriage. Mr Cordell denies any acts of antisocial behaviour, even in retaliation. At every point where he approaches the upstairs neighbours, he states he calls the police to ask them to "protect" him.

In regards to the recent arrest he reports the police attended due to a fraudulent call from the neighbours. The police tried to hand him a breach of harassment order which Mr Cordell ripped and spat on the paper. The police officer then yelled that he had spat on her. He was then arrested for assault on a police officer. This charge was dropped in the police station and he was referred for a MHA.

Mr Cordell is currently on benefits. He reports the expensive hardware he owns (e.g. 70000-pound bookmaker) he buys broken and second hand cheaply and fixes them. Mr Cordell works from home. He built a new model constitution - a community interest company which was a charity farm.

**Collateral information:**

His mother and uncle would like mental health service to stop referring to Mr Cordell reporting the police as being prejudice against him as delusional - they believe this can be proved (showing

**Collateral information:**

His mother and uncle would like mental health service to stop referring to Mr Cordell reporting the police as being prejudice against him as delusional - they believe this can be proved (showing



photos of his company truck and hardware).

Mr Cordell 's mother is very upset that doctors have submitted reports stating that he is delusional and grandiose. They feel the AMHP report is grossly inaccurate.

Mr Cordell 's uncle is also upset that the mental health team would not provide Mr Cordell with a letter to assist with his housing situation.

They explain that the reason Mr Cordell has not be prosecuted for the complaints made by the neighbours is because each time Mr Cordell is able to "prove his innocence" directly to the police.

Mr Cordell 's mother believes he is very stressed due to the conditions of the ASBO and his neighbours disturbing him.

His uncle would like us to check the website that Mr Cordell has set up to highlight the injustices against him "horrificcorruption.com". (other websites mentioned by Simon include the Wayback machine and toosmooth).

Impression was that Mr Cordell was unstable in mental state and behaviour . He presented with persecutory delusions and possibly auditory hallucinations. Plan was :

1. Requires further review of notes
2. Liaise Enfield council re plans for housing – ask Rosie for input

Following the formulation meeting he presented very grandiose - showing staff and peers his website and that he has '20,000 emails and 500,000 phone contacts'. He seems elated and keen to get his message across.

Dr Timothy Rogers e-mailed Dr Greensides on the 30<sup>th</sup> of October 2018 as Mr Cordell was referred to a forensic sector prior MHAA and wrote that he has terrorised their patient (who lives above him) including one occasion taking him by the throat and left our patient feeling unable to walk around on the floor or even flush his toilet chain for fear of sparking another altercation (with no basis) about excessive noise.

Mr Cordell was reviewed on the 31<sup>st</sup> of October 2018 by Dr Greensides (Consultant psychiatrist) , Dr Elia and Dr Bruce:

Mr Cordell confirms his problems began in 2013. He moved into his premises in 2013 – there was evidence of CO poisoning in the flat and all the boiler systems and alarms had to be replaced.

Mr Cordell has been held on curfew for a long time for organising a party and ?wrongly accused of damaging the premises. Also was accused of burglary and handling of stolen goods – he was found innocent on both accounts.

Mr Cordell reports having had a "relationship" with his current partner Katy for the last ?20 years. She has a son from a previous relationship.

The problems with the neighbours have been going on for 4 years now. Mr Cordell is concerned about his neighbours, in particular to how their behaviour might affect their child. 6 flats in total in his council building – the neighbours that are problematic are 2 floors above Mr Cordell's. These

particular neighbours bang on the water pipes, stamps on the floor (this echoes through the flat between) – this happens first thing in the morning and goes on through the day.

Mr Cordell believes his neighbours sit in their flat eavesdropping on Mr Cordell's whereabouts. When he enters the bathroom they enter their bathroom and flush the toilet a lot. Simon has Video and Audio recordings throughout his flat in order to prove his innocence. There is a husband and wife living there as well as a new born baby. Mr Cordell reports he can hear this family talking but he can't make out what they are saying – he denies them saying anything negative about him "they've never spoke to me".

Simon has personal information about his neighbour which he feels is proof of ?tax evasion – he reports the family own 50 houses in the UK. The neighbour has changed their surname in order to accommodate some scheme to avoid ? tax – Mr Cordell reports he has "100% evidence" that this is true and feels it is relevant to him because of how they are treating him. Mr Cordell believes what the neighbours are doing is a hate crime.

Mr Cordell denies ever having felt like the TV was talking to him or that the council was advertising his information. Mr Cordell does feel his personal information is being advertised somehow – friends have approached him and have information about him he believes can only have come from secure computer systems.

Mr Cordell is not concerned about his tenancy at the moment – he states he has recordings that prove his innocence. Simon is aware the council has told him to stay away from his neighbours – since this time he states he hasn't approached his neighbours. He wants to publish a book about what has been going on. Simon does not appear to accept that he has become fixated on this issue.

Mr Cordell does not think his problems with his neighbours are in any way due to him having a mental health problem. Mr Cordell wouldn't like to take medication as he doesn't feel he needs it and is concerned medication may impact his ability work. He is particularly concerned that the medication will "dope him out".

Mr Cordell states he has a good family support network. He is happy to see the ward psychologist.

Mr Cordell has been informed that a referral to a forensic psychiatrist who may want to visit him on the ward.

Impression was that he presented with persecutory delusions and poor insight into his condition. Not currently deemed to be a risk to himself or others. He could be at high risk of losing accommodation if continues untreated. Plan was :

1. For Section 17 leave
2. No medication at present
3. Refer to ward Psychologist – Dr Patkas

. He has terrorised our patient (who lives above him) including one occasion taking him by the throat and left our patient feeling unable to walk around on the floor or even flush his toilet chain for fear of sparking another altercation (with no basis) about excessive noise.



**Opinion and recommendations**

1. Mr Cordell suffers from a mental disorder, the symptoms of which at present are persecutory delusions, grandiose beliefs and attitude. In addition, he also presented thought disordered with circumstantial thinking. Probably he has been experiencing auditory hallucinations too. His condition is complicated by poor insight into his mental health illness and substance misuse.
2. This illness is currently of a nature and degree to warrant detention under section 2 of the mental health act.
3. Without this there are risks to his health, principally mental health which is likely to continue to deteriorate without intervention. He is also at high risk from being evicted from his current accommodation which could put his mental and physical health at significant risk. His safety is compromised by possible retaliation from others when he is behaving aggressively towards other people. As well as the safety of others as he was aggressive to his neighbours, council employees and police prior to admission.
4. This cannot be carried out in the community as he has limited insight and refuses intervention, tried for a number of years and failed.
5. Should he be discharged then he will be referred to the HTT, but is not likely to engage.
6. Tribunal need no special arrangements to accommodate Mr Cordell.

**Dr Maja Elia**

**ST6 to Dr Jonathan Greensides**

**Consultant Psychiatrist, Dorset ward**

will kill her and her children " You fucking bitch, I have a bomb for you, I will get in your block, kill you and your children ." At that point, EIS stated that he has gone beyond EIS three year treatment period and therefore they referred his case to Enfield North Locality Team in June 2018. During the period of next few months (from June 2018 until October 2018 – they were reported numerous account of harassment and assaults to his council on his neighbour ) Mr Cordell has continued to harass his neighbours and has refused to engage with mental health services. Few neighbours already moved out from their flats due to Mr Cordell's aggressive behaviour and Enfield Council decided to seek possession of Mr Cordell's flat via the courts. In a recent court case the judge recommended that Enfield Council re-house Mr Cordell on the proviso that he engages with the MH Team. However he failed to do that.

In October 2018, Mr Cordell was physically aggressive towards another service user who lives in the same building as him. Mr Cordell took him by the throat and left him feeling unable to walk around on the floor or even flush his toilet chain for fear of sparking another altercation (with no basis) about excessive noise.

This triggered a safeguarding process and Enfield Adult North Locality Team decided to organise MHA assessment as Mr Cordell refused to engage with them.

Consequently, he was referred for MHA assessment on the 17<sup>th</sup> of October 2018. Enfield Adult North Locality Team agreed that he is at risk to others and his behaviour could also put him at risk from others. Application for 135(1) was made however a judge found insufficient evidence presented for a warrant. He was referred to a forensic sector following this event.

On the 25<sup>th</sup> of October he was arrested as the police were called to his flat regarding him breaking a harassment order and that day he allegedly assaulted the police who attended by spitting. Consequently, he was taken to Wood Green police station. He was found to be thought disordered with grandiose and persecutory delusions, hypomanic with flight of ideas and pressured speech. Therefore MHA assessment was organised. He was detained under section 2 of MHA and admitted to Dorset ward, Chase Farm Hospital on the 25<sup>th</sup> of October 2018.

Mr Cordell explained that the police were conspiring with medics and the council to silence him as he had uncovered police corruption. He also said his neighbours two floors above were controlling the neighbour below them and caused them to stamp on the floor and disturb him. It was reported that he appeared to lack insight into his presentation as he did not believe he was mentally unwell and was adamant to see a psychiatrist for treatment.

## **Mental state examination on admission**

Mr Cordell is 37 year old male, mixed origin, slim build. He was wearing casual and dirty clothes. He engaged in conversation and made eye contact throughout. He was calm and polite during the interview, no aggression was observed but did become mildly restless at points. The conversation was one sided with Mr Cordell keen to talk. He presented with pressured speech and flight of ideas. Mood , subjectively he described as "fine, a bit elated", objectively he was elated. Thoughts: He presented thought disordered with tangential thinking, grandiose and persecutory delusions. He was oriented to time, place and person. He presented with poor insight – does not want any medications, he does not believe that has a mental health disorder .

## **Risk**

**To self – high**

Immediate risk to self is low as he denies any thoughts of self-harm or suicide. There are previous reports of suicide attempt as teenager. However he is at high risk of being evicted from his property at present due to deterioration in his mental state and behaviour and his mental and physical health could be significantly affected if he becomes homeless.

**To others – high**

He denies thoughts or plans to hurt others. He has clearly documented history of aggressive behaviour and currently elated.

**From others – high, as he can be aggressive towards others, he is at risk of retaliation from others.**

Risk of physical and verbal aggression towards others noted. This in turn, increases risk of others retaliating, therefore harm towards Mr Cordell.

**Past psychiatric history:**

Mr Cordell reportedly had disrupted childhood spending some adolescence in care. He was under CAMHS due to anxiety as a teenager.

Mr Cordell tried to hang himself at the age of 16 when in a young offenders 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". Mr Cordell says there was a second occasion where he tried to hang himself when in a cell after he was sentenced.

Mr Cordell denies any contact with Mental Health Services between that point and 2014.

In March 2014 – He was diagnosed with Adjustment reaction "anxiety and suicidal thoughts over the last nine months in the context of having a pending court case (accused of burglary). He was offered Sertraline 50mg OD .

In November 2014 – Mr Cordell was under Home Treatment Team. He was diagnosed with Psychotic episode - not deemed sectionable under MHA. Following this episode he disengaged with mental health service.

In November 2015 – He was referred via BEH HUB to mental health services. At that time Mr Cordell was not eating, not sleeping, he was paranoid saying people were talking about him or laughing at him, believed the government was advertising things about him, the TV was talking about him and talking directly to him. He was smoking cannabis at that time. He was again found non sectionable under MHA and disengaged with the service.

In February 2016 it was applied for Warrant 135 (1) – but not sufficient evidence was presented to the judge for a warrant.

In August 2016, he was admitted under Section 2 of the MHA following custody at Wood Green station for threats to kill - section 2 reversed on appeal. He was discharged on Olanzapine 5mg and followed up by EIS. It was reported poor compliance with medication on discharge. Consequently he was discharged from EIS due to disengagement.



**Past medical history:**

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

**Current medications**

Nil.

**Personal/family history- information taken from previous assessments/reports**

Mr Cordell was born at Chase Farm 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. His parents recently divorced.

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 two long term relationships . First relationship lasted for thirteen years. Mr Cordell thinks they broke up due to the repeated involvement of the police in their lives and the stress this has caused. He is currently in a relationship with Katy and he said that they were expecting a baby.

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

Grandmother (? maternal) had BPAD and/or schizophrenia.

Social history :

Mr Cordell works from home currently. He says that he does 9-10 hour shifts building his website. Previously he has had multiple different jobs including working at a market and brick laying. He has a new baby on the way with Katy – due to get married soon. From Rio - “Enfield Council will be seeking possession of Mr Cordell’s flat via the courts. In a recent court case the judge recommended that Enfield Council re-house Mr Cordell on the proviso that he engages with the MH Team. He failed to fulfil the requirement.

**Drug and alcohol history- information taken from previous assessments/reports**

He reported being “Clean as anything, occasionally have a puff of a cigarette”. He denies drinking any alcohol. However UDS was positive for cannabis on admission.

Note on Rio previous LSD and cannabis use.

**Forensic history -information taken from previous assessments/reports**

He reported being **linked to 500 cases** but he has won every one. He says these are all linked to **driving offences**.

**From Rio - 2015- 5y ASBO for organising illegal raves-** not allowed to enter industrial or disused premises between 10pm and 7 am. Young Offender's Institution at the age of 16 after repeated driving offences (driving without a license). Taken into custody for threats to kill.

**August 2017** an injunction order was issued though this was discharged by the court in November 2017 due to a procedural error

**On the 9<sup>th</sup> of January 2018 an injunction order** was issued against him due to verbal and physical abuse towards his neighbours and council employees and antisocial behaviour. He breached the injunction order on multiple occasions. This was discharged in **July 2018**, following a forensic psychiatry assessment which deemed him to lack capacity to understand the conditions of the injunction (as a result of a psychotic illness).

**Enfield council report was issued recently regarding tenancy concerns and breaches:  
The report says the following:**

We have received several complaints of anti-social behaviour against you and going back to 2016 for which you have been warned numerous times, verbally and formally in writing. Please see below a list of reports made against you:

- 1) On 6th July 2016, it is alleged that you approached an elderly neighbour as he came out of his flat and started to shout abuse and swear at him and threatened to burn down his flat.
- 2) Sometime in July 2016 it is alleged that you damaged the lock of a neighbour's electric cupboard and removed his fuse box resulting in no electricity to his flat.
- 3) On 6th August 2016, it is alleged that you threatened one of your neighbours and his wife and aggressively demanded money from him. It is also alleged that you repeatedly swore and shouted

abuse at him and his wife and called his wife a 'bitch' and tried to stop him from going up the stairs to his flat by standing in front of him.

4) Sometimes in September 2016 it is alleged that you confronted an elderly neighbour outside your block of flats, 109 – 119 Burncroft Avenue as he was going to the local park with another resident and started to shout abuse and He was arrested on the 1<sup>st</sup> of June due to breaching the injunction order.

threats at him and said to him 'I can get you over at the park, I know you go for a walk'.

5) On 27th September 2016, it is alleged that you confronted one of your neighbours as he was returned to his flat with his family and threatened and swore at him and demanded money from him. It is also alleged that you later banged on his door, shouted further abuse and swear words at him and accused him of making noises inside his flat.

6) On 28th September 2016, it is alleged that you aggressively banged on a neighbour's door and threatened and shouted verbal abuse and swear words at them. It is also alleged that you aggressively demanded money from him.

7) On 4th October 2016, it is alleged that you aggressively banged on your ceiling and accused one of your neighbours of making noises, you then went to your neighbour's flat and started kicking and banging on his front door aggressively, accused him of banging on the floor and was swearing and shouting abuse at him. It is also alleged that you later went downstairs, dragged your neighbour's motorbike from where it was parked and started to hit it with a piece of wood.

8) On 22nd November 2016 during a telephone conversation between you, Mrs Cordell your mother and Ms Sarah Fletcher, neighbourhood officer, Ms Fletcher reported that she overheard you threatened her by saying 'I'm gonna do her over' and then 'I'm gonna take her job just for fun'.

9) On 8th December 2016, it is alleged that you aggressively banged on one of your neighbours' front door, shouted abuse and threats and accused him of making noise.

10) On 11th December 2016, it is alleged that you aggressively banged on your neighbour's door several times and accused them of banging on pipes. It is also alleged that you shouted abuse and threats at them.

11) On 14th December 2016, it is alleged that you were verbally abusive towards a woman who was visiting one of your neighbours as she knocked on your neighbour's door.

12) On 23rd December 2016, it is alleged that you banged on a neighbour's front door, shouted abuse at them and asked them to turn their tap off. You then removed their electricity fuse thereby cutting off their power supply.

13) On 26th December 2016, it is alleged that you ran up the communal stairs to the first floor and confronted one of your neighbours as he was going out with his family and started to shout abuse and threats at him and his wife and accused him of tampering with your water supply, you also attempted to stop him from leaving the block.

14) On 3rd January 2017, it is alleged that you confronted one of your neighbours as he returned to the block with his wife and two-year-old daughter and started shouting abuse and threats at them.

15) On 21st January 2017, it is alleged that you aggressively banged on your neighbour's door, swore and shouted abuse and threats at them and accused them of making noises.

16) On 31st January 2017, it is alleged that you aggressively banged on your neighbour's door, shouted abuse and threats at them and accused them of banging on the floor.

17) We received a report that on 7th February 2017 you approached the leaseholder of 117 Burncroft Avenue and his plumber outside the block as they were attempting to resolve the problem causing low water pressure in the flat. You said to the leaseholder that there were problems between you and his tenants but did not give any specific details. The leaseholder explained to you that his tenants were experiencing low water pressure in the flat and you said to him 'you will not solve the problem as I am restricting their water supply'. The leaseholder later



knocked on your door and asked whether you would increase the water pressure and you stated 'I cannot do anything at the moment, I will sort it out later'.

18) On 24th February 2017 Sarah Fletcher (Neighbourhood Officer) and Steve Stirk (Maintenance Surveyor) attended your property at flat 109 Burncroft Avenue to inspect the property following reports of low water pressure from flats 113 and 117 Burncroft Avenue. While inside your flat, they observed that you have installed an iron security gate inside your front door. It also appeared to them that the wall between your kitchen and living room seemed to have been removed thereby creating an open plan effect. Much of the property was taken up industrial type printers, boxes and folders and there were dog faeces in your back garden.

19) On 17th March 2017 Lemmy Nwabuisi, ASB Coordinator visited 109 Burncroft Avenue to post a letter through your door and as he got into his car to drive off after posting the letter, you ran after him shouting and screaming abuse. The letter requested that you attend our offices to discuss the nuisance reports being received from your neighbours. By the time he returned to the office, you had telephoned him several times. He telephoned you back and you asked whether he was the person that posted a letter through your letterbox and he said yes. You asked why he did not stop when you ran after him and he stated that he had another visit and did not have the time to stop and talk to you. You stated that you will not attend the meeting at the Civic Centre or any of the council offices as you are unable to leave your flat and that the meeting should take place in your flat. Mr Nwabuisi offered to have the meeting at a neutral venue and suggested the local library or at your mother's house but you refused saying that you have done nothing wrong and accused him of taking sides with your neighbours.

20) On 5th May 2017, it is alleged that you threatened one of your neighbours by saying that you will ruin his life and that you were going to the police to present evidence about his illegal activities.

21) On 14th May 2017, it is alleged that you aggressively banged on one of your neighbour's door, shouted abuse and threats at her and falsely accused her of making noise and coming into your flat to attack you. You later followed her to her car shouting abuse and wanting to know where she was going.

22) On 14th May 2017 it is alleged that you allowed your dog to run freely in the communal area of your block without a lead.

23) On 28th May 2017, the police issued you with a first instance Harassment letter following reports of harassment and threatening behaviour made to the police by one of your neighbours.

24.) On 9th June 2017, it is alleged that you attacked one of your neighbours in the communal hallway of your block as he returned from work late at night by grabbing him on the arm and neck thereby causing bruising to his arm and neck. You also snatched his phone from him as he tried to video-record the incident.

25) On 16th June 2017 at 11:55hrs it is alleged that you confronted one of your neighbours as she was exiting the main entrance to your building and said to her that you had her bank details and personal details such as date of birth and said to her that you wanted her and her husband to pay you some money.

26) On 18th June 2017 at 11:55hrs it is alleged that you confronted one of your neighbours as she was exiting the main entrance to your building and said to her that you knew what time she went out and what time she returned and to tell her husband that you would like to speak to him.

27) On 23rd June 2017 at 23:35hrs it is alleged that you came out of your flat with your dog without a lead and attacked one of your neighbours as he returned from work by punching him twice on the chest. You tried to push him out of the block and snatched his phone as he brought took it out of his pocket to record the incident.

28) On 28th June 2017 at 11:45hrs it is alleged that you confronted your neighbour as she was leaving the block. You swore and shouted abuse at her and accused her of making noise inside her flat. You told her that you know all her personal details and that of her husband including their full names, phone numbers, date of birth and banking details. You demanded that they pay you some money and asked her to tell her husband to come and see you.

29) On 30th June 2017 at 11:45hrs it is alleged that you confronted your neighbour as she was

- leaving the block and accused her of slamming the door. She denied slamming the door and called her a liar and proceeded to swear and shout abuse at her.
- 30) On 2nd July 2017 at 17:18hrs it is alleged that you confronted your neighbour as he was going out with his family with your dog barking and without a lead and asked him when he was going to hand over the money. It is also alleged that as they left the block, you ran after them swearing and shouting abuse at your neighbour and demanding that he must pay you some money if he wants you to leave him alone. You also said to him that you have all their personal details including their dates of birth and bank details.
- 31) On 12th July 2017 an Enfield Council Surveyor attended your flat to investigate reports of low water pressure to flats above yours but you refused him access. The Surveyor attended your flat again in the evening of the same day following further reports that the water supply to the affected flats had completely ceased and you refused him access. You then followed him to his car swearing and shouting abuse at him and prevented him from entering his car. He then called the police.
- 32) On 11th November 2017 at 11.30am, it is alleged by one of your neighbours that you came to their front door, opened the letterbox and peeped through it to see who was inside the flat. You then started swearing and shouting abuse and banging on their front door as soon as you saw the neighbour's wife.
- 33) On 2nd January 2018 at 6.30pm, it is alleged that you stood outside your neighbour's property for more than twenty minutes swearing and shouting abuse. You went away and returned half an hour later, you lifted their letterbox, stuck your mobile phone through the letterbox and started to record his family while swearing and shouting abuse. This went on for about fifteen minutes.
- 34) On 9th January 2018 at about 12.18pm, you telephone Lemmy Nwabuisi (ASB Behaviour officer) and accused him of forging documents to get an anti-social behaviour order against him and you told him that he had made you a prisoner within your home. You also stated that you knew where he lives in Enfield and that he and his family were not safe from you. You also told him that you would watch him leave the office and you would have followed him home and he needed to watch his back. You called the ASB officer again 30 minutes later and told him that you knew he has a flat in Edmonton and also knew that one of his colleagues lives in Edmonton. You also stated that you knew where they live and they were not safe.
- 35) On 9th January 2018 you called Kaunchita Maudhub (ASB Behaviour officer) and left a long voicemail on her work telephone number and made threats.
- 36) On 26th February 2018, at around 11.45pm it is alleged that you came to one of your neighbour's front door and started making loud banging noises and rattling with their letter box. You ran away after the neighbour opened her front door.
- 37) On 1st March 2018 it is alleged that you knocked on one of your neighbours' door loudly, you started rattling with their letter box and started shouting. This went on for 5 to 10 minutes but you left after you've heard that the neighbour was calling the police.
- 38) On 15th March 2018 it is alleged that you swore, shouted and assaulted one of your neighbours in front of his wife and his 3 years old child.
- 39) On 1st May 2018, you attended the Edmonton County Court as there was a hearing listed in relation to an injunction. It is alleged that you started shouting abuse, swore and make threats to two of the Claimant's employees (Lemmy Nwabuisi, ASB officer and Balbinder Kaur Geddes, lawyer) and to one of your neighbours who attended Court to give evidence. You also swore at a judge. These incidents were witnessed by members of staff working at the Court.
- 40) On 29th May 2018, it is alleged that you attended one of your neighbours' property; you took your dog with you and waited by their front door. It is alleged that you tried to intimidate them as they were due to attend a hearing in the Edmonton County Court to give evidence in support of a claim for an injunction issued against you.
- 41) On 30th May 2018, it is alleged that you made threats to kill to one of your neighbours. The matter was reported to the police. You were arrested and released on bail.
- 42) You assaulted one of your neighbours on the 26th August 2018 for flashing his toilet.
- 43) You telephoned two council officers (Lemmy Nwabuisi and Ludmilla Iyavoo) on 12th



September 2018 and made threats to them over the telephone. You also accused them of fraud and of fabricating evidence to support the Council's claim for an injunction

44) On 12th September 2018 at about 3.50pm, you called one of your neighbours on his mobile phone using a private number. It is not known how you obtained his number, but he terminated the call. You called again using the same private number, but he terminated the call as soon as he heard your voice. You called repeatedly after that.

45) On 24th September 2018 at about 11.30am, one of your neighbours returned home from dropping her daughter at school and as she entered their block of flat, she noticed that the middle door on the ground floor was open as well as your front door. As she went up the stairs to their second floor flat, your dog came out of your flat and started barking at her. The neighbour had to run up the stairs to her flat to escape from the dog. It was reported that your dog is always barking whenever they go out or return to the block and the neighbour and 4 years old daughter are terrified.

46) One of your neighbours reported that his cousin was leaving the block at about on 2nd October 2018 at 12.45pm, and as you exited the block, you followed him and suddenly grabbed his jacket from behind and tried to pull him to the ground. The cousin started shouting to attract neighbours and managed to push you off.

47) There are other reports from one of your neighbours who reported that on 30th September 2018, you attempted to break down his front door by kicking it several times only because he flashed his toilet.

48) It is reported that you continue to harass and intimidate other residents on a regular basis.

**On the 25<sup>th</sup> of October he was arrested** for breaching the injection order and spitting at the police officer on arrest.

#### **Treatment and progress on the ward**

On admission to Dorset ward, Mr Cordell presented elated, mildly irritable and thought disordered. On arrival to the room he remained calm and polite. He started the conversation by asking for duty doctor's name, which he wrote down on a paper. He then stated he has been detained here illegally because they think he is grandiose. He then went onto give the duty doctor a timeline of events which were largely related to the police and his connection with mental health services. In summary, he holds paranoid ideas that the police have charged him 'in illegal ways' for an ASBO for 'organisation of illegal raves'. This has led to several on-going issues with the police who have involved mental health services and it is a conspiracy against him.

He states he wasn't assessed properly by doctors today (25/10/18) and that the doctors who saw him today(25/10/18) have previously tried to section him and 'failed' because he has 'video recordings' to prove he is innocent. He referred to multiple acts and dates which apparently are being broken by keeping him here.

He states he has several businesses that the police have tried to stop, including 'owning festivals' and his website called 'horrific corruption' and associated newsroom which he uses to expose police and doctors who are working in illegal ways. He states he has 'been wronged 78 times by the police' and will 'expose all of the doctors and police' involved.

He spoke about being a 'privileged member of the community' and has never tried to hurt anyone. He reports the police have framed him in a 'sex scandal' and caused multiple issues. He described a negative relationship with neighbours and states that they bang from above continuously. He states a previous partner was pregnant and the neighbours banging led to the



# HM Courts & Tribunals Service

Miss Lorraine Cordell  
109 Burncroft Avenue  
Enfield  
EN3 7JQ

**Edmonton County Court**

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Upper Edmonton  
London  
N18 2TN

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03 December 2018

Our ref: E00ED049  
Your ref:

Dear Madam

Thank you for your email of 22<sup>nd</sup> November 2018.

The file was referred to a Judge who has made the following comments.

"A copy of the Court Order dated 9<sup>th</sup> August 2018 is attached. If you consider that the Order is incorrect or should be varied, the Court will consider the issue for this upon appropriate application to the Court at a hearing to be listed. Unfortunately, the Court is not able to give advice or enter into correspondence with you but you are strongly advised to seek further independent legal advice with regards to this matter."

Yours faithfully

Customer Services  
Enc

## General Form of Judgment or Order

|                                    |                  |
|------------------------------------|------------------|
| In the County Court at<br>Edmonton |                  |
| Claim Number                       | E00ED049         |
| Date                               | 6 September 2018 |



|                               |   |
|-------------------------------|---|
| THE LONDON BOROUGH OF ENFIELD | 1 <sup>st</sup> Claimant<br>Ref LS/C/L1/155584          |
| MR SIMON CORDELL              | 1 <sup>st</sup> Defendant<br>Ref TKK/TKK/<br>SIM041/002 |

Before District Judge Dias sitting at the County Court at Edmonton, 59 Fore Street, London, N18 2TN.

**UPON** hearing Solicitor for the Claimant and Defendant, the Defendant's mother, the Defendant's uncle and the Defendant not attending.

**UPON** the Court reviewing the psychiatrist report of Dr Dhinakaran dated 8th July 2018, confirming that the Defendant lacks capacity to litigate and/or capacity to understand the terms of the injunction order made on 9th January 2018.

**UPON** the Defendant's mother Mrs Lorraine Cordell, confirming that she will engage with the Claimant and assist the Defendant's neighbourhood officer in making a housing management transfer application on or before 16 August 2018.

**UPON** the Claimant agreeing that it will deal with the housing management transfer application as quickly as possible after being made.

**AND UPON** the Defendants mother agreeing to engage with the Enfield Mental Health Unit team so the Defendant could receive assistance with his mental health conditions and housing.

### IT IS ORDERED THAT

1. The interim injunction order dated 9th January 2018 be discharged forthwith.
2. The Claimants claim and application for an injunction dated 9th January 2018, the Claimants applications for the Defendant's committal dated 5th February and 20 April 2018 and the Claimant's application notice dated 7th August 2018 do stand dismissed.

The court office at the County Court at Edmonton, 59 Fore Street, London, N18 2TN. When corresponding with the court, please address forms or letters to the Court Manager and quote the claim number. Tel: 020 8884 6500. Check if you can issue your claim online. It will save you time and money. Go to [www.moneyclaim.gov.uk](http://www.moneyclaim.gov.uk) to find out more.

3. The Claimant should serve a copy of this order upon the Wood Green Police station.

4. There be no order as to costs save for detailed assessment of the Defendant's publicly funded costs.

Dated 09 August 2018



<< address of person preparing the report>>  
Dorset ward

**Inpatient Nursing Report on Simon Cordell**

Date of birth: 26/01/1981  
Home address: 109 Burncroft Avenue  
Enfield  
Post Code EN3 7JQ  
Hospital: Chase Farm Hospital-  
The Ridgeway Enfield Middlesex  
EN2 8JL.  
MHA status: Section 2  
Named Nurse Bibi Khodabux  
Report prepared by: Bibi Khodabux

Sources of Information: Rio notes, observations, feedback from the team and 1:1 sessions with patient.

-I am a staff nurse on Dorset ward and I have known Simon since his admission to the ward.

**1) Circumstances leading to admission**

Simon is a 37 year old service user admitted on 25/10/18 under section 2 of the MHA. It was reported that he had not been engaging with the services in recent years. He was arrested for spitting at a police officer after they were called about him harassing his neighbours. He also has a number of non-molestation orders against him, forbidding him contacting them.. He was taken to Wood Green police station and during Mental Health Act assessment he appeared to be thought disordered, had no insight, held several grandiose and delusional beliefs. On admission he was irritable in mood, elated and grandiose.

**2) Current nursing care**

Simon is nursed in a safe environment. He has been encouraged to approach staff to discuss his feelings. A therapeutic outlet has been provided for him to ventilate his feelings.

He has been offered 1:1 sessions with staff on each shift to discuss his care plan and also to gain his cooperation and to get him involved in his treatment.

He was encouraged to get involved in his care plan and discuss his views.

Staff encouraged him to gain insight so that he would engage.

Staff initiated establishing rapport with him which has gradually improved.

He has politely declined to attend occupational therapy sessions on the ward.

He is currently nursed on general observation.

### **3) Current medication**

He is currently on no regular medication

He is on PRN Lorazepam Maximum 4 mg in 24 hours.

Paracetamol PRN 1g 4-6 hourly.

Ibuprofen 400 mg Maximum TDS in 24 hours

### **4) Contact with others**

He interacts well with fellow patients and staff on the ward.

He has been leaving the ward to proceed on unescorted section 17 leave and he complied with it.

His mother and uncle visited him on the ward and observed to have interacted well with them.

### **5) Progress on the ward-**

On admission he presented with challenging behaviour, intermittently agitated, hostile, argumentative, and demanding to leave the ward but did not make any physical attempt to leave. He has now calmed down but there is limited progress in his mental state.

He has no insight and complains of being wrongfully detained.

He states that there is a conspiracy by the police and mental health services that are all out to get him. He claims to have set up a website with details, videos and recordings.

During 1:1 with Simon he appears preoccupied with talking about his websites

He states he has several businesses that the police have tried to stop.

He is eating and drinking well.

He has limited insight.

He attends to his personal care which has improved.

He socialises with other patients and staff on the ward.

He engages willingly with staffs.

### **6) Incidents**

There are no report of any incidents on the ward.

### **7) Risk**

At present risk to self is low. He did not express any thoughts of self-harm.

He is at risk of further deterioration in his mental state if he does not comply with medication.

Risk to others is low on the ward. He did not present with any aggressive outburst during admission. Has been reported to be at risk to his neighbours in the community due to his aggressive behaviour.

### **8) Factors affecting this hearing**

He should be able to attend this tribunal and also cope with the outcome with the help and support from staffs.

**9) Opinion and recommendations**  
**Is detention in hospital for (S2) or the provision of medical treatment in hospital justified or necessary.**

It is important that Simon remains in hospital under section 2 so that his mental state can be fully assessed followed by treatment.

He has no insight and is not willing to cooperate with his treatment.

He does not believe that he needs medication.

There is a high probability that he will not cooperate and disengage from services.

He will be putting himself and his neighbours at risk due to his aggressive and confrontational behaviour.

He will be at risk of losing his accommodation.

Signed

.....  
(Print Name) BiBi KHODABUX

Date 03/11/18.....

**Enfield Adult North Locality Team**  
58-60 Silver Street EN1 3EP

**Social Circumstances Report for S.C Rio no 11214451 on Section 2 of the MHA 1983/2007**

Date of birth: 26<sup>TH</sup> January 1981  
Home address: 109 Burncroft Avenue, Enfield, Middlesex EN3 7JQ  
Date of Admission: 26<sup>TH</sup> October 2018  
Hospital/Ward: Chase Farm Hospital, Dorset Ward  
Care Coordinator : Soobah Appadoo- Allocated August 2018  
Report prepared by: Soobah Appadoo  
Sources of Information: Electronic Documentation on Rio  
Nearest Relative: Ms Cordell (mother)  
Date of this report: 7<sup>th</sup> November 2018

**Who you are and in what capacity you know the patient, how long you have worked with them:** -. My name is Soobah Appadoo. I am a CPN with the above named team. I have been asked to compile this social circumstances report in support of above named patient's Mental Health Review Tribunal (MHRT) appeal against his detention under Section 2 of the Mental Health Act. Mr Cordell was admitted on section 2 on the 26<sup>th</sup> October 2018.

Mr Cordell was previously under the care of the Early Intervention Team for 3 years. The Early Intervention Team discharged him in June 2018 and at that point he was referred to our team. There is a suggestion on RIO notes that he did not engage well with that team.

I was allocated to Mr Cordell in August 2018. We offered him an appointment at his flat on the 31<sup>st</sup> August. Mr Cordell rang our office the day before and spoke to me. I informed him that I am his new Care Coordinator. He said that he had been seen for "76 days by his CC" and there was "nothing wrong with me". He said that the reason we want to see him is to "cover for missing signatures?". He said he "will ruin anyone who come to my house" and he has "recording cameras and audios" to ruin us. He said if you come to my house "I f...ing will scar you for life". He used foul languages through out this contact. He said that I "can take the f...ing referral and stick it up my a..e". He said that he does not want to see us. I could not interrupt him: very verbally aggressive with pressure in speech". I did manage to say that we are a different team from Lucas House and we want him to have a fresh start- He said "I don't f...ing care"

Further to that the MDT advised that we should assess Mr Cordell in clinic due to the potential risks. We then offered him an appointment on the 28<sup>th</sup> September which Mr Cordell did not attend.



My report is based on the information which I have extracted from RIO and my telephone conversation with Mr Cordell's mother.

### **Psychiatric history**

On the 16<sup>th</sup> August 2016 Mr Cordell was admitted to CFH under Section 2 of the MHA. He was discharged on the 27<sup>th</sup> August 2016. According to RIO notes Mr Cordell "was 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, was then referred for MHA."

He appealed against his Section. The Mental Health Review Tribunal discharged him from Section 2 on the 26<sup>th</sup> August 2016.

### **Leading to current admission**

As I stated above leading to this admission Mr Cordell did not attend appointments offered to him by our service. Subsequently due to the allegations made against him I was advised to attend a Safeguarding meeting for an alleged victim. In that meeting I was informed by the Council that Mr Cordell has a past and current history of physical and verbal aggression towards residents in the building. I was informed that the council has tried to work with Mr Cordell but to no avail. I was informed me that Mr Cordell was getting easily irritated even by the sound of a flushing toilet; this happened very recently and he threatened the resident concerned. The Council was of the opinion that these are signs of mental illness and suggested that BEH should proceed with a MHA. The Council argued that this is for the protection of others as well as Mr Cordell's own safety.

Subsequently the council sent us a copy of 'Anti-Social Behaviour, Tenancy concerns and breaches- pre-action letter' which contained a chronology of alleged incidents dating from 2016. These alleged incidents were in the meaning of an antisocial behaviour presentation.

On the 17<sup>th</sup> October Mr Cordell was discussed in our MDT meeting. A decision was made to conduct a MHA. A MHA was attempted on the 19<sup>th</sup> October. Mr Cordell did not cooperate and the assessment did not take place.

On the 23<sup>rd</sup> October an application for a warrant was made but was declined on the grounds "that there was insufficient recent evidence that he was being "kept under proper control" as he is living alone and "insufficient recent medical evidence that "he is unable to care for himself".

According to RIO, on the 25<sup>th</sup> October Mr Cordell was arrested for breaching a harassment order. It was alleged that he was aggressive towards the police and spat at them. He was assessed at the police station. On interview he had pressure of speech, delusions about his neighbours and the police and housing ganging up against him. He denied drug use. He said that does not have a mental disorder. The



doctors who assessed Mr Cordell found him "hypomanic, with flight of speech, grandiose and thought disordered"

### **Forensic history**

Nil known.

### **Risk History**

According to the Risk Assessment on RIO notes Mr Cordell had expressed suicidal thoughts in the past. This was related to stress from court cases. The date is not stated in the Risk Assessment. Around that time he said that he had researched ways of harming himself (poisoning, OD, hanging). He had said in the past that he tried to hang himself aged 16 when he was in a young offender's institute. He had said that he needed resuscitation. He tried to hang himself a second time after he was sentenced by a judge aged 20. He had said that he drank Nitrous Oxide in 2014 with intent to die.

According to his Risk Assessment he was regularly a victim or witness of his father's violent behaviour.

There are recent reports from the Council regarding alleged aggressive behaviours towards other residents. In June 2018 he was apparently involved in court case with the neighbours who he apparently threatened to harm.

### **Social circumstances**

#### Personal History

Mr Cordell is single. He has a partner. He has no children. He was born in Enfield and did his schooling in Edmonton. Left school aged 16. He studied and worked in mechanics and road works, electrical and computers after he left school (mother's report)

#### Accommodation

Mr Cordell lives in a 1 bedroom flat on the ground floor. The flat has necessary amenities/facilities to allow independent living.

#### Employment

He is not currently in employment

#### Finances

He claims ESA and needs to make an application for PIP

## Views of family

I telephoned Ms Cordell on the 7<sup>th</sup> November 2018. Ms Cordell told me that neighbours have been "terrorising" his son since 2014 in particular a neighbour on the 2<sup>nd</sup> floor. Ms Cordell told me that whilst her son is in hospital her nephew has been staying in the flat to look after the dog. The nephew has reported that the occupier on the 2<sup>nd</sup> floor have been "banging" on the floor. She said that the neighbour then realised that her son is not in the flat when they saw the nephew coming out of Mr Cordell's flat. She told me that since the 26<sup>th</sup> October the "banging" has stopped. She said that she has complained about the neighbour herself but thinks these situations are misinterpreted by the council and the mental health services and her son is then seen as the perpetrator and or being mentally unwell. Ms Cordell stated that the sound proofing is lacking and the noise is real. Other neighbours have made allegations that Mr Cordell has been aggressive towards them. She said that there is no evidence of this; police has seen CCTV and found that her son had not left the flat at the time when these incidents were alleged to have happen. Ms Cordell gave another example in 2016 where it was alleged by a neighbour that her son had made threats to kill him. She said that the police initially charged her son with making threats to kill; after seeing video evidence they charged him with a 'Public Order Offence'. She said that around the time of this alleged incident her son was in his flat with some friends. Her son was not allowed to his flat and was bailed to her flat where he stayed until December 2016. She said that the CPS after seeing evidence dismissed the case a day before the trial. She said that the council has never taken the responsibility to look at evidences; the allegations made against her son (physical assault, letting his dog on the loose) have not been proven. She said that on the 9th August in court the Judge ordered Enfield Council to move her son to a 2 bedroom flat but the Council wants/plans to evict him instead. She said that the Council has no grounds to apply for her son's eviction.

She said that her son has a one bedroom flat. She said that he does not want to live there. She said that he needs a 2 bedroom flat with the plan that his cousin could stay with him to provide emotional support. She said that her son has everything he needs in the flat. She told me that her son is very independent in activities of daily living; his personal care is extremely good; he cooks for himself, maintains the flat and takes responsibility for his bills. She told me that he has no financial difficulties/no debts.

She said that her son has a work history. In 2010 he was planning to set up a business in the entertainment industry. He has also built websites in relation to this. At present he is not in employment. He is in receipt of Employment Support Allowance but needs to make an application for Personal Independent Payment.

I asked her if she thinks her son has a mental illness; she told me that he suffers from stress and anxiety due to issues with the neighbours but does not think he has a mental illness. She said that the judged looked at evidence and did not grant a warrant in October 2018 for a mental health act to take place at her son's flat.

I asked Ms Cordell if she thinks her son could benefit from support from the community team. She said that he could do with some support but "we should stop labelling him as being delusional as he is not delusional".

### **After-Care**

Potentially Mr Cordell care/treatment would be delivered via the Care Programme Approach. I am the allocated Care Coordinator and he will have a responsible clinician in the community.

My role would be first of all to build a relationship with Mr Cordell as I have only met him on 2 occasions. I will try to motivate him to engage with myself and the multidisciplinary team. As his Care Coordinator I will review Mr Cordell regularly independently and with the Community RC.

We have a Team Clinical Psychologist and it would be vital for Mr Cordell to have some form of talking therapy. This is on the basis of the stress and anxiety that his mother states he suffers from.

We have a Dual Diagnosis Worker in the team who could offer drug counselling if necessary.

We have an organisation called 'Remploy' which is funded by the Local Authority. Potentially they could support Mr Cordell to find work. They meet regularly with clients whilst they are in work and also liaise with employers.

I could support Mr Cordell in making an application for PIP. Alternatively he could get that support from 'Enfield Well-Being Connect'

The Mental Health Enablement Team could provide support in tenancy management as well as support to access education/training and work.

### **Opinion and recommendations**

I have met Mr Cordell on two occasions only and I have not had the opportunity to assess him in the community. A rapport needs to be established with him.

On the basis of recent events, history of risks to self and alleged risks towards others, and taking into account the views of the MDT on the ward I think that he would benefit from a longer stay in hospital. This is in-order for the MDT to assess him comprehensively to determine if he has a severe and enduring mental illness such as schizophrenia/psychosis. If it is determined that he has a severe mental illness then this should be treated accordingly whilst he is in hospital.

**Signed:** Soobah Appadoo, CPN

**Dated:** 07/11/2018

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*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.



Trust Chairman: **Michael Fox**  
Trust Chief Executive: **Maria Kane**  
Director of Community Housing and Adult Social Care: **Ray James**



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".



### 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

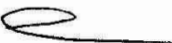
We agreed a crisis plan today should Mr Cordell feel inclined to act on his suicidal thoughts. We agreed he would either call the Crisis Team (0208 702 5060) or the Samaritans (08457 90 90 90). If these sources of support did not work out I said he could always call an ambulance in an emergency.

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

PP 

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

cc: Mr Simon Cordell ✓  
Encl: Enfield IAPT Referral Form





**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

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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 Section 117 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.

SIMON CORDELL

### **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

**SIMON CORDELL**

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

SIMON CORDELL



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.

**SIMON CORDELL**

## **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**

SIMON CORDELL

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 26<sup>th</sup> 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.



## **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 18<sup>th</sup> August 2016 results as follows:
- 4.2. ECG: Normal sinus rhythm

- 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.

- i.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.



## **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 5<sup>th</sup> finger which is under review by ward doctors.

## **7. Medication prior to admission**

- 7.1. None

## **8. Family History**

- 8.1. Mr Cordell's 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.

- 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 8<sup>th</sup> 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.



- 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 5<sup>th</sup> 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. 20/8/16 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)**

**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: 24<sup>th</sup> August 2016**



## **Official Statement of Mr Simon Cordell**

### **The Events Leading Up to My Wrongful Detention of my Detainee:-**

The events leading up to my wrongful detention of my detainee that have been governed under civil proceeding, do in fact relate to the following incidents:- On the 25th June 2013 the Metropolitan police attended my home address that being of 109 Burncroft avenue Enfield En3 at around midday, the reason for them members of the met police to attend, was about a criminal allegation, one offence of the nature of burglary, to which I Mr Simon Cordell did in fact dispute and proved my innocents at court.

On this occasion I was charged and then bail was denied I was then transferred to the world of scrubs her majesties pleasure HMP, the reason given for bail to be denied was because there was false and therefore wrongful criminal convictions that had been maliciously fabricated on the police national computer containing the wrongful convictions in my PNC, "to which I did disputed and then challenge and this has now been proven to be incorrectly inputted on my Criminal record and therefore myself to be correct, proof of this statement is contained within this official document as exhibit sc1, this exhibit contains the proof of 8 false criminal conviction not in the court official registries (1 of the guilty verdict off failing to surrender of which was the reason I was denied bail.)

On the 28th June 2013 I did apply to the district judge to reconsider the application of bail to which he did choose to over turn in my favour. I was then granted bail with the following condition that the Prosecution's opposed bail was:

Possibility of committing further offences whilst on bail:

Possibility of Failure to surrender

### **Judge's Decision Bail Granted with the Following Conditions:**

Surety of £1000 from Ms Lorraine Cordell (To be surrendered to the nearest Police Station) – prior to release from Custody.

Residence @ 109 Burncroft Road, Enfield, EN3 7JQ

Not to enter the London Borough of Southwark

Surrender Passport to nearest Police Station

Report daily to Edmonton Police between 1400 – 1600do

Curfew 8pm - 6am (doorstep condition – the Defendant should show himself to any officer upon that person knocking on the front door.

Mr Simon Cordell had to abide to the strict regime of bail conditions until the date of 00/00/2014, this was the date set for trial, but before the start of the trial I was found not guilty due to the judge accepting my evidence of a till recipe of proof of bunchers of a garden gazebo too which was the basis of the prosecution's evidence regarding the allegations of burglary.

While I was awaiting the on goings of the case to proceed to trial to defend my rights of a non guilty plea, I felt I was being mistreated by the justice system as I knew I had not committed the offence I was being accused off and this lead me Mr Simon Cordell to pre arranging a meeting by way of telephone, this was accomplished at my own free will, so for myself to be able to attend the silver street Mental health department, to help my self document a true understanding of the facts that was present in my life

of concern I exhibit proof of this contained and attached to this official document as c2.

I also arranged an appointment with my Doctor who was named Dr Warren at number 1 nightingale Rd, Edmonton, this appointment was not arranged due to feeling Mentally unstable, but due to the duration of the time the court proceeding had occurred and the effect the Metropolitan Police wrongful claims of proceedings was therefore having on the ruining abilities of myself Mr Simon Cordell being a high statue director for my own company running objectives.

On the date of 00/00/00, I Mr S. Cordell was at my home addresses as noted above, with the following friends who are named 3 of 3 people not including myself Mr Simon Cordell.

1.  
2.  
3.

When to my unexpected attention I received a phone call on my personal mobile telephone. When I asked whom the caller was I received a name of a gentleman who claimed the name of Goody and the occupation of this gentleman is an amp Mental health worker, the nature of the reason given for the call was proclaimed to be about the appoint that was previously arranged months prior with my personal GP as dated above. I clearly remember when speaking to Goodies on the phone that of an appointment being pre arranged at my own home address, as also noted above in this document.

On the agreed date that the appointment was made was 00/00/2015, the gentlemen whom I had previously had the telephone conversation with arrived at my home address with another team member who I know no to be called (Sandra) I invited them into my home, the flat was clean as I new I had been expecting guest and also because of the general fact I keep a strict house upkeep policy, and as for this policy I like to have nice essential utilities and personal accessories on this day my cupboards were full of food and also that of my fridge and freeze, this was checked by Sandra and goodie to my surprise.

The meeting started to take place once I had asked every person to make them self's feel at home, the meeting started to initialise and I found myself and goodies conversation started to lead towards what I had been up to prior to the visit, I explained that I was in the process of establishing my own company.

Once the meeting had started, we all started to settle into conversation within the average time duration of 5 minutes, the ladies phone who's name is Sandra started to ring she then asked every person, if she can quickly answer the call, as she answered her phone she walked into my front entrance corridor, myself and goodie continued to chat about positive things that I had been applying my time to, when Sandra walked back into the room after finishing her call, she asked if the meeting can be stopped, as she had to leave due to her telephone conversation. Goodie explained to myself that he was happy with my mental heath assessment and that he was going away on holiday for four weeks and that he would like to have a follow up meeting once he

gets back from his work holiday leave, I explained I would be very happy to meet with himself again, as it was a pleasure to chat with himself.

At this stage in my life I had worked hard to achieve in a positive view and it had taken me many years to save and buy what I new to be needed to start the company I wanted to build I would have not been able to start without the help of my family.

I can clearly note that of the facts that by 2010 I had things in place and needed to start on my next step with building my website so I order my domain name <http://toosmooth.co.uk> on the 22/07/2010, my mother was going to try and help build the website as money was an issue and to build the type of website that was needed would have cost a lot of money.

The development of the Website took much longer than anticipated; this was due to the building process and also my mother's health.

The coding beside the website is of a large scale due to the 4 databases that was needed.

By 2012 the website was coming along I order 2 other domains <http://toosmoothentertainment.co.uk> and <http://toosmoothentertainment.com> 22/05/2012 these were ordered, I had also started looking ahead to the summer of 2013 to start bridging out with contacts and doing some unpaid work in the local community so to get my company name known in the public, and help my local community.

I had planned to order the company name just before the work started in 2013.

The following day after of Goodie attending my private home, I was again at home working on my company I remember this date to be 00/00/2015 as for I was programming parts of my website and finding things reasonably hard to achieve, I noticed a knock on my front door and went to see who it was, when I noticed a large group of people, when asking whom them persons were I was told the name of élan, she stated that her occupation was from the mental heath department so I opened up my front door and asked what they wanted to speak to me about in the safety of knowing all was being recorded on CCTV. I showed some concern in regards to the team turning up to my address unannounced and that I felt that this was a breach of my privacy. I was un happy with the way I was spoken to by the Mental Heath team, on this occasion, especially with the understand of what had been portrayed to me and that being that since goodie had gone away on leave that élan and the other people standing at my front door had been made case handlers of myself for no reason I was quite shocked and concerned as goodie was surely happy when he had left prior and never said anything of the sort, it was then explained to me that they wanted to do another assessment on me once again I explained that I had just let goodie into my home less than 2 days, the team soon left.

once again with the concern of being assessed with out no true reason as I new that I had mostly been indoors and had travelled to the shops a few times with friends and family with no concern about my well being, After élan and team had arrived I called the mental health team so to find out why they had truly attended and to raise my

concerns, while achieving this I used a dictator to record the minutes of the conversation I managed to speak to Ellen her self and explained to her that I was happy for the team to have a meeting with my self if they wanted but please could they contact my self first or have a true reason under the mental health act.

A few days latter I revived a phone call of my mother and she seemed quite concerned for my well being, on asking her what was wrong she explained that the early prevention team had called her mobile phone and told her that they were obtaining a warrant under a person of interest section 135 of the mental health act 1983, this was said to be for the reason that I would not allow them access into my home.

On the 00/00/2016 while at home with my mother and civil partner I received a knock on the front door, on opening the door their was a multitude of persons present when asking them who they were they expanded police officers and doctors awaiting to serve a warrant to enter my home under section 135 of the mental health act 1983 I explained to them that I was happy to allow the doctors and medical teams access once again so to be able to conclude their assessment but was not happy for members of the police to enter due to the sensitivity of my personal information as I still had ongoing complaints and cases that I was a subject towards, the police agreed to await out side.

Before the meeting started I pressed play on my recording system so to be able to have a copy of the minutes of the meeting as I find professional best for all people's interest.

The general outcome of the meeting was that the warrant had been obtained illegal due to my self having a recording of ellen being invited for a meeting into my home of my own free will prior and that I had allowed goodie entry into my home two days before they arrived at my front door unannounced, with no truth in decrease or evidence of an un stable mental mentality of mine, between and on them dates. The warrant issued was and is for a person whom won't allow access to mental health teams to which I clearly did do; Ellen makes a full confection of this on CD. I allowed the meeting to go ahead in any case and was assessed as being mental stable with no issues of concern.

When listening to the transcripts of the minutes that took place that day under the grounds of the assessment, after being confirmed as well by the doctors, I was then asked if I was happy to be assessed every day or once a week, I was not happy with this as I feel I have worked hard to achieve my goals and this would have a negative impact on my time and ability as it clearly is right now, I did however say that I will talk with my partner about this and come to an agreement. After taking to my civil partner we decided that the mental health team had come to the right conclusion of me being well and that we were much more than capable of looking after our self and felt more commutable do this.

soon received a letter asking myself to go to Edmonton green for another assessment as dated 29/02/2016, I called the centre and explained that me and my partners had made our decision and that was that we can cope alone and if we ever find our self's unsure of any think that we will contact the mental health team.

The care team called my mobile phone 14 August 2016.

## In response to the allegations of Threats to kill 14/08/2016

On the day in question I was in my home address, all day my mother attended my home at around 3pm to collect my credit card as arranged leaving myself with no other source of money as for this I had no reason to leave my home. I have a text on my mobile phone and computer to prove this from my mother.

I was then fortunate another to have some good friends visit with their new born baby to which on their visit good news was announced that I will be the god father to the new born baby, my visitors stayed at my home address till around 7pm after their departure I was left at home alone and started to listen to a music CD that was given to me by my guests I continued to listen to music until at around 8pm, up and till I notice a very large amount of uniformed police officers entering my communal hall way and started to implosively bang on my front door intimating my self in my own place of residence.

I clearly remember approaching my front door with large concern for my safety as for I have other on goings cases against the Metropolitan police that are in the process of the IPCC.

As I approached my home front door I had that of my mobile phone in my hand and called for assistance of members of my family who could be in support of me as they may be relevant as to a witness to any ongoing about to occur.

When asking the police the reason for their presents at my home address the reply back was that of the remark, that they just wanted to speak to my person, I did reply back to them that I was not happy to speak to them self's as I new I had done nothing in-law and was therefore a victim.

I do remember asking the police to contact my solicitors as a first point of contact for any incident as the police have a full understanding when attended my home address that my home has been my place of residents for over 11 years and I have no issues with surrendering to police.

After about a 40 minute interview of compulsive and aggressive knocking by on duty police offices on my front door, I choose to explained to them members of active police that they were being recorded by my CCTV, This caused a different reaction and the woman office who was knocking on my front door choose to cause a criminal offence by way of causing criminal damage to my personal property other wise named as my CCTV equipment, she achieved this by staring straight into the camera and intentionally ripping out the cables in turn causing damage so that the crammers were no longer active.

As this happened while my mother attended with my uncle whom I had previously called and continued to recorded the ongoing on their mobile phones crammers.

Another police officer a male offered to repair the damage that had been caused by the female officer by asking myself to pass them a screwdriver out of my letter box I found this an unusual request.



On arrival of my mother and uncle attending I felt much more at ease and secure of my own safety and opened my front door knowing I had all the evidence I need on CD and mobile phones to prove my innocents and the damage cause to my property.

As for other video footage I do dispute the allegations of the Quoted fact off being taken out of cell number 3 for a legal assessment by members of the MHA Mental Health Assessment Team as named AMHP worker Maggie fuller and 2 x Doctor's of the names (---) and (---) whom did attended my cell while I was being recorded by CCTV as true as I am sure they did walk up to my cell hatch and verbally said to myself that I was being sectioned under the mental health act without caring out the correct procedures to obtain such regulations.

While the AMHP workers was at my cell door while being contained at wood green police station I did notice one of the doctors to be an official person that I had a complaint against for attending my home address in February 2016 and have a CD of evidence of the full mental health team of the day which does prove illegal entry into my home by way of completing a section 135 illegally in turn by stating to a judge under oath that I would not give access to my place of fixed residence and is clearly admitted to be a lie on the CD as I have the evidence.

Mr S. Cordell did in fact find this to be un professional conduct as for I had been detained for 24 hours with no issues of concern for my safety or any other persons and was left in my cell while being a detainee with my full clothing inclusive of shoe laces and belt and all other articles of personal clothing that in any case would be taken of a person acting with mental health issues of concern by the acting custody officer.

I also would like to make the correct notes regarding the statement of being seen by a police FME, as for this is not true to its statements as quoted in Mr Goodie official statement as dated the 25<sup>th</sup> August 2016 on page 2 chapter 1.

I do not feel I was correctly pre assessed under the mental Health act 1983 at wood green police station never was I interviewed or charged for any criminal offence, as the camera evidence being becalmed will clearly show and for this reason I also request a copy of the said official assessments doctors notes made on the day,

Know the truth to be on the 14<sup>th</sup> I was detained at my home address at around 9pm and booked into the police station I was then held for 23 hours until the official case handler came to my cell he asked me to contact my mother and ask for the video footage from my mother and uncles mobile phone and for my mother to attended the police station for an interview as in other occasion with the police I have needed an appropriate adult as I had learning difficulties such classed as reading and writing difficulties, I explained that I was willing to do the interview on my own as over the past 3 years of my life I have had much practice in reading and writing and have now improved on such needed skills, the police officer was not happy with my reply and re appeared a short time latter with the Mental health team who never assessed me, in total I was detained for near on 30 hours taken to St Ann's Hospital and then first assessed 72 hours after arriving for the first time so I understand I was detained illegally for the average of 100 hours.

Since detainee there has been many issues of concern that are to be raised and them issues of concern do in fact, contained wrongful personal information on the RIO data base and St Ann's computer systems inclusive of any other medical data in regards to doctor and client personal data and that information being not correct of it facts, so for any medical provisions to be able to use that information in a true positive method, as for that information can be proved to be fabricated and therefore false intelligence or classed as Intel.

Such fabricated medical intelligence was prepared by a Dr Rosemary Mill a St4 doctor in response for Dr Julia Cranitch, who states she has personal knowledge of Mr S. Cordell, Since the 22<sup>nd</sup> of august which is understood to be the start of her Job title for St Ann's hospital, contained in a prepared doctors statement that was requested to be served in a paper format as legal required for a tribunal.

On the 25<sup>th</sup> 08 2016 a prepared copy of the doctors notes made from all nurses assessment notes and there own personal involvement with myself, should have been served towards my self so to be able to prepare a fair defence for tribunal this should have been achieved by mid-day and was not. When staff was asked it was said my acting solicitor will be able to show my self a copy even low a consent form had been completed and submitted into St Ann's hospital.

Mr Simon Cordell feel that was I not served in accordance of the legalisation framework that represents the mental health act 1983, neither assessed at the correct opportunity falsifying my illegal detainee.

Mr S. Cordell was in fact shown a copy of the doctor's reports 20 minutes before the tribunal started by my acting solicitor due to a break down in communications and never had the opportunity to analyse any official documentation to in fact be able to stand a true legal defence.

As a matter of fact the tribunal did go in my favour and I feel a fair and equal decision was made by the boards official panel this decision was of the conclusion as quoted The section 2 Mental Health act 1983 was removed of my statue of liberty and I agreed to the doctors decision of staying in St Ann's hospital as a formal patient,

As the tribunal is held in St Ann's hospital there is less than a 5 minute walk from the assessment wing to were I have been detained while being assessed and on arriving back to the ward after the panel turned the decision in my favour I had the first opportunity to assess the doctors notes used in the tribunal in regards to myself that had been pre drafted and not served to my self in accordance of the duration of the time limit that legal jurisdiction apposes and felt the need to correct wrongful intel and state the true claims such tribunals should be based upon.

I have contained evidence that is overwhelming to the fact of the matters that I do quote within this official document of complaint.

## This has lead to my human rights 1998 being in breach such as the listed:-

- Article 3: Freedom from torture and inhuman or degrading treatment what is the prohibition on torture and inhuman or degrading treatment or punishment, this is one of the most important provisions in the Human Rights Act, and clearly states the following: -

Article 3 is like the right to life article 2, the prohibition in Article 3 requires an official and effective investigation to take place where there are credible allegations of serious ill-treatment by public officials to which Mr Simon Cordell claim and provide the supported evidence beyond reasonable doubt R V Bones, as provided within this official complaint.

The most obvious obligation that I ob-claim my rights towards do in fact prevent State officials from torturing a person or subjecting them to inhuman or degrading treatment.

This applies anywhere in the UK jurisdictions and this can include places outside the UK, as well as in UK prisons, hospitals, schools etc.

Any person's human rights may be affected within Article 3, whom is being contained within a Government policy that does in fact put a person in a situation where they face inhuman or degrading treatment to which I Mr Simon Cordell do feel I have been subject towards.

Article 3 does require that public authorities take all steps to prevent torture and ill-treatment. This requires laws in place to adequately protect vulnerable groups from ill-treatment and for public officials to act so to protect vulnerable people from harm inflicted on them by others.

Article 5: Right to liberty and security.

Article 7: No punishment without law.

## RESPONSE TO MENTAL HEALTH REPORTS

**Dated:** 12/09/2016

**Name:** Mr Simon Cordell

**Home Address:** 109 Burncroft Avenue Enfield, Middlesex EN3 7JQ

**Email Address:** Re\_wired@ymail.com

**Date of Birth:** 26 Jan 1981

**Hospital:** St Ann's Hospital, St Ann's Road London N15 3TH MHA

**Status:** Mr Cordell had been on a Section 2 of the Mental Health Act 1983 since the 15th August 2016 that was then changed at Tribunal on the 26/08/2016 to a voluntary patient as the Tribunal panel did not feel a section 2 was needed. As of the 27th August 2016 I was discharged to my home from St Ann's Hospital and I am being treated as a voluntary home patient, to date of this letter.

**Responsible Clinician:** Dr Julia Cranitch

**Date admitted:** 16th August 2016 is on the records and reports, but in the report of Dr Rosemary Mills it clearly states on page number 5 Chapter 13 Progress on the Ward, that I was being detained from the 15th/8/2016.

On the 14/08/2016 the police attended my home address I was arrested around 20:00 hours and taken to Wood Green Police station for allegations that I had threatened someone, which is not true. In the time I was in police custody I did not see an FME doctor. I also did not see my solicitors who I had asked to see.

On the 15/08/2016 two Mental Health doctors and an amp worker did come to my cell door and told me I was being sectioned under section 2 of the Mental Health act this was around 16:30 hours. I was upset at this due to knowing I had not been legally assessed as no person had come in or out of my cell to do such an assessment as can be proved by the police Cell's CCTV, I was not even served any paper work other than my bail form and therefore held illegally after I was bailed. No official person would say what was going on throughout my detention and for what reasons they continued to hold me after being granted bail,

Throughout my whole stay all I wanted was to see my solicitor and be interviewed and then released as I had done nothing wrong. Just after this the police handed me a bail form at around 16:46 through my cell flap, I was bailed with no interview and I still did not get to see my solicitor, When given the bail form there was two doctors and a Mental health worker also standing outside the closed cell door, whom said to myself that I was being held under section 2 of the Mental health act.

I said to the Doctor I know who you are I have you on CD from February coming into my home and I also have a complaint in against you and continued to state that I had done nothing wrong in my whole detention. I explained my rights and feelings and explained to them that they should not do this to me and every person outside the cell door walked away for a while, to come back five minutes later and say to myself through the cell flap once again you are being sectioned. Which a copy of the audio cd minutes is contained at the bottom of this document

did not have an assessment with a doctor for my Mental Health at the police station which can be proved by CCTV and know I was then being held illegally, in the police cell under a section 2 without being served any official paper work to them doctors' statements or being assessed.

On the 16/08/2016 an Amp worker visited me at the police station around 03:30 hours took me on his own and then said that I was then to be moved to St Ann's hospital at around 04:00 hours, as he was going by what the two previous doctors had reported.

When I was transferred to St Ann's Hospital, I spoke to know one other than a single duty SHO with a nurse present.

personally understand I had my first true assessment 72 hours later on the 17/08/2016 when I saw some doctors, my mother and uncle was also present at this meeting.

In response to an Inpatient psychiatric report, that was for a mental health assessment, inclusive of a related Tribunal, that was compiled on the 26/08/16 for Dr. Julia Cranitch.

## **1. Preamble:**

### **1.1 - 1.2 of Dr Rosemary Mills Report:**

Dr Rosemary Mills a ST4 Doctor started to prepare her report for a Dr Julia Cranitch seven days after Mr S. Cordell was admitted to St Ann's hospital, in regards to a Mental Health Tribunal as noted in chapter 1.2 on the date of the 22nd of August 2016.

If you then turn to the last page chapter 27 the date of completion was the 24th August 2016, and once again turn back to the first page of the report and take note to the top of the headed letter and read the 5th August 2016 as to be able to tell the correct times, of Dr Rosemary Mills processing her report.

Also, on the 23/08/2016 my mother had made many calls to the ward to speak to a doctor to which none called back, so she travelled up to the hospital to speak to a doctor. When a doctor who is named Dr Rosemary Mills, effectually attended and spoke with my mother.

When she came on to the ward she explained to mother, that it was her 1<sup>st</sup> day working on the ward and for St Ann's Hospital and that she had just taken over from Dr Humphreys and apologised due to this for not knowing a great deal about Mr Simon Cordell, she continued to explain that she would help my mother as much as she could.

So, I question the truth of the date and accuracy of Dr Rosemary Mills report as she had not been working for St Ann's Hospital as dated the start of her report and had never talked to me?

On the date of the 23/08/2016, Dr Rosemary Mills was with another doctor that my mother had seen before.

The 1<sup>st</sup> time I Mr Simon Cordell had a meeting with Dr Rosemary Mills was on the 24/08/2016.

Mr Simon Cordell was not served a copy of Dr Rosemary Mills report in the legal time limit required, so to be able to legally prepare myself for my tribunal, as I had previously requested. I requested this information so to have been able to question the true facts of the statements of evidence, that are now contained within the context of Dr Rosemary Mills Inpatient Psychiatric Report and Foodies Adama Social circumstances report. I was only given the report a little while before my tribunal



was due to start so did not have time to read it before the tribunal started, I did say this to the tribunal panel.

### **would also like to draw reference to amending Dr Rosemary Mills report and Goodies Adama report:**

this is in high light towards my own personal records that are being held upon RIO system and any other form of electronic and paper format that any medical teams may use, so for them official people to be able to compile their reports, as referred to as any reports that may relate to the Doctor and clients personal & confidential information otherwise known as intelligence.

Dr Rosemary Mills clearly states in the short time of the two brief meetings held at St Ann's hospital between herself and I that she used such personal information gained and studied from them meetings, this was also inclusive of information contained in or on RIO and any other sources that she may have used, that do relate towards myself so that she and he could conclude their reports, such information is largely incorrect to is evidence and I therefore request that information to be rectified as to being amended. Under the data protection act 1998 all information held about a person has to be 100% correct this is not the case in my records and so far, I only have limited information that was put in the report for the tribunal.

## **2. History of Presenting Circumstances 2.1 - 2.2 of Dr Rosemary Mills report:**

Dr Rosemary Mills report has been concluded in receipt for Dr Julia Cranitch.

question the statement of facts that the Intel contained in the report regarding past history, not to be conclusive, as towards not being true to their facts.

On the 14/8/2016 I Mr Simon Cordell was arrested by police at my home address at around 20:00 hours and taken to Wood Green Police station, it was not the 15/08/2016 as stated in Dr Rosemary Mills report.

The reason for my arrest was allegations I had made threats to harm my neighbour, these are fake allegations and when I return to the police station for bail this will be proved as the police are already aware my home is covered by CCTV and this will prove I never left my home on this day so could not have made any threats to harm my neighbour.

In Goodies Report it is claimed that it was my mother who put the report into the police about these allegations; this is also not correct my mother never contracted the police and reported anything about me. It was me that called my mother at 18:41 and told her the police was at my home trying to get in, she rushed down to my home with my uncle where there was around 15 police officer at this point and they stated recording what was going on, as I told my mother through the door the police had ripped the wires out of my CCTV system to the front of my home.

Mr Simon Cordell have yet to be interviewed, so to be able to find out who stated such false allegations about my mother and myself I am yet to find out, but I do NOT believe it to be my mother.

My mother was also asked if she had called the police at the Tribunal by the panel and she did not know what they were talking about and replied no she had not called the police. She has now had time to read the report and is very upset towards a lot of things that have been said and are contained in the report.

There is also the issue of concern in chapter 2.1 - 2.2 of Rosemary Mills report in regards to the wrongful truth in the statement being used relating to a police FME seeing myself, while I was being detained at the Wood Green Police Station, this is not true I never saw an FME doctor while at Wood Green Police Station the cell camera evidence will clearly prove this once served by Wood green Police station, There has been a request put in for this information to the police, inclusive of all other notes legally made while being detained in cell number 3 and if granted which I could not understand why it would not be, this will prove what I have said.

do not feel on the 08/12/2015 I presented myself as unwell, I feel it is only human for any person to have a bad day.

As you can see above, I have a great deal of problems due to the police and I do not feel that this makes me paranoid or delusional. Some people may find it hard to believe that I have so many problems with the police but I do it is the truth and my family and friends can also confirm this as well as many other people. I now feel I am being pushed in to not talking about the truth and what the police have done to me. Due to people stating and taking it as I am Mentality ill, I should not feel this way I should be able to talk about what is going on in my life as it is the truth. I have never been a danger to my self or towards any other person.

rapid speech I do find that I tend to speak fast and this is the way I have always been, it does not have a negative effect in regards to my family and friends and peers or relating to any business partner & clients I meet; I however do take note to the comment and will think about and try to speak slower from now on. But with this still in mind as said above I am still tongue tied and this is how I learned to speak I feel I should not have to change this due to people thinking I have a Mental Health illness, all it should take is for someone to ask me why I speaking so fast then I could explain. But people have not done this they have just said that I have a Mental Health problem due to this.

thought disorder: I do not understand, why this has been noted down, as I do manage to maintain a positive form of thinking and my thoughts are constructive thoughts that are not over calculated, or overwhelming to their facts.

I spoke mostly about misdiagnosis and mistreatment by police, as I have explained before, I have had years of on goings with the police, I know for sure that I can prove my statements, as from a young age my cases have been mostly NFA's regarding the police. I am in the process of an Appeal Court Case at the moment and that date is very near, I do not feel paranoid about the truth and I feel that I am looking forward to proving my innocents at court.

paranoid persecutory delusions regarding conspiracies to damage my reputation and to kill me that have been organised by a global agency called Storm.

It seems there is a lot of information that has not been taken down correctly and then inputted on my Mental Health records and this is incorrect some people might say my Mental health records information is entangled, as for it is misleading to the true facts and the true understanding that should have been taken is yes, I do have issues with the police and as said before these issues are real. As also said, I have an upcoming Appeal in Sep 2016. Where the information that has been given directly from the police CAD system and them Cads, I have been given seem to be misleading to the true facts due to the time stamps and other inaccurate information, which should never be able to happen in any database system. The Police CAD system is a software database, when people call the police via 999 or 101 there call goes to the police control centre, a member of the control centre takes the call and inputs the data into the CAD system and it is then time stamped so if the person needs a police office to there home there system can do this ETC. This police system is called Storm in Scotland and met CC in London which is our Emergency 999 call centres, I attach a copy of the on goings at court and any reader can make their own assumption, as contained in Regards towards opinion & Recommendations Chapter 17 pages 7 of this Report.

I also dispute the fact that I have ever said or referred to subliminal messages through my TV or any other way.

I have been asked this by the Mental Health team on a number of occasions and by the doctors and I explain to them the same thing every time. My TV including anything else, such as a radio has never spoken to me before.

My TV is something I watch to relax maybe I will watch a film or a program to cut of from work things I am doing for my company or before I go to sleep, so I dispute that I Mr Simon Cordell, referred to

subliminal messages through my TV: I once again question the stability and accuracy of this statement, as for fact I did not quote this neither do I suffer from any dilutions or psychoses.

Mr Cordell is said to have believed that upstairs neighbour was stalking him, the neighbour has since moved and Mr Cordell felt she was still harassing him and had CCTV of this.

I have not said that my ex neighbour Debbie whom once lived above me is still stalking me as I have not seen her since she moved.

I also believe what the Mental Health has on their system about this is incorrect.

My ex neighbours name was Debbie and yes, I did have some problems with her. When Debbie moved in I got along and looked after her for around 5 years, at this point of time in my life I was still in a long relationship with my Ex Partner and Debbie use to come to our front door and ask to borrow money from us, which if we could help we would and did as I am that sort of person and so was my Ex partner, like if I saw her trying to carry shopping up to her flat I would help her carry it to the door of her flat as I think this is the right thing to do but I never went into her flat.

After me and my partner ended in July 2013 Debbie started to come down to my flat more and more and trying to bring me drinks and also still asking for money, I never let Debbie inside my flat. I would not take the drinks of her, for one thing, I don't drink and for a next reason I knew Debbie had a problem with drink so tried to say to her stop buying it and to stop drinking it.

Debbie started to send me letters and started banging on the floor in every room any were I went in my flat she was above me; our flats do not have any sound proofing so you can hear most things.

The banging got worse and worse and she started banging on the tapes and pipes also I could not sleep I could not even go to the toilet without Debbie being above me.

I asked my mother if she could call Enfield Council as it was getting too much, which my mother did and also sent emails to them, I even called them myself. Nothing was being done by the council I told them I had CCTV of what was going on but they never asked to see it, in the one and only meeting I had with them they did not even ask to see all the evidence I have, I did offer more then once in the meeting to show them, the lady did not even write anything down.

I said to her that Debbie even attacked me outside the flat all of this was told to the council. Debbie was then moved out and I have not seen her since she moved.

I do state that I have many recordings of such past activates of me being victim to 113 Debbie and 117 Markandu's actions.

I attach a copy of transcripts relating to a video that I acclaim in relation to the Mathiyalagan Markandu, family as dated 00/00/2016 who live at 117 Burncroft Avenue, in response to the allegations of threats to kill which I now have to attend the police station for bail on the 10/10/2016.

This is a copy of the transcripts of the video footage of when I went up stairs to 117 on the top floor from my own flat, due to my members of my neighbours banging on the walls and floors to intentionally make my self victim to their actions, at around 19:42:43 on the 05<sup>th</sup> September 2016, 20:42:43 a few days after leaving the hospital.

### **The Start of transcripts when Knocking on door of 117 Burncroft avenue Enfield En3 7jq**

**Knocking on the door: 0:35**

**Woman: Who is that? 0:37**

**Simon: Its Simon let me speak to your husband. 0:38**

**Woman: Sorry. 0:41**

**Simon:** Its Simon let me speak to your husband.0:42

**Woman:** My husband is not home. 0:44

**Simon:** See the over day when I spoke to you yes. 0:47

**Simon:** are you listening to me, can you here me.0:51

**Simon:** see the over day when I spoke to you yes 0:55

**Woman:** What did you say? 0:59

**Simon:** I was just talking to you yes. 1:00

**Woman:** see the over day when I spoke to you yes. 1:01

**Woman:** Sorry.1:03

**Simon:** See the over day when I spoke to you. 1:05

**Woman:** yes. 1:06

**Simon:** You said that on the 14th August 2016. 1:08

**Woman:** Sorry. 1:10

**Simon:** On the 14th August 2016. 1:11

**Woman:** Sorry. 1:14

**Simon:** Can I open your letter box and talk to you yes. 1:15

**Woman:** Yes. 1:17

**Simon:** Yes ok.1:18

**Woman:** Sorry.

**Simon:** On the 14th August 2016. 1:20

**Woman:** Yes. 1:18

**Simon:** You said that you never called the police yes.

**Woman:** Yes, yes.

**Woman:** Yes, yes, I ring police Saturday Saturday Sunday I am lonely I am not living here I called the phone calls not here Sunday night I just come here at 9 o'clock.

**Simon:** You did that on the 14th August 2016.

**Voman:** Yes, some one told you, you called the called the police station I do not no.

**Simon:** Yes, the police said to me yes that on the 14th August 2016.

**Voman:** I am not Saturday Saturday morning I called I called my friends house Sunday night come on, morning Sunday or Saturday I was not here.

**Simon:** So, you weren't here I believe you I believe you if you tell me this, I believe you yes.

**Voman:** Yes.

**Simon:** If you tell me that I believe you what else can I say yes.

**Voman:** Yes.

**Simon:** But on the 14th August 2016 I no I never left this building.

**Voman:** Yes.

**Simon:** And I never looked up at no window and threatened you or your children.

**Voman:** Yes, yes, I am not here truth.

**Simon:** Because you are the only one with a child in this block and I would be I would not threaten child and wore I might say I might have an argument a dispute with you.

**Voman:** why are you please why are you please why your argument for I did not call the police.

**Simon:** I am not arguing with you I am not arguing with you.

**Voman:** I am after council I want to move the house; I push council that is why, I do not like you.

**Simon:** Yes, you pushed to get a new flat of the council your two bedrooms so you can look after our kids.

**Voman:** Yes.

**Simon:** which is of course I have been telling your husband to do that for a long time to get his two beds to right a letter and I would give him some letters as well but on the 14<sup>th</sup> you agree I never left this building and never threatened you.

**Voman:** Yes.

**Simon:** yes, that is perfect that all I needed.

**Voman:** I am not here Saturday and Sunday I am not here.



imon: you were not even here you were not even here.

Woman: yes, yes, yes.

imon: ok that is perfect all right thank you.

#### END of Conversion of Mobile Phone Video Transcripts:

A copy of the video footage is available at request.

My personal CCTV that I have installed is for my own safety, it is not there to invading other peoples personal life's or privacies, it is installed for my personal use and it fixture is mounted and contained within the internal hallway and is not a breach of the Data Protection Act 1998 "DPA".

#### 5.6 Dr Rosemary Mills Report:

19/01/2016 I challenge the statements contained in the context of such report in regards to:

On the 19/01/2016 I was due to have a meeting with Goodie from the early Intervention team Goodie came to my flat with a lady I believe her name to be Diana. We all said hello to each other and sat down to talk. At this point Diana phone ring and she took the call and went into my hallway to speak. and Goodie carried on speaking in my front room and a little while later the lady returned into the front room and said to Goodie sorry but they would have to leave. Goodie got up to leave but did tell me he was going on leave for 4 weeks and would see me when he came back but if I needed any help, I could call the main team.

This chapter states that I am paranoid about people especially the police, as I have explained and supported evidence towards already, I am not wrongfully paranoid about a few members of the police, as I have overwhelming evidence of police corruption which they have caused.

And those matters are in the high courts and IPCC hands inclusive of my solicitor and self being. I would like to strengthen the truth about myself not being paranoid about over people I have no worries about paranoia and never put myself in harms way to upset others, so I therefore feel no reason to be paranoid about other people inclusive of my mother and family.

But It seems due to talking about the police this makes me a paranoid person, maybe if someone sat down and heard what I was saying and read some of the reports I have, maybe they could see for themselves what I am saying is the truth.

But it seems when people are faced with something they do not want to or can not understand, like something what I am face with in my life such as corruption in police cases can go on, this is wrong in today's modern world.

When any person gets accused of being a paranoid person and said to and have a Mental Health issues. Who can show the documented articles of corruption to any person on request in turn stating the truth about what there being accused of being paranoid about?

Why because people see the police as people that do no wrong. So, when a person says anything bad towards the police, they are the ones that have got to be in the wrong. It seems I can have all the paperwork in the world to prove what I am saying, yet in the eyes of the Mental Health team I have a Mental Health illness why because they will not open their eyes to the truth.

As for me not eating I eat very well I always have and my dog is also fed very well, I also look after my home and it is clean and tidy maybe there is lots of paperwork around as I am doing a lot for my

company and also my appeal case, but I know where everything is and most of my paperwork is in binders.

### **5.7 Dr Rosemary Mills Report:**

On the 22/01/2016 I was at my flat doing my paper work waiting for some people to attend for a meeting about an up and coming event that was due to take place.

I heard my door and was thinking the people had turned up a little early, when going to the door and opening it I see doctors and other people wanting to come in my home. I told them I did not know anyone was coming and I had a meeting arranged. I was told that they did not have to tell me they were coming and could just come.

I told them the meeting I was due to have was a business meeting and it would not look good if the people I had the meeting with showed up and saw doctors and Mental Health workers so could they do this a next day. I did not say they could not have access to my property I just said it could not be on that day.

In dispute the fact that anyone could have made a diagnosis I was paranoid, suspicious, and grandiose with flights of ideas in such a little time that they were at my door. As all we spoke about was my meeting and that it was not convenient that day and could it be done on a next day due to the meeting I had already arranged.

In dispute any negative thoughts and feel that achieving to be a young entrepreneur in today's modern society may seem grandiose to some, but I know it to be a reality for many achievers.

I was shocked when I opened the door to see all these people.

I do not know why there was a need to apply for a 135 warrant as I had never not said they could not have access I just asked if this could be done on a next day due to my meeting which I do not think was too much to ask.

### **5.8 Dr Rosemary Mills Report:**

On the 25/01/2016 the Mental Health team applied to the court for a 135 warrant to enter my home the warrant was valid for 3 months from the date of issue by the court.

The grounds that was used for the warrant was as below.

A person believed to be suffering from Mental disorder [has been] ~~[is being]~~ ~~[ill-treated]~~ [Neglected] Kept otherwise than under proper control] [Being unable to take care of him/herself, is living alone] at My home addresses

How on earth could they say I was being [Neglected]?

How on Earth could they say I was [Kept otherwise than under proper control]?

How on Earth could they say I was [Being unable to take care of him/herself, is living alone] at My home address?

In all the reports that have been made in regards to my self from Medical all intelligence data, prior to the teams requesting the section 135 warrant seem to say I had been Neglected, which I am sure if was true would be drafted in the reports.

In none of the reports, has it ever said I was out of control nor does it say while I have been living in my home there has been an incident relating to Mental health problems.

Also in none of the reports did it say I could not take care of myself due to living alone, in no reports did it say I was not eating, in no reports did it say I did not have food in my home and they did check this when they come to my home and always saw I had food, I was always clean and my dog was always fed and was in good condition.

It goes beyond words how they were able to get a section 135 warrant issued by the court.

On the 02/02/2016 is when they used the section 135 warrant to come to my home with police. On this date I was at home and had no visit of the medical team, as for this was the date when the section 135 of the Mental Health Act was applied for a court, as I have the true paper work served and the minutes for the meeting on CD.

### **5.9 Dr Rosemary Mills Report:**

I was contacted by the Mental health team and explained to them in a phone conversation that I had spoken to my civil partner and we both that together after the on goings in the meeting that we will both monitor any issues of concern about my Mental health, along side the rest of my family and friends and if ever any problems arise we will contact the Mental health team as of date.

There have been no true problems other than the false allegation of threats to kill to date which I have proof of not leaving my home on the date in question on CD.

## **6 Past Medical History**

### **Dr Rosemary Mills Report:**

2. While at the police station being held as a detainee on the 14/08/2016 until the 16/08/2016, I had no health issues this does include the 16/08/2016, while being detained at St Ann's Hospital.

In St Ann's Hospital I was in full good Health right up and till the 17/08/2016, when I went to use the hospital toilet as I walked in to use the toilet I slipped on the wet floor and fell forward causing both of my small index fingers to snap forward, this caused me a large amount of pain.

The toilet was left in a foul manner before I had arrived and had clearly not been maintained all day, as there was large amounts of human waste otherwise known as urine around the floor and on the toilet seat, I clearly remember there being no safety signs up as I walked into the room and once I was inside for any person to have been prior warned of such faults.

On noticing the damage caused to both my fingers on both separate hands I worried with concern as for the need I have for them. I care for my hands as they provide my abilities to earn a living. When I then got up and went straight to the staff room and reported the incident, I asked for it to be drafted into the Hospital's accident and report book and to have the Emergency medical provisions that I required, it was explained to myself that I will have to get the staff doctors to deal with the issue the next day.

On the 18/08/2016, I again asked for the incident report book to be updated, so as for any person to be able to explain the damage caused to my fingers, while I was under section 2 of the Mental health act 1983 while I was being detained at St Ann's hospital.

When at around 11:00am I showed a doctor, the reason I was given the opportunity to show a doctor was because of he had asked me to take part in routine checks, such as checking my heart rate, I showed the doctor the damage to both my fingers, I also expanded to the doctor the pain I was in and therefore suffering and that I required emergency assistance such as an x ray.

It was then explained to me that even though my left finger looked snapped they believed it to be swollen, I knew this not to be fluid in my left finger but for it to be part of my bone snapped, it was also explained by the doctor to me, that my right finger will heal and gain movement over time, I challenged this to the maximum extent I could at the time.

When Comparing the snap to both of my small index fingers, I class my right finger to be a lot worse as for the reason being that I have lost full control of it and can no longer use it, not having any use of my right small finger has a large effect on my daily life for instance I can no longer write with a pen as I once could and I have issues with picking any thing up as I once could before.

continued to report my concerns of my well being in regards to my fingers with no true aid in emergency medical assistance apart from being prescribed ibuprofen an anti flamer tries and having my fingers taped together. I know that any person can clearly see the break in my left finger to date. I am still in continuing pain due to the way it has repaired incorrectly, this lack of duty to care I believe has caused life time injuries to my abilitys of my hand, in turn causing the absinth of any use from my left small finger, this really upsets me as I now feel disabled due to this accident and I know if I had my own liberty at the time I would have gone and received the medical help I needed, relating towards my health.

## **7 Medications Prior to Admission**

### **Dr Rosemary Mills Report:**

I agree to the fact that I have never had any medication prescribed to myself in regards to Mental health issues as there has never been a need, however since I have been getting assessed by the Mental health team, I have now been prescribed tablets by the Teams Professionals.

## **8 Family Histories:**

### **Dr Rosemary Mills Report:**

My Nan did suffer from Mental Health problems from 1989 she suffered from manic depression, this surfaced when my Nan started to have her Menopause at the age of 52 and was put on treatment for this which was HRT.

She started to take HRT and the family noticed changes in her she was on HRT for around 6 months and due to how it effected her Mental Health she was taken off it, my Nan was never the same after this and did have admissions to hospital. My Nan last stay in hospital was longer then needed to be and she took to Tribunal where the Judge ordered that she be released from the section 3 she had been on until this stage my Nan had always been diagnosed with manic depression and she had never showed any signs of a person with schizophrenia should have shown. After what the judge said my Nan's diagnosed was changed to schizophrenia, I believe this was only done so she could be placed on the drug Clozapine as at this time only patients diagnosed with schizophrenia could be placed on this drug. My Nan stayed on Clozapine until her death on the 30/08/2014.

## **9 Personal Histories:**

### **9. Dr Rosemary Mills Report:**

I only draw an issue with this statement in regards to my Father, my father has never wanted bad for any of his children just for us all to act responsible and with dignity and pride, for he himself just had a strict upbringing, he has all ways been a working man and provided for his family and as a family we all love him very much.

## **10 Forensic Histories:**

### **10.1 Dr Rosemary Mills Report:**

10.1 I agree with the fact in this section of the report.

10.2 This Is a List of my full bail conditions and a short summary relating to some issues of concern, section 63 of the criminal Justice and Public order Act 1994 is for out door events all incidents I am being accused of are all indoors and I did not commit.

The Defendant is prohibited from:

## **Chapter 2.2 of Dr Rosemary Mills Report:**

states that I was assessed by the Mental Health Teams AMP worker and Doctors at Wood Green Police station, this is not true, I know to be assessed I would have needed to be spoken to by the doctors and AMP worker this was never done, I was never taken out of the police cell and spoken to by two doctors or even asked if I would speak to the doctors or AMP worker.

I had been in detention for over 20 hours in a police cell waiting for my solicitor so I could have my interview. I never saw my solicitor in all the time I was held I only spoke to them once on the phone, and after over 20 hours two doctors and an AMP worker came to my cell door and told me throw the cell map that I was being sectioned under the Mental Health act under section 2, I was never served any official paperwork to say I was being sectioned under the Mental Health act.

## **Chapter 2.2 of Dr Rosemary Mills Report:**

The assessing doctors felt that Mr S. Cordell presented features suggestive of Mental illness, in particular paranoid precautionary some ideas about the police and his mother.

This is far from the true facts of events that took place on this date, I was left in my cell sleeping on camera with no problems of concern thought the whole of my detention, and this was while being recorded on police cell number 3 by camera, at the Wood Green Police Station.

I did also request food to eat at three different times and the food was served with additional drinks. I asked for a blanket as I was cold and I was also left with my shoe laces and belt on. I even remember I had to ask for toilet roll to which that was then given to myself, in my whole stay I never caused any concerns in regards to my Mental stability.

## **2.2 Dr Rosemary Mills Report:**

There is the matter of the wrongful information that is contained in the collateral history of Mr S. Cordell records and those claims are more fictional as to their statements in weight in any sense.

## **2.2 Dr Rosemary Mills Report:**

Dr Rosemary Mills is wrong with her information as towards the truth of events at no point of time have I ever stated to anyone that I believe the Television is talking about me, I have been asked this a few times and also in the 72 hour assessment at St Ann's hospital, my reply was "at no point of time do I believe the TV talks to myself or the radio and neither do I hear voices." I have no symptoms of the kind they mention or asked me.

## **2.2 of the report also states:**

I have paranoid beliefs about my mother.

This statement could not be any further from the truth as throughout my whole life I have been raised with high standards of good statue and have a very close mother to son relationship, My mother and myself have always been close along with the rest of my family, we are always there for each other as a family should be, even at the age of 35 as I am on today's date, as of headed at the top of this letter.

To my understanding my mother and I are both in disbelief of the blunt fabricated statements contained in the reports, that we do not trust one and other and the prospect of there being any truth in such unjustifiable personal Intel, making claims of my own self being and claims of my mother's statements proclaimed to be the evidence contained and supported by the reports.

In Goodies first statement of his report that is regarding, Social Circumstances that was for the Mental Health Act Tribunal that is dated 25th August 2016, I ask any reader to please take note on page 2 and of the 1st paragraph of that report, under the heading of circumstances leading to admission, it clearly states that I Mr Cordell was arrested at my home address after my mother raised concerns about my Mental



ate- I know this not to be true as does she. the report goes on to say he was allegedly verbally threatening to his neighbours and (?) neighbours children and continues to state, Simon's mother then called the police who arrested him, I have talked with my mother and asked her if she made up such statements or if she has even spoken to the police on the date of the 14/08/2016 and her reply was and still is no and I trust her.

as for the threats to kill and harm children this is not true at all. I did not leave my home address all day and would not harm or threaten a child, it is just not who I am. It continues to make wrongful claims such as I was seen by a police FME, which is not true at all.

there is a clear issue's with misinformed intelligence, as to the claims of myself being verbal aggressive towards members of my neighbours, as the claims are not true, I have proof of a freedom of information request of myself, asking my local council if there was ever any issues relating to noise or any other complaints, in regards to my residence at, 109 Burncroft avenue for reference of the past 10 years that I have lived there and received the reply of no there has been no complaints so I exhibit proof of this as C5, neither have I had any person knock at my front door with a negative view.

### **once again question the accuracy of the intelligence report that does state:**

that I use laughing gas recreationally, I Mr. Simon Cordell raises an issue with the date of such information, as for fact around the years of 2013 to 2014, I did experiment with some legal high's and never touched them since, neither have I thought about them.

as for the statements of myself having ideas, about the police and being paranoid towards them, I would like to make note of my true feelings, I do not feel paranoid about police officers, I just feel an injustice has been served upon myself, this has been achieved in relations towards pervious cases, I have now proven my innocents towards.

also still have one up and coming court appeal, that I await, so to be able to prove my innocents towards, I was not found guilty under the applicant's case at the magistrates court and have the court transcripts as evidence of this and the truth being, of many other facts that are yet still to be presented at court and because of this I have recently been preparing my defence for this appeal, so I may talk about this a bit at present, as this case is within the next up and coming four weeks. I do not feel that this is abnormal for any person to feel the way I do, especially about their freedom being taken away, when they are clearly in the right.

My mother has also confirmed in the meeting with the doctors that when I talk about the police it is not paranoid it is the truth. There is a long history with myself and the police they do not leave me a lone, this has been going on for over 20 years, yes, I agree some of it was justify by my actions at the time, but most was not justifying. I am under no delusion that the police have a job to do, but I also know how I have been treated by the police and that is fact. In the report it is written I am paranoid but have the doctors ever asked me what I have gone through with the police to find out if it is paranoid or fact? I have not been asked once by any doctor.

### **3. Mental State Examination on Admission:**

#### **Reference to Chapter 3.1:**

In general, I can agree with a vast amount of the information that was drafted and served, I am however concerned about the issues of: -

1. Being classed as dishevelled, as for a general appearance, I do obtain my dress code so to be of the nature of clean and well dressed person, but due to being arrested at my home address, with out no prior warning, I was wearing casual everyday indoor clothing and please explain to me what does having 4

teeth missing has to do with anything I was in an accident and lost my upper two front teeth I had a bridge fitted so they had to file down my teeth beside the 2 front ones, the bridge came out and I lost it, does this mean I have Mental Health issues?

. I do admit I have become irritable, but this was as I knew I had not been legally assessed and I had been detained in a police station, from the date of the 14th of August 2016, this was also with no interview or charge taking place while being detained. I was of no problem to any person; this does include my self.

. Speech I Mr Simon Cordell would be the first person to admit that I do speak fast, If asked why I speak fast I would explain as a child I was classed as being tongue tied having a malformation restricting the movement of the tongue, this had an effect on my speech as a child I was under north Middlesex hospital they did not do the operation and was placed under speech therapy throughout school, I have always had to speak fast to get my words out so people could understand me this is who I am and the way I learned to deal with being tongue tied and the majority of people that I do meet tend to get along with myself and do not have an issue with it and other people do understand me, as did the nurses and patients who were at St Ann's Hospital during my stay, as noted in their reports, the assessments do state that I am a very polite person, I believe this to be as for my parents upbringing and life's toils, as one may say throughout a person's life.

. I am usually in a good mood as I still do re-quote and may be found by some persons as being slightly elevated, but this is part of my personality and constitutes to a positive impact, rather than a negative impact.

. When I denied not having thought about harming myself or others inclusive of having any perceptions or hallucinations this was and still is true.

. I do listen and take advice from medical professionals and judge what is best for me, this must also be said to be inclusive of other close friends and persons and together we do not come to the wrong conclusions, together we clearly do not believe I suffer with any Mental illness as the reports claim I may.

### **3.2 Dr Rosemary Mills Report:**

do not agree that I have been setting up a company and this has taken me some time to complete due to raising money that is needed, while studying and getting the help or support to achieve my goals. This may be classed by some people, to be acting in a manner that is slightly grandiose, but I believe every person should set their goals high and achieve them set goals, to which I intend to one day complete.

### **3.2 Dr Rosemary Mills Report:**

do not agree with the DR Rosemary Mills statement, as when describing my company the truth seems to be slightly in tangled, as I do not recall saying that I intended on managing part of the Mental Health care facilities, I do in fact clearly remember explaining that I intend for my company to be able to support people as deprived as some of the NHS and Mental Health teams patients, that they have to manage on a day to day basis and that I would in Co Host like for my company to have a steady upkeep of its regime as the NHS does.

as for me stating that I intended to buy speakers for 50,000 pounds, I did not state this and this statement is therefore not true, what I did explain was that when introduced to a young gentleman a few years back, whom had half of his arm decapitated, whom did visit me on more than one occasion; we both seemed to have very similar ambitions, both towards the love of music and good sound systems not to forget good people.

One day my friend, explained that he had a sound system and asked me to visit him at his home address, as he explained where he lived, I noticed the distance of his travels, for whenever he had to visit me. I found myself at this young gentlemen's, tower blocks, he lived on the 18th floor. On being asked to follow my friend into his bedroom I see the problem he was having with space; this was due to the size of his speakers and his disabilities.

He explained that he had the same dreams as I do this was before he had been in an accident. We both talked and what was explained for a while and took the understanding together that he needed the space in his room, so that he could be able to sort his life out. I worked a price out with him and paid him the price of each speaker.

When they were new their price was £50,000 pounds each and they are now much cheaper, to buy.

We are both still very good friends to date; I still see him he still has the same dreams and knows when I sort everything out with my company, he can be part of it.

#### **4. Physical Examination on Admission:**

I agree with this section of the report.

#### **5. Psychiatric History**

##### **Regarding Dr Rosemary Mills Report:**

I am not happy with the Dr Rosemary Mills report due to the reasons being: Myself Mr Simon Cordell's and family representatives, inclusive of civil partner and close net friends, whom do support me and disagree with the negative statements used in the medical reports. We all therefore agree together, that a wide amount of information contained in RIO'S data base is widely inaccurate, such wrongful intelligence is amongst the statement that does quote; that I Mr Simon Cordell have previously been diagnosed as to be suffering from nonorganic psychosis f29, as dated with reference towards 2015, as for fact, any person who is truly suffering from Schizophrenia and Delusion F20-F29 Schizophrenia, schizotypal and delusional, and other non-mood psychotic disorders, do in fact suffer with different symptoms to what I have clearly shown, while being closely monitored by health professionals, in St Ann's Care centre by their teams.

##### **5.2 Dr Rosemary Mills Report:**

Relating to a diagnosis of an Adjustment Disorder F35.2 in 2014, I Mr Simon Cordell also question, this.

- On the 25/06/2013 the police came to my home they arrested me for burglary which I knew I did not do.
- The police charged me, why I do not know. I was remanded to prison due to incorrect records that are contained on my PNC, which I can prove to be wrong, this is getting addressed.
- My mother and myself had to appeal the decision made by the judge whom had remanded myself to prison at the crown court, which I was then granted bail under 6 conditions.
  1. Surety £1000 from Ms Lorraine Cordell, this is (To be surrendered to the nearest Police Station) – prior to release from Custody.
  2. Residence @ 109 Burncroft Road, Enfield, EN3 7JQ.
  3. Not to enter the London Borough of Southwark.
  4. Surrender Passport to nearest Police Station.
  5. Report daily to Edmonton Police between 1400 – 1600 hours.
  6. Curfew 8pm - 6am (doorstep condition – the Defendant should show himself too any officer upon requests.)

- Due to how much the police had kept tarnishing my life when I had clearly not done anything wrong, this caused stress in my long-time relationship till we had to depart from one another, as she could not take any more with the police harassment.
- The case took over a year to deal with as the CPS would not give the disclosure that my solicitors were asking for and the judge ordered them to give.
- After a year and on the day the trial was due to start the Judge discharged the charges and found me not guilty in July 2014 this was before the trial started.
- In this time my brother had a life changing accident.
- My Nan was diagnosed terminal and passed away 30/08/2014
- A close friend of the family passed away in Dec 2013
- A close friend of the family passed away May 2014
- A close friend of the family was diagnosed terminal and passed away on the 29/08/2014 the day before my Nan.

Adjustment Disorder order means there is an event in your life one that you are not coping with. I admit that I had multiple things going on in my life but none that I was not coping with and I would not call this Adjustment Disorder.

The facts are that the police knew that I could not have done what they were saying is, the errors on the police PNC database caused me to go to prison, and I feel victim to the way in which I was being treated by the courts, because of what was being told to the judge by the police and CPS, this is also inclusive of the period of time leading to how long the case was taking due to myself not getting disclosure from the police after the judge ordered it, we did not get disclosure until the trial date,

The reason why the prosecution would not give disclosure was it because they knew that by giving me it, they would have got the case dismissed much earlier and this is what did happen in the end, for reasons such as the information I and my family had obtained.

I could not do anything with my company and lost loads of contracts due to the bail conditions that I was under knowing and I knew that I had done nothing wrong so to be put under these conditions, I lost my long-time partner due to this due to the wrongful facts that the police claimed.

Relating to a diagnosis of an Adjustment Disorder F35.2 in 2014, I Mr Simon Cordell also question the truth of this statement and understand it not to be true, as to the events that took place on the date did not relate to such a diagnosis.

I am again very concerned and unhappy with the following information being in breach of my rights that on the 11th /3/2014, it has been said that I Mr Simon Cordell was assessed by the DR Jarvis of the Infield Triage Team this is said to be after a referral by my GP and while in that meeting I strongly disagree with the following:-

1. I was not suffering from any symptoms, anxiety for nine months as stated due to being Mentally ill, as for the truth being that I was feeling that the duration of time, leading towards the on goings of the court case, up and till the conclusion of the ongoing, was having an effect on my way of life, until I was found not guilty.

2. My Doctor did not refer me to Dr Jarvis, as to in reality, I personally arranged the meeting and went there of my own free will and told my doctor what I had planned to do.

3. I clearly was not suffering from a diagnosis of an Adjustment order, due to being correct and not been found guilty in regards to the issues I was having at the time.

### **5.3 Dr Rosemary Mills Report:**

On the 19/11/2016, it is said that I was referring to the home treatment team; this was due to concerns, that I Mr Simon Cordell had become paranoid about my mother. I question the following: -

question who referred me to the home treatment team and the police's too the reason why?

question who stated that I had become paranoid about my mother as me and my mother have always been very close. I have spoken with, my mother and she has explained to myself that she was at her home address when she received a phone call from the Mental Health team stating that the police were at my flat, this call was made while I did not know.

My mother told the Mental Health team that she did not know why the police was at my home. She told the Mental Health team that the police keep going to my home for no reason.

The Mental Health team spoke to the police but kept my mother on hold on the phone and she could hear what was being said.

The Mental Health team asked the police why they were at my home.

And the police replied that they have been called to my flat, the Mental Health team asked by whom, which the police did not seem to know as they gave the Mental Health team 3 door numbers which do not even belong to my block. The police stated to the Mental Health team since they got there I had started shouting.

The Mental Health team asked the police to leave my flat, the phone call cut off at this point with the Mental Health team and my mother so she does not know if anything else was said.

I was not upset and was watching some TV before the police came to my home again for no reason, I had not done anything wrong. I do not always open the door to police, due to how they are with me and some times shout through my door to them. Until one of my family, can get to my address so they can see what is going on.

When the Mental Health did try to talk to me this night I was upset due to what the police was doing they kept coming to my home for no reason I did not feel like speaking with anyone I just wanted to go back to watching some TV and having a rest and for the police to leave me alone,

I was not shouting and distressed so do not believe the police got a call from anyone on this day to be at my home.

The Mental Health team called back my mother and told her they would leave me alone that night and come see me again in a few days to see how I was feeling the Mental Health team did not say anything to my mother about it being unsafe to see me or feeling unsafe.

#### **5.4 Dr Rosemary Mills Report:**

5/11/2014 I do not dispute, the facts being that on the date in question, that I was calm and happy and my behaviour pattern, was one of a people whom is of good mind, body and soul.

#### **5.5 Dr Rosemary Mills Report:**

8/12/2015 I challenge the statements contained in the context of such report:



- ) Attending a rave as defined by s.63 of the criminal Justice and Public order Act 1994;
  - ) Being concerned in the organization of a rave as defined by s.63 of the criminal Justice and Public order Act 1994;
  - ) Knowingly using or supplying property, personal or otherwise, for use in a rave as defined by s.63 of the criminal Justice and Public order Act 1994;
  - ) Entering or remaining in any disused or abandoned building;
  - ) Entering or remaining on non residential private property on an industrial estate between the hours of 10pm and 7am without written permission from the owner and / or leaseholder of the property; and
  - ) Engaging in any licensable activity in an unlicensed premise;
- These conditions are for the whole of the UK, and I believe are a breach to my human rights under ASBO Legalisation.
  - It was asked in court by my Barrister if I needed to go to a petrol station as well as other places like to do shopping between the hours of 22:00 hours and 07:00 hours such as a 24 hour Mac Donald's what will happen and it was explained that he would in fact be in breach of this ASBO the judge explained and said well he will be arrested and have to prove in court I was going to get petrol.
  - If I made a wrong turn when driving and turned into a non-residential private property on an industrial estate, I would be in breach of this ASBO.
  - My mother also tried to ask things about the conditions what if he needed to go and get milk from Tesco's or a shop and the judge said well, he will be arrested I cant even go to a shop between the hours of 22:00 hours and 07:00 hours without being in breach of this ASBO.
  - If I was to go out for a night out, I would have to ask the owner to see if there licensed to make sure I am not in breach of my ASBO as I was told it is down to me to make sure they are licensed.
  - No one wanted to define the conditions the applicant which is the Met Police wanted to make this a life time ASBO and made sure the conditions were correct so that after the 5 years they can apply to put a next 5 years in place because the judge would only allow the 5 years and not the life time ASBO.
  - If illegal raves have not been proven which they were not, then why do my conditions for the ASBO still define illegal raves?

part of my Barrister submissions that represented me, had been that the allegations were that I was involved in organizing illegal raves but the applicant hadn't adduced evidence of trespass which is a requirement for proving that an indoor rave was illegal.

The Deputy District Judge ruled that the applicant did not need to prove illegality - all the needed to prove was I had acted in an anti social manner, to which I had not acted in any anti social manner within the whole case file.

In the view of my barrister this is a very questionable decision: firstly, the applicant based their case on the illegality of the raves rather than the fact of the raves themselves and secondly, without proof of

legality the presumption of innocence leads to the conclusion that the raves were legal, and thus I being prohibited from engaging in an ostensibly lawful activity requires more careful consideration on issues of proportionality.

I have to agree with my barrister as when dealing with this case I was addressing the applicant case to prove that I had not been involved in organizing illegal raves, as this is what the application against me was.

The case was proven that I acted in an anti social manner, but I don't understand by doing what. As the case against me was that I had organized illegal raves, and this part was not proven so what did I do that cause harassment, alarm or distress to one or more persons not of the same household as myself?

### **10.3 Dr Rosemary Mills Report:**

The report states that; Mr Simon 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 the 8<sup>th</sup> October 2016.

This is clearly misinformed information as the true facts are, I was arrested on the 14/08/2016 and not allowed to be interviewed as they said I was not fit for interview and placed on a section 2 of the Mental Health Act. The police bailed me until the 04/10/2016 for alleged threats to kill to what person or persons I still am not quite sure, as I am still yet to be interviewed. I am on bail to the police station on the 04/10/2016 and this is not a court date, as I have not been charged and will not as I do have a video that provides the evidence that I never committed such crimes as I never left my home.

## **11 Drugs and Alcohol History:**

### **11.1. 1 Dr Rosemary Mills Report:**

In dispute and there for challenge the statement that is contained in the reports and in RIO that is in regards to my use cannabis on a daily basis, as at the time of the incident I clearly remember explaining when questioned, my reply to be no I do not.

### **11.1. 2 Dr Rosemary Mills Report:**

It is said that when I was admitted into hospital in 2012 for assessment after allegedly using LSD and drinking a bottle of rum at a festival.

This is not true as on the date in question the truth being, I was passed by another person a drink of rum and it contained LSD to my surprise.

### **11.1. 4 Dr Rosemary Mills Report:**

I was asked if I would do a drugs test and I agreed to do one. This never happened I asked about this more than once to be done which it was not.

## **Social History:**

### **2.1 Dr Rosemary Mills Report:**

I do live in a one bedroom flat and deny ever saying that I or another person had paid to own it as I know this not to be true as of yet. I did however say that I would like to buy my flat from the council.

## Diary of Events in Mr Simon Cordell's Life Since 2012 till Date 2016

|  |  |
|--|--|
| 2/07/2012                                | Stopped by police as my vehicle showed I did not have insurance, But I did have insurance; police took case to court via a summons which I did not receive and only found out about it once I got a letter from DVLA. I applied to have case reopened and won the case after showing my insurance. Fine and points removed from my licence.  |
| 4/08/2012                                | Case went back to 2005 and it was for a wrongful accused robbery in a shop, I was arrested on the 14/08/2012 (Case was NFA 18/09/2012 as it was not me.)   |
| 4/08/2012                                | Birmingham Theft of a Motor Vehicle (Case was NFA on 12/09/2012 as it was not me.)   |
| 2/01/2013                                | Canary Wharf Party I went to a party with my girlfriend where a guy came up be hide me and stabbed me, I ended up in The Royal London Hospital. Police are using this as part of there ASBO case against me.   |
| 7/04/2013                                | At my friends house waiting outside as I was going out with friends for the day on our Scramblers, in Elsmere Street, Police came to my van and said there had been a report of a Burglary and a TV being put in my van, police searched my van and there was no TV just my Scramblers, (Nothing was ever said again about the report of a Burglary by police). Then the police said tat I had No insurance, and seize my van, I told them about the error on the MED database and this information was on there own police systems. Police still seized my van which I had to pay again to get back police took the case to court under a summons for No Insurance. I won police case when I showed the court my insurance policy. Police are using this case in ASBO Case.                     |
| 8/04/2013 (1 of 9)                       | I was Stopped by police as my vehicle showed up that I did not have insurance, I did have insurance; there was an error on the MED database and there were notes on police systems due to being stopped so many times before I told the police this.<br>The police I and my insurance company and broker had tried to find out why I was showing as not insured when I clearly was, so many times before and this was all on the police systems. Vehicles seized by police which I had to pay to get it out. Police used a summons again to take me to court again, which I did not get and was found guilty. Points added to my licence and a fine. Had to work to get case reopened and once I did showed court my insurance, I won the case. Points removed from my licence and fine removed. |
| 5/10/2012                                | Police came to my home to arrest me for a Trailer I had brought and in my back garden the police dog bite me to the face body arms and legs.   |
| 3/08/2013 – Arrested<br>n the 15/10/2012 | Trailer case arrested on the 15/10/2012 found not guilty at crown court hearing on the 25/10/2013 after a 2-day trial. (Not Guilty.)   |
| 4/05/2013                                | Bianca Rd took place (Not Guilty 2014.)  |
| 4/05/2013                                | This date is part of an ongoing appeal relating to an ASBO order against my self regarding the Old Police Station Ponders End to which I dispute.  |
| 5/06/2013                                | Arrested for Burglary, charged and remanded to prison (Error on PNC for failing to surrender which is why I was remanded) Found Not Guilty on the 02/07/2014 before the trial stated. The Judge dismissed the case and found me Not Guilty.  |
| 8/06/2013                                | Appeal Crown Court on re remand and I was Granted bail with 6 conditions.  |
| 0/07/2013                                | Woolwich Crown Court, The Court said that my Mother needed to attend due to the surety but she was in hospital having an operation.  |

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|                          | <p>The judge raised a point about the surety not being at court to confirm her position. The judge was informed surety mother was in hospital and does not need to attend as the surety is continuous.</p> <p>The judge did not agree and said as the surety was taken at the police station that she would need to attend court to re confirm her position as surety. This is wrong and despite me putting a relevant authority <i>Choudhry v Birmingham Crown Court</i> before the court, which is clear on the point the judge refused to accept it and said client has escaped custody by “the skin of his teeth.”</p>   |
| 3 – 14/07/2013           | Barth Festival Ben Johnson.  |
| 6/07/2013                | Barristers back sheet from the 16th July court at time 2:10am HHJP.  |
|                          | Sorrock (Woolwich Crown Court) Application was for Bail Variation due to my work commitments Judge would not allow the Bail Variation and I was told that I could sub let out my company.  |
| 6 – 27/08/2013           | Ponders End Festival.  |
| 4/09/2013                | Woolwich Crown Court Hearing date for an application to amend bail conditions.   |
| 8/09/2013                | Muswell Hill festival for kids with cerebral palsy   |
| 9/09/2013                | Court for plea burglary non dwelling, this was a mess due to no paper work being there and a complaint had to go in.   |
| 4/09/2013                | Lock to Lock Festival.   |
| 2/10/2013                | Woolwich Crown Court listed for mention hearing 11:00 hours.   |
| 9/10/2013 (2 of 9)       | No insurance pick up vehicle from compound, Police used summon to court for no insurance.  |
| 4/11/2013                | PC Geoghegan Brixton Hill insurance caught on tape setting me up. Lied to my insurance company. I Won the case at appeal after the police officer lied in 2 different courts. A Police complaint went in and they mishandled it very badly. The case is now being overseen by the IPCC due to what went on. The Complaint is still ongoing to date.  |
| 6/11/2013                | I had to collect the van about the Brixton case 14/11/2013 and I had to pay again, when I clearly had insurance.   |
| 9/12/2013                | Woolwich Crown Court for mention re discloser and also application to vary bail application to vary bail was not dealt with so solicitors asked for the case to be listed again on 23rd December 2013.   |
| 4/12/2014                | Woolwich Crown Court application to vary bail for Christmas and New Year so that I could spend time at my families over Christmas and go to Scotland with my family over the New Year. Application to vary bail was granted by the Judge so I could go to Scotland for the New Year.   |
| 1/12/2014 –<br>1/01/2014 | I was in Scotland and had to leave early with my family on the way home just as I entered London the police pulled me over in the early hours of the 01/01/2014 due to no insurance again due to the error on the MED database. Again, I told them I was insured and there were notes on the police system. Again, they seized my van. And also arrested me due to them saying I had breached my bail conditions. Was held at the police station and taken to court on the 01/01/2014 where my mother also attended. Once the judge heard what had happened and I had not breached my bail I was released to be able to go home. I had to pick my van up on the 03/01/2014 from the police compound and once again pay again when I had insurance. |
| 3/01/2014 (3 of 9)       | No insurance pick up van from police compound, once again had to pay when I clearly had insurance.   |
| 6/01/2014                | My Birthday.   |
| 2/02/2014                | Emails sent to westminister.go@hmcts.gsi.gov.uk in regards to failing to surrender on my PNC Record Westminster sent the memorandum of   |

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|---------------|--|
|               | conviction via email by the court on the 17/02/2014 after us paying for it. Showing clearly that the failing to surrender had been dismissed by the court so why was it on my PNC record. Why had I been sent to prison due to this when clearly it should not be on Police Record that I was found guilty of this.  |
| /02/2014      | Email was sent to Highbury Corner Magistrates Court to have all my PNC records checked, for cases that were heard by Enfield Court which Edmonton Police had dealt with. This took some time to address as there where a list of Records I wanted checked.<br>On the 13/03/2014 my mother went to Enfield Magistrates Court to pick up the information requested, to be told there were 6 records that were not in the court registry and if they were not in the court registry they had not been in court.<br>The lady told my mother she had not ever seen anything like this before and said it was very worrying.<br>I am still trying to address this but no one seems to be able to help. How can there be 6 other records on my PNC yet they have never been to court. |
| /03/2014      | I was assessed by Dr Jarvis as silver Street opposite Enfield police station and Civic Centre.   |
| /04/2014      | Tyrone my brother had a bad life changing accident and was air lifted to The Royal London Hospital.  |
| /04/2014      | Cannabis 420 day met Shannon this day. Police said I was not due to attend the event with equipment which I was as I had been asked to power the event and had the emails to prove this by the person who managed the event, I left due to what the police said and due to leaving I let the person down who event it was. I will not be asked again to do this event by the person again because of this. This case is in the ASBO Case.  |
| /05/2014      | Len my godparent mum's funeral.  |
| /05/2014      | Bromley Court No Insurance, found guilty as no summon sent. We Requested for the court reopened case and it was.   |
| /05/2014      | Unit 5 Georges Industrial estate White Heart Lane. Some friends were using this as their home as they were homeless and I dropped some food to them. This case is in the ASBO Case.  |
| /05/2014      | Court date PC Geoghegan, Brixton hill. Did not know about this court date.   |
| /06/2014      | Nan was not well lying in bed at my mothers.   |
| /06/2014      | Dwayne's my cousin leaving party at the Club.  |
| /06/2014      | Progress Way Party, Police said I and my Brother were there, I was at Dwayne's Leaving party but attended outside to drop some keys to a friend and my brother could not walk, so how could he have been there he was in a wheelchair. Used in ASBO Case.  |
| /06/2014      | 1 Falcon park said party Used in ASBO Case.  |
| /07/2014      | Woolwich Crown Court for trial - Found Not Guilty before the trial stated. The Judge dismissed the case and found me Not Guilty.   |
| /07/2014      | Carpet right said party Used in ASBO Case.   |
| /07/2014      | Alma Road on the way home from my mother's home. Used in ASBO Case   |
| /07/2014      | Mill marsh Lane said party, Used in ASBO Case.   |
| /08/2014      | Mill marsh Lane said party, Used in ASBO Case.   |
| /08/2014      | ASBO application was created by Steve Elesmore.  |
| /08/2014      | A meeting was held with Steve Hodgson who is a representative for Enfield Local Authority Council and Jane Johnson on behalf of the Metropolitan police along side others for the ASBO Case.   |
| 6 August 2014 | Notting hill carnival In Used in ASBO Case.  |



|                       |   |
|-----------------------|---|
| /08/2014              | Nan rushed into Hospital very ill. Chemo stopped.   |
| /08/2014              | Family members were always with Nan; But Nan was really was not well.   |
| /08/2014              | Stacey a very close friend of the family passed away at 06:03.  |
| /08/2014              | Family had meeting with doctor about Nan, Mum left hospital around 19:15 hours with my sister. My mum went back to hospital with my sister at 21:20 my Nan was not good having problems breathing. My mum called the family.  |
| /08/2014              | My Nan passed away in hospital at 06:02 hours. I was alone with Nan when she passed away at the hospital. There were multiple things that were not correct in the way in which my Nan passed away. Family took it to inquest.   |
| /09/2014              | A bundle is said too have been served on Mr Simon Cordell at 109 Burncroft Avenue, to which I dispute. This Bundle was for the ASBO Case.   |
| /10/2014              | Mr Simon Cordell was meant to have a hearing for an interim Order but legal aid had not been granted.<br>Michael Carroll acting solicitor came to court the judge overturned and granted legal aid. The application for the Interim hearing the judge would not hear due to my solicitors not having time to go over the case papers as legal aid was not granted at this point. The CPS and police were not happy about this. Hearing was put off until the 22/10/2014   |
| /10/2014              | Interim hearing could not go ahead due to Andy Locke Acting Barrister had a flood at his home address. CPS and Police were not happy about this and wanted it to go ahead. Judge told them it is not down to Mr Cordell he has attended court and rightfully he should have a barrister. Was put off until the 05/11/2014   |
| /10/2014              | I was rushed to hospital had been sick for 5 days my kidneys were not working right and they had to give me high injects and IV dips to stop the sickness due to nitrous oxide I also had concerns as I had been manipulated with other concerns of health. I was in hospital until the night of the 03/11/2014 and I was told if I did not attend court on the 05/11/2014 they would go ahead without me. So, I discharge myself.  |
| /11/2014 –            | Started to be sick again and I was up all night but needed to go to court the next day.   |
| /11/2014              | Interim hearing and the order were granted. Andy Locke could not attend due to the flood in his home; a next Barrister came to court but had no paper work for the case I believe this is why the interim was granted as nothing was said in my defence.  |
| /11/2014              | Bliss charity event should have taken place but I was in hospital.  |
| round the<br>/11/2014 | Went back to the hospital north Middlesex to get my blood test results with mother negative result but mislead towards getting more blood results from evergreen clinic.  |
| ovember 2014          | Blood Test Evergreen.   |
| /11/2014              | Home treatment team states I had become paranoid about my mother to which I and my mother dispute. Home treatment team attended my home address on this date and made a call to my mother.<br>When the home treatment team turned up to my flat the police was already there, the Home treatment team phoned and spoke to my mother asking her, if she knew why the police was there, which she replied to them no, she also explained to the Home treatment team that the police kept coming to my flat for no reason.<br>The Home treatment team then started to talk to the police and left my mother on hold. My mother heard what was said by the police to the Home treatment team as to why they were at my address again. The police said |

they had got a phone call, stating that I was shouting, they gave the Home treatment team 3 different door numbers to my entrance door, which where all wrong.

Not one person new who was had made the 999 call to the police

The Home treatment team told the police to leave.

On this day I was fine until the police turned up at my flat once again. I was not shouting or upset, so do not really believe someone called the police, worried about me or if they did, they were setting me up for what I do not know.

Due to how the police are with me I do get upset and will not open the door so some times shout to the police through the door as I feel safer, I know the police do not leave me alone, so why would I open my door when I am on my own, I always feel safer waiting until someone I have contacted gets to my flat so they can see what is going on.

Home treatment team told my mother I seemed to upset for them to talk to and she told them it is no wonder the police are going to his flat all the time when he has done nothing wrong.

3/11/2014

Police called my mobile number at around 11pm and asked for my entrance code to my communal building I asked and they would not give me there badge number or name but still wanted my entrance code, I gave a code with the last digit wrong for my concern of any person on the phone not being real police and the time of night. I was after concerned as was my friend and we left my house, shortly after leaving my flat me and my friend both got pulled over by the same police walking to my mothers, she found out who the officers were and this Intel was then updated in my Asbo by them police officers, stating I was looking for venues to hold raves to which I clearly dispute.

5/11/2014

MHA assessment completed found to be much calmer.

6/11/2014

There was a case at Wimbledon relating to the Brixton case were I Mr. S Cordell was accused of using my vehicle insurance for business reasons I was found guilty but then won latter at appeal.

30/11/2014

Letter sent by mother council tax.

0/11/2014 Broad sure  
mail sent

Email sent to Insurance Broker Broadsure as to why KGM had not dealt with my subject access requests under the data protection Act 1998 and about me being found guilty when KGM hold the tapes I have been after with the police officer licensing.

Result given wrong on phone.

1/12/2014

DVLA sent fax about kango Van Registration w686xcr.

2/12/2014

Driving licence to go to Highbury Court.

2/12/2014

Fix boiler at home council.

2/12/2014

For Council to look at electric at home council.

3/12/2014

Council analyzed work they need to do so to be able to fix the front door window and damp issues.

2/12/2014

Mr Simon Cordell's mother has a note on her mobile phone, stating he was in court at Highbury Corner not sure what they were for.

8/12/2014

Dentist 10:50 am.

9/12/2014

Council officer john attended my home about Debbie banging when drunk and to fix her floor boards and fix pipes to walls.

0/12/2014

Police Officers attended my local community hall I was helping manage and strip searched my self in front of all persons for no reason. "I am not known for drugs or other serious offences to ever be searched like I was when working in the community hall in front of the children." For Asbo

|  |  |
|--|--|
| /12/2014 -<br>/01/2015 New Years<br>/01/2015 | case.<br>Scotland bail conditions for Asbo case taken to court and released.<br><br>My Birthday.<br>A case for No Insurance at Willesden I did not know about. Found out I had been found guilty and 6 points were issued on my Licence and a £600 fine. Many emails were sent to get this case reopened and dealt with but no reply from the courts. Took this to Appeal as it seemed the only way to address this and won the decision.  |
| /02/2015                                     | I was at appeal for my driving licence and I won the case.   |
| /03/2015                                     | Complaint put into housing.  |
| /03/2015                                     | Dentist 195 high street Enfield.   |
| /03/2015                                     | 6-8 Perth rd Kingston appeal Willesden magistrate's case.  |
| – 10 - 11/03/2015                            | This day was meant to have been set for trial, but the court only booked a one-day hearing, this was then put off until the 03 <sup>rd</sup> and 04 <sup>th</sup> Aug 2015.  |
| /04/2015                                     | The Bromley Case for No Insurance and I won this case as for Insurance.  |
| 14 May 2015                                  | Went Back to Clinic as I was misinformed as for what I had been told on the phone to find out the truth about my blood test results and requested a letter stating a twisted truth dated: 14 May 2015  |
|  | <p>Dept of Reproductive &amp; Sexual Health,<br/> Flat 2,<br/> Rowan Court.<br/> Michael's Site,<br/> Garter Drive,<br/> Enfield, Middx EN2 OJB.<br/> Tel No: 0208 375 2874<br/> Fax No: 0208 375 7129<br/> WCL/AMS/12xxxxxx<br/> Mr Simon<br/> 14 May 2015<br/> Dear Mr</p> <p>I am writing at your request and this is a letter for your records. When you attended the sexual health clinic on the 8th May 2015 with your partner you explained that you were very upset. You explained that you have never had any symptoms of herpes in the mouth area or in the genital area. You had attended in November 2014 and had requested to have serology done for herpes simplex type 1 and type 2 although you have shown no symptoms; the serology results show that you have antibodies to herpes simplex virus type 1. I explained that this result means that you have been exposed to both viruses but it is not possible for us to tell whether you have oral or genital herpes as you have had no symptoms and the blood test does not tell us where the virus is.</p> <p>I have explained that the blood test results suggest that you are a carrier of herpes simplex virus.</p> <p>I want to again apologise that you have felt that the way you were informed about the results of the test was not-ideal and that you felt that you could not access any support following the diagnosis. If you need further support with this issue, you can ring for an appointment or attend our walk-in service.</p> <p>Thank you.<br/> Yours Sincerely,</p> |

|               |   |
|---------------|---|
|               | IA/a;<br>Dr Wai Ching Loke<br>consultant in Genitourinary Medicine  |
| /05/2015      | Appeal hearing at Harrow Crown court for the No Insurance Case Willesden, did not need to attend, due to all the emails sent to the CPS who accepted them as I did have insurance and I won the appeal.   |
| - 04/08/2015  | Highbury Corner trial case part proven on the 04 <sup>th</sup> 08/2015.   |
| /08/2015      | Mutable Newspaper Articles were published with wrongful claims that I was given an Asbo under the applicants case stating <u>Man given ASBO for organising illegal raves (From Enfield Independent)</u>   |
| /08/2015      | I put a police complaint in and it was counselled. I have the letter to prove this I then revived a letter dated the 30 <sup>th</sup> August 2015 stating the complaint was being addressed again as it should have been with no further contact after.   |
| /08/2015      | I have a police video regards an Emergency 999 call I made when I feel victim to the police advertising wrongful claims in their website and in the news papers.<br>I was attacked with a gun out side of my flat because wrong Intel. Police pulled the information shortly out of there website.  |
| /08/2015      | Received letter of police regarding a complaint made on the 28 <sup>th</sup> 8 2015 said it will be investigated.   |
| October 2015  | Louise brown council complaint made.  |
| /09/2015      | More complaints about 113 and 117.  |
|               | Dear Dawn Allen,<br>I am writing this email after phone calls and emails have been sent to Enfield council about my neighbour who lives above me. I have made calls myself and my mother Miss Lorraine Cordell has also sent emails and made phone calls. No one has been to my address to see me and I am asking for you to come out to see me and take a full report of what has been going on as my heath is being made worse by nothing being done. There is also still repair issues I would like to talk about that has not been done.<br>Could you please email this email address a date and time when you can come out to see me to take a report?<br>Regards. |
| /10/2015      | Repair Works at home electric system replaced.  |
| /10/2015      | 1 <sup>st</sup> hearing at Wood Green Crown to see if the case was ready for appeal.  |
| November 2015 | Complaint to council.   |
| /11/2015      | Was the 1 <sup>st</sup> Appeal date, which was set for 1-hour hearing this, got cancelled to no fault of my own.  |
| /12/2015      | Refereed to by early prevention team not to sure by whom said to have been referring to TV talking and a police case called storm damage my reputation and neighbour stalking myself.   |
| /01/2016      | Referred to MHA due to concerns by early prevention team about being paranoid, especially about the police and that I had Grandiose delusions, not eating well.<br>To which I dispute but do agree to the following no self half.   |
| /01/2016      | Goodie and Sharon meeting?<br>It is said Simon presented himself as paranoid, suspicious and grandiose  |

with flights of ideas, clear evidence that he is suffering with a Mental disorder to which I totally dispute. Section 135 issued as Mr Cordell not allowing access to his property.

Team was not allowed in due to other meeting I had planed.

/01/2016

Section 135 was served at my home address not the 22<sup>nd</sup> /1/2016 and I was assessed to be well and the conclusion made by the team was not to detain myself. The minutes of the meeting are on CD and a copy of the transcripts are available at the bottom of the letter.

/02/2016

MHA assessment completed, assessed as not detainable. Wrong date in report?

– 23 - 24/02/2016

Set for Asbo appeal at the crown court, but did not go ahead again or investigated even low I handed a section 6 asking the judge to investigate the case as of the cad time stamps being fabricated.

/02/2016

Mr Cordell was discharged from the EIS as he did not feel he had a Mental illness.

/04/2016

ASBO mentioning took place.

/04/2016

Police complaint made but the investigation was suspended due to ongoing criminal investigation relating towards ASBO and police Corrupt Practice Arrested at my home address for allegations of threats to kill to which I dispute. Arrested at 8pm detained in cell 3 wood green with CCTV I was not taken out of cell or talked to inside cell but through the flap by any doctors I was not legally assessed and not interview. I never saw any police FHM doctor. My bail sheet was given to me through the cell hatch at around 23 hours while being a detainee who was said to be incapable of interview, this is not true I was very civilised while being detained and left with shoe lassies and belt on.

/08/2016

Detained under police powers till 5pm then granted bail by a bail sheet being given through cell three hatch Dr said through cell hatch at same time I am being sectioned without no assessment Maggie Fuller was present and still no interview, still not assessed legally. All days detainee at police station at about 28 hours I was talked to by one gentlemen who was an amp worker out of the cell he said he is allowing for me to be taken under the Doctors orders I tried to explain to him that I have a complaint against the Doctor prior to this incident and it makes the Doctor Bios and Prejudice towards any case relating to myself and that I was well of mind, with no change in decision by him.

I was taken from the police cell at around 3 to 4 am on the 16<sup>th</sup> August 2016 and taken to St Ann's hospital after being held in from the 14<sup>th</sup> August 2014 and still had not been assessed I arrived at St Ann's Hospital around 5:30am an the SHO duty doctor see my self I tried to explain to her that I was not a danger to my self or any other person and that the allegations were wrong for threats to kill against my self and that I was being detained for no apparent reason. While waiting for a room in the hospital after being spoken to by the SHO, a gentleman awoke from his room and walked into the communal area to where I was, he plonked himself on the pool table I said hello to him he seemed over dosed on medication to my concern, he became over abusive in my presents towards the staff and soon after other patients appeared in the communal room awaiting to go in the garden, I soon was introduced to my room and then went to sleep, I awoke for lunch and dinner and latter toast.

<sup>th</sup> August 2016

St Ann's Hospital still not legally assessed I woke up at 6:00am had



lunch and so forth and then damaged my fingers at around 6:30 pm I was not treated correctly when I needing medical assistance I was told to await for an Hour and soon learnt that 7:30 was the time of staff change over and I explained what had happened to the next shift around 8:00pm who then explained to me I need to wait for from the doctor the next day.

When I got realised from hospital the Laceration had 95% healed and I still had no movement what so ever of my finger so I started to studding about the damage to my left finger I learnt I had cut the function of the extensor digiti minimi which controls the movement of the little finger. When the muscle moves, it forces the little finger to bend and stretch. Sudden or unexpected movement of the finger or trauma to the finger may damage the muscle. Traction to keep the little finger from moving is typically recommended to treat such an injury. Till date I have still got no movement and the Lacerations was 2cm in width and is healing well, the Laceration is contained along The proximal phalanges which is the bones that can be found at the bottom of the right hand finger, this problem causes me great concern as I now feel disabled and that I will never regain the use of the finger.

On the 16<sup>th</sup> August 2016 I was also asked to provide blood for my sugar levels and to take part in my temperature test I explained I was happy for this to be done and it was completed I was also weighed in, so I do not understand why it states I never aloud the tests to be carried out. I was not asked to take an ECG test on this date.

As I was waiting to speak with staff out side the locked staff room I noticed the gentlemen whom I had seen on the pool table the day before, I said hello to him and he verbally bit my head of stating do I no him do not talk to him, challenging me in an intimidating manner I never reduced my self to his level I felt he was threatening me.

Another inpatient walked over to me and showed me his ear I noticed a vast amount of physical damage that required previous medical treatment it contained a lot of stitches and was wiping from being so badly damaged, he explained to me that the gentlemen now arguing with me had been the person whom had attacked him and to be very careful I felt so sorry for him and could clearly see his pain, he continued to explain to me that I must take caution, due to the other mans rings on his hand, as this is what had caused the damage to him, by this time the hospitals staff took the over medicated man away and I then went back to my room.

**16<sup>th</sup> August 2016**

I was still being Illegal detained, up and till the first 72-hour meeting, what was the first true assessment with a doctor at St Ann's Hospital and at the police station.

I had brook my fingers on the hospitals site and no nurse or doctor would take me to the outside hospital for an x-ray, this happened in St Ann's toilets while under there duty of care from the 16<sup>th</sup> August 2016 at around 6:30pm, when after the incident staff would not update the incident report book when I asked.

Mother attended the 72-hour meeting with my uncle; A woman whom is a care worker had to leave the meeting due to there already being an official complaint put in to place in regards to her and others attending my home

address in February.

Inpatient was rude again to my visitors.

I was also asked to take Lorazepam and given a leaflet today I explained that I did not need to take it and that I have a good sleep routine where I do not need an alarm clock as I get up by 5:30 am

I also explained that I am tidy and washed and clean by 6:00 am by 6:30 I am ready and delegated to finishing of my agendas towards my companies' best interests, and asleep by 10:00 pm

/08/2016

I was asked to take an ECG test on this day and was more concerned with my fingers on showing them to the Junior Doctor; he was very pleasant but did not send me for x rays as needed and clearly requested.

I also explained to him that I was not happy with taking Lorazepam in the morning and day as I was working on my statements for my up and coming appeal he did agree, so that I would only have to take the tablets at night, to which I was happy with, that night when going to take the medication I noticed a white tablet rather than a blue one and asked the name of the medication from the prescriber and was told clozapine tablets which is an antipsychotic medication. I asked if the dosage was stronger than the blue tablet and had the same effect and was told no, to which I still had never taken the blue tablet. I asked why I had not been given a leaflet nor a consultation in regards to the medication change and called my mother.

Another inpatient was waiting to speak to staff today outside the staff room front door the same as I had when the gentlemen whom had been causing the negative interactions came along and started another altercation with the standing inpatient this made me worried for the standing inpatient, mine and the staffs safety, then the trouble making inpatient was restrained by staff and I went in my room.

REFUSED PRESCRIPTION

/08/2016

St Ann's Hospital

St Ann's Hospital

I was awaking today and prescribed medication to my surprise as it was agreed that I did not have to take any during the morning and at mid day right up and till night time I did not take it.

My Solicitor arrived at St Ann's Hospital and we had a meeting in regards to my tribunal

On going to collect my tablet which should have been Lorazepam there was once again a new tablet added with no assessment or leaflet once again totally different to all up-to-date, I once again asked who had prescribed it in my absence and was told my clinician whom I had yet seen, I asked the name of this tablet and was told Olanzapine I once again phoned my mother after refusing to take it and went and looked on the internet about the effects, regulations and laws on prescribing medication, to notice many incorrect procedures and a vast majority of people explaining on YouTube that Olanzapine should be taken off the market to my worry., especially

since I do not suffer with bipolar or psychosis or any other related prescribed diagnoses the medicine is used for.

/08/2016

St Ann's Hospital

/08/2016

St Ann's Hospital

Accepted Lorazepam but no olanzapine further discussions with staff in regards to exploring my feelings about this

Still complaining about painful finger accepted PRN ibuprofen.

/08/2016

St Ann's Hospital

/08/2016

St Ann's Hospital meeting with Dr Julie Cranitch

Accepted Lorazepam and Olanzapine

Never felt well messed up my sleep pattern to tired to do any think, Dizzy, filling sick, tangential thinking, irritable.

/08/2016

St Ann's Hospital

Accepted Lorazepam and Olanzapine

Never felt well messed up my sleep pattern to tired to do any think, Dizzy, filling sick, tangential thinking, irritable.

/08/2016

St Ann's Hospital

Accepted Lorazepam and Olanzapine

Never felt well messed up my sleep pattern to tired to do any think, Dizzy, filling sick, tangential thinking, irritable.

/08/2016

Tribunal 10:30 over turned in my Favour

Accepted Lorazepam and Olanzapine

Never felt well messed up my sleep pattern to tired to do any think, Dizzy, filling sick, tangential thinking, irritable.

/08/2016

Asked to be realised home and Granted 2 x each different tablet tablets given.

Accepted Lorazepam and Olanzapine

Never felt well messed up my sleep pattern to tired to do any think, Dizzy, filling sick, tangential thinking, irritable.

/08/2016

1 x each tablet given to me at home address under section 117 Mental Health Act 1983 even low I am under section 2 and not unwell, Accepted Lorazepam and Olanzapine

But still never felt well messed up my sleep pattern to tired to do any think, Dizzy, filling sick, tangential thinking, irritable.

/08/2016

1 x each tablet given to me at home address under section 117 Mental Health Act 1983 even low I am under section 2 and not unwell.

/08/2016

1 x each tablet given to me at home address under section 117 Mental Health Act 1983 even low I am under section 2 and not unwell.

/08/2016

Visited still never felt well tablets messed up my sleep pattern to tired to do any think, Dizzy, filling sick, tangential thinking, irritable.

/09/2016

Visited and Still feel sick. From tablets.

Asbo bundles to be served by police "Not served"

/09/2016

Visited still never felt well tablets messed up my sleep pattern to tired to do any think, Dizzy, filling sick, tangential thinking, irritable.

/09/2016

Visited and Still feel sick. From tablets.

|                      |   |
|----------------------|---|
| 4/09/2016            | Visited still never felt well tablets messed up my sleep pattern to tired to do any think   |
| 5/09/2016            | Visited and Still feel sick. From tablets.  |
| 6/09/2016            | Visited still never felt well tablets messed up my sleep pattern to tired to do any think, Dizzy, filling sick, tangential thinking, irritable. Phoned court for time my solicitor counselled hearing till the 13 <sup>th</sup> /09/2016. |
| 7/09/2016            | Visited and Still feel sick. From tablets.  |
| 8/09/2016            | Visited still never felt well tablets messed up my sleep pattern to tired to do any think, Dizzy, filling sick, tangential thinking, irritable.   |
| 9/09/2016            | Doctor in the morning agreed 2.2mg not 5mg as I feel sick taking them and feel no positive effects olanzapine really nice nurse came latter.  |
| 10/09/2016           | Yes, quick visit no tablets given nice lady. Still feel sick. From tablets.   |
| 11/09/2016           | No visit and Still feel sick. From tablets.   |
| 12/09/2016           | No visit still never felt well tablets messed up my sleep pattern to tired to do any think, Dizzy, filling sick, tangential thinking, irritable.  |
| 13/09/2016           |   |
| 14/09/2016           |   |
| 15/09/2016           |   |
| 14 – 25 - 26/09/2016 | Court date for Asbo appeal set  |
| 14/10/2016           | Return for bail about fake allegations towards threats to kill.   |

### 13 Progresses on Ward:

#### 13.1 Dr Rosemary Mills Report:

As stated in this document; I was arrested by police on the 14/08/2016 I was held in a police cell until the 15/08/2016 where I was told I was being sectioned under section 2 of the Mental Health act. I then stayed in the police cell at Wood Green Police Station until the 16/08/2016 and was moved to St Ann's at around 05:00 hours from Wood Green Police Station. So, I was not admitted to St Ann's hospital until the 16/08/2016 at around 05:30 hours. The report continues to state upon admission to Haringey assessment ward, Mr Cordell was checked in by the SHO, who did document the following issues that I dispute.

Irritable with pressured speech, as previously explained in this document of complaint I tend to speak fast I learned this way due to being tongue tied. And yes, I was Irritable I had just spent nearly 2 days in police station for something I had not done and then told before I could have an interview, I was being sectioned under section 2 of the Mental Health act, when I had not even spoke to a doctor.

It was said by the SHO that I suffered from Tangential thought patterns. A person suffering with Tangential thought patterns has a communication disorder in which the train of thought of the speaker wanders and shows a lack of focus, never returning to the initial topic. This differs from tangential thinking, in that the person does eventually return to the original point, I Mr Simon Cordell do not suffer from any form of thought disorder (TD) or formal thought disorder (FTD) or similar natured.

I appeared elated and spoke of several projects of grandiose nature included his business in the entertainment industry, buying speakers for £50,000 and hiring them to Glastonbury. I dispute saying I was buying speakers as I all ready own them. As stated before in this document I own a very large PA sound system and have for some years now along with a lot of other things that is part of my company I also can prove this, people may seem as if they do not have a lot to some people that does not mean that is the case. Judging a person on there looks or what they seem to be is not always a good idea, what seems to have happened a great deal in the report.

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.

When describing the true meaning of any conversations I may have had regarding the word city I would have been explaining about my life’s work and studies that I am building, a mini festival to which can be classed as its own city, regulated by HSE standards, legalisation and other needed professions to protect traders and public.

### **3.2 Dr Rosemary Mills Report:**

6/08/2016 Mr Cordell refused routine blood tests, at this stage of being detained in St Ann’s hospital I was not offered an ECG I was in fact only offered a blood sugar level test which showed 65 and was also weighed. I do also remember having a temperature test put into my ear then having a blood pressure check up, which was an appliance put around my arm.

### **13.3 Dr Rosemary Mills Report:**

7/08/2016 On this date I was in a lot of pain with the injuries to my fingers that I had received while being detained at St Ann’s hospital and could not receive the standard of medical care I would have normally received if I could have attended on my own accord to an emergency hospital that would have also had available surgeons with an x ray machine that I would have visited. I now can’t use my right finger any more, because of this neglect by professionals. I will agree I was upset at what was going on I think I had a right to be. I wanted the medical assistance I needed and wanted to know why I had been sectioned and under what grounds as I was not a risk to myself or any other person and I believe under section 2 you need to be a risk to yourself or others. I kept asking this and explained I was not a risk to myself or others which they replied that section 2 does not rely on this factor or have to be part of it even though I was mentally stable.

### **13.4 Dr Rosemary Mills Report:**

On the 18/8/2016, I had asked staff if I could get my partner and mother to bring me hair cutters and a shaver with additional cloths in her attendance on the following day, to which they did agree that this could be done.

I was still in pain with my finger and asking staff to take me to the hospital for an x ray my left finger was just taped together and I was told that my right finger should just repair its self, to which it still has not.

### **13.5 Dr Rosemary Mills Report:**

9/08/2016 I woke up about an hour before my solicitor arrived unexpectedly; I was calm and happy all day, as my solicitor had arrived at the hospital to help me prepare for the tribunal. I was later upset after he had left by being prescribed another new medication without a leaflet or assessment even though the medication had been prescribed wrong already the day before, I was still in pain with my finger, I still took the Lorazepam but was shocked to be put onto other medication again.

When my mum and partner came up, they had my haircutters and shaver. My partner cut my hair.

### **13.7 Dr Rosemary Mills Report:**

11/08/2016 I do not dispute the statement of facts contained within the report.

### **13.8 Dr Rosemary Mills Report:**



24/08/2016 I have explained so many times in this document about why I speak fast. I was still upset as to how I had been sectioned and believed it to be incorrect. I agree I was settled and chatting with people in the ward. I agree I refused to take Olanzapine and I agree I did take Lorazepam.

### **13.9 Dr Rosemary Mills Report:**

23/09/2016 I have explained so many times in this document about why I speak fast. And it was not over inclusive and tangential fashion.

I was not largely preoccupied with injustices of the past particularly the past by the police, this is ongoing and I had an Appeal case within a few weeks I did speak about this as this is a big factor in my life right now to make sure my case is ready for my Appeal case. So how can this be the past this is the present so how the doctors can say this is beyond me.

Again, it has been said that I am grandiose in regard to my business plans but this to be the case.

I have worked for many years on what I want for my company as I believe many other people do the same, are they grandiose?

I agree I do not have any thoughts about harming anyone else or myself as this is the truth and I did also say I did not feel I had a Mental Health illness and did not feel unwell as I did not and still do not.

I also agreed I would try a trial of a small dose of Olanzapine as I felt this is all they wanted to give me tablets and I felt very pressured to take them as I felt if I didn't, I would not be allowed home.

### **13.10 Dr Rosemary Mills Report:**

24/08/2016 I do not dispute the statement of facts contained within this chapter of the report.

## **14 Current Medications:**

### **14.1 And 14.2 Rosemary Mills Report:**

I do not dispute the statement of facts contained within this chapter of the report.

## **15 Most Recent Mental State Examination (24/08/2016)**

### **Rosemary Mills Report:**

**Appearance and Behaviour:** I agree to this section in the report.

**Speech:** As stated many times in this report I do speak fast and the reason why I speak fast.

**Food:** I agree to this section in report.

**Thoughts:** I do not agree with this section of the report. please read this document as this has been covered many times.

**Perception:** I agree with this section of the report.

**Cognition:** I agree with this section of the report.

**Insight:** I agree with this section of the report.

## **16 Factors affecting the Hearing:**

### **16.1 Rosemary Mills Report:**

Mr Simon Cordell do not dispute the statement contained within the report but would like to highlight the manner to which it is prevailed. At any professional meeting I obtain my right to take minutes of the meeting and under supreme courts previously trailed and tested cases it states I have the right to achieve this in a digital format, I did not go around the ward recording at any time as I no this to be a breach of the hospitals policy.

Why would there be a need to make an attempt to make a recording of the Tribunal Proceedings any type of Court or Tribunal Proceedings I can obtain a copy of the report by asking, sometimes there is a fee to pay which is not a problem.

I also feel if any professional has not got anything to hide, they should not fear being recorded.

Please also see read below:

<https://www.medicalprotection.org/uk/practice-matters-issue-7/digital-dilemmas---patients-recording-consultations>

A patient does not require your permission to record a consultation. The content of the recording is confidential to the patient, not the doctor so the patient can do what they wish with it. This could include disclosing it to third parties, or even posting the recording on the internet. So, what does this mean for doctors?

But you should read the full document from the link above as it shows a lot more information.

## **17 Opinion Recommendations**

### **Rosemary Mills Report:**

question the accuracy of the intelligence report in relation towards:

1. Mr Simon Cordell presents him self with persisting psychotic symptoms of paranoid persecutory delusions involving police and Mental health services.

When a professional medical clinician is assessing any person so to be able to diagnose a Mental disorder, it is within the right and legalisation towards doctor and client that the correct judgments are made and I Mr Simon Cordell do not feel that this is the case in this report. I also feel that once I get my full medical records from the Mental Health teams, I will find a lot more errors within them.

As can be told by the diary of events date 2012 to 2016 I have had many NFA and no convictions this does lead me to the right understanding that I have been pursued by members of the police for crimes and offences I have not committed, it has lead to myself being detained on mutable bail conditions for numerous cases throughout a fast proportion of my life, having a continues negative effect on my life to which I should not have to undergo while establishing my own company. There is also the fact that my diary only covers 2012 to 2016 so in fact there is a lot more history I have not included due to the time this would take and also how long it would make this document.

As previously explained, I do have an up and coming appeal date to which I know the evidence to be incorrect which was put forward by the police in this case.

Reduce a snip lit of such court on goings to which I have suffered an interim order and conditions imposed upon myself, in total I was detained for this case and another case on conditions since September 2013 with a 3-week release in 2015 till date 2016.

This has breached my human rights as I never committed the offences in the first place, as I can and will prove.

Some clear inaccuracies contained in my ongoing case lead to incorrect time stamps relating towards emergency 999 calls contained within the Met Polices and applicants bundle as follows.

| CAD          | NUM   | DATE       | TIME  | PAGE            |
|--------------|-------|------------|-------|-----------------|
| CAD 999 call | 2637  | 07/06/2014 | 08:18 | Page 191 to 195 |
| CAD 999 call | 2672  | 07/06/2014 | 08:16 | Page 196 to 198 |
| CAD 999 call | 3005  | 07/06/2014 | 09:22 | Page 203 to 205 |
| CAD 999 call | 3037  | 07/06/2014 | 09:20 | Page 179 to 183 |
| CAD 999 call | 10481 | 07/06/2014 | 22:47 | Page 233 to 237 |
| CAD 999 call | 10506 | 07/06/2014 | 22:44 | Page 238 to 241 |

Please note every day the met police call centre starts at CAD 01 and goes up to the average of 10,742 to 15,000 callers per day the clock is reset to 01 each day at 00:00 hours.

(We can tell this by the number of CAD incident numbers supplied, within the applicants ASBO bundle supporting the evidence supplied, for a stand alone ASBO order to be gained against Mr. Simon Cordell.

On the average the Met police call centre will receive on the average of 300 callers per hour as marked and time stamped below.

Every half hour 150 calls are made to the emergency 999 call centre on the average

Every 15 minutes is 75 callers on average-

Every 7 half minutes is 33 callers on average-

And 3 half minutes 17 callers on average.

Please take note to (CAD number / Incident Number 10481 7<sup>th</sup> June 14) this is the 10,481 Met police call of the 7<sup>th</sup> June 2014 time stamped 22:47 hours.

So, it is incorrect for (CAD 10506 7<sup>th</sup> June 14) externally inputted 25 calls later, to have an earlier time stamp of the 7<sup>th</sup> June 2014 at 22:44 hours.

### 7.1.2 Dr Rosemary Mills Report:

The report states in the past these persecutory ideas have also focused on family members and neighbours this information is also not correct.

### 17.2 Dr Rosemary Mills Report:

The report states: Mr Simon Cordell's mental order is currently of a nature or degree to justify ongoing detention in hospital.

Mr Simon Cordell disputes this not to be correct, since I have been realised after the tribunal and pending time in hospital as a voluntary patient before the doctors discharged me the day after the tribunal, I have settled in at home quite well and my family and friends are happy with me as well.

### In Regards towards Opinions & Recommendations Chapter 17.2.1, Pages 8 of Rosemary Mills Report:

I disagree that I have shown any signs of psychotic disorder symptoms and believe I should not be diagnosed with such claims. Over the past two years I have been assessed as to be well and I have never been talk to in regards to such problems by any doctor until my assessment at St Ann's hospital, to have been able to accept any treatment, to which I have now complied with and take the tablets which do make me suffer from bad side affects.

### In Regards towards Opinions & Recommendations Chapter 17.2.2, Pages 8 of Rosemary Mills Report:

Since being assessed on benzodiazepine I have continuously complained and explained that I know the medications I am taking does not having a positive impact but rather a much larger negative impact. I let wait to talk to a doctor about this once again.

**n Regards towards the Patient ought to be Detained in the interest of his health Chapter 18.1  
Pages 8 of Rosemary Mills Report:**

Since being released from the hospital I have continued to keep my word in my letter and work along side the Mental health team I have aloud access to my home address every day and taken the medication that I have been prescribed, even low I understand that any person whom has been sectioned under the Mental health act, after an assessment or clinical care, does not need to comply with section 117. I still however do take the medication but strongly agree with my own assessment of my self and do not feel the medication is having a positive impact.

**n Regards Towards in the Interest of Safety of Others Chapter 18.2 Pages 8 of Rosemary Mills Report:**

I have never been a danger to any other person(s) intentionally or otherwise. I am very concerned with the Electronic records as Doctor Rosemary Mills's reports states she used and gained other wrongful contained information from and I would like them amended, such records state the following: the electronic records document anti social and verbally aggressive behaviour by Mr Cordell towards his neighbours, this is not true. I do own a CCTV system this property doe's gets used for my own personal reasons. I am very up set that I have been accused of using my CCTV so to be able to interpreting other people's behaviour in a persecutory fashion. My CCTV system is used in the accordance of the United Kingdom Laws.

**n Regards towards Care Plan Chapter 20 Pages 8 and 9 of Rosemary Mills Report:**

In reference to chapter 20.1 and 22, I did agree to stay on the ward informally and did do so this was for the duration of an extra two days, when I asked a member of staff if I can take section 17 leave of ward, I was told that I would need to speak to a doctor and when asked what my intentions were, I asked if I can stay at home the night as I missed my family and dog inclusive of my own bed so that I could if agreed come back to the hospital in the morning on explaining this to the Doctor, she explained to me that she was happy for me to work with the early prevention team from home after our conversation, to which I have been comply with.

**n Regards towards Care Plan Chapter 22.1 Pages 9 of Rosemary Mills Report:**

This plan has now been implemented and I have been noticing negative side effect from the medication prescribed, while being at home.

**END OF REPORTS**

igned:

Dated: 31<sup>st</sup> August 2016

## Copy of the Minutes of February's assessment when a Section 135 was wrongfully issued

**he Beeping sound starts of interview.**

**Muttering"** Simon: all of you people are not coming into my house.

**Muttering"** Mother: Three two doctors and one social worker.

**Muttering"** "Continues."

**lother:** How do I turn this television down?

**atie:** I am not sure.

**lother:** Simon it's not going to work out when you are talking outside.

**atie:** Simon stops shouting.

**imon:** I want to go through all of the corruption.

**atie:** Simon, Simon.

**atie:** Lorraine how do you shut the door.

**lother:** Shut what door.

**atie:** That door.

**lother:** Oh, hold on, how do you turn this down I am turning it up.

**imon:** How are you all doing welcome to my home, I am not too happy.

**am:** There is a few of us I am afraid. Simon: I understand.

**am:** Where is the best place for us all to seat?

**imon:** Just take a seat any where you are all welcome to sit any where there are seats available for everybody.

**am:** Then we will explain why we are here.



**Simon:** I am not impressed with your "referring to Elan" I see you and meet you before and I see what happened to you before.

**Lothar:** How many people are actually coming in that is needed to do this assessment.

**Lothar:** The police said that they will wait outside.

**Unheard voice:**

**Patie:** No, he didn't.

**Lothar:** No, he didn't he said that the police was going to wait outside.

**Sam:** OK. Simon: I am not impressed with the way that use lot are using your Mental Health powers to obtain a warrant to come into my house under false allegations, stating of facts that are not true to obtain it.

**Simon:** you may take a sit any where you have been welcomed in now and like take a sit.

**Sam:** OK.

**Simon:** You have been welcomed in now like I would rather you lot take a sit rather than I take a sit.

**Sam:** OK.

**Simon:** Take a sit, sir please.

**Lothar:** No Sam, can I talk to you for a moment you said the police was waiting outside.

**Simon:** The police are not coming into these premises, you're not coming in, and you can get out.

**Sam:** Simon.

**Simon:** It's a breach of conditions.

**Simon:** I am explaining to the police.

**Patie:** You're not going to get any where.

because right now I got conflicting cases going on with the police, and I do not want that having an effect on the ongoing because of this.

**Lothar:** His got serious issues with police cases at the moment.

**Sam:** Could we just leave the door ajar and have the police at the entrance, is that OK with the police officers.

**am:** Yes, just leave the door open with the police not coming in, OK.

**atie:** His exaggerated because of the police.

**imon:** That is correct in practice and that is how it should be, that is professional.

**am:** OK.

**imon:**

**am:** OK.

**am:** OK, sure.

**am:** So, Simon the reason that we're here today is because concerns have been raised.

**Noise in background made."**

**am:** Oh, what's that?

**atie:** Oh, it's all right, its part of the printer.

**am:** OK.

**am:** A bout your Mental Health and we have been asked to carry out some thing called a Mental Health Act assessment, so were her to decide whether or not you need to be detained.

**imon:** Section 1 or 2 or 3 and maybe a 4 of the acts in an Emergency.

**am:** Err yes.

**imon:** I understand your procedures.

**am:** In order for that to happen and we have not decided any thing yet that is why we want to talk to you.

**imon:** There is no way that you can decide without being able to make an assessment of the case.

**am:** Lets just explain the legal situation first thing you can do you hip hop or so myself.

**lother:** Let him, just talk Simon.

**am:** Two Doctors so there is: -

**Doctor:** Albazaz

**am:** and~

**Doctor:** Amin

**imon:** How you both doing.

**am:** For in order for the section to go ahead, they would both need to make medical recommendations and I would need to agree.

**am:** Err but we really just want to find out about how your mental health is two days.

**lother:** So, who are all of the other people?

**am:** They are from.

**man:** I am from the Mental Health team.

**imon:** So, I meet you the other day and I spoke to you on the phone and I got through, I got large concerns about yourself.

**lena:** Yes OK.

**imon:** Because this is how I am going to prove that you put wrong statements of facts in to let this yesterday I spoke to you and I spoke to you a couple of days ago and did I not say to you and you said to me at 14:22 I got you on the recording and I am going to play your voice to you in a second.

**lother:** You do not need to.

**imon:** And I would like you to honest did I not say to you that you are allowed access to my house whenever you would like on the phone last week and the week before.

**lena:** Yep yes and that is what is in your notes.

**imon:** So how has this court order was obtained under the grounds that I have not given you access, the form has been filled in and when you are filling that form in to get this court order is supposed to be filled in there is a statement of facts that is said under oath to a judge, someone has filled that in incorrectly and you have just absolutely admitted that I have said that it's OK to you as I have given you permission to come into my house now.

**imon:** So that court order is a breach of violations.

**am:** That is the other thing we got a warrant to come into the flat.

**Simon:** No, the warrant is self is valid by a judge, but the fulfilment of that warrant is incorrect.

**Simon:** Am I correct in practice madam.

**Ilena:** You have said that I can come to the house the issue is seeing the doctors.

**Doctor xxx:** We came last week and you did not allow us in.

**Another:** Hold on can I accurately say some think.

**Simon:** May I say some think to you two days before that before you attended my premises for a month prior I had a gentlemen phoning me called Goodie I was speaking to him and we was making good relations and I liked this persons attitude I liked how he was talking to me and I thought maybe this person might be able to help me prospect and go forward in my life so were building good relationships we arrange a meeting for him to come around to my address he says OK his coming round his going to bring a friend a colleague, I said that is perfect he said his bringing Sandra with him, they both coming to this house I invite them in perfectly my house is tidy its smells clean they check the fridge and that then they sit down on the chair, Sandra sits actually were your sitting today yes Allan two minutes latter her phone rings she gets up and she walks into the hall way and then she is on the phone in the corridor yes this door is slightly gets left ajar and Goodie is sitting here I talk to Goodie and I showed Goodie my business plan and I start to start showing him things that I am doing in my life and things like how I am going to help this community and I am going to be a good tenant and resident of the United Kingdom, his happy he was saying that he was amazed I am amazed Simon to see the good things that you are doing and to see all the management systems and to see all the files that you have here, five minutes latter the woman walks back in and she goes Goodie we got to leave, so she stops the interview that me and Goodie are having personally and they both leave the premises two days latter Goodie says to me, I shake Goodies hand, Goodie says when I get back in four weeks I am your case handler Simon I am going on holiday in four weeks I am going to come and I am going to visit you in four weeks I said Goodie that will be nice to see you in for weeks yes.

**Simon:** Two days latter your self Alan and another Sandra turns back up to my front door the woman who was so rude when she come in and cut our interview.

**Katie:** No notification at all.

**Simon:** She never writes any notes down; she never took any information. Katie: Why did you not contact him?

**Simon:** now can I speak to yourself and I explained to you lot at the door that I do not feel comfortable that you have turned up un-announced, I have got a visitor coming to my house and I do not want them to know my personal life, right now I am trying to make a good impression of my self to people and not show them that you are here, this could be a business prospect or a business chance I might be able to have in the future, so you lot might tarnish that chance for me by being here, so please can you make your self announced when your

turning up to my address, which is fair and you took offence and you threatened me I have you on camera as well because I explained to you that you was on it and I said to you, you said to me that I am going to go and get an order and I am going to bring the police and come into our house I said you do not have the right to go and use your Mental Health powers like that.

**Doctor xx:** I think I did explain to you, that was not disputed to be the facts I told you clearly if you not allow us access.

**Doctor:** But he has allowed you access his allowed two sets of Doctors.

**Doctor xxx:** Not to me.

**Doctor:** No but he allowed two doctors.

**Simon:** No let him speak let him speak because I am going to listen to him no go on sir.

**Simon:** Sorry mother.

**Patie:** No stop.

**Doctor xx:** I told him that I am the independent psychiatrist and we were there to carry out a Mental Health assessment and you insist that we only talk to you outside and you did not want us to come in so we told you.

**Patie:** So, should you not notify him before hand.

**Doctor xxx:** with the mental health assessment we do not need, I do not have to.

**Simon:** They do not have to the amp do not have to do that because they're two separate bodies.

**Sam:** Si I think if you got complaints about what has happened up till now that is fine and you can make that.

**Simon:** Procedures.

**Simon:** No, it's not just complaints its you are in my house right now under a statement that this woman has clearly just said to you has been filled out wrongly and being handed to a judge to breach my private and family life.

**Sam:** Well we have used the warrant to gain access today.

**Simon:** Yes, but she is admitting that that warrant has been full filled wrong.

**Simon:** She is admitting that it has been filled wrongly to breach my Human Rights.



**am:** What I would like to focus on is your Mental Health at the moment and if you need any help with your Mental Health and what is going on with you, can we talk about that a bit for now Simon.

**imon:** Sir I am happy to talk with you, sir I am happy to talk with you, I am happy to talk to a degree with yourself and I am just going to go this with you.

**am:** Because how what is your own view about your Mental Health.

**imon:** My own Health my Mental Health I am of good Health right now I am of good mind body and soul, right now if you would like to see the work that I am doing I will show you what I am committing myself to every single day I can show you what I do myself, I feel a bit of an offence with the way things have gone because I was building good relationships with Goodie here two separate departments and one does need to refer the other one to your self to come to this house Sharon has not been.

**mother:** Sharon,

**imon:** Sharon.

**mother:** No Sandra, sorry.

**imon:** Has not had permission of the department of Simon Clark, whom is the manager and Debbie is the manager of the other one they did not have the correct protocols in place for Sandra to be able to go and get this court order, but even now I am going to continue with what you are saying let's just forget about that it's finished.

**am:** At the moment you are talking quite fast, I know there are a lot of strangers that have come to your home and it must be a difficult situation.

**imon:** I will speak fast.

**am:** Is this how you.

**atie:** He is frustrated as well.

**am:** But is that, is this the usual self.

**imon:** This is how I will find myself and I will explain myself simply if I find somebody who is of a higher profession and gets paid the living wage the same as you do when and got the education took to be able to look after myself or another member of the public I respect you the amount of time it would have taken you to do that and the hardship it would take for you to get that stage so I know that I am educating myself and that I am of a lower education to you so I believe that you should be able to understand and keep up the pace your time is valuable to yourself and valuable to me so I want to use that to its most efficient as possible if you want me to slow down and speak to you a bit slower.

**am:** If you could slow down because it would also show us that ability to be calm because that would make us be able to understand your mental Health at the moment.

**lother:** Yes, but he does speak fast.

**am:** He always speaks very so this is Simon's usually personality. Mother: Yes, he speaks fast.

**imon:** I might be a bit happier in general.

**am:** Yes, this is a difficult situation right now I appreciate that right now.

**imon:** What is a difficult situation right now?

**am:** The Mental Health assessment.

**imon:** The only difficult situation is the that this is being pared off on to me in such a way, when I am sitting here right now every day working my hardest righting files to look after every other member of the public and I am being treated differently I am an equal to your self's and we are all equals.

**doctor:** We can understand all that we can understand all of that, but there Is concern raised about you that is why we are here, to assess the situation to see how and if you need any help or if we could offer any help, that is the reason why we are here.

**am:** How is your sleep at the moment?

**am:** Sorry to interrupt you Doctor.

**doctor xxx:** So, it is because there is concern about you and that is why we are here.

**am:** How is your sleep at the moment?

**imon:** But why are there concerns about me at the moment if I have not spoken to my doctor for years and use lot are the only people that seem to have that concern and that concern is based on this gentleman who has come to my door and I never gave him access.

**doctor xxx:** No before that.

**imon:** Before that the only other concern was that you lot came here on the 8<sup>th</sup> December 2016 and there was no issue there, I explained to your self's and everybody was comfortable and you all left me and if there was a concern you would have raised that yourself s as professionals.

**doctor XX:** Tell us a bit about your neighbours.

**Simon:** My neighbours I got a letter of every single one of my neighbours here right now I got a letter from my next doors I got a letter of them; I got a letter of every person here now saying that I have lived here for eleven years.

**Doctor xxx:** Please allow me to talk to please when we talk, listen to us and we will do the same to you.

**Simon:** Yes, for sure year for sure OK.

**Doctor xx:** Yes please, yes so there is concern about you regarding the neighbours you feel that the neighbours are harassing you.

**Simon:** Who.

**Doctor:** No that is totally wrong.

**Sam:** I think it would be better if you let Simon talk.

**Doctor:** No let him sort this. Simon: The only issue that I have had with my upstairs neighbour.

**Doctor:** No please let him talk.

**Simon:** The only issue that I have had with my up stairs neighbour is that she is under your team of assessments, she accepts money from you and she is suppose to have a net work in place such as your self's, now I have been living in this house for eleven years she moved in here seven years ago she did she come here she was already an alcoholic the alcoholism takes perception takes over the perception of her Metal Heath she was paying for her self to be drunk, you lot have got duty of care of her, she would not get a liver transplant in them situations that is why she does not really get much assistance at the age she is of your self's I expect because there is other people who deserve the chance a lot more than what she does.

**Sam:** Have you had any difficulties with her.

**Simon:** Now what she does I have not had no conflicts with her.

**Sam:** OK.

**Simon:** But I have always helped her I pick her up and take her shopping yet I do like she would have her stuff coming in and I would lift her shopping upstairs, I would carry it up to her house I would see her and I would always be polite to her and say hello, blar, blar, blar I would lend her a £10.00 I would never let her In this house because I could feel some thing was wrong with her yet.

**Natie:** She used to knock and ask for money.

**Simon:** She used to knock on my door every day knocking, knocking, and knocking.

**Simon:** My last girlfriend used to be so paranoid for 13 years because of the amount she was knocking on my door and she being another female but I would never let this woman into my house I would keep her at arms length I new that she was a bit of an alcoholic so I would keep a few beers in my fridge for her I do not drink alcoholic myself I am t a total.

**Doctor:** Have you ever had any conflict with her have you ever threaten her.

**Simon:** Why would I threaten her I would never threaten another person.

**Doctor xx:** Never.

**Simon:** I got a letter of her right here that I am the best neighbour in the world I am going to show you them.

**Doctor xx:** Were.

**atie:** She is causing problems.

**lother:** He is having some problems with her in the sense that.

**Simon:** She won't leave me alone.

**lother:** basically, she won't leave him alone.

**Simon:** She keeps stalking me under the criminal justice act 1997.

**lother:** She keeps putting the letters through his letter box.

**Doctor:** OK.

**lother:** And basically, I have been trying to deal with the council with that and there is a year worth of emails.

**Simon:** And she is always drunk.

**Doctor:** What is the content of the letters?

**Simon:** I have some here, right now loads of them.

**lother:** she is sorry, she is sorry for keep on banning.

**Simon:** No, I am total I like to look after other people.

**Doctor xx:** We understand that in the past we have had some anti depression with depression and you.

**Simon:** I do not think that there is a person in this room that has not felt depression once before in their life's them self's.

**am:** No, No that's right.

**Doctor xx:** No, no talking about Mental Health issues, so you had depression.

**Simon:** When I was a kid, I hard upbringing in North London, Enfield but as you can see here ght now, I have worked hard to keep myself up a float.

**Doctor xx:** Yes, yes that is good.

**Simon:** I keep myself clean I keep myself with every think I need.

**Doctor xx:** Have you taken any medication.

**Simon:** I got no need to take any medication.

**Doctor xx:** Not in the past Simon.

**Simon:** No, I have never taken medication.

**Doctor:** Never taken any medication.

**Doctor:** How was your desperation cured?

**Simon:** How was my depression cured, I meet and let the beautiful people in my life and they ave helped me along the road and every time somebody else might go somebody else new ight come along and help me.

**Doctor:** And has recently had you been feeling low in mood and depressed.

**Simon:** Recently I just wanted to get my civil liberty's back because they have been tarnished y the police because a section 63 what to a degree what they done is set me up for being my iends to black boys funny and I then new that I could have not committed the crimes that I m being accused me of and another police officer knows this and he is coming as a witness a uperintendent is coming to talk.

shh"

**Doctor xx:** What crime are they.

**lother:** We do not want the police to hear.

**Simon:** Listen there is serious issues there in a lot of trouble.



**am:** I mean we are not here to talk about all the criminal aspects, what we are really concerned about are your mental.

**imon:** I am Mental.

**am:** What I want to do.

**imon:** I am defiantly not mental.

**am:** Questions that we ask everybody to help us understand your mental Health at the moment do you, have you got any racing thoughts do you find your thoughts going very quickly.

**imon:** No all I find myself doing is working every day on my business plan if you want to see that I will show you.

**am:** that is fine and answer, their questions afterwards.

**am:** How is your sleep at the moment Simon?

**imon:** I sleep perfectly 8 hours a day some time 9 and that is at the most some times I tend to stay up latter than what I do in the night, some times I tend to work better on the computer at night times when It is quite and every body is not making so much noise and there is not so much banging about Because I am doing a lot of writing so I stay up late some times it can change I can stay up a bit latter at nights but I then come back to the day time and make sure that I manage and every thing mi make sure that all my paper work and ever think Is In correct order things like that I need to do then I can go back to my place of work my place of comfort which is their some times.

**doctor:** Are you eating.

**imon:** yes, I am eating.

**am:** how is your appetite are you eating OK and any I no you said.

**imon:** I am a size 36 jeans.

**am:** Are you feeling any low mood at all.

**imon:** I just want civil liberties given back to me.

**lother:** A bit stressed but it's due to the court case.

**am:** OK.

**Simon:** A Section 63 should not be, I basically won my case in court and I won it. In court and the judge new I won it because the facts of the matter are a section 63 you must have trespass for it's a key element for that law to exist, I do not have trespass on my criminal record so I explained this to the judge so she said do you know what you are right, then what she has said do you know what you are right then what she has done I got the transcripts what she said she was breaching my human rights she told me that there is no difference between private and public air.

**Lothar:** No, I don't know what she actually turned around her exact words was that basically the applicant the case was based on illegality by the applicant.

**Simon:** They darkened my name in the newspaper.

**Lothar:** Yes.

**Sam:** Yes.

**Sam:** I just popped out to the police officers to let them know everything is all right so the only other thing, sorry to interrupt that so the only other thing have you threatened any cops or do I know you're stressed at the moment has it ever effected you to the point where you have felt life is not worth living or other things.

**Simon:** No, I just want to continue with all the things that I am writing, I when I show you what I am writing.

**Sam:** OK.

**Simon:** Wait a second I got to wait for my computer to turn on.

**Simon:** Then you might be able to understand me.

**Simon:** This is all the things I have been doing in my life I have been building a festival I been building my own constitution, learning everything that I need like getting all the systems that I need in place the health and safety files all of my food safety all the files I need to look after by any other person all the support programs that are in the areas and stuff like that that can be done everything is all categorized then I got all like adult and youths files and all my continuance plan I got everything that I need I got all my disability rights and all the rest of it.

**Doctor xx:** Can you tell us exactly what your work is all about.

**Simon:** I built a festival and I built a website and that website is going too basically.

**Simon:** Built a company that I can manage that is a worth it and I will be able to.

**Patie:** Is an entertainment company.

**Simon:** Yes, it's an entertainment company.

**Simon:** But at the same time I built a charity, basically I got the business directory and what I have done is written a constitution I wrote the memorandum of articles and articles of association basically so what I can do is define different people in different areas so rather than just having a community hall where some one like a government would sponsor to the general public or to somebody a team of people of beatifies, so I made my web site so I can have six different beatifies "Directors" in different places across London.

**Doctor:** How long have you been building?

**Simon:** I have been building my company for about 10 years in total it takes time like the website.

**Doctor:** Well his been building it.

**Doctor:** Hold on please.

**Doctor xx:** How have you managed to get any jobs.

**Simon:** What do you mean within the website?

**Doctor xx:** Any where.

**Simon:** Yes, I have had jobs, but slowly but it was in slow little pieces and I got shut down by the police as I explained, in the transcripts I got a judge saying to me that I have to have permission to have private party's like in my house.

**Patie:** It's an addiction.

**Doctor:** I am sorry does anyone want a cup of tea or some thing.

**Sam:** And team: No were fine thanks.

**Doctor:** What do you do with the big printers?

**Simon:** There for part of the company.

**Simon:** There for graphics.

**Simon:** I will show you now.

**Patie:** You know the sign writing that you `put on vans.

**Sam:** Oh yes, I know.

**am:** It for poster's and things.

**atie:** yes.

**lother:** Yes, posters and flyers and all that type of thing.

**am:** And like things for a festival.

**atie:** Yes.

**lother:** Yes.

**am:** OK.

**imon:** No what It for is I got my catering trailer and so forth, which is going into my catalogue which is over there.

**am:** yes.

**imon:** There are loads of sections and it is a bit hard to through with you.

**imon:** You can have a look at it yourself; this is what I have been doing.

**am:** Hmm.

**imon:** This is what I have been doing, this is the formation of the company which has to go to the commissioner and the director for CIC Company, now what this basically does is show how am going to register the company and my interest in the company and how I would do it.

**imon:** This is a description of company in which it intends to help.

**imon:** Too Smooth's business directory its a CIC Community Interest Company Association representing residents living in the whole of the United Kingdom and those who are signed as member to its online functions, this is achieved by governing its members who are signed in use of the Too Smooth Business Directory and form. Too Smooth Business Directory is hosted within the World Wide Web.

**imon:** I will show you it I got a business directory and I got my own LTD company section, that I am going to do is donate the business directory section to 6 directors.

**ector xx:** So, what your company can do is help people in the whole of the United Kingdom and those who are signed a member to it functions.

**imon:** Yes, that is correct.

**Doctor:** So, who gave you the authority to do such a thing?

**Simon:** Who gave me the authority?

**Simon:** Who gave me the authority if I own my own building its up to me if I want to sponsor, if I wanted to sponsor you some think I got the right to sponsor it if I own it its up to me.

**Simon:** I own my own website I built the code behind my own website.

**Doctor xx:** No sorry I am just asking you how you can delusion that you can represent the residents of the whole United Kingdom.

**Simon:** What it does what you can do yes this is the form that you can have I am going to show you quickly now yes what you have to do is have to fill out this form here, now what I am doing is letting six other people help manage my company now normally you would have them six people defined in one area which would be just this area but because I got the internet and I am governing the internet I can have six separate directors one for this borough one for this state one up in south then one there and that means that there all managers in different areas so that does make it so that I have a constitutions and defined what sections I want, because I am not governing just one building like the old community halls used to do I have done the whole of the United Kingdom.

**Simon:** So now I got six people that are all directors that will all have access to a section of my business directory now what they have is they have the power to give the rest of the residents in the estates a login now they can all log in and it has a face book link and the rest and they can click on that to the Donor cause to be a Donor to any cause selected so one person say there is 33 boroughs in the surrounding areas I would have 6 of the boroughs that are company directors yes so this will be one my mum would hopefully be one I would be one for this estates and there would be another one for another area and another one for another area and they will all have logins.

**Sam:** So, it is a way of expanding your business.

**Simon:** No, it's not a way of expanding my business what it does is expand a business in the community, not for myself. because what I do is give this to beneficial which is the commissioner of charity's for England and Wales, this is who I am writing this to now asking him or her and showing them this is my proposal to you this is what I built and this is how I want to help people and with this I will be one of the first people to govern the internet and I am going to sponsor my business directory to the people and that is how I move on.

**Doctor:** And then what is the benefit of this business of the people.

**Simon:** I will show you what they can do this is coming along and they can add a business card to a business card directory so that they can show other people their business new starting business and existing company profiles.



**Mother:** Here let me show you the website.

**Simon:** Why just let me just do what I am doing for a sec.

**Mother:** Then you can show them the business directory.

**Simon:** Look if you would like to take a read through it, but it is not some think that will take five minutes, it has taken a lot of work and a lifetime of work at that to be able to build it for the people exactly how was done, I am rewriting Glastonbury and others management system the same I am looking at the big people behind me and how they archived what they wanted to achieve I am achieving exactly the same goals but I am just doing it today in today's modern world year and that is it.

**Sam:** You mentioned before that before all of this happened that you were getting on quite well with Goodie is that some correct Simon, how would you be if you did not go the hospital today, would you be prepared to meet with Goodie again.

**Simon:** If I did not go to hospital.

**Simon:** Well year I would be happy to meet Goodie again of course, but it depends under what grounds there is no reason for me to worry about meeting him over than the fact being that I am just a good person doing the correct things.

**Natie:** Is he not on leave at the moment.

**Woman:** In the background: Yes.

**Sam:** Yes, I understand Goodie is on leave at the moment.

**Mother:** He is on leave. Mother: He has already agreed to meet Goodie again.

**Sam:** OK

**Simon:** "Referring to the doctor" If you would like to read a bit more sir, you just seem really interested and I love it when people are interested in my work yet.

**Sam:** I am just going outside to see how the police are. Mother: If you actually show him the website

**Simon:** He would probably understand a bit more.

**Simon:** Have you seen the website before.

**Natie:** No one would.

**Simon:** OK I am going to show the website now.

**Patie:** Basically, you can hire out sound equipment.

**Doctor:** So why have the police stopped him.

**Mother:** and what he wants to do is community events, he has done a couple in 2013, like he has done Ponders End festival with the council he done, Lock to Lock.

**Simon:** what I own at present is an LTD company which Is Too Smooth Ltd, which is my Hire of provisions company now what I want to do is keep Too Smooth Ltd as an umbrella company I want to be able to maintain my limited foundation under that and manage a charity in co-  
-curst, if any thing it Is for the community, what they can do is advertise in the business directory its like 118 but It is a digital business directory.

**Doctor:** So, the charity is a business directory.

**Simon:** Yes, that is what it is.

**Simon:** And what they can do is you can come along and advertise your business, what you could do is set fee and that money will go to a chatty bar at the top and It goes to the local community.

**Simon:** This is another folder that I have built this is a charity that I have been building.

**Simon:** And this is also what I have been building for Bliss a sponsored walk that I have been building for a company called Dem's working alongside Bliss.

**Simon:** "Referring to another binder".

**Sam:** Simon I just wanted to ask you a few more and I know its 100 questions and you got all these strange people in your living room, but if I could ask you a few more questions, do you ever hear voices when no one is around.

**Simon:** No.

**Sam:** And the police I know you got these ongoing court cases and I do not want you to talk about the specifics of them, but do you think the police have a kind of conspiracy going or some thing going on with the police:

**Simon:** I will show you one or two things that are going on at the moment.

**Simon:** These are the letters going on with Debbie I am going to go through a couple of them with you so you can see a bit of every thing that we have talked about.

**Simon:** Take a look at this "I show letters of Debbie."

**lother:** Keep your voice down Simon.

**imon:** The National call centre is a million-pound centre yet and Met cc time stamps can't go backwards. For other start what colour am I, can every one answer me what colour am I mixed race would everyone agree that I am mixed race or light skin for a start year now I would like to know you one little snip lit, here this is a 999 call.

**lother:** Sh.

**imon:** This is a 999 call and this is what I have been accused of, caller states on the day there were about 20 people pulling into this estate, I was in this house on this date yet I could never have done it, I could never have done It, I have not even done a house party for nothing for years, caller looks like they're planning to an illegal rave, caller states they have brought in alcohol and carrying decks, caller states they are carrying box's.

**atie:** Who's that at the door?

**lother:** I am just doing it because he is talking about the court case.

**atie:** His not doing any thing wrong.

**imon:** Please stop for a Sec.

**imon:** Caller states he can see them bring boxes into the building and states there defiantly all there.

**imon:** Caller states they are all males and females and are all white people.

**atie:** There trying to listen to you outside.

**lother:** There coming in and they can hear him.

**imon:** All white people.

**lother:** Your trying to hear what he is saying and talking about his accepting a court case.

**doctor xx:** Yes, that is bad.

**imon:** So that is impossible for me to have done as I am mixed race.

**imon:** So that is one bad quite think yes but let me go to some thing else that is even worse that is a bigger problem yet.

**am:** I would Amal your part of the team could Goodie come.

**Sam:** It could be the way Goodie could come here or you could come to them.

**Simon:** Then what does this do this tarnishes my medical record, then when people what to see me looking after other people in life, it looks dead, Because right now I got the cleanest name in the world apart from the police darkening my name in on the website to which I have not because I have the transcripts I am going to prove that in a couple of weeks.

**Sam:** But Simon it won't all this is.

**Simon:** but I am going to have a clean name again and I do not want my name on no mental health charts yet.

**Sam:** But.

**Simon:** It won't all this is.

**Sam:** There is a difference between people carrying out an assessment to see if they have a Mental Health problem.

**Simon:** Yes, but this is an assessment right now.

**Sam:** Yes, this is an assessment.

**Simon:** But what we are talking about is as if I do have a problem and now you want me to go to meetings.

**Sam:** No but in order to have a proper understanding is whether or not, you got the illness. I need to see you a few times and for you to see a doctor.

**Simon:** Do you understand what that would do to your career if someone were to do that to you right now saying that, would put you under if someone come along and done that to you and your living, right now her then that would tarnish the rest of your career possibly.

**Sam:** Not necessary Simon because there is a difference between.

**Simon:** I am working hard.

**Sam:** I can see you have a really strong business face. What is there a difference between you being assessed and people checking that you are OK.

**Simon:** But it is not going to be the same as every time you have already done this. Same: No I am saying is that is a few, perhaps have a meeting with one of the doctors in Goodies team.

**Simon:** Why would you want that from me?

**am:** Because doctors have a pacific skill to do a proper further assessment.

**imon:** Well I feel that is what you done today and you know that you are intelligent and you now that you are going to leave me.

**am:** Well but I think it.

**imon:** And you are going to know that I am healthy as any think.

**am:** Well I just think that tit is just not in your want, it will be in a period of times over a period of time.

**imon:** So, you say I need another assessment then another one in a few months, what you're telling me is that is not going to tarnish the rest of my life.

**am:** No because it may not be.

**imon:** So, I am not going to get my medical record and it going to say Simon should not look after 50 kids today because his slightly mentally ill.

**doctor:** Simon.

**am:** Simon is not having a diagnoses which has some thought completely different no one as diagnosing you with any mental illness at this point there has been concerns raised so it is just a matter of people wanting to do a further assessment and this is part of it and what I think we would like to do after today is for you to see someone.

**imon:** I am going to take your advice for a little while.

**imon:** As long as you're not sectioning me and you are not a doctor.

**doctor:** Simon, Simon because of all the things like this you could get shot up again "Muttering" from the services if the team follow you and see you for a couple I do not know for how long.

**am:** If you do not see people and they have just got these concerns the people will just worry about you.

**imon:** But there is no reason to worry about me.

**am:** Well it is just because they haven't had the chance the opportunity to do a report and assessment.

**imon:** I got my court case coming up soon and I cannot wait to prove my innocents and then finish the rest of what I am doing and put every one right once justice is done, I will be happier more than I am.



**Doctor:** So, this is it you are most likely most likely most likely accurately you will be discharged at the end of this if they cannot prove that you are mentally ill.

**Sam:** Health services in the future they can have a look and they will receive a copy of the assessment OK, what I need to do is just have a quick chat.

**Katie:** His never had any problems in his life.

**Simon:** Yes, I have never had any problems in my whole life and I am 35 years old.

**Sam:** That is fine.

**Katie:** It is just how everyone going about it if you go about it the wrong way, you're going to be defensive and that is what has happened.

**Sam:** Yes, I can understand that people coming into your room with some really negative issues from mental Health services.

**Katie:** It is not just that.

**Sam:** OK.

**Katie:** **It is not just that this guy has gone mad.**

**Katie:** It was not necessary to bring all of the police today to be honest.

**Sam:** I know well, I walked into this situation for the first time today.

**Katie:** **There dead**, so you do not know any previous.

**Sam:** Previous.

**Sam:** What I would like to do is just have a quick word outside with the doctors just to quickly decide what we want to do and come in and let you know which will take a couple of minutes OK.

**Sam:** OK

**Sam:** Simon we are just going to pop outside with the doctors for a couple of minutes and then we will come back and let you know the outcome of the Mental Health assessment OK.

**Simon:** You have left your bag here.

**am:** I am coming back in I am not leaving it, but you can hang on to it, I am sure it will be safe here.

**doctor:** Have you been out on your motorbike.

**imon:** No not for a little while now.

**lother:** No, he has not been using it.

**imon:** I have just been staying indoors and relaxing for a little while, but I have kept it as an asset to be able to sell when I need to make some thinking constructive with it.

**larry:** Simon my name is Mary I am one of the senior portions in the home treatment team

**olin:** I am Colin

**imon:** How are you both?

**larry:** Both of us work in the home treatment team.

**imon:** It must be a hard team to work in some time.

**lother:** Can I ask a quick question.

**larry:** Yes.

**lother:** Err due to the conditions that he has been put under by the police he will not go out because he feels low the police are constantly on him and he's worried.

**atie:** Is worried that he will get put into prison.

**lother:** So, he will not go out until all of this appeal is over with and every thing else and he starts getting his life back.

**imon:** I have actually been set up I never done any thing.

**atie:** Simon, Simon, Simon.

**lother:** His got an assessment tomorrow with ESA and his no going to go up there until it is here any thing the mental health team can do.

**imon:** Have you got the warrant.

**lother:** Yes.

**lother:** And can say can you write on that and give us a copy that It was not executed and that he allowed you entry.

**am:** I suppose the best thing to say, well it is up to you, you let us in so I can suppose we can say that and then send it back to the court.

**atie:** Yes.

**lother:** Yes, but can I keep a copy of it please.

**am:** Yes, will give you a copy.

**lother:** Yes wonderful, thank you.

**imon:** Would use lot like a drink.

**larry:** No thanks.

**entlemen's voice:** In answer to your question and I do not have a clear answer

**Muttering"**

**lother:** No, it is not basically his on six conditions at the present moment until this goes to the appeal.

**atie:** It is not a curfew, but it is because he is not allowed to go to places.

**lother:** Like to go out down the motorway after 10:00 pm he is not allowed onto industrial states and can't even stop at a petrol station `

**imon:** I have been looking in her for over three years and I have not even been found guilty or arrested.

**lother:** His got an appointment tomorrow I have contacted them and said that it is going to need to be rearranged told them that he was getting an assessment today.

**larry:** Yes.

**lother:** Hmm you suggested that I have contact with them.

**larry:** Hmm Hm.

**lother:** And basically, they asked me to update them today as to what is going on err, they're open till 8:00 pm tonight.

**larry:** Hmm.

**lother:** High bury and Islington.

**atie:** High bury.

**larry:** Islington.

**imon:** I am barred from the whole of the central London.

**lother:** Err the building because it is classified.

**atie:** His not allowed in any form of industrial estate like you know were. Salisbury is and toys  
us Great Cambridge Rd he can't go to the McDonald's after 10:00 pm or any think.

**imon:** I can not go MC Donald's or any think. "Muttering"

**imon:** If I go into any night club I need permission any night club if I walk into a house party  
nd you got more 20 people in your house I can go to prison the problem is normal you have  
ot private air and public air I got freedom of speech in this house this is my private air and  
hat Is what I believe this is our human right and what crated our statues of liberty's as human  
eings, now what they have done because the buildings are in side there treated as people  
private homes and that Is their way of living so now what they have done is breach all my  
human rights and all the rules and regulations and say that private air and public air are the  
ame and that is what they have do to give me this application.

**imon:** Now what the judge has written is she has write I am not allowed to have no private  
irthday party's in this house today if I give you an amp and you take an amp to your house if  
ou have 20 people listening to music on that amp in your house then I can go to prison I full  
t for your actions

**arl:** Does it say 20.

**imon:** Yes.

**atie:** Yes.

**lother:** Yes, but that is what is written in the section 63.

**imon:** But they're not allowed to do that in a house in a house I allow as many people as I  
ant like normally you are allowed as many people as you want in here.

**imon:** Section 63 is for outdoors unless tress pass has taken place, but they want to use it in  
o do me I am standing up for everybody.

**lother:** It's absolutely wrong and there is an appeal, but the appeal taking

**Marry:** If it is your own place you can do what you want.

**atie:** No, he is not allowed under the. Marry: What is that a section 63.

**atie:** I do not know the sections I just know what the Asbo restrictions cover.

**am:** Hmm Simon I will be showing you are pleased to hear that you are not going to be put under a section of the mental health Act today. Cheers in the room: -

**am:** You are not going to the hospital what would in courage you to do is to meet up with Goodies and see the doctor in the Goodies team because what I think is If we got some thinking on file to say that there has been an assessment no Mental Health illness was found so next time someone phones up we got that on our record because if you get some contact to say that there is concern about Metal Health we have a duty of care to check what is happening

**imon:** A duty of care.

**am:** So, having the assessment getting out of the way

**imon:** So now that you have said that this is exactly `the point that I wanted to raise her up stairs your team does have a duty of care of her, now these letters are the letters that she has been writing me, I was in a 13 year relationship and she was stalking me, following me around but I never paid her too much bother to me because I did not have all the court dates and orders on me so I was not in my house all the time.

**imon:** Eventually any way I broke up with my partner and this woman started writing me letters all of a sudden this shows how clearly drunk she was and her mental state of mind in the letters

**imon:** She is like dear Simon I thank you for you support through alcoholism Simon: So, she is admitting that she is always drunk.

**imon:** I was a where that I knocked on your door and borrowed money approximate £7 round 8 times.

**imon:** So, you can see that I am always giving her money.

**imon:** I am always giving her money.

**atie:** That is because she is asking for it.

**imon:** Yes, she is knocking on the door.

**imon:** And then she is like I do not have the way or the means of stalking you.



**Simon:** So, she clearly understands that she is stalking me and I am saying to her please can you stop what you are doing to me, she keeps writing it when she is drunk, it is an intrusion of my life.

**Simon:** Now because of the case I am spending 24 hours a day in my home, do you know what she does, sir she comes here and she get the tap in her flat the manufacture intended it to be built for a purpose and that is not in the way she uses it, what she is doing is sitting there at the tap and I mean she sleeps at the tap " Description of her using the tap" going bang, bang, bang what it was like is someone had turned the pressure up by the stop cock.

**Doctor:** Can I stop you there please.

**Simon:** What it is I can not even take my cloths off in my own home as she will stamp and follow me bang, bang, bang, bang on the floor all the way into the bath room.

**Mother:** He has so many witnesses I been trying to get the council to help with no luck.

**Sam:** Have you raped I mean, surely the housing officers are aware that the. Mother: I have been I have been. Simon: the police will not do anything.

**Mother:** I have been trying to deal with it, I have gotten emails upon emails upon emails that I have sent begging the council to deal with lady upstairs.

**Mother:** Even when I am here, she follows me into the bathroom.

**Simon:** There are loads of them here she writes me so many letters so many letters.

**Simon:** Yes, and none of my friends can take their clothes off in this house or nothing `because of what she has been doing.

**Mother:** It feels like she is continuing on top of your banging.

**Simon:** What she does every time she hers a computer key board, what she does is she will stand there and she will (Mr Simon Cordell makes a loud banging sound)

**Sam:** And it sounds like there is no sound proofing here at all low.

**Mother:** No there is not.

**Simon:** I cannot even work in this house because of her I mean I have been sitting down in this house for the last year still just waiting for her to stop bannng and this can cause my sleep pattern to mess up a bit from time to time still.

**Sam:** No, I am fine, I am fine.

**lother:** And I got emails upon emails asking the council to address it because it is not fair on him, he feels as if he has no privacy in his own home.

**imon:** Look Simon, thank you I think I have sorted it and I believe you and would bend over to make an emissary of your life sorry I can not see leaving just the wedged head board.

**atie:** There are plenty of people who have been here she has done it to me.

**imon:** This is how drunk she is when she wrote this.

**atie:** You can hear her.

**ouise Brown:** Do you live in this block too.

**atie:** No but I am always here I am, here a lot and I am also here a lot when mum is not here, I mean a lot of things have happened.

**ouise Brown:** yes.

**atie:** So, it is not like he is making things up as it has been seen by a lot of other people and no one does any thing as it is a council place for him.

**atie:** I even told him that he should move away from here.

**ouise Brown:** Hmm.

**imon:** But do you know what she means by the wedged head board yes like I said a Christmas last Christmas I brought her a box of chocolates yes and I gave every one in the block a present every times where hard for me as this time because I had not been up to much because I had been on curfew for two years all ready at that stage yes in this house Simon so I brought them their box's of chocolates then In a couple of months latter in February she started doing all this banging on the tap on purpose and stamping bang, bang, banging but just before that she knocked on my door one day and asked me to go up stairs into her flat and help move her bed out this was the first time I had been into her flat I have not been in that flat for years since she has lived there but I still went up there as a gentlemen I went up there and I went in to her house and the house did smell right it was clean but it did not just smell clean so I felt funny as I am one of them people that as if "She is lazy why is her house not clean" how could she invite me In to her house like that so I quickly moved the bed fast and UN-done it and got it out of the house and got out and got straight back to my own house yes and that is why she wrote that funny bit about the head board .

**imon:** You are being the best neighbour in the world Debbie and this is the sort of letters she keeps putting into my front door.

**Mother:** Even the council has turned around and said that she has a fashion-nation with my son, but there not doing nothing and it's driving him, he can not even go into the toilet and have a bath as she is on top of him banging continued.

**Louise Brown:** Hmm OK.

**Mother:** Even when I am sitting here and I go to the toilet and she does not even know that it is me and she does the same to me and It does make you feel and the council are really not doing nothing about it what so ever.

**Louise Brown:** Hmm.

**Mother:** He knows that she has got problems.

**Louise Brown:** And this has been going on for how long a long time.

**Mother:** A year. Louise Brown: Oh right.

**Mother:** And I put a complaint in because dawn Alena is his council officer.

**Louise Brown:** Yes.

**Mother:** I was making phone calls and saying to dawn Alena, please try and address this you know please its going to far now.

**Louise Brown:** Yes.

**Mother:** And she wouldn't come out she wouldn't deal with it and wanted Simon to come up and visit her and basically I put a complaint in and the they said that there going to put it over to the anti social team and they wouldn't do any thing then a Louise brown took up the case after months of not doing any think and I am writing emails upon emails and then they come out she did not take one note and he has video tapes recordings and every think and you can hear it and you can here the taps were she was using the taps and they had the pressure up so high the noise that come into his flat was terrible the noise she was just turning it on and of on and of on and of.

**Mother:** He could not even sleep propel.

**Louise Brown:** How old is she Simon.

**Simon:** She is four years old now.

**Mother:** How old is Debbie.

**Simon:** Oh, she is about 12 years older than me I would say.

**Louise Brown:** 12.

**Natie:** Oh, what the dog.

**Simon:** Oh no the dog is four, four years of age.

**Louise Brown:** Arr.

**"Muttering" 45:14 till 45:34**

**Natie:** She might be older than that.

**Mother:** And like I put a complaint in because the Anti Social Behaviour team was not dealing with it and they was not taking the issue seriously and that was put in October of last year and we have not heard a thing, so I keep asking them when are we going to get a response from the formal complaint that was put in because you are not addressing thing correctly.

**Louise Brown:** And nothing.

**Mother:** nothing she actually phoned because I think she made a mistake, because he phoned Louise, and it now I mean Debbie was going off constant banging and he could not work or any think and it is annoying to him so he phoned Louise up and he always gives out my number so she actually phoned me by mistake and I turned round and said to Louise I said I said She said is Simon Cordell there I said no who is it she said it Louise Brown.

**Louise Brown:** I am Louise brown.

**Mother:** Oh So you are Louise brown can you tell me why you have not responded to my formal complaint I sure you have and I know "Muttering" and I have not deleted them err, yet in another email you will have a response fast and directly but it is still going on now and it is now February and sill nothing.

**Mary:** No response.

**Louise Brown:** It can take up to four months latter.

**Mother:** Yes, I Know.

**Louise Brown:** Any way.

**Mother:** And I have even been up because he has knocked on her door a few times when she was bad and really banging the council has "**Muttering**" A bit so that you do not hear it so badly so bad when she is constantly banging.

**Mother:** I mean, even the other day he had his entire bathroom ceiling flooded and it knocked his entire electric out and basically, he had to call the Emergency.

**Pouise Brown:** Yes, the Emergency.

**Mother:** And he went upstairs to say to her you have got a leak and it is all Flooding through my bathroom then and then the council come out and then she well it seems she has cleaned the mess up.

**Pouise Brown:** Hmm.

**Mother:** And basically, they have re-laid the whole of her pipes like they have re laid his heating because they were having issues with the heating systems so they re-laid the pipes over the wall.

**Patie:** You can see them on the walls over there.

**Pouise Brown:** Yes.

**Mother:** And basically, he turns around and they turned around, then they phoned me and they said has the ceiling dried out yet as they had to disconnect the whole light.

**Simon:** My bathroom light is disconnected right now.

**Mother:** And.

**Pouise Brown:** Yes.

**Mother:** And then I contacted them back the next day and I said to them the ceiling is still to wet to actually re connect that back up it would be dangerous.

**Patie:** So is there still no electric in the bathroom.

**Mother:** And I said you are going to need to leave to your going to need to let it dry out before you come and reconnect it back up, then I got a phone call from them say now they believe the leak is coming from 117 that is the third floor up.

**Mother:** Because it is privately leased their going to come down and speak to Simon today, so said OK, no problem because they have then got to pay for, the damages that was then done.  
**Pouise Brown:**

**Mother:** Err so the people from 117 come down and they said we have got no leak we have had someone come in and check and there is no leak.

**Patie:** Simon.

**Doctor:** See you.



**END of Conversion of Audio Transcripts:**  
A copy of the footage is available at request.

### **Official Statement of Mr Simon Cordell**

**The Events Leading Up to My Wrongful Detention of my Detainee: -**

the events leading up to my wrongful detention of my detainee that have been governed under civil proceeding, do in fact relate to the following incidents:- On the 25th June 2013 the Metropolitan police attended my home address that being of 109 Burncroft avenue Enfield En3 at around midday, the reason for them members of the met police to attend, was about a criminal allegation, one offence of the nature of burglary, to which I Mr Simon Cordell did In fact dispute and proved my innocents at court.

On this occasion I was charged and then bail was denied I was then transferred to the world of scrubs her majesties pleasure HMP, the reason given for bail to be denied was because there was false and therefore wrongful criminal convections that had been maliciously fabricated on the police national computer containing the wrongful convections in my PNC , “to which I did disputed and then challenge and this has now been proven to be incorrectly inputted on my Criminal record and therefore myself to be incorrect, proof of this statement is contained within this official document as exhibit sc1, this exhibit contains the proof of 8 false criminal convection not in the court official registries (1 of the guilty verdict off failing to surrender of which was the reason I was denied bail.)

On the 28th June 2013 I did apply to the district judge to reconsider the application of bail to which he did choose to over turn in my favour. I was then granted bail with the following condition that the prosecution’s opposed bail was:

Possibility of committing further offences whilst on bail:

Possibility of Failure to surrender

**Judge’s Decision Bail Granted with the Following Conditions:**

Surety of £1000 from Ms Lorraine Cordell (To be surrendered to the nearest Police Station) – prior to release from Custody.

Residence @ 109 Burncroft Road, Enfield, EN3 7JQ

Not to enter the London Borough of Southwark

Surrender Passport to nearest Police Station

Report daily to Edmonton Police between 1400 – 1600do

Curfew 8pm - 6am (doorstep condition – the Defendant should show himself to any officer upon that person knocking on the front door.

Mr Simon Cordell had to abide to the strict regime of bail conditions until the date of 00/00/2014, this was the date set for trial, but before the start of the trial I was found not guilty due to the judge accepting my evidence of a till recipe of proof of punchers of a garden gazebo too which was the basis of the prosecution's evidence regarding the allegations of burglary.

While I was awaiting the on goings of the case to proceed to trial to defend my rights of a non guilty plea, I felt I was being mistreated by the justice system as I knew I had not committed the offence I was being accused off and this lead me Mr Simon Cordell to pre arranging a meeting by way of telephone, this was accomplished at my own free will, so for myself to be able to attend the silver street Mental health department, to help my self document a true understanding of the facts that was present in my life of concern I exhibit proof of this contained and attached to this official document as sc2.

I also arranged an appointment with my Doctor who was named Dr Warren at number 1 nightingale Rd, Edmonton, this appointment was not arranged due to feeling Mentally unstable, but due to the duration of the time the court proceeding had occurred and the effect the Metropolitan Police wrongful claims of proceedings was therefore having on the ruining abilities of myself Mr Simon Cordell being a high statue director for my own company running objectives.

On the date of 00/00/00, I Mr S. Cordell was at my home addresses as noted above, with the following friends who are named 3 of 3 people not including myself Mr Simon Cordell.

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When to my unexpected attention I received a phone call on my personal mobile telephone. When I asked whom the caller was I received a name of a gentleman who claimed the name of Goody and the occupation of this gentleman is an amp Mental health worker, the nature of the reason given for the call was proclaimed to be about the appoint that was previously arranged months prior with my personal GP as dated above. I clearly remember when speaking to Goodies on the phone that of an appointment being arranged at my own home address, as also noted above in this document.

On the agreed date that the appointment was made was 00/00/2015, the gentlemen whom I had previously had the telephone conversation with arrived at my home address with another team member who I know no to be called (Sandra) I invited them into my home, the flat was clean as I new I had been expecting guest and also because of the general fact I keep a strict house upkeep policy, and as for this policy I like to have nice essential utilities and personal accessories on this day my cupboards were full of food and also that of my fridge and freeze, this was checked by Sandra and goodie to my surprise.

The meeting started to take place once I had asked every person to make them self's feel at home, the meeting started to initialise and I found myself and goodies conversation started to lead towards what I had been up to prior to the visit, I explained that I was in the process of establishing my own company.

Once the meeting had started, we all started to settle into conversation within the average time duration of 5 minutes, the ladies phone who's name is Sandra started to ring she then asked every person, if she can quickly answer the call, as she answered her phone she walked into my front entrance corridor, myself and goodie continued to chat about positive things that I had been applying my time to, when Sandra walked back into the room after finishing her call, she asked if the meeting can be stopped, as she had to leave due to her telephone conversation. Goodie explained to myself that he was happy with my mental heath assessment and that he was going away on holiday for four weeks and that he would like to have a follow up meeting once he gets back from his work holiday leave, I explained I would be very happy to meet with himself again, as it was a pleasure to chat with himself.

At this stage in my life I had worked hard to achieve in a positive view and it had taken me many years to save and buy what I new to be needed to start the company I wanted to build I would have not been able to start without the help of my family.

I can clearly note that of the facts that by 2010 I had things in place and needed to start on my next step with building my website so I order my domain name <http://toosmooth.co.uk> on the 22/07/2010, my mother was going to try and help build the website as money was an issue and to build the type of website that was needed would have cost a lot of money.

The development of the Website took much longer than anticipated; this was due to the building process and also my mother's health.

The coding beside the website is of a large scale due to the 4 databases that was needed.

By 2012 the website was coming along I order 2 other domains <http://toosmoothentertainment.co.uk> and <http://toosmoothentertainment.com> 22/05/2012 these were ordered, I had also started looking ahead to the summer of 2013 to start bridging out with contacts and doing some unpaid work in the local community so to get my company name known in the public, and help my local community.

I had planned to order the company name just before the work started in 2013.

The following day after of Goodie attending my private home, I was again at home working on my company I remember this date to be 00/00/2015 as for I was programming parts of my website and finding things reasonably hard to achieve, I noticed a knock on my front door and went to see who it was, when I noticed a large group of people, when asking whom them persons were I was told the name of élan, she stated that her occupation was from the mental heath department so I opened up my front

door and asked what they wanted to speak to me about in the safety of knowing all was being recorded on CCTV. I showed some concern in regards to the team turning up to my address unannounced and that I felt that this was a breach of my privacy. I was unhappy with the way I was spoken to by the mental health team, on this occasion, especially with the understanding of what had been portrayed to me and that being that since Goodie had gone away on leave that élan and the other people standing at my front door had been made case handlers of myself for no reason I was quite shocked and concerned as Goodie was surely happy when he had left prior and never said anything of the sort, it was then explained to me that they wanted to do another assessment on me once again I explained that I had just let Goodie into my home less than 2 days, the team soon left.

Once again with the concern of being assessed with out no true reason as I knew that I had mostly been indoors and had travelled to the shops a few times with friends and family with no concern about my well being, After élan and team had arrived I called the mental health team so to find out why they had truly attended and to raise my concerns, while achieving this I used a dictator to record the minutes of the conversation I managed to speak to Ellen herself and explained to her that I was happy for the team to have a meeting with myself if they wanted but please could they contact myself first or have a true reason under the mental health act.

A few days latter I received a phone call of my mother and she seemed quite concerned for my well being, on asking her what was wrong she explained that the early prevention team had called her mobile phone and told her that they were obtaining a warrant under a person of interest section 135 of the mental health act 1983, this was said to be for the reason that I would not allow them access into my home.

On the 00/00/2016 while at home with my mother and civil partner I received a knock on the front door, on opening the door there was a multitude of persons present when asking them who they were they expanded police officers and doctors awaiting to serve a warrant to enter my home under section 135 of the mental health act 1983 I explained to them that I was happy to allow the doctors and medical teams access once again so to be able to conclude their assessment but was not happy for members of the police to enter due to the sensitivity of my personal information as I still had ongoing complaints and issues that I was a subject towards, the police agreed to await outside.

Before the meeting started, I pressed play on my recording system so to be able to have a copy of the minutes of the meeting as I find professional best for all people's interest.

The general outcome of the meeting was that the warrant had been obtained illegal due to myself having recording of eleven being invited for a meeting into my home of my own free will prior and that I had allowed Goodie entry into my home two days before they arrived at my front door unannounced, with no truth in decrease or evidence of an unstable mental mentality of mine, between and on them dates. The warrant issued was and is for a person whom won't allow access to mental health teams to which I clearly did do; Ellen makes a full confession of this on CD.

I allowed the meeting to go ahead in any case and was assessed as being mentally stable with no issues of concern.

When listening to the transcripts of the minutes that took place that day under the grounds of the assessment, after being confirmed as well by the doctors, I was then asked if I was happy to be assessed every day or once a week, I was not happy with this as I feel I have worked hard to achieve my goals and this would have a negative impact on my time and ability as it clearly is right now, I did however say that I will talk with my partner about this and come to an agreement. After talking to my civil partner we decided that the mental health team had come to the right conclusion of me being well and that we were much more than capable of looking after ourself and felt more comfortable to do this.

I soon received a letter asking myself to go to Edmonton Green for another assessment as dated 09/02/2016, I called the centre and explained that me and my partners had made our decision and that

was that we can cope alone and if we ever find our self's insure of any think that we will contact the mental health team.

the care team called my mobile phone 14 August 2016.

### **In response to the allegations of Threats to kill 14/08/2016**

On the day in question I was in my home address, all day my mother attended my home at around 3pm to collect my credit card as arranged leaving myself with no other source of money as for this I had no reason to leave my home. I have a text on my mobile phone and computer to prove this from my mother.

I was then fortunate another to have some good friends visit with there new born baby to which on there visit good news was announced that I will be the god father to the new born baby, my visitors stayed at my home address till around 7pm after there departure I was left at home alone and started to listen to a music CD that was given to me by my guests I continued to listen to music until at around 8pm, up and all I notice a very large amount of uniformed police officers entering my communal hall way and started to implosively bang on my front door intimating my self in my own place of residence. I clearly remember approaching my front door with large concern for my safety as for I have other on going cases against the Metropolitan police that are in the process of the IPPC.

As I approached my home front door, I had that of my mobile phone in my hand and called for assistance of members of my family who could be in support of me as they may be relevant as to a witness to any ongoing about to occur.

When asking the police the reason for there presents at my home address the reply back was that of the remark, that they just wanted to speak to my person, I did reply back to them that I was not happy to speak to them self's as I new I had done nothing un-law and was therefore a victim. I do remember asking the police to contact my solicitors as a first point of contact for any incident as the police have a full understanding when attended my home address that my home has been my place of residents for over 11 years and I have no issues with surrendering to police.

After about a 40 minute interview of compulsive and aggressive knocking by on duty police offices on my front door, I choose to explained to them members of active police that they were being recorded by my CCTV, This caused a different reaction and the woman office who was knocking on my front door choose to cause a criminal offence by way of causing criminal damage to my personal property other wise named as my CCTV equipment, she achieved this by staring straight into the camera and intentionally ripping out the cables in turn causing damage so that the crammers were no longer active.

As this happened while my mother attended with my uncle whom I had previously called and continued to recorded the ongoing on their mobile phone's crammers.

Another police officer a male offered to repair the damage that had been caused by the female officer by asking myself to pass them a screwdriver out of my letter box I found this an unusual request.

On arrival of my mother and uncle attending I felt much more at ease and secure of my own safety and opened my front door knowing I had all the evidence I need on CD and mobile phones to prove my innocents and the damage cause to my property.

As for other video footage I do dispute the allegations of the Quoted fact off being taken out of cell number 3 for a legal assessment by members of the MHA Mental Health Assessment Team as named MHP worker Maggie fuller and 2 x Doctor's of the names (---) and (---) whom did attended my cell while I was being recorded by CCTV as true as I am sure they did walk up to my cell hatch and verbally



aid to my self that I was being sectioned under the mental health act without caring out the correct procedures to obtain such regulations.

While the AMHP workers was at my cell door while being contained at wood green police station I did notice one of the doctors to be an official person that I had a complaint against for attending my home address in February 2016 and have a CD of evidence of the full mental health team of the day which does prove illegal entry into my home by way of completing a section 135 illegally in turn by stating to a judge under oath that I would not give access to my place of fixed residence and is clearly admitted to be a lie on the CD as I have the evidence.

Mr S. Cordell did in fact find this to be unprofessional conduct as for I had been detained for 24 hours with no issues of concern for my safety or any other persons and was left in my cell while being a detainee with my full clothing inclusive of shoe laces and belt and all other articles of personal clothing that in any case would be taken of a person acting with mental health issues of concern by the acting custody officer.

I also would like to make the correct notes regarding the statement of being seen by a police FME, as for this is not true to its statements as quoted in Mr Goodie official statement as dated the 25<sup>th</sup> August 2016 in page 2 chapter 1.

I do not feel I was correctly pre assessed under the mental Health act 1983 at wood green police station ever was I interviewed or charged for any criminal offence, as the camera evidence being becalmed will clearly show and for this reason I also request a copy of the said official assessments doctors notes made on the day,

Know the truth to be on the 14<sup>th</sup> I was detained at my home address at around 9pm and booked into the police station I was then held for 23 hours until the official case handler came to my cell he asked me to contact my mother and ask for the video footage from my mother and uncles mobile phone and for my mother to attend the police station for an interview as in other occasion with the police I have needed an appropriate adult as I had learning difficulties such classed as reading and writing difficulties, I explained that I was willing to do the interview on my own as over the last 3 years of my life I have had much practice in reading and writing and have now improved on such needed skills, the police officer was not happy with my reply and re appeared a short time later with the Mental health team who never assessed me, in total I was detained for near on 30 hours taken to St Ann's Hospital and then first assessed 2 hours after arriving for the first time so I understand I was detained illegally for the average of 100 hours.

Since detainee there has been many issues of concern that are to be raised and then issues of concern do in fact, contained wrongful personal information on the RIO data base and St Ann's computer systems inclusive of any other medical data in regards to doctor and client personal data and that information being not correct of its facts, so for any medical provisions to be able to use that information in a true positive method, as for that information can be proved to be fabricated and therefore false intelligence or classed as Intel.

Much fabricated medical intelligence was prepared by a Dr Rosemary Mill a St4 doctor in response for Dr Julia Cranitch, who states she has personal knowledge of Mr S. Cordell, Since the 22<sup>nd</sup> of August which is understood to be the start of her Job title for St Ann's hospital, contained in a prepared doctors statement that was requested to be served in a paper format as legal required for a tribunal.

On the 25<sup>th</sup> 08 2016 a prepared copy of the doctor's notes made from all nurse's assessment notes and their own personal involvement with myself, should have been served towards my self so to be able to prepare a fair defence for tribunal this should have been achieved by mid-day and was not. When staff

was asked it was said my acting solicitor will be able to show my self a copy even low a consent form had been completed and submitted into St Ann's hospital.

Mr Simon Cordell feel that was I not served in accordance of the legalisation frame work that represents the mental health act 1983, neither assessed at the correct opportunity falsifying my illegal detainee.

Mr S. Cordell was in fact shown a copy of the doctor's reports 20 minutes before the tribunal started by my acting solicitor due to a break down in communications and never had the opportunity to analyse any official documentation to in fact be able to stand a true legal defence.

As a matter of fact the tribunal did go in my favour and I feel a fair and equal decision was made by the boards official panel this decision was of the conclusion as quoted The section 2 Mental Health act 1983 was removed of my statue of liberty and I agreed to the doctors decision of staying in St Ann's hospital as a formal patient,

As the tribunal is held in St Ann's hospital there is less than a 5 minute walk from the assessment wing to where I have been detained while being assessed and on arriving back to the ward after the panel turned the decision in my favour I had the first opportunity to assess the doctors notes used in the tribunal in regards to myself that had been pre drafted and not severed to my self in accordance of the duration of the time limit that legal jurisdiction apposes and felt the need to correct wrongful lintel and state the true claims such tribunals should be based upon.

have contained evidence that is overwhelming to the fact of the matters that I do quote within this official document of complaint.

### **This has led to my human rights 1998 being in breach such as the listed: -**

• Article 3: Freedom from torture and inhuman or degrading treatment what is the prohibition on torture and inhuman or degrading treatment or punishment, this is one of the most important provisions in the Human Rights Act, and clearly states the following: -

Article 3 is like the right to life article 2, the prohibition in Article 3 requires an official and effective investigation to take place where there are credible allegations of serious ill-treatment by public officials to which Mr Simon Cordell claim and provide the supported evidence beyond reasonable doubt R V Bones, as provided within this official complaint.

The most obvious obligation that I ob-claim my rights towards do in fact prevent State officials from torturing a person or subjecting them to inhuman or degrading treatment.

This applies anywhere in the UK jurisdictions and this can include places outside the UK, as well as in UK prisons, hospitals, schools etc.

Any person's human rights may be affected within Article 3, whom is being contained within a Government policy that does in fact put a person in a situation where they face inhuman or degrading treatment to which I Mr Simon Cordell do feel I have been subject towards.

Article 3 does require that public authorities take all steps to prevent torture and ill-treatment. This requires laws in place to adequately protect vulnerable groups from ill-treatment and for public officials to act so to protect vulnerable people from harm inflicted on them by others.

Article 5: Right to liberty and security.

Article 7: No punishment without law.