

**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 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

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

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

Grandmother (? maternal) had BPAD and/or schizophrenia

PSYCHIATRIC HISTORY in brief

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

FORENSIC HISTORY

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

Mr Cordell says he has not been in trouble with the police for a number of years. He had stolen some trainers at a festival in 2009 and prior to that had not been in trouble since 2005.

He denied any violent offences.

Mr Cordell currently stands accused of burglary. He has a solicitor and the case will not be heard until July at the earliest.

MEDICAL HISTORY

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

DRUGS AND ALCOHOL

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

FINANCE

Simon receives £200 Income Support every fortnight

VIEWS OF THE NEAREST RELATIVE

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

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

VIEWS OF THE PATIENT

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

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

POSITIVE ASPECTS OF PATIENT

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

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

AFTERCARE

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

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

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

RECOMMENDATION

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

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

Goodie Adama

Locum CMHN

Early Intervention *for* Psychosis